

Community Health Needs Assessment 2012



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EXECUTIVE SUMMARY

Introduction

The H. Lee Moffitt Cancer Center & Research Institute (Moffitt) is a nationally recognized comprehensive cancer center whose mission is “to contribute to the prevention and cure of cancer.” It includes six entities: a research institute, hospital, foundation, Moffitt Medical Group, genetics corporation, and technologies corporation¹. Located in Tampa, Florida, Moffitt serves a seven county catchment area (Hillsborough, Pasco, Pinellas, Polk, Hernando, Manatee, and Sarasota Counties). In March 2012, Moffitt contracted with Health Resources in Action (HRiA), a non-profit health consultancy organization in Boston to conduct a community health assessment (CHA). This assessment effort aims to fulfill several overarching goals, specifically:

- To identify the health-related needs and assets of the seven county region in which Moffitt is located and is the residence of the majority of its patients
- To determine where there are gaps and potential opportunities for H. Lee Moffitt Cancer Center to address these needs
- To identify how Moffitt and its partners can address these needs in a coordinated and collaborative approach

This report discusses the findings from the CHA, which was conducted January–July 2012. In addition to ensuring that Moffitt Hospital Corporation is compliant with the IRS community benefits guidelines, the assessment will be used to inform an institution-wide plan for community benefits in order for Moffitt entities to coordinate efforts and improve the health of residents in the seven county area.

Methods

The CHA defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality)—all have an impact on the community’s health. Existing social, economic, and health data were drawn from national, state, county, and local sources, such as the U.S. Census and Florida Department of Health, which include self-report, hospitalization, and vital statistics data. Over 100 individuals including organizational leaders from multiple sectors, community stakeholders, and residents were engaged in focus groups and interviews to gauge their perceptions of the community, their health concerns, and what programming, services, or initiatives are most needed to address these concerns. Additionally, an advisory committee comprised of both internal Moffitt staff and community leaders provided feedback and guidance throughout the assessment process.

Demographics of Moffitt’s Service Area

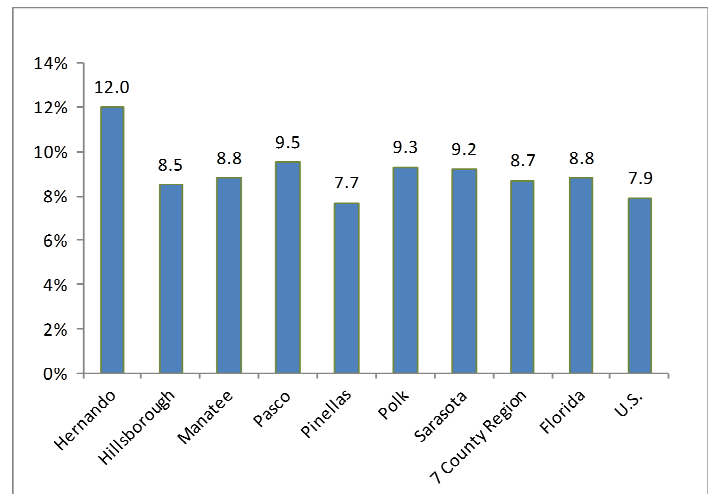
- The total population of Moffitt’s service area has increased by 17.8% over the past decade, from 3.5 million in 2000 to over 4 million in 2010, which is similar to the growth of the State population (17.6%). While Hillsborough County comprised the largest proportion of the area’s population (30.1%), Pasco experienced the greatest amount of growth (34.8%).
- Focus group and interview participants frequently described their communities as culturally, racially, and ethnically diverse, except for Sarasota and Hernando Counties which were seen as

¹ IRS Notice 2011-52 resulting from the Patient Protection and Affordable Care Act (PPACA) Section 9007(a) and IRS Code Section 501 (r), applies to tax exempt hospitals. In the case of the H. Lee Moffitt Cancer Center and Research Institute, only the non-profit hospital entity is required to complete the Community Health Needs Assessment and report community benefit.

being predominantly White. Quantitative data confirmed the homogeneity of Hernando and Sarasota Counties, with approximately 90% of their populations being White. Hillsborough County had the greatest proportion of Hispanics (24.9%) and Blacks (16.7%). Additionally, over the past decade most of the counties have seen increases in their foreign born populations, ranging from 36.5% in Hillsborough to 76.5% in Polk, which were greater than national (25.5%) and State (24.2%) increases.

- The region was also described as economically diverse. While economic indicators across the region were similar to those of the State, Polk had the highest percent of individuals (15.2%) and families (11.5%) living below poverty; approximately half of families with female headed households with children under age 5 were living below poverty. Polk County also had the lowest levels of educational attainment; more than 18% of individuals had less than a high school degree.
- Focus group participants and interviewees cited concerns about job loss and a lack of job opportunities, especially for those with minimal qualifications. The unemployment rate in Florida (8.8%) was slightly higher than that of the U.S. (7.9%) in 2010 (Figure 1). Across the seven counties of Moffitt’s service area, unemployment ranged from a low of 7.7% in Pinellas County to a high of 12% in Hernando County.

Figure 1. Civilian Unemployment Rate for Persons Age 16 and Above in Moffitt’s Service Area, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

Social and Physical Environment

- Transportation was cited as a challenge by some participants who reported that their communities had no access to public transportation or extensive use of public transportation was needed to get somewhere. According to the U.S. Census, most workers in the region commuted to work by car (88.7%); yet, in Pinellas (7.8%) and Hillsborough (6.6%) Counties, a greater proportion of households did not have a vehicle available compared to the State (6.5%).
- Housing was considered by participants to be more expensive in Tampa, leading many to live in the more outlying areas, such as Hernando, where median housing costs were lowest. In each of the seven counties, the majority of housing was owner-occupied in 2010; however, Hillsborough County had a greater proportion of renter-occupied housing units (39.1%) than the remaining counties, nearly double that of Hernando County.
- Concerns about crime were also expressed by several participants, most notably those from Tampa. According to FBI Uniform Crime Reporting, while Hernando, Pasco, Sarasota, and Polk had violent crime rates below that of the State, Manatee, Pinellas, and Hillsborough counties experienced violent crime at almost double the rate of these counties.

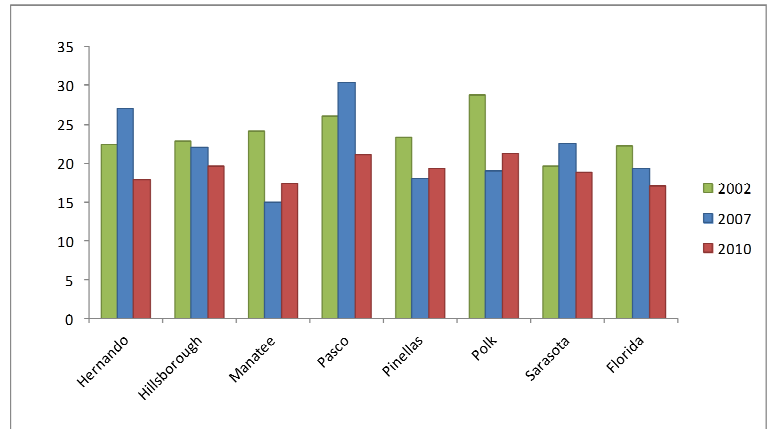
Health Outcomes and Behaviors

- Heart disease and cancer were the leading causes of death in Florida and Moffitt’s service area, followed by stroke, unintentional injury, and chronic lower respiratory disease. Pinellas, Hillsborough, and Polk Counties had higher death rates due to heart disease than the State.
- Examining all causes of death by race/ethnicity reveals that Blacks experienced disparate rates of mortality statewide and by county, especially in Pinellas, Polk, and Hernando; Pasco County was the only exception. Hispanics had lower rates of mortality than both Whites and Blacks.
- When asked about health concerns in their communities, focus group participants and interviewees consistently identified obesity. Florida’s obesity rates have been steadily increasing since 2002. With few exceptions, this pattern is seen at the county level as well. Polk County had the highest rates of obesity in 2010, with over one-third of its adults obese; whereas, Sarasota had the lowest obesity rates, with approximately one in five adults obese.
- Respondents closely connected their health concerns around obesity with lifestyle issues—poor eating and lack of physical activity. According to 2007 Behavioral Risk Factor and Surveillance System

(BRFSS) data, physical activity and healthy eating levels were fairly similar across Moffitt’s service area; at least one in five adults met the recommended vigorous physical activity levels and servings of fruits and vegetables. However, adults in Polk County were least likely to meet these recommendations and have less access to recreational facilities and healthy food outlets compared to those of the State and neighboring counties.

- Several respondents also mentioned that drug and alcohol use were concerns, particularly among young people. Since 2002, the percent of adults who are current smokers in Florida has steadily decreased; however, in 2010, all seven counties in Moffitt’s service area had higher smoking rates than the state average (Figure 2). Alcohol use was greatest in Pasco County, where one in five adults reported engaging in heavy or binge drinking in 2010.

Figure 2. Percent of Adults who are Current Smokers, 2002, 2007, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey.

Health Care Access and Utilization

- Barriers to access and utilization of health care that were raised by participants included health insurance and cost, health service availability, awareness and navigation of services, quality of care.
- Lack of insurance and underinsurance was the most frequently cited barrier to accessing health care. Statewide, 83.0% of adults had health care coverage in 2010. Overall, Moffitt’s service area had similar results; however, healthcare coverage ranged from a low of 76.0% in Polk County to a high of 88.6% in Pinellas County.

“We’ve got really tremendous, well-trained doctors, nurses, etc. like a super highway but the problem is we don’t have a whole lot of entrance ramps. So how do people get on this highway? It doesn’t do a lot of good if people can’t access that highway.” – Interview participant

- Residents also reported that even for those with insurance, health care can be expensive. In 2010, over one in five adults in Polk County reported that they did not see a doctor due to the cost in the past year, which is higher than the statewide rate of 17.3%; Pasco, Sarasota, Hernando, and Manatee also had rates above that of the State.
- Of the seven counties in Moffitt’s service area, Pinellas (88.7%) had the highest proportion of adults with a health care provider, while Polk (75.5%) had the lowest proportion of adults with a health care provider, below that of the state (81.7%).
- While focus group respondents and interviewees reported that many face the barriers discussed above, they noted that vulnerable populations such as minorities, undocumented workers, and the elderly face additional challenges to accessing care. Concerns about cultural competency of providers and language barriers were raised by several respondents. Quantitative data indicate Blacks, Hispanics, and those of lower socioeconomic status experience disparate rates of health care coverage, cost as a barrier to health care, and having a health care provider.

Cancer

- Respondents expressed mixed opinions regarding how significant an issue cancer was in the region. Some reported that it was a substantial concern among all health concerns, while others indicated that cancer was not a prominent health concern given other health issues; however, they agreed that cancer is a serious disease.
- When asked about how to reduce their chances of getting cancer, respondents frequently identified lifestyle changes including smoking cessation, dietary improvements, and engaging in more physical activity. While respondents indicated that people are generally aware of what is needed to reduce ones risk of getting cancer, they acknowledged that it is difficult to translate awareness into action, particularly in light of financial constraints, such as being unable to afford healthy food.

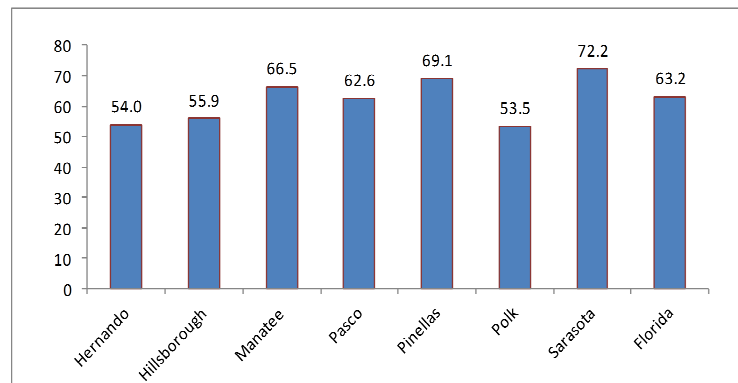
“It’s considered shameful to talk about cancer [in our culture].” – Interview participant

“There is a perception that the general population thinks cancer is a death sentence.” – Focus group participant

Cancer Screening

- Respondents also described several barriers to screening including time, cultural norms, cost and insurance status, as well as lack of follow-up. According to 2010 BRFSS survey data, cancer screening for colorectal, breast, prostate, and cervical cancers in Moffitt’s service area were similar to statewide rates, with a few exceptions.
- **Colorectal cancer:** Over half of adults (50 years and older) in Florida and Moffitt’s service area reported receiving a sigmoidoscopy or colonoscopy in the past five years. The proportion of adults who reported receiving one of these screening tests was highest in Polk County (62.7%) and lowest in Pasco County (50.7%). Slightly less than half of adults reported ever having had a blood stool test, except for in Pasco County, where more than half reported having had one.
- **Breast cancer:** 61.9% of women (40 years and

Figure 3. Percent of Women (40 years and older) who had a Clinical Breast Exam in the Past Year, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

older) in Florida reported receiving a mammogram in the past year; a majority of the Moffitt service area was near or above statewide rates. Across the seven counties, the proportion of women (40 years and older) who reported receiving a mammogram ranged from 57.1% in Hillsborough County to 70.6% in Sarasota County. Over two-thirds of women in Sarasota (72.2%), Pinellas (69.1%), and Manatee (66.5%) Counties reported having a clinical breast exam in the past year, which was also above the statewide rate of 63.2% (Figure 3). Women in Hillsborough, Hernando, and Polk Counties were less likely to have had a clinical breast exam.

- *Prostate cancer:* At least two-thirds of men (50 years and older) reported receiving a PSA test in the past two years across the Moffitt service area. While over three-fourths of men received this screening test in a majority of the seven counties, in Polk and Hillsborough Counties, less than 70% of men received the PSA test, which was below that of Florida (72.6%).
- *Cervical cancer:* Across Moffitt’s service area, at least half of women (18 years and older) reported receiving a Pap test in the past year, ranging from 50.1% in Hernando County to 60.4% in Manatee County.

Cancer Incidence and Hospitalization

- When asked about where they would go for cancer treatment should they or a family member be diagnosed with cancer, respondents mentioned several locations, including Moffitt, Sarasota Memorial, St. Petersburg Hospital, and Tampa General. Overall, respondents seemed to indicate a preference for seeking services locally. Notably, they reported two substantial barriers to accessing cancer treatment services: lack of insurance and lack of information about how to navigate the system.
- *All cancer:* Incidence rates for all cancers were highest in Polk County at 494.8 per 100,000 population and lowest in Manatee County at 403.1 per 100,000 population. Examining cancer incidence by race/ethnicity reveals that statewide, Whites (451.4 per 100,000) experienced slightly higher rates than Blacks (440.4 per 100,000); Hispanics experienced the lowest rates (393.6 per 100,000). Cancer hospitalization rates were higher in the Moffitt service area compared to the State overall. Hillsborough County (406.8 per 100,000 population) was the only exception with a cancer hospitalization rate below that of Florida (476.2 per 100,000 population).
- *Lung cancer:* In the Moffitt service area, lung cancer incidence was highest in Hernando County (83.6 per 100,000 population), followed by Polk (78.4 per 100,000 population) and Pasco (73.1 per 100,000). Only Manatee (59.4 per 100,000 population) and Sarasota (61.2 per 100,000 population) Counties had a lower cancer incidence than that of the State. All seven counties, except for Hillsborough, had higher hospitalization rates for lung cancer than that of the State. This rate was highest in Pasco County (76.5 per 100,000 population), followed by Sarasota County (75.4 per 100,000 population).
- *Colorectal cancer:* Colorectal cancer incidence was highest in Polk County (51.1 per 100,000 population), followed by Hernando and Hillsborough Counties (49.5 and 46.2 per 100,000 population, respectively). The colorectal cancer hospitalization rate in Moffitt’s service area ranged from 42.0 per 100,000 population in Hillsborough County to 77.1 per 100,000 population in Hernando County. All counties, except for Hillsborough, had a hospitalization rate above that of the State (53.3 per 100,000 population).

“Uninsured and undocumented folks can’t access cancer care.” – Interview Participant

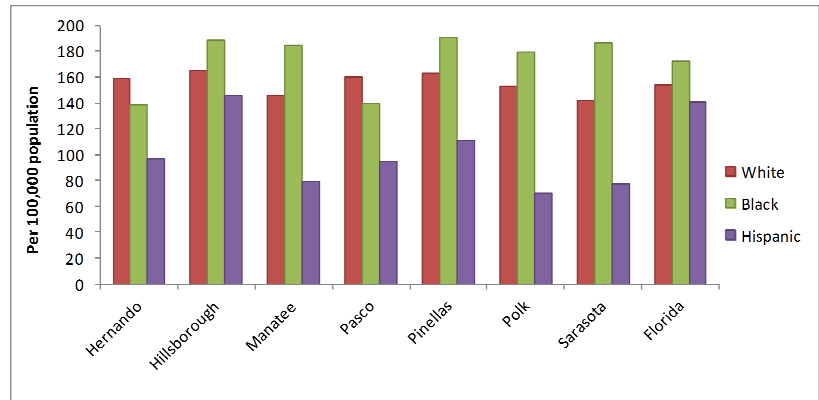
“I have found that people are aware of cancer, but it is really about knowing what to do with the information that they have about cancer.” – Interview Participant

- *Breast cancer:* Breast cancer incidence was highest in Sarasota County (119.0 per 100,000 population), followed by Pinellas and Hillsborough Counties (117.6 and 116.8 per 100,000 population, respectively). Hernando, Manatee, Pasco and Polk counties had breast cancer incidence rates below that of Florida. The breast cancer hospitalization rate ranged from 42.9 per 100,000 population in Polk County to 69.3 per 100,000 population in Manatee County. Hernando, Manatee, Pasco, Pinellas and Sarasota Counties had hospitalization rates higher than that of the State (49.3 per 100,000).

Cancer Mortality

- *All cancer:* Among the seven counties of the Moffitt service area, the cancer mortality rate in 2010 was highest in Hillsborough and Pinellas Counties at approximately 164 deaths per 100,000 population (Figure 4), which was above that of Florida (154 per 100,000 population). Additionally, Blacks in Florida experience disparate rates of death due to cancer, despite having lower cancer incidence rates than Whites; this holds true for the majority of Moffitt’s service area as well.

Figure 4. Age-adjusted All Cancer Death Rate per 100,000 Population by Race/Ethnicity, 2010



Source: Florida Department of Health CHARTS

- Consistent with national statistics, lung cancer (43.9 deaths per 100,000 population) was the leading cause of cancer mortality in Florida, followed by colon and breast cancer (16.4 and 11.8 deaths per 100,000, respectively).
- *Lung cancer:* Except for Manatee and Sarasota Counties, residents in Moffitt’s service area die from lung cancer at a higher rate than residents statewide. From 2005-2007, the lung cancer mortality rate was highest in Hernando County (63.4 deaths per 100,000 population), followed by Pasco and Polk Counties (58.5 and 55.3 deaths per 100,000 population). Additionally, in Florida as well as the seven counties, men are disproportionately affected by death due to lung cancer, experiencing mortality rates at approximately twice the rate of women.
- *Colorectal cancer:* Between 2005-2007, Manatee, Pinellas, and Sarasota Counties had colorectal cancer mortality rates below that of the State (15.2 per 100,000 population). Hillsborough County had the highest mortality rate due to colorectal cancer at 17.8 deaths per 100,000 population, followed by Pasco County (17.0 per 100,000 population)
- *Breast cancer:* Hernando, Hillsborough, Pasco and Polk Counties had breast cancer mortality rates above that of the State (20.7 per 100,000 population) between the years 2005 and 2007. Polk County had the highest breast cancer mortality rate (24.5 per 100,000 population), followed by Hillsborough (22.5 per 100,000 population), Pasco (22.1 per 100,000 population) and Hernando Counties (21.3 per 100,000 population).

Survivorship

- Since no local or state level data are available on survivorship, data were drawn from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI), which collects national level cancer survival data.
- Between 2002-2008, the overall five-year survival rate was 65.4%. This rate varied dramatically among cancer types; prostate cancer had an almost 100% five-year survival rate (99.2%) while only 15.9% of those diagnosed with lung or bronchus cancer survived after five years. Additionally, Blacks experienced lower rates of survivorship than Whites across all cancer types.

Conclusions

The following section provides a broad overview of the key findings that emerged from this assessment:

- ***The changing demographics of Moffitt’s service area impact the demand for services and the need for culturally and linguistically competent services and programs.*** The population in Moffitt’s catchment area is growing in number and diversity. The area has experienced increases in the Hispanic and Black communities, as well as those speaking a language other than English at home, which will impact the services needed to address health issues among these populations.
- ***While overall cancer mortality rates have fallen, there are some specific populations and counties with rising rates.*** Since 2004, cancer mortality rates in each of the seven counties have fallen or remained stable. Only Manatee and Sarasota Counties have cancer mortality rates that are lower than the State. Cancer mortality rates are highest among the Black population and lowest among the Hispanic population. Among cancer types, lung and bronchus cancer have the highest age adjusted death rates, particularly among females in Hernando and Polk Counties.
- ***Despite differing community perceptions regarding the importance of cancer as a community health concern, it was viewed as a serious illness.*** Respondents believed that the seriousness of the disease and the fear it sometimes evokes create barriers to getting people to think proactively and preventatively about it. Others reported that in some cultures there is a stigma associated with having cancer that leads people to delay or avoid screening or treatment.
- ***Receiving timely screenings, diagnosis and treatment, may be influenced by the ability to obtain a primary care provider and availability of local and accessible health care services.*** Limited access to care was particularly notable in Polk County and among the Hispanic population, where adults were less likely to have a primary care doctor and most likely to not see a doctor due to cost compared to adults in neighboring counties. Furthermore, focus group and interview participants described experiences of delaying care, such as only needing a doctor when “*you are sick*” and waiting for symptoms “*to be severe enough to see a doctor.*”
- ***Cancer incidence and hospitalization rates vary across the region.*** Cancer incidence rates across the Moffitt catchment area range from 419 per 100,000 in Manatee County to 501 per 100,000 in Polk County. In general, the Hispanic population has lower all cancer rates than the White and Black populations, except for in Hernando and Manatee Counties.
- ***Community residents understand the healthy behaviors related to preventing cancer but often find it difficult to translate that knowledge into action.*** When asked about how to reduce their chances of getting cancer, respondents frequently pointed to lifestyle changes including smoking cessation,

dietary improvements, and engaging in more physical activity. While respondents indicated that people are generally aware of what is needed to reduce one's risk of cancer, they acknowledged that it is difficult to translate awareness into action, particularly in light of economic constraints.

- ***Barriers beyond having health insurance exist to accessing and utilizing cancer treatment programs and services.*** While respondents reported that there are substantial barriers to accessing treatment services such as lack of insurance, they also noted the challenge of understanding how to navigate the system to obtain these services. Many indicated that they were unsure of where to go and whom to speak to within the health care system. Increased health literacy and assistance in navigating the public health and health care systems is needed to maintain a healthy community.

H. Lee Moffitt Cancer Center & Research Institute Community Health Assessment Report

INTRODUCTION

The H. Lee Moffitt Cancer Center & Research Institute (Moffitt) is a nationally recognized comprehensive cancer center whose mission is “to contribute to the prevention and cure of cancer.” Located in Tampa, Florida, Moffitt is the only Florida-based National Cancer Institute (NCI) Comprehensive Cancer Center, a designation that recognizes Moffitt’s excellence in research and contributions to clinical trials. As one of the nation’s 41 NCI-designated Comprehensive Cancer Centers, Moffitt is focused on the development of early stage translational research aimed at the rapid translation of scientific discoveries to benefit patient care. In March 2012, Moffitt contracted with Health Resources in Action (HRiA), a non-profit health consultancy organization in Boston to conduct a community health assessment (CHA).

This (CHA) aimed to identify the health needs and assets of the seven county area surrounding Moffitt as well as understand how community benefits programming can be more effectively coordinated and delivered across the institution. The overarching goals of this assessment process include:

- To identify the health-related needs and assets of the seven county region in which Moffitt is located and is the residence of the majority of its patients
- To determine where there are gaps and potential opportunities for Moffitt to address these needs
- To identify how Moffitt and its partners can address these needs in a coordinated and collaborative approach

In addition to ensuring that Moffitt Hospital Corporation is compliant with the IRS community benefits guidelines, the assessment will be used to inform an institution-wide plan for community benefits in order for Moffitt entities to coordinate efforts and improve the health of residents in Moffitt’s seven county area.

The following report provides the detailed findings of Moffitt’s community health assessment. The assessment report examines data for the seven-county region of Hillsborough, Pasco, Pinellas, Polk, Hernando, Manatee, and Sarasota Counties which is the area which encompasses Moffitt’s primary service. In addition to looking at the counties as a whole, this assessment also examines issues by vulnerable population group, such as by race/ethnicity or education level, where appropriate and available.

OVERVIEW OF MOFFITT’S MEDICAL FACILITIES

The Florida Legislature established the Moffitt Cancer Center in 1981 as an “instrumentality of the state” to serve as the state’s cancer center. Named for the Honorable H. Lee Moffitt to recognize his efforts as the former Speaker of the Florida House of Representatives, the center was created with the intent of becoming an NCI-designated comprehensive cancer center in Florida. Proceeds of the state’s cigarette taxes were used to construct the original \$70-million, 380,000-square-foot hospital which opened in October 1986. Since that time, the state has continued to support Moffitt with annual line item funding.

Description of Moffitt

The H. Lee Moffitt Cancer Center and Research Institute is located on the campus of the University of South Florida in Tampa, Florida and comprises six entities. These six entities include the following:

1. H. Lee Moffitt Cancer Center & Research Institute, Inc.
2. H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc.²
3. H. Lee Moffitt Cancer Center & Research Institute Foundation, Inc.
4. H. Lee. Moffitt Cancer Center and Research Institute Lifetime Cancer Screening, Inc. (dba Moffitt Medical Group)
5. Moffitt Genetics Corporation (dba M2Gen®)
6. Moffitt Technologies Corporation

The Hospital is licensed for 206 beds. Its clinical facilities include a 36-bed blood and marrow transplant unit, 14 operating rooms, a diagnostic radiology depart with MRI, PET/CT, digital mammography and all other imaging capabilities, and a radiation therapy department. Patient care at the hospital is organized into programs that focus on specific types of cancer and services including:

- Blood and marrow transplantation
- Cutaneous oncology
- Endocrine tumor
- Genitourinary oncology
- Head and neck oncology
- Neuro-oncology
- Radiation oncology
- Senior adult oncology
- Screening and prevention
- Survivorship
- Breast cancer
- Gastrointestinal malignancies
- Gynecologic oncology
- Malignant hematology
- Psychosocial and palliative care
- Sarcoma
- Thoracic oncology

Between 2007 and 2011, Moffitt opened an average of 9,996 new patient files each year for residents in the seven county catchment area. Most of these new patients came from Hillsborough County (4,344) where the Hospital located (Table 1). Of these patients, 79.7% were White, 10.3% were Hispanic, 7.4% were Black, and less than 2.0% were Asian.

Table 1. Number of New Moffitt Patients per Year in Moffitt Catchment Area, Average 2007-2011

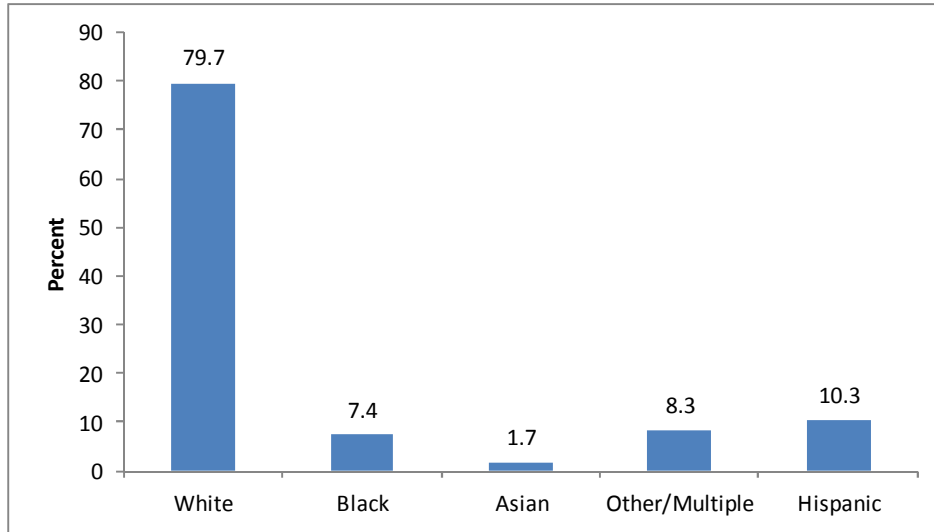
County	New Patients (n)	New Patients (%)
Hernando	412	4.1
Hillsborough	4,344	43.7
Manatee	624	6.3
Pasco	1,437	14.4
Pinellas	1,678	16.9
Polk	800	8.0
Sarasota	653	6.6
7 County Region	9,948	100.0

Source: Planning Department, Moffitt Cancer Center

² IRS Notice 2011-52 resulting from the Patient Protection and Affordable Care Act (PPACA) Section 9007(a) and IRS Code Section 501 (r), applies to tax exempt hospitals. In the case of the H. Lee Moffitt Cancer Center and Research Institute, only the non-profit hospital entity is required to complete the Community Health Needs Assessment and report community benefit.

Among the new patients at Moffitt during this time period of 2007-2011, the majority (approximately 80%) were White, while slightly over 10% were Hispanic (Figure 1). Fewer than 10% of new patients were Black, Asian, or another race.

Figure 1. Racial/Ethnic Composition (%) of Moffitt New Patients, 2007-2011



Source: Planning Department, Moffitt Cancer Center

While Moffitt is considered one of the leading cancer treatment centers in the area, there are a number of other facilities that provide cancer treatment services. In total, there are seven cancer centers in the surrounding area and four cancer specific treatment centers serving Florida (Table 2). Additionally, a privately owned cancer treatment provider, Florida Cancer Specialists, operates multiple sites throughout Florida, including a site in Tampa.

Table 2. List of Other Cancer Treatment Providers in Florida

Institution	Location
Cancer Treatment Providers Located within Moffitt Catchment Region	
1. Florida Hospital Tampa (formerly University Community Hospital)	Tampa, Hillsborough County
2. St. Joseph's Hospital	Tampa, Hillsborough County
3. Tampa General	Tampa, Hillsborough County
4. Bayfront	St. Petersburg, Pinellas County
5. Morton Plant Hospital	Clearwater, Pinellas County
6. Lakeland Medical Center	Lakeland, Polk County
7. Sarasota Memorial Hospital	Sarasota, Sarasota County
Major Cancer Treatment Centers Serving Florida	
8. Florida Hospital Cancer Institute	Providing services within Florida Hospital/ Adventist Health System sites in Orlando and Central Florida
9. Mayo Clinic	Jacksonville, Duval County
10. MD Anderson Cancer Center	Orlando, Orange County

11. Cleveland Clinic	Weston, Broward County and West Palm Beach, Palm Beach County
12. Sylvester Comprehensive Cancer Center	Miami-Dade, Broward and Palm Beach Counties

COMMUNITY HEALTH ASSESSMENT METHODS

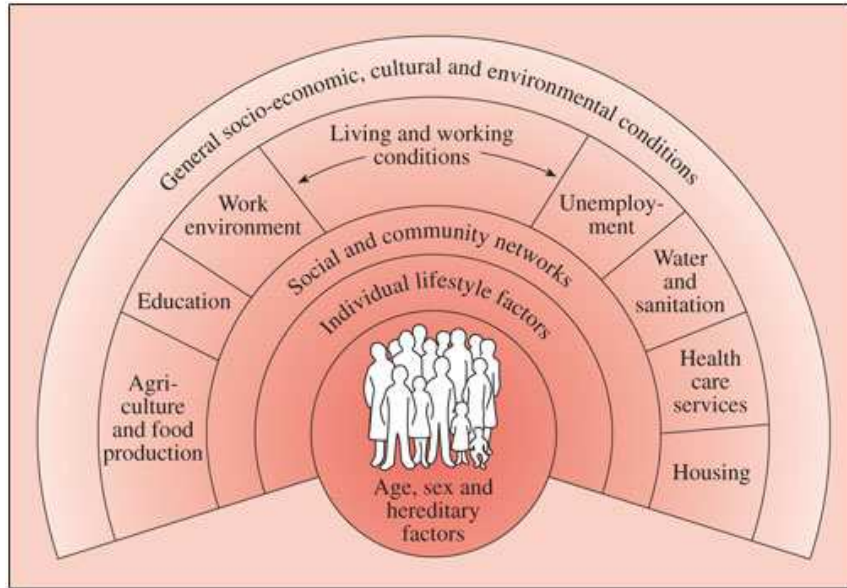
The following section details how the data for the CHA was compiled and analyzed, as well as the broader lens used to guide this process. Specifically, the CHA defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to medical services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., air quality)—all have an impact on the community’s health. The beginning discussion of this section describes the larger social determinants of health framework which helped guide this overarching process.

Social Determinants of Health Framework

It is important to recognize that multiple factors affect health and there is a dynamic relationship between people and their environments. Where and how we live, work, play, and learn are interconnected factors that are critical to consider. That is, not only do people’s genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors (i.e., distal factors that influence health) such as employment status and quality of housing stock. The social determinants of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications. While the data to which we have access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment utilizes data to discuss who is healthiest and least healthy in the community as well as to examine the larger social and economic factors associated with good and ill health.

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities (Figure 2). This report provides information on many of these factors, as well as reviews key health outcomes among the residents of Moffitt’s service area.

Figure 2: Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on Social Determinants of Health. (2005)

Advisory Committee

To provide feedback and guidance on the assessment, Moffitt formed an advisory committee. Having both internal Moffitt staff and community leaders serve on the same advisory committee ensured that a multitude of voices were heard and will help in further strengthening the relationship between the institution and the community. The list of advisory committee members may be found in Appendix A.

HRiA collaborated with Advisory Committee members to finalize the areas of study; inform study methodology; assist in data collection (where appropriate); and review and comment on draft documents. In particular, community Advisory Committee members were instrumental in organizing focus groups.

Secondary Data Collection

To provide a salient community health (epidemiological) profile of the seven county catchment area (Hillsborough, Pasco, Pinellas, Polk, Hernando, Manatee, and Sarasota Counties) that Moffitt serves, existing quantitative data drawn from national, state, and local sources were reviewed in March 2012. This allowed the development of a portrait of these areas that discusses health, social, and economic characteristics.

In addition to examining the social and economic context of residents, the review of secondary data explored indicators across the cancer continuum: risk and protective factors related to cancer prevention (e.g., smoking status, alcohol consumption, obesity, physical activity levels, and nutrition), cancer screening, incidence and hospitalization, mortality, and survivorship. Data sources included but were not limited to U.S. Census, Centers for Disease Control and Prevention (e.g., BRFSS and YRBS surveys), and the Florida Department of Health.

Qualitative Data Collection

Data collection in the form of focus groups and interviews occurred between April and June 2012. During this time, HRiA conducted qualitative research with Moffitt staff, stakeholders, and residents to gauge their perceptions of community strengths, needs, and health concerns, and the programming or services most needed to address these concerns. In total, HRiA engaged 120 individuals across all seven counties through a series of eight focus groups (with 98 individuals participating) and 29 interviews. For a list of participants, see Appendix B.

Key Informant Interviews

Concurrent with the review of secondary data, 29 key informant interviews were conducted with stakeholders. Interviews explored community-based organizational staff and community leaders' as well as Moffitt Cancer Center staff's perspectives of their communities' health needs and strengths, challenges and successes of working in these communities, gaps in the current programming and servicing environment, and perceived opportunities for Moffitt to address these needs.

Key informant interviews were conducted with both leaders and front-line staff from a wide range of organizations in different sectors, such as education, housing, the faith-based community, health clinics, local government, and social services, including those focusing on immigrant communities.

Copies of the interview guides are in Appendices C and D.

Focus Groups with Community Residents

In addition to key informant interviews, 8 focus groups were conducted with a total of 91 community residents. Focus group discussions examined residents' perceptions of the health needs and assets in their communities, their perceptions of Moffitt and its community engagement efforts, as well as their suggestions on what types of outreach services are needed in the community and how those can be best delivered. Discussions also explored the challenges that many residents currently face in seeking these services as well as assets and resources they have identified as working well in their community.

On average, each focus group had 8-10 participants, lasted approximately 60-90 minutes, and was moderated by an experienced HRiA facilitator using a semi-structure guide (see Appendix E). In addition to groups in English, focus groups were conducted in Spanish. Participants were provided a stipend of \$25 for their time. It was a priority to recruit participants for the focus groups from traditionally under-served populations. Advisory Committee members and community-based organizations served as key partners in recruitment.

Analyses

The collected qualitative information was coded and analyzed thematically by data analysts for main categories and sub-themes. Analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While regional differences are noted where appropriate, analyses emphasized findings common across Moffitt's service area. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Limitations

As with all research efforts, there are several limitations related to the assessment's research methods that should be acknowledged. It should be noted that for the secondary data analyses, several sources

did not provide current data stratified by race/ethnicity, gender, or age –thus, these data could only be analyzed by total population.

Likewise, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or under-report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys here benefit from large sample sizes and repeated administrations, enabling comparison over time.

While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations, and participants were those individuals already involved in community programming. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

DEMOGRAPHICS OF MOFFITT’S SERVICE AREA

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population of Moffitt’s service area. The demographics of a community are significantly related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual’s health, the *distribution of these characteristics* in a community may affect the number and type of services and resources available.

Most participants described their communities as very diverse, mentioning the wide variety in age, social class, and race and ethnicity. They also noted a fluctuating population that includes Hispanic migrant workers, new immigrants, and the more seasonal and elderly “snow birds” who make their way to the area each winter. Some reported that, at times, there is tension between newcomer populations and long-time residents that creates challenges for communities.

Population

In 2010, the seven county region served by Moffitt (the region) had a population of 4,087,619, ranging from 172,778 in Hernando County to 1,229,226 in Hillsborough County (Table 3). Hillsborough County (30.1%) comprised the largest proportion of the region’s population, followed by Pinellas County (22.4%). Furthermore, the region’s overall population has increased by 17.8% over the past decade, which is similar to growth of the U.S. population (17.6%), but is nearly double that of Florida (9.7%). Pinellas County was the only county whose population decreased during this same time period, whereas the remaining counties increased by at least 16.4%, with Pasco County experiencing the greatest amount of growth (34.8%).

Table 3. Population Change of Moffitt’s Service Area, 2000 to 2010

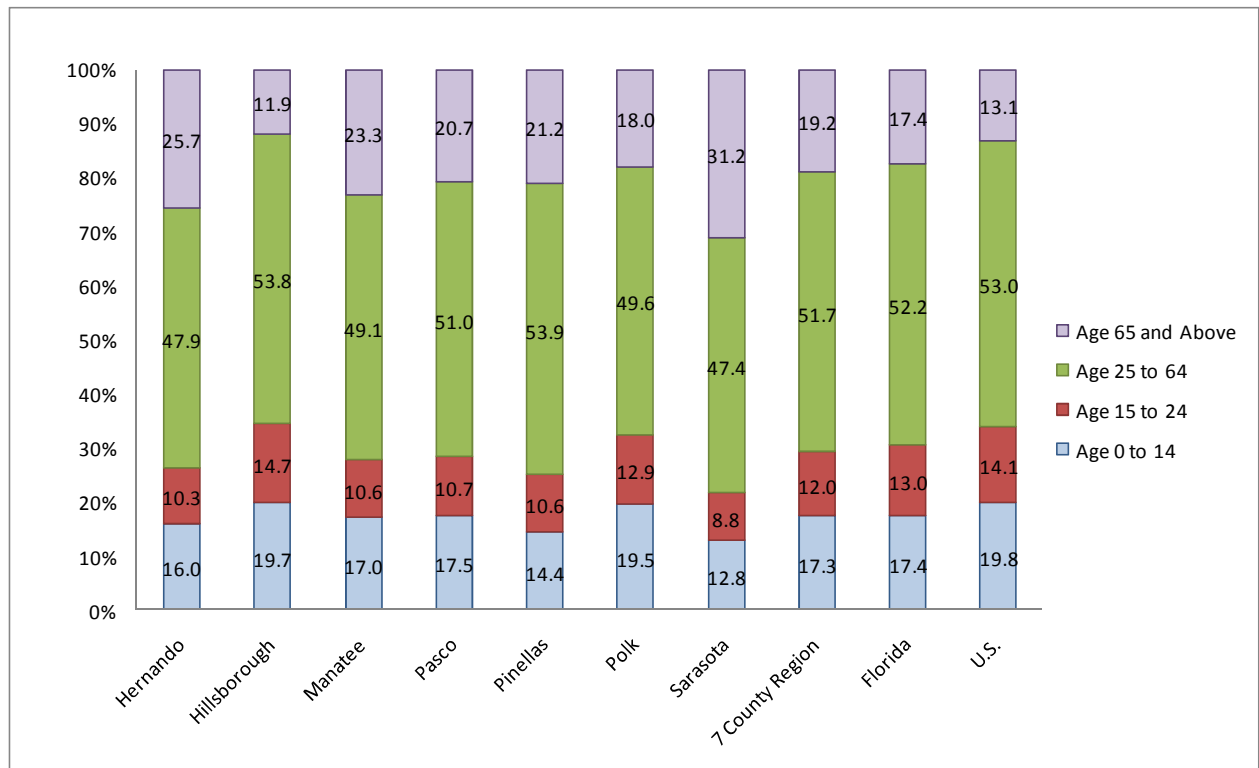
	2000	2010	% of Region	Change 2000-2010	% Change 2000 - 2010
Hernando	130,802	172,778	4.2	41,976	32.1
Hillsborough	998,948	1,229,226	30.1	230,278	23.1
Manatee	264,002	322,833	7.9	58,831	22.3
Pasco	344,765	464,697	11.4	119,932	34.8
Pinellas	921,482	916,542	22.4	(4,940)	-0.5
Polk	483,924	602,095	14.7	118,171	24.4
Sarasota	325,957	379,448	9.3	53,491	16.4
7 County Region	3,469,880	4,087,619	100.0	617,739	17.8
Florida	15,982,378	18,801,310		2,818,932	17.6
U.S.	281,421,906	308,745,538		27,323,632	9.7

Source: U.S. Census Bureau, 2000 and 2010 Decennial Census

Age Distribution

As illustrated by Figure 3, the age distribution of the region was similar to that of Florida’s in 2010, with a slightly higher proportion of the population being age 65 and above. Sarasota County had the largest proportion of seniors (age 65 and above), followed by Hernando and Manatee Counties.

