



2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Report

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Executive Summary

Moffitt Cancer Center (Moffitt) is a free-standing cancer center and tax-exempt corporation as described in IRS Section 501(c)(3). The Patient Protection and Affordable Care Act (PPACA) of 2010 established new requirements for all non-profit 501(c)(3) hospital organizations to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy plan to meet needs identified in the assessment. This assessment will not only satisfy the requirements of the Affordable Care Act but it will lay the groundwork for developing programs and services for Moffitt that will positively impact the health and well-being of the community.

Moffitt's community for this assessment is defined as Hillsborough, Pasco, Pinellas, and Polk Counties located in west central Florida. The 2019 CHNA uses data collected from three different sources: 1) publically-available data on social, economic, and health issues; 2) 52 phone interviews with internal and external community stakeholders; and 3) online survey of 740 community residents.

Key results of the CHNA include:

- ❖ The four service area counties are home to 3.6 million people. This is expected to grow to 3.8 million people by 2023.
 - Pinellas and Pasco Counties are not as racially diverse compared to Hillsborough and Polk Counties. Pinellas has the smallest Hispanic population (9.8%) in the service area. Pasco County has the smallest African American/Black population (5.7%) in the service area.
 - Polk County has the highest percentage (17.3%) of individuals under the 100% poverty level. Hillsborough County has the highest percentage (11.1%) of adults 65 years and older under the 100% poverty level.
 - Residents in Pasco and Polk Counties have less educational attainment compared to Hillsborough, Pinellas, and the state of Florida.
- ❖ Hispanics are less likely to have health insurance coverage compared to non-Hispanics in all four counties and the entire state of Florida.
- ❖ About a quarter of the community indicated there was a time in the past year they couldn't get necessary medical care. Majority cited the reasons were due to high costs, trouble getting an appointment, and transportation.
- ❖ Access to care was a major concern amongst Community Stakeholders, specifically transportation, financial barriers, and the complexity of the healthcare system.
- ❖ The overall cancer incidence rates in the service area are higher compared to the entire state of Florida. The Breast Cancer and Melanoma Cancer incidence rates have increased in all counties since the 2016 CHNA.
 - Whites have the highest overall incidence rate in all four counties and in the state of Florida.
 - African Americans/Blacks have the highest Colorectal Cancer incidence rate in Hillsborough (44.9), Pinellas (47.4), and Polk (43.1) Counties, as well as, the highest Prostate Cancer incidence rates in all four counties.
- ❖ The overall cancer mortality rates have decreased in each county since the 2016 CHNA. However, Colorectal Cancer mortality rates have slightly increased since the 2016 CHNA in Hillsborough, Pasco, and Pinellas Counties.
 - African Americans/Blacks have the highest Breast Cancer (30.2), Colorectal Cancer (20.9) and Prostate Cancer (34.7) mortality rates in the entire service area.
- ❖ Pasco County (23.3%) has among the highest rate of current smokers compared to all Florida counties and is higher than in the state of Florida (15.5%).
 - African Americans/Blacks are more likely to be smokers compared to Whites.
- ❖ Adult obesity is more prevalent in the service area than it is in the state with Polk County having the highest rate in the area (38.8%).
 - African Americans/Blacks and Hispanics are more likely to be obese compared to White, non-Hispanics.

- Residents in the service area are less likely to meet the US dietary recommendations for daily fruit and vegetable intake.
- ❖ Around a third of women 18 years and older have received an HPV test within the last five years and who indicated either they or a family member have received the HPV vaccination.
 - Whites are less likely to have received the HPV test or the vaccination compared to other races/ethnicities.
- ❖ Community Stakeholders stressed the importance of education related to healthy lifestyles. They implied that a lack of knowledge about lifestyle-related risk factors and the impact those factors have on health and cancer risk might be preventing individuals from engaging in healthy behaviors or accessing preventative services.
- ❖ The current sigmoidoscopy/colonoscopy rates in each county have decreased since the 2016 CHNA. Hillsborough (48.3%) and Pasco (49.9%) Counties are among the lowest rates compared to all other counties in Florida. Mammography rates have slightly increased since the 2016 CHNA.
 - Community Stakeholders mentioned cancer screening as a top priority and considered the affordability of cancer screenings.
- ❖ Hispanics, African Americans/Blacks, and Asians had slightly more fatalistic beliefs of cancer compared to Whites.
 - Asians and African Americans/Blacks generally believe they have a lower risk of getting cancer compared to Whites.
- ❖ Community stakeholders valued the volume and collaborations of community-based organizations, social service agencies, public health programs, healthcare service providers, community clinics, and hospitals throughout the area to advance community health.
 - Stakeholders recommended that Moffitt would leverage partnerships with individuals and organizations that are already embedded within a given community in order to have the best impact.
- ❖ Based on review of secondary data, the online survey, stakeholder interviews, as well as, input from Moffitt's CHNA Steering Committee, the top four priorities to address in the Implementation Plan are: Healthcare Navigation, Transportation, Cancer Screening, and HPV Vaccination.

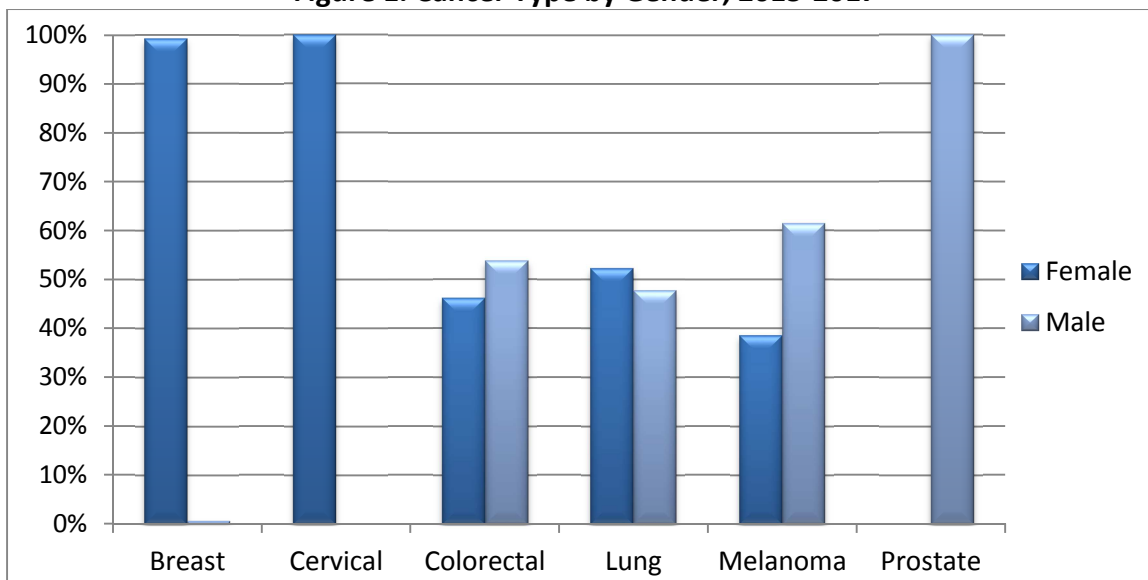
Moffitt Cancer Center Overview

Moffitt Cancer Center (Moffitt) is a free-standing cancer center and tax-exempt corporation as described in IRS Section 501(c)(3). Moffitt opened in 1986 and is named for H. Lee Moffitt, a former Speaker of the Florida House of Representatives, who spearheaded the effort to create a cancer center. Moffitt's sole mission is to contribute to the prevention and cure of cancer. The Tampa-based facility is one of only 50 National Cancer Institute-designated Comprehensive Cancer Centers, a distinction that recognizes Moffitt's scientific excellence, multidisciplinary research, and robust training and education. Moffitt is a major economic engine that employs more than 6,100 people across four corporate entities. Patients come from all 67 Florida counties, all 50 states and over 133 countries. Moffitt also has a wide range of outreach and community service activities and community hospital and academic partner networks throughout Florida, the nation, and the world.

Moffitt Patient Data

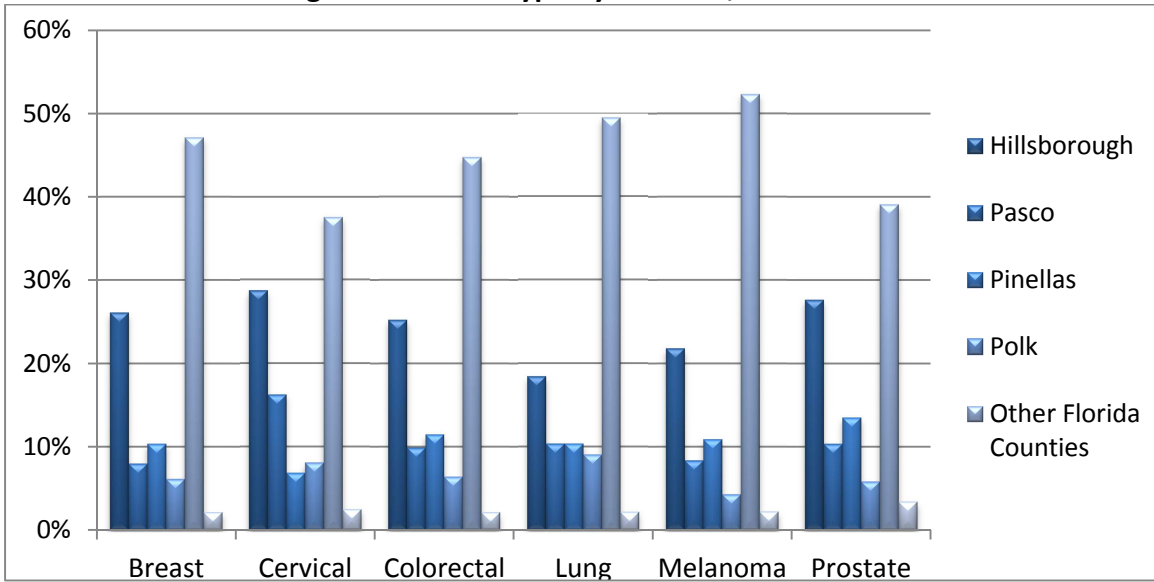
- ❖ **Figures 1 – 4** display Moffitt's patient cases (analytic and non-analytic) by cancer type and demographic group during 2015-2017.
- ❖ The six cancers shown (breast, cervical, colorectal, lung, melanoma, and prostate) were chosen because they have an associated screening test and are the current focus of Moffitt's outreach and education efforts. These cancers will be used throughout the CHNA.

Figure 1. Cancer Type by Gender, 2015-2017



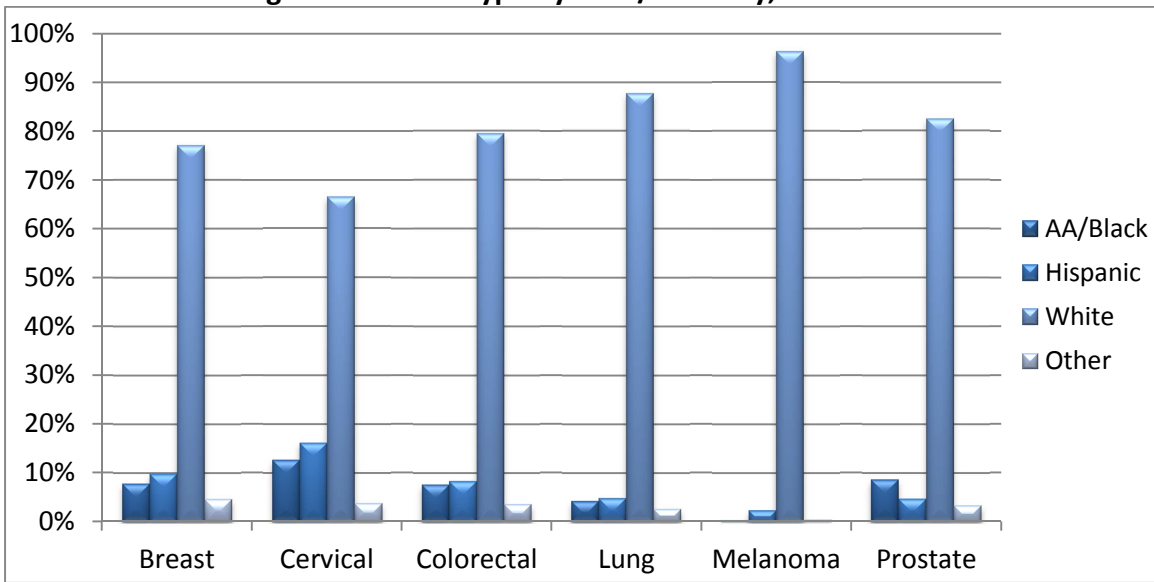
Source: Moffitt Cancer Registry

Figure 2. Cancer Type by Location, 2015-2017



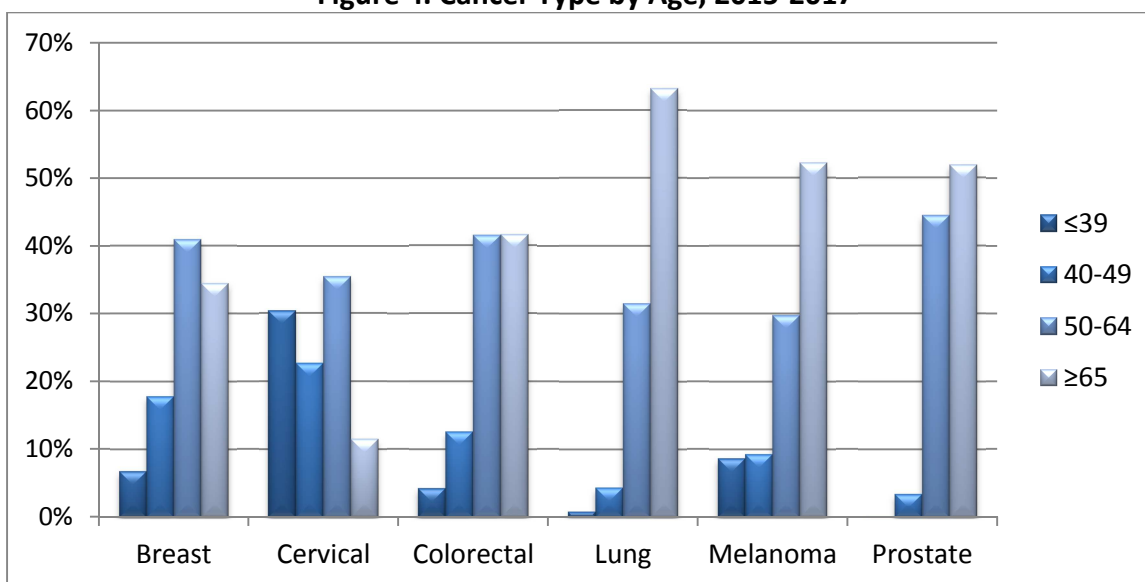
Source: Moffitt Cancer Registry

Figure 3. Cancer Type by Race/Ethnicity, 2015-2017



Source: Moffitt Cancer Registry

Figure 4. Cancer Type by Age, 2015-2017



Source: Moffitt Cancer Registry

About Community Health Needs Assessment

The Patient Protection and Affordable Care Act (PPACA) of 2010 established new requirements for all non-profit 501(c)(3) hospital organizations to 1) conduct a community health needs assessment (CHNA) every three years, and 2) adopt an implementation strategy to meet needs identified in the assessment.

A community health needs assessment is a systematic process involving the community. The goal is to 1) identify and analyze community health needs and assets, 2) to prioritize these needs, and 3) plan and act upon significant unmet community health needs. Following the completion of the CHNA, an implementation strategy will be created outlining the hospital's plan for addressing community health needs.

This assessment will not only satisfy the requirements of the Affordable Care Act but it will lay the groundwork for developing programs and services for Moffitt that will positively impact the health and well-being of the community.

Impact of Previous CHNA Priorities

In 2016, Moffitt's last CHNA determined two priority needs to address. **Table 1** includes a summary of how the priority areas have been addressed since the last CHNA.

Table 1. 2016 Implementation Plan Progress

ACCESS TO CARE GOALS	ACCOMPLISHMENTS
<p>Improve access to health care resources for those in need within the primary service area</p>	<ul style="list-style-type: none"> ❖ A web-based Community Resource Directory was developed to provide team members resources when navigating patients and community members in need of services. Nearly 100 organizations are included. From July 2017 to May 2019, there were 165 page views.
<p>Provide increased navigation services for patients and community members</p>	<ul style="list-style-type: none"> ❖ A Community Navigator was hired as part of a one-year pilot grant from July 2016 to April 2017. Nearly 50 community members were assisted with scheduling appointments, requesting Language Services, coordinating transportation, lodging, and other needs ❖ Two full-time nurse Patient Navigators were hired in April 2017 to assist patients <ul style="list-style-type: none"> • 130 adolescent young adult patients and 320 patients in the Head and Neck Clinic were navigated • Navigated AYA Patients in Sarcoma have a higher average number of patient education encounters (5.7 education events per patient) compared to non-navigated AYA sarcoma patients (3.5 education events per patient) • Retention rate (treated vs. untreated) for navigated patients in the Head & Neck MultiD clinic has increased since navigators started (baseline: 56% treated; since navigation: 80% treated) ❖ Though the development of an education tool was included in the Implementation Plan, it was determined not to develop a healthcare navigation online training for Moffitt team members since George Washington University has already developed a tool. The GWU <i>Oncology Patient Navigator Training</i> is free and opened to the public. Moffitt’s Patient Navigators completed this training.
<p>Support community advocacy to increase access to transportation</p>	<ul style="list-style-type: none"> ❖ Moffitt solicited input from employees to give the Hillsborough Area Regional Transit (HART), the county’s public transportation system, feedback regarding their proposed bus route changes. ❖ Along with other businesses, Moffitt donated \$25,000 to HART to help fund a new bus route system. The Uptowner will circulate USF and neighboring businesses in the university area (including Moffitt) beginning summer 2019.
CANCER SCREENING AND PREVENTION GOALS	ACCOMPLISHMENTS
<p>Increase awareness and education of cancer prevention and screening</p>	<ul style="list-style-type: none"> ❖ Public Service Announcements (PSA) were developed for breast, lung, colorectal, and prostate cancers and were promoted on both TV broadcast and digital platforms. <ul style="list-style-type: none"> • Campaign media analytics from September 2017 to March 2018: TV spots – 719; Digital impressions – 1,869,143; Clicks – 9,241 ❖ A website (www.canscreen.org) was created for viewers to obtain more information about cancer screenings and a toll free number was included for individuals to call the National Cancer Institute with questions. <ul style="list-style-type: none"> • Website – 3,728 total sessions; Telephone – 33 calls ❖ Moffitt organized nearly 450 cancer screening/prevention education workshops and events, serving over 10,000 community members. ❖ Moffitt physicians and researchers held five Facebook live events to discuss cancer prevention and screening education topics and answer questions from the audience. The events reached over 10,000 unique individuals online.
<p>Eliminate existing internal barriers for being screened</p>	<ul style="list-style-type: none"> ❖ Integrated a Resource Specialist position within the community outreach department to help reduce scheduling barriers for uninsured patients who received a screening voucher.

Table 1. 2016 Implementation Plan Progress (Cont.)

CANCER SCREENING AND PREVENTION GOALS	ACCOMPLISHMENTS
Provide increased and/or improved screening and prevention services for lung cancer, breast cancer, prostate cancer, and colorectal cancer	<ul style="list-style-type: none"> ❖ Moffitt offers screening vouchers to uninsured patients to improve screening and prevention services for lung cancer, breast cancer, prostate cancer, and colorectal cancer. Each voucher has specific eligibility criteria. <ul style="list-style-type: none"> • From 2017-2019: over 1,800 mammography vouchers, and over 200 prostate vouchers were offered to uninsured patients • From 2018-2019: 11 lung vouchers, 33 colorectal vouchers were offered to uninsured patients

2019 COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Community served

Moffitt’s primary service area for this assessment comprises of Hillsborough, Pasco, Pinellas, and Polk Counties located in west central Florida. Over half of Moffitt’s patient population comes from these four counties. The major population hub of the primary service area is Hillsborough County, home of the city of Tampa and Moffitt Cancer Center.

