Community Health Needs Assessment
Pasco County
2022

In collaboration with:

JOHNS HOPKINS All Children's Hospital

Florida HEALTH Pasco County

Florida HEALTH Hillsborough County

Florida HEALTH Pinellas County

Florida HEALTH Polk County

BAYFRONT HEALTH St. Petersburg

AdventHealth

BayCare

TGH Tampa General Hospital

MOFFITT CANCER CENTER

Lakeland Regional Health

BayCare Hospital Wesley Chapel

Prepared by Conduent Healthy Communities Institute

Table of Contents

Letter from the All4HealthFL Collaborative

To the citizens of Pasco County,

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

The All4HealthFL Collaborative

COMMUNITY HEALTH NEEDS ASSESSMENT
At a Glance: Pasco County

Secondary Data

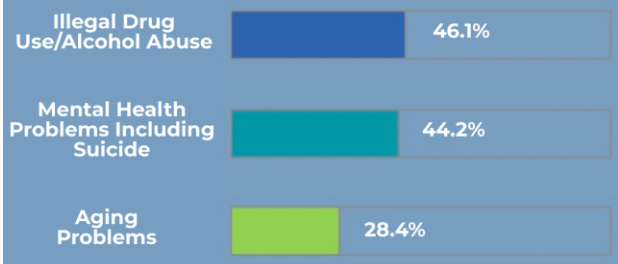
- Access to Health & Social Services
- Cancer
- Heart Disease & Stroke
- Behavioral Health (Mental Health & Substance Misuse)
- Exercise, Nutrition & Weight
- Immunizations & Infectious Diseases

Primary Data/Community Input

Community Health Survey

Pasco County had **2,304** Community Survey Respondents

Top Health Issues:



Focus Group Discussions

Pasco County conducted **5** Focus Groups

> It never occurred to me that seniors struggle with drug addiction. We mostly focus on younger generations, but addiction is an issue for all ages.
>
> -Focus Group Participant

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 Pasco County including: AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Tampa General Hospital, and the Florida Department of Health in Pasco County. 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 Pasco 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.

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.

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 Pasco 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 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 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 the Health Care, and Exercise, Nutrition and Weight as still the most pressing issues. These 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 as well as 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 Pasco 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 Pasco County community.

Geography and Data Sources

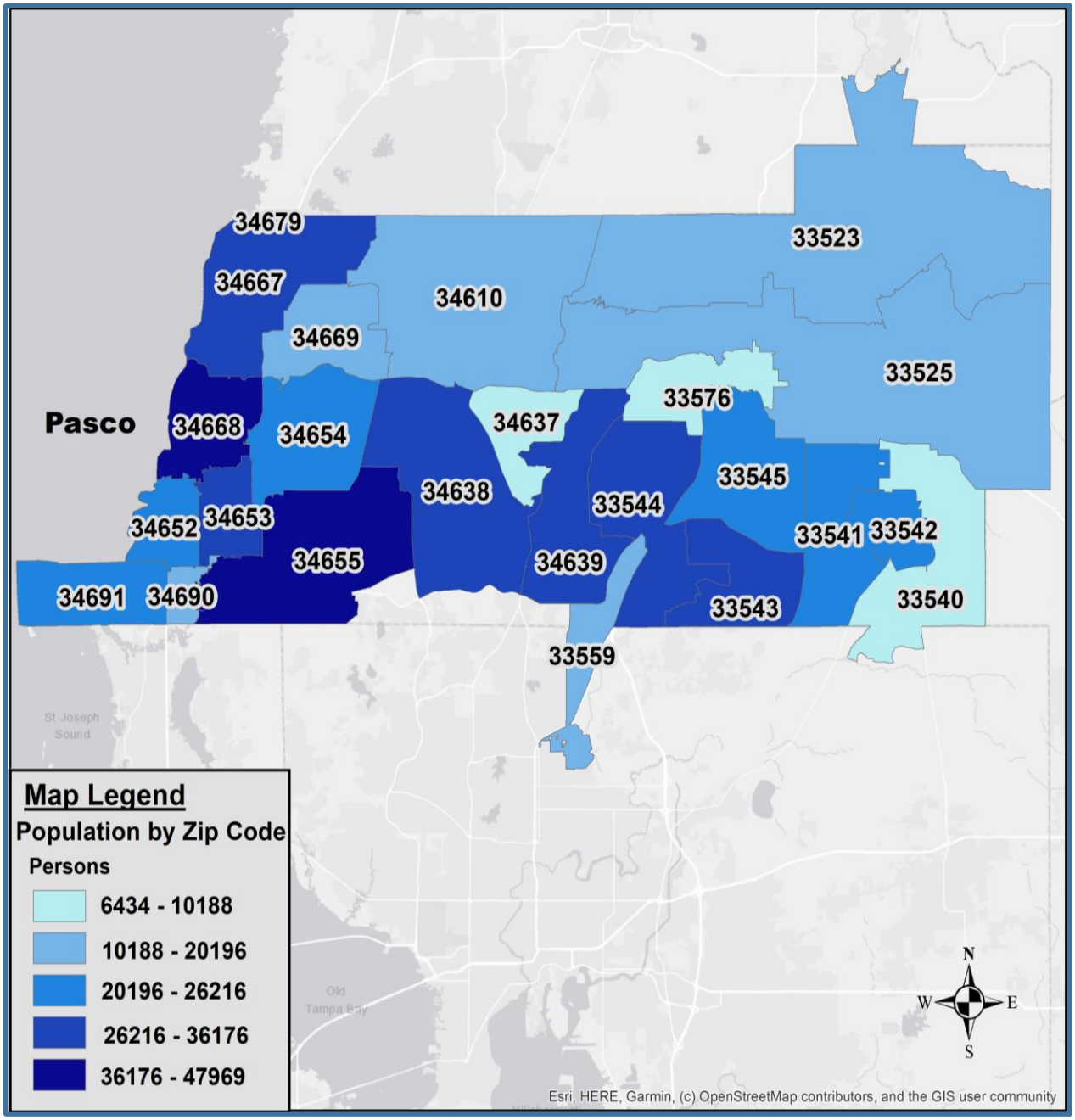
Data are presented in this section at the geographic level of Pasco County. Comparisons to the county, state, and national value are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates)[1] and American Community Survey[2] one-year (2019)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

Population

According to the 2022 Claritas Pop-Facts® population estimates, Pasco County has an estimated population of 575,435 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 Pasco County is ZIP code 34655 (New Port Richey) with a population of 48,493.

[1] All4HealthFL online platform. https://www.all4healthfl.org/demographicdata
[2] American Community Survey. https://www.census.gov/programs-surveys/acs

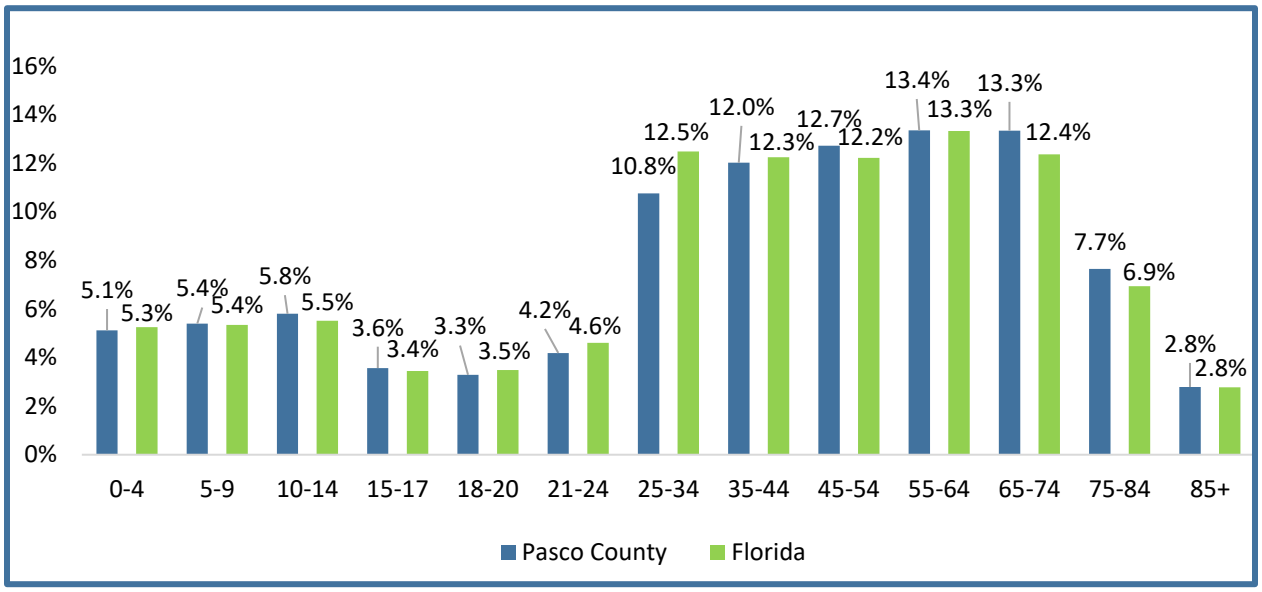
Figure 1: Population by ZIP Code: Pasco County



Age

Children (0-17) make up (19.9%) of the population in Pasco County. When compared to Florida (19.6%) Pasco County has slightly higher proportion of children population (age 0-17). In comparison to the U.S. (22.4%), Pasco County has lower proportion of children population (age 0-17). Pasco County (23.8%) has a higher proportion of elder population (age 65+) when compared to Florida (22.1%) and the U.S. (16.0%). Figure 2 shows further breakdown of age categories.

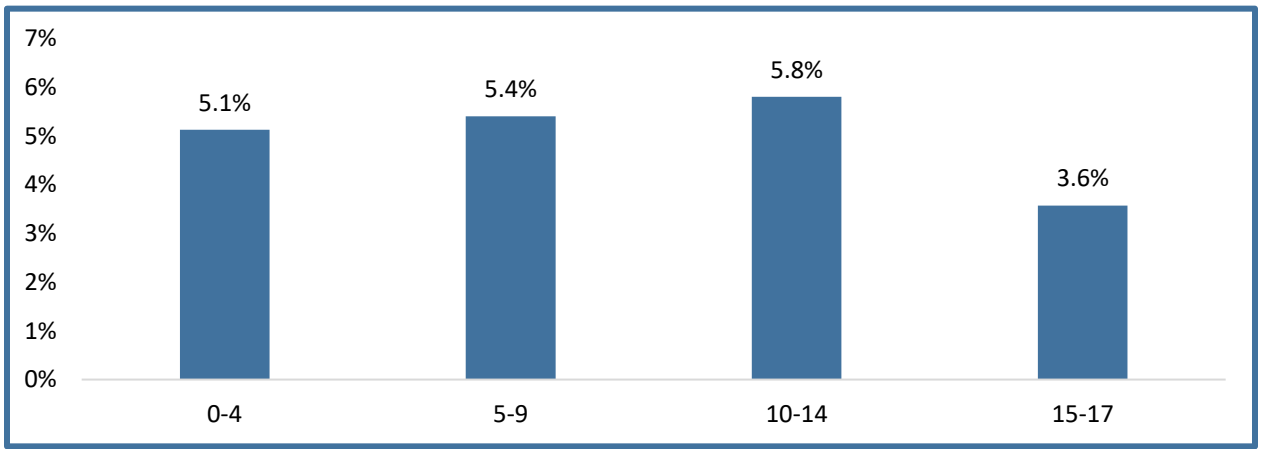
Figure 2: Population by Age: County and State Comparisons



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

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

Figure 3: Population by Age Under 18: Pasco County

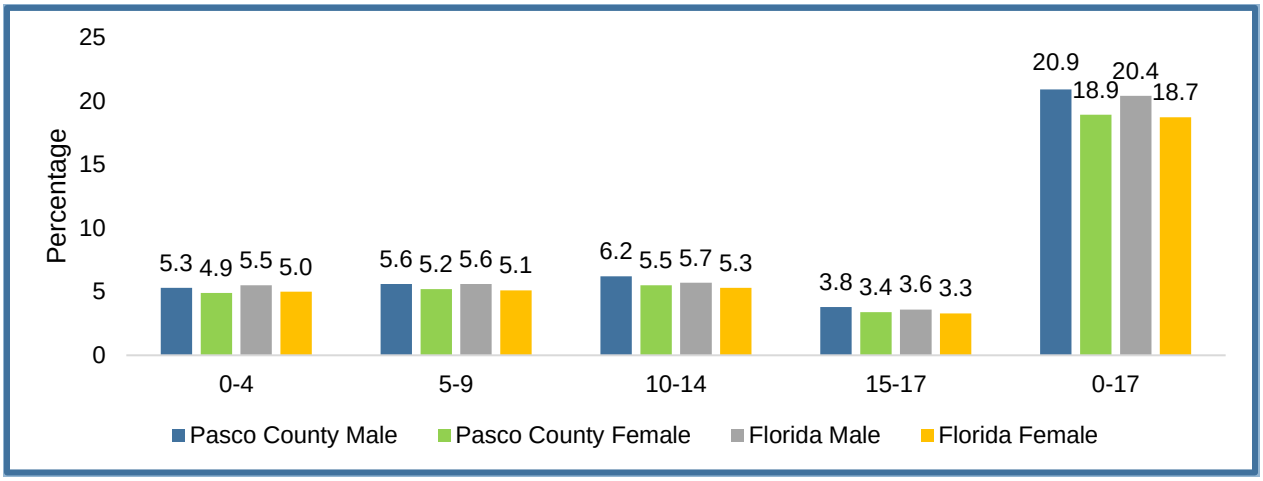


*County values- Claritas Pop-Facts® (2022 population estimates)

Sex

Figure 4 shows the children (under 18) population of Pasco County by sex. Males comprise 20.9% of the population, whereas females comprise (18.9%) of the population in the county.

Figure 4: Population by Sex Under 18: County and State Comparisons



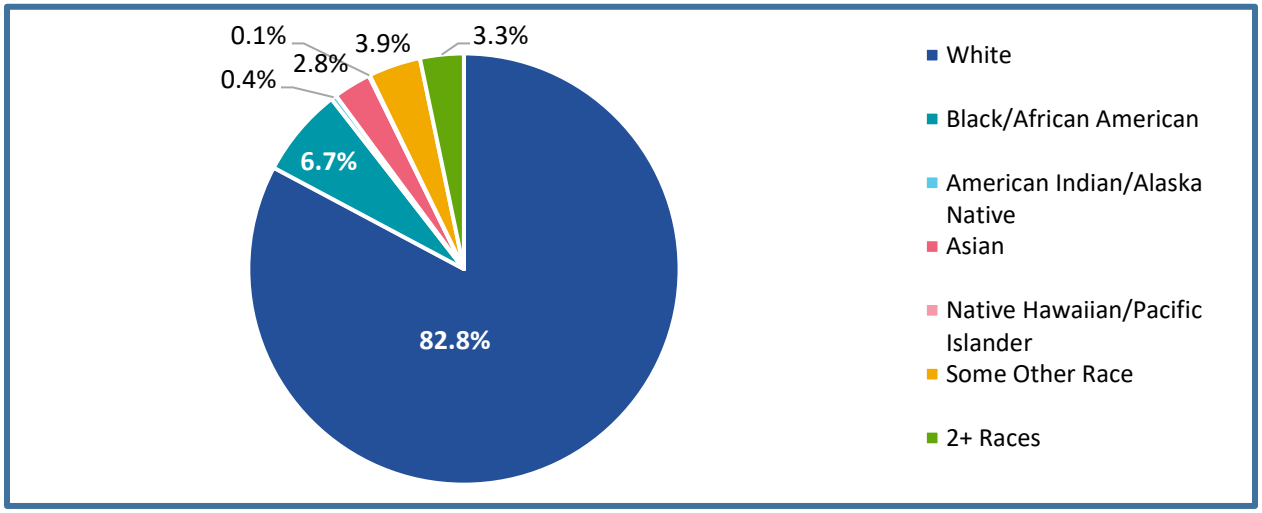
*County values- Claritas Pop-Facts® (2022 population estimates)

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 Pasco County area shows (82.8%) 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 Pasco County at (6.7%).

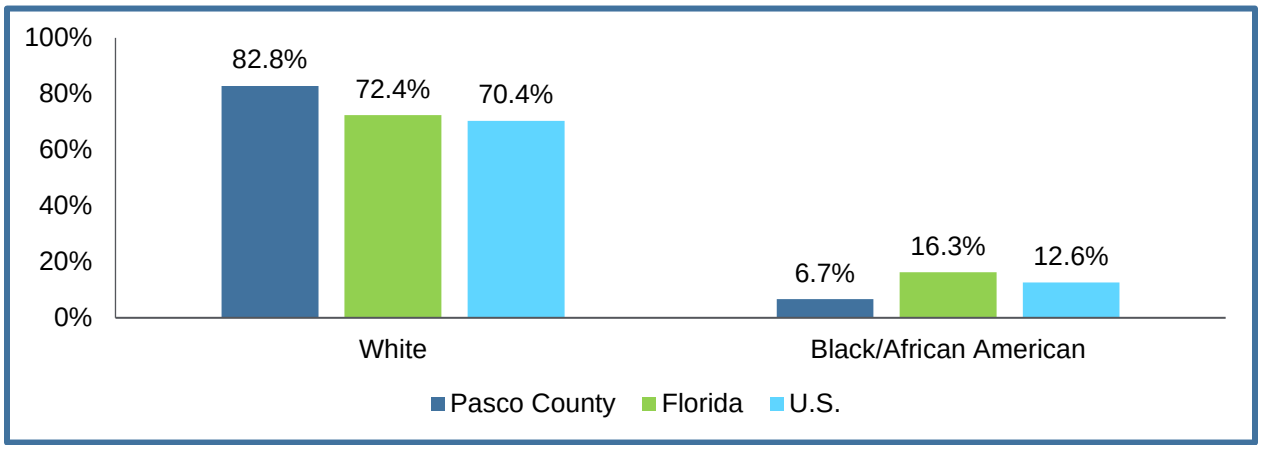
Figure 5: Population by Race: Pasco County



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

Those community members identifying as White represent a higher proportion of the population in Pasco County (82.8%) when compared to Florida (72.4%) and the U.S. (70.4%), while Black/African American community members represent a lower proportion of the population in Pasco County (6.7%) when compared to Florida (16.3%) and the U.S. (12.6%) (Figure 6).

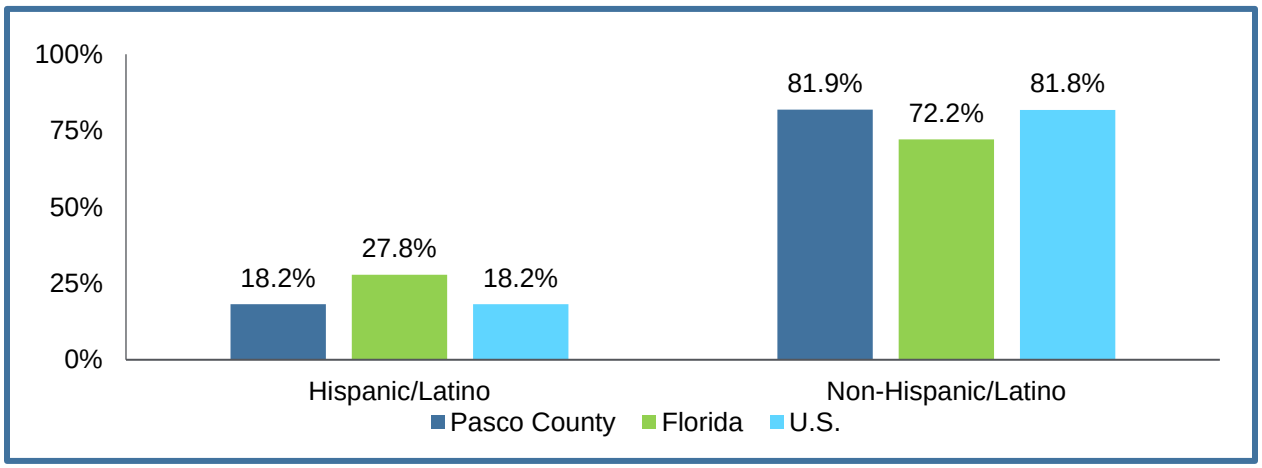
Figure 6: Population by Race: Pasco County, State, and U.S. Comparisons



*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, (18.2%) of the population in Pasco County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Florida (27.8%), but equal to the U.S. population (18.2%).

Figure 7: Population by Ethnicity: Pasco 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

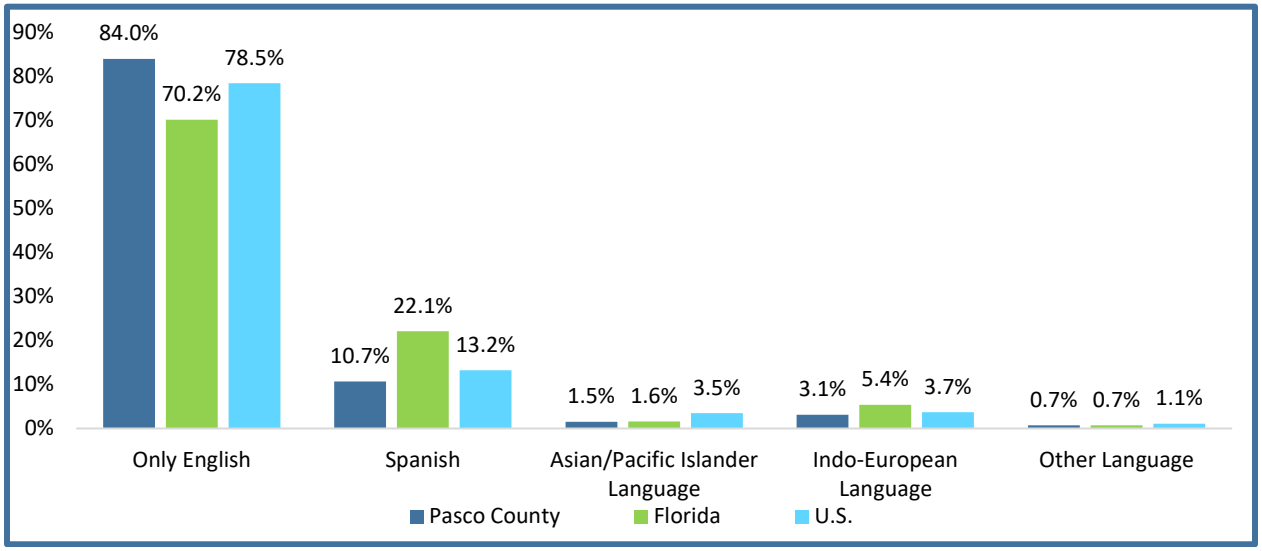
Language and Immigration

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, (10.3%) of residents in Pasco County are born outside the U.S., which is slightly lower than the national value of (13.5%).[3]

[3] American Community Survey, 2016-2020

In Pasco County, (84%) of the population age five and older speak only English at home, which is higher than both the state value of (70.2%) and the national value of (78.5%) (Figure 8). This data indicates that (10.7%) of the population in Pasco County speak Spanish, and (0.7%) speak languages other than English at home.

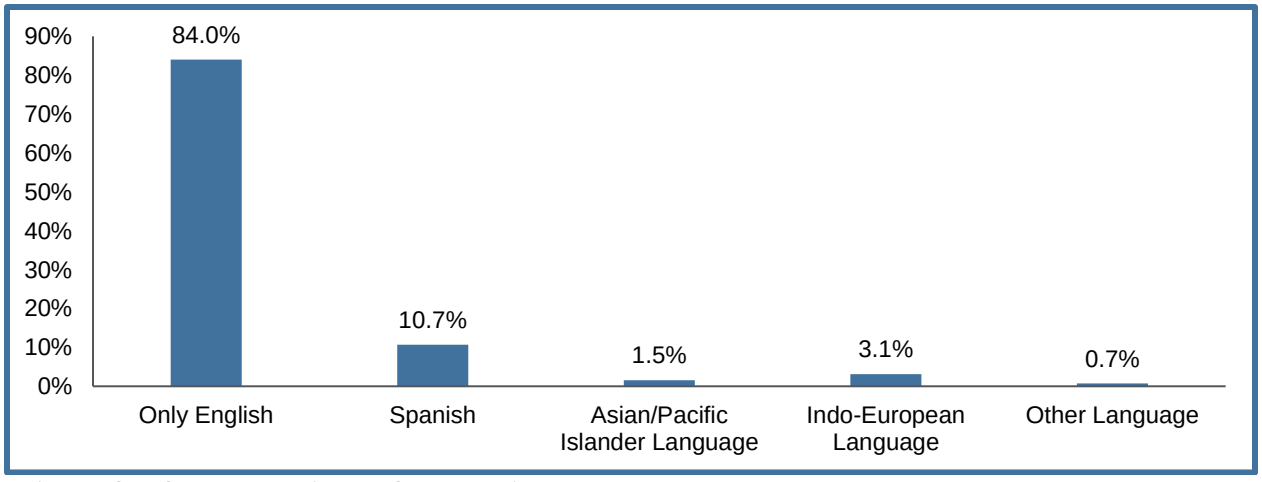
Figure 8: Population age 5+ by Language Spoken at Home: County, State and U.S. Comparisons



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

The most common languages spoken at home are English (84%), Spanish (10.7%), and Indo-European languages such as French, Portuguese, Russian and Dutch(3.1%).[4] (Figure 9).

Figure 9: Population age 5+ by Language Spoken at Home: Pasco County



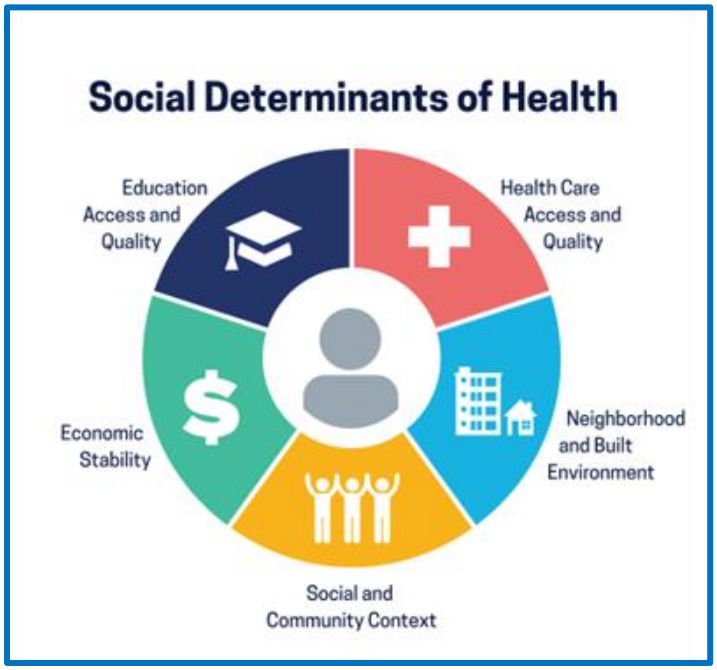
*County values- Claritas Pop-Facts® (2022 population estimates)

[4] United States Census Bureau. https://www.census.gov/topics/population/language-use/about.html

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Pasco 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 SDOH 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.

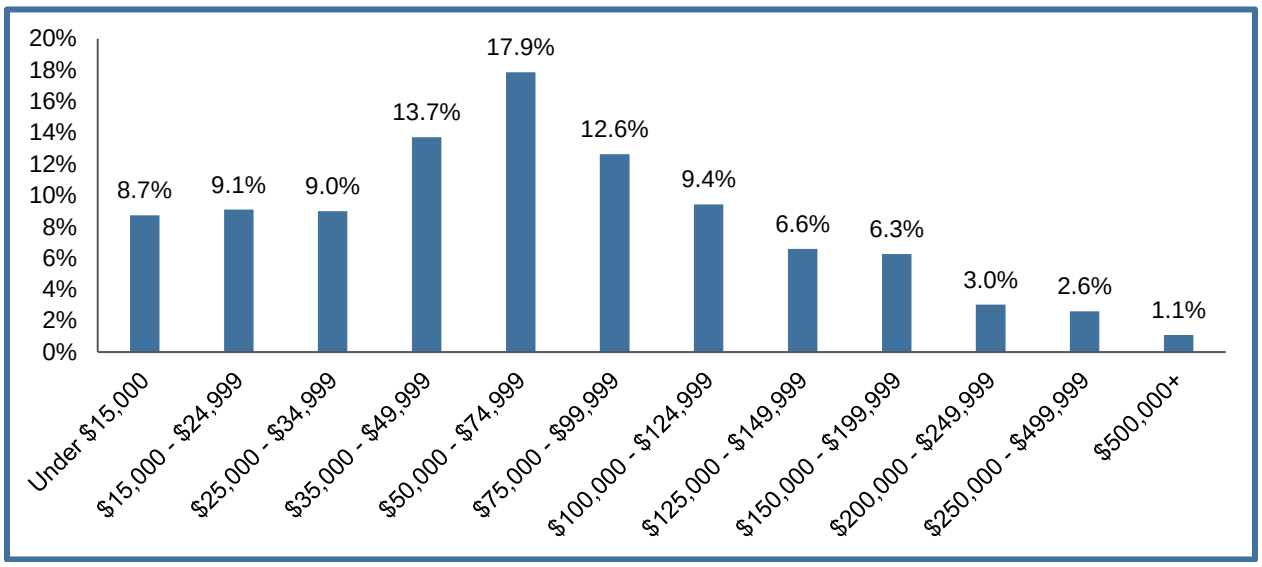
Income

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 a range 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.[5]

Figure 11 provides a breakdown of households by income in Pasco County. A household income of $50,000 - $74,999 is shared by the largest proportion of households in Pasco County (17.9%). Households with an income of less than $15,000 make up (8.7%) of households in Pasco County.

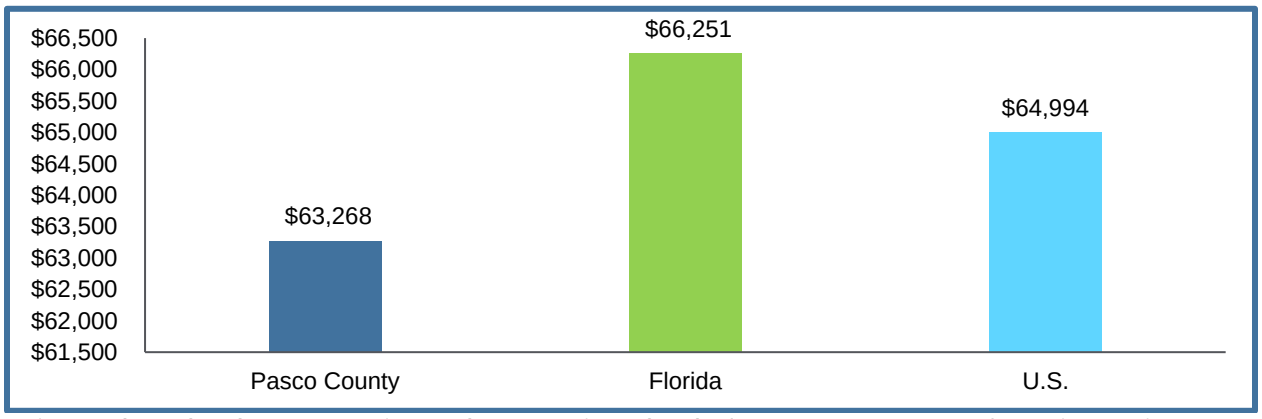
Figure 11: Households by Income, Pasco County



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

The median household income for Pasco County is $63,268, which is lower than the state value of $66,251 and national value of $64,994 (Figure 12).

Figure 12: Households Income by: County, State and U.S. Comparisons



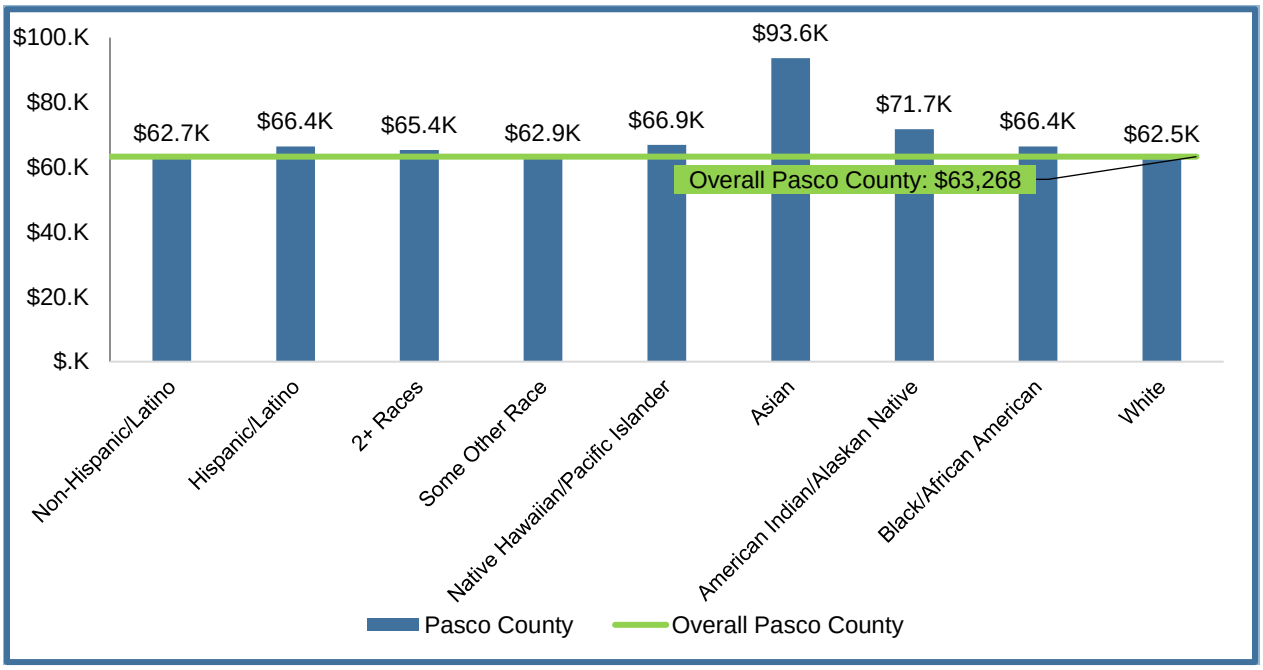
*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Figure 13 shows the median household income by race and ethnicity. Six racial/ethnic groups including: Hispanic/Latino, 2+ Races, Native Hawaiian/Pacific Islander, Asian, American

[5] 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

Indian/Alaskan Native, and Black/African American have median household incomes above the overall median value ($63,268). All other races have incomes below the overall value, with White population having the lowest median household income at $62,457.

Figure 13: Median Household Income by Race/Ethnicity, Pasco County



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

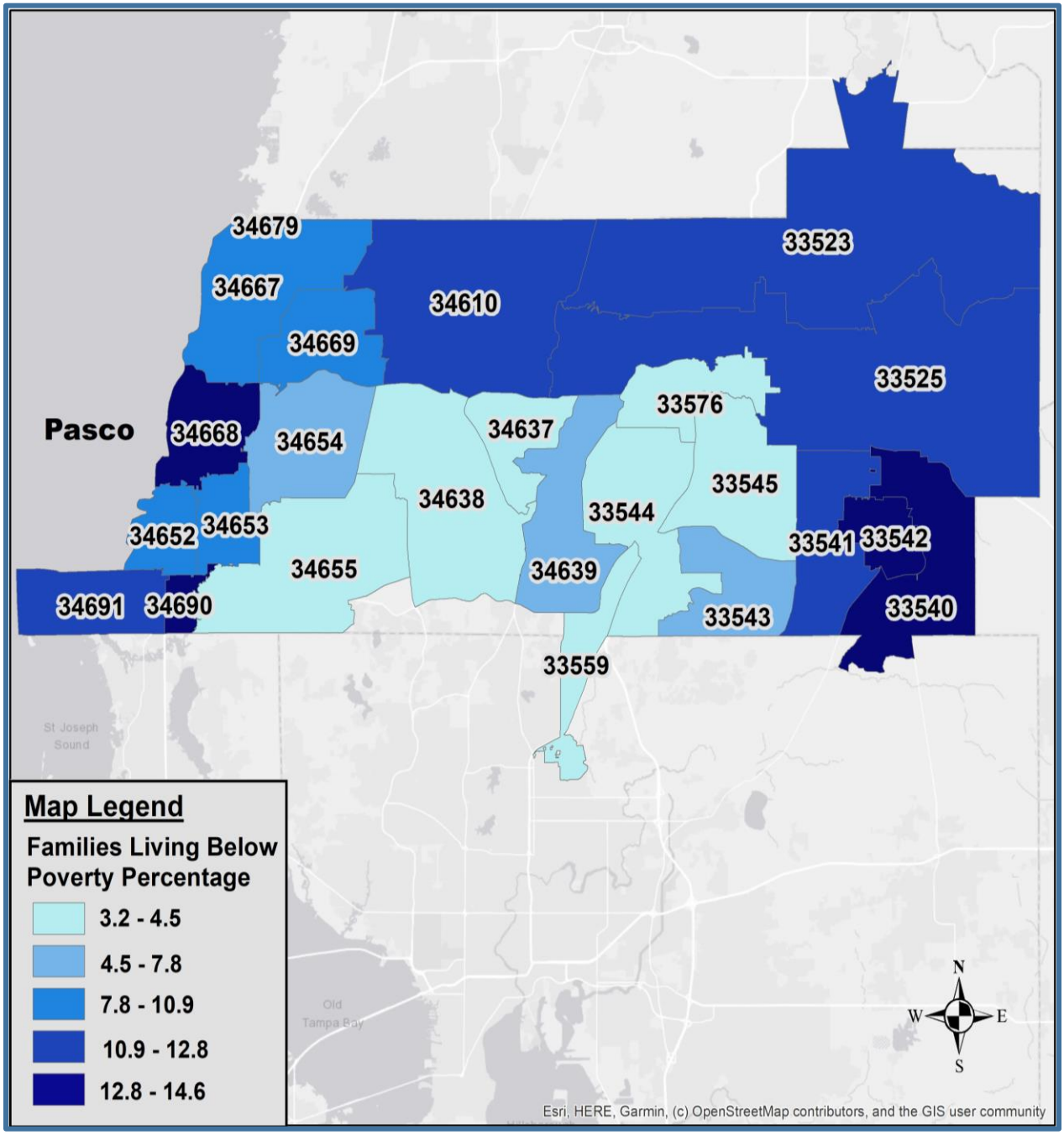
Poverty

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.[6]

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 34668 (New Port Richey) and 33542 (Zephyrhills) having the highest percentages at (14.6%) and (14.2%), respectively. Overall, (8.5%) of families in Pasco County live below the poverty level, which is lower 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 Pasco County is provided in Appendix A.