Figure 3. Population of Moffitt’s Service Area by Age Group, 2010



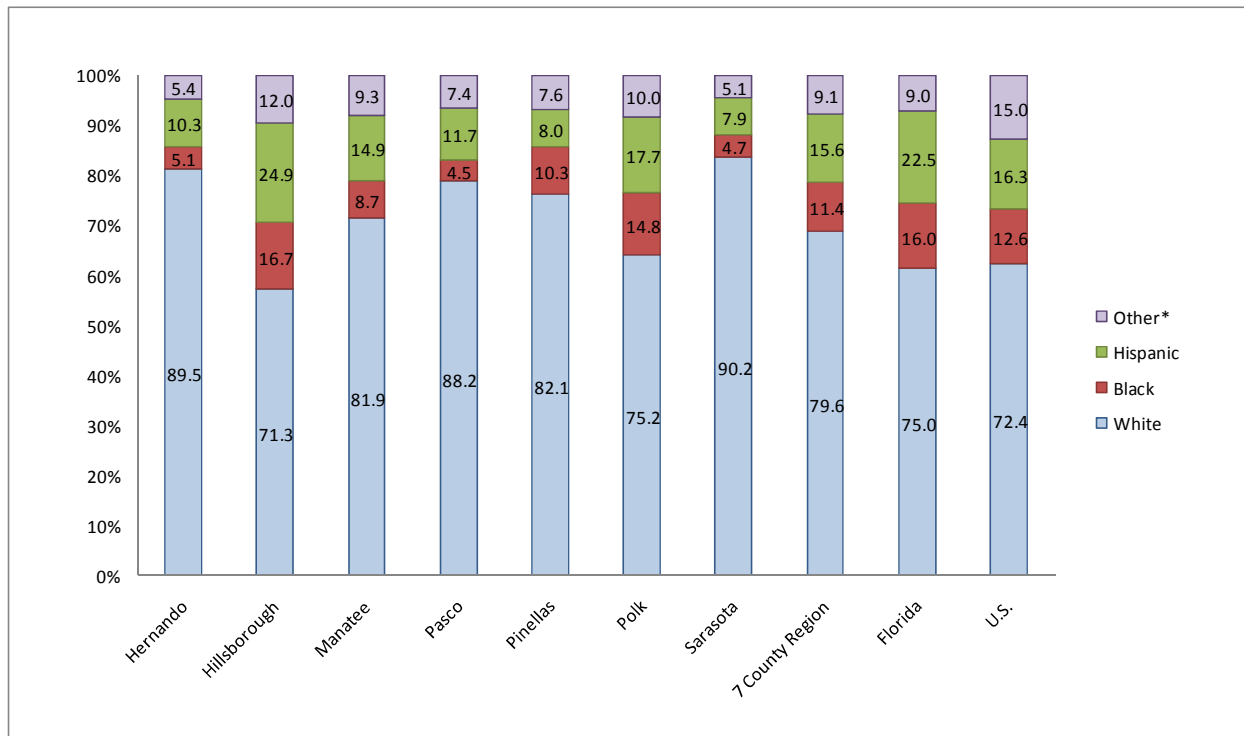
Source: U.S. Census Bureau, 2010 Decennial Census

Racial and Ethnic Diversity

Cultural, racial, and ethnic diversity was the most frequently-cited characteristic of many communities. Exceptions were the communities of Sarasota and the retirement area of Hernando which were described by respondents as predominantly White.

In 2010, the majority of the population in the region was White, with a smaller proportion of Blacks and Hispanics (any race) than both the State overall and the U.S (Figure 4). Examining the individual counties reveals that Hernando and Sarasota were the most homogeneous counties, with approximately 90% of their populations being White. Hillsborough County had the greatest proportion of Hispanics (24.9%) and Blacks (16.7%), higher than that of the State (22.5% and 16.0%, respectively). Additionally, while all counties have seen an increase in their Hispanic populations, in Hernando, Pasco, Polk, and Sarasota Counties the Hispanic populations have increased by more than 100% over the past decade, which is greater than that of the State or the U.S.¹

Figure 4. Population of Moffitt’s Service Area by Race/Ethnicity, 2010



*Other: Native American, Asian, Other, and Two or More Races

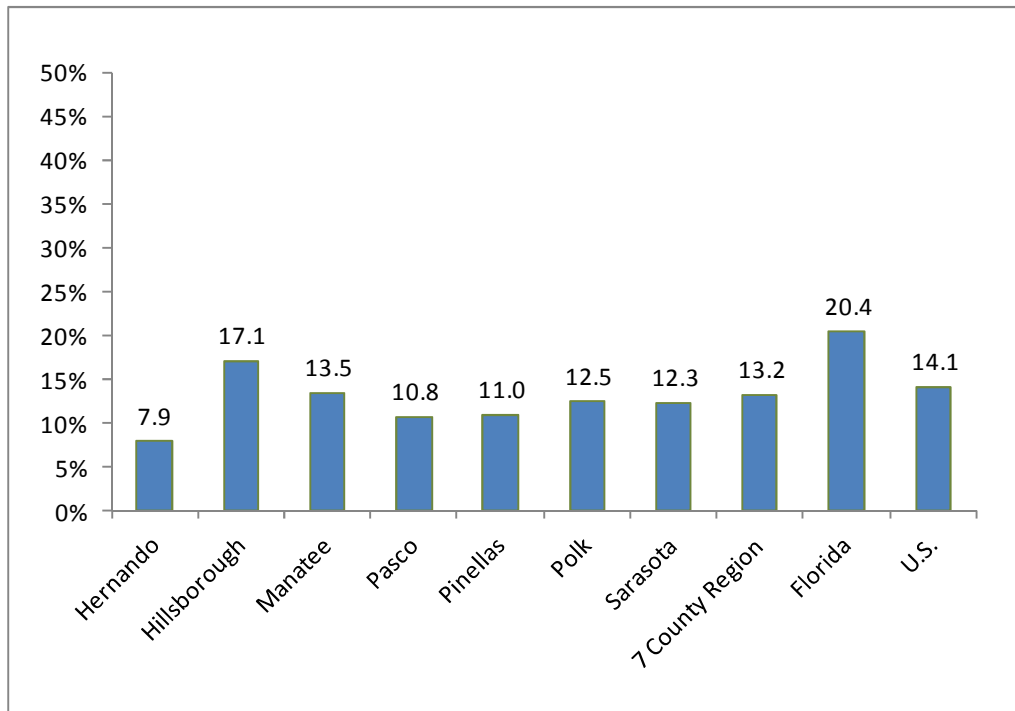
Source: U.S. Census Bureau, 2010 Decennial Census

While racial and ethnic diversity was often noted as a positive aspect of communities, participants also observed that this creates challenges for communities. Several residents mentioned that populations tended to be segregated. As one focus group member from Pinellas explained, *“we are very residentially segregated along racial/ethnic lines.”* A member of a Hillsborough focus group concurred, stating, *“the nationalities are very segregated. Where there are events or anything like that, it’s per nationality.”* Others reported that language barriers create tensions and were not always adequately addressed. A member of one focus group in Manatee County stated *“in senior living, there is resentment toward ‘foreigners’ and materials are all in English.”* Respondents pointed to undocumented workers as a

particularly vulnerable group, subject to exploitation in the workplace as well as kept out of mainstream services.

Compared to Florida and the U.S., the region had proportionally fewer foreign born (non-U.S. born) residents (Figure 5). Hillsborough County was the exception with 17.1% of its population being foreign born, which was above the U.S. average (14.1%) but below that of the State (20.4%). However, over the past decade most of the counties have seen increases in their foreign born populations, ranging from 36.5% in Hillsborough to 76.5% in Polk, which were greater than national (25.5%) and State (24.2%) increases; Pinellas County on the other hand saw a decrease.² Across the region, 17.5% of the population spoke a language other than English at home, which is below the state (26.6%) and national (20.1%) averages. Although, in Hillsborough County (25.4%), approximately 1 in 4 residents spoke a language other than English at home.³ Spanish was overwhelmingly the language that non-English speakers spoke.

Figure 5. Non-U.S. Born Population of Moffitt’s Service Area, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

Income and Poverty

Focus group respondents and interviewees described the region as economically diverse with “*pockets of poverty and violence but also pockets of wealth.*” Sarasota was considered a more affluent community, while Pinellas and Hillsborough, particularly Tampa, were seen as struggling communities. Tampa, as the area’s largest city, was identified as having “*big city problems*” by one focus group respondent. An interview participant explained that it is “*a community that struggles with poverty, low levels of education, day-to-day survival, drug abuse, gang violence, etc.*” Growing poverty was a concern in many communities according to respondents, especially in light of the recent economic downturn.

Figure 6 indicates that in 2010 the median household income of the region was \$46,654, ranging from \$42,011 in Hernando to \$49,536 in Hillsborough. All seven counties had median incomes that were

below that of the U.S.; Hillsborough, Sarasota, and Manatee Counties had median household incomes above that of Florida, while the remaining counties have lower median incomes compared to the State.

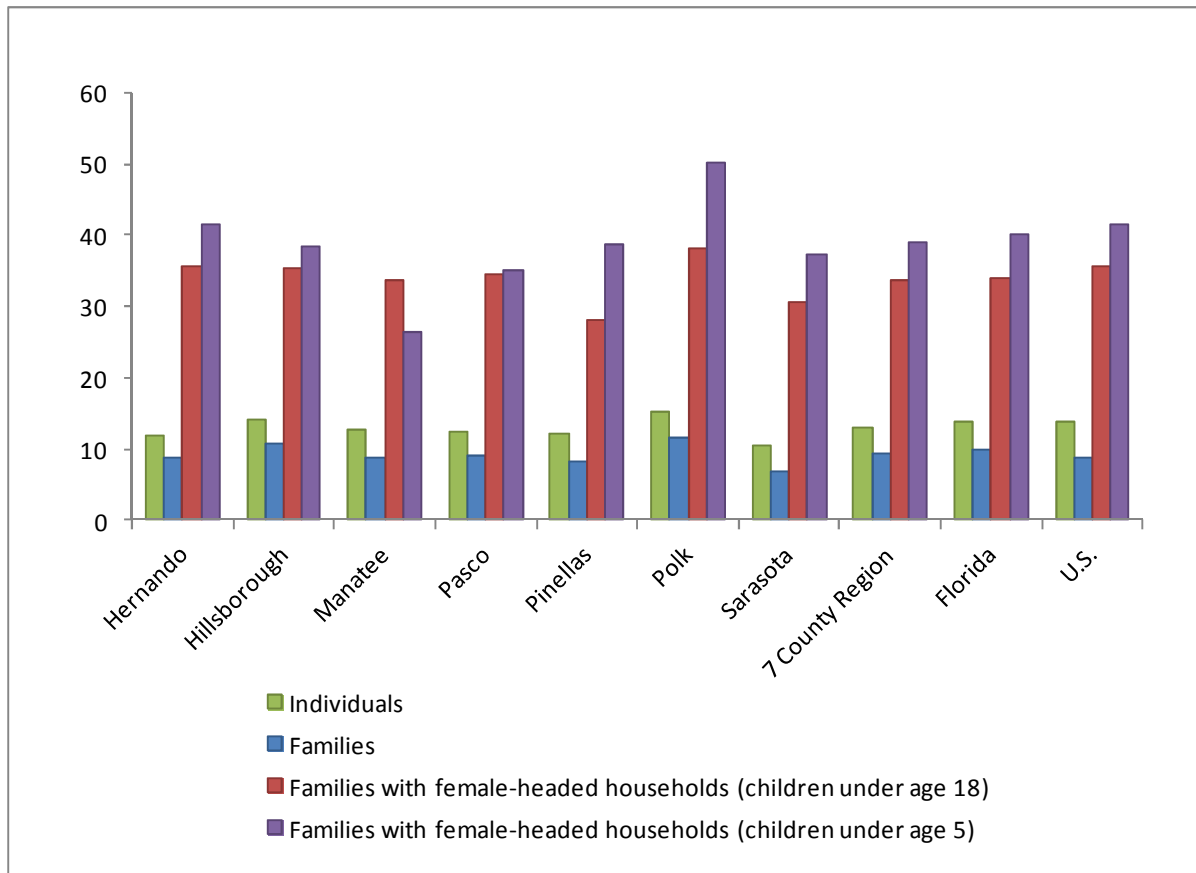
Figure 6. Median Household Income of Moffitt’s Service Area, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

In 2010, the proportions of individuals (13.1%) and families (9.4%) living below poverty in the region were similar to those of Florida (13.8% and 9.9%, respectively) and the U.S. (13.8% and 8.7%, respectively) (Figure 7). As Figure 7 illustrates, families with female-headed households are disproportionately affected by poverty; at the state, county, and national levels, more than one in four of these families were living below poverty. Of the seven counties, Polk County had the highest percent of individuals (15.2%) and families (11.5%) living below poverty; approximately half of families with female headed households with children under age 5 were living below poverty.

Figure 7. Percent of Individuals and Families Living Below Poverty in Moffitt’s Service Area, 2010



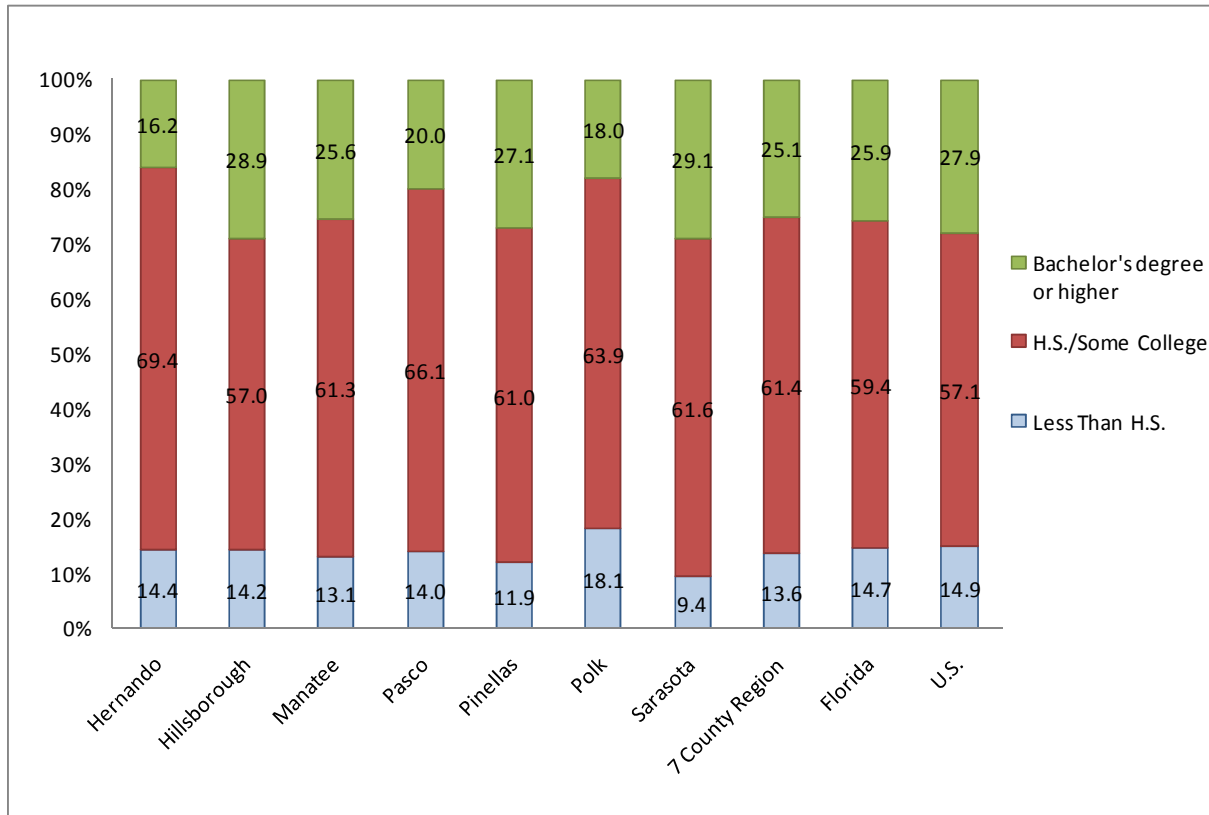
Source: U.S. Census Bureau, 2010 Decennial Census

Education

Concerns regarding education were also cited by some residents. Those who commented on education generally reported that it was not of high quality although this varied slightly by community; respondents from Manatee, for example, said that the schools were good. As one respondent stated, *“the community you live in determines what kind of an education you get.”* Another respondent expressed concern that young minorities in the region were not pursuing higher education stating, *“[there are] lots of people coming to this community who have a high level of education but are not finding jobs in their fields and have to work in janitorial services, etc.”*

Overall, the educational attainment in the seven county region was similar to that of Florida and the U.S.; however, there is some variation when educational attainment is examined by county (Figure 8). For example, Hillsborough and Sarasota Counties had the highest levels of educational attainment, where nearly 30% of individuals (age 25 and older) have obtained a Bachelor’s degree or higher. Alternatively, Polk County had the lowest levels of educational attainment; more than 18% of individuals have less than a high school degree.

Figure 8. Educational Attainment for Persons Age 25 and Older in Moffitt’s Service Area, 2010



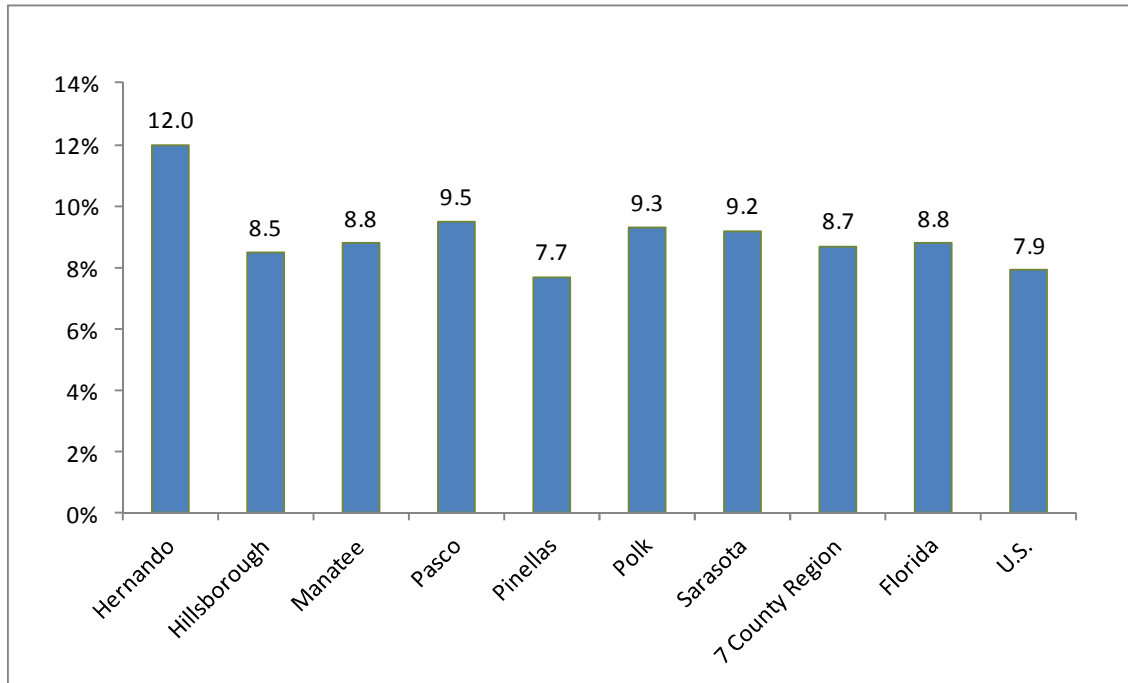
Source: U.S. Census Bureau, 2010 Decennial Census

Employment

Focus group members and interviewees cited concerns about job loss and a lack of job opportunities, especially for those with minimal qualifications. They reported high unemployment as well as underemployment as a result of the recession. There were a range of concerns about employment in the region. One minority focus group member reported that health workers from other countries, for example, were underemployed. Others pointed to fluctuations in employment in some sectors in response to the large influx of seasonal residents. Several reported that the region relies on a large number of migrant workers and expressed concerns about exploitation of these workers.

Figure 9 shows that the unemployment rate in Florida (8.8%) was slightly higher than that of the U.S. (7.9%) in 2010. Across the seven counties of Moffitt’s service area, unemployment ranged from a low of 7.7% in Pinellas County to a high of 12% in Hernando County

Figure 9. Civilian Unemployment Rate for Persons Age 16 and Above in Moffitt’s Service Area, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

SOCIAL AND PHYSICAL ENVIRONMENT

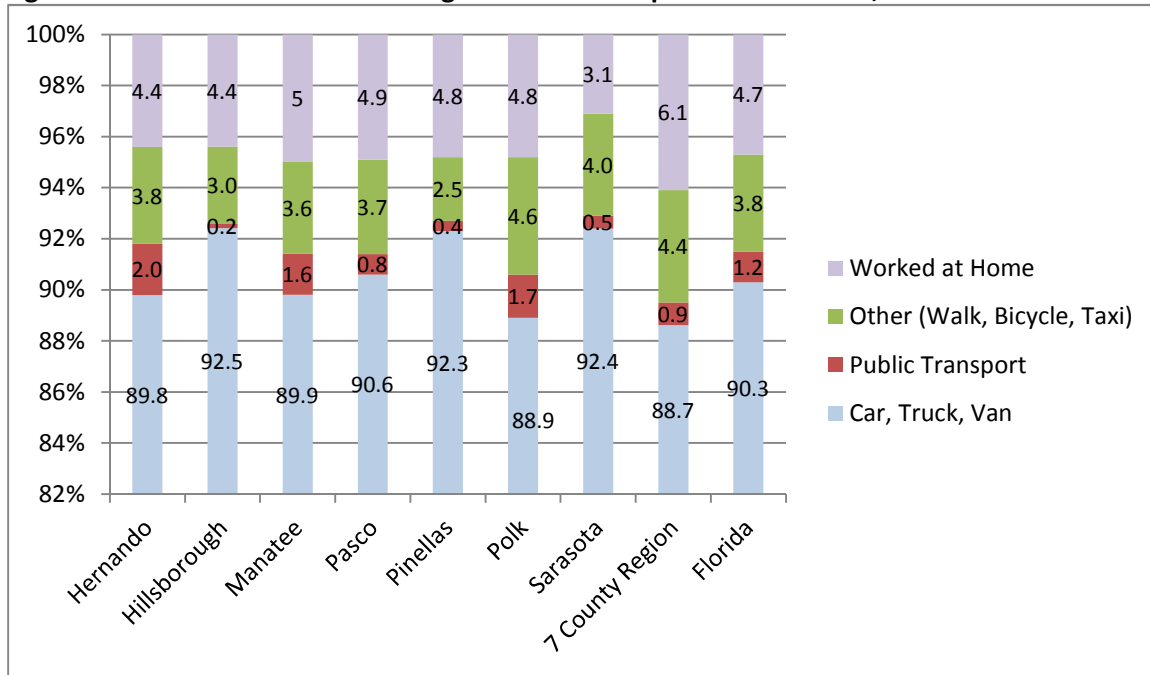
The social and physical environments are important contextual factors that have been shown to have an impact on the health of individuals and the community as a whole. Understanding these issues will help in identifying how they may facilitate or hinder health at a community level. For example, parks may not necessarily be able to be utilized for physical activity if residents are fearful of their safety, or healthy foods may not be accessible if the public transportation system is limited. The section below provides an overview of the larger environment around Moffitt’s service area to provide greater context when discussing the community’s health.

Transportation

Transportation was cited as a challenge by some participants who reported that their areas had no access to public transportation or required extensive use of public transportation to get somewhere, at times, as one person noted, three or four buses. Transportation was noted as a particular concern in Pasco and Hernando. As one focus group member explained, *“there are some areas that don’t even have public transport that reaches them. So they can’t even get to urban Tampa where there is the concentration of resources.”*

When looking at how people get to work, data show that nearly 90% of residents in the region drive to work (Figure 10). Rates were slightly higher in Hillsborough, Pinellas, and Sarasota Counties. In general, fewer than 2% of residents take public transportation to work.

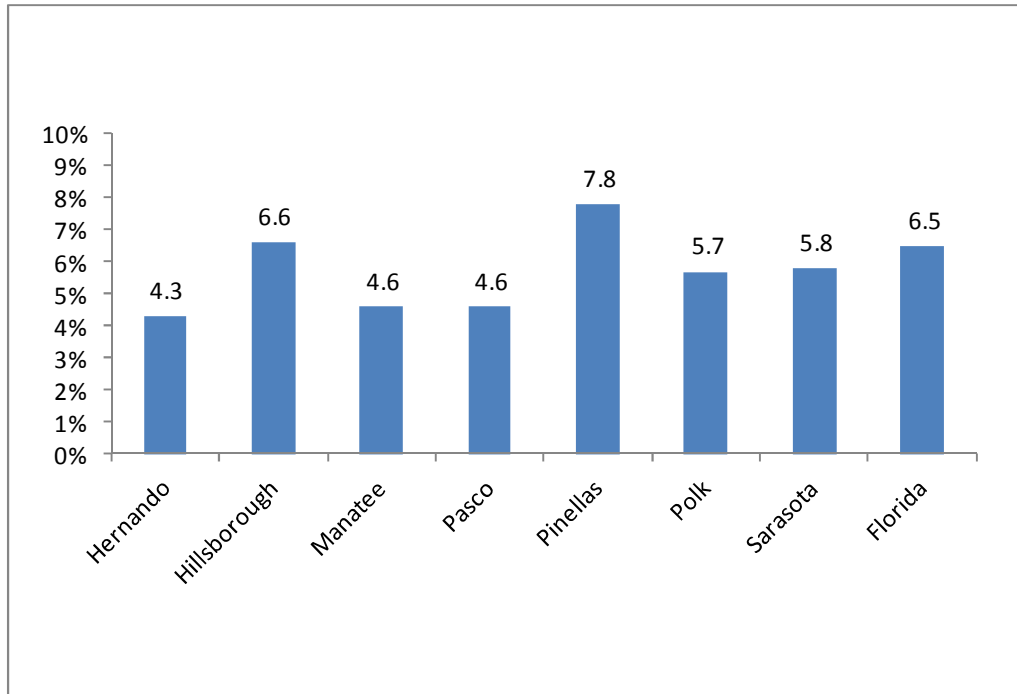
Figure 10. Percent of Residents Using Modes of Transportation to Work, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

According to the U.S. Census, 6.5% of households in Florida did not have access to a car in 2010 (Figure 11). In Pinellas and Hillsborough Counties, a greater proportion of households did not have a vehicle available compared to the State.

Figure 11. Percent of Households without Vehicle Available in Moffitt’s Service Area, 2010



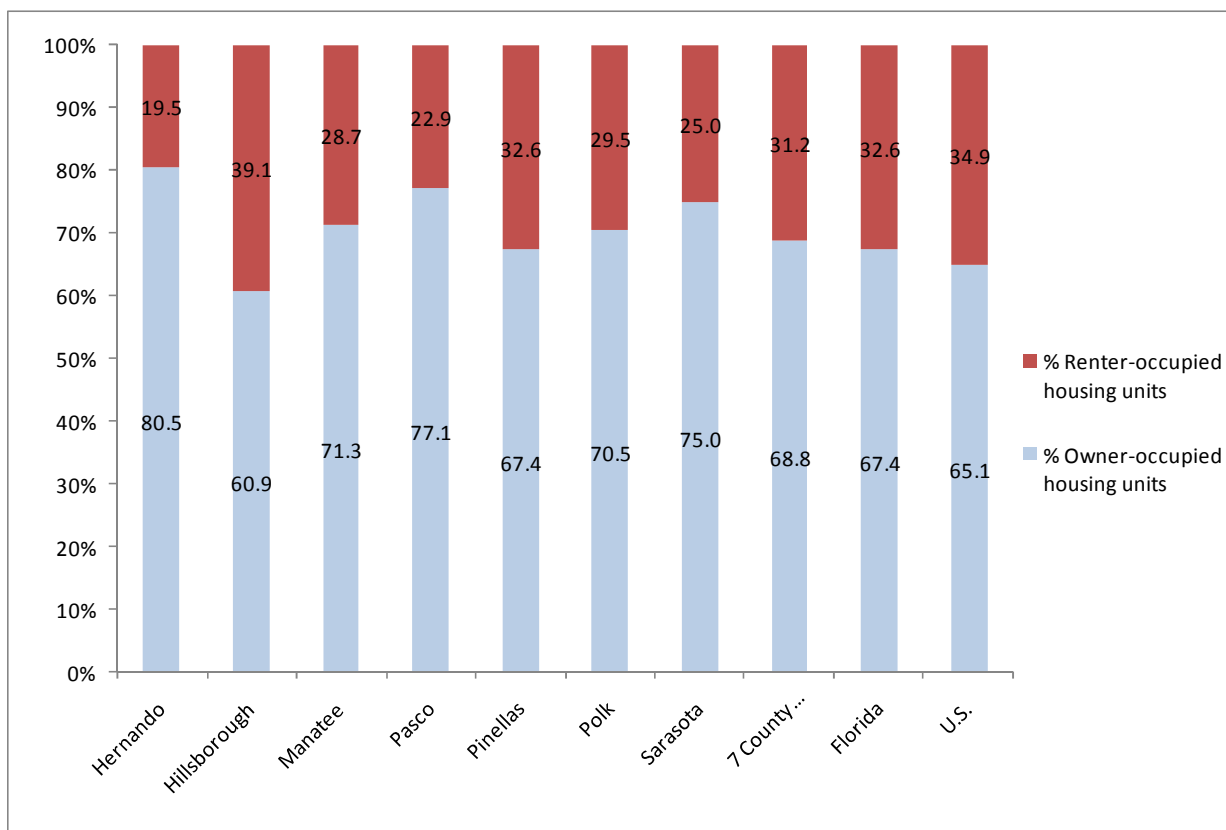
Source: U.S. Census Bureau, 2010 Decennial Census

Housing

Housing in the area was described by residents as varied. As one resident explained, “*there are clay streets in some areas, standardized housing in some areas and mansion subdivisions in others.*” The rising cost of housing was raised by both focus group and interview participants. Housing was reported to be more expensive in Tampa, leading many to live in the more outlying areas, such as Hernando, where housing was less costly.

As Figure 12 indicates, in 2010, the proportion of owner-occupied housing units in Moffitt’s service area (68.8%) was slightly above that of the State (67.4%) or the nation (65.1%). In each of the seven counties, the majority of housing was owner-occupied in 2010; however, Hillsborough County had a greater proportion of renter-occupied housing units (39.1%) than the remaining counties, nearly double that of Hernando County.

Figure 12. Percent of owner- and renter-occupied housing units in Moffitt’s Service Area, 2010



Source: U.S. Census Bureau, 2010 Decennial Census

Table 4 shows the median monthly housing costs of Moffitt’s service area. In 2010, the median housing cost for owners in region was \$1,523 when accounting for mortgages, which was below the median housing costs for owners statewide (\$1,586). Across the seven counties, median housing costs for homeowners with mortgages ranged from \$1,235 in Hernando County to \$1,638 in Manatee County. In the seven county area, the median rent (\$901) was below that of the State (\$957) and ranged from \$864 in Hernando County to \$1,004 in Sarasota County.

Table 4. Median Monthly Housing Costs of Moffitt’s Service Area, 2010

	Median Owner Cost (with mortgage)	Median Rent
Hernando	\$1,235	\$864
Hillsborough	\$1,636	\$906
Manatee	\$1,638	\$930
Pasco	\$1,414	\$865
Pinellas	\$1,526	\$904
Polk	\$1,321	\$835
Sarasota	\$1,623	\$1,004
7 County Region	\$1,523	\$901
Florida	\$1,586	\$957

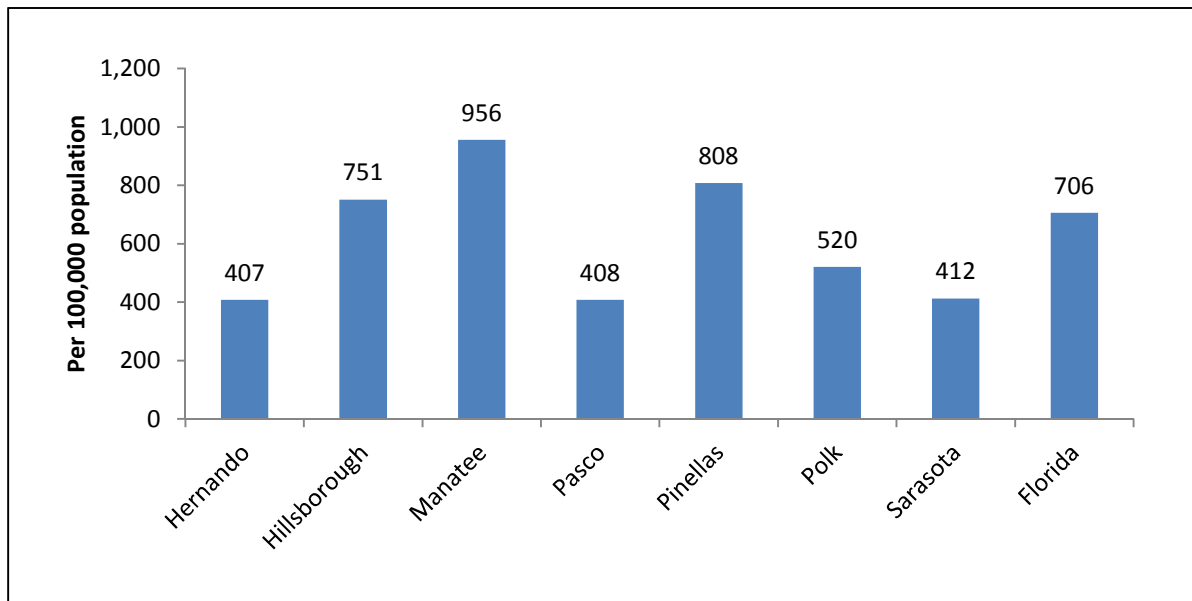
Note: Owner costs include utilities. Rent includes utilities only if included in the rent payment.
Source: U.S. Census Bureau

Crime

Concerns about crime were expressed by several participants, most notably those from Tampa. The state of the economy, unemployment, and poverty were cited as causes of violence. Increased drug traffic was mentioned by several respondents as a growing concern in communities as well. However, violence was not cited as an issue in all areas. A respondent from Hernando, for example, reported low crime in his area and Hillsborough was described by one interviewee as, “a pretty safe community. People feel cozy here.”

According to FBI Uniform Crime Reporting, between 2006 and 2008 Florida had a violent crime rate of 706 per 100,000 population (Figure 13). While Hernando, Pasco, Sarasota, and Polk had violent crime rates below that of the State, Manatee, Pinellas, and Hillsborough Counties experienced violent crime at almost double the rate of these counties.

Figure 13. Violent Crime Rate per 100,000 Population in Moffitt’s Service Area, 2006-2008



Source: County Health Ranking Data, Uniform Crime Reporting, Federal Bureau of Investigation, 2006-2008

Community Cohesion

Focus group respondents and interviewees had mixed opinions about the extent to which community members worked together and the extent of social cohesion; at times opinions differed even within the same communities. Respondents from Hillsborough and Pinellas more consistently reported social cohesion. As one interviewee from Hillsborough explained, “when we do something, we all get together.” Another respondent from the same county concurred saying, “[the] community is very close...there are lots of resources and lots of people that are willing to help each other.” Similar sentiments were expressed about Pinellas with one person stating, “It is a very united community where members care for one another and are very welcoming.” Perspectives on Tampa, by contrast, were more mixed. Some reported strong community bonds, indicating that “working together is very key, and we do this well.” Others held the opposite view of the community. One Tampa resident stated, “In the past, you knew everyone on the block by name. But that’s not there anymore.” Another reported a similar viewpoint: “there is no real sense of community or neighborhood in this area.”

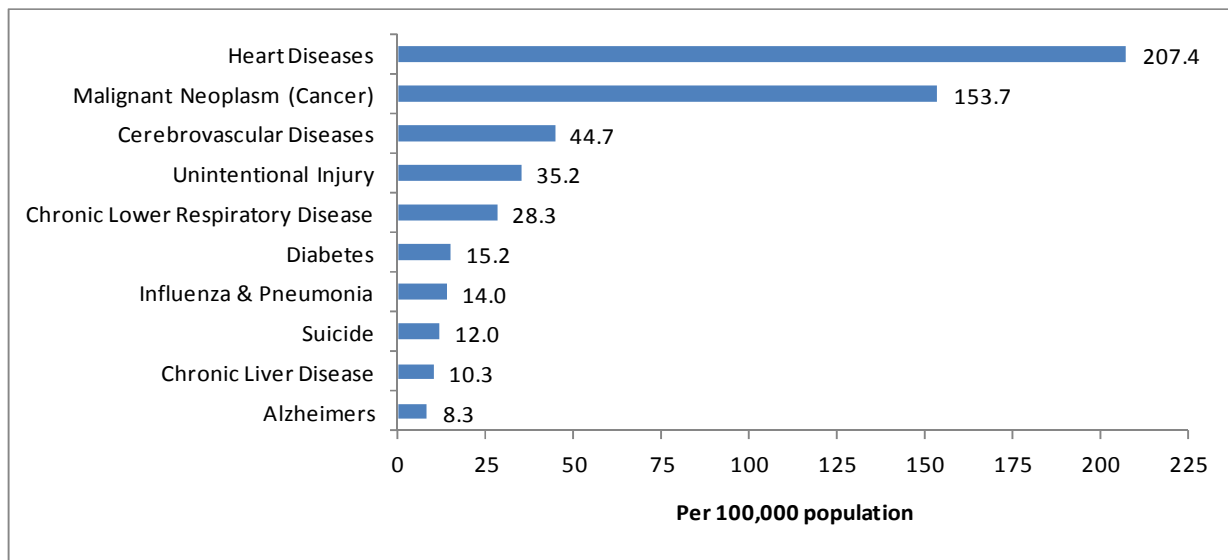
HEALTH OUTCOMES

This section of the report provides an overview of leading health conditions in Moffitt’s service area from an epidemiological perspective of examining mortality and hospitalization data.

Leading Causes of Death

Heart disease and cancer were the leading causes of death in Florida with mortality rates of 207.4 and 153.7 deaths per 100,000 population, respectively; these rates were more than three times higher than that of stroke, the third leading cause of death (Figure 14).

Figure 14. Age-Adjusted Death Rate per 100,000 Population by Leading Causes of Death in Florida, 2010



Source: Florida Department of Health CHARTS

As shown in Table 5, the top five causes of death in Florida were the same for the seven counties in Moffitt’s service area. Compared to statewide rates, all seven counties had lower rates of death due to stroke, unintentional injury, and chronic lower respiratory disease. However, Pinellas, Hillsborough, and

Polk Counties had higher death rates due to heart disease than the State. Sarasota, Manatee, and Polk were the only counties whose death rates due to cancer are lower than that of Florida.

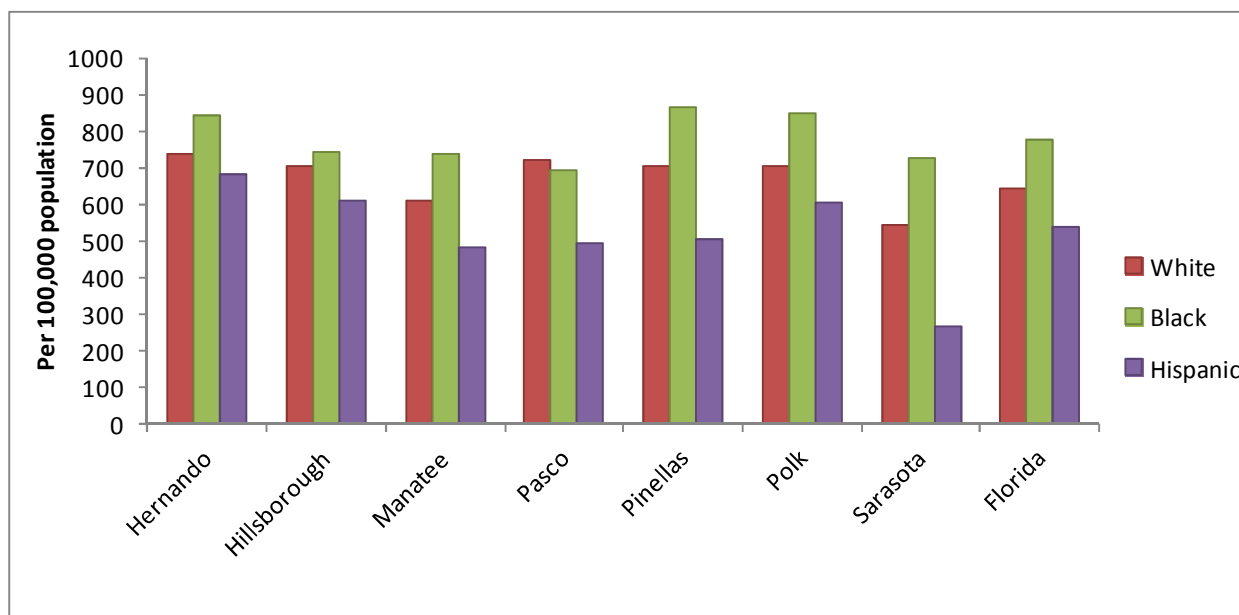
Table 5. Age-Adjusted Death Rate per 100,000 Population by Leading Causes of Death by County, 2010

	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota	Florida
Heart Diseases	180.1	223.3	196.6	203.6	229.7	219.0	167.0	207.4
Malignant Neoplasm (Cancer)	157.0	164.4	145.7	157.8	163.2	152.9	142.1	153.7
Cerebrovascular Diseases	37.1	54.1	42.1	38.2	54.8	45.7	43.0	76.0
Unintentional Injury	43.3	37.9	35.9	41.8	33.1	41.9	34.2	44.7
Chronic Lower Respiratory Disease	33.0	34.8	26.6	33.0	29.0	32.4	23.6	35.2

Source: Florida Department of Health CHARTS

Examining all causes of death by race/ethnicity reveals that Blacks experienced disparate rates of mortality statewide and by county, especially in Pinellas, Polk, and Hernando; Pasco County was the only exception (Figure 15). Hispanics had lower rates of mortality than both Whites and Blacks.

Figure 15. Age-Adjusted All Causes Death Rate per 100,000 Population by Race/Ethnicity, 2010



Source: Florida Department of Health CHARTS

HEALTH BEHAVIORS

This section examines lifestyle behaviors among residents of Moffitt’s service area that support or hinder health. Several aspects of individuals’ personal health behaviors and risk factors (including physical activity, nutrition, and substance use) result in the leading causes of morbidity and mortality among residents, including cancer.

The primary health concerns raised by participants included obesity and its accompanying chronic conditions, related lifestyle behaviors (i.e., healthy eating and physical activity), as well as substance abuse, particularly among youth. While less frequently discussed, mental health was raised as a

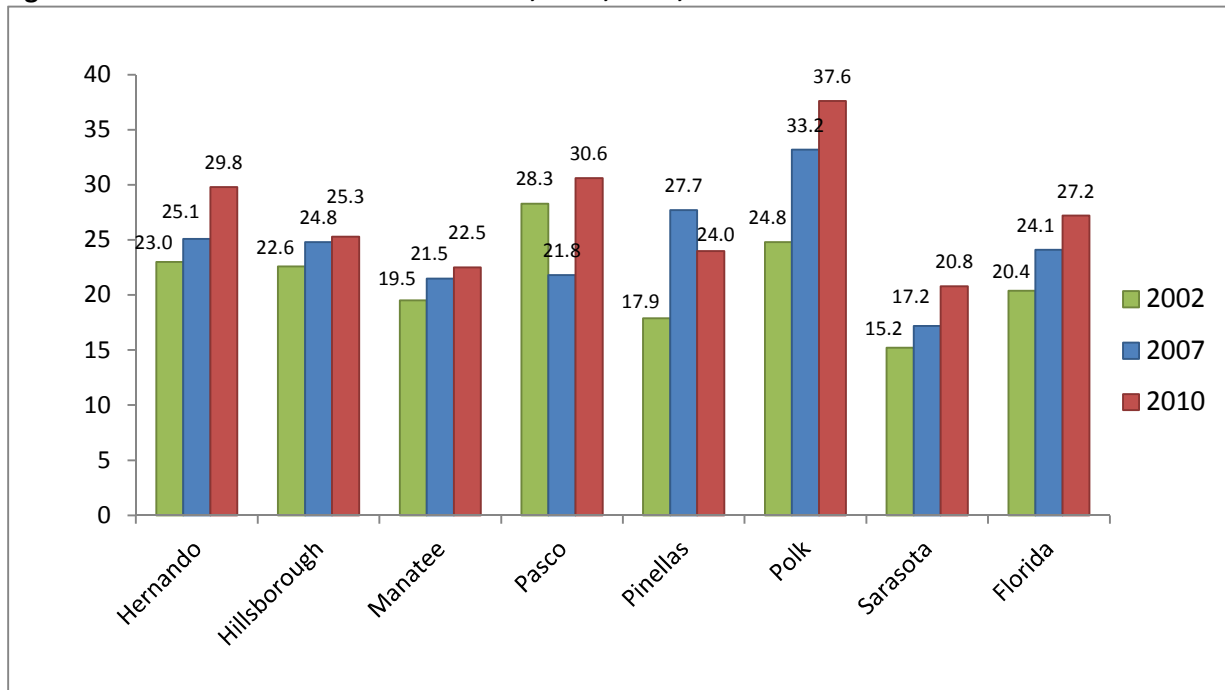
concern, specifically a high rate of undiagnosed mental illness among non-English speaking communities, which was largely attributed to stigma associated with mental illness in these populations.

