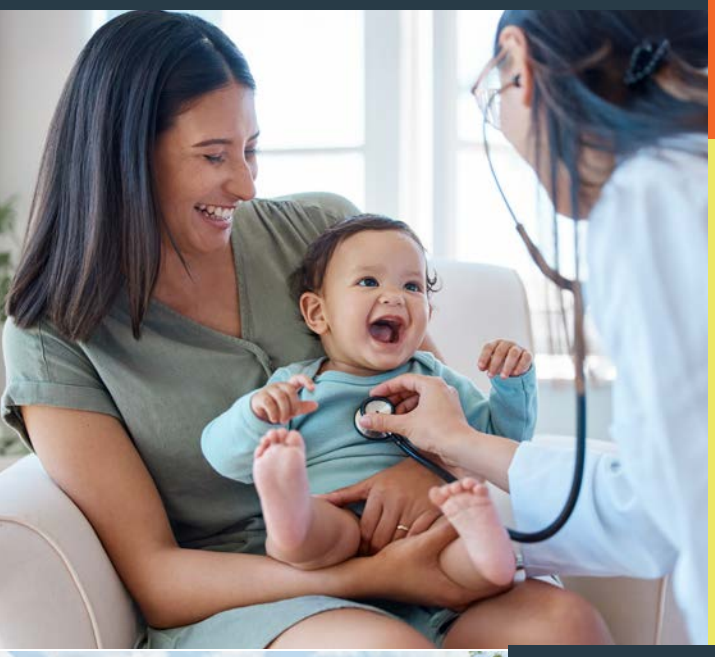
# 2025 Community Health Needs Assessment



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Bayfront Hospital

**The following document provides an overview of the Orlando Health Bayfront Hospital service area and includes prioritized needs for that facility. It includes a summary of key county-level demographics, a summary of other research results, and prioritized needs for the facility.**

# Orlando Health Bayfront Hospital Facility Report


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| **ORLANDO HEALTH BAYFRONT HOSPITAL FACILITY REPORT** | |
| **EXECUTIVE SUMMARY** | 6 |
| Methodology Overview | 6 |
| Key Secondary Data Findings | 8 |
| **INTRODUCTION** | 13 |
| Purpose | 14 |
| 2025 Community Health Needs Assessment | 15 |
| **ABOUT ORLANDO HEALTH BAYFRONT HOSPITAL** | 17 |
| **COMMUNITY HEALTH NEEDS ASSESSMENT GOALS** | 19 |
| **METHODOLOGY OVERVIEW** | 20 |
| Data Limitations and Details | 21 |
| **ORLANDO HEALTH BAYFRONT HOSPITAL SERVICE AREA** | 22 |
| **SECONDARY DATA PROFILE** | 25 |
| Demographics | 27 |
| People Living with a Disability | 31 |
| Social Drivers of Health Overview | 32 |
| Healthcare Access and Quality | 33 |
| Neighborhood and Built Environment | 56 |
| Economic Stability | 58 |
| Education Access and Quality | 60 |
| Social and Community Context | 62 |
| **PRIMARY QUALITATIVE RESEARCH** | 65 |
| Strengths | 67 |
| Themes | 67 |
| Needs | 68 |
| **PRIMARY QUANTITATIVE COMMUNITY SURVEY** | 77 |
| Methodology Overview | 78 |
| Health Access and Quality | 79 |

| | |
|---|---|
| Behavioral Health | 82 |
| Dental Care | 85 |
| Heart Disease and Stroke | 87 |
| Cancer | 89 |
| Exercise, Nutrition, and Weight | 90 |
| Economic Stability | 93 |
| Neighborhood and Built Environment | 99 |
| Adverse Childhood Experiences | 101 |
| **NEEDS PRIORITIZATION PROCESS** | 103 |
| Top 8 Community Needs | 105 |
| **APPENDICES** | 107 |
| Appendix A: Community Survey | 108 |
| Appendix B: Stakeholder Interview Guide | 128 |
| Appendix C: Focus Group Guide | 131 |
| Appendix D: Community Survey Tables | 134 |
| Appendix E: IRS Form 990, Schedule H Compliance Listing | 173 |
| Appendix F: Service Use Maps and Other Maps | 174 |
| Appendix G: Progress since Prior CHNA | 181 |
| Appendix H: Community Resource List | 183 |
| Appendix I: 2025 CHNA Partner Participation List | 192 |

# Executive Summary

The Community Health Needs Assessment is a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3).

**To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:**

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

## Methodology Overview

Orlando Health Bayfront Hospital partnered with the All4HealthFl Collaborative, which is a partnership of seven not-for-profit hospitals and Florida Department of Health in Hillsborough, Pinellas, Pasco, and Polk counties, to conduct the 2025 Community Health Needs Assessment.

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved populations, was implemented between September 2024 and February 2025. The following activities were completed:

**Secondary Data** provided a critical insight into the demographics of Pinellas County, social drivers of health, and behavioral health-related measures, among many others.

**Qualitative Research** included **32** one-on-one stakeholder interviews and **four** focus groups, speaking with **50** participants. The primary qualitative data was collected between September 2024 and February 2025 in-person and virtually.

A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of **3,603** responses were collected and analyzed. Survey responses are provided for Pinellas County in this report.

The **Needs Prioritization Process** was conducted on March 24, 2025. Orlando Health Bayfront Hospital leadership met to review the data and prioritize the most significant health needs for residents in the hospital service. The Needs Prioritization meeting was a one-hour virtual meeting with hospital leadership facilitated by Crescendo Consulting Group. The meeting was divided into three sections: presentation of collected data, discussion of needs, and needs prioritization voting.

# Pinellas County, Florida
## Demographic Overview

Total Population
960,565

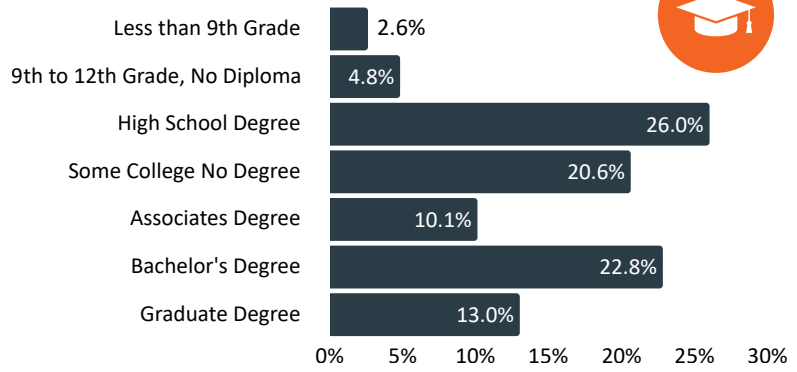
**Population by Age**

| Age Under 19 | Age 20-44 | Age 45-64 | Age 65+ |
|---|---|---|---|
| 17.3% | 28.2% | 28.5% | 25.9% |

**Population Change**

| 2010 | | 2023 | | 2032 |
|---|---|---|---|---|
| 916,540 | +4.8% | 960,565 | +3.9% | 997,596 |

### Education




**45.9%** of Pinellas County residents have **earned a higher education degree.**

### Economic Wellbeing

Median Household Income
**$70,293**

Households Below Poverty Level
**12.8%**

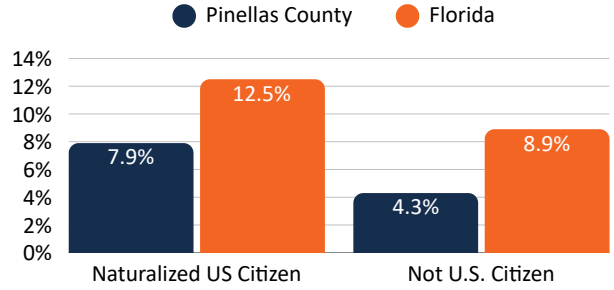
Unemployment Rate
**4.6%**

Households Receiving SNAP Benefits
**8.7%**

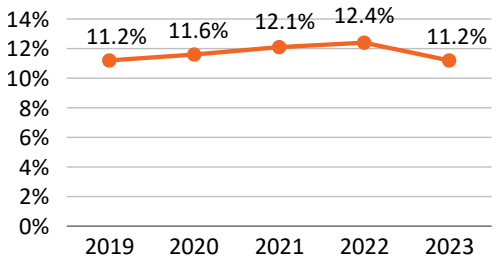
### Race & Ethnicity

| 75.1% | 10.9% | 8.6% | 9.7% | 15.4% |
|---|---|---|---|---|
| White | Hispanic / Latino | Two or More Races | Black / African American | Speak a Language Other than English at Home |

### Foreign-Born Population




### Trend of Population Living in Poverty




*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates.*

# Key Secondary Data Findings

The 2025 CHNA presents high-level secondary data that offers a foundational understanding of the community, focusing on sociodemographic, social drivers of health, behavioral risk factors and key health indicators.

## Demographics

- Pinellas County has a population of nearly one million residents. The population is expected to grow by at least 4.0% by 2032.
- The median household income is $70,293 in Pinellas County. However, 12.9% of households live below 100.0% of the federal poverty level.
- Pinellas County is predominantly a White community with approximately one in 10 individuals identifying as Black / African American and one in 10 individuals identifying as Hispanic / Latino.
- Approximately one in four people in Pinellas County is 65 years old or older. The county's median age is projected to rise by 5.6% by 2032.

## Social Drivers of Health

Social Drivers of Health (SDoH) refer to the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities. The framework has been championed by the U.S. Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals. This report focuses on the impact of Social Drivers of Health on access to services and resources, as well as the health outcomes of individuals and communities in Pinellas County.

## Healthcare Access and Quality

- Approximately one in 10 people in Pinellas County does not have health insurance.
- Pinellas County is designated as a Health Provider Shortage Area (HPSA) for primary care, mental health, and dental care.
- Cancer and heart disease are the leading causes of death in Pinellas County.
- Nearly one in five adolescents is obese.
- Pinellas County has a higher age-adjusted overdose death rate than Florida. However, the death rate has started to decline.
- Pinellas County has more behavioral health providers than Florida.

## Other Social Drivers of Health

- Nearly one in seven (14.9%) people in Pinellas County are considered food insecure.
- A person needs to earn $35.60 per hour to afford a modest two-bedroom apartment in Pinellas County.

- Property crime in Pinellas County is lower (712.7 per 100,000 population) than the state (1,089.7), but nearly doubled since 2022 (363.8).
- In Pinellas County, 7.4% of the adult population aged 25 or older has some high school education or less.
- The median household income in Pinellas County is $70,293. However, median income varies based on race with the Asian population having the highest income and Black / African American with the lowest.
- In Pinellas County, 34.0% of the households are considered ALICE households, which are households that are Asset Limited, Income Constrained, Employed.

## Qualitative Research Highlights

**32 Stakeholder Interviews**

**4 Focus Groups**

**50 Focus Group Participants**

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and wellbeing. Qualitative activities included one-on-one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually, and focus groups were held virtually, in person, or hybrid.

On behalf of the hospital, Crescendo Consulting Group worked with representatives including individuals from local hospitals, health departments and nonprofit agencies that participated in the assessment to ensure persons who provided input were representative of the community. Broad populations including the elderly, medical underserved, minority groups, and low-income populations were represented. Medically underserved, low-income, and disadvantaged populations include individuals and communities that experience health disparities or face barriers to accessing healthcare, social services, and other resources that support health and well-being. These populations may include individuals and families living with low incomes; those shunned by or excluded from mainstream society; people experiencing homelessness or housing insecurity; children experiencing abuse, neglect, or other adverse childhood experiences; individuals and families experiencing food insecurity; low-income older adults and seniors; individuals with disabilities; people with limited English proficiency; uninsured or underinsured individuals; and those in need of social, behavioral health, or other supportive services. A complete list of these partners is included in Appendix I.

## Themes

**Themes** are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community. Themes include the following:

- Equity and trust
- Impacts of the hurricanes

## Needs

**Needs** are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community. Needs include the following:

- Healthcare access
  - Financial barriers
  - Quality of care
  - Specialty care
  - Technical barriers
- Mental and behavioral health resources
  - Access
  - Youth services
  - Mental and behavioral health stigma
  - Substance use
- Financial stress
- Housing
- Food insecurity
- Transportation
  - Public transportation
  - Traffic and pedestrian safety

> "There is unresolved trauma, and people don't know what trauma is, like going through two natural disasters back-to-back, like the hurricanes, some people are still unhoused and suffering. People weren't emotionally and psychologically prepared for what two storms would do to them."
> – Stakeholder Interview Participant

> We need to find a way we work with these hospitals and insurance companies to see how we can get costs lowered for individuals.
> —Stakeholder Interview Participant

## Primary Quantitative Community Survey

The community survey aimed to gather input from residents across Pinellas County on their most pressing community needs. Offered in five languages: English, Spanish, Haitian Creole, Arabic, Russian and Vietnamese. It included both need-specific and demographic questions, and was distributed through various partners and outreach channels.

**A total of 3,603 people in Pinellas County participated in the community survey.**

The community survey results provided insight into a wide range of focus areas. The results displayed in the Primary Quantitative Community Survey section include the following sections:

- Methodology
- Health Access and Quality
- Behavioral Health
- Dental Care
- Heart Disease and Stroke
- Cancer
- Exercise, Nutrition, and Weight
- Economic Stability
- Neighborhood and Built Environment
- Adverse Childhood Experiences

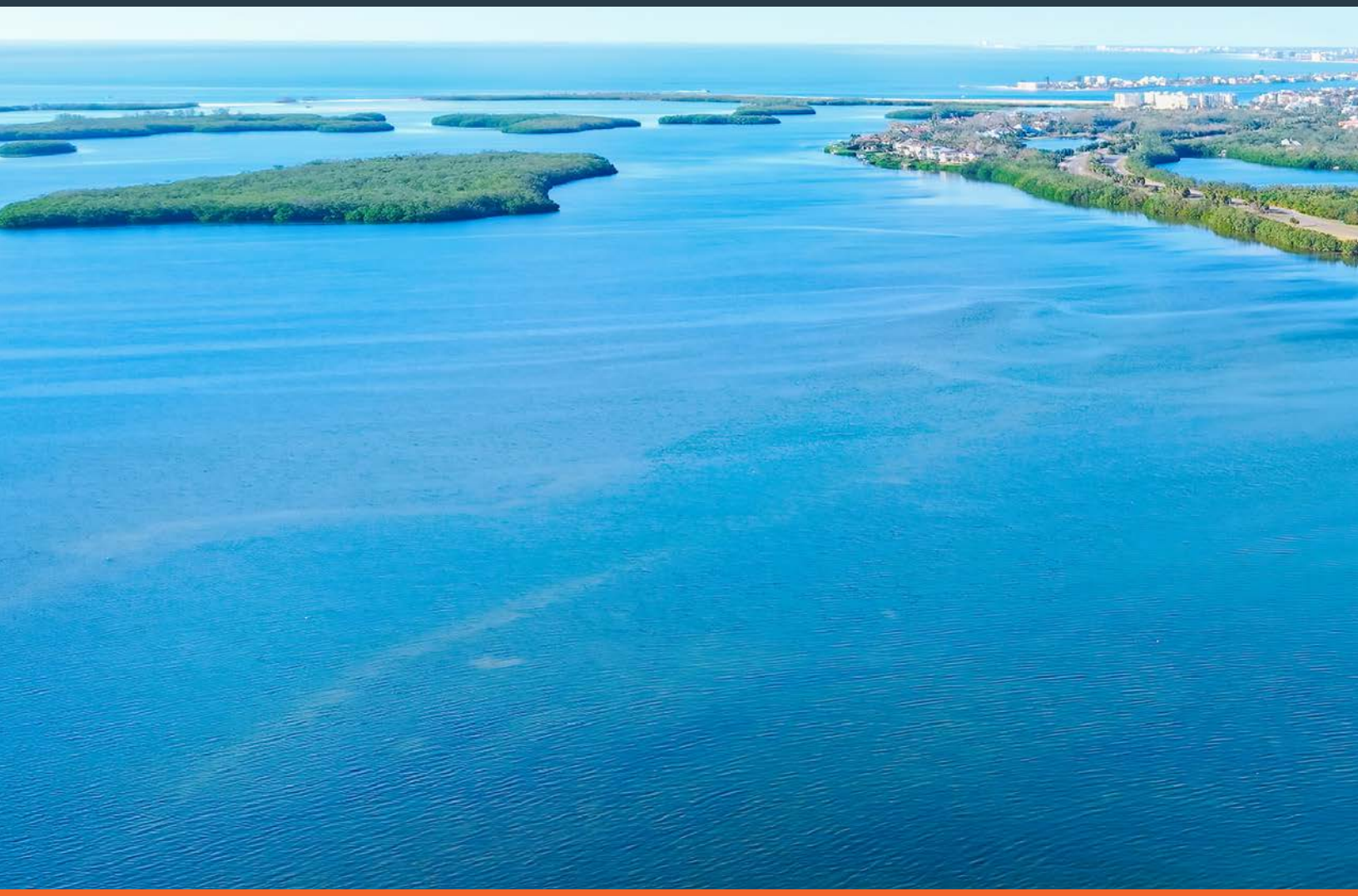
**Additional community survey tables and graphics are included in the Primary Quantitative Community Survey section of the report.**

## Needs Prioritization Process

Community needs were identified at a county level through analysis of primary and secondary data. In total, eight county needs were identified in Pinellas County. A modified Hanlon Method, an evidence-based approach that evaluates criteria and feasibility, was used to prioritize these needs across the region and individual counties.

**Top 8 Community Needs**

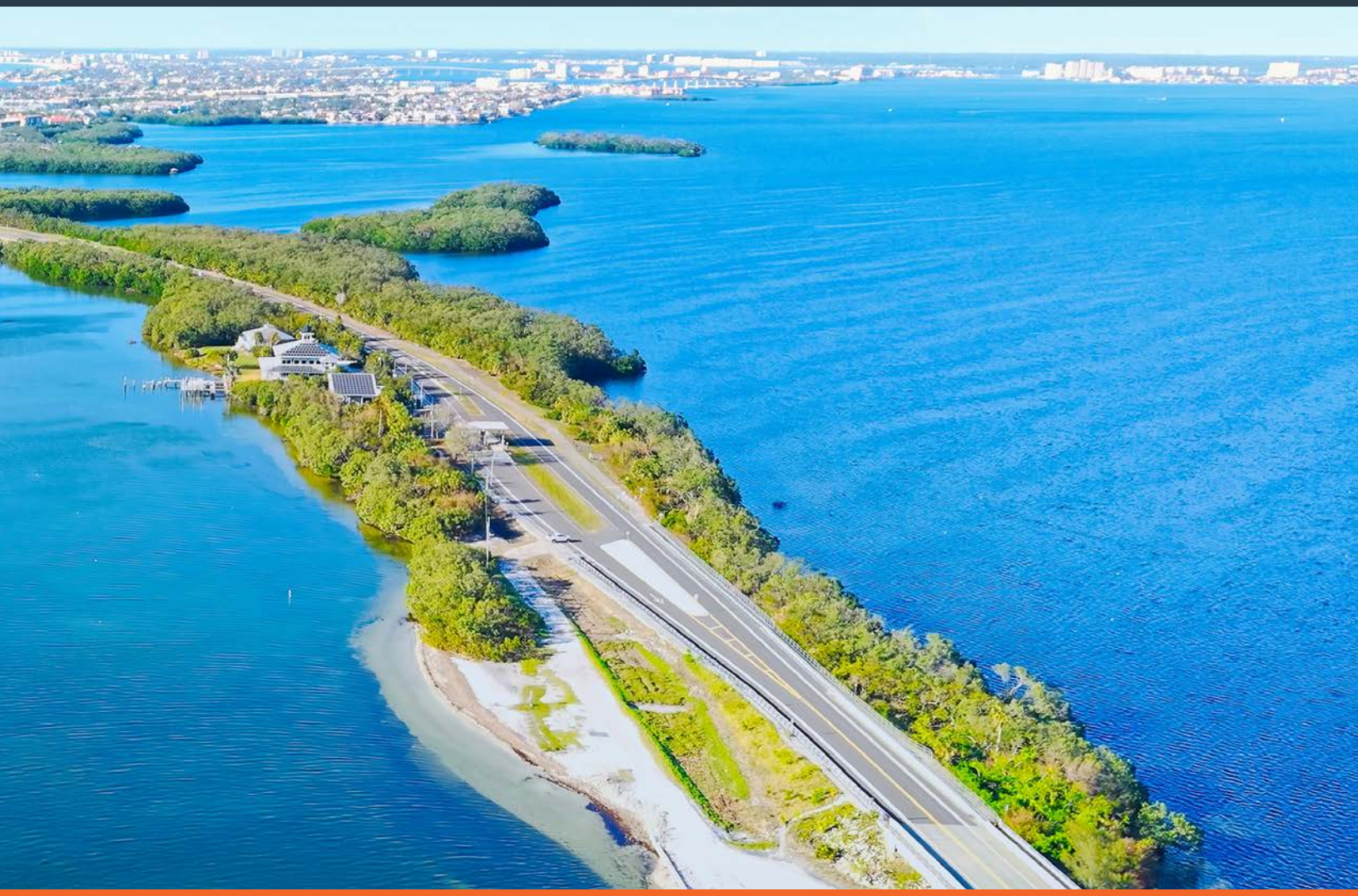
1. Health Care Access and Quality
2. Behavioral Health
3. Exercise, Nutrition, and Weight
4. Heart Disease and Stroke
5. Cancer
6. Economic Stability
7. Dental
8. Neighborhood and Built Environment



# Introduction

CHAPTER I

## The Purpose of this Community Health Needs Assessment



# Introduction

The purpose of this Community Health Needs Assessment (CHNA) is to provide a comprehensive overview of health needs, access barriers, and social drivers of health (SDoH) in Pinellas County. The priorities identified in this report support a coordinated approach to improving health outcomes and quality of life for residents.

The report includes demographic quantitative data, outlines the methodology used to collect and analyze both primary and secondary data, and identifies key health needs. It emphasizes the needs of medically underserved populations, gaps in services, and incorporates community input. Findings will inform the development and implementation of initiatives aimed at addressing these challenges and connecting residents to essential resources.

The Community Health Needs Assessment was supported by Pinellas County partners, with All4HealthFL Collaborative members key to promoting interviews, focus groups, and the survey. The All4HealthFL Collaborative members were integral in the outreach and marketing of the stakeholder interviews, focus groups, and community survey. The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Orlando Health Bayfront Hospital, Moffit 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.

## Purpose

The Community Health Needs Assessment (CHNA) is a comprehensive process that identifies the health needs, barriers to accessing care, and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3).

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Orlando Health has served communities across Florida for more than a century, with a steadfast commitment to advancing health and well-being. In St. Petersburg, Orlando Health Bayfront Hospital stands as a cornerstone of care, providing trusted, high-quality services to Pinellas County residents for more than 100 years.

As part of our ongoing dedication to community health, Orlando Health Bayfront Hospital has partnered with the All4HealthFL Collaborative in West Central Florida to conduct the 2025 Community Health Needs Assessment (CHNA), bringing together regional stakeholders to identify the most pressing health challenges and address health needs.

By integrating data with community insight, the CHNA helps ensure our programs and services remain responsive and impactful. We are honored to continue this important work and remain committed to fostering healthier lives and stronger communities throughout Pinellas County - today and for generations to come.

**John Moore**
Senior Vice President, Orlando Health West Region
President, Orlando Health Bayfront Hospital

# Approach

CHAPTER 2

## About Orlando Health Bayfront Hospital

# About Orlando Health Bayfront Hospital

## About Orlando Health

Orlando Health is a private not-for-profit, integrated academic healthcare system with $14 billion of assets under management, that serves the southeastern United States – including Florida and Alabama – and Puerto Rico. With corporate offices in Orlando, Florida the system provides a complete continuum of care across a network of medical centers and institutes, community and specialty hospitals, physician practices, urgent care facilities, skilled nursing facilities, home healthcare, and long-term and behavioral health care services. Founded more than 100 years ago, Orlando Health's mission is to improve the health and the quality of life of the individuals and communities we serve. The system provided nearly $1.7 billion in community impact in the form of community benefit programs and services, Medicare shortfalls, bad debt, community-building activities and capital investments in FY 23, the most recent period for which the information is available.

## About Orlando Health Bayfront Hospital

For more than a century, Orlando Health Bayfront Hospital has served the St. Petersburg community with a steadfast commitment to improving community health. As Pinellas County's only Level II Adult Trauma Center, the 480-bed teaching hospital plays a vital role in delivering critical, lifesaving care to residents across the region. The hospital provides advanced care across numerous specialties, including heart & vascular, neurology, orthopedics, obstetrics and gynecology, rehabilitation, surgical services, thoracic surgery, and urogynecology. The facility also features one of the region's most expansive cardiac catheterization labs, offering comprehensive cardiac diagnostics and treatment.

The hospital is nationally accredited by The Joint Commission and holds several designations, including Level III Regional Perinatal Intensive Care Center, Comprehensive Stroke Center and Level 4 Epilepsy Center. In Spring 2025, Orlando Health Bayfront earned an 'A' Hospital Safety Grade from The Leapfrog Group, recognizing its commitment to safe, high-quality care. Other recent recognitions include the Center of Excellence in Robotic Surgery designation from the Surgical Review Corporation and the Emergency Nurses Association (ENA) 2025 Lantern Award.

Orlando Health Bayfront defines its community as Pinellas County, the hospital's primary service area.

# Community Health Needs Assessment Goals

The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3). To conduct a Community Health Needs Assessment (CHNA), a hospital facility must complete several key steps. First, it must define the community it serves. Next, it must assess the health needs of that community, incorporating input from individuals who represent the broad interests of the community, including those with specialized knowledge or expertise in public health. The findings must then be documented in a written CHNA report, which must be formally adopted by an authorized body of the hospital facility. Finally, the CHNA report must be made widely available to the public. A hospital is considered to have conducted a CHNA once all of these steps, including public dissemination of the report, have been completed.[1]

## To meet the objective of improving community health and community well-being, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by medically underserved populations
- Enabling partners to collaborate around the opportunities for population health improvement

Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies and the public about the availability of the Community Health Needs Assessment and what community members can do to make a difference. The CHNA results will be used on local and regional levels to inform and guide Implementation Strategy Plans (ISP), Community Health Improvement Plans (CHIP) and other strategic initiatives. Bayfront Hospital works with the All4Health Collaborative on the ISP plan.

[1] *Internal Revenue Service, Community health needs assessment for charitable hospital organizations - Section 501(r)(3). https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3*

# Methodology Overview

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved populations, was implemented between September 2024 and February 2025.

During the research phase, West Central Florida was hit by Hurricanes Helene and Milton in September and October 2024, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the community survey was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricanes are included in the findings.

On behalf of the hospital, Crescendo Consulting Group worked with representatives including individuals from local hospitals, health departments and nonprofit agencies that participated in the assessment to ensure persons who provided input were representative of the community. Broad populations including the elderly, medical underserved, minority groups, and low-income populations were represented. Medically underserved, low-income, and disadvantaged populations include individuals and communities that experience health disparities or face barriers to accessing healthcare, social services, and other resources that support health and well-being. These populations may include individuals and families living with low incomes; those shunned by or excluded from mainstream society; people experiencing homelessness or housing insecurity; children experiencing abuse, neglect, or other adverse childhood experiences; individuals and families experiencing food insecurity; low-income older adults and seniors; individuals with disabilities; people with limited English proficiency; uninsured or underinsured individuals; and those in need of social, behavioral health, or other supportive services. A complete list of these partners is included in Appendix I. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice. Each activity is described below in more detail.

**Secondary Data** provided a critical insight into the demographics of Pinellas County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, the United States Centers for Disease Control and Prevention, and FLHealthCharts.

**Qualitative Research** included **32** one-on-one stakeholder interviews and **four** focus groups, speaking with **50** participants. The primary qualitative data was collected between September 2024 and February 2025 in-person and virtually.

A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of **3,603** responses were collected and analyzed. Survey responses are provided for Pinellas County in this report.

The **Needs Prioritization Process** was conducted on March 24, 2025. Orlando Health Bayfront Hospital leadership met to review the data and prioritize the most significant health needs for residents in the hospital service. The Needs Prioritization meeting was a one-hour virtual meeting with hospital leadership facilitated by Crescendo Consulting Group. The meeting was divided into three sections: presentation of collected data, discussion of needs, and needs prioritization voting.

## Data Limitations and Details

A Community Health Needs Assessment is a systematic assessment of the community using both primary and secondary quantitative and qualitative data. All4HealthFL partners and Crescendo aimed to be inclusive and intentional with community engagement to ensure the voices of the communities that All4HealthFL partners serve can participate in whatever form they felt comfortable and have their voices heard. Additionally, while Crescendo included the most current secondary data sources within the report, several data sources may be slightly outdated and no new data updates were available at the publication of this report.

# Orlando Health Bayfront Hospital Service Area

The Orlando Health Bayfront Hospital service area was determined by analyzing where individuals who participated in hospital and partner programs live and seek care, based on patient origin patterns. Please refer to the map below. Orlando Health Bayfront Hospital defines its community as Pinellas County, the hospital's primary service area.

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# Data

CHAPTER 3

## Secondary Data Profile

# Secondary Data Profile

The following report section contains the high-level secondary data findings. Secondary data offers a foundational understanding of the community, highlighting sociodemographic factors, social drivers of health, behavioral health risks, and other key indicators to inform strategy development. Data sources include the U.S. Census Bureau's American Community Survey, CDC, Florida Department of Health, and others.

Secondary data provides an essential framework for better understanding the fabric of the community. This analysis highlights sociodemographic factors, social drivers of health, behavioral health risk factors and other key indicators to guide the development of effective strategies further to meet evolving needs. The following data was primarily gathered from the United States Census Bureau American Community Survey Five-year Estimates, Centers for Disease Control and Prevention, Florida Department of Health Division of Public Health Statistics and Performance Management, among others.

***Please note:*** *All secondary data were pulled from their original sources prior to January 31, 2025. All data is cited for readers to view the original data in its source if they choose. However, not all data included in this report may be publicly available on the original sources.*

**Additional secondary data tables and graphics are available on the All4HealthFL website:** https://www.all4healthfl.org/

**American Community Survey: Five-year Estimates**

**There is an intentional purpose in using five-year data estimates compared to one-year data estimates.**

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

***Source:*** *https://www.census.gov/data/developers/data-sets/acs-5year.html*

# Demographics

## Pinellas County, Florida
**Demographic Overview**

Total Population
960,565

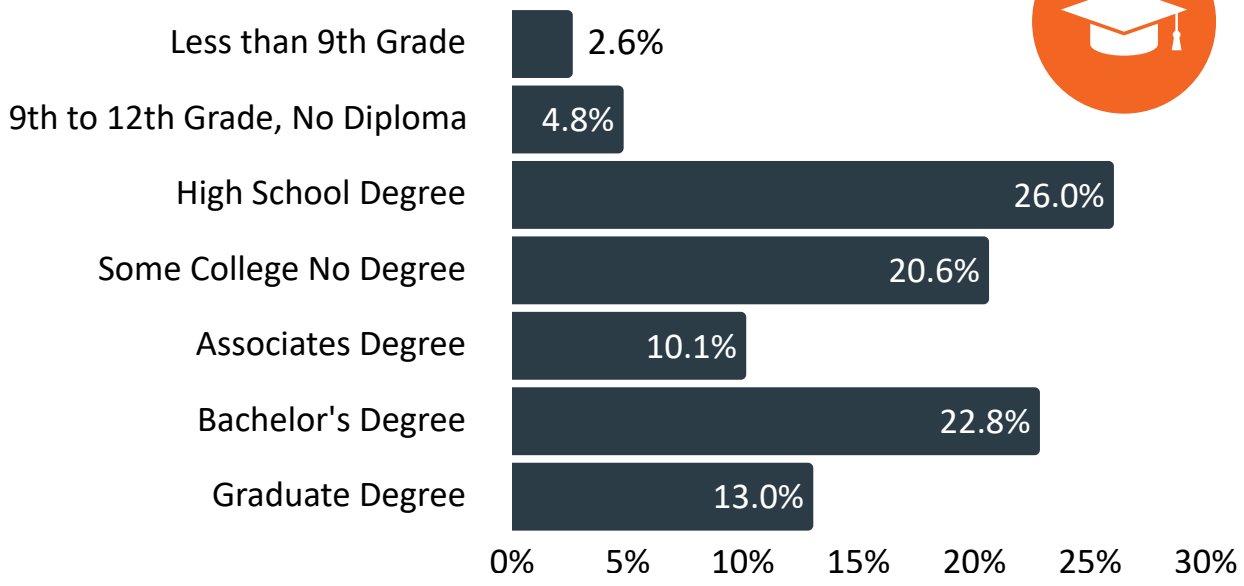
**Population by Age**

| Age Under 19 | Age 20-44 | Age 45-64 | Age 65+ |
|---|---|---|---|
| **17.3%** | **28.2%** | **28.5%** | **25.9%** |

**Population Change**

| 2010 | +4.8% | 2023 | +3.9% | 2032 |
|---|---|---|---|---|
| **916,540** | | **960,565** | | **997,596** |

## Education

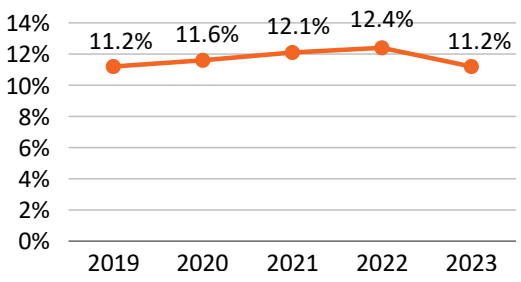



**45.9%** of Pinellas County residents have **earned a higher education degree.**

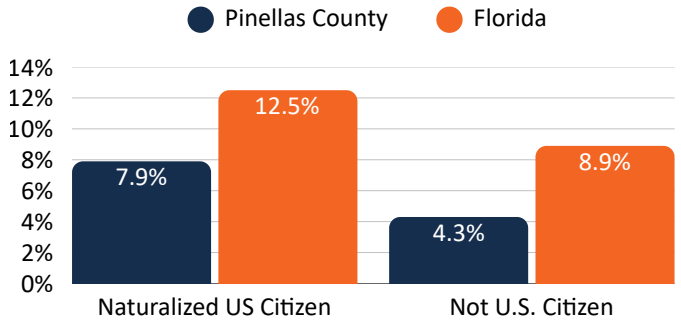
*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates.*

## Pinellas County, Florida
## Demographic Overview

### Trend of Population Living in Poverty




### Foreign-Born Population




### Economic Wellbeing

Median Household Income
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Households Below Poverty Level
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Households Receiving SNAP Benefits
**8.7%**

### Race & Ethnicity

**75.1%** White

**10.9%** Hispanic / Latino

**8.6%** Two or More Races

**9.7%** Black / African American

**15.4%** Speak a Language Other than English at Home

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates and One-Year Estimates.*

Florida's population grew by 365,000 in 2023, the second-largest numeric growth behind Texas and the second-largest percentage of growth behind South Carolina (1.7% and 1.6%, respectively).[2] By 2032, the state is projected to grow by 14.0%, adding 3.1 million people to its population. Rising population density pressures infrastructure like schools and transportation, potentially worsening health outcomes without proactive planning and resource allocation. Florida's rapid population growth also has the potential to strain the healthcare system by increasing demand for medical services, exacerbating provider shortages and limiting access to care. The total population of Pinellas County is expected to increase by at least 4.0% by 2032.

[2] *U.S. Census Bureau. U.S. Population Trends Return to Pre–Pandemic Norms as More States Gain Population, December 2023. https://www.census.gov/newsroom/press–releases/2023/population–trends–return–to–pre–pandemic–norms.html*

## PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

| | Pinellas County | Florida | United States |
|---|---|---|---|
| Total Population (2032) | 997,596 | 25,075,386 | 364,066,358 |
| Total Population (2020) | 959,107 | 21,538,187 | 331,449,281 |
| **Percent Change (2020–2032)** | **+4.0%** | **+16.4%** | **+9.8%** |
| Total Population (2010) | 916,540 | 18,801,310 | 308,745,538 |
| **Percent Change (2010–2020)** | **+4.6%** | **+14.6%** | **+7.4%** |

*Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2020 One-year Estimates*

Nearly 10.0% of the Pinellas County population is Black / African American, and three-quarters of the population is White. Approximately 10.9% of the Pinellas County population is Hispanic / Latino.

## POPULATION BY RACE (ALONE), 2023

| | Pinellas County | Florida | United States |
|---|---|---|---|
| White | 75.1% | 59.9% | 63.4% |
| Black / African American | 9.7% | 15.3% | 12.4% |
| Two or More Races | 8.6% | 16.0% | 10.7% |
| Some Other | 2.6% | 5.6% | 6.6% |
| Asian | 3.6% | 2.9% | 5.8% |
| American Indian and Alaska Native | 0.3% | 0.3% | 0.9% |
| Native Hawaiian and Other Pacific Islander | 0.1% | 0.1% | 0.2% |

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

## POPULATION BY ETHNICITY, 2023

| | Pinellas County | Florida | United States |
|---|---|---|---|
| Hispanic / Latino | 10.9% | 26.7% | 19.0% |

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

Over 33.0% of Florida's population will be 60 and older by 2030.[3] Access to quality healthcare is essential throughout the lifespan but needs become more complex with age. Older adults face a higher risk of chronic conditions like dementia, heart disease, type two diabetes and arthritis, often requiring specialized care. Barriers such as provider shortages in rural areas, transitioning to Medicare and high out-of-pocket costs can delay care and lead to preventable emergencies. More than one-quarter of Pinellas County's population is age 65 or older, compared to 21.1% statewide. The county's median age is projected to rise by 5.6% by 2032.

## POPULATION BY AGE GROUP, 2023

| | Pinellas County | Florida | United States |
|---|---|---|---|
| Under Age 18 | 15.7% | 19.6% | 1.7% |
| Age 18 to 64 | 58.5% | 59.2% | 7.7% |
| Age 65 and Over | 25.9% | 21.1% | 7.3% |

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

## MEDIAN AGE PERCENT CHANGE, 2010 TO 2023

| | Pinellas County | Florida | United States |
|---|---|---|---|
| Median Age (2023) | 48.9 | 42.6 | 38.7 |
| Median Age (2010) | 46.3 | 40.7 | 37.2 |
| **Percent Change (2010–2023)** | **+5.6%** | **+4.7%** | **+4.0%** |

*Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

[3] *U.S. Census Bureau. https://acl.gov/sites/default/files/programs/2016–11/Florida%20Epi%20Profile%20Final.pdf*

# People Living with a Disability

A disability is a physical or mental condition that can limit a person's activities and interactions with the world. People living with disabilities are a diverse group with varied needs, and the same disability can affect individuals differently. Since the Americans with Disabilities Act of 1990, progress has been made in reducing social barriers, but more work is needed to support greater independence and inclusion. Good health is essential for full participation in work, education, and community life.[4]

Pinellas County has a higher percentage of its population living with a disability compared to Florida and the United States. Approximately 8.1% of the civilian noninstitutionalized population aged five or older in Pinellas County is living with an ambulatory difficulty, which the U.S. Census Bureau defines as having serious difficulty walking or climbing stairs.[5]

## POPULATION LIVING WITH DISABILITY BY TYPE, 2023

| | Pinellas County | Florida | United States |
|---|---|---|---|
| **Population Living With a Disability** | **15.2%** | **13.3%** | **12.8%** |
| Ambulatory Difficulty | 8.1% | 6.9% | 6.3% |
| Cognitive Difficulty | 5.8% | 5.1% | 5.1% |
| Independent Living | 5.7% | 4.7% | 4.5% |
| Hearing Difficulty | 4.9% | 3.8% | 3.6% |
| Vision Difficulty | 3.2% | 2.5% | 2.4% |

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

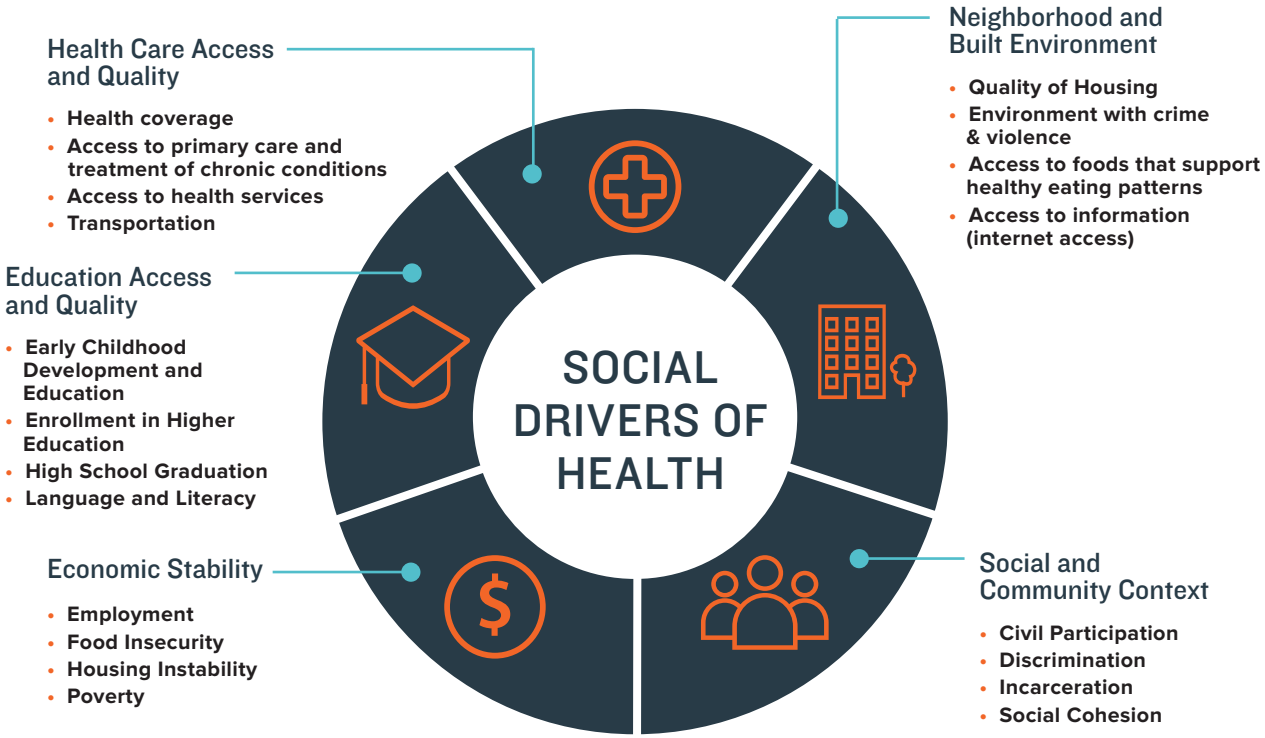
[4] *Bureau, U. C. (2021, December 16). Disability glossary. Census.gov. https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_952582087*

[5] *Bureau, U. C. (2021, December 16). Disability glossary. Census.gov. https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_952582087*

# Social Drivers of Health Overview

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcomes. Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more.

