

# Community Health Needs Assessment Polk County

2022

**All4HealthFL**  
Four Counties. One Vision.



Prepared by Conduent Healthy Communities Institute

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# Letter from the All4HealthFL Collaborative

To the citizens of Polk County,

We are proud to present the 2022 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Polk County.

The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Bayfront Health St. Petersburg, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Tampa General Hospital, and The Florida Department of Health in Hillsborough, Pinellas, Pasco, and Polk counties. The purpose of the Collaborative is to improve health by leading regional outcome-driven health initiatives that have been prioritized through community health assessments.

We would like to extend our sincere gratitude to the volunteers, community members, community organizations, local government, and the many others who devoted their time, input, and resources to the 2022 Community Health Needs Assessment and prioritization process.

The collaborative is keenly aware that, by working together we can provide greater benefit to individuals in our community who need our support to improve their health and well-being. Over the next few months, we will be developing a detailed implementation plan around the top health needs identified in this report that will drive our joint efforts.

Thank you for taking the time to read the All4HealthFL 2022 Community Health Needs Assessment.

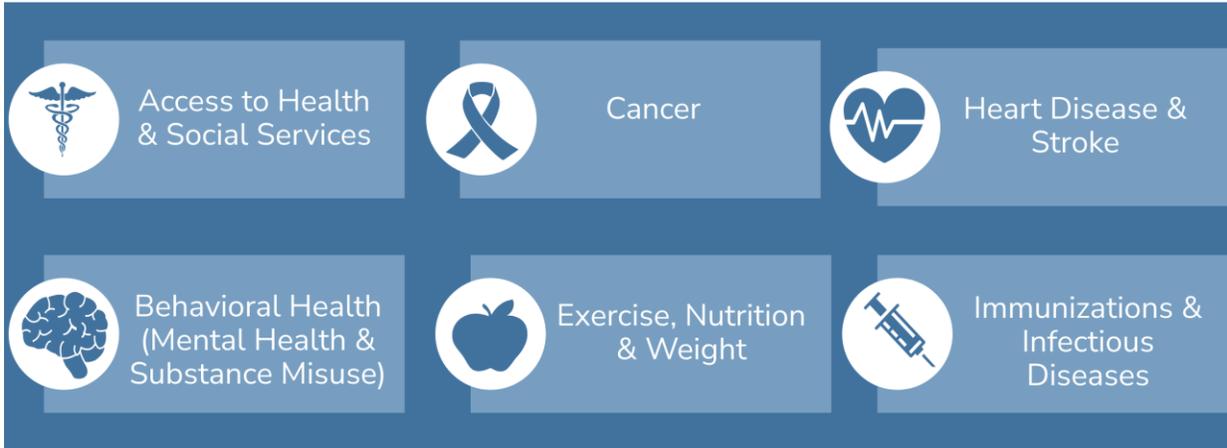
Sincerely,

**The All4HealthFL Collaborative**

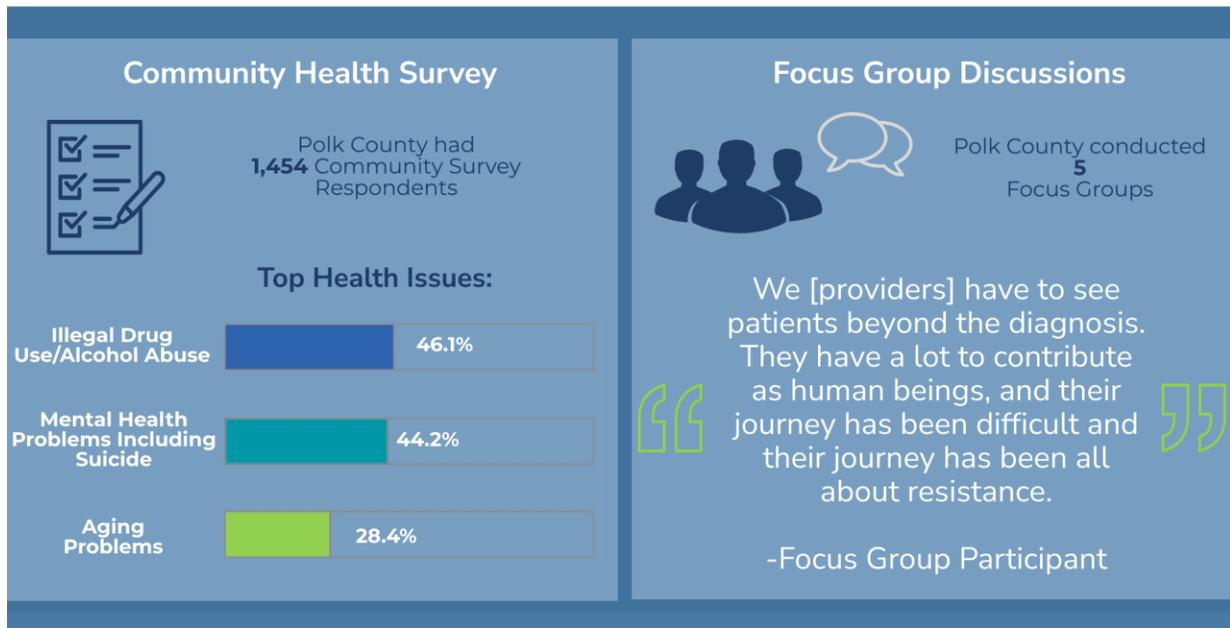
# COMMUNITY HEALTH NEEDS ASSESSMENT

## At a Glance: Polk County

### Secondary Data



### Primary Data/Community Input



### Health Equity

The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus groups consisted of community residents and organizations from the Black/African American/Haitian populations, Children, Hispanic/Latino, LGBTQ+, and Older Adults.

# Introduction & Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of health needs, barriers to accessing care, and Social Determinants of Health (SDOH). The priorities identified in this report help to guide a collaborative approach in planning efforts to improve the health and quality of life of residents in the community.

This CHNA was completed through a collaborative effort that integrated the process of the hospitals and community partners serving Polk County including: AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Tampa General Hospital, and the Florida Department of Health in Polk. The All4HealthFL Collaborative partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2022 CHNA.

This report includes a description of the community demographics and population served. It also includes the process and methods used to obtain, analyze, and synthesize primary and secondary data and identify the significant health needs in the community. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect patients with resources to improve these health challenges in the community.

## Acknowledgments

The Polk County community was a key stakeholder in the development of the CHNA. Community organizations, leaders, and residents assisted in identifying health and social care barriers of children and families living in the community. The All4HealthFL Collaborative members spearheaded development of the community survey and its outreach and marketing, facilitated focus groups, and united organizations for the purpose of improving health outcomes. In addition, the Collaborative commissioned three organizations to support the 2022 CHNA process. See Appendix E for the full list of Collaborative members, supporting individuals, organizations, partners, and vendors.

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).

Tampa Bay Healthcare Collaborative (TBHC) was selected to facilitate the prioritization sessions for each county. TBHC is a member-driven organization whose mission is to promote and advance health equity through increasing awareness, building capacity, and fostering collaboration. TBHC helps the underserved by connecting organizations, at no cost, within the health equity ecosystem to collaborate more effectively to reach vulnerable populations using TBHC Collaborate, an online platform, to elevate collaboration among members. To learn more about TBHC, visit <http://tampabayhealth.org/>.

Collaborative Labs at St. Petersburg College designed and facilitated community focus group discussions. Collaborative Labs works as an extension of a business or organization's team to

provide expert facilitation, customized agenda formation, and strength-based activities. They are process experts that ensure an organization’s engagement has the right stakeholders to build the best plan for future success. Learn more at [www.CollaborativeLabs.com](http://www.CollaborativeLabs.com).

## All4HealthFL Collaborative

The All4HealthFL Collaborative was officially organized in 2019. This group comes together with a mutual interest to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. This process is conducted every three years and aims to identify health priorities in the community and strategies to address them. The All4HealthFL Collaborative works together to plan, implement, and evaluate strategies that are in alignment with identified health priorities. Together, the group strives to make Hillsborough, Pasco, Pinellas, and Polk counties the healthiest region in Florida.

The Collaborative consists of individuals from the following organizations and agencies:



The All4HealthFL Collaborative also hosts and maintains the [All4HealthFL Community Data Platform](#) as a community resource for the four counties comprising their combined service area.

# Evaluation of Progress Since Previous CHNA

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations' focus and targets efforts during the next CHNA cycle. The top three health priorities for Polk County from the 2019 CHNA were Access to Health Care, Behavioral Health, and Exercise, Nutrition & Weight.



Implementation strategies for these health topics shifted in response to the COVID-19 pandemic. Innovative strategies were adopted to continue building capacity for addressing the community health needs.

## Collaborative Achievements

In 2019, the county health departments and health systems came together to partner on a single Community Health Needs Assessment for the Tampa Bay region. Those organizations, now united as the All4HealthFL Collaborative, came together with the belief that the important health challenges our community faced were best assessed and addressed as one. The work of the Collaborative culminated in a set of priorities that are guiding the community health initiatives of organizations across Hillsborough, Pasco, Pinellas, and Polk counties.

While implementation of our community benefit plans was already underway, the Collaborative understood all too well the tremendous impact COVID-19 had on our community. It was important to take a moment and understand how the ground shifted in terms of community health needs because of the ongoing pandemic. With that in mind, a short survey was deployed from May through June 2020 asking community partners and experts how COVID-19 brought to light new issues or reinforced existing issues facing the health needs of the community.

There were 85 responses to the survey across the region. Although there were new issues that emerged around housing and poverty, the survey respondents affirmed the 2020-2022 top three focus areas of Mental Health and Substance Misuse, Access to Health Care, and Exercise, Nutrition and Weight as still the most pressing issues. This data provided the Collaborative an opportunity to consider increasing strategies to expand programs like Mental Health First Aid training.

## Community Feedback from Preceding CHNA & Implementation Plan

Community Health Needs Assessment reports from 2019 were published on the All4HealthFL website. Additional community comments and feedback were obtained during the 2019 county-level prioritization sessions and via email. In post-prioritization evaluations, the community voiced their desire to have additional opportunities to process and discuss data and findings from the assessment process before participating in prioritization activities. As a result of this feedback, the six virtual prioritization sessions that were hosted as part of the Collaborative's 2022 assessment were intentionally designed to create space and opportunity for facilitated discussions around overall assessment findings as well as specific health topics.

## Demographics of Polk County

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in Polk County.

### Geography and Data Sources

Data is presented in this section at the geographic level of Polk County. Comparisons to the county, state, and national value are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates)<sup>1</sup> and American Community Survey<sup>2</sup> one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

### Population

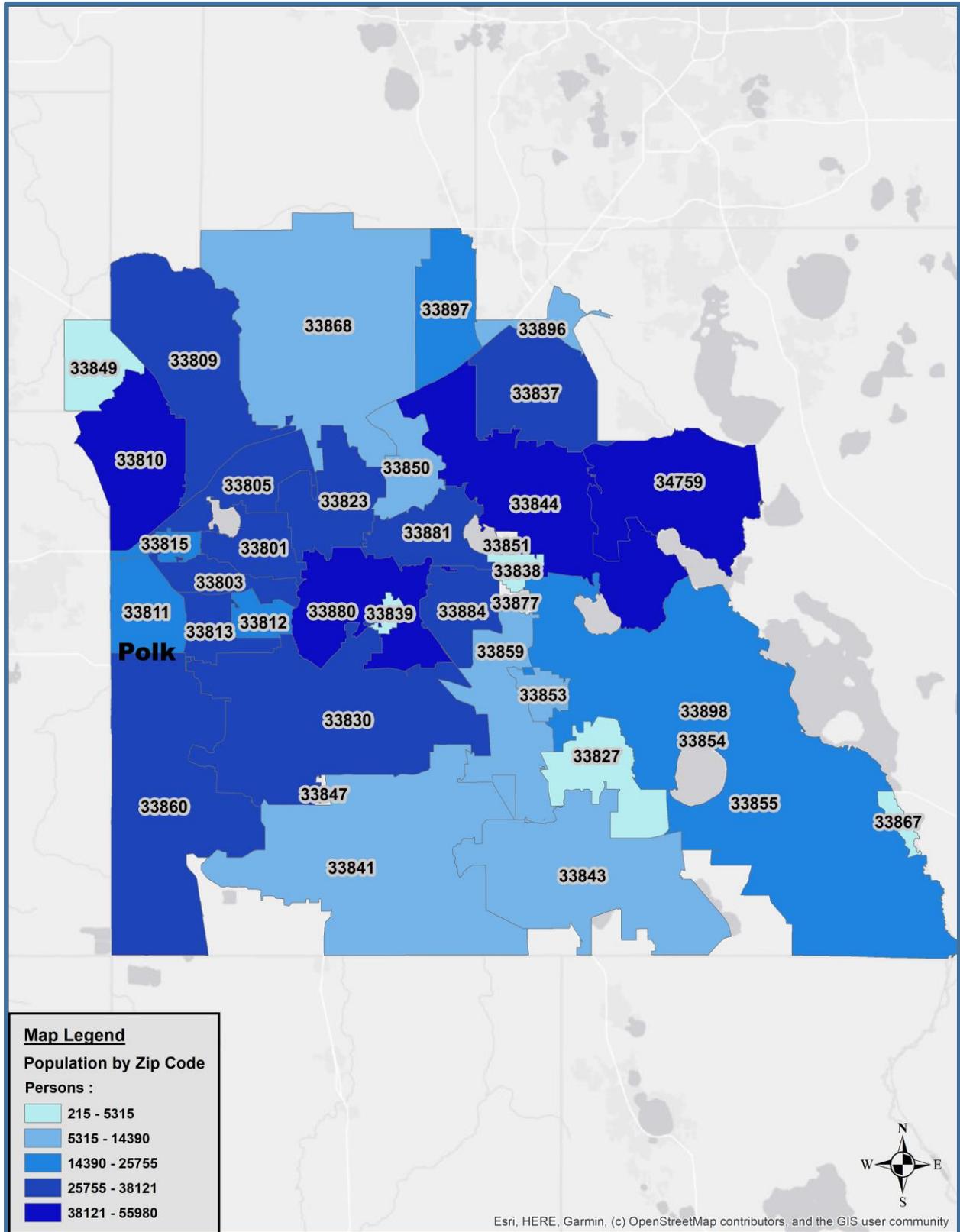
According to the 2022 Claritas Pop-Facts® population estimates, Polk County has an estimated population of 753,298 persons. Figure 1 shows the population size by each ZIP code, with the darkest blue representing the ZIP codes with the largest population. Appendix A provides the actual population estimates for each ZIP code. The most populated ZIP code area within the Polk County is ZIP code 33810 (Lakeland) with a population of 55,980.

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<sup>1</sup> All4HealthFL online platform. <https://www.all4healthfl.org/demographicdata>

<sup>2</sup> American Community Survey. <https://www.census.gov/programs-surveys/acs>

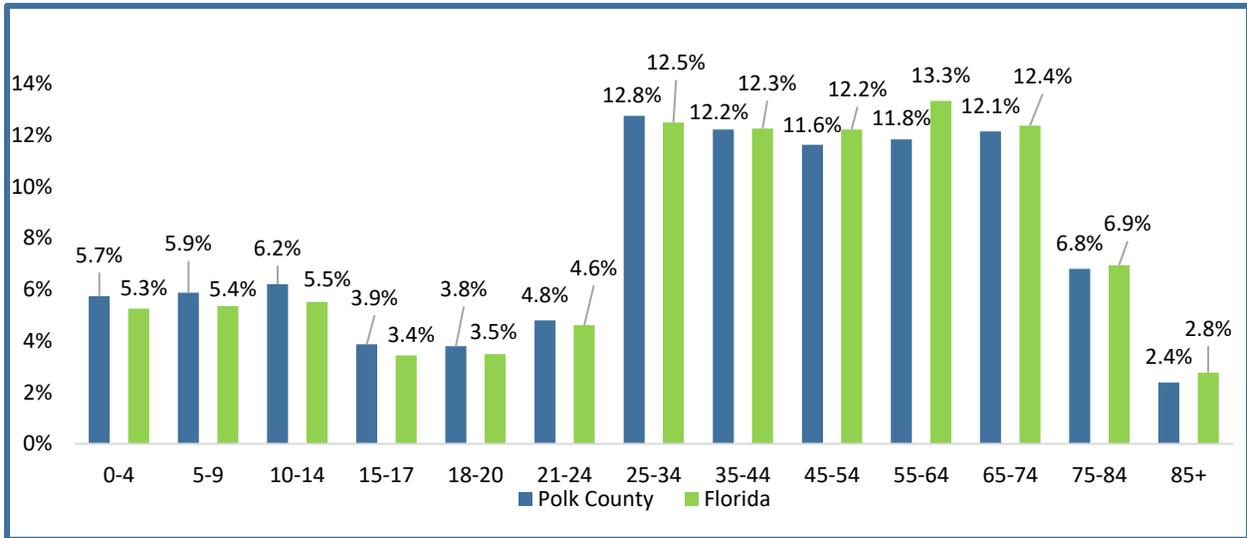
Figure 1. Population by ZIP Code: Polk County



## Age

Children (0-17) comprised (21.7%) of the population in Polk County. When compared to Florida (19.6%), Polk County has higher proportion of children age (0-17). When compared to the U.S. (22.4%), Polk County has lower proportion of children population age (0-17). There are (21.3%) of residents age 65+. Polk County has lower proportion of elder population (age 65+) when compared to Florida (22.1%), and lower proportion when compared to the U.S. (16.0%). Figure 2 shows further breakdown of age categories.