Obesity

When asked about health concerns in their communities, focus group members and interviewees consistently identified obesity and the related health risks of cardiovascular disease, diabetes, and cancer. They reported rising obesity rates and chronic disease rates. Respondents from health departments expressed concerns about health disparities citing differences in service access and health outcomes across different populations.

As Figure 16 illustrates, Florida’s obesity rates have been steadily increasing since 2002. With few exceptions, this pattern is seen at the county level as well. Polk County had the highest rates of obesity in 2010, with over one-third of its adults obese, which was more than that of the state and its neighboring counties. Sarasota had the lowest obesity rates, with approximately one in five adults obese.

Figure 16. Percent of Adults who are Obese, 2002, 2007, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology

As seen in Table 6, in Polk County, a greater proportion of Hispanics (42.8%) and Non-Hispanic Blacks (58.1%) were obese relative to the proportion of Hispanics and Non-Hispanic Blacks in the State who were obese (29.2% and 42.7%, respectively). Generally, in the State and seven county region, a greater percentage of persons with annual income below \$25,000 were obese as compared to persons with annual incomes above \$25,000. This socioeconomic gradient in obesity prevalence by annual income levels was most acute in Hillsborough and Polk Counties. The socioeconomic patterning of obesity was more evident across the seven county region for educational attainment. A greater proportion of persons with less than a college education were obese across the seven county region and in the State.

Table 6. Obesity Patterns in Moffitt’s Service Area, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	29.2	*	25.7	*	*	*	42.8	*
Non-Hispanic Black	42.7	*	47.6	*	*	*	58.1	*
Non-Hispanic White	25.2	29.2	22.7	22.6	30.1	23.7	34.7	20.5
> \$50,000	24.4	29.4	19.4	21.2	29.2	22.9	23.7	15.2
\$25,000 to \$50,000	28.9	29.1	26.6	19.8	30.5	23.9	41.9	27.0
< \$25,000	31.7	34.9	36.0	29.4	31.8	30.5	49.1	24.5
4+ Years College	25.4	25.0	21.5	20.6	26.2	23.9	33.2	17.4
HS/Some College	29.0	34.5	31.3	21.7	39.8	24.6	39.8	28.2
Less than HS	37.7	40.0	41.5	41.6	27.8		51.5	*
Total	27.2	29.8	25.3	22.5	30.6	24.0	37.6	20.8

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

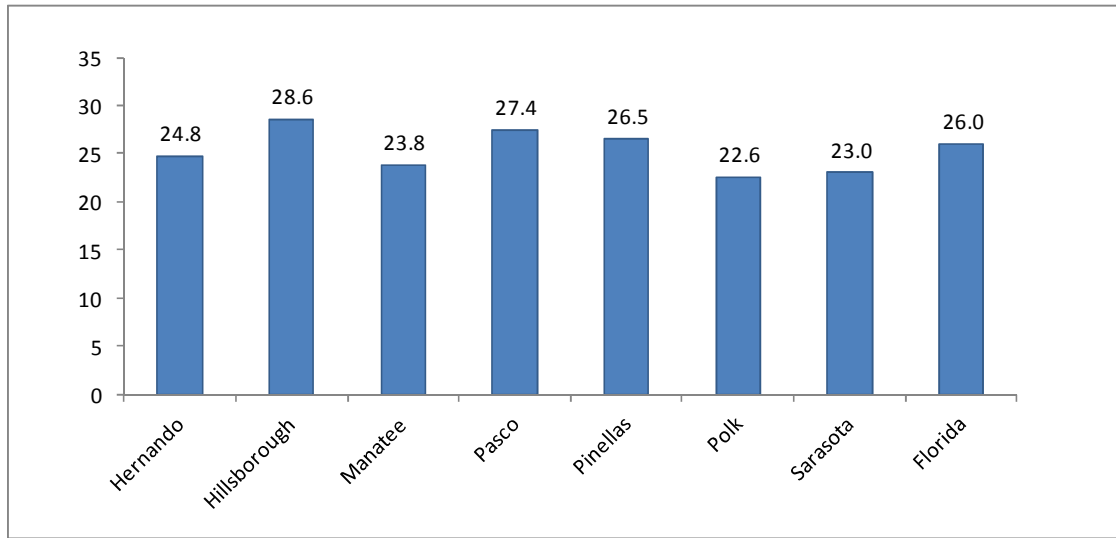
Physical Activity and Healthy Eating

Respondents closely connected their health concerns around obesity and related chronic conditions with lifestyle issues—poor eating and lack of physical activity. As one focus group member explained, *“we have refugees who came here with no health problems and then six months later they have high blood pressure, diabetes, etc.”*

Physical Activity

According to 2007 BRFSS data, physical activity levels were fairly similar across Moffitt’s service area; at least one in five adults met the recommended vigorous physical activity levels (Figure 17). However in Polk, Sarasota, Manatee, and Hernando Counties, adults were less likely to meet the recommended activity levels than at the State level.

Figure 17. Percent of Adults who Met Recommended Vigorous Physical Activity Levels, 2007



Note: 2007 was the most recent year for which data was available for all seven counties.

Source: 2007 Florida Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In general, the percentage of adults who met vigorous physical activity levels was highest among persons who completed four or more years of college and those with annual incomes greater than \$50,000, see Table 7. Available data on race and ethnic is limited but it should be noted that the percentages of non-Hispanic Black adults in Polk County and Hispanic adults in Sarasota County who met recommended levels of vigorous physical activity are significantly lower than those available for other counties.

Table 7. Percent of Adults who Met Recommended Levels of Vigorous Physical Activity Levels, 2007

	Total	Less than HS	HS/Some College	4+ Years College	< \$25,000	\$25,000 to \$50,000	> \$50,000	Non-Hispanic White	Non-Hispanic Black	Hispanic
Hernando	24.8	20.7	26.7	24.5	20.2	24.9	29.3	25.6	*	*
Hillsborough	28.6	20.6	20.2	33.9	19.1	29.0	38.5	27.3	29.8	25.0
Manatee	23.8	7.3	18.5	29.2	16.6	18.6	32.5	25.1	*	*
Pasco	27.4	8.6	17.7	34.8	15.5	34.3	36.2	26.3	*	*
Pinellas	26.5	20.2	22.1	28.7	18.7	22.5	32.7	26.0	26.2	*
Polk	22.6	11.2	19.8	27.5	16.3	21.5	27.0	21.8	11.6	35.7
Sarasota	20.7	8.8	17.1	26.5	17.0	18.8	28.8	23.3	*	11.5
Florida	26.0	16.1	20.6	30.0	17.7	23.3	33.7	26.9	21.3	24.2

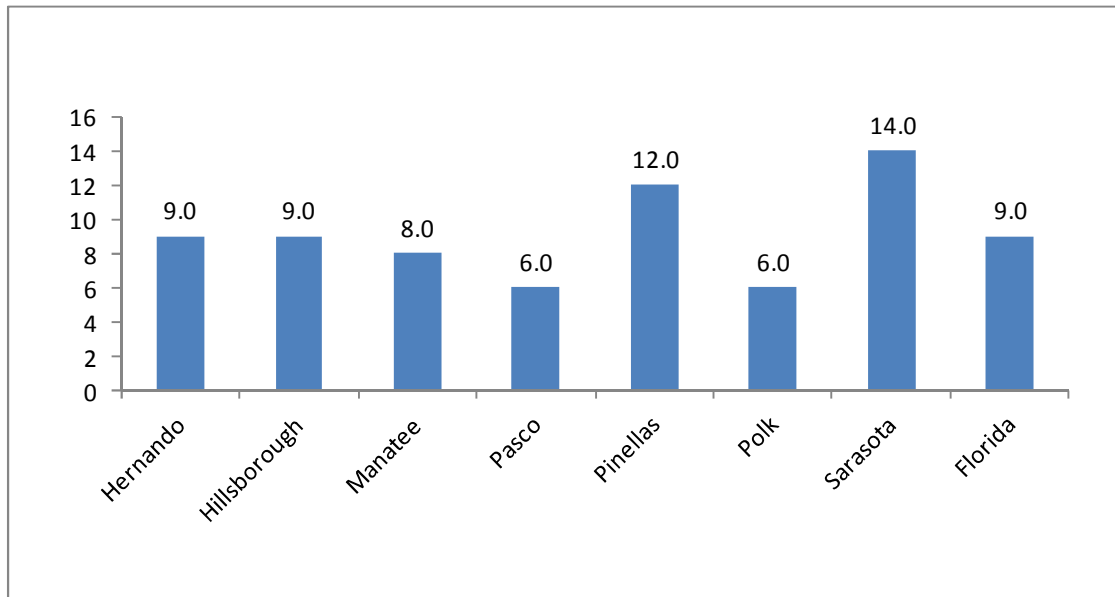
Note: 2007, was the most recent year for which data was available for all seven counties.

Source: 2007 Florida Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Figure 18 indicates that in 2008 residents of Sarasota and Pinellas Counties had the greatest access to recreational facilities at 14 and 12 facilities per 100,000 persons, respectively, which was more than

double that of Pasco and Polk Counties (6 facilities per 100,000 persons). Hernando and Hillsborough Counties were equivalent to the State at 9 facilities per 100,000 persons.

Figure 18. Number of Recreational Facilities per 100,000 Persons, 2008



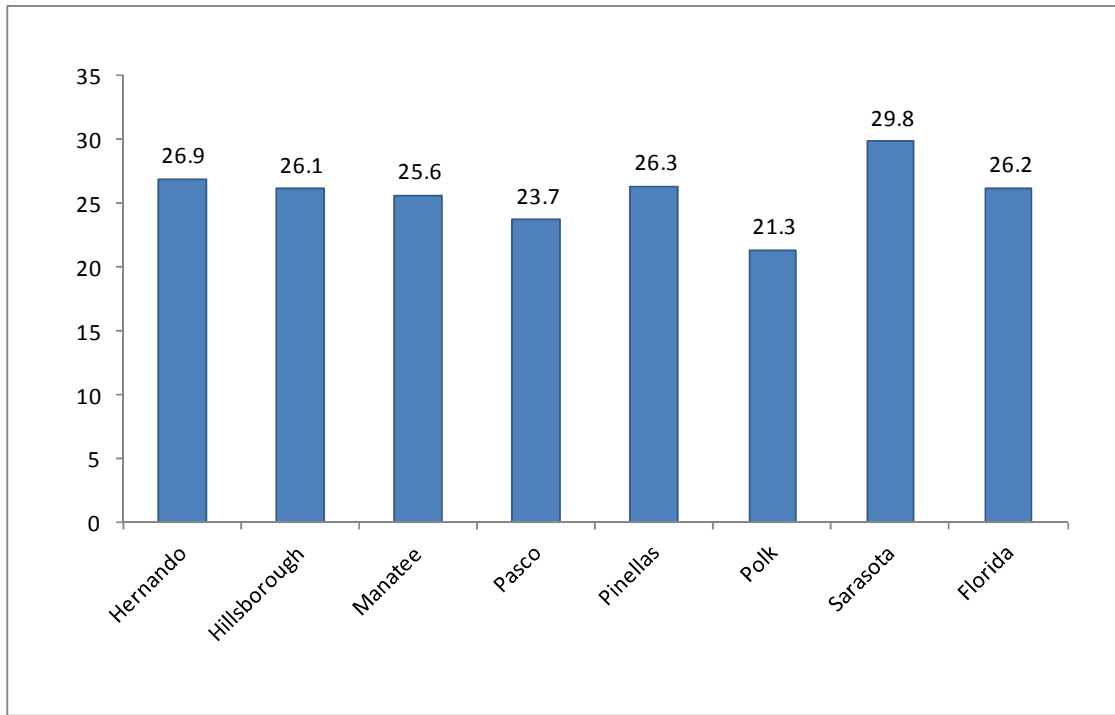
Source: County Health Ranking Data, Census County Business Patterns

While residents in some communities lauded the availability of beaches and parks as well as stores and recreational facilities in their areas, they also reported challenges. In the more overbuilt areas of Pinellas and Hillsborough, the lack of sidewalks and such for physical activity and small parks in inner city Tampa were noted as a challenge. As one interviewee from Hillsborough stated, *“those things that you would want to do to have a vibrant, active community—walking to your neighborhood store and things like that—our neighborhoods just aren’t built for that.”* Others reported that recent budget cuts have meant fewer resources for parks and recreational programs and infrastructures.

Healthy Eating

According to the 2007 BRFSS, at least one-quarter of adults in Florida met the daily recommended servings of fruits and vegetables (Figure 19). This holds true for most of the counties in Moffitt’s service area as well; however, fewer adults in Polk and Pasco Counties consumed at least five fruits and vegetables daily, compared to those of the state and other counties.

Figure 19. Percent of Adults who Met Daily Recommended Servings of Fruits and Vegetables, 2007



Note: 2007, was the most recent year for which data was available for all seven counties.

Source: 2007 Florida Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

As noted in Table 8, and similar to the percentages of adults who met recommended levels of vigorous activity, the percentage of adults who met daily recommended servings of fruits and vegetables was highest among persons who completed four or more years of college and those with annual incomes greater than \$50,000. Among race and ethnic categories, rates are highest among non-Hispanic Blacks in Hillsborough (41.2%) and Hispanic adults in Sarasota Counties (32.4%).

Table 8. Percent of Adults who Met Daily Recommended Servings of Fruits and Vegetables, 2007

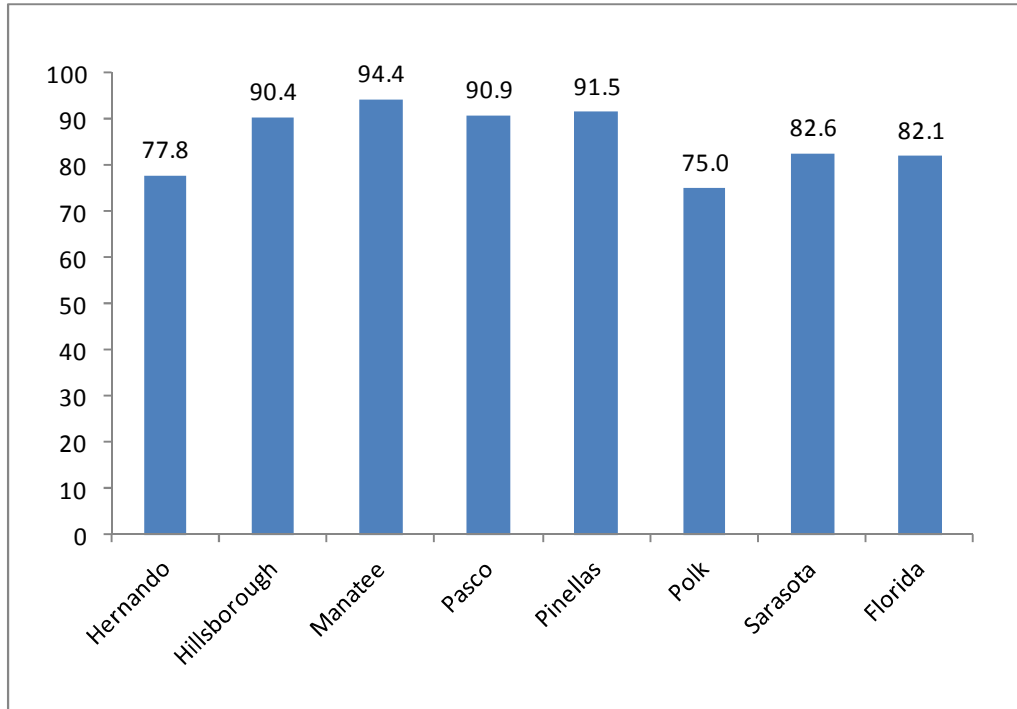
	Total	Less than HS	HS/Some College	4+ Years College	< \$25,000	\$25,000 to \$50,000	> \$50,000	Non-Hispanic White	Non-Hispanic Black	Hispanic
Hernando	26.9	18.2	20.7	32.8	24.2	23.2	38.6	28.1	*	*
Hillsborough	26.1	15.3	25.8	28.3	21.2	29.3	28.1	24.4	41.2	28.0
Manatee	25.6	15.0	21.5	29.2	21.4	28.1	27.4	26.7	*	*
Pasco	23.7	22.0	25.3	23.4	32.0	27.6	18.9	23.1	*	*
Pinellas	26.3	12.2	31.1	26.2	30.7	32.6	20.8	26.3	27.4	*
Polk	21.3	16.9	16.5	25.6	22.6	18.7	23.7	21.1	26.6	18.5
Sarasota	29.8	20.4	23.7	33.0	25.9	34.3	29.3	28.7	*	32.4
Florida	26.2	19.3	24.0	28.4	24.8	25.6	27.3	26.9	28.2	22.1

Note: 2007, was the most recent year for which data was available for all seven counties.

Source: 2007 Florida Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Figure 20 illustrates that a majority of residents in Moffitt’s service area have access to healthy food. The proportion of zip codes with healthy food outlets ranged from 75.0% in Polk County to 94.4% in Manatee County. However, respondents acknowledged that access to healthy food is limited among more vulnerable populations. As one focus group member summed up: *“the type of food that people have access to is dictated by how much money they have.”*

Figure 20. Percent of Zip Codes with Healthy Food Outlets, 2008



Source: County Health Ranking Data, Census Zip Code Business Patterns

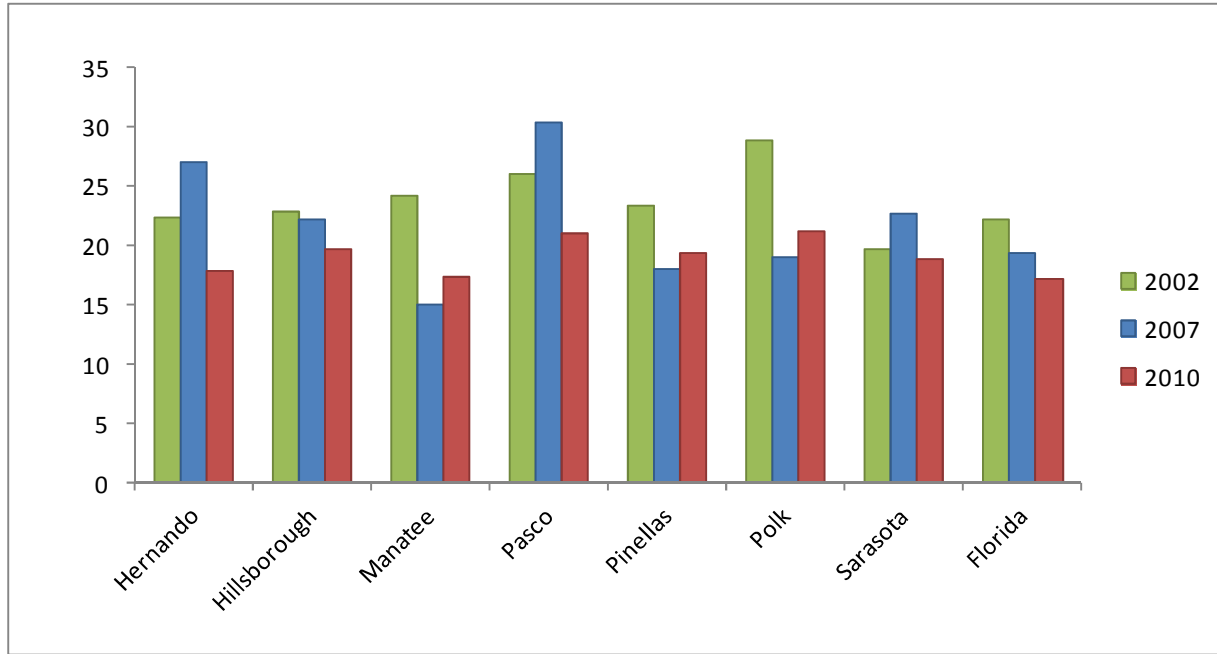
Substance Abuse

Several respondents mentioned that drug and alcohol use were concerns, particularly among young people. Tobacco use, especially because it is linked to cancer, was mentioned by several respondents, mainly by those from minority groups. As one interviewee reported, *“the smoking rate in Hernando is higher than the state average.”* Some reported a rise in substance use among youth and attributed this to a reduced role of parents in children’s lives and the high number of working parents. One focus group member shared, *“it’s almost as if the parents turn their heads to what the children are doing.”*

Tobacco

Since 2002, the percent of adults who are current smokers in Florida has steadily decreased (Figure 21). However, in 2010, all seven counties in Moffitt’s service area had higher smoking rates than the state average. Furthermore, Manatee, Pinellas, and Polk Counties experienced slight increases in the percent of adult smokers.

Figure 21. Percent of Adults who are Current Smokers, 2002, 2007, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In general, the prevalence of smoking among residents in the seven counties was lowest among persons of higher socioeconomic status (Table 9). Smoking levels were lowest among persons who completed college in the State and for each of the counties. The prevalence of smoking was lowest for persons with annual incomes over \$50,000, as compared to persons with annual incomes below \$50,000. In the State, a greater proportion of Non-Hispanic Whites (18.4%) smoked than Non-Hispanic Blacks (13.7%) and Hispanics (13.8%). In Hillsborough (17.8%), Pasco (29.7%) and Polk (23.9%) Counties, a greater percentage of Hispanics reported smoking as compared to Hispanics in the State. A greater proportion of Non-Hispanic Blacks in Hillsborough County (22.1%) reported smoking as compared to levels of smoking among Non-Hispanic Blacks in the State.

Table 9. Percent of Adults who Smoke, 2010

	Total	Less than HS	HS/Some College	4+ Years College	< \$25,000	\$25,000 to \$50,000	> \$50,000	Non-Hispanic White	Non-Hispanic Black	Hispanic
Florida	17.1	28.3	24.3	12.9	26.5	18.0	11.7	18.4	13.7	13.8
Hernando	17.9	35.9	17.1	14.7	22.9	22.3	13.8	17.8	*	*
Hillsborough	19.7	38.0	38.8	10.4	30.3	19.8	15.2	20.1	22.1	17.8
Manatee	17.4	34.2	23.7	12.2	23.2	17.2	12.3	15.9	*	*
Pasco	21.0	16.2	30.3	16.4	33.2	24.1	18.3	20.6	*	29.7
Pinellas	19.3	*	30.8	14.3	31.6	18.2	12.7	20.5	*	*
Polk	21.2	33.9	27.8	13.7	23.9	27.4	13.6	22.3	14.6	23.9
Sarasota	18.8	*	22.3	14.2	27.4	10.3	17.4	17.7	*	*

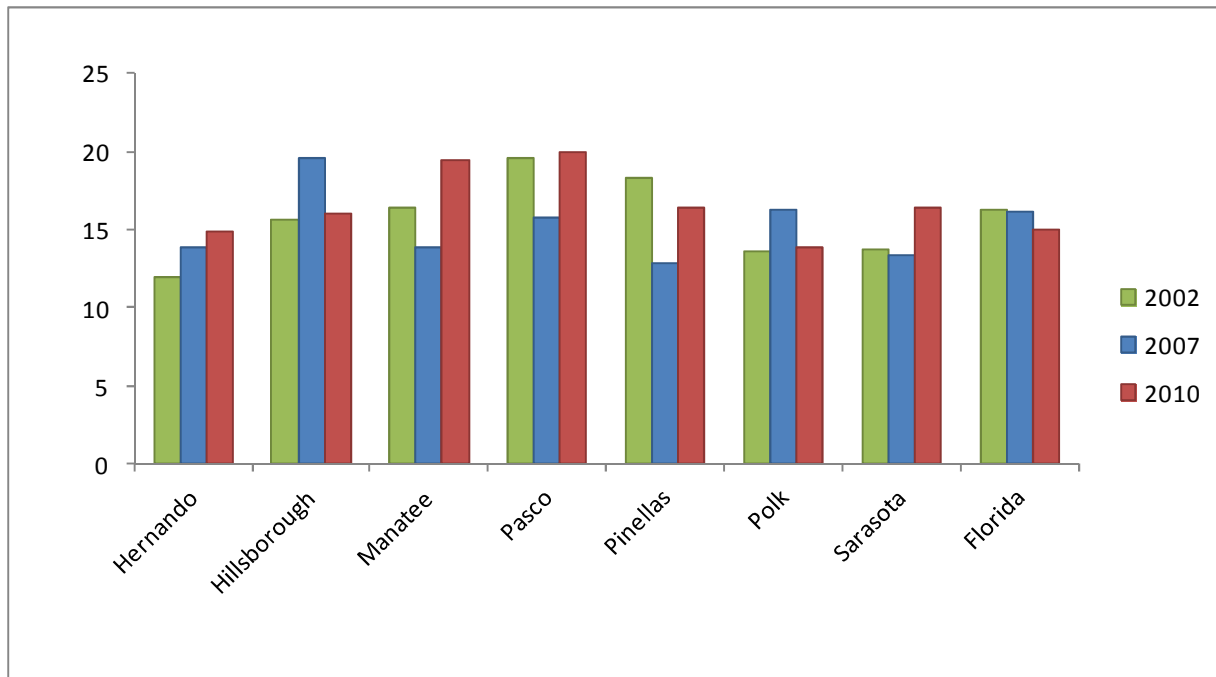
*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Alcohol

In 2010, alcohol use was greatest in Pasco County, where one in five adults reported engaging in heavy or binge drinking (Figure 22). In addition to Pasco, heavy or binge drinking has increased in Manatee, Pinellas, and Sarasota Counties since 2007. While the percent of adults engaging in this behavior in Hernando County has remained below that of the state, it has been steadily increasing since 2002.

Figure 22. Percent of Adults who Engage in Heavy or Binge drinking, 2002, 2007, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In 2010, the proportion of persons who reported binge drinking ranged from 13.9% in Polk County to 20.0% in Pasco County (Table 10). Most of the counties in Moffitt's service area had a binge drinking prevalence that was higher than that of the State (15.0%). Binge drinking was more prevalent among Non-Hispanics Whites (16.4%) and Hispanics (15.3%) than Non-Hispanic Blacks (8.2%) in the State. In Hillsborough (20.0%), Pasco (20.0%) and Polk (30.2%) Counties, a greater proportion of Hispanics reported binge drinking as compared to Hispanics across the State. Among persons with annual incomes greater than \$50,000, the prevalence of binge drinking in Manatee (22.0%), Pasco (35.5%) and Pinellas (19.7%) Counties was higher than that of the State (18.6%). The proportion of persons with less than a high school education who reported binge drinking was higher in Manatee (20.0%) and Polk (19.8%) counties as compared to the State (11.6%). For persons with a high school education, a greater proportion of persons in Hillsborough (27.1%), Manatee (22.0%), Pasco (17.6%) and Pinellas (17.4%) reported binge drinking as compared to that for the State (15.5%).

Table 10. Percent of Adults Reporting Binge Drinking, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	15.3	*	20.0	*	20.0	*	30.2	*
Non-Hispanic Black	8.2	*	14.0	*	*	*	5.8	*
Non-Hispanic White	16.4	13.9	16.5	20.4	21.5	18.5	12.6	17.1
> \$50,000	18.6	16.9	15.0	22.0	35.5	19.7	18.5	17.5
\$25,000 to \$50,000	13.4	12.5	19.9	10.2	11.7	18.1	9.3	11.8
< \$25,000	12.1	15.9	16.5	17.5	9.8	4.8	12.3	17.4
4+ Years College	15.2	15.7	13.3	18.3	23.2	15.8	11.9	17.9
HS/Some College	15.5	14.8	27.1	22.0	17.6	17.4	15.0	15.0
Less than HS	11.6	11.3	*	20.0	6.7	*	19.8	*
Total	15.0	14.9	16.0	19.4	20.0	16.4	13.9	16.4

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

HEALTH CARE ACCESS AND UTILIZATION

- *“We’ve got really tremendous, well-trained doctors, nurses, etc. like a super highway but the problem is we don’t have a whole lot of entrance ramps. So how do people get on this highway? It doesn’t do a lot of good if people can’t access that highway.”* – Interview participant
- *“It’s not because people are neglectful; it’s just that they don’t have access.”* – Interview participant
- *“Sometimes the priority is to be able to eat and maintain bills and health becomes a side issue.”* – Focus group participant

Participants were asked several questions about the health care system and issues related to health care access and utilization. Barriers to access and utilization of health care that were brought up by participants included health insurance and cost, quality of care, health service availability, and health education and health system navigation. Several respondents specifically mentioned that there were insufficient dental services available in the community and attributed this in part to the lack of dental insurance and the small number of dental providers willing to accept Medicaid.

Health Insurance and Cost

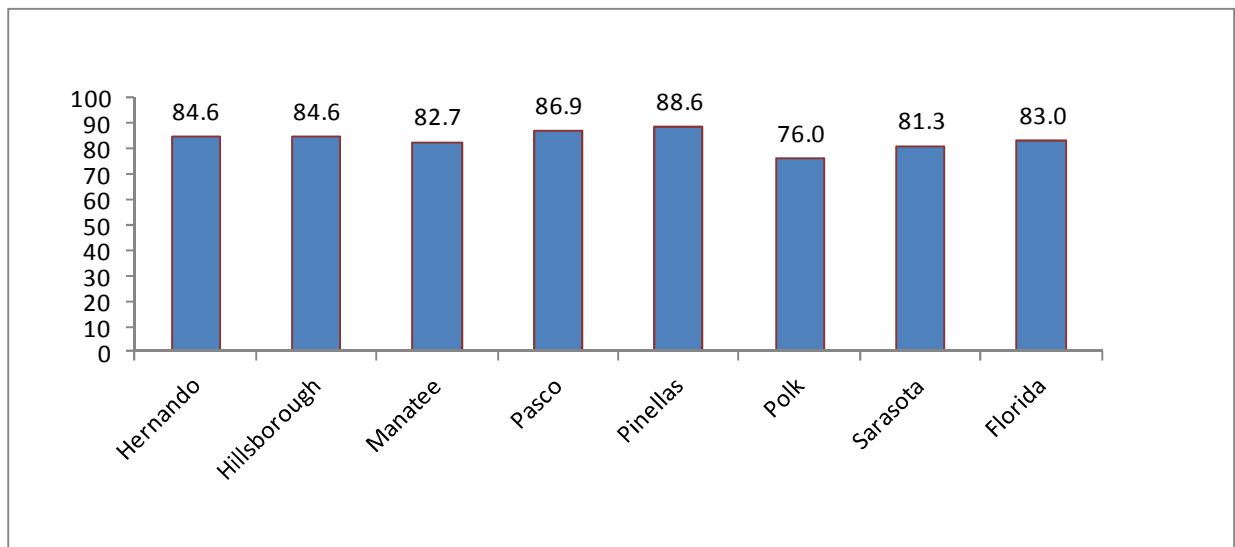
- *“We have staff that have insurance but they can’t afford the co-payment.”* – Interview participant
- *“A lot of people are at an intermediate level of income that don’t have Medicaid but don’t have resources to buy a good plan.”* – Focus group participant

– “People may not have the discretionary cash for wellness out of pocket.” – Interview participant

Lack of insurance and underinsurance was the most frequently cited barrier to accessing health care. In addition, the high cost of health care was mentioned in the majority of focus groups and stakeholder interviews. Residents reported that the high cost of health insurance and the growing number of employers who do not provide health insurance has meant that fewer residents have it. Residents in particular noted that poor families often need to choose between meeting basic needs and obtaining health insurance. As one focus group member stated, “[low-income families] have to make a decision of whether they feed their children or pay for healthcare.” Some also reported that health insurance is particularly costly and difficult to obtain for the large number of residents who have retired but are not yet old enough for Medicare. One focus group member explained, “For people in that age between retirement and Medicare, insurance is expensive.”

As displayed in Figure 23, the pattern of adults with health care coverage in Moffitt’s service area was similar to that of adults with a health care provider (Figure 25). Statewide, 83.0% of adults had health care coverage in 2010. Overall, Moffitt’s service area had similar results; however, healthcare coverage ranged from a low of 76.0% in Polk County to a high of 88.6% in Pinellas County.

Figure 23. Percent of Adults Reporting Having Health Care Coverage in Moffitt Service Area, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In 2010, health care coverage ranged from 76.0% in Polk County to 88.6% in Pinellas County. A lower proportion of residents in Manatee (82.0%), Polk (76.0%) and Sarasota (81.3%) Counties had health care coverage as compared to that of the State (83.0% (Table 11)). In the State and across the Moffitt service area, health care coverage was highest among persons with a college education as compared to persons who had less than a college or high school education. In most of the seven counties, a greater proportion of residents with annual incomes above \$50,000 had health care coverage than persons with less than \$50,000 annual income. In the State, a larger percentage of Non-Hispanic Whites (87.3%) had health care coverage than Non-Hispanic Blacks (76.1%) and Hispanics (70.3%). In Polk County, a lower proportion of Non-Hispanic Blacks (68.3%) had health care coverage as compared to Blacks in the State.

Relative to Hispanics across the State, a lower percentage of Hispanics had health care coverage in Hillsborough (64.8%), Pasco (60.9%) and Polk (41.8%) Counties.

Table 11. Percent of Adults with Health Care Coverage, 2010

	Total	Less than HS	HS/Some College	4+ Years College	< \$25,000	\$25,000 to \$50,000	> \$50,000	Non-Hispanic White	Non-Hispanic Black	Hispanic
Hernando	84.6	85.3	73.1	90.8	83.7	79.6	88.0	84.1	*	*
Hillsborough	84.6	62.1	74.6	90.9	62.6	83.9	96.2	87.5	81.5	64.8
Manatee	82.7	67.0	75.4	87.3	70.7	75.6	95.9	89.6	*	*
Pasco	86.9	69.0	80.1	93.2	75.5	87.0	92.5	89.1	*	60.9
Pinellas	88.6	*	80.6	92.4	77.0	89.9	98.9	90.3	*	*
Polk	76.0	58.6	71.3	83.3	56.4	82.1	84.9	82.0	68.3	41.8
Sarasota	81.3	*	74.2	87.4	64.8	77.1	92.3	84.6	*	*
Florida	83.0	64.4	76.5	87.9	64.2	81.7	95.4	87.3	76.1	70.3

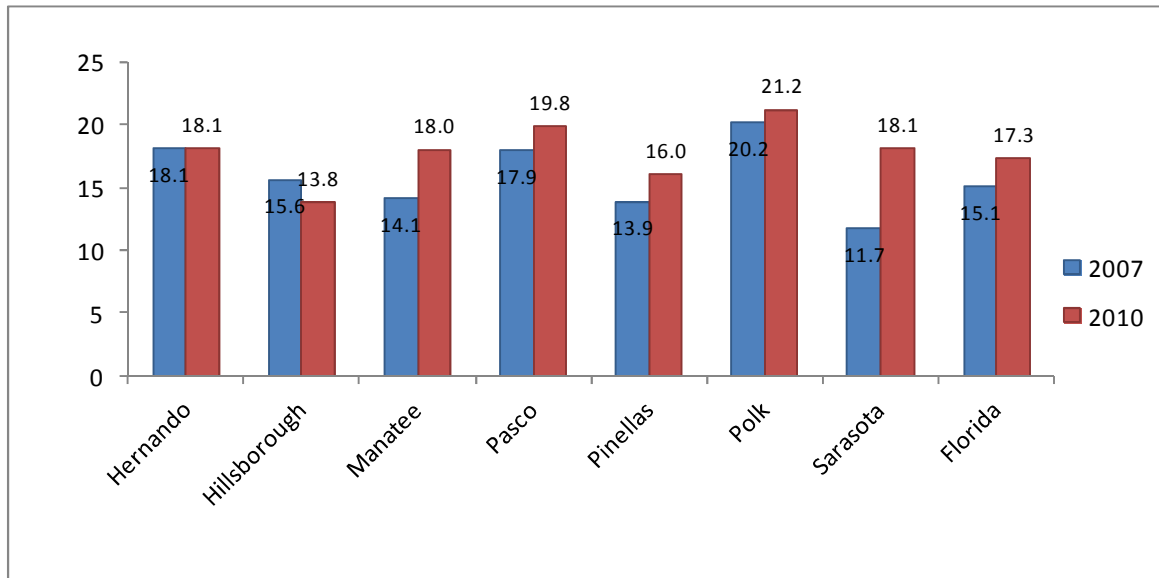
*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Residents also reported that even for those with insurance, health care can be expensive. Some people have difficulty paying for co-pays and purchasing medicines, creating further barriers to health care access. Others reported that the cost of follow-up services was expensive and, as a result, people did not always seek those needed services. Other residents explained that maintaining health such as purchasing healthy food and access to physical activity is expensive for some and thus, inaccessible. As one interviewee stated, *“purchasing fresh foods is more expensive and it takes more time.”*

Figure 24 demonstrates that cost as a barrier to health care has increased from 2007 to 2010 across the State and among most of the counties in the Moffitt service area; although in Hernando and Hillsborough Counties, the percent of adults who did not see a doctor due to cost remained stable or decreased during this time. In 2010, over one in five adults in Polk County reported that they did not see a doctor due to the cost in the past year, which is higher the statewide rate of 17.3%; Pasco, Sarasota, Hernando, and Manatee also had rates above that of the State.

Figure 24. Percent of Adults who did not See a Doctor Due to Cost in the Past Year in Moffitt Service Area, 2007 and 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In 2010, 17.3% of adults in Florida did not see a doctor due to costs in the previous year. In the Moffitt service area, only Hillsborough (13.8%) and Pinellas (16.0%) Counties had a lower prevalence of persons forgoing health care services due to cost as compared to the State (Table 12). A larger proportion of Non-Hispanic Blacks (21.8%) and Hispanics (29.5%) reported forgoing health care services due to cost as compared to Non-Hispanic Whites (13.6%) in the State. In Hillsborough (35.8%), Pasco (37.5%) and Polk (38.0%) Counties, a greater proportion of Hispanics reported forgoing seeing a doctor due to costs than for Hispanics across the State. In the State of Florida and across all seven counties, a larger proportion of persons with annual incomes below \$50,000 reported not seeing a doctor due to costs as compared to persons with annual incomes above \$50,000. Similarly, across the seven counties, a larger proportion of persons with less than a college education reported forgoing seeing a doctor due to costs as compared to persons who completed college.

Table 12. Percent of Adults who did not See a Doctor Due to Cost in the Past Year in Moffitt Service Area, by Race/Ethnicity, Income and Education, 2010

County	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	29.5	*	35.8	*	37.5	*	38.0	*
Non-Hispanic Black	21.8	*	12.3	*	*	*	39.2	*
Non-Hispanic White	13.6	18.6	11.1	10.5	16.9	15.5	15.8	15.3
> \$50,000	6.0	13.3	4.8	5.3	10.2	3.9	6.8	5.0
\$25,000 to \$50,000	18.6	24.7	11.8	31.8	20.3	21.5	13.2	19.6
< \$25,000	36.1	26.7	29.9	28.7	39.2	28.3	34.6	41.3
4+ Years College	13.9	13.9	7.2	15.4	17.7	9.7	20.7	13.3
HS/Some College	21.7	24.4	26.8	18.9	23.4	28.4	17.1	24.5
Less than HS	31.2	21.9	30.4	31.5	23.5	*	36.6	*
Total	17.3	18.1	13.8	18.0	19.8	16.0	21.2	18.1

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

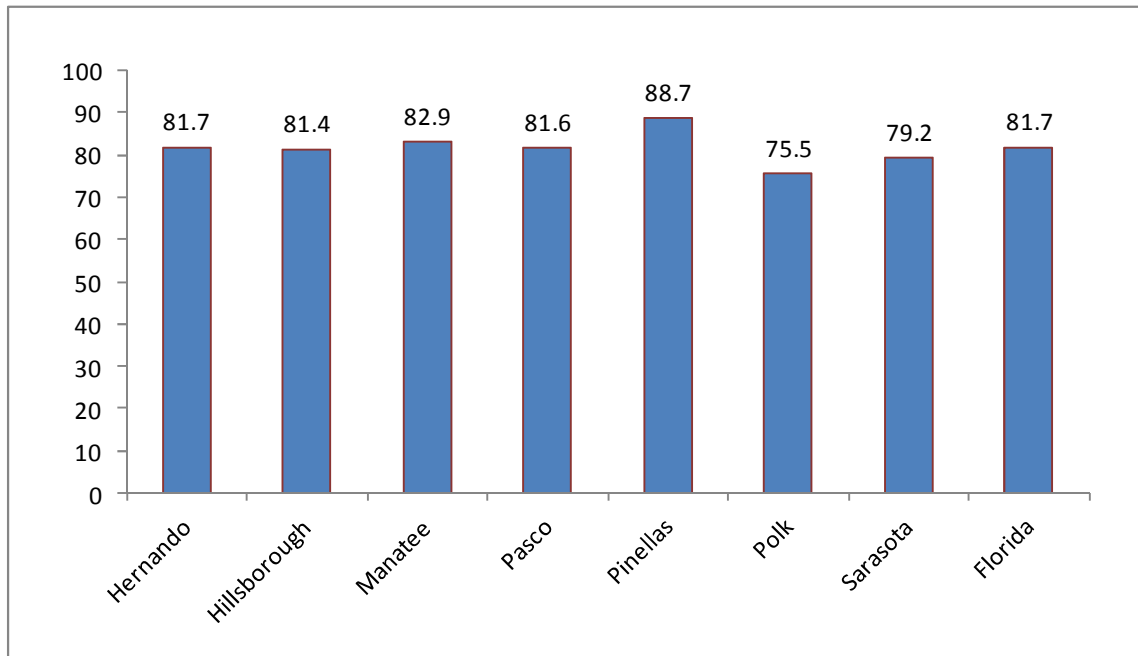
Finally, service coverage—the length and scope of services covered—was another common challenge to accessing health care according to several respondents. They reported that some providers do not take Medicaid and insurance does not always cover needed medical services, especially preventive services such as screenings. Obtaining follow up care was also described as difficult by some respondents. As one focus group member stated, *“many people are turned away or call the doctor’s office and are put on hold, and have to wait days and eventually give up trying.”*

Availability of Care

For some residents, especially those working in low-wage jobs or juggling multiple jobs, the *“office hours”* for health care create a barrier to access. As one focus group member from a social service organization stated, *“when we do get information around free screenings, those times often conflict with work schedules. It’s just really hard to get [clients] to those screenings.”* For other residents, services were simply not available in their communities. One focus group explained, *“services are not available in all neighborhoods. Some people have to travel to get services”* and another reported, *“there is no free clinic in our community.”* For others, transportation limited the availability of health care. One interviewee shared, *“public transit in the county is not great, so people can’t get healthcare as easily.”*

According to BRFSS data, a majority of adults in Florida (81.7%) had a personal health care provider in 2010 (Figure 25). Of the seven counties in Moffitt’s service area, Pinellas (88.7%) had the highest proportion of adults with a health care provider, while Polk (75.5%) had the lowest proportion of adults with a health care provider, below that of the State.