Approach and Process

Moffitt recognizes that the community’s health is affected by multiple factors. This CHNA analyzes an array of clinical, social and health-related data. The 2019 CHNA used a collaborative approach with Moffitt Research faculty and community stakeholders. The data collected incorporated three different sources: 1) publically-available data on social, economic, and health issues; 2) phone interviews with community stakeholders; and 3) online survey of community residents.

Moffitt hired Carnahan Group, Inc. to perform community stakeholder phone interviews. A total of 39 external community stakeholders and 13 internal Moffitt staff interviews were conducted between January 28, 2019 and March 7, 2019. **Table 2** lists the organizations and Moffitt departments who participated in an interview.

Table 2. Community Stakeholder Interviews

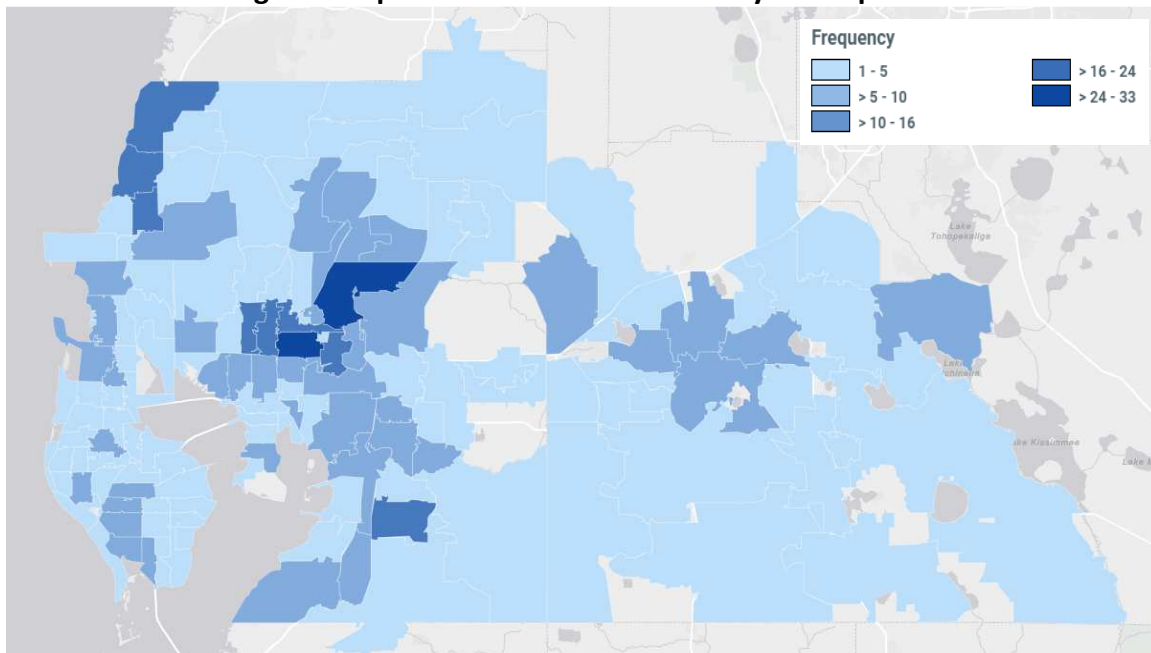
Community Stakeholder Organizations	
Allegany Franciscan Ministries, Tampa Bay Region	Gulf Coast North Area Health Education Center
American Cancer Society	Haitian Association
Angels Care Center of Eloise	Hillsborough County Health Care Plan
BayCare	Hispanic Services Council-Healthy Living Programs
Catholic Mobile Medical Services	Indigent Health Care
City of St. Petersburg	Lake Wales Free Clinic
Community Health Centers of Pinellas	Lakeland Regional Hospital
Crisis Center	Metropolitan Ministries
Desoto County Board of County Commissioners	Premier Community Healthcare Group
Division of Human Services, Pasco County	St. Petersburg Free Clinic
Faces of Courage Foundation	Suncoast Community Health Centers
Family Healthcare Foundation	Tampa Family Health Centers
Farmworker Self Help	Tampa General Hospital

Table 2. Community Stakeholder Interviews (Cont.)	
Community Stakeholder Organizations	
Florida Department of Health-Hillsborough County	Tampa YMCA
Florida Department of Health-Pasco County	United Way Suncoast
Florida Department of Health-Pinellas County	University Area Community Development Corporation
Florida Department of Health-Polk County	USF & Latinos Unidos por Un Nuevo Amanecer, Inc.
Foundation for a Healthy St. Pete	USF College of Public Health
Good Samaritan Health Clinic	USF Office of Community Engagement & Partnerships
Moffitt Departments	
Breast Program Division Administrator	International & Executive Referral Services
Clinic Administration	Marketing
Clinical Trials Core	Moffitt Program for Outreach, Wellness, and Education
Health Outcomes and Behavior, Tampa Bay Community Cancer Network	Nursing Practice, Education & Clinical Effectiveness
Health Outcomes and Behavior, U54 Partnership	Patient and Advisory Executive Program
Hospital Administration	Social Work

YouGov, Inc. was hired as a consultant to implement an online community survey. The responses were weighted based on census data to reflect the area population. The survey was available in both English and Spanish. There were 740 participants from the primary service area. **Table 3** shows the county representation of the participants and **Figure 5** is a map that displays the distribution of the participants by zip codes.

Table 3. Online Community Survey Participants	
County	N=740
Hillsborough	333 (45.0%)
Pasco	113 (15.3%)
Pinellas	185 (25.0%)
Polk	109 (14.7%)

Figure 5. Zip Code Distribution of Survey Participants



Demographic and Socio-economic Characteristics

Service Area Population

- ❖ The current (2018) population of the primary service area stands at 3,625,773 (**Table 4**). Hillsborough County accounts for the largest share (39%) of this total.
- ❖ Primary service area population is expected to grow to 3,873,886 by 2023, a growth of 6.8% or 248,113 people.

Service Area	2018	2023	Percent Change
Hillsborough	1,426,077 (39.3%)	1,535,893 (39.6%)	7.7%
Pasco	521,974 (14.4%)	558,831 (14.4%)	7.1%
Pinellas	981,658 (27.1%)	1,032,295 (26.7%)	5.2%
Polk	696,064 (19.2%)	746,867 (19.3%)	7.3%
Total PSA	3,625,773 (17.2%)	3,873,886 (17.2%)	6.8%
Florida	21,107,181	22,528,394	6.7%

Source: IBM Watson: Demographics - Population by Age & Sex 2018-2028, All ages

Age

- ❖ The age distribution is similar across each county and comparable to the entire state. Hillsborough County has a smaller percentage (14%) of adults ages 65 and older compared to the other service area counties (**Table 5**).
- ❖ **Table 6** displays the age group breakdown of the community survey and is similar to the overall population.

Age Group	Hillsborough	Pasco	Pinellas	Polk	Florida
<18	324,542 (23%)	103,195 (20%)	163,261 (17%)	155,434 (22%)	4,219,567 (20%)
18-44	529,592 (37%)	157,475 (30%)	288,609 (29%)	229,645 (33%)	7,013,102 (33%)
45-64	367,373 (26%)	137,077 (26%)	287,744 (29%)	168,998 (24%)	5,548,182 (26%)
65+	204,570 (14%)	124,226 (24%)	242,043 (25%)	141,987 (20%)	4,326,330 (20%)

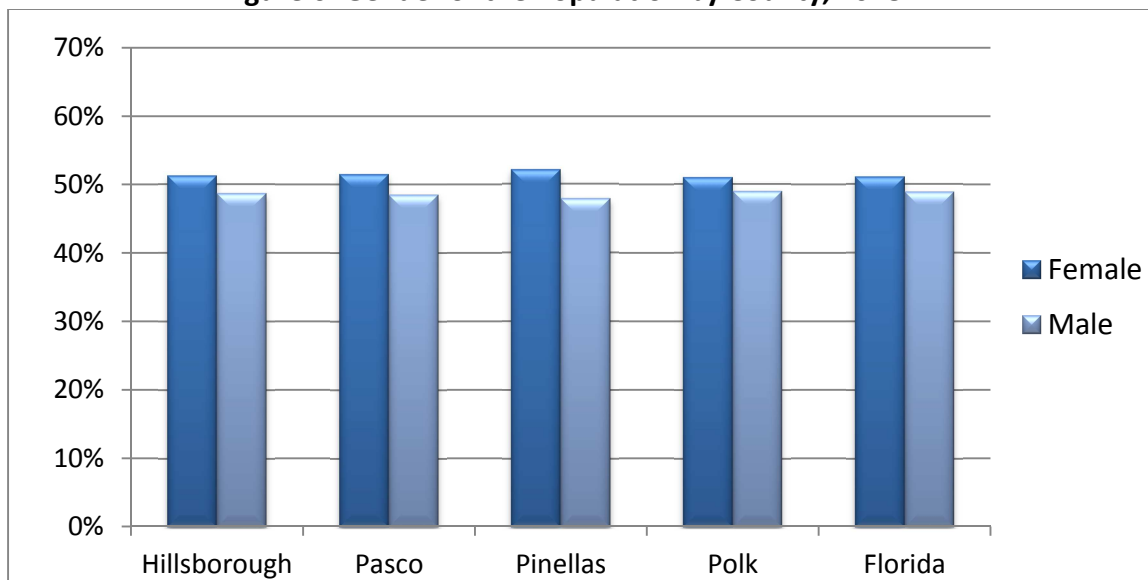
Source: IBM Watson: Demographics - Population by Age & Sex 2018-2028, All ages

Age Group	All Participants	Hillsborough	Pasco	Pinellas	Polk
18-34	172 (23.3%)	83 (24.8%)	20 (18.1%)	42 (23.0%)	27 (24.8%)
35-49	174 (23.5%)	82 (24.6%)	10 (8.9%)	49 (26.3%)	33 (30.5%)
50-64	188 (25.3%)	107 (32.1%)	22 (19.3%)	32 (17.0%)	27 (25.0%)
65+	206 (27.9%)	62 (18.5%)	61 (53.7%)	62 (33.7%)	21 (19.7%)

Gender

- ❖ Females represent a slight majority of the population for each county and the entire state of Florida (**Figure 6**).
- ❖ The community survey has a similar gender distribution, except Hillsborough County had slightly more males who completed the survey (**Table 7**).

Figure 6. Gender of the Population by County, 2018



Source: IBM Watson: Demographics - Population by Age & Sex 2018-2028, All ages

Table 7. Community Survey – Gender

Gender	All Participants	Hillsborough	Pasco	Pinellas	Polk
Male	368 (49.7%)	185 (55.6%)	48 (42.2%)	88 (47.4%)	47 (43.3%)
Female	370 (50.1%)	146 (43.9%)	65 (57.8%)	97 (52.6%)	62 (56.7%)
Prefer not to answer	2 (0.2%)	2 (0.5%)	--	--	--

Race/Ethnicity

- ❖ **Table 8** lists the racial/ethnic breakdown of the population by county. Hillsborough and Polk Counties have similar percentages of the Hispanic population compared to the entire state of Florida.
- ❖ Pinellas and Pasco are not as diverse as Hillsborough and Polk. Pinellas has the smallest Hispanic population (9.8%) in the service area. Pasco County has the smallest African American/Black population (5.7%) in the service area.
- ❖ The community survey had slightly more White participants compared to the overall population (**Table 9**).

Table 8. Race/Ethnicity of the Population, 2018

Race/Ethnicity	Hillsborough	Pasco	Pinellas	Polk	Florida
White	706,386 (49.3%)	387,893 (74.7%)	722,164 (73.7%)	408,819 (59.1%)	11,362,882 (53.9%)
African American/Black	223,974 (15.6%)	29,479 (5.7%)	103,481 (10.6%)	101,626 (14.7%)	3,276,334 (15.5%)
Hispanic	398,129 (27.8%)	79,248 (15.3%)	95,870 (9.8%)	156,773 (22.6%)	5,364,466 (25.4%)
Asian	97,116 (6.8%)	20,334 (3.9%)	53,455 (5.5%)	21,114 (3.0%)	989,962 (4.7%)
Other	7,120 (0.5%)	2,336 (0.4%)	4,243 (0.4%)	3,948 (0.6%)	102,008 (0.5%)

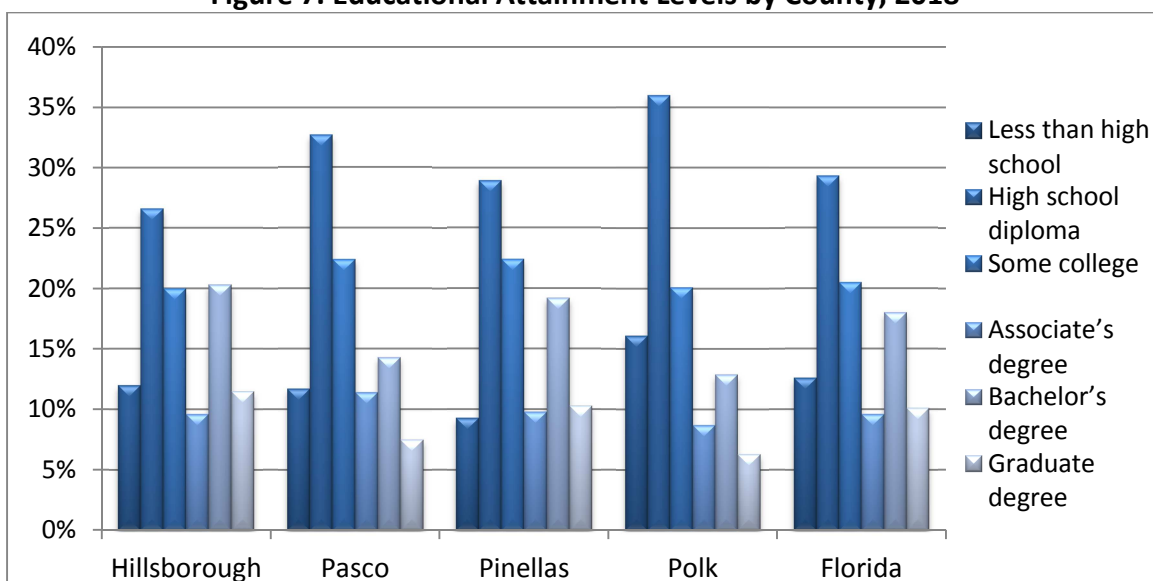
Source: IBM Watson: Population Segmentation, 2018

Race/Ethnicity	All Participants	Hillsborough	Pasco	Pinellas	Polk
White	491 (66.2%)	200 (60.2%)	86 (75.6%)	135 (72.9%)	70 (63.6%)
African American/Black	79 (10.7%)	31 (9.3%)	10 (8.8%)	18 (9.7%)	20 (18.7%)
Hispanic	126 (17.1%)	85 (25.6%)	13 (11.1%)	12 (6.7%)	16 (14.9%)
Asian	22 (3.0%)	8 (2.4%)	1 (0.9%)	13 (7.0%)	--
Other	18 (2.4%)	6 (1.8%)	3 (2.3%)	7 (3.8%)	2 (2.3%)
Don't Know/Prefer not to answer	4 (0.6%)	3 (.8%)	1 (1.3%)	--	--

Educational Attainment

- ❖ Pasco County (67%) and Polk County (72%) have higher percentages of adults that have less than a college degree (**Figure 7**).
- ❖ The education levels of the community survey participants are similar to the overall population (**Table 10**).

Figure 7. Educational Attainment Levels by County, 2018



Source: IBM Watson: Population Segmentation, 2018

Education Level	All Participants	Hillsborough	Pasco	Pinellas	Polk
Less than High School	32 (4.4%)	6 (1.8%)	6 (5.0%)	8 (4.5%)	13 (11.9%)
High School diploma	270 (36.7%)	100 (30.1%)	42 (38.1%)	71 (38.9%)	56 (51.5%)
Vocational/Technical School	52 (7.1%)	26 (8.0%)	11 (10.0%)	7 (3.9%)	8 (7.0%)
Some college	167 (22.8%)	83 (25.0%)	26 (22.9%)	42 (22.9%)	17 (15.4%)
College graduate	133 (18.1%)	66 (19.9%)	16 (14.1%)	39 (21.5%)	12 (10.7%)
Postgraduate	80 (10.9%)	50 (15.2%)	11 (9.9%)	15 (8.3%)	4 (3.5%)

Household Characteristics

- ❖ **Table 11** displays household characteristics for each county. Over 60% of the households in the primary service area are family households. Family households are slightly higher in Polk County (68.8%) and slightly lower in Pinellas County (55.5%).
- ❖ Hillsborough County has the highest percentage of family households with children under 18 (31.2%) in the primary service area while Pinellas County has the lowest (20.2%).
- ❖ Pinellas County has the highest percentage of households with householder 65 years and over living alone (17.0%) and Hillsborough County has the lowest percentage (8.9%).

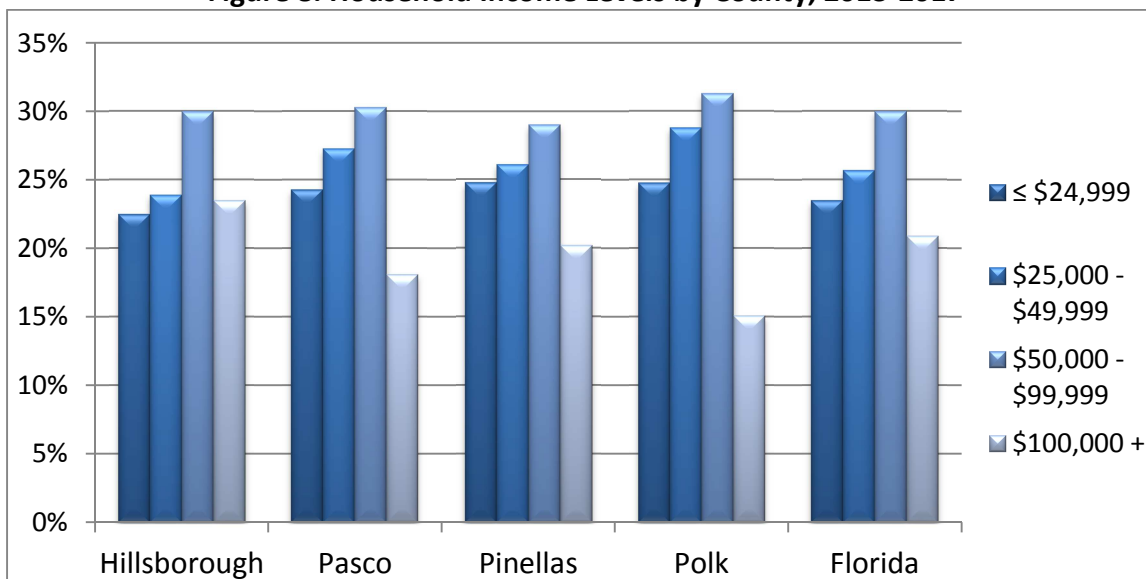
Household Type	Hillsborough	Pasco	Pinellas	Polk	Florida
Family Households	63.5%	66.0%	55.5%	68.8%	64.5%
With own children under 18 years old	28.1%	24.5%	18.0%	25.1%	24.2%
Non-family households	36.5%	34.0%	44.5%	31.2%	35.5%
65 years and older living alone	8.9%	14.3%	17.0%	12.3%	12.6%

Source: US Census Bureau, American Community Survey 2013-2017

Income and Poverty

- ❖ Overall, all four counties have similar income distributions. However, Pasco (18%) and Polk (15%) have lower percentages of households with income over \$100,000 (**Figure 8**).
- ❖ Polk County has the highest percentage (17.3%) of individuals under the 100% poverty level. However, Hillsborough County has the highest percentage (11.1%) of adults 65 years and older under the 100% poverty level (**Table 12**).
- ❖ The majority of the community survey participants felt they are living comfortably or getting by on their present income (**Table 13**).