## SOCIAL DRIVERS OF HEALTH FRAMEWORK



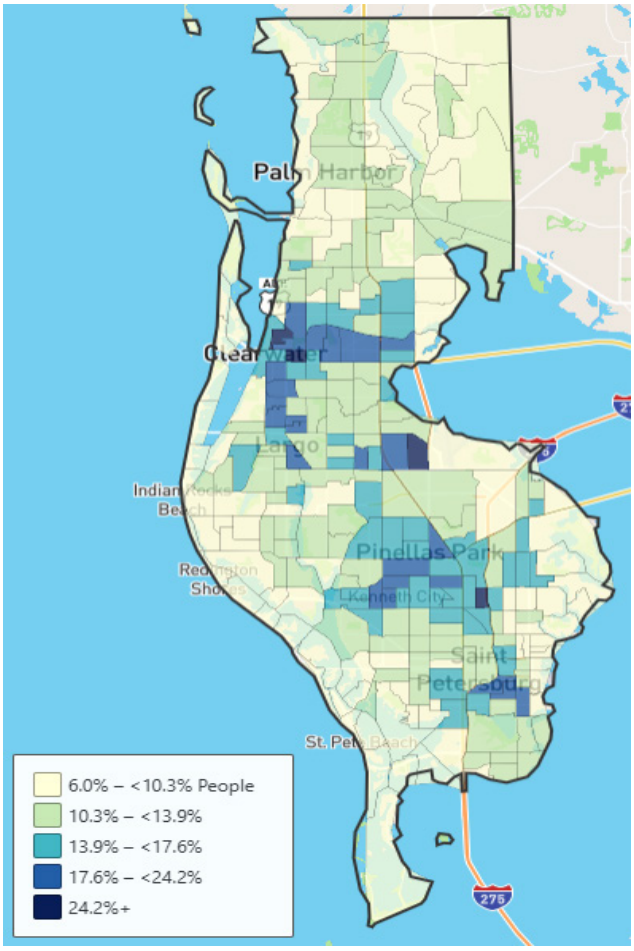

*Source: Healthy People 2030*

# Healthcare Access and Quality

Healthcare Access and Quality is one of the five social drivers of health. Healthcare access and quality can impact a person's health outcomes and overall well-being by influencing the availability, effectiveness, and safety of health services. Vulnerable populations often face barriers to high-quality healthcare due to socioeconomic disparities, insurance gaps, and limited availability or access to providers, among other factors.[6]

In Pinellas County, 9.8% of the total population does not have health insurance. Approximately one in six (16.4%) of adults aged 19 to 64 years do not have health insurance. The areas with the greatest numbers of uninsured are in the darkest regions on the map. In some census tracts in Pinellas County, nearly one in three adults do not have health insurance.

## LACK OF HEALTH INSURANCE AMONG ADULTS, 2022

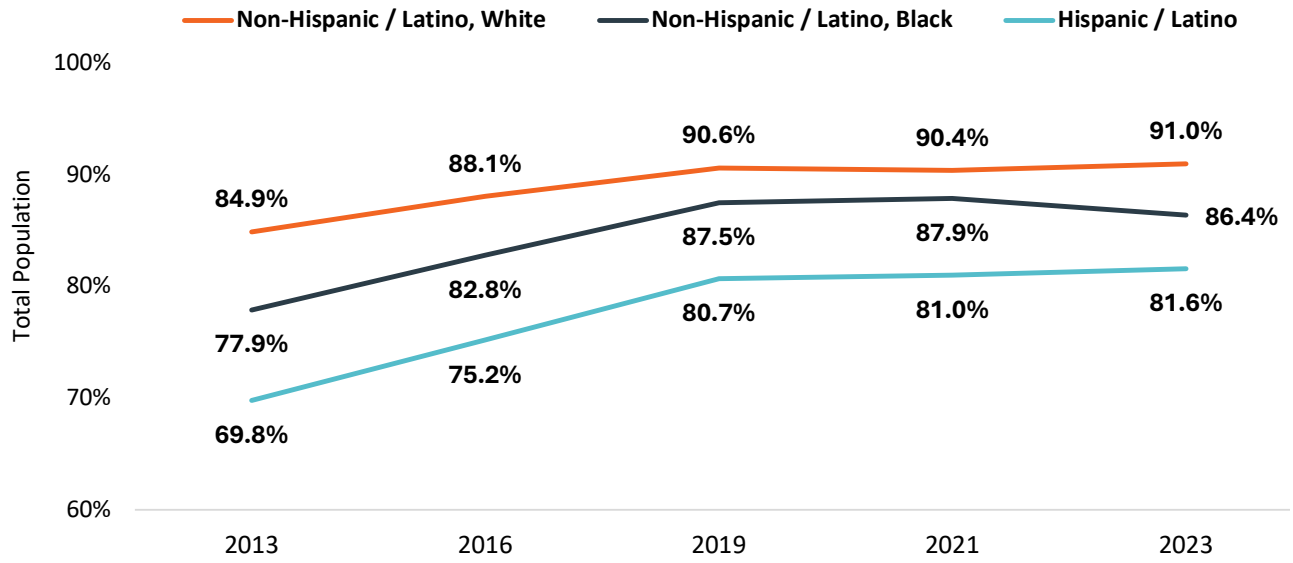



Source: CDC, n.d., BRFSS Places, 2022

[6] *Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.).* ***Healthy People 2030: Health Care Access and Quality.*** *U.S. Department of Health and Human Services.* https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

Additionally, health insurance rates vary by race and ethnicity. The Hispanic / Latino population has lower percentages of people with health insurance compared to non-Hispanic / Latino Whites.

## ADULTS WITH HEALTH INSURANCE COVERAGE IN PINELLAS COUNTY BY RACE / ETHNICITY, 2019-2023




*Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.*

All of Pinellas County has been designated as a Health Provider Shortage Area (HPSA) for primary care, mental health, and dental care. This means there are not enough providers in these disciplines to serve the population in need within the county.[7]

## HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

| Per 100,000 Population | Pinellas County | Florida | United States |
|---|---|---|---|
| Primary Care Physician | 723:1 | 858:1 | 879:1 |
| Primary Care Nurse Practitioner | 779:1 | 800:1 | 1,110:1 |
| Dentist | 1,350:1 | 1,686:1 | 1,532:1 |
| Mental Health Provider | 558:1 | 693:1 | 550:1 |
| Pediatrician | 553:1 | 879:1 | 795:1 |
| Obstetrics and Gynecology (OBGYN) | 3,905:1 | 3,919:1 | 3,454:1 |
| Midwife and Doula | 10,551:1 | 9,029:1 | 9,336:1 |

*Source: CMS, n.d. NPPES NPI, 2024.*

[7] *HRSA, n.d., Health Provider Shortage Areas.*

## Mortality and Morbidity

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval. Mortality data answers critical questions to help healthcare organizations and providers understand how many people are dying and why.[8]

In Pinellas County, the three leading causes of death are cancer, heart disease, and unintentional injury.

### AGE-ADJUSTED LEADING CAUSES OF DEATH PER 100,000 POPULATION, 2023

| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| Heart Disease | 118.0 | 135.6 |
| Cancer | 128.9 | 133.4 |
| Unintentional Injuries | 81.1 | 63.9 |
| Stroke | 32.0 | 44.6 |
| Chronic Lower Respiratory Disease | 29.9 | 30.2 |
| Diabetes | 19.9 | 21.0 |
| Alzheimer's Disease | 9.8 | 15.6 |
| Suicide | 18.5 | 14.1 |
| Chronic Liver Disease / Cirrhosis | 11.6 | 11.7 |
| COVID-19 | 9.2 | 9.9 |

*Source: FLHealthCHARTS, n.d.*

[8] *Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division of Scientific Education & Professional Development .https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html*

Significant racial and ethnic disparities in health, well-being and life expectancy have persisted in the United States for decades. These inequities are particularly pronounced for Black / African American and Hispanic / Latino populations, who, on average, experience worse outcomes compared to white populations. These populations are more likely to die from treatable conditions, more likely to die during or after pregnancy and suffer serious pregnancy-related complications, more likely to lose children in infancy. They are at higher risk for many chronic health conditions, from diabetes to hypertension.[9]

The life expectancy in Pinellas County is similar to Florida's, approximately 78 years. The Hispanic / Latino population in Pinellas County has the highest life expectancy.

## LIFE EXPECTANCY, 2021- 2023

| | Pinellas County | Florida |
|---|---|---|
| **Life Expectancy** | **78.3** | **78.6** |
| White | 78.7 | 79.0 |
| Black / African American | 73.3 | 75.9 |
| Hispanic / Latino | 83.2 | 82.0 |
| Non-Hispanic / Latino | 78.0 | 77.7 |

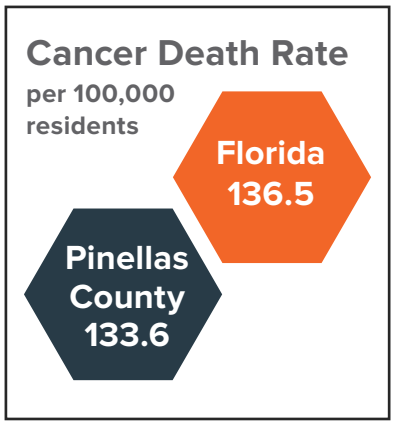
*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management and World Health Organization, Global Health Estimates.*

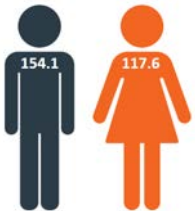
[9] *The Commonwealth Fund. Advancing Racial Equity in U.S. Health Care, April 2024. https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care*

## Chronic Disease

### Cancer

Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening and treatment for everyone, supporting medically underserved communities, and enhancing the quality of life for cancer survivors.[10]

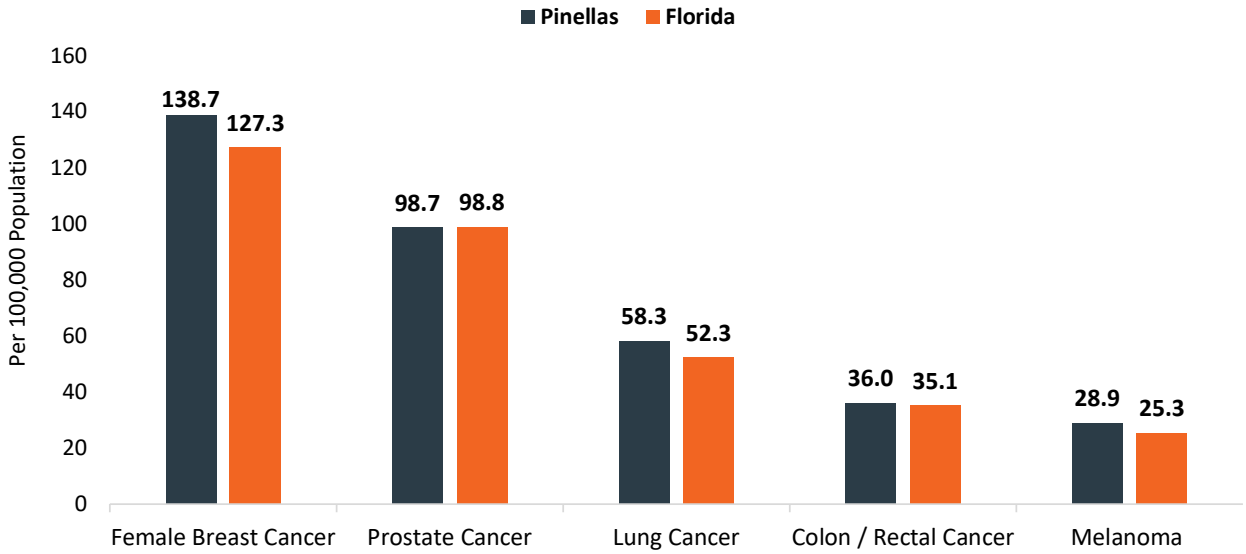



According to the Florida Department of Health, Bureau of Vital Statistics, the age-adjusted cancer death rate in 2021-23 was 133.6 per 100,000 residents, lower than the statewide rate of 136.5.[11]

Cancer incidence rates in Pinellas County are higher than state averages for several common cancers. The rate of female breast cancer is 138.7 per 100,000, compared to 127.3 per 100,000 statewide. Lung cancer occurs at a rate of 58.3 per 100,000 in the county, while the state rate is 52.3. Colon and rectal cancer are reported at 36.0 per 100,000 people in Pinellas, exceeding the state rate of 35.1.

#### CANCER INCIDENCE RATE, PER 100,000 POPULATION, 2020-2022




*Source: FLHealthCHARTS, n.d.*

[10] *Centers for Disease Control and Prevention [CDC]. (2024, April 12). Cancer characteristics, definitions, and recent investigations.* https://www.cdc.gov/cancer-environment/php/guidelines/characteristics.html

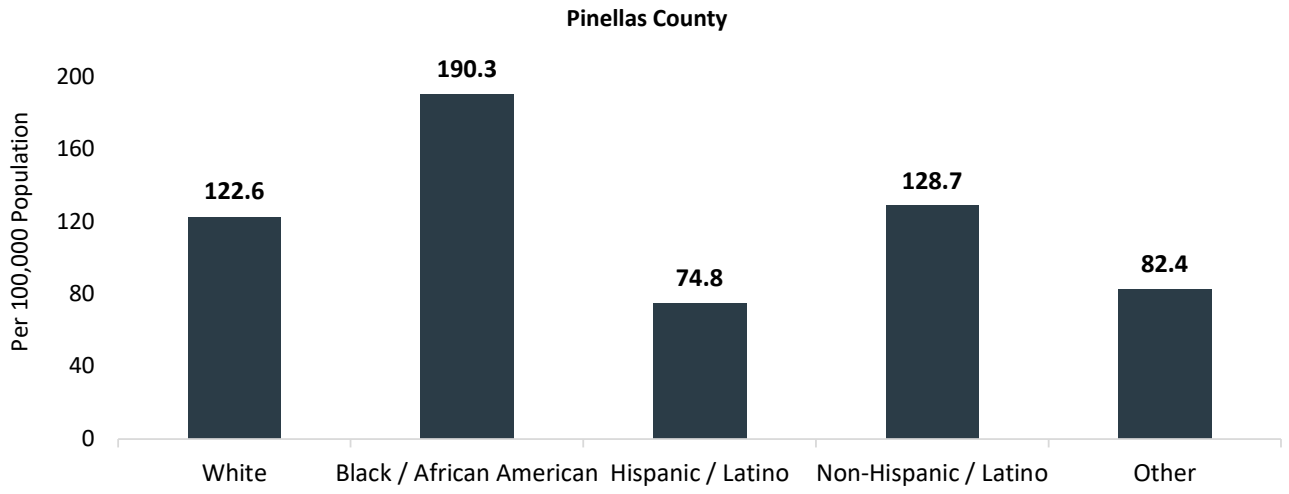
[11] FLHealthCHARTS, n.d. Deaths From Cancer, 2023.

## Heart Disease, Diabetes and Unintentional Injuries

Nationwide, heart disease is the leading cause of death. Key risk factors for heart disease include other chronic diseases and lifestyle choices, such as high blood pressure and cholesterol, smoking and alcohol use, obesity, and an unhealthy diet, as well as physical inactivity, among others.[12] Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias, and heart failure.[13]

Heart disease is one of the leading causes of death in Pinellas County, accounting for 118.0 deaths per 100,000 people in 2023. In Pinellas County, age-adjusted death rates from heart disease were highest among Black / African American residents (190.3 per 100,000), followed by non-Hispanic / Latino residents (128.7) and White residents (122.6).

### AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 POPULATION, 2021-2023




*Source: FLHealthCHARTS, n.d.*

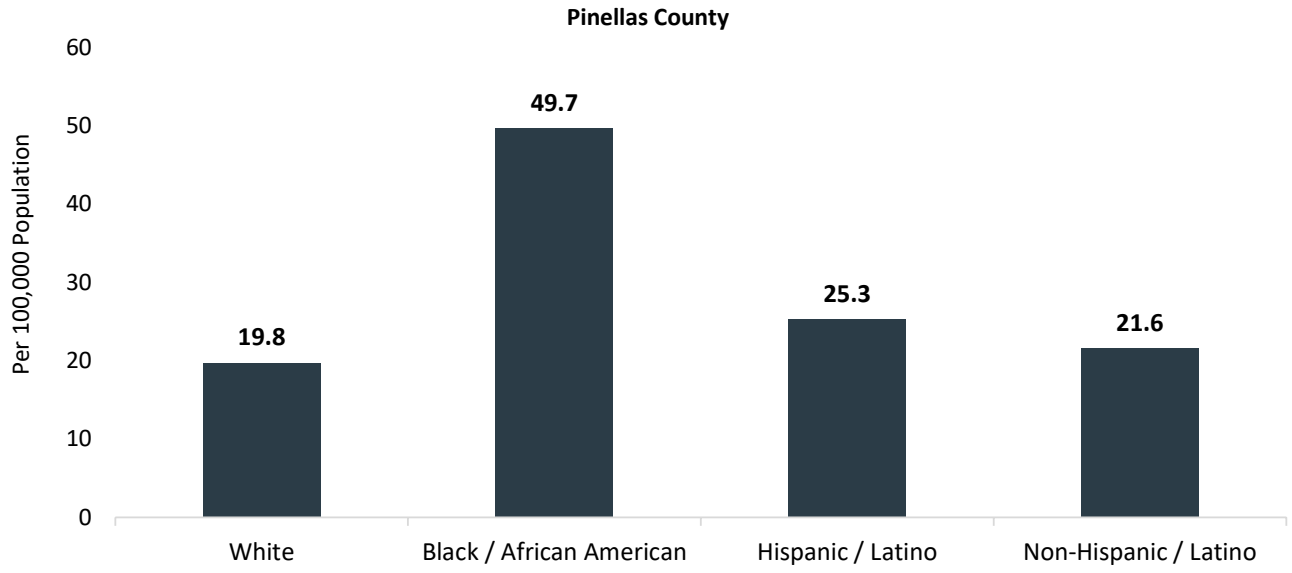
[12] *Centers for Disease Control and Prevention [CDC]. (2024, October 24).* ***Heart Disease Facts.*** *https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html*

[13] AHA, 2023. What is Cardiovascular Disease?

Diabetes is a lifelong condition that affects how the body processes glucose, a type of sugar found in the blood. Most food is converted into glucose, which the body uses for energy. In children, diabetes increases the risk of developing serious health problems later in life, including narrowed blood vessels, high blood pressure, heart disease, and stroke.[14,15]

Diabetes accounted for nearly 20 deaths per 100,000 people in 2023 in Pinellas County. The age-adjusted death rate from diabetes was highest among Black / African American residents (49.7 deaths per 100,000 population), followed by Hispanic / Latino residents (25.3 deaths per 100,000 population).

## DISPARITIES IN DIABETES DEATH RATE, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2020-2022




*Source: Florida Department of Health, Bureau of Vital Statistics*

[14] *Mayo Clinic, Type 1 Diabetes in Children. https://www.mayoclinic.org/diseases-conditions/type-1-diabetes-in-children/symptoms-causes/syc-20355306#:~:text=Diabetes%20increases%20your%20child's%20risk,Nerve%20damage.*

[15] *Florida Department of Health, Diabetes. https://www.floridahealth.gov/diseases-and-conditions/diabetes/index.html*

Unintentional injuries are the third leading cause of death in Florida. Injuries are not accidents; they can be prevented. Injuries are not random, uncontrollable events but rather predictable and preventable incidents with identifiable causes. Unintentional injuries are events that happen that are not deliberate or done with purpose.[18]

The hospitalization rate due to unintentional falls in Pinellas County is slightly higher than the state average. Additionally, the hospitalization rate from motor vehicle accidents is 25.6% higher in Pinellas County compared to Florida overall. Between 2017–2019 and 2020–2022, both the non-fatal hospitalization rate and emergency room visit rate due to firearm injuries increased in Pinellas County and remain above the state rates.

## AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES PER 100,000 POPULATION

| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| **2020-2022** | | |
| **Unintentional Falls** | | |
| Death Rate | 11.6 | 16.9 |
| Hospitalization Rate | 253.3 | 243.1 |
| **Motor Vehicle Fatalities and Hospitalizations** | | |
| Death Rate | 16.2 | 12.9 |
| Hospitalization Rate | 79.3 | 70.1 |
| **Firearm Injuries** | | |
| Non-Fatal Hospitalization Rate | 6.3 | 4.7 |
| Emergency Room Visits | 5.9 | 4.4 |
| **2017-2019** | | |
| **Unintentional Falls** | | |
| Death Rate | 10.0 | 12.5 |
| Hospitalization Rate | 242.8 | 257.5 |
| **Motor Vehicle Fatalities and Hospitalizations** | | |
| Death Rate | 14.8 | 12.7 |
| Hospitalization Rate | 76.9 | 65.8 |
| **Firearm Injuries** | | |
| Non-Fatal Hospitalization Rate | 4.2 | 3.5 |
| Emergency Room Visits | 4.9 | 4.9 |

*Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile*

[18] *Alabama Public Health, Injury Prevention. https://www.alabamapublichealth.gov/injuryprevention/unintentional-injuries.html*

## Maternal Health

Maternal health refers to women's health and well-being during pregnancy, childbirth and postpartum (after childbirth). The U.S. is experiencing a maternal health crisis as it has one of the highest maternal mortality rates among high-income nations, increasing rates of complications from pregnancy or childbirth and persistent disparities in such outcomes.[18] Maternal death is the death of woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. Statewide, the maternal mortality rate decreased by 35.3%.

### MATERNAL DEATHS

| | Pinellas County | | Florida | |
|---|---|---|---|---|
| | 2019 | 2023 | 2019 | 2023 |
| Per 100,000 Live Births | 0.0 | 0.0 | 28.6 | 18.5 |

*Source: Florida Department of Health, Bureau of Vital Statistics.*

In Florida, Black / African American women experience higher rates of complications leading to hospitalizations compared to other races and ethnicities. In Pinellas County, Black / African American and Hispanic / Latino women also have a higher rate of severe maternal morbidity.

### SEVERE MATERNAL MORBIDITY BY RACE AND ETHNICTY[18]

| Per 100,000 Live Births | Pinellas County | Florida |
|---|---|---|
| **Total** | **10.3** | **10.6** |
| White | 7.7 | 8.3 |
| Black / African American | 8.4 | 16.5 |
| Other Race | 9.8 | 11.9 |
| Hispanic / Latino | 9.5 | 9.6 |
| Non-Hispanic / Latino | 10.4 | 11.1 |

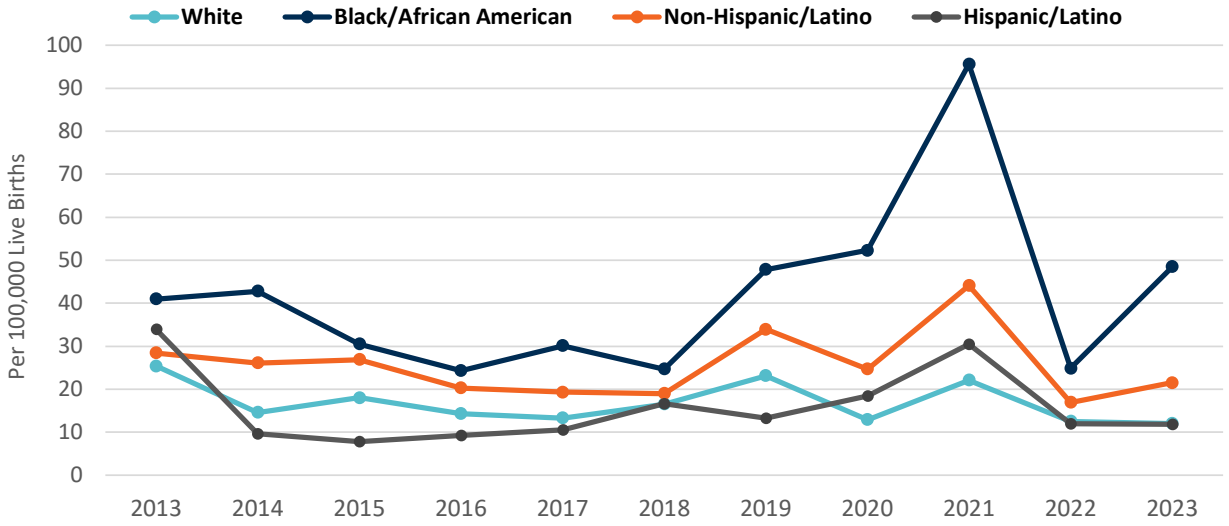
*Source: Florida Department of Health, Bureau of Vital Statistics 2022-2024*

[18] *U.S. Government Accountability Office, Maternal Health: HHS Should Improve Assessment of Efforts to Address Worsening Outcomes (2024). https://www.gao.gov/products/gao-24-106271#:~:text=The%20U.S.%20is%20experiencing%20a,such%20outcomes%2C%20according%20to%20HHS*

[19] *Severe Maternal Morbidity is calculated using codes specified by the Alliance for Innovation on Maternal Health among delivery hospital inpatient records for females aged 12-55. Includes acute myocardial infarction, aneurysm, acute renal failure, adult respiratory distress syndrome, amniotic fluid embolism, cardiac arrest/ventricular fibulation, conversion of cardiac rhythm, disseminated intravascular fibrillation, eclampsia, heart failure/arrest during surgery or procedure, puerperal cerebrovascular disorders, pulmonary edema/acute heart failure, severe anesthesia complications, sepsis, shock, sickle cell disease with crisis, air and thrombotic embolism, blood products transfusion, hysterectomy, temporary tracheostomy or ventilation. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=0867*

Racial disparities in maternal and infant health in the U.S. persist despite advances in medical care, largely due to systemic racism and deep-rooted social and economic inequities. While access to care and insurance coverage are factors, disparities remain even when accounting for education and income, highlighting the profound impact of racism and discrimination on health outcomes.[19] Over the past ten years, Black / African American mothers have had the highest maternal death rate in Florida.

## TREND OF MATERNAL DEATH RATE BY RACE AND ETHNICITY (STATE OF FLORIDA)




| Per 100,000 Live Births | White | +/- | Black / African American | +/- | Non Hispanic / Latino | +/- | Hispanic / Latino | +/- |
|---|---|---|---|---|---|---|---|---|
| 2023 | 12.0 | → | 48.5 | ← | 21.5 | ← | 11.9 | → |
| 2022 | 12.5 | → | 24.9 | → | 16.9 | → | 12.0 | → |
| 2021 | 22.1 | ← | 95.6 | ← | 44.1 | ← | 30.5 | ← |
| 2020 | 12.9 | → | 52.3 | ← | 24.7 | → | 18.4 | ← |
| 2019 | 23.1 | ← | 47.8 | ← | 33.9 | ← | 13.3 | → |
| 2018 | 16.5 | ← | 24.7 | → | 19.0 | → | 16.6 | ← |
| 2017 | 13.3 | → | 30.1 | ← | 19.3 | → | 10.5 | ← |
| 2016 | 14.3 | → | 24.3 | → | 20.3 | → | 9.2 | ← |
| 2015 | 18.0 | ← | 30.5 | → | 26.9 | ← | 7.8 | → |
| 2014 | 14.6 | → | 42.8 | ← | 26.1 | ← | 9.7 | → |
| 2013 | 25.4 | — | 41.0 | — | 28.4 | — | 33.9 | — |

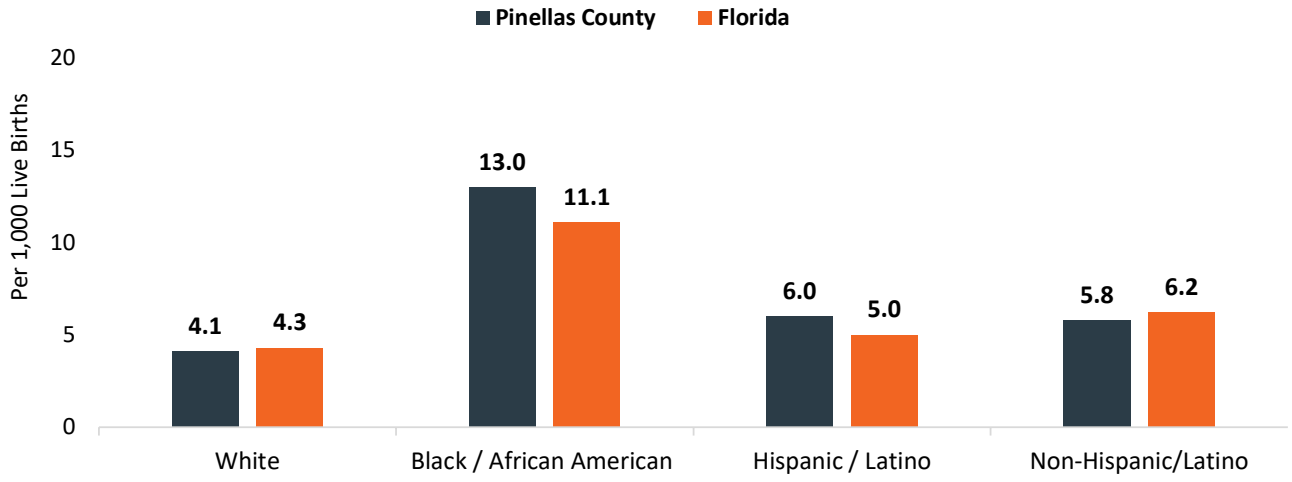
*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Florida Department of Health, Bureau of Vital Statistics.*

[18] *KFF, Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them (2024). https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/*

Despite spending hundreds of millions of dollars on maternal and infant health, Florida's infant mortality rate has remained largely unchanged over the past decade. During this time, the number of births to mothers without prenatal care has increased, according to state data. In 2023, Florida allocated over $170 million to address maternal and infant health, roughly double what it spent on tourism promotion, but still less than what it provided for wastewater grants. Yet key indicators such as infant and fetal mortality, preterm births and low birth weights have shown little improvement since they spiked and then plateaued a decade ago. In 2022, the infant mortality rate remained at six deaths per 1,000 births, the same as in 2012.[20]

Access to care is especially critical during pregnancy, as early and consistent prenatal care plays a vital role in supporting healthy birth outcomes and reducing infant mortality.[21] In Pinellas County, infant mortality rates are higher among Black / African American and Hispanic / Latino populations compared to White and non-Hispanic / Latino populations. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black / African American and Hispanic / Latino mothers less likely to access early care.[22]

## INFANT MORTALITY (AGED 0-364 DAYS), RATE PER 1,000 LIVE BIRTHS BY RACE / ETHNICITY 2021-2023




*Source: FloridaHealthCHARTS, n.d.*

[20] *Governing. Florida Invests Millions to Keep Babies Alive. It's Not Working (2024). https://www.governing.com/management-and-administration/florida-invests-millions-to-keep-babies-alive-its-not-working*

[21] *ODPHP, n.d. Pregnancy and Childbirth.*

[22] *CDC. 2024. Infant Mortality.*

In Pinellas County, White mothers had the highest rate of early prenatal care at 83.8%, while Black / African American mothers had the lowest at 71.4%. All groups in Pinellas County exceed the state averages, yet differences by race and ethnicity highlight differences in access to prenatal care.

## BIRTHS WITH PRENATAL CARE IN THE IST TRIMESTER, BY RACE / ETHNICITY 2021-2023

| | Pinellas County | Florida |
|---|---|---|
| White | 83.8% | 74.3% |
| Black/African American | 71.4% | 63.7% |
| Hispanic / Latino | 78.5% | 70.5% |
| Non-Hispanic / Latino | 81.9% | 72.3% |

*Source: FloridaHealthCHARTS, n.d.*

## INFANT CHARACTERISTICS

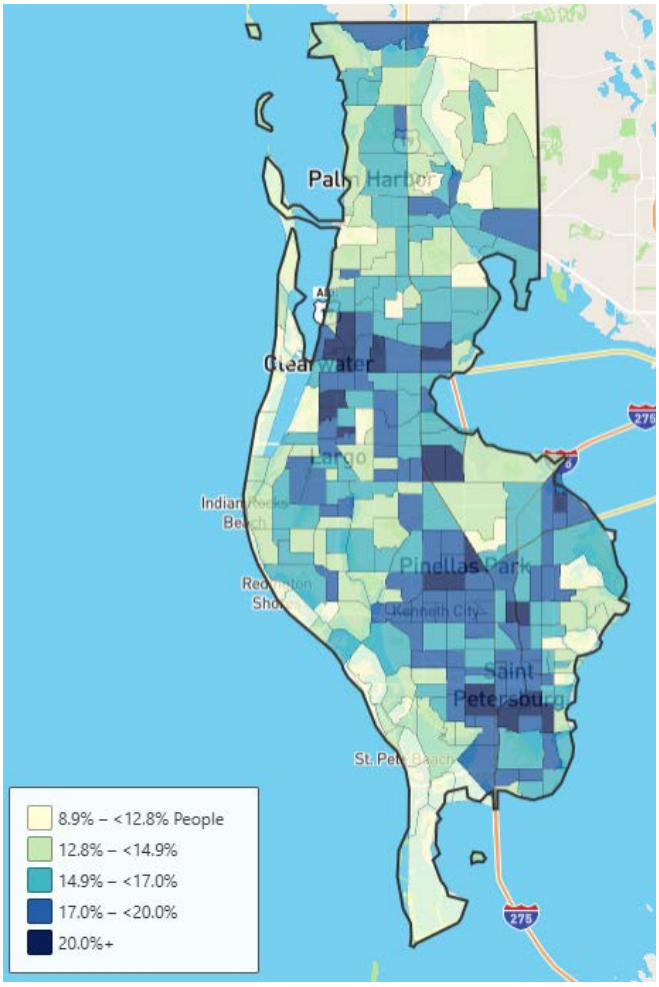
| | Pinellas County | Florida |
|---|---|---|
| **2020-2022** | | |
| Low Birth Weight (percent of total births) | 8.8% | 8.3% |
| Teen Birth Rate (under 18), per 1,000 Population | 2.0 | 1.8 |
| **2017-2019** | | |
| Low Birth Weight (percent of total births) | 6.0% | 5.6% |
| Teen Birth Rate (under 18), per 1,000 Population | 2.4 | 2.2 |

*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile.*

## Behavioral Health

In Pinellas County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.9% of adults reported 14 or more mentally unhealthy days in the past month. This rate reflects elevated stress, anxiety, and depressive symptoms that can interfere with daily functioning and quality of life.[23]

### POOR MENTAL HEALTH AMONG ADULTS, 2022




*Source: CDC, n.d., BRFSS Places, 2022*

Access to care is a critical factor in behavioral health outcomes. In Pinellas County, the mental health provider ratio is 558:1, meaning there are approximately 558 people for every one mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists, counselors, and other mental health professionals, many of whom may not be accepting new patients, may have long waitlists, or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.[24]

### MENTAL HEALTH PROVIDER RATIO (PERSONS PER PROVIDER), 2024

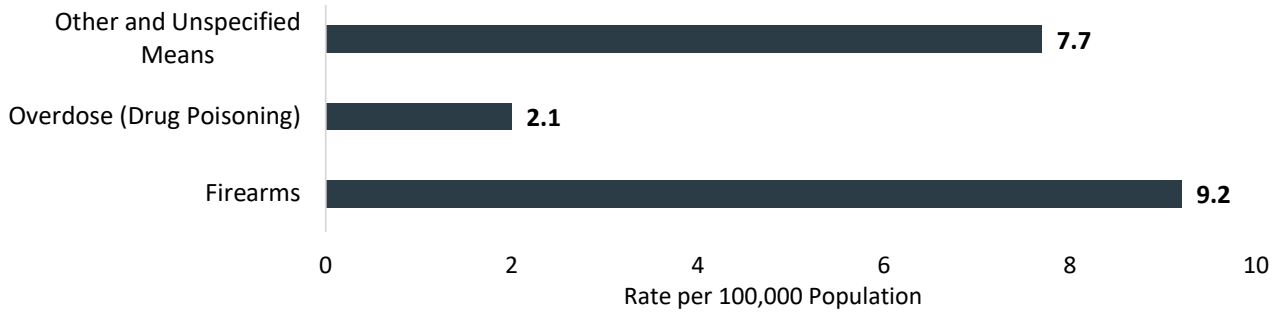
| Pinellas County | Florida |
|---|---|
| 558:1 | 693:1 |

*Source: CMS, n.d. NPPES NPI, 2024.*

[23] *CDC, 2024. About Behavioral Health.*
[24] *Nordstrom et al., 2023.*

Between 2021-2023, Pinellas County had a suicide rate of 18.5 per 100,000 people when combining all methods. Notably, firearms were the most common method, with a rate of 9.2 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

## SUICIDE RATE BY MEANS PER 100,000 POPULATION, 2021-2023




*Source: FLHealthCHARTS, n.d.*

For youth aged 12 to 18 in Pinellas County, the suicide rate was 8.7 per 100,000 population in 2023, which is higher than Florida (5.5).

## YOUTH SUICIDE RATE (AGE 12-18) PER 100,000 POPULATION, 2021-2023[25]

| | Pinellas County | Florida |
|---|---|---|
| Youth Suicide Rate | 8.7 | 5.5 |

*Source: FLHealthCHARTS, n.d*

The suicide rate for young adults (age 19-21) is higher than youth, but lower than the overall suicide rate in Pinellas County. However, the young adult suicide rate is higher than the state.

## YOUNG ADULT SUICIDE RATE (AGE 19-21) PER 100,000 POPULATION, 2021-2023[26]

| | Pinellas County | Florida |
|---|---|---|
| Youth Suicide Rate | 14.8 | 12.9 |

*Source: FLHealthCHARTS, n.d*

Pinellas County has a higher rate of hospitalization from mental disorders than Florida.

## AGE-ADJUSTED HOSPITALIZATIONS FROM MENTAL DISORDERS, PER 100,000, 2021-2023

| | Pinellas County | Florida |
|---|---|---|
| Hospitalizations From Mental Disorders | 1,194.3 | 963.2 |

*Source: Florida Agency for Health Care Administration (AHCA)*

[25] *Crude Rate.*
[26] *Crude Rate.*

## Substance Use

Binge drinking is also a growing concern among adults, which is similar in Pinellas County (24.2%) to the State of Florida (18.0%). Despite the similar rates, there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.

### BINGE DRINKING, 2022

| | Pinellas County | Florida |
|---|---|---|
| Adults who engage in heavy or binge drinking | 24.2% | 18.0% |
| Middle school students reporting binge drinking | 4.2% | 3.0% |
| High school students reporting binge drinking | 6.2% | 7.5% |

*Source: BRFSS | Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).*

Nearly one in seven (15.0%) Pinellas County adult residents are current tobacco users, which is slightly higher than the state (14.2%)

### SELF-REPORTED CURRENT ADULT TOBACCO USE

| | Pinellas County | Florida |
|---|---|---|
| Current Tobacco Use | 15.0% | 14.2% |

*Source: Centers for Disease Control and Prevention, PLACES: Local Data for Better Health*

The rate of drug poisoning deaths in Pinellas County is 57.3% higher compared to Florida.