Figure 25. Percent of Adults with a Personal Health Care Provider in Moffitt Service Area, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

The percentage of persons with a health care provider ranged from 75.5% in Polk County to 88.7% in Pinellas County in 2010 (Table 13). Only Manatee (82.9%) and Pinellas (88.7%) Counties had a larger proportion of residents that had a personal health care provider than that for the State (81.7%). Having a personal health care provider was patterned by socioeconomic status. In the State and across the seven counties, a larger proportion of persons with a college education reported having a personal health care provider as compared to persons with less than a college or high school education. In Hillsborough, Manatee, Pinellas, Polk and Sarasota Counties, a higher percentage of persons with annual income above \$50,000 had a personal health care provider as compared to persons with annual incomes less than \$50,000. In the State, a larger percentage of Non-Hispanic Whites (84.6%) had a health care provider than Non-Hispanic Blacks (79.2%) and Hispanics (70.7%). A smaller proportion of Hispanics in Hillsborough (56.2%), Pasco (60.8%) and Polk (44.9%) Counties had a health care provider than Hispanics in the State. A smaller percent of Non-Hispanic Blacks in Polk County (72.9%) had a personal health care provider than that for the State.

Table 13. Percent of Adults with Personal Health Care Provider, 2010

	Total	Less than HS	HS/Some College	4+ Years College	< \$25,000	\$25,000 to \$50,000	> \$50,000	Non-Hispanic White	Non-Hispanic Black	Hispanic
Florida	81.7	68.0	76.8	85.3	71.0	80.8	89.0	84.6	79.2	70.7
Hernando	81.7	61.9	79.3	87.2	87.1	79.5	77.3	82.6	*	*
Hillsborough	81.4	70.0	71.5	86.3	74.7	74.2	87.1	84.7	80.8	56.2
Manatee	82.9	66.6	77.9	87.6	75.2	83.9	87.1	89.1	*	*
Pasco	81.6	74.8	72.3	87.7	84.3	87.2	82.3	84.7	*	60.8
Pinellas	88.7		85.2	91.6	88.4	90.5	92.4	88.5	*	*
Polk	75.5	70.0	66.1	83.3	58.9	81.0	85.0	80.0	72.9	44.9
Sarasota	79.2		69.2	86.5	64.3	71.8	91.0	82.1	*	*

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Awareness and Navigation of Services

- *“If you aren’t getting the word out there that those services are available, you might as well not have them.”* – Focus group participant
- *“Knowing where to go and who to call. It’s the basic stuff, even people who have insurance don’t really understand so it’s even more a challenge for folks who don’t have insurance.”* – Interview participant
- *“So we get education out to the community, but then how can we help them through dealing with complex decision making?”* – Interview participant

Another theme across focus group respondents and interviewees was that many people are not aware of the services that are available. Many respondents saw several parts of the region as relatively rich in health services; they reported that people are not accessing them due to lack of awareness. As one interviewee stated, *“a big concern is that people don’t know about all of the services that are available to them.”* Another respondent concurred stating that, *“the Haitian community technically has access to care via insurance coverage but they don’t know where to go.”*

Closely related to the issue of awareness of services was the ability of residents to navigate services. Burdensome paperwork was identified as a barrier by several respondents. Patient navigation was also consistent theme among community members and among interviewees. As one person stated, *“health care is getting more difficult to navigate.”*

Additionally, lack of awareness among community members about how to take care of their health and prevent illness was a prominent theme across focus group respondents and interviewees. This view was shared by community members as well as social service and health professionals. For example, one community focus group member stated, *“a lot of people are not getting the education that they need to stay healthy.”* A member of another community focus group shared this viewpoint by explaining that,

“health literacy is a big problem. When patients leave their doctors knowing very little about their condition then that impacts compliance, etc.”

Quality and Type of Care

- *“Sometimes the doctor just spends two minutes on you and you just feel as if they do not have time for your questions.”* – Interview participant
- *“I find that a lot of doctors are not listening.”* – Focus group participant
- *“I think racism, regardless of insurance coverage, is an issue in health care.”* – Focus group participant
- *“The language that doctors use, we don’t want them to know that we do not understand so we will just say yes and nod our heads.”* – Focus group participant

Respondents also reported concerns about quality of care. They expressed frustration regarding the limited time doctors often spend with patients, leaving patients perhaps not fully aware of their health issues or how to take care of them. Trust of health providers and health care institutions emerged as a common theme in focus groups and interviews, especially among those from minority groups. Several focus group respondents reported that they perceived racism in the medical establishment. Residents explained that it was critical that patients are able to trust those who provide health information and who care for health. As one member of an African American focus group explained, *“there is a history of distrust for the medical profession in light of historical instances that took place [Tuskegee] and in many cases, continue to take place...so a lot of times we don’t go for the test because we are not trusting.”* They mentioned the importance of churches and local community groups in creating a trustful environment to talk and educate about health issues.

Barriers to Access for Vulnerable Populations

- *“We [migrant workers] don’t access preventive screenings because we don’t have time, there are not a lot of places for us to get services.”* – Focus group participant
- *“[Haitians] don’t go [to doctors] because they’re scared of getting kicked out.”* – Focus group participant
- *“Illiteracy is an issue for the elderly population. They do not want you to know that they cannot read. And since they cannot read, they cannot follow the doctor’s orders.”* – Focus group participant

While focus group respondents and interviewees reported that many face the barriers discussed above, they noted that minorities faced additional challenges to access. Concerns about cultural competency of providers and language barriers were raised by several respondents. Some respondents reported that health care providers and institutions were not always sensitive to the unique health needs of different populations. An example was shared by one focus group member who stated, *“we have doctors who aren’t willing to provide services unless we provide interpreters.”*

Undocumented persons were described as particularly vulnerable. As one interviewee stated, *“they are afraid to come out if they don’t have papers.”* Another theme mentioned by several respondents was that men are less likely to seek medical care. As one migrant worker explained, *“men are very reserved and they don’t seek medical help.”* (Migrant Worker FG)

Several respondents also noted that the elderly were a particularly vulnerable population from a health perspective—subject to declining health, dementia and Alzheimer’s. A couple of respondents expressed concerns relative to caretaking particularly among seniors who have moved to the area from out of state and without family nearby.

CANCER

The following section discusses data around cancer screening, incidence, hospitalization, and mortality for several different types of cancers. These data include perceptions gathered from the qualitative discussions on concerns around cancer as well as the epidemiological data across the cancer continuum in the seven counties. For the quantitative data, information is provided by cancer type and geographic area.

Level of Concern around Cancer

- *“It’s considered shameful to talk about cancer [in our culture].”* – Interview participant
- *“Cancer evokes stronger emotions and is harder to talk about.”* – Interview participant
- *“People are very concerned about cancer, some even fear it.”* – Focus group participant
- *“There is a perception that the general population thinks cancer is a death sentence.”* – Focus group participant

When asked about how significant an issue cancer was in the region, respondents expressed mixed opinions. Some reported that it was a substantial concern among all health concerns. For example, one interviewee indicated that, *“cancer is a big concern to residents”* while another stated, *“I am surprised to see how much cancer is in this community.”* A member of a minority focus group shared that, *“cancer is equally important as other health or economic issues in the community. It’s not that we have a high incidence of cancer, we have a high mortality rate.”* Others, however, reported that cancer was not a prominent health concern given other health issues. As one interviewee stated, *“cancer is in the mind of a small number of people.”* Another focus group member concurred, stating, *“if you’re not affected by cancer personally, there’s very little interest in it.”* Lastly, someone shared that *“cancer is an issue, but not a bigger issue than domestic violence, HIV/AIDS, alcohol abuse, etc.”*

While respondents differed in their opinions about whether cancer was a primary health concern in the region, they agreed that cancer is a serious disease. As one respondent stated, *“the word cancer is perceived as death.”* A number of respondents perceived that the seriousness of the disease and the fear it sometimes evokes inhibits people from being proactive and taking preventative measures. As one resident explained, *“people are intimidated and they also feel a lot of apathy.”* Others reported that in some cultures there is a stigma associated with having cancer that causes people to delay or avoid seeking screening or treatment.

Cancer Prevention Awareness

When asked about how to reduce their chances of getting cancer, respondents frequently identified lifestyle changes including smoking cessation, dietary improvements, and engaging in more physical activity. At the same time, however, several respondents noted that there were genetic and environmental factors that were more difficult to address, citing things such as antibiotics in food and chemicals in plastics. As one focus group member shared, *“much as you can you’re proactive, but there are things you can’t help in the environment.”* (Healthy Start FG) Migrant worker focus group members expressed concerns about the use of pesticides while they were working and the link of that to cancer: *“we are concerned that chemicals that are placed in our work environment may cause cancer.”* (Migrant Worker FG)

While respondents indicated that people are generally aware of what is needed to reduce ones risk of getting cancer, they acknowledged that it is difficult to translate awareness into action. As one person stated, *“people are so stretched, it’s hard to work in time to exercise.”* Several respondents pointed out that some people face economic constraints to improving their health. As one focus group member mentioned, *“when you can’t afford tickets to a concert, you buy cigarettes for enjoyment.”* Similarly, several residents noted that it is difficult for low-income people to purchase healthy food. As one person stated, *“it’s difficult to make the healthy choice when you also want to make the affordable choice.”*

Cancer Screening

- *“People don’t know where to go for screenings.”* – Focus group participant
- *“Screening is available only for people with insurance.”* – Focus group participant
- *“People have to travel across town for screening.”* – Focus group participant

The following section discusses cancer screening rates for several different types of cancers in Moffitt’s service area as well as community perceptions regarding cancer screening and services. Cancer screenings are a test or procedure used to look for cancer prior to the development of symptoms. They are a secondary prevention measure critical for early detection and prompt intervention when the disease is easier to treat. Knowledge of and equal access to comprehensive screening services is essential to improving cancer morbidity and mortality in Moffitt’s service area.

Community Perceptions of Cancer Screening

When asked about screening services, respondents noted several organizations including Moffitt, local hospitals, and health departments. The Moffitt Men’s Health Forum and the Mole Patrol™ were mentioned frequently by respondents. Several respondents also reported that lower income and uninsured patients frequently go to free clinics for screenings and named Judeo Christian Health Clinic, Bridge Clinic, Brandon Outreach Clinic, Shriner ‘s Clinic, Red Crescent Clinic, and Catholic Charities’ mobile clinic as sources. However, among some, the quality of care provided by clinics was perceived as inferior. Additionally, several respondents reported that local health departments provide screenings, and community-based ethnic associations coordinate cancer screening and education services.

Respondents also described several barriers to screening including time, cultural norms, cost and insurance status, as well as lack of follow-up. Residents acknowledged that people put off screening for a variety of reasons. As one interviewee shared, *“people think cancer is an issue but put off screening and care because of cost and time.”* Men, particularly minority men, were identified by several

respondents as often delaying or avoiding screening tests. Trust was also an important issue mentioned by respondents; many reported that they believed a reluctance of people to get screened stemmed from a distrust of the medical community.

Some residents reported that insurance creates barriers to accessing screening. As one focus group member stated, *“for screenings, people would have to look at insurance status because that determines where you can go.”* An interviewee observed that, *“those with insurance get screened more.”* While free screenings are available in the region, several respondents reported that they are sometimes hard to access because the location or times of them are inconvenient. Another respondent questioned the congruence of screening services and needs. For example, one focus group member mentioned that in her community (predominantly African American) a program for free mammograms and Pap smears is available to women over the age of 50 but that these cancers are more prevalent among women in their 30s and 40s.

A prominent theme relative to screening was the lack of follow-up by screening services. As one person described, *“organizations at health fairs and churches do screenings [but] there is no follow up by the organizations that do the screenings at these venues.”* This was echoed by a number of respondents. One respondent reported that, *“we get health fairs, etc., but I don’t advocate that because they often misdiagnose and don’t follow up.”*

The screening-related information in the remainder of this section includes self-reported data from Florida’s Behavioral Risk Factors Surveillance Survey (BRFSS) on cancer screening for colorectal cancer (colonoscopy/sigmoidoscopy and blood stool test), breast cancer (mammograms and clinical breast exams), prostate cancer (prostate-specific antigen test), and cervical cancer (Pap test).

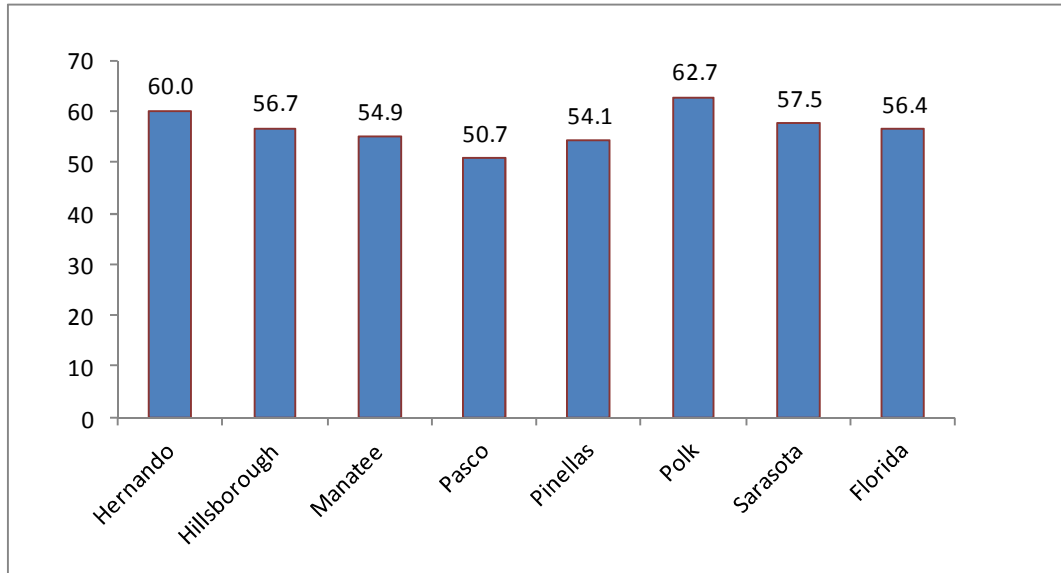
Colorectal Cancer

Popular screening tests for colorectal cancer include flexible sigmoidoscopies, colonoscopies, and fecal occult blood tests (FOBT). Sigmoidoscopies and colonoscopies find polyps and cancer while FOBTs mainly find cancer. According to the American Cancer Society, it is recommended that men and women ages 50 and older should be screened with one of the following tests in the following time interval: flexible sigmoidoscopy every five years, colonoscopy every 10 years, and FOTB every year.³

According to 2010 BRFSS data, over half of adults (50 years and older) in Florida and Moffitt’s service area reported receiving a sigmoidoscopy or colonoscopy in the past five years (Figure 26). The proportion of adults who reported receiving one of these screening tests was highest in Polk County (62.7%) and lowest in Pasco County (50.7%)

³ American Cancer Society. American Cancer Society Guidelines for the Early Detection of Cancer. American Cancer Society. [Online] [Cited: August 7, 2012.] http://www.cancer.org/docroot/ped/content/ped_2_3x_acs_cancer_detection_guidelines_36.asp.

Figure 26. Percent of Adults (50 years and older) who Received Sigmoidoscopy or Colonoscopy in Past Five years, 2010



*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Table 14 provides data on colorectal cancer screening by specific sub-groups. For most counties in Moffitt’s service area, a larger percentage of persons with incomes greater than \$50,000 received a sigmoidoscopy or colonoscopy than persons with incomes below \$50,000. With the exception of Pasco, Polk and Sarasota Counties, a larger proportion of persons with a college education received a sigmoidoscopy or colonoscopy than persons with lower levels of education.

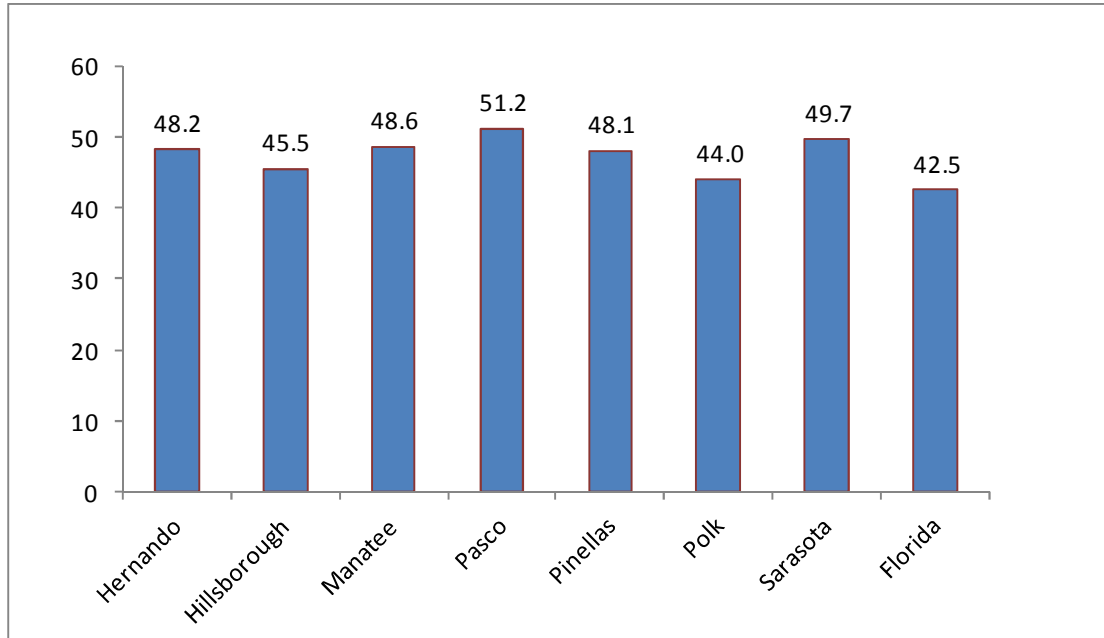
Table 14. Percent of Adults (50 years and older) who Received Sigmoidoscopy or Colonoscopy in Past 5 Years, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	48.8	*	*	*	*	*	*	*
Non-Hispanic Black	57.3	*	*	*	*	*	*	*
Non-Hispanic White	57.6	59.5	55.0	55.7	49.3	54.3	62.2	58.6
> \$50,000	61.7	63.4	52.8	53.6	49.1	58.5	73.7	63.6
\$25,000 to \$50,000	55.8	54.7	60.2	55.1	55.5	46.3	50.2	59.4
< \$25,000	46.4	55.5	53.9	50.6	44.2	50.8	57.8	43.0
4+ Years College	59.7	61.5	66.1	57.6	51.1	55.1	68.6	57.3
HS/Some College	51.5	61.7	40.4	48.8	50.2	52.0	51.3	57.6
Less than HS	45.4	46.3	*	*	59.6	*	68.8	*
Total	56.4	60.0	56.7	54.9	50.7	54.1	62.7	57.5

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Among the seven counties, slightly less than half of adults (50 years and older) reported ever having had a blood stool test, except for in Pasco County, where more than half reported having had one (Figure 27). The proportion of adults having had this screening test in the Moffitt service area was higher than that of Florida.

Figure 27. Percent of Adults (50 years and older) who ever had a Blood Stool Test, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In the State, a greater proportion of Non-Hispanic Whites (45.4%) had a blood stool test compared to Non-Hispanic Blacks (37.3%) and Hispanics (27.3%) (Table 15). In Hillsborough, Pinellas, Polk and Sarasota Counties, a higher proportion of persons with annual income greater than \$50,000 had a blood stool test than that for persons with lower income levels. Across the seven counties, a greater proportion of persons with a college education had received a blood stool test than persons with less than a college or high school education.

Table 15. Percent of Adults (50 years and older) who ever had a Blood Stool Test, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	27.3	*	*	*	*	*	*	*
Non-Hispanic Black	37.3	*	40.2	*	*	*	*	*
Non-Hispanic White	45.4	48.8	46.2	50.5	53.2	48.5	45.6	51.5
> \$50,000	43.2	46.9	43.0	42.3	51.3	49.9	47.9	50.1
\$25,000 to \$50,000	45.1	39.9	53.8	52.7	54.2	42.8	38.3	53.3
< \$25,000	37.8	48.7	35.1	51.8	54.6	47.6	45.3	44.8
4+ Years College	44.7	51.0	49.0	50.1	52.0	48.5	46.2	52.0

HS/Some College	39.9	47.0	40.7	47.0	49.4	43.4	44.7	43.9
Less than HS	32.4	34.8	*	*	49.2	*	30.7	*
Total	42.5	48.2	45.5	48.6	51.2	48.1	44.0	49.7

*Indicates that samples are too small to conduct sub-group analyses.

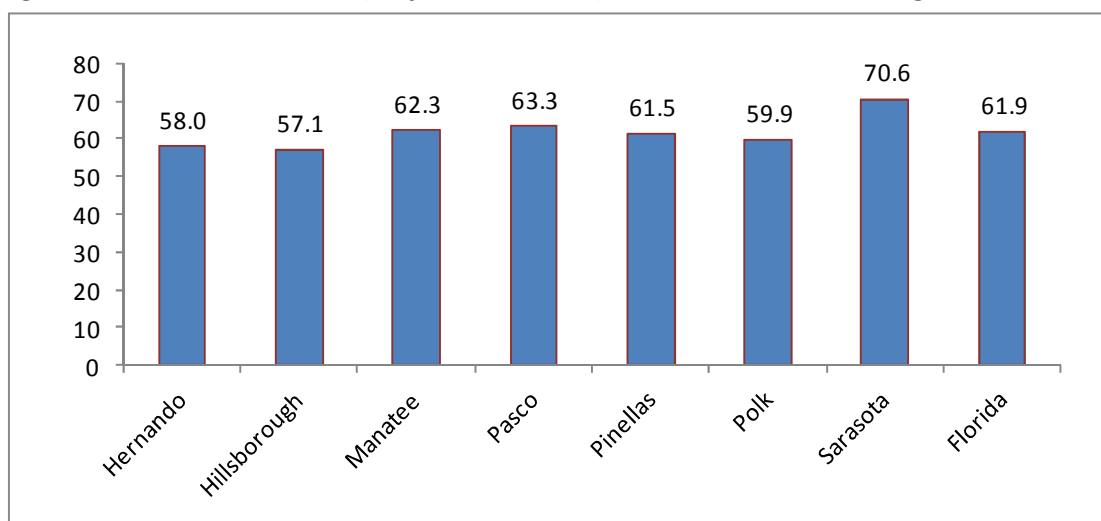
Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Breast Cancer

Mammograms, or an x-ray of each breast used to look for cancer, are among the most common breast cancer screening tests. According to the American Cancer Society, yearly mammograms are recommended for all women ages 40 and older.⁴

Figure 28 indicates that in 2010, 61.9% of women (40 years and older) in Florida reported receiving a mammogram in the past year; a majority of the Moffitt service area was near or above statewide rates. Across the seven counties, the proportion of women who received a mammogram ranged from 57.1% in Hillsborough County to 70.6% in Sarasota County. A majority of counties were near or above statewide rates.

Figure 28. Percent of Women (40 years and older) who Received a Mammogram in the Past Year, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In the State of Florida, a larger percentage of Non-Hispanic Black women (66.6%) received mammograms in the previous year than Non-Hispanic White (61.8%) or Hispanic women (59.8%). Receipt of a mammogram in the past year was patterned by socioeconomic status (Table 16). Across the seven counties, a greater proportion of women with incomes above \$50,000 received a mammogram in the past year as compared to women with incomes less than \$50,000. Similarly, a larger percentage of women with a college education received a mammogram in the previous year as compared to women with less than a college education in the counties in Moffitt’s service area.

⁴National Cancer Institute. Breast Cancer: Screening and Testing. National Cancer Institute. [Online]. [Cited: August 7, 2012.] <http://www.cancer.gov/cancertopics/screening/breast>.

Table 16. Percent of Women (40 years and older) who Received a Mammogram in the Past Year, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	59.8	*	*	*	*	*	*	*
Non-Hispanic Black	66.6	*	*	*	*	*	*	*
Non-Hispanic White	61.8	58.4	55.5	66.5	62.0	59.9	60.3	72.1
> \$50,000	67.7	60.8	65.0	65.4	67.8	72.4	62.3	74.1
\$25,000 to \$50,000	60.2	51.3	53.9	62.4	66.4	49.2	63.4	68.6
< \$25,000	51.3	56.2	50.6	55.2	56.6	54.9	52.8	59.1
4+ Years College	63.6	61.7	60.2	64.6	65.6	60.1	60.6	73.8
HS/Some College	60.3	59.1	51.6	60.2	61.2	65.4	64.3	64.8
Less than HS	53.9	*	*	*	*	*	41.0	*
Total	61.9	58.0	57.1	62.3	63.3	61.5	59.9	70.6

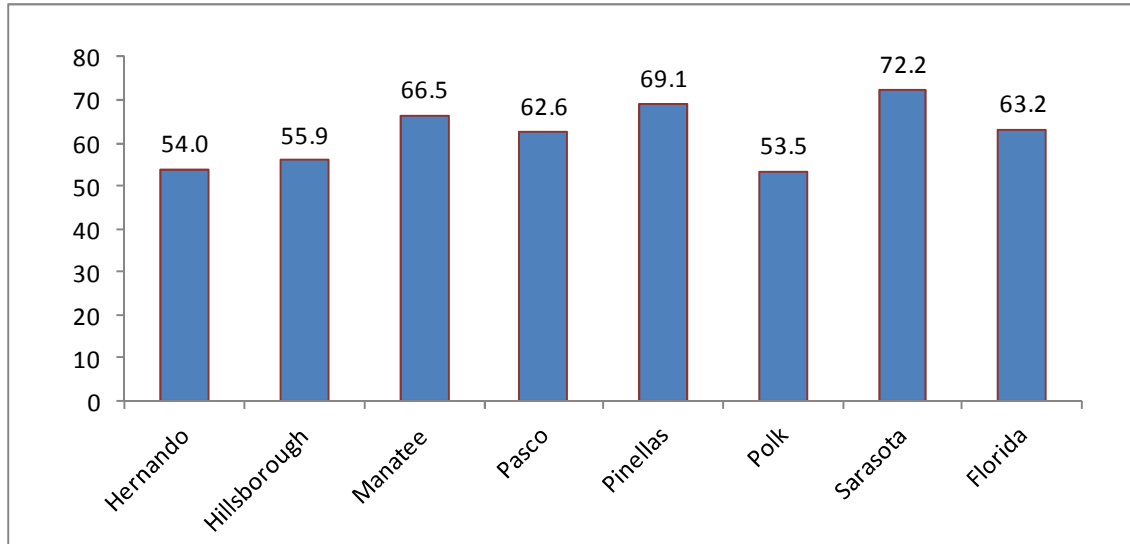
*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

According to the American Cancer Society, clinical breast exams should be given every three years for women in their 20s and 30s and annually for women 40 and older.⁵ Over two-thirds of women in Sarasota (72.2%), Pinellas (69.1%), and Manatee (66.5%) Counties reported having a clinical breast exam in the past year, which was above the statewide rate of 63.2%. Women in Hillsborough, Hernando, and Polk Counties were less likely to have had a clinical breast exam.

⁵ National Cancer Institute. Breast Cancer: Screening and Testing. National Cancer Institute. [Online]. [Cited: August, 7, 2012.] <http://www.cancer.gov/cancertopics/screening/breast>.

Figure 29. Percent of Women (40 years and older) who had a Clinical Breast Exam in the Past Year, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In the State, a similar proportion of Hispanic (63.0%), Non-Hispanic Black (63.4%) and Non-Hispanic White (63.6%) women received a clinical breast exam in the previous year (

Table 17). In the seven counties in Moffitt's service area, a larger percentage of women with incomes above \$50,000 had a clinical breast exam as compared to women with incomes less than \$50,000. Generally, in the seven counties a higher percentage of women with a college education received a clinical breast exam in the past year than women with less than a college education.

Table 17. Percent of Women (40 years and older) who had a Clinical Breast Exam in the Past Year, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	63.0	*	*	*	*	*	*	*
Non-Hispanic Black	63.4	*	*	*	*	*	*	*
Non-Hispanic White	63.6	52.7	53.5	69.5	63.3	68.0	54.7	73.5
> \$50,000	73.4	64.9	66.6	71.8	78.4	80.5	61.8	81.4
\$25,000 to \$50,000	61.0	53.1	54.3	64.6	69.2	57.3	44.7	64.3
< \$25,000	50.4	43.8	47.2	61.0	52.8	58.6	45.5	62.8
4+ Years College	67.9	59.8	58.1	68.6	66.1	69.8	56.3	76.5
HS/Some College	58.1	51.8	56.8	65.7	60.7	67.3	56.7	65.5
Less than HS	43.4	*	*	*	*	*	29.7	*
Total	63.2	54.0	55.9	66.5	62.6	69.1	53.5	72.2

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

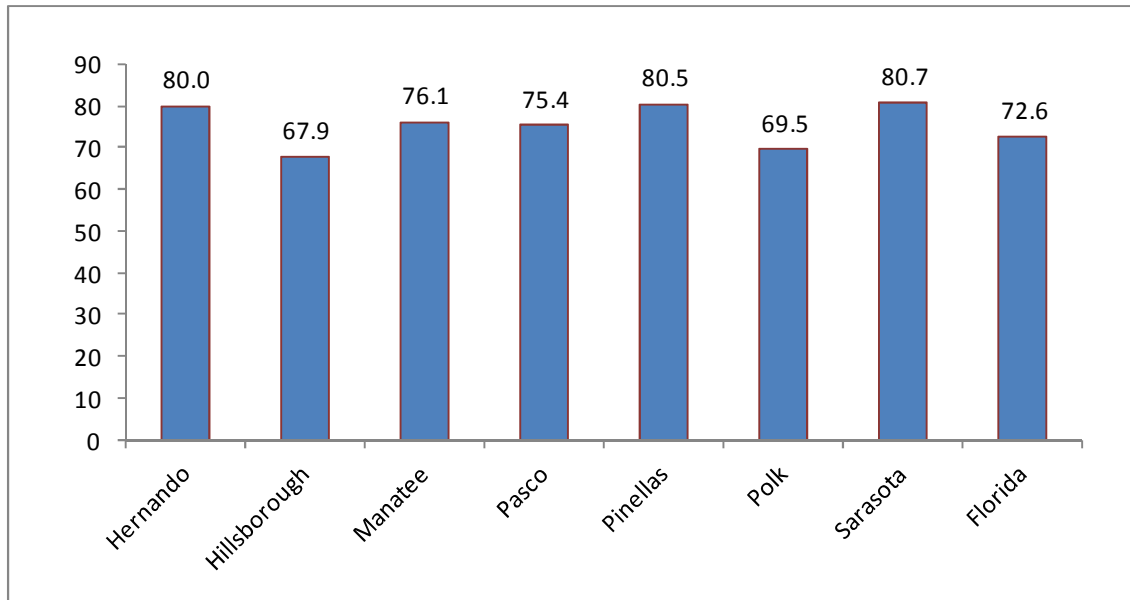
Prostate Cancer

Prostate-specific antigen (PSA) blood tests are most commonly used to screen for prostate cancer. According to the American Cancer Society, PSA tests should be considered for non-Black men ages 50 and over and Black men ages 45 and over on an annual basis.⁶ Among 2010 BRFSS respondents, at least two-thirds of men (50 years and older) reported receiving a PSA test in the past two years across the Moffitt service area (

⁶ National Cancer Institute. Prostate Cancer: Screening and Testing. National Cancer Institute. [Online]. [Cited: October 22, 2009.] <http://www.cancer.gov/cancertopics/screening/prostate>.

Figure 30). Over three-fourths of men received this screening test in a majority of the seven counties, which was above the statewide rate (72.6%). In Polk and Hillsborough Counties, less than 70% of men received the PSA test, which below that of Florida.

Figure 30. Percent of Men (50 years and older) who Received a PSA test in the Past Two Years, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In the State, a larger proportion of Non-Hispanic White men (74.7%) than Non-Hispanic Black (67.0%) or Hispanic (60.7%) men received a PSA test in the past two years (Table 18). In the State and seven counties, a larger percentage of men with incomes above \$50,000 received a PSA test in the last two years compared to men with incomes below \$50,000. In most counties, a larger proportion of men with a college education received a PSA test than men with less than a college education.

Table 18. Percent of Men (50 years and older) who Received a PSA Test in the Past Two Years, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	60.7	*	*	*	*	*	*	*
Non-Hispanic Black	67.0	*	*	*	*	*	*	*
Non-Hispanic White	74.7	79.8	65.5	74.6	73.2	84.9	68.7	81.7
> \$50,000	77.3	92.4	77.9	76.3	83.2	76.9	78.5	88.4
\$25,000 to \$50,000	75.4	*	*	77.0	68.7	*	*	86.6
< \$25,000	60.7	73.2	57.6	64.4	75.7	66.0	61.0	*
4+ Years College	75.9	87.7	73.0	74.2	79.9	80.1	78.8	85.0
HS/Some College	68.4	74.0	52.9	*	72.4	81.1	61.5	*
Less than HS	52.9	*	*	*	*	*	*	*
Total	72.6	80.0	67.9	76.1	75.4	80.5	69.5	80.7

*Indicates that samples are too small to conduct sub-group analyses.

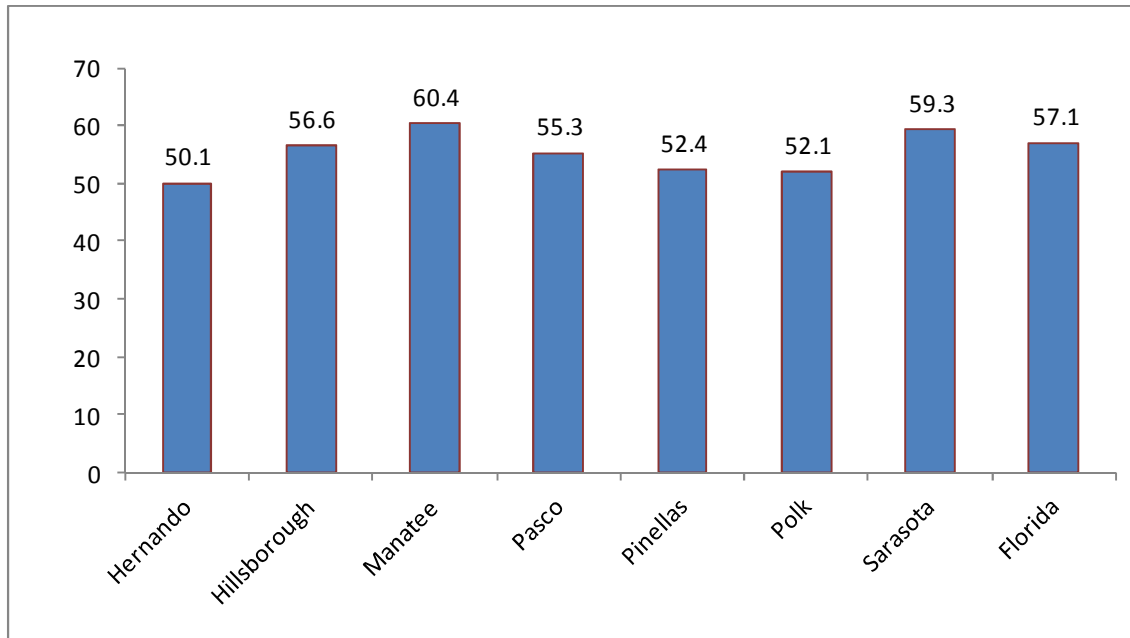
Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Cervical Cancer

Screening for cervical cancer comes in the form of a Papanicolaou test, or a Pap test. This test is used to detect cervical cancer or changes in the cervix that may lead to cancer. The American Cancer Society

recommends that all women begin cervical cancer screenings when they are 21 years old. Pap tests should be done every three years.⁷ Across Moffitt's service area, at least half of women (18 years and older) reported receiving a Pap test in the past year, ranging from 50.1% in Hernando County to 60.4% in Manatee County (Figure 31).

Figure 31. Percent of Women (18 years and older) who Received a Pap Test in the Past Year, 2010



Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

In the State, a larger proportion of Non-Hispanic Black (62.0%) and Hispanic women (61.3%) received a Pap test in the previous year compared to Non-Hispanic White (56.4%) women (

⁷ American Cancer Society. American Cancer Society Guidelines for the Early Detection of Cancer. American Cancer Society. [Online] [Cited: October 26, 2009.] http://www.cancer.org/docroot/ped/content/ped_2_3x_acs_cancer_detection_guidelines_36.asp.

Table 19). In the State and across the all seven counties, a larger percentage of women with incomes above \$50,000 received a Pap test in the past year than women with incomes below \$50,000. These socioeconomic differences in Pap tests were most pronounced in Hillsborough, Pasco, Pinellas and Sarasota Counties. In the seven counties, a greater proportion of women who completed college received a Pap test in the past year than women with less than a college education.

Table 19. Percent of Women (18 years and older) who Received a Pap Test in the Past Year, 2010

	Florida	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota
Hispanic	61.3	*	*	*	*	*	*	*
Non-Hispanic Black	62.0	*	*	*	*	*	*	*
Non-Hispanic White	56.4	48.3	54.2	59.8	53.2	49.8	56.4	58.3
> \$50,000	67.5	57.4	65.1	68.7	73.7	70.5	53.6	71.2
\$25,000 to \$50,000	54.9	48.7	64.1	51.1	58.4	45.5	46.3	50.8
< \$25,000	44.5	53.4	40.6	63.8	34.7	28.9	48.1	51.8
4+ Years College	61.6	56.8	60.2	67.2	61.1	54.1	57.5	64.6
HS/Some College	48.3	43.7	54.5	45.0	40.0	47.9	48.9	43.3
Less than HS	45.8	*	*	*	*	*	*	*
Total	57.1	50.1	56.6	60.4	55.3	52.4	52.1	59.3

*Indicates that samples are too small to conduct sub-group analyses.

Source: Florida County-level Behavioral Risk Factors Surveillance Telephone Survey conducted by the Florida Department of Health, Bureau of Epidemiology.

Cancer Incidence and Hospitalization

This section provides a detailed description of cancer incidence and hospitalization rates for lung, colorectal, breast, prostate, and other cancers for Moffitt area residents as well as their perceptions regarding treatment services. Cancer incidence rates describe the number of newly diagnosed cases of cancer over a specific period of time and are necessary for understanding trends in cancer diagnoses. Data on hospitalizations due to cancer provide important insights regarding the financial toll of cancer diagnoses as well as access to services. Many of the figures presented in this section are age-adjusted. Age-adjustments are designed to minimize the effects of differences in age distributions when comparing rates for different populations. Age-adjusted rates are usually expressed per 100,000 persons.

Community Perceptions of Cancer Treatment Services

- *“Uninsured and undocumented folks can’t access cancer care.” – Interview Participant*
- *“I have found that people are aware of cancer, but it is really about knowing what to do with the information that they have about cancer.” – Interview Participant*

When asked about where they would go for cancer treatment should they or a family member be diagnosed with cancer, respondents mentioned several locations. While Moffitt was identified by many, so too, were other facilities. Local hospitals were frequently noted including Sarasota Memorial, St. Petersburg Hospital, and Tampa General. Others stated that they would seek the advice of their physicians before deciding where to go for cancer care. Overall, respondents seemed to indicate a preference for seeking services locally. One focus group member shared that when she was diagnosed with cancer, she went to Moffitt first to find out what they recommended and then came back locally to find services and treatment to “minimize transportation and hassle.”

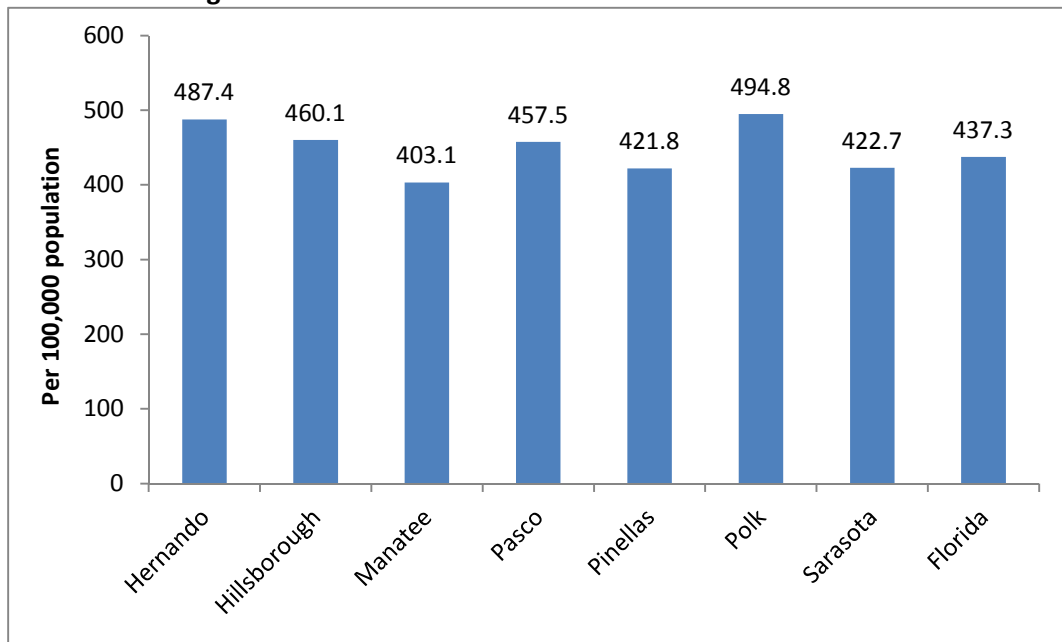
Respondents reported two substantial barriers to accessing cancer treatment services: lack of insurance and lack of information about how to navigate the system. Just as lack of insurance and underinsurance creates barriers for many health services, respondents reported the same concerns about cancer.

According to focus group members and interviewees, treatment services require that people are able to navigate a rather complex health system, a process difficult for insured persons but much more so for the uninsured and those who do not speak English. A couple of respondents reported that for those who do not have a regular physician, access to cancer services is more difficult. Finally, among minority focus group members and interviewees, access to services was cited as a particular concern. One respondent noted that while the prevalence rate of cancer among minorities is similar to that of Whites, mortality rates are higher.

All Cancer

The statewide incidence rate for all cancers was 437.3 per 100,000 population from 2006-2008 (Figure 32). Manatee, Pinellas, and Sarasota had cancer incidence rates below that of Florida, while Pasco, Hernando, and Polk had incidence rates above that of the state. Cancer incidence was highest in Polk County at 494.8 per 100,000 population and lowest in Manatee County at 403.1 per 100,000 population.