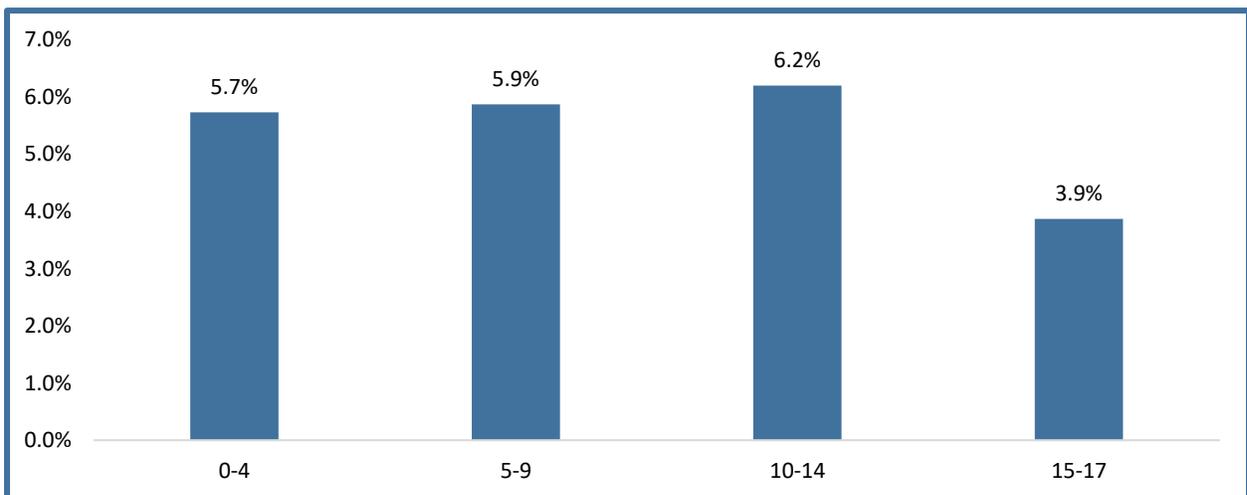
**Figure 2. Population by Age: County and State Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates)

Figure 3 shows the population of Polk County by age group under 18 years.

**Figure 3. Population by Age Under 18: Polk County**

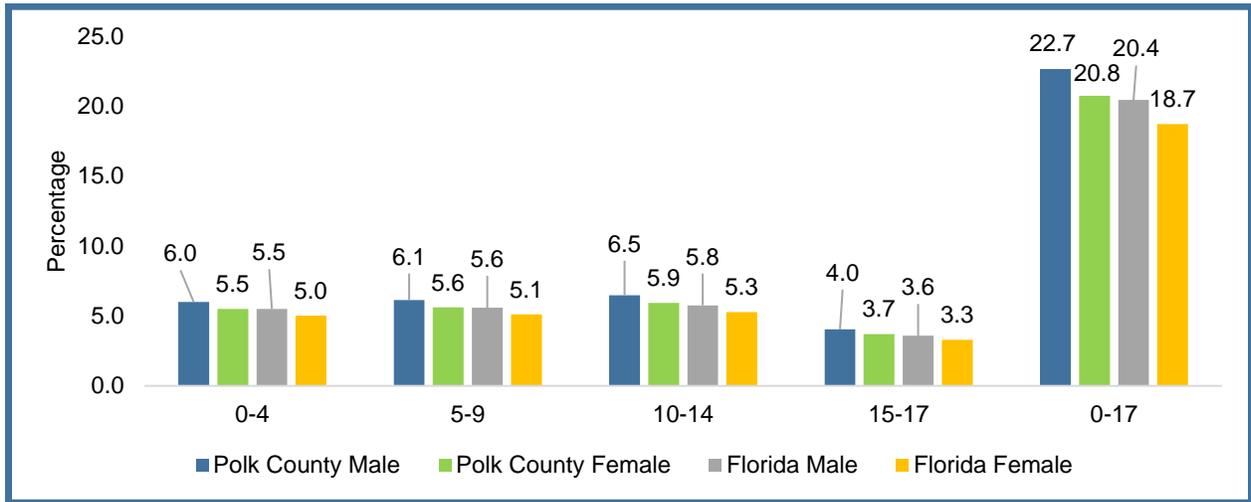


\*County values- Claritas Pop-Facts® (2022 population estimates)

## Sex

Figure 4 shows the children (under 18) population of Polk County by sex. In Polk County, male children comprise (22.7%) of the population, whereas female children comprise (20.8%) of the population which is higher in proportion when compared to males (20.4%) and females (18.7%) in Florida.

**Figure 4. Percentage of Population by Sex Under 18: County and State Comparisons**



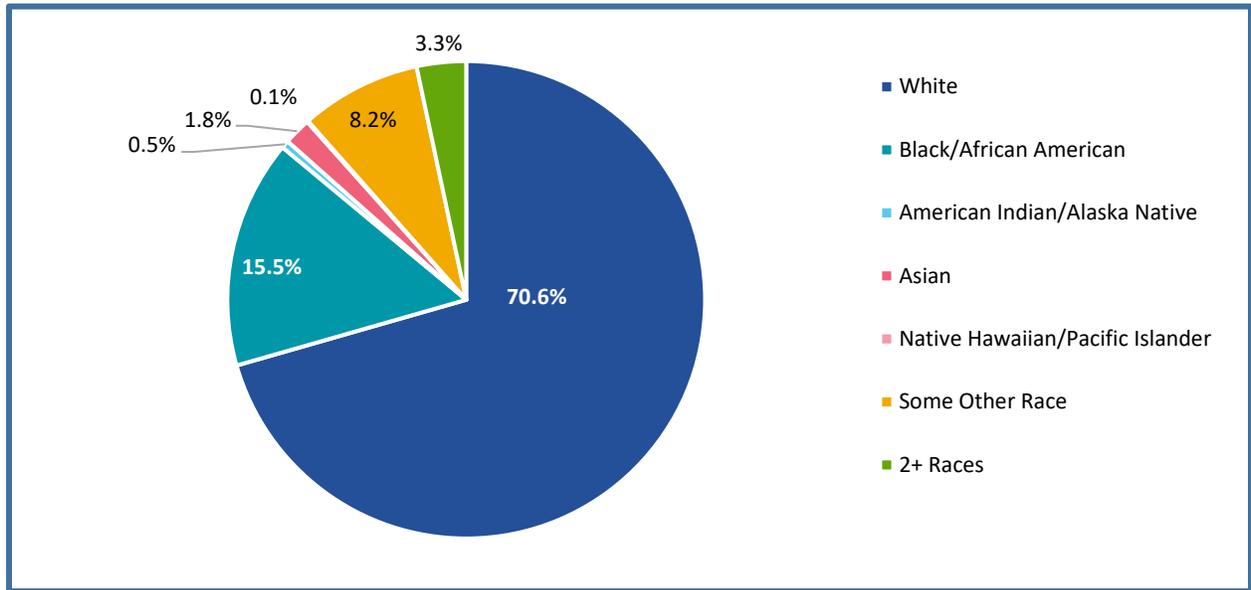
\*County values- Claritas Pop-Facts® (2022 population estimates)

## Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of the Polk County area shows (70.6%) of the population identifying as White, as indicated in Figure 5. The proportion of Black/African American community members is the second largest of all races in the Polk County at (15.5%).

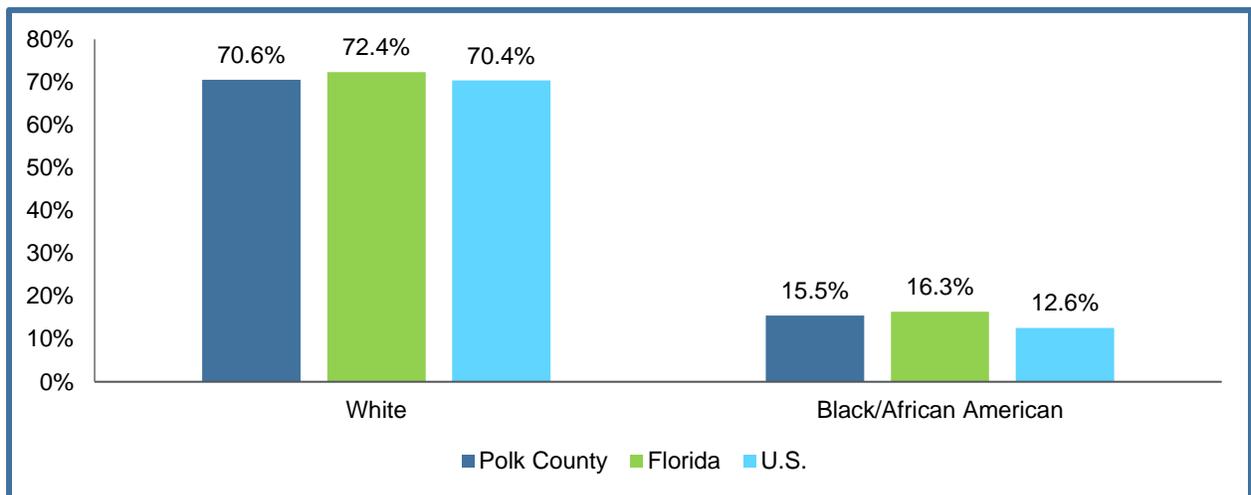
**Figure 5. Population by Race: Polk County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

Those community members identifying as White (70.6%) represent a lower proportion of the population in the Polk County when compared to Florida (72.4%) and is slightly higher when compared to the U.S. (70.4%). Black/African American (15.5%) community members represent a lower proportion of the population when compared to Florida (16.3%) and higher proportion when compared with the U.S. (12.6%) (Figure 6).

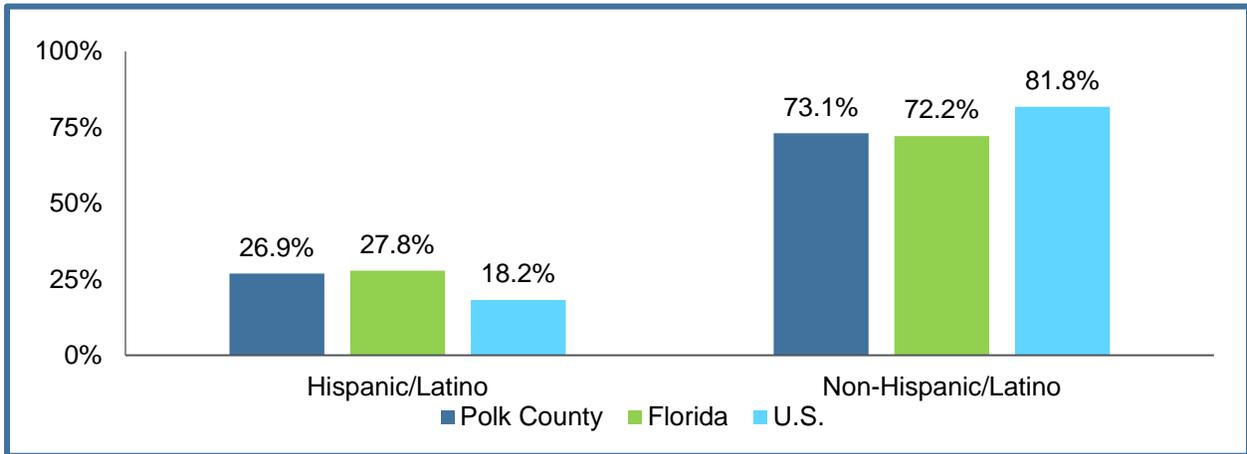
**Figure 6. Population by Race: Polk County, State, and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

As shown in Figure 7 (26.9%) of the population in Polk County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Florida (27.8%) and larger proportion when compared with the U.S. (18.2%)

**Figure 7. Population by Ethnicity: Polk County, State, and U.S. Comparisons**



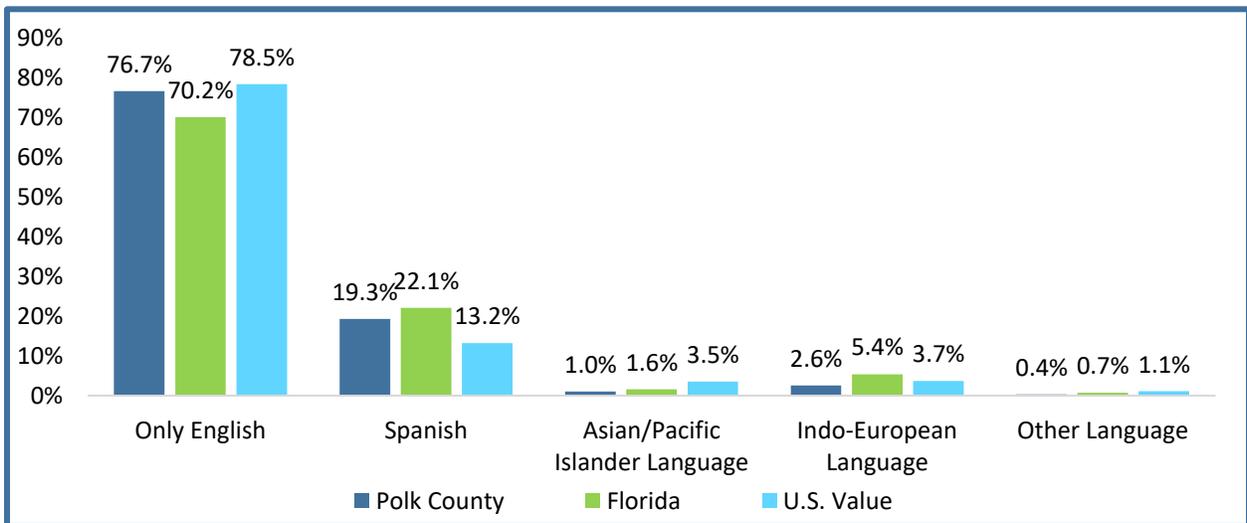
\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey (10.5%) of residents in Polk County are born outside the U.S., which is lower than the national value of (13.6%).<sup>3</sup>

In Polk County, (76.7%) of the population age five and older speak only English at home, which is higher than the state value of (70.2%) and lower the national value of (78.5%) (Figure 8). This data indicates that (19.3%) of the population in Polk County speak Spanish, and (0.4%) speak other languages than English at home.

**Figure 8. Population 5+ by Language Spoken at Home: County, State and U.S. Comparisons**

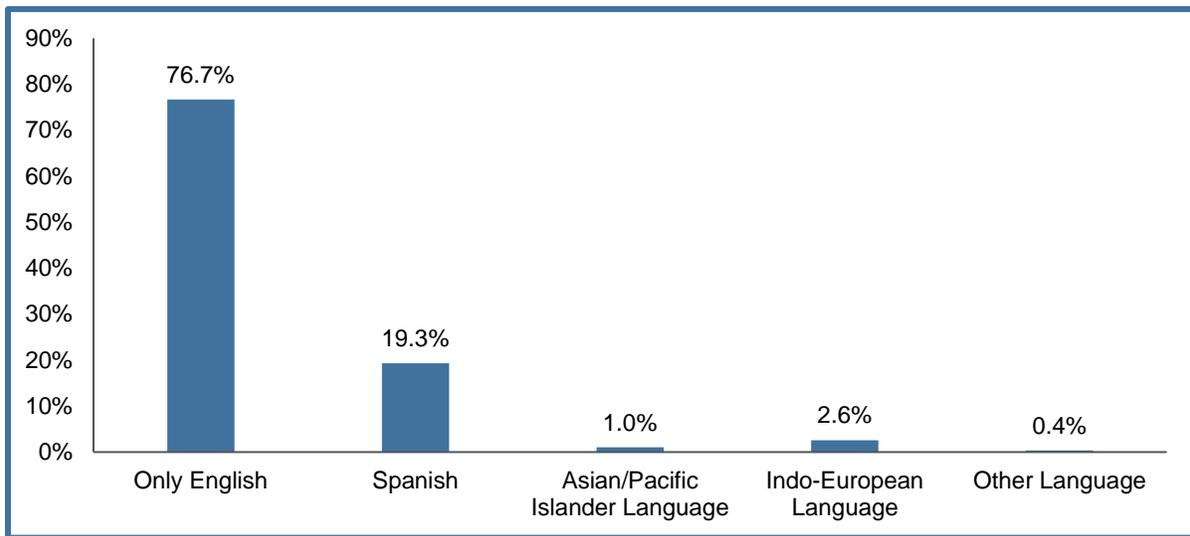


\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

<sup>3</sup> American Community Survey, 2016-2020

The most common languages spoken at home are English (76.7%), Spanish (19.3%), and Indo-European languages such as French, Portuguese, Russian, and Dutch<sup>4</sup> (2.6%) in Figure 9.