[6] 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: Pasco County



Employment

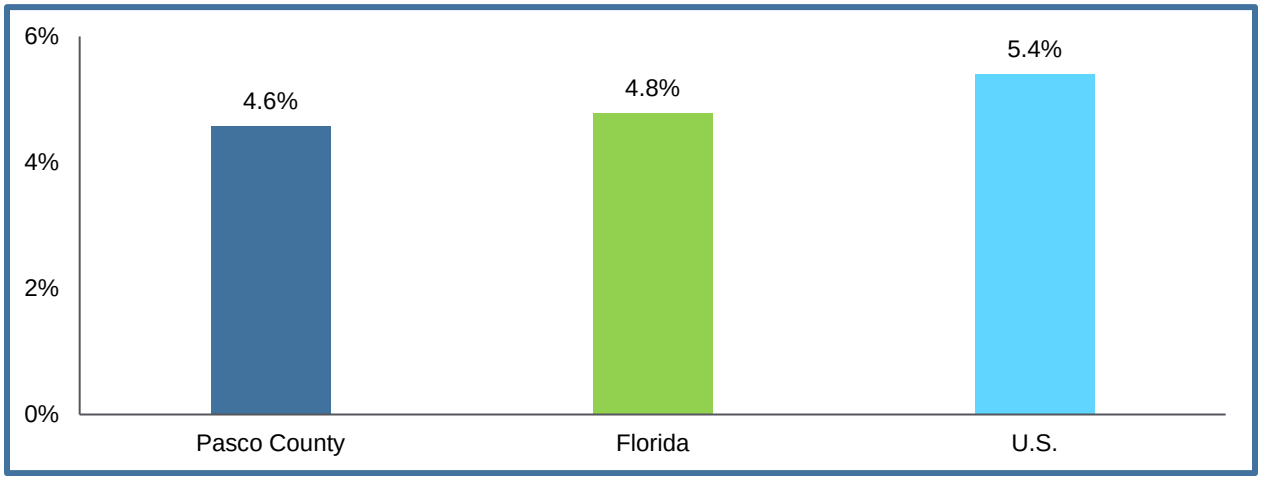
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors, and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast,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

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.[7]

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.[7]

Figure 15 shows the population age 16 and over who are unemployed. The unemployment rate for Pasco County is (4.6%), which is lower than 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

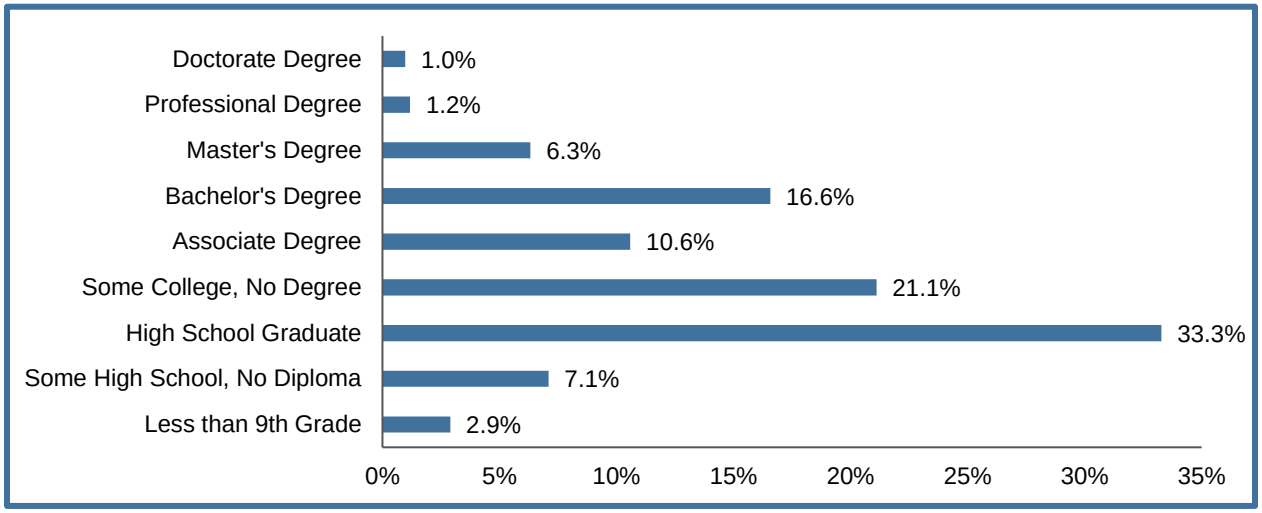
Education

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.[8]

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

[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment
[8] 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, Pasco County

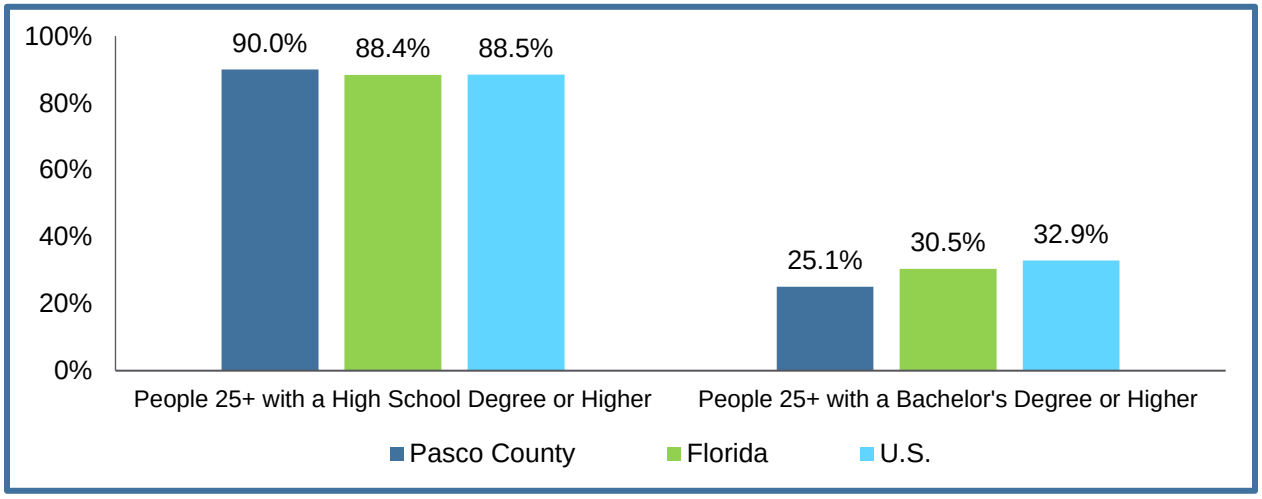


*County values- Claritas Pop-Facts® (2022 population estimates)

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.[9]

Figure 17 shows that Pasco County (90%) has a higher percentage of residents with a high school degree or higher when compared to Florida (88.4%) and the national value (88.5%). While Pasco County (25.1%) has a lower percentage of residents with a Bachelor's Degree or higher when compared to Florida (30.5%) and the U.S. (32.9%).

Figure 17: Population age 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

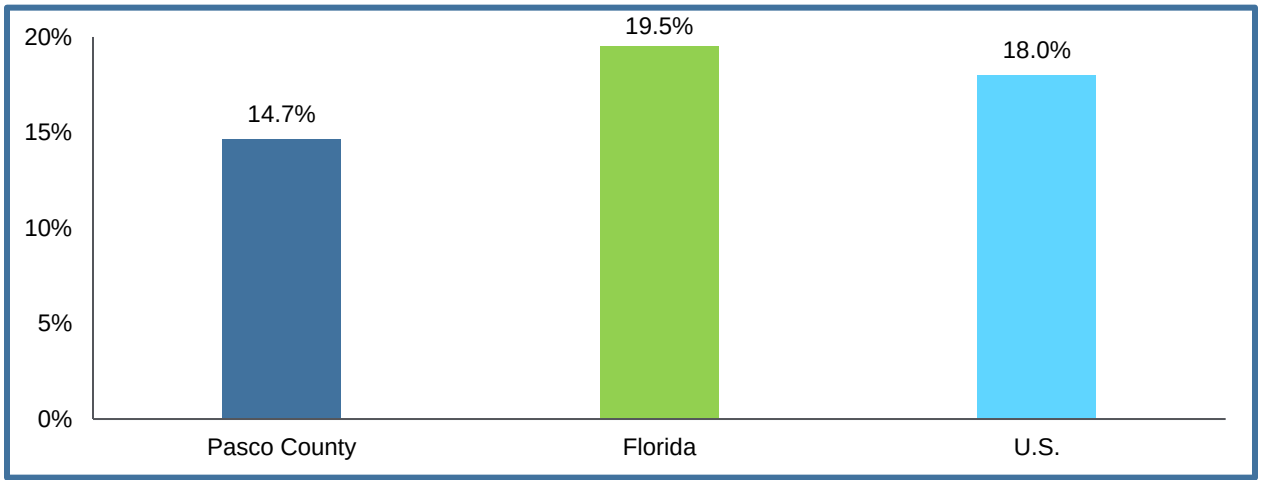
[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation

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.[10]

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 Pasco County, (14.7%) of households were found to have at least one of those problems, which is lower than the state value (19.5%), but lower than the national value (18.0%).

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



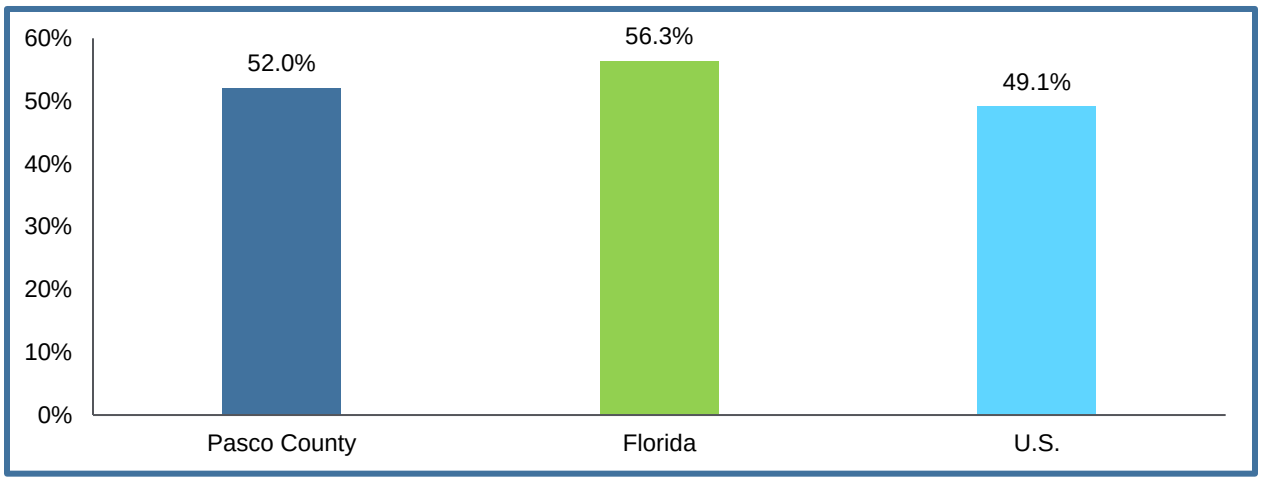
*County, state values, and U.S. values taken from County Health Rankings (2013-2017)

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.[11] Figure 19 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Pasco County, (52%), is higher than the national value (49.1%), and lower than the state value (56.3%).

[10] 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

[11] 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

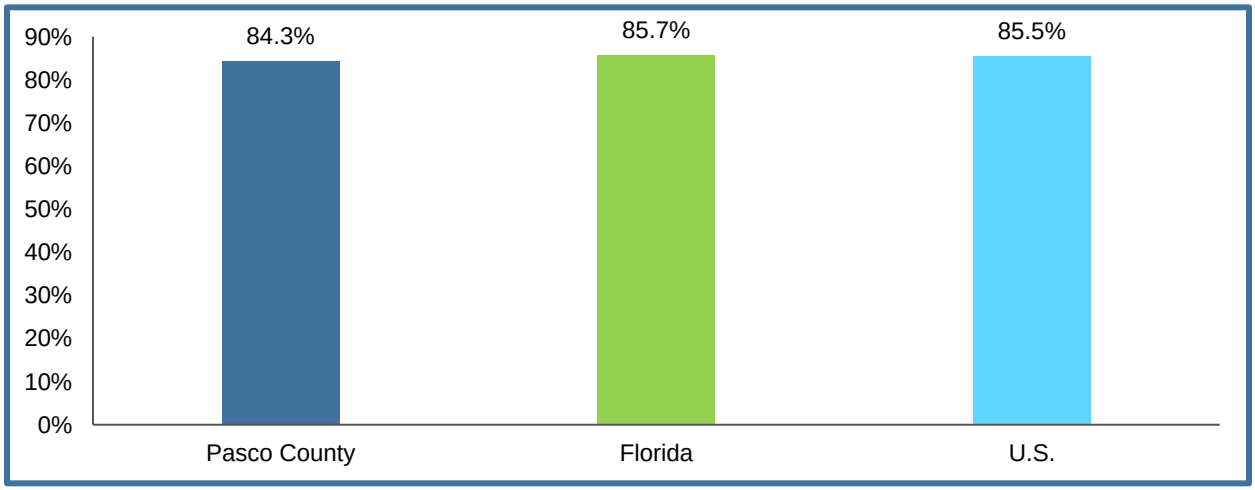
Neighborhood and Built Environment

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.[12]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[12]

Figure 20 shows the percentage of households that have an internet subscription. The rate in Pasco County, (84.3%), is lower than the state value (85.7%), and lower than the national value (85.5%).

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



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

[12] 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.[13] 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[14] 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 Pasco County, based on the Index of Disparity.

[13] 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

[14] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Table 1: Indictors with Significant Race, Ethnicity or Gender Disparities

Health Indicator	Group Negatively Impacted
Adults Who Currently Use E-Cigarettes	White
Adults with Diabetes	Black/African American
Age-Adjusted Death Rate due to Lung Cancer	White
Age-Adjusted Death Rate due to Suicide	White, Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	White
Families Living Below Poverty Level	Black/African American, more than one Race, Other race, Hispanic/Latino
High Blood Pressure Prevalence	Black/African American, White
HIV Incidence Rate	Black/African American, Hispanic/Latino, Male
Infant Mortality Rate	Black/African American, Hispanic/Latino
Lung and Bronchus Cancer Incidence Rate	White
Melanoma Incidence Rate	White
Oral Cavity and Pharynx Cancer Incidence Rate	White
People 65+ Living Below Poverty Level	Asian, Native Hawaiian/Pacific Islander, more than one race, Other Race, Hispanic/Latino
Workers Commuting by Public Transportation	Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, more than on race, Female

The Index of Disparity analysis for Pasco County reveals that the Black/African American and White populations are disproportionately impacted by several chronic diseases, including Diabetes, Lung and Bronchus Cancer, Oral Cavity, and Pharynx Cancer. Furthermore, Black/African American, and Hispanic/Latino populations are disproportionately impacted by Infant Mortality Rate and HIV Incidence rates.

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.

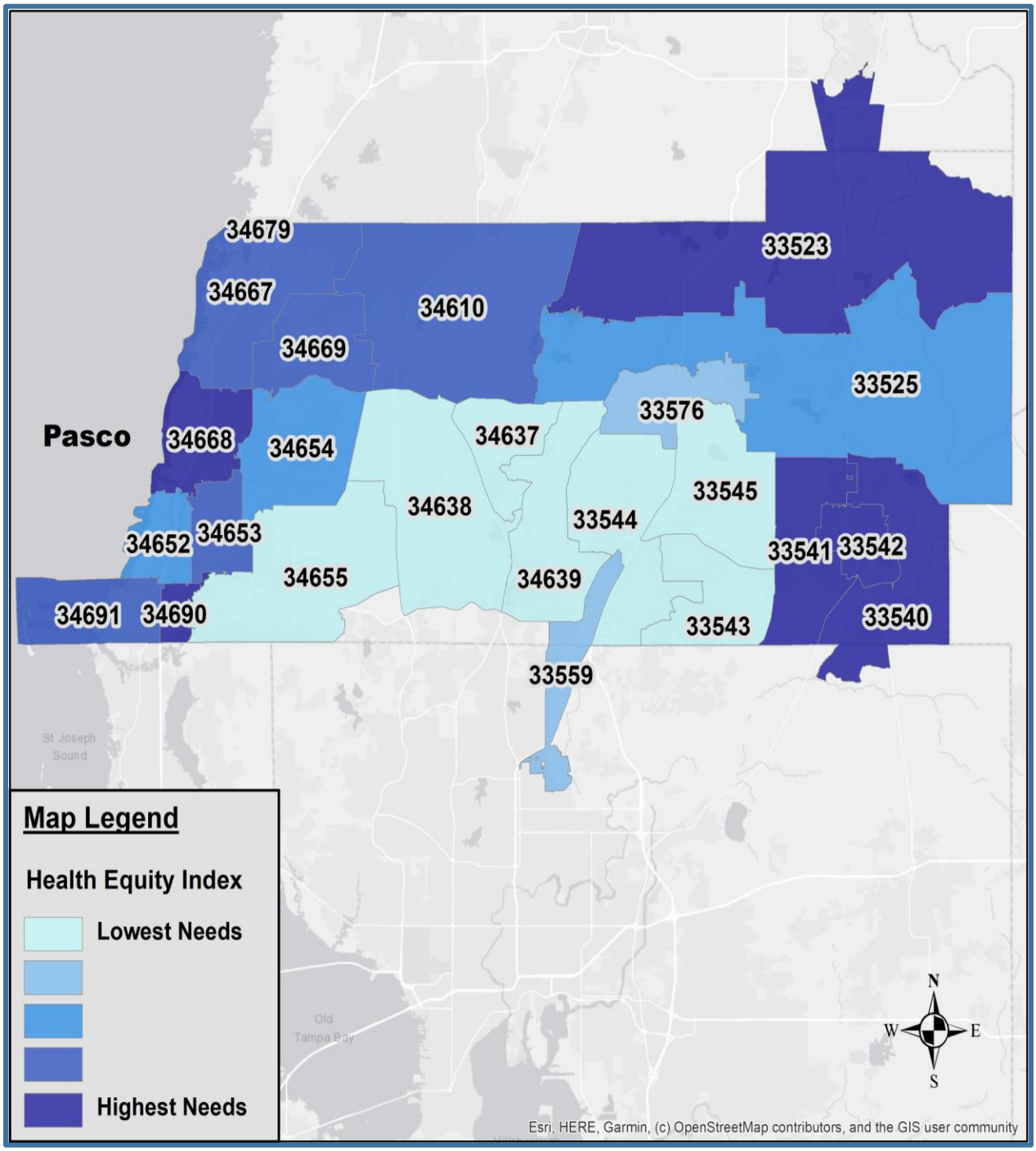
Geographic Disparities

In addition to disparities by race, ethnicity, gender, and age, 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. 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 Pasco County had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 33542 (Zephyrhills) and 34668 (New Port Richey) with index values of 82.6 and 82.4, respectively. Appendix A provides the index values for each ZIP code.

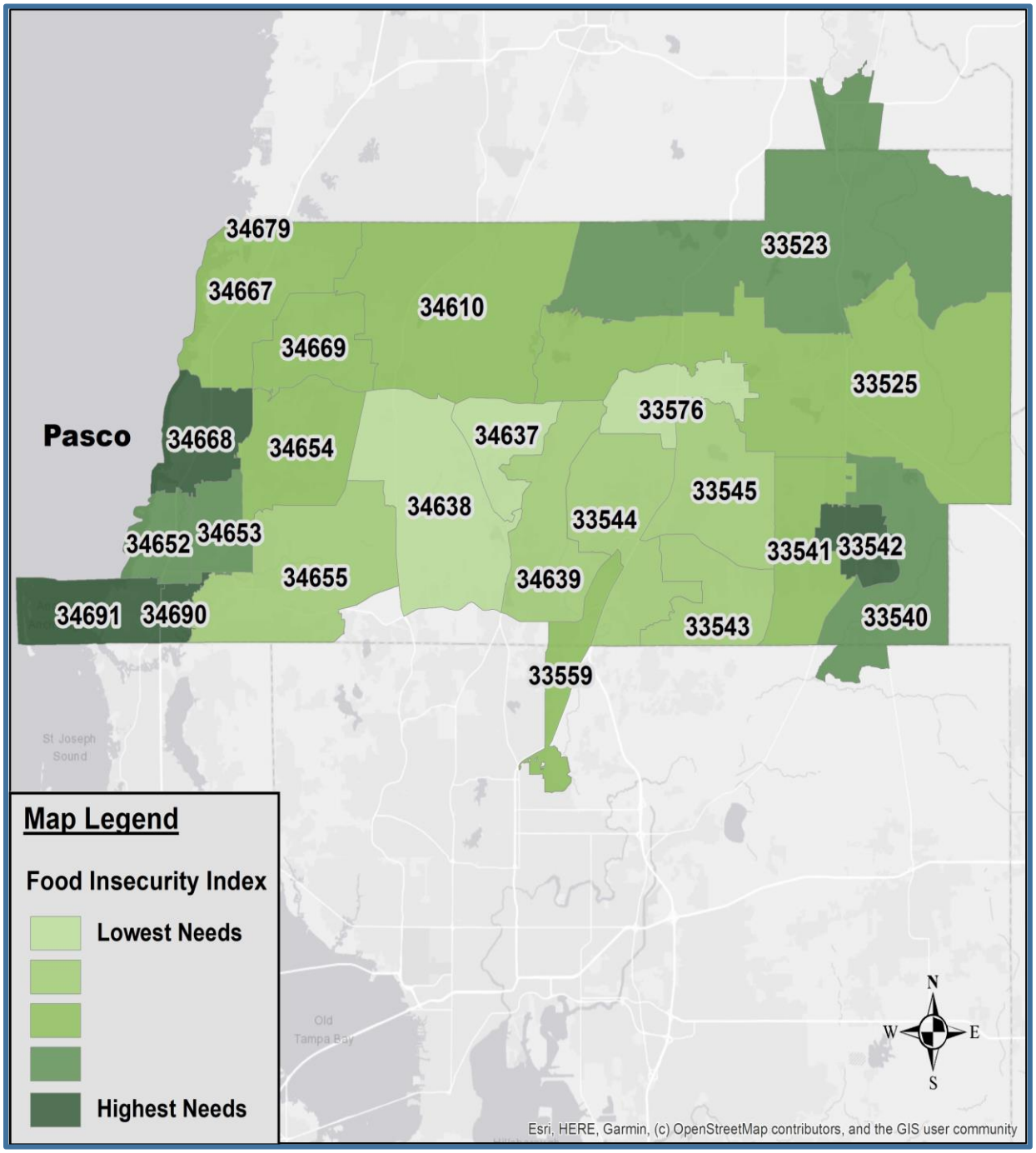
Figure 21: Health Equity Index



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): 34668 (New Port Richey) and 34691 (Holiday) with index values of 83.3 and 81.4, respectively. Appendix A provides the index values for each ZIP code.

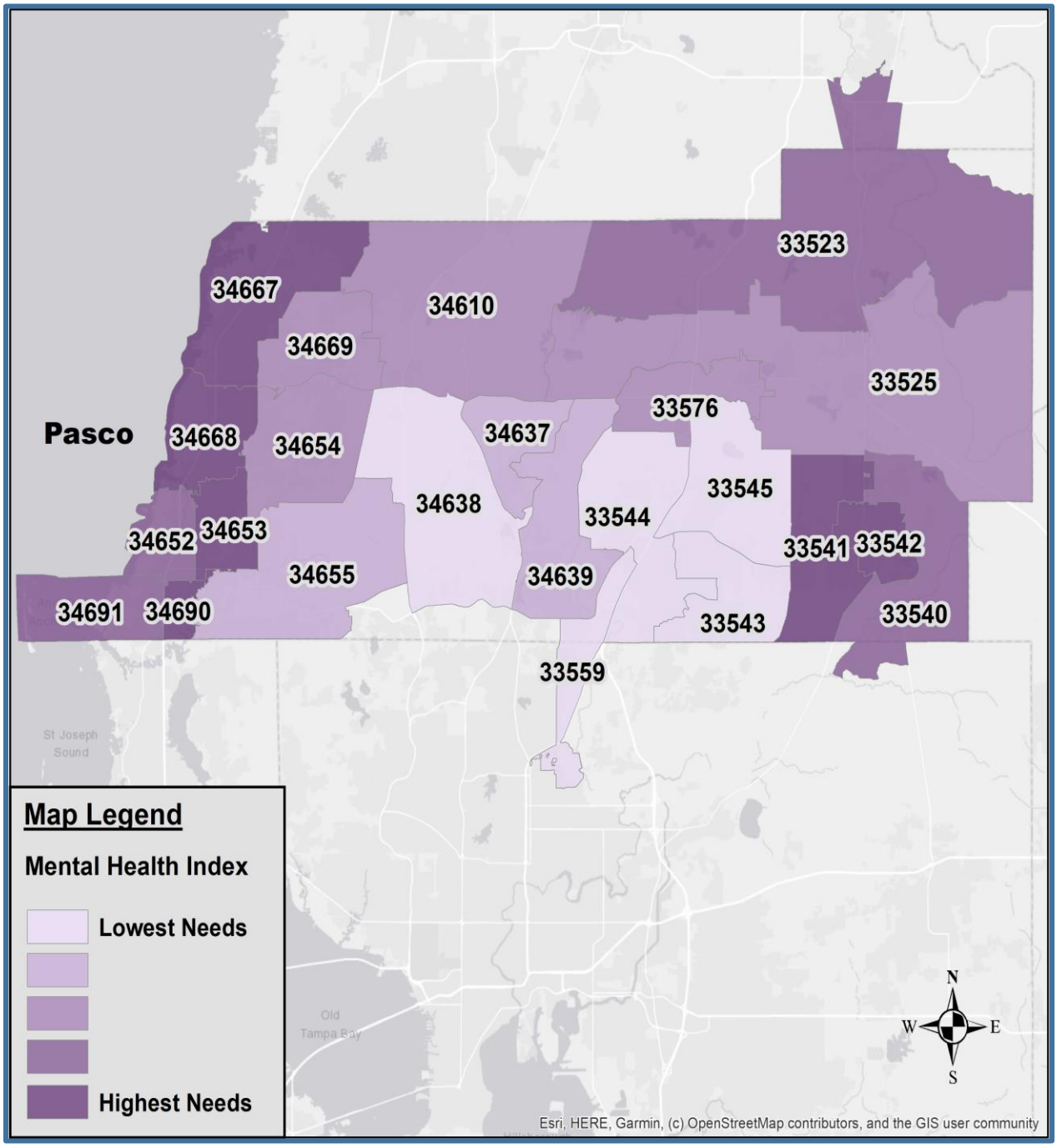
Figure 22: Food Insecurity Index



Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, 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): 34667 (Hudson) and 34542 (Zephyrhills) with index values of 97.8 and 96, respectively. Appendix A provides the index values for high needs ZIP codes.

Figure 23: Mental Health Index



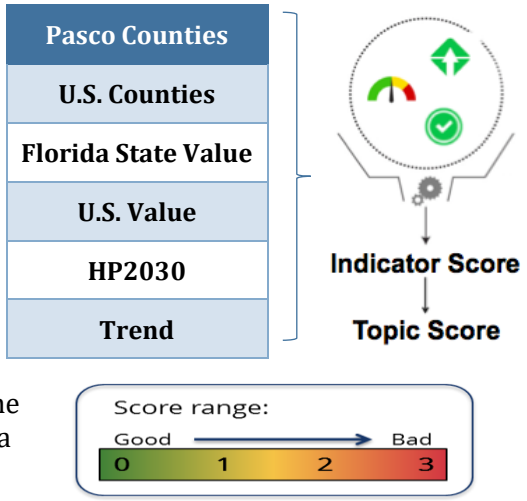
Methodology

Overview

Primary and secondary data were collected and analyzed to inform 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 Pasco County.

Secondary Data Sources & Analysis

Figure 24: Secondary Data Scoring



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 Pasco County value was compared to a distribution of 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 Pasco County, with Mental Health & Mental Disorders scored as the poorest performing topic area with a score of 2.13, followed by Older Adults with a score of 2.08. Topics that received a score of 1.50 or higher were considered a significant health need. Thirteen topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

Table 2: Secondary Data Topic Scoring Results

Health Topic	Score
Mental Health & Mental Disorders	2.13
Older Adults	2.08
Other Conditions	2.07
Prevention & Safety	2.00
Oral Health	1.87
Heart Disease & Stroke	1.85
Women's Health	1.79
Cancer	1.74
Wellness & Lifestyle	1.71
Diabetes	1.70
Health Care Access & Quality	1.58
Children's Health	1.53
Physical Activity	1.50
Tobacco Use	1.48
Alcohol & Drug Use	1.47
Respiratory Diseases	1.44
Adolescent Health	1.31
Weight Status	1.14
Sexually Transmitted Infections	1.13
Immunizations & Infectious Diseases	1.09
Maternal, Fetal & Infant Health	1.06

Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Pasco 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 2,304 residents responded for Pasco 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, illegal drug use/abuse of misuse of prescription medications (46% of respondents), mental health problems including suicide (44% of respondents), and aging problems (28% of respondents). The "Top Three Risky Behaviors" included: illegal drug use/abuse or misuse of prescription medications (63% of respondents), alcohol abuse/drinking too much alcohol to include beer, wine, spirits, or mixed drinks (48% of respondents), and distracted driving such as, texting, eating, and talking on the phone (44% of respondents). Lastly, the "Top Three Quality of Life Issues" included: low crime/safe neighborhoods (46% of respondents), access to health care (34% of respondents), and good schools (29% of respondents).

Figure 25: Top 3 Health & Quality of Life Issues

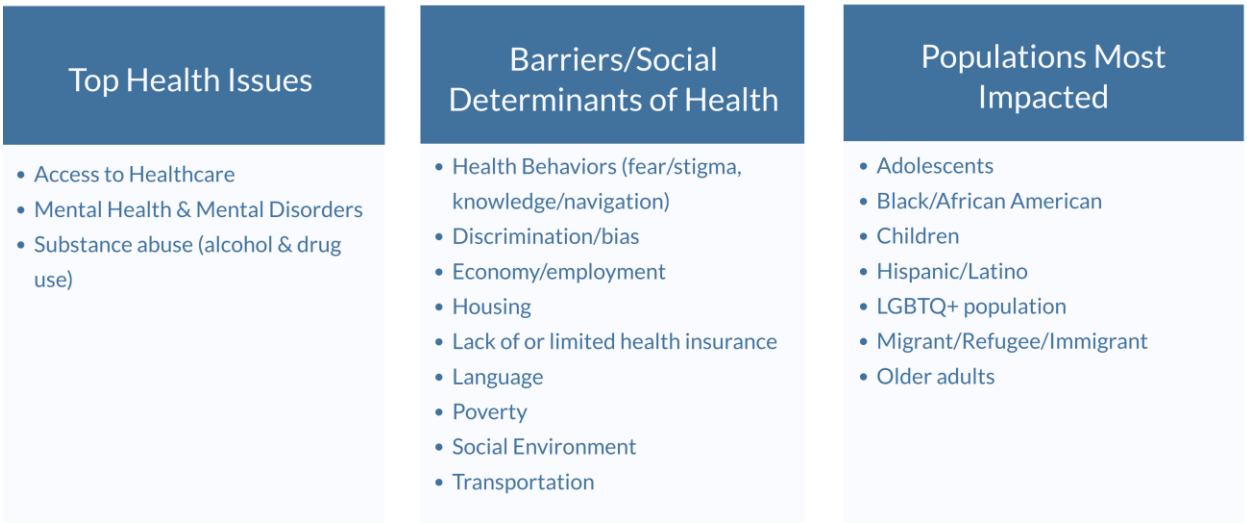
Focus Groups

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 Pasco 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 27 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 Pasco 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 3, 2022, participants from collaborating organizations, as well as other community partners, came together to prioritize the significant health needs for Pasco 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 89 individuals attended the prioritization session, representing a broad cross section of experts and organizational leaders with an extensive knowledge of the health needs in the community. The meeting objectives included: reviewing analyzed health data pertaining to health needs and disparities, discussing significant health needs that were identified, gathering additional community input on health topics, and prioritizing significant health needs. An additional discussion was hosted to close out the session with generating preliminary ideas on how the broader community could collaborate to address top community health needs.

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. 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.

Figure 28: Cumulative Total Score of Significant Health Topics (n=58)

Health Topics	Cumulative Total Score
Access to Health & Social Services	158
Behavioral Health (Mental Health & Substance Misuse)	155
Exercise, Nutrition & Weight	144.5
Immunizations & Infectious Diseases	126.5
Heart Disease & Stroke	126.5
Cancer	112.5

Prioritized Significant Health Needs

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

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 Pasco 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, signifcantly, 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 Six percent (36%)** of survey respondents ranked access to health care as a quality of life issue
- Gentrification/Built Environment reduces accessibility to services
- Cultural competency training for physicians on treating the transgender community
- Fear & trust of government and health & social services because of trauma, discrimination, immigration status, systemic racism
- Barriers include: transportation, lack of or limited health insurance coverage (high out of pocket costs), knowledge & navigation of health system, affordable care/insurance, medication costs, long referral wait times, work/school schedules, increased risk of COVID through service industry jobs, disconnect between mental health care & health care access

Warning Indicators

- Adults without Health Insurance
- Median Household Gross Rent
- People 65+ Living Below Poverty

> There is no county insurance plan like there is in Pinellas and Hillsborough.
> -Hispanic/Latino 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 focus group discussions. Thirty-four percent (34%) of community survey respondents ranked Access to Health Care as a pressing quality of life issue. Reasons that prevented survey respondents from getting medical care they needed included: 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: Medicaid changes, higher than anticipated co-payments, COVID-19 restrictions, 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: unaffordable medications and lack of or limited health insurance coverage, health care knowledge, navigation of the health system, and lack of trust because of experienced trauma and or discrimination was mentioned within focus group discussions. 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. Barriers to accessing care by focus group community are seen in Table 3.

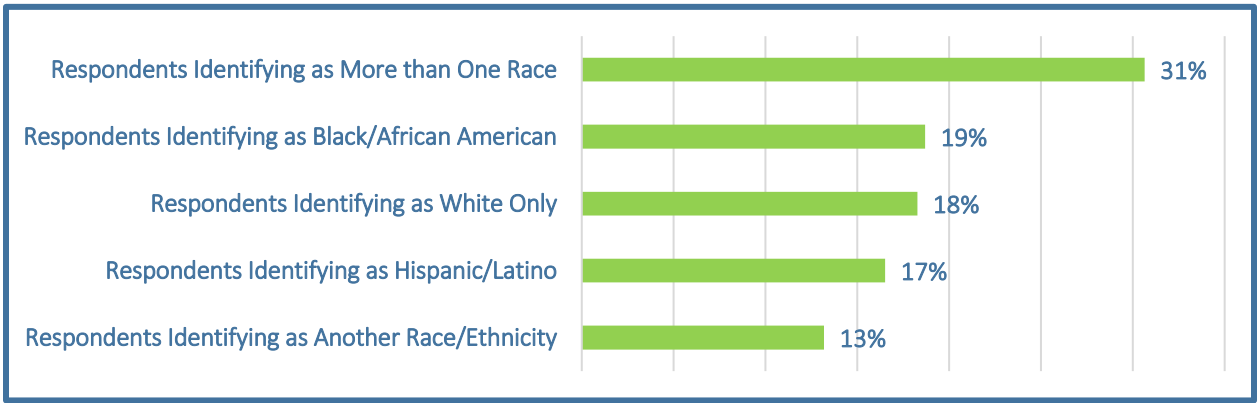
Table 3: Focus Group Overall Barriers to Accessing Care

Black/African Americans	• Fear due to experienced trauma of discrimination • Lack of trust because of systemic racism • Stigma of seeking mental health services due to cultural norms • Gentrification/built environment reduces accessibility to services
Hispanic/Latino	• Lack of bilingual providers/staff • Navigating complex health and social service system to find services • Fear/trust of government, health, and social services because of trauma, discrimination, or immigration status
LGBTQ+	• Lack of trust in health system • Transportation barriers • Lack of affordable health care options, long wait times for appointments • Lack of support programs for treating trans community
Older Adults	• Affordable care for daily living caregivers • Fixed incomes • Lack of transportation • Food insecurity • Stereotyping

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 29.

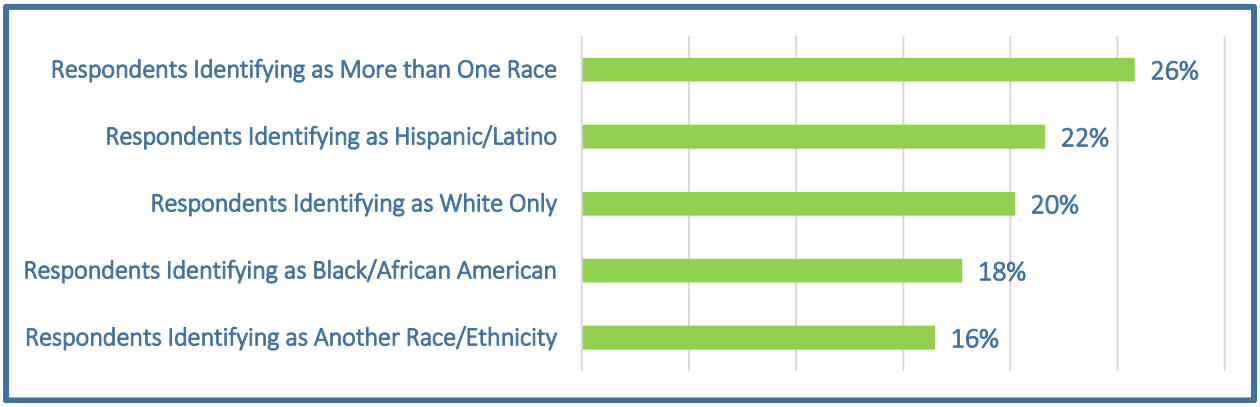
Figure 29: Percentage of Respondents by Race/Ethnic Group with Unmet Health Needs in the Past 12 Months



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-five percent (25%) 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: unable to afford 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 health needs in the past 12 months can be seen in Figure 30.

Figure 30: 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-seven (47%) 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, also known as Access to Health & Social Services, had the 11th highest score as seen in Table 2. 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 4 below. For each indicator, there is an indicator score, county value, state value, and national value (where available). Additionally, there are state and national county distributions for comparison along with indicator trend information. See Appendix A for the full list of indicators categorized within this topic.

Table 4. Data Scoring Results for Health Care Access & Quality

SCORE	HEALTH CARE ACCESS & QUALITY	Pasco County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.03	Primary Care Provider Rate (2018) providers/ 100,000 population	57.5	---	72.2	---			
1.94	Adults who Visited a Dentist (2018) percent	55.7	---	---	66.5			---
1.94	Adults without Health Insurance (2018) percent	21.6	---	---	12.2			---
1.79	Dentist Rate (2019) dentists/ 100,000 population	35.4	---	60.8	---			
1.76	Adults with Health Insurance (2019) percent	80	---	80.5	87.1		---	---
1.50	Adults with a Usual Source of Health Care (2017-2019) percent	72.4	---	72	---		---	---
1.50	Mental Health Provider Rate (2020) providers/ 100,000 population	83.4	---	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.*

Primary Care Provider Rate, Adults who visited Dentist, and Adults without Health Insurance are top areas of concern related to Health Care Access and Quality in Pasco County. The rate of Primary Care Provider is (57.5%) in Pasco County, which is in the less than the state value (72.2%). Table 4 shows that the Dentist Rate in Pasco County (55.7%) and Adults who visited Dentist is comparatively lower than the national value (66.5%). Furthermore, the value of Pasco County adults without Health Insurance is (21.6%), is in the worst 25% of counties in the nation with a national value of (12.2%). and Adults with Health Insurance is (80%) in Pasco County which is less than Florida (80.5%) and the national value (87.1%). 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 as their personal doctor or health care provider. The value for Pasco County (72.4%) is higher than the national value of (72%) compared to other state counties Pasco County is in the last 50%. Lastly, Mental Health Provider Rate in Pasco County (83.4 providers/100,000 population) is lower than the Florida state (169 providers/100,000 population).