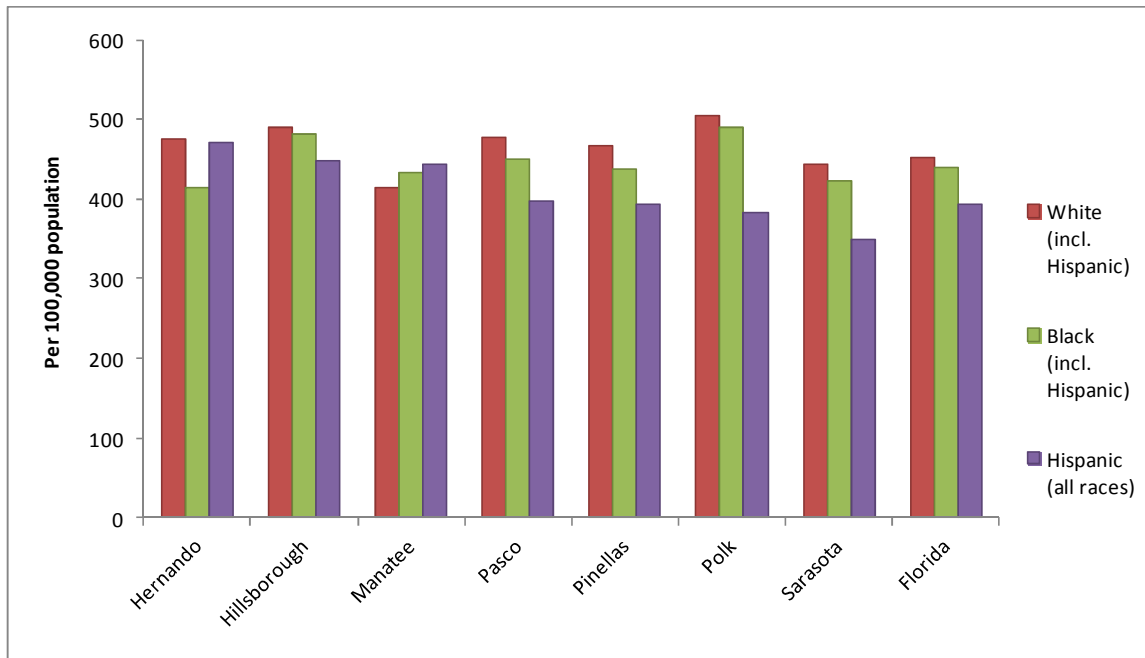
Figure 32. Age-adjusted All Cancer Incidence Rate per 100,000 Population in Moffitt Service Area, 2006-2008 average



Source: Florida Cancer Data System

Examining cancer incidence by race/ethnicity reveals that statewide, Whites (451.4 per 100,000) experienced slightly higher rates than Blacks (440.4 per 100,000); Hispanics experienced the lowest rates (393.6 per 100,000). This pattern is also seen in the seven counties comprising the Moffitt service area, except in Manatee County, where the pattern is reversed with Whites having lower cancer incidence rates than their counterparts and Hernando County, where Blacks had the lowest rates. Whites in Polk County had the highest cancer incidence rates (503.9 per 100,000), above those of the state and neighboring counties. It is important to note that racial/ethnic categories for cancer incidence rates do not distinguish race and ethnicity; therefore rates reported for Whites and Blacks include Hispanics, and rates reported for Hispanics include all races.

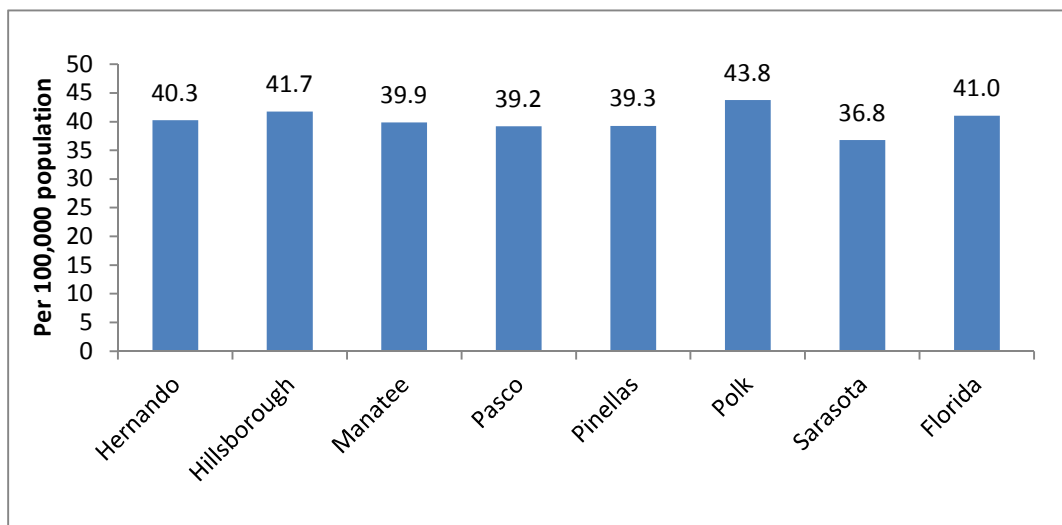
Figure 33. Age-adjusted All Cancer Incidence Rate per 100,000 Population by Race/Ethnicity in Moffitt Service Area, 2004-2008 average



Source: Center for Disease Control (CDC) National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) November 2010.

In Florida, the incidence of advanced stage diagnosis for all cancers was 41.0 per 100,000 population (Figure 34). The rate of advanced stage cancer diagnosis in Moffitt’s service area ranged from 36.8 to 43.8 cases per 100,000 population. The majority of the seven counties had a lower incidence of advanced stage cancer diagnosis compared to the State; however, Polk and Hillsborough Counties had a slightly higher rate.

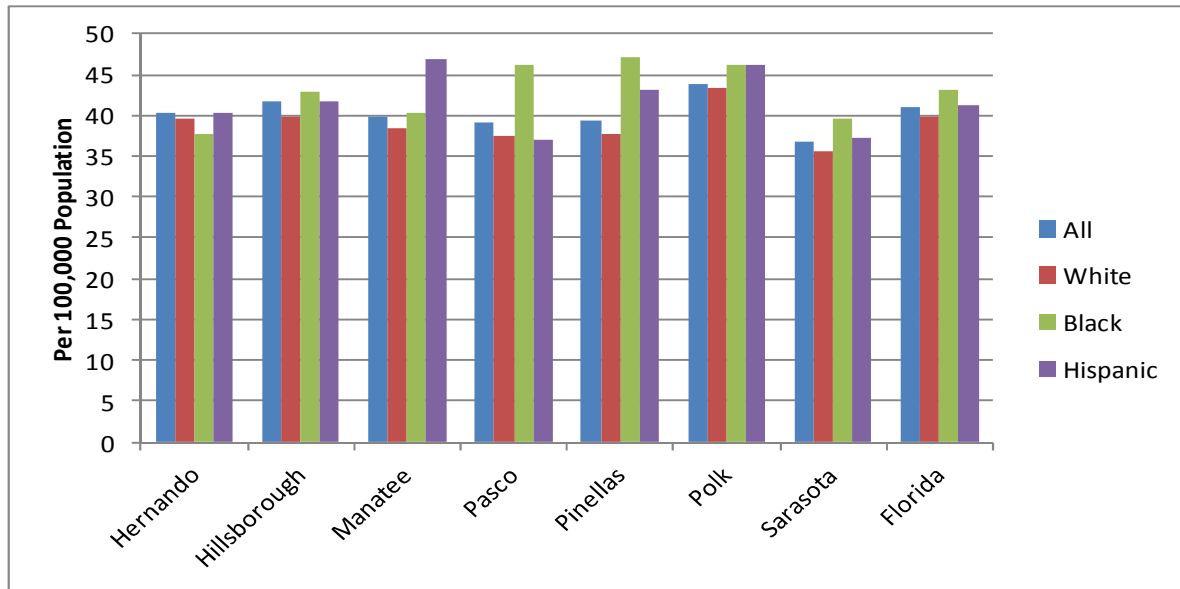
Figure 34. All Cancer Advanced Stage Diagnosis Rate per 100,000 Population in Moffitt’s Service Area, 2005-2007 average



Source: Florida Cancer Data System

When considering the incidence of advanced stage diagnosis for all cancers by race and ethnicity, rates are fairly similar across racial and ethnic categories (Figure 35). Rates of particular note are that of the Hispanic population in Manatee County and the Black population in Pasco and Pinellas Counties, which are significantly higher than those of other race/ethnicity categories in their counties and that of the State.

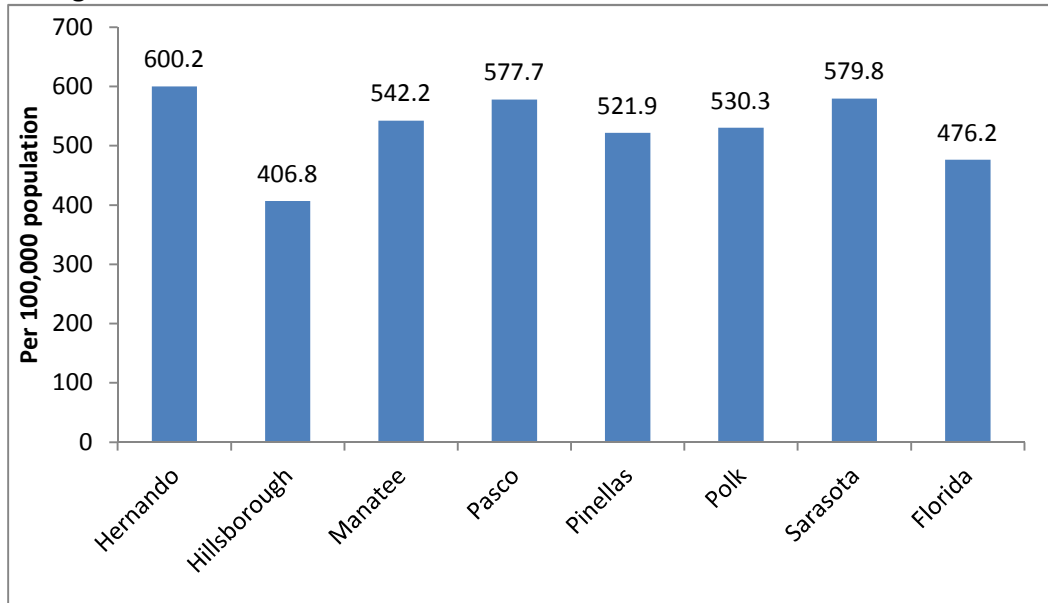
Figure 35. All Cancer Advanced Stage Diagnosis Rates per 100,000 Population by Race/Ethnicity in Moffitt Service Area, 2006-2008



Source: Florida Cancer Data System, 2005-2007

Figure 36 indicates that cancer hospitalization rates were higher in the Moffitt service area compared to the State overall. Hillsborough County (406.8 per 100,000 population) was the only exception with a cancer hospitalization rate below that of Florida (476.2 per 100,000 population). Cancer hospitalization was highest in Hernando County (600.2 per 100,000 population), followed by Sarasota and Pasco Counties (579.8 and 577.7 per 100,000 population, respectively).

Figure 36: All Cancer Hospitalization Rate per 100,000 Population in Moffitt Service Area, 2005-2007 average



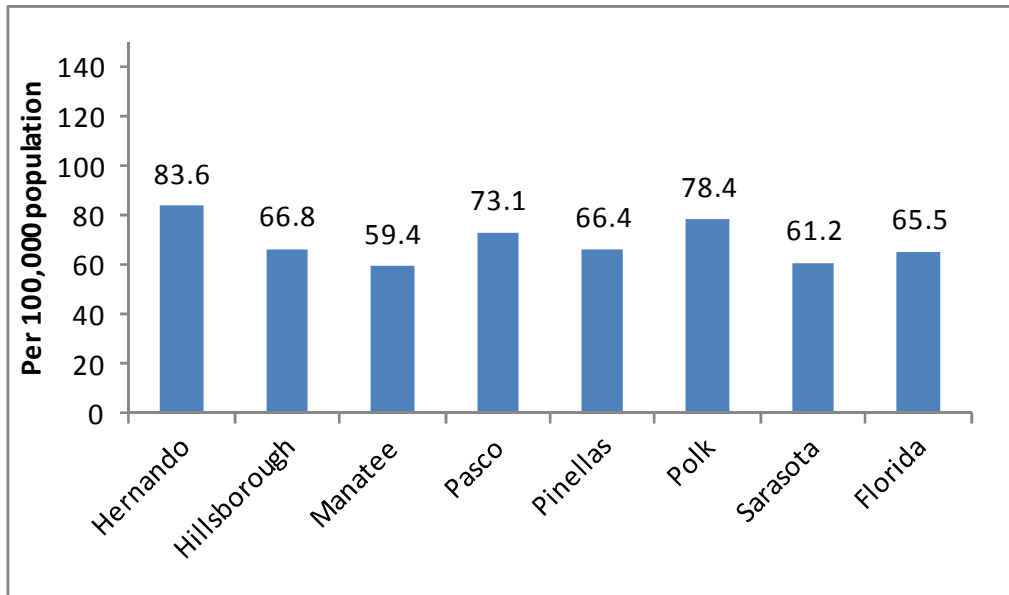
Source: Florida Cancer Data System.

Note: Florida Cancer Data System does not calculate hospitalization rates by race and ethnicity by county.

Lung and Bronchus Cancer

Between 2006-2008 there was an average of 65.5 cases of lung cancer per 100,000 population in the State of Florida (Figure 37). In the Moffitt service area, lung cancer incidence was highest in Hernando County (83.6 per 100,000 population), followed by Polk (78.4 per 100,000 population) and Pasco (73.1 per 100,000). Only Manatee (59.4 per 100,000 population) and Sarasota (61.2 per 100,000 population) Counties had a lower cancer incidence than that of the State.

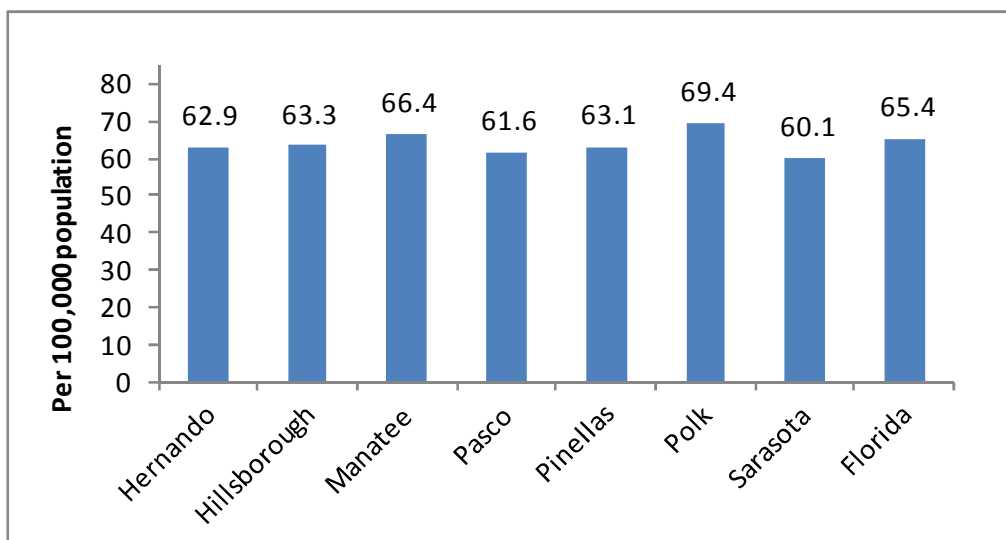
Figure 37. Lung and Bronchus Age-adjusted Cancer Incidence per 100,000 Population in Moffitt Service Area, 2006-2008 average



Source: Florida Cancer Data System

The incidence rates for advanced stage lung cancer diagnosis in Moffitt’s service area ranged from 60.1 to 69.4 cases per 100,000 population (Figure 38). Among the seven counties, most had incidence rates below that of Florida, except for Polk and Manatee Counties, which were slightly higher.

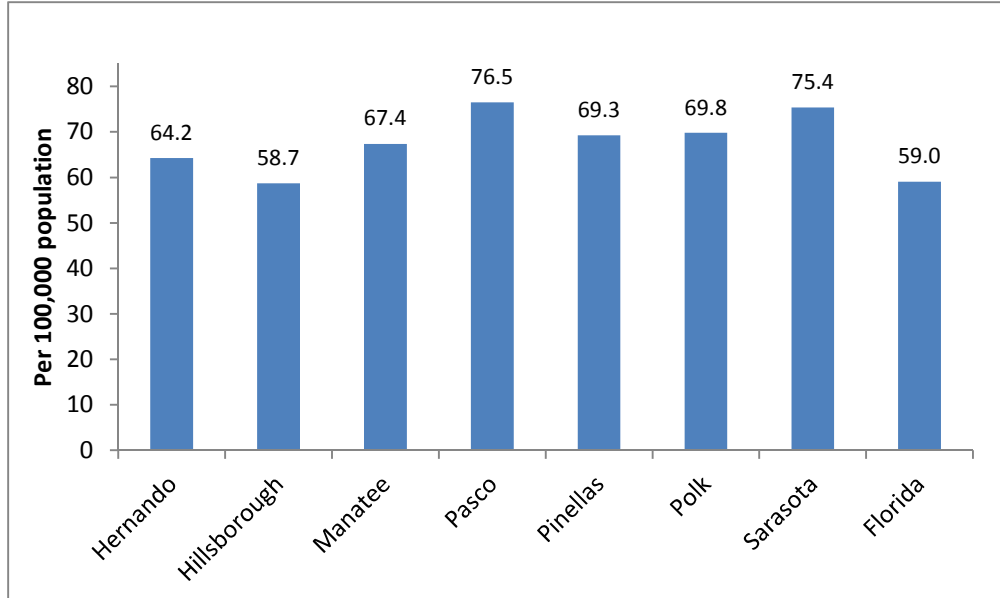
Figure 38. Lung and Bronchus Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System

All seven counties, except for Hillsborough, had higher hospitalization rates for lung cancer than that of the State (Figure 39). This rate was highest in Pasco County (76.5 per 100,000 population), followed by Sarasota County (75.4 per 100,000 population).

Figure 39. Lung and Bronchus Cancers Hospitalization Rate per 100,000 Population, 2005-2007 average

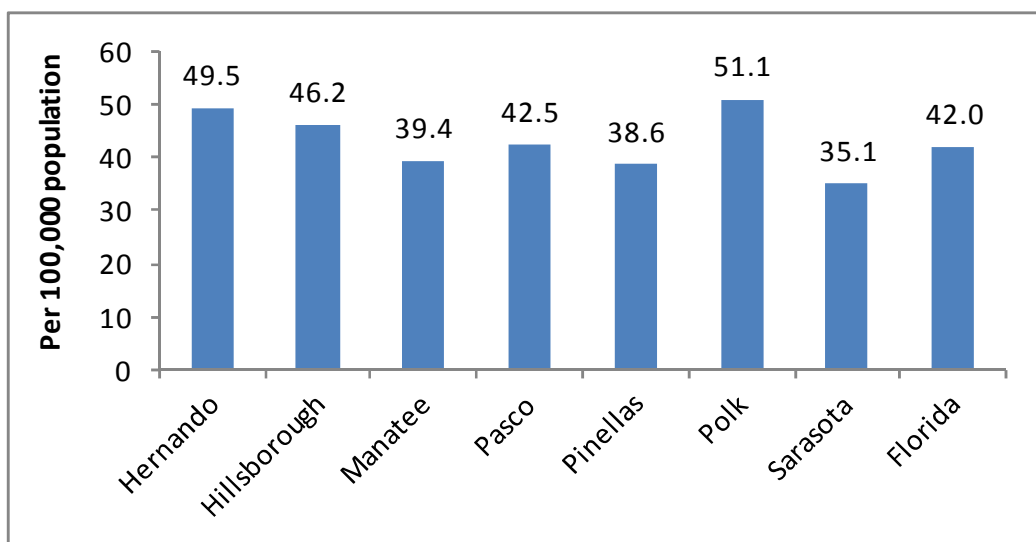


Source: Florida Cancer Data System

Colorectal Cancer

Figure 40 illustrates that colorectal cancer incidence was highest in Polk County (51.1 per 100,000 population), followed by Hernando and Hillsborough Counties (49.5 and 46.2 per 100,000 population, respectively). Manatee, Pasco, and Sarasota Counties had incidence rates below that of the State.

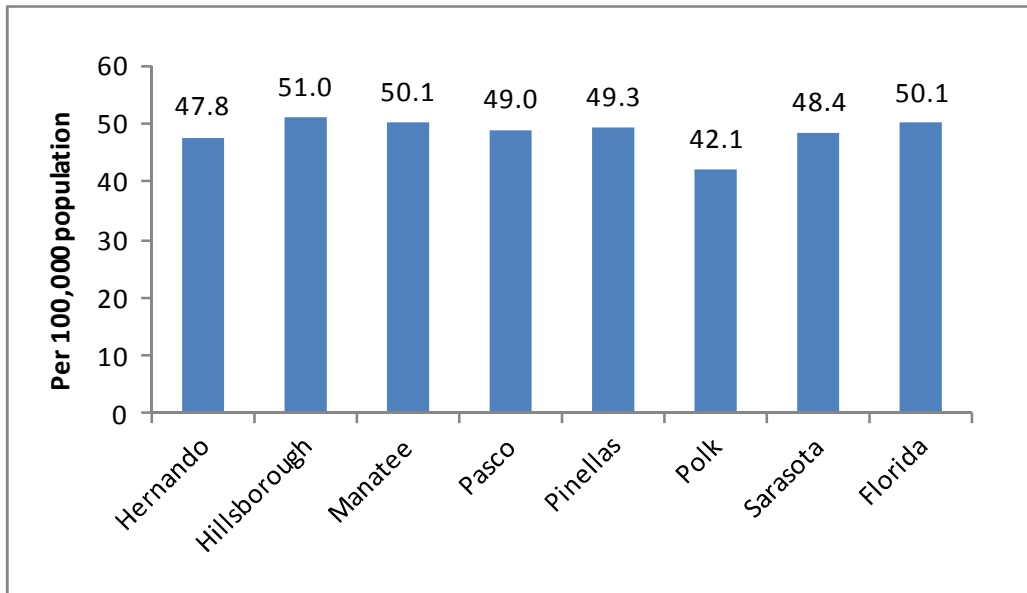
Figure 40. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System

The rate of advanced stage colorectal cancer diagnosis in Florida was 50.1 cases per 100,000 population (Figure 41). Across most of the seven counties, this rate was below that of the Statewide, ranging from 42.1 cases per 100,000 population in Polk County to 51.0 cases per 100,000 population in Hillsborough County.

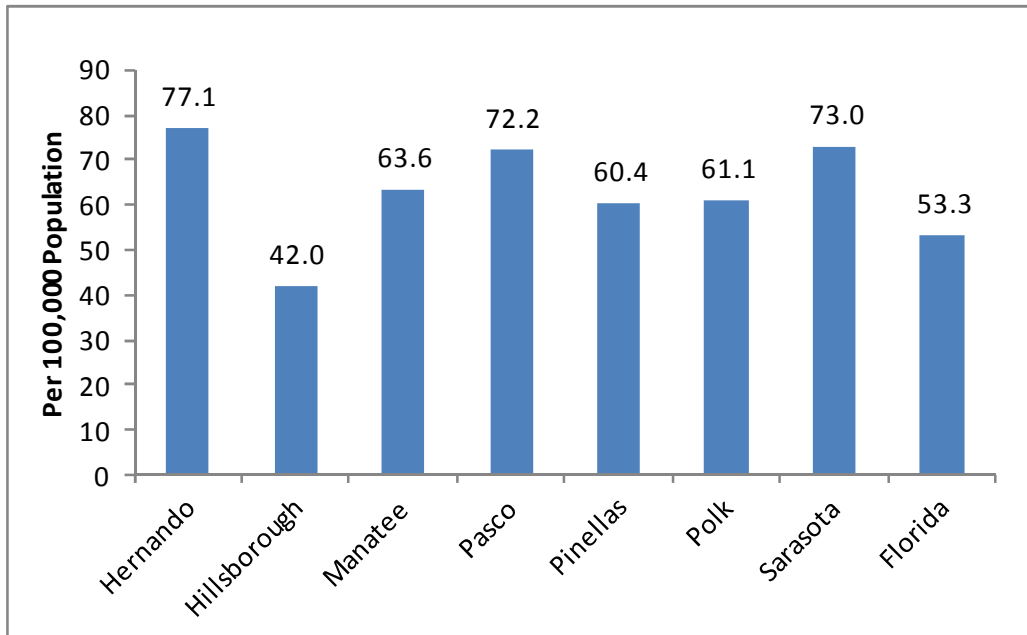
Figure 41. Colorectal Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System

As shown in Figure 42, the colorectal cancer hospitalization rate in Moffitt’s service area ranged from 42.0 per 100,000 population in Hillsborough County to 77.1 per 100,000 population in Hernando County. All counties, except for Hillsborough, had a hospitalization rate above that of the State (53.3 per 100,000 population).

Figure 42. Colorectal Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average

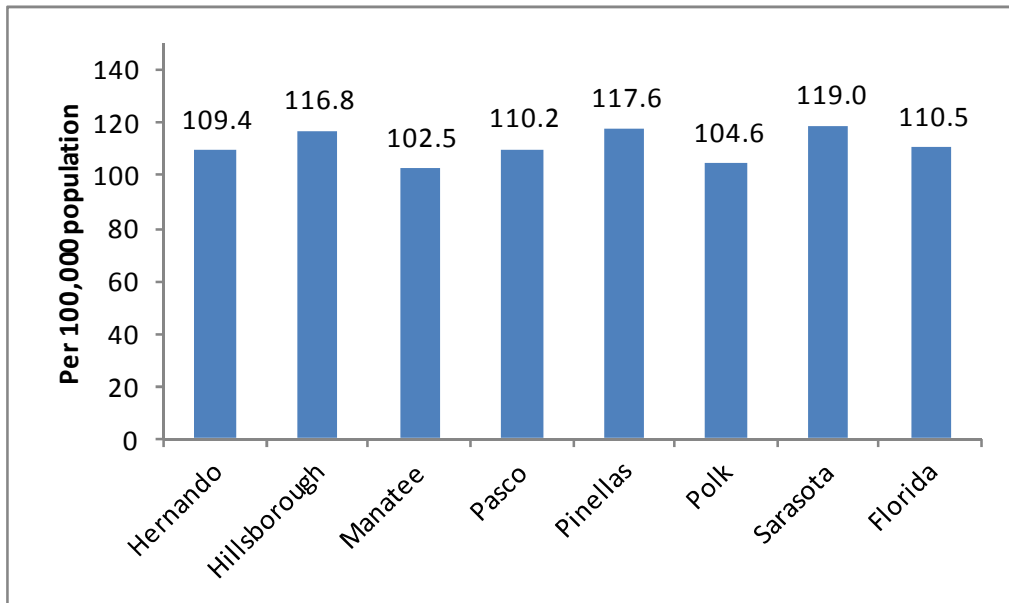


Source: Florida Cancer Data System.

Breast Cancer

As shown in Figure 43, breast cancer incidence was highest in Sarasota County (119.0 per 100,000 population), followed by Pinellas and Hillsborough Counties (117.6 and 116.8 per 100,000 population, respectively). Hernando, Manatee, Pasco and Polk counties had breast cancer incidence rates below that of Florida.

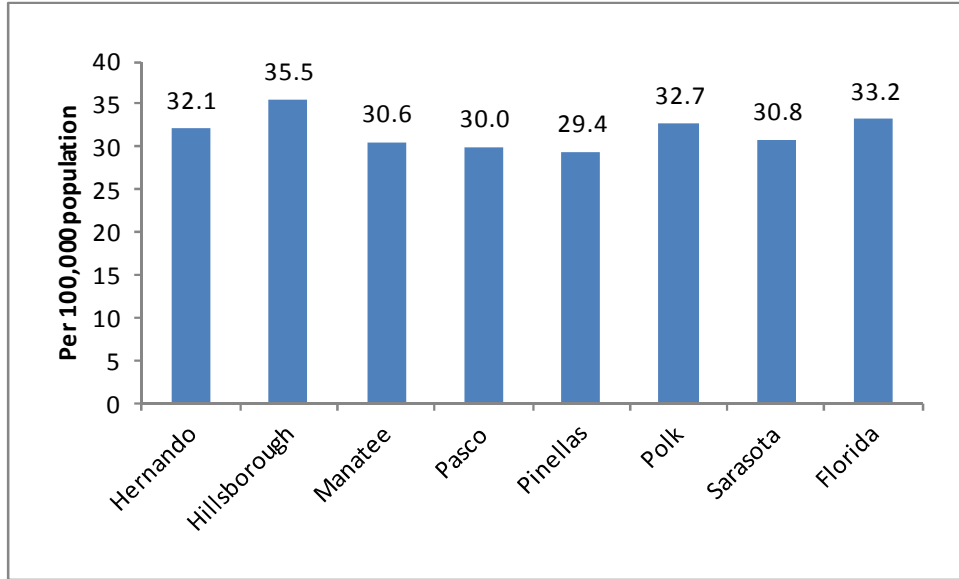
Figure 43. Age-adjusted Breast Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

In Florida, the rate of advanced stage breast cancer diagnosis was 33.2 per 100,000 population (Figure 44). In Moffitt’s service area, six counties had rates below that of Florida. In Hillsborough County the rate of advanced stage breast cancer diagnosis (35.5 per 100,000 population) was above that of Florida.

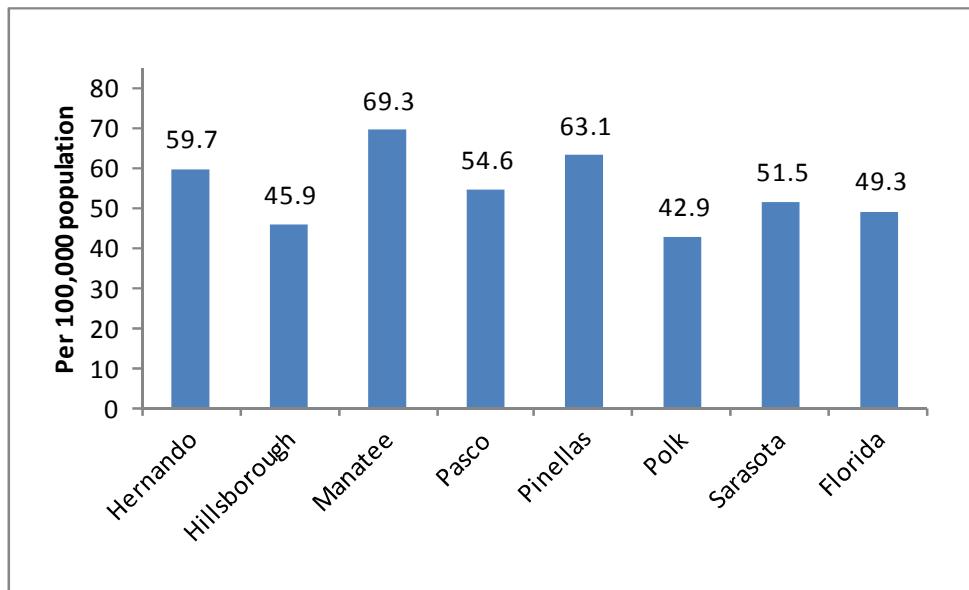
Figure 44. Breast Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.

As illustrated in Figure 45, the breast cancer hospitalization rate ranged from 42.9 per 100,000 population in Polk County to 69.3 per 100,000 population in Manatee County. Hernando, Manatee, Pasco, Pinellas and Sarasota Counties had hospitalization rates higher than that of the State (49.3 per 100,000).

Figure 45. Breast Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average

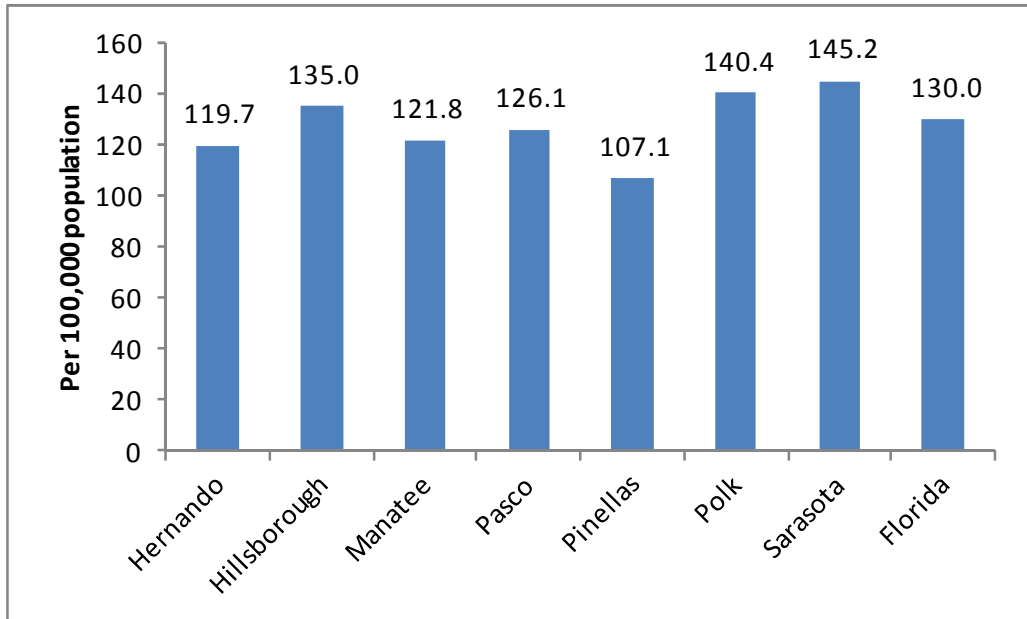


Source: Florida Cancer Data System.

Prostate Cancer

Between 2006 and 2008, the average prostate cancer incidence rate in the State of Florida was 130.0 per 100,000 population (Figure 46). In Moffitt’s service area, prostate cancer incidence ranged from 107.1 per 100,000 population in Pinellas County to 145.2 per 100,000 population in Sarasota County. Hillsborough, Polk and Sarasota Counties had a higher prostate cancer incidence rate than that of the State.

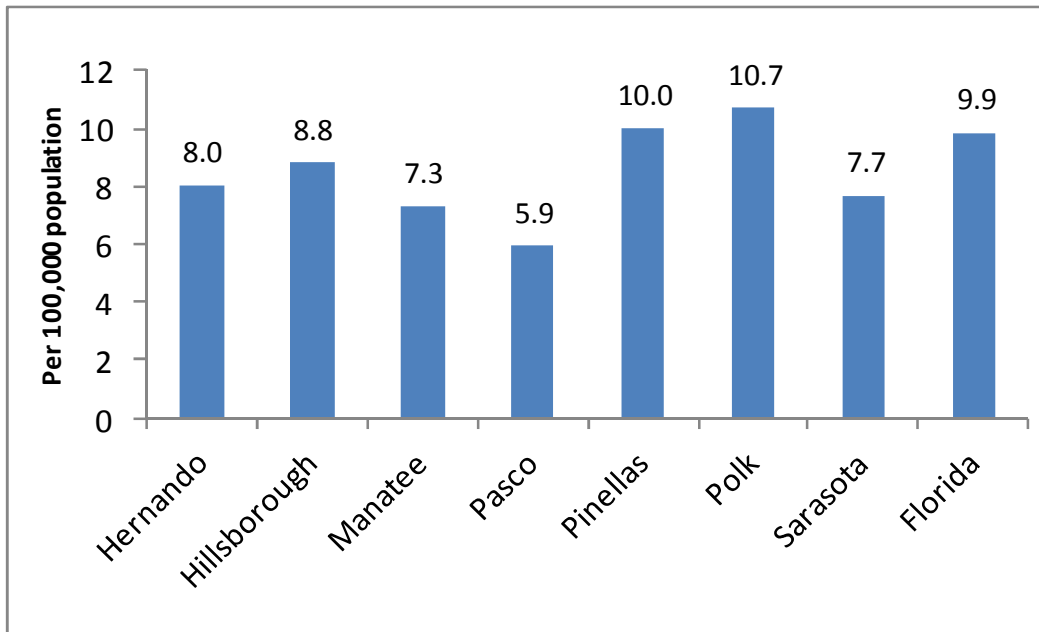
Figure 46. Age-adjusted Prostate Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

In Florida, the rate of advanced stage prostate cancer diagnoses ranged from 5.9 per 100,000 population in Pasco County to 10.7 per 100,000 population in Polk County (Figure 47). Pinellas and Polk counties (10.0 and 10.7 per 100,000 population, respectively) had advanced stage prostate cancer diagnosis rates above that of the State (9.9 per 100,000 population).

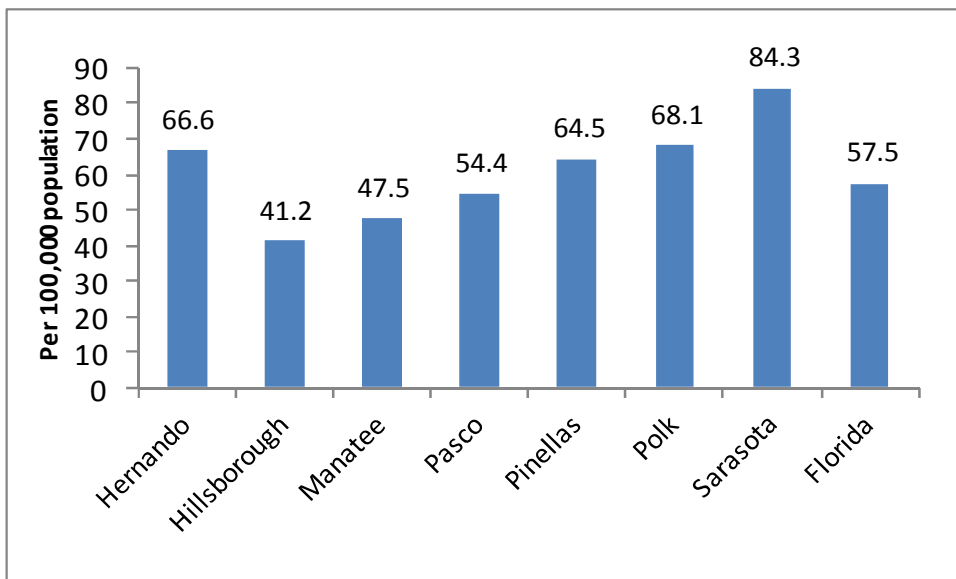
Figure 47. Prostate Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.

The prostate cancer hospitalization rate for the State of Florida was 57.5 per 100,000 population (Figure 48). In the Moffitt service area, only three counties, Hillsborough, Manatee and Pasco Counties had hospitalization rates below that of the State. Hernando, Pinellas, Polk and Sarasota Counties had hospitalization rates above that of the State of Florida.

Figure 48. Prostate Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average

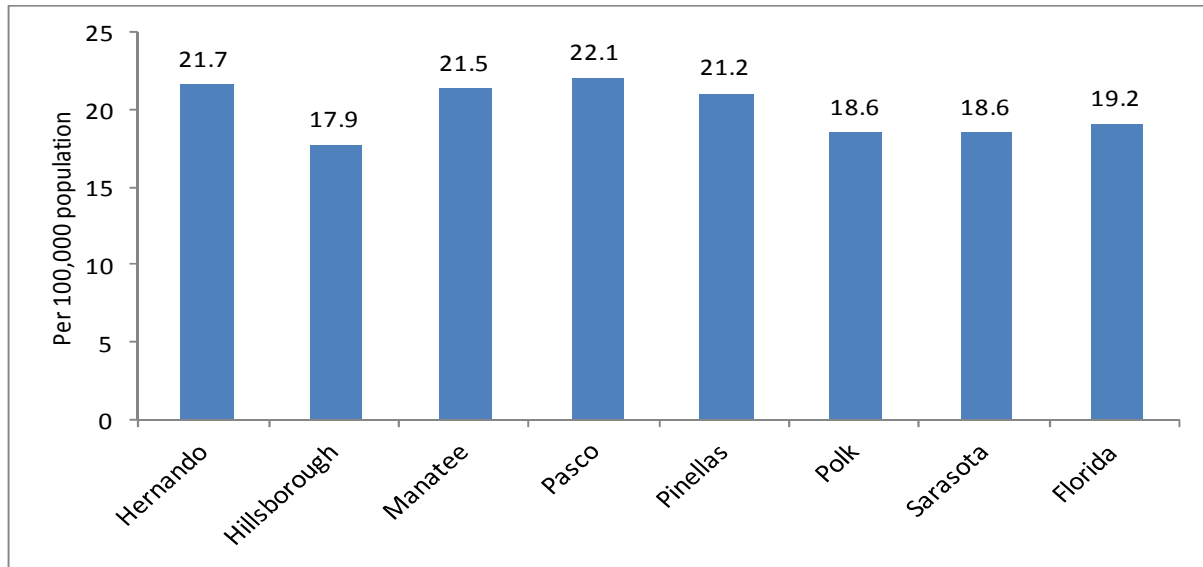


Source: Florida Cancer Data System.

Bladder Cancer

As shown in Figure 49, the bladder cancer incidence rate in the State of Florida was 19.2 per 100,000 population. The incidence rate was highest in Pasco County (22.1 per 100,000 population), followed by Hernando County (21.7 per 100,000 population), Manatee County (21.5 per 100,000 population) and Pinellas County (21.2 per 100,000 population). Only Hillsborough, Polk and Sarasota Counties had bladder cancer incident rates below that of the State.

Figure 49. Age-adjusted Bladder Cancer Incidence Rate per 100,000 Population, 2006-2008 average

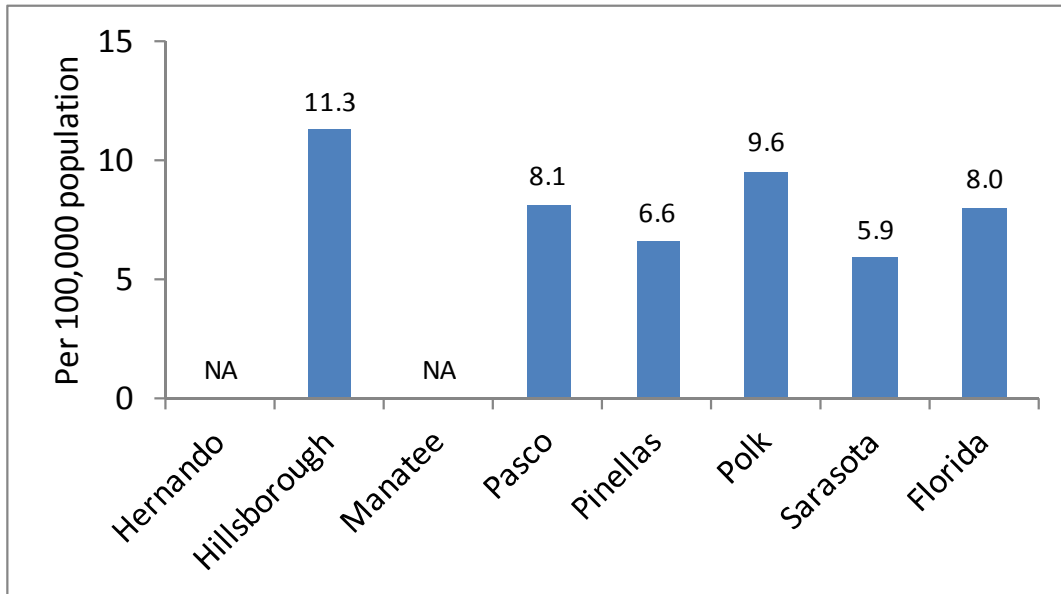


Source: Florida Cancer Data System.

In Florida, the rate of advanced stage bladder cancer diagnosis was 8.0 per 100,000 population (

Figure 50). In Moffitt's service area, the rate ranged from 5.9 per 100,000 population in Sarasota County to 11.3 per 100,000 population in Hillsborough County. Only Pinellas and Sarasota Counties had rates below that of the State. The rate was not available for Hernando and Manatee Counties.