Figure 8. Household Income Levels by County, 2013-2017



Source: U.S. Census Bureau, American Community Survey, 2013-2017

Table 12. Poverty Status by County, 2013-2017					
Poverty	Hillsborough	Pasco	Pinellas	Polk	Florida
People whose poverty status is known	1,330,295	490,063	935,146	638,716	19,858,469
Individuals under 100% poverty level	15.7%	13.6%	13.7%	17.3%	15.5%
Under 18 years	21.2%	17.9%	20.2%	27.0%	22.3%
18 to 64 years	14.6%	13.7%	13.4%	16.0%	14.8%
65 years and over	11.1%	9.1%	9.5%	9.9%	10.3%
Families under 100% poverty level	11.5%	9.7%	9.0%	12.9%	11.1%

Source: US Census Bureau, American Community Survey, 2013-2017

Table 13. Community Survey – Income					
Household Income Levels	All Participants	Hillsborough	Pasco	Pinellas	Polk
≤ \$19,999	94 (13.9%)	46 (14.9%)	16 (16.5%)	24 (14.0%)	8 (7.9%)
\$20,000 – \$49,999	262 (38.9%)	102 (33.4%)	42 (42.6%)	69 (41.0%)	48 (49.1%)
\$50,000 – \$99,999	214 (31.9%)	104 (33.9%)	21 (21.1%)	55 (32.5%)	35 (35.2%)
\$100,000+	103 (15.3%)	54 (17.8%)	19 (19.7%)	21 (12.5%)	8 (7.8%)
Perceptions of Household Income					
Living comfortably on present income	270 (36.4%)	113 (34.0%)	30 (26.6%)	89 (47.9%)	37 (34.3%)
Getting by on present income	267 (36.0%)	120 (36.0%)	52 (46.1%)	48 (26.2%)	46 (42.4%)
Finding it difficult to get by on present income	123 (16.6%)	56 (16.8%)	23 (20.8%)	33 (17.9%)	10 (9.5%)
Finding it very difficult to get by on present income	53 (7.2%)	30 (9.0%)	6 (5.3%)	9 (5.0%)	8 (7.5%)

Employment Status

- ❖ The unemployment rate in the service area is comparable to the state of Florida (7.2%). These rates have all decreased compared to the 2008-2012 estimates (**Table 14**).
- ❖ More community survey participants in Pasco and Pinellas Counties are retired compared to the other counties. Also, more participants in Hillsborough are employed full/part-time (**Table 15**).

Table 14. Employment Status by County, 2013-2017					
Employment Status	Hillsborough	Pasco	Pinellas	Polk	Florida
In Labor Force	699,502	218,466	470,085	285,398	9,772,762
Employed	60.2%	49.6%	54.3%	50.5%	54.2%
Unemployed	6.8%	7.0%	6.4%	7.7%	7.2%
Armed Forces	0.5%	0.1%	0.1%	0.1%	0.3%

Source: US Census Bureau, American Community Survey, 2013-2017

Employment status	All Participants	Hillsborough	Pasco	Pinellas	Polk
Retired	219 (29.6%)	72 (21.6%)	53 (46.6%)	68 (36.7%)	26 (24.0%)
Homemaker	46 (6.3%)	20 (6.0%)	1 (1.2%)	6 (3.3%)	19 (17.3%)
Employed (full & part-time)	327 (44.2%)	187 (56.3%)	34 (30.4%)	68 (37.0%)	37 (33.9%)
Self-employed	34 (4.6%)	8 (2.3%)	4 (3.5%)	15 (8.4%)	7 (6.6%)
Volunteer	8 (1.1%)	1 (0.3%)	--	7 (3.7%)	--
Student	25 (3.4%)	8 (2.4%)	10 (8.5%)	5 (2.9%)	2 (1.5%)
Unemployed	76 (10.2%)	34 (10.6%)	10 (8.5%)	15 (8.1%)	17 (15.6%)

Nativity and Languages Spoken

- ❖ The vast majority of primary service area residents are native born. Hillsborough County (28.5%) has the highest percentage of individuals who speak a language other than English at home and who report not speaking English “very well” (Table 16). These rates are similar to the state of Florida.
- ❖ Spanish is the most spoken language in the primary service area compared to other languages (Table 17).
- ❖ Lower percentages of the community survey participants indicated they speak a language other than English at home compared to the overall population (Table 18).

Nativity & Language	Hillsborough	Pasco	Pinellas	Polk	Florida
Native Born	83.5%	90.7%	88.2%	90.0%	79.8%
Born in Florida	40.2%	33.1%	32.3%	44.3%	35.9%
Foreign Born	16.5%	9.3%	11.8%	10.0%	20.2%
Speak language other than English at home	28.5%	13.9%	14.0%	20.6%	28.7%
Report not speaking English “very well”	10.6%	4.0%	5.1%	7.7%	11.8%

Source: US Census Bureau, American Community Survey, 2013-2017

Languages	Hillsborough	Pasco	Pinellas	Polk	Florida
Only English	957,437	421,976	807,872	518,003	14,264,083
Spanish	294,624	47,204	61,120	112,617	4,216,778
IndoEuropean*	45,177	15,904	42,374	16,676	1,068,055
Asian or Pacific Island	28,626	8,116	21,657	6,878	312,704
Other	11,477	2,826	5,012	1,536	114,950

Source: IBM Watson: Population Segmentation, 2018

*IndoEuropean represents modern languages of Europe

Nativity & Language	All Participants	Hillsborough	Pasco	Pinellas	Polk
Native Born	665 (89.8%)	286 (85.9%)	99 (87.1%)	174 (94.1%)	106 (97.4%)
Foreign Born	74 (10.0%)	47 (14.1%)	13 (11.7%)	11 (6.0%)	3 (2.6%)
Speak a language other than English at home	107 (14.5%)	63 (19.0%)	13 (11.4%)	18 (9.6%)	13 (12.1%)
Report not speaking English “very well”	61 (8.3%)	35 (10.6%)	4 (3.2%)	11 (5.9%)	12 (10.9%)

Transportation

- ❖ Majority of adults in the service area (around 80%) drive alone to work (**Table 19**).
- ❖ Similarly, around 80% of the community survey participants indicated their normal means of transportation is driving their own car (**Table 20**).

Commute to work	Hillsborough	Pasco	Pinellas	Polk	Florida
Drive alone	80%	80%	79%	82%	79.5%
Carpool	9%	9%	8%	10%	9%
Public transportation	1.5%	0.5%	2%	0.5%	2%
Walked	1.5%	1%	2%	1%	1.5%
Other means	2%	2%	3%	2%	2%
Worked at home	6%	7.5%	6%	4%	6%

Source: U.S. Census Bureau, American Community Survey, 2013-2017

Normal means of Transportation	All Participants	Hillsborough	Pasco	Pinellas	Polk
Drive own car	80.8%	80.8%	81.5%	80.4%	81.0%
Family or friend drives me	15.7%	13.2%	20.8%	13.7%	20.9%
Take the bus	7.3%	8.3%	4.1%	9.1%	4.8%
Walk	12.1%	10.8%	10.6%	15.9%	10.8%
Ride a bicycle, motorcycle or scooter	6.9%	4.1%	7.9%	12.3%	5.2%
Take a taxi cab, Uber, or Lyft	8.7%	6.8%	6.3%	9.9%	14.9%

General Community Health Findings

The Florida Department of Health's Bureau of Community Health Promotion reports health-related data for all Florida's 67 counties via Florida CHARTS (Community Health Assessment Resource Tool Set). In the tables below, **red boxes** represent rates that are in the 4th quartile (least favorable) and **green boxes** represent rates that are in the 1st quartile (most favorable) compared to all of the Florida counties.

Health Status & Quality of Life

- ❖ Similar rates of residents in each county and the state of Florida self-reported their overall health as *Good to Excellent* (**Table 21**).
- ❖ Hillsborough and Pinellas County residents have fewer unhealthy physical days in the past 30 days compared to the other Florida counties.
- ❖ Pasco County residents have more unhealthy mental days in the past 30 days compared to the other Florida counties.
- ❖ A slightly higher percentage of community survey participants (85.6%) reported their overall health was *Good to Excellent* (**Table 22**).

Table 21. Health Status & Quality of Life Measures by County, 2016

Measure	Hillsborough	Pasco	Pinellas	Polk	Florida
Adults who said their overall health was "good" to "excellent"	80.5%	75.8%	79.0%	76.4%	80.5%
Adults who said their overall health was "fair" or "poor"	19.5%	24.2%	21.0%	23.6%	19.5%
Average number of unhealthy physical days in the past 30 days	3.9	5.6	4.3	4.7	4.0
Average number of unhealthy mental days in the past 30 days	3.6	4.3	3.7	3.6	3.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (<i>Among adults who have had at least one day of poor mental or physical health</i>)	5	6.6	6.2	6.6	5.7

Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

Table 22. Community Survey – Health Status

	All Participants	Hispanic	AA/Black	White	Asian	Male	Female
% who said their overall health was Good to Excellent	634 (85.6%)	111 (87.4%)	69 (86.6%)	416 (84.9%)	21 (98.4%)	324 (88.0%)	309 (83.2%)
% who said their overall health was Fair or Poor	106 (14.4%)	16 (12.6%)	11 (13.4%)	74 (15.2%)	1 (1.6%)	44 (12.0%)	62 (16.8%)

Healthcare Access

- ❖ Around 86% of adults in the service area indicated having some kind of health care coverage (**Table 23**).
 - Hispanics are less likely to have health insurance coverage compared to non-Hispanics in all four counties and the entire state of Florida.
- ❖ 20.8% of Pasco County adults said they could not see a doctor at least once in the past year due to cost and this percentage is among the highest rate compared to all counties in the state of Florida.
- ❖ **Table 24** shows measures related to accessing healthcare from the community survey.
 - 85% of our community survey participants indicated having some kind of health care coverage.
 - 23% of survey participants said there was a time in the past 12 months they couldn't get necessary medical care. This percent increased since the 2016 CHNA survey (17%).
 - Higher costs was the most cited reason (32% in 2019 vs. 49% in 2016 CHNA), followed by trouble getting an appointment (22% in 2019 vs. 26% in 2016 CHNA) and no transportation (11% in 2019 vs. 4% in 2016 CHNA)
 - A much higher percentage of African Americans/Blacks who couldn't get necessary medical care reported transportation (42%) as the main reason compared to other races/ethnicities.
 - A slightly lower percentage of African Americans/Blacks (68%) indicated they had a place to go when they are sick compared to other races/ethnicities.
 - About 75% of both African Americans/Blacks and Whites indicated they go to a doctor's office when they are sick or need medical advice.
 - Hispanics and Asians were divided between going to a clinic/health center and the doctor's office.

Measure	Hillsborough	Pasco	Pinellas	Polk	Florida
Adults with health insurance coverage*	86.1%	87.2%	87.4%	85.6%	85.1%
African American/Black	86.2%	86.1%	84.9%	82.9%	82.3%
Hispanic	77.5%	80.7%	77.7%	76.6%	77.2%
White	87.2%	87.4%	88.1%	86.3%	86.1%
Adults who could not see a doctor at least once in the past year due to cost**	17%	20.8%	17.2%	16.3%	16.6%
African American/Black	16.5%	--	8.8%	10.9%	19.3%
Hispanic	22.6%	21.8%	13.6%	23.3%	21.3%
White	12.4%	20.2%	17.9%	15.0%	14.1%

*Source: US Census Bureau, American Community Survey 2013-2017

** Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

	All Participants	Hispanic	AA/Black	White	Asian
Health Insurance Coverage	628 (84.8%)	96 (76.1%)	60 (75.4%)	431 (88.0%)	21 (93.4%)
Private insurance	307 (48.8%)	47 (49.1%)	33 (55.0%)	199 (46.2%)	18 (85.7%)
Medicare or Medicaid	280 (44.6%)	41 (42.8%)	21 (35.0%)	206 (47.6%)	2 (9.5%)
TRICARE, VA, or Military	19 (3.1%)	1 (1.0%)	1 (1.7%)	18 (4.1%)	1 (4.8%)
Other	17 (2.7%)	4 (4.1%)	5 (8.3%)	8 (1.8%)	--
Has a place to go when sick or need advice about your health	602 (81.2%)	104 (82.3%)	54 (68.2%)	412 (84.1%)	16 (71.8%)
Clinic or health center	116 (19.4%)	45 (43.1%)	9 (16.6%)	51 (12.5%)	11 (69.3%)

Table 24. Community Survey – Healthcare Access (Cont.)

Has a place to go when sick or need advice about your health	All Participants	Hispanic	AA/Black	White	Asian
Doctor's office or HMO	411 (68.4%)	43 (41.5%)	40 (74.2%)	310 (75.2%)	5 (30.7%)
Hospital emergency room	24 (4.0%)	3 (2.8%)	3 (5.4%)	17 (4.2%)	--
Other	27 (4.4%)	2 (1.8%)	1 (2.2%)	6 (1.4%)	--
Could not get necessary medical care in past 12 months	168 (22.6%)	30 (23.4%)	21 (26.0%)	109 (22.3%)	5 (21.6%)
Couldn't afford it / costs too much	54 (32.1%)	9 (30.1%)	1 (4.8%)	39 (35.6%)	4 (80.0%)
No transportation	19 (11.3%)	4 (14.3%)	9 (42.9%)	6 (5.3%)	--
Doesn't have insurance	16 (9.5%)	3 (10.4%)	2 (9.5%)	11 (10.0%)	---
Doesn't have a doctor	3 (1.8%)	--	1 (4.8%)	3 (2.4%)	--
Doesn't know where to go	5 (3.0%)	1 (3.4%)	2 (9.5%)	1 (1.4%)	--
Trouble getting appointment	36 (21.4%)	3 (11.0%)	4 (19.0%)	28 (25.6%)	1 (20.0%)
Other	34 (20.2%)	9 (30.1%)	2 (9.5%)	22 (19.8%)	--

Barriers to Care – Community Stakeholder Interviews

- ❖ Access to care was a major concern amongst Community Stakeholders. Several barriers to care mentioned were:
 - Transportation, especially how those living in food deserts often struggle with transportation barriers and are unable to travel to grocery stores on a regular basis
 - Financial barriers and a lack of Medicaid expansion in Florida
 - Fear of medical tests or treatments, mistrust of providers, and skepticism towards prescribed treatments
 - The complexity of the healthcare system and provider shortages, especially for primary care and mental health services
 - A lack of health literacy
 - Health and social organizations “working in silos”
 - Social determinants of health specifically affordable housing, language barriers, food insecurity, childcare, employment, and access to technology in low-income populations

- ❖ Community Stakeholders were also asked specifically about barriers to cancer care. They believed:
 - Accessing cancer care is dependent upon an individual’s health insurance coverage and/or the ability to afford care.
 - Cancer patients often require assistance with basic needs, such as housing and access to healthy foods, transportation and mental health services.
 - Leaders mentioned that language and cultural barriers might be compounded by a mistrust of medical providers within minority communities.
 - Healthcare organizations are challenged to shift resources towards prevention while operating within a framework that reimburses the treatment of disease rather than the maintenance of health.

General Health Concerns – Community Stakeholder Interviews

- ❖ Specific to mental health, stakeholders discussed long wait times to see providers, a lack of inpatient beds, current suicide rates, and the need for comprehensive mental and behavioral health services.
 - Interviewees often discussed substance abuse and the opioid crisis in conjunction with mental and behavioral health.

- ❖ Other public health problems discussed include health disparities, teen pregnancy, violence, human trafficking, and pedestrian and motor vehicle injuries.
- ❖ Multiple community stakeholders noted concerns related to specific health conditions like diabetes, cardiovascular disease, communicable diseases, obesity, and cancer.

CANCER FINDINGS

Cancer Incidence Rates

- ❖ **Table 25** has the cancer incidence rates by cancer type and county. Overall cancer incidence rates are higher in the service area compared to the entire state of Florida. The current rates have decreased since the 2016 CHNA except in Pinellas, which increased slightly.
- ❖ The Breast and Melanoma rates have increased in all counties since the 2016 CHNA.
 - The rates for both cancers are higher than the state of Florida in all counties, except Pasco’s Breast rate.
- ❖ Cervical, Colorectal, Lung, and Prostate rates have remained consistent or decreased since the 2016 CHNA.

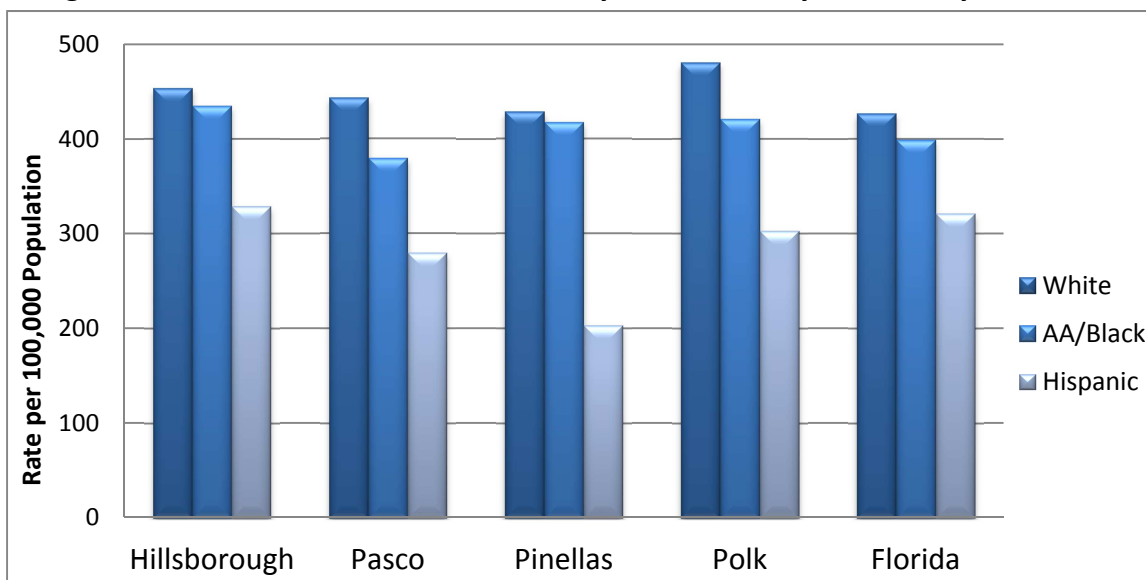
Table 25. Age-Adjusted Cancer Incidence Rates by County, 2014-2016					
Cancer Type	Hillsborough	Pasco	Pinellas	Polk	Florida
Overall Cancers	455.5	443.7	431.7	472.3	427.1
Breast	128.0	117.6	126.7	126.3	119.7
Cervical	9.5	9.9	8.0	12.2	8.9
Colorectal	39.7	37.4	36.2	42.3	36.4
Lung	58.8	69.5	63.0	66.2	57.8
Melanoma	25.3	30.7	29.9	30.2	24.6
Prostate	92.3	72.7	77.9	93.5	87.2

Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Cancer Incidence Rates by Race/Ethnicity

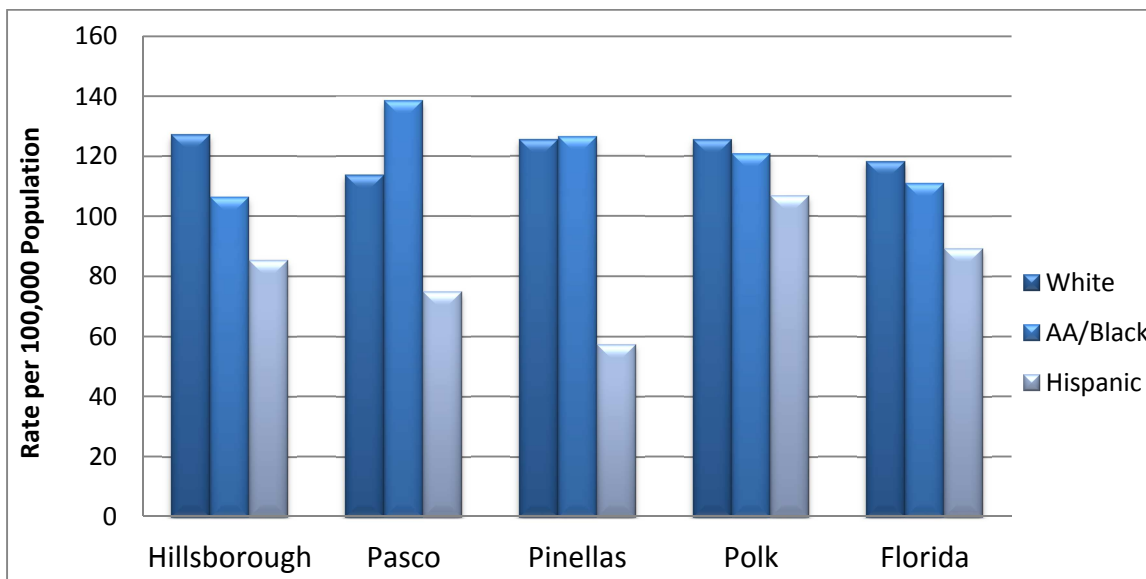
- ❖ **Figures 9 – 15** display cancer incidence rates by race/ethnicity and county for overall cancer, breast, cervical, colorectal, lung, melanoma, and prostate cancers.
 - Whites have the highest overall incidence rate in all four counties and in the state of Florida.
 - The highest Breast Cancer incidence rate in the primary service area is among African Americans/Blacks in Pasco County (138.5), following Whites in Hillsborough County (127.2).
 - African Americans/Blacks in Hillsborough County (13.6) have the highest Cervical Cancer incidence rate in the primary service area and the lowest rate in Pasco County (2.6).
 - African Americans/Blacks have the highest Colorectal Cancer incidence rate in Hillsborough (44.9), Pinellas (47.4), and Polk (43.1) Counties.
 - African Americans/Blacks have the highest Prostate Cancer incidence rates in all four counties. Pasco County’s rate (149.4) is exceptionally high, given its small African American/Black population.
 - Whites have the highest Lung and Melanoma Cancer incidence rates in all four counties.
 - Hispanic’s Melanoma Cancer incidence rates are higher than the state of Florida in all counties, except Pinellas which is almost equal to the state.
 - The Lung Cancer incidence rate for African Americans/Blacks in Hillsborough County (57.0) and Pinellas County (60.6) are just slightly less than the incidence rates for Whites (59.5 and 62.8, respectively).