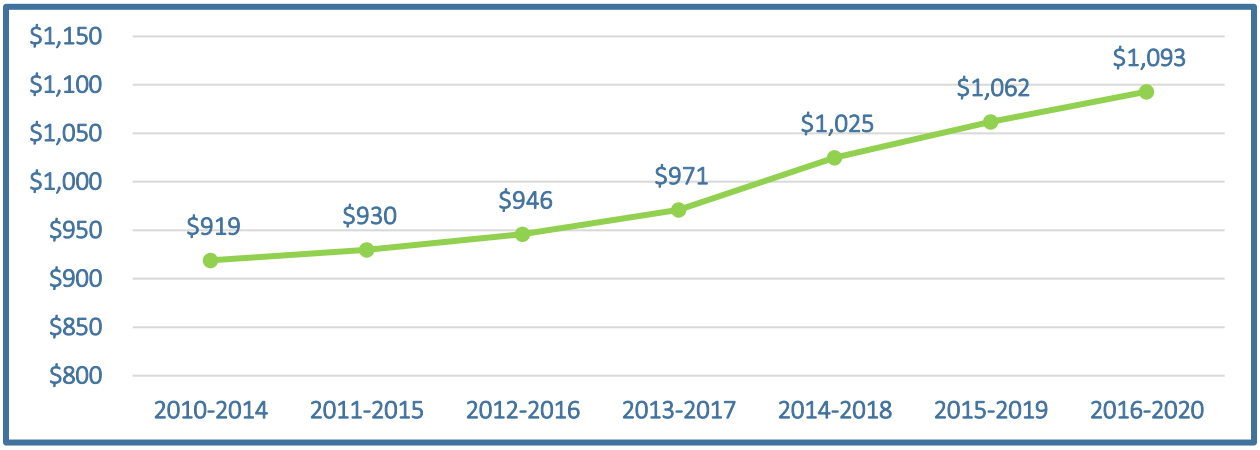
Barriers and Disparities: Social Determinants of Health & Quality of Life

The percentage of Adults without Health Insurance in Pasco County is (21.6%). For this indicator, which shows the percentage of adults age 18-64 that do not have any kind of health insurance coverage, Pasco is in the worst 25% of all counties in the nation. Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment

or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

Where people live is a large indicator of their health. Sixty percent (60%) of community survey respondents say there are not affordable places to live in Pasco 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. Figure 31 shows the trend for the Median Gross Household Rent in Pasco County from 2010 through 2020. In 2016-2020 Median Household Gross Rent for Pasco County residents was $1,093, this number is rising to the U.S. value of $1,096, but it is lower than state value of $1,218.

Figure 31: Median Household Gross Rent, Pasco County

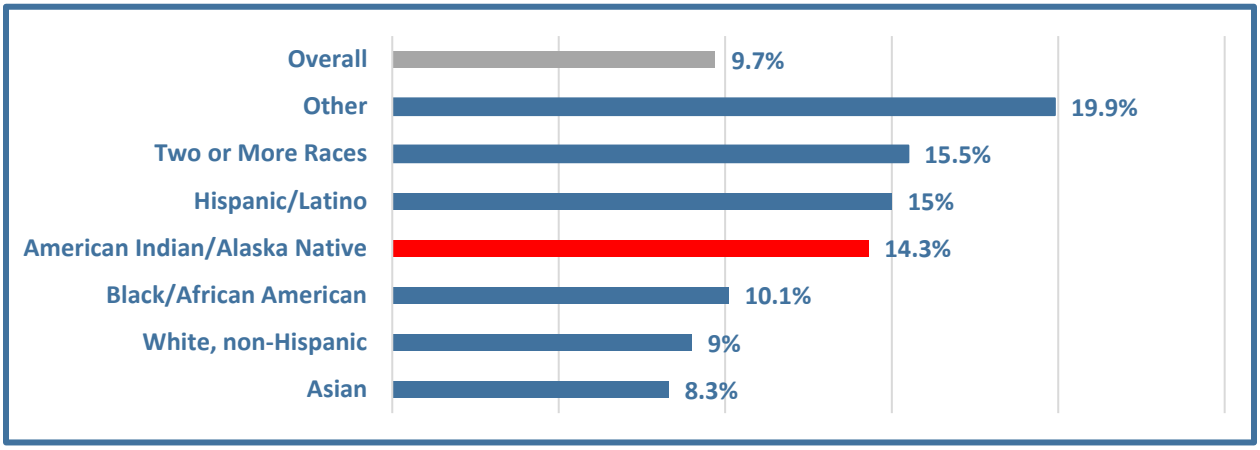


American Community Survey, 2020

> We're experiencing so many people that were renters and are being priced out of the rental market. There's just not enough housing and definitely not enough affordable housing.
>
> -Focus Group Participant

The rising rental costs are affecting all race and ethnic groups of the older adult population ages 65+. See Figure 32 for the race and ethnicity disparities by percentage that are higher than the overall 10% Pasco County value. People identifying as Hispanic/Latino, Black/African American, or as Two or More Races seem to be affected by poverty significantly worse than other racial and ethnic groups in Pasco County. The red bar in the graph represents disparity when compared to the overall Pasco County value and within all race/ethnicity/gender.

Figure 32: 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

- **Forty Four percent (44%)** 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 afford to pay for care, Unable to schedule an appointment when needed, Do not have insurance to cover mental health care, Am not sure how to find a doctor/counselor, Unable to find a doctor/counselor who takes my insurance
- Lack of acknowledgement about generational trauma impacting both physical and mental/emotional well-being in the Black/African American community and undocumented community
- External political factors, coupled with discrimination contribute to trauma experienced in LGBTQ+ community, Hispanic community and Black/African American community

Warning Indicators

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

> Trying to get my daughter properly diagnosed was insane and expensive.
>
> -Children's Focus Group Participant

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

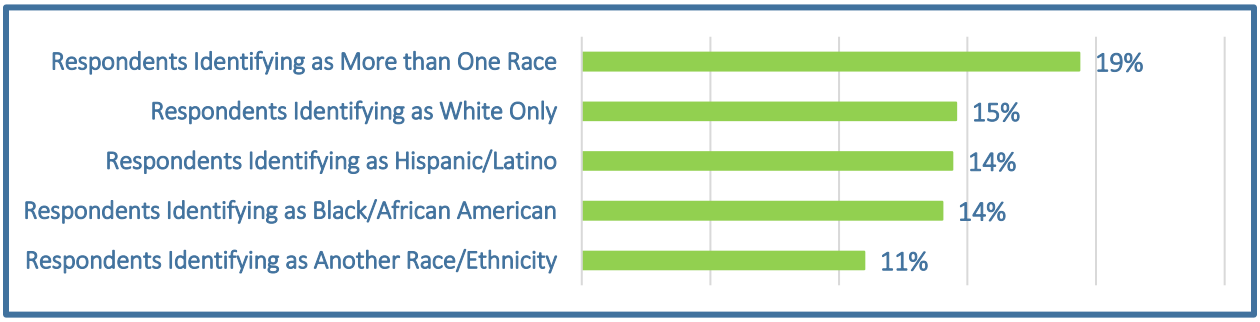
Mental Health and Substance Misuse were identified as top health needs from the secondary data, community survey, and focus groups. The two were combined into Behavioral Health for this assessment. Forty-four percent (44%) of community survey respondents ranked Mental Health as a pressing health issue. Thirty percent (30%) of community survey respondents indicated being diagnosed as having depression or anxiety. The top five reasons respondents cited include: 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. Additional reasons cited by survey respondents included: experiencing long wait times for scheduling an appointment, doctors' offices did not take new patients, and trust and fear of the health system due to COVID-19.

Mental Health was also a top health issue discussed during the focus group discussions. Specifically, barriers to care due to fear and stigma of seeking help was mentioned frequently. Additionally, lack of affordable resources, long wait times to see a medical professional, and difficulty navigating the diagnostic process 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. Other populations that are having difficulties accessing mental health services include older adults, people experiencing homelessness and children living in Pasco County. Focus group participants suggested opportunities for improvement within schools to focus on educating about bullying, depression, inclusiveness, self-identification, and social-emotional delays.

Barriers and Disparities: Mental Health

Figure 33 shows the percentage of respondents by race/ethnic group with unmet mental health needs within the past 12 months.

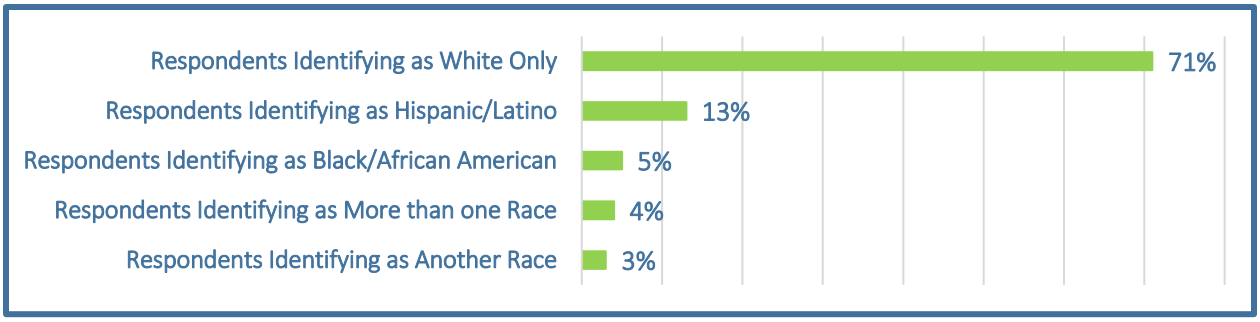
Figure 33: Percentage of Respondents by Race/Ethnic Group with Unmet Mental Health Needs in the Past 12 Months



The community survey captured 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, social, and emotional problems.

In Pasco County, 19% 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 34.

Figure 34: Percentage of Respondents by Race/Ethnic Group who Reported Experiencing 4 or More ACEs



Secondary Data: Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders had the highest data score of all topic areas 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 Behavioral Health (Mental Health)-Pasco County

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Pasco County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
3.00	Depression: Medicare Population (2018) percent	22.9	---	19.5	18.4			
2.47	Alzheimer's Disease or Dementia: Medicare Population (2018) percent	12.5	---	12.6	10.8			
2.26	Age-Adjusted Death Rate due to Suicide (2019) deaths/ 100,000 population	20.8	12.8	14.5	13.9		---	
2.21	Frequent Mental Distress (2018) percent	16.2	---	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	77.3	---	80.3	---		---	----
1.50	Mental Health Provider Rate (2020) providers/ 100,000 population	83.4	---	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.

Depression and Alzheimer's Disease in Medicare population are top areas of concern related to Mental Health & Mental Disorders in Pasco County. The indicator Depression: Medicare Population shows the percentage of Medicare beneficiaries who were treated for depression. Table 5 shows the increasing percentage of depression among the Medicare population. The value for Pasco County, (22.9%), which is in the worst 25% of counties in the state and nation. The percentage of Medicare beneficiaries treated for Alzheimer's Disease or Dementia is (12.5%) in Pasco County, which is in the worst 25% of counties in the nation. Furthermore, Age-Adjusted Death Rate due to Suicide in Pasco County are (20.8 deaths/100,000 population) which higher than the Healthy People 20303 target (12.8 deaths/100,000 population), state (14.5 deaths/100,000 population) and national value (13.9 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 Pasco County, (16.2%), is higher than the national value of (13%). Other indicators of concern are Poor Mental Health: 14+ Days, Self-Reported General Health Assessment: Good or Better and Mental Health Provider Rate that are showing definite need in Pasco County.

Alcohol and Substance Misuse

Behavioral Health: Substance Misuse

Key Themes from Community Input

- **Forty Six percent (46%)** of survey respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as an important health issue to address
- Substance abuse, self-medicating, and addiction was a top priority
- Stigma in seeking mental health services due to cultural norms

Warning Indicators

- Death Rate due to Drug Poisoning
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Teens who Use Alcohol
- Adolescents who Use Electronic Vaping: Lifetime
- Adults who Smoke
- Adolescents who Use Electronic Vaping: Past 30 Days

> It never occurred to me that seniors struggle with drug addiction. We mostly focus on younger generations, but addiction is an issue for all ages.
> -Older Adult Focus Group Participant

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 15th and Tobacco Use had the 14th highest data score of all topic areas 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 6 below. See Appendix A for the full list of indicators categorized within this topic.

Table 6: Data Scoring Results for Alcohol and Substance Misuse

SCORE	ALCOHOL & DRUG USE	Pasco County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
3.00	Death Rate due to Drug Poisoning (2017-2019) deaths/ 100,000 population	32.1	---	23.6	21			
2.29	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate (2017-2019) Deaths per 100,000 population	36.1	---	25.6	22.8			---
1.88	Teens who Use Alcohol (2020) percent	25.4	---	19.9	---		---	

*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.

Forty-six percent (46%) of community respondents ranked illegal drug use/abuse of prescription medications and alcohol abuse/drinking too much as important health issues to address. From the secondary data results, there are several indicators within Alcohol and Drug Use health topic that raise concerns for Pasco County. The worst performing indicator under this health topic is the Death Rate due to Drug Poisoning in which Pasco County is in the worst 25% of counties in the state and the nation. In Pasco County, there were 32.1 deaths due to drug poisoning per 100,000 people in 2017-2019, which is higher than both the state (23.6 deaths/100,000 population) and national values (21 deaths/100,000 population). Additionally, Age-Adjusted Drug and Opioid-Involved Overdose Death Rate in Pasco County is 36.1 deaths per 100,000 population. Another indicator of concern is Teens who Use Alcohol. The percentage of Teens who Use Alcohol in Pasco County are among the worst 25% of counties in the state with (25.4%).

Table 7: Data Scoring Results for Tobacco Use

SCORE	TOBACCO USE	Pasco County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.03	Adolescents who Use Electronic Vaping: Lifetime (2020) percent	26.7	---	26.4	---	---	---	
1.85	Adults who Smoke (2017-2019) percent	21.6	5	14.8	---		---	---
1.74	Adolescents who Use Electronic Vaping: Past 30 Days (2020) percent	15.1	---	14.5	---	---	---	

*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 in Tobacco Use topic areas that raise concern and are showing trends of significant increases in Tobacco Use over time. Pasco County has the highest rates of adults and adolescents who vape and use e-cigarettes compared to other counties in Florida.

Barriers and Disparities: Mental Health

Forty-six percent (46%) 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 Pasco 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 35) and Race/Ethnicity in (Figure 36). The figures below indicate that deaths per 100,000 for males (the red bar) are significantly higher than the overall rate (illustrated by the grey bar). Age-Adjusted Drug and Opioid-Involved Overdose Death rate per 100,000 population in Pasco County are (41.8) above the U.S. value of (23.5). See (Figure 35) males (55.2) are more likely to experience opioid- involved deaths than females (29). (Figure 36) shows opioid-involved deaths rate by race/ethnicity. Overall, white populations (45.9) experience a higher rate of drug and opioid-involved deaths per 100,000 population then other race/ethnicities the overall Pasco County value (41.8).

Figure 35: Age-Adjusted Drug and Opioid-Involved Death Rate by Gender

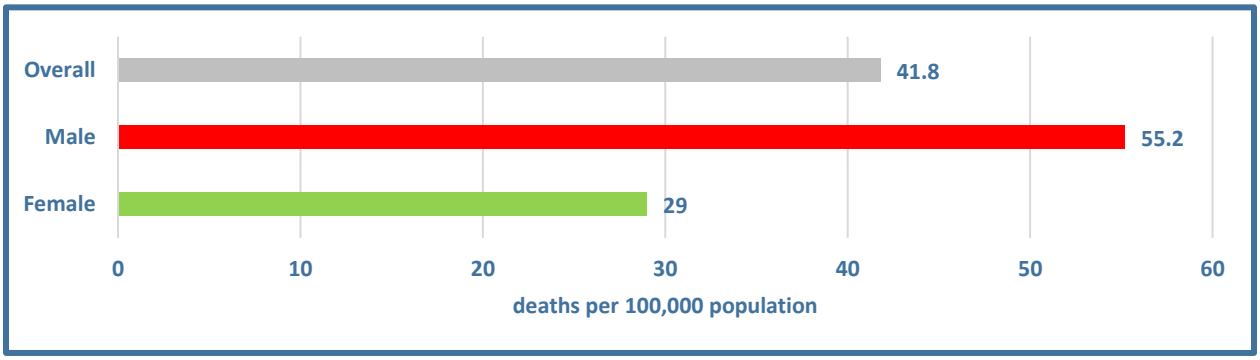
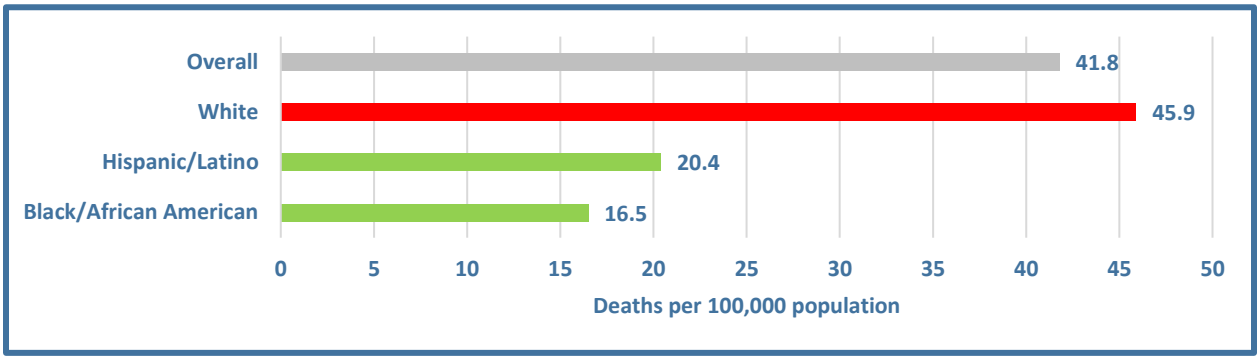


Figure 36: Age Adjusted Drug and Opioid-Involved Death Rate by Race/Ethnicity



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

Exercise, Nutrition & Weight

Key Themes from Community Input

- Older adults on fixed monthly income having to choose between buying medication and food
- Hospitals screening for food insecurity are seeing high need amongst patients coming in

Warning Indicators

- SNAP Certified Stores
- Grocery Store Density
- Farmers Market Density
- People 65+ with Low Access to a Grocery Store
- Teens without Sufficient Physical Activity
- Adults who are Sedentary
- Children with Low Access to a Grocery Store
- Food Environment Index
- Low-Income and Low Access to a Grocery Store
- Recreation and Fitness Facilities

> Am I going to be able to pay for my medication or am I going to be able to have a meal on my table?
>
> -Older Adult Focus Group Participant

Primary Data: Focus Group

Focus group discussions identified built environment as a topic of concern. Specifically, inequitable access to affordable healthy foods was cited. Older adults expressed concerns about fixed monthly incomes and unaffordability of food. It was also mentioned that hospitals in Pasco County have been actively screening for food insecurity and documenting high needs among incoming patients.

Secondary Data

Secondary data for Exercise, Nutrition & Weight included Physical Activity data scoring. Physical Activity had the 13th 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 8. See Appendix A for the full list of indicators categorized within this topic.

Table 8: Data Scoring Results for Physical Activity

SCORE	PHYSICAL ACTIVITY	Pasco County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.18	SNAP Certified Stores (2017) stores/ 1,000 population	0.6	---	---	---			
2.00	Grocery Store Density (2016) stores/ 1,000 population	0.1	---	---	---			
1.85	Farmers Market Density (2018) markets/ 1,000 population	0	---	---	---	---	---	
1.85	People 65+ with Low Access to a Grocery Store (2015) percent	4.8	---	---	---			---
1.65	Teens without Sufficient Physical Activity (2020) percent	80.5	---	82.3	---		---	
1.50	Adults who are Sedentary (2017-2019) percent	27.5	21.2	26.5	---		---	---
1.50	Children with Low Access to a Grocery Store (2015) percent	5	---	---	---			---
1.50	Food Environment Index (2021) index	7.5	---	6.9	7.8			
1.50	Low-Income and Low Access to a Grocery Store (2015) percent	8.3	---	---	---			---
1.50	Recreation and Fitness Facilities (2016) facilities/ 1,000 population	0.1	---	---	---	---	---	

*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. The indicator Supplemental Nutrition Assistance Program (SNAP) Certified Stores shows the number of stores per 1,000 population certified to accept Supplemental Nutrition Assistance Program benefits, including supermarkets, convenience stores, warehouse club stores, and specialized food stores. The value for Pasco County is showing a decrease over time, but yet the county is still performing in the worst 25% of counties in the state and nation. The Grocery Store density per 1,000 people in Pasco County is among the worst 25% of counties in the nation, and trending in a negative direction. Other poorly performing indicators that are measures of food access include Farmers Market Density, Food Environment Index, Low Income and Low Access to Grocery Store, Recreation, and People 65+ with Low Access to Grocery Store. HCI's Food Insecurity Index®, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within the Pasco County community.

Other poorly performing indicators under Physical Activity health topics are the percentage of Teens without Sufficient Physical Activity (80.5%) and Adults who are Sedentary (27.5%) in Pasco 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.[15]

[15] U.S. Department of Health and Human Services, Healthy People 2030. 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 Pasco 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

Warning Indicators

- Cancer: Medicare Population
- Age-Adjusted Death Rate due to Breast Cancer
- Mammogram in Past Year: 40+
- Melanoma Incidence Rate
- Oral Cavity and Pharynx Cancer Incidence Rate
- Adults with Cancer
- Breast Cancer Incidence Rate
- Cervical Cancer Incidence Rate
- Age-Adjusted Death Rate due to Cancer
- Lung and Bronchus Cancer Incidence Rate
- Colorectal Cancer Incidence Rate
- Pap Test in Past Year
- Prostate Cancer Incidence Rate
- Age-Adjusted Death Rate due to Prostate Cancer
- Colon Cancer Screening

Cancer was not identified as a top health concern by focus group participants nor community survey respondents. Nine percent (9%) of survey respondents ranked cancer as a pressing health issue and (16%) reported being told by a medical provider that they have been diagnosed with cancer. Secondary data warning indicators of concern included Melanoma Incidence Rate which was 30.4 cases per 100,000 population for 2016-2018 which is higher than the Florida state value of 25.2 cases per 100,000 population.

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

Heart Disease & Stroke

Warning Indicators

- Hypertension: Medicare Population
- Hyperlipidemia: Medicare Population
- Stroke: Medicare Population
- Atrial Fibrillation: Medicare Population
- Ischemic Heart Disease: Medicare Population
- Heart Failure: Medicare Population
- Age-Adjusted Death Rate due to Coronary Heart Disease
- Age-Adjusted Hospitalization Rate due to Heart Attack
- High Blood Pressure Prevalence
- Adults who Experienced a Stroke
- Adults who Experienced Coronary Heart Disease
- High Cholesterol Prevalence: Adults 18+

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. Although (40%) 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

Warning Indicators

- Age-Adjusted Death Rate due to Influenza and Pneumonia
- Adults 65+ with Influenza Vaccination
- Kindergartners with Required Immunizations

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

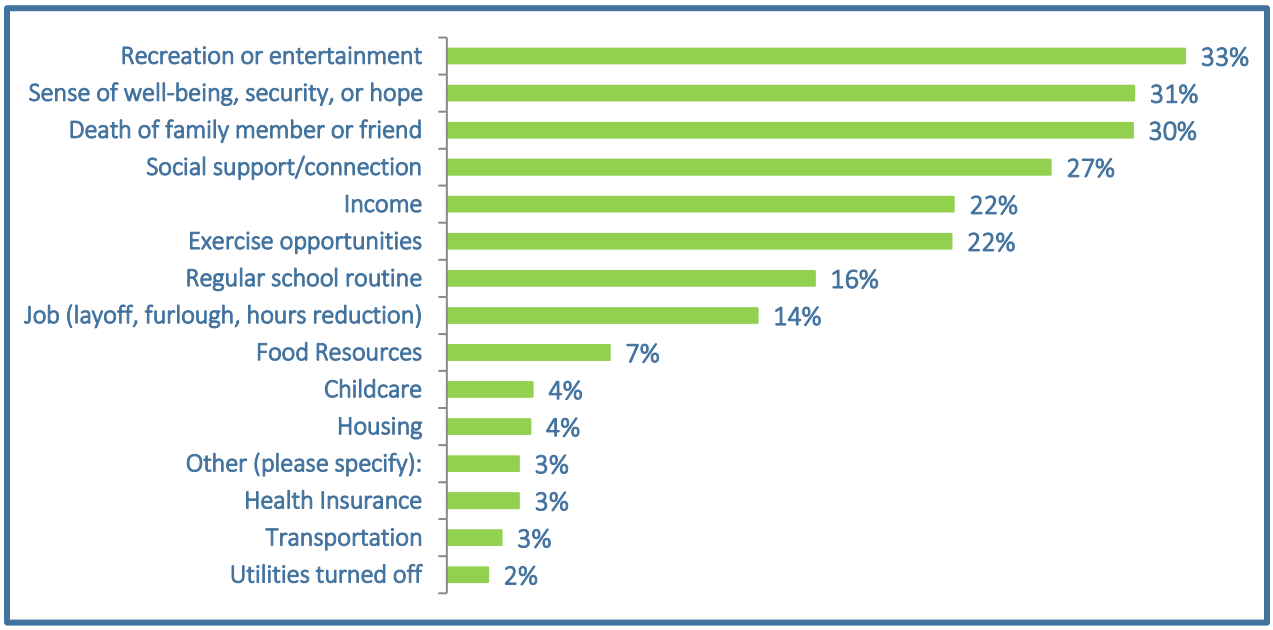
Additional Opportunities for Impact

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 Pasco 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 served to assess the impact of COVID-19 pandemic by asking respondents to report the losses they have experienced since the start of the pandemic. Recreation or entertainment was the top loss reported, followed by sense of well-being, security, or hope, and social support/connection. There were many that also reported death of a family member or friend. See Figure 37 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 37: 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 38 shows the percentage of survey respondents who reported experiencing discrimination by discrimination type.

Figure 38: Percentage of Respondents from Pasco County who Reported Experiencing Discrimination

Figure 39 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. Hispanic/Latino respondents indicated 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 Pasco County.

Figure 39: Percentage of respondents who reported experiencing discrimination by discrimination type

0-25% | 26-50% | 51-75% | 76-100%

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	53%	59%	76%	71%	66%	74%	40%
You receive poorer service than other people at restaurants or stores	30%	44%	72%	51%	48%	45%	22%
People act as if they think you are not smart	40%	46%	68%	51%	55%	61%	28%
People act as if they are afraid of you	12%	18%	45%	27%	28%	28%	11%
You are threatened or harassed	20%	18%	29%	45%	22%	50%	11%
People criticized your accent or the way you speak	9%	37%	28%	26%	34%	21%	8%
What do you believe to be the main reason(s)?	Gender, Age, Weight	Race, Ancestry or National Origin, Gender	Race, Gender	Gender, Age, Race	Race, Gender, Ancestry or National Origin	Gender, Sexual Orientation, Age	Age, Gender

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 Pasco 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 Pasco 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.

Appendix Table of Contents

Appendix A. Secondary Data Methodology

This section contains secondary data methodology and population data by ZIP code.

- **Pasco County Data Scoring Results**
- **Population Estimates for each ZIP code**
- **Families Below Poverty Line by ZIP code**

Appendix A. Secondary Data Methodology and Data Scoring Tables

SCORE	ADOLESCENT HEALTH	UNITS	PASCO COUNTY	HP2030	Florida	U.S.	MEASUREMENT PERIOD	RACE DISPARITY	Source
2.03	Adolescents who Use Electronic Vaping: Lifetime	*percent*	26.7		26.4		*2020*		23
1.88	Teens who Use Alcohol	*percent*	25.4		19.9		*2020*		22
1.74	Adolescents who Use Electronic Vaping: Past 30 Days	*percent*	15.1		14.5		*2020*		23
1.65	Teens without Sufficient Physical Activity	*percent*	80.5		82.3		*2020*		13
1.35	Teens who Binge Drink: High School Students	*percent*	10.1		9.2		*2020*		22
1.26	Adolescents who Use Smokeless Tobacco: Lifetime	*percent*	3.5		3.7		*2020*		23
1.24	Teens who Use Marijuana: High School Students	*percent*	17.2		15.9		*2020*		22
1.12	Teens who are Obese: High School Students	*percent*	13.1		15.4		*2020*		13
1.09	Adolescents who Use Smokeless Tobacco: Past 30 Days	*percent*	1		1.3		*2020*		23
1.09	Teens who have Used Methamphetamines	*percent*	0.4		0.8		*2020*		22
1.09	Teens who Smoke Cigarettes: High School Students	*percent*	1.3		1.5		*2020*		23

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.79	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	16.1		16.2	16.7	*2019*		18
0.71	Teens with Asthma	*percent*	18.6		21.3		*2020*		23
SCORE	**ALCOHOL & DRUG USE**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
3.00	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	32.1		23.6	21	*2017-2019*		7
2.29	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	36.1		25.6	22.8	*2017-2019*	White (39.7) Hispanic/Latino (15.5)	4
1.88	Teens who Use Alcohol	*percent*	25.4		19.9		*2020*		22
1.41	Adults who Binge Drink	*percent*	15.9			16.4	*2018*		3
1.41	Health Behaviors Ranking	*ranking*	27				*2021*		7
1.35	Teens who Binge Drink: High School Students	*percent*	10.1		9.2		*2020*		22
1.32	Adults who Drink Excessively	*percent*	16.3		18		*2017-2019*		10
1.24	Teens who Use Marijuana: High School Students	*percent*	17.2		15.9		*2020*		22
1.09	Teens who have Used Methamphetamines	*percent*	0.4		0.8		*2020*		22
0.88	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	145.3		159.7		*2019*		20
0.35	Alcohol-Impaired Driving Deaths	*percent of driving deaths with*	20.5	28.3	22.3	27	*2015-2019*		7

Appendix A. Secondary Data Methodology and Data Scoring Tables

		alcohol involvement							
SCORE	**CANCER**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.53	Cancer: Medicare Population	*percent*	10.2		10.1	8.4	*2018*		5
2.29	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	11.5	15.3	10.4		*2017-2019*		18
2.12	Mammogram in Past Year: 40+	*percent*	57.6		60.8		*2016*		10
2.00	Melanoma Incidence Rate	*cases/ 100,000 population*	30.4		25.2		*2016-2018*	Black (4.2) White (31.9) Hispanic/Latino (5.4)	32
2.00	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	15.9		13.5		*2016-2018*	Black (7.4) White (16.2) Hispanic/Latino (5.6)	32
1.94	Adults with Cancer	*percent*	8.4			6.9	*2018*		3
1.82	Breast Cancer Incidence Rate	*cases/ 100,000 females*	122.1		121.2		*2016-2018*		32
1.82	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	9.7		9		*2016-2018*		32
1.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	170	122.7	146.1		*2017-2019*		18
1.71	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	69		56.6		*2016-2018*	Black (41.5) White (69.9) Hispanic/Latino (25.5)	32

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.65	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	36.6		35.6		*2016-2018*		32
1.65	Pap Test in Past Year	*percent*	47.7		48.4		*2016*		10
1.65	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	86.4		89.6		*2016-2018*		32
1.59	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	6.8	16.9	7.4		*2017-2019*		18
1.59	Colon Cancer Screening	*percent*	64.7	74.4		66.4	*2018*		3
1.41	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	48	25.1	35.3		*2017-2019*	Black (24.7) White (47.2) Hispanic/Latino (18.6)	18
1.41	Cervical Cancer Screening: 21-65	*Percent*	83.7	84.3		84.7	*2018*		3
1.41	Mammogram in Past 2 Years: 50-74	*percent*	72.8	77.1		74.8	*2018*		3
1.59	Colon Cancer Screening	*percent*	64.7	74.4		66.4	*2018*		3
0.88	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.1	8.9	13.1		*2017-2019*		18
SCORE	**CHILDREN'S HEALTH**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
1.71	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	10.6		6.6		*2019*		11
1.65	Kindergartners with Required Immunizations	*percent*	94		93.5		*2020*		15

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.50	Child Food Insecurity Rate	*percent*	16.6		17.1	14.6	*2019*		8
1.50	Children with Low Access to a Grocery Store	*percent*	5				*2015*		29
1.41	Children with Health Insurance	*percent*	92.9		92.4	94.3	*2019*		1
1.41	Projected Child Food Insecurity Rate	*percent*	19		19.1		*2021*		8
SCORE	**COMMUNITY**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
3.00	Mean Travel Time to Work	*minutes*	32.2		27.8	26.9	*2015-2019*		1
3.00	Solo Drivers with a Long Commute	*percent*	51.5		42.4	37	*2015-2019*		7
2.71	Social Associations	*membership associations/ 10,000 population*	5.4		7	9.3	*2018*		7
2.18	Domestic Violence Offense Rate	*offenses/ 100,000 population*	865.6		496.5		*2019*		20
2.00	Population 16+ in Civilian Labor Force	*percent*	50.6		55.2	59.6	*2015-2019*		1
1.85	Median Household Gross Rent	*dollars*	1062		1175	1062	*2015-2019*		1
1.85	Workers Commuting by Public Transportation	*percent*	0.4	5.3	1.8	5	*2015-2019*	Black (0.3) White (0.4) Asian (0) American Indian/Alas	1

Appendix A. Secondary Data Methodology and Data Scoring Tables

								kan Native (0) Native Hawaiian/Pacific islander (0) Multiracial (0) Other (0.4) Hispanic/Latino (0.7)	
1.71	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	18.3		14.7		*2019*		18
1.71	Child Abuse Rate	*cases/ 1,000 children aged 5-11*	10.6		6.6		*2019*		11
1.71	Female Population 16+ in Civilian Labor Force	*percent*	49.6		54.3	58.3	*2015-2019*		1
1.68	Mortgaged Owners Median Monthly Household Costs	*dollars*	1368		1503	1595	*2015-2019*		1
1.50	Median Housing Unit Value	*dollars*	162100		215300	217500	*2015-2019*		1
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	24		29.9	32.1	*2015-2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.41	Persons with an Internet Subscription	*percent*	86.1		85.7	86.2	*2015-2019*		1
1.41	Social and Economic Factors Ranking	*ranking*	27				*2021*		7
1.35	People 65+ Living Alone	*percent*	24.8		23.7	26.1	*2015-2019*		1
1.35	Voter Turnout: Presidential Election	*percent*	77.2		77.2		*2020*		21
1.32	Households with an Internet Subscription	*percent*	82.9		83.3	83	*2015-2019*		1
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	1.9				*2015*		29
1.32	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	19722		19940.3		*2020*		9
1.32	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	392		505	500	*2015-2019*		1
1.24	Consumer Expenditures: Local Public Transportation	*average dollar amount per consumer unit*	101.1		107.5	148.8	*2021*		6

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.24	Median Household Income	*dollars*	52828		55660	62843	*2015-2019*		1
1.24	Per Capita Income	*dollars*	29001		31619	34103	*2015-2019*		1
1.15	Households with One or More Types of Computing Devices	*percent*	90.8		91.5	90.3	*2015-2019*		1
1.06	Workers who Drive Alone to Work	*percent*	80		79.1	76.3	*2015-2019*		1
1.00	Juvenile Justice Referral Rate	*referrals/ 10,000 population*	156.5		160.6		*2019*		19
1.00	People Living Below Poverty Level	*percent*	12.7	8	14	13.4	*2015-2019*		1
0.91	Violent Crime Rate	*crimes/ 100,000 population*	321.2		382.4	379.4	*2019*		20
0.88	Driving Under the Influence Arrest Rate	*arrests/ 100,000 population*	145.3		159.7		*2019*		20
0.82	Households without a Vehicle	*percent*	5.5		6.3	8.6	*2015-2019*		1
0.82	Single-Parent Households	*percent*	24.8		29	25.5	*2015-2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.79	Children Living Below Poverty Level	*percent*	17.2		20.1	18.5	*2015-2019*		1
0.76	Total Employment Change	*percent*	3.1		2.2	1.6	*2018-2019*		28
0.71	People 25+ with a High School Degree or Higher	*percent*	89.5		88.2	88	*2015-2019*		1
0.53	Homeownership	*percent*	60.5		53.5	56.2	*2015-2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.35	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	20.5	28.3	22.3	27	*2015-2019*		7
SCORE	**COUNTY HEALTH RANKINGS**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
1.76	Physical Environment Ranking	*ranking*	61				*2021*		7
1.59	Mortality Ranking	*ranking*	35				*2021*		7
1.41	Clinical Care Ranking	*ranking*	25				*2021*		7
1.41	Health Behaviors Ranking	*ranking*	27				*2021*		7
1.41	Morbidity Ranking	*ranking*	29				*2021*		7
1.41	Social and Economic Factors Ranking	*ranking*	27				*2021*		7
SCORE	**DIABETES**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.26	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	29.1		19.7	21.6	*2019*		18
1.53	Diabetes: Medicare Population	*percent*	29.2		27.8	27	*2018*		5

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.32	Adults with Diabetes	*percent*	11.7		11.7		*2017-2019*	Black (24.9) White (11.3) Hispanic/Latino (7)	10
SCORE	**ECONOMY**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.18	SNAP Certified Stores	*stores/ 1,000 population*	0.6				*2017*		29
2.00	Population 16+ in Civilian Labor Force	*percent*	50.6		55.2	59.6	*2015-2019*		1
1.94	Homeowner Vacancy Rate	*percent*	2.7		2.3	1.6	*2015-2019*		1
1.85	Median Household Gross Rent	*dollars*	1062		1175	1062	*2015-2019*		1
1.85	Renters Spending 30% or More of Household Income on Rent	*percent*	52.7		56.3	49.6	*2015-2019*		1
1.82	People 65+ Living Below Poverty Level	*percent*	9.8		10.4	9.3	*2015-2019*	Black (9.7) White (9.2) Asian (10.9) American Indian/Alaskan Native (7.8) Native Hawaiian/Pacific	1