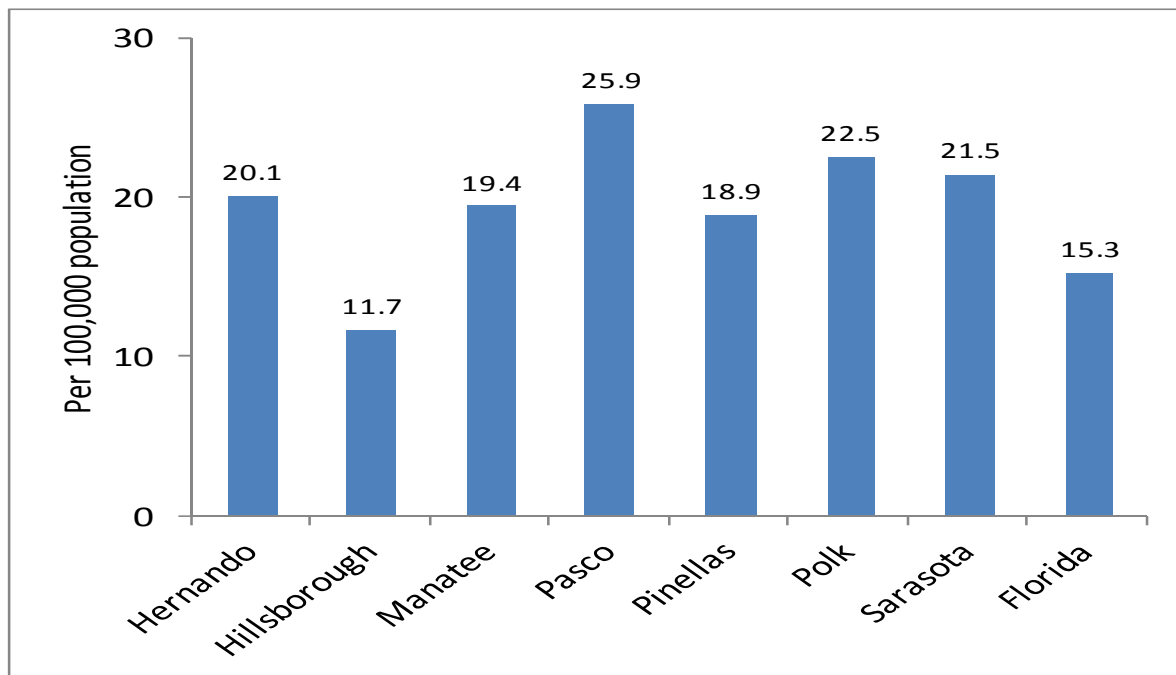
Figure 50. Bladder Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.
 NA: Numbers are suppressed because incidence count is less than 10.

The rate of bladder cancer hospitalization in Florida was 15.3 cases per 100,000 population (Figure 51). Across most of the seven counties, the bladder cancer hospitalization rate was above that for the State, ranging from 11.7 cases per 100,000 population in Hillsborough County to 25.9 per 100,000 population in Pasco County.

Figure 51. Bladder Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average

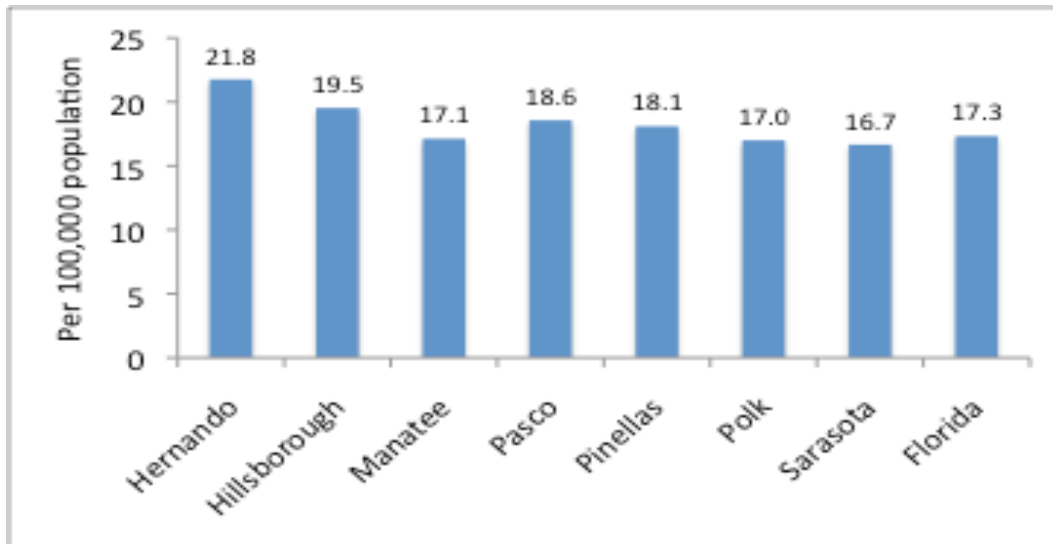


Source: Florida Cancer Data System.

Head and Neck Cancer

In Florida, the head and neck cancer incidence rate was 17.3 per 100,000 population (Figure 52). In Moffitt's service area, the incidence rate ranged from 16.7 cases per 100,000 population in Sarasota County to 21.8 cases per 100,000 population in Hernando County. Only Manatee, Polk and Sarasota Counties had incidence rates below that of the State.

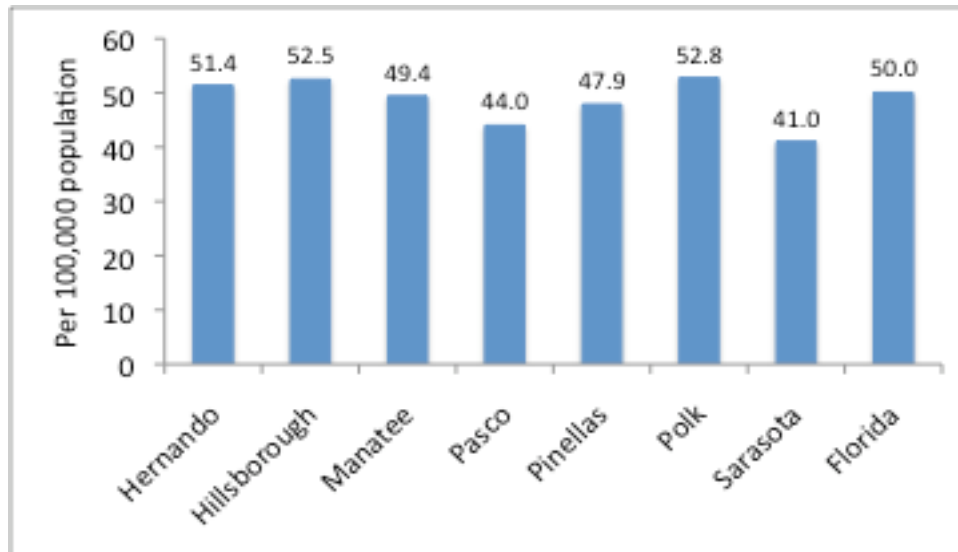
Figure 52. Age-adjusted Head and Neck Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

As illustrated in Figure 53, the rate of advanced stage head and neck cancer diagnosis in the State of Florida was 50.0 per 100,000 population. In the seven counties, the rate ranged from 41.0 per 100,000 population in Sarasota County to 52.8 per 100,000 population in Polk County. Hernando, Hillsborough and Polk Counties had advanced stage diagnosis rates above that of the State.

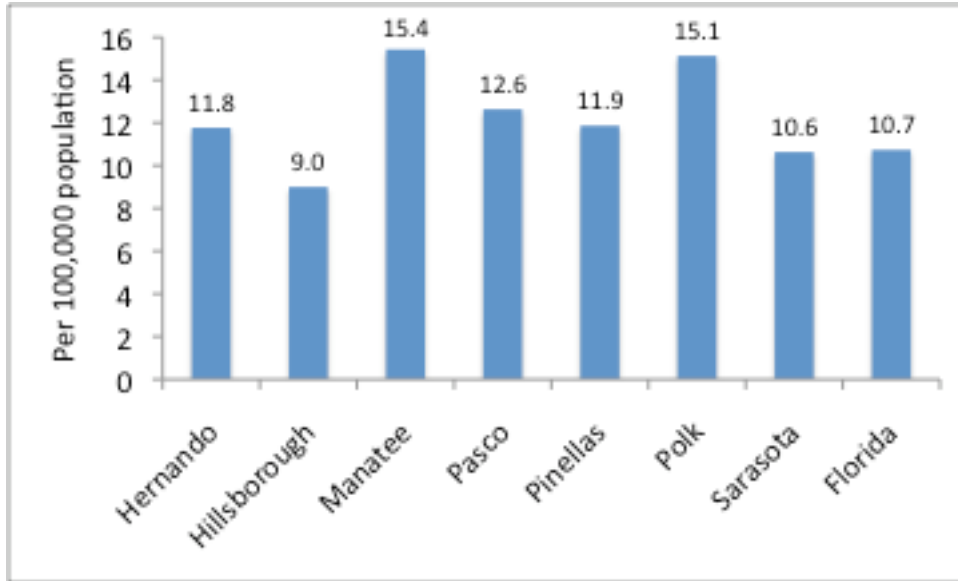
Figure 53. Head and Neck Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007



Source: Florida Cancer Data System.

In Florida, the head and neck cancer hospitalization rate was 10.7 cases per 100,000 population (Figure 54). Among the seven counties, the incidence rate ranged from 9.0 per 100,000 population in Hillsborough County to 15.4 per 100,000 population in Manatee County. Only Hillsborough and Sarasota Counties had hospitalization rates below that of the State (9.0 and 10.6 per 100,000 population, respectively).

Figure 54. Head and Neck Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average

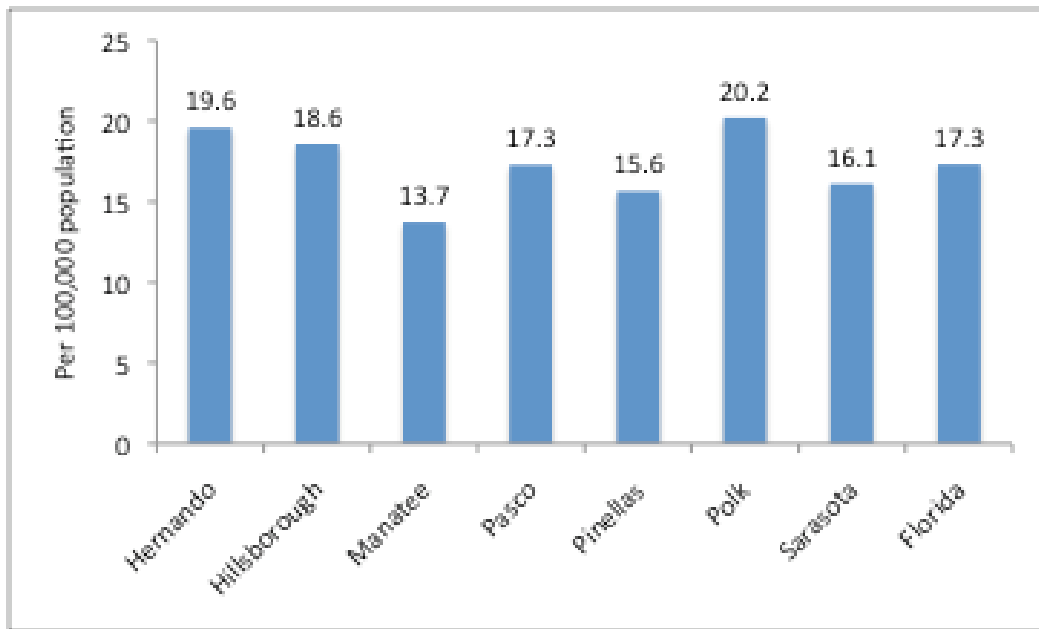


Source: Florida Cancer Data System.

Non-Hodgkin's Lymphoma

Figure 55 demonstrates that the incidence rate of Non-Hodgkin's Lymphoma ranged from 13.7 cases per 100,000 population in Manatee County to 20.2 cases per 100,000 population in Polk County. Hernando, Hillsborough and Polk Counties had incidence rates above that of the State (17.3 per 100,000 population).

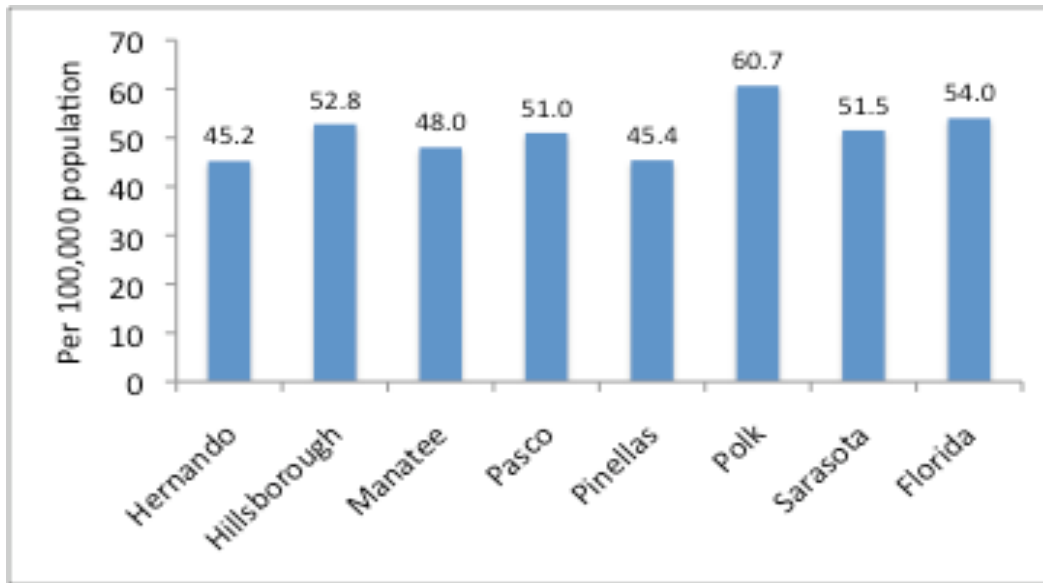
Figure 55. Age-adjusted Non-Hodgkin’s Lymphoma Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

In Florida, the rate of advanced stage Non-Hodgkin’s Lymphoma diagnosis was 54.0 per 100,000 population (Figure 56). In Moffitt’s service area, the rate ranged from 45.2 per 100,000 population in Hernando County to 60.7 per 100,000 population in Polk County. Only Polk County had an advanced stage diagnosis rate above that of the State.

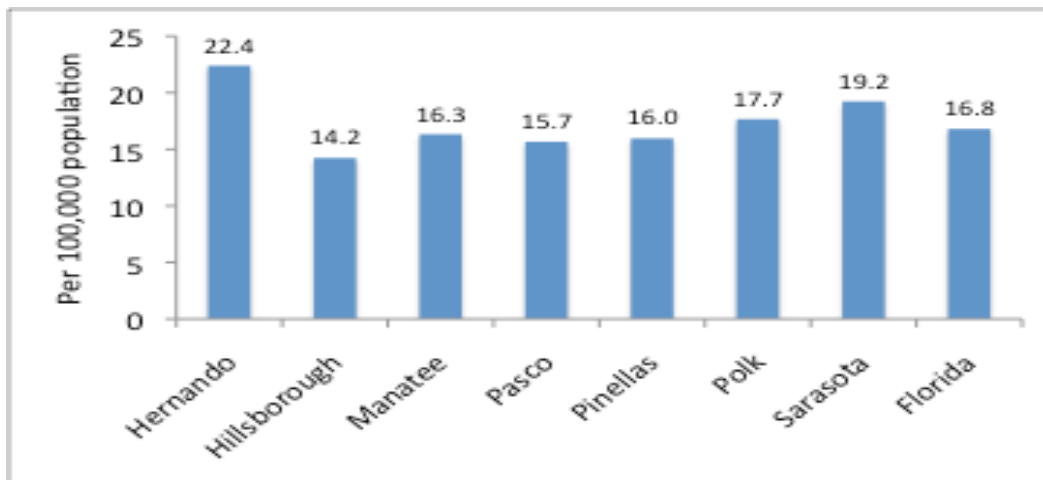
Figure 56. Non-Hodgkin’s Lymphoma Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.

As illustrated in Figure 57, the Non-Hodgkin’s Lymphoma hospitalization rate ranged from 14.2 per 100,000 population in Hillsborough County to 22.4 per 100,000 population in Hernando County. Hernando, Polk and Sarasota Counties had hospitalization rates above that of the State (16.8 per 100,000 population).

Figure 57. Non-Hodgkin’s Lymphoma Hospitalization Rate per 100,000 Population, 2005-2007 average

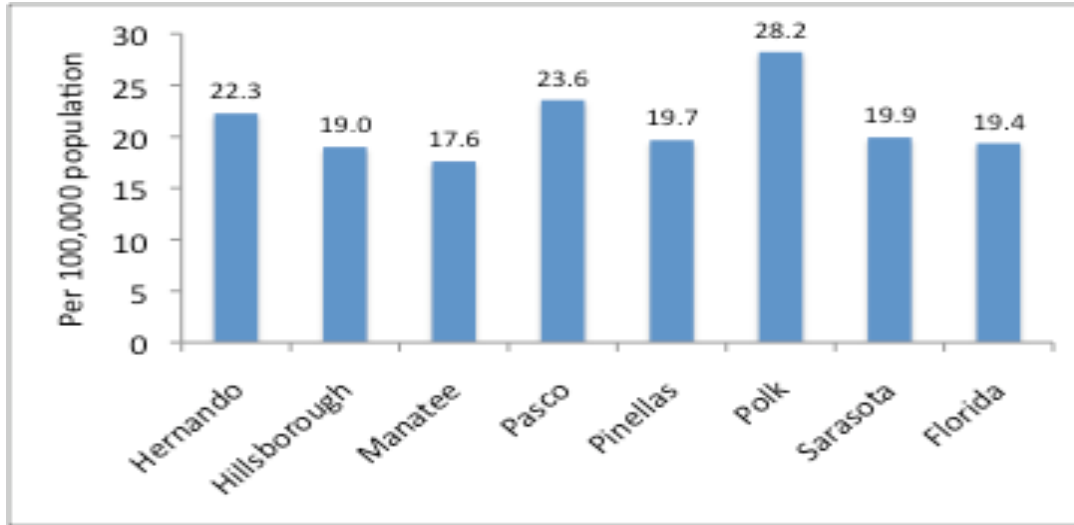


Source: Florida Cancer Data System.

Melanoma

As shown in Figure 58, the melanoma incidence rate was 19.4 cases per 100,000 population in Florida. In Moffitt's service area, the incidence rate ranged from 17.6 cases per 100,000 population in Manatee County to 28.2 cases per 100,000 population in Polk County. Only Hillsborough and Manatee Counties (19.0 and 17.6 cases per 100,000 population, respectively) had incidence rates below that of the State.

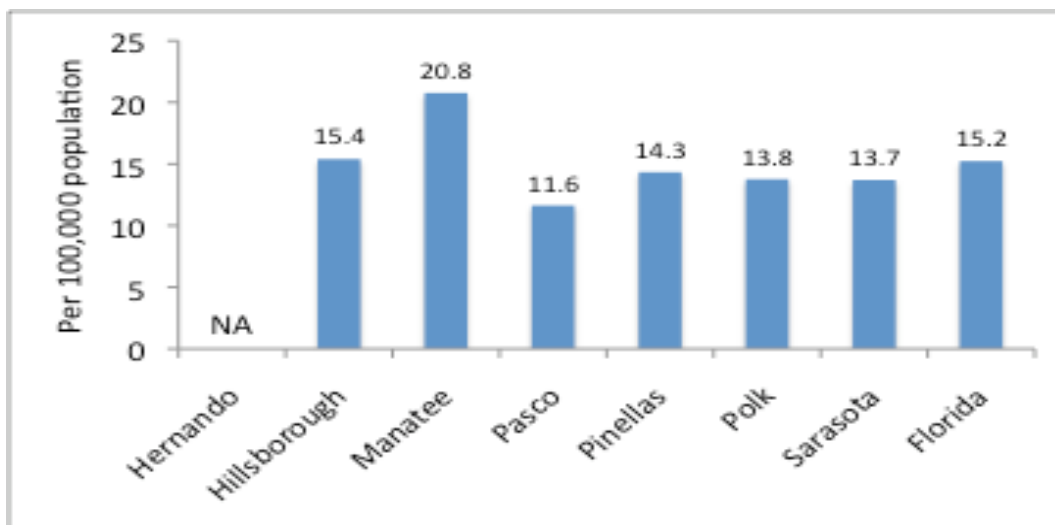
Figure 58. Age-adjusted Melanoma Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

In Florida, the rate of advanced stage melanoma diagnosis was 15.2 per 100,000 population (Figure 59). The rate ranged from 11.6 per 100,000 population in Pasco County to 20.8 per 100,000 population in Manatee County. Only Hillsborough and Manatee Counties (15.4 and 20.8 per 100,000 population, respectively) had rates above that of the State. The rate was not available for Hernando County.

Figure 59. Melanoma Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average

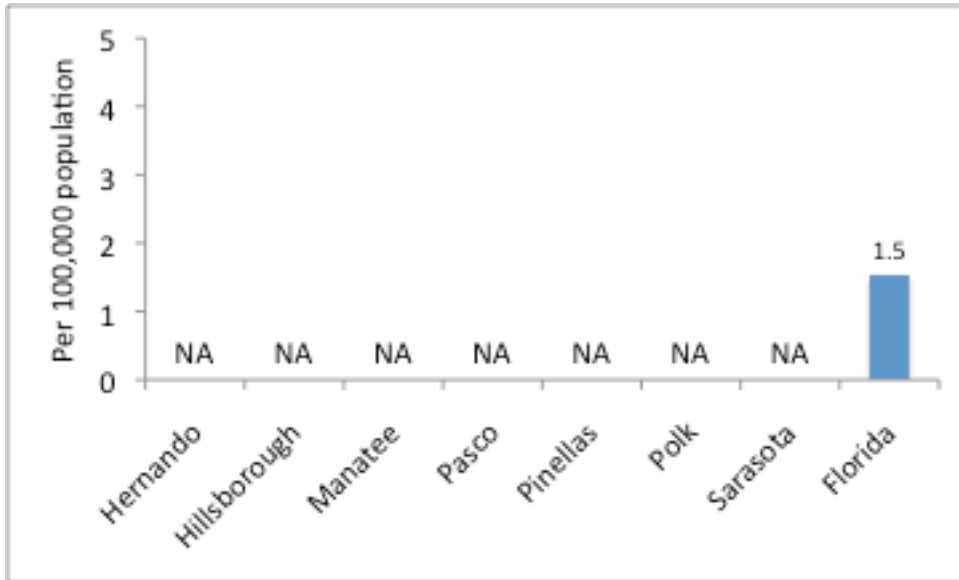


Source: Florida Cancer Data System.

NA: Numbers are suppressed because incidence count is less than 10.

The hospitalization rate for melanoma was 1.5 per 100,000 population in the State of Florida (Figure 60). The hospitalization rate was not available for the seven counties in Moffitt’s service area.

Figure 60. Melanoma Hospitalization Rate per 100,000 Population, 2005-2007 average



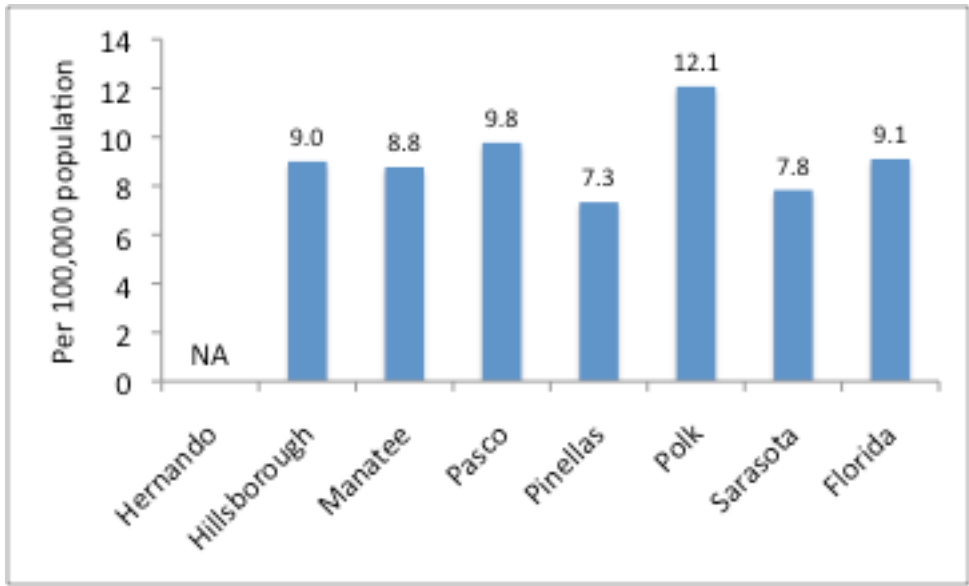
Source: Florida Cancer Data System.

NA: Numbers are suppressed because incidence count is less than 10.

Cervical Cancer

As shown in Figure 61, the age-adjusted cervical cancer incidence rate was 9.1 per 100,000 population in the State of Florida. The incidence rate ranged from 7.3 per 100,000 population in Pinellas County to 12.1 per 100,000 population in Polk County. Only Pasco and Polk Counties (9.8 and 12.1 per 100,000 population, respectively) had incidence rates above that of the State. The incidence rate was not available for Hernando County.

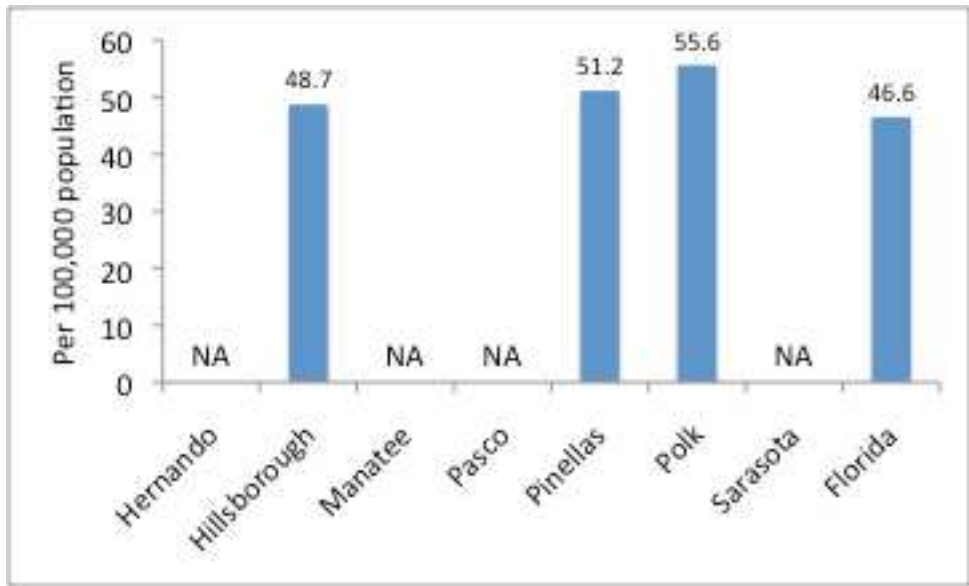
Figure 61. Age-adjusted Cervical Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.
 NA: Numbers are suppressed because incidence count is less than 10.

The rate of advanced cervical cancer diagnosis was 46.6 per 100,000 population in Florida (Figure 62). The rate was not available for Hernando, Manatee, Pasco and Sarasota Counties. Among the three counties for which data were available, the rate was above that of the State. The rate was highest in Polk County (55.6 per 100,000 population), followed by Pinellas and Hillsborough Counties (51.2 and 48.7 per 100,000 population, respectively).

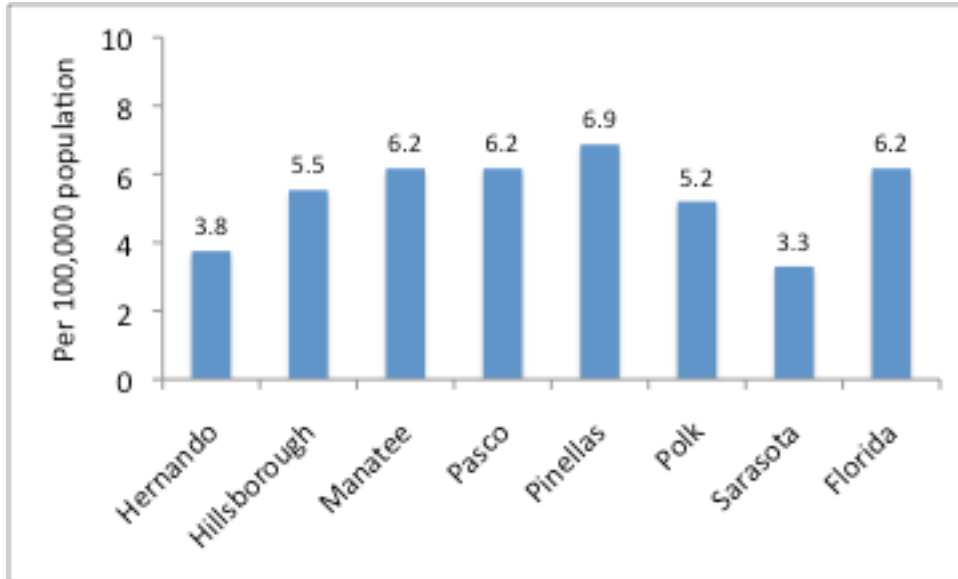
Figure 62. Cervical Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.
 NA: Numbers are suppressed because incidence count is less than 10.

In Florida, the cervical cancer hospitalization rate was 6.2 per 100,000 population (Figure 63). In Moffitt's service area, the rate ranged from 3.3 per 100,000 population in Sarasota County to 6.9 per 100,000 population in Pinellas County. Only Pinellas County had a hospitalization rate above that of the State.

Figure 63. Cervical Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average



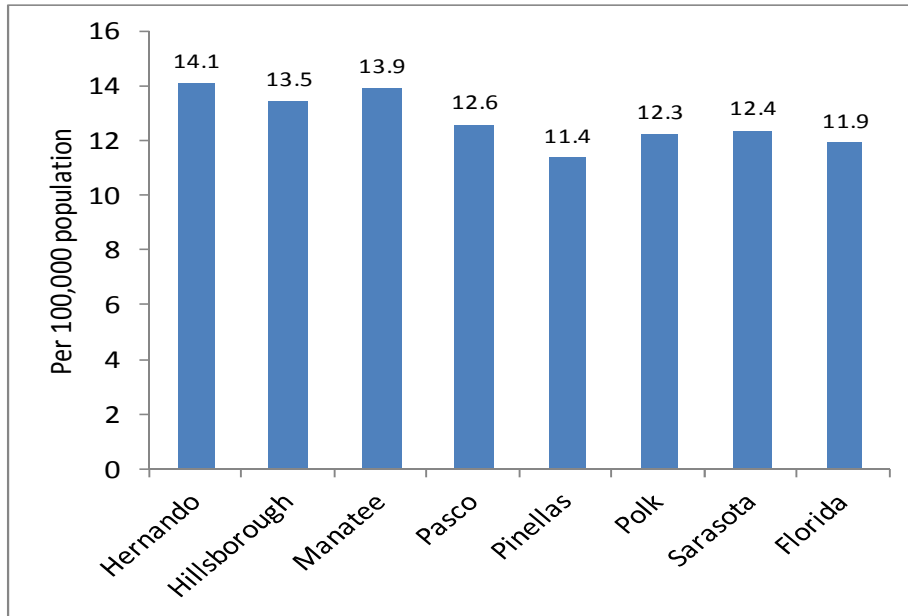
Source: Florida Cancer Data System.

NA: Numbers are suppressed because incidence count is less than 10.

Ovarian Cancer

As illustrated in Figure 64, the age-adjusted ovarian cancer incidence rate was 11.9 per 100,000 population in the State of Florida. Across most of the seven counties, the incidence rate was above the rate for the state, ranging from 11.4 per 100,000 population in Pinellas County to 14.1 per 100,000 population in Hernando County.

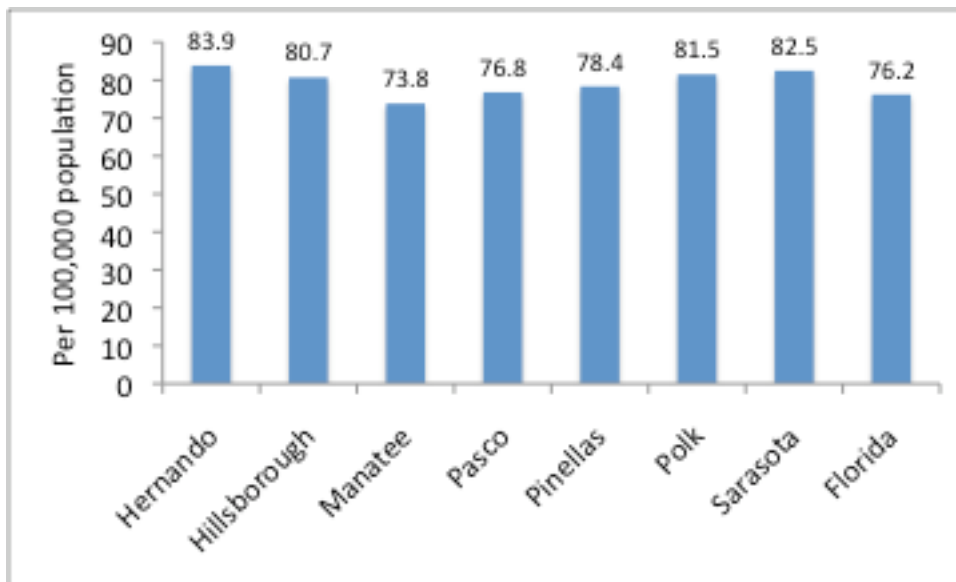
Figure 64. Age-adjusted Ovarian Cancer Incidence Rate per 100,000 Population, 2006-2008 average



Source: Florida Cancer Data System.

In Florida, the rate of advanced stage ovarian cancer diagnosis was 76.2 per 100,000 population (Figure 65). In Moffitt’s service area, most of the seven counties had rates above that of the State, ranging from 73.8 per 100,000 population in Manatee County to 83.9 per 100,000 population in Hernando County. Only Manatee County (73.8 per 100,000 population) had a rate below that of the State.

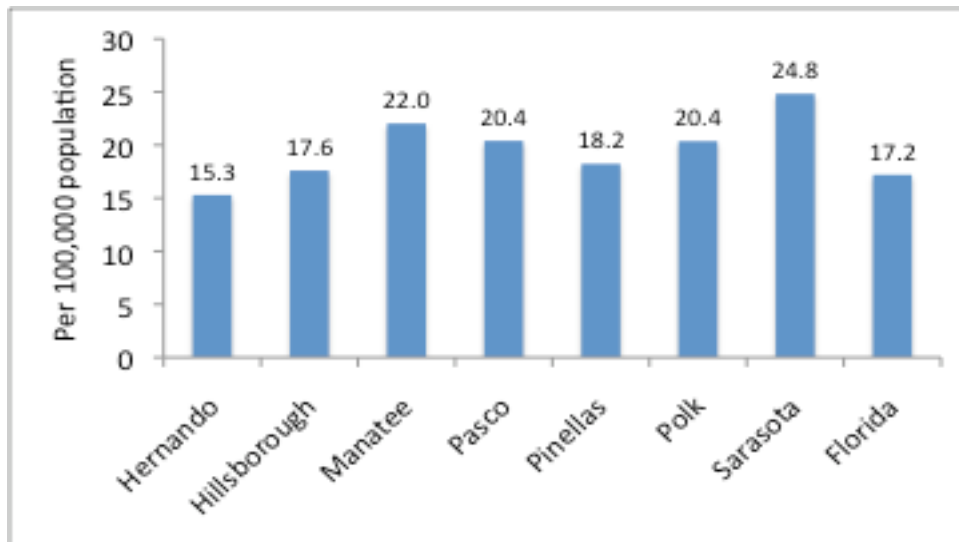
Figure 65. Ovarian Cancer Advanced Stage Diagnosis Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.

Figure 66 demonstrates that across most of the seven counties the hospitalization rate for ovarian cancer was above that of the State (17.2 per 100,000 population). The hospitalization rate ranged from 15.3 per 100,000 population in Hernando County to 24.8 per 100,000 population in Sarasota County.

Figure 66. Ovarian Cancer Hospitalization Rate per 100,000 Population, 2005-2007 average



Source: Florida Cancer Data System.

Cancer Mortality

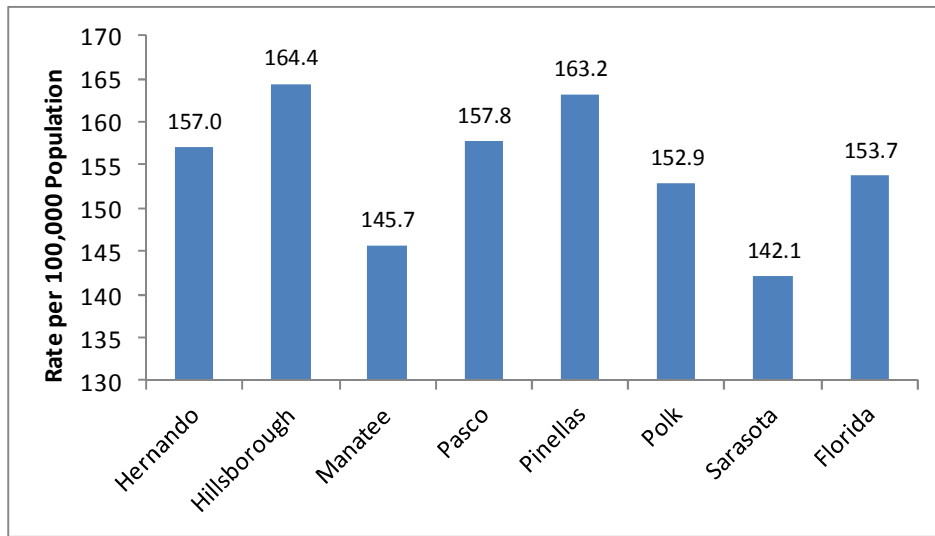
This section provides a detailed description of cancer mortality rates for Moffitt service area residents overall as well as for specific cancers such as lung, colorectal, breast, prostate, cervical, and other cancers.

All Cancer

As discussed previously in Table 5, cancer is the second leading cause of death in the region. Among the seven counties of the Moffitt service area, the cancer mortality rate⁸ in 2010 was highest in Hillsborough and Pinellas Counties at approximately 164 deaths per 100,000 population (Figure 67), which was above that of Florida (154 per 100,000 population). Pasco, Hillsborough, and Polk Counties all have cancer mortality rates above the statewide rate as well. Sarasota County had the lowest mortality rate at 142.1 deaths per population.

⁸⁸ County mortality rates represent residents of a specific county, not the location at time of death.

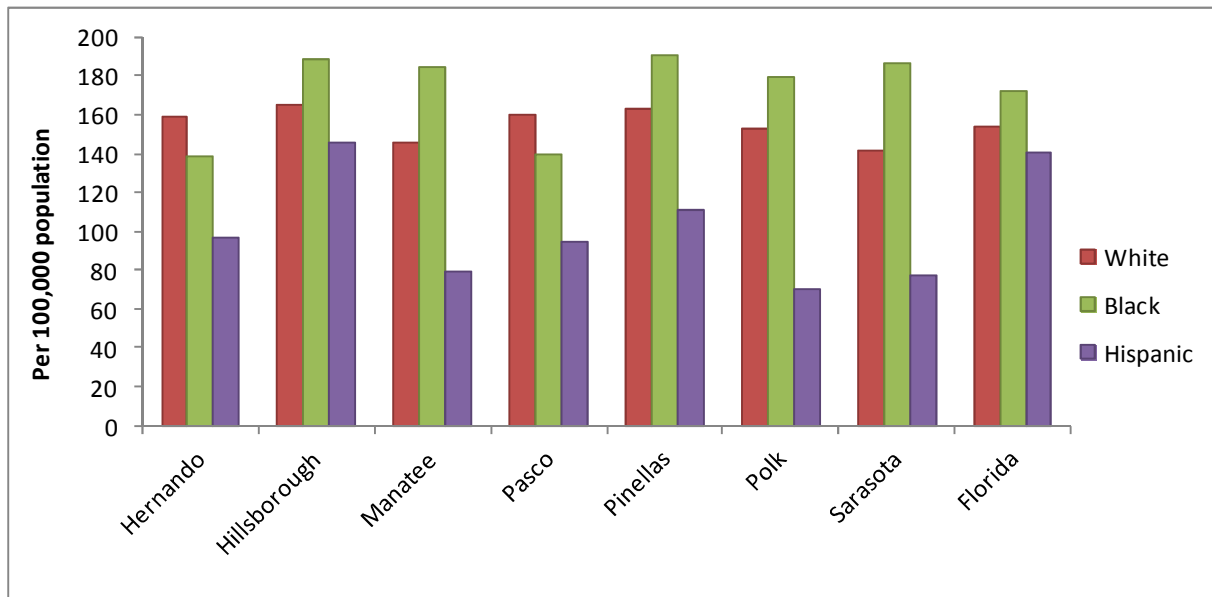
Figure 67. Age-Adjusted All Cancer Death Rate per 100,000 Population in Moffitt Service Area, 2010



Source: Florida Department of Health CHARTS

As illustrated in Figure 68, Blacks experience disparate rates of death due to cancer in Florida, despite having lower cancer incidence rates than Whites; this holds true for the majority of Moffitt’s service area as well. Hernando and Pasco Counties are the only exceptions, where the cancer mortality rates among Whites are higher than among Blacks. The cancer mortality rate was highest among Blacks who live in Pinellas County (190.2 per 100,000 population), followed by Hillsborough (189.0 per 100,000 population) and Sarasota (186.2 per 100,000). Additionally, in Sarasota, Polk, and Manatee Counties, Blacks die from cancer at more than twice the rate of Hispanics. Except for Hillsborough County, cancer mortality among Hispanics in the Moffitt service area was below that of the state.

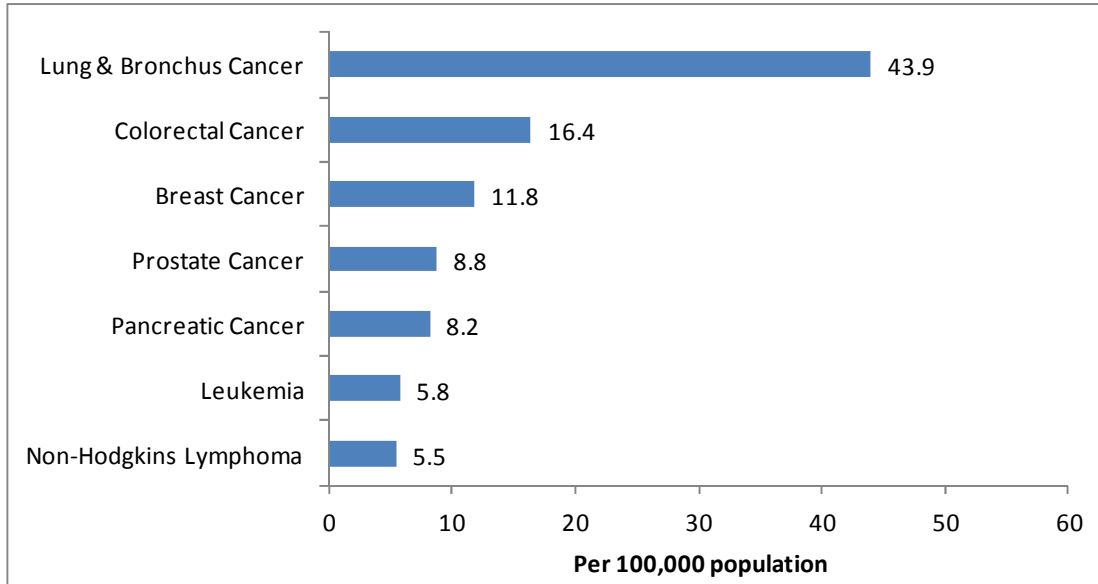
Figure 68. Age-adjusted All Cancer Death Rate per 100,000 Population by Race/Ethnicity, 2010



Source: Florida Department of Health CHARTS

Consistent with national statistics, lung cancer (43.9 deaths per 100,000 population) was the leading cause of cancer mortality in Florida, followed by colon and breast cancer (16.4 and 11.8 deaths per 100,000, respectively) (Figure 69).