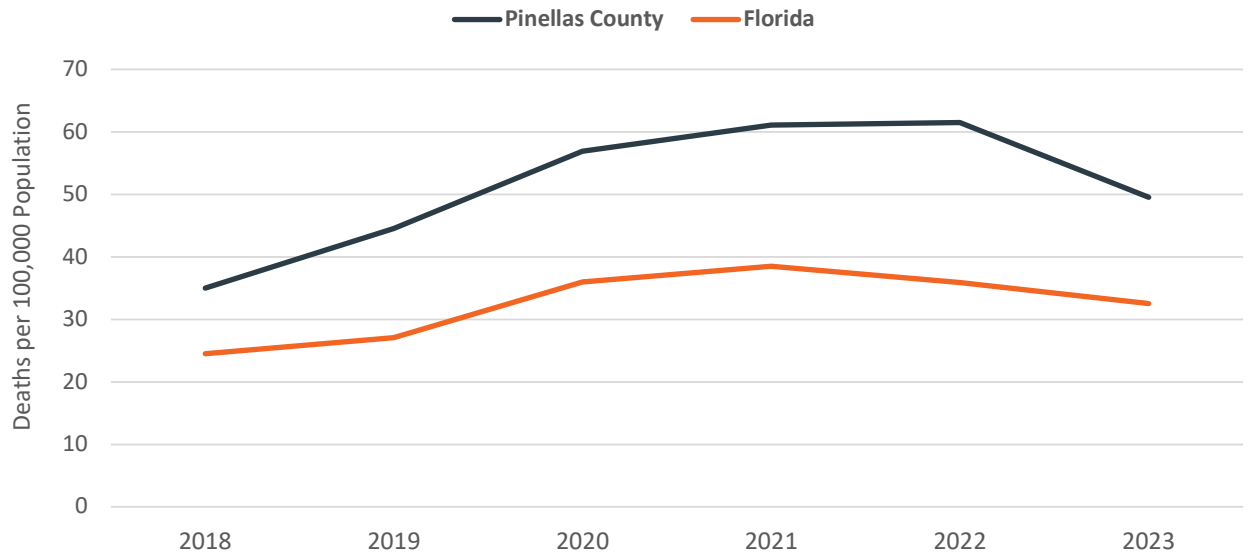
### AGE-ADJUSTED DRUG POISONING DEATHS, PER 100,000 POPULATION, 2020-2022

| | Pinellas County | Florida |
|---|---|---|
| Age-Adjusted Drug Poisoning Deaths | 55.7 | 35.4 |

*Source: Florida Department of Health, Bureau of Vital Statistics*

Between 2018 and 2023, the overdose death rate increased statewide by 32.7%. In Pinellas County, the overdose death rate increased 41.4% during the same time period. The overdose death rate is higher in every year than the state.

## TREND OF AGE-ADJUSTED OVERDOSE DEATH RATE

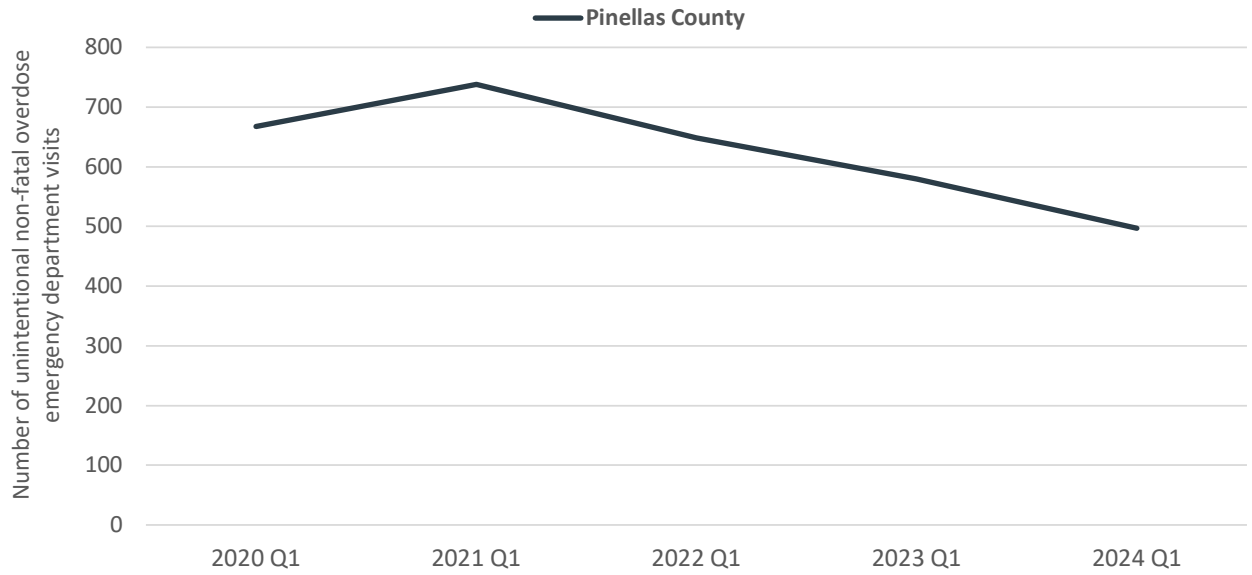



| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| 2023 | 49.5 | 32.5 |
| 2022 | 61.5 | 35.9 |
| 2021 | 61.1 | 38.5 |
| 2020 | 56.9 | 36.0 |
| 2019 | 44.5 | 27.1 |
| 2018 | 35.0 | 24.5 |

*Source: FLHealthCHARTS, n.d*

The number of unintentional, non-fatal overdose emergency department visits decreased from the first quarter of 2023 (January 1 to March 31) to the first quarter of 2024 in Pinellas County and Florida.

## TREND OF NUMBER OF UNINTENTIONAL NON-FATAL OVERDOSE EMERGENCY DEPARTMENT VISITS

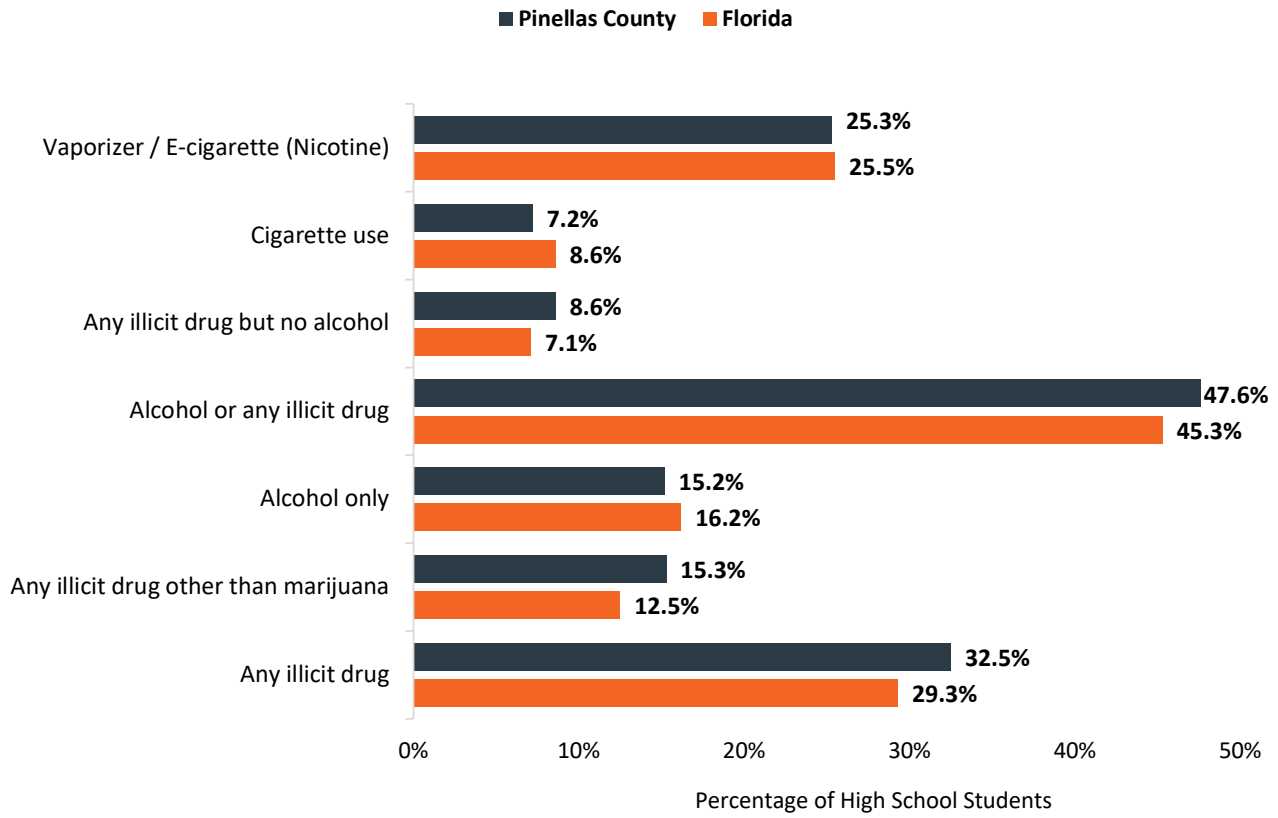



| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| 2024 Q1 | 497 | 8,380 |
| 2023 Q1 | 580 | 10,186 |
| 2022 Q1 | 648 | 11,969 |
| 2021 Q1 | 738 | 11,918 |
| 2020 Q1 | 667 | 11,306 |

*Source: Florida Department of Health Bureau of Community Health Assessment Division of Public Health Statistics and Performance Management Substance Use Dashboard.*

Nearly half of all high school students have used alcohol or any illicit drug in their lifetime in Pinellas County. Nearly one in three have used any illicit drug while one in four have used a vape or e-cigarette with nicotine.

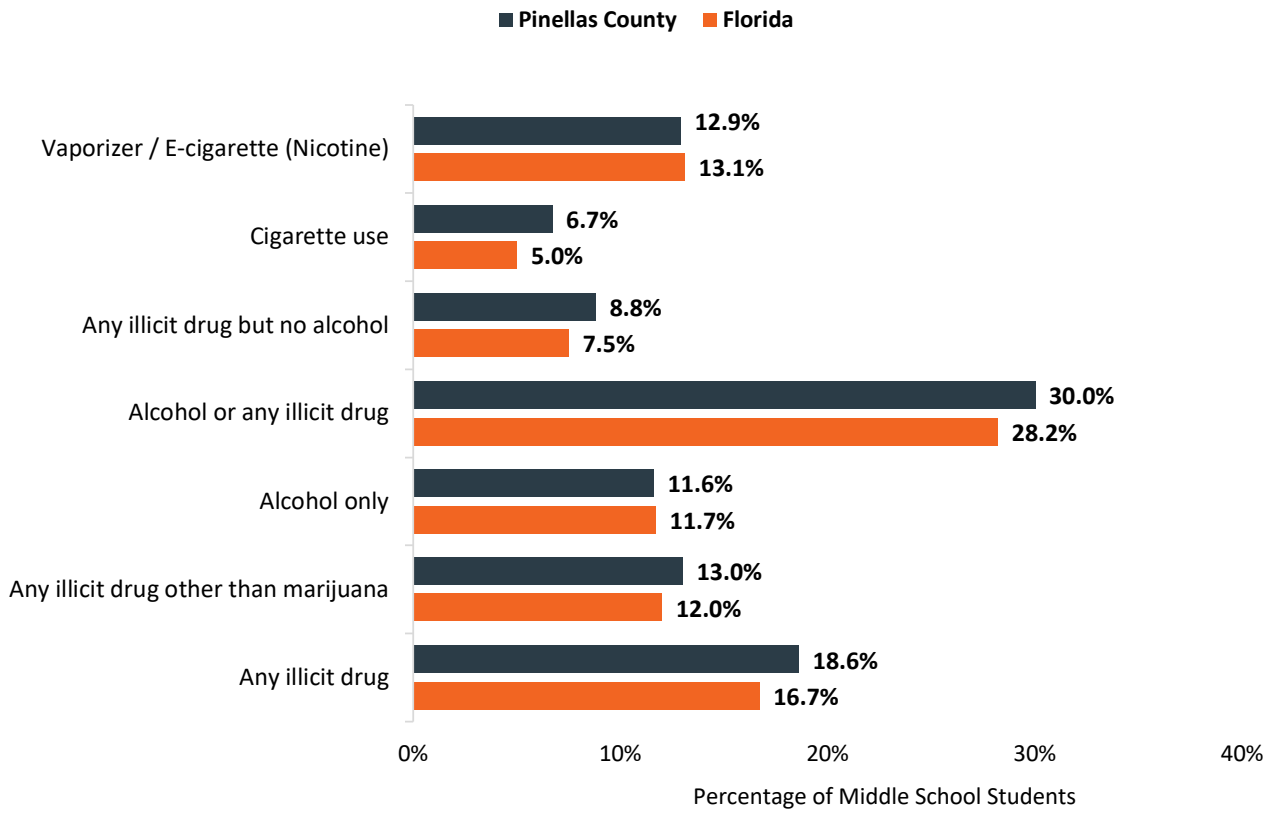
## HIGH SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022




*Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).*

Approximately one in three middle school students has used alcohol or any illicit drug in their lifetime in Pinellas County. Nearly one in five middle school students has used any illicit drug while 12.9% of middle school students have used a vape or e-cigarette with nicotine.

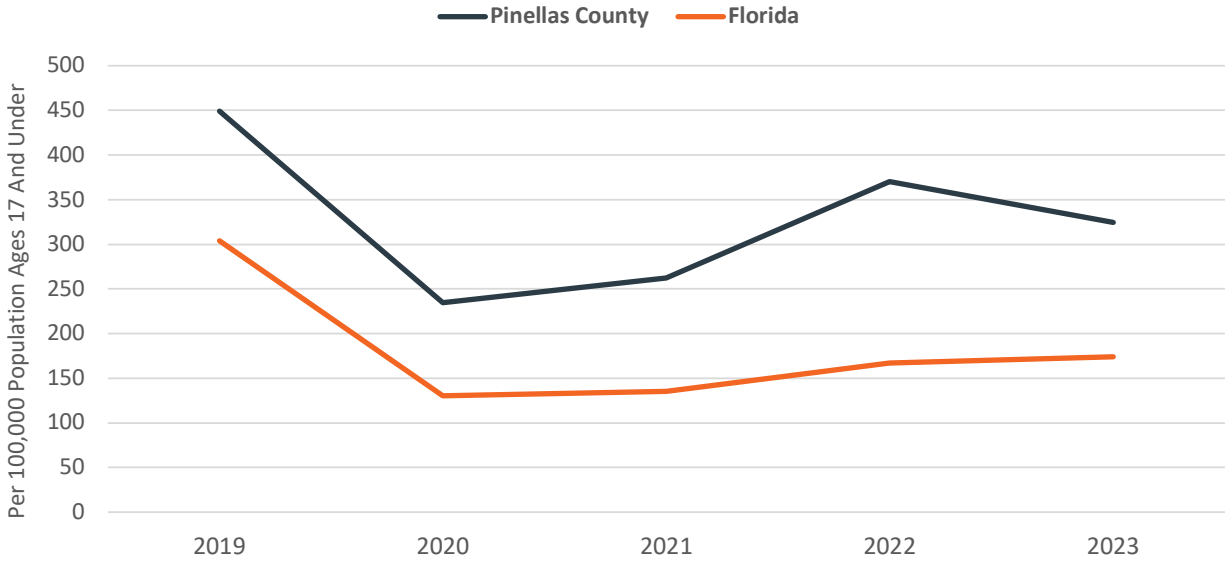
## MIDDLE SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022




*Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).*

Juvenile drug arrests are arrests of persons under 18 years of age attributed to possession or sale of illegal drugs. Pinellas County has a much higher juvenile drug arrest rate than the state. In 2023, the juvenile drug arrest rate was 324.2 per 100,000 people aged 17 or under. Pinellas County has the highest rate in the Greater Tampa Bay area.

## TREND OF ANNUAL JUVENILE DRUG ARREST RATE



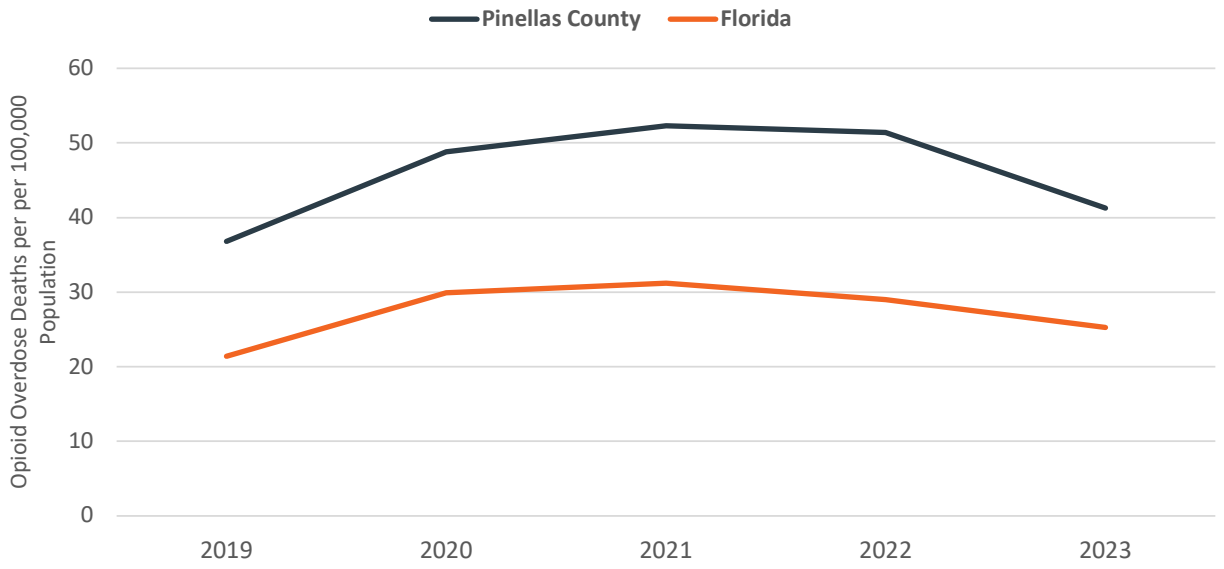

| Per 100,000 Population Age 17 and Under | Pinellas County | Florida |
|---|---|---|
| 2023 | 324.2 | 174.0 |
| 2022 | 370.4 | 167.1 |
| 2021 | 262.2 | 135.4 |
| 2020 | 234.6 | 130.3 |
| 2019 | 449.1 | 303.9 |

*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. FloridaHealthCHARTS. Florida Department of Law Enforcement.*

## The Opioid Epidemic

Drug overdose deaths have declined in recent years. Florida's 2023 Medical Examiners Commission report shows a 7.0% drop in drug-related deaths and an 11.0% decrease in opioid-related deaths from 2022. Opioids and stimulants cause over 50.0% of deaths when present. The 2024 Statewide Drug Policy Advisory Council report highlights policy efforts, including the 2023 Prescription Drug Reform Act (SB 1550). Despite progress, the opioid crisis and emerging synthetic drugs remain a public health concern, requiring ongoing action.[27]

### TREND OF OPIOID OVERDOSE DEATHS



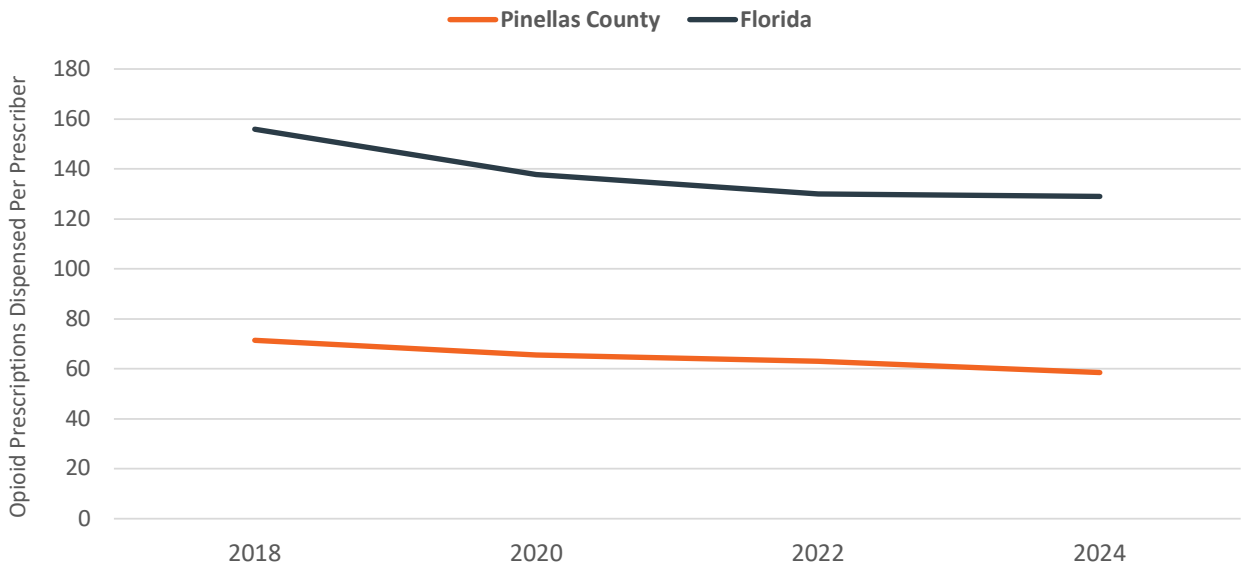

| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| 2023 | 41.3 | 25.3 |
| 2022 | 51.4 | 29.0 |
| 2021 | 52.3 | 31.2 |
| 2020 | 48.8 | 29.9 |
| 2019 | 36.8 | 21.4 |

*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Substance Use Dashboard.*

[27] *Florida Department of Health. Florida Drug Overdose Surveillance and Epidemiology. https://www.floridahealth.gov/statistics-and-data/fl-dose/index.html*

Since 2018, the rate of opioid prescriptions dispensed per prescriber has generally declined in Pinellas County and the state.

## TREND OF ANNUAL OPIOID PRESCRIPTIONS DISPENSED PER PRESCRIBER




| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| 2024 | 58.5 | 129.0 |
| 2022 | 62.9 | 129.9 |
| 2020 | 65.5 | 137.8 |
| 2018 | 71.4 | 155.9 |

*Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Substance Use Dashboard.*

The demand for licensed mental health therapists has surged, especially since COVID-19, but the U.S. faces a critical shortage. Low reimbursement rates and inadequate pay deter providers, worsening access to care, particularly in rural areas. Limited transportation and provider availability further restrict treatment, leaving many without the mental health support they need.[28] Pinellas County has a higher rate of mental health professionals of all licensures than the state.

## RATE OF LICENSED BEHAVIORAL HEALTHCARE PROVIDERS, 2022

| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| Behavioral or mental health professionals[29] | 171.5 | 130.4 |
| Mental health counselors | 80.7 | 64.0 |
| Psychologists | 28.5 | 23.0 |
| Clinical social workers | 80.3 | 55.2 |

*Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile*

Pinellas County has more adult psychiatric beds than Florida, but less child and adolescent psychiatric beds than the state.

## RATE OF PSYCHIATRIC BEDS

| Per 100,000 Population | Pinellas County | Florida |
|---|---|---|
| Adult psychiatric beds | 29.8 | 19.2 |
| Child and adolescent psychiatric beds | 1.0 | 3.1 |

*Source: Florida Department of Health Bureau of Community Health Assessment. Division of Public Health Statistics and Performance Management's Suicide and Behavioral Health Profile*

[28] *American Counseling Association. A closer look at the mental health provider shortage, 2023. https://www.counseling.org/publications/counseling – today – magazine/article – archive/article/legacy/a – closer – look – at – the – mental – health – provider – shortage#:~:text=An%20aging%20workforce:%20Many%20of,a%20shortage%20in%20the%20field.*

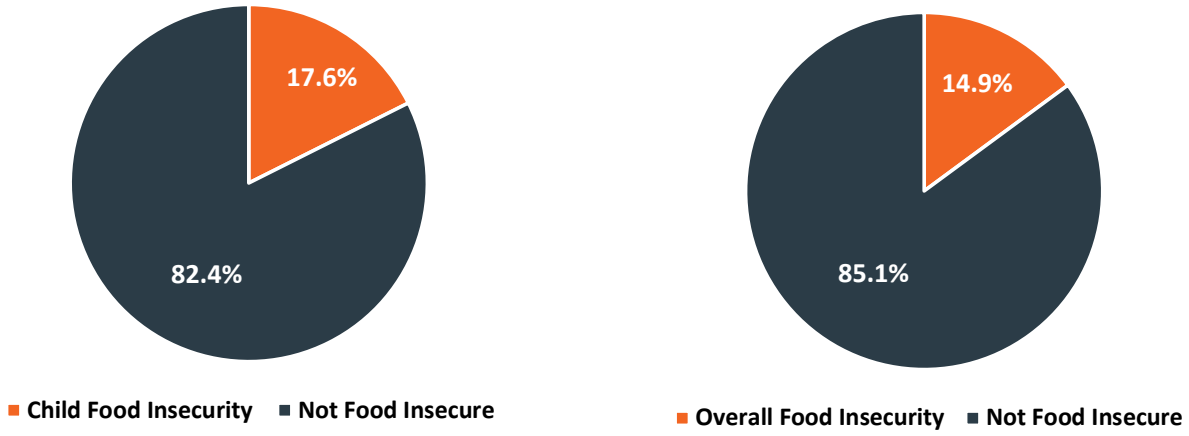
[29] *Includes marriage and family therapists, clinical social workers and mental health counselors with active licenses in Florida. Other behavioral healthcare professionals, such as psychologists or school psychologists, are not included in this measure.*

# Neighborhood and Built Environment

The neighborhood and built environment of Pinellas County plays a crucial role in shaping residents' health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community. These factors can either enable healthy lifestyles or create barriers – often with the greatest impact on vulnerable or low-income populations.[30]

The child food insecurity rate in Pinellas County is 17.6%, considerably higher than the overall food insecurity rate of 14.9%. This means that one in eight children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance, and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.[31]

## FOOD INSECURE INDIVIDUALS IN PINELLAS COUNTY BY AGE, 2023




*Source: Feeding America, Map the Meal Gap, 2023*

## FOOD DESERTS

| | Pinellas County |
|---|---|
| Number of census tracts | 60 |
| Percentage of census tracts | 22.6% |

*Source: USDA, Food Access Research Atlas*

[30] *Office of Disease Prevention and Health Promotion [ODPHP]. (n.d.). Healthy People 2030: Neighborhood and Built Environment. U.S. Department of Health and Human Services. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment*

[31] *Feeding America, n.d. Child Hunger Facts.*

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost-burdened, spending a disproportionate share of their income on rent or mortgage payments. The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Pinellas County residents.

Additionally, the median home value in Pinellas County is $319,000[32], slightly less than the state median of $325,000, but it can still be out of reach for many working families. In Pinellas County, 54.7% of renters currently spend 50.0% or more of their income on housing costs alone.

To afford a modest **two-bedroom rental home** in Pinellas County without being housing cost-burdened, a full-time worker must earn

**$35.60 per hour**

At the current minimum wage of $12/hour, a worker would need to work over **118 hours per week just to afford rent in Pinellas County.**

Source: NLIHC, 2024.

## HOUSING COSTS AND VALUES[33], 2023

| | United States | Florida | Pinellas County |
|---|---|---|---|
| Median Household Income | $78,538 | $71,711 | $70,293 |
| Median Home Value | $303,400 | $325,000 | $319,000 |
| Renter Excessive Housing Costs | 48.7% | 55.0% | 54.7% |
| Owner Excessive Housing Costs | 21.8% | 26.2% | 26.2% |
| Renter Housing Mobile Homes* | 21.9% | 13.9% | 5.2% |
| Owner Housing Mobile Homes* | 18.1% | 25.3% | 13.1% |
| Homeowner Vacancy Rate | 1.4% | 2.0% | 2.2% |

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

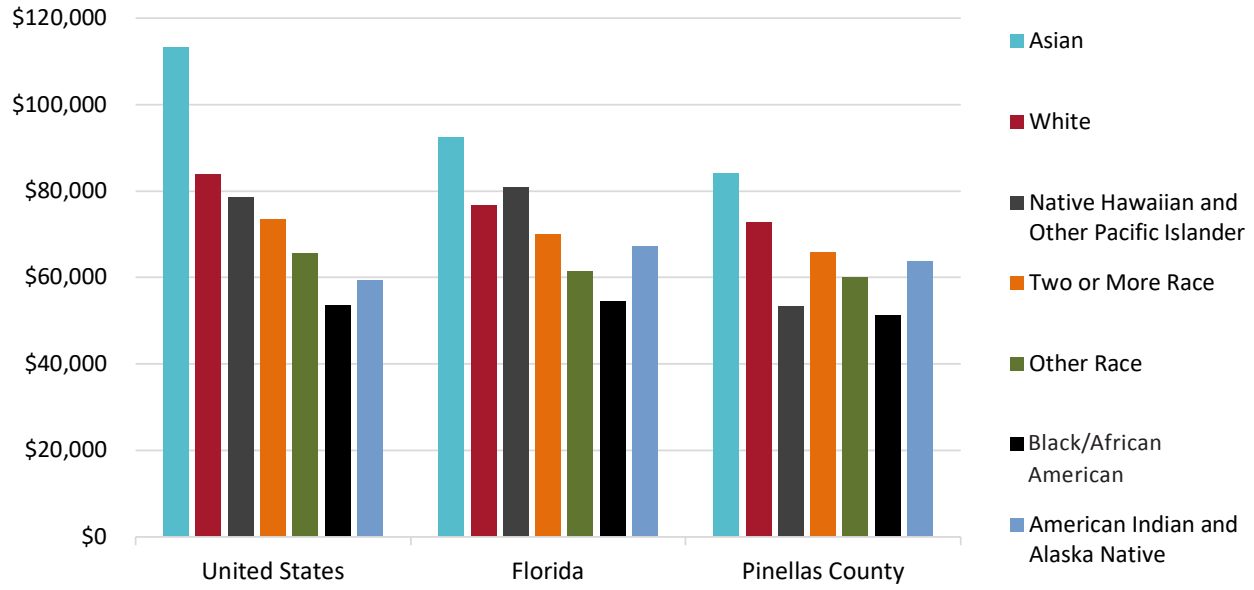
[32] *U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.*
[33] **U.S. HUD CHAS 2015-2019*

# Economic Stability

Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.[34]

In Pinellas County, the median household income is $70,293 annually, compared to the state of Florida's $71,711 median household income and the United States' median household income of $78,538.

## MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023




*Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.*

[34] *Centers for Disease Control and Prevention [CDC]. (2023, March 27).* ***Economic stability.*** https://www.cdc.gov/prepyourhealth/discussionguides/economicstability.htm

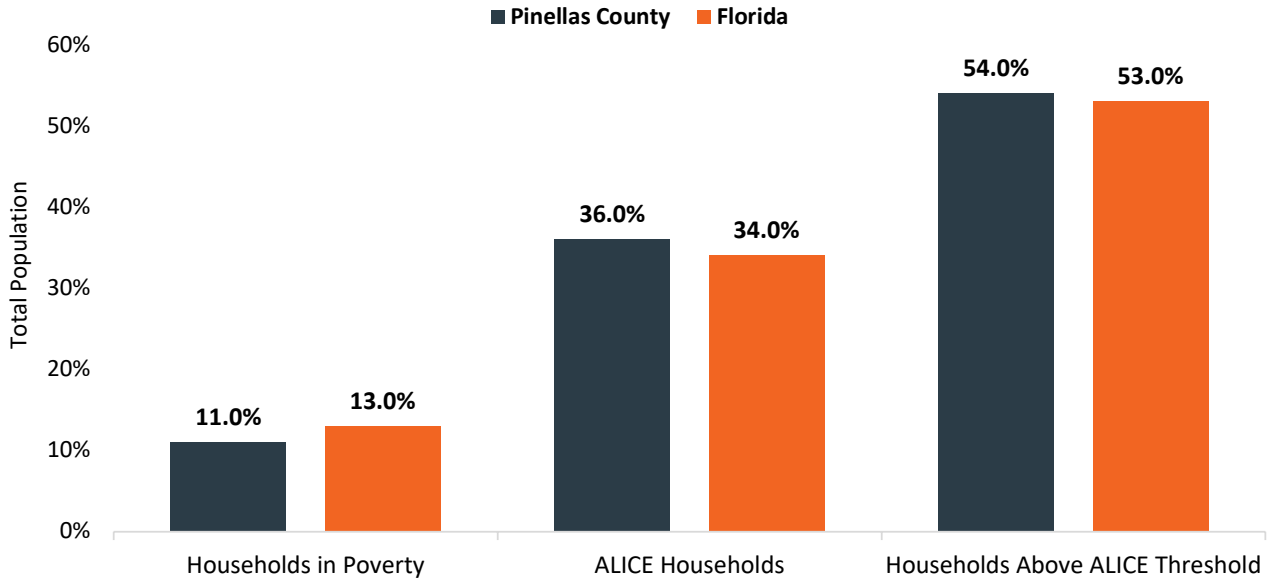
The ALICE population (Asset Limited, Income Constrained, Employed) represents households that earn above the Federal Poverty Level but still struggle to afford necessary costs like housing, childcare, food, transportation, and healthcare.

Households living above the ALICE threshold of financial survival[35]

Households living above the federal poverty level but below ALICE threshold of financial survival[36]

In Pinellas County, 34.0% of households are classified as ALICE households.

## ASSET LIMITED INCOME CONSTRAINED EMPLOYED HOUSEHOLDS (ALICE)




*Source: United for ALICE, n.d.*

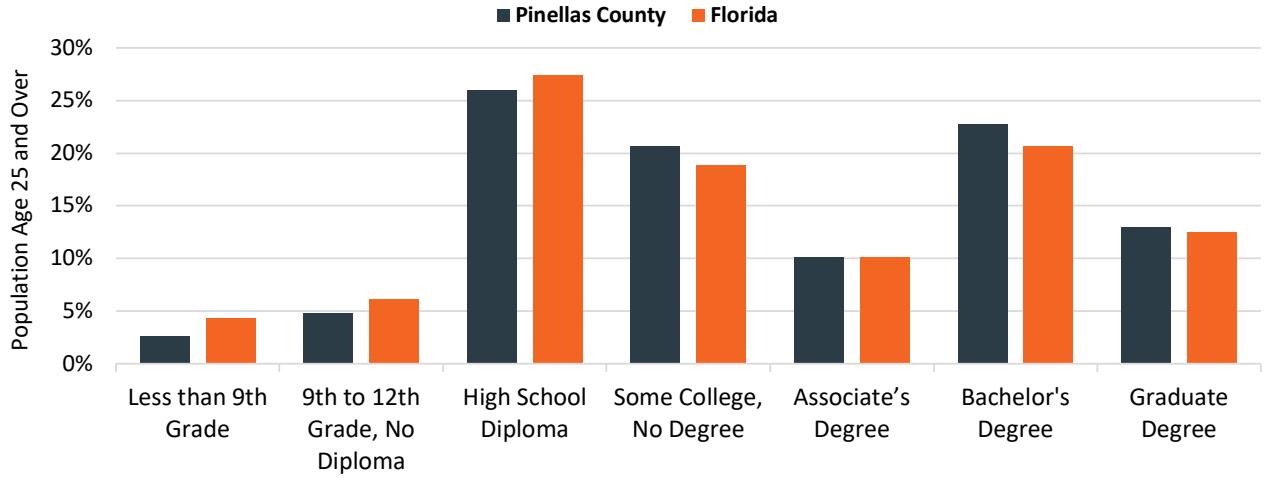
[35] *The percentage of households living above the ALICE (Asset Limited. Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.*

[36] *The percentage of households living above the federal poverty level but below the ALICE (Asset Limited, Income Constrained, Employed) threshold of financial survival. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget.*

# Education Access and Quality

In Pinellas County, 26.0% of the population aged 25 and older has a high school diploma, and 20.6% of this population has some college experience but no diploma.

## HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2023

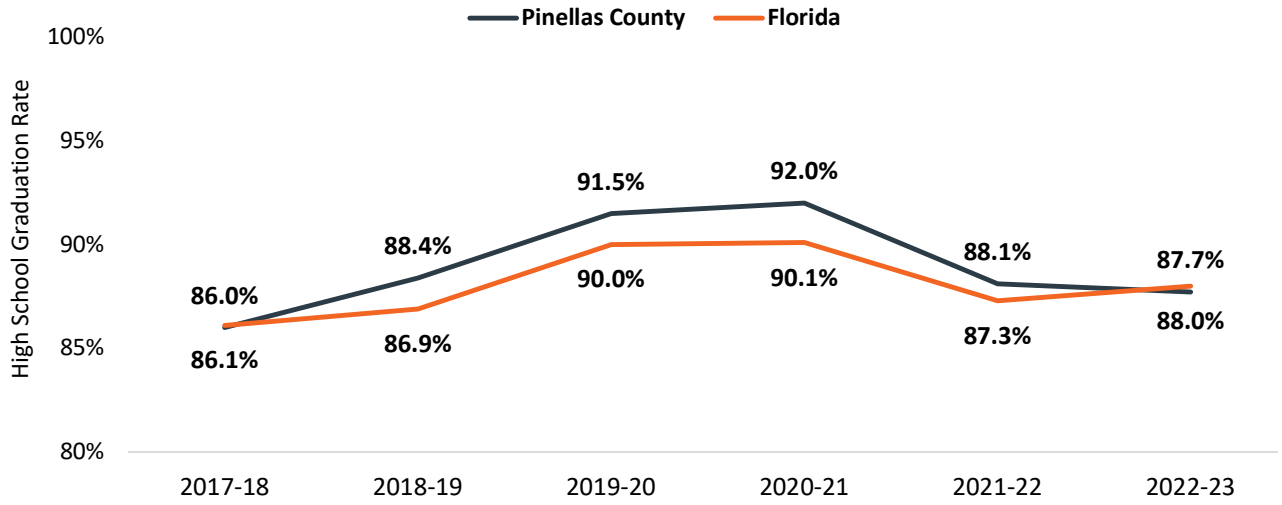



| | Pinellas County | Florida |
|---|---|---|
| Less than 9th Grade | 2.6% | 4.3% |
| 9th to 12th Grade, No Diploma | 4.8% | 6.1% |
| High School Diploma | 26.0% | 27.4% |
| Some College, No Degree | 20.6% | 18.9% |
| Associate's Degree | 10.1% | 10.1% |
| Bachelor's Degree | 22.8% | 20.7% |
| Graduate Degree | 13.0% | 12.5% |

*Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates*

Since the 2020-2021 school year, the high school graduation rate in Pinellas County has decreased from 92.0% to 87.7%.

## HIGH SCHOOL GRADUATION RATE[37]



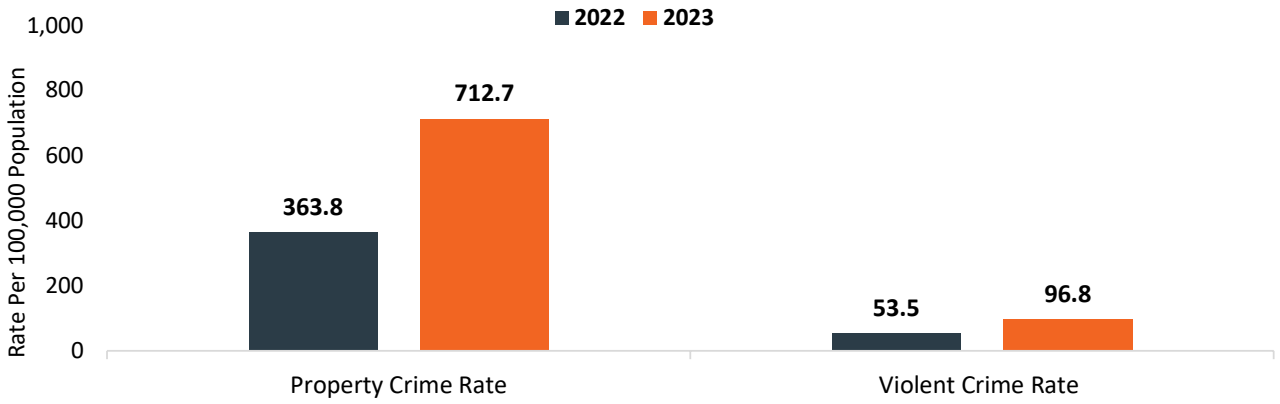

*Source: Florida Department of Education*

[37] *Florida's high school graduation rate is the percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program, or an adult education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry.*

# Social and Community Context

People's relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and dangers they can't control - like unsafe neighborhoods, discrimination or trouble affording the things they need. This can have a negative impact on health and safety throughout life.[38] Between 2022 and 2023, the property crime rate increased in Pinellas County by 95.9% while the violent crime rate increased by 80.9%.