Appendix A. Secondary Data Methodology and Data Scoring Tables

								islander (56.3) Multiracial (17.7) Other (21.4) Hispanic/Latino (16.7)	
1.71	Female Population 16+ in Civilian Labor Force	*percent*	49.6		54.3	58.3	*2015-2019*		1
1.71	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	29.4		32.2	26.5	*2019*		1
1.68	Food Insecurity Rate	*percent*	12.8		12	10.9	*2019*		8
1.68	Mortgaged Owners Median Monthly Household Costs	*dollars*	1368		1503	1595	*2015-2019*		1
1.59	Households with Cash Public Assistance Income	*percent*	2.5		2.1	2.4	*2015-2019*		1
1.59	Projected Food Insecurity Rate	*percent*	14.3		13.3		*2021*		8
1.50	Child Food Insecurity Rate	*percent*	16.6		17.1	14.6	*2019*		8
1.50	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		29
1.50	Median Housing Unit Value	*dollars*	162100		215300	217500	*2015-2019*		1
1.41	Projected Child Food Insecurity Rate	*percent*	19		19.1		*2021*		8
1.41	Social and Economic Factors Ranking	*ranking*	27				*2021*		7
1.35	Students Eligible for the Free Lunch Program	*percent*	46.8				*2019-2020*		25

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.32	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	55.1		54		*2018*		31
1.32	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	32.2		33		*2018*		31
1.32	Households that are Below the Federal Poverty Level	*percent*	12.7		13		*2018*		31
1.32	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	392		505	500	*2015-2019*		1
1.32	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		29
1.29	Unemployed Workers in Civilian Labor Force	*percent*	5		5.1	5.7	*Jul-21*		27
1.24	Consumer Expenditures: Homeowner Expenses	*average dollar amount per consumer unit*	7500.1		7675.2	8900.1	*2021*		6
1.24	Median Household Income	*dollars*	52828		55660	62843	*2015-2019*		1
1.24	Per Capita Income	*dollars*	29001		31619	34103	*2015-2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.06	Consumer Expenditures: Home Rental Expenses	*average dollar amount per consumer unit*	4296.3		4431	5460.2	*2021*		6
1.06	Size of Labor Force	*persons*	254490				*Jul-21*		27
1.00	People Living Below Poverty Level	*percent*	12.7	8	14	13.4	*2015-2019*		1
0.88	People Living 200% Above Poverty Level	*percent*	67.5		65.8	69.1	*2015-2019*		1
0.82	Families Living Below Poverty Level	*percent*	9		10	9.5	*2015-2019*	Black (10.7) White (7.9) Asian (8.1) American Indian/Alaskan Native (0) Native Hawaiian/Pacific islander (0) Multiracial (13) Other (17.7) Hispanic/Latino (14.9)	1
0.82	Overcrowded Households	*percent of households*	1.6		3		*2015-2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.82	Persons with Disability Living in Poverty (5-year)	*percent*	23.3		24.6	26.1	*2015-2019*		1
0.79	Children Living Below Poverty Level	*percent*	17.2		20.1	18.5	*2015-2019*		1
0.76	Total Employment Change	*percent*	3.1		2.2	1.6	*2018-2019*		28
0.53	Homeownership	*percent*	60.5		53.5	56.2	*2015-2019*		1
0.53	Severe Housing Problems	*percent*	14.7		19.5	18	*2013-2017*		7

SCORE	EDUCATION	UNITS	PASCO COUNTY	HP2030	Florida	U.S.	MEASUREMENT PERIOD	RACE DISPARITY	Source
2.12	Student-to-Teacher Ratio	*students/ teacher*	16.8				*2019-2020*		25

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.82	4th Grade Students Proficient in Math	*percent*	50		53		*2021*		12
1.65	4th Grade Students Proficient in Reading	*percent*	51		52		*2021*		12
1.47	8th Grade Students Proficient in Reading	*percent*	52		52		*2021*		12
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	24		29.9	32.1	*2015-2019*		1
1.24	High School Graduation	*percent*	89.9	90.7	90		*2019-2020*		12
1.06	Consumer Expenditures: Education	*average dollar amount per consumer unit*	916.8		1056	1492.4	*2021*	#NAME?	6
0.97	8th Grade Students Proficient in Math	*percent*	57		37		*2021*		12
0.71	People 25+ with a High School Degree or Higher	*percent*	89.5		88.2	88	*2015-2019*		1
SCORE	**ENVIRONMENTAL HEALTH**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**

Appendix A. Secondary Data Methodology and Data Scoring Tables

2.41	Asthma: Medicare Population	*percent*	5.8		5.2	5	*2018*		5
2.18	SNAP Certified Stores	*stores/ 1,000 population*	0.6				*2017*		29
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		29
1.85	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		29
1.85	People 65+ with Low Access to a Grocery Store	*percent*	4.8				*2015*		29
1.82	Annual Ozone Air Quality		C				*2017-2019*		2
1.76	Physical Environment Ranking	*ranking*	61				*2021*		7
1.65	Number of Extreme Heat Days	*days*	41				*2016*		26
1.65	PBT Released	*pounds*	0.3				*2019*		30
1.50	Adults with Current Asthma	*percent*	7.5		7.4		*2017-2019*		10
1.50	Children with Low Access to a Grocery Store	*percent*	5				*2015*		29
1.50	Food Environment Index	*index*	7.5		6.9	7.8	*2021*		7
1.50	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		29
1.50	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		29
1.35	Recognized Carcinogens Released into Air	*pounds*	34500.3				*2019*		30
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	1.9				*2015*		29

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.32	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		29
1.15	Access to Exercise Opportunities	*percent*	86.4		88.7	84	*2020*		7
0.97	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.4				*2016*		29
0.82	Overcrowded Households	*percent of households*	1.6		3		*2015-2019*		1
0.71	Teens with Asthma	*percent*	18.6		21.3		*2020*		23
0.53	Severe Housing Problems	*percent*	14.7		19.5	18	*2013-2017*		7
0.29	Houses Built Prior to 1950	*percent*	1.4		4.1	17.5	*2015-2019*		1
SCORE	**HEALTH CARE ACCESS & QUALITY**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.03	Primary Care Provider Rate	*providers/ 100,000 population*	57.5		72.2		*2018*		7
1.94	Adults who Visited a Dentist	*percent*	55.7			66.5	*2018*		3
1.94	Adults without Health Insurance	*percent*	21.6			12.2	*2018*		3
1.79	Dentist Rate	*dentists/ 100,000 population*	35.4		60.8		*2019*		7
1.76	Adults with Health Insurance	*percent*	80		80.5	87.1	*2019*		1

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.50	Adults with a Usual Source of Health Care	*percent*	72.4		72		*2017-2019*		10
1.50	Mental Health Provider Rate	*providers/ 100,000 population*	83.4		169		*2020*		7
1.41	Adults who have had a Routine Checkup	*percent*	78.2			76.7	*2018*		3
1.41	Children with Health Insurance	*percent*	92.9		92.4	94.3	*2019*		1
1.41	Clinical Care Ranking	*ranking*	25				*2021*		7
1.41	Consumer Expenditures: Health Insurance	*average dollar amount per consumer unit*	4227.5		4247.2	4321.1	*2021*		6
1.32	Median Monthly Medicaid Enrollment	*enrollments/ 100,000 population*	19722		19940.3		*2020*		9
1.15	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	89		120.6		*2020*		7
SCORE	**HEART DISEASE & STROKE**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.65	Hypertension: Medicare Population	*percent*	63.9		62.4	57.2	*2018*		5
2.53	Hyperlipidemia: Medicare Population	*percent*	62.1		59.2	47.7	*2018*		5
2.53	Stroke: Medicare Population	*percent*	5		4.7	3.8	*2018*		5

Appendix A. Secondary Data Methodology and Data Scoring Tables

2.47	Atrial Fibrillation: Medicare Population	*percent*	10.1		10.1	8.4	*2018*		5
2.24	Ischemic Heart Disease: Medicare Population	*percent*	37.2		34.3	26.8	*2018*		5
2.18	Heart Failure: Medicare Population	*percent*	15.9		14.8	14	*2018*		5
1.97	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	99	71.1	88.6	88	*2019*		18
1.85	Age-Adjusted Hospitalization Rate due to Heart Attack	*hospitalizations/ 10,000 population 35+ years*	34.3		29.7		*2018*		26
1.85	High Blood Pressure Prevalence	*percent*	38.5	27.7	33.5		*2017-2019*	Black (64.8) White (39.6) Hispanic/Latino (26.4)	10
1.76	Adults who Experienced a Stroke	*percent*	4.2			3.4	*2018*		3
1.76	Adults who Experienced Coronary Heart Disease	*percent*	9.4			6.8	*2018*		3
1.76	High Cholesterol Prevalence: Adults 18+	*percent*	37.8			34.1	*2017*		3
1.41	Adults who Have Taken Medications for High Blood Pressure	*percent*	78.1			75.8	*2017*		3
1.06	Cholesterol Test History	*percent*	82.7			81.5	*2017*		3
0.91	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	36.1	33.4	41.4	37	*2019*		18

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.71	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	38.9		42.8		*2018*		26
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
1.74	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.5		8.4	12.3	*2019*		
1.68	Adults 65+ with Influenza Vaccination	*percent*	56.1		58.3		*2017-2019*		
1.65	Kindergartners with Required Immunizations	*percent*	94		93.5		*2020*		
1.32	Chlamydia Incidence Rate	*cases/ 100,000 population*	330.3		525.5	551	*2019*		
1.15	HIV Incidence Rate	*cases/ 100,000 population*	8.7		21.6		*2019*	Black (12.8) White (5.1) Hispanic/Latino (15.7)	
1.03	Gonorrhea Incidence Rate	*cases/ 100,000 population*	98.3		174.9	187.8	*2019*		
1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	7.4		15.1	11.9	*2019*		
1.00	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.1	1.4	1.9		*2020*		
0.97	Adults 65+ with Pneumonia Vaccination	*percent*	74.1		66.8		*2017-2019*		

Appendix A. Secondary Data Methodology and Data Scoring Tables

0.97	Persons Fully Vaccinated Against COVID-19	*percent*	52.7				*5-Nov-21*		
0.97	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	22.8	11.1	33.4		*2019*		
0.82	Overcrowded Households	*percent of households*	1.6		3		*2015-2019*		
0.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	5.7		6	31.2	*5-Nov-21*		
0.44	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		0	3.4	*5-Nov-21*		
SCORE	**MATERNAL, FETAL & INFANT HEALTH**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
1.56	Preterm Births	*percent*	10.2	9.4	10.6	10	*2019*		18
1.21	Mothers who Received Early Prenatal Care	*percent*	81		75.9	75.8	*2019*		18
1.00	Infant Mortality Rate	*deaths/ 1,000 live births*	5.1	5	6		*2019*	Black (15.2) White (5.7) Hispanic/Latino (8.5)	18
0.79	Teen Birth Rate: 15-19	*live births/ 1,000 females aged 15-19*	16.1		16.2	16.7	*2019*		18
0.74	Babies with Low Birth Weight	*percent*	7.9		8.8	8.3	*2019*		18

Appendix A. Secondary Data Methodology and Data Scoring Tables

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PASCO COUNTY	HP2030	Florida	U.S.	MEASUREMENT PERIOD	RACE DISPARITY	Source
3.00	Depression: Medicare Population	*percent*	22.9		19.5	18.4	*2018*		5
2.47	Alzheimer's Disease or Dementia: Medicare Population	*percent*	12.5		12.6	10.8	*2018*		5
2.26	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	20.8	12.8	14.5	13.9	*2019*	Black (8.1) White (18.6) Hispanic/Latino (9.4)	18
2.21	Frequent Mental Distress	*percent*	16.2		13.4	13	*2018*		7
1.76	Poor Mental Health: 14+ Days	*percent*	14.9			12.7	*2018*		3
1.68	Self-Reported General Health Assessment: Good or Better	*percent*	77.3		80.3		*2017-2019*		10
1.50	Mental Health Provider Rate	*providers/ 100,000 population*	83.4		169		*2020*		7
SCORE	**MORTALITY DATA**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
3.00	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	32.1		23.6	21	*2017-2019*		7
2.74	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	77.3	43.2	55.5	49.3	*2019*		18
2.29	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	11.5	15.3	10.4		*2017-2019*		18

Appendix A. Secondary Data Methodology and Data Scoring Tables

2.29	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	36.1		25.6	22.8	*2017-2019*	White (39.7) Hispanic/Latino (15.5)	4
2.26	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	29.1		19.7	21.6	*2019*		18
2.26	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	20.8	12.8	14.5	13.9	*2019*	Black (8.1) White (18.6) Hispanic/Latino (9.4)	18
1.97	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	99	71.1	88.6	88	*2019*		18
1.74	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.5		8.4	12.3	*2019*		18
1.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	170	122.7	146.1		*2017-2019*		18
1.71	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	18.3		14.7		*2019*		18
1.59	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	6.8	16.9	7.4		*2017-2019*		18
1.59	Mortality Ranking	*ranking*	35				*2021*		7

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.50	Life Expectancy	*years*	77.8		80.2	79.2	*2017-2019*		7
1.41	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	48	25.1	35.3		*2017-2019*	Black (24.7) White (47.2) Hispanic/Latino (18.6)	18
1.00	Infant Mortality Rate	*deaths/ 1,000 live births*	5.1	5	6		*2019*	Black (15.2) White (5.7) Hispanic/Latino (8.5)	18
0.91	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	36.1	33.4	41.4	37	*2019*		18
0.88	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.1	8.9	13.1		*2017-2019*		18
0.71	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	38.9		42.8		*2018*		26
0.53	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	10.5		9.9	12.9	*2017-2019*		4
0.35	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	20.5	28.3	22.3	27	*2015-2019*		7

Appendix A. Secondary Data Methodology and Data Scoring Tables

SCORE	OLDER ADULTS	UNITS	PASCO COUNTY	HP2030	Florida	U.S.	MEASUREMENT PERIOD	RACE DISPARITY	Source
3.00	Chronic Kidney Disease: Medicare Population	*percent*	32.9		28.2	24.5	*2018*		5
3.00	Depression: Medicare Population	*percent*	22.9		19.5	18.4	*2018*		5
2.65	Hypertension: Medicare Population	*percent*	63.9		62.4	57.2	*2018*		5
2.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.5		37.5	33.5	*2018*		5
2.53	Cancer: Medicare Population	*percent*	10.2		10.1	8.4	*2018*		5
2.53	COPD: Medicare Population	*percent*	16.6		13.5	11.5	*2018*		5
2.53	Hyperlipidemia: Medicare Population	*percent*	62.1		59.2	47.7	*2018*		5
2.53	Osteoporosis: Medicare Population	*percent*	8.9		8.3	6.6	*2018*		5
2.53	Stroke: Medicare Population	*percent*	5		4.7	3.8	*2018*		5
2.47	Alzheimer's Disease or Dementia: Medicare Population	*percent*	12.5		12.6	10.8	*2018*		5
2.47	Atrial Fibrillation: Medicare Population	*percent*	10.1		10.1	8.4	*2018*		5
2.41	Asthma: Medicare Population	*percent*	5.8		5.2	5	*2018*		5
2.24	Ischemic Heart Disease: Medicare Population	*percent*	37.2		34.3	26.8	*2018*		5

Appendix A. Secondary Data Methodology and Data Scoring Tables

2.18	Heart Failure: Medicare Population	*percent*	15.9		14.8	14	*2018*		5
1.94	Adults with Arthritis	*percent*	31.3			25.8	*2018*		3
1.85	People 65+ with Low Access to a Grocery Store	*percent*	4.8				*2015*		29
1.82	People 65+ Living Below Poverty Level	*percent*	9.8		10.4	9.3	*2015-2019*	Black (9.7) White (9.2) Asian (10.9) American Indian/Alaskan Native (7.8) Native Hawaiian/Pacific islander (56.3) Multiracial (17.7) Other (21.4) Hispanic/Latino (16.7)	1
1.76	Adults 65+ with Total Tooth Loss	*percent*	16.9			13.5	*2018*		3
1.68	Adults 65+ with Influenza Vaccination	*percent*	56.1		58.3		*2017-2019*		10
1.59	Colon Cancer Screening	*percent*	64.7	74.4		66.4	*2018*		3
1.53	Diabetes: Medicare Population	*percent*	29.2		27.8	27	*2018*		5
1.35	People 65+ Living Alone	*percent*	24.8		23.7	26.1	*2015-2019*		1
1.24	Adults 65+ who Received Recommended	*percent*	32.4			32.4	*2018*		3

Appendix A. Secondary Data Methodology and Data Scoring Tables

	Preventive Services: Males								
1.06	Adults 65+ who Received Recommended Preventive Services: Females	*percent*	31.9			28.4	*2018*		3
0.97	Adults 65+ with Pneumonia Vaccination	*percent*	74.1		66.8		*2017-2019*		10
SCORE	**ORAL HEALTH**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.00	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	15.9		13.5		*2016-2018*	Black (7.4) White (16.2) Hispanic/Latino (5.6)	32
1.94	Adults who Visited a Dentist	*percent*	55.7			66.5	*2018*		3
1.79	Dentist Rate	*dentists/ 100,000 population*	35.4		60.8		*2019*		7
1.76	Adults 65+ with Total Tooth Loss	*percent*	16.9			13.5	*2018*		3
SCORE	**OTHER CONDITIONS**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
3.00	Chronic Kidney Disease: Medicare Population	*percent*	32.9		28.2	24.5	*2018*		5
2.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38.5		37.5	33.5	*2018*		5
2.53	Osteoporosis: Medicare Population	*percent*	8.9		8.3	6.6	*2018*		5

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.94	Adults with Arthritis	*percent*	31.3			25.8	*2018*		3
1.76	Adults with Kidney Disease	*Percent of adults*	3.5			3.1	*2018*		3
0.53	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	10.5		9.9	12.9	*2017-2019*		4
SCORE	**PHYSICAL ACTIVITY**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.18	SNAP Certified Stores	*stores/ 1,000 population*	0.6				*2017*		29
2.00	Grocery Store Density	*stores/ 1,000 population*	0.1				*2016*		29
1.85	Farmers Market Density	*markets/ 1,000 population*	0				*2018*		29
1.85	People 65+ with Low Access to a Grocery Store	*percent*	4.8				*2015*		29
1.65	Teens without Sufficient Physical Activity	*percent*	80.5		82.3		*2020*		13
1.50	Adults who are Sedentary	*percent*	27.5	21.2	26.5		*2017-2019*		10
1.50	Children with Low Access to a Grocery Store	*percent*	5				*2015*		29
1.50	Food Environment Index	*index*	7.5		6.9	7.8	*2021*		7
1.50	Low-Income and Low Access to a Grocery Store	*percent*	8.3				*2015*		29

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.50	Recreation and Fitness Facilities	*facilities/ 1,000 population*	0.1				*2016*		29
1.41	Health Behaviors Ranking	*ranking*	27				*2021*		7
1.32	Households with No Car and Low Access to a Grocery Store	*percent*	1.9				*2015*		29
1.32	WIC Certified Stores	*stores/ 1,000 population*	0.1				*2016*		29
1.15	Access to Exercise Opportunities	*percent*	86.4		88.7	84	*2020*		7
1.15	Adults Who Are Obese	*percent*	26.1		27		*2017-2019*		10
1.15	Adults who are Overweight or Obese	*percent*	59.8		64.6		*2017-2019*		10
0.97	Fast Food Restaurant Density	*restaurants/ 1,000 population*	0.4				*2016*		29
SCORE	**PREVENTION & SAFETY**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
3.00	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	32.1		23.6	21	*2017-2019*		7
2.74	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	77.3	43.2	55.5	49.3	*2019*		18

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.71	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	18.3		14.7		*2019*		18
0.53	Severe Housing Problems	*percent*	14.7		19.5	18	*2013-2017*		7
SCORE	**RESPIRATORY DISEASES**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.53	COPD: Medicare Population	*percent*	16.6		13.5	11.5	*2018*		5
2.41	Asthma: Medicare Population	*percent*	5.8		5.2	5	*2018*		5
2.03	Adolescents who Use Electronic Vaping: Lifetime	*percent*	26.7		26.4		*2020*		23
1.85	Adults who Smoke	*percent*	21.6	5	14.8		*2017-2019*		10
1.76	Adults with COPD	*Percent of adults*	10			6.9	*2018*		3
1.74	Adolescents who Use Electronic Vaping: Past 30 Days	*percent*	15.1		14.5		*2020*		23
1.74	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	10.5		8.4	12.3	*2019*		18
1.71	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	69		56.6		*2016-2018*	Black (41.5) White (69.9) Hispanic/La tino (25.5)	32
1.68	Adults 65+ with Influenza Vaccination	*percent*	56.1		58.3		*2017-2019*		10

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.50	Adults with Current Asthma	*percent*	7.5		7.4		*2017-2019*		10
1.41	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	48	25.1	35.3		*2017-2019*	Black (24.7) White (47.2) Hispanic/Latino (18.6)	18
1.32	Adults Who Currently Use E-Cigarettes	*percent*	6.7		7.5		*2017-2019*	White (6.9) Hispanic/Latino (0.5)	10
1.26	Adolescents who Use Smokeless Tobacco: Lifetime	*percent*	3.5		3.7		*2020*		23
1.09	Adolescents who Use Smokeless Tobacco: Past 30 Days	*percent*	1		1.3		*2020*		23
1.09	Teens who Smoke Cigarettes: High School Students	*percent*	1.3		1.5		*2020*		23
1.00	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.1	1.4	1.9		*2020*		17
0.97	Adults 65+ with Pneumonia Vaccination	*percent*	74.1		66.8		*2017-2019*		10
0.71	Teens with Asthma	*percent*	18.6		21.3		*2020*		23
0.53	COVID-19 Daily Average Incidence Rate	*cases per 100,000 population*	5.7		6	31.2	*5-Nov-21*		24
0.44	COVID-19 Daily Average Case-Fatality Rate	*deaths per 100 cases*	0		0	3.4	*5-Nov-21*		24

Appendix A. Secondary Data Methodology and Data Scoring Tables

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	PASCO COUNTY	HP2030	Florida	U.S.	MEASUREMENT PERIOD	RACE DISPARITY	Source
1.32	Chlamydia Incidence Rate	*cases/ 100,000 population*	330.3		525.5	551	*2019*		16
1.15	HIV Incidence Rate	*cases/ 100,000 population*	8.7		21.6		*2019*	Black (12.8) White (5.1) Hispanic/Latino (15.7)	14
1.03	Gonorrhea Incidence Rate	*cases/ 100,000 population*	98.3		174.9	187.8	*2019*		16
1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	7.4		15.1	11.9	*2019*		16
SCORE	**TOBACCO USE**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.03	Adolescents who Use Electronic Vaping: Lifetime	*percent*	26.7		26.4		*2020*		23
1.85	Adults who Smoke	*percent*	21.6	5	14.8		*2017-2019*		10
1.74	Adolescents who Use Electronic Vaping: Past 30 Days	*percent*	15.1		14.5		*2020*		23
1.32	Adults Who Currently Use E-Cigarettes	*percent*	6.7		7.5		*2017-2019*	White (6.9) Hispanic/Latino (0.5)	10
1.26	Adolescents who Use Smokeless Tobacco: Lifetime	*percent*	3.5		3.7		*2020*		23

Appendix A. Secondary Data Methodology and Data Scoring Tables

1.09	Adolescents who Use Smokeless Tobacco: Past 30 Days	*percent*	1		1.3		*2020*		23
1.09	Teens who Smoke Cigarettes: High School Students	*percent*	1.3		1.5		*2020*		23
SCORE	**WEIGHT STATUS**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
1.15	Adults Who Are Obese	*percent*	26.1		27		*2017-2019*		10
1.15	Adults who are Overweight or Obese	*percent*	59.8		64.6		*2017-2019*		10
1.12	Teens who are Obese: High School Students	*percent*	13.1		15.4		*2020*		13
SCORE	**WELLNESS & LIFESTYLE**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.21	Frequent Physical Distress	*percent*	14.2		12.6	11	*2018*		7
1.94	Poor Physical Health: 14+ Days	*percent*	15.9			12.5	*2018*		3
1.85	High Blood Pressure Prevalence	*percent*	38.5	27.7	33.5		*2017-2019*	Black (64.8) White (39.6) Hispanic/Latino (26.4)	10
1.85	Insufficient Sleep	*percent*	39	31.4	37.3	35	*2018*		7
1.68	Self-Reported General Health Assessment: Good or Better	*percent*	77.3		80.3		*2017-2019*		10
1.50	Life Expectancy	*years*	77.8		80.2	79.2	*2017-2019*		7
1.41	Morbidity Ranking	*ranking*	29				*2021*		7
1.24	Consumer Expenditures: Fast Food Restaurants	*average dollar amount*	1433.1		1520	1638.9	*2021*		6

Appendix A. Secondary Data Methodology and Data Scoring Tables

		per consumer unit							
SCORE	**WOMEN'S HEALTH**	**UNITS**	**PASCO COUNTY**	**HP2030**	**Florida**	**U.S.**	**MEASUREMENT PERIOD**	**RACE DISPARITY**	**Source**
2.29	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	11.5	15.3	10.4		*2017-2019*		18
2.12	Mammogram in Past Year: 40+	*percent*	57.6		60.8		*2016*		10
1.82	Breast Cancer Incidence Rate	*cases/ 100,000 females*	122.1		121.2		*2016-2018*		32
1.82	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	9.7		9		*2016-2018*		32
1.65	Pap Test in Past Year	*percent*	47.7		48.4		*2016*		10
1.41	Cervical Cancer Screening: 21-65	*Percent*	83.7	84.3		84.7	*2018*		3

Appendix A. Secondary Data Methodology
Population Estimates for each Zip Code (Figure 1)

ZIP CODE	CITY	POPULATION
33523	Dade City	20310
33525	Dade City	20409
33540	Zephyrhills	10422
33541	Zephyrhills	24421
33542	Zephyrhills	22937
33543	Wesley Chapel	32716
33544	Wesley Chapel	29675
33545	Wesley Chapel	21566
33559	Lutz	18871
33576	San Antonio	6527
34610	Spring Hill	15642
34637	Land O Lakes	9054
34638	Land O Lakes	29203
34639	Land O Lakes	31515
34652	New Port Richey	26611
34653	New Port Richey	34827
34654	New Port Richey	26645
34655	New Port Richey	48493
34667	Hudson	36832
34668	Port Richey	47869
34669	Hudson	15587
34690	Holiday	14896
34691	Holiday	24739

	Pasco County	575,435
	Florida	21,976,313
	U.S.	326,569,308

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties

Appendix A. Secondary Data Methodology
Families Living Below Poverty Level by Zip Code (Figure 14)

ZIP CODE	CITY	FAMILIES BELOW POVERTY LEVEL (%)
33523	Dade City	13.36%
33525	Dade City	11.94%
33540	Zephyrhills	13.26%
33541	Zephyrhills	12.34%
33542	Zephyrhills	14.15%
33543	Wesley Chapel	6.30%
33544	Wesley Chapel	2.72%
33545	Wesley Chapel	5.24%
33559	Lutz	2.86%
33576	San Antonio	4.08%
34610	Spring Hill	10.47%
34637	Land O Lakes	2.60%
34638	Land O Lakes	5.14%
34639	Land O Lakes	3.99%
34652	New Port Richey	10.35%
34653	New Port Richey	9.34%
34654	New Port Richey	6.95%
34655	New Port Richey	4.29%
34667	Hudson	10.71%
34668	Port Richey	14.70%
34669	Hudson	10.13%
34690	Holiday	12.32%
34691	Holiday	10.91%
	Pasco County	8.5%
	Florida	9.3%
	U.S.	9.1%

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties

Appendix B. Index of Disparity

Health Equity Index (Figure 21)

ZIP CODE	CITY	INDEX SCORE
33523	Dade City	80.4
33525	Dade City	63.8
33540	Zephyrhills	77.4
33541	Zephyrhills	78.2
33542	Zephyrhills	82.6
33543	Wesley Chapel	18.5
33544	Wesley Chapel	18.3
33545	Wesley Chapel	17.5
33559	Lutz	22.4
33576	San Antonio	25.7
34610	Spring Hill	73.5
34637	Land O Lakes	12.5
34638	Land O Lakes	10.7
34639	Land O Lakes	16.7
34652	New Port Richey	64.7
34653	New Port Richey	72
34654	New Port Richey	50.9
34655	New Port Richey	17.3
34667	Hudson	74.1
34668	Port Richey	82.4
34669	Hudson	69.9
34690	Holiday	78.3
34691	Holiday	73.4
	Pasco County	33.1
33523	Dade City	80.4
33525	Dade City	63.8
33540	Zephyrhills	77.4
33541	Zephyrhills	78.2
33542	Zephyrhills	82.6
33543	Wesley Chapel	18.5
33544	Wesley Chapel	18.3
33545	Wesley Chapel	17.5
33559	Lutz	22.4
33576	San Antonio	25.7
34610	Spring Hill	73.5
34637	Land O Lakes	12.5
34638	Land O Lakes	10.7
34639	Land O Lakes	16.7
34652	New Port Richey	64.7
34653	New Port Richey	72
34654	New Port Richey	50.9
34655	New Port Richey	17.3
34667	Hudson	74.1
34668	Port Richey	82.4
34669	Hudson	69.9
34690	Holiday	78.3
34691	Holiday	73.4
	Pasco County	33.1

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties.

Appendix B. Index of Disparity

Food Insecurity Index (Figure 22)

ZIP CODE	CITY	INDEX VALUE
33523	Dade City	71.2
33525	Dade City	48.9
33540	Zephyrhills	62.3
33541	Zephyrhills	53.8
33542	Zephyrhills	76.2
33543	Wesley Chapel	15.8
33544	Wesley Chapel	21.8
33545	Wesley Chapel	23.5
33559	Lutz	38.6
33576	San Antonio	7.3
34610	Spring Hill	50.2
34637	Land O Lakes	4.8
34638	Land O Lakes	11.7
34639	Land O Lakes	18
34652	New Port Richey	69.5
34653	New Port Richey	71.3
34654	New Port Richey	42.8
34655	New Port Richey	23.2
34667	Hudson	50
34668	Port Richey	83.3
34669	Hudson	52.2
34690	Holiday	78.6
34691	Holiday	81.4
	Pasco County	28.6
33523	Dade City	71.2
33525	Dade City	48.9
33540	Zephyrhills	62.3
33541	Zephyrhills	53.8
33542	Zephyrhills	76.2
33543	Wesley Chapel	15.8
33544	Wesley Chapel	21.8
33545	Wesley Chapel	23.5
33559	Lutz	38.6
33576	San Antonio	7.3
34610	Spring Hill	50.2
34637	Land O Lakes	4.8
34638	Land O Lakes	11.7
34639	Land O Lakes	18
34652	New Port Richey	69.5
34653	New Port Richey	71.3
34654	New Port Richey	42.8
34655	New Port Richey	23.2
34667	Hudson	50
34668	Port Richey	83.3
34669	Hudson	52.2
34690	Holiday	78.6
34691	Holiday	81.4
	Pasco County	28.6

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties.

Appendix B. Index of Disparity

Mental Health Index (Figure 23)

ZIP CODE	CITY	INDEX VALUE
33523	Dade City	89
33525	Dade City	79.6
33540	Zephyrhills	91.8
33541	Zephyrhills	94.9
33542	Zephyrhills	96
33543	Wesley Chapel	38.4
33544	Wesley Chapel	29.6
33545	Wesley Chapel	35.6
33559	Lutz	27.7
33576	San Antonio	82.6
34610	Spring Hill	69.3
34637	Land O Lakes	50.9
34638	Land O Lakes	21.4
34639	Land O Lakes	44.1
34652	New Port Richey	92.7
34653	New Port Richey	94.4
34654	New Port Richey	82.5
34655	New Port Richey	63.8
34667	Hudson	97.8
34668	Port Richey	95.1
34669	Hudson	80.6
34690	Holiday	95
34691	Holiday	90.1
	Pasco County	93.2
33523	Dade City	89
33525	Dade City	79.6
33540	Zephyrhills	91.8
33541	Zephyrhills	94.9
33542	Zephyrhills	96
33543	Wesley Chapel	38.4
33544	Wesley Chapel	29.6
33545	Wesley Chapel	35.6
33559	Lutz	27.7
33576	San Antonio	82.6
34610	Spring Hill	69.3
34637	Land O Lakes	50.9
34638	Land O Lakes	21.4
34639	Land O Lakes	44.1
34652	New Port Richey	92.7
34653	New Port Richey	94.4
34654	New Port Richey	82.5
34655	New Port Richey	63.8
34667	Hudson	97.8
34668	Port Richey	95.1
34669	Hudson	80.6
34690	Holiday	95
34691	Holiday	90.1
	Pasco County	93.2

*County index values are calculated separately from zip code index values, and the two should not be compared to each other. While index values range from 0-100 at both the county and zip code level, zip code index values represent the percentile of each zip code among all U.S. zip codes, while county index values represent the percentile of each county among all U.S. counties.

Appendix C. Community Input Assessment Tools

This section contains tools that were used to collect community feedback during the CHNA process.

- **Community Health Assessment**
- **Focus Group Discussion Questions and Summary of Responses**
- **Prioritization Session Attendee Organizations**
- **Prioritization Session Questions and Summary of Responses**

Appendix C. Community Input Assessment Tools
Community Health Survey

All4HealthFL
Four Counties. One Vision.

2022 All4HealthFL Community Health Survey

This community health survey is supported by the All4HealthFL Collaborative comprised of local not-for-profit hospitals and the departments of health in Hillsborough, Pasco, Pinellas, and Polk counties. Our goal is to understand the health needs of the community members we serve. Your feedback is important for us to implement programs that will benefit everyone in the community.

We encourage you to take 15 minutes to fill out the survey below. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary and greatly appreciated.

Thank you for your time and feedback. Together we can improve health outcomes for all.

If you have any questions or concerns regarding this survey, please contact Corinna Kelley by email at corinna.kelley@conduent.com.

BayCare AdventHealth MOFFITT CANCER CENTER TGH Tampa General Hospital

In collaboration with: JOHNS HOPKINS All Children's Hospital

Florida HEALTH Pinellas County Florida HEALTH Hillsborough County Florida HEALTH Polk County Florida HEALTH Pasco County

BAYFRONT HEALTH St. Petersburg

Lakeland Regional Health

DEMOGRAPHICS

Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.

1. **In which county do you live? (Please choose only one)**
   ☐ Hillsborough ☐ Pasco ☐ Pinellas ☐ Polk ☐ Sarasota ☐ Other

2. **In which ZIP code do you live? (Please write in)**
   _____

3. **What is your age? (Please choose only one)**
   ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64 ☐ 65 to 74 ☐ 75 or older

4. **Are you of Hispanic or Latino origin or descent? (Please choose only one)**
   ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino ☐ Prefer not to answer

5. **Which race best describes you? (Please choose only one)**
   ☐ More than one race
   ☐ American Indian or Alaska Native
   ☐ Native Hawaiian or Pacific Islander
   ☐ I identify in another way: _____
   ☐ African American or Black
   ☐ Asian
   ☐ White
   ☐ Prefer not to answer

6. **What is your current gender identity? (Please choose only one)**
   ☐ Man
   ☐ Woman
   ☐ Trans Man/Trans Masculine Spectrum
   ☐ I identify in another way (Please Specify): _____
   ☐ Trans Woman/ Trans Feminine Spectrum
   ☐ Non-Binary/ Genderqueer
   ☐ Prefer not to answer

7. **Do you identify as LGBTQ+?**
   ☐ Yes ☐ No ☐ Prefer not to answer

8. **What language do you MAINLY speak at home? (Please choose only one)**
   ☐ Arabic ☐ Russian ☐ French
   ☐ Haitian Creole ☐ English ☐ Vietnamese
   ☐ Chinese ☐ Spanish ☐ German
   ☐ I speak another language (Please specify): _____

9. **How well do you speak English? (Please choose only one)**
   ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

10. **What is the highest level of school that you have completed? (Please choose only one)**
    ☐ Less than high school ☐ Some high school, but no diploma ☐ High school diploma or GED
    ☐ Some college, no degree ☐ Vocational/Technical School ☐ Associate degree
    ☐ Bachelor's degree ☐ Master's/Graduate or professional degree or higher

11. **How much total combined money did <u>all</u> people living in your home earn last year? (Please choose only one)**

- ☐ $0 to $9,999
- ☐ $10,000 to $19,999
- ☐ $20,000 to $29,999
- ☐ $30,000 to $39,999
- ☐ $40,000 to $49,999
- ☐ $50,000 to $59,999
- ☐ $60,000 to $69,999
- ☐ $70,000 to $79,000
- ☐ $80,000 to $89,999
- ☐ $90,000 to $99,999
- ☐ $100,000 to $124,999
- ☐ $125,000 to $149,999
- ☐ $150,000 or more
- ☐ Prefer not to answer

12. **Which of the following categories best describes your employment status? (Choose all that apply)**

- ☐ Employed, working full–time
- ☐ Employed, working part–time
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Retired
- ☐ Disabled, not able to work
- ☐ Student (If so, what school: _____)

13. **What transportation do you use most often to go places? (Please choose only one)**

- ☐ I drive a car
- ☐ I take the bus
- ☐ I ride a bicycle
- ☐ I ride a motorcycle or scooter
- ☐ Some other way
- ☐ Someone drives me
- ☐ I walk
- ☐ I take a taxi/cab
- ☐ I take an Uber/Lyft

14. **Are you**

- ☐ A Veteran
- ☐ In Active Duty
- ☐ National Guard/Reserves
- ☐ None of the above **(Skip to question 16)**

15. **If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?**

- ☐ Yes
- ☐ No

16. **How do you pay for most of your health care? (Please choose only one)**

- ☐ I pay cash / I don't have insurance
- ☐ Medicare or Medicare HMO
- ☐ Medicaid or Medicaid HMO
- ☐ Marketplace insurance plan
- ☐ County health plan
- ☐ Commercial health insurance (from Employer)
- ☐ I pay another way: _____
- ☐ TRICARE
- ☐ Indian Health Services
- ☐ Veteran's Administration

17. **Including yourself, how many people currently live in your home? (Please choose only one)**

☐1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

18. **Are you a caregiver to an adult family member who cannot care for themselves in your home?**

- ☐ Yes
- ☐ No

19. **How many CHILDREN (under age 18) currently live in your home? (Please choose only one)**

☐ None **(Skip to question 28)** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

CHILDRENS SECTION

(Please only answer questions in this section if you have children under the age of 18 living in your home. If you do not, please skip to Question 28 in the next section.)

The goal of the next question is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

20. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?

☐ Yes ☐ No **(skip to question 22)**

21. What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)

☐ Am not sure how to find a doctor
☐ Cannot take time off work
☐ Cannot take child out of class
☐ Doctor's office does not have convenient hours
☐ Unable to schedule an appointment when needed
☐ Unable to find a doctor who knows or understands my culture, identity, or beliefs
☐ Unable to afford to pay for care
☐ Unable to find a doctor who takes my insurance
☐ Do not have insurance to cover medical
☐ Transportation challenges
☐ Other (please specify): _____

22. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

☐ Yes ☐ No **(skip to question 24)**

23. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

☐ Am not sure how to find a dentist
☐ Cannot take time off work
☐ Cannot take child out of class
☐ Dentist's office does not have convenient hours
☐ Unable to schedule an appointment when needed
☐ Unable to find a dentist who knows or understands my culture, identity, or beliefs
☐ Unable to afford to pay for care
☐ Unable to find a dentist who takes my insurance
☐ Do not have insurance to cover dental care
☐ Transportation challenges
☐ Other (please specify): _____

24. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral health care but did NOT get the care they needed?