Figure 69. Age-adjusted Cancer Death Rate per 100,000 by Type of Cancer in Florida, 2010

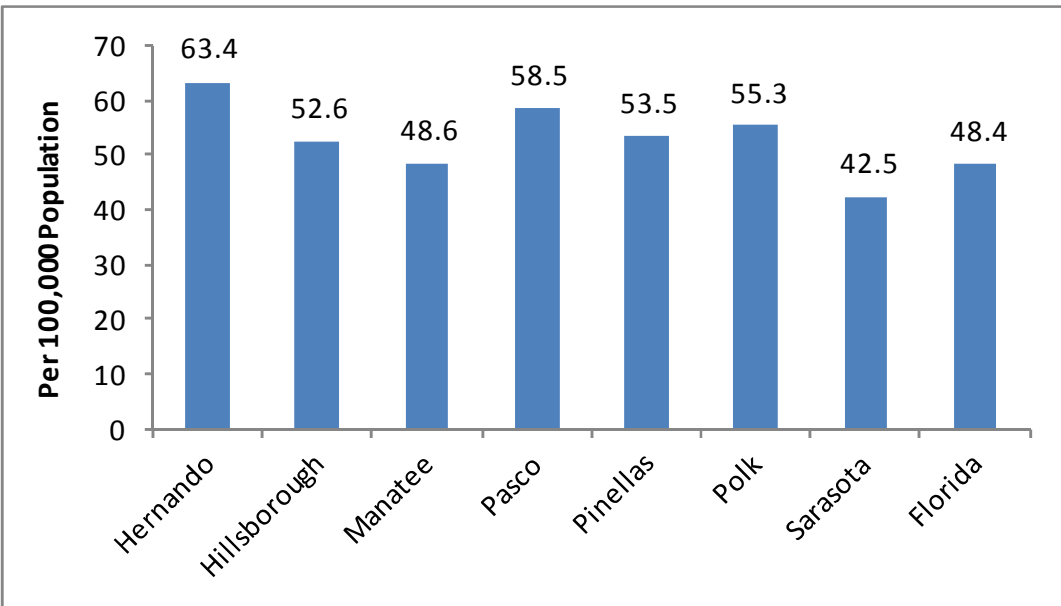


Source: Florida Department of Health CHARTS

Lung and Bronchus Cancer

Except for Manatee and Sarasota Counties, residents in Moffitt’s service area die from lung cancer at a higher rate than residents statewide (Figure 70). From 2005-2007, the lung cancer mortality rate was highest in Hernando County (63.4 deaths per 100,000 population), followed by Pasco and Polk Counties (58.5 and 55.3 deaths per 100,000 population). Additionally, in Florida as well as the seven counties, men are disparately affected by death due to lung cancer, experiencing mortality rates at approximately twice the rate of women.

Figure 70. Age-adjusted Lung and Bronchus Cancer Mortality Rate per 100,000 Population, 2005-2007 average

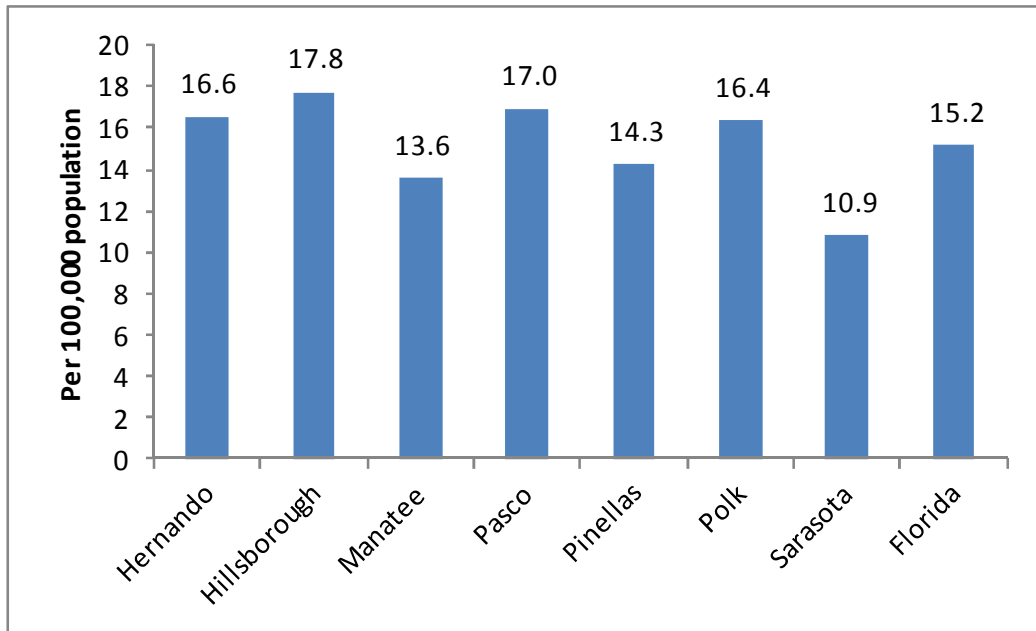


Source: Florida Cancer Data System.

Colorectal Cancer

Figure 71 demonstrates that between 2005-2007, Manatee, Pinellas, and Sarasota Counties had colorectal cancer mortality rates below that of the State (15.2 per 100,000 population). Hillsborough County had the highest mortality rate due to colorectal cancer at 17.8 deaths per 100,000 population, followed by Pasco County (17.0 per 100,000 population)

Figure 71. Age-Adjusted Colorectal Cancer Mortality Rate per 100,000 Population, 2005-2007 average

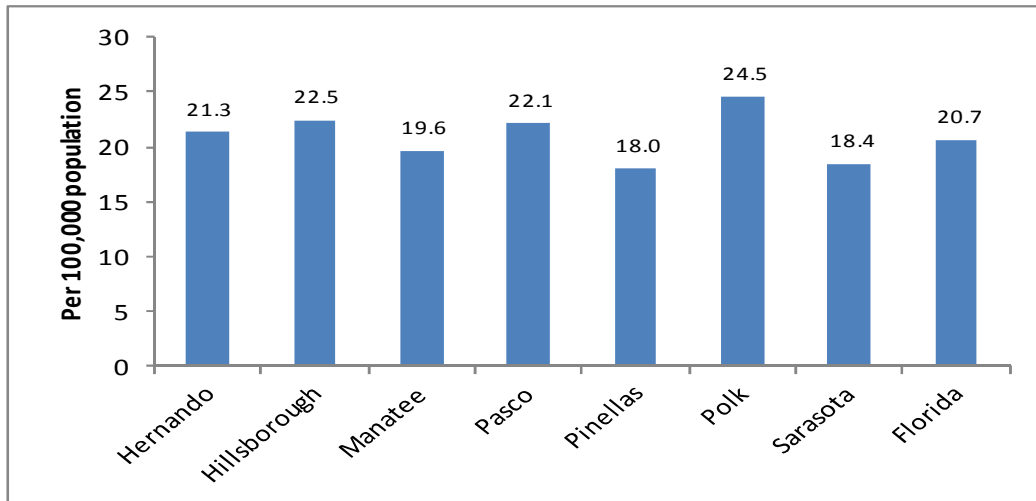


Source: Florida Cancer Data System.

Breast Cancer

As illustrated in Figure 72, Hernando, Hillsborough, Pasco and Polk Counties had breast cancer mortality rates above that of the State (20.7 per 100,000 population) between 2005- 2007. Polk County had the highest breast cancer mortality rate (24.5 per 100,000 population), followed by Hillsborough (22.5 per 100,000 population), Pasco (22.1 per 100,000 population) and Hernando Counties (21.3 per 100,000 population).

Figure 72. Age-adjusted Breast Cancer Mortality Rate per 100,000 Population 2005-2007 average

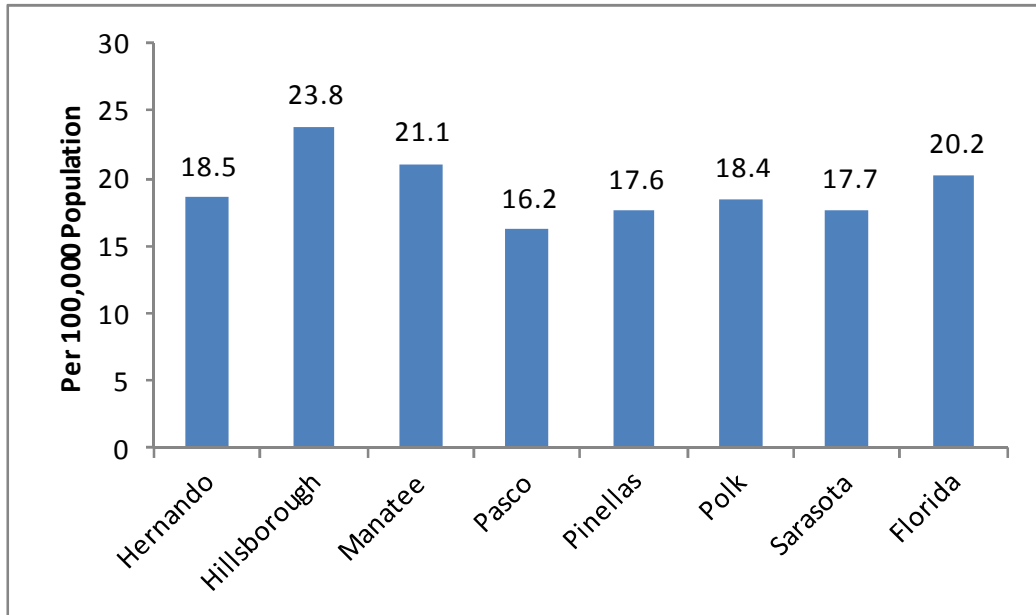


Source: Florida Cancer Data System.

Prostate Cancer

As shown in Figure 73, the prostate cancer mortality rate ranged from 16.2 per 100,000 population in Pasco County to 23.8 per 100,000 population in Hillsborough County. Only Hillsborough County had a prostate cancer mortality rate above that of the State (20.2 per 100,000 population).

Figure 73. Age-adjusted Prostate Cancer Mortality Rate per 100,000 Population, 2005-2007 average

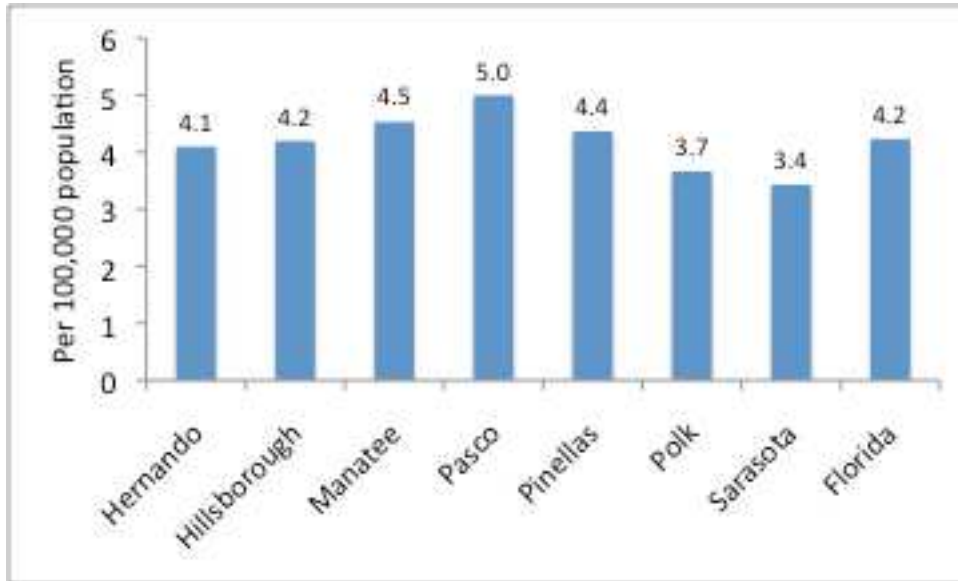


Source: Florida Cancer Data System.

Bladder Cancer

As illustrated in Figure 74, Manatee, Pasco and Pinellas Counties had bladder cancer mortality rates above that for the State (4.2 per 100,000 population). Pasco County had the highest mortality rate (5.0 per 100,000 population), followed by Manatee County (4.5 per 100,000 population).

Figure 74. Age-adjusted Bladder Cancer Mortality Rate per 100,000 Population, 2005-2007 average

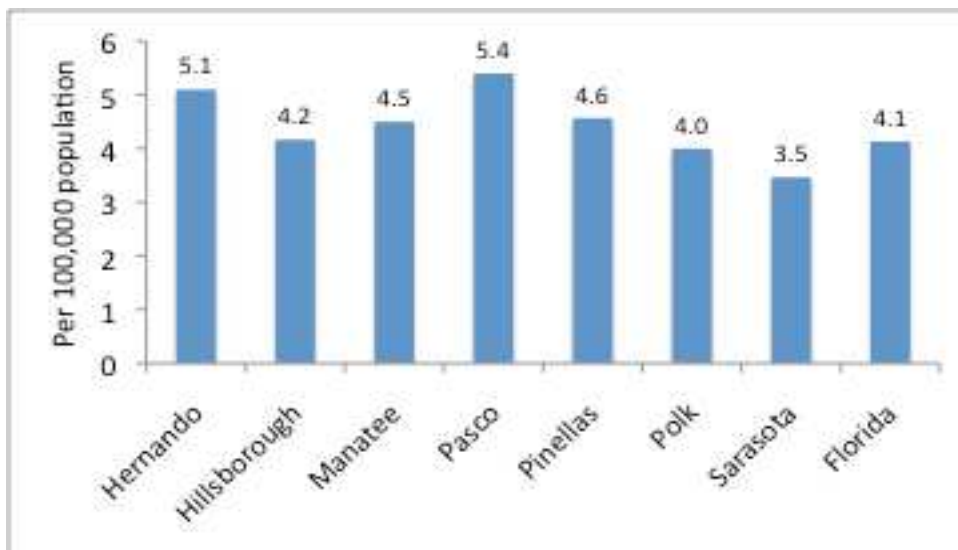


Source: Florida Cancer Data System.

Head and Neck Cancer

As demonstrated in Figure 75, with the exception of Polk and Sarasota Counties, the head and neck cancer mortality rate was higher for counties in Moffitt’s service area than for the State (4.1 per 100,000 population). The head and neck cancer mortality rate was highest in Pasco County (5.4 per 100,000 population), followed by Hernando County (5.1 per 100,000 population) and Pinellas County (4.6 per 100,000 population).

Figure 75. Age-adjusted Head and Neck Cancer Mortality Rate per 100,000 Population, 2005-2007 average

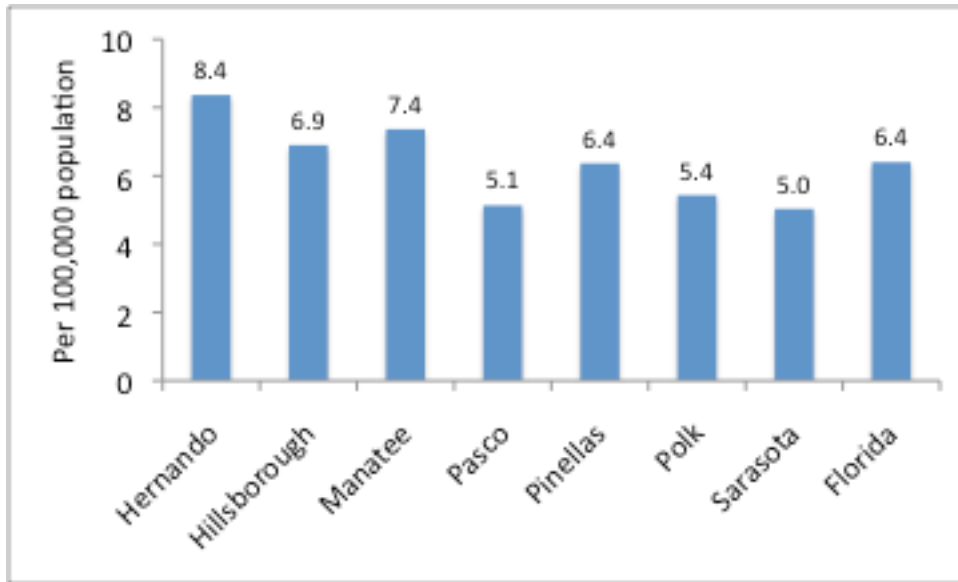


Source: Florida Cancer Data System.

Non-Hodgkin's Lymphoma

Figure 76 shows that in Hernando, Hillsborough and Manatee Counties, the Non-Hodgkin's Lymphoma mortality rate was above that for the State of Florida (6.4 per 100,000 population). The mortality rate ranged from 5.1 per 100,000 population in Pasco County to 8.4 per 100,000 population in Hernando County.

Figure 76. Age-adjusted Non-Hodgkin's Lymphoma Mortality Rate per 100,000 Population, 2005-2007 average

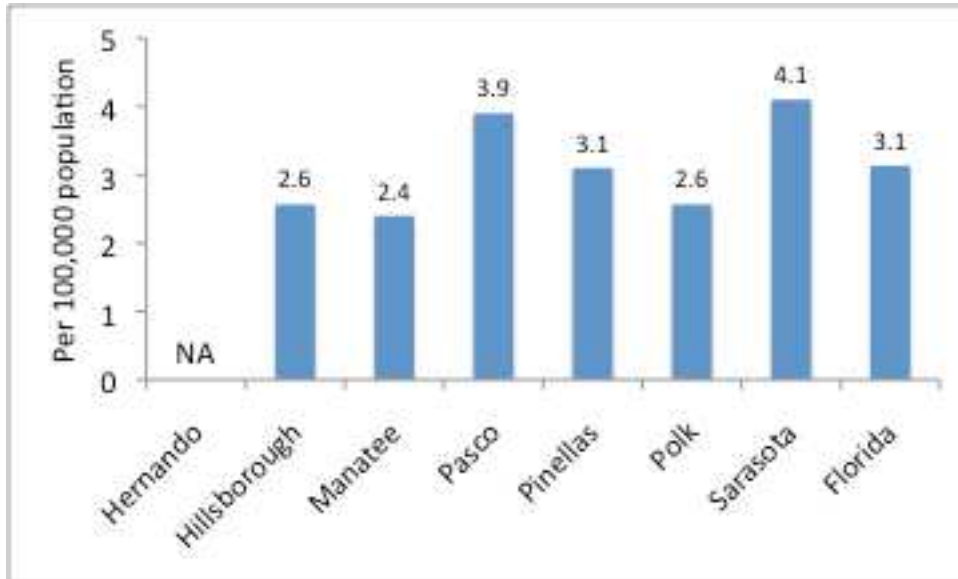


Source: Florida Cancer Data System.

Melanoma

With the exception of Pasco, Pinellas and Sarasota Counties, the mortality rate from melanoma was below that for the State (3.1 per 100,000 population) for the counties in the Moffitt service area (Figure 77). The melanoma mortality rate ranged from 2.4 per 100,000 population in Manatee County to 4.1 per 100,000 population in Sarasota County. The mortality rate was not available for Hernando County.

Figure 77. Age-adjusted Melanoma Mortality Rate per 100,000 Population, 2005-2007 average

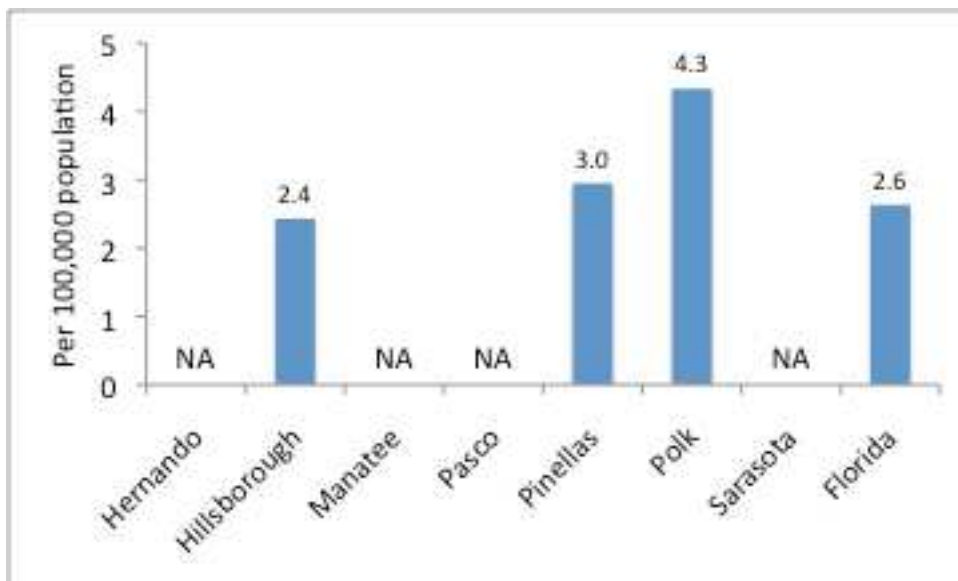


Source: Florida Cancer Data System.

Cervical Cancer

As demonstrated in Figure 78, Pinellas and Polk Counties had cervical cancer mortality rates (3.0 and 4.3 per 100,000 population, respectively) above that of the State of Florida (2.6 per 100,000 population). The cervical cancer mortality rate was not available for Hernando, Manatee, Pasco and Sarasota Counties.

Figure 78. Age-adjusted Cervical Cancer Mortality Rate per 100,000 Population, 2005-2007 average



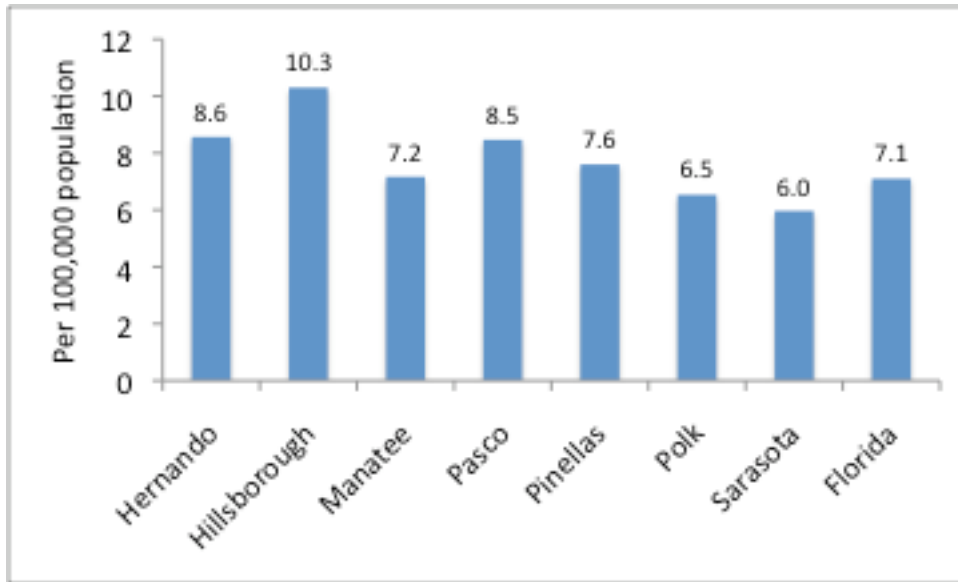
Source: Florida Cancer Data System.

NA: Numbers are suppressed because incidence count is less than 10.

Ovarian Cancer

With the exception of Polk and Sarasota Counties, most counties in the Moffitt service area had ovarian cancer mortality rates above that of the State (7.1 per 100,000 population) (Figure 79). Hillsborough County had the highest ovarian cancer mortality rate (10.3 per 100,000 population), followed by Hernando and Pasco Counties (8.6 and 8.5 per 100,000 population, respectively).

Figure 79. Age-adjusted Ovarian Cancer Mortality Rate per 100,000 Population, 2005-2007 average



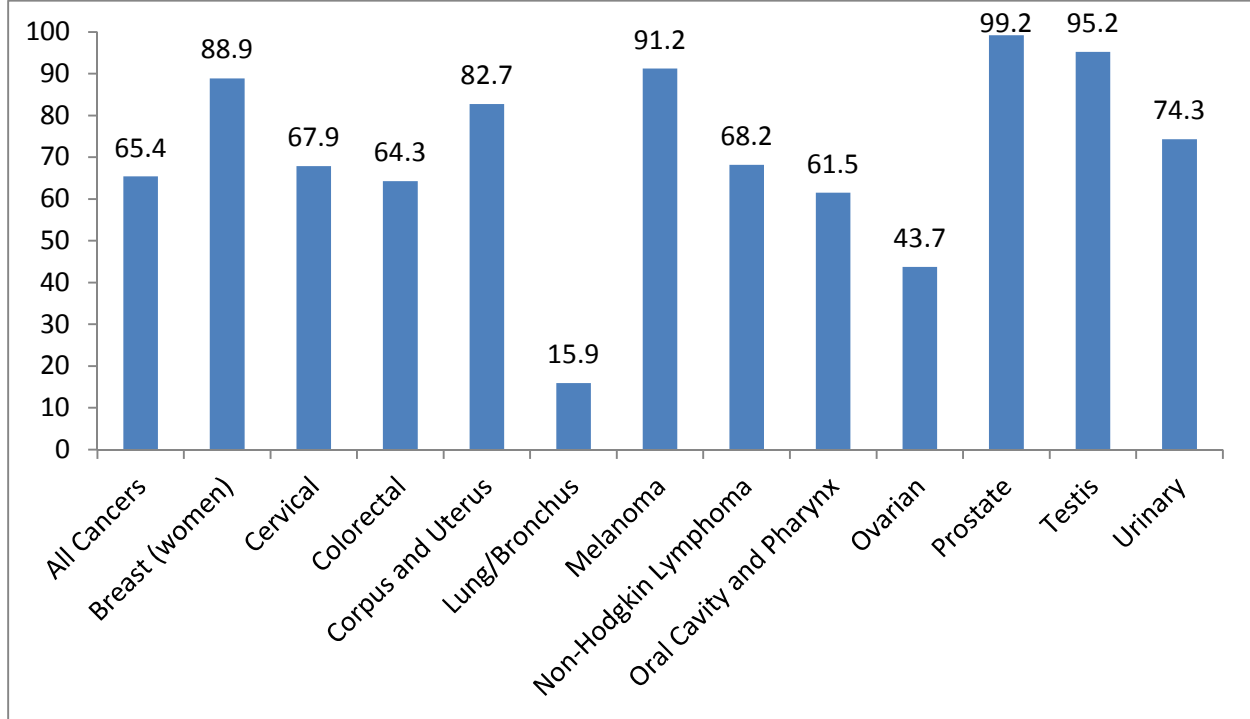
Source: Florida Cancer Data System.

Cancer Survivorship

This section provides a description of five-year relative cancer survival rates from 2002-2008 for overall cancer diagnoses as well as for specific cancers such as breast, cervical, colorectal, lung, ovarian, prostate, and other cancers. Since no local or state level data are available on survivorship, these data are national in scope. Survivorship data are drawn from the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI). SEER collects and publishes cancer incidence and survival data from population-based cancer registries covering approximately 26% of the U.S. population (18 sites total). The five-year relative cancer survival rates are calculated by SEER by gender and race (White, Black). SEER data tables do not provide survival rates by ethnicity.

As shown in Figure 80 between 2002 and 2008, the overall five-year survival rate from the 17 SEER geographic areas was 65.4%. Across all cancer types the five-year survival rate varied dramatically. Prostate cancer had an almost 100% five-year survival rate (99.2%) while only 15.9% of those diagnosed with lung or bronchus cancer survived after five years.

Figure 80. Five-Year Relative Survival Rate by Cancer Type, 2002-2008



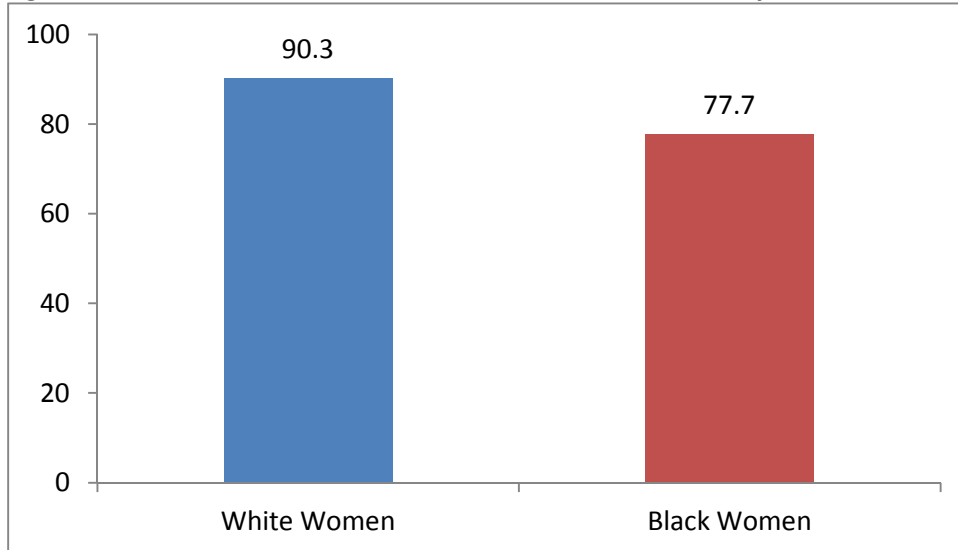
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Breast Cancer Survivorship

As shown in Figure 81, between 2002 and 2008 the five-year relative survival rates by race were 90.3% for White women and 77.7% for Black women.

Figure 81. Five-Year Relative Survival Rate for Breast Cancer by Race, 2002-2008



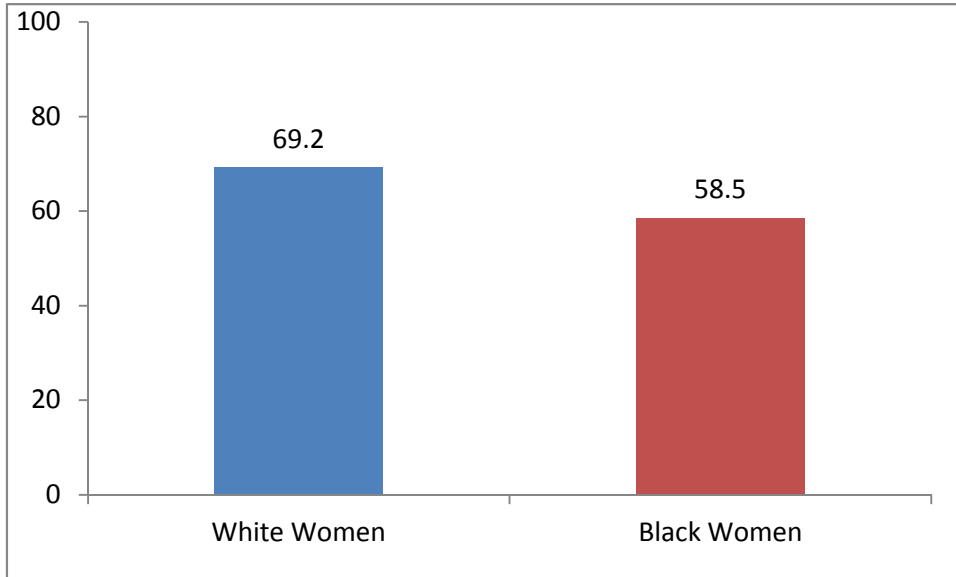
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Cervical Cancer Survivorship

Across the 17 SEER sites, the five-year relative survival rate was 10.7% higher for White women (69.2%) than Black women (58.5%) (Figure 82).

Figure 82. Five-Year Relative Survival Rate for Cervical Cancer by Race, 2002-2008



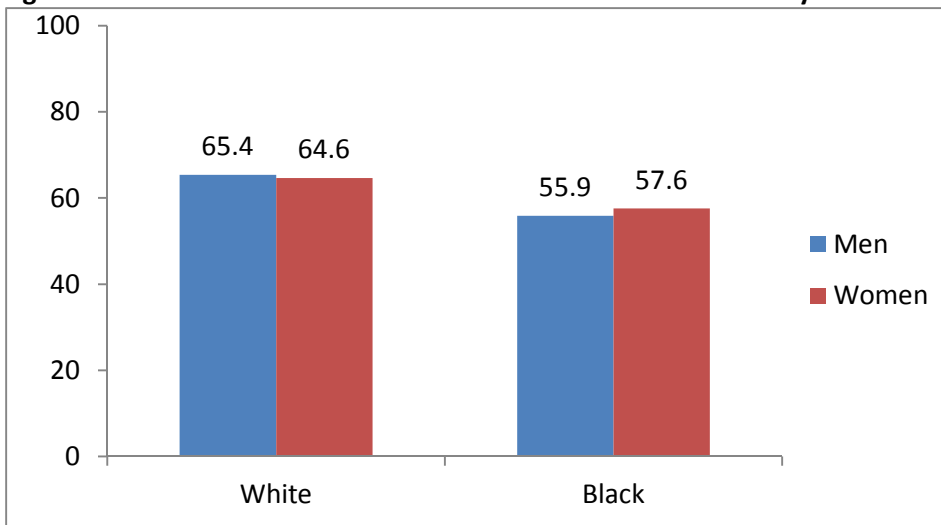
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Colorectal Cancer Survivorship

Figure 83 shows the five-year relative colorectal cancer survival rate for 2002-2008 by gender and race. During this time period, colorectal cancer survivorship was similar for men and women of the same race. However, White men and women had a higher survival rate than Black men and women.

Figure 83. Five-Year Relative Survival Rate for Colorectal Cancer by Gender and Race, 2002-2008



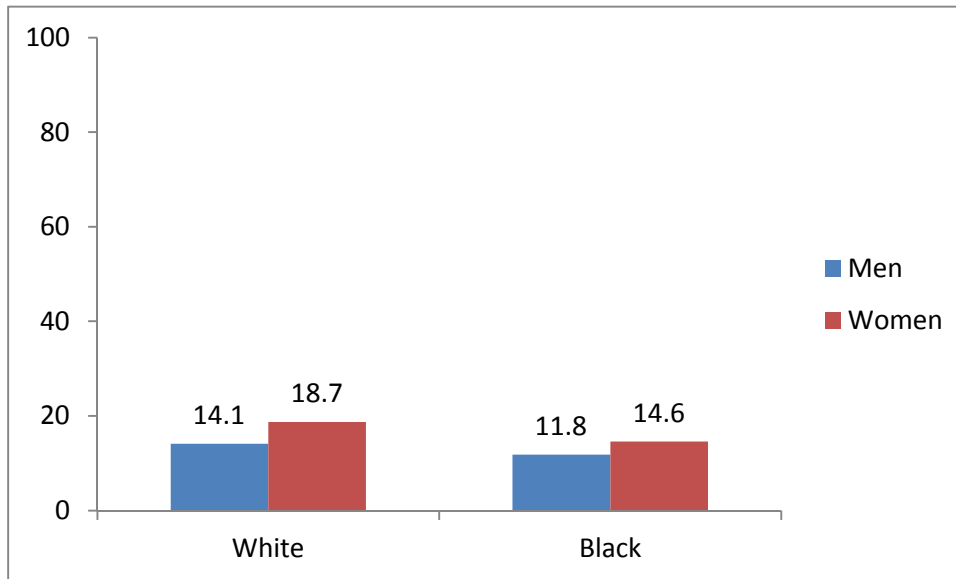
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Lung Cancer Survivorship

The five-year relative survival rate for lung cancer was higher among women than men and higher among Whites than Blacks. Between 2002 and 2008, the five-year relative survival rates by race and sex were: 14.1% for White men; 18.7% for White women; 11.8% for Black men; 14.6% for Black women (Figure 84).

Figure 84. Five-Year Relative Survival Rate for Lung Cancer by Gender and Race, 2002-2008



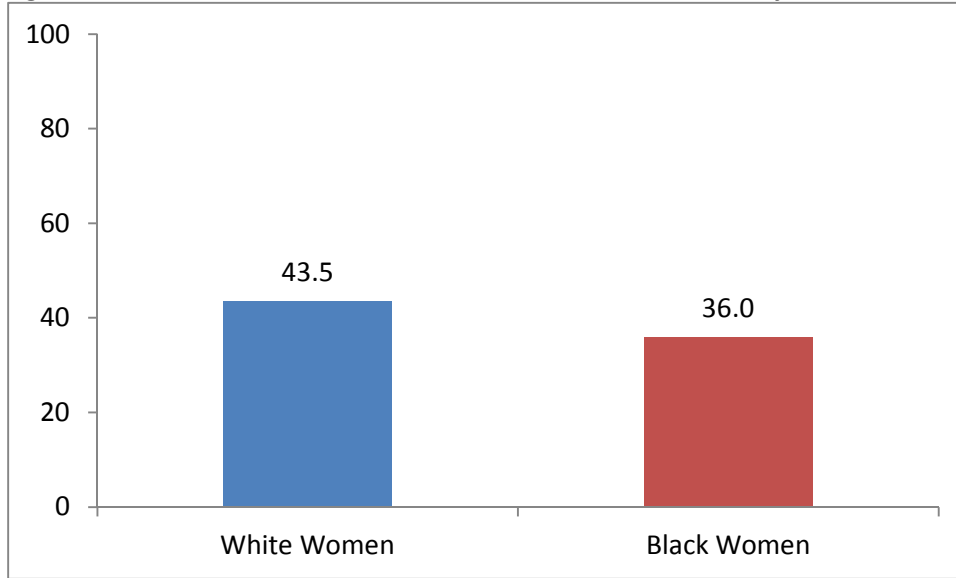
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Ovarian Cancer Survivorship

As shown in Figure 85, the five-year relative survival rate between 2002 and 2008 for ovarian cancer across the 17 SEER geographic areas was higher among White women (43.5%) than Black women (36.0%).

Figure 85. Five-Year Relative Survival Rate for Ovarian Cancer by Race, 2002-2008



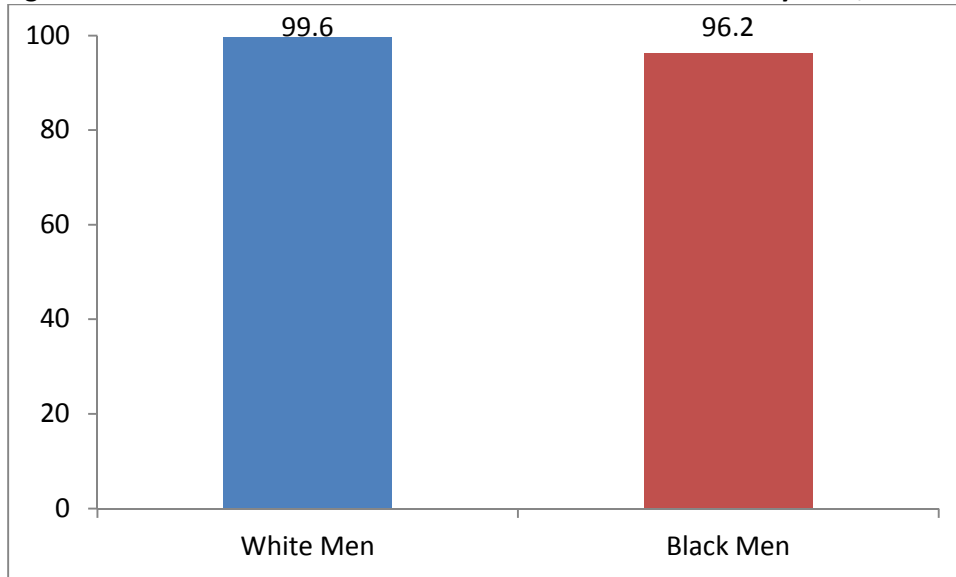
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Prostate Cancer Survivorship

Although the five-year relative survival rate for prostate cancer was nearly 100% across the SEER sites, White men had a slightly higher survival rate (99.6%) than Black men (96.2%) (Figure 86).

Figure 86. Five-Year Relative Survival Rate for Prostate Cancer by Race, 2002-2008



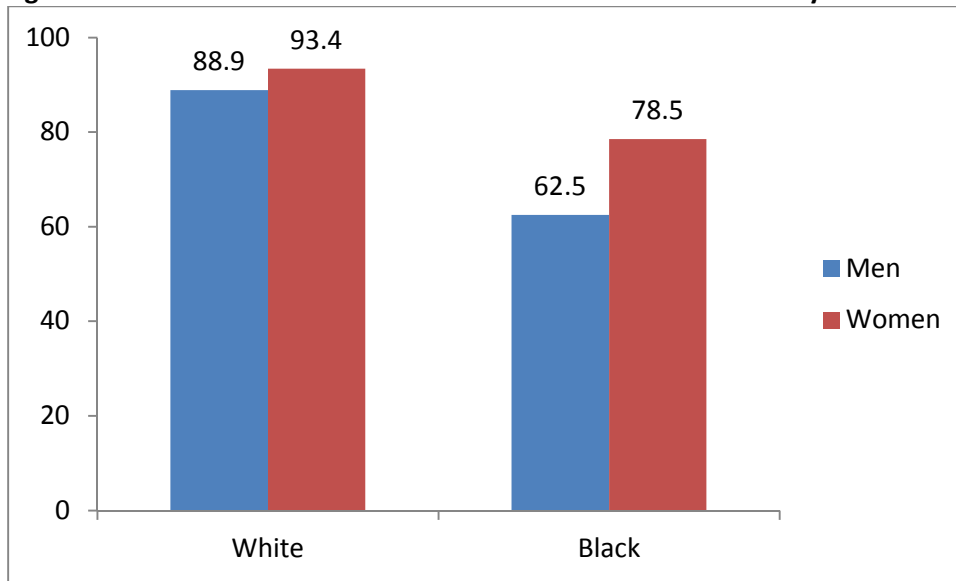
NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Other Cancer Survivorship

Similar to previously described survival data, Figure 87 demonstrates that the five-year survival rate for melanoma cancer was highest for White women (93.4%) while lowest for Black men (62.5%). Overall, women were more likely to survive five-years compared to men and Whites were more likely to survive five years than Blacks.

