



2016 Community Health Needs ASSESSMENT REPORT

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EXECUTIVE SUMMARY

Presented in this report is an assessment of the community health status and health needs of the residents of Moffitt Cancer Center's primary service area. For the purposes of this assessment, the community served (primary service area) is defined as all residents of Hillsborough County, Pasco County, Pinellas County, and Polk County in west central Florida. This assessment is based on data from the United States Census, Florida Department of Health, County Health Rankings, the Centers for Disease Control (CDC), Nielsen demographics, an online survey of 4,076 respondents, 58 key informant interviews, and five focus groups.

- ❖ The four service area counties are home to 3.4 million people. This is expected to grow to 3.6 million people by 2020.
- ❖ Greatest growth in the service area is expected to be in the senior (65+) market segment.
- ❖ Residents of the service area are more likely to be native-born and less likely to speak a language other than English at home than is the case for Florida overall.
- ❖ Income and educational levels within the service area are on a par with the state overall.
- ❖ Adult obesity is more prevalent in the service area than it is in the state.
- ❖ Overall mortality rates (deaths from all causes) are higher throughout the primary service area when compared to the state overall.
- ❖ The overall cancer mortality rate in Hillsborough, Pasco, and Polk counties is higher than in the state while lung cancer mortality is higher in Pasco County.
- ❖ Lung cancer mortality rates are higher in Pasco, Pinellas, and Polk counties than in the state.
- ❖ Hillsborough County's incidence rates for breast cancer, colorectal cancer, lung cancer, and prostate cancer are higher than in the state overall.
- ❖ Pinellas County's incidence rates for colorectal and prostate cancer are lower than in the state overall.
- ❖ Health disparities for Hispanics and blacks exist in the service area, especially with respect to those who could not see a doctor due to cost (Hispanics), asthma hospitalization and ER utilization rates (blacks), and cancer incidence and mortality rates (blacks).

- ❖ According to survey results, Hispanics and blacks are more likely to not have a regular medical provider.
- ❖ Overall, one-in-six survey respondents say they needed medical care in the last year but did not get it, generally because of cost.
- ❖ Most of those who do not have health insurance say they can't afford it.
- ❖ Whites are more likely to drink at least five alcoholic beverages per week than are blacks and Hispanics but they are less likely to drink sugary drinks.
- ❖ When going out in the sun, most respondents use sunscreen while others wear a hat or other protective clothing. One-in-six don't use any protection.
- ❖ According to survey respondents, the most risky behaviors leading to chronic diseases are smoking, an improper diet, and a lack of regular exercise.
- ❖ The top three leading health issues, as identified by survey respondents, are obesity, cancer, and aging problems.
- ❖ According to key informants, the strengths of the service area include weather, professional sports, cultural diversity, academics, and health care. Community weaknesses include public transportation in rural areas, a lack of patient-centered thinking, and a lack of a team approach to health care.
- ❖ Key informants cite obesity, smoking, early diagnosis and prevention, racial and ethnic health disparities, and chronic disease as important health issues in the service area.
- ❖ Focus group panelists identified obesity, access to care, and diabetes as the top three health issues.
- ❖ Based on our review of both of secondary data, the consumer survey, key informant interviews, focus groups, as well as input from Moffitt's Community Health Needs Assessment Steering Committee, the following are the ranked health needs which Moffitt will impact through its health needs implementation plan.
 1. Transportation for the disadvantaged
 2. Health care navigation
 3. Breast cancer screening and prevention
 4. Colorectal cancer screening and prevention
 5. Smoking cessation
 6. Prostate cancer screening and prevention
 7. Lung cancer screening and prevention

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This Community Health Needs Assessment was developed by LEGACY CONSULTING GROUP in collaboration with the Florida Department of Health Hillsborough County on behalf of Moffitt Cancer Center. Part of the requirements of the Affordable Care Act with respect to community health needs assessments is that the assessment takes into account the opinions of those who represent the “broad interests” of the community. The following 58 individuals were interviewed as part of this health assessment, either by phone or in person. They contributed immeasurable value in the formation of this report, providing professional knowledge, expert information, and informed public policy direction by participating in the assessment process as key informants. We would like to acknowledge each of these individuals and thank them for their generous time and contributions to this assessment.

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Steering Committee

We also thank the members of the Moffitt Cancer Center Community Health Needs Assessment Steering Committee who met on several occasions to provide valuable input and guidance to the assessment and strategic planning process.

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*Thank
you* 

MISSION AND VISION



The H Lee Moffitt Cancer Center & Research Institute (Moffitt) was created by the Florida Legislature in 1981 and was officially opened in 1986. In 2001, Moffitt became a National Cancer Institute (NCI)-designated Comprehensive Cancer Center.

As the only NCI-designated Comprehensive Cancer Center based in Florida, Moffitt is a full-service hospital and the third largest cancer center based on outpatient clinic volume.

MISSION: To contribute to the prevention and cure of cancer.

Employing over 5,000 physicians, faculty, and staff including over 340 faculty physicians and scientists, Moffitt includes a research institute, a freestanding inpatient 206-bed hospital with 36 dedicated beds for bone marrow transplant, an active outpatient clinic, and a high-risk screening and prevention center. 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 has made a lasting commitment to the prevention and cure of cancer, working tirelessly in the areas of patient care, research, and education to advance one step further in fighting this disease. Moffitt's priority is ensuring its patients receive the latest treatment options and the best chance of beating cancer. Its multispecialty team of experts takes a highly collaborative approach to personalized care by providing diagnosis, treatment, and support in a single, convenient location.

Moffitt's transformational clinical and research expertise, coupled with volumes of cases and treatment options, keeps it at the forefront of transforming cancer care and finding cures, not only in the nation, but around the world. Research emphasizes translating basic and population science into improved diagnostic, preventive and therapeutic advances.

VISION: To transform cancer care through service, science, and partnership.

Moffitt's culture and organizational structure underscore a basic value: multidisciplinary care and teamwork. Moffitt's size, its singular focus on cancer, and its close interaction and contribute to the rich, collegial, and collaborative environment required to perform outstanding cancer treatment, research, and education.

PURPOSE AND SCOPE

The Patient Protection and Affordable Care Act (PPACA) of 2010 established four new requirements for all non-profit 501(c)(3) hospital organizations.

1. Conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet needs identified in the assessment.
2. Adopt a written financial assistance policy that includes eligibility criteria, methods used to calculate charges, applications for assistance, and actions associated with billing and collections.
3. Limit charges for services to levels equivalent to amounts generally billed for insured patients.
4. Make reasonable efforts to determine an individual's eligibility for financial assistance prior to extraordinary measures to secure payment.

The purpose of this document is to satisfy the first of these requirements -- conduct a Community Health Needs Assessment. This assessment is based on an analysis of public health data, demographic and socio-economic data, interviews with key informants and stakeholders, a community perception survey, and a series of focus groups to help identify unmet health-related needs in the service area of Moffitt. Not only will this assessment satisfy the requirements of the Affordable Care Act but it will lay the groundwork for planning the current and future health and wellness of the local community, especially with respect to cancer.

Impact of Previous CHNA Priorities

In 2013, Moffitt's last CHNA determined five priorities to address. Below is a summary of how each priority area has been addressed since the last CHNA.

Cultural Competence. Efforts to address Cultural Competence focused on providing internal and external cultural and linguistic competence (CLC) initiatives. The Language Services team averaged more than 7,000 interpreting encounters and more than 450 translation projects each year. Also, language services education was provided to clinical teams to improve efficacy in communicating with patients, families, and with medical interpreters. A CLC Steering Committee was created to improve patient experience, CLC-education, data collection, and language and communication services. An External Advisory Committee of national experts also helped guide Moffitt on implementing CLC initiatives. Additionally, an online CLC-training was piloted for clinical faculty in 2014 and will be implemented organization-wide in 2016.

Prevention, Screening, Education & Outreach. The Moffitt Program for Outreach, Wellness, Education and Resources (M-POWER) averages nearly 170 health education workshops on cancer prevention and screening and reaches over 5,000 individuals each year. Mole Patrol® organizes over 15 skin cancer screening and education events in the community and reaches over 1,000 individuals each year. Moffitt's Lung and Thoracic Tumor Education (LATTE) program conducts over 20 community outreach and advocacy events on lung cancer each year.

Health Disparities. Research and educational efforts have been implemented to address cancer health disparities. Specifically, health education has been delivered to Community Health Workers across Florida via webinars to help reach specific populations with rising cancer rates. Moffitt hosts the Men's Health Forum to provide health screenings for men who are medically underserved, reaching over 500 men each year. The Population Sciences research program focuses its research strategies to address and reduce cancer health disparities. The Clinical Trials Task Force developed strategies to increase minority accrual in clinical trials. The Physicians Relations team partners with physicians serving in minority catchment areas and educates them on health disparities.

Access. No-cost mammograms and prostate cancer screenings have been offered to an average of over 600 women and 200 men who are uninsured each year to alleviate financial barriers for accessing care. Also, Patient and Family Services offers cab vouchers, round trip tickets, gift cards, and housing services, expending over \$450,000, to help provide support to hundreds of patients and their families in need every year.

Community Benefit Structure. The internal infrastructure of community benefit was improved by creating a Community Benefit Coordinator position which was filled in January 2015. Also, a Hospital Board member was identified as a Community Benefit liaison to help engage the Hospital Board regarding Community Benefit. Lastly, a CHNA Steering Committee was established consisting of Moffitt employees and community members.

Approach and Process

In September 2015, Moffitt contracted with Legacy Consulting Group to conduct its second CHNA. In October 2015, Moffitt collaborated with the Florida Department of Health-Hillsborough County to complete the CHNA and later establish Healthy Hillsborough. Healthy Hillsborough is a committee of local hospitals, the county health department, and Federally-Qualified Health Centers. The purpose of Healthy Hillsborough was to meet the federal CHNA requirements for all entities and to work collaboratively in the process. The organizations involved are:

- Florida Department of Health-Hillsborough County
- Florida Hospital-Carrollwood
- Florida Hospital-Tampa
- Moffitt Cancer Center
- South Florida Baptist Hospital
- St. Joseph's Hospital
- Suncoast Community Health Centers
- Tampa Family Health Centers
- Tampa General Hospital

Data collection for the CHNA relied on multiple secondary data sources.

- ❖ Florida Department of Health, Florida CHARTS (www.floridacharts.com)
- ❖ United States Census, American FactFinder (factfinder.census.gov)
- ❖ County Health Rankings (www.countyhealthrankings.org)
- ❖ Centers for Disease Control and Prevention, Community Health Status Indicators (wwwn.cdc.gov/CommunityHealth)
- ❖ Nielsen demographics

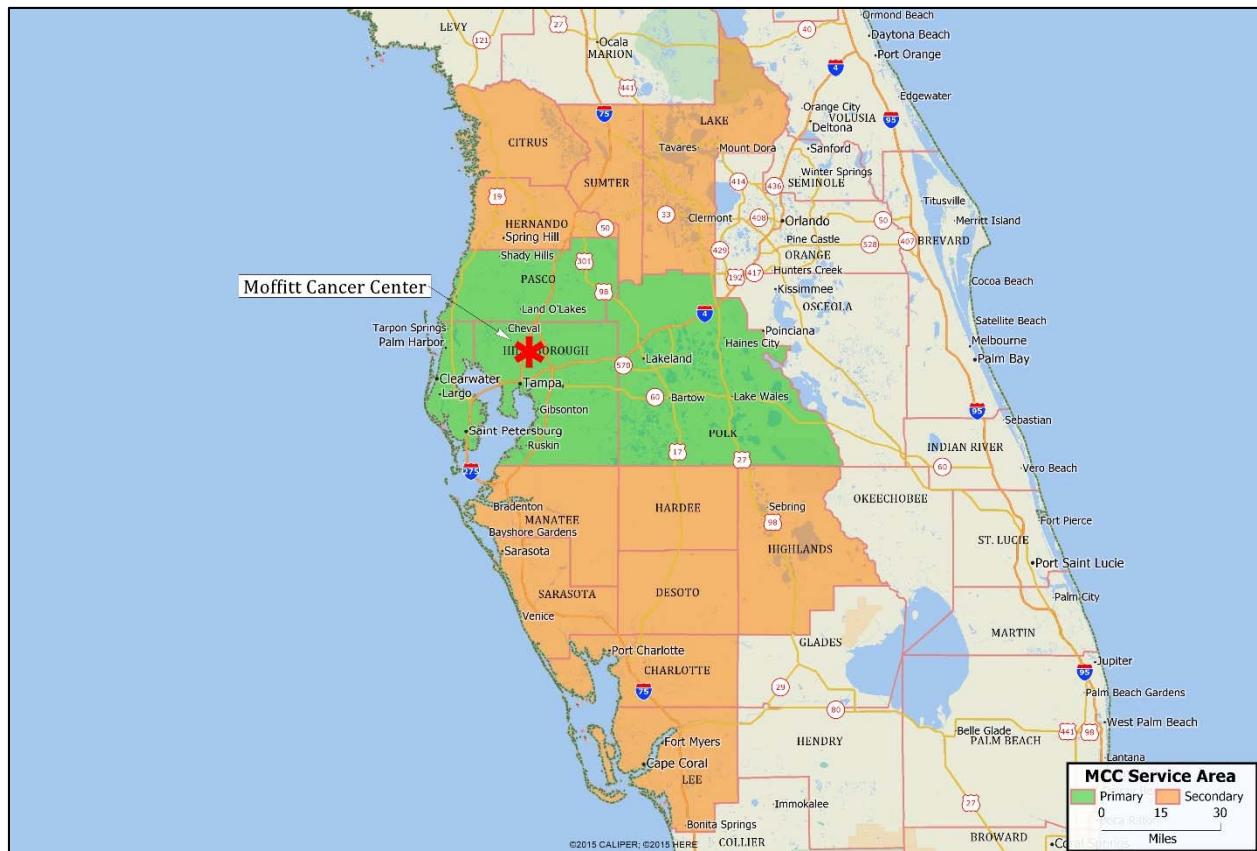
In addition to these five secondary data sources, we also relied on three sources of primary data.

- ❖ Community perception survey
 - An online survey of 4,076 respondents was conducted using Survey Monkey.
- ❖ Key informant interviews
 - A total of 58 personal interviews were conducted with persons knowledgeable about public health issues in Hillsborough, Pasco, Pinellas, and Polk counties.
- ❖ Focus groups
 - Five focus groups were conducted with a total of 39 respondents.

Community Served

Based on an assessment of Moffitt's patient origin (see Table 1) and discussions with key Moffitt stakeholders, Moffitt's primary service area ("community served") has been defined as all residents of Hillsborough, Pasco, Pinellas, and Polk counties in west central Florida. This area is home to 3.4 million people with an anticipated growth of 5.5% by 2020. In addition, a secondary service area comprising residents of Charlotte, Citrus, Desoto, Hardee, Hernando, Highlands, Lake, Lee, Manatee, Sarasota, and Sumter counties has also been defined for Moffitt's research initiatives. (See Map 1.)

Map 1
Moffitt Cancer Center Service Area



MOFFITT CANCER CENTER

Moffitt Cancer Center is a 206-bed inpatient comprehensive cancer center. During calendar year 2014, Moffitt discharged 9,291 patients representing 58,646 total patient days with an occupancy rate of 78.0%. In 2014, about 50.7% of its patients lived in the primary service area, a slight decrease from its 2012 level of 53.7%, indicating Moffitt's expanding geographic reach. Non-Florida residents comprised 3.6% of its patient base in 2014, up from 2.8% in 2012. Moffitt's patients are evenly balanced between males (50.3%) and females (49.7%) while 9.2% of its patients are Hispanic and 6.4% are black. (See Table 1.)