## CRIME IN PINELLAS COUNTY




*Source: US Department of Justice, Federal Bureau of Investigation. Uniform Crime Reporting (UCR) Program.*

## CRIME RATE, 2022-2023

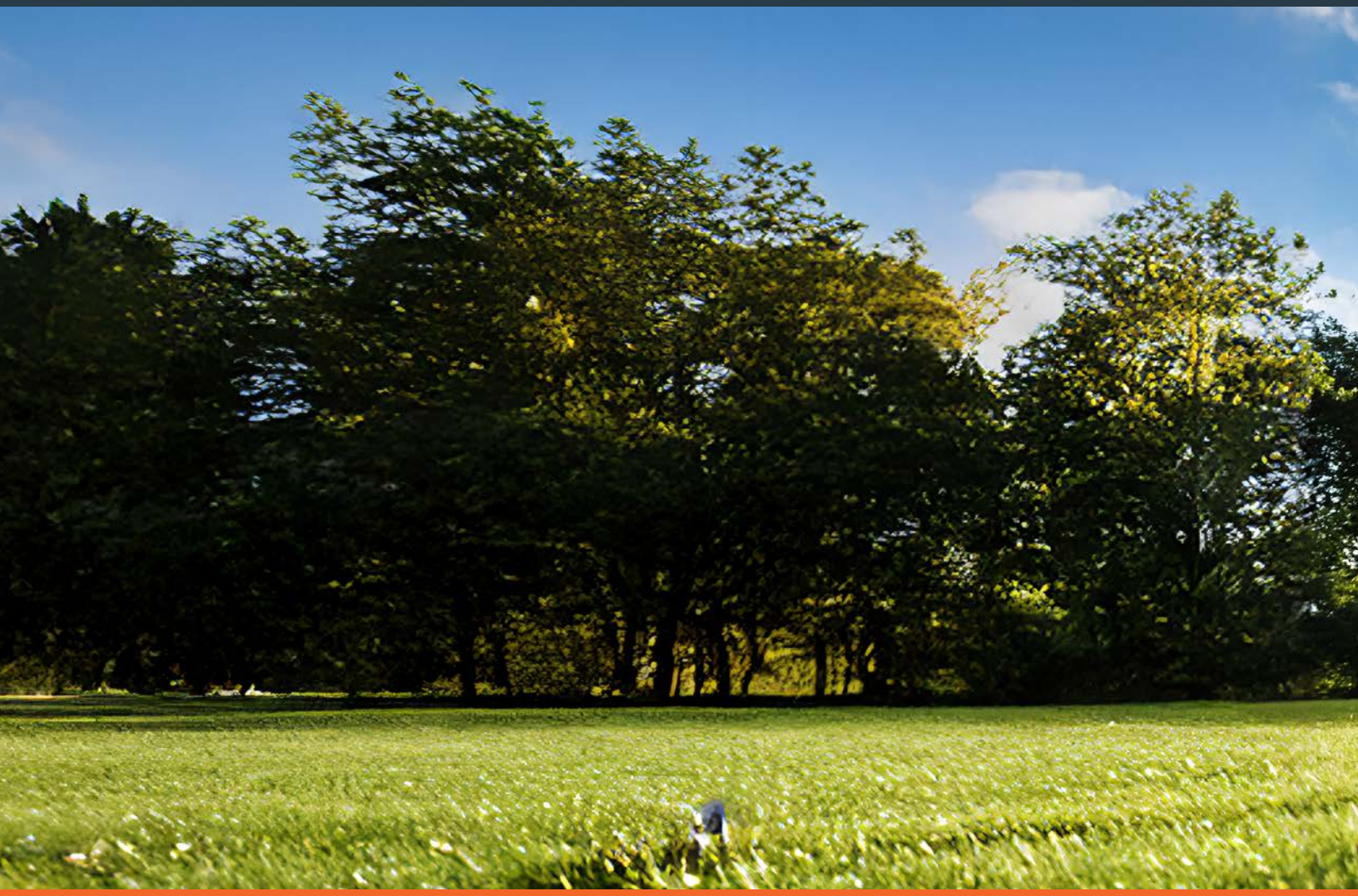
| Per 100,000 Population | Florida | | Pinellas County | |
|---|---|---|---|---|
| | 2022 | 2023 | 2022 | 2023 |
| Property Crime | 1,314.6 | 1,089.7 | 363.8 | 712.7 |
| Violent Crime | 363.8 | 712.7 | 53.5 | 96.8 |

*Source: US Department of Justice, Federal Bureau of Investigation. Uniform Crime Reporting (UCR) Program.*

- Violent crimes consist of the following UCR-defined offenses: murder and nonnegligent manslaughter, rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as "those offenses that involve force or the threat of force." Property crimes include the following offenses: burglary, larceny-theft, and motor vehicle theft (due to limited reporting of arsons across jurisdictions, arson offenses are not included in this dataset). Property crimes are defined in the UCR Program as crimes for which the objective "is the taking of money or property, but there is no force or threat of force against the victims."[39]

[38] *U.S. Department of Health and Human Services. Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context*

[39] *Source: US Department of Justice, Federal Bureau of Investigation. Uniform Crime Reporting (UCR) Program.*



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# Qualitative

CHAPTER 4

## Primary Qualitative Research

# Primary Qualitative Research

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and wellbeing. Qualitative activities included one-on-one stakeholder interviews and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually, and focus groups were held virtually, in person, or hybrid.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members. Content and thematic analyses[40] were conducted using ATLAS.ti software to extrapolate the strengths, themes, and needs of the community.

**Strengths** can serve as resources to address the needs identified.

**Themes** are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community.

**Needs** are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and better utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, themes, and needs identified throughout the data.

[40] *Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. https://doi.org/10.1111/nhs.12048*

# Strengths

## Collaboration and Community

Stakeholders in Pinellas County emphasized the strong network of organizations that exists and praised their willingness to work together. Additionally, the organizations are people-focused and dedicated to serving the most vulnerable in the community. This was particularly evident in the aftermath of Hurricanes Helene and Milton.

> "This community is incredibly open to coalition-building. So if there is an organization that is doing something and sees other nonprofits jump in and do the things, everybody's willing to pitch in and kind of lock arm and arm.
> – Stakeholder Interview Participant

> *"Once you find out about resources, the resources themselves work well. The programs that are offered do a very good job, once the individual gets into it or finds out about it. The other thing that is done well is community partners engaging with one another, so there's no territory line, they're able to say as a collective this is everything were doing to help this person." – Stakeholder Interview Participant*

> *"The community's response to both relief and hurricane recovery was very much a public, private collaboration that included not only those charged with formal responsibility for helping to provide safety and resilience in the community, but many not-for-profit organizations, corporate leaders, and community groups all came together, and that's been wonderful." – Stakeholder Interview Participant*

# Themes

## Equity and Trust

> "When you have new people come in without listening to the community, those initiatives fail.
> – Stakeholder Interview Participant"

Systemic distrust, particularly among groups such as veterans, Black / African American individuals, those in the LGBTQ community, the deaf community, and Hispanic populations due to historical and current biases and acts of discrimination, was an underlying concern in the community. Trust impacts if and how individuals engage in health-promoting behaviors, like seeking preventative care and other beneficial resources. The community has been working to build trust within communities but also acknowledged that there is progress to be made. When discussing barriers to establishing trust, participants also noted that community members worry about facing stigma-based repercussions.

*"[We need] more community outreach programs – getting involved with churches and trusted partners in the community to build trust." – Focus Group Participant*

*"There used to be 21-27 deaf centers in Florida; now there are only six. [...] 75% of the time, when people are denied the first time and they never get that interpreter, it discourages them from following up later. [...] Developing a mental health professional workforce that can communicate in ASL is ideal." – Stakeholder Interview Participant*

### Impacts of Hurricanes

The recent hurricanes that hit Florida's Gulf Coast had a direct impact on the needs of those living in Pinellas County. These storms caused significant damage to residents' homes and local infrastructure, but they have also rallied the community to help the most vulnerable. Still, the trauma caused by these events continues to have lasting impacts on residents.

*"Because of the hurricanes, families will need early intervention services because kids will be traumatized; they'll need screening and mental health services."*
*– Stakeholder Interview Participant*

*"We recently had these two hurricanes there is still goodwill from community partners that have the means to dig deep into recovery efforts and provide funding for those efforts. It was good to see that this was a time we could all come together."*
*– Stakeholder Interview Participant*

# Needs

## Healthcare Access

Participants in stakeholder interviews and focus group participants expressed several healthcare-related concerns that hinder individuals' ability to access care, including financial barriers and insurance, a lack of physical access to resources, and inadequate quality of care provided. Long wait times, an insufficient number of providers, and concerns regarding navigating the healthcare system were also repeatedly mentioned in stakeholder interviews and focus groups.

### Financial Barriers

Accessing healthcare is intricately connected with cost of living. Individuals who have insurance may still forgo seeking care because they are unable to pay for co-pays, and uninsured individuals may be provided a different quality of care. This is often not intentional; rather, organizations that serve

"We need to find a way we work with these hospitals and insurance companies to see how we can get costs lowered for individuals."
– Stakeholder Interview Participant

uninsured or underinsured individuals are often overburdened by the quantity of care they must provide due to limited funding and increased community need.

> *"There have been immense negative changes from the past three years. Before COVID, there were probably more people that needed free clinic services that didn't know about our clinic, and now after, there's a massive increase in people who can't afford traditional healthcare." – Stakeholder Interview Participant*

> *"There are not enough [providers] so you don't get adequate care [...] They book too many people and they can't get to everyone [...] Insurance companies limit these doctors to like 15 minutes per patient." – Focus Group Participant*

## Quality of Care

Participants discussed the unique needs that certain communities have, noting that some populations receive a lower quality of care due to historical and systemic barriers. Many reported that there is a lack of culturally competent, bilingual healthcare staff as well as support for Deaf individuals. There is also concern about the existing disparities for people of color.

> *"It's harder for minority groups to get quality healthcare, especially with a disproportionate number of professionals serving minority groups. The concept of 'nothing about us without us,' and also peer connections are needed." – Stakeholder Interview Participant*

> *"Clearwater has a big deaf community. They need more staffing." – Focus Group Participant*

## Specialty Care

There is a need for specialists, especially those who provide youth services and dental care. Specialty care was noted as being particularly difficult to access for uninsured patients. Participants noted that when dental care is available, co-pays are still expensive and often unaffordable for individuals. Untreated oral health issues can lead to general health complications such as diabetes control, pregnancy and birth complications, and cancer.

> *"We see a lot more children who are sicker than they used to be with medical ailments, and they are not able to get the care they need because there are not many child specialists around. We've been seeing severe cases of children with cancer, heart problems, neuro challenges." – Stakeholder Interview Participant*

> *"For group home caregivers, dental care is the most difficult to get for the children in the group home." – Focus Group Participant*

## Technical Barriers

Participants report that technical barriers prevent individuals from seeking healthcare services. This includes factors such as inconvenient hours, confusing insurance policies, a complex healthcare system, and confusing eligibility criteria. In addition to financial and transportation challenges, these technical issues can lead people to feel deeply frustrated and may give up on seeking care.

> *"In Florida, they face a lot of barriers to applying for SNAP. Last December, they rolled out a new system that is a little bit smoother. It allows people to understand what the next steps are and what they need to do. But anyone who was in the system had to reapply. If there were any pending applications, they had to completely start the process over. I helped my grandmother reapply and there were things like two-factor authentication which was fine, but for an older individual these are barriers. There was no way she could have looked at this and understood what it was."*
> *– Stakeholder Interview Participant*

> *"Insurance is a difficult system to navigate [...] You have to find services yourself [...] there should be a streamline to services and resources." – Focus Group Participant*

> *"There's a lot of criteria for eligibility in most places that's very prohibitive."*
> *– Stakeholder Interview Participant*

## Mental and Behavioral Health Resources

A lack of mental and behavioral health resources was widely cited as a serious concern throughout stakeholder interviews and focus groups. Participants mentioned a range of factors that impact residents' mental health needs, including cost-of-living concerns, insurance and co-pay issues, homelessness, and stigma.

## Access

When considering access to mental and behavioral health services, the most prominent barriers cited were financial and the availability of providers. These barriers also work in tandem, with a lack of providers that accept Medicaid or Medicare for services, further restricting access.

> *"Not a lot of therapists or counselors accept Medicaid. So that's a barrier, too, because many of our population, particularly children, are on Medicaid. So it does, it does cause a problem. And there's also sometimes the insurance companies, you know, you have a co-pay with a visit, and that's difficult for some people to come up with that co-pay."*
> *– Stakeholder Interview Participant*

> *"We talk a lot about the need for mental health, but the opportunity to find affordable and accessible care is lacking. If you think about your physical health, you can walk into a clinic and get help, but you can't for mental health." - Focus Group Participant*

### Youth Services

Participants shared that youth mental and behavioral health services are particularly lacking in Pinellas County due to long wait times, an absence of existing resources, or financial barriers. There has been significant evidence of an increase in youth who have been struggling with mental health concerns in part due to social media, the impacts of the COVID-19 pandemic, and economic factors, such as food insecurity, that affect youth.

> *"It's hard to find one-on-one counseling, and there are very long waitlists for psychiatrists. If you're looking for child behavioral health services, it's nearly impossible to access those right away so you might have a child showing behavioral issues and there not able to get in the services they need for medications – people have been on waiting lists for a year and in the meantime schools and families are trying to navigate the issue – a lot of the time it leads to suspensions and expulsions." – Stakeholder Interview Participant*

> *"Kids who are suspected of autism are very poorly served. It's primarily regarding what Medicaid will or will not pay for and the licensed personnel that have to provide a certain service for it to be covered." – Stakeholder Interview Participant*

## Mental and Behavioral Health Stigma

The existing stigma surrounding mental healthcare in Pinellas County impacts whether people choose to seek services, with many different groups questioning the need for such services or facing shame and judgement for seeking help. In some cases, mental health issues are not discussed, which can lead to worsened mental health conditions, loneliness, and isolation. Foregoing mental and behavioral health care can, in some cases, also lead to suicide. The rate of suicide deaths in Florida in 2023 was 14.1 per 100,000 population, compared to 18.5 in Pinellas County.

> *"It's the biggest, I would say it's maybe even bigger than access to care is the stigma. It's really big. It's huge. And it's a constant fight. It's a constant struggle."*
> *– Stakeholder Interview Participant*

> *"Stigma is something we're constantly at battle with. And people are more aware that it's important to take care of mental health and more stakeholders talking about it openly. Our communities of color are further behind in this and our organization has been aiming to break that stigma as it is not as prone to openly discuss at home. It's present in the data and we're losing more people in those minority groups to mental health issues. Feeling as though 'we can't openly talk about these things' and getting help is not first thing that comes to mind for minority groups."*
> *– Stakeholder Interview Participant*

> *"The education piece and just talking about it, I think, definitely removes the stigma. But, you know, you have to be someone to go out and talk about it, and then people open up." – Stakeholder Interview Participant*

### Substance Use

There is stigma surrounding substance use treatment, which was repeatedly highlighted throughout stakeholder interviews and focus groups. Substance use and mental health conditions often co-exist and the prevalence of stigma pertaining to both issues leads to people foregoing care. Participants also lack access to local, comprehensive treatment programs.

> *"People use a substance and become suicidal, then come down from crisis, then relapse when they get out of the hospital when they return to the same environment where they came from with the same triggers. There is no outpatient substance use program if you're uninsured in Pinellas, and there is no Baker Act receiving facility.'*
> *– Stakeholder Interview Participant*

> *"There are substance use disorder programs out there, but there's not enough and they're certainly not comprehensive enough to take care of all the needs that someone with a substance use disorder may have." – Stakeholder Interview Participant*

## Financial Stress

Participants reported that individuals in Pinellas County are often forced to make impossible financial decisions about food, shelter, and healthcare. A rising cost of living paired with inadequate wages is causing housing and food insecurity even for employed individuals and is a significant contributor to financial stress. Financial stress can directly impact mental and physical well-being and the ability to seek care.

> *"Paying medical bills, buying food, trying to pay rent or mortgage payments because everything keeps skyrocketing. Most people can't even pay the insurance on their properties because it's unreachable. It's amazing to me that not just senior citizens, but the everyday person has trouble paying insurance on homes, cars, everything – flood insurance. People are saying I don't want to get sick because my insurance is not good enough, so it won't pay for that medical care in the ER."*
> *– Stakeholder Interview Participant*

> *"You've got the super high deductibles, super high co-pays, and you're not really getting paid [...] housing costs are through the roof and childcare, let's not get started."*
> *– Stakeholder Interview Participant*

## Housing

Affordable housing was a frequently cited concern in Pinellas County. Participants described how the damage caused by the hurricanes impacted an already strained housing market, causing housing insecurity to rise. Many reported that the high cost of living in the area added to this burden.

*"There was significant work to be done after the hurricanes, people are still struggling and many people haven't returned to their homes including some employees. They're waiting on contractors, adjusters, waiting on permits. People still live in hotels and trailers (including in their front yards); it's hard to find affordable apartments because the market was already tight."*
*– Stakeholder Interview Participant*

The recent hurricanes also highlighted a unique need for affordable moving services, especially for those with mobility issues:

*"We need low income moving services for the disabled population and veteran population that may not be able to physically move belongings because they were impacted by the hurricane or its time to move in general, that is a need in community as well." – Stakeholder Interview Participant*

## Food Insecurity

The compounded financial needs that individuals and families are experiencing lead to increased food insecurity in the area. Food insecurity can lead to physical health issues such as malnutrition and obesity; increase stress, anxiety, and depression; and hinder cognitive development in children. Participants shared how rising costs, policies, and stigma can contribute to food insecurity in Pinellas County.

*"One of my concerns, driven by what we're seeing everywhere, is rising food costs. So I do have more concerns about food access. Across the county, those needs have grown tremendously. The downside of [local food program] is that we're not able to send food out the door. The state has specific guidelines that when we feed kids, it has to be on-site. So we have partners that can provide those at-home meals, but the food scarcity has grown over the past few years. And access to the healthy foods – the cost is prohibitive." – Stakeholder Interview Participant*

> "We have a very poor public transit system, if not non-existent, in a lot of areas. And it makes it extremely challenging for folks to be able to access services and care, and oftentimes a lot of those folks don't have telehealth capabilities, so they're not able to access services from home."
> – Stakeholder Interview Participant

*"We were talking about doing a Hunger Initiative for youth, because high school students are hungry. When they go home, they may not have that food. [...] We met with somebody at the school, how they're telling us that there is such a stigma even to being hungry, and they have a food pantry and they have the clothing closet, but*

> *the kids don't necessarily want to go in there, because then other kids are going, 'Oh, you're one of those kids,' even though they could be one of those kids, but nobody is going to be the first one." – Stakeholder Interview Participant*

Focus group participants echoed these concerns regarding food access and added that education on diet and health from a primary care team would be beneficial.

> *"A lot of health issues come from diet, but this needs to come from the doctors who aren't trained thoroughly on what a healthy diet is. So include more dietitians in patient health care." – Focus Group Participant*

## Transportation

Transportation issues pertaining to traffic and pedestrian safety and public transit were regularly highlighted as issues affecting many residents in Pinellas County. Poor public transportation limits residents' ability to access essential services like healthcare, grocery stores, and other resources. Participants identified the local population growth as a factor straining the current transportation infrastructure in the area.

### Public Transit

Stakeholders and focus group participants described the impacts of a poorly developed public transportation system. This has a direct impact on residents' ability to access employment, healthcare, and community programs that would be beneficial to participants.

> *"I have a gal that works with us that relies on [public transportation], and she's in a location that's harder to get to access public transportation. It also isn't always the most reliable. It doesn't always operate on that schedule [...] There are schools that we can't get to and that's sad because for after-school programming there are amazing programs out there, but getting kids to the after-school program is a barrier and that ties into the transportation too." – Stakeholder Interview Participant*

> *"We have a very weak bus system. For someone to drop a kid off at daycare and get to their job could be a three-hour ordeal by bus. This is a huge barrier for certain populations to get a job at all, much less move up." – Stakeholder Interview Participant*

### Traffic and Pedestrian Safety

Even if residents live near services, it may be too dangerous for them to walk or bike due to high heat, reckless driving, and a lack of bike lanes or sidewalks. Focus group participants shared their own concerns that they face as pedestrians. Including unsafe crosswalks and unsafe drivers.

*"We have safety challenges in Pinellas County; we have more traffic-related deaths than killed in homicides. Both are very bad, but the amount of traffic violence is significant in Pinellas County." – Stakeholder Interview Participant*

*"The location of the services might not be near where they live. There needs to be some mode of transportation to get folks where they need. [...] People will have to get to the doctor, hospital, or pharmacy, but it's difficult when you can't get the transportation to those services. In public transportation, you have to stand in the sun and burn up, and it takes you 99 miles to get to it because they shortened the routes." – Stakeholder Interview Participant*

# Survey

CHAPTER 5

## Primary Quantitative Community Survey

# Primary Quantitative Community Survey

## Methodology Overview

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Arabic, Russian, and Vietnamese. The questionnaire included closed-ended, need-specific questions and demographic questions. Invitations to participate were distributed by partners through channels including All4HealthFL partners, websites, social media, flyers, and emails listservs among other methods.

**3,603**
**Survey Responses**

There were 3,603 valid survey responses from Pinellas County included in this analysis. Response validity was adjusted based on participant completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order and wording). The survey was designed to maximize accessibility in evaluating participants' insights with regard to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across Pinellas County, this was not a random sample. Findings should not be interpreted as representative of the full population.

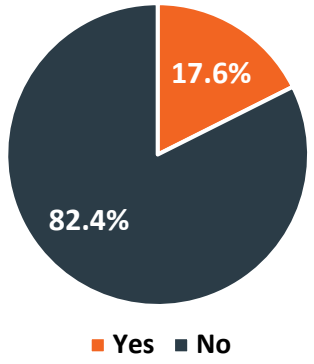
Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

**Additional trend analysis tables can be found in Appendix D, which presents a comparison of responses from previous survey cycles.**

# Health Access and Quality

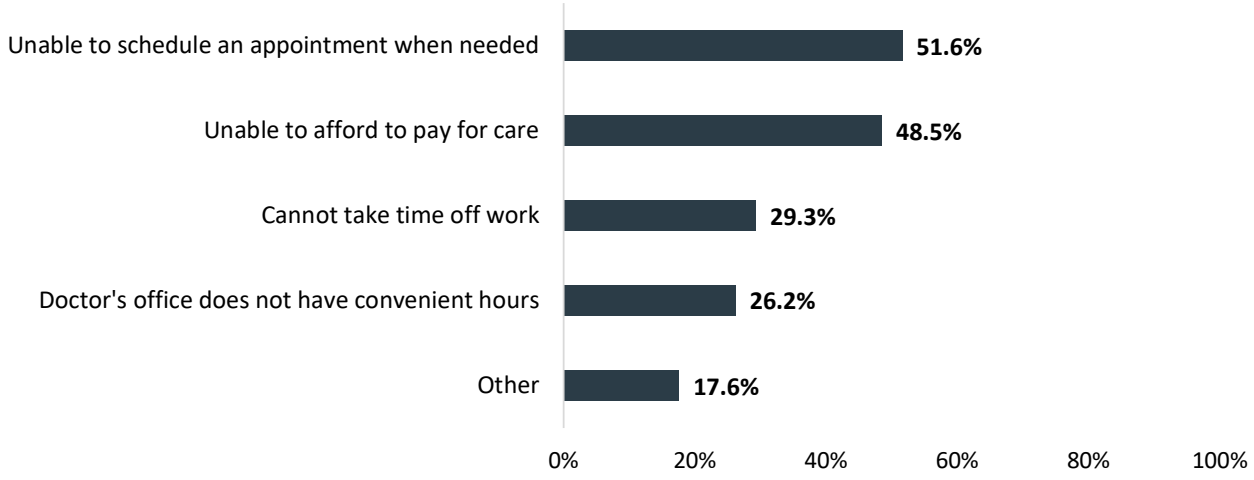
This section presents respondents' perceptions from the community survey on access to medical care, self-rated health status, and emergency room usage. Responses help identify barriers to care and highlight areas where improvement in healthcare delivery may be needed. When asking respondents about their medical care access, 17.6% responded that in the past 12 months, they needed medical care but did not get it.

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEED?




The top five reasons survey respondents reported not getting the care needed were due to unable to schedule an appointment (51.6%), unable to pay for care (48.5%), cannot take time off work (29.3%), doctor's office does not have convenient hours (26.2%), and other reasons (17.6%).

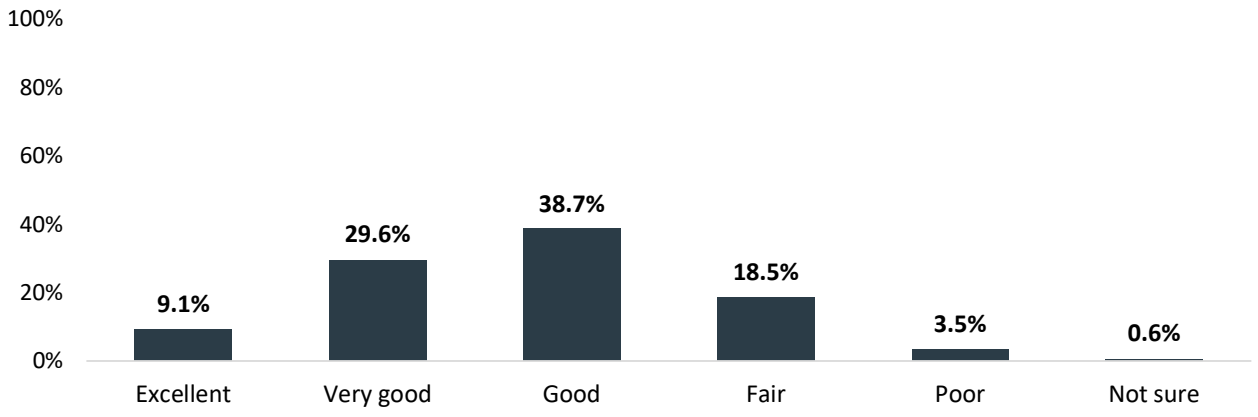
## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?[44]




[44] *For complete list, please refer to the appendix.*

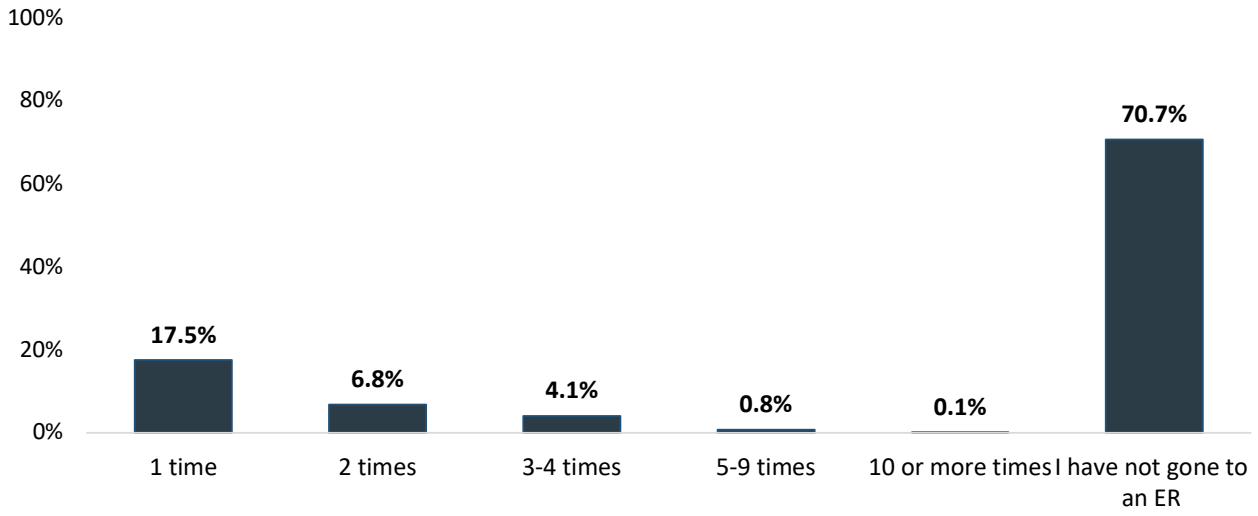
When rating their personal health, 38.7% of respondents categorized it as excellent or very good. Additionally, 38.7% of respondents responded that their personal health was good, and 22.0% respondents said their own health was either fair or poor.

## OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?



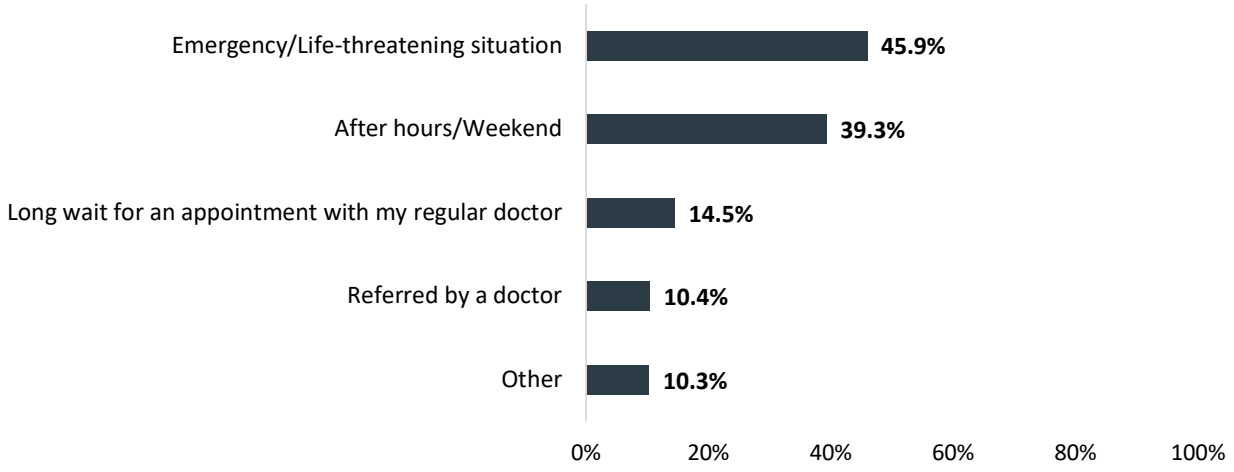

In the past 12 months, 24.3% of respondents went to the emergency room (ER) one to two times. Additionally, 4.1% of respondents went to the ER three to four times, and nearly 1.0% of respondents went to the ER five or more times.

## IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM (ER, NOT URGENT CARE) ABOUT YOUR OWN HEALTH?



Nearly half of the respondents went to the ER instead of the doctor's office because of emergency or life-threatening situations (45.9%), while 39.3% of respondents went to the ER due to it being after hours or on the weekend.

## WHAT ARE THE MAIN REASONS YOU USED THE ER INSTEAD OF GOING TO A DOCTOR'S OFFICE OR CLINIC[45]



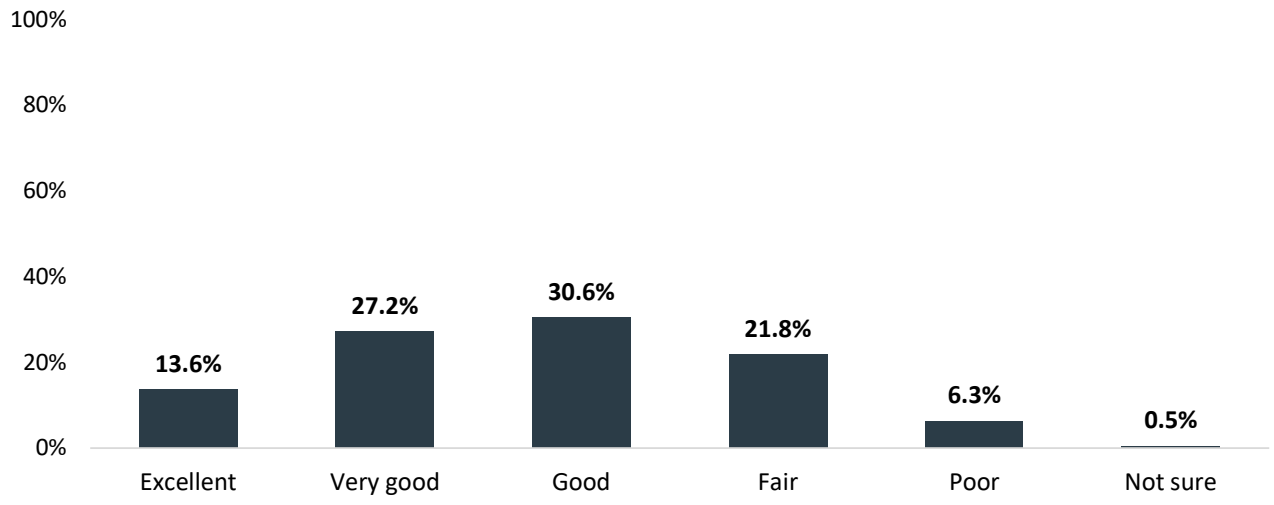
[45] *For complete list, please refer to the appendix.*

# Behavioral Health

This section presents respondents' perceptions regarding mental and behavioral health needs and examines barriers to accessing care.

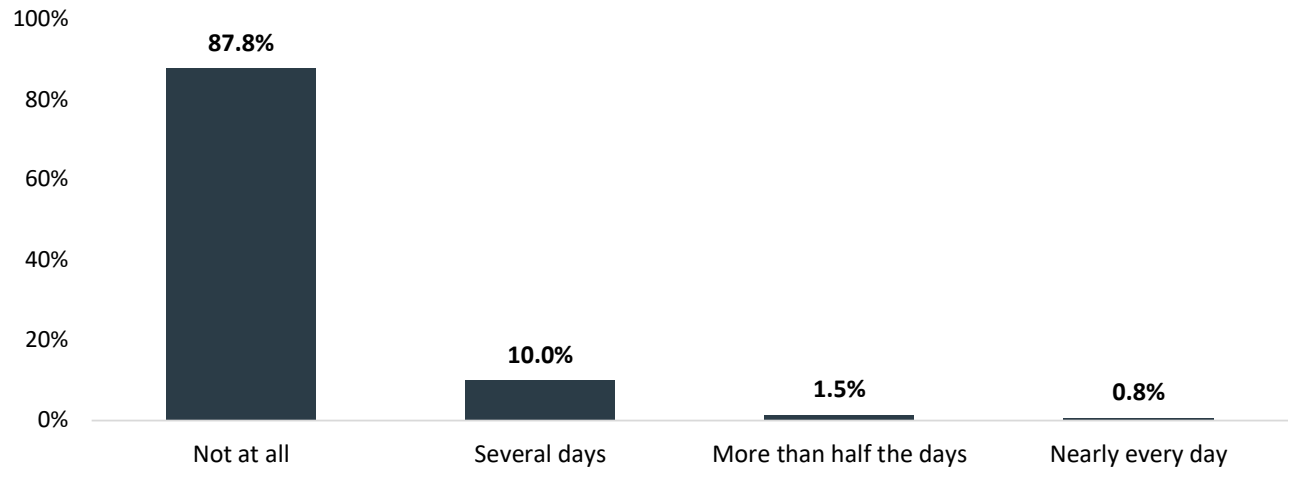
Two in five respondents said their own mental health was either excellent or very good (40.8%). Similarly, 30.6% of respondents rated their mental health as good. About one in three respondents said their mental health was either fair or poor (28.1%).

## OVERALL, HOW WOULD YOU RATE YOUR OWN MENTAL HEALTH?



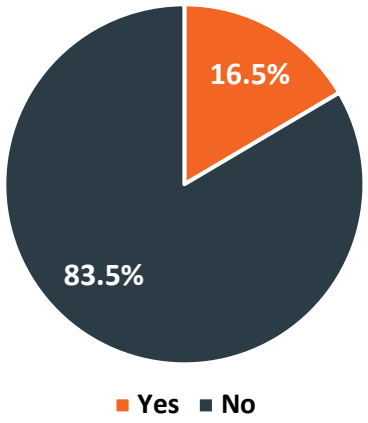
When asked about self-harm and suicidal thoughts, 87.8% of survey respondents reported never having these thoughts in the past 12 months. While 10.0% of respondents indicated experiencing such thoughts on several days, 2.3% reported having them more than half the day or nearly every day.

## IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?



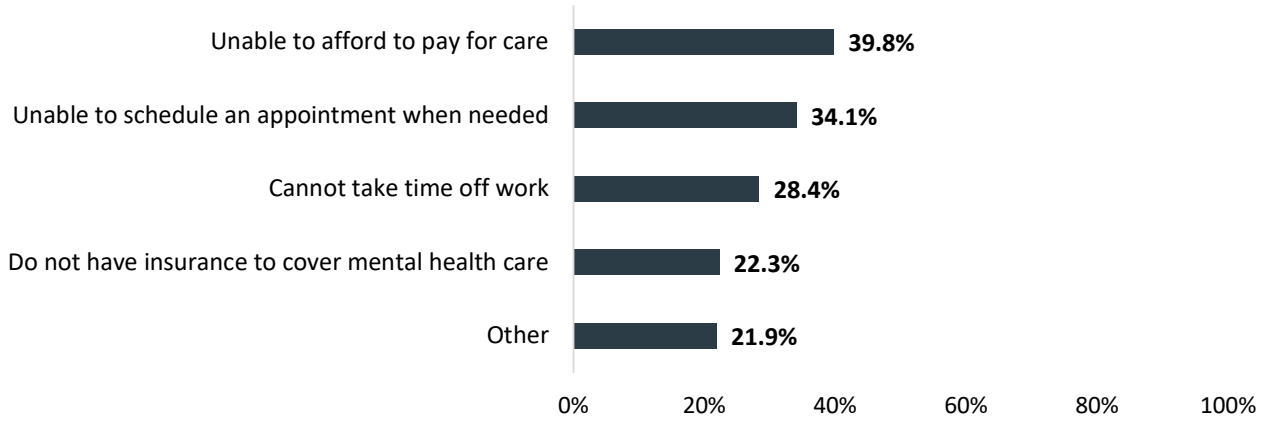

When considering mental healthcare services, 16.5% of respondents said that in the past 12 months they needed mental healthcare but did not get the care they needed.

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTHCARE BUT DID NOT GET THE CARE YOU NEEDED?



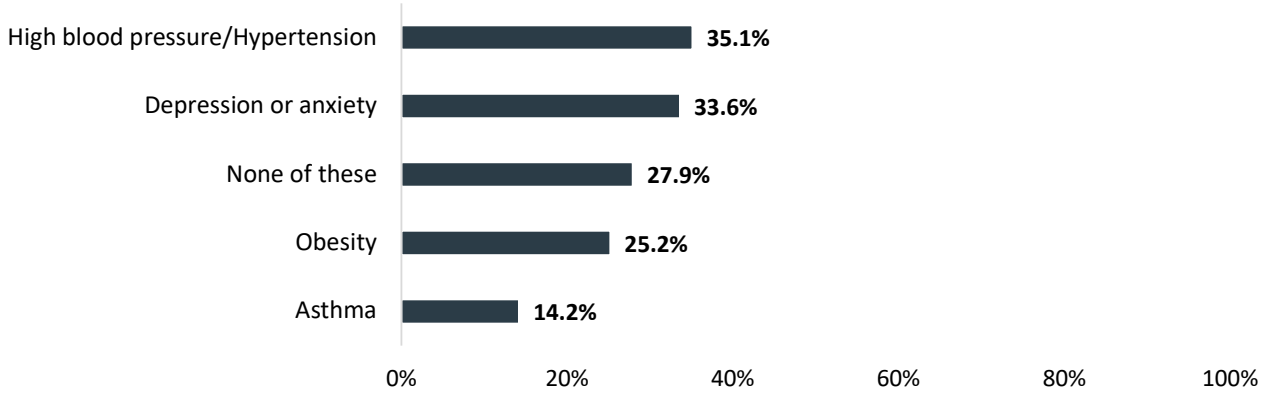
The top five reasons that prevented respondents from getting the care they needed were unable to afford to pay for care (39.8%), unable to schedule an appointment when needed (34.1%), cannot take time off work (28.4%), do not have insurance to cover the care (22.3%), and other reasons, such as previous bad experiences with doctors or they could not find child care while going to the doctors (21.9%).

## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?[46]




In Pinellas County, 33.6% of the respondents were told by either a doctor or other medical providers that they have depression or anxiety.

## HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?[47]



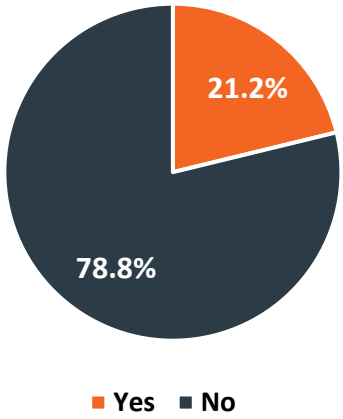

[46] *For complete list, please refer to the appendix.*
[47] *For complete list, please refer to the appendix.*

# Dental Care

This section presents community survey respondents' perceptions related to access and barriers to dental care. Understanding these challenges is essential for identifying gaps in dental care services and addressing unmet needs in the community.

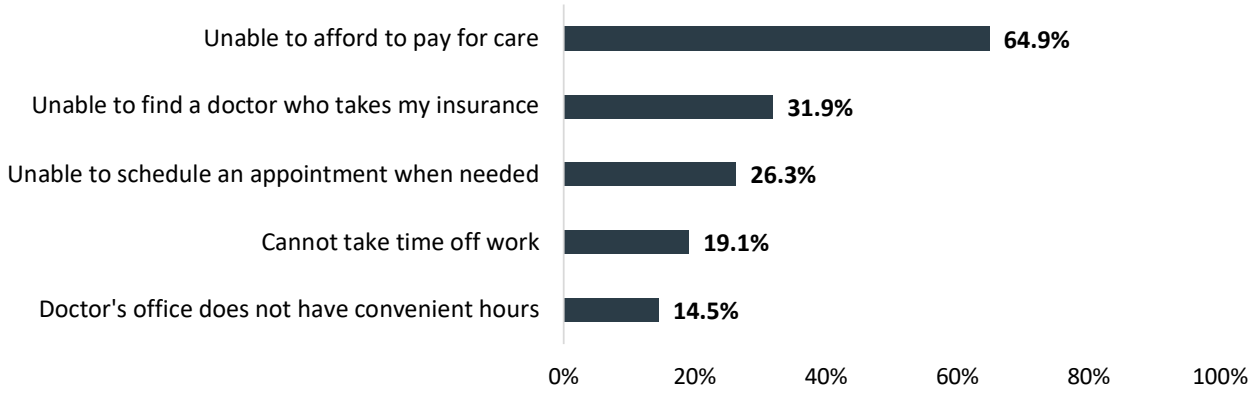
One in five respondents (21.2%) said they did not get dental care when they needed it.

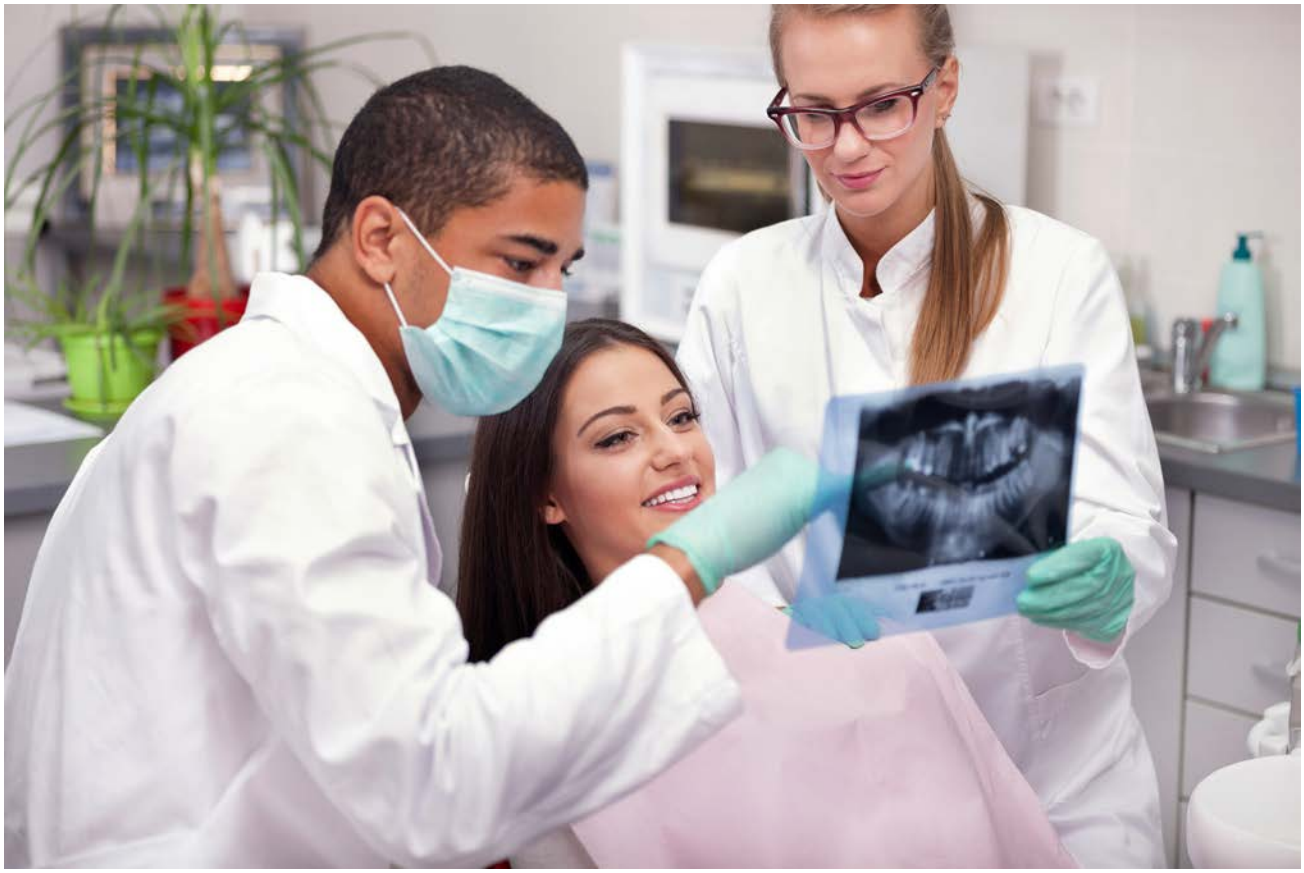
## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?



The top barriers preventing respondents from the dental care they needed include being unable to afford to pay for care (64.9%), followed by unable able to find a doctor who take my insurance (31.9%), unable to schedule an appointment when needed (26.3%), cannot take time off work (19.1%), and doctor's office does not have convenient hours (14.5%).

## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?[48]



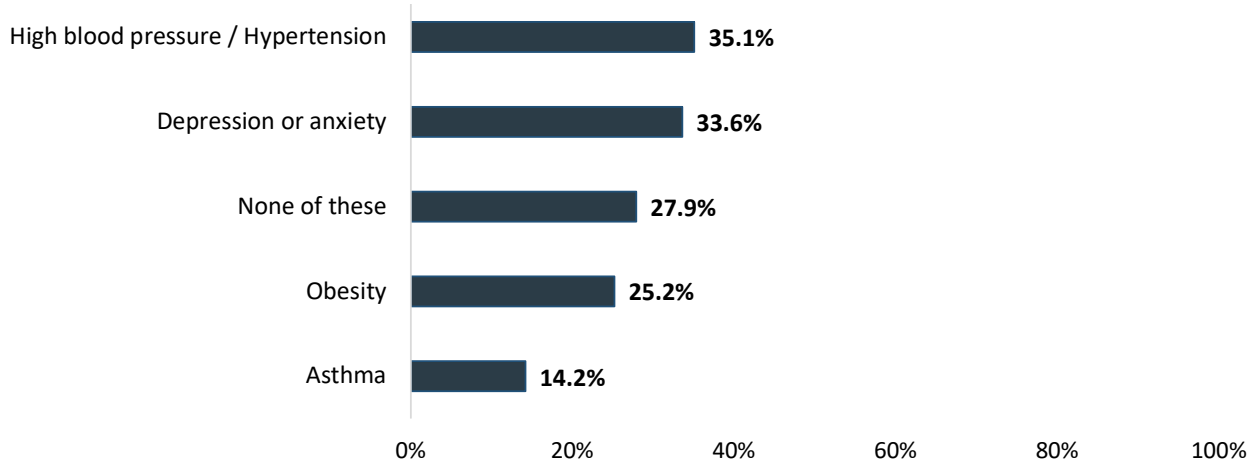
[48] *For complete list, please refer to the appendix.*

# Heart Disease and Stroke

This section presents community survey respondents' perceptions related to the risk of heart disease and stroke, including individual and community conditions that contribute to poor cardiovascular health. These insights help us understand heart disease and stroke risks at both the individual and community levels.

More than one in three respondents (35.1%) were told by a doctor or other medical provider that they have high blood pressure or hypertension.

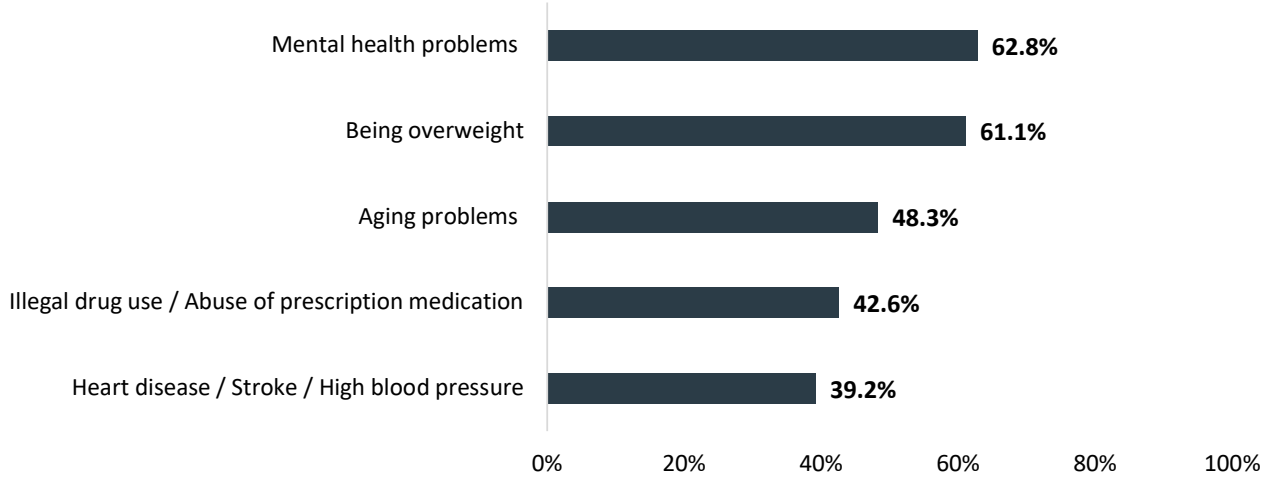
## HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?[49]




[49] *For complete list, please refer to the appendix.*

When asking respondents about the most important health issue to address to improve the health of the community, 39.2% of respondents said heart disease, stroke or high blood pressure is an important issue which ranks fifth among the priority health issues.

## READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH AND THINK ABOUT YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?[50]

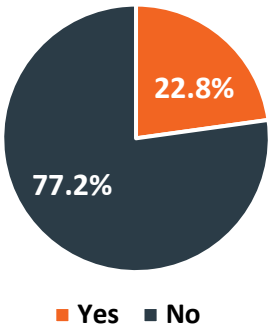


[50] *The top five factors are presented in the exhibit. For a complete list, please refer to the appendix.*

# Cancer

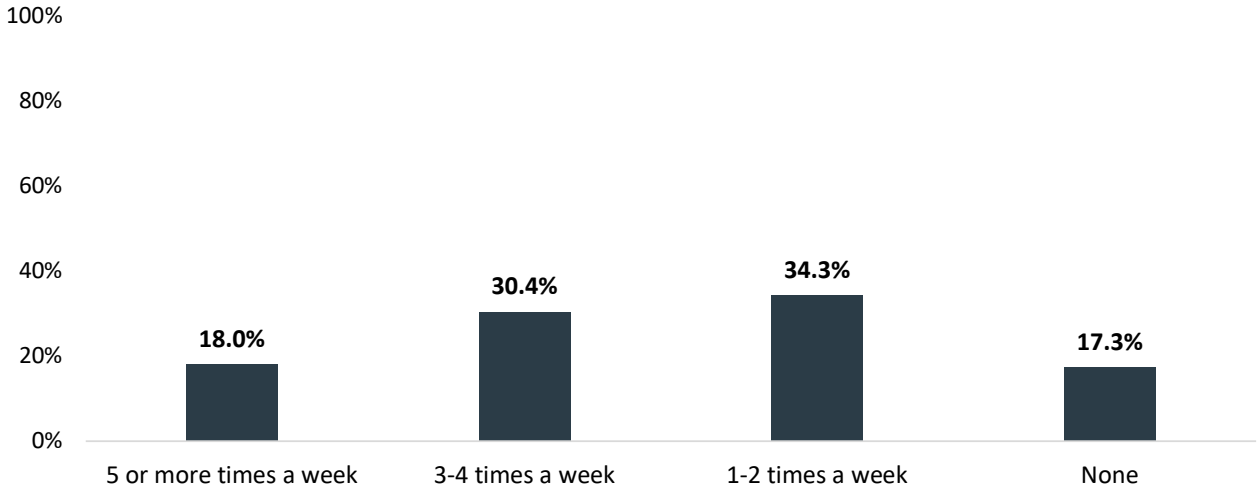
This section presents community survey respondents' perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities' perceptions on behaviors that are known as cancer risks.[51] In Pinellas County, 77.2% of respondents shared that they do not eat at least five cups of fruit or vegetables a day.

## DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?




Nearly one in five respondents (18.0%) exercise five or more times a week, while 64.7% of respondents exercise between one and four times a week. However, 17.3% of respondents do not exercise at all.

## HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?



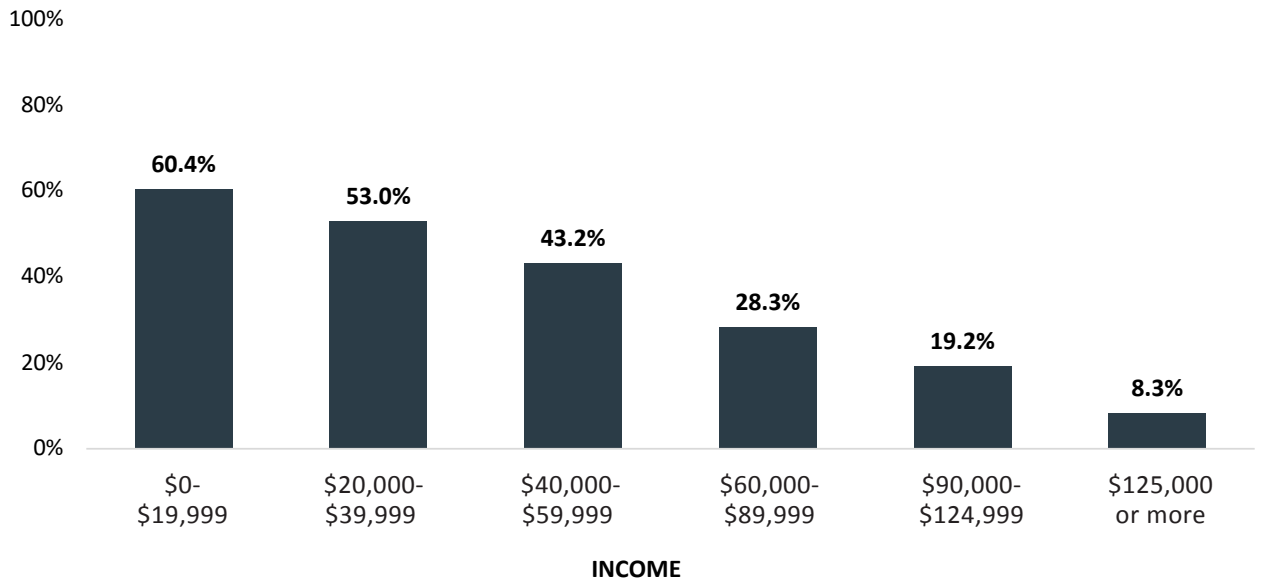

[51] *Brunet et al., 2013.*

# Exercise, Nutrition, and Weight

This section presents respondents' perceptions from the community survey related to nutrition, food access, and weight. These three factors, if not well-maintained, can increase the risk of obesity, type 2 diabetes, heart disease, and cancer.[52] This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community's barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.[53]

In Pinellas County, 26.7% of respondents experienced food insecurity. As income increases, food insecurity decreases.

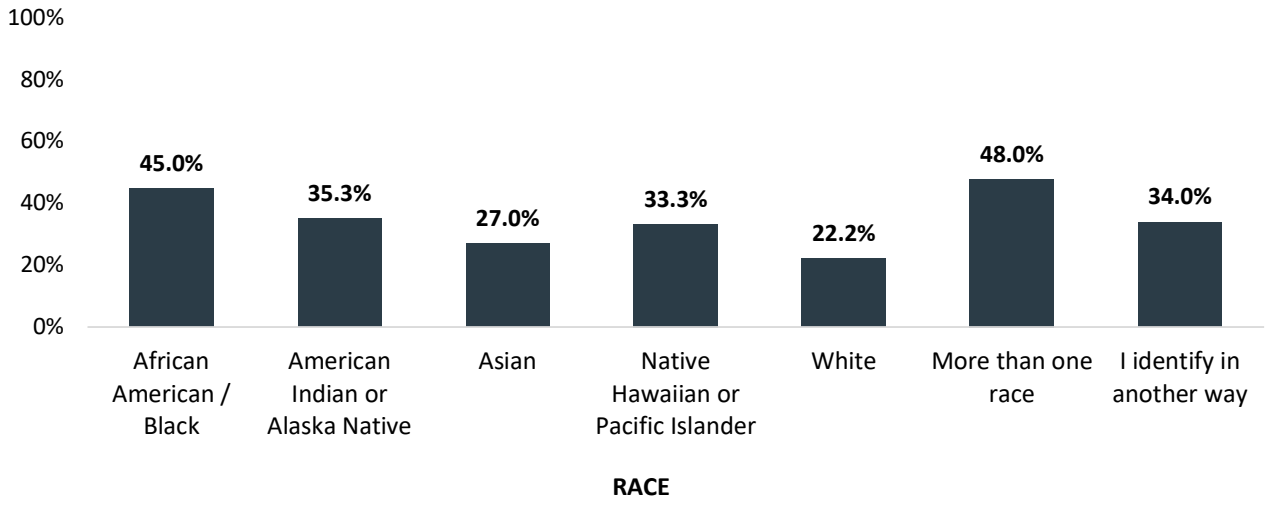
## FOOD INSECURITY BY INCOME



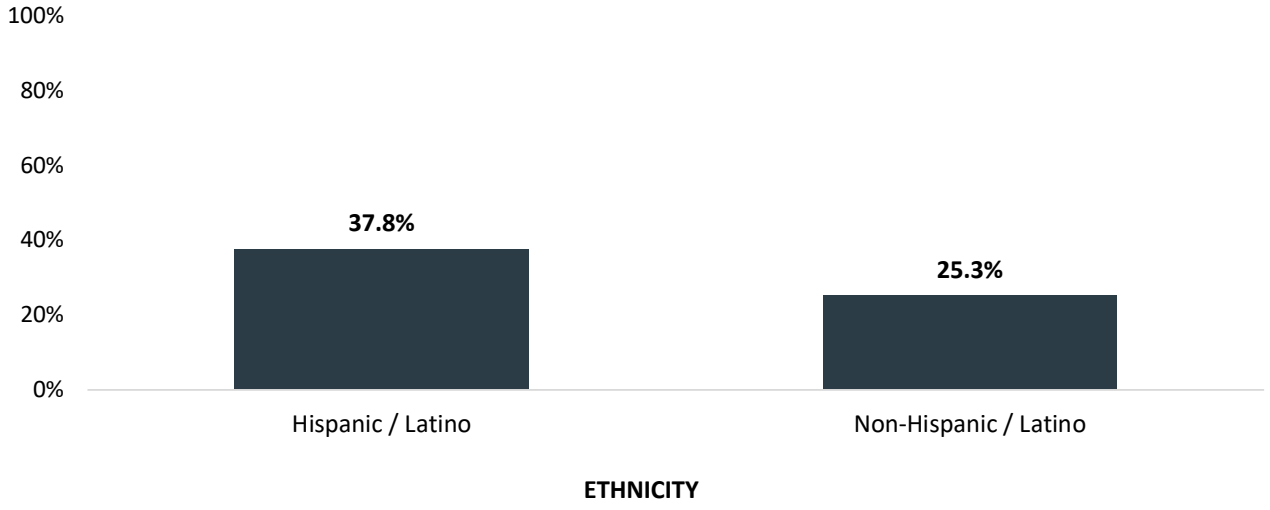

[52] *Gropper, 2023.*
[53] *CDC, 2024. Nutrition, Physical Activity, and Weight Status.*

Respondents who are multiracial reported the highest food insecurity (48.0%), followed by Black / African American (45.0%) respondents. White respondents experienced the lowest food insecurity (22.2%). respondents who are Hispanic or Latino experienced higher food insecurity (37.8%) compared to non-Hispanic or Latino respondents (25.3%).

## FOOD INSECURITY BY RACE

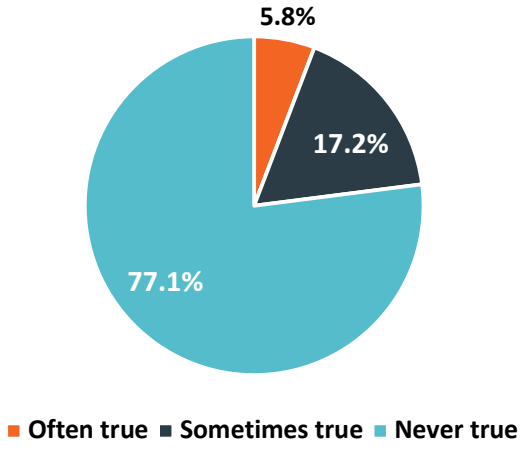



## FOOD INSECURITY BY ETHNICITY

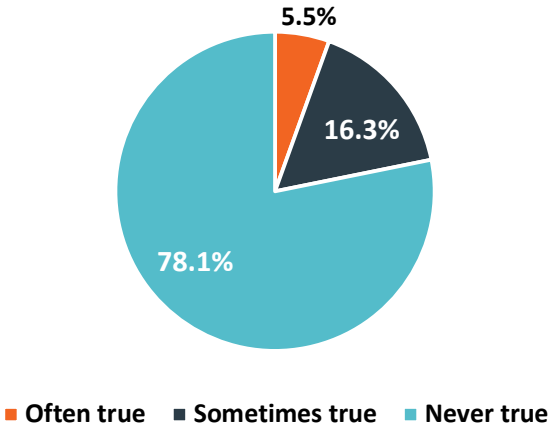


The data below presented respondents with a series of questions about their access to food. Nearly one-quarter of respondents reported that it was often true or sometimes true that they worried their food would run out before they had money to buy more (23.0%), and that the food they bought did not last and they lacked the money to get more (21.8%). Additionally, 15.4% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months. While 67.1% agreed that it is easy to get healthy food, 26.4% disagreed with this statement.

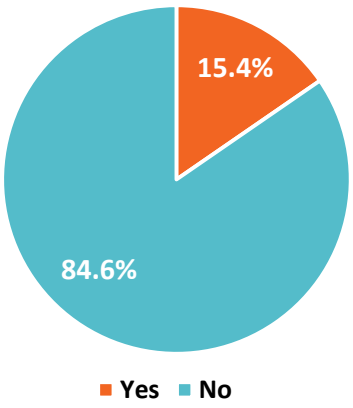
### I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE



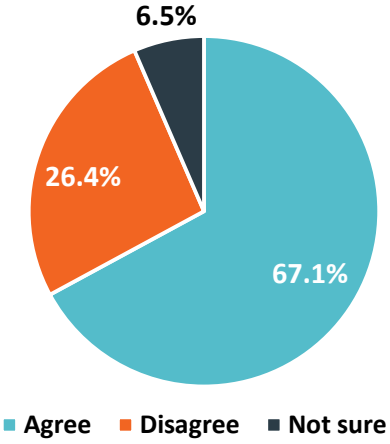

### IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE




### DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?




### I AM ABLE TO GET HEALTHY FOOD EASILY



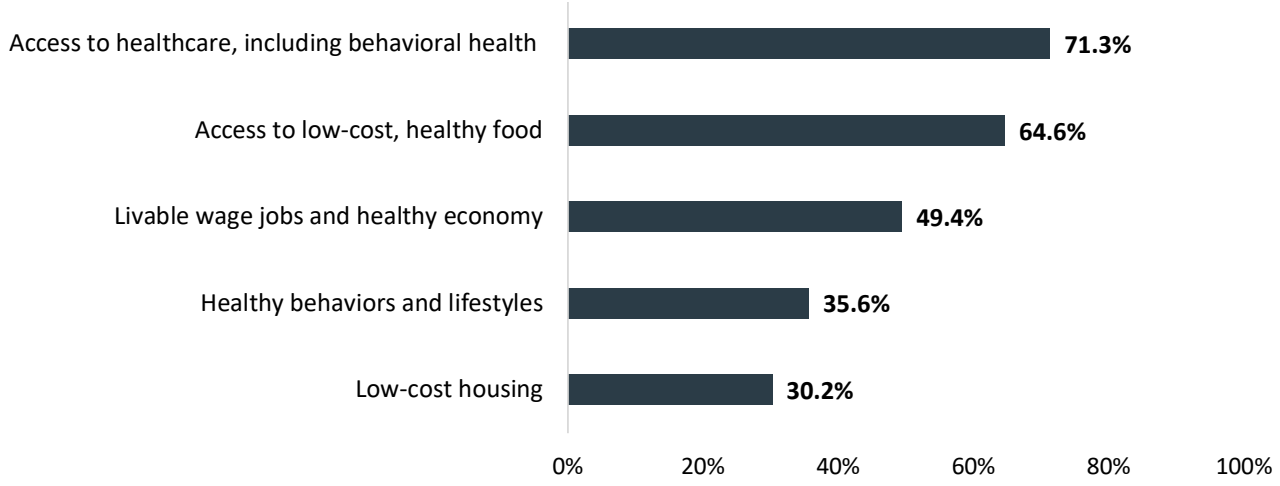
# Economic Stability

This section presents community survey respondents' perceptions related to the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions, and ability to meet their basic needs, such as livable wage jobs, housing, utilities, and food. The findings are examined across income groups, race, and ethnicity to better understand disparities.

Nearly half of the respondents (49.4%) identified livable wage jobs and a healthy economy as one of the most important areas to address to improve the quality of life in the community. This issue also ranked among the top five priorities.

Additionally, about 30.0% of respondents indicated that access to low-cost housing is another important issue that needs attention. Moreover, access to healthcare (71.3%) and access to low-cost, healthy food (64.6%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

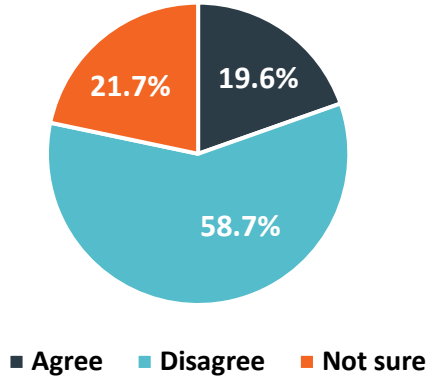
## PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?[54]




[54] *The top five factors are presented in the exhibit. For complete list, please refer to the appendix.*

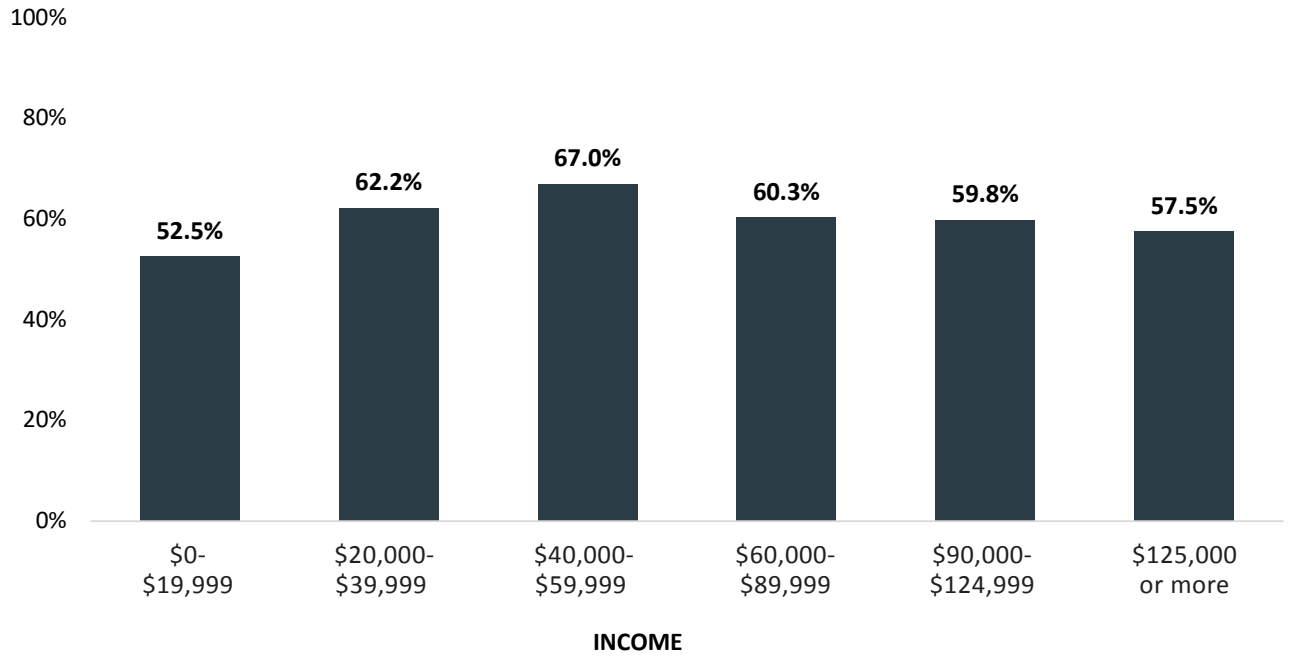
The data below presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are plenty of livable wage jobs available," 58.7% of respondents disagreed.

## THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



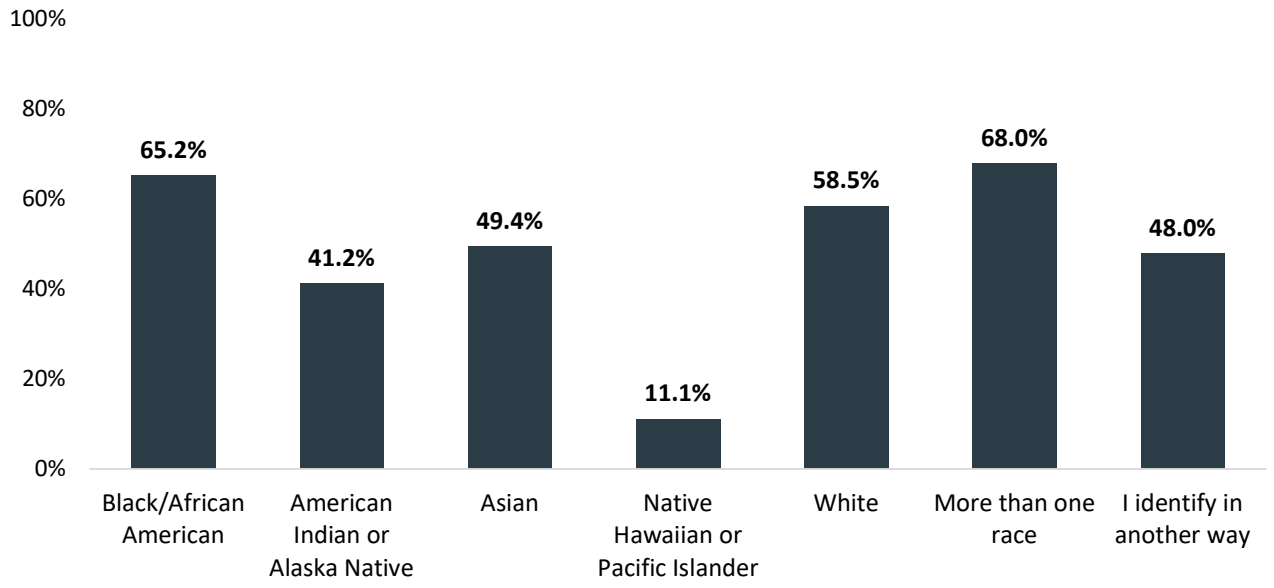

Across all income brackets, more than half of respondents expressed disagreement that there are plenty of livable wage jobs available for those who want them in Pinellas County. Specifically, respondents with income between $40,000-$59,999 expressed the highest disagreement (67.0%), followed by respondents with income between $20,000-$39,999 (62.2%).

## DISAGREE BY INCOME–THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



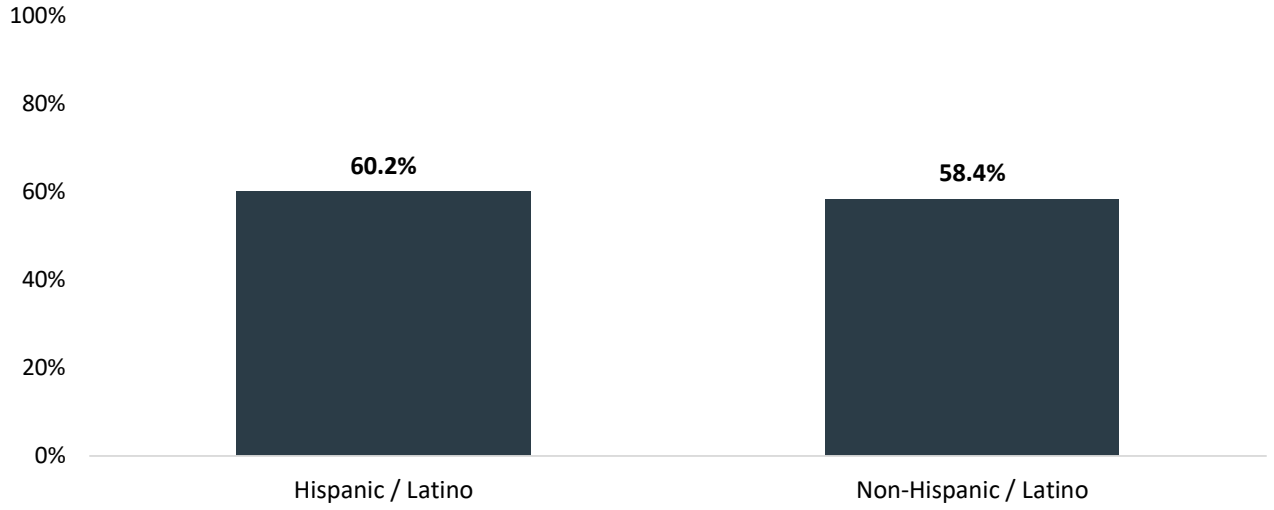
Similarly, the majority of respondents from each racial group disagreed that livable wage jobs are readily available in Pinellas County. Multiracial respondents had the highest level of disagreement (68.0%), followed by Black / African American respondents (65.2%)

## DISAGREE BY RACE–THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



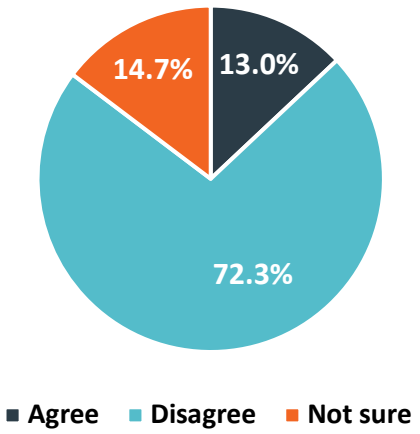

More than 60.0% of Hispanic / Latino respondents (60.2%) and 58.4% of non-Hispanic / Latino respondents disagreed with the statement.

## DISAGREE BY ETHNICITY–THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



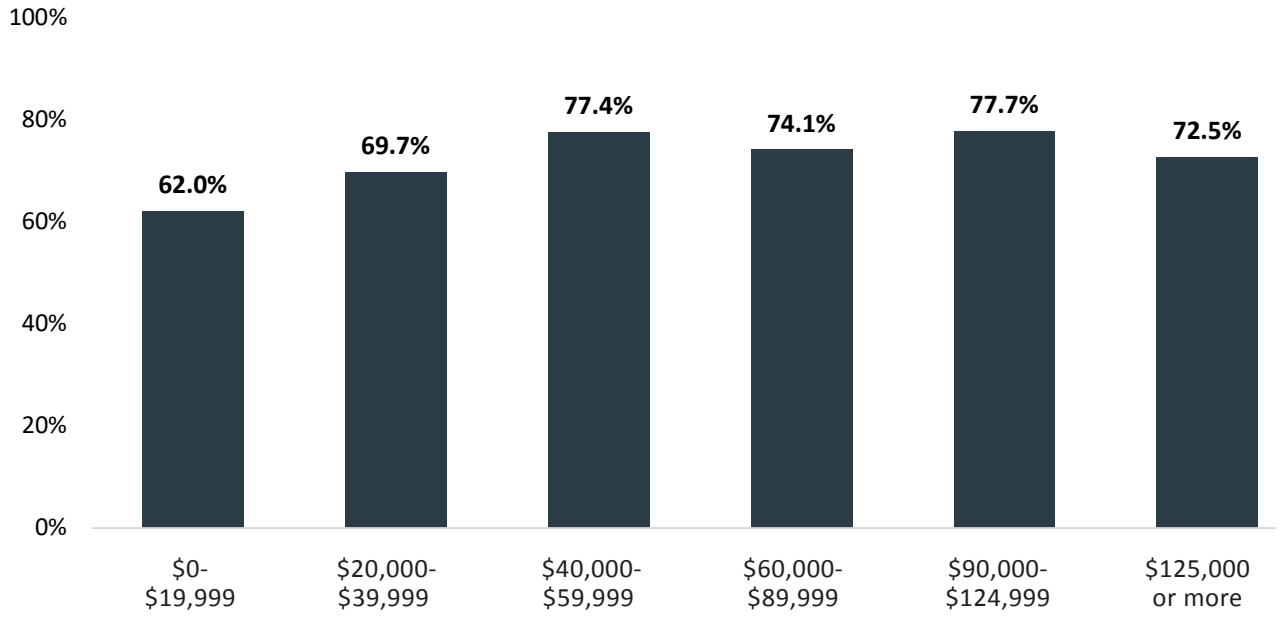
The data below presents respondents' opinions on the affordable place to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community," 72.3% of respondents disagreed.

## THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



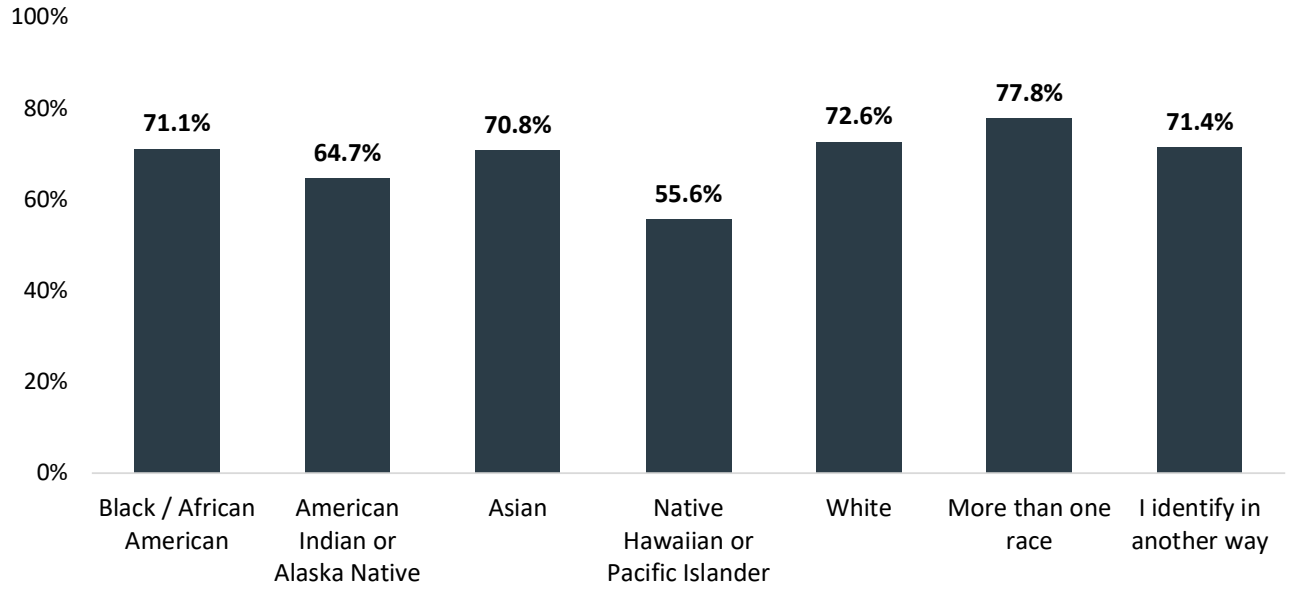

Across all income brackets, more than half of the respondents expressed disagreement that there are affordable places to live in their community. The highest level of disagreement was among those earning between $90,999-$124,999 (77.7%), followed by respondents with an annual income of $40,000-$59,999 (77.4%).