**Figure 9. Population 5+ by Language Spoken at Home: Polk**



\*County values- Claritas Pop-Facts® (2022 population estimates)

<sup>4</sup> United States Census Bureau. [About Language Use in the U.S. Population \(census.gov\)](https://www.census.gov/about-language-use-in-the-u-s-population)

# Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Polk County communities. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health can be grouped into five domains. Figure 10 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

Figure 10. Healthy People 2030 Social Determinants of Health Domains



## Geography and Data Sources

Data in this section are presented at various geographic levels (ZIP code and/or county) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators may be strong when examined at a higher level, ZIP code level analysis can reveal disparities.

All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

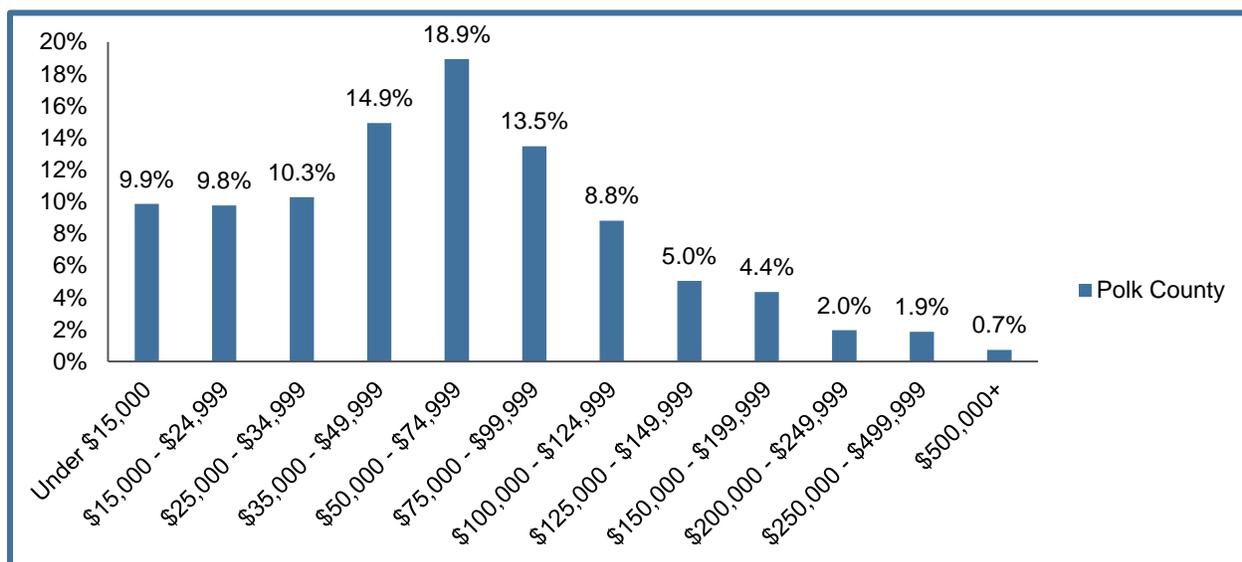
## Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of health conditions including heart

disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.<sup>5</sup>

Figure 11 provides a breakdown of households by income in Polk County. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in Polk County (18.9%). Households with an income of less than \$15,000 make up (9.9%) of households in Polk County.

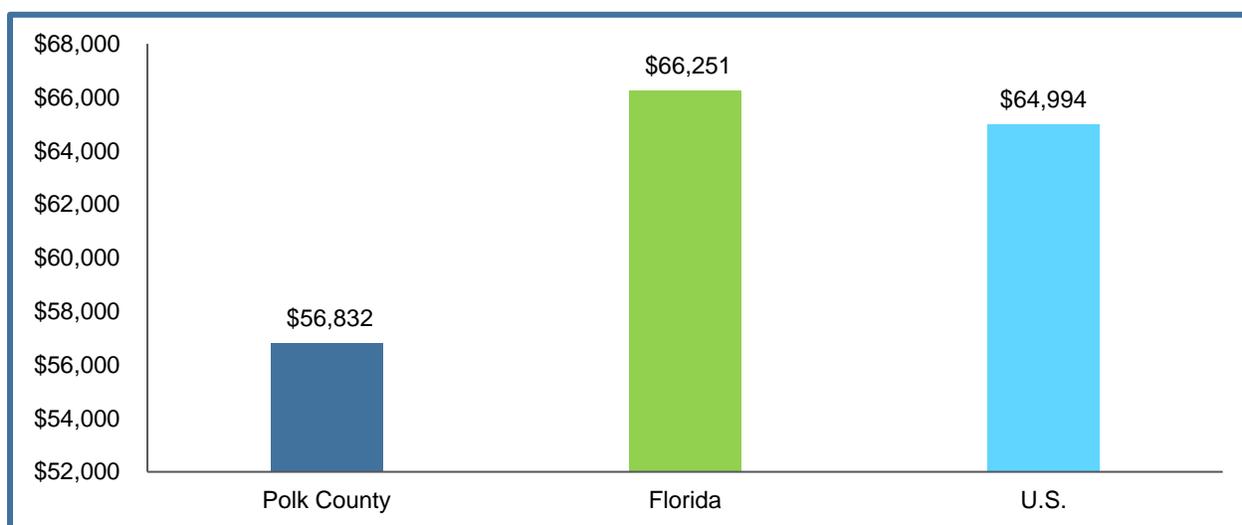
**Figure 11. Households by Income, Polk County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

The median household income for the Polk County is \$56,832, which is much lower than the state value of \$66,251 and national value of \$64,994 (Figure 12).

**Figure 12. Median Household Income by: County, State and U.S. Comparisons**

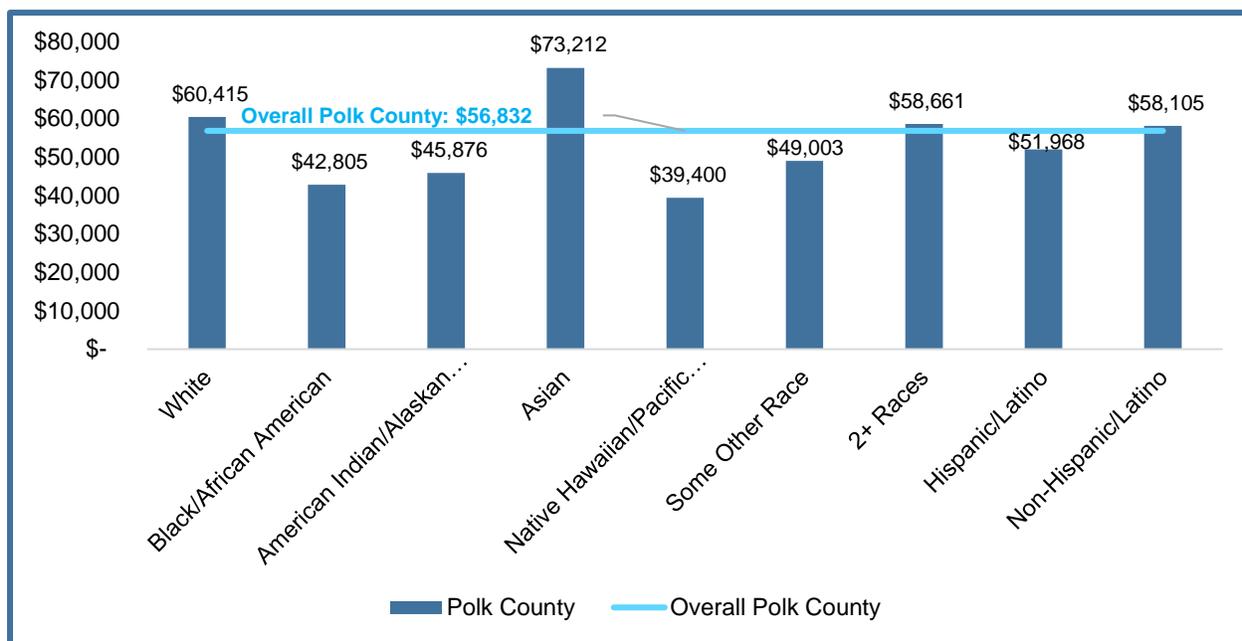


\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

<sup>5</sup> Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

Figure 13 shows the median household income by race and ethnicity. Four racial/ethnic groups – White, Asian, 2 or more races, and Non-Hispanic/Latino – have median household incomes above the overall median value. All other races have incomes below the overall value, with the Native Hawaiian/Pacific Islander and Black/African American populations having the lowest median household income at \$39,400 and \$42,805 respectively.

**Figure 13. Median Household Income by Race/Ethnicity, Polk County**



\*County values- Claritas Pop-Facts® (2022 population estimates)

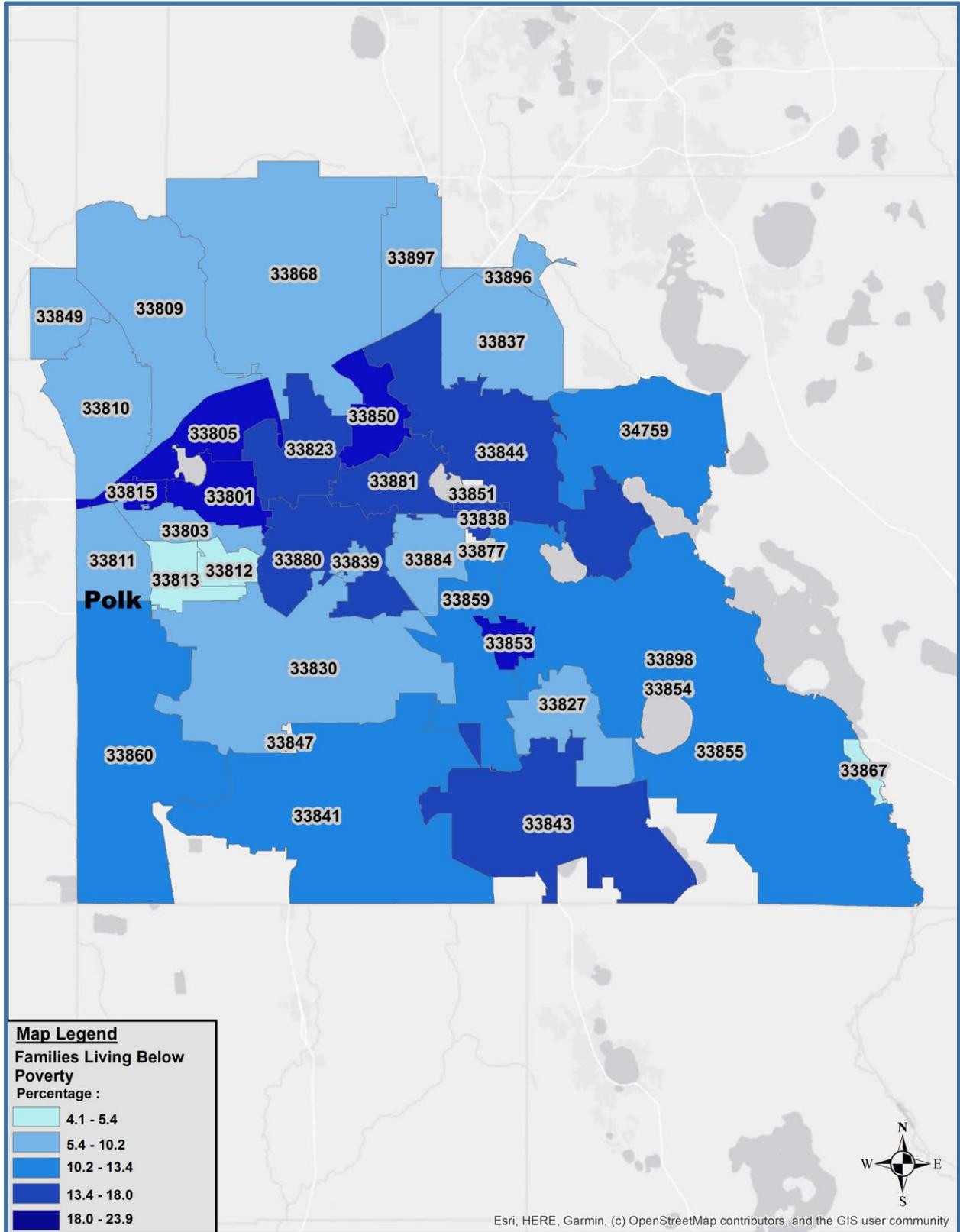
## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>6</sup>

Figure 14 shows the percentage of families living below the poverty level by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP codes 33805 (Lakeland) and 33801 (Lakeland) having the highest percentages at (23.9%) and (19.62%). Overall, (10.6%) of families in the Polk County live below the poverty level, which is higher than both the state value of (9.3%) and the national value of (9.1%). The percentage of families living below poverty for each ZIP code in Polk County is provided in Appendix A.

<sup>6</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

Figure 14. Families Living Below Poverty Level: Polk County



## Employment

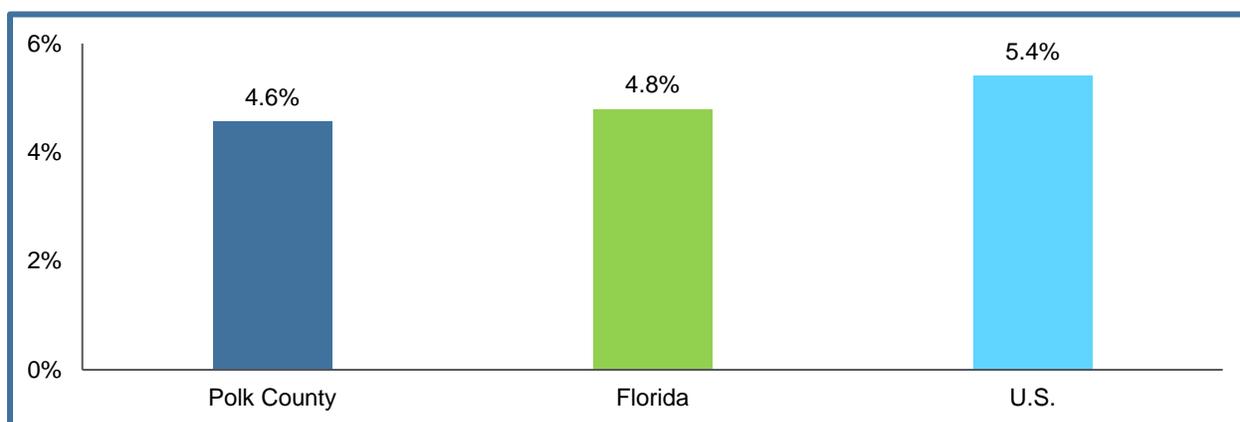
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>7</sup>

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>7</sup>

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>7</sup>

Figure 15 shows the population age 16 and over who are unemployed. The unemployment rate for Polk County is (4.6%), which is lower than both the state value of (4.8%) and the national value of (5.4%).