☐ Yes ☐ No **(skip to question 26)**

25. What are some reasons that kept them from getting the mental and/or behavioral health care they needed? (Choose all that apply)

- ☐ Am not sure how to find a doctor/counselor
- ☐ Unable to afford to pay for care
- ☐ Unable to find a doctor / counselor who takes my insurance
- ☐ Cannot take time off work
- ☐ Do not have insurance to cover mental health care
- ☐ Cannot take child out of class
- ☐ Doctor/counselor's office does not have convenient hours
- ☐ Afraid of what people might think
- ☐ Unable to schedule an appointment when needed
- ☐ Transportation challenges
- ☐ Unable to find a doctor/counselor who knows or understands my culture, identity, or beliefs
- ☐ Other (please specify) _____

--Children's Section Continues on Next Page --

The goal of the next question (Question 26) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

In this survey "community" refers to the primary areas where your children live, play, learn and get services.

26. When you think about the most important HEALTH needs for children in your community, please select the top 3 most important health needs to address. If you think of a health concern that is not listed here, please write it in under "other". (Please choose only 3)

Please choose only 3	
☐	Accidents and Injuries
☐	Asthma
☐	Respiratory Health Other than Asthma (RSV, cystic fibrosis)
☐	Dental Care
☐	Diabetes
☐	Drug or Alcohol Use
☐	Eye Health (vision)
☐	Healthy Pregnancies and Childbirth (not teen pregnancy)
☐	Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
☐	Infectious Diseases (including COVID-19)
☐	Special Needs (Physical / Chronic / Behavioral / Developmental / Emotional)
☐	Medically Complex
☐	Attention-Deficit/Hyperactivity Disorder (ADHD)
☐	Mental or Behavioral Health
☐	Healthy Food / Nutrition
☐	Obesity
☐	Physical activity
☐	Safe Sex Practices and Teen Pregnancy
☐	Sexual Identity of Child
☐	Suicide Prevention
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
☐	Other (please specify concern):

The goal of the next question (Question 27) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

27. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 3 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under "other". (Please choose only 3)

Please choose only 3	
☐	Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
☐	Access to or cost of childcare
☐	Bullying and other stressors in school
☐	Domestic violence, child abuse and/or child neglect
☐	Crime and community violence
☐	Educational needs
☐	Family member alcohol or drug use
☐	Housing
☐	Human trafficking
☐	Hunger or access to healthy food
☐	Lack of employment opportunities
☐	Legal problems
☐	Language Barriers
☐	Parenting education (parenting skills for child development)
☐	Safe neighborhoods and places for children to play
☐	Social media
☐	Traffic safety
☐	Transportation challenges
☐	Other (please specify concern):

--End Children's Section --

These next questions are about your view or opinion of the community in which you live.
In this survey "community" refers to the primary areas where you live, shop, play work, and get services

28. Overall, how would you rate the health of the community in which you live? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy
☐ Not sure

29. Please read the list of <u>risky behaviors</u> listed below. Which 3 do you believe are the most harmful to the overall health of your community? (Please choose only 3)

<u>Please choose only 3</u>	
☐	Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
☐	Dropping out of school
☐	Illegal drug use/abuse or misuse of prescription medications
☐	Lack of exercise
☐	Poor eating habits
☐	Not getting "shots" to prevent disease
☐	Not wearing helmets
☐	Not using seat belts/not using child safety seats
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use
☐	Unsafe sex including not using birth control
☐	Distracted driving (texting, eating, talking on the phone)
☐	Not locking up guns
☐	Not seeing a doctor while you are pregnant

30. **Read the list of <u>health problems</u> and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 3)**

<u>Please choose only 3</u>	
☐	Aging Problems (for example: difficulty getting around, dementia, arthritis)
☐	Cancers
☐	Child Abuse / Neglect
☐	Clean Environment / Air and Water Quality
☐	Climate Change
☐	Dental Problems
☐	Diabetes / High Blood Sugar
☐	Domestic Violence / Rape / Sexual Assault / Human Trafficking
☐	Gun-Related Injuries
☐	Being Overweight
☐	Mental Health Problems Including Suicide
☐	Illegal Drug Use/Abuse of Prescription Medications and Alcohol Abuse/Drinking Too Much
☐	Heart Disease / Stroke / High Blood Pressure
☐	HIV/AIDS / Sexually Transmitted Diseases (STDs)
☐	Homicide
☐	Infectious Diseases Like Hepatitis, TB, and COVID-19
☐	Motor Vehicle Crash Injuries
☐	Infant Death
☐	Respiratory / Lung Disease
☐	Teenage Pregnancy

31. **Please read the list below. Which do you believe are the 3 most important factors to improve the quality of life in a community? (Please choose only 3)**

Please choose only 3	
☐	Good Place to Raise Children
☐	Low Crime / Safe Neighborhoods
☐	Good Schools
☐	Access to Health Care
☐	Parks and Recreation
☐	Clean Environment / Air and Water Quality
☐	Low-Cost Housing
☐	Arts and Cultural Events
☐	Low-Cost Health Insurance
☐	Tolerance / Embracing Diversity
☐	Good Jobs and Healthy Economy
☐	Strong Family Life
☐	Access to Low-Cost, Healthy Food
☐	Healthy Behaviors and Lifestyles
☐	Sidewalks / Walking Safety
☐	Public Transportation
☐	Religious or Spiritual Values
☐	Disaster Preparedness
☐	Emergency Medical Services
☐	Access to Good Health Information
☐	Strong Community/Community Knows and Supports Each Other

32. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Illegal drug use/prescription medicine abuse is a problem in my community.	☐	☐	☐
I have no problem getting the health care services I need.	☐	☐	☐
We have great parks and recreational facilities.	☐	☐	☐
Public transportation is easy to get to if I need it.	☐	☐	☐
There are plenty of jobs available for those who want them.	☐	☐	☐
Crime is a problem in my community.	☐	☐	☐
Air pollution is a problem in my community	☐	☐	☐
I feel safe in my community.	☐	☐	☐
There are affordable places to live in my community.	☐	☐	☐
The quality of health care is good in my community.	☐	☐	☐
There are good sidewalks for walking safely.	☐	☐	☐
I am able to get healthy food easily.	☐	☐	☐

33. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships	☐	☐	☐
I have enough people I can ask for help at any time	☐	☐	☐
My relationships and friendships are as satisfying as I would want them to be	☐	☐	☐

34. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way? (Please choose only one)

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

If you would like help with or would like to talk about these issues, please call the National Suicide Prevention Hotline at 1-800-273-8255.

35. **In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)**
☐ Often true ☐ Sometimes true ☐ Never true

36. **In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)**
☐ Often true ☐ Sometimes true ☐ Never true

37. **In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?**
☐ Yes ☐ No

38. **Do you eat at least 5 cups of fruits or vegetables every day?**
☐ Yes ☐ No

39. **How many times a week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal? (Please choose only one)**
☐ 5 or more times a week ☐ 3-4 times a week ☐ 1-2 times a week ☐ none

40. **Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?**
☐ Yes ☐ No

41. **Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?**
☐ Yes ☐ No

42. **In the past 12 months, has your utility company shut off your service for not paying your bills?**
☐ Yes ☐ No

--Survey continues on next page --

PERSONAL HEALTH

These next questions are about your personal health and your opinions about getting health care in your community. In this survey "community" refers to the primary areas where you live, shop, work, and get services.

43. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy
☐ Not sure

44. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?

☐ Yes ☐ No **(Skip to question 46)**

45. What are some reasons that kept you from getting medical care? (Choose all that apply)

☐ Unable to schedule an appointment when needed
☐ Unable to find a doctor who takes my insurance
☐ Doctor's office does not have convenient hours
☐ Do not have insurance to cover medical care
☐ Unable to find a doctor who knows or understands my culture, identity, or beliefs
☐ Am not sure how to find a doctor
☐ Unable to afford to pay for care
☐ Transportation challenges
☐ Cannot take time off work
☐ Other (please specify)_____

46. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not Sure

47. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?

☐ Yes ☐ No **(Skip to question 49)**

48. What are some reasons that kept you from getting mental health care? (Choose all that apply)

☐ Am not sure how to find a doctor / counselor
☐ Unable to schedule an appointment when needed
☐ Do not have insurance to cover mental health care
☐ Unable to find a doctor / counselor who takes my insurance
☐ Doctor / counselor office does not have convenient hours
☐ Unable to find a doctor / counselor who knows or understands my culture, identity, or beliefs
☐ Unable to afford to pay for care
☐ Transportation challenges
☐ Fear of family or community
☐ Cannot take time off work
☐ Other (please specify):_____

49. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

☐ Yes ☐ No **(Skip to question 51)**

50. What are some reason(s) that kept you from getting dental care? (Choose all that apply)

- ☐ Unable to schedule an appointment when needed
- ☐ Do not have insurance to cover dental care
- ☐ Dentist office does not have convenient hours
- ☐ Unable to find a dentist who takes my insurance
- ☐ Unable to find a dentist who knows or understands my culture, identity, or beliefs
- ☐ Am not sure how to find a dentist
- ☐ Unable to afford to pay for care
- ☐ Transportation challenges
- ☐ Cannot take time off work
- ☐ Other _____

51. In the past 12 months, how many times have you gone to a hospital emergency room (ER) about your own health? (Please choose only one)

☐ 1time ☐ 2 times ☐ 3-4 times ☐ 5-9 times ☐ 10 or more times

☐ I have not gone to a hospital ER in the past 12 months **(Skip to question 53)**

52. What are the MAIN reason(s) you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- ☐ After hours / Weekend
- ☐ Long wait for an appointment with my regular doctor
- ☐ Emergency / Life-threatening situation
- ☐ Other
- ☐ I don't have a doctor / clinic
- ☐ Cost
- ☐ I don't have insurance

53. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

Cancer	☐
Depression or Anxiety	☐
Diabetes / High Blood Sugar	☐
HIV / AIDS	☐
COPD	☐

Heart disease	☐
High blood pressure / Hypertension	☐
Obesity	☐
Stroke	☐
None of These	☐

54. How often do you use any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars? (Please choose only one)

- ☐ I do not use these products
- ☐ Once a day
- ☐ On some days
- ☐ More than once a day

55. How often do you use any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e-pipes, hookah pens, vape pipes, and vape pens? (Please choose only one)

- ☐ I do not use these products
- ☐ Once a day
- ☐ On some days
- ☐ More than once a day

56. Have you experienced any losses related to the COVID-19 pandemic? (Choose all that apply)

- ☐ None
- ☐ Income
- ☐ Health Insurance
- ☐ Childcare
- ☐ Social support/connection
- ☐ Recreation or entertainment
- ☐ Exercise opportunities
- ☐ Utilities turned off
- ☐ Job (layoff, furlough, hours reduction)
- ☐ Housing
- ☐ Transportation
- ☐ Regular school routine
- ☐ Sense of well-being, security, or hope
- ☐ Food Resources
- ☐ Death of family member or friend
- ☐ Other (please specify): _____

57. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	**A few times a month**	**A few times a year**	**Never**
You are treated with less courtesy or respect than other people	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores	☐	☐	☐	☐
People act as if they think you are not smart	☐	☐	☐	☐
People act as if they are afraid of you	☐	☐	☐	☐
You are threatened or harassed	☐	☐	☐	☐
People criticized your accent or the way you speak	☐	☐	☐	☐

58. What do you think is the main reason(s) for these experiences? (Choose all that apply)

- ☐ Your Ancestry or National Origins
- ☐ Your Race
- ☐ Your Religion
- ☐ Your Weight
- ☐ Some other Aspect of Your Physical Appearance
- ☐ Your Education or Income Level
- ☐ Your Gender
- ☐ Your Age
- ☐ Your Height
- ☐ Your Sexual Orientation
- ☐ A physical disability
- ☐ I have not had these experiences

ADVERSE CHILDHOOD EXPERIENCES

The final question is about ACEs, adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For this question, please think back to the time BEFORE you were 18 years of age.

59. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

- ☐ Lived with anyone who was depressed, mentally ill, or suicidal
- ☐ Lived with anyone who was a problem drinker or alcoholic
- ☐ Lived with anyone who used illegal street drugs or who abused prescription medications
- ☐ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- ☐ Parents were separated or divorced
- ☐ Parents or adults experienced physical harm (slap, hit, kick, etc.)
- ☐ Parent or adult physically harmed you (slap, hit, kick, etc.)
- ☐ Parent or adult verbally harmed you (swear, insult, or put down)
- ☐ Adult or anyone at least 5 years older touched you sexually
- ☐ Adult or anyone at least 5 years older made you touch them sexually
- ☐ Adult or anyone at least 5 years older forced you to have sex

Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.

--Helpful community resource information is provided on the next page --

RESOURCE LIST

Please find the list of community resources used for this Community Health Needs Assessment Survey.

FindHelp.org

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

United Way 211

Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

National Suicide Prevention Lifeline

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones.
1-800-273-8255

Crisis Text Line

Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, school.
Text HOME to 741741

Hillsborough County

Resources to Help You with Mental Health

Pasco County

National Alliance on Mental Illness, Pasco County
NAMI Pasco, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach, and education to those with mental health conditions and their loved ones.

Pinellas County

National Alliance on Mental Illness, Pinellas County
NAMI (National Alliance on Mental Illness) Pinellas supports individuals & loved ones affected by mental illness so that they can build better lives.

Polk County

Peace River Center
Peace River Center's Mobile Crisis Response Team (MCRT) is a free 24-hour community resource available to anyone experiencing emotional distress.
The free 24-hour Crisis Line is (863) 519-3744 or (800) 627-5906.

Information on Adverse Childhood Experiences

PACEs Connection
PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities.

Recognizing and Treating Child Traumatic Stress

Learn about the signs of traumatic stress, its impact on children, treatment options, and how families and caregivers can help.

TedTalk: How Childhood Trauma Affects Health Across a Lifetime

Nadine Burke Harris reveals a little-understood, yet universal factor in childhood that can profoundly impact adult-onset disease

Community Engagement 4
Black/African American

Real – Time Record

November 16, 2021, 2:00pm-3:30pm

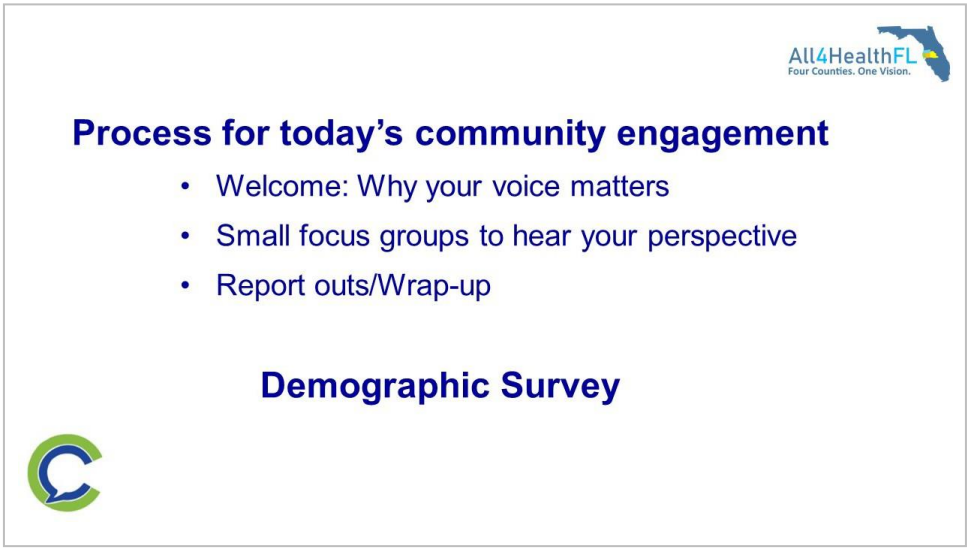
Collaborative LABS
at St. Petersburg College
EXPERT FACILITATORS IN

Table of Contents

Welcome

Facilitator, Collaborative Labs: Welcome to the All4HealthFL community engagement this afternoon! St. Petersburg College Collaborative Labs is proud to be a partner today. Thank you for being here with us today.

introduced the team facilitating the engagement and reviewed tips for using Zoom.



Today, we will hear why your voice matters, break out into focus groups, and then hear reports from the groups and wrap up.

We also have a demographic survey we ask you to complete to tell us about yourself, which will be used later to understand diversity of the focus group. Everything is anonymous and there will be no names in the final report. Perspective of entire community.

Hello! Thank you for being here today. The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. The All4HealthFL Collaborative includes all of the not-for-profit hospitals and the department of health for Hillsborough, Pasco, Pinellas, and Polk counties.

We are so pleased to have each and every one of you present and participating in these focus groups today. We value the unique perspectives and lived experiences you bring with you today. We'll be asking you for your thoughts, opinions, and experiences about the strengths of our community, the challenges or barriers that exist to accessing care and resources, and who in our community is most impacted by those challenges.

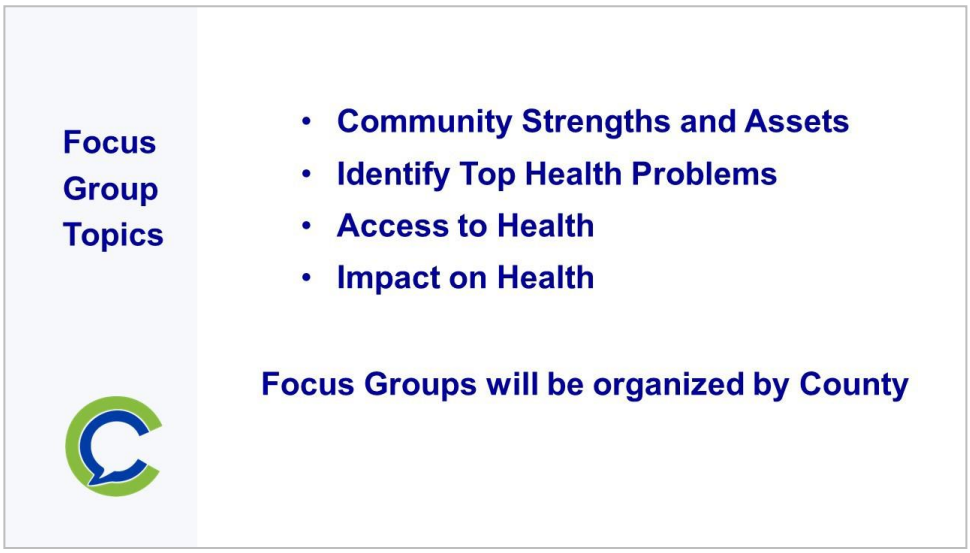
We have the opportunity to go deep today. Let's be caring, kind, and respectful today as we share with one another, acknowledging the courage and bravery it takes to share from our personal experiences. Know that your personal identity stays within this group and will not be shared in any of our summary reports or information used to inform our efforts. Your overall feedback will help us create stronger programs and services to meet the needs of our community over the next three to four years.

Thank you again for participating with us today. We know your time is valuable and are grateful you have shared this day with us. Welcome!

We have a quick warm up activity to start with. What are some things you feel make a community healthy?

Comments from Chat:

- The feeling of being safe
- Time with people who are good for us
- Mental wellbeing and working together for the same outcome
- Access to free mental health services
- A healthy community needs access to health care
- Us come together
- Communities that are not food deserts.
- Arts and Culture
- Communication
- Access to healthcare
- Communication with one another
- Education pro-active healthcare
- Agreed. Communication.
- Food Banks
- Equitable access
- Opportunities
- Definitely the networking and communication of all the above
- Healthy workplace
- Having community outreach programs that continue to target the homeless and those not open to visiting hospitals
- Drug-free community



These are our topics for today and we have four counties represented and a bonus Haitian community.

reviewed the breakout process and participants moved into breakout groups by county for discussions and feedback.

Pasco County Focus Group

Community Strengths & Assets

What is something that you enjoy about your community or is a strength of your community?

- Attracted to green space/open field; less crowded than Tampa; Moved to Wesley Chapel 17 years ago
- Like the sense of community with outdoor events
- Immediate community, still working when first moved here – was going to purchase a house on the water, paying cash – sellers didn't show up to closing; unusual coming from California and former New Yorker; need to move to a more diverse community; adult children moved here too
- Attractions for young people and families
- Moved from St. Pete for affordable housing; retired in end of 2015 and moved to St. Petersburg; did not like New Port Richie – had incidents where it was apparent that they were not welcomed
- Weekly call with Pasco-Hernando state college – Dr Bon (sp?) from USF Community Health – when he was a DEA during opioid crisis
- Neighbors in Saddlebrook have been welcoming – only black family on the street
- Pasco sheriff office – foster relationship with citizens with the sheriff's office – cradle to grave

Identify Top Health Problems

What do you see as the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

- Not enough low-cost healthcare resources: average time to get in is 3-4 months for mental health, oral health/dentists; primary care – preventative and managing diseases; Work in community health; develop the resources regardless of ability to pay; Haves (easier to get what you need) and Have Nots
- African American community is traumatized; higher fatherless rate (child grows up not understanding why father or mother is not raising them); trauma that goes back generations; "what goes on in the house, stays in the house"; causes stress, anxiety and health issues (mental health expert)
- Fatherless (father died); stepfather beat his dad; mom dies at age 26; he becomes suicidal; goes to counseling to find purpose – because of military training; many people don't know how to build themselves up (not talk or be too aggressive)
- First have to look through the lens of which I'm looking at – what is my perspective? When is someone declared mentally healthy? Am I in the position to say that? Might not want to look through the lens of a police officer; let there be a world where police are not needed.
- haven't found her place to contribute yet
- Many untapped resources in this county

From Chat:

- Very much agree with Rod. To break down that stigma, I would add that as black residents, it is good to have people that look like us providing mental health services.

- Agreed, Cheryl
- Same login weekly

Access to Health

Do you think everyone has access to what they need to be healthy?

- No, people don't have access because their definition of healthy is varied across the board – goes back to social norms; understanding different chronic conditions; understand our health and numbers (example: good oral health – affluent with veneers and annual visits); migrant workers might just want to be out of pain
- Military = full access to VA – healthcare coming out of his ears; not privy to people not having access to these resources; some people don't
- Yes, everyone has access to it; but some people choose not to; as a deputy – sometimes I think we handicap a society with perhaps more than they need; they need to make the effort to get out of bed and make the effort; apologizing
- Mindset and willingness; some say they can't, and some say they can – either way they're right; look at people in the same household and the decisions they make; I believe in humanity to help them help themselves (immigrant – dad got him here; not rich; slim beginnings); support system at home; conditions can matter but it's the individual who makes the choices
- No, not everyone has access to healthcare – state funded healthcare; black children go to the dentist and are told to pull their teeth – go to another doctor and said they don't have any problems with their teeth

From Chat:

- LifeLine Faith and Wellness Zoom Call every Thursday Morning @ 9-10 am https://us02web.zoom.us/j/81659120730?pwd=ZVBnSk9XbUxSTjBGMzdWQkFNekozdz09

Impact on Health

What external factors do you feel have an impact on your health, based on aspects of your identity?

- African American woman; keeping kids straight
- In the workplace, political arena bleeds into the workplace; faced with undercurrents – keeping those stressors in (not healthy); being part of the rat race is difficult
- Upward mobility – you're trying to bring everyone with you – very stressful; even if you're doing good, it's stress that you're bearing (everyone who looks like you are doing well)
- Not good to be the "only one in my family" who went to college; they didn't have a support system to have the drive in you
- Key aspects of my identity include being a first-generation American with Caribbean parents; a professional and educated woman, a mom, a wife, a survivor of domestic violence in college. The pressure to feel like I have to do more and be better just to be on level is incredible pressure. The imposter syndrome creeps in at times.
- Culture - Jamaican by birth so some don't match up with how he grew up/his culture; reluctancy to get a colonoscopy; has 3 boys all born here (13, 10, 4); sat down with a

therapist (black/Jamaican) and 41 years old – chance of you sitting on this couch are slim to none
- Social aspect – group of mostly white people; African American said get a vaccination and they said why would YOU want to do that based on what you already went through
- Have to be outstanding – a lot of pressure
- Brother will be incoming president

From Chat:
- Very true Brian! My mom is from Grenada and has a concoction for everything! My husband is from Dominica, and it is very difficult to get him to engage with healthcare screenings. I keep on him but otherwise he wouldn't do it.
- Yes! This is critical! The pressure to outperform is unreal.
- Precisely... private sector can create a narrow access network just based on who they choose to serve

Wrap-Up and Next Steps

Welcome back! We are now going to share some of the "golden nuggets" from each of the breakout groups.

Pasco County

Facilitator: We talked about first moving to Pasco County looking for the right neighborhood and experiencing some microaggression but now they are happy in their current community. Barriers include not enough low-cost healthcare, the time it takes to get in to see providers, lack of access to preventative care. There is also pressure to outperform based on color of skin. Culture impacts health decisions, for example, growing up Jamaican, colonoscopies are not part of the culture.

Thank you all for your participation today and providing your stories. Your information will be collected into community health needs assessment. Have a wonderful day!

Community Engagement 6
Hispanic

Real-Time Record

November 17, 2021, 2:00pm-3:30pm

Collaborative LABS
at St. Petersburg College
EXPERT FACILITATORS IN STRATEGIC COLLABORATION

Table of Contents

Welcome

Facilitator, Collaborative Labs: Welcome to the All4HealthFL community engagement. I am with Collaborative Labs at St. Petersburg College, and we are facilitating today's meeting. Thank you for joining us!

introduced the team facilitating the engagement and then reviewed how to listen to the engagement in Spanish and useful features of Zoom.

Today we will hear why your voice matters, break out into focus groups, and then hear reports from the groups and wrap up.

We also have a demographic survey we ask you to complete to tell us about yourself, which will be used later to understand diversity of the focus group. Everything is anonymous and there will be no names in the final report. Perspective of entire community.

BayCare Health System: Hello everyone, thank you for joining us today in this important conversation.

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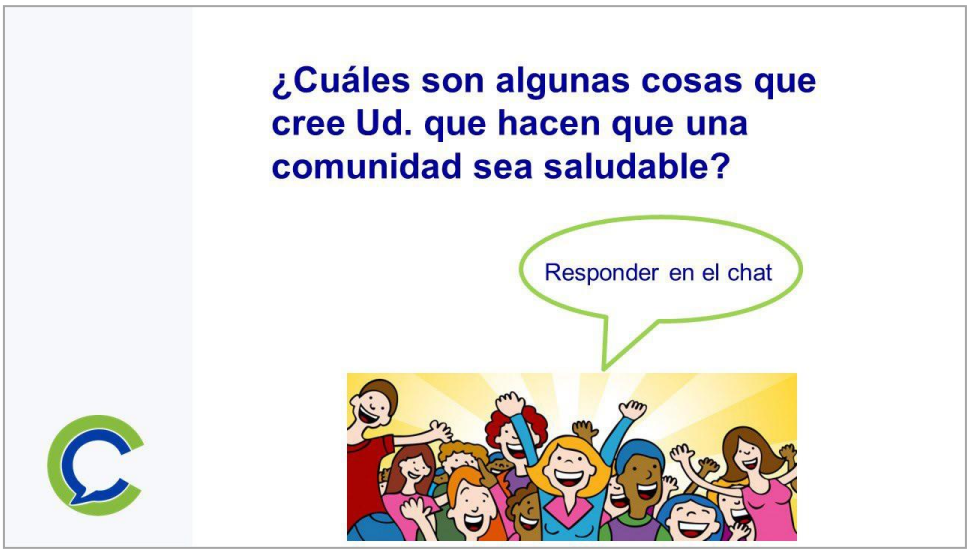
We are so pleased to have each and every one of you present and participating in these focus groups today. We value the unique perspectives and lived experiences you bring with you today. We'll be asking you for your thoughts, opinions, and experiences about the strengths of our community, the challenges or barriers that exist to accessing care and resources, and who in our community is most impacted by those challenges.

We have the opportunity to go deep today. Let's be caring, kind, and respectful today as we share with one another, acknowledging the courage and bravery it takes to share from our personal experiences. Know that your personal identity stays within this group and will not be shared in any

of our summary reports or information used to inform our efforts. Your overall feedback will help us create stronger programs and services to meet the needs of our community over the next 3-4 years.

Thank you again for participating with us today. We know your time is valuable and are grateful you have shared this day with us.

We have a quick warm up activity to start with. What are some things you feel make a community healthy? Please respond in chat.

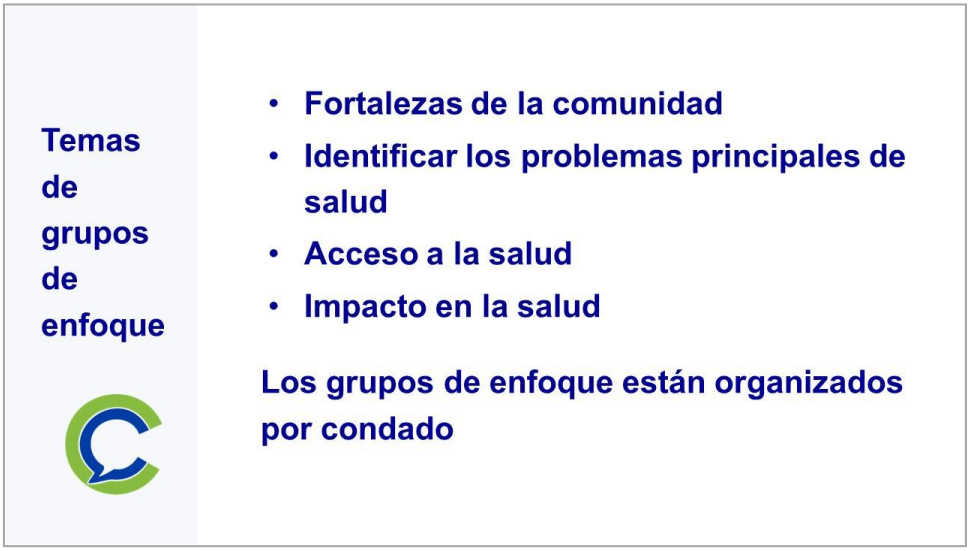


From Chat:

¿Cuáles son algunas cosas que cree Ud. que hacen que una comunidad sea saludable?

- Welcoming environment
- Education
- Access to health care
- Educacion
- Access to health care and education
- Amor, energia, solidaridad, humildad
- A united community
- Equal access to care and education on health
- Access to healthy foods
- Access to basic services gives
- Access to healthcare
- Services to be accessible
- Having a shared sense of community
- Fair and equal treatment
- Transportation services
- Seguridad, safety
- Transportation
- Que tengan acceso a salud mental, comida saludable, y acceso doctores que entiendan la comunidad
- Not being alone!

- Mental health
- Cultura - culture "la cultura cura"
- Access to health care and health plan to cover wellness programs and nutritionist professionals
- Education + Awareness + access to available resources
- Education, transportation, access to resources, parks and recreation, healthy foods
- Educacion de salud y alimentacion saludable
- Services in your own language
- Access to affordable care



These are our topics for today and we have four counties represented.

reviewed the breakout process and participants moved into breakout groups by county for discussions and feedback.

Pasco County Focus Group

Community Strengths & Assets

What is something that you enjoy about your community or is a strength of your community?

- In Pasco, there is more unity. More than neighboring counties.
- Lots of programs for undocumented immigrants. This used to be a huge population in our county, so these have been helpful.
- Many opportunities to come together as a community and support each other (community events, services, etc.)
- Collaboration between agencies and support from one agency to another. Many agencies work together and refer people to other agencies in order to help many people.
- The different atmospheres available throughout the county from cow pastures to malls in Pasco.

Identify Top Health Problems

What do you see as the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

- Hispanic community experiences many barriers to accessing services due to language barriers. If someone is speaking not Spanish within the program, it is a barrier. If there is someone that can speak Spanish, it increases the person's access to proper care and resources.
- Transportation and access to services due to language or cultural barriers. Understanding of mental health services and willingness to accept services. We don't always know the challenges of people seeking services/health care.
- Access to resources, transportation and getting to resources, resources being closer.
- interconnectedness of access issue. If patient is far, then transportation is an issue - if there isn't something close by, that's a resource issue. Also, increasing awareness - some resources are available close by or transportation is available and they don't know about them. Having community liaisons to socialize program info.
- programs and resources need to be tailored to the community. People leading programs need to reach out to community members to make programs relevant.

Access to Health

Do you think everyone has access to what they need to be healthy?

- Yes, there is if you are willing to look for them and some people have more community connections and awareness of resources than others. If you have the time to look for it. The challenges exist in finding the resources and knowing who to talk to/where to go.
- Yes, people have come with cancer to this country without insurance and found resources. But it is not easy - it needs to be more readily available.

- It is limited, especially for people with lower education or language barriers. It can be frustrating or harder for certain people to find resources. It would be great if it could be easier to find and access resources.
- Low income can be a barrier to accessing appropriate resources and can also limit resources. Also, this typically lends to a cycle of lower education which also limits access to appropriate resources.
- Some poor communities have more services but need increased awareness.

Impact on Health

What external factors do you feel have an impact on your health, based on aspects of your identity?

- Being female, Not making time for myself as a mom. I take care of everyone else before myself. Also, due to being the one who works and makes money for the family, not being able to make time for taking care of themselves.
- Female, working woman, it can be challenging to break out of the stigma of working hard and not taking time off and helping everyone else.
- Cultural limitations, unable to speak about need for help due to cultural constraints. Even when educating society and even when members of the same culture come to educate and provide services, perhaps from shame for taking services and it continues generationally because parents teach their children to be that way.
- Cultural stigmas. Sexuality, masculinity, generational beliefs. Seeking mental help makes you look "crazy." Men seeking health makes them look "weak." Some cultural barriers need to be broken down, so people are more comfortable seeking help.

Wrap-Up and Next Steps

Welcome back! We are now going to share some of the "golden nuggets" from each of the breakout groups.

Pasco County

In our group, we also had members that were providers of services and we talked about types of services that are available, examples of barriers to accessing service, and opportunities to improve access.

Thank you all for your participation today. Your information will be collected into community health needs assessment. Have a wonderful day!

Community Engagement 3
Kids Population (All Counties)

Real-Time Record

November 16, 2021, 9:00am-10:30am

Collaborative LABS
at St. Petersburg College
EXPERT FACILITATORS IN STRATEGIC COLLABORATION

Table of Contents

Welcome

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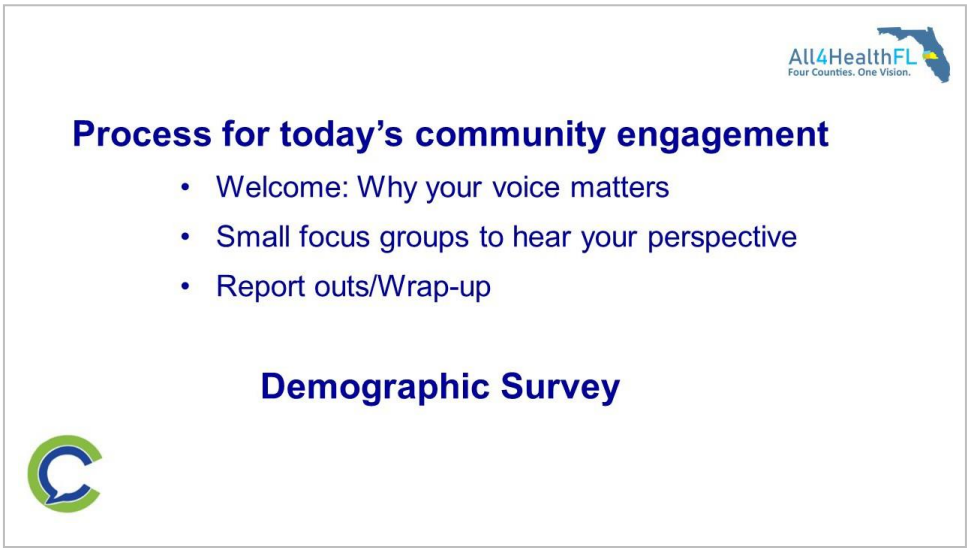

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Good morning, everyone! Thank you for being here this morning. The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. The All4HealthFL Collaborative includes all of the not-for-profit hospitals and the department of health for Hillsborough, Pasco, Pinellas, and Polk counties.

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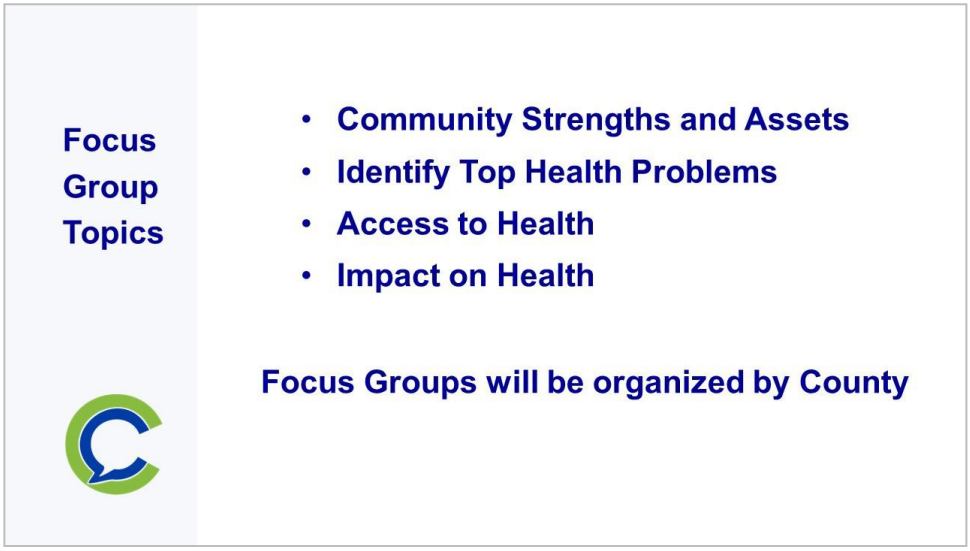
Thank you again for participating with us today. We know your time is valuable and are grateful you have shared this day with us.

You are representing the four counties today and we are thankful for your help. We have a quick warm up activity to start with. What are some things you feel make a community healthy?

From Chat:

- Inclusiveness
- Support system
- Community connectedness
- Wellness efforts addressing the whole person
- Access to services
- Holistic care
- Support system - neighborhood
- Supportive relationships
- Sense of belonging
- Access to resources
- Teamwork, cultural competency
- Clean environments
- Proper nutrition
- Support for youth
- Green space, safety
- Access to proper care
- Caring individuals
- Safety
- Supportive Services
- Support and safety
- Strong families
- Safe spaces to ask questions and have discussions
- Safe, stable, nurturing parents and caregivers
- Inclusive supports
- Equality and equity
- Social support



These are our topics for today and we have four counties represented; All4Health represents the four counties.

reviewed the breakout process and participants moved into breakout groups by county for discussions and feedback.

Pasco County Focus Group

Community Strengths & Assets

What is something that you enjoy about your community or is a strength of your community?