## DISAGREE BY INCOME–THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



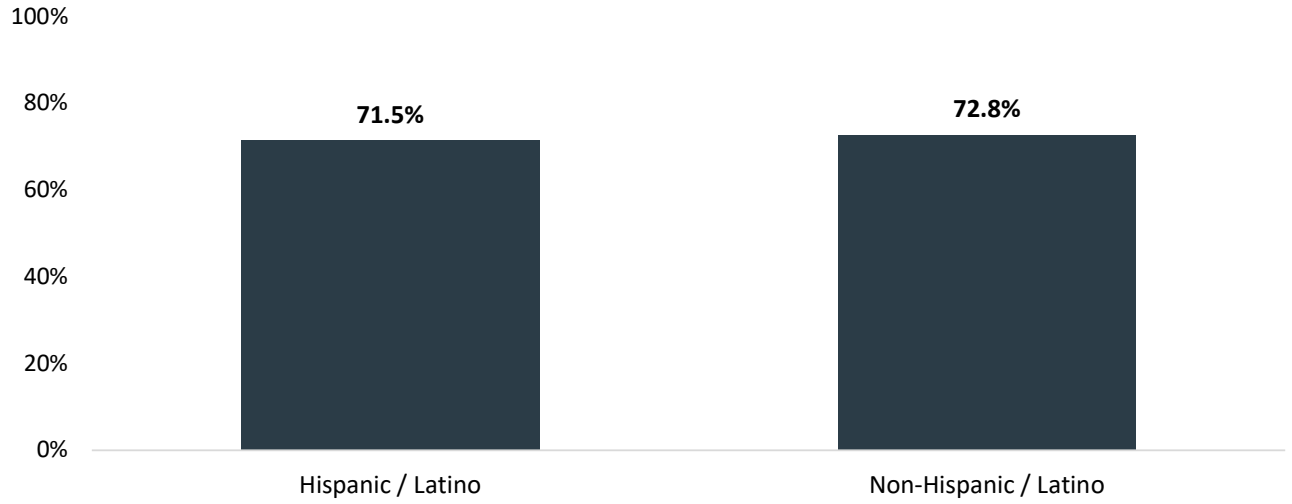
A majority of respondents from each racial group also disagreed that there are affordable places to live in their community. Respondents who are multiracial expressed the highest disagreement (77.8%), followed by respondents who identify as White (72.6%).

## DISAGREE BY RACE–THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



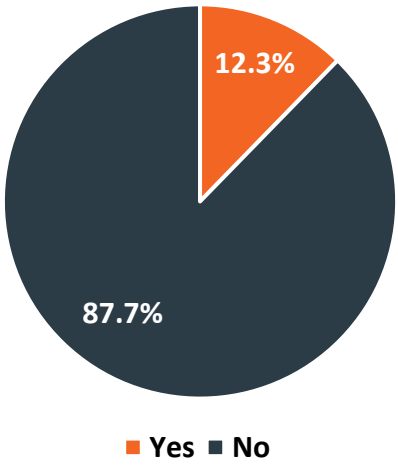

More than 70.0% of respondents disagreed with the statement, regardless of whether they identified as Hispanic / Latino (71.5%) or non-Hispanic / Latino (72.8%).

## DISAGREE BY ETHNICITY–THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY

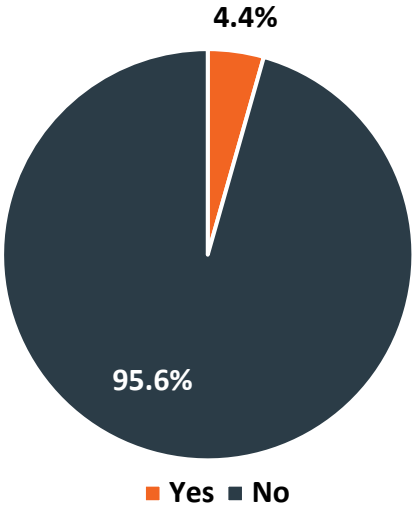


The data below presents a series of questions related to housing security. Overall, 12.3% of respondents reported being worried or concerned that they might not have a stable place to stay within the next two months. In addition, 4.4% of respondents indicated that in the past 12 months, a utility company had shut off their service due to unpaid bills.

### ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT TWO MONTHS YOU MANY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?




### IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

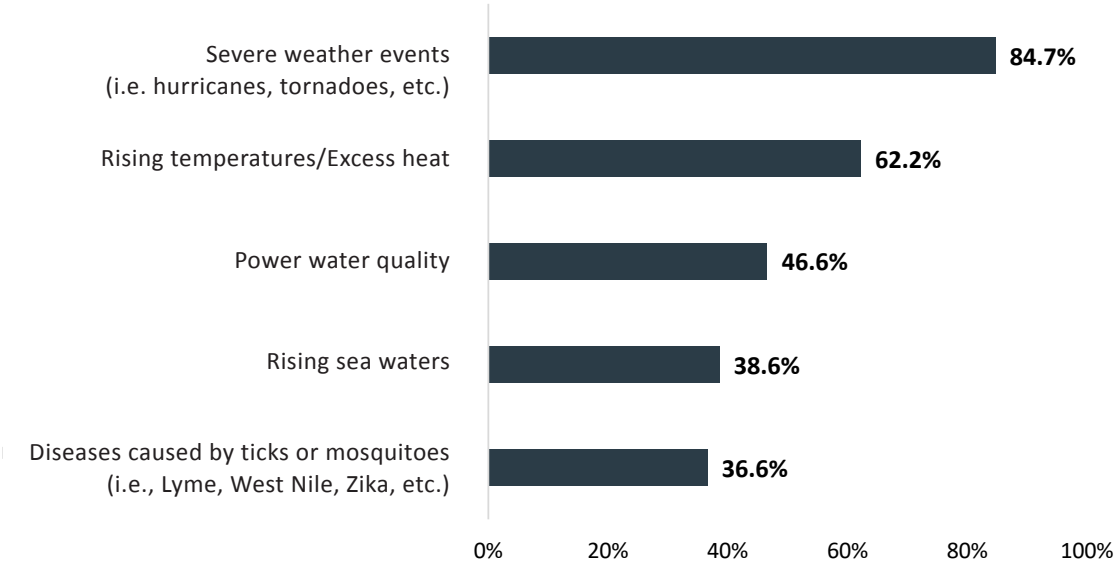


# Neighborhood and Built Environment

This section explores respondents' perceptions about how environmental and climate-related issues may impact their health, such as air and water quality, extreme weather and other environmental factors shaped by the neighborhood and built environment.

In Pinellas County, 84.7% of survey respondents expressed concern about severe weather events, such as hurricanes or tornadoes, impacting their health. This was followed by 62.2% who are concerned that rising temperatures or extreme heat could impact their health. Poor water quality ranked as the third most concerning environmental issue, with 46.6% of respondents worried about its potential effects on their health.

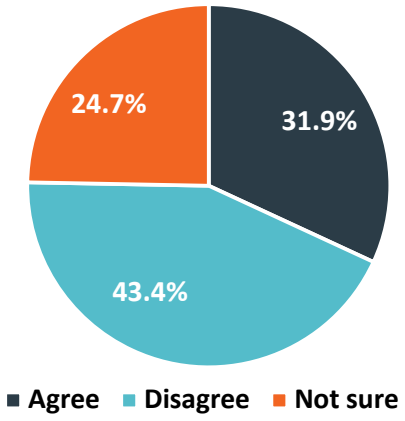
## ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING YOUR HEALTH?[55]



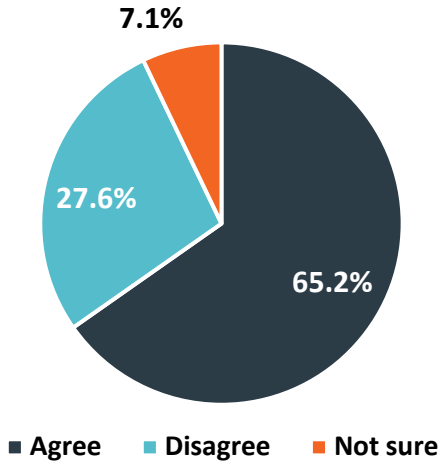

[55] *For complete list, please refer to the appendix.*

The data below presents a series of questions exploring community perspectives on neighborhood and environmental conditions. Responses were mixed regarding crime; 43.4% of respondents disagreed that crime is a problem in their neighborhood. When asked about neighborhood infrastructure, 65.2% of respondents agreed that their neighborhoods have good sidewalks. Opinions were divided on environmental concerns. Nearly 50.0% of respondents disagreed that air pollution is a problem in their community, whereas 60.9% agreed that extreme heat is a concern.

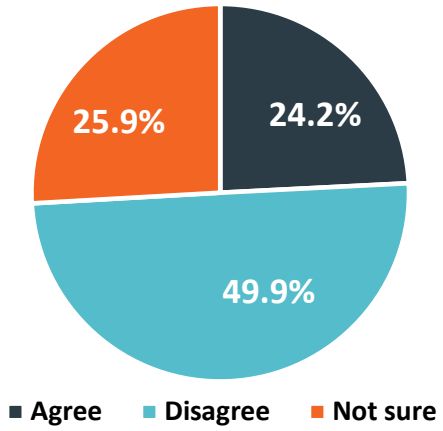
### CRIME IS A PROBLEM IN MY COMMUNITY



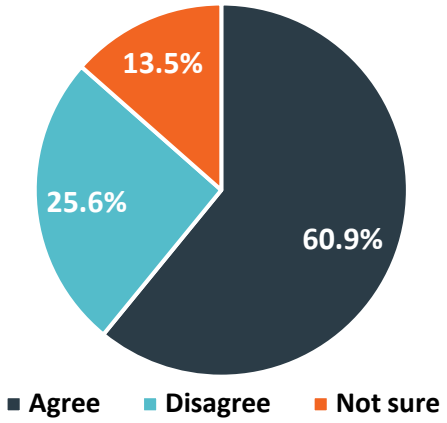

### THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY




### AIR POLLUTION IS A PROBLEM IN MY COMMUNITY




### EXTREME HEAT IS A PROBLEM IN MY COMMUNITY



# Adverse Childhood Experiences

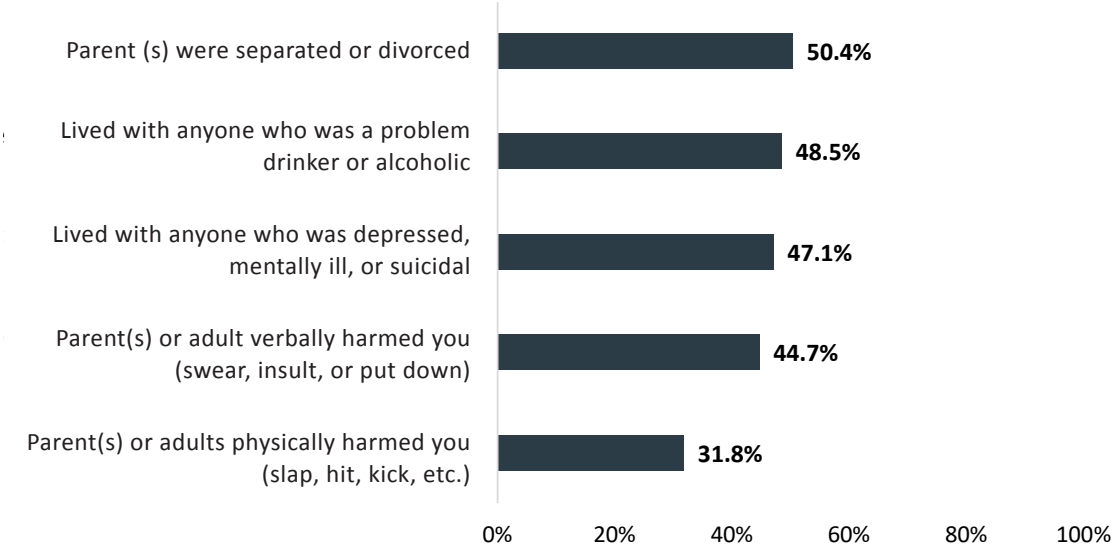
This section discusses the prevalence of Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual, or emotional abuse, witnessing violence in the home or community, parental separation or divorce, household dysfunction (e.g., substance abuse, mental illness), and incarceration of a parent or caregiver.[56] Such experiences are known to impact long-term mental and physical health outcomes.[57]

In Pinellas County, 20.3% of respondents experienced four or more Adverse Childhood Events (ACEs) before the age of 18. The data below shows the percentage of respondents who reported experiencing at least one ACE during childhood. More than half of respondents experienced parental divorce or separation (50.4%).

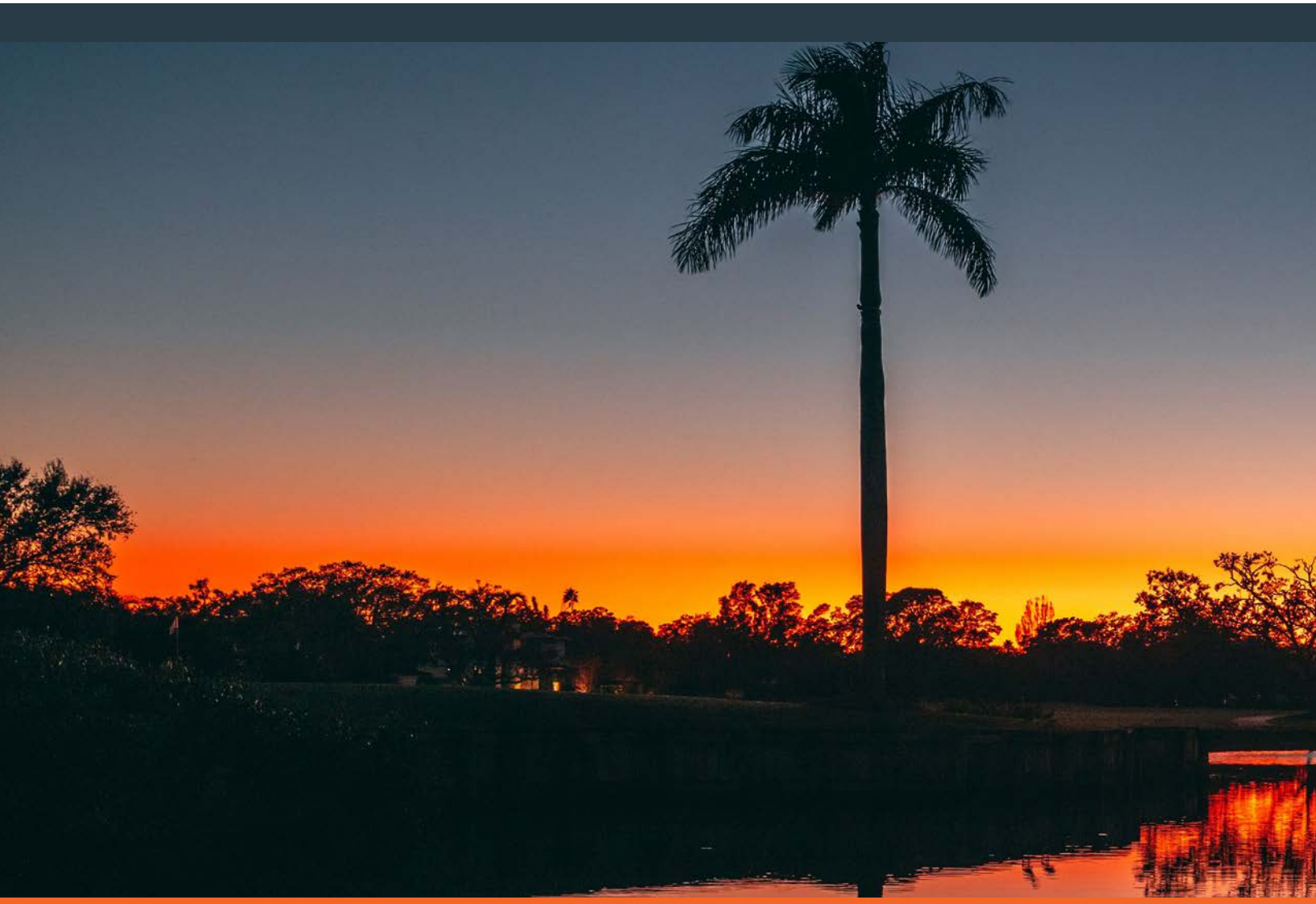
In Pinellas County, 19.0% of survey respondents reported experiencing four or more ACEs before age 18. The top five reported ACEs included: parent(s) were separated or divorced, lived with anyone who was a problem drinker or alcoholic, parent(s) or adult verbally harmed them (swear, insult, or put down), lived with anyone who was depressed, mentally ill, or suicidal, and/or parent(s) or adult physically harmed you (slap, hit, kick, etc.).

Nearly half of the respondents either lived with anyone who was a problem drinker or alcoholic (48.5%) or lived with anyone who was depressed, mentally ill, or suicidal (47.1%). When asked about harmful childhood experiences, 44.7% of respondents reported being verbally harmed by their parents before age 18, while 31.8% reported experiencing physical harm from their parents.

## EVENTS YOU EXPERIENCED BEFORE AGE OF 18[58]




[56] *CDC, 2024. About Adverse Childhood Experiences.*
[57] *Monnat & Chandler, 2016.*
[58] *For complete list, please refer to the appendix.*



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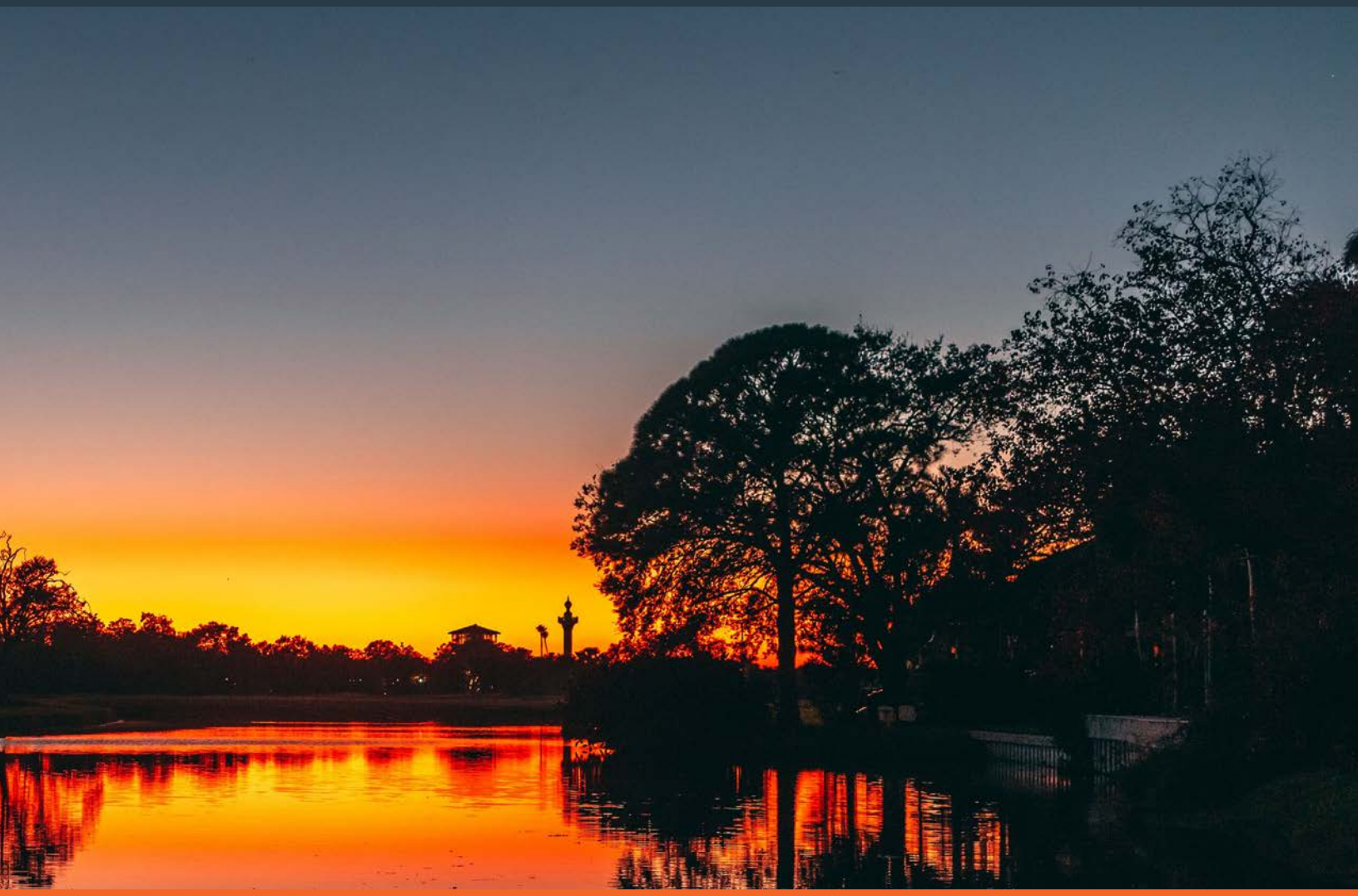
# Prioritization

CHAPTER 6

## Needs Prioritization Process



# Needs Prioritization Process

The needs prioritization is a critical final step in the Community Health Needs Assessment process. The quantitative and qualitative research for the hospital service area was analyzed, and eight community needs were identified.

On March 24, 2025, Orlando Health Bayfront Hospital leadership met to review the data and prioritize the most significant health needs for residents in the hospital service. The Needs Prioritization meeting was a one-hour virtual meeting with hospital leadership facilitated by Crescendo Consulting Group. The meeting was divided into three sections: presentation of collected data, discussion of needs, and needs prioritization voting.

The first part of the meeting consisted of a data presentation followed by a discussion. The discussion focused on the magnitude, severity, and feasibility of the community needs. Eight community needs were presented for discussion and voting. Following the discussion, hospital leaders completed a short survey to vote on the top needs. The needs were ranked using a modified Hanlon method, where they are scored on a scale from one to five based on magnitude, severity, and feasibility. The lower the overall score, the more pressing the health need is to address. The Hanlon Method is an evidence-based technique that objectively takes into consideration explicitly defined criteria and feasibility factors.[59]

This information is included in this report for consideration as Orlando Health Bayfront Hospital builds its Implementation Strategy Plan, and for any community partners to use for their planning efforts.

[59] *NACCHO. Guide to Prioritization Techniques. https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf*

# Top 8 Community Needs

The following eight community needs were identified.

| | | | |
|---|---|---|---|
| Behavioral Health | Cancer | Dental | Economic Stability |
| Exercise, Nutrition and Weight | Healthcare Access and Quality | Heart Disease and Stroke | Neighborhood and Built Environment |

After the vote during the Needs Prioritization session, the final needs in order of rank are below.

## RANKED COMMUNITY NEEDS

| Rank | Community Need | Score |
|---|---|---|
| 1 | Health Care Access and Quality | 3.0 |
| 2 | Behavioral Health | 5.7 |
| 3 | Exercise, Nutrition and Weight | 8.2 |
| 4 | Heart Disease and Stroke | 11.8 |
| 5 | Cancer | 19.1 |
| 6 | Economic Stability | 24.0 |
| 7 | Dental | 24.3 |
| 8 | Neighborhood and Built Environment | 25.3 |

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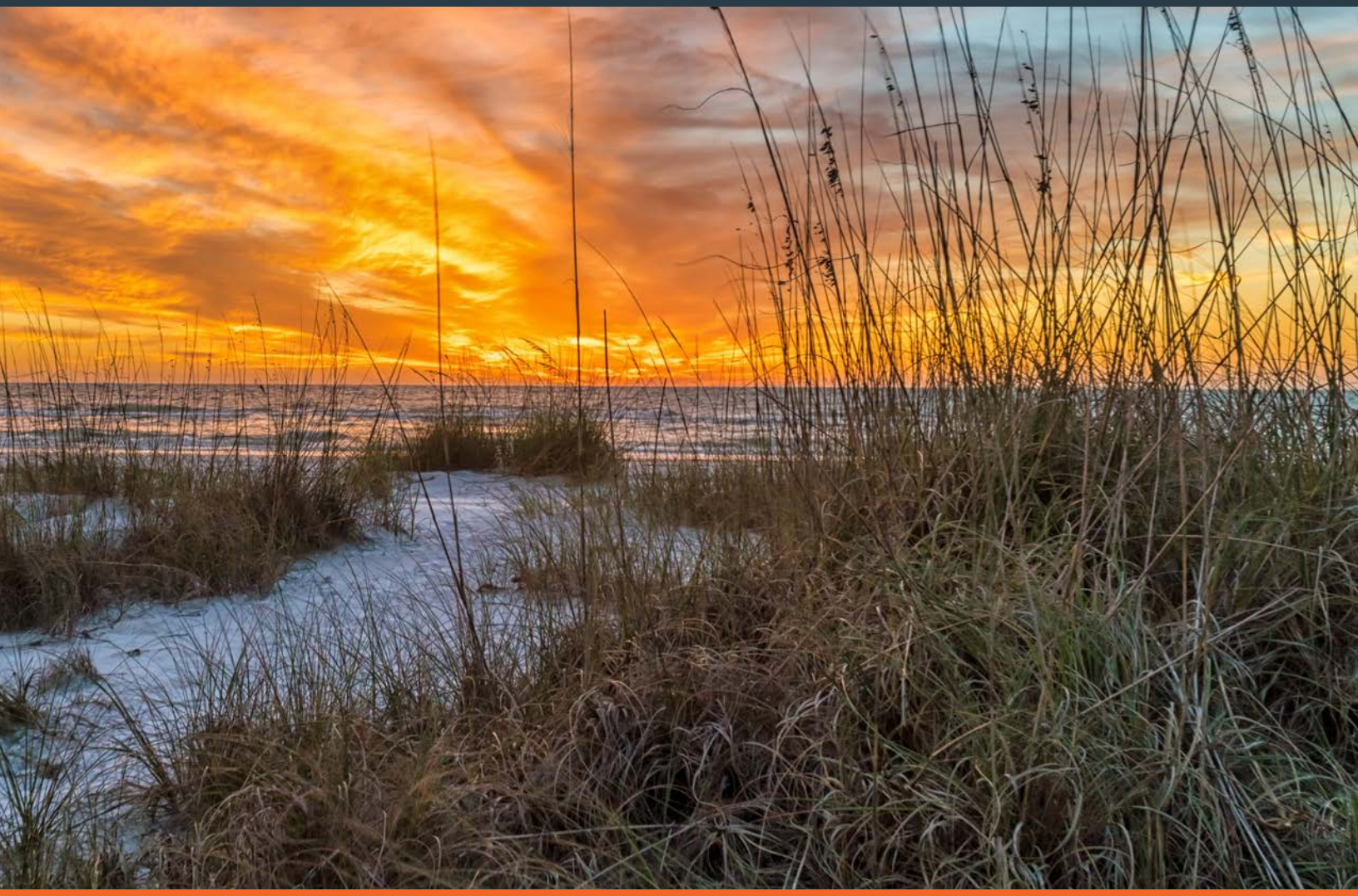
# Appendix

CHAPTER 8

## Appendix: A to I



# Appendix A: Community Survey

## 2025 Community Health Survey

**This community health survey is supported by the All4HealthFL Collaborative comprised of local non-for-profit hospitals and local public health agencies 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. 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 about the survey, please contact our research partner, Crescendo Consulting Group at scottg@crescendocg.com.

**What language would you like to take the survey in?**

❒ English
❒ Spanish
❒ Haitian Creole
❒ Arabic
❒ Russian
❒ Vietnamese

1. **In which county do you live? (Please choose only one)**

❒ Hillsborough ❒ Pasco ❒ Pinellas ❒ Polk ❒ Sarasota
❒ Citrus
❒ Hardee ❒ Highlands ❒ Hernando ❒ Manatee ❒ Marion
❒ Other

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

**3. What is your age? (Please choose only one)**

❒ Under 18 ❒ 8 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 ❒ African American or Black
❒ American Indian or Alaska Native ❒ Asian
❒ Native Hawaiian or Pacific Islander ❒ White
❒ I identify in another way: _____ ❒ Prefer not to answer

**6. Do you identify as LGBTQIA+?**

❒ Yes ❒ No ❒ Prefer not to answer

**7. What language do you MAINLY speak at home? (Please choose only one)**

❒ Arabic ❒ Chinese ❒ English ❒ French
❒ German
❒ Haitian Creole ❒ Russian ❒ Spanish ❒ Vietnamese
❒ I speak another language: _____

**8. How well do you speak English? (Please choose only one)**

❒ Very Well ❒ Well ❒ Not Well ❒ Not at All

**9. 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/Trade School ❒ Associate degree
❒ Bachelor's degree ❒ Master's/Graduate or professional degree or higher

**10. How much total combined money did all 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 $79,999
❒ $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

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

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

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

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

**13. Are you**

❒ A Veteran ❒ In Active Duty ❒ National Guard/Reserves ❒ None of these

**(Skip to question 15)**

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

❒ Yes ❒ No

**15. What coverage do you have for health care? (Please choose only one)**

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

**16. Have you lost your health insurance coverage in the last 12 months?**

❒ Yes
❒ No **(skip to question 18)**
❒ I don't know **(skip to question 18)**

**17. Why did you lose your health insurance coverage?**

❒ Medicaid lost
❒ I lost my job
❒ I switched to part-time or lost eligibility at my job
❒ I turned 26 and/or lost coverage under my parents' plan
❒ I can't afford coverage

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

❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 or more

**19. Are you a caregiver to a family member with a disability who cannot care for themselves in your home?**

❒ Yes ❒ No **(skip to question 28)**

## - Begin Caregiving -

**20. What are the reasons you are providing care for a family member? (Check all that apply)**

- ❒ A physical disability
- ❒ An emotional or behavioral disability or psychiatric condition
- ❒ A cognitive or intellectual disability
- ❒ Hard of Hearing or Deafness
- ❒ Visually impaired or blind
- ❒ A chronic health condition
- ❒ Other (please specify)
- ❒ I don't know

**21. Do you have caregiving assistance from any of the following? (Check all that apply)**

- ❒ Government caregiving agency or program
- ❒ Private caregiving agency or program
- ❒ Family / friends as caregivers
- ❒ Respite care programs for short-term care
- ❒ Other (please specify)

**22. Have costs associated with your caregiving responsibilities impacted your ability to afford your basic needs? (Check all that apply)**

- ❒ Rent or mortgage
- ❒ Groceries
- ❒ Diapers
- ❒ Hygiene products (i.e., period products, soap, shampoo, etc.)
- ❒ Gas for car
- ❒ Utilities (i.e., electricity, water, internet, etc.)
- ❒ Medication
- ❒ Dental care
- ❒ Vision care
- ❒ Other (please specify)

**23. Have your caregiving responsibilities impacted your ability to get and/or keep a job?**

❒ Yes

❒ No **(Skip to Q25)**

**24. If so, how?**

❒ No access to stable caregiving services / inconsistent caregiving aids

❒ Cannot afford caregiving services

❒ Makes more sense to stay home and be a full-time caregiver

❒ Other please specify

**Caregiver burnout is a state of physical, emotional, and mental exhaustion that happens while you're taking care of someone else. Stressed caregivers may experience fatigue, anxiety, and depression.**

**25. In the past 12 months, have you experienced caregiver burnout?**

❒ Yes

❒ No

**26. Have your caregiving responsibilities impacted your personal relationships? (check all that apply)**

❒ With spouse or partner

❒ With family, including other children

❒ With friends

❒ At work

❒ With my faith community

❒ No impact on my personal relationships

❒ Other (please specify)

**27. Do your caregiving responsibilities impact your ability to put your own health first?**

| | Disagree | Agree |
|---|---|---|
| I have enough time to exercise at home or my local gym | | |
| I regularly participate in activities that bring me joy (i.e., hobbies, social, etc.) | | |
| I have enough energy to get through my days | | |
| I get adequate sleep most nights | | |
| I eat healthy most of the time | | |

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

❒ None **(Skip to question 37)** ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5 ❒ 6 or more

## - Begin Children's Section -

**29. 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 31)**

**30. 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 find a pediatric specialist
❒ 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
❒ Long wait times for appointments
❒ Unable to find a doctor who takes my insurance
❒ Do not have insurance to cover medical care
❒ Transportation challenges
❒ Other (please specify)

**31. 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 33)**

**32. 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 doctor
❒ Unable to afford to pay for care
❒ Cannot find a pediatric specialist
❒ Long wait times for appointments
❒ Cannot take time off work
❒ Unable to find a doctor who takes my insurance
❒ Cannot take child out of class
❒ Do not have insurance to cover medical care
❒ Doctor's office does not have convenient hours
❒ Transportation challenges
❒ Unable to schedule an appointment when needed
❒ Other (please specify)
❒ Unable to find a doctor who knows or understands my culture, identity, or beliefs

**33. 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 35)**

**34. 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
❒ Unable to afford to pay for care
❒ Cannot find a child psychiatrist or other provider
❒ Long wait times for appointments
❒ Cannot take time off work
❒ Unable to find a doctor/counselor/therapist who takes my insurance
❒ Cannot take child out of class
❒ Do not have insurance to cover medical care
❒ Doctor's office does not have convenient hours
❒ Transportation challenges
❒ Unable to schedule an appointment when needed
❒ Other (please specify)
❒ Unable to find a doctor who knows or understands my culture, identity, or beliefs

The goal of the next question (Question 35) 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.

**35. When you think about the most important HEALTH needs for children in your community, please select the top 5 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 5)**

**Please choose only 5**

- ❒ Accidents and Injuries
- ❒ Anxiety and/or depression
- ❒ Asthma
- ❒ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ❒ Dental care
- ❒ Diabetes
- ❒ Drug or alcohol use
- ❒ Eye health (vision)
- ❒ Gender affirming care
- ❒ Healthy food / nutrition
- ❒ Healthy pregnancies and childbirth
- ❒ Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
- ❒ Infectious diseases
- ❒ Mental or behavioral Health (other than anxiety and depression)
- ❒ Obesity
- ❒ Physical activity
- ❒ Respiratory health other than asthma (RSV, cystic fibrosis)
- ❒ Safe sex practices and teen pregnancy
- ❒ Special needs (Physical / Chronic / Behavioral / Developmental / Emotional)
- ❒ Suicide prevention
- ❒ Vaping, cigarette, cigar, cigarillo, or E-cigarette use
- ❒ Other: (please specify)

The goal of the next question (Question 36) 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.

**36. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 5 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 5)**

**Please choose only 5**

| |
|---|
| Access to benefits (Medicaid, WIC, SNAP/Food Stamps) |
| Access to or cost of childcare |
| Bullying and violence in school |
| Domestic violence, child abuse and/or child neglect |
| Educational needs |
| Family member alcohol or drug use |
| Housing |
| Human trafficking |
| Hunger or access to healthy food |
| Lack of employment opportunities |
| Language Barriers |
| Messaging on social media |
| Neighborhood crime and community violence |
| Parenting education (parenting skills for child development) |
| Racism and discrimination |
| Safe neighborhoods and places for children to play |
| 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.

**37. 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

**38. Please read the list of risky behaviors listed below. Which 5 do you believe are the most harmful to the overall health of your community? (Please choose only 5)**

**Please choose only 5**

❒ Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)

❒ Distracted driving (texting, eating, talking on the phone)

❒ Driving while under the influence

❒ Dropping out of school

❒ Gambling, Sports betting

❒ Illegal drug use/abuse or misuse of prescription medications

❒ Lack of exercise

❒ Not getting “shots” to prevent disease

❒ Not locking up guns

❒ Not seeing a doctor while you are pregnant

❒ Not using seat belts/not using child safety seats

❒ Not wearing helmets

❒ Poor eating habits

❒ Too much screen time / social media

❒ Unsafe sex including not using birth control

❒ Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use

**39. Read the list of factors that contribute to poor health 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 5)**

**Please choose only 5**

- ❒ Aging problems (for example: difficulty getting around, dementia, arthritis)
- ❒ Being overweight
- ❒ Cancers
- ❒ Child abuse / Neglect
- ❒ Clean environment / Air and water quality
- ❒ Dental problems
- ❒ Diabetes / High blood sugar
- ❒ Domestic violence / Rape / Sexual assault / Human trafficking
- ❒ Extreme heat
- ❒ Gun-related injuries
- ❒ Heart disease / Stroke / High blood pressure
- ❒ HIV/AIDS / Sexually Transmitted Diseases (STDs)
- ❒ Homicide
- ❒ Illegal drug use/Abuse of prescription medications and alcohol abuse/Drinking too much
- ❒ Infant death
- ❒ Infectious diseases like Hepatitis, TB, etc.
- ❒ Mental health problems Including anxiety, depression, and Suicide
- ❒ Motor vehicle crash injuries
- ❒ Respiratory / Lung disease
- ❒ Social isolation
- ❒ Teenage pregnancy

**40. Please read the list below. Which do you believe are the 5 most important factors to improve the quality of life in a community? (Please choose only 5)**

**Please choose only 5**

- ❒ Access to good health information
- ❒ Access to health care, including behavioral health
- ❒ Access to low-cost, healthy food
- ❒ Arts and cultural events
- ❒ Clean environment / Air and water quality
- ❒ Disaster preparedness
- ❒ Emergency medical services
- ❒ Good place to raise children
- ❒ Good schools
- ❒ Healthy behaviors and lifestyles
- ❒ Increased shade / tree canopy
- ❒ Livable wage jobs and healthy economy
- ❒ Low-cost childcare
- ❒ Low crime / Safe neighborhoods
- ❒ Low-cost health insurance
- ❒ Low-cost housing
- ❒ Parks and recreation
- ❒ Public transportation
- ❒ Religious or spiritual values
- ❒ Sidewalks / Walking safety
- ❒ Strong community/Community knows and supports each other
- ❒ Strong family life
- ❒ Tolerance / Embracing diversity

**41. 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 livable wage jobs available for those who want them | | | |
| Crime is a problem in my community | | | |
| Air pollution is a problem in my community | | | |
| Extreme heat 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 | | | |
| There are healthy things for youth to do in my community | | | |
| I am able to get healthy food easily | | | |

**42. In the past 12 months, has a fear for your own safety made you avoid social gatherings or events?**

❒ Yes ❒ No

**43. Have you or a member of your immediate household been injured by or threatened with a firearm?**

❒ Injured

❒ Threatened

❒ Both

❒ Neither

**44. 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 | | | |

**45. Over the past 12 months, how often have you had thoughts that you would be better off dead or 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 or text the National Suicide Prevention Lifeline at 988.

**46. 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

**47. 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

**48. 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

**49. Do you eat at least 5 cups of fruits or vegetables every day?**

❒ Yes ❒ No

**50. 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

**51. 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

**52. 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

**53. In the past 12 months, has your utility company shut off your service for not paying your bills?**

❒ Yes ❒ No

**54. Are you concerned about any of the following environmental or climate-related concerns impacting your health? (Check all that apply)**

❒ Diseases caused by ticks or mosquitoes (i.e., Lyme, West Nile, Zika, etc.)

❒ Indoor air pollution / poor air quality

❒ Outdoor air pollution / poor air quality

❒ Poor water quality

❒ Rising sea waters

❒ Rising temperatures / excess heat

❒ Severe weather events (i.e., hurricanes, tornadoes, etc.)

❒ Other (please specify)

These next questions are about your personal health and your opinions about getting health care in your community.

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

❒ Excellent ❒ Very good ❒ Good ❒ Fair ❒ Poor ❒ Not sure

**56. 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 58)**

**57. 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)

**58. 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

**59. 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 61)**

**60. 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
❒ Cannot take time off work
❒ 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 opinion
❒ Other

**61. 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 63)**

**62. What are some reasons that kept you from getting dental care? (Choose all that apply)**

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

**63. In the past 12 months, how many times have you gone to an emergency room (ER, not Urgent Care) about your own health? (Please choose only one)**

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

❒ have not gone to a hospital ER in the past 12 months **(Skip to question 65)**

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

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

**65. 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
❒ Asthma
❒ COPD
❒ Depression or Anxiety
❒ Diabetes / High Blood Sugar

❒ HIV / AIDS

❒ Heart disease

❒ High blood pressure / Hypertension

❒ Obesity

❒ Stroke

❒ None of these

**66. 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 ❒ On some days

❒ Once a day ❒ More than once a day

**67. 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 ❒ On some days

❒ Once a day ❒ More than once a day

**68. 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 | | | | |

**69. 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
- ❒ I have not had these experiences
- ❒ Your gender
- ❒ Your age
- ❒ Your height
- ❒ Your sexual orientation
- ❒ A physical disability
- ❒ A mental health condition

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.