**Figure 15. Population age 16+ Unemployed**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

## Education

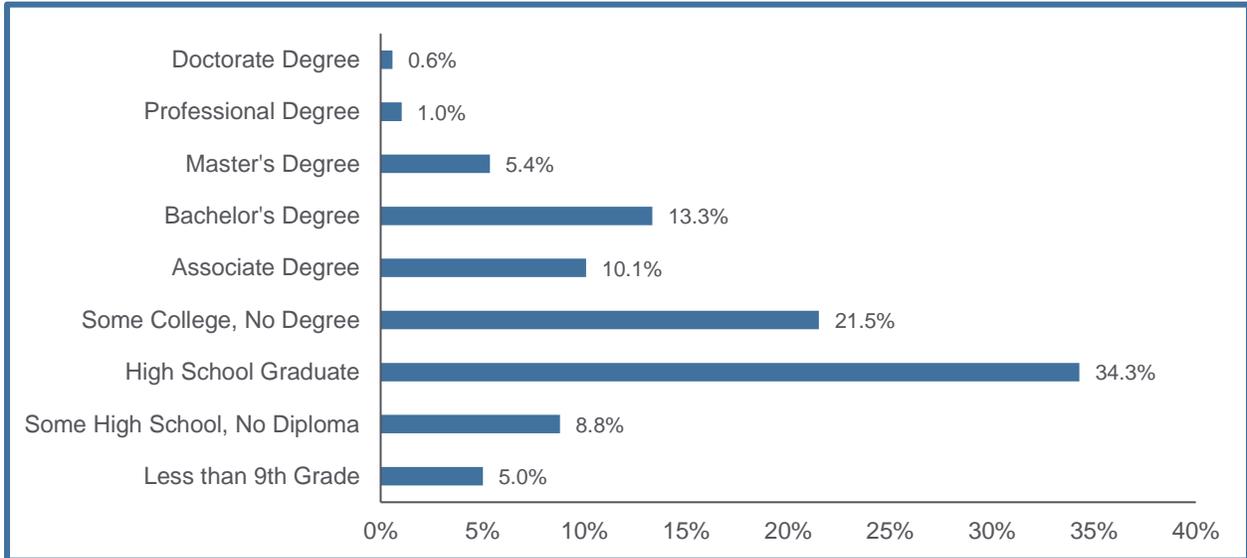
Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>8</sup>

Figure 16 shows the percentage of the population 25 years or older by educational attainment.

<sup>7</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

<sup>8</sup> Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

**Figure 16. Population age 25+ by Education Attainment, Polk County**

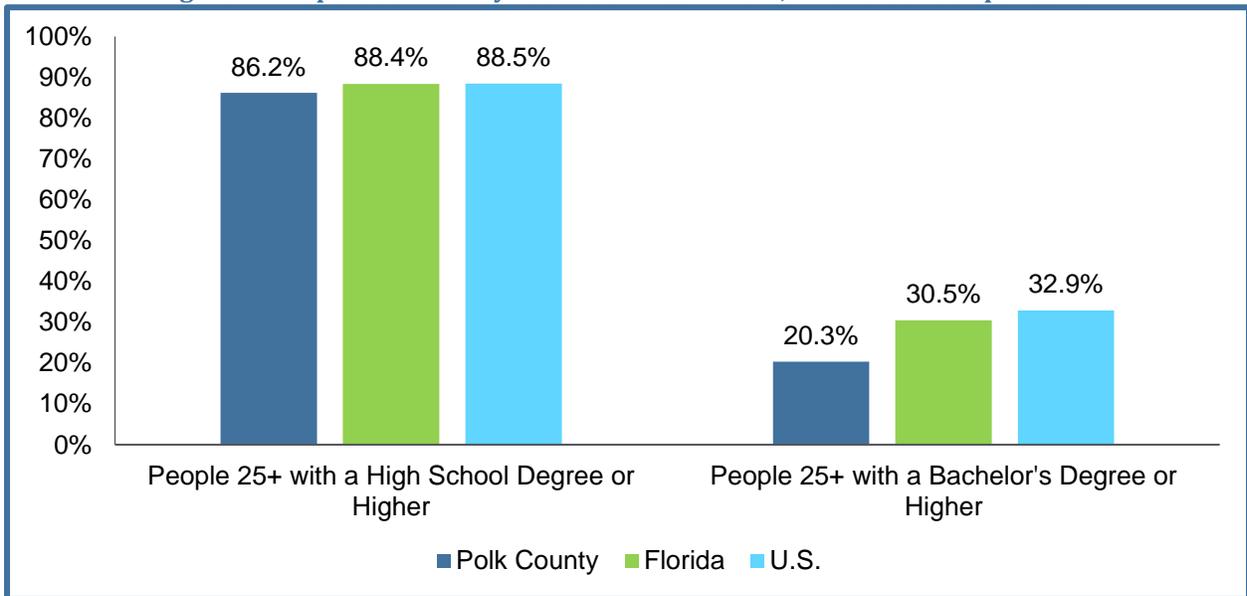


\*County values- Claritas Pop-Facts® (2022 population estimates)

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>9</sup>

Figure 17 shows that Polk County has a lower percentage of residents with a high school degree or higher (86.2%) and Bachelor's Degree or higher (20.3%) when compared to the state and national values.

**Figure 17. Population 25+ by Education Attainment, FL and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

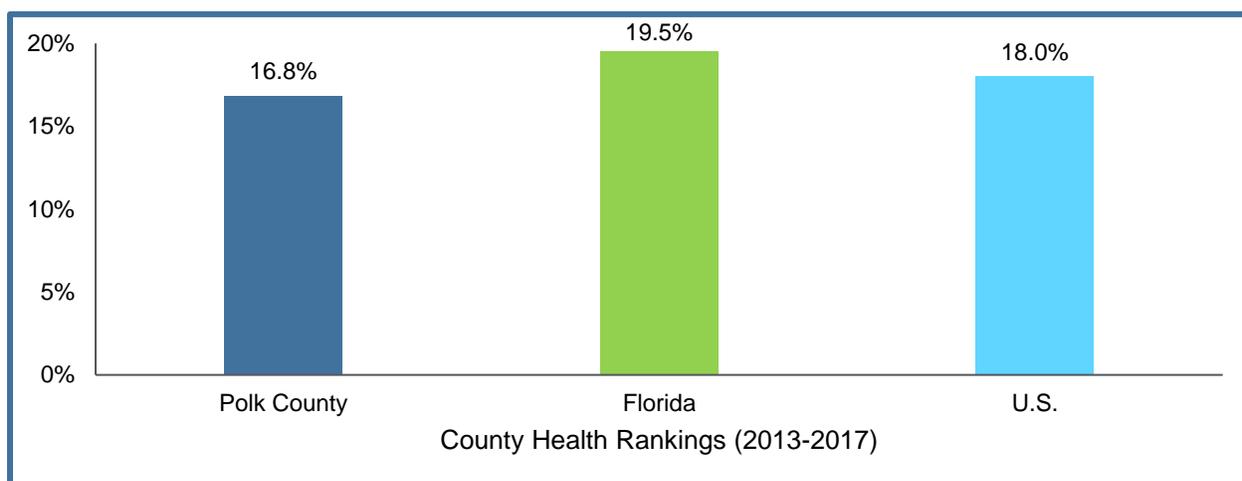
<sup>9</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation>

## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.<sup>10</sup>

Figure 18 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Polk County, (16.8%) of households were found to have at least one of those problems, which is lower than the state value (19.5%), but slightly higher than the national value (18.0%).

**Figure 18. Severe Housing Problems: County, State, and U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

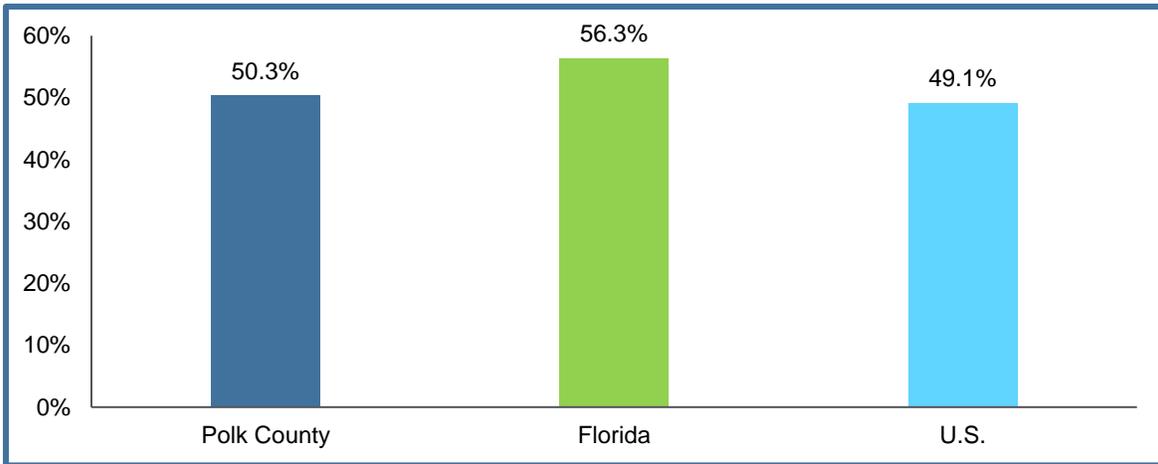
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>11</sup>

Figure 19 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Polk County, (50.3%), is higher than the national value (49.1%), and lower than the state value (56.3%).

<sup>10</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

<sup>11</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

**Figure 19. Renters Spending 30% or More of Household Income on Rent: County, State, U.S. Comparisons**



\*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

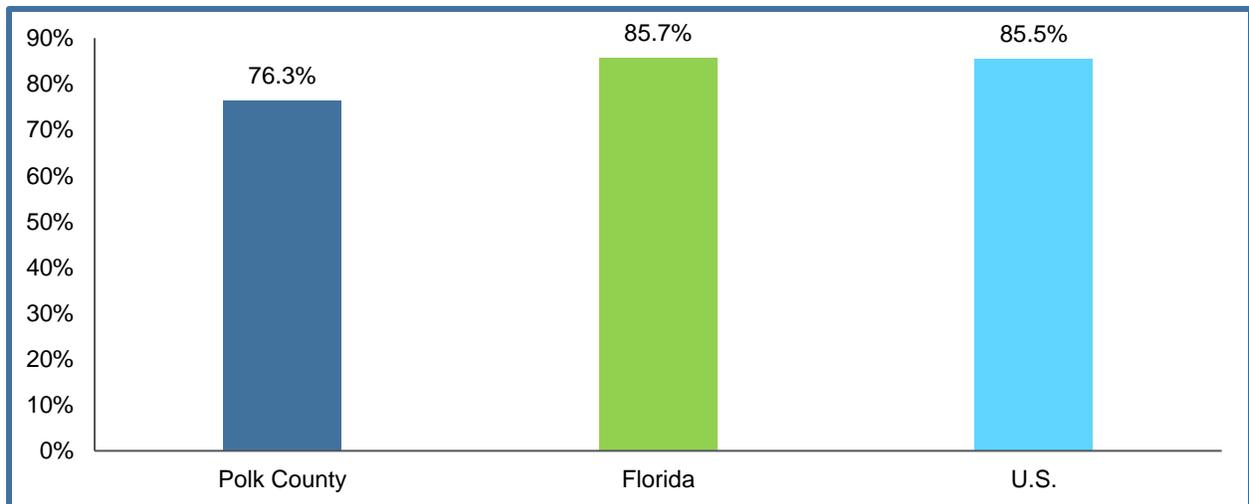
## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services.<sup>12</sup>

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>12</sup>

Figure 20 shows the percentage of households that have an internet subscription. The rate in Polk County, (76.3%), is lower than the state value (85.7%) and the national value (85.5%).

**Figure 20. Households with an Internet Subscription: County, State and U.S. Comparison**



<sup>12</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

# Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

## Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.<sup>13</sup> National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Hispanic/Latino, Indigenous communities with incomes below the federal poverty level, and LGBTQ+ communities.

## Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, age, and gender that is included throughout this report. It is important to note that the data is presented to show differences and distinctions by population groups. The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus group forums consisted of community residents from various race, ethnicity, age, and gender groups to include Black/African American, Haitian/Creole, Children, Hispanic/Latino, LGBTQ+ population, and older adults.

## Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity<sup>14</sup> analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 1 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Polk County, based on the Index of Disparity.

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<sup>13</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<sup>14</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

**Table 1. Indicators with Significant Race, Ethnicity or Gender Disparities**

<b>Health Indicator</b>	<b>Group Negatively Impacted</b>
<b>Adults with Current Asthma</b>	Black/African American, Female
<b>Adults with Diabetes</b>	Black/African American, Hispanic/Latino
<b>Age-Adjusted Death Rate due to Kidney Disease</b>	Black/African American
<b>Age-Adjusted Death Rate due to Prostate Cancer</b>	Black/African American, Hispanic/Latino
<b>Age-Adjusted Death Rate due to Suicide</b>	White, Male
<b>Children Living Below Poverty Level</b>	Black/African American, American Indian/Alaska Native, Other Race, Hispanic/Latino
<b>Families Living Below Poverty Level</b>	Black/African American, American Indian/Alaska Native, Native Hawaiian, More than one Race, Other Race, Hispanic/Latino
<b>HIV Incidence Rate</b>	Black/African American, Male
<b>Infant Mortality Rate</b>	Black/African American
<b>Melanoma Incidence Rate</b>	White
<b>Oral Cavity and Pharynx Cancer Incidence Rate</b>	White
<b>People 65+ Living Below Poverty Level</b>	Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, More than one Race, Other Race, Hispanic/Latino
<b>Per Capita Income</b>	Black/African American, Other Race, Hispanic/Latino
<b>Workers Commuting by Public Transportation</b>	White, Asian, Native Hawaiian/Pacific Islander, Multiple Races

The Index of Disparity analysis for Polk County reveals that the Black/African American and Hispanic/Latino populations are disproportionately impacted for several chronic diseases, including Diabetes, Kidney Disease, and Prostate Cancer. Furthermore, Black/African American, and Hispanic/Latino populations are disproportionately impacted in Infant Mortality Rate and Teen Birth Rate: 15-19. Lastly, indicators Adults who currently use E-cigarettes and Melanoma Incidence rates are higher in White populations.

Additionally, Table 1 provides examples of significant race and ethnicity disparities across various measures of poverty. Disparities can be associated with poorer health outcomes for these groups that are disproportionately impacted. Some indicators include Families Living Below Poverty Level, Children Living Below Poverty Level, and People Ages 65+ Living Below Poverty Level.

## **Geographic Disparities**

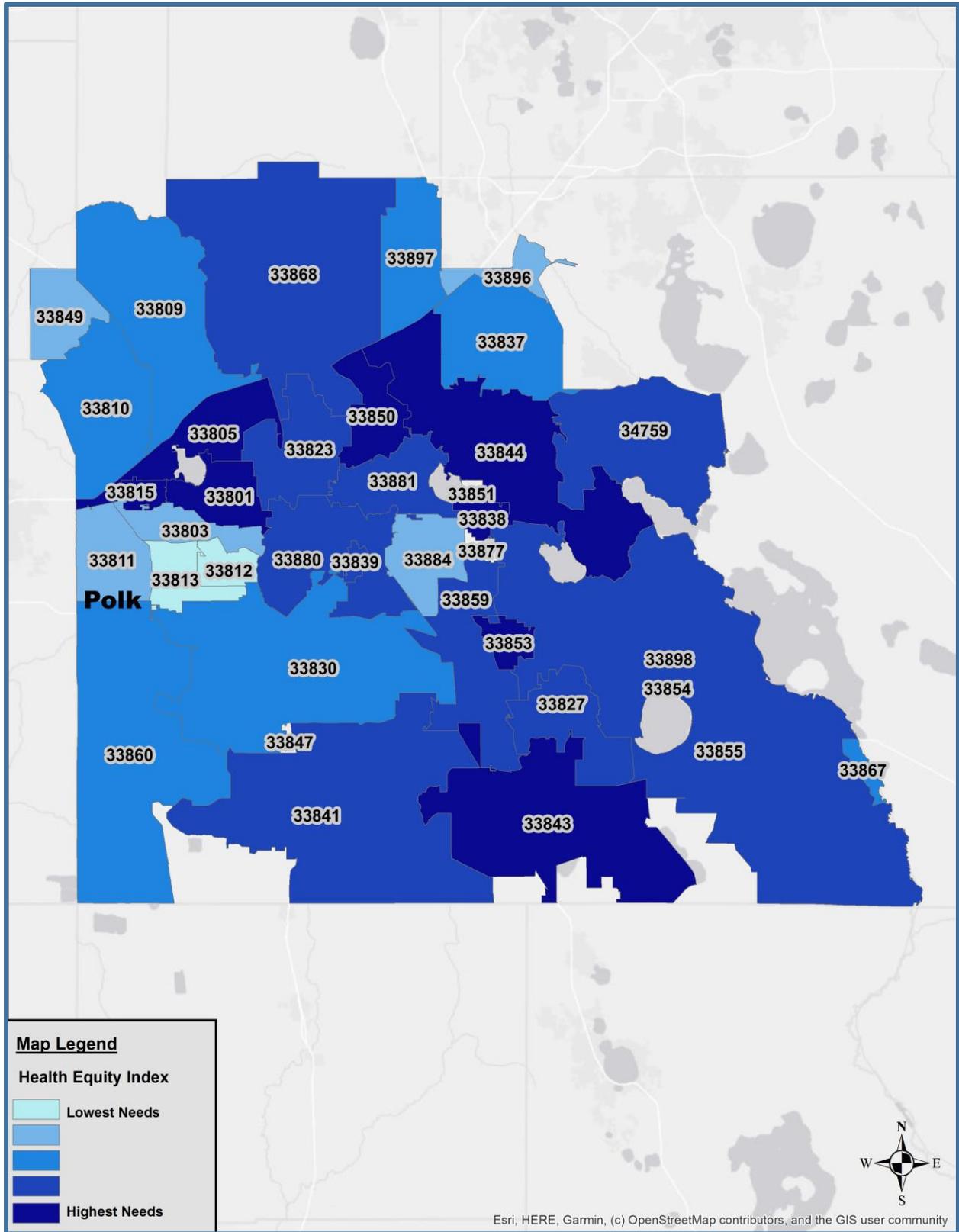
In addition to disparities by race, ethnicity, age, and gender, this assessment also identified specific ZIP codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, and mental health need. Conduent’s Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent’s Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Conduent’s Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health.