Figure 87. Five-Year Relative Survival Rate for Melanoma Cancer by Gender and Race, 2002-2008

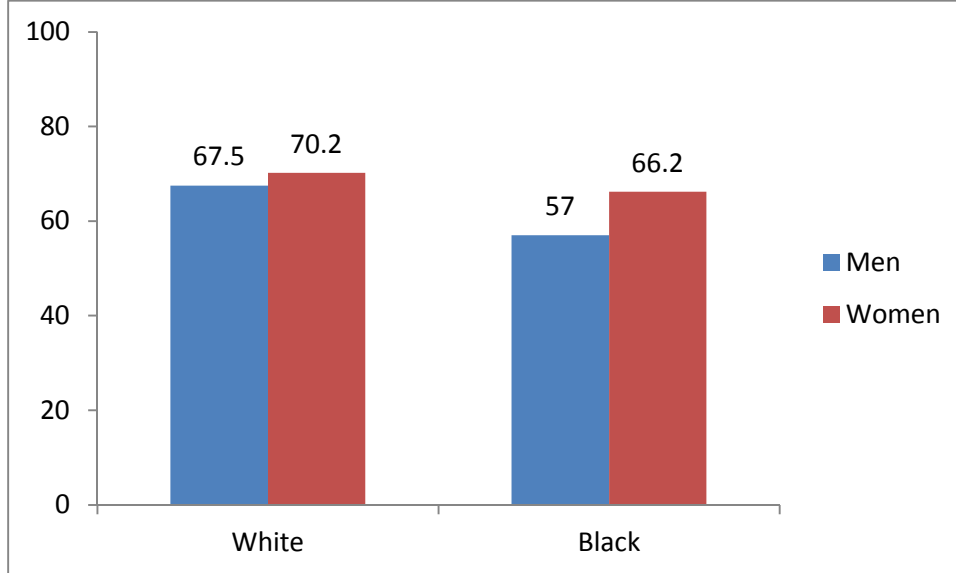


NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

As shown in Figure 88, the five-year relative survival rates for Non-Hodgkin Lymphoma for 2002-2008 by race and gender were: 67.5% for White men; 70.2% for White women; 57.0% for Black men; and 66.2% for Black women.

Figure 88. Five-Year Relative Survival Rate for Non-Hodgkin Lymphoma by Gender and Race, 2002-2008

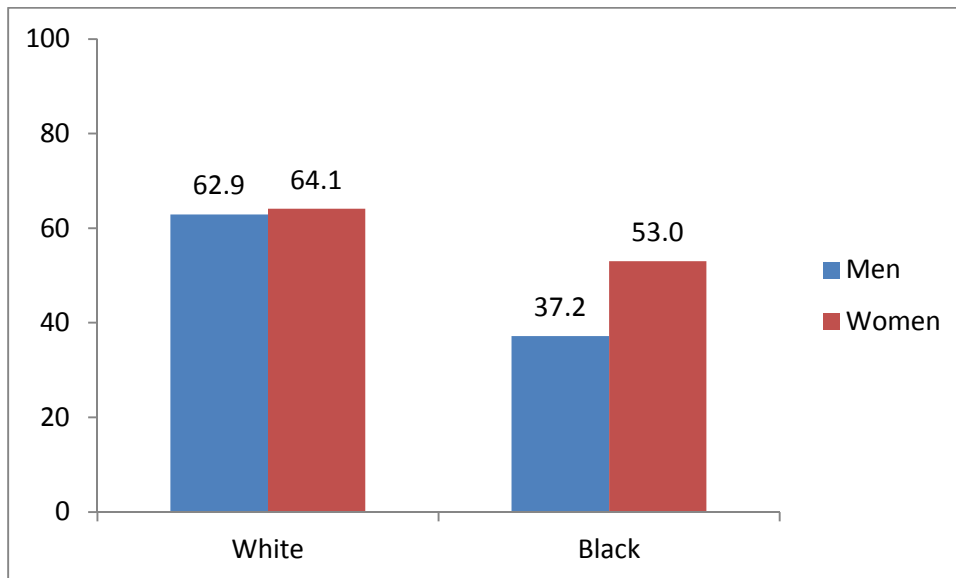


NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

The five-year oral cavity/pharynx cancer survival rate for 2002 to 2008 was similar between White men and women (62.9% vs. 64.1%) across the SEER sites (Figure 89). Black men and women reported lower five-year survival rates. Black men were particularly vulnerable to succumbing to oral/pharynx cancer with only 37.2% reaching the five-year survival rate.

Figure 89. Five-Year Relative Survival Rate for Oral and Pharynx Cancer by Gender and Race, 2002-2008

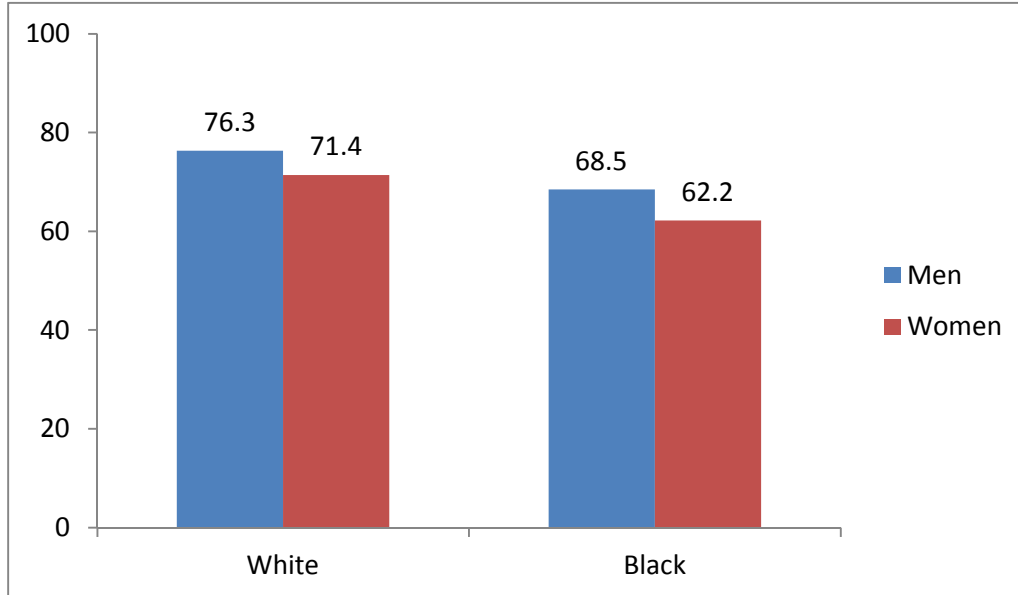


NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

Contrary to many of the other cancers previously presented, the five-year relative survival rates for urinary cancer from 2002-2008 across the 17 SEER geographic areas was higher for men than women (Figure 90). However, Black men and women still reported survivor rates that were lower than White men and women. Overall, White men reported the highest five-year survival rate for urinary cancer (76.3%) while Black women reported the lowest rate (62.2%).

Figure 90. Five-Year Relative Survival Rate for Urinary Cancer by Gender and Race, 2002-2008

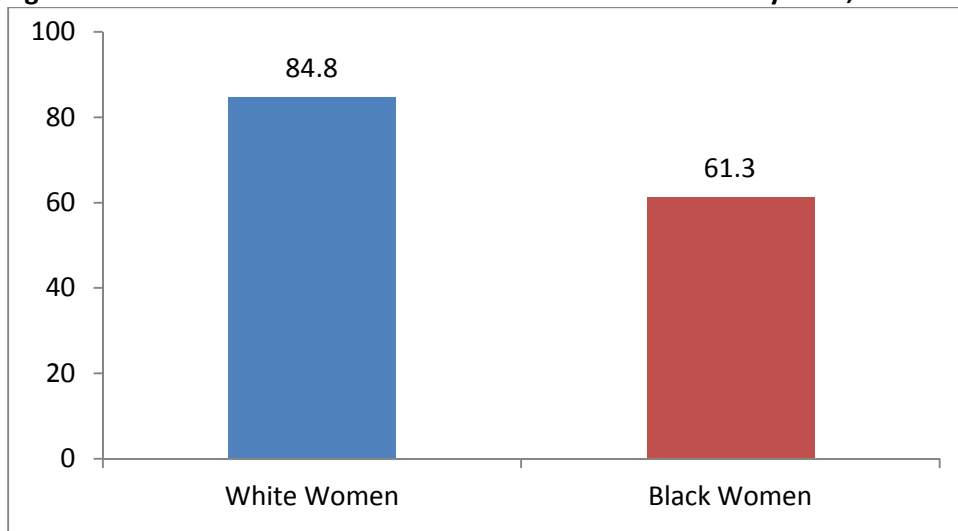


NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

As shown in Figure 91, the five-year relative survival rate for uterine cancer across the SEER sites was 23.5% lower for Black women compared to White women (61.3% vs. 84.8% respectively).

Figure 91. Five-Year Relative Survival Rate for Uterine Cancer by Race, 2002-2008

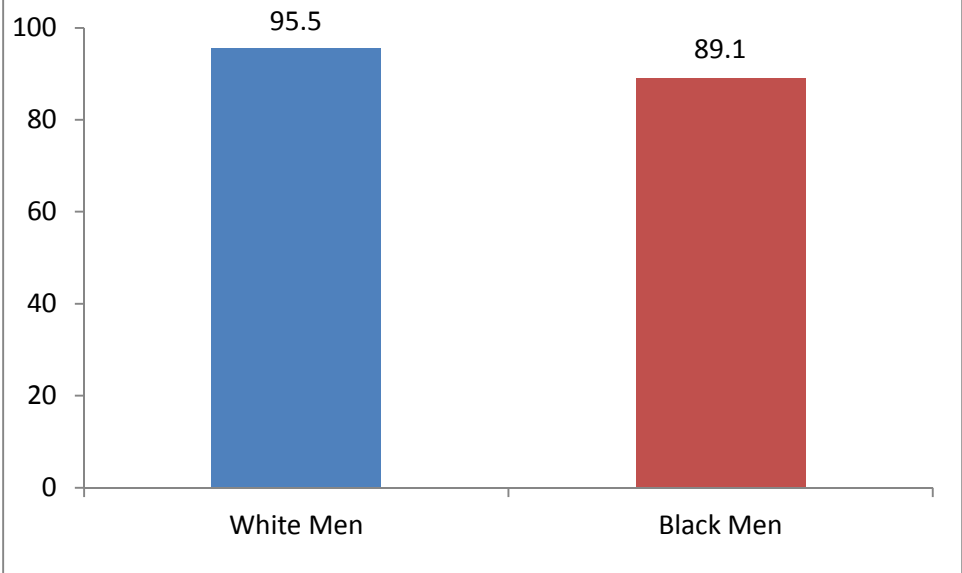


NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD

According to the SEER geographic areas, the five-year survival rate for testis cancer was 95.5% for White men and 89.1% for Black men (Figure 92).

Figure 92. Five-Year Relative Survival Rate for Testis Cancer by Race, 2002-2008



NOTE: Relative survival rates are expressed as percents.

DATA SOURCE: SEER Cancer Statistics Review, 1975-2009, National Cancer Institute. Bethesda, MD.

CONCLUSIONS

Overview of Findings

The following section provides a broad overview of the key findings of this assessment study. While a wide range of epidemiological, social and economic data were reviewed and synthesized with qualitative data collected from community members, some important main themes emerged that are important to bring forth. These include:

- ***The changing demographics of Moffitt’s service area impact the demand for services and the need for culturally and linguistically competent services and programs.*** The population in Moffitt’s catchment area is growing in number and diversity. The area has experienced increases in the Hispanic and Black communities, as well as those speaking a language other than English at home, which will impact the services needed to address health issues among these populations.

Additionally, the increasing diversity of the area calls for improved data collection methods to ensure adequate representation in any sample of these growing populations.

- ***While overall cancer mortality rates have fallen, there are some specific populations and counties with rising rates.*** Since 2004, cancer mortality rates in each of the seven counties have fallen or remained stable. Only two counties in the area, Manatee and Sarasota, have cancer mortality rates that are lower than the state of Florida. Cancer mortality rates are highest among the Black population and lowest among the Hispanic population.
- ***Despite differing community perceptions regarding the importance of cancer as a community health concern, it was viewed as a serious illness.*** Focus group and interview respondents differed in their opinions about whether cancer was a primary health concern in the region; however, they agreed that cancer is a serious disease. Respondents believed that the seriousness of the disease, and the fear it sometimes evokes, create barriers to getting people to think proactively and preventatively about it. Others reported that in some cultures there is a stigma associated with having cancer that leads people to delay or avoid screening or treatment.
- ***Receiving timely screenings, diagnosis and treatment may be influenced by the ability to obtain a primary care provider and availability of local and accessible health care services.*** The use of a primary care provider to access screenings and guide diagnosis with a referral for treatment may be limited considering that just over 80% of the adult population in area had a primary care provider and slightly less than 20% said they had not seen a doctor due to cost. Limited access to care was particularly notable in Polk County, where adults were less likely to have a primary care doctor and most likely to not see a doctor due to cost compared to adults in neighboring counties. Among racial and ethnic categories, the Hispanic population had the lowest rates of having a primary care provider and highest rates for not seeing a doctor due to cost.

Furthermore, focus group and interview participants described experiences of delaying care, such as only needing a doctor when “*you are sick*” and waiting for symptoms “*to be severe enough to see a doctor.*” When asked about barriers to screening, residents acknowledged that people delay screening for a variety of reasons. As one interviewee mentioned, “*people think cancer is an issue but put off screening and care because of cost and time.*” Men, especially minorities, were identified by several respondents as often delaying or avoiding screening tests. The lack of follow-up to screening services also emerged as a prominent theme. As one person described, “*organizations at*

health fairs and churches do screenings [but] there is no follow up by the organizations that do the screenings at these venues.”

- **Cancer incidence and hospitalization rates vary across the region.** Cancer incidence rates across the Moffitt catchment area range from 419 per 100,000 in Manatee County to 501 per 100,000 in Polk County. In general, the Hispanic population has lower all cancer rates than the White and Black populations, except for in Hernando and Manatee Counties where the rate is near or higher than that of the county as a whole. Since 2001, the rates of advanced stage diagnosis have been steadily decreasing in Manatee and Pinellas Counties, while steadily increasing in Polk and Pasco Counties. While cancer hospitalization rates are declining, only Hillsborough County has a rate that is lower than that of the state of Florida.
- **Community residents understand the healthy behaviors related to preventing cancer but often find it difficult to translate that knowledge into action.** When asked about how to reduce their chances of getting cancer, respondents frequently pointed to lifestyle changes including smoking cessation, dietary improvements, and engaging in more physical activity. While respondents indicated that people are generally aware of what is needed to reduce chances of getting cancer, they acknowledged that it is difficult to translate awareness into action. As one person stated, *“people are so stretched, it’s hard to work in time to exercise.”* Several respondents pointed out that some people face economic constraints to improving their health. As one focus group member mentioned, *“when you can’t afford tickets to a concert, you buy cigarettes for enjoyment.”* Several residents noted that it is difficult for low-income people to purchase healthy food. As one person stated, *“it’s difficult to make the healthy choice when you also want to make the affordable choice.”*
- **Barriers beyond having health insurance exist to accessing and utilizing cancer treatment programs and services.** While respondents reported that there are substantial barriers to accessing treatment services such as lack of insurance, they also noted the challenge of understanding how to navigate the system to obtain these services. Many noted they were not sure where to go and whom to speak to within the health care system. Some noted lack of transportation and time as influencing where they could go for services.

Finally, the changing health care landscape impacts how and where individuals seek services in a complex system. Increased health literacy and assistance in navigating the public health and health care systems are needed to maintain a healthy community.

APPENDIX A. Moffitt Cancer Center Community Health Assessment Advisory Committee

External Community Health Assessment Advisory Committee Members

Name	Title	Organization
Camero Reno, Norma	Director of Education	Hispanic Alliance of Tampa
Hepburn, Carrie	Executive Director	Tampa Bay Healthcare Collaborative
Johnson, Cynthia	Center Director, Senior Manager Business Assistance	Small Business Development Center (SBDC) Pinellas County Economic Development
Killingsworth, Pat	Author	Community Member
McDonald, Candice	Interconception Coordinator	Central Hillsborough Healthy Start Project
Mora, Ansley	Community Education Coordinator	Gulfcoast South AHEC, Inc.
Sims, Essie	Senior Pastor	Telling the Truth Ministries
Springsteen, Kimi	Asian American & International Liaison	Board of County Commissioners, Hillsborough County
Wright Jones, Cheri	Regional Vice President Tampa Bay	Allegany Franciscan Ministries

Internal Community Health Assessment Advisory Committee Members

Name	Title, Department
Allgeier, John	Director, Finance
Altman-Irvine, Bonnie	Tax Manager
Caraway, Vicki	Administrative Director, McKinley Campus
DeMuro, John	Director, Legislative Affairs
Grant, Cathy	Director, Moffitt Diversity
Hammon, Diane	Exec. Director, Corporate Business Development & Planning
Harris, Erika	External Relations Liaison
Newman, Nancy	Director, Patient Support & Advocacy
Pal, Tuya	Associate Member, Genetics
Quinn, Gwendolyn	Associate Member, Faculty
Smith, Lowell	Manager, Cancer Center Support Grant
Tejada, Judit	Manager, Corporate Planning

APPENDIX B: List of Participants in Focus groups and Interviews
External Focus Group and Interview Participants

Name	Organization/Community Resident
Anzuelo, Norma E.	Community Resident
Atsave, Carol	Community Resident
Ball, Eleanor	Community Resident
Bello, Veronica	Community Resident
Beritez, Maritza	Community Resident
Best, Evangeline R.	East Tampa Partnership
Boateng, Erma	Metro Wellness
Britt, L. C.	Community Resident
Brooks, Thometta C.	Center for Equal Health
Butts, Eunice	Community Resident
Camarillo, Lorena	Community Resident
Castro, Maria	Community Resident
Castro, Rubis	Community Resident
Cedano, Marcia	Community Resident
Christner, Tracy	Project GRACE (Suncoast Hospice)
Clintons, Cheryl	Sistah's Surviving Breast Cancer
Colon, Venessa Rivera	Moffitt Cancer Center
Colquitt, Charlie	Florida A&M University
Cordier, Deb	Community Resident
Dawkins, Sophia	Community Resident
Dene, Gladys	Community Resident
Driscoll, Judy	Community Resident
Enright, Tracy	St. Petersburg Healthy Start
Gaona, Martha	Community Resident
Garcia, Elizabeth	Community Resident
Garcia, Yessica E.	Community Resident
Gilbert, Susan	Churches United
Goldsmith, Jonnetta	Community Resident
Gomez, Jazlin	Community Resident
Gordon, Leslene	Hillsborough County Department of Health
Grate, Will	Community Resident
Harper, Susan	Community Resident
Harshbarger, Patty	Community Resident
Harvin, Carlene	Community Resident
Haverland, R	Community Resident
Heiderman, Margarita	Community Resident
Hernandez, Elizabeth	Community Resident
Herring, Jaida T.	Community Health Centers of Pinellas
Hoffmann, Susanne	Community Resident
Jeffers, Marti B.	Community Resident
Jenkins, Mary	Community Resident
Jones, Grace R.	Community Resident
Judkins, Crystal	Community Resident

Kaman, Perry	Community Resident
Kelley, Karen	Community Resident
Kicklighter, Alma L.	Ghettreal Community Services
Klasko, Lynne	Moffitt Cancer Center
Lampkins, Jacqueline	Community Resident
Lee, Valerie	Pinellas County Health Department
Manuel, Shirlene	Metro Wellness
Martinez, Itamae J.	Community Resident
Martinez, Maria I.	Community Resident
Medrano, Lydia	Children's Board of Hillsborough County
Montgomery, Joseph	Community Resident
Mora, Ansley	Gulfcoast AHEC (Area Health Education Center)
Morales, Eva	Community Resident
Nero, Carrie	Tampa Bay Veterans Housing Network
Ofora, Beverly	Community Resident
Ordonez, Alica	Community Resident
Pena, Esmeralda	Community Resident
Perlowski, Sylvia	Community Resident
Peterson, Marcia	Community Resident
Pitts, Lolita D.	Center for Equal Health
Polski, Kenneth	Community Resident
Pvinones, Edward	Community Resident
Raby, Joyce	Community Resident
Raquel, Addie	Community Resident
Reese, Gwendolyn	Community Resident
Rejas, Gina	Community Resident
Reno, Norma	Hispanic Alliance of Tampa
Roberts, Willie M.	Community Resident
Robison, Yvette	Community Resident
Robledo, Ana	Community Resident
Shaffer, Deb	Pinellas County Health Department
Sherman-White, Ann	Suncoast Hospice
Simon, Alberta	Community Resident
Spade, Linda	Community Resident
Speciale, Judy	Community Resident
Stendifer, Marsha	Center for Equal Health
Swanson, Carolyn	Community Resident
Teharte, Octavia	Creating Racial Equality and Ending Disparities (C.R.E.E.D.)
Thurber, Deborah	Community Resident
Tinsley, Terry	Community Resident
Toleno, Edith	Community Resident
Torres, Lisa	Community Resident
Turner, Dequanda	Community Resident
Vargas, Tina	Community Resident
Walker, Gayle M.	Gathering Together to Enrich and Change Community Health
Ward, Veronica	Community Resident

Wiech, Marion	Community Resident
Winfield, Brian	Equality Florida
Williams, Carolyn Spotford	Community Resident
Wright, JaDawn	University of South Florida Health – Youth Education Services

Internal Key Informant Participants

Name	Moffitt Cancer Center Department
Green, B. Lee	Vice President, Moffitt Diversity
Woodward, Gina	Conference Planning Assistant
Pospolyta, Chrystyna	Manager, Continuing Education and Conference Planning
Gwede, Clement	Research Faculty
Pratt, Christie	Coordinator, Program Outreach, LATTE (lung and thoracic tumor education)
Cheek, Debra	Manager, Employee Health Services
Allen, Kathryn	Director, Nutrition Therapy
Rendina, Lois	Supervisor and Coordinator, Melanoma Program
Hildreth, Lynne	Department Administrator, Women's Oncology
Clayton, Elissa	Manager Clinic Operations, Moffitt Cancer Center Screening and Prevention
Roetzheim, Richard	Medical Director, Moffitt Cancer Center Screening and Prevention
Dickerson, Sean	Research Coordinator
Rivera-Colon, Venessa	Manager, Moffitt Program for Outreach Wellness Education & Resources (M-POWER)

External Key Informant Participants

Name	Organization/Community Resident	Geographic Area of Focus
Best, Evangeline	East Tampa Partnership	Hillsborough
Commedore, Emile	Bay Area Medical Association of Black Physicians	Pinellas, Hillsborough, Hernando, Pasco
Eagan, Katherine	Hillsborough Area Regional Transit (HART)	Hillsborough
Ellis, Ann-Gayl	Hernando County Health Department	Hernando
Eillingswad, Kari	Sarasota Health Department	Sarasota
Harris, Philip	Tampa Bay United Way, Director Community Services and Public Policy	Hillsborough, Hernando, Pasco, Pinellas, Manatee
Killingsworth, Pat	Cancer Survivor	Hillsborough
Mathis, Christina	Gulf Coast North Area Health Education Center	Pasco
McHenry, Charlotte	VP of Volunteer Services, West Central Florida Area on Aging	Hillsborough, Manatee, Pasco
Ovelos, Maria	West Central Florida Area on Aging	
Reid, Camilla	Manatee County Health Department	Manatee
Russ, Maria	Hillsborough County School District, Supervisor of school health services	Hillsborough
Shula, Jan	Manatee County Health Department	Manatee
Sims, Essie	Pastor and East Tampa Partnership	Hillsborough
Toulme, Jossette	Haitian Association	Hillsborough and Orange
Van Bruggen, Melissa	Pinellas County Health Department	Pinellas

APPENDIX C: Interview Group Guide for Moffitt Cancer Center Staff
Health Resources in Action
Moffitt Cancer Center Community Health Assessment
Internal Stakeholder/Key Informant
Interview Guide

Goals of the interviews

- To determine key informants' perceptions of the most pressing health issues, including cancer, in Moffitt Cancer Center's catchment area
- To explore how Moffitt Cancer Center can address these health issues from the key informants' perspective
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND

- Hello. My name is _____, and I am a researcher with Health Resources in Action, a non-profit public health organization in Boston. Thank you for speaking with me today.
- As you may know, Moffitt Cancer Center is conducting a community assessment to gain a greater understanding of the health issues of individuals and families in its seven county catchment area, how those needs are being addressed, and whether there might be opportunities for Moffitt Cancer Center to address these issues more effectively. This community needs assessment will examine health, social, and economic data in the catchment area and consider the perspectives of individuals who live and work in the catchment area on how Moffitt Cancer Center can address community needs.
- Our interview will last about 30 minutes. Interviews like this one are being conducted with a range of people – including Moffitt Cancer Center staff and leadership, staff and leaders from organizations who work in the community, and community residents themselves.
- After all of the research is completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.
- Do you have any questions before we begin?

[NOTE: INTERVIEW QUESTIONS MAY BE ADDED OR TAILORED TO MEET THE SPECIFIC POSITION/ROLE OF THE PARTICIPANT]

II. THEIR ROLE AT/WITH MOFFITT CANCER CENTER (10 minutes)

1. Can you tell me a bit about what you do for/with Moffitt Cancer Center?
 - a. What type of programs/services do you provide? What communities or neighborhoods do you work in? Who are the main clients/audiences for your programs? [PROBE: AGE, SOCIOECONOMIC STATUS, RACE/ETHNICITY]
 - b. How long have you been doing this work?
 - i. What are some of the biggest challenges you face in providing these programs/services in the community?
 - c. Do you currently partner with any other organizations or institutions in any of your programs/services? [PROBE ON WHICH ORGANIZATIONS; FOR HOW LONG THEY HAVE PARTNERED, ETC.]

III. COMMUNITY ISSUES (10 minutes)

2. How would you describe the community which Moffitt Cancer Center/your organization serves?
 - a. What do you consider to be the community's strongest strengths/assets?
 - b. What are some of its biggest problems/concerns? What challenges do residents face day to day?
 - c. What do you think are the most pressing health concerns in the community?
 - i. [IF NOT DISCUSSED] In your opinion, how much of a concern is cancer among community residents relative to other issues? Why?
 - d. From your experience, what are residents' biggest barriers to addressing these health issues?
 - i. [PROBE: Barriers to accessing medical care, barriers to accessing preventive services or programs, barriers to receiving information on these issues, etc.]
 - e. What programs/services are you aware of in the community that address some of these health issues? [PROBE FOR SPECIFICS]

IV. PERCEPTIONS OF MOFFITT CANCER CENTER AND ITS COMMUNITY PROGRAMS (10 minutes)

3. Are you aware of any of their community outreach activities/programming? What have you heard about Moffitt Cancer Center's programs in the community? [PROBE FOR SPECIFICS]
 - a. What is your perception of the community outreach activities/programming (if known)?
 - i. What do you see as their strengths?
 - ii. What do you see as their challenges/limitations?
 - b. What do you consider Moffitt Cancer Center's role to be in the community?
 - c. To what extent do you think Moffitt Cancer Center is currently meeting the health concerns of the community your organization serves?
4. How do you see Moffitt Cancer Center becoming more engaged in the community to address these concerns?
 - a. Are there specific health issues in the community in which Moffitt Cancer Center should take a lead in addressing?
 - b. Are there any specific organizations in the community in which you see as being a good fit for partnership with Moffitt Cancer Center to address these health concerns?
 - i. With whom? Around which programs or issues?

V. CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good morning/afternoon.

APPENDIX D: Interview Guide for External Key Stakeholders

Health Resources in Action
Moffitt Cancer Center Community Health Assessment
External Stakeholder/Key Informant
Interview Guide

Goals of the interviews

- To determine key informants' perceptions of the most pressing health issues, including cancer, in Moffitt Cancer Center's catchment area
- To explore how Moffitt Cancer Center can address the health issues from the key informants' perspective
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

VI. BACKGROUND

- Hello. My name is _____, and I am a researcher with Health Resources in Action, a non-profit public health organization in Boston. Thank you for speaking with me today.
- Moffitt Cancer Center is conducting a community assessment to gain a greater understanding of the health issues of individuals and families in its seven county catchment area, how those needs are being addressed, and whether there might be opportunities for Moffitt Cancer Center to address these issues more effectively.
- Moffitt Cancer Center has been working in the community for decades, collaborating with numerous partners to implement evidence-based strategies to improve community health. This year, Moffitt Cancer Center is conducting a community needs assessment to examine health, social, and economic data in the catchment area and consider the perspectives of individuals who live and work in the catchment area on how Moffitt Cancer Center can address community needs.
- Our interview will last about 30 minutes. Interviews like this one are being conducted with a range of people – including Moffitt Cancer Center staff and leadership, staff and leaders from organizations who work in the community, and community residents themselves.
- After all of the research is completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly you in our report.
- Do you have any questions before we begin?

[NOTE: INTERVIEW QUESTIONS MAY BE ADDED OR TAILORED TO MEET THE SPECIFIC POSITION/ROLE OF THE PARTICIPANT]

VII. THEIR ORGANIZATION/AGENCY (10 minutes)

5. Can you tell me a bit about your organization/agency?
 - a. What type of programs/services do you provide? What communities or neighborhoods do you work in? Who are the main clients/audiences for your programs? [PROBE: AGE, SOCIOECONOMIC STATUS, RACE/ETHNICITY]
 - b. How long has your organization been working in [SPECIFIC NEIGHBORHOOD OR COMMUNITY]?
 - i. What are some of the biggest challenges your organization faces in providing these programs/services in the community?
 - c. Do you currently partner with any other organizations or institutions in any of your programs/services? [PROBE ON WHICH ORGANIZATIONS; FOR HOW LONG THEY HAVE PARTNERED, ETC.]

VIII. COMMUNITY ISSUES (10 minutes)

6. How would you describe the community/neighborhood which your organization serves?
 - a. What do you consider to be the community's strongest strengths/assets?
 - b. What are some of its biggest problems/concerns? What challenges do residents face day to day?
 - c. What do you think are the most pressing health concerns in the community?
 - i. [IF NOT DISCUSSED] In your opinion, how much of a concern is cancer among community residents relative to other issues? Why?
 - d. From your experience, what are residents' biggest barriers to addressing these health issues?
 - i. [PROBE: Barriers to accessing medical care, barriers to accessing preventive services or programs, barriers to receiving information on these issues, etc.]

- e. What programs/services are you aware of in the community that address some of these health issues? [PROBE FOR SPECIFICS]

IX. PERCEPTIONS OF MOFFITT CANCER CENTER AND ITS COMMUNITY PROGRAMS (10 minutes)

- 7. What have you heard about Moffitt Cancer Center's programs in the community? Are you aware of any of their community outreach activities/programming? [PROBE FOR SPECIFICS]
 - a. What is your perception of Moffitt Cancer Center and their community outreach activities/programming (if known)?
 - i. What do you see as their strengths?
 - ii. What do you see as their challenges/limitations?
 - b. What do you consider Moffitt Cancer Center's role to be in the community?
 - c. To what extent do you think Moffitt Cancer Center is currently meeting the health concerns of the community your organization serves?
- 8. How do you see Moffitt Cancer Center becoming more engaged in the community to address these concerns?
 - a. Are there specific health issues in the community which Moffitt Cancer Center should take a lead in addressing?
 - b. Are there any specific organizations in the community which you see as being a good fit for partnership with Moffitt Cancer Center to address these health concerns?
 - i. With whom? Around which programs or issues?

X. CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good morning/afternoon.

APPENDIX E: Focus Group Guide for Community Residents

Health Resources in Action Moffitt Cancer Center Community Assessment Focus Group Guide COMMUNITY MEMBERS

Goals of the focus groups:

- To identify the perceived health needs and assets in the community
- To gain an understanding of the current resources accessed for the identified health issues and gaps in services
- To understand people's perceptions of Moffitt Cancer Center's role in the community

[NOTE: THE QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

[PRIOR TO GROUP, PROVIDE CONSENT FORM]

I. BACKGROUND (5 MINUTES)

Welcome everyone. My name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston.

I'd also like to introduce some people that work with me today: _____. They are involved on this project and are here to observe and take notes during our discussion, so that I can have my hands and attention free as we talk.

Before we begin, I'd like to explain a few things about how this discussion will work.

- We're going to be having a focus group today. For those of you who have not been involved in a focus group before, a focus group is an opportunity for us to learn about this community from people who live here. Has anyone here been part of a focus group before?

You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might be different from those of other people in the room. This is completely fine. Not all of the questions are specific to cancer. Please be as honest as you can. Please feel free to share your opinions, both positive and negative.

- Moffitt Cancer Center is conducting what is called a community assessment, which is the reason we are having this group. Moffitt Cancer Center wants to gain a greater understanding of the health issues facing you and your families, how you are currently dealing with those needs, and how they can help in these areas. For this assessment,

Moffitt Cancer Center is talking to people from different communities and a number of people who work with community members. The information you provide is a valuable part of this assessment and will help Moffitt Cancer Center to find out what kinds of community programs are needed here.

- Also, just in case we miss something in our note-taking, we are also audio-taping these discussions. We just want to make sure we capture everything that was said. We will be conducting several of these discussion groups all around the seven counties served by Moffitt Cancer Center. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, I might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be completely confidential. Nothing you say here will be connected to your name in our report.

Is there anyone who is uncomfortable with the being audio taped? [if so, please do not tape the session]

- If you would like to get up and get yourself a drink or something to eat, please feel to do so. If you need to use the restrooms, they are {INSERT DIRECTIONS TO RESTROOMS}
- You might also notice that I have a stack of papers here. I have a lot of questions that I'd like to ask you today/tonight. I want to let you know that so if it seems like I cut a conversation a little short to move on to the next question, please don't be offended. I just want to make sure we cover a number of different topics during our discussion tonight.
- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. The group will last only about 80-90 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

II. INTRODUCTION AND WARM-UP (5-10 MINUTES)

1. Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name; 2) where you live; 3) where you work; and 4) something about yourself you'd like to share— such as how many children you have or what things you like to do to have fun.. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY AND HEALTH PERCEPTIONS (10-15 MINUTES)

2. Tonight, we're going to be talking about the community or neighborhood that you live in. How would you describe your community?

- a. What are some of the biggest strengths of your community? What are the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL STRENGTHS; ENSURE ADEQUATE DISCUSSION TIME]
3. What are some of the biggest problems or concerns in your community? [PROBE ON SPECIFIC ISSUES IF NEEDED – ECONOMIC, HEALTH, SOCIAL, SAFETY, ETC.]
- a. What do you think are the most urgent health concerns in your community? [PROBE ON SPECIFIC ISSUES; INCLUDING ACCESS TO SERVICES, ENSURE ADEQUATE DISCUSSION TIME]

IV. PERCEPTIONS OF CANCER AND CANCER-RELATED PROGRAMS (30-35 MINUTES)

4. In your opinion, how much of a concern is cancer in your community?
- a. [PROBE IF NEEDED: How much of a concern is cancer in comparison to other health or economic issues?]
 - b. Which types of cancer affect your community the most? [PROBE ON OTHER CANCERS IN ADDITION TO BREAST AND CERVICAL CANCER]
5. What are some things that you think people can do to decrease their chances of getting cancer? [PROBE FOR RISK FACTORS AND BEHAVIORS]
- a. How much do you think reducing their chance of getting cancer enters people’s minds when they do things like [ADD BEHAVIOR HERE- NOT SMOKE, BE MORE PHYSICALLY ACTIVE, ETC.]? Why/why not?
 - b. When people are being physically active or not smoking, how much do you think about reducing their chance of getting cancer?
 - c. Let’s talk a bit about these behaviors. Do you know of any programs in your community that try to address these? What are they?
 - d. Let’s talk about _____. [PICK ONE BEHAVIOR – E.G., HEALTHY EATING - AND GO THROUGH SET OF QUESTIONS FOR THAT ISSUE; THEN SELECT ANOTHER BEHAVIOR, AND REPEAT SAME SET OF QUESTIONS]
 - i. What kinds of programs or services would you want to see in your community to address this issue/situation? What would the program look like?
 - ii. Who do you think should be sponsoring these programs? Who needs to be involved in developing them?

- iii. If an organization was going to be involved in this type of program in your community, what advice would you have for the program planners?

- 6. We just talked about trying to prevent cancer. Now let's talk about testing/screening for certain types of cancers – such as prostate cancer, colon cancer, or breast cancer. Has anyone heard of or had any of the tests that screen for these cancers?
 - a. How did you hear about these tests?
 - b. If you have had a screening test, where did you go for these types of screening tests?
 - c. [IF NEEDED: We are talking about screening tests like mammograms for breast cancer, colonoscopies for colon cancer, and PSA tests for prostate cancer.] Why do you think some people don't get screened? What makes it hard or challenging to try to get a cancer screening test? [PROBE ON SPECIFIC BARRIERS: FEAR OF SCREENINGS, LACK OF TIME, DIFFICULTY NAVIGATING HEALTH RESOURCES, LACK OF TRANSPORTATION, INSURANCE COVERAGE, ETC.]
 - i. Have you heard of or seen any resources in your community that provide these screening tests for cancer? How about any resources related to cancer education? [IF NOT MENTIONED, PROBE ON AWARENESS OF PEER EDUCATORS, HEALTH CENTER PROGRAMS, Screenings at Lifetime, M-POWER Health Education Programs, Mole Patrol.]

- 7. I'd like to switch from talking about screening tests to talking about life after cancer. There are many people living in your community who have survived cancer. You may have friends or family who have dealt with this. One question is whether there are good enough services available to support people who have survived cancer. What do you think organizations or health care institutions can do to help meet the needs of cancer survivors?
 - a. What kinds of programs or services do you think would be most helpful to cancer survivors?

V. MOFFITT PERCEPTIONS (25-30 MINUTES)

- 8. What do you expect out of the health care organizations (hospitals) in the area? What do you think they should be doing in your community? What is their role?
- 9. If you or a family member were diagnosed with cancer today, which hospital or treatment facility would be your FIRST choice? The names of their second and third choices can be asked as a follow-up.
 - o NOTE TO FACILITATOR: The following is a list of nearby facilities

- Bayfront
- Cleveland Clinic
- Florida Cancer Specialists
- Florida Hospital Cancer Institute
- Florida Hospital Tampa (formerly University Community Hospital)
- Lakeland Regional Cancer Center
- Mayo Clinic
- MD Anderson Cancer Center
- Moffitt Cancer Center
- Morton Plant
- Sarasota Memorial Hospital
- St. Joseph's Hospital
- Tampa General

10. Before today's discussion, how many people here had heard of Moffitt Cancer Center?

- a. What do you think about the Moffitt Cancer Center? If you had to pick a few words to describe your thoughts about the Moffitt Cancer Center, what would you say?
 - i. [PROBE IF NEEDED] If cancer were something that affected you or your family, how likely do you think you would be to get care at Moffitt Cancer Center? Why/why not?
 - ii. If you heard that some of the behavior or screening programs (like smoking cessation classes, (give other commonly recognized examples) we mentioned before were in your community and were conducted by Moffitt Cancer Center, would that make you more or less interested in the program? Why?

11. I'd like to just read a very brief statement about some of the work Moffitt Cancer Center is involved in. [PROVIDE ONE SENTENCE HAND-OUT OF MCC]

[READ ALOUD] Located in Tampa, [Moffitt Cancer Center](#) is the only Florida-based [National Cancer Institute](#) Comprehensive Cancer Center, a designation that recognizes Moffitt's excellence in research and contributions to clinical trials, prevention and cancer control. Moffitt is also a member of the [National Comprehensive Cancer Network](#), a prestigious alliance of the country's leading cancer centers, and is listed in [U.S. News & World Report](#) as one of "America's Best Hospitals" for cancer.

Now that you might know a bit more, what how do you feel about the Moffitt Cancer Center now?

- a. Does anything surprise you about what Moffitt does? Was any of this information new? What specifically?
 - i. Are there certain areas of Moffitt's work that you would like to know more about? [PROBE: What specifically? Why?]
 - ii. What should Moffitt be doing to get the word out into the community about its work?

12. I'm nearly all done with my questions today. I just want check to see if any of the people I work with have any additional last questions they want to ask.

13. CLOSING (2 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. And we'd like to express our thanks to you.
[DISTRIBUTE STIPENDS AND HAVE RECEIPT FORMS SIGNED].

Lastly, as I mentioned before, we are conducting these groups all around the seven counties that are in Moffitt's service area. After all this is over, we're going to be writing up a report. Moffitt Cancer Center wants to share the information from the report with people who are interested. We have a sign-up sheet here if you want to find out more about the end result of this effort and to receive a summary of the report findings. Feel free to provide your name and contact information, if you are interested. If you are not interested, you do not have to sign up.
[PROVIDE CONTACT SHEET FOR INTERESTED PEOPLE]

Thank you again. Your feedback is going to help Moffitt in their program planning in neighborhoods such as yours. We greatly appreciate your time and sharing your opinion.

APPENDIX F: Additional Social Environment Data by Race and Ethnicity

Table A. Median Household Income by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	42,011	42,357	35,506	38,030
Hillsborough	49,536	53,534	35,110	40,107
Manatee	47,812	50,265	30,372	37,682
Pasco	44,228	43,947	44,636	49,457
Pinellas	45,258	46,972	31,476	39,754
Polk	43,946	46,209	33,431	37,903
Sarasota	49,388	50,396	30,601	39,058
Florida	47,661	50,316	35,197	41,758

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table B. Percent of Individuals Below Poverty, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	11.8	11.5	18.1	15.9
Hillsborough	14.2	11.5	25.5	20.1
Manatee	12.8	10.4	26.0	27.2
Pasco	12.3	11.8	17.8	16.5
Pinellas	12.1	9.9	27.4	18.7
Polk	15.2	12.8	24.5	26.5
Sarasota	10.5	9.1	29.6	24.7
Florida	13.8	11.4	24.5	18.3

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table C. Percent of Persons Age 25+ Who Did Not Complete High School, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	14.9	13.9	18.8	19.0
Hillsborough	14.2	12.8	17.3	26.8
Manatee	13.1	10.7	25.0	41.3
Pasco	13.9	13.8	14.0	23.0
Pinellas	11.9	10.5	23.0	26.0
Polk	18.1	16.3	23.9	37.3
Sarasota	9.4	8.4	22.1	24.2
Florida	14.7	12.8	22.5	26.1

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table D. Percent of Persons Age 25+ With Bachelors Degree or Higher, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	16.2	16.0	21.8	13.8
Hillsborough	28.8	30.0	19.2	18.2
Manatee	25.6	27.2	11.7	12.9
Pasco	20.0	19.2	27.0	17.0
Pinellas	27.1	28.2	14.4	20.2
Polk	18.0	18.7	12.4	11.5
Sarasota	29.1	29.6	13.7	17.9
Florida	25.9	27.3	16.2	21.2

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table E. Civilian Unemployment Age 16+, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	12.0	11.6	15.8	17.5
Hillsborough	8.6	7.4	14.0	9.6
Manatee	8.9	8.1	16.1	9.7
Pasco	9.6	9.6	11.7	10.0
Pinellas	7.8	7.1	11.6	7.4
Polk	9.3	8.1	15.3	9.4
Sarasota	9.2	9.0	15.4	10.3
Florida	8.9	7.9	13.6	9.2

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table F. Transportation to Work: Auto, Age 16+, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	92.5	92.2	97.7	95.9
Hillsborough	89.9	90.1	88.9	90.4
Manatee	90.6	90.1	93.9	91.6
Pasco	92.3	92.4	92.0	93.5
Pinellas	88.9	89.0	87.2	83.0
Polk	92.4	92.7	92.1	87.5
Sarasota	88.7	88.7	86.2	86.6
Florida	89.8	90.1	89.1	88.7

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

Table G. Percent Rental Occupied Housing, by Race and Ethnicity, 2010

	All	White	Black	Hispanic
Hernando	16.6	15.6	27.4	26.8
Hillsborough	37.0	31.7	58.1	45.8
Manatee	26.9	21.8	60.1	47.4
Pasco	21.2	20.5	36.9	28.6
Pinellas	29.6	26.7	56.3	49.1
Polk	27.9	23.8	50.6	42.7
Sarasota	23.0	20.9	53.4	46.9
Florida	30.3	26.3	49.9	43.0

Data Source: U.S. Census Bureau, American Community Survey (ACS) 2006-2010 Five Year Estimate

¹ U.S. Census Bureau

² U.S. Census Bureau

³ U.S. Census Bureau, 2010 Decennial Census



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