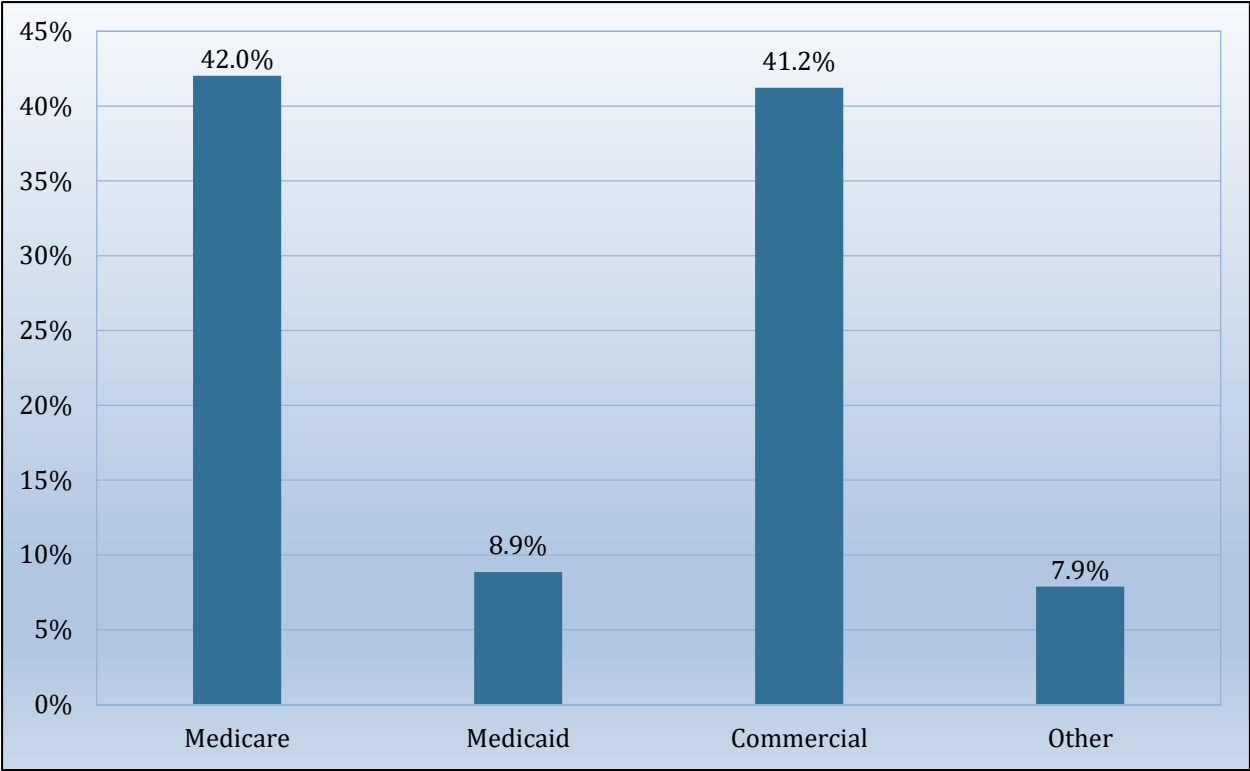
Table 1
Moffitt Cancer Center Patient Mix, 2012-2014

Demographic Group	2012		2013		2014	
	Number	Percent	Number	Percent	Number	Percent
Total Discharges	9,516	100.0%	9,336	100.0%	9,291	100.0%
From PSA	5,112	53.7%	4,825	51.7%	4,707	50.7%
From SSA	2,213	23.3%	2,318	24.8%	2,361	25.4%
Age 45+	7,890	82.9%	7,799	83.5%	7,709	83.0%
Male	4,604	48.4%	4,553	48.8%	4,673	50.3%
Female	4,912	51.6%	4,783	51.2%	4,618	49.7%
Hispanic	938	9.9%	834	8.9%	859	9.2%
Black	638	6.7%	568	6.1%	593	6.4%
Non-Florida residents	265	2.8%	254	2.7%	334	3.6%

Source: Florida Agency for Health Care Administration and Legacy Consulting Group analysis.

As shown in Figure 1, Moffitt has two major payer sources – Medicare, including Medicare Advantage (42.0%), and commercial payers (41.2%). Medicaid, including Medicaid HMO, comprises 8.9% of patients.

Figure 1
Moffitt Cancer Center Payer Mix, 2014



Source: Florida Agency for Health Care Administration and Legacy Consulting Group analysis.

In 2014, Moffitt treated more breast cancer patients (12.1%) than any other type of cancer. (See Table 2.) In second place was lung cancer (10.0%) followed closely by skin cancer (9.9%). Although myeloma represents only a small portion of Moffitt's patient base (3.0% in 2014), it is the fastest growing cancer type by volume for Moffitt patients, increasing by 9.8% per year, on average, between 2010 and 2014.

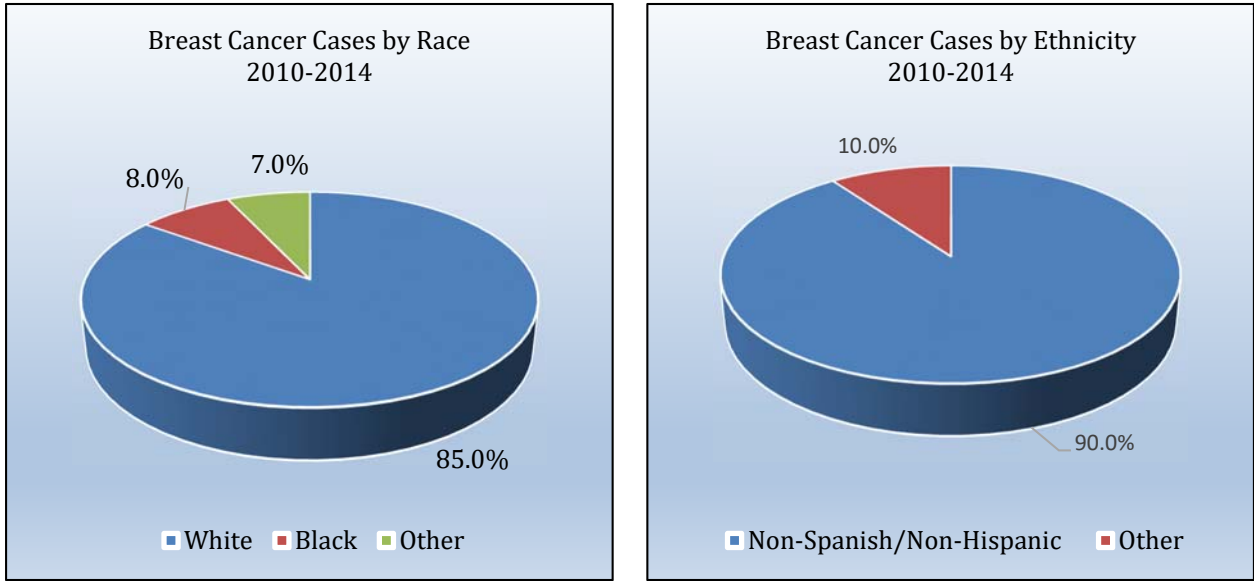
Table 2
Moffitt Cancer Center Patient Types, 2010-2014
(sorted by average year-to-year change)

Type	2010	2011	2012	2013	2014	Avg. Yr. to Yr. Chg.
Myeloma	221	294	279	252	305	9.8%
Leukemia	477	457	472	528	589	5.6%
Bladder	290	272	310	355	341	4.6%
Pancreas	324	354	320	315	378	4.5%
Kidney and renal pelvis	300	313	328	343	358	4.5%
Other hematopoietic	284	271	277	263	312	2.8%
Breast	1,114	1,021	1,073	1,156	1,211	2.3%
Non-Hodgkin lymphoma	452	436	417	429	488	2.2%
Bronchus and Lung	976	927	969	933	999	0.7%
Colorectal	499	474	460	407	480	-0.4%
Skin	1,102	936	972	1,062	992	-2.1%
Prostate	725	558	530	590	593	-4.1%
Other Sites	2,882	2,673	2,622	2,719	2,967	0.9%
Total	9,646	8,986	9,029	9,352	10,013	1.1%

Source: Moffitt Cancer Center internal data.

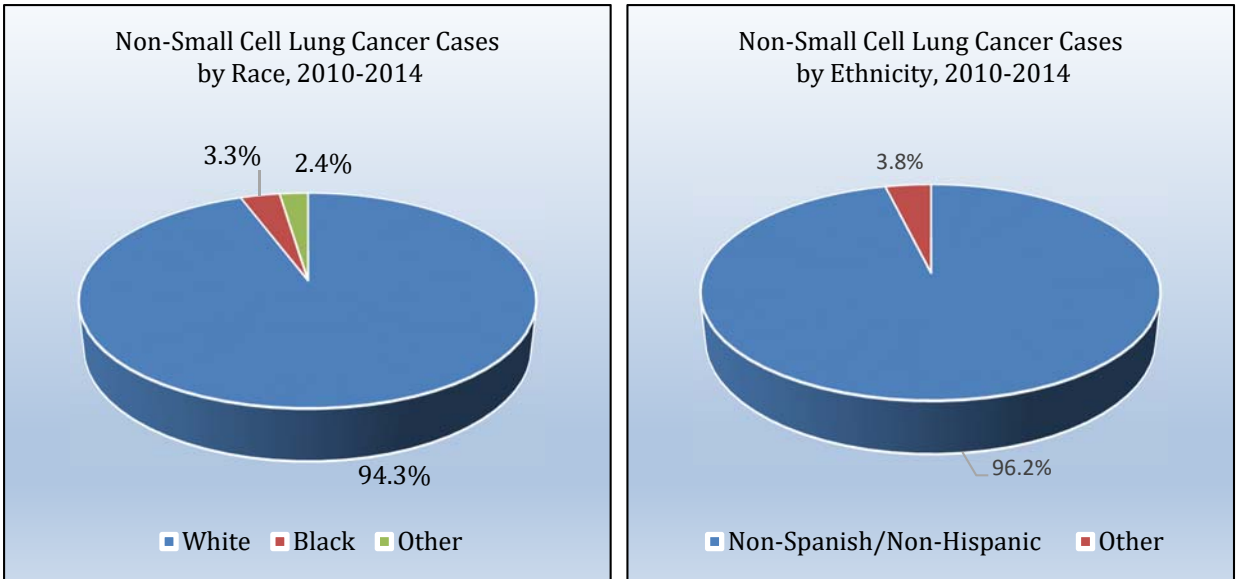
As shown in Figure 2, some 15% of Moffitt's breast cancer volume over the last five years was for blacks and other non-white patients while 10% of its breast cancer volume was for Hispanics. Some 5.7% of Moffitt's lung cancer volume over the last few years has been for black and other non-white patients while 3.8% has been for Hispanic patients. (See Figure 3.) In addition, according to Figure 4, 7.8% of Moffitt's recent prostate cancer volume was for blacks while 8.6% was for other non-white races and 9.6% is for Hispanics.

Figure 2
Breast Cancer Volume by Race and Ethnicity



Source: Moffitt Cancer Center internal data.

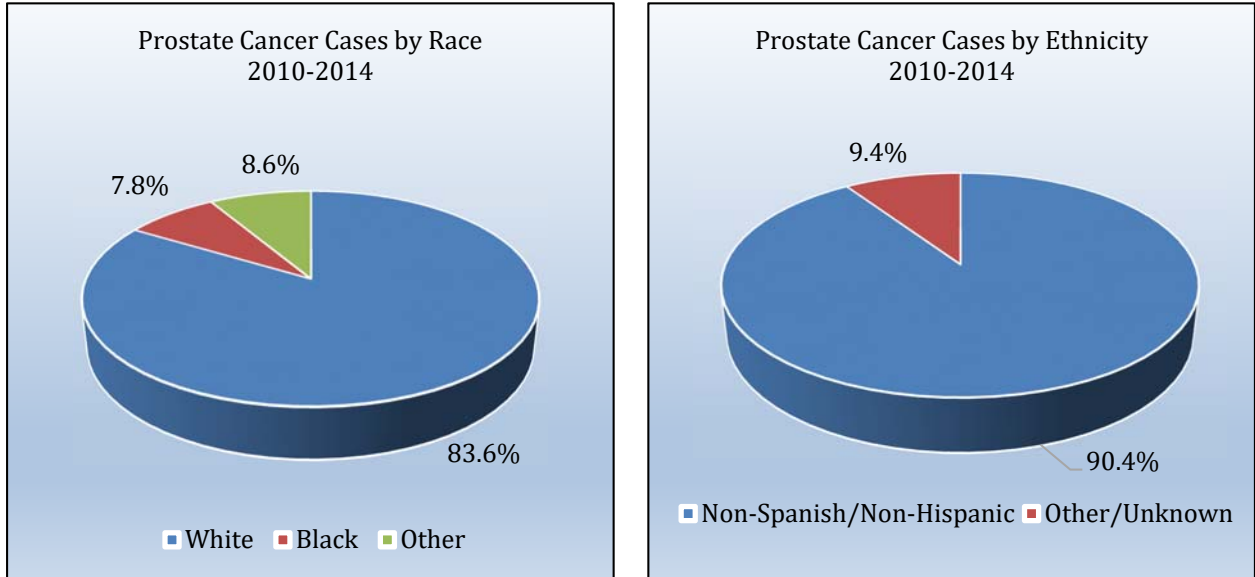
Figure 3
Lung Cancer Volume by Race and Ethnicity



Source: Moffitt Cancer Center internal data.

Figure 4

Prostate Cancer Volume by Race and Ethnicity



Source: Moffitt Cancer Center internal data.

HEALTH NEEDS ASSESSMENT

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

Overview

The primary service area comprises Hillsborough, Pasco, Pinellas, and Polk counties in west central Florida. The major population hub of the primary service area is Hillsborough County, home of the city of Tampa.

Population Characteristics



The current (2015) population of the primary service area stands at 3,375,615. (See Table 3.) Hillsborough County accounts for the largest share (39%) of this total. Primary service area population is expected to grow to 3,559,672 by 2020, a growth of 5.5% or 184,057 people. The secondary service area's current population is 2,498,932 and is expected to grow by 5.8% to 2,654,040 by 2020.

Table 3
Service Area Population, 2015 and 2020

Area	2015	2020	Percent Change	Annual Rate of Growth
Hillsborough	1,317,131	1,406,352	6.8%	1.3%
Pasco	483,779	507,147	4.8%	0.9%
Pinellas	941,908	978,622	3.9%	0.8%
Polk	632,797	667,551	5.5%	1.1%
PSA Total	3,375,615	3,559,672	5.5%	1.1%
SSA	2,498,932	2,654,040	6.2%	1.2%
Total Service Area	5,874,547	6,213,712	5.8%	1.1%
Florida	19,897,507	21,068,301	5.9%	1.2%

Source: Nielsen/Claritas and Legacy Consulting Group analysis.

As shown in Table 4, heaviest growth in the primary service area is expected to be among those at least 65 years of age. Growth in this group is expected to be 17.1% between 2015 and 2020, representing 58.7% of total growth in the four-county area.

Table 4
Population of the Primary Service Area by Age, 2015 and 2020

Group	2015	2020	Percent Change	Annual Rate of Growth
Total	3,375,615	3,559,672	5.5%	1.1%
0-17	705,603	724,537	2.7%	0.5%
18-44	1,122,245	1,156,975	3.1%	0.6%
45-64	916,082	938,517	2.4%	0.5%
65+	631,685	739,643	17.1%	3.2%

Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Growth in the secondary service area is also expected to be heaviest in the senior (65+) market segment. As shown in Table 5, this group is expected to grow by 15.4% in the next five years, adding 115,662 people by 2020. However, the 45-64 age group is actually expected to lose population in the next several years.