- Community is listening and evolving; last 6 years working in the field; person in recovery; worked in mental health supports – seen a lot of evolution with community decision makers

- Coordinate Pasco ASAP – youth coalition – between 12 and 19; evolved over time; mental health and advocacy for things in their community; more mental health supports in schools; school districts are overwhelmed and don't feel they have time
- Free services offered to children
- Empowering to the youth that they can speak freely in their school system; 2 years in Pasco
- is very open-minded and willing to hear perspectives and find services to assist the students
- From ASAP perspective, youth commitment – stand above the influence – substance abuse issues and any issues that impact them; give the youth the platform – sometimes the largest and most effective voices are our children
- Advocates in the school system – some adults talk at children, but these folks are speaking to the children
- Very good rec center director – recreational opportunities
- Not using scare topics anymore
- Focused on taking away the stigma of mental health and addiction; we don't vilify cancer patients

From Chat:

- Alliance for Substance Addiction Prevention/BayCare Behavioral Health CHAT

Identify Top Health Problems

What do you see as the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

- Inclusiveness; bullying; how they are treated amongst their peers; depression; 90% of what she does is in the schools working with youth; she will ask them what we should focus on
- Focus on reaching children when they are younger; nothing in the area that reaches them when they are really young (preschool, elementary to 5th grade) – big gap in services
- 1) Mental health 2) substance abuse (themselves or their families; opioid addiction); 3) bullying/inclusiveness/honor diversity
- Not focusing on just the older kids; it's happening younger and younger
- Counselor for 27 years (K-12) moved from high school to elementary – need to get them earlier; by middle school, things are set in stone; this year in particular (from Covid) is the worst school year EVER; forgotten EVERY rule of life (kindness; life rules; school rules; anger and how to get along with others; hit/punch starting in kindergarten)
- Kids are mentally behind two years (5th grade –> 3rd grade mentality); think about the kindergarteners who have never been in a non-virtual school; kids are watching *Squid Games*

Access to Health

Do you think everyone has access to what they need to be healthy?

- No, they don't – support for mental health, etc. – all that was mentioned above
- Socioeconomics

- Even if you have the means, the resources are not always there – two 11-year-olds (grandchildren) one's father passed away; I'm in the field – finding these resources for him is a challenge; legal red tape navigating two years later to take custody of him is problematic
- Navigating the system is a challenge; either you make too much money to be eligible for this service or you don't make enough
- We're having trouble getting in with our own doctors so getting kids in to be diagnosed or helped with things like ADHD is impossible
- ERs are becoming primary care offices
- Daughter with ADHD – I work in the field and having a hard time getting services; in private school I'd have to pay for these services
- Guidance counselors and school social workers are overwhelmed, not enough resources for the need
- Florida is 20 years behind what is being done up north; counselors here are doing bus duty and lunch duty – nothing to do with counseling and helping kids; focus on what we do – we are trained professionals
- Focus on grades; not on the students' immediate needs; half the work that counselors do in high schools can be done by data entry program; they deal with everything from suicide to Harvard
- Youth Coalition – no one has time, but the entire system is not operating well; not utilizing what they have in the schools and call other people in to do their jobs
- Not consistent enough – just when you're making progress, Covid happens and school ends and then it's summer – no access; she's in the schools as an additional resource – doesn't do typical case management, runs a social skills workgroup; physically in a school

Impact on Health

What external factors do you feel have an impact on your health, based on aspects of your identity?

- Stigma – being a substance abuse recoveree
- Stigma – biracial person of color, racism/cultural competence; lately have found that there's a huge spotlight on her blackness (white, black, Indian); have I had blinders on this whole time?
- More focus on her "chocolate drop" rather than her "Puerto Rican" child
- Was told she was a "threat" as a black woman with seven degrees; threatened by her knowledge because unlike a layperson, she asks what caused her child's behavior; forced them to look at the real issue; joined military right out of high school and opportunities presented themselves for her to get educated
- With all the diversity, equity, and inclusion (DEI) focus, it was not something that 50- to 60-year-olds thought about before
- Lack of culture in Pasco County may have caused these perspectives – need more cultural competency and support everyone
- We have to change within first
- Complex system – not easy to navigate or access; it's bogged down – how do we address the entire system to help our youth?
- This area is behind a lot

From Chat:

- Work together and not in silos
- Part of the stigma is in language. Changing substance "abuse" to substance "use disorder" or substance "misuse." We have a whole campaign on language.

Wrap-Up and Next Steps

Welcome back! We are now going to share some of the "golden nuggets" from each of the breakout groups.

Pasco County

Facilitator:

- Strengths: community listening and evolving, mental health and advocacy, advocates in the school system, rec centers, not using scare tactics with kids, mental health and addiction stigma addressed
- Problems: mental health, substance abuse (in family), bullying, reaching children when they are younger, Florida behind northern schools in mental health, children mentally and socially behind two years from Covid
- Access to health: socioeconomics, but even if you have the means, you still have red tape to go through (acquiring guardianship), people in the mental health field have trouble navigating the system, ERs becoming primary care offices, school counselors asked to do other jobs taking away primary role (from suicide to Harvard)
- Impact: biracial woman feels shift of focus on being identified as black, 50-60 year-olds and the DEI focus, a need for cultural competency

Thank you all for your participation today. Your information will be confidential and provided to our vendor to do some data analysis to make changes in our communities. Have a wonderful day!

Community Engagement 2
LGBTQ+

Real-Time Record

November 15, 2021, 2:00pm-3:30pm

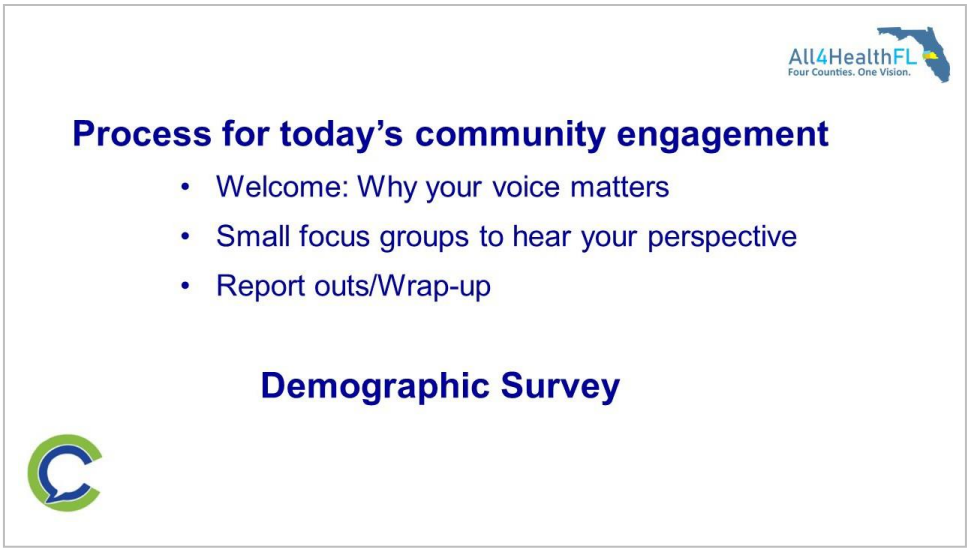
Collaborative LABS
at St. Petersburg College
EXPERT FACILITATORS IN STRATEGIC COLLABORATION

Table of Contents

Welcome

Facilitator, Collaborative Labs: Welcome everyone, we are happy to have you on our call today. Thank you for joining us!

introduced the team facilitating the engagement and reviewed tips for using Zoom.



Today, we will hear why your voice matters, break out into focus groups, and then hear reports from the groups and wrap up.

We also have a demographic survey we ask you to complete to tell us about yourself, which will be used later to understand diversity of the focus group. Everything is anonymous and there will be no names in the final report.

Good afternoon, thank you for joining us today. I wanted to share the purpose of today and why we asked you to be here.

The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. The All4HealthFL Collaborative includes all of the not-for-profit hospitals and the department of health for Hillsborough, Pasco, Pinellas, and Polk counties.

We are so pleased to have each and every one of you present and participating in these focus groups today. We value the unique perspectives and lived experiences you bring with you today. We'll be asking you for your thoughts, opinions, and experiences about the strengths of our community, the challenges or barriers that exist to accessing care and resources, and who in our community is most impacted by those challenges.

We have the opportunity to go deep today. Let's be caring, kind, and respectful today as we share with one another, acknowledging the courage and bravery it takes to share from our personal experiences. Know that your personal identity stays within this group and will not be shared in any of our summary reports or information used to inform our efforts. Your overall feedback will help us create stronger programs and services to meet the needs of our community over the next 3-4 years.

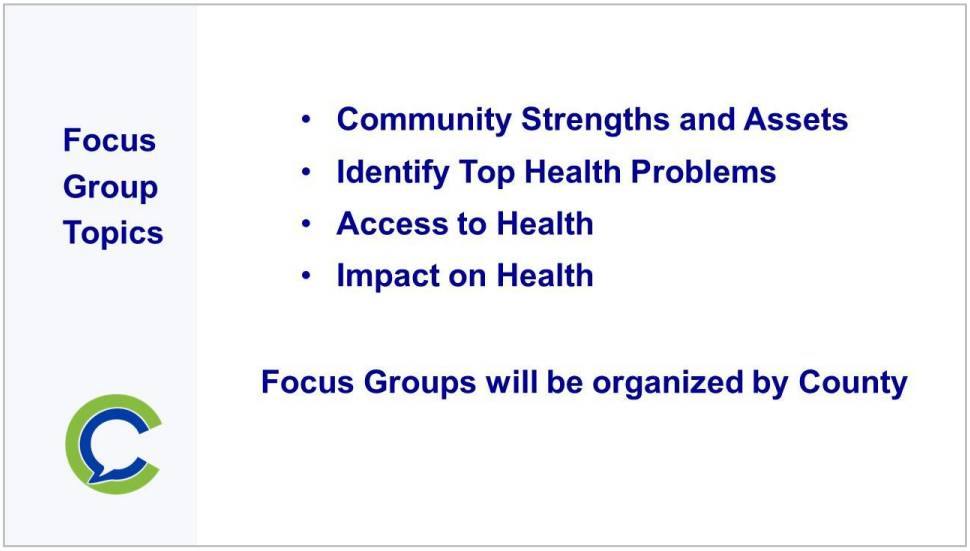
Thank you again for participating with us today. We know your time is valuable and are grateful you have shared this day with us.

Tina: We have a quick warm up activity to start with. What are some things you feel make a community healthy?

From Chat:

What are some things you feel make a community healthy?

- Improved education and access to resources
- Accessibility to care
- Access to fresh food
- Diversity
- Diversity and inclusion
- Inclusivity
- Equity in healthcare
- Access to quality education, safety, transportation, physical health, and healthcare
- Equity in resources and equity in access to those resources



These are our topics for today and we have four counties represented.

reviewed the breakout process and participants moved into breakout groups by county for discussions and feedback.

Pasco County Focus Group

Community Strengths & Assets

What is something that you enjoy about your community or is a strength of your community?

- LGBTQ community is diverse – all walks of life, demographics, educational backgrounds
- Food pantries in the area; nutrition is a huge part of health
- Communities take care of their own to fill a need
- Resiliency in our Pasco community; not the cultural mecca in Pasco; so, we look out for each other: Pasco Pride

Identify Top Health Problems

What do you see as the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

- Transportation – not much public transportation available
- Education about what partners offer
- Housing in Pasco County
- Access to healthcare – transportation; getting appointments; addiction
- Affordability – stops people from accessing healthcare because it's so expensive
- Substance abuse
- Transportation – not able to get/hold a job because they can't get there
- West of 41 has more disparity
- Funding - new resources go to new subdivisions
- Lack of public/safe/stable spaces without a cost associated with it; especially for youth/LGBTQ to support mental health; share successes and failures together for example: Metro has community health centers where you can talk about anything going on; facilitated in mental health; Pasco is not doing this yet (Pinellas is)
- Queer kids get ousted from events – they need a safe space to meet to form a community
- Huge part of mental health - it's depressing to not be able to meet up with other people in the LGBTQ+ community
- Healthcare provider who can identify with me and who I am; improve my physical health
- More information and testing that is out there; LGBTQ has higher population of HIV outcomes; comfortable to get tested and resources – everyone is there getting tested
- Provide more public health information: How many people are being tested daily? Would be good to know – share stats with our community

From Chat:

- Access to safe places for outreach to gather, particularly for LGBTQIA+ youth
- IV testing/ education- PrEP...etc. "Feeling of wellbeing being around others who feel comfort in the same place"- NO STIGMA
- https://ahead.hiv.gov/

Access to Health

Do you think everyone has access to what they need to be healthy?

- Socioeconomic status is a barrier for most
- The doctor's office I went to before I came out is not the same doctor I'd go to now; not sure who to go to; would like a directory of who to go to/safe spaces
- Many LGBTQ teens are ousted from their homes; are uninsured
- Need affordability/sliding scale – there's a reduction in grant funding for special doctor visits and scripts (birth control, antidepressants); early detection and preventative care is key to long term health
- Pasco gets left behind with resources; trying to fill the gaps but it's difficult
- No county insurance plans like there are in Pinellas and Hillsborough
- Health department is in the middle of Hudson – can barely get there – most population can't get to it without a car; you must drive 30-45 minutes to get to dentist

Impact on Health

What external factors do you feel have an impact on your health, based on aspects of your identity?

- Bisexual but married to a man. Don't feel included; need family support; new to FL; just found out Pasco Pride existed
- have to look for resources and support in other counties; support system in LGBTQ community – reflect on aspects that need to improve; can be alienating in our community; recognize we have the ability to be misogynists – I'm a trans nonbinary person – I don't know how accessing healthcare looks like for me; Metro Inclusive Health gives me resources, but are lacking in Pasco County; so few programs in our county; support groups need to be available for all of us
- have religious fanatics in our community trying to shut it down; afraid to walk down the street and show PDA with my husband; that impacts our mental health; fear of doing or saying the wrong thing in public and might be accosted in some way; I do social work for BayCare so I know who to go to; some places are afraid to share that they are LGBTQ-friendly because they might be shut down
- my husband and I want to start a family; which neighborhood is safe and affordable? Right now, some are neighborly but probably wouldn't feel comfortable walking down the road with my family; others don't have to think about that; work with Baycare, so I have access but run a group for youth and they don't have anywhere to go; we can provide peer support for these kids; kids don't have anywhere to go; LGBTQ youth were being Baker Acted; a lot of agencies don't want the liability; we're going on our own; housed at the library; found space but costs money
- millennial, black, lesbian, female. Well-insured but because of my age (too young) it is hard to get in anywhere because I am not 65+; appointments are 6 months out; 10 police officers that are issuing Baker Act to kids that are sad but are not suicidal – they just need help; very few psychologists in Port Richie
- Need to see more of everything – why are people going to the hospital/ER?
- We need more counselors!
- Baker Acted kids; parents can't figure out where they were sent (beds full)

Wrap-Up and Next Steps

Welcome back! We are now going to share some of the "golden nuggets" from each of the breakout groups.

Pasco County

Facilitator:

- Strengths: Pasco Pride, resiliency, food pantries, communities taking care of their own, diversity
- Problems: public transportation, affordability, substance abuse, lack of public spaces to convene as a community, healthcare providers need to identify who we are, more public health information needed
- Access: socioeconomic status, teens ousted from home and uninsured, reduction in grant funding for special doctor visits and scripts, getting to appointments without a car
- Impacts: resources and support are in other counties, religious fanatics cause fear, which affects mental health, LGBTQ youth are Baker Acted and shuffled around, more counselors are needed, especially on the west side.

Thank you all for your participation today. Your information will be collected into community health needs assessment and have a great impact. Have a wonderful day!

Community Engagement 1
Older Adult Population

Real-Time Record

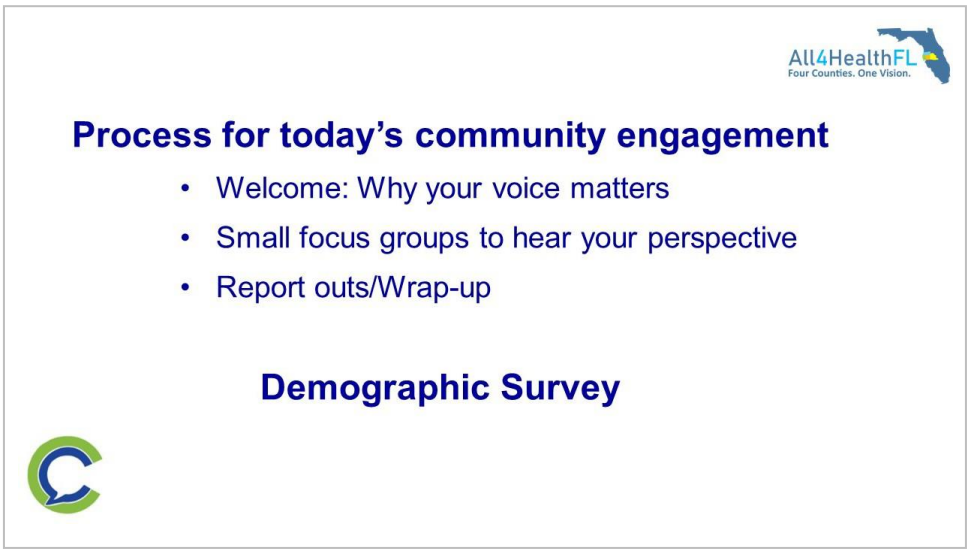
November 15, 2021, 9:00am-10:30am

Collaborative LABS
at St. Petersburg College
EXPERT FACILITATORS IN STRATEGIC COLLABORATION

Table of Contents

Welcome

Facilitator, Collaborative Labs: Good morning and thank you for spending part of your morning with us! *introduced the team facilitating the engagement and reviewed tips for using Zoom.*



Today we will hear why your voice matters, break out into focus groups, and then hear reports from the groups and wrap up.

We also have a demographic survey we ask you to complete to tell us about yourself, which will be used later to understand diversity of the focus group. Everything is anonymous and there will be no names in the final report.

We are happy you are here today. We are one of the partners with All4HealthFL Collaborative. There are a number of focus groups happening this week. As you can see, there are a number of organizations you probably recognize behind this initiative.

The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. The All4HealthFL Collaborative includes all of the not-for-profit hospitals and the department of health for Hillsborough, Pasco, Pinellas, and Polk counties.

We are so pleased to have each and every one of you present and participating in these focus groups today. We value the unique perspectives and lived experiences you bring with you today. We'll be asking you for your thoughts, opinions, and experiences about the strengths of our community, the challenges or barriers that exist to accessing care and resources, and who in our community is most impacted by those challenges.

We have the opportunity to go deep today. Let's be caring, kind, and respectful today as we share with one another, acknowledging the courage and bravery it takes to share from our personal experiences. Know that your personal identity stays within this group and will not be shared in any of our summary reports or information used to inform our efforts. Your overall feedback will help us create stronger programs and services to meet the needs of our community over the next 3-4 years.

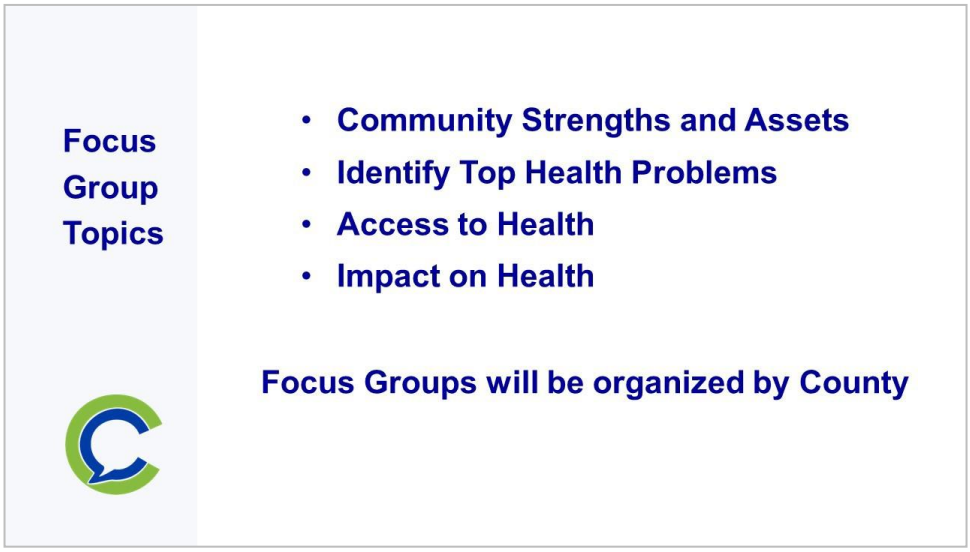
Thank you again for participating with us today. We know your time is valuable and are grateful you have shared this day with us.

You are representing the four counties today and we are thankful for your help. We have a quick warm up activity to start with. What are some things you feel make a community healthy?

From Chat:

What are some things you feel make a community healthy?

- Access to good food
- Service providers working together
- Access to health care needs
- Paying attention to the needs of the community, providing bike paths, parks, exercise areas, etc.
- Low mortality rate, low morbidity rate
- Well-informed collaborators
- Access to affordable health care and addiction services
- Access to basic life necessities food, shelter, employment, etc.
- Partnership between community organizations
- The ability to provide suggestions without fear of animosity. In other words, respectful communication.
- Ease to access healthcare
- Access to transportation
- I agree with service providers/organizations working TOGETHER.
- Outdoor-green space for recreational activities
- Affordable transportation
- Good mental health
- Getting to know neighbors and welcoming people who are not from this area
- Affordable housing
- Knowing the community resources available to meet people needs.
- Recycling efforts
- Access to mental health services
- Mental health
- Obesity
- Mental health



These are our topics for today and we have four counties represented.

reviewed the breakout process and participants moved into breakout groups by county for discussions and feedback.

Pasco County Focus Group

Community Strengths & Assets

What is something that you enjoy about your community or is a strength of your community?

- People who care
- Good communication – great library system
- Caring people – they reach out to nonprofits to see what they need

- Good friendships while doing things for nonprofits; filling stockings, canned food drives, Christmas presents
- Drawn together – private sector and nonprofits coming together; we're a family

From Chat:

- The friendship of all the persons involved in organizations

Identify Top Health Problems

What do you see as the 2-3 most important issues that must be addressed to improve health and quality of life in your community?

- What services are available?
- Affordable housing – priced out of the market
- Heart disease, mental health
- Addressing addiction issues of all ages – including older seniors (scripts)
- Substance abuse
- Access for all ages for transportation; pandemic created isolation
- Outreach into homes; clinical buses for mammograms/cardio screenings
- Coordination, ex: North Bay – hospital release – would follow them home; educate them when to call the doctor or go to the hospital
- Far removed from others - "rural" areas
- Food insecurity
- We struggle with funding – Cares provides services for 5,000 seniors per year but have a 3-5000 on waiting list to receive services; ones who live alone struggle the most; not hoarders – they are collectors; do not have energy to clean their homes; when Cares jumps in to assist – we are lacking
- Am I going to be able to pay for my medication?
- Lack of affordable health care for people who have lost their insurance or don't have insurance and don't qualify for government assistance. – Service-related jobs – do not offer insurance – can't get the services they need, or they try to self-medicate
- Cares adult organization – never knew they could help adults; Covid vaccination – Walgreens has it; they are not always free; need to make it easier – Cares is closer; flu shots; hepatitis C – man needed care; took a while to find a place to get treatment; adults need somewhere to get these services for free; and let people know where these places are; saw it in the newspaper; need help with diabetes, heart disease (thankful to hear that Cares is helpful)
- Want to learn where the places are to get the services; scripts if can't meet copay and disseminate it to others; don't like anyone to walk out the door without info in their hands; a lot of people do not know where to go; is there a form or an application?
- There are a lot of healthcare options, but people are not taking advantage of the preventative care; not make it a priority; maybe start younger (students)
- Understand where people are – are they ready to change? How to use motivational interviewing; train those of us with boots on the ground and meet them where they are
- Greek and Latin communities – not sure where to get services or know what resources are available

From Chat:

- Heart disease, mental health

- Addressing addiction issues - all ages
- Transportation
- Availability of affordable medical care
- Lack of affordable health care for people who have lost their insurance or don't have insurance and don't qualify for government assistance

Access to Health

Do you think everyone has access to what they need to be healthy?

- Income level has greatest impact – no access to resources
- Senior community – pride – don't want to ask for help or let others know they need help; not brought up that way
- If they are alone, it's worse; need family, church, or support system
- Transportation is needed to get the help they need
- Provide information about transportation
- Need to listen – we put people into categories – see us for who we are; not cookie cutter; ask questions; show accountability from service providers; have to listen and show them how to access good healthcare
- Seniors – are taking care of seniors in our nation; grandkids/kids may not be in FL; both are aging together
- Transportation – if a person can't get to the clinic – give them a voucher to get treated to get to Cares senior clinic
- Financial – if they can't afford it, they can't get to it; generic medicines vs. name brands – big stressor for a lot of people; west side of the county – all retirees on this side and it has shifted to lower income; services are moving toward the money; Holiday has more addiction/homelessness/mental health
- People on Medicare have transportation; but many don't know how to put it altogether; get your transportation schedule for this doctor's appointment date; they don't know how to do this; clinics should help them schedule these appointments along with transportation
- Not just for underserved populations, if you're in healthcare, you know it; but if you're not, then you don't know – missing equity, not just racial but socioeconomic equity; west side is different than east of 41; very segregated with resources; Port Richie – addressing homelessness or helping seniors is not happening in other communities; should be educating them and telling them why screenings are important; fragmented across our community

From chat:

- Lack of education, lack of access to information

Impact on Health

What external factors do you feel have an impact on your health, based on aspects of your identity?

- Do not categorize myself, I see broadly, healthcare professional, married, retired military, mom of son who has just come out. In Pasco since 2006 and it's grown; vision narrowed, but would like to see it open more; breaking down social norms; would like

to see more intergenerational connection; Covid has impacted narrowing vision; social media has done a number on us; look at things objectively; isolated us; affected our mental health and wellbeing

- In a relationship with boyfriend, son in the navy, fairly healthy middle-aged individual, conscious of health. External factors – news (bad)/social media (everyone's life looks perfect); news can cause stress; health insurance – just changed Oct. 1st; provided by employer, but my deductible went up; pay for this surgery or pay my bills?
- White, married with children, breast cancer survivor. Accept each other no matter what; her journey was more successful because she had a support system in place – family, could select doctor she wanted – Moffitt; another mom was on shared costs and couldn't get the care she needed – she succumbed to it; another lady did not have a strong support system
- Over 60-year-old white male. Rent increase – live or healthcare? Lost my best friend to ALS and know the expense of taking care of someone with a disease; affordability of living; fortunate to have health insurance
- Senior citizen – Pasco County since 1982 – seen this community grow; been very involved on nonprofit boards; sister with lots of major health issues/surgeries on a fixed income; med "only" costs $650; Pat financially helped her
- Pacso/Port Richie for 27 years; struggle with pains – fibromyalgia – did not know what it was; had to leave her job; thankful for her parents to help her get to a doctor; he gave her medications from Walmart for $4; after 3 years – on disability with back problems; thankful for Cares
- Hispanic population – don't consider nursing home for our loved ones; there is a language barrier
- Senior citizen from Puerto Rico, bilingual. Traumatic issue with health accident at age 63; didn't have Medicare until 65; medication cost $50K; had to use credit cards to pay for it; keep me healthy until I get Medicare

Wrap-Up and Next Steps

Welcome back! We are now going to share some of the "golden nuggets" from each of the breakout groups.

Pasco County

Facilitator:

- Strengths: people who care, library, friendships in volunteering
- Problems: affordable housing, addiction in all ages, outreach into homes, transportation, rural area, funding of services
- Access to health: money, pride in asking for help, listening and not presuming, cost of brand name drugs vs. generic, if you are in healthcare, you know your options
- Impact: increasing insurance rates, medication prices, knowing how to access services.

Thank you all for your participation today. Your information will be collected into community health needs assessment. Have a wonderful day!

Appendix C. Community Input Assessment Tools Prioritization Session Attendees

Pasco County prioritization session was conducted on May 3, 2022, 89 individuals were in attendance from the organizations listed in the table below. These organizations played a pivotal role in providing feedback on significant health needs identified within the data analysis, developing preliminary ideas on ways to collaborate to address needs, and prioritizing community health needs for the next three years. The list of participating organizations and discussion feedback can be viewed in this appendix.

Participating Organizations	
AdventHealth	Pasco BOCC
Alzheimer's Association	Pasco County Commission on Human Trafficking & BayCare Behavioral Health
American Heart Association	Pasco County Library
BayCare Health System	Pasco County Schools/Richey Elementary
Conduent Healthy Communities Institute	Pasco County Sheriff Office
District School Board of Pasco County	Pasco Hernando Early Learning Coalition
Dube's Mobile Market	Pioneer Medical Foundation
Florida Department of Health-Pasco County	Premier Community HealthCare
Fresh Start for Pasco	Rasmussen College
Good Samaritan Health Clinic of Pasco, Inc.	Saint Leo University
Gulf Coast JFCS	State Attorney Mobile Medical Clinic
Healthy Start Coalition of Pasco	Tampa General Hospital
Humana	TBHC
Johns Hopkins All Children's Hospital	UF/IFAS Extension Family Nutrition Program
Jones & Company CPAs P.A.	University of Florida/Pasco County Extension
Moffitt Cancer Center	YMCA of the Suncoast
Morton Plant North Bay Hospital	Youth and Family Alternatives, Inc.
MP North Bay Hospital	
NAMI Pasco	
New Port Richey Police Department	
No Kid Hungry	
One Community Now	
Pasco ASAP	

Appendix C. Community Input Assessment Tools

Prioritization Session Questions and Summary of Responses

Access to Health Services

Breakout Room Number & Topic Area: Room #1: Access

Breakout 1, Part 1: ***Discuss significant health needs identified within the data analysis and feedback gathered from the community***

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Difficult to get medical appointments and availability of options: especially behavioral health
- People who are on a fixed income or have limited resources have a limited amount of food options or access to food
- Cost: lack of insurance or the amount that insurance covers.
- Senior care: lack of transportation and high and continually additional out of pocket costs
- Access to proper care such as urgent care, primary care, etc.
- Highest needs in the rural and lower income areas
- Lack of county healthcare insurance in Pasco compared to neighboring counties
- Lack of awareness resources for healthcare, such as community health centers. Especially in the rural communities.

Breakout 1, Part 2: ***Gather Community Input especially from public health experts and vulnerable populations***

1. What social determinants are impacting this health issue?
    - Transportation partners with the amount and location of providers to make it difficult
    - Financially taking time off from work is a loss of pay, and how that tie into elevated inflation rates and cost of living
    - Even though we have a high insurance coverage, the coverage and affordability within accessible locations is a challenge
    - The cost of rent and mortgages have increased and how that affects people with fixed income and seniors that do not qualify for additional resources and cannot find affordable living options
    - Children that are dependent on the state healthcare, such as Medicare, difficult restrictions make it challenging to get care that is needed.

2. From your perspective, what has caused this to improve/worsen/remain the same?
    - The rapid growth of the county has negatively impacted the access to care for certain populations
    - The determination of added resources is sometimes helpful, but sometimes geared to specific subgroups
    - The pandemic has negatively influenced preventative health services and therefore health outcomes
    - Lack of funding has limited resources in the county
    - Schools have provided additional healthcare options such as dental care

- Telehealth seems to have been a positive point toward access to care

3. What efforts have you experienced that are working and how?
    - Mobile dental care with schools in Pasco
    - Healthcare facilities that are providing low-income residents healthcare
    - The creation of satellite cancer healthcare closer to patients
    - Community partnership schools that provide access to care for the students at those schools, but also community members

4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?
    - Having open and honest discussions to bring awareness
    - Allowing the community to have a voice by gathering community viewpoints and needs
    - Providing more awareness for resources that are available
    - Receiving and registering for services such as food stamps, transportation, etc. is very difficult and a barrier for many people
    - Increase tracking referrals to help provide more comprehensive care that allows everyone to know and understand what is available and what the member is a part of.

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Knowing what resources are available within a collaborative format that more people have access to
- Communication and resources to help destigmatize utilizing mental health care or health care in general
- Have access to more funding for established resources
- Create more community resource centers, especially in the east and west regions of the county
- Increase mobile food pantries that include fresh foods.
- Increase regular/continual care and needs within the mobile medical unit(s) for homeless, or have follow-up care options
- Increase funding or resources for healthcare transportation with various health care systems or resource centers (partnering more with Lyft, Uber, or other groups)

Breakout Room Number & Topic Area: Access to Healthcare Services

Breakout 1, Part 1: *Discuss significant health needs identified within the data analysis and feedback gathered from the community*

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Lack of County Insurance

- Addiction in Seniors
  - Focus on youth and prevention distracts from seniors
- Statistics
  - Pasco so much higher compared to State & US
- *Cancer*
  - HPV vaccine rates being higher rates among males is odd
  - Melanoma rates were not surprising
  - Low vaccine rates overall
- Access to care deserts
  - Lack of providers (specialists, behavioral health); low access where they are (insurance acceptance, appointments)
- Transportation
  - No walkable low-cost / free clinics, no appointments available where they are. ER's are easiest access to care
- Heart Disease & Stroke
  - Healthy eating prevents most disease, and healthy food is expensive
- No access = More Problems

Breakout 1, Part 2: *Gather Community Input especially from public health experts and vulnerable populations*

1. What social determinants are impacting this health issue?
   - Number of providers
     - 57 providers per 100 people shows lack of access
   - Insurance ≠ Access
     - 94.6 of kids having health insurance, 80% of adults shows places may not accept insurance / Medicaid.
   - Appointment availability, schedule, childcare
   - Employment ≠ housed
2. From your perspective, what has caused this to improve/worsen/remain the same?
   - COVID-19
     - Stay at home, shutdowns, and place of employment.
     - Appointment times
   - Availability
     - Time off = No money, no vacation days.
   - Medicaid
     - Providers on Medicaid list may not accept it, long waits, get referred, and the referral doesn't accept Medicaid.
   - Inflation
     - Costs of care are compounded. Gas, time off work, and other costs are all going up.
   - Telehealth
     - Appointments can be made during a lunch break or for rural populations.
     - Elderly populations may resist telehealth
   - Information (especially regarding COVID-19 Vaccine)
3. What efforts have you experienced that are working and how?
   - Screenings

- Screening is great, but where do you go from there?
- Nothing
  - Always feels like the problem is getting worst among the most marginalized
- Shelters & combining resources
  - Co-location of resources & raising awareness improves access
  - Having social services, computer / internet access, shelter, food, healthcare, and everything all in the same place increases use of resources.
  - Centers give the homeless an address, which you need for benefits
- Access is great for developed areas
  - Homeless & low income are being pushed out of the developed areas
- Community Based Approach
  - Doing screenings & raising awareness in community abates fear of getting more sick
  - Connecting with mobile home parks helps community feel more connected / less isolated (Screenings & primary care)
- Accountability
  - Doing what you say you are doing

4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?
   - More Integrated health systems
   - Flexible work schedule
   - Affordable housing
   - Increased wages
   - More Telehealth
   - More providers that accept insurance / higher reimbursement for providers
   - More Community centers
   - Longer hours of operation

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Access to Health & Social Services
  - Co-locating resources, creating one-stop shops / community resource centers.
  - Include behavioral health, exercise, weight, classes, etc. and locate it in the community.
  - Collaboration between different organizations to collectively create this type of facility.
  - Collaborating with transportation services
  - Working with churches to promote Healing ministries
  - Caregiver support groups, health fairs, CARES
- Behavioral health (Mental Health & Substance Misuse)

- Collaborating with schools to educate youth, nursing homes, retirement homes, senior living centers to talk about dangers of substance misuse
- More Mental Health First Aid classes
- Decrease stigma
  - Work with the community to find ways of decreasing stigma
- Increasing awareness and access to virtual options
  - Mindfulness
- Mobile medical units / Mobile mental health units
- Incentivize providers to come to the area
- Finding providers who are willing to volunteer their time

- Exercise, Nutrition & Weight
  - "All of the above"
  - Safer parks for kids to play
  - UF/IFAS

Behavioral Health (Mental Health and Substance Misuse)

Breakout Room Number & Topic Area: 2, Behavioral Health

Breakout 1, Part 1: ***Discuss significant health needs identified within the data analysis and feedback gathered from the community***

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Under insured and lower economic affects access to care
- Lack of transportation
- High food insecurity number
- High number of stroke and heart disease- seeing long term impact for dementia if not controlled
- Continuing to work on improving inclusion and trust with health care providers
- High rate of drug use in our community
- Zip codes same for high need impact areas
- lack of access to both dental and mental health
- 24-hour need for health services - trying to get appts, lack of access

Breakout 1, Part 2: ***Gather Community Input especially from public health experts and vulnerable populations***

1. What social determinants are impacting this health issue?
   - Stigma
   - Lack of access to care – Transportation and hours
2. From your perspective, what has caused this to improve/worsen/remain the same?
   - Homelessness and high cost of living- worsening
   - ACES- being able to address and provide care
   - Mental Health concerns regarding poverty level

- Covid- worsening
- Employment/staffing in mental health care – worsening

3. What efforts have you experienced that are working and how?
    - Public service announcements for mental health- helping to reduce the stigma
    - Mental Health First Aid training- bringing symptoms to awareness- training is helpful for all sectors
    - Online appointments, telehealth – can join during the day
    - Cultural awareness backgrounds to increase impact – improving
4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?
    - Making care accessible to younger ages- technology
    - Technology gap- lack of access to Wi-Fi
    - Increasing Culturally competent therapists
    - Increased marketing- information on medication (practice medication safely)
    - Increased transportation to access – need more locations that are accessible
    - Join services with home health and mental health

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Continue innovations, continue working together – coalitions, combining different services , collaborate within own agency departments as well
- Increase convenience for access to care
- Connecting food pantries and behavioral health resource- 'one stop shop'
- Mobile medical units- bring the care to the community
- Community Schools – bring the resources to children during the school day
- Kiosks in schools would be a potentially be a opportunity to connect
- Contact sheet with resource partners

Breakout Room Number & Topic Area: Room #8, Behavioral Health

Breakout 1, Part 1: *Discuss significant health needs identified within the data analysis and feedback gathered from the community*

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- ACE broken down by race- 71% of white participants had experienced 4 or more ACEs and every other category was less. Wondered if white participants were more comfortable discussing this or is this a true representation of the difference in this disparity? Maybe it is a cultural norm in some cultures?

- ACE in the elderly- does it carry into their adult life and lead to depression and use of drugs and alcohol? May be a relationship there?
- Wondering what type of outcomes we are getting from all of these surveys.
- Stood out how every group felt stigmatized in all the topics.
- Provider shortage also stood out to participants. Additionally, shortage of providers who were like the patients and can identify with their lived experiences (bi-lingual, cultural, LGBTQ)
- Limited options in providers specific to what patients are seeking
- Would be interesting to see the comparison of ER use with non-emergency issues compared to "Med Express" type of facilities.