Figure 9. Overall Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



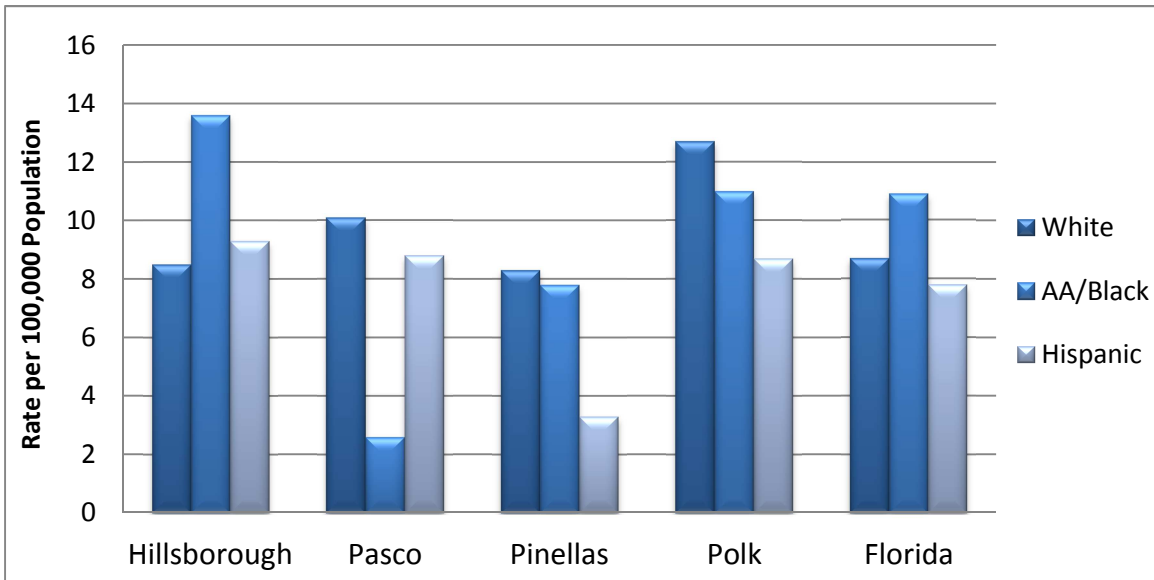
Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 10. Breast Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



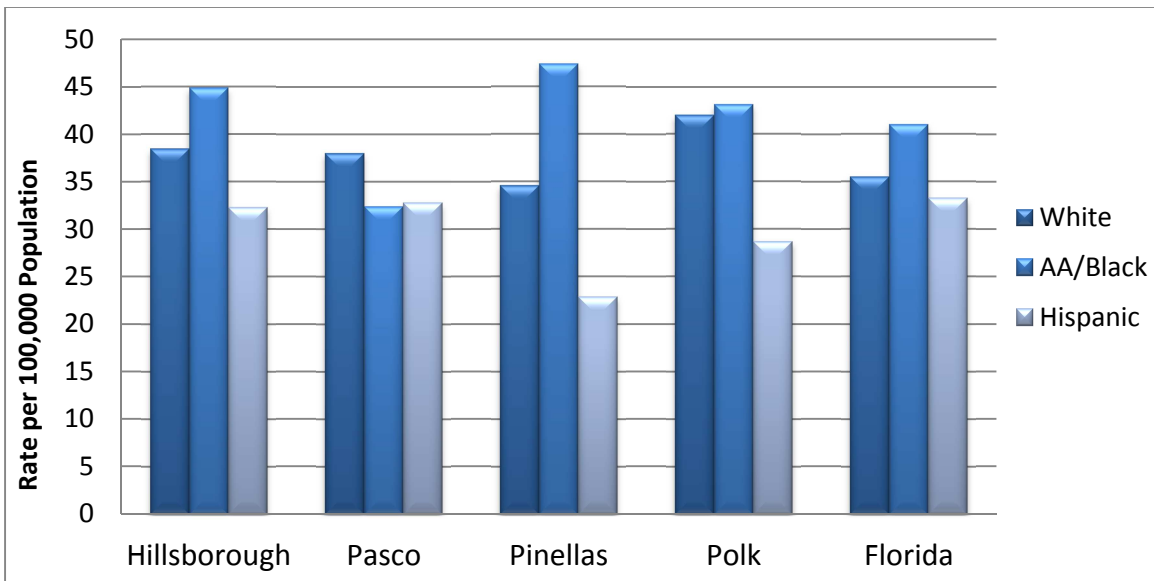
Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 11. Cervical Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



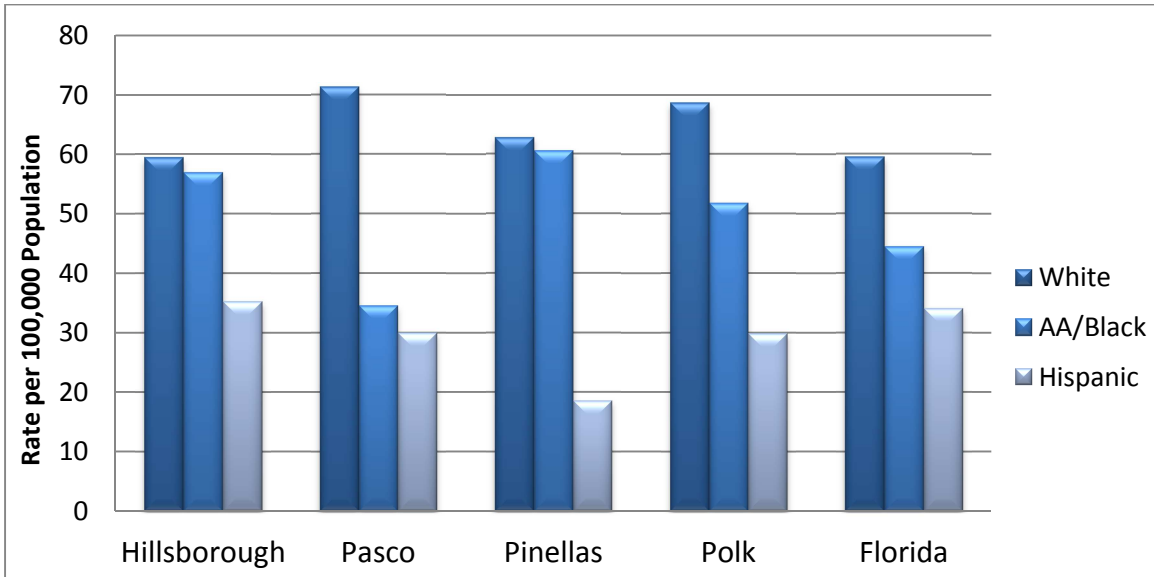
Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 12. Colorectal Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



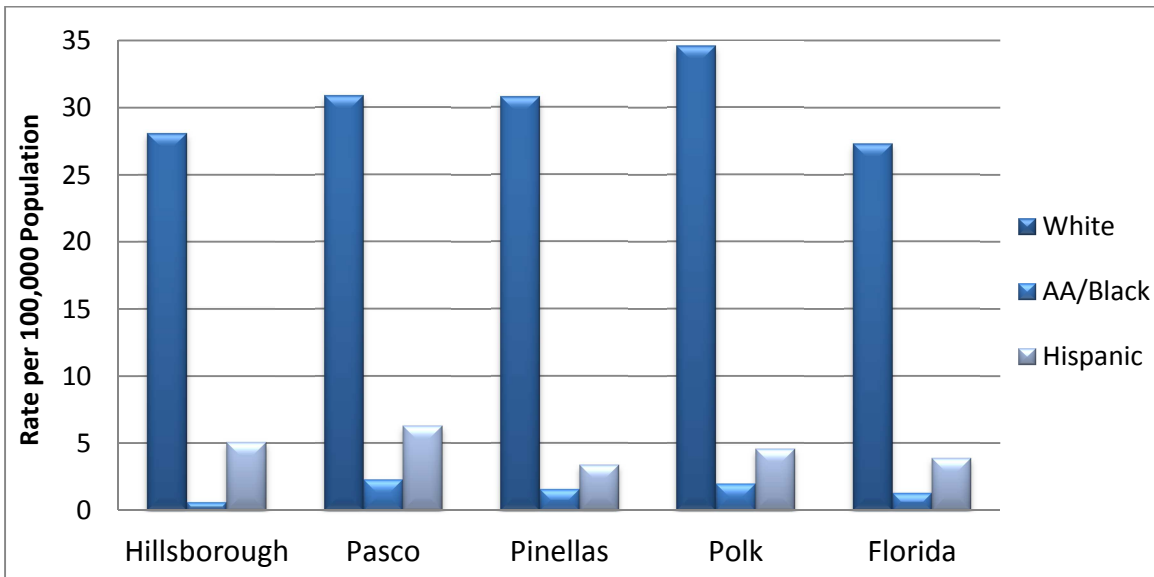
Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 13. Lung Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



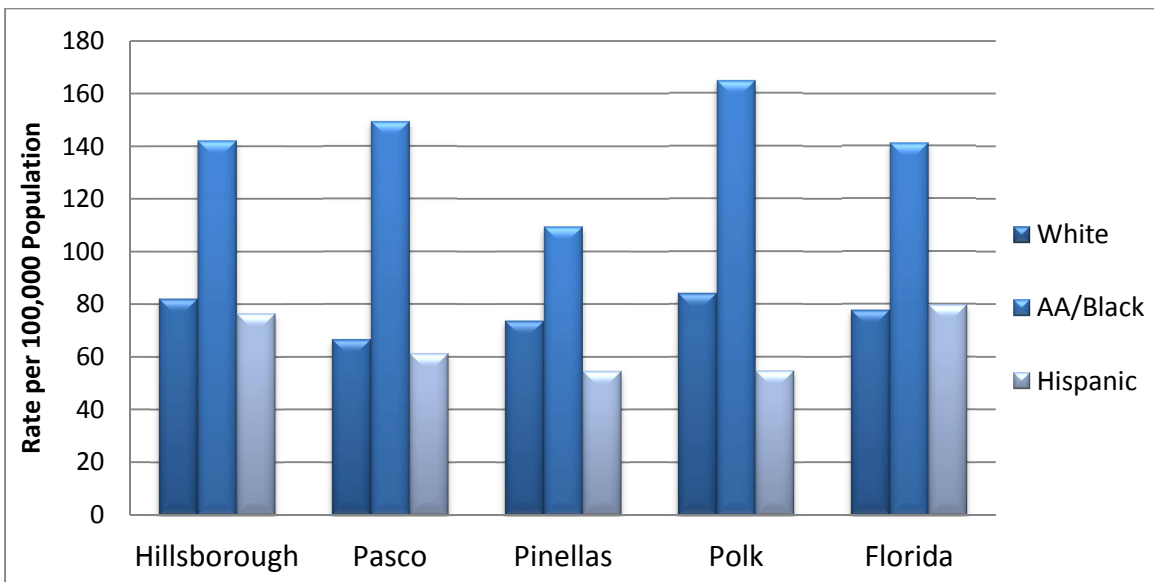
Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 14. Melanoma Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Figure 15. Prostate Cancer Incidence Rates by Race/Ethnicity and County, 2014-2016



Source: Florida Charts, University of Miami, Florida Cancer Data System, 2014-2016

Cancer Mortality Rates

- ❖ **Table 26** lists the cancer mortality rates by cancer type and county. The Overall Cancer mortality rates have decreased in each county since the 2016 CHNA.
 - Pasco County’s rate (170.4) is higher than the U.S. Healthy People 2020 goal (161.4).
- ❖ Colorectal Cancer mortality rates have slightly increased since the 2016 CHNA in Hillsborough, Pasco, and Pinellas Counties.
 - Rates in Hillsborough (15.2) and Pasco (15.3) Counties are higher than the state of Florida (13.5) and Healthy People 2020 goal (14.5).
- ❖ The Lung Cancer mortality rates for Hillsborough, Pasco, and Pinellas Counties have all statistically improved compared to previous years.
 - Pasco County’s rate (50.2) is still above the Healthy People 2020 goal (45.5).
- ❖ Hillsborough County’s Melanoma Cancer mortality rate (1.7) is among the lowest rates compared to all Florida counties.
 - Pasco County’s rate (3.4) has increased since 2016 CHNA. Pinellas County’s rate (3.1) remained the same; however, both are higher than Healthy People 2020 goal (2.4).
- ❖ Prostate Cancer mortality rates in Pasco (13.8) and Pinellas Counties (13.3) are among the lowest rates compared to all Florida counties.

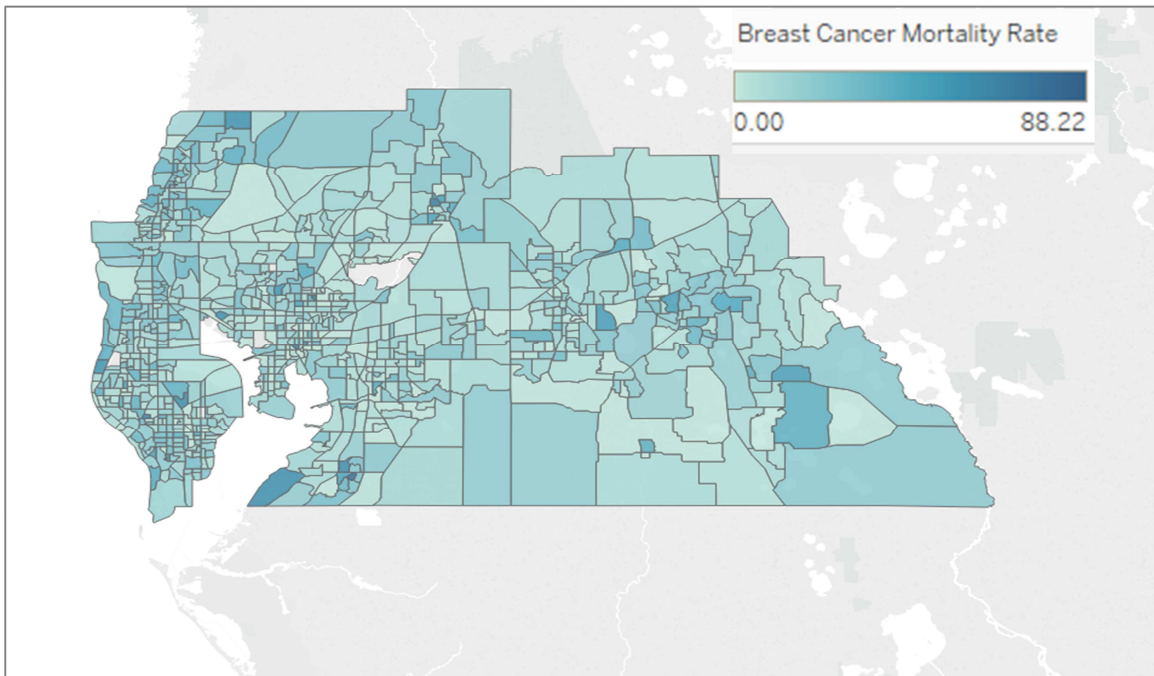
Table 26. Age-Adjusted Cancer Mortality Rates by Cancer Type, 2015-2017						
Cancer Type	Hillsborough	Pasco	Pinellas	Polk	Florida	U.S. Healthy People 2020 Goal
Overall Cancers	158.0	170.4	153.2	161.8	151.9	161.4
Breast	18.8	20.0	20.5	20.3	19.3	20.7
Cervical	2.3	3.4	2.5	3.5	2.6	2.2
Colorectal	15.2	15.3	13.2	14.2	13.5	14.5
Lung	39.0	50.2	43.3	44.4	38.6	45.5
Melanoma	1.7	3.4	3.1	2.9	2.4	2.4
Prostate	17.4	13.8	13.3	16.0	17.0	21.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Cancer Mortality Rates by County Census Tract

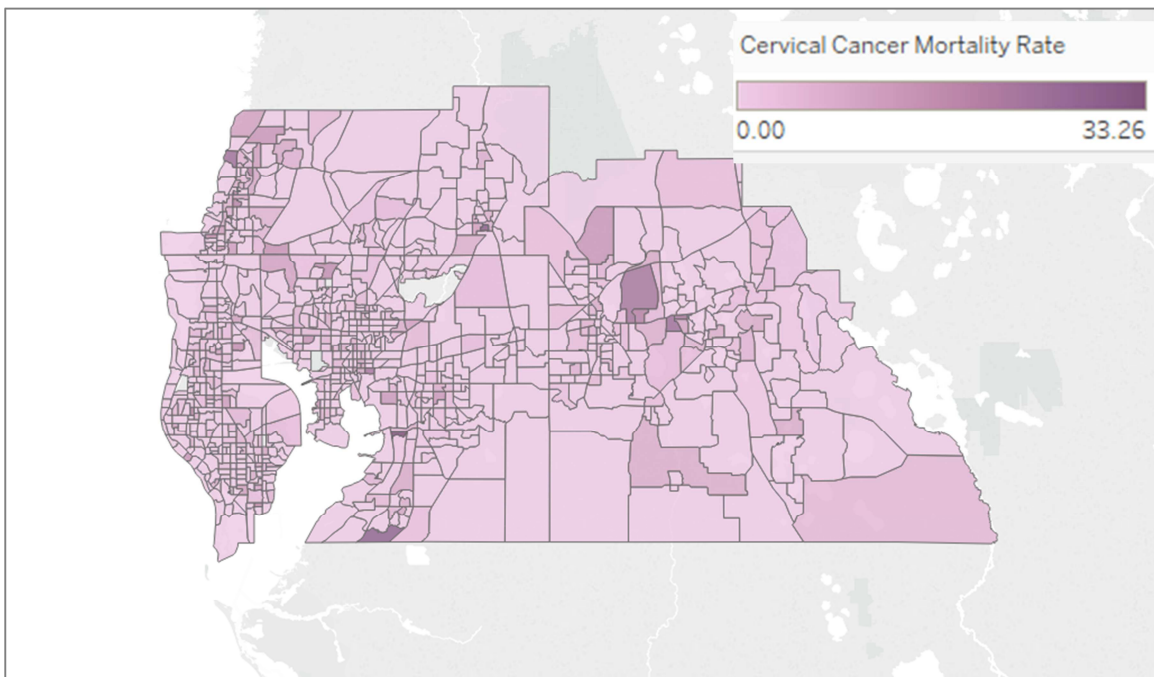
- ❖ **Figures 16 – 21** illustrate cancer mortality rates by county census tract for the primary service area. Darker shaded areas represent higher mortality rates and may need more focused efforts compared to other areas.