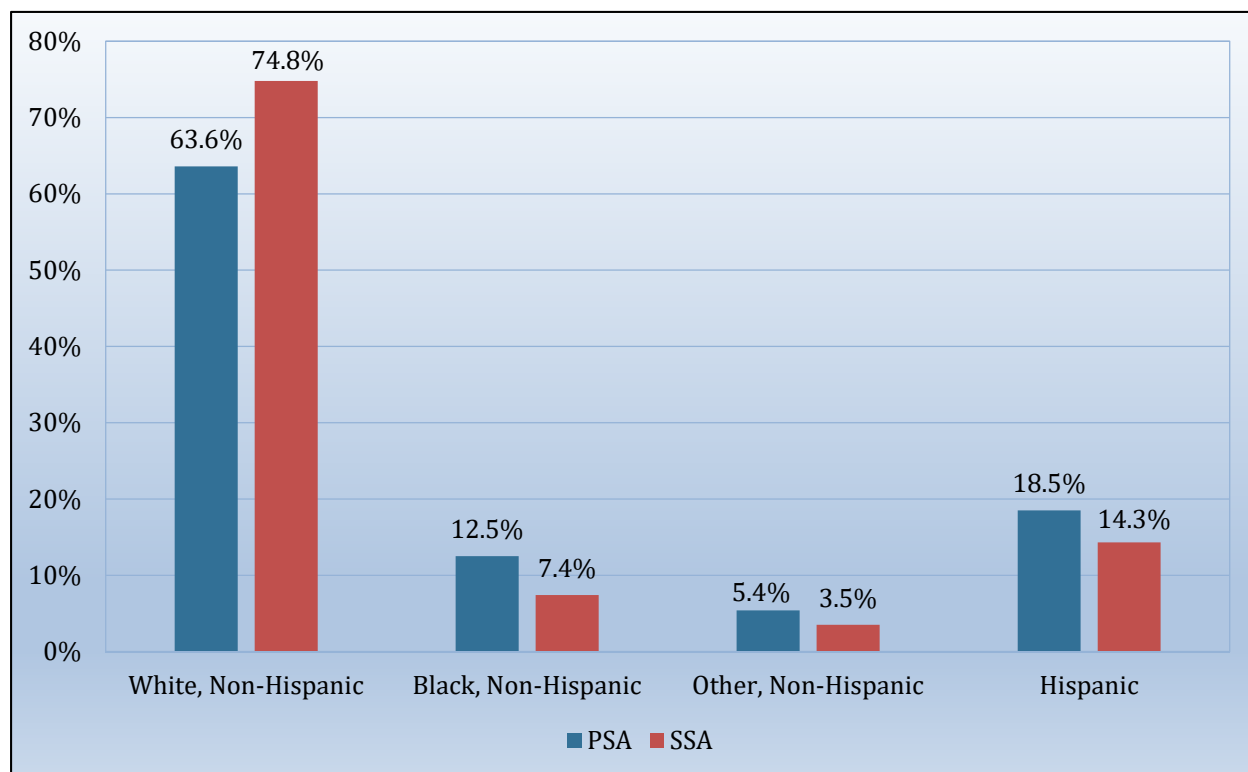
Table 5
Population of the Secondary Service Area by Age, 2015-2020

Group	2015	2020	Percent Change	Annual Rate of Growth
Total	2,498,932	2,654,040	6.2%	1.2%
0-17	438,660	452,635	3.2%	0.6%
18-44	652,123	691,972	6.1%	1.2%
45-64	657,892	643,514	-2.2%	-0.4%
65+	750,257	865,919	15.4%	2.9%

Source: Nielsen/Claritas and Legacy Consulting Group analysis.

The primary service area comprises 63.6% white residents, 12.5% black residents, and 18.5% Hispanics. By comparison, the secondary service area has a somewhat larger white population (74.8%), a smaller black population (7.4%), and a smaller Hispanic population (14.3%) than in the primary service area. (See Figure 5.)

Figure 5
Racial and Ethnic Composition of the Service Area, 2015

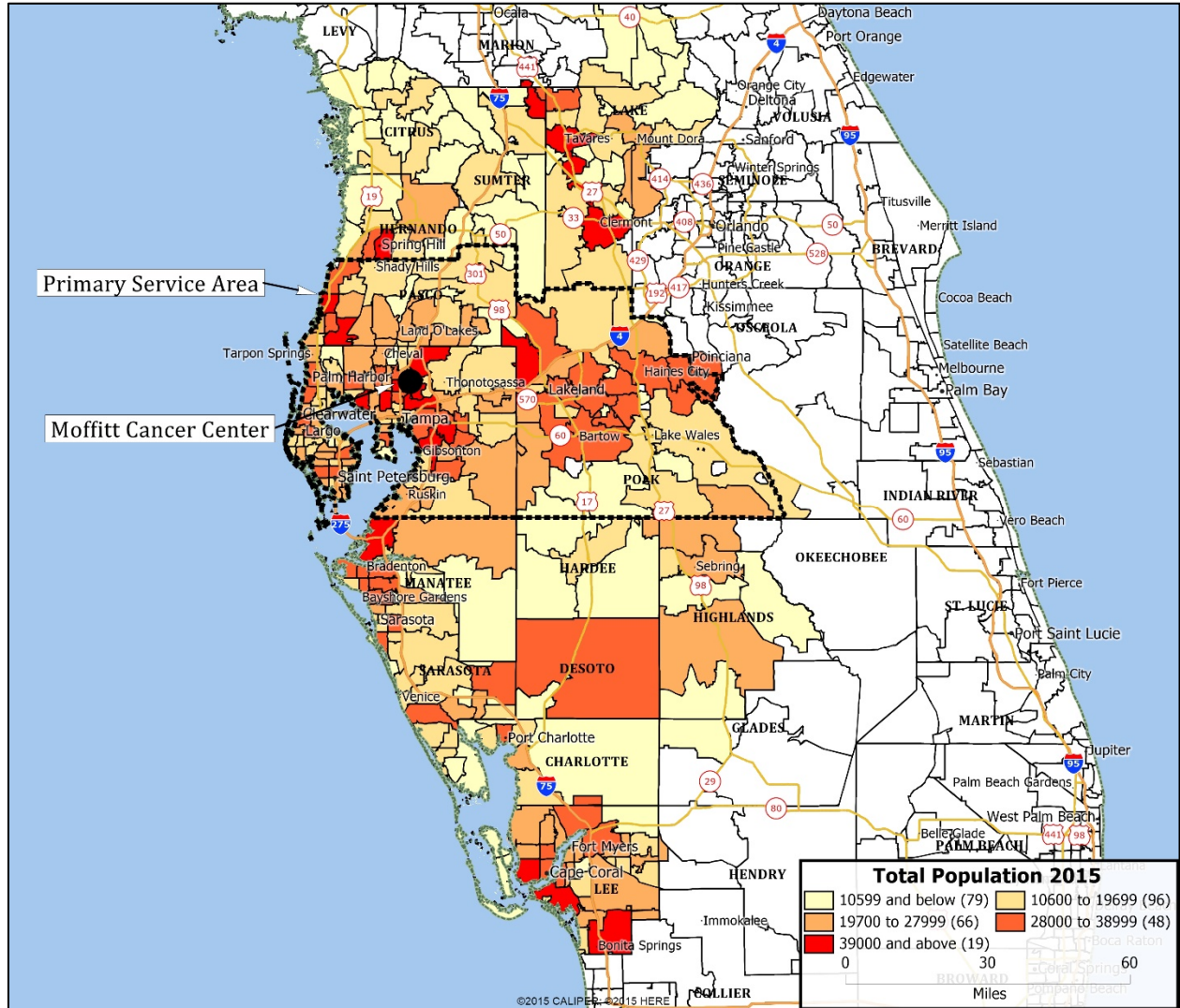


Source: Nielsen/Claritas and Legacy Consulting Group analysis.

The overall geographic distribution of both the primary and secondary service area population is shown in Map 2. Heaviest concentrations of primary service area residents live in central Hillsborough County, western Pasco County, and central Polk County. Greatest population growth is expected in north central and southern Hillsborough County, and southern Pasco County. (See Map 3.)

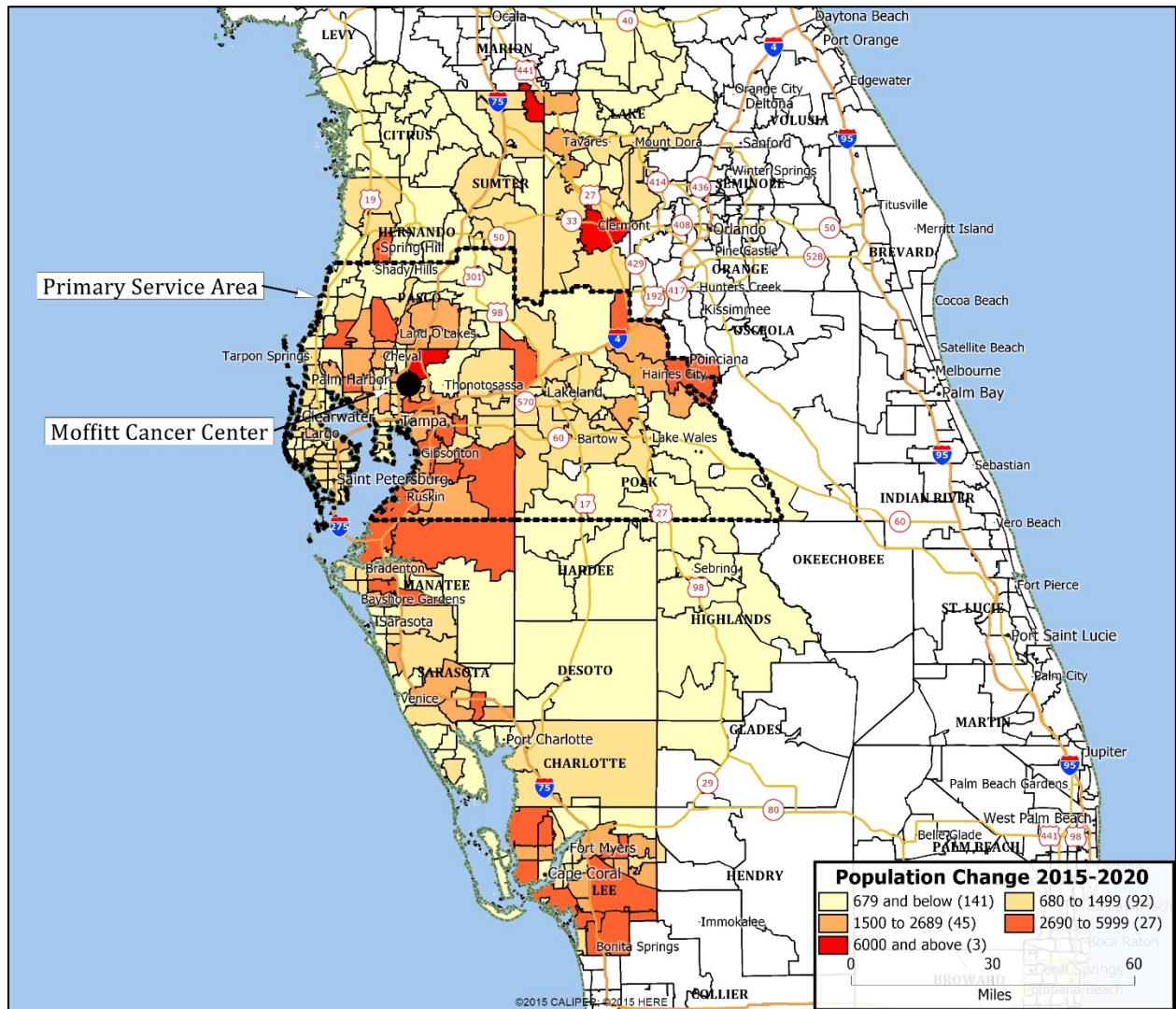
Heaviest concentrations of Hispanic population are central and southern Hillsborough County and eastern Polk County. Desoto County, in the secondary service area, has a large Hispanic population. (See Map 4.) Non-white populations are more concentrated in central and north central Hillsborough County and in central and eastern Polk County. (See Map 5.)

Map 2 Population Distribution 2015



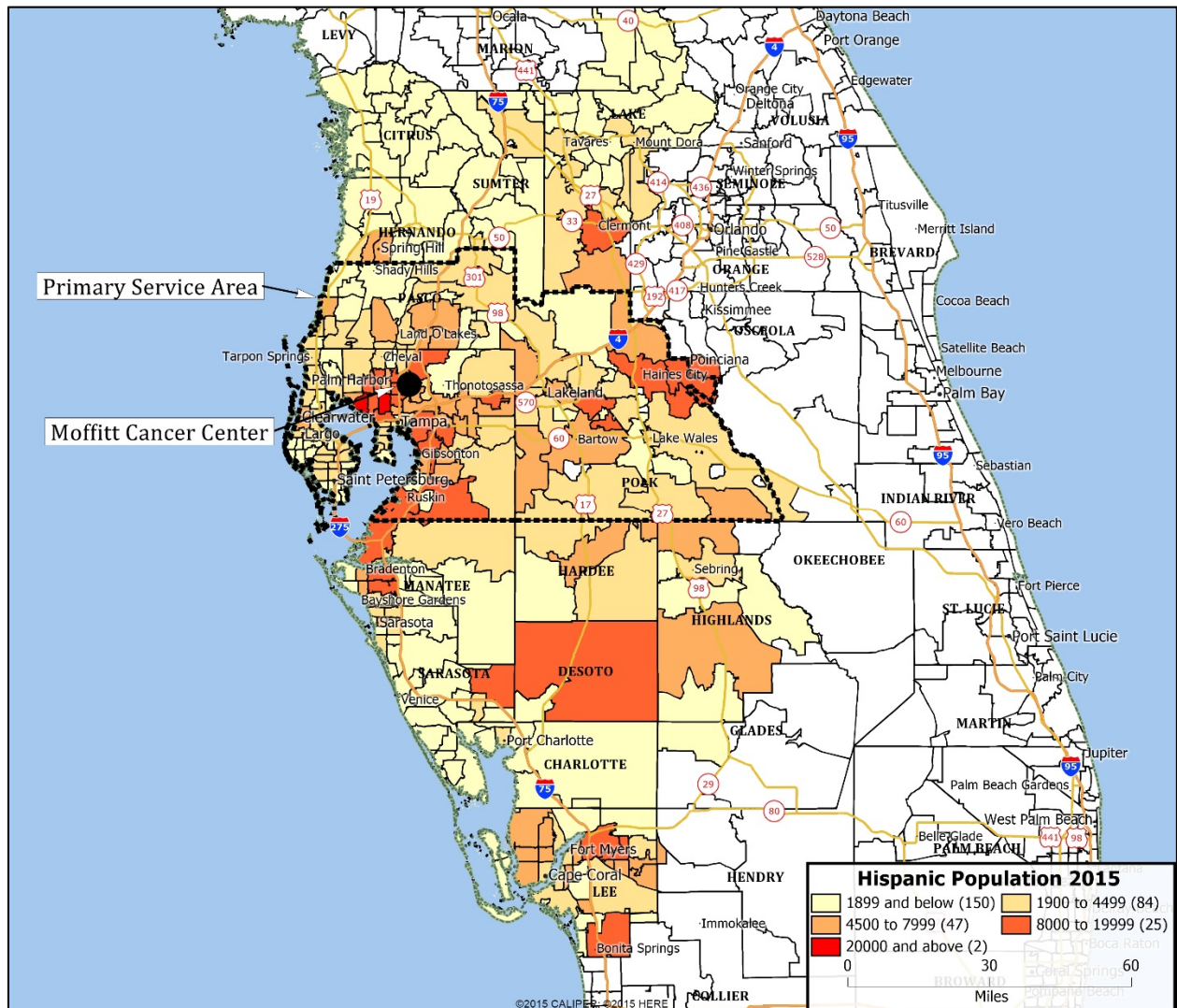
Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Map 3 Change in Population 2015-2020