**70. 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
- ❒ Parent(s) were separated or divorced
- ❒ Parent(s) or adults experienced physical harm (slap, hit, kick, etc.)
- ❒ Parent(s) or adult physically harmed you (slap, hit, kick, etc.)
- ❒ Parent(s) 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

**That concludes our survey.**
**Thank you for participating! Your feedback is important.**

# Appendix B: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with All4HealthFL, which is a collaboration of hospitals in X counties in the West Central Florida region, to conduct a community health needs assessment of the community. The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

**Person's Name:**

**Organization:**

**Date:**

## Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]
3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? [PROBE: behavioral health, access to care, housing, etc.]

## Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why? PROBE List (As needed):

- Quality primary care (Services for adults, children and adolescents).
- Specialty care services

- Maternal and prenatal care for expectant mothers Other OB/GYN services
- Labs/imaging
- Immunizations and preventative testing
- Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).
- Post-COVID-19/impacts of COVID-19 care
- Dental

6. What health-related resources are available in your community?

### Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.
8. What behavioral-health resources are available in your community? PROBE LIST: Treatment (IP and OP), Crisis, Recovery
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

### Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally HEALTHY? Please explain why you think people are healthy or not healthy in your community?
11. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community? [PROBE: veterans, youth, New Americans, LGBTQ populations, people of color, older adults, people living with disabilities]
12. What barriers to services and resources exist, if any? PROBE: based on economic, race/ethnicity, gender, or other factors?
13. Do community health care providers care for patients in a culturally sensitive manner?
14. What would you say are the two or three most urgent needs for the most vulnerable?

### Social Determinants, Neighborhood and Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why? PROBE LIST AS NEEDED:

- Affordable housing
- Services for people experiencing homelessness

- Food insecurity and access to healthy food
- Childcare
- Transportation
- Internet and technology access
- Employment and job training opportunities
- Others

### Enhancing Outreach and Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area? PROBE: Social media, Text WhatsApp, word of mouth, etc.
17. To what degree is health literacy in the community an advantage or challenge?
18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

### Magic Wand

19. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

If appropriate: Are you willing to host a focus group discussion?

Thank you for your time and participation!

## RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

# Appendix C: Focus Group Guide

Welcome and introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with the All4HealthFL Collaborative to conduct a community health needs assessment of this community. The All4HealthFL Collaborative is comprised of several health systems as well as four public health agencies in Hillsborough, Pasco, Pinellas, and Polk counties. [or for outlier counties – Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and/or Sarasota counties]

Explain the general purpose of the discussion

Today's meeting is to learn more about the strengths and resources in the community and collect insights about community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community.

Explain the necessity for notetaking and recording

We're taking notes and/or recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

**Note to moderator:** Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

### Introductory Questions

1. Please tell me a little about yourself [IF REPRESENTING AN ORGANIZATION and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? [PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]
3. What does a "healthy" community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? [PROBE: behavioral health, access to care, housing, etc.]

### Access to Care and Delivery of Services

5. What health-related resources are available in your community?
6. What, if any, health care services are difficult to find and/or access? And why? PROBE List (As needed): Quality primary care (Services for adults, children and adolescents), Specialty care services, Maternal and prenatal care for expectant mothers Other OB/GYN services, Labs/imaging, Immunizations and preventative testing, prescriptions or medications, Senior Services (PROBE: hospice, end-of-life care, specialists, etc.), Post-COVID-19/impacts of COVID-19 care, Dental

### Behavioral Health

7. What behavioral-health resources are available in your community?
8. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

### Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally HEALTHY? Please explain why you think people are healthy or not healthy in your community?
11. How can we improve the overall health of your community?

12. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomics? What populations are especially vulnerable and/or underserved in your community? [PROBE: veterans, youth, New Americans, LGBTQ populations, people of color, older adults, people living with disabilities, parents/stress of raising children]
13. What barriers to services and resources exist, if any? PROBE: based on economic, race/ethnicity, gender, or other factors?
14. Do community health care providers care for patients in a culturally sensitive manner?
15. What would you say are the two or three most urgent needs for the most vulnerable?

### Social Determinants, Neighborhood and Physical Environment

16. From your perspective what are the top three non-health-related needs in your community and why? PROBE LIST AS NEEDED: Affordable housing, Services for people experiencing homelessness, Food insecurity and access to healthy food, Childcare, Transportation, Internet and technology access, Employment and job training opportunities, Others

### Enhancing Outreach and Disseminating Information

17. How do individuals generally learn about access to and availability of services in your area? PROBE: Social media, Text WhatsApp, word of mouth, etc.
18. To what degree is health literacy in the community an advantage or challenge?
19. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

### Magic Wand

20. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

## RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed. Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

# Appendix D: Community Survey Tables

## Demographics

### RESPONDENTS' AGE, ETHNICITY, AND RACE

| | PINELLAS COUNTY |
|---|---|
| **AGE** | |
| 18 to 24 | 4.1% |
| 25 to 34 | 12.0% |
| 35 to 44 | 16.9% |
| 45 to 54 | 20.2% |
| 55 to 64 | 25.1% |
| 65 to 74 | 14.7% |
| 75 or Older | 7.0% |
| **ETHNICITY** | |
| Yes, Hispanic / Latino | 9.4% |
| No, not Hispanic / Latino | 90.6% |
| **RACE** | |
| More Than One Race | 4.5% |
| Black / African American | 11.1% |
| American Indian or Alaska Native | 0.6% |
| Asian | 3.4% |
| Native Hawaiian or Pacific Islander | 0.3% |
| White | 80.1% |

## WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME?

| | PINELLAS COUNTY |
|---|---|
| Arabic | 0.2% |
| Chinese | 0.1% |
| English | 97.2% |
| French | 0.0% |
| German | 0.1% |
| Haitian Creole | 0.1% |
| Russian | 0.1% |
| Spanish | 2.1% |
| Vietnamese | 0.1% |
| I speak another language | 0.0% |

## HOW WELL DO YOU SPEAK ENGLISH?

| | PINELLAS COUNTY |
|---|---|
| Very well | 94.7% |
| Well | 4.9% |
| Not well | 0.2% |
| Not at all | 0.3% |

## ARE YOU...?

| | PINELLAS COUNTY |
|---|---|
| A veteran | 10.4% |
| In active duty | 0.1% |
| National Guard / Reserve | 0.2% |
| None of these | 89.4% |

## IF VETERAN, ACTIVE DUTY, NATIONAL GUARD, OR RESERVES, ARE YOU RECEIVING CARE AT THE VA?

| | PINELLAS COUNTY |
|---|---|
| Yes | 69.0% |
| No | 31.0% |

## Caregiving

### INCLUDING YOURSELF, HOW MANY PEOPLE CURRENTLY LIVE IN YOUR HOME?

| | PINELLAS COUNTY |
|---|---|
| 1 | 22.3% |
| 2 | 40.1% |
| 3 | 17.1% |
| 4 | 12.9% |
| 5 or more | 7.6% |

### ARE YOU A CAREGIVER TO A FAMILY MEMBER WITH A DISABILITY WHO CANNOT CARE FOR THEMSELVES IN YOUR HOME?

| | PINELLAS COUNTY |
|---|---|
| Yes | 7.3% |
| No | 92.7% |

### WHAT ARE THE REASONS YOU ARE PROVIDNG CARE FOR A FAMILY MEMBER?

| | PINELLAS COUNTY |
|---|---|
| A physical disability | 40.2% |
| An emotional or behavioral disability or psychiatric condition | 26.6% |
| A cognitive or intellectual disability | 28.8% |
| Hard of hearing or deafness | 9.6% |
| Visually impaired or blind | 7.7% |
| A chronic health condition | 36.5% |
| I don't know | 1.5% |
| Other | 13.7% |

## DO YOU HAVE CAREGIVING ASSISTANCE FROM ANY OF THE FOLLOWING?

| | PINELLAS COUNTY |
|---|---|
| Government caregiving agency or program | 11.3% |
| Private caregiving agency or program | 8.2% |
| Family / Friends as caregivers | 53.8% |
| Respite care programs for short-term care | 4.6% |
| Other | 35.4% |

## HAVE COSTS ASSOCIATED WITH YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO AFFORD YOUR BASIC NEEDS?

| | PINELLAS COUNTY |
|---|---|
| Rent or mortgage | 47.8% |
| Groceries | 66.2% |
| Diapers | 11.6% |
| Hygiene products (i.e., period products, soap, shampoo, etc.) | 25.6% |
| Gas for car | 40.1% |
| Utilities (i.e., electricity, water, internet, etc.) | 54.1% |
| Medication | 26.6% |
| Dental care | 25.6% |
| Vision care | 17.4% |
| Other | 16.9% |

## HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO GET AND / OR KEEP A JOB?

| | PINELLAS COUNTY |
|---|---|
| Yes | 25.8% |
| No | 74.2% |

### IF SO, HOW?

| | PINELLAS COUNTY |
|---|---|
| No access to stable caregiving services / Inconsistent caregiving aids | 24.2% |
| Cannot afford caregiving services | 35.5% |
| Makes more sense to stay home and be a full-time caregiver | 24.2% |
| Other | 16.1% |

### IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED CAREGIVER BURNOUT?

| | PINELLAS COUNTY |
|---|---|
| Yes | 63.1% |
| No | 36.9% |

### HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR PERSONAL RELATIONSHIPS?

| | PINELLAS COUNTY |
|---|---|
| With spouse or partner | 44.5% |
| With family, including other children | 38.8% |
| With friends | 39.2% |
| At work | 26.5% |
| With my faith community | 6.5% |
| No impact on my personal relationships | 30.6% |

### DO YOUR CAREGIVING RESPONSIBILITIES IMPACT YOUR ABILITY TO PUT YOUR OWN HEALTH FIRST?

| | | PINELLAS COUNTY |
|---|---|---|
| I have enough time to exercise at my home or local gym | Disagree | 55.2% |
| | Agree | 44.8% |
| I regularly participate in activities that bring me joy | Disagree | 52.0% |
| | Agree | 48.0% |
| I have enough energy to get through my days | Disagree | 54.7% |
| | Agree | 45.3% |
| I get adequate sleep most nights | Disagree | 68.5% |
| | Agree | 31.5% |
| I eat healthy most of the time | Disagree | 44.3% |
| | Agree | 55.7% |

## Health Status

### WHAT COVERAGE DO YOU HAVE FOR HEALTH CARE?

| | PINELLAS COUNTY |
|---|---|
| I pay cash / I don't have insurance | 3.9% |
| Medicare or Medicare HMO | 13.5% |
| Medicaid or Medicaid HMO | 3.0% |
| Commercial health insurance (from Employer) | 66.0% |
| Marketplace insurance plan | 3.7% |
| Veteran's Administration | 4.6% |
| TRICARE | 1.4% |
| Indian Health Services | 0.0% |
| County health plan | 1.0% |
| I pay another way | 2.8% |

## HAVE YOU LOST YOUR HEALTH INSURANCE COVERAGE IN THE PAST 12 MONTHS?

| | PINELLAS COUNTY |
|---|---|
| Yes | 5.5% |
| No | 93.2% |
| I don't know | 1.3% |

## WHY DID YOU LOSE YOUR HEALTH INSURANCE COVERAGE?

| | PINELLAS COUNTY |
|---|---|
| Medicaid lost | 16.7% |
| I lost my job | 25.5% |
| I switched to part-time or lost eligibility at my job | 13.5% |
| I turned 26 and / or lost coverage under my parents' plan | 5.2% |
| I can't afford coverage | 17.2% |
| Other | 21.9% |

## HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?

| | PINELLAS COUNTY |
|---|---|
| Asthma | 14.2% |
| Cancer | 10.4% |
| COPD | 4.0% |
| Depression or Anxiety | 33.6% |
| Diabetes / High blood sugar | 13.8% |
| Heart Disease | 7.2% |
| High blood pressure / Hypertension | 35.1% |
| HIV / AIDS | 0.3% |
| Obesity | 25.2% |
| Stroke | 1.5% |
| None of these | 27.9% |

## OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?

| | PINELLAS COUNTY |
|---|---|
| Excellent | 9.1% |
| Very good | 29.6% |
| Good | 38.7% |
| Fair | 18.5% |
| Poor | 3.5% |
| Not sure | 0.6% |

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Yes | 17.6% |
| No | 82.4% |

## TREND ANALYSIS-WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | 2019 | 2022 | 2025 |
| Yes | 18.4% | 18.1% | 17.6% |
| No | 81.6% | 81.9% | 82.4% |

## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?

| | PINELLAS COUNTY |
|---|---|
| Unable to schedule an appointment when needed | 51.6% |
| Am not sure how to find a doctor | 4.6% |
| Unable to find a doctor who takes my insurance | 15.6% |
| Unable to afford to pay for care | 48.5% |
| Doctor's office does not have convenient hours | 26.2% |
| Transportation challenges | 9.7% |
| Do not have insurance to cover medical care | 17.2% |
| Cannot take time off work | 29.3% |
| Unable to find a doctor who knows or understands my culture | 8.2% |
| Other | 17.6% |

## TREND ANALYSIS-TOP 5 REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Can't afford it / Costs too much (47.2%) | Unable to schedule an appointment when needed (46.3%) | Unable to schedule an appointment when needed (51.6%) |
| **2** | Other (19.6%) | Unable to afford to pay for care (35.9%) | Unable to afford to pay for care (48.5%) |
| **3** | I don't have health insurance (15.4%) | Cannot take time off work (22.8%) | Cannot take time off work (29.3%) |
| **4** | I had trouble getting an appointment (9.8%) | Other (such as afraid to be exposed to COVID-19) (22.4%) | Doctor’s office does not have convenient hours (26.2%) |
| **5** | I don't have a doctor (3.6%) | Doctor’s office does not have convenient hours (21.2%) | Other (such as childcare responsibilities, denial of insurance, lost job and medical benefit, etc.) (17.6%) |

## THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, HOW WOULD YOU RATE YOUR OVERALL MENTAL HEALTH?

| | PINELLAS COUNTY |
|---|---|
| Excellent | 13.6% |
| Very good | 27.2% |
| Good | 30.6% |
| Fair | 21.8% |
| Poor | 6.3% |
| Not sure | 0.5% |

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Yes | 16.5% |
| No | 83.5% |

## TREND ANALYSIS-WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | 2019 | 2022 | 2025 |
| Yes | 13.1% | 16.4% | 16.5% |
| No | 86.9% | 83.6% | 83.5% |

## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE?

| | PINELLAS COUNTY |
|---|---|
| Am not sure how to find a doctor / Counselor | 17.8% |
| Unable to afford to pay for care | 39.8% |
| Unable to schedule an appointment when needed | 34.1% |
| Transportation challenges | 9.7% |
| Do not have insurance to cover mental health care | 22.3% |
| Fear of family or community opinion | 14.8% |
| Unable to find a doctor / Counselor who takes my insurance | 17.2% |
| Cannot take time off work | 28.4% |
| Doctor / Counselor office does not have convenient hours | 20.7% |
| Unable to find a doctor who knows or understands my culture | 16.2% |
| Other | 21.9% |

## TREND ANALYSIS-TOP 5 REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Can't afford it / Costs too much (32.3%) | Unable to schedule an appointment when needed (34.0%) | Unable to afford to pay for care (39.8%) |
| **2** | Other (27.0%) | Unable to afford to pay for care (34.0%) | Unable to schedule an appointment when needed (34.1%) |
| **3** | I had trouble getting an appointment (10.3%) | Cannot take time off work (25.5%) | Cannot take time off work (28.4%) |
| **4** | I don't know where to go (10.1%) | Other (such as childcare, COVID-19, too anxious to start the therapy) (23.0%) | Do not have insurance to cover mental healthcare (22.3%) |
| **5** | I don't have health insurance (9.4%) | Do not have insurance to cover mental health care (21.4%) | Other (such as accessing mental healthcare, just overall difficulty, childcare responsibilities) (21.9%) |

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Yes | 21.2% |
| No | 78.8% |

## TREND ANALYSIS-WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | **2019** | **2022** | **2025** |
| Yes | 24.3% | 22.3% | 21.2% |
| No | 75.7% | 77.7% | 78.8% |

## WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?

| | PINELLAS COUNTY |
|---|---|
| Unable to schedule an appointment when needed | 26.3% |
| Am not sure how to find a doctor | 7.6% |
| Unable to find a doctor who takes my insurance | 31.9% |
| Unable to afford to pay for care | 64.9% |
| Doctor's office does not have convenient hours | 14.5% |
| Transportation challenges | 6.3% |
| Do not have insurance to cover medical care | 14.3% |
| Cannot take time off work | 19.1% |
| Unable to find a doctor who knows or understands my culture | 3.9% |
| Other | 11.9% |

## TREND ANALYSIS-TOP 5 REASONS THAT KEPT YOU FROM GETTING DENTAL CARE

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Can't afford it / Costs too much (68.3%) | Unable to afford to pay for care (53.3%) | Unable to afford to pay for care (64.9%) |
| **2** | I don't have dental insurance (14.1%) | Don’t have insurance to cover dental care (34.1%) | Unable to find a dentist who takes my insurance (31.9%) |
| **3** | Other (8.4%) | Unable to schedule an appointment when needed (22.9%) | Unable to schedule an appointment when needed (26.3%) |
| **4** | I don't have a dentist (4.0%) | Other (COVID-19, fear of dentist) (17.3%) | Cannot take time off work (19.1%) |
| **5** | I had trouble getting an appointment (2.4%) | Cannot take time off work (13.2%) | Dentist office does not have convenient hours (14.5%) |

### IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM ABOUT YOUR OWN HEALTH?

| | PINELLAS COUNTY |
|---|---|
| 1 time | 17.5% |
| 2 times | 6.8% |
| 3-4 times | 4.1% |
| 5-9 times | 0.8% |
| 10 or more times | 0.1% |
| I have not gone to a hospital ER in the past 12 months | 70.7% |

### WHAT ARE THE MAIN REASONS YOU USED THE EMERGENCY ROOM INSTEAD OF GOING TO A DOCTOR'S OFFICE?

| | PINELLAS COUNTY |
|---|---|
| After hours / Weekend | 39.3% |
| I don't have a doctor / Clinic | 5.3% |
| Long wait for an appointment with my regular doctor | 14.5% |
| Cost | 4.1% |
| Emergency / Life-threatening situation | 45.9% |
| Referred by a doctor | 10.4% |
| I don't have insurance | 3.3% |
| Other | 10.3% |

## Health Behaviors

### HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUS, DIP, CIGARETTES, CIGARS, OR LITTLE CIGARS?

| | PINELLAS COUNTY |
|---|---|
| I don't use these products | 91.0% |
| On some days | 2.8% |
| Once a day | 0.9% |
| More than once a day | 5.3% |

### 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?

| | PINELLAS COUNTY |
|---|---|
| I don't use these products | 92.7% |
| On some days | 2.9% |
| Once a day | 0.7% |
| More than once a day | 3.6% |

## Social Drivers

### WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

| | PINELLAS COUNTY |
|---|---|
| Less than high school | 0.4% |
| Some high school, but no diploma | 1.1% |
| High school diploma or GED | 9.3% |
| Some college, no degree | 15.4% |
| Vocational / Technical / Trade school | 5.5% |
| Associate degree | 16.9% |
| Bachelor's degree | 29.0% |
| Master's / Graduate or professional degree or higher | 22.5% |

## HOW MUCH TOTAL COMBINED MONEY DID ALL PEOPLE LIVING IN YOUR HOME EARN LAST YEAR?

| | PINELLAS COUNTY |
|---|---|
| $0 to $9,999 | 3.4% |
| $10,000 to $19,999 | 2.9% |
| $20,000 to $29,999 | 5.2% |
| $30,000 to $39,999 | 6.3% |
| $40.000 to $49,999 | 8.3% |
| $50,000 to $59,999 | 8.9% |
| $60,000 to $69,999 | 6.7% |
| $70,000 to $79,999 | 5.9% |
| $80,000 to $89,999 | 7.0% |
| $90,000 to $99,999 | 6.3% |
| $100,000 to $124,999 | 13.7% |
| $125,000 to $149,999 | 8.0% |
| $150,000 or more | 17.3% |

## WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR EMPLOYMENT STATUS?

| | PINELLAS COUNTY |
|---|---|
| Employed, working full-time | 68.3% |
| Employed, working part-time | 11.5% |
| Self-employed / Contract | 2.6% |
| Not employed, looking for work | 2.3% |
| Not employed, not looking for work | 1.0% |
| Disabled, not able to work | 3.4% |
| Retired | 13.3% |
| Student | 4.3% |

## TREND ANALYSIS-THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE AND THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY

| | PINELLAS COUNTY | | | |
|---|---|---|---|---|
| There are plenty of livable wage jobs available for those who want them | | 2019 | 2022 | 2025 |
| | Agree | 39.3% | 57.5% | 19.6% |
| | Disagree | 33.9% | 21.8% | 58.7% |
| | Not sure | 26.7% | 21.0% | 21.7% |
| | | | | |
| There are affordable places to live in my community | | 2019 | 2022 | 2025 |
| | Agree | 37.4% | 15.1% | 13.0% |
| | Disagree | 46.7% | 69.2% | 72.3% |
| | Not sure | 16.0% | 15.8% | 14.7% |

## WHAT TRANSPORTATION DO YOU USE MOST OFTEN TO GO PLACES?

| | PINELLAS COUNTY |
|---|---|
| I drive a car | 91.3% |
| I ride a motorcycle or scooter | 0.5% |
| I take the bus | 2.3% |
| I ride bicycle | 1.0% |
| I walk | 0.6% |
| Someone drives me | 2.9% |
| I take an Uber / Lyft | 1.1% |
| I take a taxi / Cab | 0.1% |
| Some other way | 0.4% |

## IN THE PAST 12 MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE.

| | PINELLAS COUNTY |
|---|---|
| Often true | 5.8% |
| Sometimes true | 17.2% |
| Never true | 77.1% |

## IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE.

| | PINELLAS COUNTY |
|---|---|
| Often true | 5.5% |
| Sometimes true | 16.3% |
| Never true | 78.1% |

## TREND ANALYSIS-FOOD INSECURE

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | 2019 | 2022 | 2025 |
| Food Insecure | 26.7% | 22.6% | 26.7% |

## IN THE PAST 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 SOUP KITCHEN?

| | PINELLAS COUNTY |
|---|---|
| Yes | 15.4% |
| No | 84.6% |

## DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

| | PINELLAS COUNTY |
|---|---|
| Yes | 22.8% |
| No | 77.2% |

## HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?

| | PINELLAS COUNTY |
|---|---|
| 5 or more times a week | 18.0% |
| 3-4 times a week | 30.4% |
| 1-2 times a week | 34.3% |
| None | 17.3% |

### 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?

| | PINELLAS COUNTY |
|---|---|
| Yes | 5.1% |
| No | 94.9% |

### ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

| | PINELLAS COUNTY |
|---|---|
| Yes | 12.3% |
| No | 87.7% |

### IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

| | PINELLAS COUNTY |
|---|---|
| Yes | 4.4% |
| No | 95.6% |

### ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE RELATED CONCERNS IMPACTING YOUR HEALTH?

| | PINELLAS COUNTY |
|---|---|
| Diseases caused by ticks or mosquitoes | 36.6% |
| Indoor air pollution / Poor air quality | 19.3% |
| Outdoor air pollution / Poor air quality | 35.4% |
| Poor water quality | 46.6% |
| Rising sea waters | 38.6% |
| Rising temperatures / Excess heat | 62.2% |
| Severe weather events | 84.7% |

## Community Health and Needs

### OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE COMMUNITY IN WHICH YOU LIVE?

| | PINELLAS COUNTY |
|---|---|
| Very unhealthy | 2.3% |
| Unhealthy | 9.6% |
| Somewhat healthy | 41.2% |
| Healthy | 33.0% |
| Very healthy | 6.6% |
| Not sure | 7.3% |

### PLEASE READ THE LIST OF RISKY BEHAVIORS WHICH 5 DO YOU BELIEVE ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

| | PINELLAS COUNTY |
|---|---|
| Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks) | 54.9% |
| Distracted driving (texting, eating, talking on the phone) | 64.2% |
| Driving while under the influence | 37.3% |
| Dropping out of school | 9.4% |
| Gambling, sports betting | 5.0% |
| Illegal drug use / Abuse or misuse of prescription medications | 53.8% |
| Lack of exercise | 44.7% |
| Not getting 'shots' to prevent disease | 18.9% |
| Not locking up guns | 21.4% |
| Not seeing a doctor while you are pregnant | 5.1% |
| Not using seat belts / Not using child safety seats | 11.1% |
| Not wearing helmets | 11.0% |
| Poor eating habits | 48.8% |
| Too much screen time / Social media | 41.9% |
| Unsafe sex including not using birth control | 12.3% |
| Vaping, cigarette, cigar, cigarillo, or e-cigarette use | 48.5% |

## TREND ANALYSIS-TOP 5 RISKY BEHAVIORS THAT ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Drug abuse (36.5%) | Illegal drug use / Abuse or misuse of prescription medications (49.5%) | Distracted driving (texting, eating, talking on the phone) (64.2%) |
| **2** | Distracted driving (texting, eating, talking on the phone) (14.0%) | Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks) (46.6%) | Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks) (54.9%) |
| **3** | Alcohol abuse (12.1%) | Distracted driving (texting, eating, talking on the phone) (43.6%) | Illegal drug use / Abuse or misuse of prescription medications (53.8%) |
| **4** | Poor eating habits (9.4%) | Poor eating habits (41.6%) | Poor eating habits (48.8%) |
| **5** | Tobacco use / E-cigarettes / Vaping (7.6%) | Lack of exercise (33.1%) | Vaping cigarettes, cigar, cigarillo, or e-cigarette use (48.5%) |

## READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY, WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?

| | PINELLAS COUNTY |
|---|---|
| Aging problems | 48.3% |
| Being overweight | 61.1% |
| Cancers | 32.0% |
| Child abuse / Neglect | 17.6% |
| Clean environment / Air and water quality | 22.5% |
| Dental problems | 12.5% |
| Diabetes / High blood sugar | 36.1% |
| Domestic violence / Rape / Sexual assault / Human trafficking | 25.8% |
| Extreme heat | 15.4% |
| Gun-related injuries | 13.9% |
| Heart disease / Stroke / High blood pressure | 39.2% |
| HIV / AIDS / Sexually Transmitted Diseases (STDs) | 5.7% |
| Homicide | 4.2% |
| Illegal drug use / Abuse of prescription medication | 42.6% |
| Infant death | 2.3% |
| Infectious diseases like Hepatitis, TB, etc. | 4.2% |
| Mental health problems including anxiety, depression, and suicide | 62.8% |
| Motor vehicle crash injuries | 18.1% |
| Respiratory / Lung disease | 9.0% |
| Social isolation | 21.0% |
| Teenage pregnancy | 3.1% |

## TREND ANALYSIS-TOP 5 FACTORS CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY THAT ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Mental health problems including suicide (16.9%) | Mental health problems include suicide (41.5%) | Mental health problems include anxiety or depression (62.8%) |
| **2** | Cancers (14.0%) | Aging problems (for example, difficulty getting around, dementia, arthritis) (37.8%) | Being overweight (61.1%) |
| **3** | Aging problems (for example: difficulty getting around, dementia, arthritis) (13.0%) | Being overweight (31.7%) | Aging problems (for example, difficulty getting around, dementia, arthritis) (48.3%) |
| **4** | Being overweight (9.3%) | Illegal drug use / Abuse of prescription medication and alcohol abuse / Drinking too much (30.5%) | Illegal drug use / Abuse of prescription medication (42.6%) |
| **5** | Child abuse / Neglect (8.1%) | Heart disease / Stroke / High blood pressure (21.0%) | Heart disease / Stroke / High blood pressure (39.2%) |

## WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?

| | PINELLAS COUNTY |
|---|---|
| Access to good health information | 23.0% |
| Access to health care, including behavioral health | 71.3% |
| Access to low-cost, healthy food | 64.6% |
| Arts and cultural events | 6.1% |
| Clean environment / Air and water quality | 27.9% |
| Disaster preparedness | 12.1% |
| Emergency medical services | 14.2% |
| Good place to raise children | 14.5% |
| Good schools | 26.8% |
| Healthy behaviors and lifestyles | 35.6% |
| Increased shade / Tree canopy | 5.7% |
| Livable wage jobs and healthy economy | 49.4% |
| Low-cost childcare | 15.5% |
| Low crime / Safe neighborhoods | 23.1% |
| Low-cost health insurance | 26.0% |
| Low-cost housing | 30.2% |
| Parks and recreation | 8.1% |
| Public transportation | 7.9% |
| Religious or spiritual values | 10.7% |
| Sidewalks / Walking safety | 7.2% |
| Strong community / Community knows and supports each other | 18.9% |
| Strong family life | 17.7% |
| Tolerance / Embracing diversity | 11.3% |

## TREND ANALYSIS-TOP 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY

| PINELLAS COUNTY | | | |
|---|---|---|---|
| **Rank** | **2019** | **2022** | **2025** |
| **1** | Low crime / Safe neighborhoods (19.0%) | Low crime / Safe neighborhoods (45.3%) | Access to healthcare, including behavioral health (71.3%) |
| **2** | Access to healthcare (15.5%) | Access to healthcare (36.8%) | Access to low-cost, healthy food (64.6%) |
| **3** | Good place to raise children (9.6%) | Good jobs and healthy economy (24.5%) | Livable wage jobs and healthy economy (49.4%) |
| **4** | Good jobs and healthy economy (8.6%) | Good schools (24.5%) | Healthy behaviors and lifestyles (35.6%) |
| **5** | Strong family life (6.4%) | Low-cost housing (24.1%) | Low-cost housing (30.2%) |

## ARE SOME STATEMENTS ABOUT YOUR LOCAL COMMUNITY. PLEASE TELL US IF YOU AGREE OR DISAGREE.

| | PINELLAS COUNTY | |
|---|---|---|
| Illegal drug use / prescription medicine abuse is a problem in my community | Agree | 52.4% |
| | Disagree | 16.3% |
| | Not sure | 31.3% |
| | | |
| I have no problem getting the health care services I need | Agree | 69.3% |
| | Disagree | 24.7% |
| | Not sure | 6.0% |
| | | |
| We have great parks and recreational facilities | Agree | 79.9% |
| | Disagree | 10.3% |
| | Not sure | 9.9% |
| | | |
| Public transportation is easy to get to if I need it | Agree | 40.3% |
| | Disagree | 32.5% |
| | Not sure | 27.2% |
| | | |
| There are plenty of livable wage jobs available for those who want them | Agree | 19.6% |
| | Disagree | 58.7% |
| | Not sure | 21.7% |
| | | |
| Crime is a problem in my community | Agree | 31.9% |
| | Disagree | 43.4% |
| | Not sure | 24.7% |

Chart continued on next page

| | | PINELLAS COUNTY |
|---|---|---|
| Air pollution is a problem in my community | Agree | 24.2% |
| | Disagree | 49.9% |
| | Not sure | 25.9% |
| | | |
| Extreme heat is a problem in my community | Agree | 60.9% |
| | Disagree | 25.6% |
| | Not sure | 13.5% |
| | | |
| I feel safe in my community | Agree | 78.1% |
| | Disagree | 11.5% |
| | Not sure | 10.5% |
| | | |
| There are affordable places to live in my community | Agree | 13.0% |
| | Disagree | 72.3% |
| | Not sure | 14.7% |
| | | |
| The quality of health care is good in my community | Agree | 61.7% |
| | Disagree | 20.5% |
| | Not sure | 17.8% |
| | | |
| There are good sidewalks for walking safely | Agree | 65.2% |
| | Disagree | 27.6% |
| | Not sure | 7.1% |
| | | |
| There are healthy things for youth to do in my community | Agree | 54.5% |
| | Disagree | 20.5% |
| | Not sure | 25.0% |
| | | |
| I am able to get healthy food easily | Agree | 67.1% |
| | Disagree | 26.4% |
| | Not sure | 6.5% |

## Children

### HOW MANY CHILDREN (UNDER AGE 18) CURRENTLY LIVE IN YOUR HOME?

| | PINELLAS COUNTY |
|---|---|
| None | 73.2% |
| 1 | 13.3% |
| 2 | 9.5% |
| 3 | 2.6% |
| 4 | 0.9% |
| 5 | 0.4% |
| 6 or more | 0.2% |

### 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?

| | PINELLAS COUNTY |
|---|---|
| Yes | 6.6% |
| No | 93.4% |

## WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MEDICAL CARE THEY NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Am not sure how to find a doctor | 7.9% |
| Unable to afford to pay for care | 54.0% |
| Cannot find a pediatric specialist | 22.2% |
| Long wait time for appointments | 28.6% |
| Cannot take time off work | 17.5% |
| Unable to find a doctor who takes my insurance | 15.9% |
| Cannot take child out of class | 12.7% |
| Do not have insurance to cover medical care | 31.7% |
| Doctor's office does not have convenient hours | 12.7% |
| Transportation challenges | 12.7% |
| Unable to schedule an appointment when needed | 22.2% |
| Unable to find a doctor who knows or understands my culture, identity, or beliefs | 3.2% |
| Other | 14.3% |

## 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?

| | PINELLAS COUNTY |
|---|---|
| Yes | 10.9% |
| No | 89.1% |

## WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Am not sure how to find a doctor | 7.6% |
| Unable to afford to pay for care | 55.2% |
| Cannot find a pediatric dentist | 18.1% |
| Long wait time for appointments | 23.8% |
| Cannot take time off work | 10.5% |
| Unable to find a doctor who takes my insurance | 19.0% |
| Cannot take child out of class | 8.6% |
| Do not have insurance to cover dental care | 17.1% |
| Doctor's office does not have convenient hours | 9.5% |
| Transportation challenges | 3.8% |
| Unable to schedule an appointment when needed | 9.5% |
| Unable to find a doctor who knows or understands my culture, identity, or beliefs | 1.9% |
| Other | 15.2% |

## WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILREN IN YOUR HOME NEEDED MENTAL CARE AND / OR BEHAVIORAL HEALTH CARE BUT DID NOT GET THE CARE THEY NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Yes | 7.7% |
| No | 92.3% |

## WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL / BEHAVIORAL HEALTH CARE THEY NEEDED?

| | PINELLAS COUNTY |
|---|---|
| Am not sure how to find a doctor | 9.1% |
| Unable to afford to pay for care | 36.4% |
| Cannot find a child psychiatrist or other provider | 37.7% |
| Long wait time for appointments | 41.6% |
| Cannot take time off work | 19.5% |
| Unable to find a doctor who takes my insurance | 39.0% |
| Cannot take child out of class | 10.4% |
| Do not have insurance to cover medical care | 13.0% |
| Doctor's office does not have convenient hours | 22.1% |
| Transportation challenges | 5.2% |
| Unable to schedule an appointment when needed | 26.0% |
| Unable to find a doctor who knows or understands my culture, identity, or beliefs | 10.4% |
| Other | 14.3% |

## WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT THE TOP 5 MOST IMPORTANT HEALTH NEEDS TO ADDRESS.

| | PINELLAS COUNTY |
|---|---|
| Accidents and injuries | 31.0% |
| Anxiety and / or depression | 52.4% |
| Asthma | 12.0% |
| Attention-deficit / Hyperactivity Disorder (ADHD) | 26.4% |
| Dental care | 40.3% |
| Diabetes | 8.9% |
| Drug or alcohol use | 18.9% |
| Eye health (vision) | 15.7% |
| Gender affirming care | 4.8% |
| Healthy food / Nutrition | 55.0% |
| Healthy pregnancies and childbirth | 9.8% |
| Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.) | 29.4% |
| Infectious disease | 9.1% |
| Mental or behavioral health (other than anxiety and depression) | 39.4% |
| Obesity | 19.8% |
| Physical activity | 34.4% |
| Respiratory health other than asthma (RSV, cystic fibrosis) | 6.4% |
| Safe sex practices and teen pregnancy | 18.0% |
| Special needs (physical / chronic / behavioral) | 24.8% |
| Suicide prevention | 26.1% |
| Vaping, cigarette, cigar, cigarillo, or E-cigarette use | 24.3% |
| Other | 2.9% |

## WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5

| | PINELLAS COUNTY |
|---|---|
| Access to benefits (Medicaid, WIC, SNAP) | 36.0% |
| Access to or cost of childcare | 53.6% |
| Bullying and violence in school | 55.0% |
| Domestic violence, child abuse and / or child neglect | 38.9% |
| Educational needs | 39.1% |
| Family member alcohol or drug use | 18.2% |
| Housing | 42.2% |
| Human trafficking | 17.6% |
| Hunger or access to healthy food | 39.6% |
| Lack of employment opportunities | 11.2% |
| Language barriers | 4.5% |
| Messaging on social media | 26.4% |
| Neighborhood crime and community violence | 13.6% |
| Parenting education (parenting skill for child development) | 27.1% |
| Racism and discrimination | 17.5% |
| Safe neighborhoods and places for children | 30.1% |
| Traffic safety | 17.4% |
| Transportation challenges | 10.2% |
| Other | 2.5% |

## Social Connectedness and Experience

### IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?

| | PINELLAS COUNTY |
|---|---|
| Not at all | 87.8% |
| Several days | 10.0% |
| More than half the days | 1.5% |
| Nearly every day | 0.8% |

## IN YOUR DAY-TO-DAY LIFE HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU?

| | | PINELLAS COUNTY |
|---|---|---|
| You are treated with less courtesy or respect than other people | At least once a week | 13.8% |
| | A few times a month | 14.6% |
| | A few times a year | 31.4% |
| | Never | 40.3% |
| | | |
| You receive poorer service than other people at restaurants or stores | At least once a week | 4.3% |
| | A few times a month | 6.1% |
| | A few times a year | 27.3% |
| | Never | 62.3% |
| | | |
| People act as if they think you are not smart | At least once a week | 7.1% |
| | A few times a month | 9.4% |
| | A few times a year | 28.1% |
| | Never | 55.4% |
| | | |
| People act as if they are afraid of you | At least once a week | 2.9% |
| | A few times a month | 3.7% |
| | A few times a year | 10.9% |
| | Never | 82.4% |
| | | |
| You are threatened or harassed | At least once a week | 2.3% |
| | A few times a month | 4.0% |
| | A few times a year | 17.6% |
| | Never | 76.0% |
| | | |
| People criticized your accent or the way you speak | At least once a week | 2.1% |
| | A few times a month | 2.8% |
| | A few times a year | 8.4% |
| | Never | 86.7% |

## WHAT DO YOU THINK ARE THE MAIN REASONS FOR THESE EXPERIENCES?

| | PINELLAS COUNTY |
|---|---|
| Your ancestry or national origins | 7.9% |
| Your race | 18.0% |
| Your gender | 28.8% |
| Your age | 25.2% |
| Your religion | 3.3% |
| Your height | 4.8% |
| Your weight | 11.3% |
| Your sexual orientation | 4.0% |
| Some other aspect of your physical appearance | 11.0% |
| A physical disability | 2.8% |
| A mental health condition | 4.3% |
| Your education or income level | 9.0% |
| I have not had these experiences | 39.1% |

## IN THE PAST 12 MONTHS, HAS A FEAR FOR YOUR OWN SAFETY MADE YOU AVOID SOCIAL GATHERINGS OR EVENTS?

| | PINELLAS COUNTY |
|---|---|
| Yes | 27.5% |
| No | 72.5% |

## HAVE YOU OR A MEMBER OF YOUR IMMEDIATE HOUSEHOLD BEEN INJURED BY OR THREATENED WITH A FIREARM?

| | PINELLAS COUNTY |
|---|---|
| Injured | 0.9% |
| Threatened | 8.2% |
| Both | 1.1% |
| Neither | 89.9% |

## BELOW ARE SOME STATEMENTS ABOUT YOUR CONNECTIONS WITH THE PEOPLE IN YOUR LIFE. PLEASE TELL US IF YOU AGREE OR DISAGREE WITH EACH STATEMENT.

| | PINELLAS COUNTY | |
|---|---|---|
| I am happy with my friendships and relationships | Agree | 87.8% |
| | Disagree | 7.8% |
| | Not sure | 4.5% |
| | | |
| I have enough people I can ask for help at any time | Agree | 77.7% |
| | Disagree | 16.8% |
| | Not sure | 5.5% |
| | | |
| My relationship and friendships are as satisfying as I would want them to be | Agree | 76.4% |
| | Disagree | 17.4% |
| | Not sure | 6.2% |

## Adverse Childhood Experiences

### PLEASE CHECK THE EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

| | PINELLAS COUNTY |
|---|---|
| Lived with anyone who was depressed, mentally ill, or suicidal | 47.1% |
| Lived with anyone who was a problem drinker or alcoholic | 48.5% |
| Lived with anyone who used illegal street drugs or who abused prescription medications | 21.5% |
| Lived with anyone who served time or was sentenced to serve in jail or prison | 12.6% |
| Parent(s) were separated or divorced | 50.4% |
| Parent(s) or adults experienced physical harm | 23.1% |
| Parent(s) or adults physically harmed you | 31.8% |
| Parent(s) or adult verbally harmed you | 44.7% |
| Adult or anyone at least 5 years older touched you sexually | 21.9% |
| Adult or anyone at least 5 years older made you touch them sexually | 11.5% |
| Adults or anyone at least 5 years older forced you to have sex | 7.4% |