Breakout 1, Part 2: *Gather Community Input especially from public health experts and vulnerable populations*

1. What social determinants are impacting this health issue?
    - Covid- 70.1% experienced 1 or more losses due to covid.
    - Population change
    - Covid has affected everything- helped in some ways (took away transportation barriers when events became virtual) but caused other issues like social isolation
    - Poverty- affects mental health and overall impact of health
    - Food insecurity
    - Rising costs of food and housing
    - Transportation barriers
2. From your perspective, what has caused this to improve/worsen/remain the same?
    - Covid-worsen
    - Inflation- worsen
    - Getting back to normalcy after Covid (less social isolation)- improve
    - Limited time and resources getting students caught back up from when they were out during Covid doing virtual schooling- worsen
    - Resources that used to be able to come into schools are having a hard time getting back in due to Covid- worsen
3. What efforts have you experienced that are working and how?
    - Peer based support such as peer specialist
    - Opening senior sites back up and allowing programs back on-site that provide them food to take home
    - Uptick of social media use to reach the masses (i.e. mental health and recovery podcasts, etc.) but it can be a double edged sword in youth
4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?
    - Meeting people where they are to collect data and overcoming language barriers (i.e. using tablets and meeting participants live to complete surveys)
    - Hours for providers to become more flexible to be open for patients seeking medical help after normal hours.
    - Removing barriers to access (including financial barriers) and limited service hours.
    - Lack of beds (usually a waitlist when someone is in crisis and needs baker acting)

- Removing the stigma around mental illness and educating the difference between normal everyday sadness and issues that do not go away and need extra attention/monitoring
- Language when addressing mental illness
- Cultural competence and sensitivity around patients with mental health struggles

Breakout 2: ***Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs***

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Access to Health & Social Services
  - Referral type platform with information on how to best refer people to what they are looking for
  - Aunt Bertha/Find Help type of platform-have more organizations feed into it.
  - Utilizing schools as mobile hubs for access to health care
- Behavioral Health
  - Stigma campaign
  - Live Tampa Bay
  - ASAP has resource list of their website
- Exercise, Nutrition & Weight
  - County Health Dept. collaborates with Building Dept. when building subdivisions so that they can build infrastructure (sidewalks, bike paths, etc.)
  - County Health Dept. worked with Parks and Rec to buy exercise equipment
  - ASAP is hosting an event that ties in Mental Health with Exercise, Nutrition, & Weight- collaborative events such as this that provide information/education and get people out ("walk for recovery" and "pedal for prevention" type programs)
  - Collaborate with outpatient dietitians (issue with insurance covering this) to increase access to their services

Cancer

Breakout Room Number & Topic Area: #3, Cancer

Breakout 1, Part 1: ***Discuss significant health needs identified within the data analysis and feedback gathered from the community (15 min)***

What stands out for you about each area of need as you hear the data presentation? Or What are your initial thoughts about the connection between the data and the SdoH?

- Seems to be highest impact re: access to care among working poor
- People that have insurance, but cannot afford copays, espec among people of color
- High rate of cervical cancer (preventable), low number of HPV vaccines
- Elevated rates of syphilis, could reflect lack of education

- Transportation is a big issue in Pasco
- Social issues, poverty. What is not being addressed?
- Zip codes re: health care and behave health (high need areas), Holiday, west Pasco
- Stigma as a barrier for health and behave health
- Access to health- patients use ER as primary care, need to educate community on available resources
- Choosing between food and health care – How do you decide on this? We have an opportunity to educate on what's available
- Perc of respondents, effects of COVID (death, mental health, social support)
- No county insurance plan (such as in Hills, Pinellas)
- Barriers to health care, provider shortages are concerning (apply to all demographics? Certain areas?)
- Referrals and differences in plans can be challenging
- Long wait times for providers
- Are we short on providers who take Medicaid?
- Problem with taking off work to receive care. Can we offer more after-hours care? Later appts? Some cannot take off work to get appts, may lose pay, don't have PTO
- In Polk County, they had a way to help provide indigent care. Pasco doesn't have a plan for this. We have a need for this. Also, a need to share available resources (free clinics, etc.).
- Is there a shortage of providers providing free services?
- Hear from ER doctors that patients are unfunded, this may cause a barrier for providers accepting them in community settings. Limited providers accepting Medicaid
- Staffing shortages are affecting access to care, esp. low cost, and free care
- Can we incentivize for doctors to provide care for these pts?
- People not sure how to find dr. or counselor. Could be an easy education opportunity

Breakout 1, Part 2: ***Gather Community Input especially from public health experts and vulnerable populations (20 min)***

1. What social determinants are impacting this health issue? *(4 min)*
    - Melanoma- Many people who come to FL and spend time outdoors and aren't used to FL climate and sun, may contribute to increased rates
    - Cervical cancer- safe sex, education, HPV vaccines are given
    - Access to safe sidewalks, lighting. Newer developments have resources and better access, but older areas of county do not have these benefits (Holiday area)
    - Too far away from parks, lack of access to fresh produce can affect health
    - Many people are at risk of homelessness (couch surfing, living in car)
2. From your perspective, what has caused this to improve/worsen/remain the same? *(4 min)*
    - Population changing (people coming from up north)
    - Lack of sexual health education
    - Need an understanding of HPV vaccine, not just for girls (we may see higher cancer rates in boys who are unvaccinated)
    - Huge growth in population in Pasco. Need to educate residents on services and role of health dept

3. What efforts have you experienced that are working and how? *(4 min)*
    - Haven't seen much change in the data from 3 years ago
    - Effects of COVID on MH and behavioral health, seeing more prevalence
    - Need for reduced stigma
    - Need to revamp current initiatives
4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data? *(4 min)*
    - Important to track rates of cancer across genders (tracking breast cancer for men, for example)

Breakout 2: *Generate (Idea Bank)* preliminary ideas on how to collaborate with each other and health systems to address the top community needs (15 min)

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- **Top 3 Prioritized Health Issues- 1. Access to Health & Social Services; 2. Behavioral Health; 3. Exercise, Nutrition, & Weight**
- **Access**
- Work with transportation on bus routes at places where providers are located
- Senior services transportation, bring doctors on site where needed
- Many long-term residents of Pasco may not know about resources that are available in other counties, such as county-sponsored health plans (you don't know what you don't know)
- We feel the limitations of our own organizations. We need to engage the organizations that hold power. Ex, empower the health department to do more, increase funding to expand services that are needed
- Engage elected officials to break down barriers to all these priority areas, get people at the table who have decision-making power
- Free clinics and FQHC's in Pasco, need for more outreach to raise awareness. They have room to increase patient volume (Good Samaritan Clinic)
- **Behavioral Health**
- Need better interventions than law enforcement, need to avoid arresting people with mental health challenges
- Bring programs into workplaces, improve access
- Need to get people feeling safe and ready to join programs. Need to first recognize what we need
- We share frustrations in trying to address the same issues year after year
- Trying more virtual interventions
- Marketing on stigma of mental health, sharing the message that it's okay to get help, reminding them of available resources, such as EAP
- Ensure confidentiality when using services
- Working with hospitals, Good Sam has learned how to leverage resources
- Need for more counselors
- **Exercise, Nutrition, Weight**
- Health depts are performing a PACE project to assess healthy communities and safe environments (drills down on areas of need, go door to door to work with local orgs on what community wants and needs)
- Would like to see more efforts like PACE
- Raise awareness about resources that residents may not know about

- Working with diverse partners and sectors to identify opportunities for change
- Transportation also important for access to parks, etc.
- Encouragement to exercise more is not always well-received, but more awareness, less stigma, and 1:1 communication from providers could be helpful

Exercise, Nutrition, and Weight

Breakout Room Number & Topic Area: #4 EXERCISE NUTRITION & WEIGHT

Breakout 1, Part 1: ***Discuss significant health needs identified within the data analysis and feedback gathered from the community***

What stands out for you about each area of need as you hear the data presentation? Or What are your initial thoughts about the connection between the data and the SdoH?

- Areas of highest need – US19 corridor, which aligns geographically with survey
- Transportation came up as a problem in several areas – impacts access to health care (ex. 1 hour experience for those who have their own transportation vs. 4-hour experience for those who rely on public transportation for a doctor visit)
- Lag other parts of the world in terms of providing for those who have the greatest need. Even when services are provided, these services are diluted.
- Despite our country's prosperity, there is a disconnect getting services to those with the greatest need. Delivery is fragmented.

Breakout 1, Part 2: ***Gather Community Input especially from public health experts and vulnerable populations***

1. What social determinants are impacting this health issue?
    - Surprised that such a high percentage of 18–20-year-old are utilizing food banks (perhaps some sort of impact from the pandemic?)
    - Impact of unemployment on access to food
    - Increase in obesity overall due to impact of pandemic
    - Access to parks – goes back to the transportation issue. Although Pasco County has wonderful parks and facilities, most require driving to.
    - The Pasco Parks Department has identified areas in need of park.
    - Not everyone has a safe place even to walk – less sidewalks in West Pasco County.
2. From your perspective, what has caused this to improve/worsen/remain the same?
    - The pandemic has caused people to spend more time in doors, people are less connected to one another and spending less time outdoors, which impacting mental health.
    - Mental health and exercise/nutrition are linked.
    - Education impacts access to good nutrition. There might not be enough knowledge on how to prepare good, nutritious meals and snacks.
    - Lack of transportation options also impacts ability to access fresh food and nudges people to get food that won't spoil but may be less nutritious.
3. What efforts have you experienced that are working and how?

- Education is very important component.
- Offer more test kitchens where people can learn about healthy eating and try preparing healthy meals.
- Healthy Living Coaches – ¾ is diabetes education and ¼ coaching.
- Rebrand food education as something that is appealing for people (remove the judgment).
- Education – "Food is Health" – incentivized by $10 produce vouchers for each class.

4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?

Breakout 2: *Generate (Idea Bank)* preliminary ideas on how to collaborate with each other and health systems to address the top community needs

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- **Rebranding –** will be exceptionally helpful in educating about food and nutrition.
- **Rethinking how we promote these health initiatives** – don't want to create dependency, but rather give people the tools to develop these skills themselves.
- **Transportation –** how do we better leverage public transportation to connect those who have greatest need with fresh, nutritious food? If we can take nutritious food into where they live, we can build better access to nutritious food. "Nutritious Food Trucks" "Veggie Van" through YMCA – could they go into more neighborhoods (currently in Withlacoochee)
- **More effective organization** – Feeding Tampa Bay, YMCA, other organizations pooling resources to better focus in the areas of need. More coordinated efforts.
- **Financial Education –** include a financial education component.

Breakout Room Number & Topic Area: 9 Exercise Nutrition and Weight

Breakout 1, Part 1: *Discuss significant health needs identified within the data analysis and feedback gathered from the community*

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Access to care…people identifying as more than one race: appointments, cost, and insurance. It's eye opening to see how healthcare is seemingly failing these populations
- Interesting to look at info on access…particularly by specific areas of the county
- No county health plan in Pasco…all counties having issues with housing, seeing a huge spike in housing, thought Pasco may be more reasonable in the housing market but that doesn't seem to be the case
- Behavioral health…. ACES data was another eye opener
- Surprised as crime rates listed as a high priority…Port Richey high food insecurity rates is also surprising

Breakout 1, Part 2: *Gather Community Input especially from public health experts and vulnerable populations*

What social determinants are impacting this health issue?

- Lack of access to healthy foods, and safe places to be outside
- Not feeling safe in their community
- Lack of time to make healthy foods
- Built environment
- Transportation…

From your perspective, what has caused this to improve/worsen/remain the same?

- High unemployment rate can pinch family budgets/healthy food
- Inflation and median income, growth of property value…must make decisions and prioritize just to stay afloat
- Impact of COVID?
- Not having the "right" foods…price of a burger versus a salad
- What efforts have you experienced that are working and how?
- Yearlong wellness program (NAMI) food etc.…have seen weight reduction and overall health
- Community outreach events (Advent Health) …internal team initiatives for mind body and spirit
- Healing Bags and school food pantries

From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?

- Better navigation services…collaboration of agencies to better support clients getting the resources they need
- Team member with rent being doubled…agree that one place to go to get that help would be ideal
- Engage in Find Help
- One stop shop for all resources an individual might need worked well in Mass.
- Systems Data sharing…patients and community members falling through the crack trying to obtain resources
- Better connection and support for individuals from our side

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- More collaborations on programs to provide comprehensive services
- Engage in Find Help
- Multi organizational training on the tools we are using to collaborate
- Referrals made easier to manage for individuals
- No wrong door
- Platform to share meetings so that organizations are aware of what each other is doing
- Data shared more often…more than the once every 3-year CHNA process. Hard to get in front of the data in between…maybe data focus groups
- Policy and advocacy
- Collaborate rather than create…how do we shift to this…. how can we join forces and create value collectively?

- Big hairy audacious…one piece we can all do to collaborate and not duplicate…aligning resources

Heart Disease and Stroke

Breakout Room Number & Topic Area: #5 heart disease and Stroke

Breakout 1, Part 1: *Discuss significant health needs identified within the data analysis and feedback gathered from the community*

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Zip Code clustering showed specific needs (middle of the county had less need)
- Affordability/lack of coverage was an issue throughout
- Provider availability i.e., hours to be seen were a barrier
- Access was bare (lack of access to services map was consistent with exercise opportunities and other maps central area growth "54 corridor")
- **Main barriers:** transportation issues to health services, affordability/lack of coverage, provider availability (hours/timing of appointments)
- Community survey showed significant issues in coverage and access even amongst those with higher education degrees

Breakout 1, Part 2: *Gather Community Input especially from public health experts and vulnerable populations*

1. What social determinants are impacting this health issue?
    - Not SDOH, but disparities between racial/ethnic groups is quite apparent (but SDOH are leading to the conditions in which people live, work, play in which effects these health outcomes)
    - **Income**: As annual income decreases, hypertension/heart disease increases
    - Florida is a retirement state: higher percentage of older adults with income constraints
2. From your perspective, what has caused this to improve/worsen/remain the same?
    - **COVID-19 impact**à isolation, loss of employment, loss of insurance
    - **Population increase**: infrastructure of services unable to keep up with demand (24% increase in pop.)
    - **Lack of access to *safe* physical activity opportunities** (i.e., parks, safe community exercise)
    - **Crime rates:** 34691 is experiencing high crime rates (Hollywood area) "community safety and physical activity"
3. What efforts have you experienced that are working and how?
    - **Telehealth has expanded healthcare access** for some, especially throughout COVID-19

- **Bringing services to the community:** mobile clinics, food pantries, school-based clinics (incorporating families into this) "wrap-around services"
    - Pasco County Schools working on another "community school" with services in Hudson (food pantry, mental health, dental care)
- **Pasco County Parks & Rec Department**: creation of special needs program for summer camp programming, childcare services
- **Communication**: beginning to have conversations about mental health, helping to eliminate stigma
- **NAMI**: services free for all offered online to reduce barriers (participation has gone from ~40 people to ~700)

4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?

- Transportation
- More providers with flexible hours
- Centralized library/resource guide of updated available services (211 has tried to do this but long wait times are an issue. Collaboration between 211 & Find Help Florida)
- Accessible, affordable housing close to transportation
- **Affordable** childcare & support for families
- Services for people with disabilities: APD has extensive waiting list; more diagnostic services for children (school system is overwhelmed with this and healthcare needs to step in)
- Affordability of medication, healthcare services
- Youth services for 12–24-year old's
- More education is needed regarding insurance: Medicare/Medicaid benefits, coverage, eligibility, etc.

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

1. Access to Health & Social Services
2. Behavioral Health
3. Exercise, Nutrition, & Weight

- **Health fairs/community events** to provide education and access to services i.e., free screenings "one stop shop"
- **State Attorney Medical bus**: provides free services, immunizations, services for people experiencing homelessness and/or uninsured individuals
- **School dental/vision vans:** Premiere brings these services to schools
- **Pasco County Parks & Rec Department**: creation of special needs program for summer camps, childcare services
- **NAMI**: services free for all offered online to reduce barriers (participation has gone from ~40 people to ~700)
- **BayCare**: open intake clinic hours (Adult & Children's facilities in West Pasco)
- **Pasco County Sheriff's Dep**. Training officers in mental health crisis response & Narcan training

- **Premiere** virtual training on nutrition/diet for families throughout Pasco County
- **Pasco County School District:** Youth Mental Health First Aid & Trauma-Informed Care training

Breakout Room Number & Topic Area: Room # 10 & "Heart Disease & Stroke"

Breakout 1, Part 1: ***Discuss significant health needs identified within the data analysis and feedback gathered from the community***

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- Access to Health Services – 65% non-emergency needs – Higher than expected
- Would like a little bit longer on each slide to dig deeper
- Access to Care – Transportation issues in the community
- Statistic regarding that access to affordable housing was surprising
- Data regarding substance abuse doesn't look different compared to past data

Breakout 1, Part 2: ***Gather Community Input especially from public health experts and vulnerable populations***

1. What social determinants are impacting this health issue?
   - Which ones aren't? – Food Insecurity, Access to Care, Substance Abuse, etc.
   - Work to solve Social Determinant Issues – More Complex as population is moving towards more affordable areas. Which SDOH to tackle first? Where to start?
   - Looking at median income and median property values > Pasco County keeps building, but the income has not kept up with inflation rate.
   - Inflation rate of 10.2%, individuals trying to live a healthier lifestyle, must make tough choices regarding what healthy options they can afford.

2. From your perspective, what has caused this to improve/worsen/remain the same?
   - Made worse by the pandemic and massive influx of people coming into the state and leaving local population little opportunity to find housing. Growth in Healthcare in the area. But will this help with access to care? Primary care Physician shortage along with Dental Care and Mental Health Care.
   - Lack of Access to a Pasco County Health Plan

3. What efforts have you experienced that are working and how?
   - Expansion of Hospital Systems that could help with some access issues
   - Expansion of Public Transportation System – still hard to get to bus stops as there are no sidewalks. Issues with workforce.

4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?
   - Pasco County doesn't have a health plan – how to go about developing a plan. Plans in other counties have provided helpful.

- Infrastructure needs to be improved - still hard to get to bus stops as there are no sidewalks.
- Hours of Health and Social Services don't work with individuals that work
- Not everyone has access to virtual appointments – Improve access to internet.

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Health Insurance plan for the County – This will deal with legislation and organizations should partner with local county officials/representatives.
- Priorities adopted by organizations so that the organizations can pool their resources and work towards those priorities. Lot of effort will be required.
- Similar issues (as past prioritizations have shown) with an increasing population were disheartening to see.
- Healthcare transportation hub with all the organizations supporting it.
- Issue with the hub will be funding – possibly increase taxes to achieve.
- If an organization were to begin the initial funding needed, then this would set the stage for future investments.
- Mobile medical vans need to be increased from 1 to 2 and mobile dental vans added.
- Street Medicine – Behavioral Health Bus
- Medical Centers that are a one stop shop with expanded and weekend hours. This will allow patients to not need to travel to get to other necessary appointments.
- COVID – expansion of telemedicine with a focus on telemedicine nurses. Believe there was a new law passed in Florida where nurses are allowed to prescribe more than they were before.

Immunizations & Infectious Diseases

Breakout Room Number & Topic Area: #6 Immunizations & Infectious Diseases

Breakout 1, Part 1: *Discuss significant health needs identified within the data analysis and feedback gathered from the community*

What stands out for you about each area of need as you hear the data presentation? or What are your initial thoughts about the connection between the data and the SDoH?

- High use of ER for non-ER events. Inability to get time for healthcare, access. Mental stress. Mobile care does provide access to care and need to get the information of services out. Marketing for places that offer care. Opioid use very high.

Breakout 1, Part 2: *Gather Community Input especially from public health experts and vulnerable populations*

1. What social determinants are impacting this health issue?

- Housing cost on rise. Growing too fast. Focus not on lower-level income families. COVID created a clinical divide. Mental health services limited that they go to other counties.

2. From your perspective, what has caused this to improve/worsen/remain the same?
   - Distrust due to political environments. Patient provider interaction needs to be active listener and empathy with follow up. COVID had a huge impact. Is there a distrust in vaccination as many still are not vaccinated? Anxiety inducing, loss contribute to this outcome.
3. What efforts have you experienced that are working and how?
   - Federal funds. Education. Telehealth to offer care, churches even where mistrust was a barrier. The health department collaboration. Nursing homes. Signs for getting the word out. Partnerships to get to people with no transportation.
4. From your perspective, what community/systems level aspects need to change to positively impact lives and improve data?

Breakout 2: *Generate (Idea Bank) preliminary ideas on how to collaborate with each other and health systems to address the top community needs*

What are potential ways organizations can work together to transform the conditions we discussed earlier?

- Marketing resources. Providers need also contribute to the community collaboration. Partner with other events from partnerships. Community and cultural well-being events. Long term events. Combine resources. Teach maximizing benefits they already have. Profit and non-profit partnerships growth.

Appendix D. Data Placemats

Placemats were utilized during prioritization session breakout discussions to discuss thoughts about quantitative and qualitative data collected and analyzed. A placemat was created for each health topic.

- **Access to Health and Social Services**
- **Behavioral Health**
- **Cancer**
- **Exercise, Nutrition, and Weight**
- **Heart Disease and Stroke**
- **Immunizations and Infectious Diseases**

PASCO COUNTY DEMOGRAPHICS

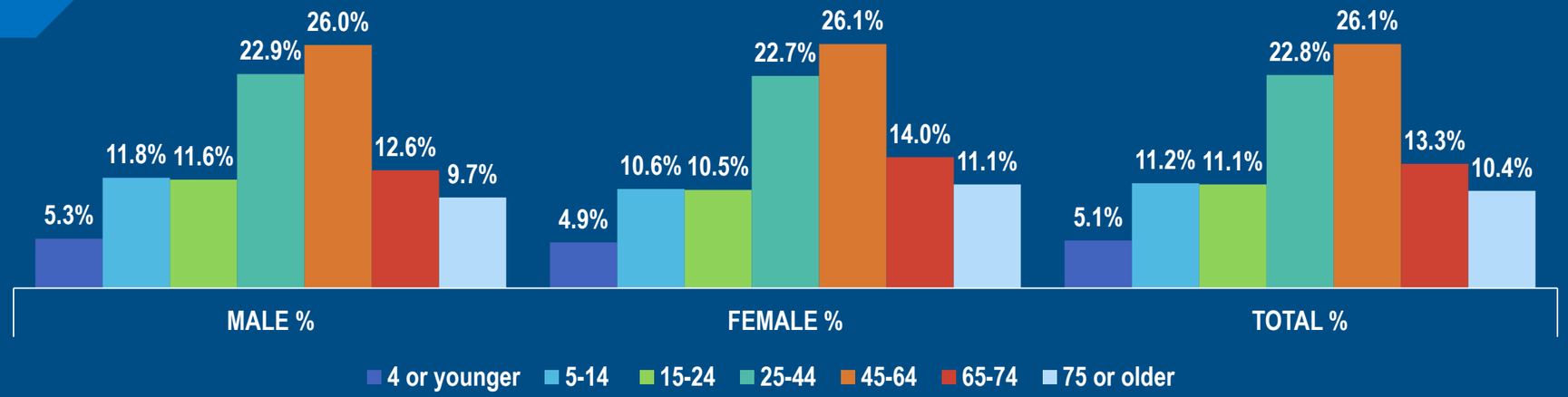
575,435 People

Median Age
44.9

48.6% Male

51.4% Female

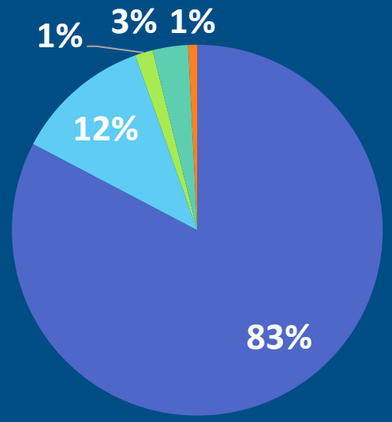
PASCO COUNTY POPULATION BY AGE AND GENDER 2021



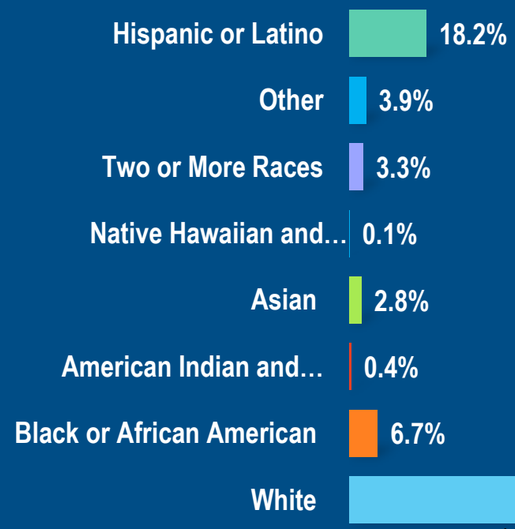
Level of Education, Age 25+	Pasco County	Florida	U.S.
Less than 9th Grade	2.9%	4.6%	4.8%
9th to 12th Grade, No Diploma	7.1%	7.0%	6.6%
High School Graduate or G.E.D	33.3%	28.5%	26.9
Some College, No Degree	21.1%	19.5%	20.0%
Associate's Degree	10.6%	9.9%	8.6%
Bachelor's Degree	16.6%	19.2%	20.3%
Graduate or Professional Degree	8.5%	11.3%	12.8%

10.0% Of the Population Foreign Born

Population Age 5+ by Language Spoken at Home



RACE & ETHNICITY



10.5% Of the Population are Veterans

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Sources: Data.Census.gov; All4HealthFL.org

PASCO COUNTY ECONOMIC BREAKDOWN

Median Household Income

$63,268

With a $24.89 Mean Hourly Wage, 2020

Tampa Bay Region Data

Unemployment Rate

4.6% Age 16+, 2022

Workers by Means of Transportation to Work, 2022	Pasco County	Florida
Worked at Home	9.42%	6.6%
Walked	0.99%	1.5%
Bicycle	0.24%	.6%
Carpooled	7.84%	9.2%
Drove Alone	78.92%	78.6%
Public Transport	0.49%	1.7%
Other	2.10%	1.8%

23.8%

Population Change 2010-2022

$194,663

Median Property Value

16.1% Growth 2010-2021

86.1%

Have Internet Subscriptions

Inflation Rate

10.2%

12-month percentage changes
Tampa Bay Region Data

13.2% Of Individuals are Below Poverty Level

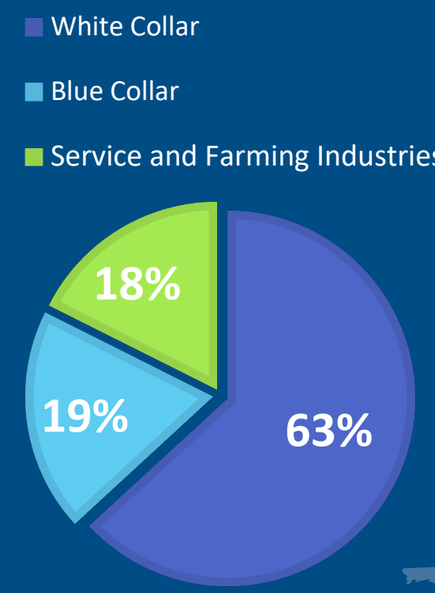
70.1%

Of the Total Number of Survey Respondents Experienced One or More Losses Due to COVID

Some of The Top Losses Include:

- Recreation or Entertainment
- Sense of Well-being, security, or hope
- Death of family or friend
- Exercise opportunities
- Income

PASCO EMPLOYED CIVILIAN 16+ BY OCCUPATION GROUP



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Sources: All4HealthFL.org, FLHealthCharts.gov; U.S. Bureau of Labor Statistics: bls.gov

ACCESS TO HEALTH & SOCIAL SERVICES PASCO COUNTY

57 Primary Care Providers
rate per 100,000 population

35 Dentists
rate per 100,000 population

83 Mental Health Providers
rate per 100,000 population

> *We're working with a community that is very hardworking. For them to go and see a doctor and have to lose a day of work and pay, they tend to ignore any signal or symptom, they need options for the schedules they work.*
>
> -Hispanic/Latinx Group Participant

Low-income populations in Pasco County are federally designated Primary Care, Mental Health and/or Dental Provider Shortage Areas

80.0% Of adults with health insurance, 2019

72.4% Of adults who have a personal doctor, 2019

25.2% Of high school students have not visited a doctor's office in the past 12 months, 2020

13.5 Preventable hospitalizations under 65 from dental conditions, 3 year rolling 2018-20, rate per 100,000

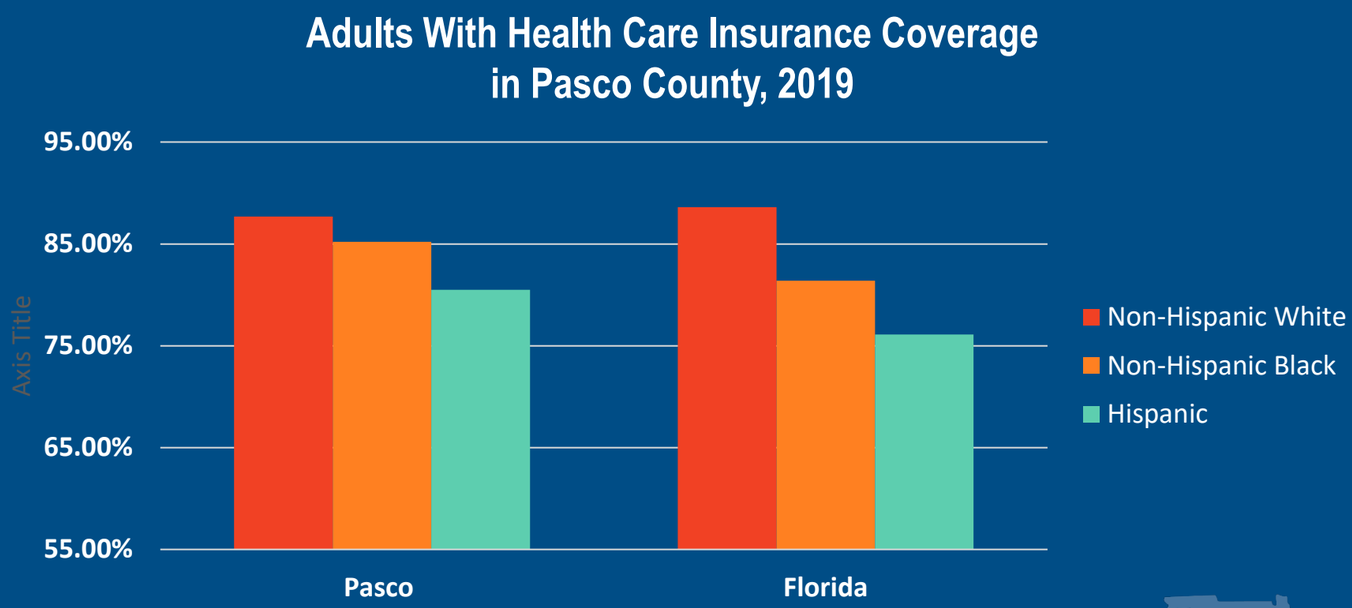
"Was there a time in the last 12 months when you needed medical care but did not get the care you needed?"

21.93% Responded 'Yes'

Top 5 Reasons Why Respondents Say They Didn't Get The Medical Care They Needed

1. Unable to schedule an appointment when needed
2. Unable to afford to pay for care
3. Cannot take time off work
4. Doctor's office does not have convenient hours
5. Unable to find a doctor who takes my insurance

94.6% Of children in Pasco County have health insurance, 2019



Sources: All4HealthFL.org, FLHealthCharts.gov; CHNA Survey Data; https://www.data.hrsa.gov

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BEHAVIORAL HEALTH PASCO COUNTY

(Mental Health and Substance Misuse)

44% Of survey respondents ranked mental health as the most pressing health issue

19% Of survey respondents reported experiencing 4 or more Adverse Childhood Experiences (ACEs) before age 18

28.2% of Middle School Students Report having used alcohol or illicit drugs in their lifetime

16.3% of Adults engage in heavy or binge drinking

30.5 Alcohol-Confirmed Motor Vehicle Traffic Crashes per 100,000 Pop.

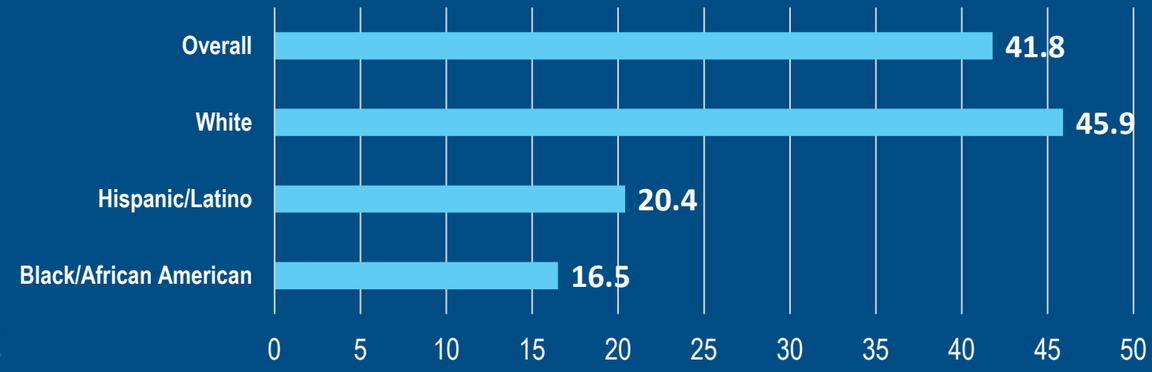
58.8% of High School Students Report having used alcohol or illicit drugs in their lifetime

41.4% of high school students have used a vaporizer/E-cigarette, 2018

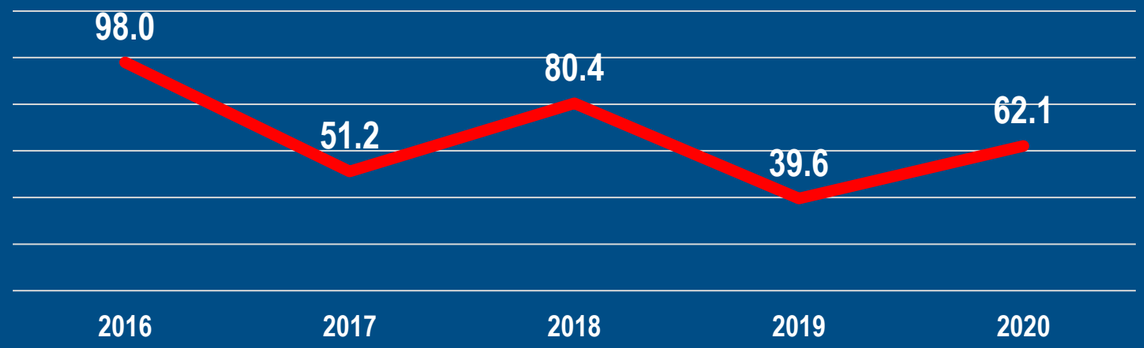
16.6% of middle school students have used a vaporizer/E-cigarette, 2018

21.6% of adults currently smoke cigarettes, 2017-2019

Age-Adjusted Drug and Opioid Involved Overdose Death Rate, 2018-2020



Pasco Hospitalizations for Eating Disorders Rate Per 100,000 Population*, Ages 12-18



13.5% of survey respondents indicated they had thoughts that they would be better off dead or of hurting themselves in some way for several days, more than half of the days or nearly every day over the last 12 months.