Figure 16. Age-Adjusted Breast Cancer Mortality Rates by County Census Tract, 2015-2017



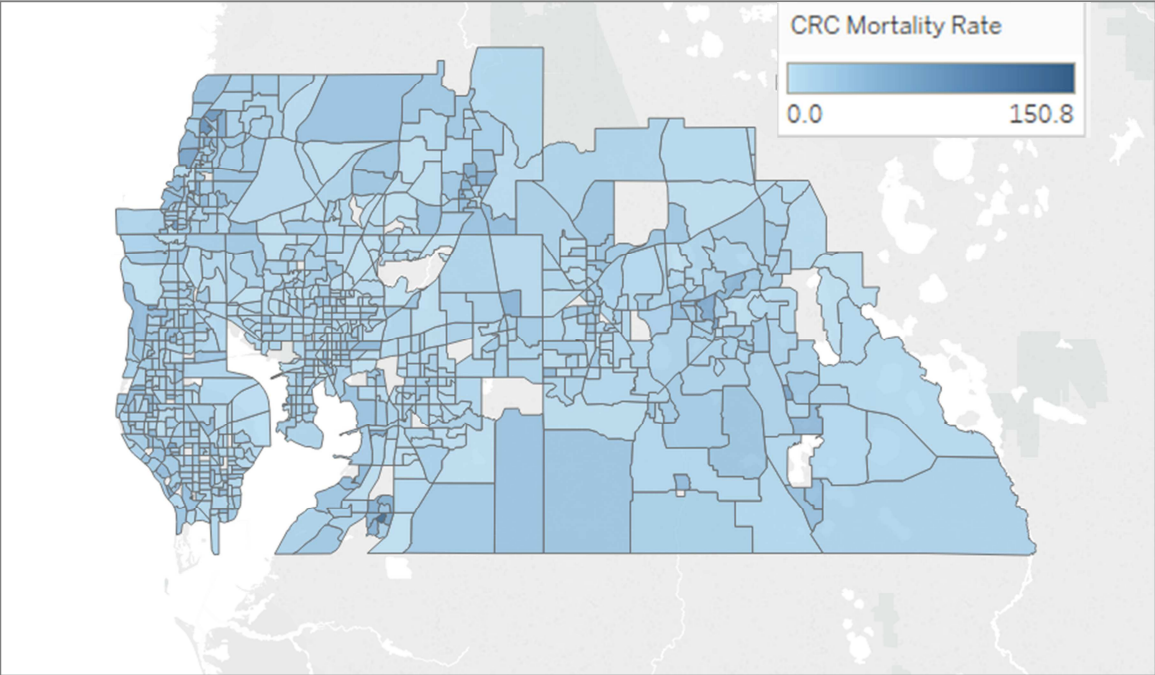
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Figure 17. Age-Adjusted Cervical Cancer Mortality Rates by County Census Tract, 2015-2017



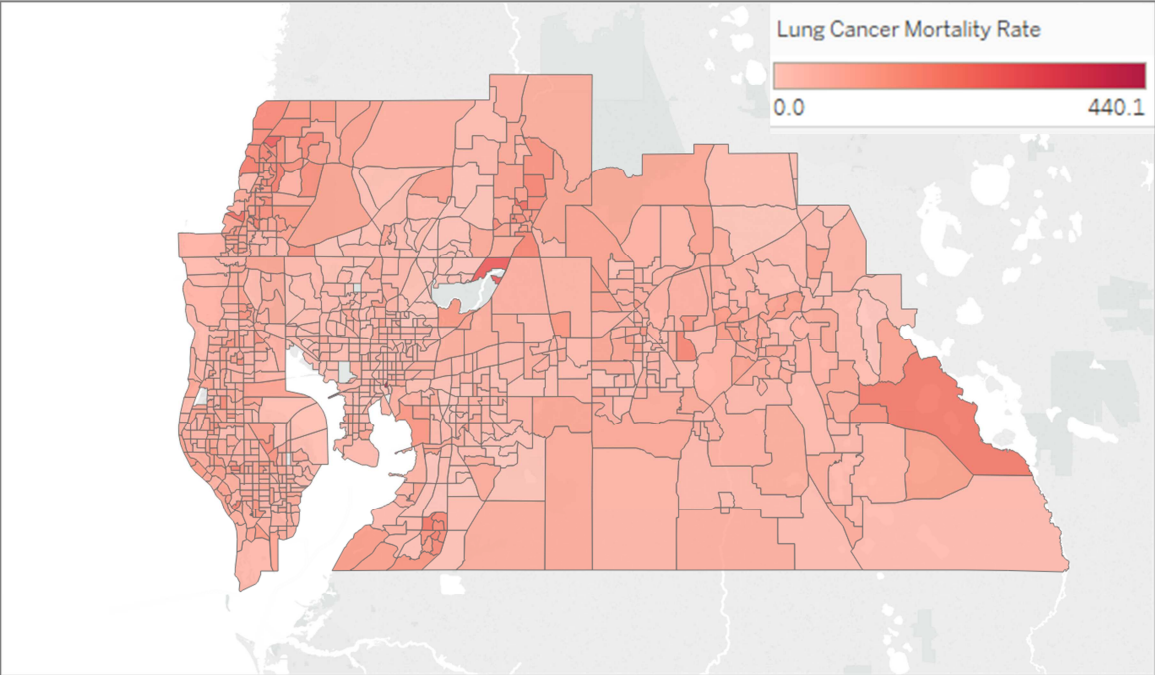
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Figure 18. Age-Adjusted Colorectal Cancer Mortality Rates by County Census Tract, 2015-2017



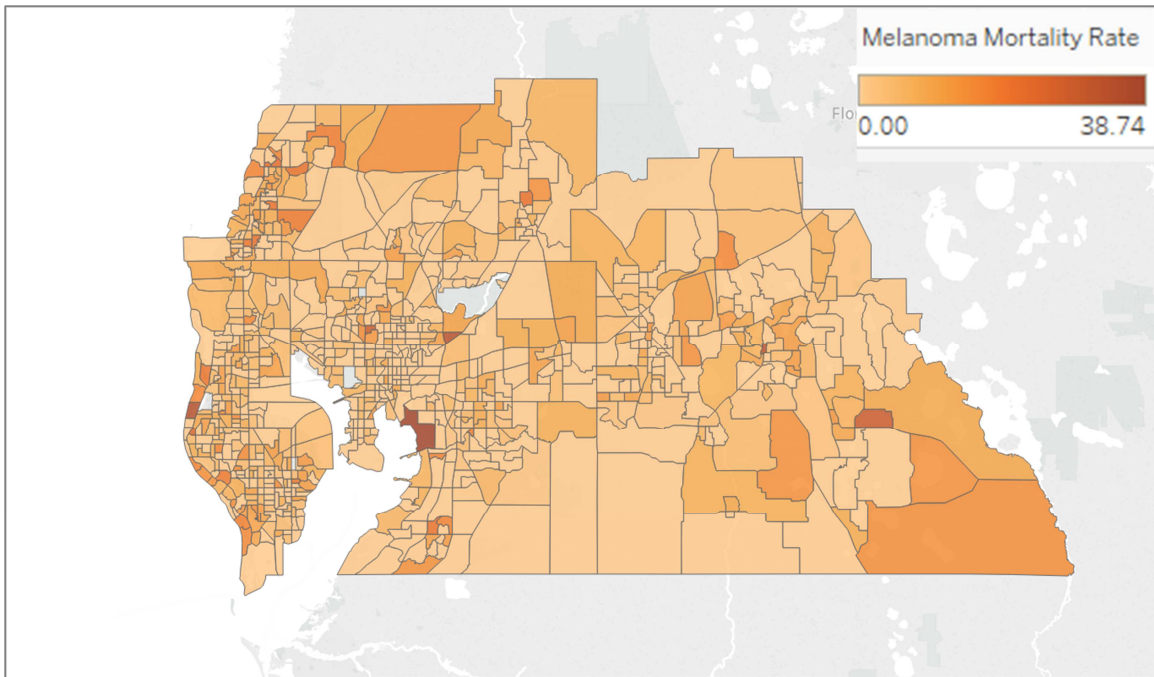
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Figure 19. Age-Adjusted Lung Cancer Mortality Rates by County Census Tract, 2015-2017



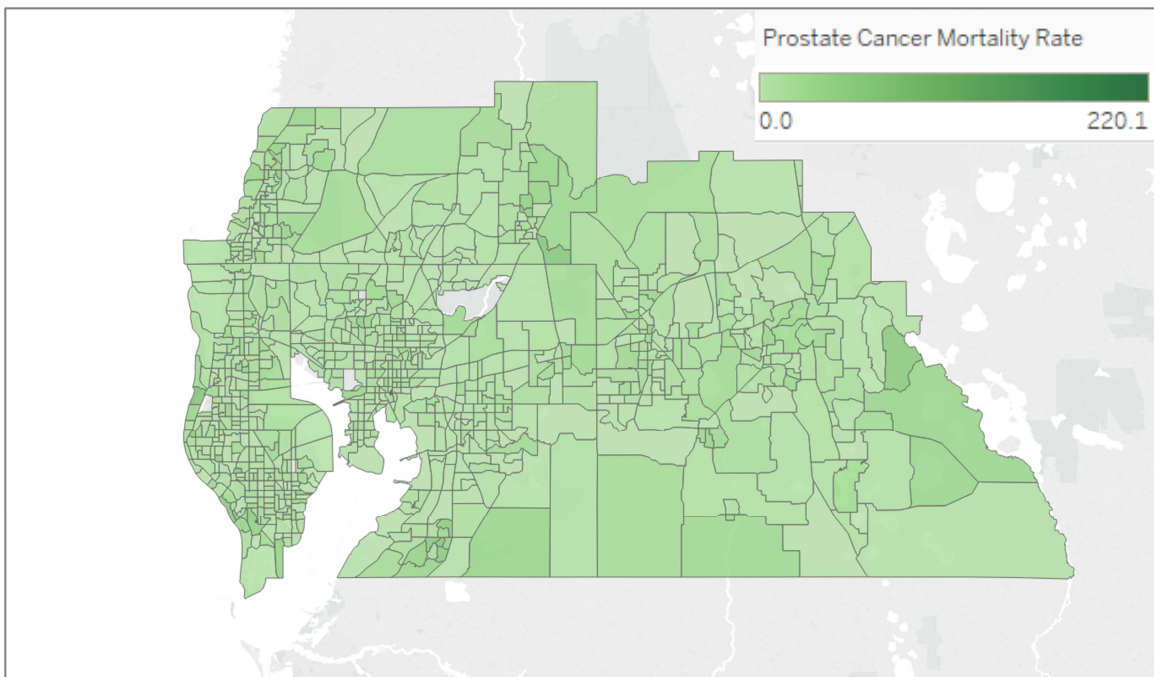
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Figure 20. Age-Adjusted Melanoma Cancer Mortality Rates by County Census Tract, 2015-2017



Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Figure 21. Age-Adjusted Prostate Cancer Mortality Rates by County Census Tract, 2015-2017

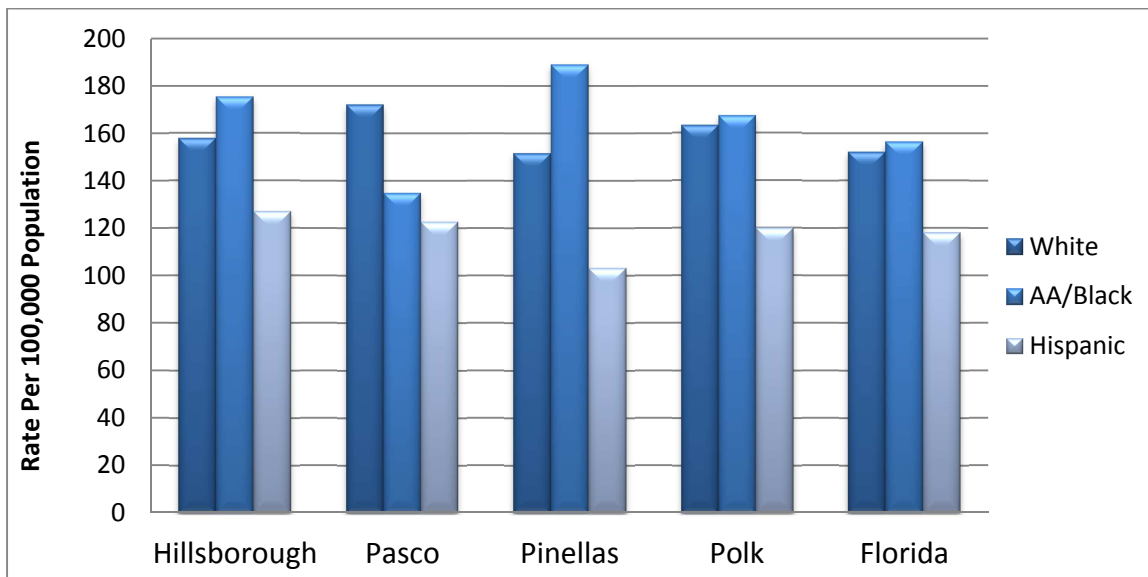


Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017 and the 2015 American Community 5-year estimates

Cancer Mortality Rates by Race/Ethnicity

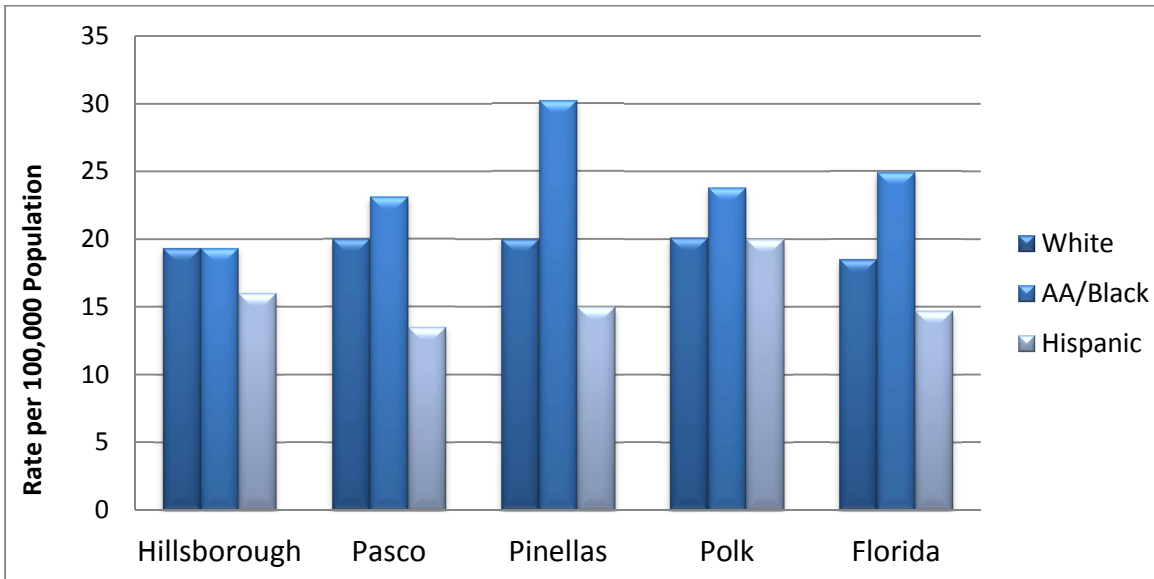
- ❖ **Figures 22 – 28** illustrate cancer mortality rates by cancer type, race/ethnicity, and county.
 - African Americans/Blacks have the highest overall cancer mortality rate compared to other races/ethnicities in every county except Pasco County (**Figure 22**). The rate for African Americans/Blacks in Pinellas County (189.2) is the highest in the service area.
 - African Americans/Blacks have the highest Breast Cancer and Cervical Cancer mortality rates in all four counties (**Figures 23 and 24**).
 - In Pinellas County, African Americans/Blacks have the highest Breast Cancer (30.2) and Cervical Cancer (4.9) mortality rate in the service area and both are higher than the state of Florida (24.9 and 3.5, respectively).
 - African Americans/Blacks in Hillsborough County, have the highest Colorectal Cancer (20.9) and Prostate Cancer (34.7) mortality rates in the entire service area and both rates are higher than the state of Florida (**Figures 25 and 28**).
 - Conversely, Hispanics in Pinellas County have the lowest mortality rates for Colorectal Cancer (10.9) and Prostate Cancer (9.5) in the area.
 - Whites have the highest Lung Cancer mortality rates in all four counties (**Figure 26**), the highest in Pasco County (51.1). Additionally, the rates for African Americans/Blacks in all four counties are higher than the state of Florida.
 - Melanoma Cancer mortality rates for Whites and Hispanics are higher than the state of Florida in all counties, except in Hillsborough (**Figure 27**). The rate for African Americans/Blacks in Polk County (0.9) exceeds the state of Florida for African Americans/Blacks (0.4).

Figure 22. Overall Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



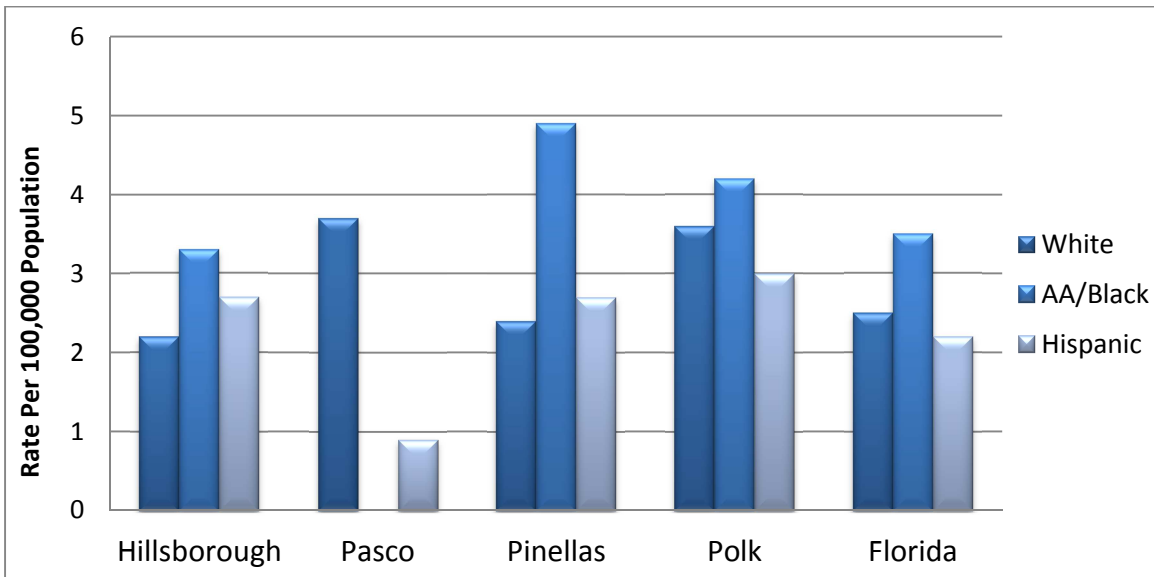
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 23. Breast Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