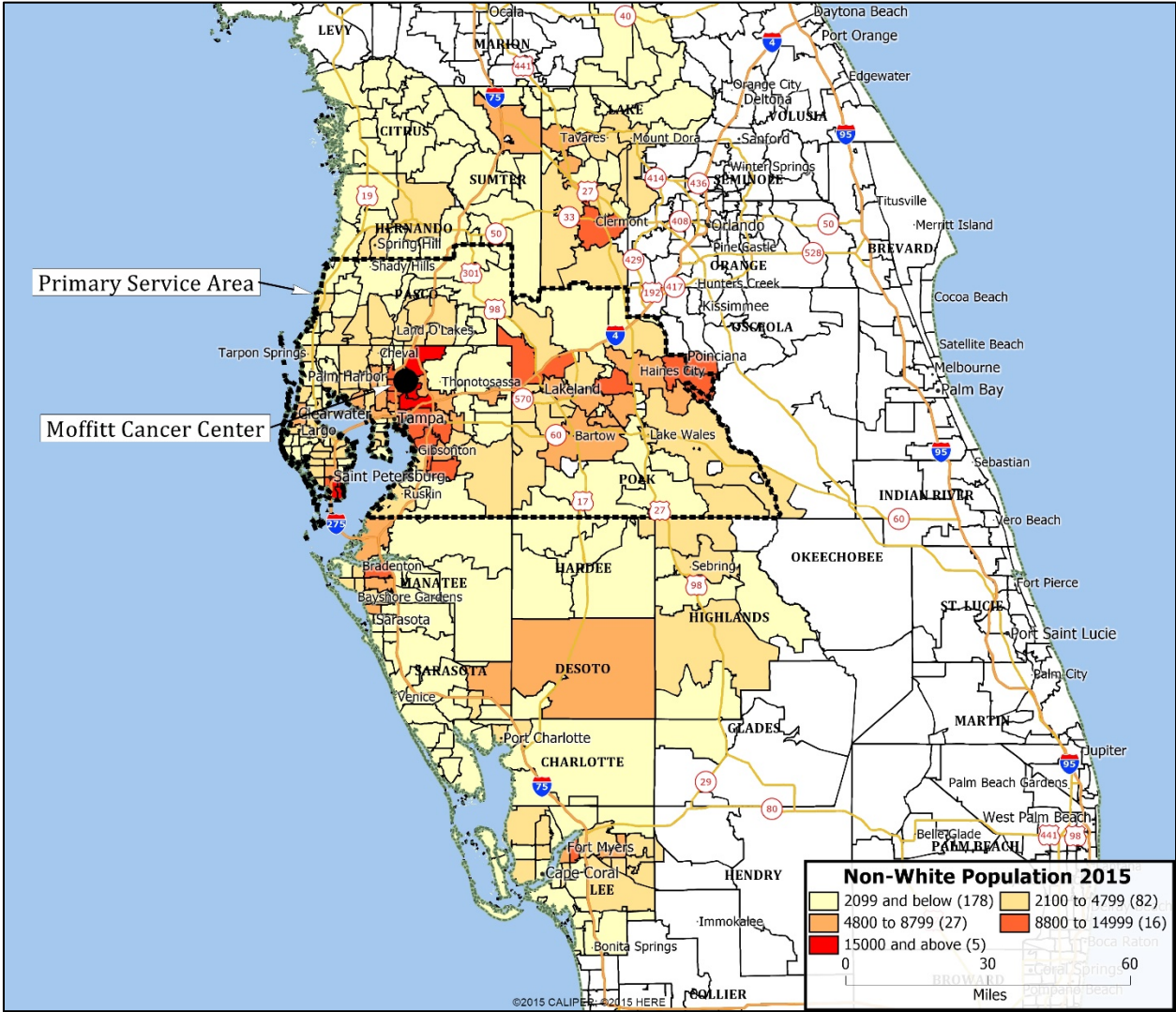
Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Map 4 Hispanic Population 2015



Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Map 5 Non-White Population 2015



Source: Nielsen/Claritas and Legacy Consulting Group analysis

Household Characteristics



About six-in-ten (62.2%) of the households in the primary service area are family households, slightly less than in the state overall (64.4%). Family households are slightly higher in Polk County (69.0%) and slightly lower in Pinellas County (55.3%). Hillsborough County has the highest percentage of married-couple households with children under 18 (18.1%) in the primary service area while Pinellas County has the lowest (11.2%). (See Table 6.)

Table 6
Household Characteristics

Household Type	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Family households (families)	63.5%	66.0%	55.3%	69.0%	62.2%	64.4%
With own children under 18 years	28.8%	24.2%	18.7%	26.4%	24.6%	25.0%
Married-couple family	44.2%	51.0%	40.1%	50.6%	45.0%	46.6%
With own children under 18 years	18.1%	16.6%	11.2%	16.5%	15.5%	15.8%
Male householder, no wife present, family	5.1%	4.3%	3.9%	4.7%	4.5%	4.6%
Female householder, no husband present, family	14.2%	10.7%	11.3%	13.7%	12.7%	13.2%
Nonfamily households	36.5%	34.0%	44.7%	31.0%	37.8%	35.6%
Householder living alone	29.0%	28.0%	37.3%	25.8%	30.9%	29.0%

Source: American Community Survey 2010-2014.

Nativity and Languages Spoken



The vast majority of primary service area residents (87.5%) are native born. The comparable figure for Florida is 80.4%. One-in-five (20.0%) speak a language other than English at home, primarily Spanish. About 7.4% of primary service area residents report that they do not speak English very well, somewhat less than for Florida overall (11.7%).

Table 7
Nativity and Language Spoken at Home, 2010-2014

Nativity/Language	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Native Born	84.3%	90.9%	88.5%	89.9%	87.5%	80.4%
Born in Florida	40.1%	32.2%	31.4%	43.9%	37.2%	35.7%
Foreign born	15.7%	9.1%	11.5%	10.1%	12.5%	19.6%
Speak language other than English at home	27.2%	14.2%	13.4%	19.3%	20.0%	27.8%
Spanish	20.8%	8.9%	6.2%	15.6%	13.9%	20.5%
Other language	6.5%	5.4%	7.2%	3.7%	6.0%	7.3%
Report not speaking English "very well"	9.9%	4.5%	5.3%	7.5%	7.4%	11.7%

Source: American Community Survey 2010-2014.

Income and Poverty

Residents of Hillsborough County are somewhat better off financially than are residents of the state overall. Table 8 shows that median household income in the county is estimated to



be \$50,122, about 6% higher than the state's median household income of \$47,212. Some 79.3% of the county's households received earnings during the period 2010-2014 compared to 72.4% of the state. In addition, a smaller percentage of the county's households reported receiving Social Security benefits than is the case for the state overall. However, a larger percentage of the county's residents (3.3%) received cash

assistance than did the state's residents (2.2%) and a higher percentage (15.7%) received food stamp benefits than is the case for the state overall (14.3%).

Table 8
Income Measures, 2010-2014

Income Measure	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Median household income	\$50,122	\$44,518	\$44,574	\$43,063	\$46,996	\$47,212
% of households receiving earnings	79.3%	64.6%	68.4%	69.4%	72.1%	72.4%
% of households receiving Social Security benefits	26.4%	41.7%	38.2%	39.8%	34.6%	35.6%
Average amount of Social Security benefits	\$17,255	\$18,704	\$17,782	\$18,604	\$72,345	\$18,153
% of households receiving retirement other than Social Security	15.4%	24.1%	20.9%	21.4%	19.4%	19.3%
% of households receiving cash assistance	3.3%	2.9%	2.6%	2.3%	2.8%	2.2%
% of households receiving food stamp benefits in last 12 months	15.7%	10.4%	12.0%	15.7%	14.3%	14.3%

Source: American Community Survey 2010-2014.

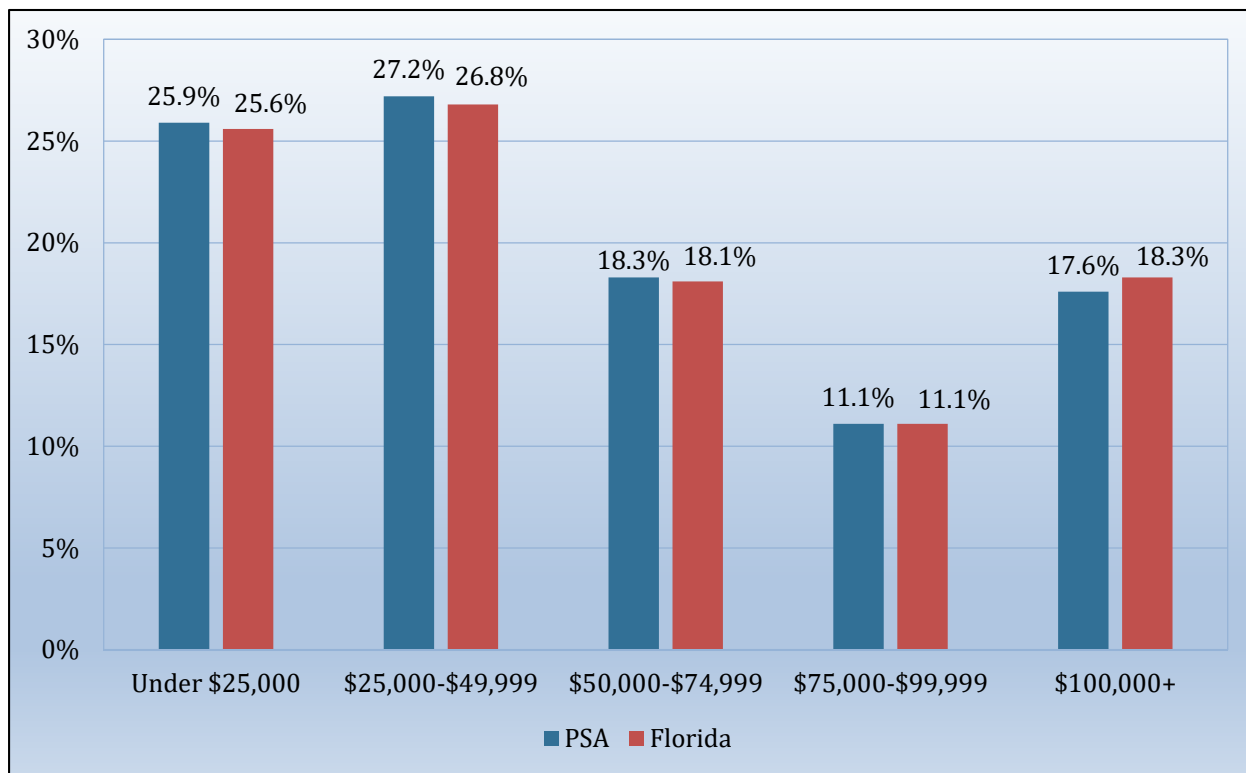
Table 9 and Figure 6 show that the primary service area's household income distribution is virtually identical to that for Florida. While Polk County has the highest level of households with incomes under \$25,000 (27.1%), Hillsborough County has the highest level of households with incomes of at least \$100,000 (20.9%).

Table 9
Household Income Distribution, 2010-2014

Household Income	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Under \$25,000	24.6%	26.4%	26.7%	27.1%	25.9%	25.6%
\$25,000 to \$49,999	25.3%	29.1%	27.2%	29.3%	27.2%	26.8%
\$50,000 to \$74,999	18.0%	18.6%	17.9%	19.4%	18.3%	18.1%
\$75,000 to \$99,999	11.3%	11.1%	10.7%	11.5%	11.1%	11.1%
\$100,000 to \$149,999	11.7%	9.9%	10.3%	8.7%	10.5%	10.7%
\$150,000 or more	9.2%	5.1%	7.1%	4.0%	7.1%	7.6%

Source: American Community Survey 2010-2014.

Figure 6
Household Income in Primary Service Area, 2010-2014



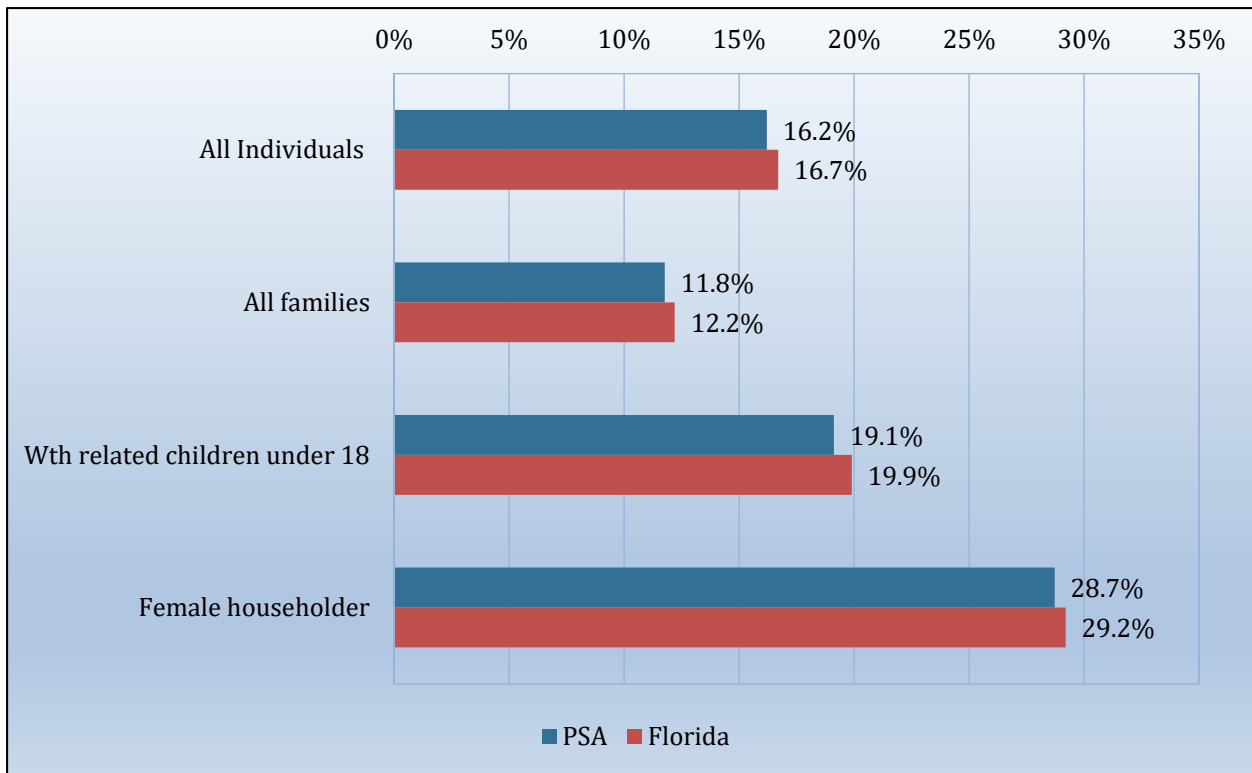
Source: American Community Surveys 2010-2014.



According to the American Community Survey for 2010-2014, 16.2% of all individuals in the primary service area were below the poverty level compared to 16.7% for the state. With respect to families, 11.8% in the primary service area were below the poverty level compared to 12.2% for the state. (See Figure 7.) Table 10 shows current poverty guidelines for the United States.