For all indices, counties, ZIP codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

## **Health Equity Index**

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 21. The following ZIP codes in Polk County had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 33853 (Lake Wales) and 33856 (Nalcrest) with index values of 93.6 and 92.8, respectively. Appendix A provides the index values for each ZIP code.

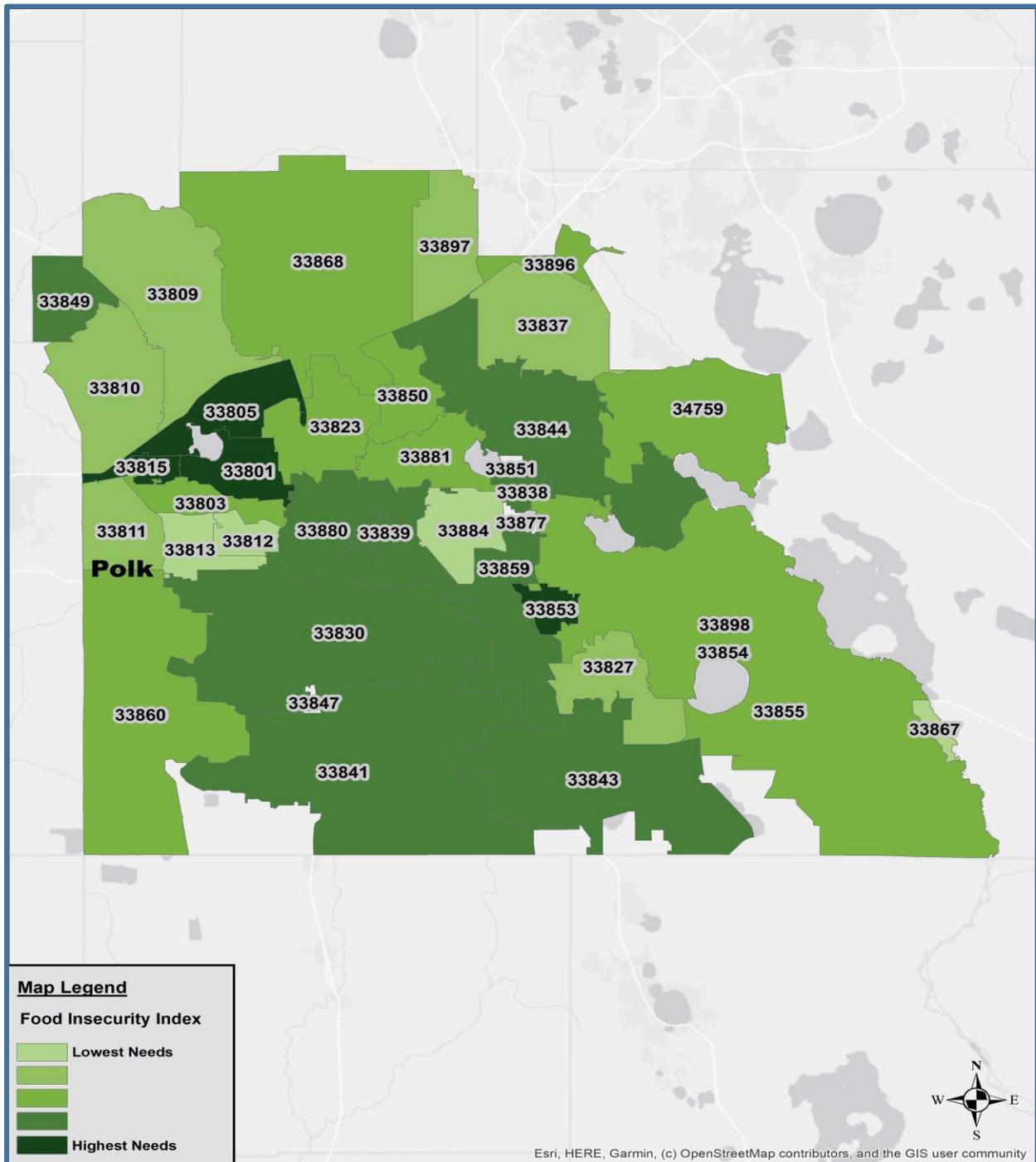
Figure 21. Health Equity Index



## Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 22. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of green): 33805 (Lakeland) and 33815 (Lakeland) with index values of 96.7 and 96.5, respectively. Appendix A provides the index values for each ZIP code.

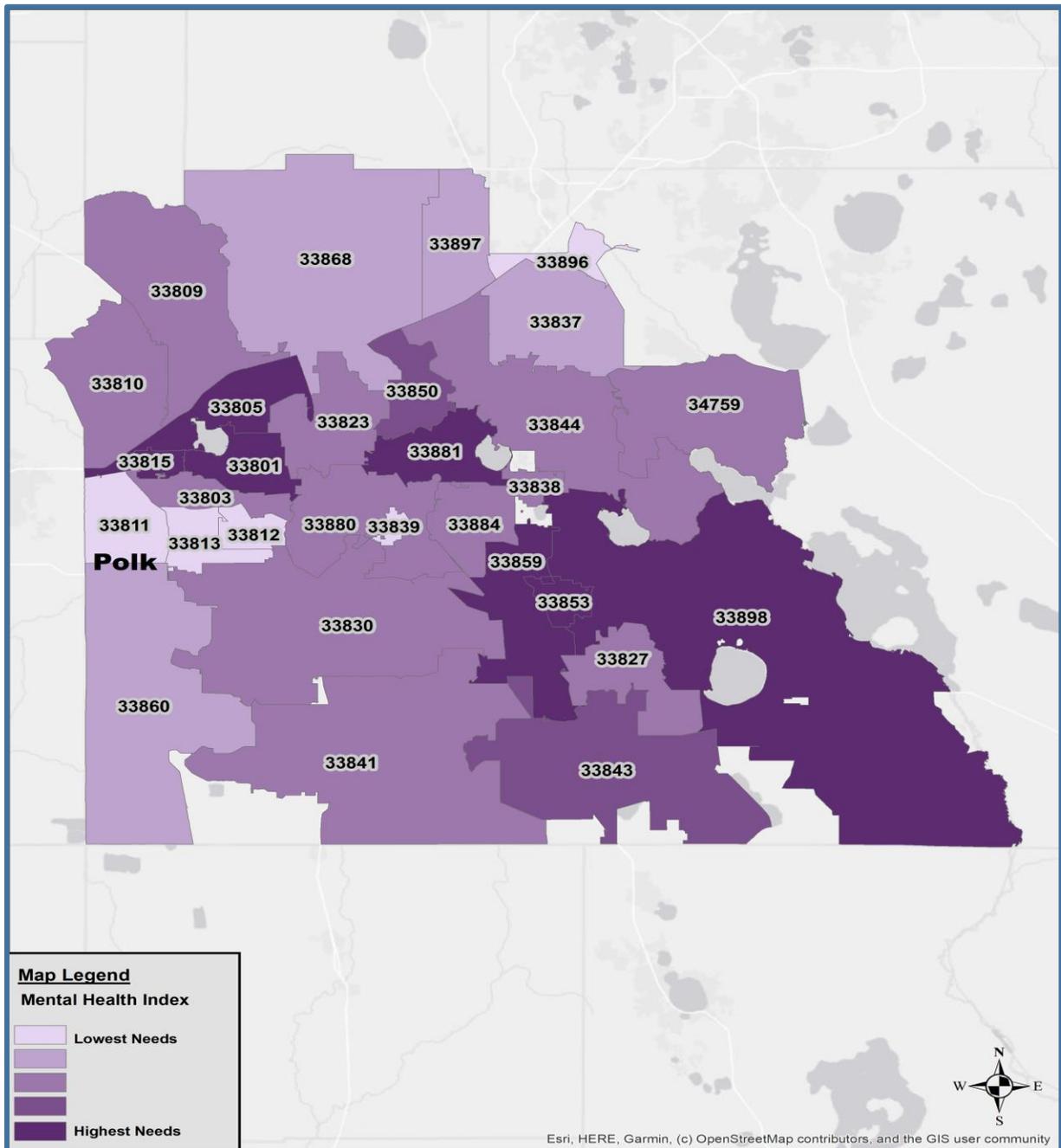
Figure 22. Food Insecurity Index



## Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. The MHI ZIP codes were ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 23. The following two ZIP codes are estimated to have the highest need (as indicated by the darkest shades of purple): 33881 (Winter Haven) and 33805 (Lakeland) with index value 97.3 and 96.3 respectively. Appendix A provides the index values for high needs ZIP codes.

Figure 23. Mental Health Index



# Methodology

## Overview

Primary and secondary data were collected and analyzed to utilize for the 2022 CHNA. Primary data consisted of focus group discussions and a community survey. The secondary data included indicators of health outcomes, health behaviors, and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of health needs in Polk County.

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the All4HealthFL Community Dashboard developed by Conduent Healthy Communities Institute (HCI). The Community Dashboard includes over 150 community indicators, spanning at least 24 topics in the areas of health, social determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. HCI’s Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard to rank indicators based on highest need. For each indicator, the Polk County value was compared to Florida and U.S. counties, state and national values, Healthy People 2030, and significant trends (Figure 24).

Indicators are rolled up into health and quality of life topic areas, then ranked. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time.

The analysis of national, state, and local indicators that contributed to the CHNA can be viewed in full in Appendix A. Table 2 shows the health and quality of life topic scoring results for Polk County. Sexually Transmitted Infections came in as the poorest performing topic area with a score of 2.28, followed by Older Adults with a score of 1.95. Topics that received a score of 1.50 or higher were considered a significant health need. Eight topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the community survey and focus groups to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

Figure 24. Secondary Data Scoring

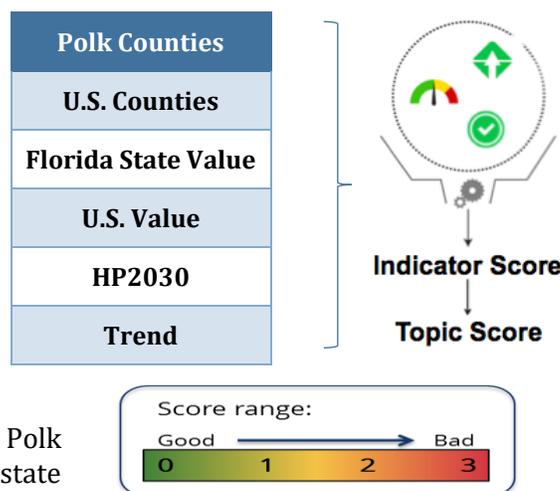


Table 2. Secondary Data Topic Scoring Results

Health Topic	Score
Sexually Transmitted Infections	2.28
Older Adults	1.95
Other Conditions	1.70
Mental Health & Mental Disorders	1.68
Cancer	1.61
Women's Health	1.60
Heart Disease & Stroke	1.54
Oral Health	1.51
Immunizations & Infectious Diseases	1.47
Wellness & Lifestyle	1.40
Physical Activity	1.40
Weight Status	1.39
Respiratory Diseases	1.36
Health Care Access & Quality	1.34
Children's Health	1.28
Diabetes	1.25
Maternal, Fetal & Infant Health	1.23
Tobacco Use	1.20
Alcohol & Drug Use	1.19
Prevention & Safety	1.19
Adolescent Health	1.18

## Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Polk County residents. Primary data used in this assessment consisted of focus group discussions, and a community survey. These findings expanded upon the information gathered from the secondary data analysis.

### Community Survey

Community input was collected via a survey that was made available online and via paper copies in English, Spanish, and Haitian Creole from January 3, 2022, through February 28, 2022. The survey consisted of 59 questions related to top health needs in the community, individuals' perceptions of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix C.

The All4HealthFL Collaborative worked extensively with community and organizational leads to market, outreach, and track survey responses to ensure an equitable representation of community voices was captured. Survey marketing and outreach efforts included email invitations, social media, and coordination of onsite paper survey distribution events in collaboration with community-based organizations. A community assessment dashboard was created to track and monitor survey respondents by ZIP code, age, gender, race, and ethnicity to ensure targeted outreach for at-risk populations. A total of 1,454 residents responded for Polk County.

### Community Survey Analysis Results

Survey participants were asked about the top three pressing health and quality of life issues they believe should be addressed in their community. In Figure 25, the "Top Three Health Issues" were, mental health problems including suicide (39% of respondents), illegal drug use/abuse or misuse of prescription medications (36%), and being overweight (33%). The "Top Three Risky Behaviors" included; illegal drug use/abuse or misuse of prescription medications (57% of respondents), poor eating habits (46% of respondents), and alcohol abuse/drinking too much alcohol (i.e. beer, wine, spirits, mixed drinks) (41% of respondents). Lastely, the "Top Three Quality of Life Issues" included low crime/safe neighborhoods (40% of respondents), access to health care (35% of respondents), and good schools (26% of respondents).

Figure 25. Top 3 Health & Quality of Life Issues

Top 3 Health Issues	Top 3 Risky Behaviors	Top 3 Quality of Life Issues
<ol style="list-style-type: none"><li>1. Mental Health problems including suicide</li><li>2. Illegal drug use/abuse or misuse of prescription medications</li><li>3. Being overweight</li></ol>	<ol style="list-style-type: none"><li>1. Illegal drug use/abuse or misuse of prescription medications</li><li>2. Poor eating habits</li><li>3. Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)</li></ol>	<ol style="list-style-type: none"><li>1. Low crime/safe neighborhoods</li><li>2. Access to health care</li><li>3. Good schools</li></ol>

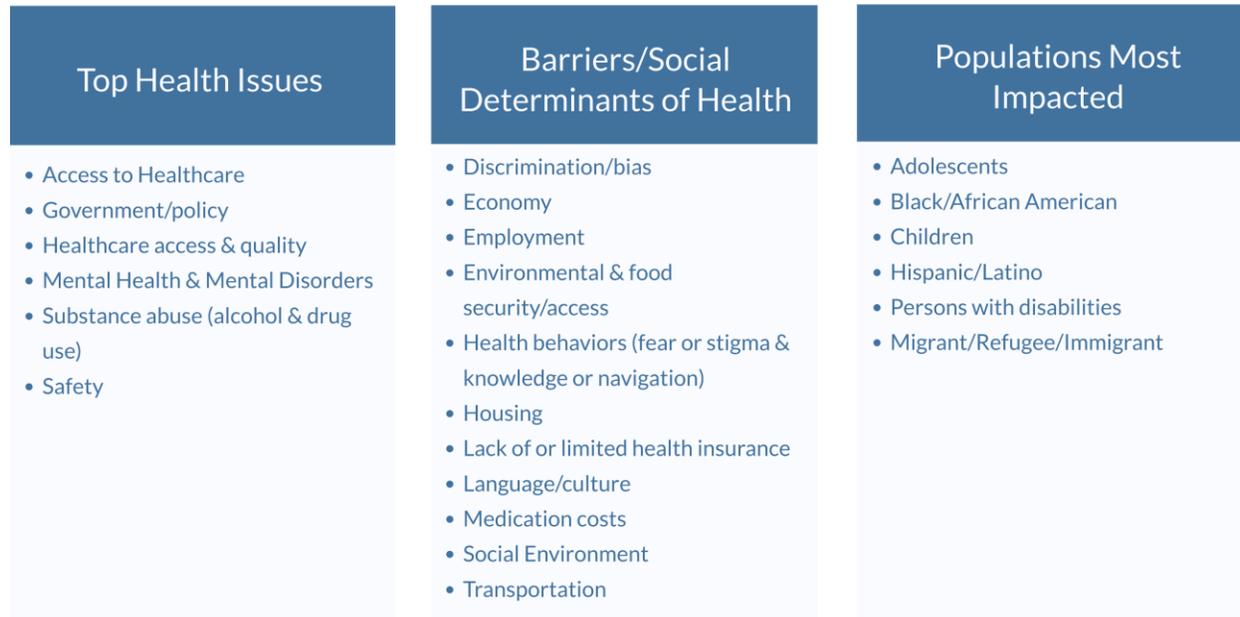
## Focus Groups

The All4HealthFL Collaborative partnered with Collaborative Labs at St. Petersburg College in Clearwater, Florida to conduct five focus group discussions to gain deeper understanding of health issues impacting residents living in Polk County. Focus groups aimed to understand the different health experiences for Black/African American, LGBTQ+, Hispanic/Latino, Children, and Older Adults. Members of these communities were selected to participate in the focus group discussions.