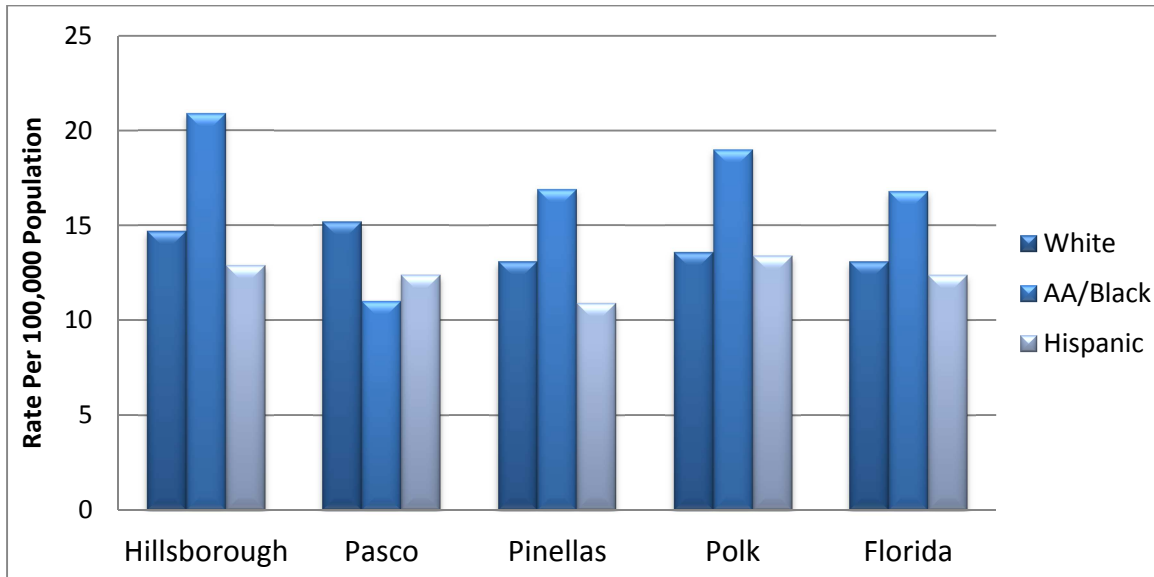
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 24. Cervical Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



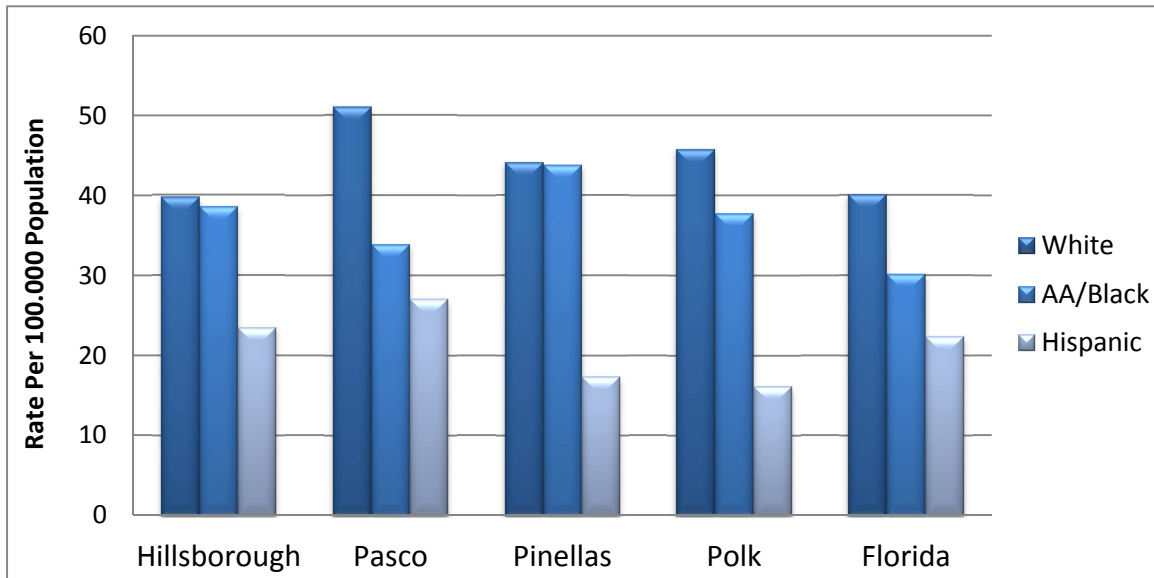
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 25. Colorectal Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



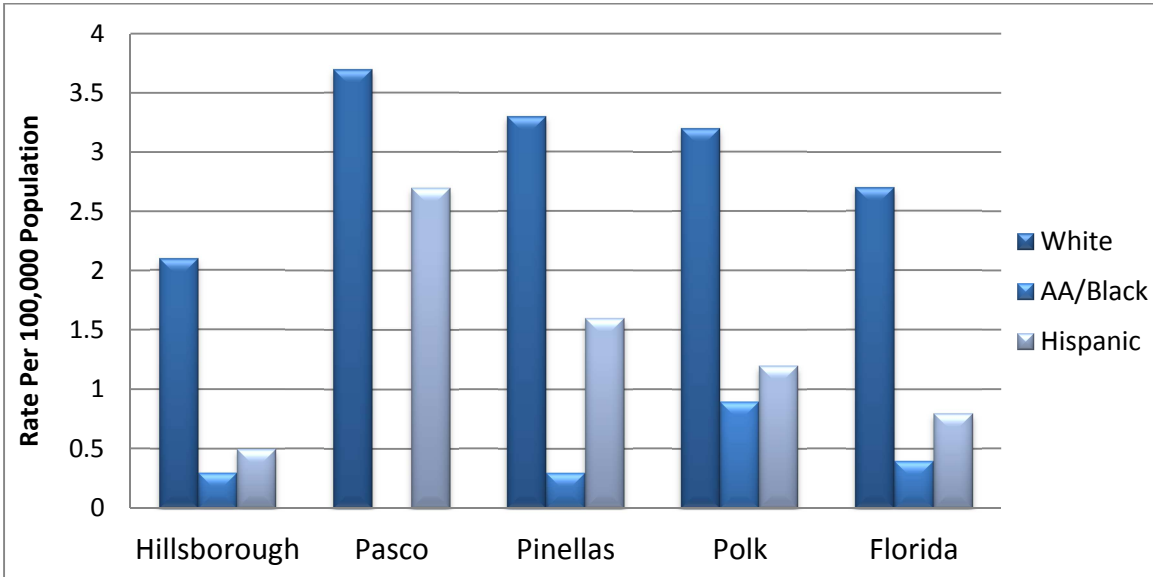
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 26. Lung Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



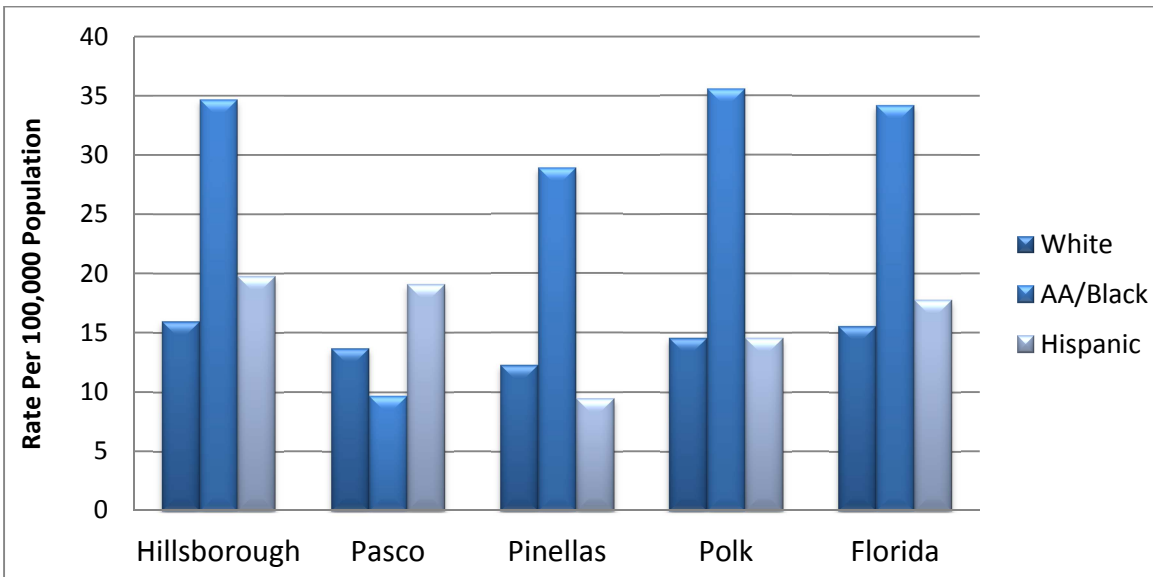
Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 27. Melanoma Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Figure 28. Prostate Cancer Mortality Rates by Race/Ethnicity and County, 2015-2017



Source: Florida Department of Health, Bureau of Vital Statistics, 2015-2017

Cancer-related Health Behaviors

- ❖ **Table 27** displays cancer-related health behaviors by county. **Red boxes** represent rates that are in the 4th quartile (least favorable) and **green boxes** represent rates that are in the 1st quartile (most favorable) compared to all of the Florida counties as calculated by the Florida Department of Health’s Bureau of Community Health Promotion.
- ❖ Adult smoking in Pasco County (23.3%) is among the highest rates compared to all Florida counties, as well as, higher than in the state (15.5%).
- ❖ Polk County has the highest percentage of adults who are obese (38.8%). This rate is among the highest rates compared to all Florida counties and Hillsborough’s obesity rate (26.7%) is among the lowest of all Florida counties.
- ❖ Pasco County’s rate (63.7%) of adults who are inactive or insufficiently active is among the highest rates compared to other Florida counties.
- ❖ The rate of adults who engage in heavy drinking is slightly higher than the state of Florida (17.5%) in Hillsborough (19%), Pasco (19.2%), and Pinellas (20.9%).

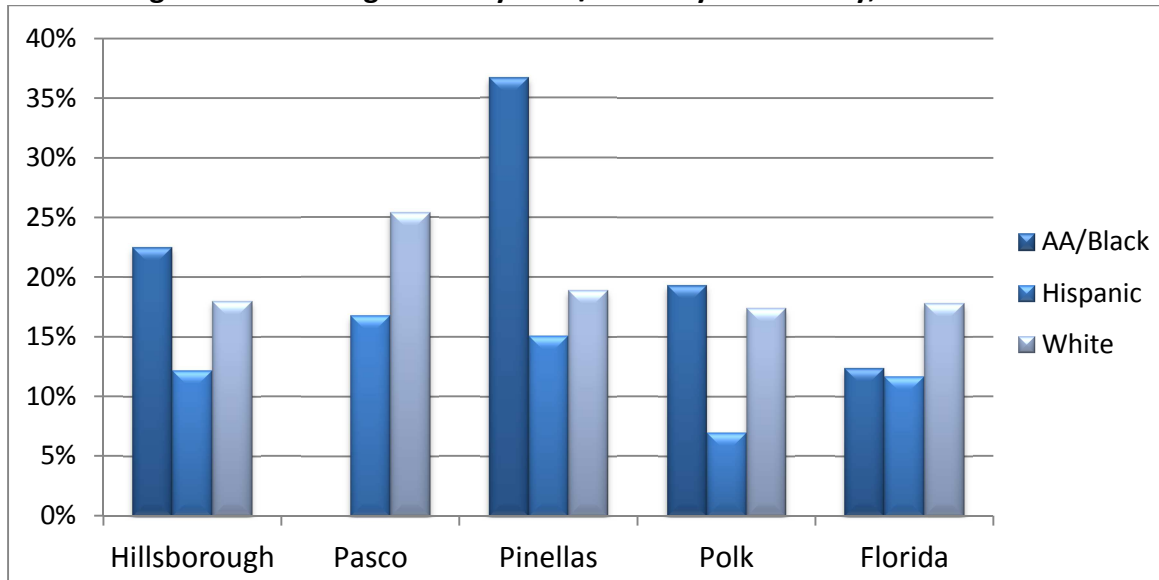
Measure	Hillsborough	Pasco	Pinellas	Polk	Florida
Adults who are current smokers	16.1%	23.3%	20.3%	16.0%	15.5%
Adults who are inactive or insufficiently active	55.6%	63.7%	54.4%	59.2%	56.7%
Adults who are obese	26.7%	28.1%	28.1%	38.8%	27.4%
Adults who engage in heavy or binge drinking	19.0%	19.2%	20.9%	12.2%	17.5%

Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

Cancer-related Health Behaviors by Race/Ethnicity

- ❖ **Figure 29** displays smoking status by race/ethnicity and county. African Americans/Blacks are more likely to be smokers compared to Whites in Hillsborough (Ratio – 1.3:1), Pinellas (Ratio – 1.9:1), and Polk Counties (Ratio – 1.1:1).
- ❖ Hispanics are less likely to be current smokers compared to non-Hispanics in all for counties and these rates decreased since the 2016 CHNA.

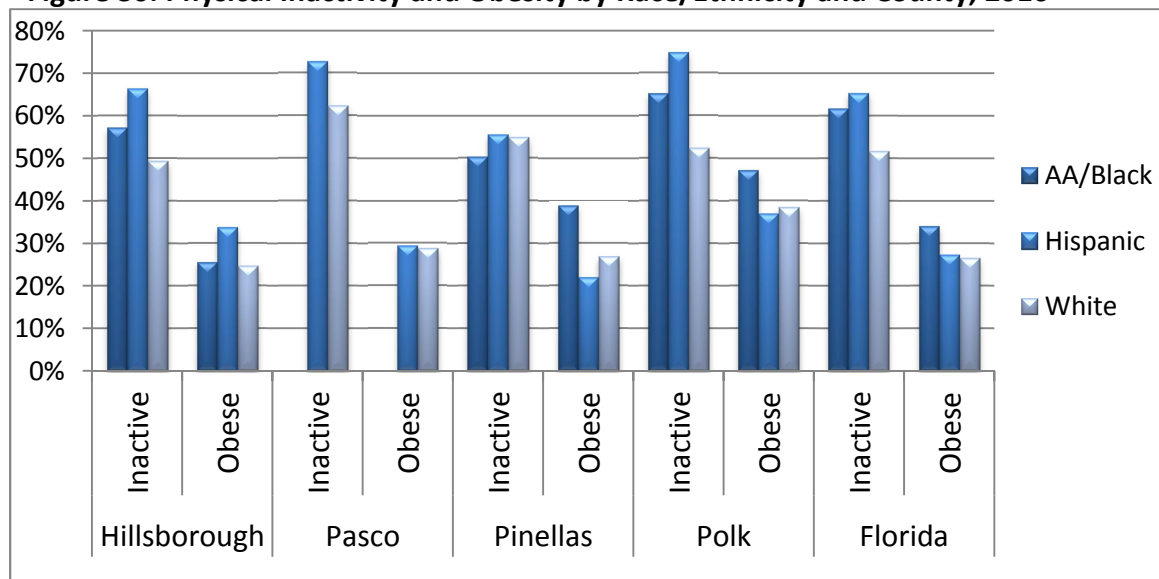
Figure 29. Smoking Status by Race/Ethnicity and County, 2016



Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

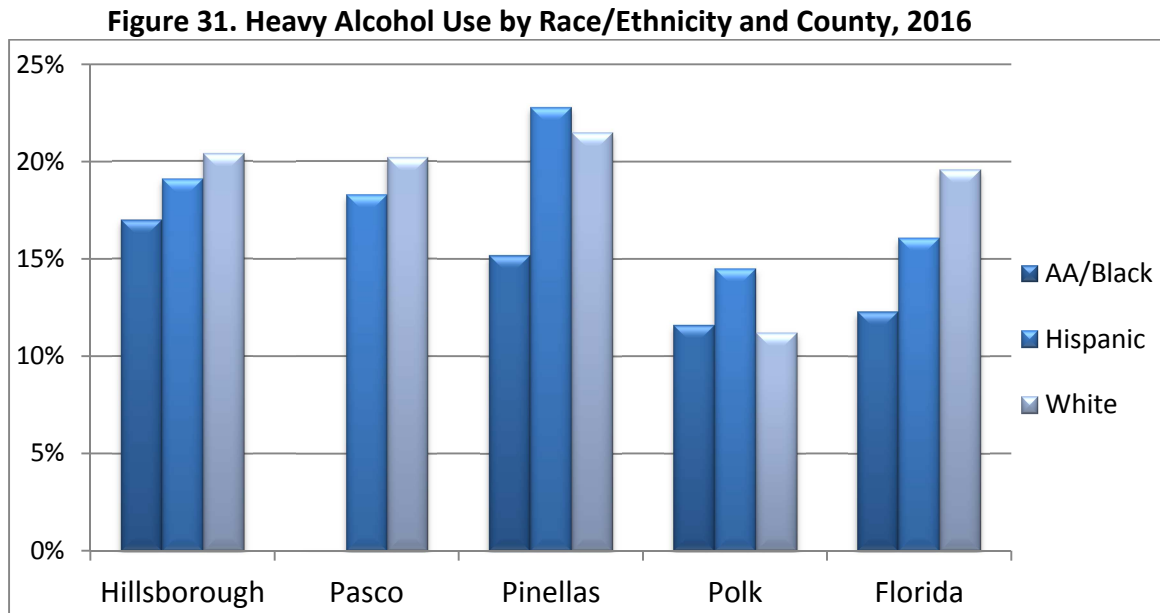
- ❖ **Figure 30** displays physical inactivity and obesity rates by race/ethnicity. Hispanics in Hillsborough County are 1.4 times more likely to be obese and 1.3 times more likely to be physically inactive compared to non-Hispanics.
- ❖ African Americans/Blacks are 1.4 times (in Pinellas County) and 1.2 times (in Polk County) more likely to be obese compared to Whites.

Figure 30. Physical Inactivity and Obesity by Race/Ethnicity and County, 2016



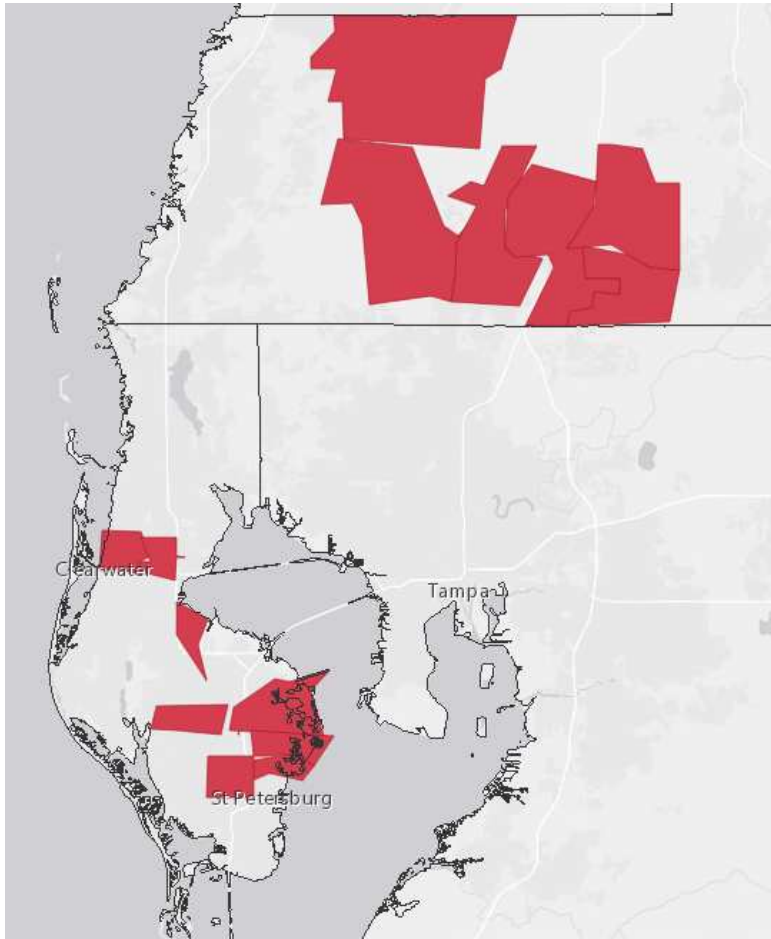
Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

- ❖ **Figure 31** shows heavy alcohol use by race/ethnicity. Whites have the highest rates of heavy alcohol use in Hillsborough County (20.4%) and Pasco County (20.2%) and these rates have increased since the 2016 CHNA.
- ❖ Hispanics have the highest rates in Pinellas County (22.8%) and Polk County (14.5%).



- ❖ The red areas in **Figure 32** are the zip codes in the service area that have rates greater than all three health behavior measures listed below. These rates are the averages among 500 national cities from the Center for Disease Control and Prevention’s (CDC) 500 City Project for each measure:
 - $\geq 17.7\%$ of adults who are binge drinkers
 - $\geq 17.4\%$ of adults who currently smoke
 - $\geq 29.2\%$ of adults who are obese
- ❖ These zip codes are in Pinellas and Pasco Counties. The cities in Pinellas County are: St. Petersburg, Clearwater, Largo, and Pinellas Park. The cities in Pasco are: Land O’ Lakes, Wesley Chapel, and Shady Hills. These are areas that may need more focused cancer prevention efforts compared to other areas.