Map 6 shows the geographic distribution of households with less than \$25,000 income in 2015. This income level approximates the federal poverty level for a family of four (see Table 10). Households with incomes less than \$25,000 are more likely in central Hillsborough County, western Pasco County, and in central and eastern Polk County.

Figure 7
Percentage Below Poverty, 2010-2014



Source: American Community Survey 2010-2014.

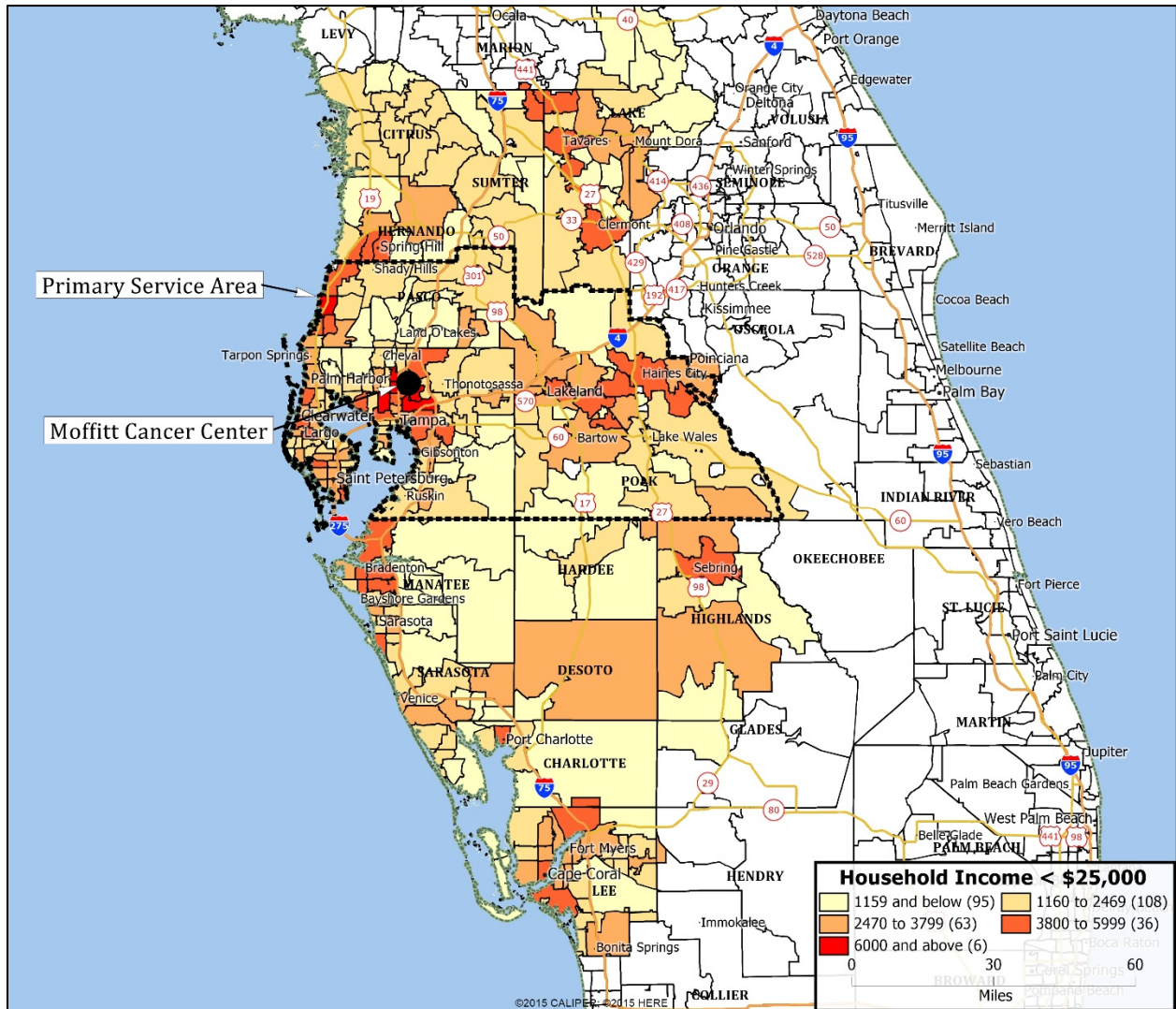
Table 10
2016 Federal Poverty Guidelines

Persons in Family	Poverty Guideline
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

For families with more than 8 persons, add \$4,160 for each additional person.

Source: Health and Human Services Federal Poverty Guidelines.

Map 6
Households with Incomes Less Than \$25,000, 2015



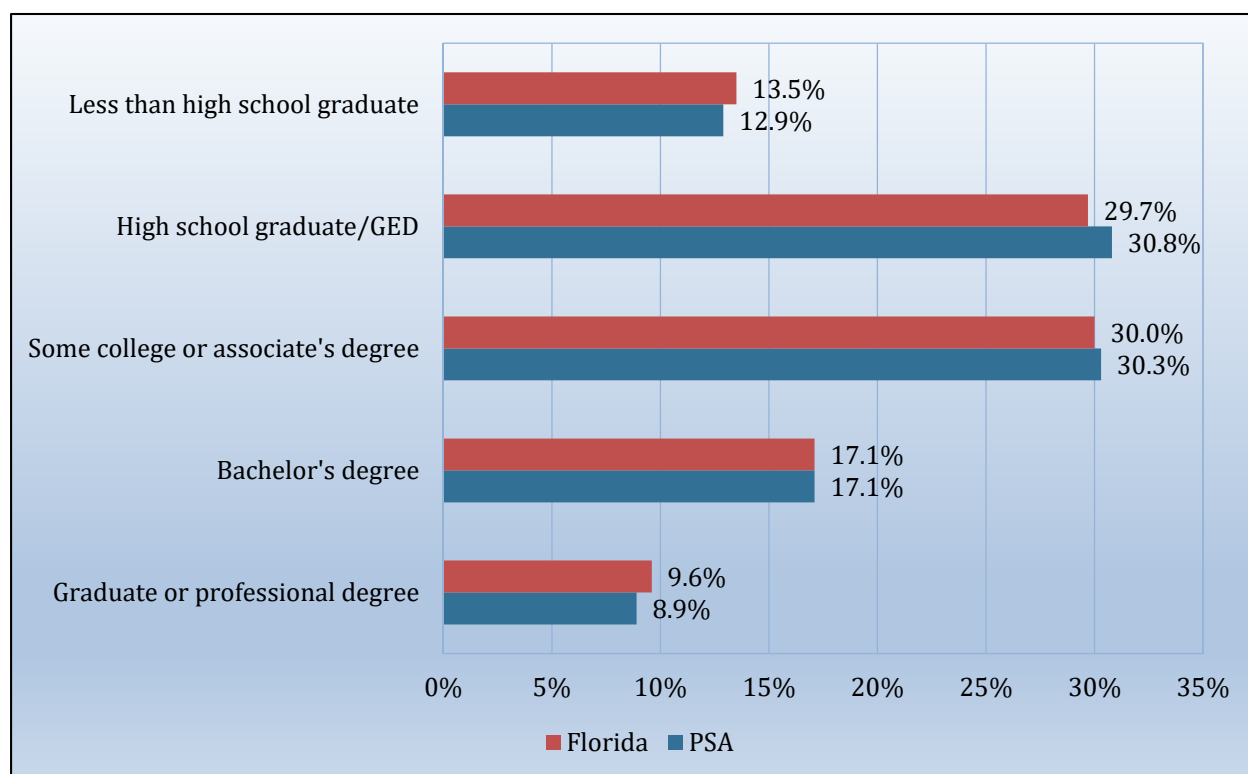
Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Education



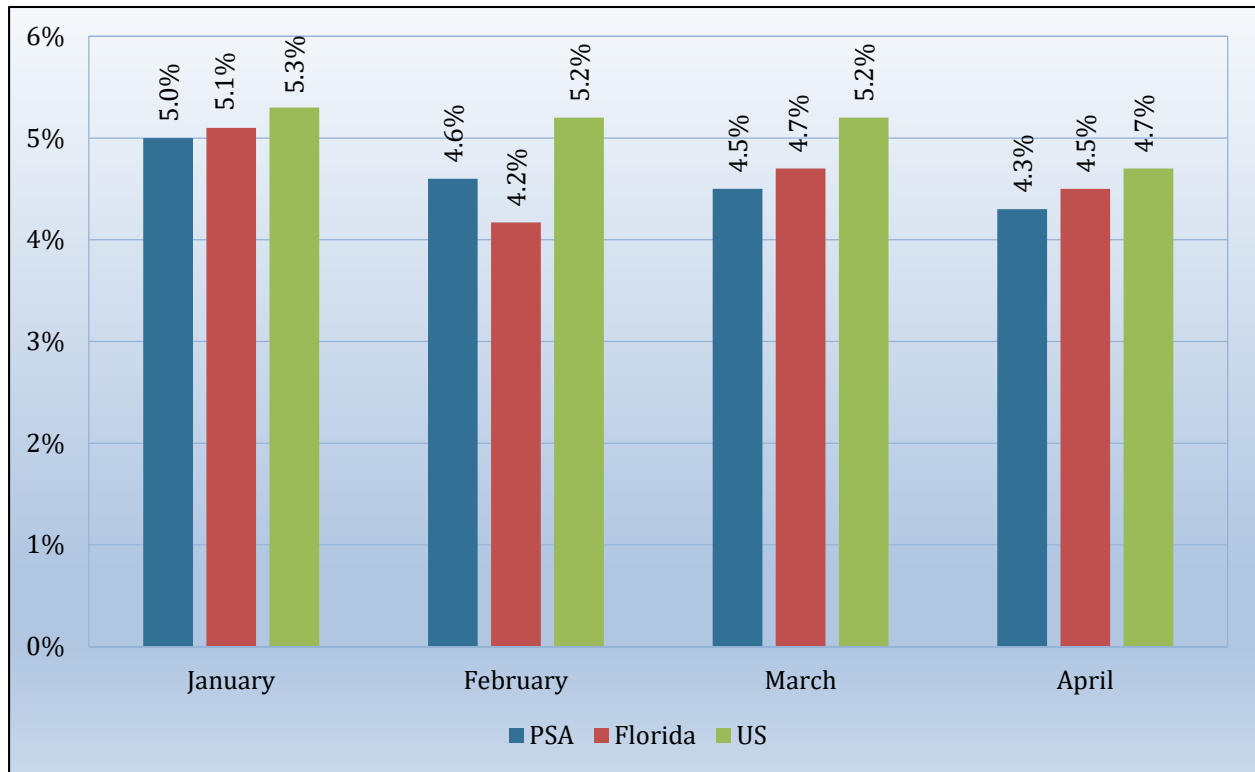
As is the case for household incomes, educational levels in the primary service area are comparable to educational levels in the state overall. (See Figure 8.) While 26.0% of primary service area residents at least 25 years of age have a college or graduate degree, the comparable figure for the state is 26.7%. Nearly identical percentages of primary service area residents (12.9%) and the state (13.5%) do not have a high school degree.

Figure 8
Educational Attainment for Persons 25 Years of Age and Older
2010-2014



Source: American Community Survey 2010-2014.

Figure 9
Unemployment Rate 2016



Source: United States Dept. of Labor.

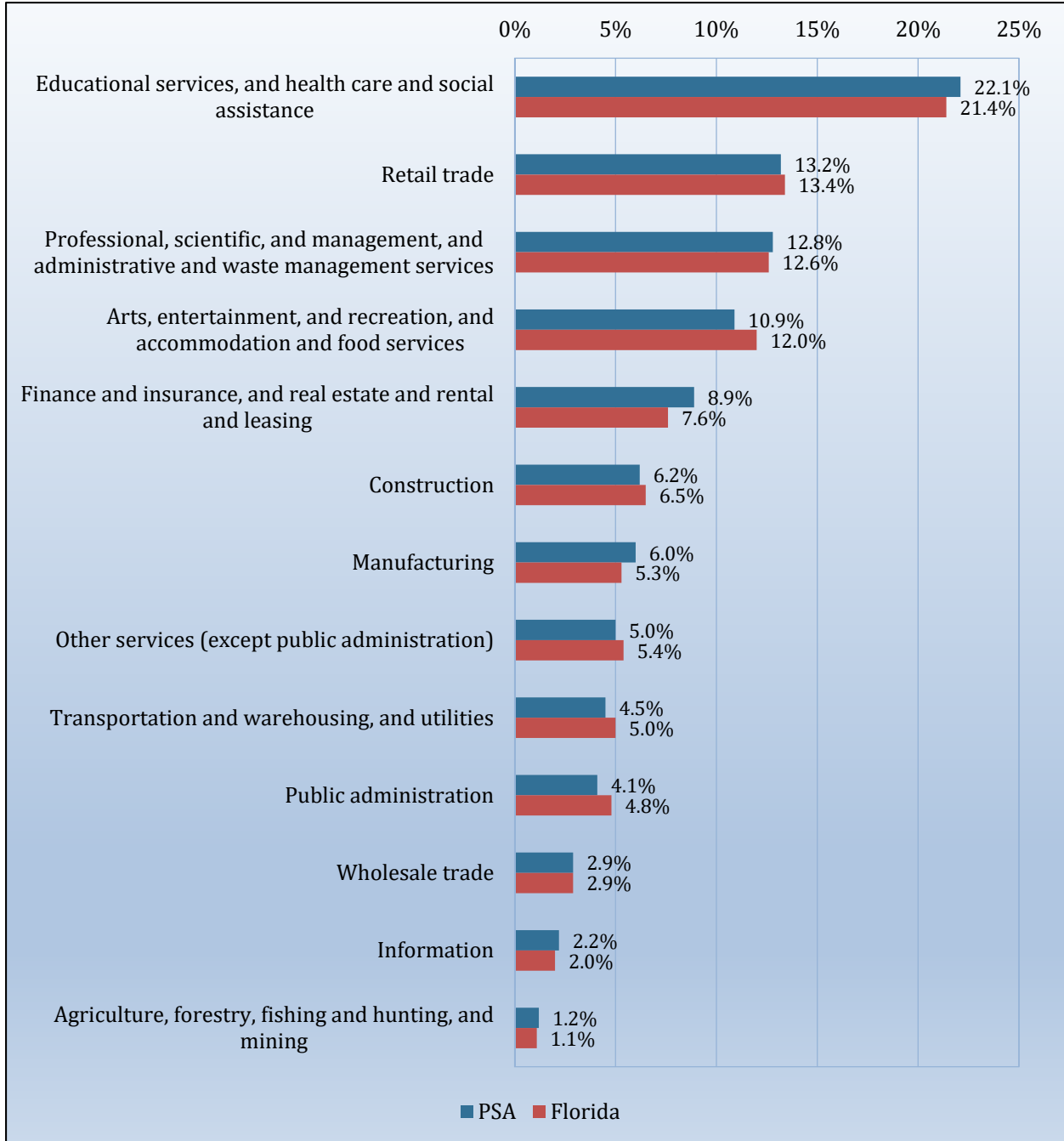
Table 12
Employment by Industry, 2010-2014
(sorted in descending order of PSA employment)

Industry	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Educational services, and health care and social assistance	21.4%	23.4%	22.8%	21.4%	22.1%	21.4%
Retail trade	12.0%	14.5%	13.3%	14.6%	13.2%	13.4%
Professional, scientific, and management, and administrative and waste management services	13.9%	11.6%	13.7%	10.2%	12.8%	12.6%
Arts, entertainment, and recreation, and accommodation and food services	10.3%	10.5%	10.4%	13.5%	10.9%	12.0%
Finance and insurance, and real estate and rental and leasing	10.4%	8.2%	9.4%	5.6%	8.9%	7.6%
Construction	6.3%	6.6%	5.3%	6.9%	6.2%	6.5%
Manufacturing	5.3%	5.1%	7.1%	6.4%	6.0%	5.3%
Other services (except public administration)	4.9%	5.1%	5.2%	4.9%	5.0%	5.4%
Transportation and warehousing, and utilities	4.6%	4.6%	3.7%	5.4%	4.5%	5.0%
Public administration	4.1%	4.3%	3.9%	4.1%	4.1%	4.8%
Wholesale trade	3.1%	2.6%	2.7%	3.1%	2.9%	2.9%
Information	2.6%	2.8%	2.0%	1.4%	2.2%	2.0%
Agriculture, forestry, fishing and hunting, and mining	1.3%	0.7%	0.4%	2.5%	1.2%	1.1%

Source: American Community Survey 2010-2014.