30% of survey respondents were diagnosed by a medical provider with Depression or Anxiety

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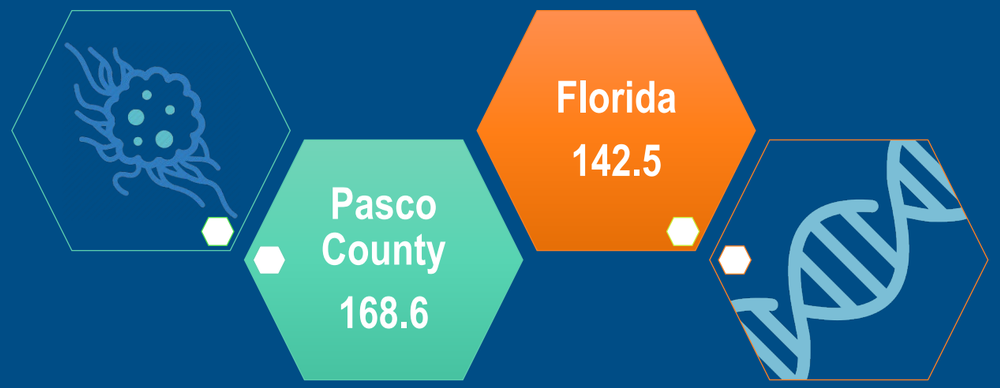
Sources: All4HealthFL.org, FLHealthCharts.gov; CHNA Survey Data; Florida Youth Substance Abuse Survey

*Simply described, **rate** is the number of individuals hospitalized per 100,000 members of the community; Hospitalization numbers do not include visits to the Emergency Department

CANCER PASCO COUNTY

CANCER DEATH RATE
(Age-adjusted per 100,000 population, 2018-2020)



Adults who currently smoke cigarettes, 2017- 2019

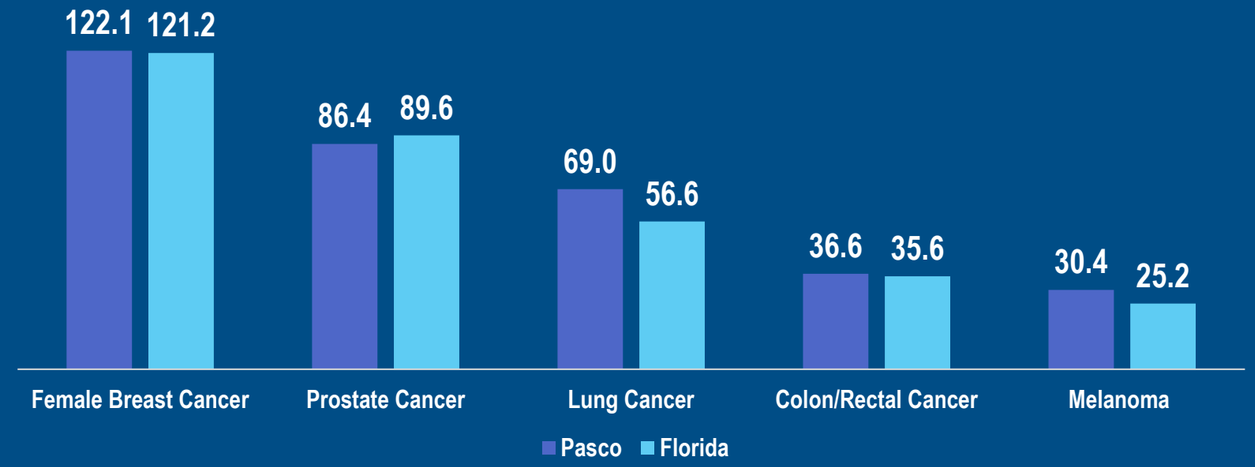
Pasco County	21.6%
Florida	14.8%

16% of survey respondents ranked Cancer as a most pressing health issue

CANCER DEATH RATE IN PASCO BY RACE/ETHNICITY
(Age-adjusted per 100,000 population, 2018-2020)

Sources: All4HealthFL.org, FLHealthCharts.gov; CHNA Survey Data

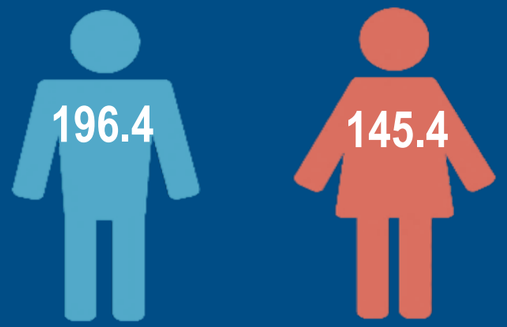
CANCER INCIDENCE RATE: PASCO COUNTY
(Average age-adjusted per 100,000 population, 2016-18)



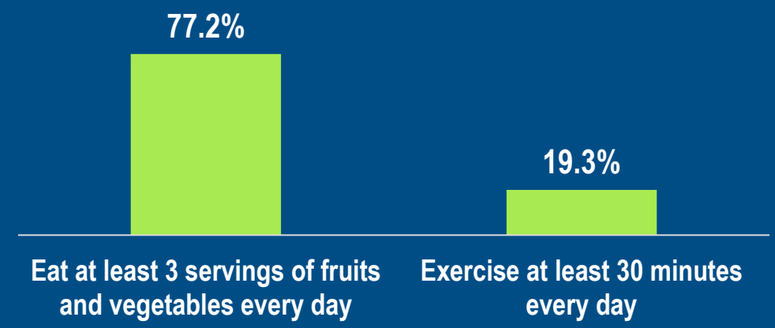
CANCER DEATH RATES BY TYPE
(Average age-adjusted deaths per 100,000 population, 2018-2020)

Type of Cancer	Pasco County	Florida
Female Breast Cancer	22.9	18.7
Prostate Cancer	14.9	16.5
Lung Cancer	45.7	33.6
Colon/Rectal Cancer	13.1	12.6

CANCER DEATH RATE BY GENDER
(Age-Adjusted per 100,000 Population, 2018-2020)



Cancer Prevention Indicator:
Survey respondents who answered "NO" to the following



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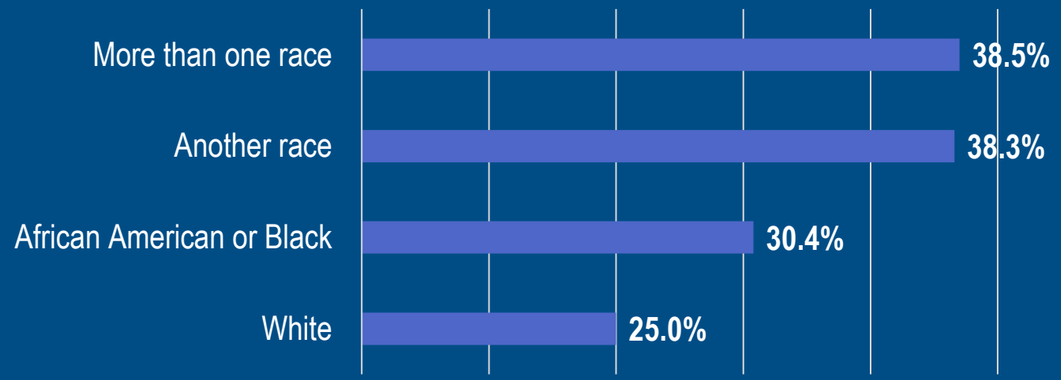
EXERCISE, NUTRITION & WEIGHT PASCO COUNTY

27.4% of survey respondents self-reported food insecure

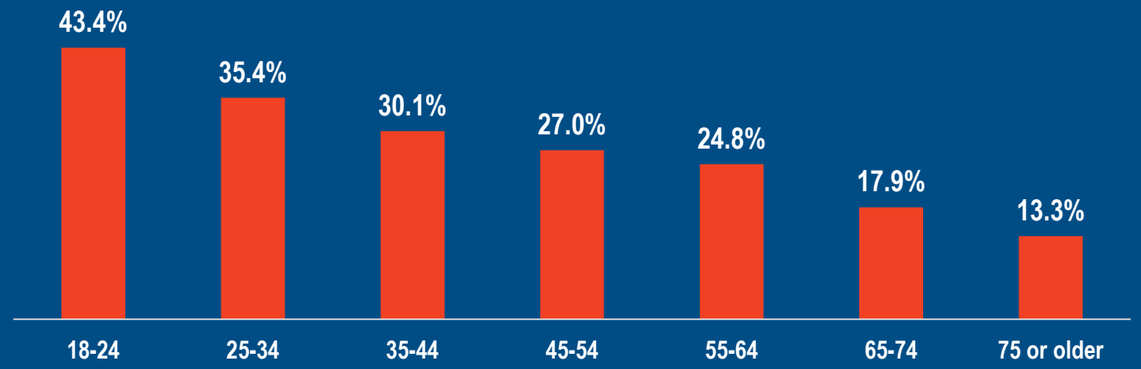
Survey Respondents Food Insecurity by Race



13.1% responded 'yes'

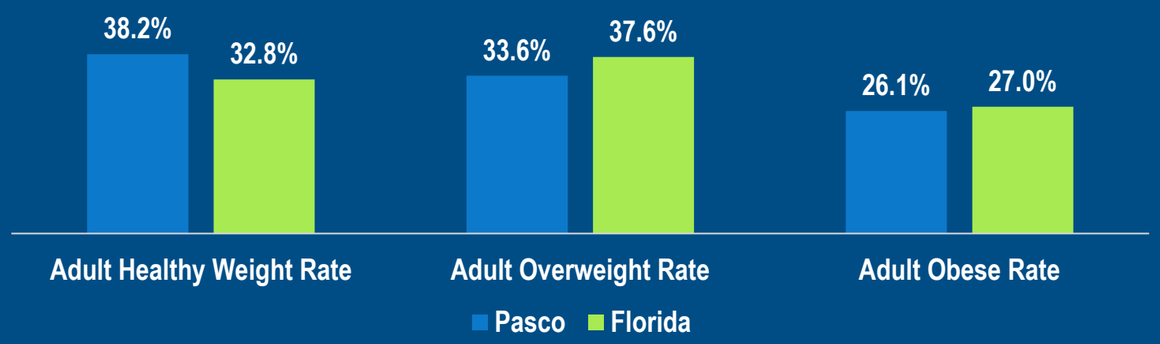
In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

Food Insecure Individuals by Age



41.9%	Respondents who disagreed with the statement "There are good sidewalks for walking safely in my neighborhood"
23.5%	Respondents who disagreed with the statement "We have great parks and recreational facilities"
24.6%	Respondents who disagreed with the statement "I am able to get healthy food easily"
18.5%	Respondents who disagreed with the statement "I feel safe in my own neighborhood"

PASCO COUNTY WEIGHT RATES 2019



Survey respondents who answered "NO" to the following:

77.2% Eat at least 3 servings of fruits and vegetables every day

19.3% Exercise at least 30 minutes every day

11.7%	Adults who have ever been told they have diabetes, 2019
209.8	Age adjusted ED visits from diabetes, 3 year rolling 2018-20, rate per 100k

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Sources: FLHealthCharts.gov; CHNA Survey Data

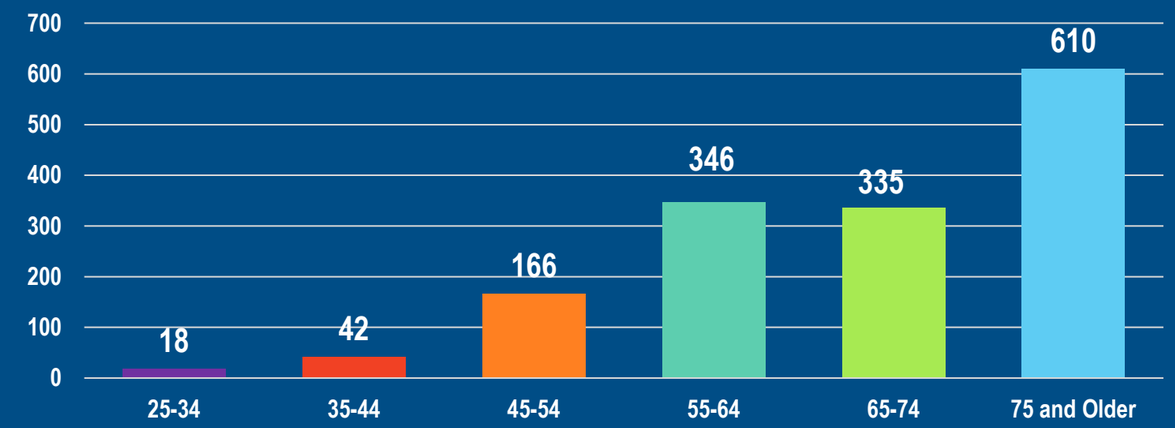
HEART DISEASE & STROKE PASCO COUNTY

1,517

Emergency Department Visits that include a diagnosis of Heart Failure, Sampling of one Pasco Hospital, 2021

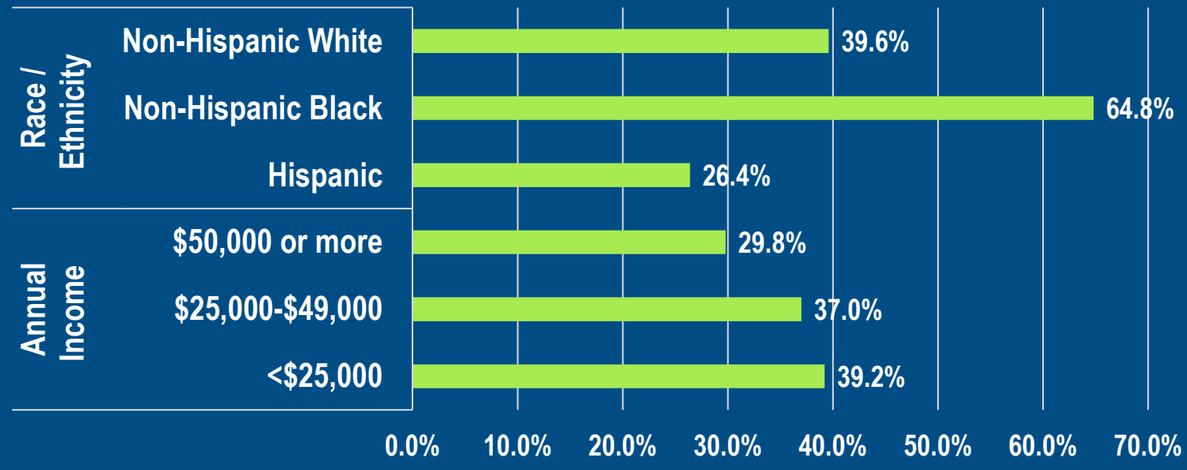
AGE-ADJUSTED DEATHS FROM HEART DISEASES, RATE PER 100,000 POPULATION, 3-YEAR ROLLING, 2018-2020

EMERGENCY DEPARTMENT VISITS THAT INCLUDED A DIAGNOSIS OF HEART FAILURE BY AGE (Sampling of one Pasco hospital, 2021)



Sources: FLHealthCharts.gov; CHNA Survey Data

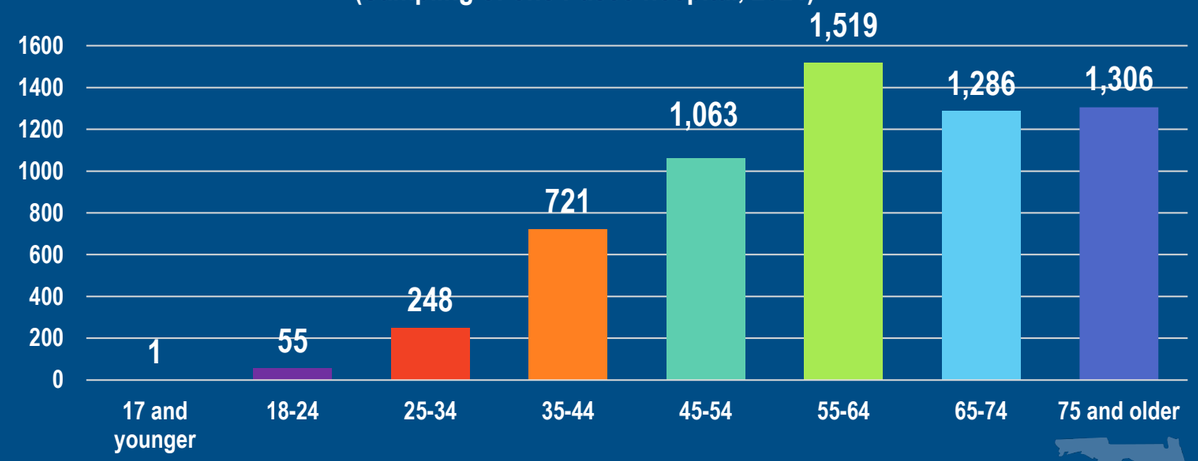
PASCO ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HYPERTENSION, 2019



40% Of survey respondents told by a medical provider they have Hypertension and/or Heart Disease

4.0% Adults who experienced a stroke, 2019

EMERGENCY DEPARTMENT VISITS THAT INCLUDED UNCONTROLLED BLOOD PRESSURE / HYPERTENSION BY AGE (Sampling of one Pasco hospital, 2021)



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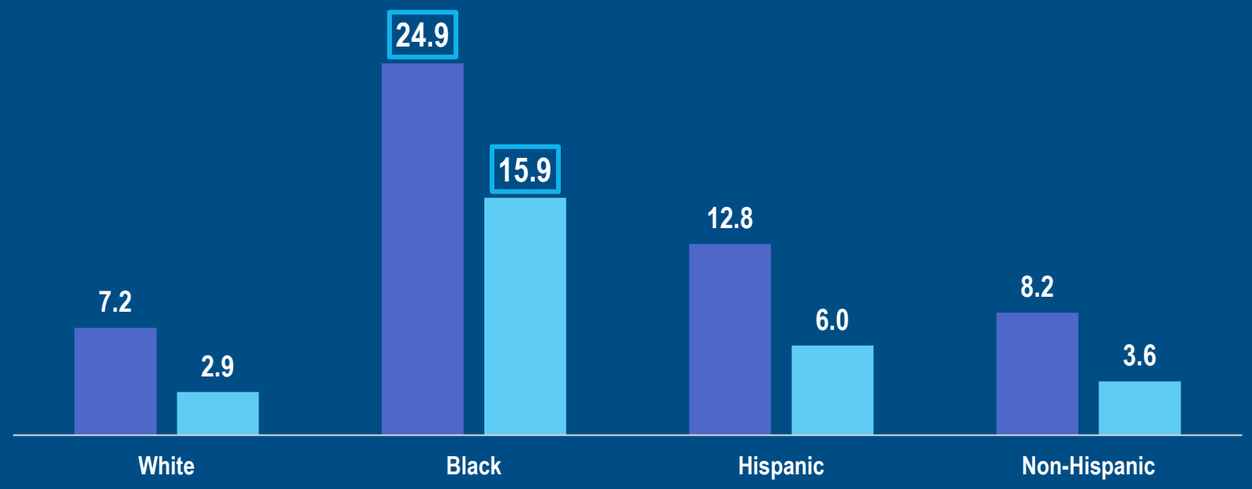
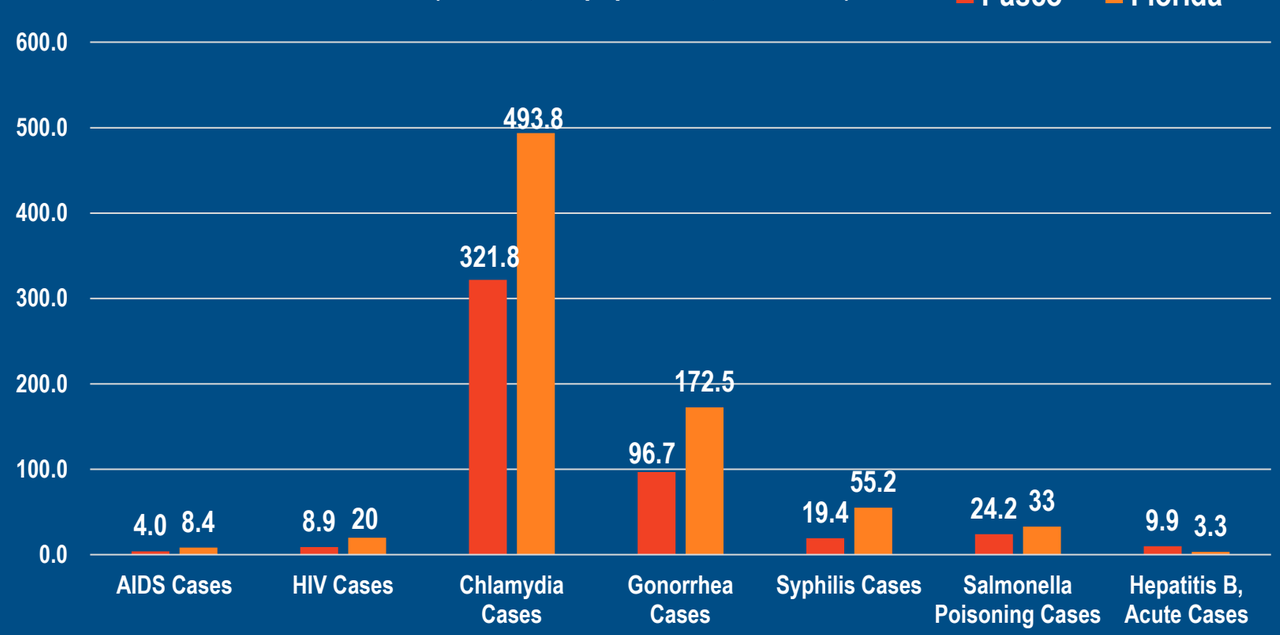
IMMUNIZATION & INFECTIOUS DISEASE PASCO COUNTY

DISPARITIES IN HIV/AIDS DIAGNOSES
(Per 100,000 population, 2018-2020)

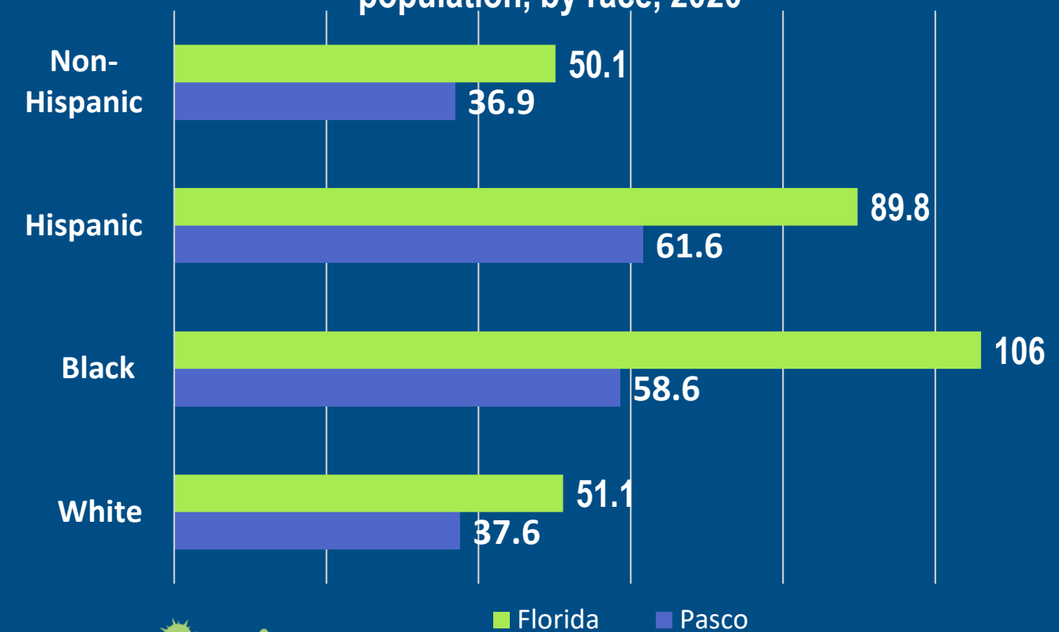


REPORTABLE AND INFECTIOUS DISEASES
(Per 100,000 population, 2015-2017)



Sources: FLHealthCharts.gov; CHNA Survey Data

Age-adjusted deaths from COVID-19, rate per 100,000 population, by race, 2020



58.4% Persons fully vaccinated against COVID-19

35.2%	Adults who received a flu shot in the past year, 2019
80.2%	Two-year olds fully immunized, 2019
94.8%	Kindergarten children fully immunized, 2021

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Appendix E. Community Partners and Resources

This section contains a listing of names of organizations and partners who contributed to the CHNA process.

Pasco County
All4HealthFL Collaborative Members & Teams

The All4HealthFl collaborative gratefully acknowledges the participation of a dedicated group of organizations and individuals that gave generously of their time and expertise to help guide this CHNA report.

COLLABORATIVE ORGANIZATION LEADING MEMBERS

First & Last Name	Credentials	Title	Organization
Allison Nguyen	MPH, MCHES	Program Manager – The Office of Health Equity	Florida Department of Health in Hillsborough County
Alyssa Smith	MPH	Community Benefit Coordinator	AdventHealth
Bradlie Nabours	MPH, CPH	Project Evaluator, Healthy Start Government & Community Affairs	Johns Hopkins All Children's Hospital
Brittany Lynn	MPH, CPH	Corporate Wellness Account Manager	BayCare Health System
Chedeline Apollon	MPH, CPH	Senior Human Services Program Specialist – The Office of Health Equity	Florida Department of Health in Hillsborough County
Christopher Gallucci	DHSc, MPH, CPH	Public Health Services Manager	Florida Department of Health in Pinellas County
Colleen Mangan	MPH	Community Benefit Data Analyst	BayCare Health System
DAmato Marina		Health Education Consultant/CHA/CHIP Coordinator	Florida Department of Health in Pasco County
Jenna Levine	MPH, CPH	Director of Public Health Planning	Department of Health Polk County
Katie Deasaro	BS	Community Outreach Coordinator – Pasco County	BayCare Health System
Kayla Wilson	MPH, CPH	Community Benefit Specialist	BayCare Health System

Kelci Tarascio	MPH, CPH	Community Outreach Coordinator – Pinellas County	BayCare Health System
Kellie Gilmore		Community Health and Wellness Manager	Johns Hopkins All Children's Hospital
Keri Kozicki	MPH	Community Health Program Coordinator	BayCare Health System
Kimberly Berfield		Vice President, Government Affairs and Community Health	Johns Hopkins All Children's Hospital
Kimberly Brown-Williams		Project Director and Interim Principal Investigator, Healthy Start	Johns Hopkins All Children's Hospital
Kimberly Williams		Director of Community Benefit	AdventHealth
Krista Cunningham	MPH, CPH	Community Outreach Coordinator – Hillsborough County	Baycare Health System
Kristen Smith	MS, HS-BCP	Community Outreach Coordinator – Polk County	Baycare Health System
Laine Fox-Ackerman			Orlando Health
Lauren Springfield	MA, MBA	Director of Community Health	Lakeland Regional Health
Leah Gonzalez	MPH	Community Benefit Coordinator	Baycare Health System
Lisa Bell	MPH	Community Benefit Director	BayCare Health System
Megan Carmichael		Community Health Promotion Program Manager	Department of Health Pasco County
Nathanael Stanley	PhD	Applied Research Scientist Community Benefit Specialist	Moffitt Cancer Center
Nosakhare Idehen	MD, Ph.D, MHA, RN		Florida Department of Health in Pinellas County
Sara Hawkins	MS, CHES	Community Health Program Manager	AdventHealth

Sara Osborne	MSHSA	Senior Director Community Benefit	Bayfront Health System
Stephanie Arguello	MPH, RYT-200	Director of Community Health	AdventHealth
Stephanie Sambatakos	MSEd	Community Health Improvement Supervisor	Johns Hopkins All Children's Hospital
Tamika Powe	MPH, MCHES, CDP	Manager, Community Benefit & Health Education Manager	Tampa General Hospital
Tatiyana Badal		Public Health Educator	Florida Department of Health in Pasco County
Taylor Freeman	BS	Public Health Planner	Florida Department of Health in Polk County
Tom Panagopoulos	MPH	Minority Health & Health Equity Coordinator	Florida Department of Health in Pasco County

FOCUS GROUP SUPPORTING INDIVIDUALS

NAMES OF SUPPORTING INDIVIDUALS	
Andrew Grimmer	Jasmine Crayton
Anna Chavez	Jemith Rosa
Ant Avila	Jennysha Roldan
Art Rowand	Jessica Quintero
Bryan Banner	Kellie Rodriguez
Carmen Sanabria	Margarita Romo
Chance Martinez	Marianne Brawer
Cheryl Pollock	Marina D'Amato
Deann Marasco	Mary Vazquez
Debbie Proulx	Nina Borders
Enrique Martínez-Colón	Pat Jones
Ephraim Livingston	Patti Templeton
Erica Braham	Roderick Cunningham
Gabby Flores	
Hollie Steele	

Pasco County
Community Partners & Organizations

The All4HealthFl collaborative gratefully acknowledges the participation of a dedicated group of organizations and individuals that gave generously of their time and expertise to help guide this CHNA report.

Pasco County Partner Organizations	
Access Community Services	Gulf Coast Jewish and Family Services
Access Florida (DCF)	GulfCoast North Area Health Education Center
Aetna	Gulfside Community School
Arthritis Foundation	H.O.P.E Gardens at Spring Gardens Recovery (Pasco Location)
Badgewives	Habitat for Humanity
Bay News9 (media coverage)	HCA Healthcare
Baycare	Health Council of West Central Florida
Big Brothers Big Sisters of Tampa Bay	Healthy Start Coalition of Pasco County
CareerSource Pasco Hernando	Helping People, Helping the Planet
Central Florida Behavioral Health Network, Inc.	Homeless Coalition of Pasco County
Chrysalis Health	Humana
City of New Port Richey	Keller Williams Realty
City of Zephyrhills	Metro Inclusive Health (Metro Wellness)
Dube's Mobile Market	Metropolitan Planning Organization
Early Learning Coalition (Pasco)	NAMI Pasco
East Pasco SDA Church	National Alliance on Mental Illness (NAMI)
Eckerd Community	New Port Richey City Library
Farmworkers Self Help	New Port Richey Police
Feeding Tampa Bay	New Port Richey Recreation Center
First Church of the Nazarene	New Port Richey Shelter
First Presbyterian Church	Next Level Church (Holiday)
Florida Department of Children and Families	North Tampa Behavioral Health
Florida Department of Corrections (Zephyrhills)	North Tampa Christian Academy
Florida Department of Health in Pasco County	One Community Now
Florida Department of Juvenile Justice (Circuit 6)	Operation PAR
Florida Dept of Veterans Affairs	PACE Center for Girls
Florida Organization for Human Services	Parkinson's Foundation
Good Samaritan Health Clinic	Pasco Acute Care

GRACE (Giving Recovery A Chance Everyday)	Pasco Aging Network
Pasco Chamber of Commerce (West)	Rasmussen University
Pasco County - Community Services	Rebuilding Tampa Bay Together
Pasco County - Metropolitan Planning Organization	Recovery High School
Pasco County - Migrant Education Program	Richey Elementary School
Pasco County - Parks, Recreation & Natural Resources - Pasco County	St. Leo University
Pasco County Alliance for Substance Abuse Prevention	State Attorney MMU
Pasco County Economic Development Council	State Attorney Mobil Medical Clinic
Pasco County Gov't Staff	Students Against Destructive Decisions (SADD)
Pasco County Homeless Coalition	Sunrise of Pasco County Domestic and Sexual Violence Center
Pasco County Housing Authority	Tampa Bay Network to End Hunger
Pasco County Libraries	Tampa Bay Network to End Hunger (Pasco Chapter)
Pasco County PIO	Tampa Bay Thrives
Pasco County Planning and Development Department	The Holy Ground
Pasco County- Public Services	The HOPE Shot
Pasco County Public Transportation	The ROPE Center
Pasco County School Board	The Salvation Army (East)
Pasco County School District	The Salvation Army (West)
Pasco County Sheriff's Office	The Volunteer Way
Pasco County Tax Collector	UF/IFAS Extension Pasco County
Pasco Hernando State College	Union Missionary Baptist Church
Pasco Kids First	United Way of Pasco
Pasco Pride	WIC-DOH Pasco
Pasco Smart Start	YMCA of the Suncoast
Pioneer Medical Group	Zephyrhills ministerial
Premier Community HealthCare	

Appendix F. Partner Achievements

BayCare Health System: Morton Plant North Bay Hospital

Behavioral Health

Mental Health First Aid:

By providing MHFA, Morton Plant North Bay Hospital focused on increasing community awareness to identify and address someone in mental health distress. Adult and Pediatric classes were held across the community. MHFA was offered to a combination of social service providers, community members, and faith leaders who have multiple touch points with individuals living in the BayCare service areas. Nearly 500 individuals have been trained across our four-county service area.

Behavioral Health Liaisons:

Morton Plant North Bay Hospital added a Behavioral Health Therapist to expand access to behavioral health and substance misuse services by assisting with education and linkage to community resources. The Behavioral Health Therapist acts as a liaison, meeting the patient and family in their time of need, providing education, therapeutic support, and assisting with navigating various avenues of behavioral health services.

Access to Health Services

Medication Assistance Program (MAP):

BayCare has developed and implemented a Medication Assistance Program. MAP is designed to assist patients and community members in finding available resources to help offset the cost of medication. Patients and community members receive assistance with affordable medications that they might have otherwise had to prioritize over other social or economic needs or go without taking. The MAP program has saved individuals $14,230,479 as of May 2022.

Find Help Florida:

FindHelp Florida is an online platform that connects people with resources they need such as stable housing, access to food, transportation, or affordable healthcare among many other needs. In response to the growing need in our communities, BayCare partnered with FindHelp Florida to integrate their platform into the Cerner electronic medical record to help connect patients to organizations that can provide needed resources and services. BayCare has also created a public FindHelp site that can be used by anyone in the community to search for resources that meet their needs.

Health Care Navigators:

BayCare Health Care Navigators are available to offer free, unbiased, one on one assistance to all individuals. They can assist in helping individuals understand their health insurance options through federal programs such as the Health Insurance Marketplace, and access assistance through community and state programs including Medicaid, and Florida Kid Care. In addition, the BayCare Health Care Navigators can assist with medication assistance requests, health insurance literacy, and financial concerns. BayCare Health Care Navigators are located at BayCare hospitals in Hillsborough, Pinellas, Pasco, and Polk County.

Appendix F. Partner Achievements

BayCare Health System: Morton Plant North Bay Hospital

Exercise, Nutrition, and Weight

Food Insecurity (HEALing Bags/School Pantries):

In response to the high level of food insecurity in BayCare's service areas, programs to expand access to food have become a major priority for the system. One of the ways BayCare has worked to combat food insecurity is by offering Healing Bags, a three-day supply of food and community resources, to patients that have been screened and identified as food insecure. Since its inception, 55,779 patients have been screened with 4,463 receiving a Healing Bag from a BayCare hospital. The second way BayCare is working to address food insecurity is through partnership with Feeding Tampa Bay to supply 21 schools across its service area with an onsite food pantry for the students and their families. In response to the success and growing need, BayCare has allocated additional funds to expand to a total of 42 pantries by the end of 2022, with 9 of the pantries located in Pasco County.

Healthy Living Coach Program:

To address the health concerns that come with chronic conditions such diabetes or obesity, BayCare implemented a Healthy Living Coach program. The Healthy Living Coach is a staff member of community health clinics who provide nutritional and diabetes support education for their clients. They work with the clients to create health goals and plans to better manage their weight and diabetes to improve health outcomes. BayCare has five healthy living coaches between Pinellas, Pasco, and Polk counties.

Community Health Team:

Our BayCare Community Health Team works in collaboration with community organizations to provide education, screenings, and referrals to individuals in the community. Community Health Team can offer screenings for cholesterol, HDL, Glucose, blood pressure, BMI, and Diabetes risk assessment. The Community Health Team continues to grow their screenings to meet the needs of individuals across Morton Plant North Bay Hospitals' service area.

Appendix F. Partner Achievements

AdventHealth West Florida Division

All4HealthFL IS Review of 2019-2022 Goals, Strategies, Objectives, & Progress

For More Information on Community Benefit Programs: [Programs and Partnerships | AdventHealth West Florida Community Benefit]

Priority Area: Exercise, Nutrition, and Weight

Distributed ***$33,850*** of fresh fruit and vegetables to low-income residents living in food deserts.

AdventHealth Food is Health® is a community program for people who don't have the means or transportation to add fresh vegetables and fruits into their diet. The overall goal of the AdventHealth Food is Health® program is to reach into our communities and make connections to improve overall health and wellness of adults living in food deserts or low-income/low-access areas.

The program combines health education classes, health screenings, and fresh fruits and vegetables to improve the health and wellbeing of participants. It is implemented in communities where families have limited access to fresh fruits and vegetables. Through partnerships with education partners, AdventHealth supports health education classes on topics such as diabetes, obesity, nutrition, and cancer. In addition, AdventHealth nurses provide free health screenings which check participant's blood pressure, blood glucose, and body mass index (BMI). After every class, each person receives a $10 produce voucher used to purchase fresh fruits and vegetables from an on-site mobile produce truck, local grocer, or produce stand.

Since 2020, AdventHealth has conducted the AdventHealth Food is Health® program virtually and in person and achieved the following outcomes in Hillsborough, Pinellas, and Pasco counties:

- Coordinated 33 nutrition class series in food deserts educating 586 adults on healthy living
- Participants redeemed 3,385 produce vouchers equaling $33,850 of fresh fruit and vegetables improving access to diverse and healthy food options
- Launched AdventHealth Food is Health® Youth expanding access to healthy food and nutrition education to children and teens

Additional summary: The AdventHealth Food is Health® program is provided at no cost for community members who do not have the means or transportation to include fresh vegetables and fruits in their diet. Food is Health® reaches into communities to improve the overall health and wellness of adults living in food deserts or lowincome/low-access areas. AdventHealth is committed to working together with local community organizations and stakeholders to implement effective strategies to address obesity and access to healthy food in communities.

Appendix F. Partner Achievements

AdventHealth West Florida Division

Partnerships for the AdventHealth Food is Health Program include:

AdventHealth and Feeding Tampa Bay

- Lauren Key, Senior Executive Officer, Consumer Strategy, AdventHealth West Florida Division serves as a board member on the Feeding Tampa Bay Executive Board. Reference: Board of Directors - Feeding Tampa Bay

Priority Area: Behavioral Health

Trained over 150 adults in Mental Health First Aid

Adult Mental Health First Aid (MHFA) teaches individuals how to identify, understand, and respond to signs of mental illness and substance use disorders. The 8-hour training gives individuals the skills to reach out and provide initial support to adults who may be experiencing a mental health or substance use challenge and help connect them to the appropriate care. Research has demonstrated that MHFA helps to reduce stigma associated with mental health and substance use disorders.

AdventHealth, along with the other partners of the All4HealthFL collaborative, have made teaching MHFA a major objective to help combat stigma. Since 2020, AdventHealth has conducted virtual and in-person MHFA classes and achieved the following outcomes in Hillsborough, Pinellas, and Pasco counties:

- Trained four team members as MHFA Instructors in the Adult Curriculum
- Facilitated 13 certification classes training 122 adults to recognize and safely intervene in mental health crises

Behavioral Health Partnership

The partnership between AdventHealth and Concert Health is based on Collaborative Care—an evidence-based approach to improving behavioral health care by identifying and treating conditions such as anxiety and depression in the primary care setting. More than 60% of Concert Health patients see a 50% reduction in their depression or anxiety symptoms within 90 days. This flexible, patient-centered approach will allow AdventHealth physicians to practice whole-person care through a high-touch model that addresses both mental and physical health.

Reference: AdventHealth Launches Collaborative Care Program with Concert Health to Expand Whole Health Care – Concert Health

AdventHealth expands access to mental health services in Tampa Bay

Reference: AdventHealth expands access to mental health services in Tampa Bay | AdventHealth West Florida Media Resources | AdventHealth

Appendix F. Partner Achievements

AdventHealth West Florida Division

AdventHealth announced the expansion of its mental health focus outside of the primary care setting during a press conference with Tampa Bay Thrives and additional community partners. The health system will be expanding its care to provide same-day access to a mental health clinician at 10 AdventHealth Express Care at Walgreens locations across Tampa Bay via telehealth. Currently, AdventHealth physician practices at AdventHealth Care Pavilion New Tampa connect patients with expert mental health clinicians to receive same-day behavioral health treatment, via phone or video visit, from the privacy of their home.

Note: Please make the necessary wordsmithing (for better flow) to the information below. This information was pulled from a few tables and press releases.

To assist with pulling more information, please refer to the full Community Health Plan located at: [Final 2019 CHNA Template (adventhealth.com)]

American Heart Association (AHA) Hands-Only Community CPR

AdventHealth Tampa is committed to working together with local community organizations and stakeholders to implement effective strategies to reduce the burden of heart disease and stroke by providing health education in the community, increasing access to community health screenings and connecting community members to resources to help manage blood pressure and cholesterol.

AdventHealth has been working to increase the number of Hospital-sponsored American Heart Association (AHA) community CPR out-of-hospital bystander classes for adults and youth from a baseline of zero to five by the end of year three (December 31, 2022).

The AdventHealth Community Benefit team members were trained by the American Heart Association in Community CPR to implement the train-the-trainer model throughout the community. Classes are provided for free to community members (churches, schools, after-school programs, community organizations, etc.). In addition to be trained to save a life of someone challenged with an immediate heart event, community members are also trained to train other community members in community CPR and are provided with a free Hands Only CPR kit at completion of the class.

Appendix F. Partner Achievements

AdventHealth West Florida Division

What is Hands Only CPR?

- Hands-Only CPR is CPR without rescue breaths.
- Hands-Only means giving chest compressions to keep someone alive.
- Hands-Only CPR is intended for adults, teens, and children over the age of 8 years old.

With 70 percent of all out-of-hospital cardiac arrests happening at home, if you're called on to perform Hands-Only CPR, you'll likely be trying to save the life of someone you know and love.

Hands-Only CPR carried out by a bystander has been shown to be as effective as CPR with breaths in the first few minutes during an out-of-hospital sudden cardiac arrest for an adult victim

As of May 2022, the following accomplishments have been achieved.

- A total of 15 AdventHealth Team Members Instructor trained to teach the Community CPR Train-The-Trainer community classes.
- Developed training presentation and implemented 12 classes
- Number of adults trained: 146
- Partnered with local school districts and youth agencies to train 500 high school aged youth
- Number of youths trained by trainees: 6,000

Tobacco Cessation

Accomplishments from 2020-2022 Community Health Plans (As of May 2022)

AdventHealth partnered with Area Health Education Centers (AHEC) in Hillsborough, Pinellas, and Pasco, County to connect patients and community members to tobacco cessation classes. Furthermore, the AdventHealth Patient Engagement Advisors (PEA)/Care 360 teams created a streamlined referral process to enroll over 1,051 identified AdventHealth patients into AHEC's tobacco cessation classes and connect them to resources to quit.