Figure 32. Zip Codes with Adults engaging in Unhealthy Behaviors



Source: CDC 500 Cities Project, Behavioral Risk Factor Surveillance Survey, 2016 via HealthLandscape.org

Community Survey Results – Cancer-related Health Behaviors

- ❖ **Table 28** shows cancer-related health behaviors measures from the community survey.
 - A higher percentage of African Americans/Blacks are current smokers (36%) compared to other races/ethnicities.
 - More Hispanics (28%) and African Americans/Black (31%) reported no exercise participation in a typical week compared to Whites (23%).
 - Slightly less than half (41%) of survey participants reported meeting US dietary recommendations for daily fruit intake and drastically less (19%) met daily vegetable intake recommendations.
 - 33% reported engaging in binge drinking. Results are similar across race/ethnicity.

Table 28. Community Survey – Cancer-related Health Behaviors

	All Participants	Hispanic	AA/Black	White	Asian	Male	Female
Tobacco Use							
Cigarette users	145 (19.6%)	21 (17.0%)	29 (36.2%)	86 (17.6%)	7 (32.6%)	75 (20.4%)	70 (18.9%)
E-cigarette users	26 (3.6%)	10 (8.1%)	4 (4.8%)	11 (2.3%)	--	18 (4.9%)	8 (2.2%)
Other tobacco users	24 (3.2%)	10 (8.0%)	--	12 (2.4%)	2 (11.8%)	17 (4.6%)	8 (2.2%)
Non-users	536 (72.3%)	84 (66.0%)	41 (51.9%)	379 (77.3%)	12 (55.6%)	251 (68.3%)	283 (76.2%)

Table 28. Community Survey – Cancer-related Health Behaviors (Cont.)

	All Participants	Hispanic	AA/Black	White	Asian	Male	Female
Daily fruit & vegetable intake							
Meets dietary recommendations for fruits (<i>at least 1-2 cups</i>)	307 (41.4%)	49 (38.9%)	31 (39.3%)	204 (41.5%)	10 (45.0%)	163 (44.4%)	143 (38.6%)
Meets dietary recommendations for vegetables (<i>at least 2-3 cups</i>)	142 (19.2%)	18 (14.3%)	18 (23.0%)	104 (21.2%)	1 (4.5%)	61 (16.6%)	82 (22.0%)
Weekly physical activity participation							
No exercise	180 (24.4%)	35 (27.8%)	25 (31.2%)	111 (22.7%)	3 (12.9%)	83 (22.6%)	97 (26.2%)
Light/moderate exercise	315 (42.5%)	65 (51.3%)	22 (27.9%)	201 (41.1%)	15 (67.1%)	148 (40.1%)	167 (45.1%)
Heavy exercise	245 (33.1%)	26 (21.0%)	32 (40.9%)	178 (36.3%)	4 (19.9%)	137 (37.3%)	106 (28.7%)
Sun protection behaviors							
Uses sun protection	459 (62.0%)	80 (63.3%)	39 (48.2%)	312 (63.5%)	16 (71.2%)	224 (60.7%)	234 (63.2%)
Rarely or never uses sun protection	225 (30.4%)	39 (30.9%)	26 (32.9%)	149 (34.4%)	6 (26.6%)	112 (30.3%)	113 (30.5%)
Alcohol use							
Non-drinker	293 (39.6%)	49 (38.5%)	29 (36.0%)	196 (40.0%)	7 (30.6%)	139 (37.8%)	153 (41.3%)
Drinks alcohol	203 (27.4%)	38 (30.1%)	22 (27.6%)	134 (27.2%)	5 (20.6%)	112 (30.5%)	91 (24.5%)
Binge drinker (<i>at least 4 drinks for women and 5 drinks for men</i>)	244 (33.0%)	40 (31.4%)	29 (36.4%)	161 (32.8%)	11 (48.8%)	117 (31.8%)	127 (34.3%)

Human Papillomavirus (HPV) Test & Vaccination

- ❖ A little over a third of women 18 years and older in each county have received an HPV test within the last five years (**Table 29**).
 - African Americans/Blacks and Hispanics have higher rates of receiving an HPV test in Hillsborough and Polk Counties and also in the entire state of Florida compared to Whites.
- ❖ **Table 30** displays HPV test and vaccination status of the community survey participants.
 - The percentage of women who indicated receiving an HPV test (35.8%) is comparable to the overall state of Florida (36.7%).
 - The lowest percentage is among White women (28.6%).
 - Only 14% of the community survey participants had a medical provider recommend getting an HPV vaccine.

- 36% of people 45 years and younger indicated either they or a family member have been vaccinated.
- Fewer Whites (34%) were vaccinated compared to other races/ethnicities

Table 29. HPV Test by County, 2016

Measure	Hillsborough	Pasco	Pinellas	Polk	Florida
Women 18 years of age and older who received a HPV test in the past five years	39.7%	34.1%	38.3%	36.7%	36.7%
African American/Black	54.2%	--	--	46.0%	43.9%
Hispanic	40.2%	--	--	48.7%	41.1%
White	32.2%	31.0%	38.8%	31.6%	32.8%

Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

Table 30. Community Survey – HPV Test & Vaccination

	All Participants	Hispanic	AA/Black	White	Asian
Women who have ever had an HPV test	133 (35.8%)	27 (42.0%)	23 (66.2%)	71 (28.6%)	5 (51.1%)
Average years since last HPV test	3.6 years	2.8 years	1.4 years	4.7 years	2.0 years
Has a doctor or health care professional recommended that you or someone in your immediate family get an HPV vaccine?					
Yes	104 (14.1%)	21 (16.2%)	13 (17.2%)	57 (11.6%)	8 (35.1%)
No	551 (74.4%)	88 (69.4%)	47 (58.8%)	386 (78.7%)	14 (61.0%)
Don't Know	71 (9.6%)	14 (11.6%)	13 (16.1%)	43 (8.8%)	1 (1.8%)
People age 45 or below in your immediate family that have been vaccinated against HPV					
No one	326 (44.1%)	49 (39.1%)	21 (26.2%)	229 (46.7%)	13 (59.4%)
Self	103 (14.0%)	12 (9.4%)	17 (21.0%)	67 (13.7%)	4 (18.1%)
Spouse/partner	48 (6.6%)	19 (15.1%)	5 (5.7%)	22 (4.6%)	2 (10.4%)
Male child	48 (6.6%)	3 (2.2%)	2 (3.1%)	42 (8.6%)	1 (6.1%)
Female child	65 (8.7%)	14 (11.4%)	9 (11.4%)	37 (7.5%)	1 (6.1%)

Community Stakeholder Interview Results – Cancer-related Health Behaviors

- ❖ Community Stakeholders commented on a few risk factors and health behaviors they consider to be priorities:
 - Tobacco use and vaping, sun exposure, poor nutrition and lack of access to healthy foods, and physical inactivity
 - Preventative health care, specifically citing the HPV vaccine
- ❖ Community Stakeholders stressed the importance of education related to healthy lifestyles. They implied that a lack of knowledge about lifestyle-related risk factors and the impact those factors have on health and cancer risk might be preventing individuals from engaging in healthy behaviors or accessing preventative services.

Cancer Screening

- ❖ **Table 31** displays the cancer screening rates by county. **Red boxes** represent rates that are in the 4th quartile (least favorable) and **green boxes** represent rates that are in the 1st quartile (most favorable) compared to all of the Florida counties as calculated by the Florida Department of Health’s Bureau of Community Health Promotion.
- ❖ All county rates for sigmoidoscopy/colonoscopy, mammography, and Pap test are lower than the Healthy People 2020 goal.
- ❖ The rates of blood stool test have increased since the 2016 CHNA in all counties and the current rates in Pasco (22.8%), Pinellas (18.6%), and Polk (18.2%) Counties are among the highest compared to all Florida counties.
- ❖ The current sigmoidoscopy/colonoscopy rates in each county have decreased since the 2016 CHNA. Hillsborough (48.3%) and Pasco (49.9%) Counties are among the lowest rates compared to all other counties in Florida.
- ❖ The current mammography rates have slightly increased since the 2016 CHNA. Polk County’s rate (72.7%) is among the highest compared to all Florida counties.
- ❖ Pap test rates have increased since the 2016 CHNA, except in Pinellas County. Rates in Polk County (55.1%) and Hillsborough County (50.3%) are more favorable compared to all other counties in Florida. However, rates in the primary service area are significantly lower than the Healthy People 2020 goal of 93% of women being screened.

Table 31. Cancer Screening Rates by County, 2016

Cancer Screening	Hillsborough	Pasco	Pinellas	Polk	Florida	U.S. Healthy People 2020 Goal
Adults 50 years of age and older who received a blood stool test in the past year	16.4%	22.8%	18.6%	18.2%	16%	--
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	48.3%	49.9%	51.9%	52.4%	53.9%	70.5%
Women 40 years of age and older who received a mammogram in the past year	55.5%	57.6%	60.0%	72.7%	60.8%	81.1%
Women 18 years of age and older who received a Pap test in the past year	50.3%	47.7%	40.8%	55.1%	48.4%	93%
Men 50 years of age and older who received a PSA test in the past two years	51.4%	55.9%	52.1%	55.7%	54.9%	--

Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

Cancer Screening Rates by Race/Ethnicity

- ❖ **Table 32** shows cancer screening rates by race/ethnicity and county. Race/Ethnicity data is not available for Pasco and Pinellas Counties.
- ❖ In Hillsborough County, African Americans/Blacks are less likely to be screened for colorectal cancer but more likely to have a Pap test compared to Whites.
- ❖ Similarly, in Polk County, Hispanics are less likely to be screened for colorectal cancer but more likely to receive a Pap test compared to non-Hispanics.

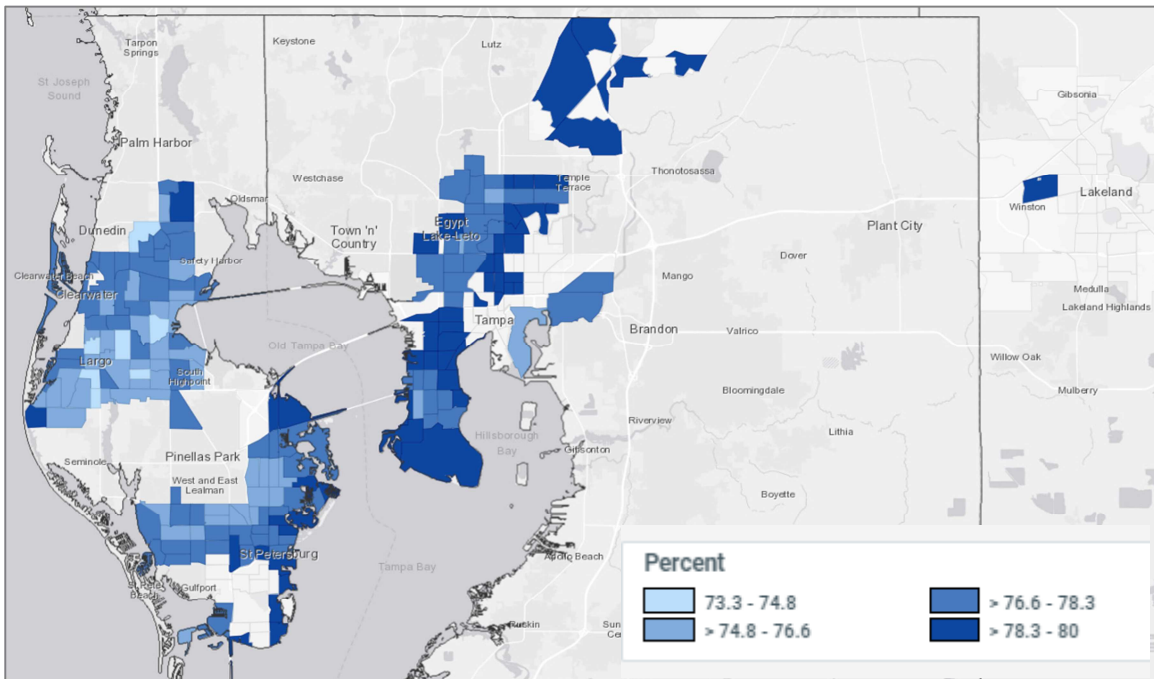
Table 32. Cancer Screening Rates by Race/Ethnicity and County, 2016			
Cancer Screening	Hillsborough	Polk	Florida
Received a blood stool test in the past year			
AA/Black	4.4%	--	18.6%
Hispanic	20.9%	9.5%	15.4%
White	17.7%	20.1%	15.7%
Sigmoidoscopy or Colonoscopy in the past five years			
AA/Black	43.8%	--	51.2%
Hispanic	51.7%	48.9%	49.6%
White	49.5%	52.9%	55.9%
Mammogram in the past year			
AA/Black	--	--	61.7%
Hispanic	55.7%	--	60.7%
White	56.0%	68.5%	60.9%
Pap test in the past year			
AA/Black	68.4%	--	55.8%
Hispanic	48.5%	68.8%	51.5%
White	49.4%	48.6%	46.0%

Source: Florida Charts, Florida Behavioral Risk Factor Surveillance System, 2016

Cancer Screening Rates by City Census Tract

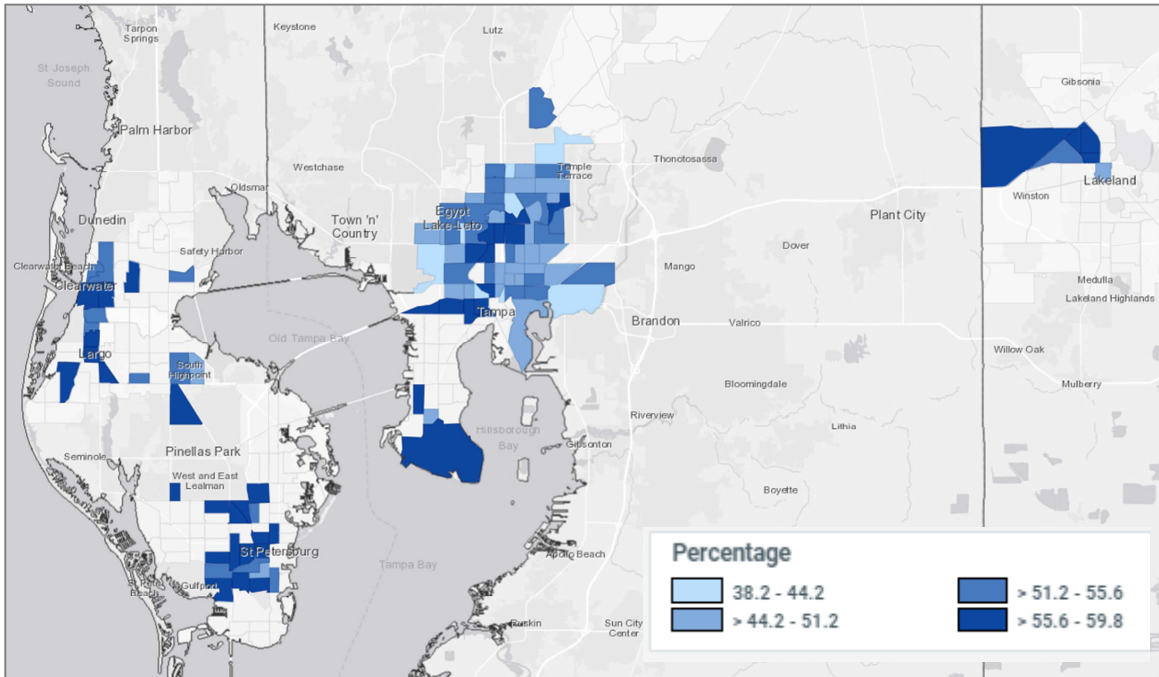
- ❖ **Figures 33 – 35** illustrate cancer screening rates by city census tract for the primary service area. The local cities (Tampa, Clearwater, St. Petersburg, Largo, and Lakeland) are from the CDC's 500 Cities Project.
- ❖ Shaded areas in **Figure 33** are mammography rates under 80%, **Figure 34** are colorectal screening rates under 60%, and **Figure 35** are Pap test rates under 80%. Lighter shaded areas represent lower screening rates and may need more focused efforts for improvement.

Figure 33. Mammography Rates (aged 50-74 years) by City Census Tract



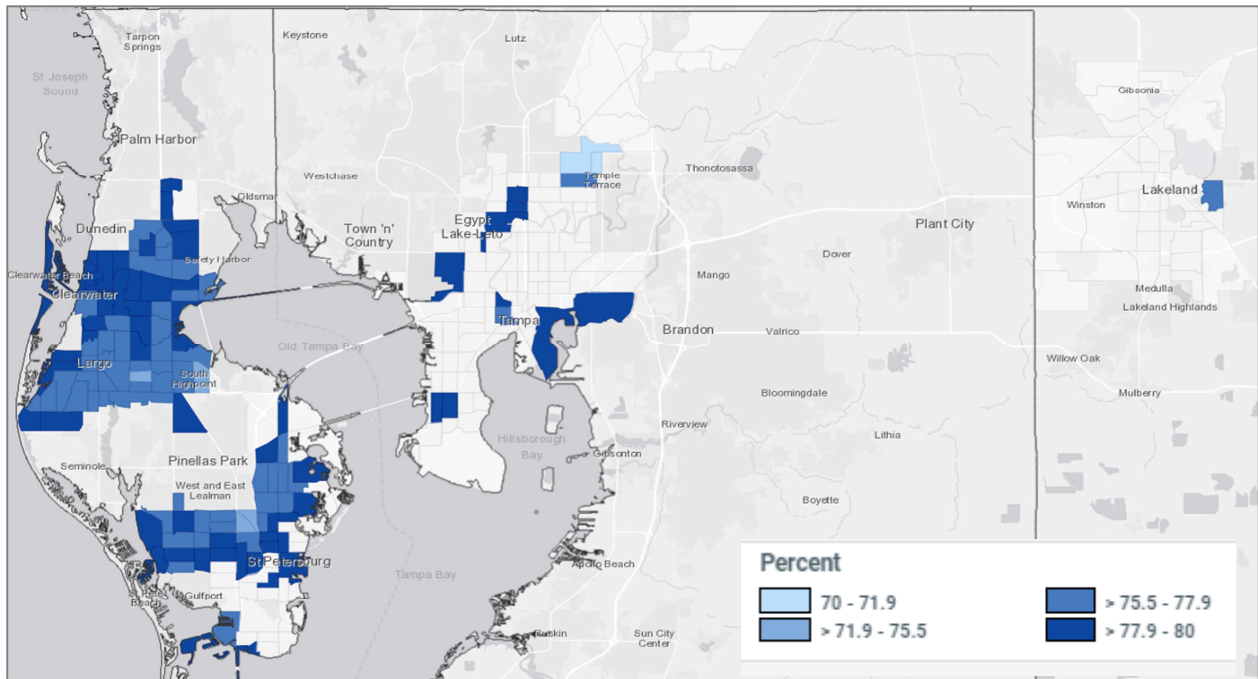
Source: 500 Cities Project, Centers for Disease Control and Prevention, 2016

Figure 34. Fecal occult blood test/sigmoidoscopy/colonoscopy (aged 50-74 years) by City Census Tract



Source: 500 Cities Project, Centers for Disease Control and Prevention, 2016

Figure 35. Pap Smear Test among women (aged 21–65 years) by City Census Tract



Source: 500 Cities Project, Centers for Disease Control and Prevention, 2016

Community Survey Results – Cancer Screening

- ❖ **Table 33** lists cancer screening rates among the community survey participants. In general, screening rates are similar across all races/ethnicities.
- ❖ Hispanics had lower rates of colorectal screening, mammography, and Pap test compared to other races/ethnicities.
 - Hispanics are less likely to be up-to-date with having a blood stool test and a mammography.
- ❖ Less than a quarter of survey participants (22.7%) have ever received a lung cancer screening test and rates are similar across race/ethnicity groups.
 - A much lower percent of Hispanics (6.5%) had been screened for lung cancer within the last year.