Figure 10

Employment by Industry 2010-2014



Source: American Community Survey 2010-2014.

HEALTH STATUS

County Health Rankings



The County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Together they gather, analyze, and publish data on a variety of vital health factors including obesity, smoking, access to healthy foods, and teen births, among others, for virtually every county in the country.

County Health Rankings are reported in two broad categories – Health Outcomes and Health Factors. Each of these two broad categories is further broken down into several subcategories.

- ❖ Health Outcomes
 - ✓ Length of life
 - ✓ Quality of life
- ❖ Health Factors
 - ✓ Health Behaviors
 - ✓ Clinical Care
 - ✓ Social and Economic Factors
 - ✓ Physical Environment

In the health rankings analysis that follows, red boxes within the tables indicate measures where a particular area fares somewhat worse than others while green boxes represent areas that are doing somewhat better than others.

Length and Quality of Life

- ❖ The latest County Health Rankings show that Hillsborough County lost 6,900 years of potential life (reference age = 75) in the latest reporting period. This is equivalent to what is reported for the state overall which lost 6,800 years.
- ❖ Pasco, Pinellas, and Polk counties each lost more years of life than did the state overall. In fact, Pasco County lost some 21% more days than the state.
- ❖ Quality of life indicators presented in Table 13 for the primary service area show that it is reasonably close to Florida overall with respect to this measure.

Table 13
Length and Quality of Life

Factor	Hills.	Pasco	Pinellas	Polk	Florida
Length of Life					
Premature death	6,900	8,200	7,600	7,600	6,800
Quality of Life					
Poor or fair health	17%	15%	14%	16%	17%
Poor physical health days	3.7	3.7	3.7	3.9	3.8
Poor mental health days	4	3.9	3.7	4.1	3.9
Low birth weight	9%	8%	9%	8%	9%

Source: 2016 County Health Rankings.

Health Behaviors

- ❖ With the exception of Pinellas County, the primary service area’s obesity rate is slightly higher than the state. (See Table 14.)
- ❖ According to County Health Rankings, 79% of Polk County’s residents have access to exercise opportunities. This is considerably lower than state rate of 92%. The comparable rate for Pinellas County is 100%.
- ❖ Of significant note is the fact that the sexually transmitted infection rate in Hillsborough County is 561 (per 100,000), which is 35% higher than the state rate of 415 and more than double Pasco County’s rate of 242.
- ❖ The teen birth rate in Polk County (48 per thousand) is 41% higher than the comparable rate in Florida (34 per thousand).

Table 14
Health Behaviors

Factor	Hills.	Pasco	Pinellas	Polk	Florida
Adult smoking	17%	17%	18%	17%	16%
Adult obesity (BMI ≥ 30)	28%	30%	25%	31%	25%
Food environment index	7.0	7.1	7.0	6.4	7.1
Physical inactivity	22%	25%	24%	28%	24%
Access to exercise opportunities	95%	93%	100%	79%	92%
Excessive drinking	20%	19%	20%	17%	18%
Alcohol-impaired driving deaths	33%	22%	32%	29%	29%
Sexually transmitted infections (per 100,000 pop)	561	242	443	444	415
Teen births (per 1,000 females 15-19)	39	32	33	48	34

Source: 2016 County Health Rankings.

Clinical Care

- ❖ Both Pasco and Polk counties show a need for additional primary care physicians, dentists, and mental health providers. (See Table 15.) In fact, there are almost twice as many people per dentist and per mental health provider in Polk County than there are in Florida overall. The same is true for Pasco County with respect to mental health providers.
- ❖ Hillsborough County has a slightly lower rate of mammography screening (64%) than is the case for Florida overall (68%).

Table 15
Clinical Care

Factor	Hills.	Pasco	Pinellas	Polk	Florida
Uninsured (under 65 without insurance)	20%	21%	22%	24%	24%
Primary care physicians (population per provider)	1,230	1,780	1,120	1,950	1,390
Dentists (population per provider)	1,880	3,190	1,560	3,410	1,820
Mental health providers (population per provider)	600	1,410	550	1,370	690
Preventable hospital stays (per 100,000 Medicare enrollees)	58	65	52	72	55
Diabetic monitoring (65-75 w/HbA1c monitoring)	83%	87%	86%	86%	85%
Mammography screening (67-69 female Medicare enrollees)	64%	68%	66%	67%	68%

Source: 2016 County Health Rankings.

Social and Economic Factors

- ❖ Polk County's high school graduation rate of 69% is slightly lower than the state's rate of 75%. (See Table 16.) In addition, the percentage of Polk County residents age 25 to 44 who have some college (49%) is significantly lower than the state rate (61%).
- ❖ Violent crime rates in Hillsborough County (394), Pasco County (325), and Polk County (389) are lower than the state rate (514) while the rate in Pinellas County (605) is higher.
- ❖ The injury death rate in Pasco County (92) and Pinellas County (92) is higher than in Florida overall (68).

Table 16
Social and Economic Factors

Factor	Hills.	Pasco	Pinellas	Polk	Florida
High school graduation	74%	76%	72%	69%	75%
Some College (age 25-44)	64%	62%	64%	49%	61%
Unemployment (age 16+)	5.8%	6.7%	5.8%	7.1%	3.5%
Children in poverty	23%	20%	22%	27%	24%
Income inequality (ratio of 80 th /20 th percentile income)	4.9	4.3	4.7	4.2	4.7
Children in single-parent households	39%	32%	42%	41%	38%
Social associations (per 10,000 population)	7.6	5.9	7.4	8.7	7.3
Violent crime (per 100,000 population)	394	325	605	389	514
Injury deaths (per 100,000 population)	68	92	92	68	68

Source: 2016 County Health Rankings.

Physical Environment

- ❖ The primary service area fares well on most measures within the Physical Environment factor. (See Table 17.) The sole exception is the long commute rate in Pasco County (48%) which is ten points higher than the state rate (38%). By contrast, the long commute rate in Pinellas County is only 32%.

Table 17
Physical Environment

Factor	Hills.	Pasco	Pinellas	Polk	Florida
Air pollution (avg. daily density of fine particulate matter)	10.9	11.1	11	10.8	11.4
Drinking water violations (population exposed)	Yes	Yes	Yes	Yes	N/A
Severe housing problems (≥ 1 of 4 housing problems*)	21%	17%	20%	19%	23%
Driving alone to work	80%	81%	81%	81%	80%
Long commute – driving alone (> 30 minutes)	40%	48%	32%	35%	38%

Source: 2016 County Health Rankings.

Adult Health Status

- ❖ According to the Florida Department of Health's Florida Charts, adult smoking is higher in Hillsborough County (24.0%) than it is in the other three counties in the primary service area as well as higher than in the state (16.8%).
- ❖ Obesity rates in Polk County (36.9%), Pasco County (30.7%), and Hillsborough County (29.3%) are higher than in Florida overall (26.4%), while Pinellas County (24.1%) fares slightly better than the state.
- ❖ The high rate of obesity in Polk County may, in part, be related to inactivity and failure to eat at least five servings of fruits and vegetables daily. Table 18 shows that 58.0% of Polk County adults are either inactive or insufficiently active compared to 52.9% for the state. In addition, only 13.8% of Polk County adults eat at least five servings of fruits and vegetables a day compared to 18.3% for the state. Rates in the other three counties are comparable to Florida overall.
- ❖ Women in Polk County (41.5%) are somewhat less likely to get a Pap test when compared to the state overall (51.4%). Pinellas County women (55.2%) are somewhat more likely to get a Pap test.

Table 18
Adult Screening and Health Status, 2013

Measure	Hills.	Pasco	Pinellas	Polk	Florida
Adults 50 years of age and older who received a blood stool test in the past year	14.1%	18.2%	17.2%	13.4%	13.9%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	53.4%	59.4%	57.1%	59.4%	55.3%
Adults who are current smokers	18.2%	24.0%	19.4%	14.3%	16.8%
Adults who are inactive or insufficiently active	53.1%	50.6%	49.8%	58.0%	52.9%
Adults who are obese	29.3%	30.7%	24.1%	36.9%	26.4%
Adults who are overweight	38.2%	35.7%	37.0%	34.6%	36.4%
Adults who consume at least five servings of fruits and vegetables a day	16.1%	15.9%	18.9%	13.8%	18.3%
Adults with any type of health care insurance coverage	80.9%	83.8%	80.2%	76.6%	77.1%
Women 18 years of age and older who received a Pap test in the past year	47.0%	41.5%	55.2%	51.4%	51.4%
Women aged 40 to 74 years who received a mammogram in the past year	53.0%	55.4%	51.6%	50.7%	57.5%

Source: Florida Dept. of Health, Florida Charts.

- ❖ Overall mortality rates in each of the four counties of the primary service area are significantly higher than in the state overall. (See Table 19.)
 - ✓ Age-adjusted mortality rates for heart diseases in Hillsborough County (169.1) and Polk County (179.8) are higher than in the state overall (154.5).
 - ✓ Cancer mortality rates in Hillsborough (166.8), Pasco (176.4), and Polk (167.7) are higher than in Florida (158.1).
 - ✓ Polk County has a high rate of coronary heart disease mortality (121.8) when compared to Florida (100.9).
 - ✓ Pasco County has high mortality rates for lung cancer, unintentional injuries, and chronic lower respiratory disease (CLRD).
 - ✓ Death from Alzheimer’s disease is significantly lower in Polk County (12.6 per 100,000) than in other counties in the primary service area and in the state (17.5).

Table 19

Age-Adjusted Mortality Rates, 2010-2014
(per 100,000, descending Hillsborough County order)

Cause of Death	Hills.	Pasco	Pinellas	Polk	Florida
All Causes	748.3	765.7	713.8	752.9	681.2
Heart Diseases	169.1	156.1	155.7	179.8	154.5
Cancer (all)	166.8	176.4	160.2	167.7	158.1
Coronary heart disease	102.5	103.5	108.7	121.8	100.9
Lung cancer	46.2	55.5	49.2	46.8	43.4
Unintentional injuries	45.6	52.8	48.4	44.9	39.9
C.L.R.D. (including Asthma)	44.2	57.5	40.2	47.0	39.8
Stroke	33.7	37.4	27.1	35.0	32.1
Diabetes	22.1	24.1	21.5	21.6	19.6
Alzheimer's Disease	21.7	16.3	17.4	12.6	17.5

Source: Florida Dept. of Health, Florida Charts.

- ❖ Cancer incidence rates vary significantly in the primary service area. (See Table 20.)
 - ✓ Breast cancer rates are highest in Hillsborough County (110.3) and lowest in Pinellas County (77.8).
 - ✓ Colorectal cancer rates are highest in Hillsborough County (42.4) and lowest in Pinellas County (26.9).
 - ✓ Lung cancer incidence rates in Hillsborough (70.6), Pasco (67.4), and Polk (76.0) are higher than they are in the state (58.0). Lung cancer rates are lowest in Pinellas County (54.5).
 - ✓ The prostate cancer incidence rate in Hillsborough County is almost 50% higher than it is in Florida overall (168.4 vs. 114.6) and nearly twice as high as it is in Pinellas County (168.4 vs. 88.6).

Table 20
Age-Adjusted Cancer Incidence Rates 2010-2012

Cancer Type	Hills.	Pasco	Pinellas	Polk	Florida
Breast cancer	110.3	81.0	77.8	101.4	90.4
Cervical cancer	8.7	5.6	4.6	7.6	6.1
Colorectal cancer	42.4	34.2	26.9	40.4	33.7
Lung cancer	70.6	67.4	54.5	76.0	58.0
Melanoma	21.6	20.0	14.6	25.1	17.5
Prostate cancer	168.4	107.3	88.6	138.4	114.6

Source: Florida Dept. of Health, Florida Charts.

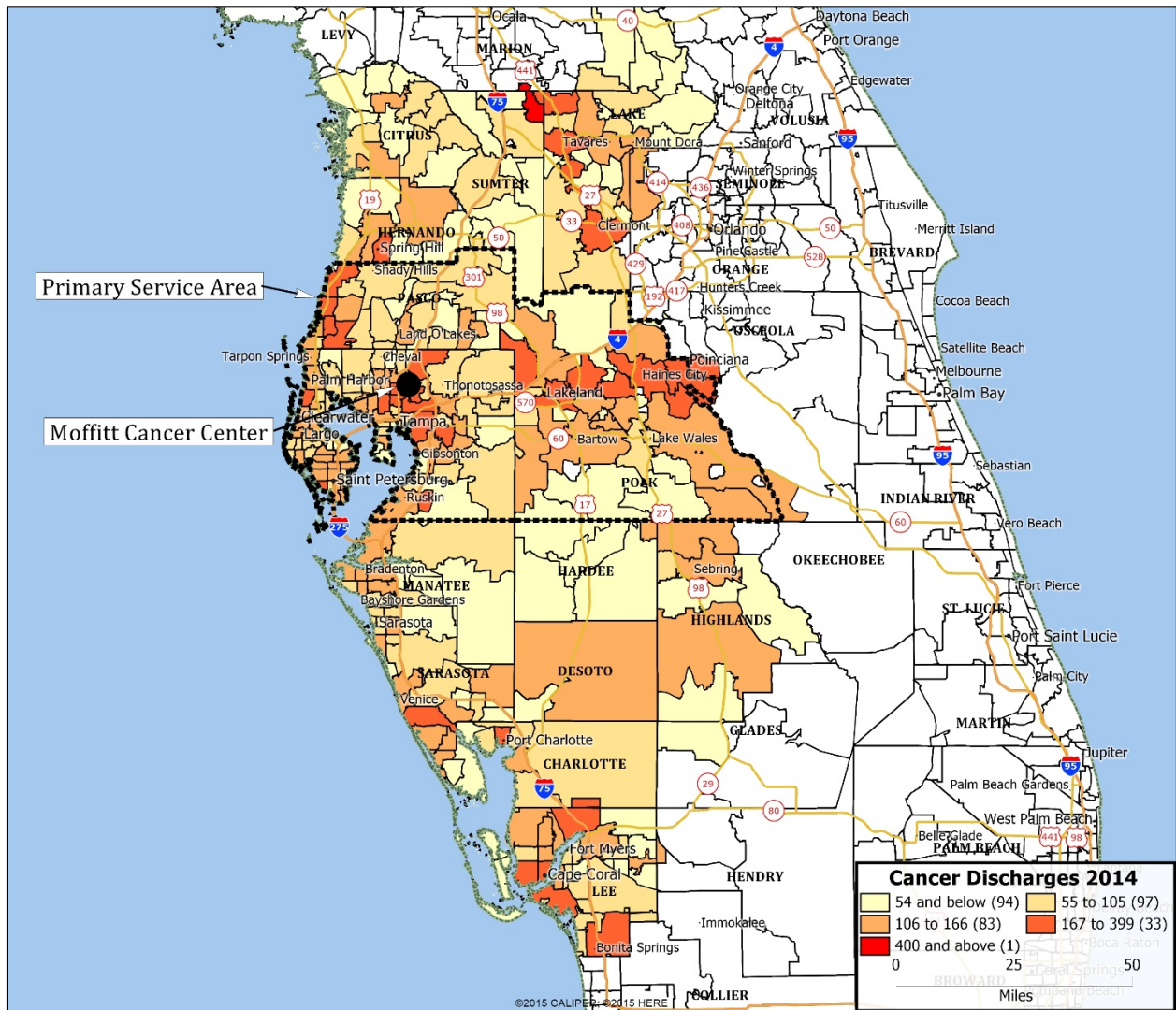
- ❖ Cancer mortality rates in the primary service area are highest for lung cancer. The overall age-adjusted mortality rate for lung cancer in the primary service area is 46.6 (per 100,000) which is 12% higher than the state rate of 41.7. (See Table 21.)
- ❖ As noted above, the incidence rate for prostate cancer in Hillsborough County is almost 50% higher than in the state. However, according to Florida Charts, the mortality rate for prostate cancer in Hillsborough County is equivalent to the state rate.
- ❖ Pinellas County has a lower mortality rate for prostate cancer (5.3 per 100,000) than does the state (7.4) while the opposite is true for Polk County. Polk County's mortality rate for prostate cancer (9.0) is higher than for the state overall.
- ❖ The overall distribution of cancer discharges in the service area is shown in Map 7. As might be expected, cancer discharges tend to follow heavier population concentrations such as central Hillsborough County, central and eastern Polk County, and western Pasco County.