## TREND ANALYSIS-THE EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | 2019 | 2022 | 2025 |
| Lived with anyone who was depressed, mentally ill, or suicidal | 31.5% | 42.6% | 47.1% |
| Lived with anyone who was a problem drinker or alcoholic | 55.9% | 48.8% | 48.5% |
| Lived with anyone who used illegal street drugs or who abused prescription medications | 15.3% | 19.8% | 21.5% |
| Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility | 11.0% | 10.6% | 12.6% |
| Parent(s) were separated or divorced | 37.9% | 49.5% | 50.4% |
| Parent(s) or adults experienced physical harm (slap, hit, kick, etc.) | 24.2% | 23.2% | 23.1% |
| Parent(s) or adults physically harmed you (slap, hit, kick, etc.) | 32.0% | 32.0% | 31.8% |
| Parent(s) or adult verbally harme464d you (swear, insult, or put down) | 44.6% | 44.9% | 44.7% |
| Adult or anyone at least 5 years older touched you sexually | 17.7% | 23.6% | 21.9% |
| Adult or anyone at least 5 years older made you touch them sexually | 13.7% | 11.7% | 11.5% |
| Adults or anyone at least 5 years older forced you to have sex | 7.2% | 7.2% | 7.4% |

## TREND ANALYSIS-FOUR OR MORE ACES

| PINELLAS COUNTY | | | |
|---|---|---|---|
| | 2019 | 2022 | 2025 |
| Four or more ACEs | 30.5% | 17.6% | 20.3% |

# Appendix E: IRS Form 990, Schedule H Compliance Listing

| IRS Requirement | See Report Page |
|---|---|
| A definition of the community served by the hospital facility and a description of how the community was determined. | Page 22 |
| A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs. | Pages 19-21 |
| A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs. | Pages 104-105 |
| A description of the resources potentially available to address the significant health needs identified through the CHNA. | Pages 183-193 |
| An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s). | Pages 181-182 |
| Board approval or equivalent | Approved on or before September 30, 2025 |

# Appendix F: Service Use Maps and Other Maps

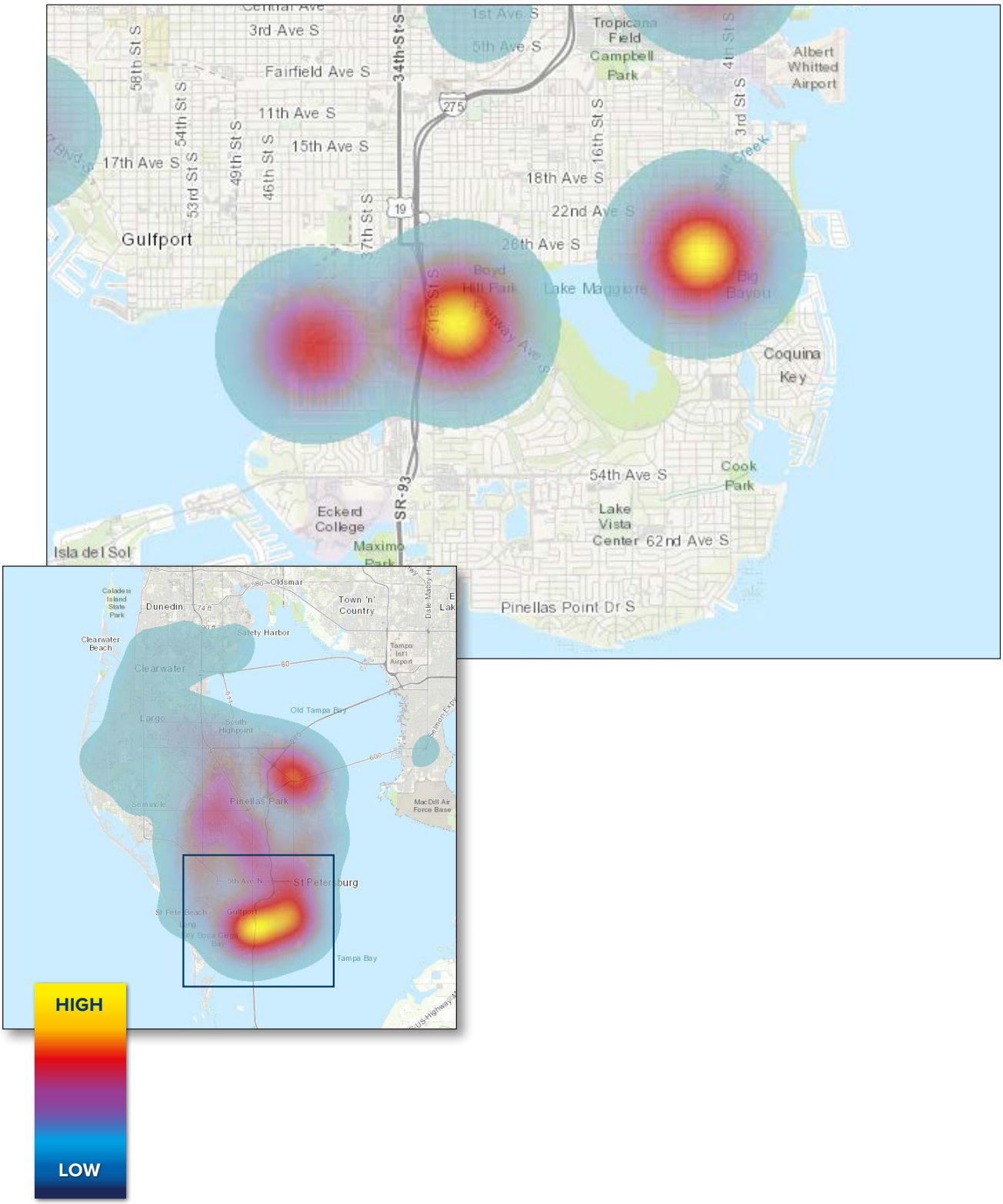
The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total patient encounters) listed below. The overall patient locations were clustered largely in the Gulfport and Pinellas Park area in Pinellas County. Overall, the top primary diagnoses were chest pain, nausea with vomiting, COVID-19, respiratory infection, and other specified disorders.

## OVERALL TOP DIAGNOSIS

| Rank | Top 5 Based on Number of Encounters | Count | Total Cost | Top 5 Based on Total Charges | Count | Total Costs |
|---|---|---|---|---|---|---|
| 1 | Chest pain, unspecified | 459 | $5,253,571 | Sepsis, unspecified organism | 109 | $9,184,639 |
| 2 | Nausea with vomiting, unspecified | 422 | $4,469,099 | Chest pain, unspecified | 459 | $5,253,571 |
| 3 | COVID-19 | 345 | $2,292,992 | Nausea with vomiting, unspecified | 422 | $4,469,098 |
| 4 | Acute upper respiratory infection, unspecified | 328 | $1,333,030 | Unspecified injury of head, initial encounter | 231 | $4,241,641 |
| 5 | Other specified disorders of teeth and supporting structures | 312 | $1,059,862 | Other chest pain | 274 | $3,676,494 |
| **Total uninsured patient visits (ALL visits not just top 5)** | | **25,799** | **$401,840,747** | | | |

| Measure | Value |
|---|---|
| Number of self-pay, uninsured patient visits | 25,799 |
| Number of self-pay, uninsured patient visits in hot spots | 1,866 |
| Total cost of self-pay, uninsured patient visits | $401,840,747 |
| Total cost of self-pay, uninsured patient visits in hot spots | $14,408,553 |
| Percent of self-pay, uninsured patient visits in the hotspot | 7.2% |

Note: "Hot spots" based on top five diagnoses (based on occurrences)




Patient Density

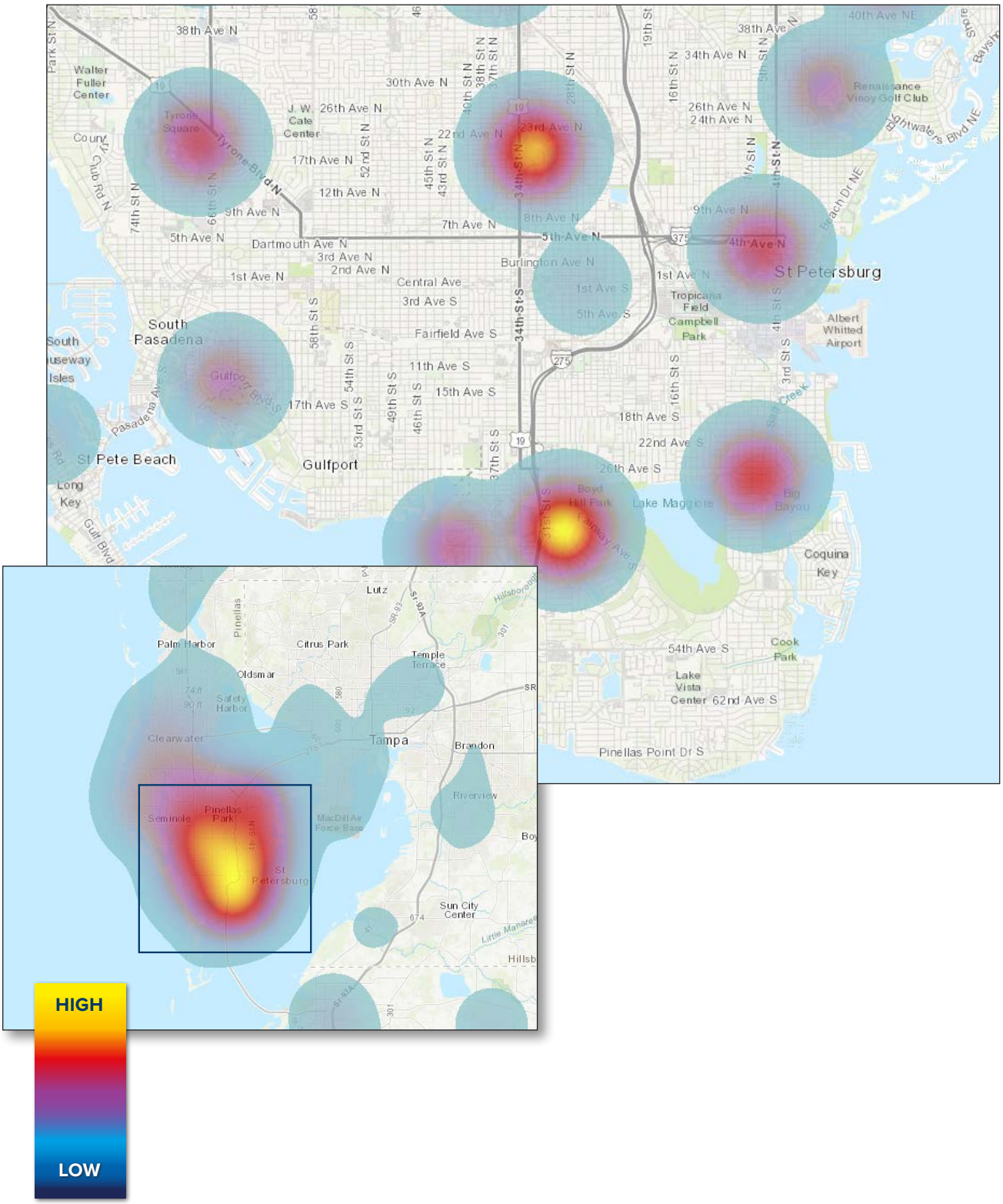
The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total inpatient encounters) listed below. The inpatient visits location were clustered largely in St. Petersburg, Gulfport, and Pinellas Park area in Pinellas County. Overall, the top inpatient diagnoses/encounters were birth and infectious related conditions.

## TOP INPATIENT DIAGNOSIS

| Rank | Top 5 Based on Number of Encounters | Count | Total Cost | Top 5 Based on Total Charges | Count | Total Cost |
|---|---|---|---|---|---|---|
| 1 | Single liveborn infant, delivered vaginally | 270 | $3,385,125 | Sepsis, unspecified organism | 104 | $9,108,595 |
| 2 | Single liveborn infant, delivered by cesarean | 172 | $2,549,965 | Single liveborn infant, delivered vaginally | 270 | $3,385,124 |
| 3 | Sepsis, unspecified organism | 104 | $9,108,595 | Traumatic hemopneumothorax, initial encounter | 17 | $3,233,902 |
| 4 | Periapical abscess without sinus | 24 | $1,460,806 | Non-ST elevation (NSTEMI) myocardial infarction | 15 | $3,121,078 |
| 5 | Cellulitis of left lower limb | 24 | $1,152,371 | Other specified sepsis | 15 | $2,975,355 |
| **Total uninsured patient visits (ALL inpatient visits not just top 5)** | | **2,549** | **$195,606,772** | | | |

| Measure | Value |
|---|---|
| Number of self-pay, uninsured patient visits | 2,549 |
| Number of self-pay, uninsured patient visits in hot spots | 594 |
| Total cost of self-pay, uninsured patient visits | $195,606,772 |
| Total cost of self-pay, uninsured patient visits in hot spots | $17,656,862 |
| Percent of self-pay, uninsured patient visits in the hotspot | 23.3% |

Note: "Hot spots" based on top five diagnoses (based on occurrences)




Patient Density

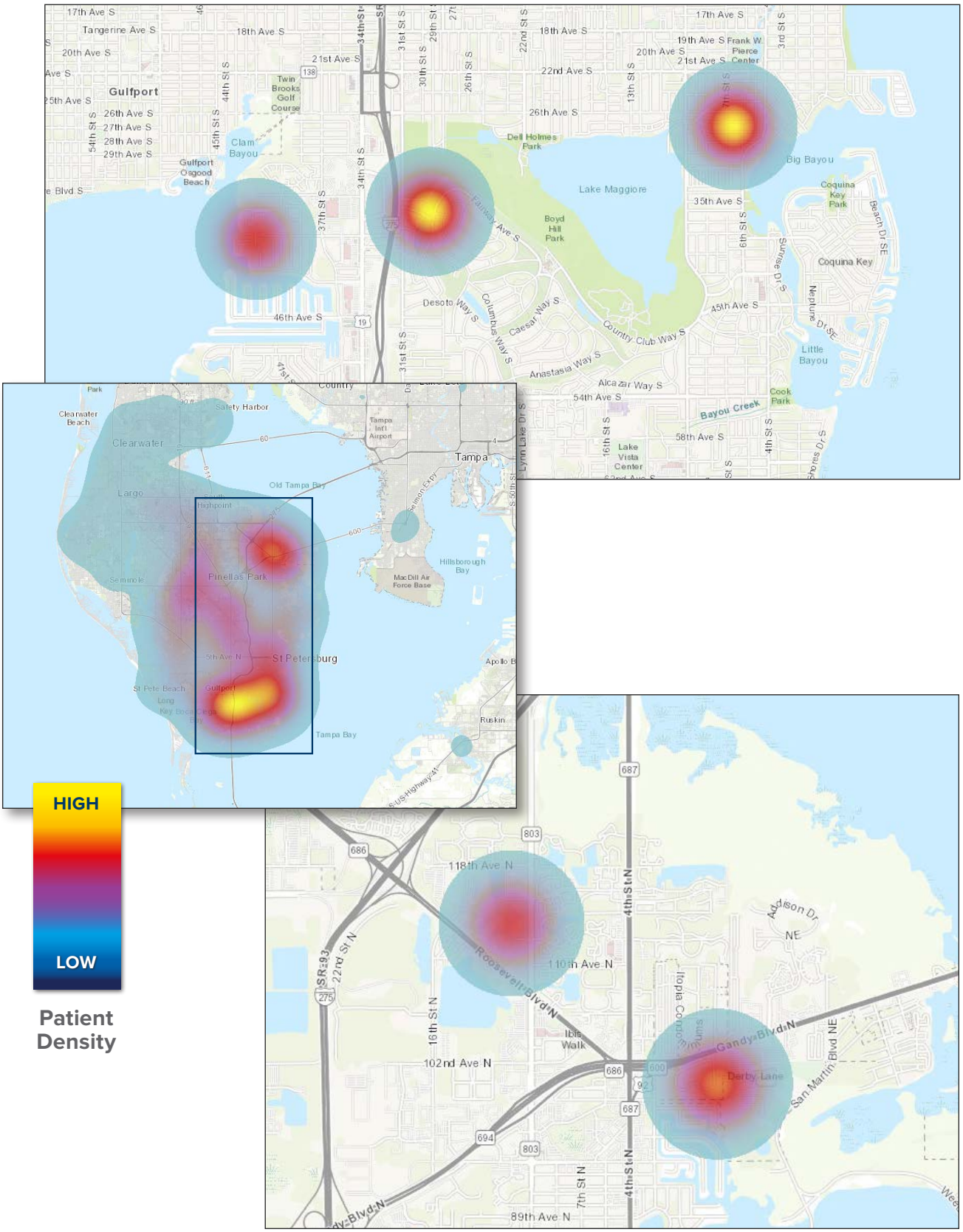
The following heat map illustrates the locations of the facility's patients presenting with at least one of the most common primary diagnoses (as measured by total outpatient encounters) listed below. The outpatient visit locations were clustered largely in the Gulfport and Pinellas Park area in Pinellas County. Overall, the top outpatient diagnoses were respiratory-related and symptoms/other conditions.

## TOP OUTPATIENT DIAGNOSIS

| Rank | Top 5 Based on Number of Encounters | Count | Total Cost | Top 5 Based on Total Charges | Count | Total Cost |
|---|---|---|---|---|---|---|
| 1 | Chest pain, unspecified | 449 | $4,858,501 | Chest pain, unspecified | 449 | $4,858,501 |
| 2 | Nausea with vomiting, unspecified | 418 | $4,328,835 | Nausea with vomiting, unspecified | 418 | $4,328,835 |
| 3 | COVID-19 | 337 | $1,870,160 | Unspecified injury of head, initial encounter | 231 | $4,241,641 |
| 4 | Acute upper respiratory infection, unspecified | 327 | $1,279,604 | Laceration without foreign body of scalp, initial encounter | 151 | $3,362,045 |
| 5 | Other specified disorders of teeth and supporting structures | 312 | $1,059,862 | Other chest pain | 264 | $3,249,827 |
| **Total uninsured patient visits (ALL outpatient visits not just top 5)** | | **23,250** | **$206,233,974** | | | |

| Measure | Value |
|---|---|
| Number of self-pay, uninsured patient visits | 23,250 |
| Number of self-pay, uninsured patient visits in hot spots | 1,843 |
| Total cost of self-pay, uninsured patient visits | $206,233,974 |
| Total cost of self-pay, uninsured patient visits in hot spots | $13,396,961 |
| Percent of self-pay, uninsured patient visits in the hotspot | 7.9% |

Note: "Hot spots" based on top five diagnoses (based on occurrences)


Gulfport
Clam Bayou
Twin Brooks Golf Course
Gulfport Osgood Beach
Dell Holmes Park
Lake Maggiore
Boyd Hill Park
Big Bayou
Coquina Key Park
Coquina Key
Little Bayou
Cook Park
Bayou Creek
Lake Vista Center
Frank W. Pierce Center
Clearwater Beach
Safety Harbor
Clearwater
Largo
Tampa
Tampa Int'l Airport
Old Tampa Bay
Pinellas Park
St Petersburg
Gulfport
St Pete Beach
Hillsborough Bay
MacDill Air Force Base
Tampa Bay
Ruskin
HIGH
LOW
Patient Density
118th Ave N
110th Ave N
102nd Ave N
89th Ave N
Roosevelt Blvd N
Gandy Blvd N
Ibis Walk
Derby Lane
Itopia Condominiums
Addison Dr NE
San Martin Blvd NE
4th St N
16th St N
7th St N
22nd St N
SR 93

## RACE, ETHNICITY, AND AGE

| Race | Count |
|---|---|
| White | 12,721 |
| Black / African American | 9,546 |
| American Indian or Alaska Native | 44 |
| Asian | 239 |
| Native Hawaiian or other Pacific Islander | 41 |
| Some Other Race | 2,048 |
| Two or More Races | 126 |
| Unknown | 1,034 |
| **Total** | **25,799** |

| Ethnicity | Count |
|---|---|
| Hispanic / Latino | 2,803 |
| Non-Hispanic / Latino | 21,621 |
| Unknown | 1,375 |
| **Total** | **25,799** |

| Age | Count |
|---|---|
| Under 5 | 534 |
| 5 to 17 | 288 |
| 18 to 24 | 2,356 |
| 25 to 34 | 8,449 |
| 35 to 44 | 6,119 |
| 45 to 54 | 4,244 |
| 55 to 64 | 2,912 |
| 65 to 74 | 670 |
| 75 or older | 225 |
| Unknown | 2 |
| **Total** | **25,799** |

# Appendix G: Progress since Prior CHNA

## Orlando Health Bayfront Hospital

### Behavioral Health

To address the growing need for enhanced mental health outreach and treatment, Orlando Health launched several initiatives and partnered with local organizations to expand access to behavioral health resources. Two programs Orlando Health implemented throughout West Florida are Mental Health First Aid and the Bridge Program.

Mental Health First Aid, taught using a curriculum from the National Council of Mental Wellbeing, focuses on reducing stigma around mental health by providing training to community members to give them the skills and confidence to provide initial support to someone in a mental health crisis until they are connected with the appropriate professional help. Classes are taught in-person or virtually by Orlando Health team members and are offered for free to the community.

In an effort to reduce the number of substance use overdoses and deaths, Orlando Health implemented the BRIDGE program at Orlando Health Bayfront Hospital. A partnership between Orlando Health, Tampa General Hospital and Pinellas County, the BRIDGE program supports the assessment of substance use risk, initiation of medication assisted treatment (MAT) services in the Emergency Department and can link individuals to longer-term care through a community-based network MAT service provider. Funding provided by Pinellas County supports a physician to oversee a program that bridges patients that enter the emergency room with a substance misuse risk factor and refers them into services to avoid substance abuse or misuse before it happens. The funds also support the addition of three peer recovery specialists that will support hospital staff with connecting patients to resources outside the hospital.

### Access to Care

Since the last CHNA, the Orlando Health system began implementing in a social driver of health screening to identify areas outside of medical care where our patients needed additional resources. To support better access to care through community collaboration, Orlando Health invested in Findhelp, an online referral system that seamlessly connects our community with essential social and health services, including financial assistance, food pantries, medical care and other free or reduced-cost resources. With the integration of Findhelp into Orlando Health's electronic health record, our physicians and team members will have easy access to Findhelp's extensive network of programs and resources - empowering them to provide comprehensive support for every patient.

To increase access to care, Orlando Health provided funding and/or partnership support to community partners like Gulf Coast Jewish Family and Community Services for access to healthcare and behavioral health services through nonviolent and noncriminal 911 calls and police referrals, Heels to Heal for their counseling program, Homeless Empowerment Program to support healthcare navigation and vision services for individuals experiencing homelessness, AMIkids Pinellas for mental health and substance use services for foster care youth, Camaraderie Foundation for mental health services for veterans and their families, Seniors in Service of Tampa Bay for their Health Buddies program and St. Petersburg Free Clinic to ensure individuals experiencing economic hardship are able to receive their prescriptions. Each community partner brings unique expertise, insight and trust within the populations they serve - qualities that are essential to creating lasting impact.

### Exercise, Nutrition, and Weight

To support food security throughout Pinellas County, Orlando Health provided funding and/or partnership support to community partners like EPIC for a food and personal needs pantry, Daystar Life Center for the implementation of food pantry mini-farms, Feeding Tampa Bay for a FoodRx program and Metropolitan Ministries NeighborHOPE program. By partnering with organizations who address food security, not only are we helping to provide nutritious food to individuals in Pinellas County, but we are collaborating to lay the foundation for healthier lifestyles and advancements in preventing diet-related health conditions.

The progress made over the past three years highlights Orlando Health's strong commitment to addressing the most pressing needs of our community. From launching new mental health initiatives to funding essential health and social services through trusted local partners, Orlando Health has taken deliberate, impactful steps to expand access to care and create critical resources for our community.

### Feedback Received Since Previous (2022) CHNA

As part of the IRS regulations regarding compliance with CHNA-related requirements, Orlando Health has not received any feedback since the previous (2022) CHNA. Orlando Health implemented a process to collect community feedback from the previous CHNA(s) through a comment section available on the Orlando Health website. In addition, the qualitative work conducted while generating this CHNA reflected community insight on needs identified in the previous CHNA.

# Appendix H: Community Resource List

| ACCESS TO CARE | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Clearwater Free Clinic | (727) 447-3041 https://www.clearwaterfreeclinic.org | Clearwater Free Clinic is a nonprofit medical facility providing free healthcare to uninsured, low-income residents of upper Pinellas County. |
| Ending HIV Tampa Bay | https://www.endinghivtampabay.org | The initiative aims to reduce new HIV infections in the Tampa Bay area by 90% by 2030 by scaling up key HIV prevention and treatment strategies. |
| Healthy St. Pete | (727) 893-7918 https://www.healthystpetefl.com | A city initiative promoting wellness through free fitness classes, nutrition education, and community health programs aimed at making healthy living accessible for all residents. |
| Lighthouse Pinellas | (727) 544-4433 https://www.lhpfl.org | Provides comprehensive vision rehabilitation, assistive technology training, mobility and daily living skills, and support services for individuals of all ages who are blind or visually impaired. |
| St Petersburg Free Clinic | (727) 821-1200 https://thespfc.org | Offers free medical care, food assistance, hygiene supplies, and recovery housing for uninsured and low-income residents of Pinellas County. |
| Suncoast Hospice | (727) 467-7423 https://suncoasthospice.org | Provides compassionate end-of-life care, grief counseling, pediatric hospice, and complementary therapies for patients and families coping with advanced illness. |

| BASIC NEEDS | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Access Florida | (727) 525-2500<br>https://www.myflorida.com/accessflorida/1 | Access Florida is a program of the Florida Department of Children and Families that provides public assistance services, including Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), Medicaid, Optional State Supplementation (OSS), Online application and eligibility screening, and community partner support for application assistance. |
| American Red Cross - St. Petersburg | (727) 898-3111<br>www.redcross.org | Provides disaster relief, blood donation services, CPR and first aid training, mental health support, and volunteer opportunities for individuals and families in crisis. |
| Area Agency on Aging of Pasco-Pinellas, Inc. | (727) 570-9696<br>Helpline: (800) 963-5337<br>https://www.agingcarefl.org | The Aging and Disability Resource Center serves seniors, caregivers, and individuals with disabilities. Services include Medicaid eligibility assistance, transportation and nutrition programs, home care and caregiver support, advocacy and education, and a helpline with multilingual support. |
| Feeding Tampa Bay | (813) 710-6269<br>https://feedingtampabay.org | Feeding Tampa Bay provides food assistance through pantries, mobile distributions, and Trinity Cafe, a free restaurant. The Empowerment Center in Pinellas also offers benefits navigation, adult education, and community partner services. |
| Gulfcoast Jewish Family Services | (727) 479-1800<br>https://gulfcoastjewishfamilyandcommunityservices.org | Offers a wide range of social services, including mental health counseling, child welfare, elder care, refugee resettlement, and emergency financial assistance for individuals and families across Pinellas County. |
| Homeless Empowerment Program (HEP) | (727) 442-9041<br>https://www.hepempowers.org | Offers emergency, transitional, and permanent supportive housing, along with food, clothing, case management, and employment services for homeless individuals and families. |
| InterCultural Advocacy Institute | https://hispanicoutreachcenter.org | Supports families with services such as legal clinics, youth programs, language classes, and cultural advocacy to promote social and economic integration. |

| | | |
|---|---|---|
| Neighborhood Family Centers | (727) 533-0730<br>http://www.highpointfamilycenter.org | These centers provide family support services including food assistance, youth programs, education, translation, and access to health and social services. |
| Pinellas Hope | (727) 556-6397<br>https://pinellashope.org | Offers emergency shelter, transitional housing, and wraparound services including food, medical care, employment assistance, and mental health support for homeless adults. |
| Salvation Army - Clearwater | (727) 725-9777<br>https://clearwater.salvationarmyflorida.org/clearwater/contact-us | Offers emergency shelter, food assistance, utility support, and spiritual care for individuals and families in need throughout Clearwater and Upper Pinellas. |
| St. Vincent de Paul CARES - Pinellas County | (844) 727-HOPE<br>https://www.svdpsp.org/service-areas/pinellas-county/ | Provides emergency shelter, food services, and housing programs for individuals and families experiencing homelessness, including specialized support for veterans. |
| State of Florida Agency for Persons with Disabilities (APD) | (800) 615-8720<br>https://apd.myflorida.com | APD provides support and services to individuals with developmental disabilities, including: Medicaid waiver programs (iBudget Florida), residential and supported living services, employment support, family support and planning, Crisis intervention and prevention, and community integration and advocacy. |

| BEHAVIORAL HEALTH | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Behavioral Health Systems of Care | Call or text "CARE" to (888) 431-1998 https://pinellas.gov/behavioral-health-resources/ | A coordinated access system for mental health, substance use, and addiction services. Services include behavioral health triage and referrals, medication-assisted treatment (MAT), crisis intervention and recovery support, Opioid Task Force and Zero Suicide initiatives. |
| Gulfcoast North Area Health Education Center | (813) 929-1000 https://gnahec.org | Provides health education and tobacco cessation programs, connects students to health careers, and supports underserved communities through wellness and behavioral health initiatives. |
| NAMI Pinellas County Florida, Inc. | (727) 826-0807 https://nami-pinellas.org | Offers mental health education, peer-led support groups, advocacy, and community outreach for individuals and families affected by mental illness. |
| Operation PAR | (888) 727-6398 https://www.operationpar.org | Offers comprehensive addiction treatment including detox, outpatient and residential programs, medication-assisted treatment, and prevention services for individuals and families. |
| Suncoast Center Inc | (727) 327-7656 https://www.suncoastcenter.org | Offers mental health care, trauma recovery, sexual assault services, and peer support programs to individuals and families across Pinellas County. |

| CHILDREN AND FAMILIES | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Boys and Girls Club of the Suncoast | (727) 216-6190<br>https://www.bgcsun.org | Boys & Girls Club of the Suncoast provides safe, supportive environments for youth during out-of-school hours. |
| Early Learning Coalition of Pinellas County | (727) 548-1439<br>https://elcpinellas.org | The Early Learning Coalition of Pinellas County is nonprofit supporting early childhood education and care. |
| Family Resources | (727) 521-5200<br>https://familyresourcesinc.org | Family Resources offers crisis counseling, safe shelter, and support services for youth and families. Their programs include SafePlace2B shelters, counseling, street outreach, and youth enrichment activities. |
| Lutheran Services Florida - Head Start Pinellas | (727) 547-5979<br>https://www.lsfheadstart.org/lsf-head-start-pinellas/ | Offers free early childhood education and family support services through Head Start and Early Head Start programs for low-income families in Pinellas County. |
| R'Club Child Care | (727) 578-5437<br>https://www.rclub.net | Offers early learning, school-age, and middle school programs across 47+ locations in Pinellas County, including services for children with special needs and family support initiatives. |
| YMCA of St. Petersburg | (727) 895-9622<br>https://www.ymca.org/locations/ymca-greater-st-petersburg | Offers youth development, fitness, early learning, and community health programs to promote wellness and social responsibility. |
| YMCA of the Suncoast | (727) 467-9622<br>https://www.ymca.org/locations/ymca-suncoast | Provides programs in education, sports, wellness, and family support across multiple branches in Pinellas County, including military outreach. |

| DEPARTMENTS OF HEALTH | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Florida Department of Health - Pinellas County | (727) 824-6900<br>24-hr hotline<br>www.pinellas.floridahealth.gov | Offers clinical services (vaccinations, STD testing, family planning), WIC, environmental health, and home care. Also provides community health education. |

| ECONOMIC STABILITY AND WORKFORCE DEVELOPMENT | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Clearwater Urban Leadership Coalition (CULC) | https://www.culc2020.org | CULC is a collaborative network of over 20 organizations focused on revitalizing the North and South Greenwood communities in Clearwater. |
| Pinellas County Urban League | (727) 327-2081<br>https://www.pcul.org | Provides programs focused on economic empowerment, housing assistance, youth development, job training, and energy bill support through LIHEAP for underserved communities in Pinellas County. |

| FEDERALLY QUALIFIED HEALTH CENTERS | | |
|---|---|---|
| Evara Health | (727) 824-8181<br>https://evarahealth.org | Evara Health is a federally qualified health center offering affordable medical, dental, and behavioral health services. They provide care for all ages, including family medicine, pediatrics, OB/GYN, and mental health support, with sliding fee discounts available. |

| MATERNAL HEALTH | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Healthy Start Coalition of Pinellas County | (727) 507-6330<br>https://healthystartpinellas.org | Provides free prenatal and parenting support services, including home visits, breastfeeding education, childbirth classes, and care coordination to improve birth outcomes. |
| ALPHA House of Pinellas County, Inc. | (727) 822-8190<br>www.alphahousepinellas.org | Provides housing and support services for homeless pregnant women and new mothers, including counseling, case management, vocational and life skills education, parenting classes, and baby supplies. |

| RESOURCES PHONE NUMBERS AND CRISIS LINES | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| 211 Tampa Bay Cares | (727) 210-4211 or simply dial 2-1-1 from any phone in Pinellas County https://www.211tampabay.org | 211 Tampa Bay Cares provides 24/7 access to information and referrals for health and human services in Pinellas County. Services include emergency financial assistance (rent, mortgage, utilities, transportation), crisis intervention, housing and shelter referrals, mental health and substance use support, food, medical, and employment resources, and specialized programs for veterans, seniors, and families. |
| Crisis Text Line | Text HOME to 741741 http://www.crisistextline.org | Crisis Text Line provides free, 24/7 support via text message. We are here for everything: anxiety, depression, suicide, and school. |
| Findhelp.org | http://www.findhelp.org | Search and connect to support for financial assistance, food pantries, medical care, and other free or reduced-cost help. |
| Lesbian, Gay, Bisexual and Transgender (LGBT) National Help Center | (888) 843-4564 https://www.lgbthotline.org | Serving the lesbian, gay, bisexual, transgender, queer, and questioning community by providing free & confidential peer-support and local resources. |
| National Domestic Violence 24 Hr. Hotline | (800) 787-3224 | Hotline for domestic violence and abuse. |
| National Drug Abuse | (800) 662-4357 (HELP) https://www.samhsa.gov | Support, information, advice, & referrals to address substance use and mental health. |
| National Elder Abuse Resources | (855) 500-3537 (ELDR) https://ncea.acl.gov/ | The NCEA provides the latest information regarding research, training, best practices, news and resources on elder abuse, neglect and exploitation to professionals and the public. |
| National Human Trafficking Hotline | (888) 373-7888 | Abuse, domestic violence, and human trafficking services. |
| National Sexual Assault Hotline | (800)656-4673 (HOPE) https://www.rainn.org | Support, information, advice, & referrals to address sexual assault. |
| National Suicide Prevention Hotline | (800) 273-8255 https://suicidepreventionlifeline.org | The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources. |
| Veterans Crisis Line | (800) 273-8255 https://www.veteranscrisisline.net | 24/7 confidential crisis support for veterans and their loved ones. |

| SENIOR SERVICES | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Seniors in Service of Tampa Bay | (813) 932-5228<br>https://seniorsinservice.org | Engages volunteers aged 55+ to support at-risk seniors, veterans, and children through mentoring, companionship, and health-focused programs across Pinellas County. |
| Meals on Wheels St. Petersburg | (813) 344-5837<br>www.networktoendhunger.org | MOWSP is a complementary, but separate program to other meal delivery services in the area. We deliver to seniors and homebound (due to injury, illness, or disability) 18+ years old people to receive nutritious meals delivered to your home. |

| TRANSPORTATION | | |
|---|---|---|
| **Organization** | **Contact Information** | **Services Overview** |
| Pinellas Suncoast Transit Authority | (727) 540-1800<br>https://psta.net | Provides public transportation throughout Pinellas County, including buses, trolleys, and paratransit services, with real-time tracking and reduced fare programs for eligible riders. |

# Appendix I: 2025 CHNA Partner Participation List

| Organization | Focus Area | Stakeholder Interview | Focus groups | Collaborative Member |
|---|---|---|---|---|
| AdventHealth | Healthcare system; Access to Care | | | X |
| American Heart Association | Access to Care; Coalitions, Councils and Advocacy Groups | X | | |
| BayCare | Healthcare system; Access to Care | | | X |
| Boys and Girls Club of the Suncoast | Youth; Child Development | X | | |
| City of St. Petersburg | Local government | X | | |
| Clearwater Free Clinic | Access to Care; Uninsured or Underinsured | X | | |
| Dawning Family Services | Individuals experiencing housing insecurity | X | | |
| Dube's Market | Individuals experiencing food insecurity | X | | |
| Evara Health | Access to Care; Uninsured or Underinsured | X | | |
| FEAST Food Pantry | Individuals experiencing food insecurity | X | | |
| Feeding Tampa Bay | Individuals experiencing food insecurity | X | | |
| Florida Department of Health Hillsborough County | Department of Health: Access to Care | | | X |
| Florida Department of Health Pasco County | Department of Health: Access to Care | | | X |
| Florida Department of Health Pinellas County | Department of Health: Access to Care | | | X |
| Florida Department of Health Polk County | Department of Health: Access to Care | | | X |
| Foundation for a Healthy St. Pete | Philanthropic and Health Financing Organizations | X | | |
| Gulf Coast Jewish Family and Community Services | Social Services for Low-Income Individuals | X | | |
| Gulf Coast North Area Health Education Center | Access to Care; Uninsured or Underinsured | X | | |

| | | | | |
|---|---|---|---|---|
| Healthy Start Coalition of Pinellas | Maternal and Child Health | X | | |
| Highpoint Neighborhood Center | Social Services for Low-Income Individuals | X | | |
| Hispanic Outreach Center | Minority Populations | X | | |
| Homeless Empowerment Program | Individuals experiencing housing insecurity | X | | |
| Homeless Leadership Alliance | Individuals experiencing housing insecurity | X | | |
| John's Hopkins All Childrens Hospital | Healthcare system; Access to Care | | | X |
| Juvenille Welfare Board | Youth; Child Development | X | | |
| La Clinica Guadalupana | Minority Populations | X | | |
| Lakeland Regional Hospital | Healthcare system; Access to Care | | | X |
| Lealman and Asian Neighborhood Family Center | Youth; Child Development | X | | |
| Learning Independence for Tomorrow (LiFT) | Individuals with disabilities | X | X | |
| Lighthouse of Pinellas | Individuals with disabilities | X | | |
| Metro Inclusive Health | Access to Care; Uninsured or Underinsured; LGBT Individuals | X | X | |
| Metropolitian Ministries | Social Services for Low-Income Individuals; Individuals experiencing housing insecurity | X | | |
| Moffitt Cancer Center | Healthcare system; Access to Care | | | X |
| Mount Moriah Church | Faith Based | X | X | |
| National Alliance for Mental Illness Pinellas | Behavioral Health | X | | |
| Orlando Health | Healthcare system; Access to Care | | | X |

| | | | | |
|---|---|---|---|---|
| Office of County Commissioner Kathleen Peters | Local government | X | | |
| Office of the Mayor of Clearwater, FL | Local government | X | | |
| Office of the Mayor of St. Petersburg, FL | Local government | X | | |
| Peace4Tarpon | Behavioral Health | X | | |
| People Empowering and Restoring Communities (PERC) | Justice system impacted individuals | X | | |
| Pinellas Cares Clinic | Access to Care; Uninsured or Underinsured | X | | |
| Pinellas County Urban League | Minority Populations | X | | |
| Pinellas Hope | Individuals experiencing housing insecurity | X | | |
| Pinellas Safe Harbor | Individuals experiencing housing insecurity | X | | |
| Pioneer Medical Foundation | Access to Care | X | | |
| Ready for Life | Youth; Foster care community | | X | |
| Safe Kids Pinellas | Child Development; Youth; Injury Prevention | | X | |
| Seniors in Service | Social Services for Low-Income Individuals | X | | |
| Speak Up for Mental Health | Behavioral Health | X | | |
| St. Pete Pride | LGBT Individuals | X | | |
| St. Petersburg Free Clinic | Access to Care; Uninsured or Underinsured | X | | |
| St. Petersburg Police Department | Local government | X | | |
| Tampa General Hospital | Healthcare system; Access to Care | | | X |
| Tarpon Springs Boys and Girls Club | Youth; Child Development | X | | |

| | | | | |
|---|---|---|---|---|
| UF/IFAS Family Nutrition Program | Social Services for Low-Income Individuals | X | | |
| Willa Carson Health and Wellness Center | Access to Care | X | | |
| YMCA of St. Petersburg | Youth; Child Development | X | | |

ORLANDO HEALTH®

Bayfront Hospital

# 2025 Community Health Needs Assessment