Table 33. Community Survey – Cancer Screening Rates					
Cancer Screening	All Participants	Hispanic	AA/Black	White	Asian
Adults who had a blood stool test	213 (47.7%)	20 (36.6%)	27 (66.0%)	156 (48.0%)	5 (42.6%)
Screened within last year	114 (53.4%)	6 (29.3%)	20 (74.2%)	80 (51.5%)	4 (85.9%)
Adults who had a sigmoidoscopy or colonoscopy	322 (72.3%)	33 (60.7%)	37 (91.2%)	235 (72.4%)	8 (71.9%)
Average years since last sigmoidoscopy	10.7 years	8.8 years	10.1 years	12.0 years	18.6 years
Average years since last colonoscopy	5.9 years	5.9 years	4.8 years	6.0 years	1.5 years
Women who had a mammogram	242 (65.1%)	33 (50.6%)	23 (66.6%)	167 (67.8%)	8 (77.2%)
Average years since last mammogram	3.3 years	4.9 years	1.3 years	3.1 years	3.8 years
Women who had a Pap test	312 (84.0%)	44 (67.1%)	29 (81.0%)	218 (88.2%)	8 (80.7%)
Average years since last Pap test	5.8 years	2.6 years	3.5 years	6.9 years	1.8 years
Adults who had a low-dose CT scan of the chest	168 (22.7%)	25 (19.4%)	21 (26.5%)	112 (22.9%)	5 (20.2%)
Screened within last year	46 (27.4%)	2 (6.5%)	6 (28.9%)	32 (28.8%)	4 (89.4%)

Community Stakeholder Interview Results – Cancer Screening

- ❖ Community Stakeholders mentioned cancer screening as a top priority. A desire was expressed to diagnose cancer cases as early as possible in order to ensure positive outcomes for patients.
- ❖ Community Stakeholders considered the affordability of cancer screenings and cancer care a high priority issue.
 - Concerns mentioned for low-income individuals and undocumented immigrants impacted by cancer

Cancer Beliefs

- ❖ Survey participants were asked about their beliefs and perceptions on cancer (**Table 34**).
- ❖ Hispanics, African Americans/Blacks, and Asians had slightly more fatalistic beliefs of cancer compared to Whites.
- ❖ Beliefs about cancer prevention are generally unfavorable and are similar across all races/ethnicities.
 - Less than half of survey participants believe cancer is caused by behavior or lifestyle (46.7%).
- ❖ Asians and African Americans/Blacks generally believe they have a lower risk of getting cancer.

Table 34. Community Survey – Cancer Beliefs

	All participants	Hispanics	AA/Black	White	Asian
% Strongly and Somewhat Agree with the following statements					
It seems like everything causes cancer	486 (65.7%)	82 (65.6%)	51 (66.2%)	317 (64.8%)	18 (87.1%)
There's not much you can do to lower your chances of getting cancer	224 (30.3%)	50 (40.1%)	36 (47.2%)	120 (24.6%)	11 (53.5%)
When I think about cancer, I automatically think about death	443 (59.9%)	87 (69.3%)	52 (67.5%)	276 (56.4%)	16 (77.6%)
There are so many different recommendations about preventing cancer; it's hard to know which ones to follow	572 (77.3%)	96 (77.1%)	48 (62.3%)	390 (79.6%)	19 (90.5%)
Cancer is most often caused by a person's behavior or lifestyle	345 (46.7%)	58 (46.5%)	37 (48.6%)	227 (46.4%)	13 (64.5%)
I'd rather not know my chance of getting cancer	313 (42.3%)	62 (49.0%)	31 (39.7%)	199 (40.6%)	9 (39.5%)
On a scale of 0 to 100, what do you think your chances are of getting cancer?					
≥ 75%	158 (21.3%)	22 (17.3%)	19 (23.8%)	107 (21.8%)	6 (28.5%)
25% to 74%	465 (62.7%)	85 (67.2%)	35 (44.7%)	319 (65.0%)	11 (47.9%)
≤ 24%	118 (16.0%)	20 (15.5%)	25 (31.5%)	64 (13.1%)	5 (23.5%)
Compared to other people your age, how likely are you to get cancer in your lifetime?					
Less likely	234 (31.6%)	48 (37.9%)	34 (43.3%)	137 (27.9%)	11 (50.9%)
About the same	368 (49.7%)	61 (48.3%)	28 (34.9%)	257 (52.5%)	9 (38.8%)
More likely	138 (18.7%)	17 (13.8%)	17 (21.8%)	96 (19.6%)	2 (10.2%)

Cancer Concerns – Community Stakeholder Interview Results

- ❖ A large number of Community Stakeholders consider cancer to be a top priority for community residents, in general.
- ❖ Older adults are typically more concerned about cancer than younger community members.
- ❖ Cancer is not viewed as a top concern within low-income communities because individuals are far more focused on meeting their basic needs and tending to more pressing issues.
- ❖ Cancer is generally associated with fear, sometimes due to fatalistic attitudes. Sometimes these attitudes can be attributed to cultural norms or a historically low screening rate within a specific community.
- ❖ The general public’s level of concern about cancer may be linked to awareness of cancer risk factors, both hereditary and lifestyle-related, and understanding of how risk factors can lead to cancer.
- ❖ Patients who “fall through the gaps” during transitions from screening to diagnosis and from diagnosis to treatment are of a concern.

COMMUNITY CONCERNS

- ❖ Community Stakeholders discussed the connection between poverty and health, food insecurity, education, health literacy, employment, language barriers, and financial literacy.
- ❖ A lack of safe places to play or exercise within neighborhoods was mentioned as a serious barrier to engaging in physical activity.
 - Those in high crime areas or parts of the community without sidewalks or walking trails may not easily be able to exercise for free, placing strain on low- income individuals.
- ❖ Housing, with specific discussions surrounding housing insecurity and a lack of affordable housing in the area was discussed as a concern.
- ❖ **Table 35** shows the percent of community survey participants who strongly or somewhat agree with attributes related to the community they live in.
 - Most respondents (78.0%) feel safe in their neighborhoods and are able to get healthy foods (76.4%). These rates are similar to the 2016 CHNA (78.1% and 77.6%, respectively).
 - A lower percent of participants in Polk County (63%) compared to other counties felt they were able to get healthy foods.
 - Slightly less than half of participants (47% in 2019 vs 42% in 2016 CHNA) say that public transportation is readily available when they need it.
 - Even less participants in Hillsborough (41.8%), Pasco (41.0%) and Polk (42.3%) Counties agreed.
 - A lower percentage of Polk County residents (45.1%) believed the quality of healthcare in their neighborhood is good compared to other counties.

Table 35. Community Survey – Community Attributes

% Strongly and Somewhat Agree with the following statements	All participants	Hillsborough	Pasco	Pinellas	Polk
Drug or alcohol abuse is a problem in my community	218 (29.5%)	92 (27.7%)	32 (28.2%)	59 (31.8%)	35 (32.2%)
We have great parks and recreational facilities	492 (66.4%)	213 (63.9%)	65 (57.0%)	154 (83.1%)	60 (55.2%)
Public transportation is readily available to me if I need it	348 (47.0%)	139 (41.8%)	47 (41.0%)	116 (62.6%)	46 (42.3%)
There are plenty of jobs available for those who want them	382 (51.6%)	172 (51.9%)	61 (53.9%)	98 (52.8%)	51 (46.5%)

Table 35. Community Survey – Community Attributes (Cont.)

% Strongly and Somewhat Agree with the following statements	All participants	Hillsborough	Pasco	Pinellas	Polk
Crime in my area is a serious problem	166 (22.4%)	76 (22.7%)	18 (16.1%)	45 (24.3%)	27 (25.0%)
Air pollution is a problem in my community	191 (25.7%)	78 (23.3%)	15 (13.5%)	66 (35.7%)	32 (29.0%)
I feel safe in my own neighborhood	578 (78.0%)	250 (75.1%)	92 (80.9%)	154 (83.3%)	82 (75.2%)
There are affordable places to live in my neighborhood	368 (49.7%)	140 (42.2%)	61 (53.9%)	111 (59.7%)	56 (51.1%)
The quality of health care in my neighborhood is good	436 (59.0%)	193 (58.0%)	69 (60.9%)	125 (67.7%)	49 (45.1%)
There are good sidewalks for walking safely	477 (64.4%)	210 (63.2%)	69 (61.0%)	147 (79.5%)	51 (46.2%)
I am able to get healthy food easily	566 (76.4%)	253 (76.1%)	84 (74.3%)	160 (86.1%)	69 (63.0%)

Community Strengths/Assets – Community Stakeholder Interview Results

- ❖ Community stakeholders valued the volume of community-based organizations, social service agencies, public health programs, healthcare service providers, community clinics, and hospitals throughout the area.
 - Partnerships among these various organizations were reviewed as strengths, and many interviewees were pleased that a number of local organizations are currently focusing on collaboration as a means to advance community health.
 - Governmentally funded resources like various Federally-Qualified Health Clinics, Parks and Recreation departments, and local health departments were considered valuable assets.
 - The University of South Florida (USF) system, faith-based organizations, and the local media market were also named as assets by multiple community leaders.
- ❖ Many Community Stakeholders considered the philanthropic spirit of community members and social connectedness and social support as assets that can improve quality of life.
- ❖ Community Stakeholders mentioned the willingness of providers to volunteer their time as strengths that could be leveraged to improve population health.
- ❖ Many stakeholders considered the Tampa Bay community’s weather and climate as an asset that could be leveraged to promote physical activity and physical fitness

Moffitt Cancer Center Engagement

- ❖ Community Stakeholders expressed strategies for Moffitt to engage with the community. Some examples are:
 - Increase the number of Moffitt departments that are actively engaged in community outreach and utilize volunteers in community outreach and health education programming
 - Leverage partnerships with individuals and organizations who are already embedded within a given community in order to have the best impact
 - Become more engaged in advocacy and health policy work as a way to address the health issues
 - Utilize satellite locations to bring quality care out into the community and help overcome some of the transportation and lodging barriers.
- ❖ **Table 36** shows the community survey responses as related to engaging with Moffitt.
 - Majority of the participants were aware of Moffitt prior to the survey (84.3%).
 - 97.1% heard of Moffitt from the media, followed by having a family/friend who was a patient (48.3%).
 - Moffitt’s website (37.6%) was the most cited resource used to learn about cancer.

Table 36. Community Survey – Moffitt Engagement	
Aware of Moffitt prior to survey	625 (84.3%)
How did you hear about Moffitt?	
Moffitt patient	55 (8.8%)
Family/friend has been a patient	302 (48.3%)
Media (commercials, newspaper, radio)	607 (97.1%)
Moffitt’s website	123 (19.7%)
Attended a Moffitt fundraising or educational event	47 (7.5%)
Participated in a Moffitt research study	22 (3.5%)
Employment (self or friend/family member)	43 (5.8%)
Moffitt resources used to learn more about cancer	
Website	235 (37.6%)
Social media	106 (16.9%)
Newsletter	80 (12.7%)
Support group	23 (3.7%)
Health Fair/Educational activity	103 (16.4%)
Commercial	80 (12.8%)

Health Information – Community Survey Results

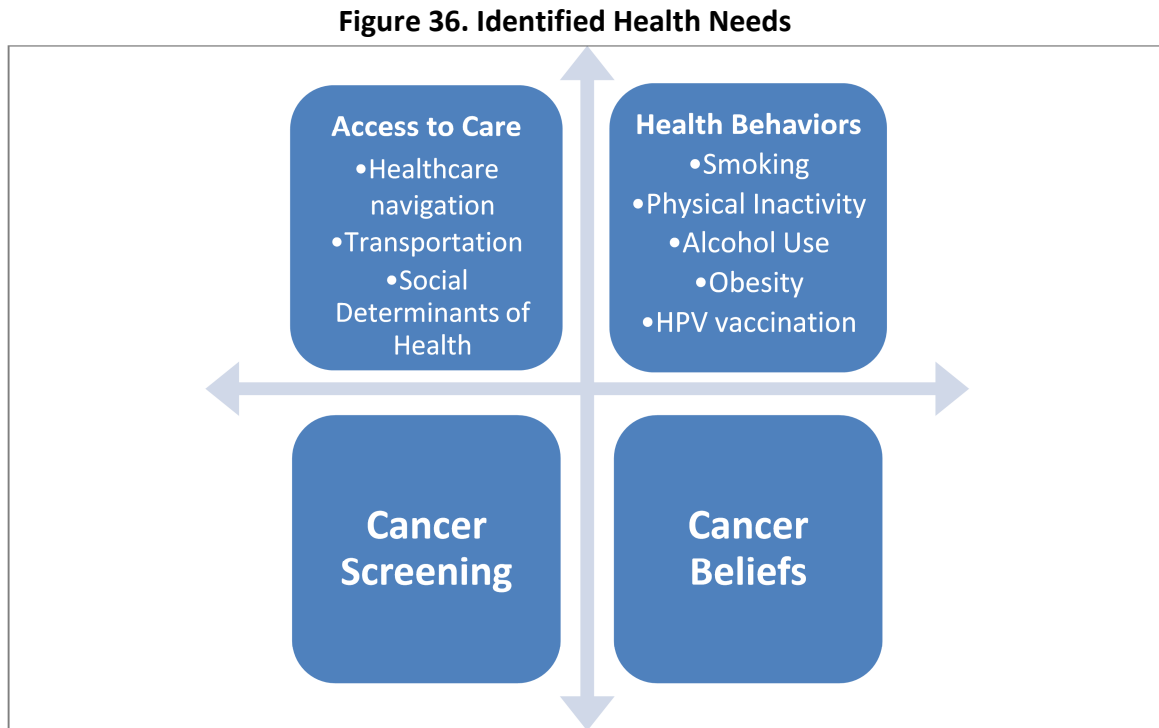
- ❖ Community survey participants indicated a doctor, family/friend/coworker, and the internet are the top three sources they use when looking for health information (**Table 37**).
- ❖ Participants indicated they preferred electronic methods (email or web-based) for receiving cancer education and information from Moffitt.
- ❖ Participants denoted being interested in learning more about:
 - Cancer types: breast, prostate, and lung cancers
 - Cancer topics: cancer prevention and cancer screening

Table 37. Community Survey – Health Information	
When you are looking for information about health or medical topics, which are the top 3 sources you use the most?	
Books	74 (10.0%)
Brochures, pamphlets, etc.	133 (17.9%)
Magazines	33 (4.5%)
Radio	24 (3.2%)
Television	69 (9.3%)
Newspapers	27 (3.7%)
Telephone information number	41 (5.5%)
Family/Friend/Coworker	337 (45.6%)
Cancer organization	32 (4.3%)
Health fair/Community event	53 (7.2%)
Doctor or health care provider	537 (72.5%)

Table 37. Community Survey – Health Information (Cont.)	
When you are looking for information about health or medical topics, which are the top 3 sources you use the most? (Cont.)	
Complementary, alternative, or unconventional practitioner	19 (2.6%)
Internet	517 (69.8%)
Social media	83 (11.2%)
How would you like to receive cancer education/information from Moffitt?	
Events in my community (e.g., health fairs, education workshops)	136 (18.3%)
Mailed materials	151 (20.4%)
Emailed materials	207 (27.9%)
Web-based resources	226 (30.5%)
Social media	127 (17.1%)
What cancer types are you interested in learning about?	
Prostate cancer	163 (22.1%)
Colorectal cancer	113 (15.3%)
Melanoma	147 (19.8%)
Non-Hodgkin lymphoma	56 (7.6%)
Breast cancer	222 (29.9%)
Bladder cancer	86 (11.6%)
Thyroid cancer	94 (12.6%)
Lung cancer	148 (20.0%)
Uterine cancer	73 (9.9%)
Kidney cancer	83 (11.2%)
What cancer related topics are you interested in learning about?	
Cancer prevention	305 (41.1%)
Nutrition and cancer	224 (30.3%)
Tobacco cessation	95 (12.9%)
Cancer screening	247 (33.3%)
Genetics and cancer	237 (32.0%)
Biobanking (collecting human tissue for research) and cancer	90 (12.2%)
Clinical trials and cancer	129 (17.4%)

Health Need Priorities - Identification and Ranking Process

There were 10 major needs identified from the Community Health Needs Assessment that fell into four major categories (**Figure 36**). The four categories are Access to Care, Health Behaviors, Cancer Screening, and Cancer Beliefs.



On May 6, 2019, a meeting was held with Moffitt staff and community partners to review the needs assessment results and to present the identified priority areas. There were seven community partners from health clinics, academia, and community-based organizations and 16 Moffitt staff members, representing a variety of departments in attendance. The identified health needs were placed on separate wall charts and displayed throughout the meeting room. Each participant had up to five “sticky dots” they could use to vote on their perceived most-pressing health needs. The prioritizing criteria were based on alignment to Moffitt’s mission and resources, the ability and feasibility to address a particular health need, and the resulting impact and benefit to the community. Each participant could place all or part of their allotted dots on a single need or allocate them to multiple needs according to their own perceptions. Following the initial vote, participants regrouped to discuss how the votes were distributed. Based on the discussion, the group decided on the top four priorities to address in the Implementation Plan: Healthcare Navigation, Transportation, Cancer Screening, and HPV Vaccination.

Community Resources

There are ample resources throughout the community to help address these needs. **Table 38** lists these important and valuable organizations that can potentially help Moffitt address the identified health needs.

Table 38. Existing Community Clinics and Organizations

Abe Brown Ministries	Foundation for a Healthy St. Pete	Plant City Health Center
Allegany Franciscan Ministries	Good Samaritan Health Clinic	Plant City Neighborhood Service Center
Alzheimer's Association - Florida Gulf Coast Chapter	Gulf Coast North AHEC	Premier Community Healthcare Group
American Breast Cancer Foundation	Haitian Association	REACH UP, Inc.
American Cancer Society	Healthcare for Homeless Veterans	Red Crescent Medical Clinic
American Red Cross	Hillsborough Area Regional Transit	Redlands Christian Migrant Association
Angels Care Center of Eloise	Hillsborough County Health & Social Services	River of Grace Ministries
Beth-El Mission	Hillsborough County Latino Coalition	Salvation Army Family Services Program
Black Nurses Association— Clearwater/St. Petersburg Chapter	Hillsborough Metropolitan Planning for Transportation	Seminole Tribe of Florida
Florida Blue	Hispanic Leadership Council, Pinellas County	Seniors in Service
Brandon Outreach Clinic	Hispanic Services Council	Sister's Surviving Breast Cancer
BRIDGE Clinic	Homeless Recovery Program	SouthShore Community Resource Center
Calvary Community Clinic	HPV Awareness & Action Coalition	St. Andre Free Clinic
Catholic Mobile Medical Services	IQuit with AHEC	St. Petersburg Free Clinic
Central Florida Healthcare	James A. Haley Veteran's Hospital	Sulphur Springs Health Center
Clearwater Free Clinic	Judeo Christian Health Clinic	Suncoast Community Health Centers
Community Health Centers of Pinellas	La Clinica Guadalupana	Sunshine Line
Crisis Center	Lake Wales Free Clinic	Susan G. Komen for the Cure Florida Suncoast
Dover Health Center	Latinos Unidos por Un Nuevo Amanecer, Inc.	Tampa Bay Healthcare Collaborative
Equality Florida	Lee Davis Neighborhood Service Center	Tampa Caribbean Cancer Health Initiative
Farmworker Self Help	Leukemia & Lymphoma Society	Tampa Family Health Centers
Faces of Courage Foundation	LifePath Hospice	United Way Suncoast
Family Healthcare Foundation	Meals on Wheels	University Area Community Health Center
Florida Breast and Cervical Cancer Early Detection Program	Medicaid Area 6 Field Office	University of South Florida College of Public Health
Florida Department of Health	Metropolitan Ministries	We Care of Polk County
Florida Department of Motor Vehicles and Highway Safety	Partnership to Immunize Teens and Children against HPV	West Central Florida Agency on Aging, Inc.
Floyd Kelton Health Center	Pinellas County Economic Development	West Tampa Health Centers
Front Porch CDA, Inc.	Pinellas Suncoast Transit Authority	YMCA Suncoast