Table 21
Age-Adjusted Cancer Mortality Rates 2014
(Hillsborough descending order)

Type	Hills.	Pasco	Pinellas	Polk	PSA	Florida
Trachea, Bronchus, Lung	43.1	52.3	47.2	47.0	46.6	41.7
Colon, Rectum, & Anus	13.9	13.5	12.4	14.2	13.3	13.6
Breast	11.8	9.0	11.1	12.2	11.1	11.0
Pancreatic	10.6	13.7	10.2	9.2	10.7	10.5
Prostate	7.5	6.2	5.3	9.0	6.7	7.4
Leukemia	6.7	6.2	5.3	7.7	6.3	6.6
Liver & Intrahepatic Bile Ducts	6.3	7.6	6.5	6.6	6.6	6.2
Non-Hodgkins Lymphoma	5.4	5.5	5.0	5.6	5.4	5.3
Bladder	4.2	4.0	5.7	4.6	4.8	4.4
Meninges, Brain, & Other Parts Central Nerv System	4.0	5.3	4.0	4.8	4.4	4.3

Source: Florida Dept. of Health, Florida Charts.

Map 7 Cancer Discharges 2014



Source: Florida Agency for Health Care Administration and Legacy Consulting Group analysis.

Health Disparities

Access to Care

- ❖ Hispanics in Hillsborough, Pasco, and Polk counties are significantly more likely to not have seen a doctor in the last year due to cost in Hillsborough, Pasco, and Polk counties. (See Table 22.) In fact, in Hillsborough County, they are three times more likely than non-Hispanics to have not seen a doctor due to cost.
- ❖ Blacks are two to three times more likely to be hospitalized for asthma than are whites in all four counties in the primary service area. However, this is typical for Florida overall. (See Table 23.)
- ❖ Blacks also have a much higher emergency room visit rate for asthma than do whites.

Table 22
Health Disparities – Access to Care by Ethnicity
(Hispanic/ Non-Hispanic ratio)

Measure	Year	Hills.	Pasco	Pinellas	Polk	Florida
Age-adjusted asthma hospitalization rate	2012-2014	1:1	0.8:1	0.8:1	1:1	0.9:1
ER visits due to asthma	2012-2014	1.2:1	1.3:1	0.9:1	1.2:1	0.9:1
Adults w/personal doctor	2013	0.8:1	0.7:1	0.8:1	0.6:1	0.7:1
Adults who said overall health is “good” to “excellent”	2013	0.9:1	0.9:1	1:1	0.9:1	0.9:1
Adults with health insurance	2013	0.7:1	0.9:1	0.8:1	0.7:1	0.7:1
Adults who could not see doctor in last year due to cost	2013	3.2:1	2.3:1	0.9:1	1.8:1	2.1:1

Source: Florida Dept. of Health, Florida Charts.

Table 23
Health Disparities – Access to Care by Race
(black/white ratio)

Measure	Year	Hills.	Pasco	Pinellas	Polk	Florida
Age-adjusted asthma hospitalization rate	2012-2014	2.8:1	2.6:1	2.8:1	2.5:1	2.6:1
ER visits due to asthma	2012-2014	3.4:1	2.9:1	5.9:1	3.5:1	3.8:1
Adults w/personal doctor	2013	0.9:1	na	1:1	1:1	0.9:1
Adults who said overall health is “good” to “excellent”	2013	1.1:1	na	0.9:1	0.9:1	1:1
Adults with health insurance	2013	0.9:1	na	0.8:1	0.8:1	0.8:1
Adults who could not see doctor in last year due to cost	2013	2:1	na	1.1:1	1.4:1	1.7:1

Source: Florida Dept. of Health, Florida Charts.

Cancer Incidence Rate

- ❖ The cervical cancer incidence rate for Hispanics is higher in Pinellas County than in other counties within the primary service area as well higher than in Florida overall. (See Table 24.)
- ❖ Although there are a few exceptions, cancer incidence rates for major cancer types are generally higher for blacks than they are for whites in most counties within the primary service area. (See Table 25.)

Table 24

Health Disparities – Cancer Incidence Rate by Ethnicity, 2012-2014

(Hispanic/non-Hispanic ratio)

Cancer Type	Hills.	Pasco	Pinellas	Polk	Florida
Lung Cancer	0.5:1	0.5:1	0.5:1	0.3:1	0.6:1
Colorectal Cancer	0.8:1	0.8:1	0.8:1	1.1:1	1.1:1
Breast Cancer	0.6:1	1:1	1.1:1	0.8:1	0.9:1
Prostate Cancer	0.8:1	0.9:1	1:1	1:1	1.1:1
Cervical Cancer	1:1	0.3:1	1.5:1	1.2:1	1.4:1

Source: Florida Dept. of Health, Florida Charts.

Table 25

Health Disparities – Cancer Incidence Rate by Race, 2012-2014

(black/white ratio)

Cancer Type	Hills.	Pasco	Pinellas	Polk	Florida
Lung Cancer	1.4:1	0.8:1	1.4:1	1.1:1	1.1:1
Colorectal Cancer	1.5:1	1.6:1	2.3:1	1.6:1	1.7:1
Breast Cancer	1.5:1	1.9:1	1.8:1	1.1:1	1.4:1
Prostate Cancer	2.7:1	3.1:1	3:1	2.5:1	3:1
Cervical Cancer	1.7:1	0.9:1	4:1	1.2:1	2.4:1

Source: Florida Dept. of Health, Florida Charts.

Cancer Death Rate

- ❖ According to data from Florida Charts, Hispanic mortality rates from major cancers in the primary service area are generally favorable when compared to non-Hispanics. The exception is with respect to prostate cancer in Pasco County where Hispanics are nearly twice as likely to die from prostate cancer when compared to non-Hispanics.

Table 26

Health Disparities – Cancer Death Rates by Ethnicity, 2012-2014

(Hispanic/non-Hispanic ratio)

Cancer Type	Hills.	Pasco	Pinellas	Polk	Florida
Cancer (all types)	0.8:1	0.6:1	0.6:1	0.6:1	0.7:1
Lung Cancer	0.6:1	0.3:1	0.4:1	0.4:1	0.5:1
Colorectal Cancer	0.9:1	0.7:1	0.4:1	0.7:1	0.9:1
Breast Cancer	0.8:1	1:1	0.7:1	0.6:1	0.8:1
Prostate Cancer	1:1	1.9:1	0.9:1	0.4:1	1:1
Cervical Cancer	na	na	na	na	na

Source: Florida Dept. of Health, Florida Charts.

- ❖ Blacks are significantly more likely to die from prostate cancer than whites in all counties of the primary service area. In fact, in Pasco County, blacks are nearly four time more likely to die from prostate cancer than are whites. (See Table 27.)

Table 27

Health Disparities – Cancer Death Rates by Race, 2012-2014

(black/white ratio)

Cancer Type	Hills.	Pasco	Pinellas	Polk	Florida
Cancer (all types)	1:1	0.8:1	1.2:1	1:1	1:1
Lung Cancer	0.9:1	0.3:1	1.1:1	0.8:1	0.7:1
Colorectal Cancer	0.8:1	0.6:1	1.5:1	1.3:1	1.2:1
Breast Cancer	1.4:1	1.6:1	1.3:1	1.1:1	1.3:1
Prostate Cancer	1.9:1	3.8:1	2.2:1	2.6:1	2.3:1
Cervical Cancer	0.7:1	3.3:1	1.8:1	1.1:1	1.7:1

Source: Florida Dept. of Health, Florida Charts.

Health Behaviors

- ❖ Data presented in Table 28 generally indicate that Hispanics and non-Hispanics share the same health behaviors with respect to smoking, basic health screenings, obesity, etc.
- ❖ However, it should be noted that Hispanics in Pasco and Polk counties are more likely to eat at least five servings of fruits and vegetables than are their non-Hispanic counterparts.
- ❖ Blacks in Hillsborough County are 50% more likely to smoke than are whites. (See Table 29.)
- ❖ Blacks in Pinellas County are 70% more likely to be obese than are whites.
- ❖ Blacks in Hillsborough and Polk counties are much more likely to eat at least five servings of fruits and vegetables than are their white counterparts.

Table 28
Health Disparities – Health Behaviors by Ethnicity
 (Hispanic/non-Hispanic ratio)

Measure	Hills.	Pasco	Pinellas	Polk	Florida
Adults who are current smokers	1:1	1.2:1	na	0.5:1	0.7:1
Adults who are obese	1.1:1	0.8:1	1.3:1	1:1	1.1:1
Adults who are overweight	0.9:1	1.2:1	1:1	1.2:1	1.1:1
Adults who consumed five or more servings of fruits or vegetables/day	1.2:1	1.6:1	na	1.9:1	1.2:1
Adults who meet aerobic recommendations	0.9:1	0.8:1	na	0.8:1	0.8:1
Adults 50 years of age and older who received a stool blood test in the past year	0.9:1	na	na	na	1:1
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	1:1	na	na	na	0.8:1
Women aged 40 to 74 years who received a mammogram in the past year	1.2:1	na	na	na	1.1:1
Women 18 years of age and older who received a Pap test in the past year	1:1	na	na	na	1.1:1

Source: Florida Dept. of Health, Florida Charts.

Table 29
Health Disparities – Health Behaviors by Race
(black/white ratio)

Measure	Hills.	Pasco	Pinellas	Polk	Florida
Adults who are current smokers	1.5:1	na	1.1:1	0.9:1	0.8:1
Adults who are obese	1.4:1	na	1.7:1	0.8:1	1.4:1
Adults who are overweight	1.2:1	na	0.8:1	0.8:1	1:1
Adults who consumed five or more servings of fruits or vegetables/day	1.7:1	na	0.3:1	2.4:1	1.4:1
Adults who meet aerobic recommendations	1:1	na	0.9:1	1.1:1	0.9:1
Adults 50 years of age and older who received a stool blood test in the past year	n/a	na	na	na	1.1:1
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	n/a	na	na	na	0.9:1
Women aged 40 to 74 years who received a mammogram in the past year	n/a	na	na	na	1.1:1
Women 18 years of age and older who received a Pap test in the past year	0.9:1	na	na	na	1.1:1

Source: Florida Dept. of Health, Florida Charts.

COMMUNITY SURVEY

Background

A community survey was designed and administered through Survey Monkey. (A copy of the survey instrument is included in Appendix A.) The survey was available in both English and Spanish for residents of Hillsborough, Pasco, Pinellas, and Polk counties. The questionnaire was adapted from one developed by the National Association of City and County Health Officials (NACCHO) for use in community needs assessments. For those who were not able to take the online version of the survey, it was administered using a paper copy by Florida Department of Health Hillsborough County volunteers. Both the online and hard copy surveys were administered from November 17, 2015, through February 8, 2016. A total of 4,076 useable surveys were collected.



Survey Results

Demographic Summary

- ❖ The overwhelming majority of survey respondents (84.3%) live in Hillsborough County while about one-in-ten (9.6%) live in Pasco County. Relative few respondents live in either Pinellas County (4.5%) or in Pasco County (1.6%).
- ❖ Respondents overall are more likely to be female (76.8%) than the population of the primary service area overall (51.4%).
- ❖ Survey respondents overall are somewhat more likely to be Hispanic or black than the service area population overall.
- ❖ Survey respondents are better educated than is the case for the service area overall.
 - ✓ Overall, 46.6% of survey respondents report having a college or graduate degree while the comparable figure in the primary service care is 26.0%.
 - ✓ This can be largely attributed to the nature of an online survey.
- ❖ Household income among survey respondents is somewhat higher than in the general population.
 - ✓ According to the American Community Survey for 2010-2014, median household in the primary service area was \$47,000 at that time. The comparable figure for survey respondents is \$58,500.

Table 30
Demographic Characteristics of Survey Respondents
(absolute numbers)

Group	Hills	Pasco	Pinellas	Pasco	Total
Respondents	3,435	390	184	67	4,076
Age					
18-24	358	14	8	3	383
25-44	1,523	152	66	26	1,767
45-64	1,212	201	98	32	1,543
65+	318	23	12	6	359
Unknown	24	0	0	0	24
Gender					
Male	782	73	49	18	922
Female	2,630	317	135	49	3,131
Unknown	23	0	0	0	23
Race/Ethnicity					
White	1,584	278	143	40	2,045
Black	630	23	8	6	667
Other	191	20	7	7	225
Hispanic	898	49	24	13	984
Unknown	132	20	2	1	155
Education					
< High School	221	5	4	1	231
High School/GED	508	30	10	11	559
Some College	603	70	22	9	704
Two-Year Degree	395	72	20	10	497
College Graduate	1,544	199	123	34	1,900
Unknown	164	14	5	2	185
Household Income					
Less than \$25,000	762	23	16	8	809
\$25,000-\$49,999	628	43	27	8	706
\$50,000-\$74,999	478	82	33	4	597
\$75,000-\$99,999	317	66	30	12	425
\$100,000 or more	691	121	56	29	897
Unknown	559	55	22	6	642

Table 31
Demographics of Survey Respondents
(percentage distribution)

Group	Hills	Pasco	Pinellas	Pasco	Total
Respondents	100.0%	100.0%	100.0%	100.0%	100.0%
Age					
18-24	10.4%	3.6%	4.3%	4.5%	9.4%
25-44	44.3%	39.0%	35.9%	38.8%	43.4%
45-64	35.3%	51.5%	53.3%	47.8%	37.9%
65+	9.3%	5.9%	6.5%	9.0%	8.8%
Unknown	0.7%	0.0%	0.0%	0.0%	0.6%
Gender					
Male	22.8%	18.7%	26.6%	26.9%	22.6%
Female	76.6%	81.3%	73.4%	73.1%	76.8%
Unknown	0.7%	0.0%	0.0%	0.0%	0.6%
Race/Ethnicity					
White	46.1%	71.3%	77.7%	59.7%	50.2%
Black	18.3%	5.9%	4.3%	9.0%	16.4%
Other	5.6%	5.1%	3.8%	10.4%	5.5%
Hispanic	26.1%	12.6%	13.0%	19.4%	24.1%
Unknown	3.8%	5.1%	1.1%	1.5%	3.8%
Education					
< High School	6.4%	1.3%	2.2%	1.5%	5.7%
High School/GED	14.8%	7.7%	5.4%	16.4%	13.7%
Some College	17.6%	17.9%	12.0%	13.4%	17.3%
Two-Year Degree	11.5%	18.5%	10.9%	14.9%	12.2%
College Graduate	44.9%	51.0%	66.8%	50.7%	46.6%
Unknown	4.8%	3.6%	2.7%	3.0%	4.5%
Household Income					
Less than \$25,000	22.2%	5.9%	8.7%	11.9%	19.8%
\$25,000-\$49,999	18.3%	11.0%	14.7%	11.9%	17.3%
\$50,000-\$74,999	13.9%	21.0%	17.9%	6.0%	14.6%
\$75,000-\$99,999	9.2%	16.9%	16.3%	17.9%	10.4%
\$100,000 or more	20.1%	31.0%	30.4%	43.3%	22.0%
Unknown	16.3%	14.1%	12.0%	9.0%	15.8%