Focus Group discussions took place in November 2021, with a total of 22 community participants. Due to the ongoing COVID-19 pandemic these discussions were conducted virtually. A questionnaire was developed to guide the conversations, which included topics such as Community Strengths & Assets, Top Health Problems, Access to Health, and Impact on Health. A list of questions utilized for focus group discussions can be found in Appendix C. To help inform an assessment of community assets, participants were asked to list and describe resources available in the community. The list of available resources is in Appendix E.

The project team captured detailed transcripts of the focus group sessions. The transcripts were analyzed using the qualitative analysis program Dedoose®. Text was coded using a predesigned codebook organized by themes and analyzed for significant observations. The findings from the analysis were combined with findings from other primary and secondary data and incorporated into the data synthesis and prioritized health needs. Themes across all focus groups are seen in Figure 26. Appendix C provides a more detailed report of the main themes that trended across the individual focus group conversations.

**Figure 26. Themes Across All Focus Groups**



# Data Synthesis & Prioritization

## Data Synthesis

All forms of data may present strengths and limitations. Each data source used in this CHNA process was evaluated based on such strengths and limitations and should be kept in mind when reviewing this report. Each health topic presented a varying scope and depth of quantitative data indicators and qualitative findings. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, focus group participants, and community survey participants as possible. To gain a comprehensive understanding of the significant health needs for Polk County, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, focus group themes, and survey responses were considered equally important in understanding the health issues of the community. The top health needs identified from data sources were analyzed for areas of overlap. Six health issues were identified as significant health needs across all three data sources and were used for further prioritization. Figure 27 shows the final six trending health topics for consideration.

Figure 27. Trending Health Topic for Consideration



## Prioritization

On May 5, 2022, participants from collaborating organizations, as well as other community partners, came together to prioritize the significant health needs for Polk County. To better target issues regarding the most pressing health needs, the All4HealthFL Collaborative conducted a two-hour virtual prioritization session facilitated by the Tampa Bay Healthcare Collaborative (TBHC). A total of 75 individuals attended the prioritization session. These participants represented a broad cross section of experts and organizational leaders with extensive knowledge of health needs in the community. The meeting objectives included: review of analyzed health data pertaining to health needs and disparities, discussion of significant health needs identified, gathering input on health topics, prioritizing significant health needs, and generating preliminary ideas on how to collaborate to address top community needs. An additional discussion was hosted to close out the session with preliminary ideas on how the broader community could collaborate to address top community health needs.

## Process

The prioritization session included a presentation highlighting the findings from both the primary and secondary data and the resulting top health needs that were identified. Session participants were then directed to breakout groups to discuss the findings and the six health needs. Participants captured their thoughts through these breakout discussions, specifically how the health needs are impacted by SDOH. A detailed overview of discussion themes can be found in Appendix C. Discussions were supported with additional data placemats about each need area. Data placemats and an overview of discussion themes can be found in Appendix D.

Participants ranked each of the health categories individually using the dual criteria of scope and severity and ability to impact. Criteria scores were then combined to generate an overall ranking of health needs. A total of 58 individuals completed the online prioritization activity. The cumulative total score of each health topic can be seen in Table 3. The All4HealthFL Collaborative agreed with the ranking of the health topics and selected the top three prioritized health topics: Access to Health & Social Services, Behavioral Health (Mental Health & Substance Misuse), and Exercise, Nutrition & Weight.

**Table 3. Cumulative Total Score of Significant Health Topics (n=58)**

Health Topics	Cumulative Total Score
Behavioral Health (Mental Health & Substance Misuse)	152.5
Access to Health & Social Services	150
Exercise, Nutrition & Weight	143.5
Immunizations & Infectious Diseases	124.5
Heart Disease & Stroke	123
Cancer	115.5

# Prioritized Significant Health Needs

The three significant health needs are summarized in the following section.

## 2022 Prioritized Significant Health Needs



Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Polk County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

# Prioritized Health Topic #1: Access to Health & Social Services

## Access to Health & Social Services



### Key Themes from Community Input



- **Thirty Five percent (35%)** of survey respondents ranked access to health care as a quality of life issue
- Rural areas have lack of awareness of available services/resources i.e. insurance enrollment assistance, technology barriers
- Employment does not allow for PTO, providers have limited appointment availability on weekends
- High deductibles, high co-pays, people falling in coverage gaps "make too much to qualify for Medicaid"
- Lack of board-certified transgender health providers
- Insurance companies dictating what treatments patients should receive as opposed to the provider
- Barriers include: transportation, language barriers (limited translation services/bilingual providers), lack of or limited health insurance coverage (high out of pocket costs), knowledge or navigation of health system, medication costs, work schedules/appointment times limited, long wait times for disability approval

### Warning Indicators



- Adults without Health Insurance
- Median Monthly Medicaid Enrollment
- Adults who Visited a Dentist
- Adults with Health Insurance
- Primary Care Provider Rate



This issue we're seeing is the timing of the clinics. We want our families working these non-livable wage jobs to go to a provider, but the providers only hours are eight to five Monday through Friday and they're working in jobs that don't allow them to take off and get paid for being off.



-Black/African American Group Participant

## Primary Data: Community Survey & Focus Groups

Access to Health & Social Services was a top health need identified from both the community survey and the five focus group discussions. Thirty-five percent (35%) of community respondents ranked Access to Health Care as a pressing quality of life issue. Reasons that prevented survey respondents from getting medical care they needed include: unable to schedule an appointment when needed, unable to afford to pay for care, cannot take time off work, and doctor's office that do not have convenient hours. Other barriers included: higher than anticipated co-payments, COVID-19 restrictions, quality of treatment/care, and long wait times to see a medical provider.

Focus group discussion highlighted barriers to accessing care specifically for Black/African American, Hispanic/Latino, LGBTQ+, and Older Adults. These barriers included lack of, or limited, health insurance coverage which created additional barriers to accessing medications and health services. Lack of health care knowledge and navigation of the health system was also mentioned throughout the focus groups. Often, participants' work and school schedules did not align with provider office hours or there were long wait times to see a specialist. Many also indicated not having transportation to get to medical appointments. Focus group participants recommend education for health providers on transgender health needs and care navigation. Barriers to accessing care by focus group community members are seen in Table 4.

**Table 4. Focus Group Overall Barriers to Accessing Care**

<b>Black/African Americans</b>	<ul style="list-style-type: none"> <li>• Fear and lack of trust due to experienced trauma or discrimination and or racism</li> <li>• High deductibles, high co-pays, making too much to qualify for Medicaid</li> <li>• Gentrification and built environment reduce accessibility to services</li> <li>• Homeless population face barriers to care due to lack of documentation</li> <li>• No employer benefits such as Paid Time Off (PTO)</li> <li>• Lack of awareness/knowledge of available resources/services, insurance enrollment</li> <li>• Technology barriers</li> </ul>
<b>Hispanic/Latino</b>	<ul style="list-style-type: none"> <li>• Limited number of specialists and health systems take Medicaid</li> <li>• Fear/trust of government, health, and social services because of trauma, discrimination, or immigration status</li> <li>• No employer benefits such as Paid Time Off (PTO)</li> <li>• Lack of services for undocumented persons</li> <li>• Transportation barriers</li> </ul>
<b>LGBTQ+</b>	<ul style="list-style-type: none"> <li>• Shortage of board-certified transgender health providers and Mental Health services</li> <li>• Low health literacy for physicians on treating trans community</li> <li>• Fear and lack of trust in health system due to stereotypes, discrimination, bias</li> <li>• Transportation barriers</li> </ul>
<b>Older Adults</b>	<ul style="list-style-type: none"> <li>• Lack of availability of affordable housing</li> <li>• Fixed incomes, no insurance</li> <li>• Built environment: less services available on east side of county</li> <li>• Technological barriers</li> <li>• Stigma and cultural norms preventing from seeking assistance for all services</li> <li>• Transportation barriers</li> </ul>



I would like to advocate for other providers to get some education, knowledge, training, whatever they need because I'm the only person in East Polk county providing transgender care, but the need is so much more.

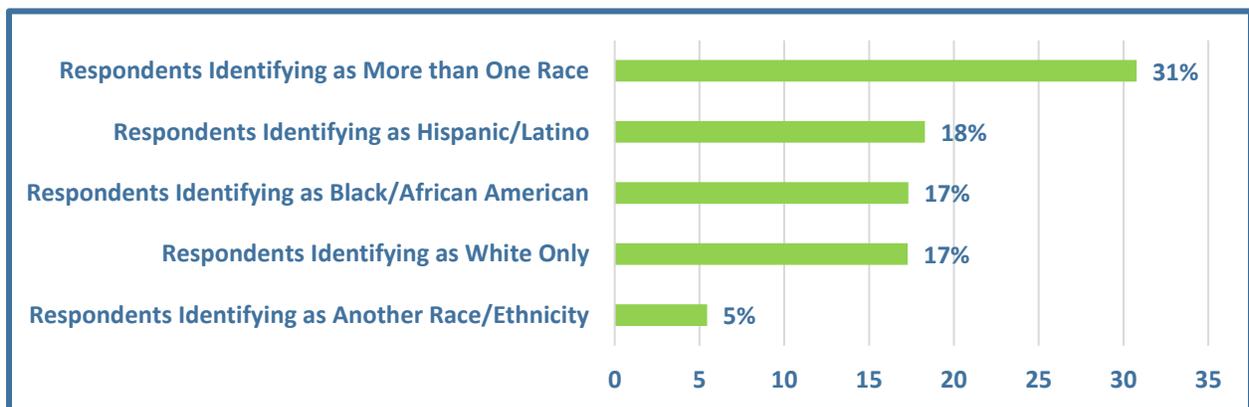


-LGBTQ+ Focus Group Participant

## Barriers and Disparities: Access to Health Care Services

For community survey respondents who indicated they experienced unmet health needs within the past 12 months, a percentage was calculated for each race and ethnic group to better understand the racial inequities. The percentage of respondents by racial/ethnic group with unmet health needs in the past 12 months can be seen in Figure 28.

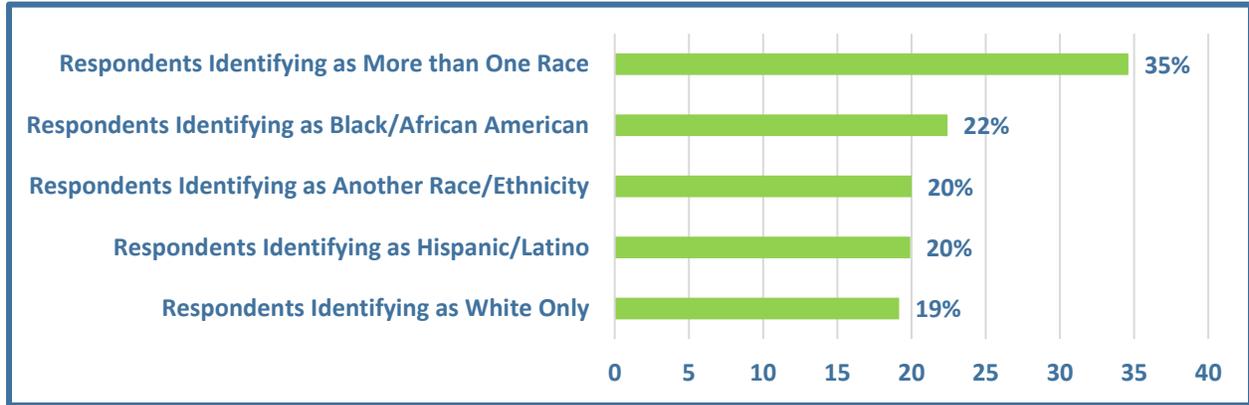
**Figure 28. Percentage of Respondents by Race/Ethnic Group with Unmet Health Needs in the Past 12 Months**



## Barriers and Disparities: Access to Dental Health Services

Access to dental health services was mentioned in the community survey as an important health issue. Twenty-four percent (24%) of survey respondents mentioned they had unmet dental needs. There were five top reasons that prevented respondents from getting the dental care they needed which included: inability to pay for care, not having insurance to cover dental care, unable to schedule an appointment when needed, unable to take time off work, and dentist offices that do not have convenient hours. The percentage of respondents by racial/ethnic group with unmet dental health needs in the past 12 months can be seen in Figure 29.

**Figure 29. Percentage of Respondents by Race/Ethnic Group with Unmet Dental Health Needs in the Past 12 Months**



### Barriers and Disparities: Access to Care in the Emergency Room

Barriers in access to care for non-emergency needs was captured within the community survey. Forty-five percent (45%) of survey respondents declared using the emergency room instead of going to a doctor’s office or clinic for non-emergency needs. The main reasons the emergency room was used for non-emergent needs included: lack of after-hours/weekend services, long wait for an appointment with primary physician, do not have a doctor/clinic, and do not have insurance. Additional reasons why respondents visited the emergency room for non-emergent needed included being referred by a doctor, experiencing pain, needing advice or consultation, experiencing a fall, or needing diagnostic testing.

### Secondary Data

From the secondary data scoring results, Health Care Access & Quality had the 14<sup>th</sup> data score of all topic areas, with a score of 1.67 as seen in Table 2. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 5 below. See Appendix A for the full list of indicators categorized within this topic.

**Table 5. Data Scoring Results for Health Care Access & Quality**

SCORE	HEALTH CARE ACCESS & QUALITY	Polk County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.12	Adults without Health Insurance (2018) percent	25.1	---	---	12.2			---
2.03	Median Monthly Medicaid Enrollment (2020) enrollments/100,000 population	26508.1	---	19940.3	---		---	
1.94	Adults who Visited a Dentist (2018) percent	56.1	---	---	66.5			---

1.94	Adults with Health Insurance (2019) percent	78.4	---	80.5	87.1		---	---
1.91	Primary Care Provider Rate (2018) providers/ 100,000 population	48	---	72.2	---			
1.79	Dentist Rate (2019) dentists/ 100,000 population	34.1	---	60.8	---			
1.59	Children with Health Insurance (2019) percent	92.6	---	92.4	94.3		---	---
1.59	Clinical Care Ranking (2021) ranking	35	---	---	---		---	---
1.50	Adults with an Usual Source of Health Care (2017-2019) percent	72.2	---	72	---		---	---
1.50	Mental Health Provider Rate (2020) providers/ 100,000 population	93.4	---	169	---			

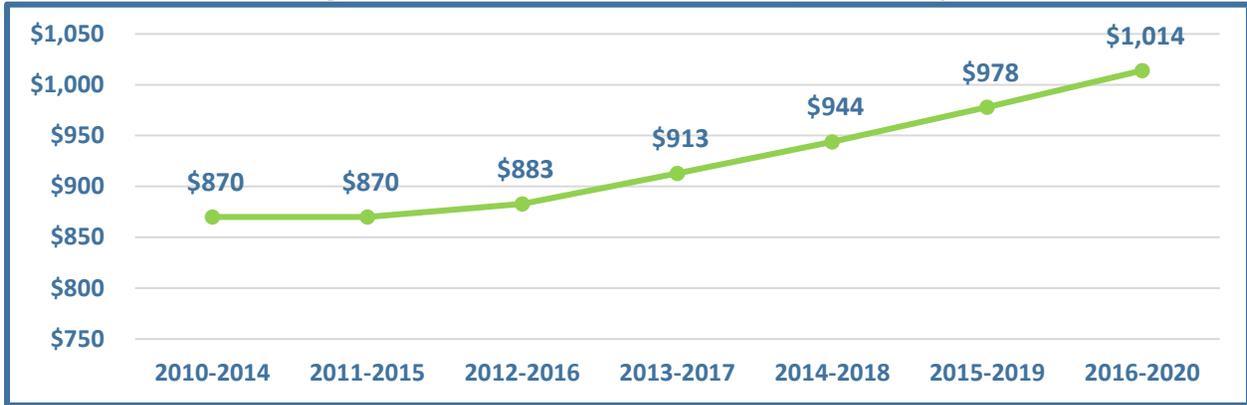
\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Adults without Health Insurance, Median Monthly Medicaid Enrollment, Adults who visited a Dentist, Adults with Health Insurance, and Primary Care Provider Rate are top areas of concern related to Health Care Access and Quality in Polk County. Adults without Health Insurance in Polk County is (25.1%), which is under the worst 25% in comparison to state values (12.2%). Furthermore, in Polk County Adults with Health Insurance (78.4%) is in the worst 25% of counties in the nation. Secondary data also reveals that the trend over time of people’s Median Monthly Medicaid Enrollment in Polk County is getting worse compared to the nation. The rate of Primary Care Providers is (48%) in Polk County, which is in the less than the state value (72.2%). Table 5 shows that the Dentist Rate in Polk County (34.1 per 100,000 population) and Adults who visited a Dentist is comparatively lower than the state value (60.8 per 100,000). The other indicators of concern are Adults with a Usual Source of Health Care that shows the percentage of adults that report having one or more persons they think of as their personal doctor or health care provider. In comparison to other states in Florida Polk County is in the worst 50%. The value for Polk County (72.2%), almost the same as the national value of (72%). Lastly, the Mental Health Provider Rate in Polk County (93.4 providers/100,000 population) is lower than the Florida state (169 providers/100,000 population).

**Barriers and Disparities: Social Determinants of Health & Quality of Life**

Where people live is a large indicator of their health. Fifty-six percent (56%) of survey respondents say there are not affordable places to live in Polk County. Secondary data indicators confirm that rental costs are rising to national highs in the Tampa Bay region. These rising rental costs are negatively impacting communities especially those that identify as LGBTQ+ and older adults 65+. Figure 30 shows the trend for the median gross household rent in Polk County from 2011 through 2020. In 2016-2020 Median Household Gross Rent of Polk County residents was \$1,014 which is lower than U.S value of \$1,096, and lower than state value of \$1,218.

Figure 30. Median Household Gross Rent, Polk County



American Community Survey, 2020

“ Access to affordable housing is a problem. Not everyone can pay \$1,200 or \$1,500 or \$1,800 a month. Sometimes only one parent works with multiple children.

-Hispanic/Latino Focus Group Participant

The rising rental costs are affecting all race and ethnic groups of the older adult population age 65+. See Figure 31 for the race and ethnicity disparities by percentage that are higher than the overall (10.3%) Polk County value. The red bar in the graph represents disparity when compared to the overall Polk County value and within all races/ethnicities/genders. Although White, non-Hispanic appears better than the overall county value, this population may be misrepresented or under reported.

Figure 31. Percentage of People age 65+ Living Below Poverty Level by Race/Ethnicity



American Community Survey, 2015-2019

## Prioritized Health Topic #2: Behavioral Health (Mental Health & Substance Misuse)

### Behavioral Health: Mental Health



#### Key Themes from Community Input



- **Thirty Nine percent (39%)** of survey respondents ranked behavioral health (mental health and substance misuse) as pressing health issues
- Top Reasons that prevented you from getting mental health care: Unable to schedule an appointment when needed, Unable to afford to pay for care, Cannot take time off work, Am not sure how to find a doctor/counselor, Unable to find a doctor/counselor who takes my insurance
- Lack of acknowledgement about mental health deterioration within transgender communities and stress impacting both physical and mental/emotional well-being
- External political factors, coupled with discrimination contribute to trauma experienced in LGBTQ+ community, Black/African American community and Hispanic/Latino community

#### Warning Indicators



- Age-Adjusted Death Rate due to Suicide
- Depression: Medicare Population
- Alzheimer's Disease or Dementia: Medicare Population
- Frequent Mental Distress
- Poor Mental Health: 14+ Days
- Self-Reported General Health Assessment: Good or Better
- Mental Health Provider Rate



When we start talking about mental health, it's almost like a taboo or some type of subject that we don't want to talk about.



-Focus Group Participant

### Primary Data: Community Survey & Focus Groups (Mental Health)

Mental Health and Substance Misuse were identified as top health needs from the secondary data, community survey, and focus groups. The two were combined into Behavioral Health for this assessment. Thirty-nine (39%) of community survey respondents ranked Mental Health as a pressing health issue. Twenty-nine percent (29%) of community survey respondents indicated being diagnosed as having depression or anxiety. The top five reasons respondents did not seek care included: unable to access the mental health care they needed, unable to afford to pay for care, unable to schedule an appointment when needed, cannot take time off work, and do not have insurance to cover mental health care.

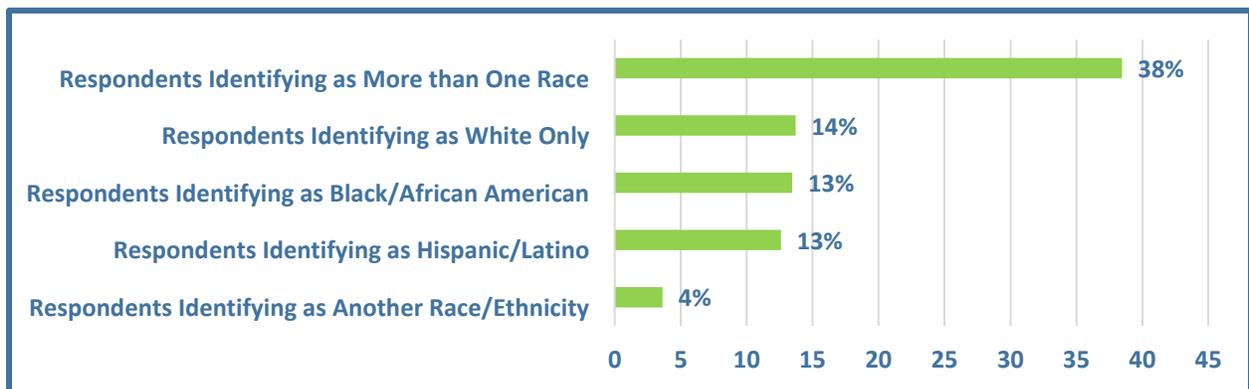
Mental Health was also a top health issue discussed during the five focus groups. Specifically, barriers to care due to fear and stigma of seeking help was mentioned frequently. Additionally, lack of affordable resources, language barriers, and long wait times to see a medical professional were

also discussed. The LGBTQ+, Black/African American, and Hispanic/Latino communities stressed the importance of political and provider acknowledgment about minority stress, discrimination, and external factors that have contributed to experienced trauma. These populations seem to experience more difficulty accessing mental health services.

## Barriers and Disparities: Mental Health

Figure 32 shows the percentage of respondents by race/ethnic group with unmet mental health needs within the past 12 months.

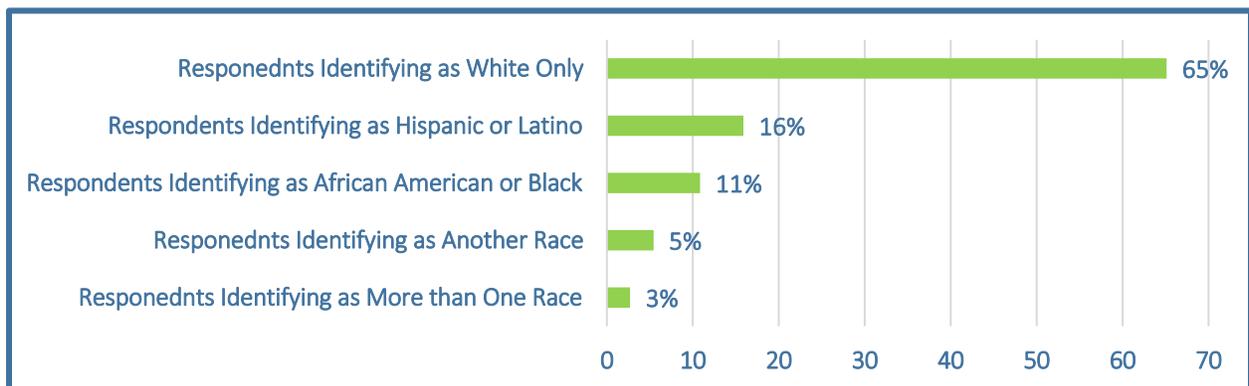
**Figure 32. Percentage of Respondents by Race/Ethnic Group with Unmet Mental Health Needs in the Past 12 Months**



The community survey included a question about Adverse Childhood Experiences (ACEs). ACE scores can help health providers tell the likelihood of increased risk of psychological and medical problems. As an individual's ACE score increases so does the risk of disease and social and emotional problems.

In Polk County (18%) of survey respondents reported experiencing four or more ACEs before age 18. The top five reported ACEs included: parent(s) were separated or divorced, lived with anyone who was a problem drinker or alcoholic, parent(s) or adult verbally harmed them (swear, insult, or put down), lived with anyone who was depressed, mentally ill, or suicidal, and/or parent(s) or adult physically harmed you (slap, hit, kick, etc.). The percentage of respondents by race/ethnic group who reported experiencing four or more ACEs are seen in Figure 33.

**Figure 33. Percentage of Respondents by Race/Ethnic Group who Reported Experiencing 4 or More ACEs**



## Secondary Data: Mental Health

Warning indicators for Mental Health & Mental Disorders included Alzheimer’s Disease or Dementia and Depression in the Medicare Population. See Table 6 for additional warning indicators from the secondary data analysis.

**Table 6. Data Scoring Results for Mental Health & Mental Disorders-Polk County**

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Polk County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.38	Age-Adjusted Death Rate due to Suicide (2019) deaths/100,000 population	17.3	12.8	14.5	13.9		---	
2.29	Depression: Medicare Population (2018) percent	20.2	---	19.5	18.4			
2.12	Alzheimer’s Disease or Dementia: Medicare Population (2018) percent	11.7	---	12.6	10.8			
2.03	Frequent Mental Distress (2018) percent	15.7	---	13.4	13			---
1.76	Poor Mental Health: 14+ Days (2018) percent	14.9	---	---	12.7			---
1.68	Self-Reported General Health Assessment: Good or Better (2017-2019) percent	75.2	---	80.3	---		---	---

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Age Adjusted Death Rate due to Suicide, Depression and Alzheimer’s Disease in Medicare population are top areas of concern related to Mental Health & Mental Disorders in Polk County. The percentage of Medicare beneficiaries treated for Alzheimer’s Disease or Dementia is (11.7%) in Polk County, which falls in the worst 25% of counties in the nation. The indicator Depression: Medicare Population shows the percentage of Medicare beneficiaries who were treated for depression. The value for Polk County (20.2%), is in the worst 50% of counties in the state and nation and the trend is getting worse. Furthermore, Age-Adjusted Death Rate due to Suicide in Polk County are 17.3 deaths/100,000 population and showing definite concern in the community which is higher compared to HP 2030 Target value of 12.8 deaths/100,000 population. The other indicator of concern is Frequent Mental Distress that shows the percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was poor for 14 or more of the past 30 days. The value for Polk County, (15.7%), is higher than the national value of (13%). Lastly, the indicators of Poor Mental Health: 14+ Days, Self-Reported General Health Assessment: Good or Better and Mental Health Provider Rate are showing definite need in Polk County.

# Alcohol and Substance Misuse

## Behavioral Health: Substance Misuse



### Key Themes from Community Input



- **Thirty Six percent (36%)** of survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as an important health issue to address
- Homeless population faces barriers to care because they lack documentation
- Stigma in seeking mental health services due to cultural norms

### Warning Indicators



- Teens who Use Marijuana: High School Students
- Teens who Binge Drink: High School Students
- Teens who Use Alcohol
- Death Rate due to Drug Poisoning
- Health Behaviors Ranking
- Teens who have Used Methamphetamines
- Adolescents who Use Electronic Vaping: Lifetime
- Adolescents who Use Electronic Vaping: Past 30 Days
- Adults Who Currently Use E-Cigarettes
- Adults who Smoke

## Secondary Data

Substance Misuse is a health topic that is analyzed from two secondary data health topics, i.e., Alcohol and Drug Use and Tobacco Use. From the secondary data scoring results, Alcohol & Drug Use had the 19<sup>th</sup> and Tobacco Use 16<sup>th</sup> highest data score of all topic areas, with a score of 1.45 and 1.52 as seen in Table 2. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 7 below. See Appendix A for the full list of indicators categorized within this topic.

**Table 7. Data Scoring Results for Alcohol and Substance Misuse**

SCORE	ALCOHOL & DRUG USE	Polk County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.00	Teens who Use Marijuana: High School Students (2020) percent	17.9	---	15.9	---		---	
1.71	Teens who Binge Drink: High School Students (2020) percent	10.7	---	9.2	---		---	
1.71	Teens who Use Alcohol (2020) percent	21.9	---	19.9	---		---	
1.59	Death Rate due to Drug Poisoning (2017-2019) deaths/ 100,000 population	20.8	---	23.6	21			
1.59	Health Behaviors Ranking (2021) ranking	36	---	---	---		---	---

<b>1.56</b>	Teens who have Used Methamphetamines (2020) percent	0.8	---	0.8	---	---	---	
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\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, there are several indicators within Alcohol and Drug Use health topic that raise concerns for Polk County. The worst performing indicator under this health topic is the Teens who Use Marijuana and Binge Drink in High School. This indicator shows the percentage of teens who reported smoking Marijuana or binge drinking at least once during the 30 days prior to the survey. In Polk County, 17.9% of teens smoke Marijuana which is higher than the state value of 15.9%, and 10.7% of teens binge drink alcohol. Furthermore, the percentage of Teens who use Alcohol in Polk County is 21.9%. Finally, trends are showing that there an increase over time in Death Rate due to Drug Poisoning (20.8%) in Polk County.

**Table 8. Data Scoring Results for Tobacco Use**

SCORE	TOBACCO USE	Polk County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
<b>1.91</b>	Adolescents who Use Electronic Vaping: Lifetime (2020) percent	29.3	---	26.4	---	---	---	
<b>1.74</b>	Adolescents who Use Electronic Vaping: Past 30 Days (2020) percent	15.2	---	14.5	---	---	---	
<b>1.68</b>	Adults Who Currently Use E-Cigarettes (2017-2019) percent	7	---	7.5	---		---	---
<b>1.68</b>	Adults who Smoke (2017-2019) percent	17.8	5	14.8	---		---	---

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

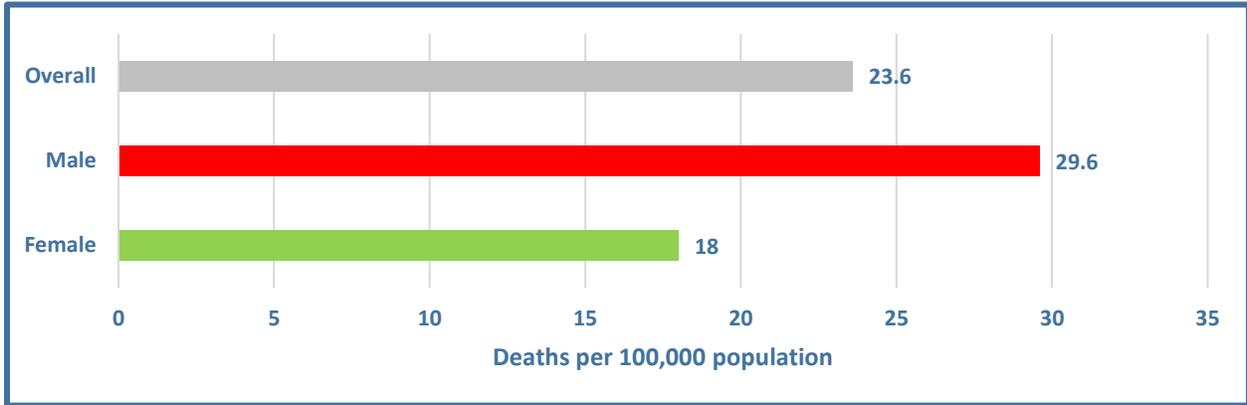
Secondary data indicators for Tobacco Use include Electronic Vaping, E-Cigarettes, and Smoking. Polk County has the high rates of adults and adolescents who vape and use e-cigarettes compared to other counties in Florida and trends over time are showing a significant increase and concerns in electronic vaping use.

## Barriers and Disparities: Mental Health

Thirty-six percent (36%) of community survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as important health issues to address. In Polk County, Deaths Due to Drug Poisoning and Opioid Overdose have been an increasing concern, specifically for white males. See Age Adjusted Drug and Opioid-Involved Overdose Death Rate by Gender (Figure 34) and Race/Ethnicity in (Figure 35). In the figures below the red bars indicates values that are significantly worse than the overall value as illustrated in the gray bar. The green bar indicates values below the overall value as seen in the gray bar. The Age Adjusted Drug and Opioid-Involved Overdose Death rate per 100,000 population in Polk County (23.6) is the roughly the same as U.S. Values (23.5). See Figure 34 white males (29.6 deaths per 100,000) are more likely to experience opioid- involved deaths than females (18 deaths per 100,000 population). White males (26 deaths per 100,000 population) are also above the state value (23.6 deaths per

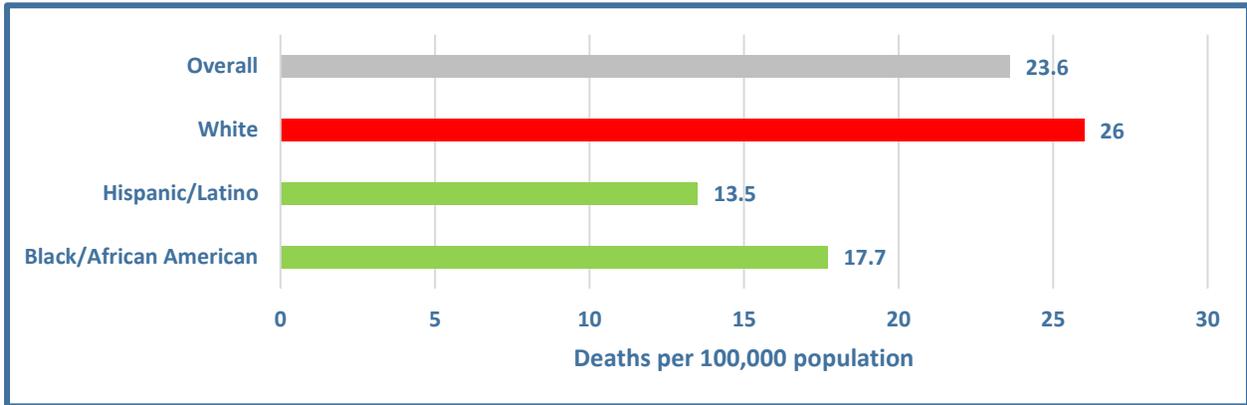
100,000 population) for opioid-involved deaths as seen in Figure 34. Figure 35 shows opioid-involved deaths rate by race/ethnicity.

**Figure 34. Age Adjusted Drug and Opioid-Involved Death Rate by Gender**



*Centers for Disease and Prevention, 2018-2020*

**Figure 35. Age Adjusted Drug and Opioid-Involved Death Rate by Race/Ethnicity**



*Centers for Disease and Prevention, 2018-2020*

## Prioritized Health Topic #3: Exercise, Nutrition, & Weight

### Exercise, Nutrition & Weight



#### Key Themes from Community Input



- Food insecurity, inequitable access to affordable healthy food, transportation barriers, rising food costs
- Hispanic community has high rates of diabetes: more education for children starting at young ages about healthy food, exercise, available parks in the city

#### Warning Indicators



- Teens who are Obese: High School Students
- Children with Low Access to a Grocery Store
- Low-Income and Low Access to a Grocery Store
- WIC Certified Stores
- Teens without Sufficient Physical Activity
- Adults Who Are Obese
- Adults who are Overweight or Obese
- Adults who are Sedentary
- Farmers Market Density
- People 65+ with Low Access to a Grocery Store
- Grocery Store Density
- SNAP Certified Stores
- Food Environment Index
- Access to Exercise Opportunities
- Households with No Car and Low Access to a Grocery Store
- Recreation and Fitness Facilities
- Health Behaviors Ranking



There's food and housing insecurities and those that are on disability they've had to wait up to two years to get full access to healthcare.



-Focus Group Participant

#### Primary Data: Focus Group

Focus group discussions identified the built environment in which people reside as a topic of concern. Specifically, inequitable access to affordable healthy foods was cited. Participants also mentioned the need for nutritional awareness and cultural competency due to some racial/ethnic groups not prioritizing healthy eating.

#### Secondary Data

Secondary data for Exercise, Nutrition & Weight included Physical Activity data scoring. Physical Activity had the 9<sup>th</sup> highest data score of all topic areas as seen in Table 2. Further analysis was done to identify specific indicators of concern which include indicators with high data scores (scoring at or above the threshold of 1.50) and seen in Table 9. See Appendix A for the full list of indicators categorized within this topic.

**Table 9. Data Scoring Results for Physical Activity**

SCORE	PHYSICAL ACTIVITY	Polk County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.03	Children with Low Access to a Grocery Store (2015) percent	7.6	---	---	---			---
2.03	Low-Income and Low Access to a Grocery Store (2015) percent	12.8	---	---	---			---
2.03	WIC Certified Stores (2016) stores/ 1,000 population	0.1	---	---	---			---
2.00	Teens without Sufficient Physical Activity (2020) percent	85.7	---	82.3	---		---	
1.85	Adults who are Obese (2017-2019) percent	36.3	---	27	---		---	---
1.85	Adults who are Overweight or Obese (2017-2019) percent	71.4	---	64.6	---		---	---
1.85	Adults who are Sedentary (2017-2019) percent	31.7	21.2	26.5	---		---	---
1.85	Farmers Market Density (2018) markets/ 1,000 population	0	---	---	---	---	---	
1.85	People 65+ with Low Access to a Grocery Store (2015) percent	6.2	---	---	---			---
1.82	Grocery Store Density (2016) stores/ 1,000 population	0.1	---	---	---			
1.82	SNAP Certified Stores (2017) stores/ 1,000 population	0.8	---	---	---			
1.71	Food Environment Index (2021) index	7	---	6.9	7.8			
1.68	Access to Exercise Opportunities (2020) percent	78.9	---	88.7	84			---
1.68	Households with No Car and Low Access to a Grocery Store (2015) percent	2.9	---	---	---			---
1.68	Recreation and Fitness Facilities (2016) facilities/ 1,000 population	0.1	---	---	---	---	---	
1.59	Health Behaviors Ranking (2021) ranking	36	---	---	---		---	---

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Some of the worst-performing indicators within this topic are related to the built environment and food access to children and low-income groups in Polk County. The percentage of Children with Low Access to a Grocery Store in Polk County is 7.6%, which falls in the worst 50% of counties in the state and nationally. This indicator shows the percentage of children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Additionally, Farmers Market Density, Supplemental Nutritional Assistance Program (SNAP) Certified Store and Low-income and Low Access to Grocery Store are poorly performing indicators that measures food access. HCI's Food Insecurity Index®, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within the Polk County community

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including Heart Disease, Type 2 Diabetes, Stroke, and Cancer. In Polk County, 36.3% of adults are obese, and 71.4% adults are overweight. This is higher than the state value 64.6%, although not significantly. Other poorly performing indicators under Physical Activity health topics are the percentage of Teens without Sufficient Physical Activity (85.7%) and Adults who are Sedentary (31.7%) in Polk County. Studies have shown that sedentary lifestyles and a lack of fruits and vegetables can increase the risk of many chronic diseases including obesity, heart disease, and Type 2 diabetes.<sup>15</sup>

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<sup>15</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating>

# Non-Prioritized Significant Health Needs

Following the rigorous community prioritization process, the following were not selected as prioritized health topics for Polk County for the next three years. Any current programming and additional efforts outside of the CHNA process to address these health issues will not be impacted by this decision. Future initiatives related to the prioritized health needs will likely have positive impact on the non-prioritized health needs as many topics overlap.

## Non-Prioritized Health Need #1: Cancer

### Cancer

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#### Warning Indicators



- Age-Adjusted Death Rate due to Colorectal Cancer
- Cancer: Medicare Population
- Cervical Cancer Incidence Rate
- Cervical Cancer Screening: 21-65
- Adults with Cancer
- Colon Cancer Screening
- Prostate Cancer Incidence Rate

In Polk County, Cancer was not mentioned in focus groups and was ranked low in the community survey. Sixteen percent (16%) of survey respondents ranked Cancer as a pressing health issue and (10%) reported being told by a medical provider that they have been diagnosed. Secondary data warning indicators showed county values at or slightly above Florida and U.S. values for cervical cancer incidence rate, melanoma incidence rate, and cancer within the Medicare population.

## Non-Prioritized Health Need #2: Heart Disease & Stroke

### Heart Disease & Stroke

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#### Warning Indicators



- Hypertension: Medicare Population
- Hyperlipidemia: Medicare Population
- Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
- Atrial Fibrillation: Medicare Population
- Age-Adjusted Death Rate due to Heart Attack
- Age-Adjusted Hospitalization Rate due to Heart Attack
- High Blood Pressure Prevalence
- Adults who Experienced a Stroke
- Adults who Experienced Coronary Heart Disease
- Ischemic Heart Disease: Medicare Population
- Heart Failure: Medicare Population
- Cholesterol Test History

Heart Disease and Stroke as a topic on its own did not come through as a top community health issue within the community survey or focus groups. In the community survey, 44% of survey respondents reported being told by a medical provider that they have hypertension and/or heart disease. The raised concern was related to nutrition and obesity and could best be addressed within the Exercise, Nutrition, and Weight health topic.

## Non-Prioritized Health Need #3: Immunizations & Infectious Diseases

### Immunizations & Infectious Diseases

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#### Warning Indicators



- Chlamydia Incidence Rate
- Age-Adjusted Death Rate due to Influenza and Pneumonia
- Gonorrhea Incidence Rate
- Overcrowded Households
- HIV Incidence Rate
- Salmonella Infection Incidence Rate
- Syphilis Incidence Rate
- Adults 65+ with Influenza Vaccination

Immunizations and Infectious Diseases did not come up as a top issue through community feedback.

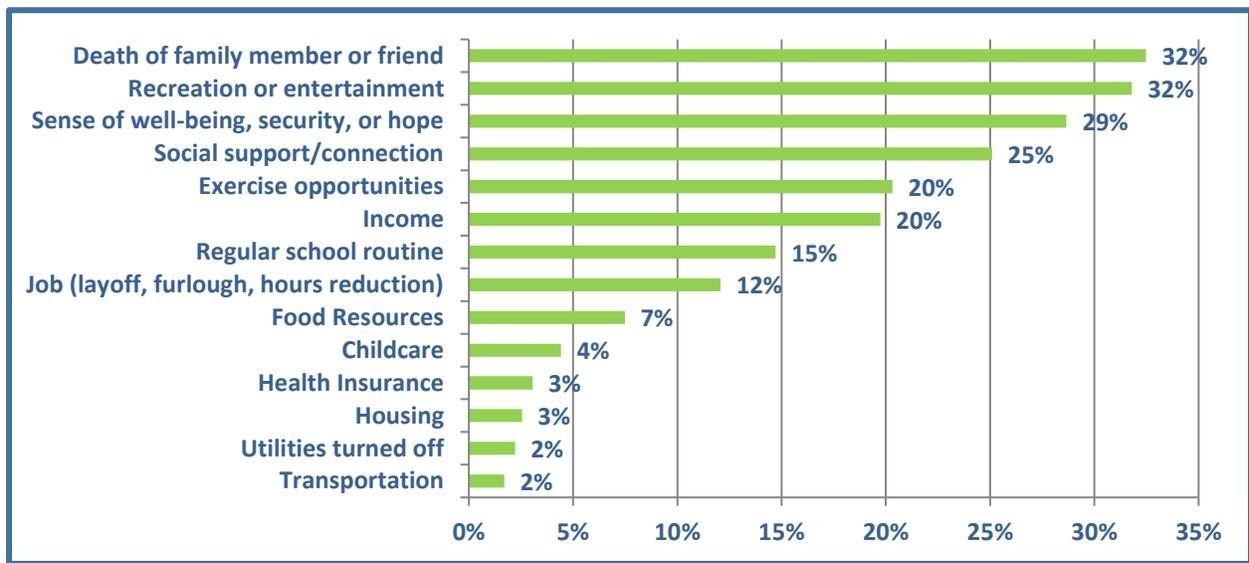
# Additional Opportunities for Impact

When possible, data from the community survey was analyzed by demographic factors to help identify vulnerable groups that may be at higher health risks in Polk County. This data was used to support the prioritization process and provides additional community context to consider alongside the secondary data. It is important to note that not all differences have been included in this report, as the report focuses primarily on the prioritized health topics.

## COVID-19 Pandemic

The community survey assessed the impact of the COVID-19 pandemic by asking respondents to report the losses they have experienced since the start of the pandemic. Death of a family member or friend was the top loss reported, followed by recreation or entertainment. There were many that also reported experiencing a loss of sense of well-being, security, or hope of a family member or friend. See Figure 36 for the complete list of reported losses related to COVID-19. These types of experienced losses can help to pinpoint where the community is going to need special attention and assistance to recover.

Figure 36. Percentage of Respondents who Reported Experienced Losses Related to COVID-19



## Community Lived Experiences Around Diversity, Equity & Inclusion

For the 2022 CHNA process, the All4HealthFL Collaborative included a survey question to specifically assess experiences of discrimination by community respondents. In addition to understanding the overall experiences of discrimination, the Collaborative wanted to understand different groups' unique experiences and their perception of why they felt they were discriminated against. Figure 37 shows the percentage of survey respondents who reported experiencing discrimination by discrimination type.

**Figure 37. Percentage of Respondents from Polk County who Reported Experiencing Discrimination**



Figure 38 breaks down the percentages of reported discrimination by respondents' identity of themselves, as well as why they believe they experienced this discrimination. For example, in what ways did Hispanic/Latino community members report experiencing discrimination and what did they believe was the main reason they were discriminated against? The highest level of discrimination they reported having experienced was being treated with less courtesy or respect than others. They felt they had experienced this type of discrimination because of their ancestry or national origin, their gender, and/or their race. These two charts were provided to participants at the prioritization session to inform and deepen conversations and to garner additional feedback around addressing health inequities in Polk County.

**Figure 38. Percentage of Respondents who Reported Experiencing Discrimination by Discrimination Type**

Percentage Reported Discrimination	Respondents Identify As						
	Non-Male, White Only	Hispanic or Latino	Black or AA	More than One Race	Another Race	LGBTQ+	65+
You are treated with less courtesy or respect than other people	50%	59%	61%	88%	56%	79%	40%
You receive poorer service than other people at restaurants or stores	31%	41%	62%	72%	48%	61%	30%
People act as if they think you are not smart	37%	45%	56%	78%	48%	62%	27%
People act as if they are afraid of you	11%	16%	34%	33%	19%	30%	8%
You are threatened or harassed	18%	22%	20%	50%	23%	44%	11%
People criticized your accent or the way you speak	12%	40%	24%	35%	42%	30%	11%
What do you believe to be the main reason(s)?	Gender, Age, Weight	Race, Ancestry or National Origin, Gender	Race, Gender, Age	Age, Some Other Aspect of Appearance, Race	Race, Ancestry or National Origin	Sexual Orientation, Gender, Age	Age, Gender, Race

## Conclusion

The preceding Community Health Needs Assessment (CHNA) describes barriers to health faced by the community, putting its priority health areas into focus and providing information necessary to all levels of stakeholders to build upon each other's work. The All4HealthFL Collaborative has established clear priorities based on the results of this community health needs assessment to improve health outcomes for residents in Polk County. Over the next year, the Collaborative will work together on the development of strategies to address the priorities outlined in the report. These strategies will inform the All4HealthFL Community Health Improvement Plan for Polk County.

# Appendices Summary

The following support documents are shared separately on the All4HealthFL website.

## **A. Secondary Data (Methodology and Data Scoring Tables)**

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

- Secondary Data Methodology and Data Scoring Tables
- Population Estimates for each ZIP code (Demographic Section)
- Families Below poverty by ZIP code (Social & Economic Determinants of Health Section)

## **B. Index of Disparity**

Conduent's health equity index of disparity tools utilized to analyze secondary data.

- Healthy Equity Index
- Food Insecurity Index
- Mental Health Index

## **C. Community Input Assessment Tools**

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Health Survey
- Focus Group Discussion Questions and Summary of Responses
- Prioritization Session Attendee Organizations
- Prioritization Session Questions & Summary of Responses

## **D. Data Placemats**

- Access to Health & Social Services
- Behavioral Health (Mental Health & Substance Misuse)
- Exercise, Nutrition & Weight
- Immunizations & Infectious Diseases
- Maternal, Fetal, and Infant Health
- Respiratory Diseases

## **E. Community Partners and Resources**

The tables in this section acknowledge community partners and organizations who supported the CHNA process.

## **F. Partner Achievements**

This section highlights All4HealthFL Collaborative organization specific achievements in addressing health needs identified from the 2019-2021 CHNA cycle.