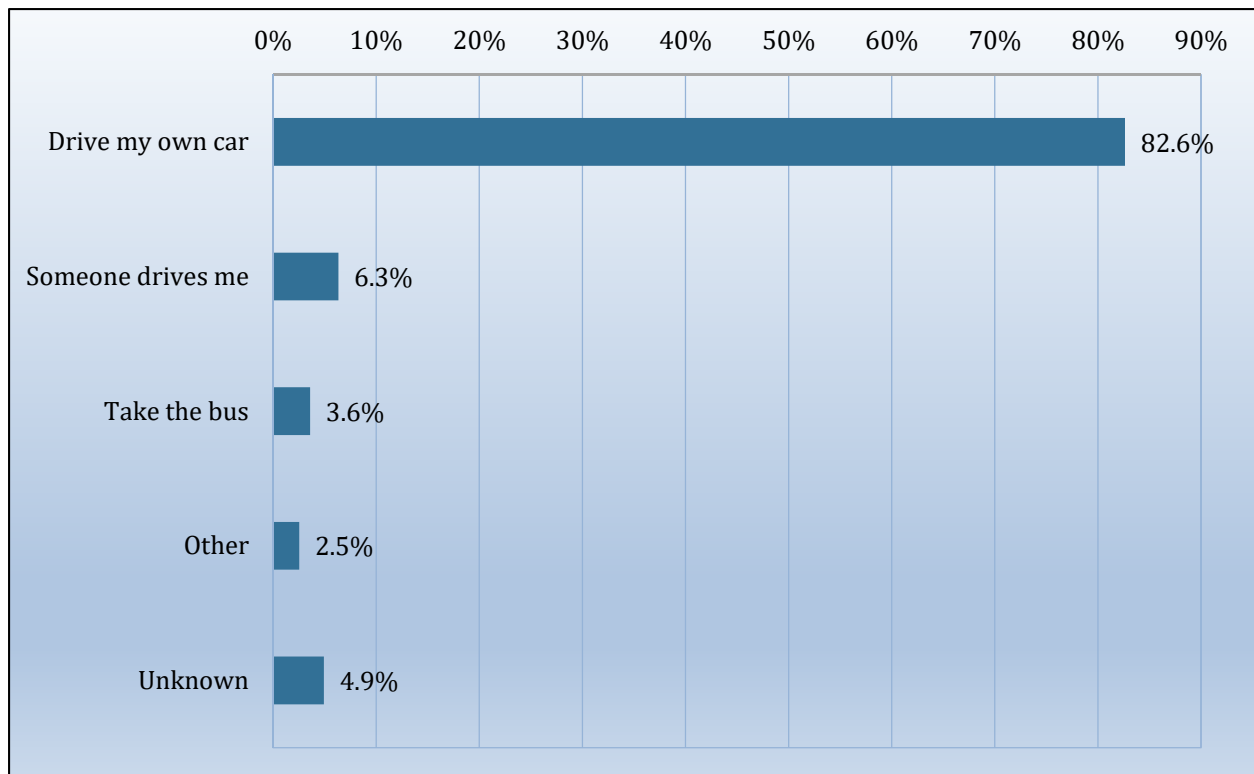
- ❖ Overall, 83.4% of survey respondents speak English at home while 6.3% speak Spanish and 4.3% speak German. (See Table 32.)
 - ✓ Hillsborough County has the lowest percentage of those who speak English at home (81.7%).
 - ✓ Of those whose main language at home is not English, nearly half (48.9%) say they speak English “very well” while one-in-four (26.7%) say they speak English “well.”
 - ✓ Among all survey respondents, only about 4% say they speak English “not well” or “not at all.”

Table 32
Language Spoken at Home

Language	Hills	Pasco	Pinellas	Polk	Total
English	81.7%	94.6%	88.6%	88.1%	83.4%
Spanish	7.0%	2.3%	2.2%	6.0%	6.3%
German	4.9%	0.0%	3.3%	4.5%	4.3%
Other	3.6%	1.8%	5.4%	1.5%	3.5%
Unknown	2.8%	1.3%	0.5%	0.0%	2.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

- ❖ A clear majority of survey respondents (82.6%) say they drive their own car when they need to go somewhere. Some 6.3% say someone usually drives them while 3.6% say they take a bus. (See Figure 11.)

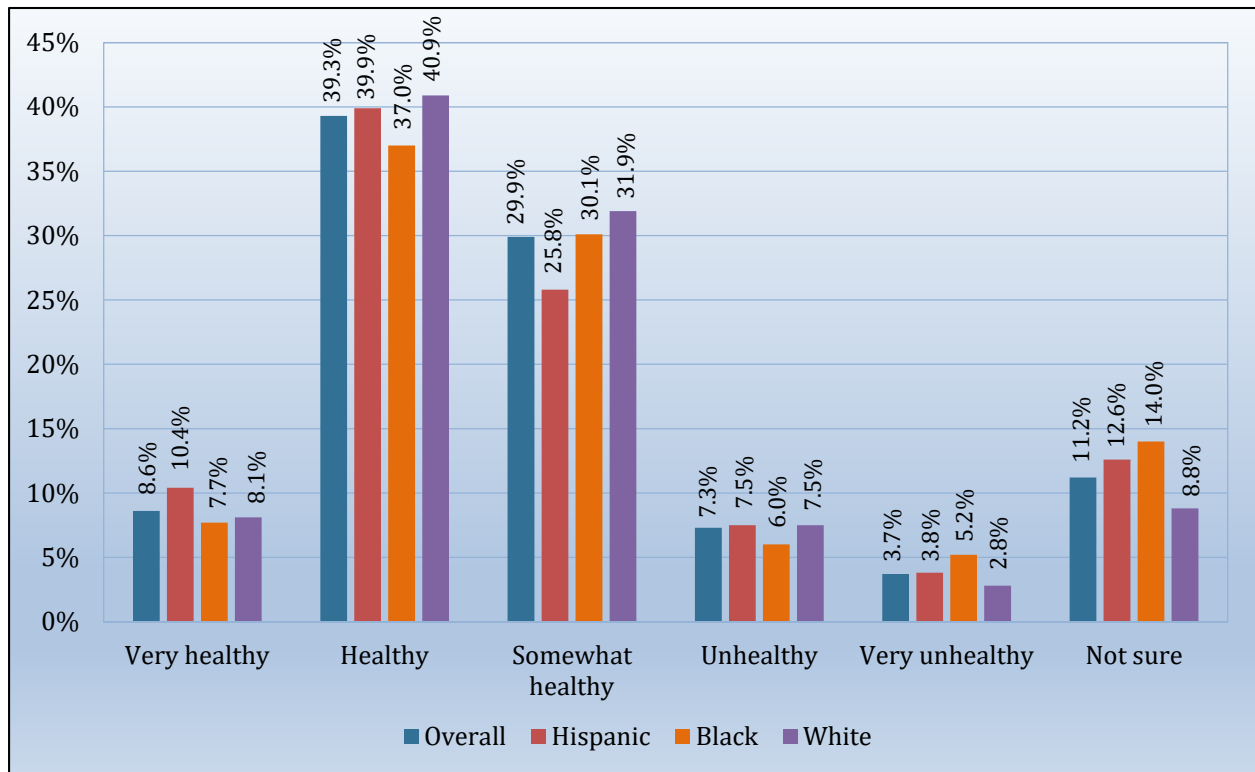
Figure 11
Usual Means of Transportation



Community and Personal Health

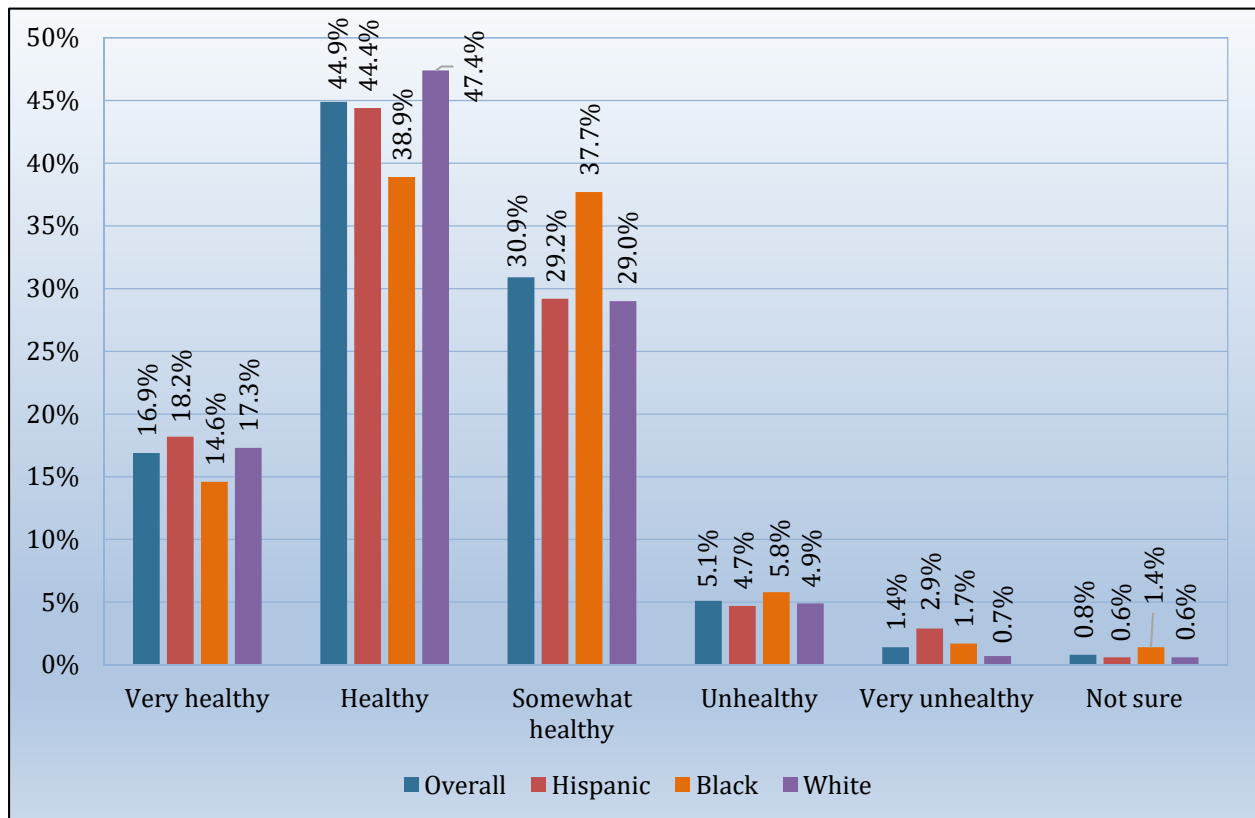
- ❖ Nearly one-in-two respondents rate the overall health of their community as “very healthy” (8.6%) or “healthy” (39.3%). One-in-ten (11.0%), however, rate their community’s health as “unhealthy” or “very unhealthy.”
- ❖ White respondents are perhaps a little more likely to view their communities as healthy or very healthy, but the difference is not great.

Figure 12
Rate Health of Community



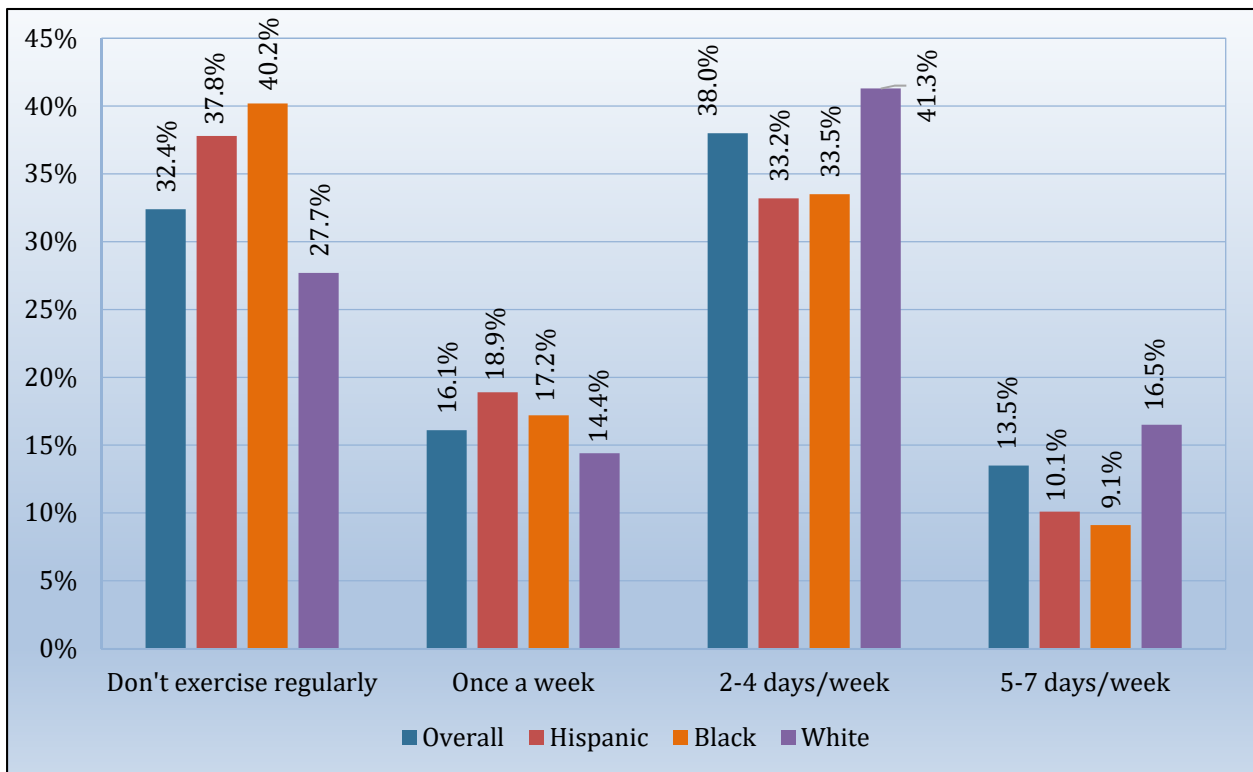
- ❖ Respondents are more likely to view their own health as better than the health of the community in which they live. (See Figure 13.)
 - ✓ While 47.9% say their community’s health is “very healthy” or “healthy,” 61.8% see their own personal health that way.
 - ✓ Blacks see their own personal health somewhat less positively than do whites.

Figure 13
Rate Personal Health



- ❖ Overall, one-third of respondents (32.4%) say they do not exercise regularly. This figure is higher among Hispanics (37.8%) and blacks (40.2%) than it is among whites (27.7%). (See Figure 14.)
 - ✓ Some 58% of whites say they exercise at least twice per week. The comparable figure among Hispanics and blacks is 43%.

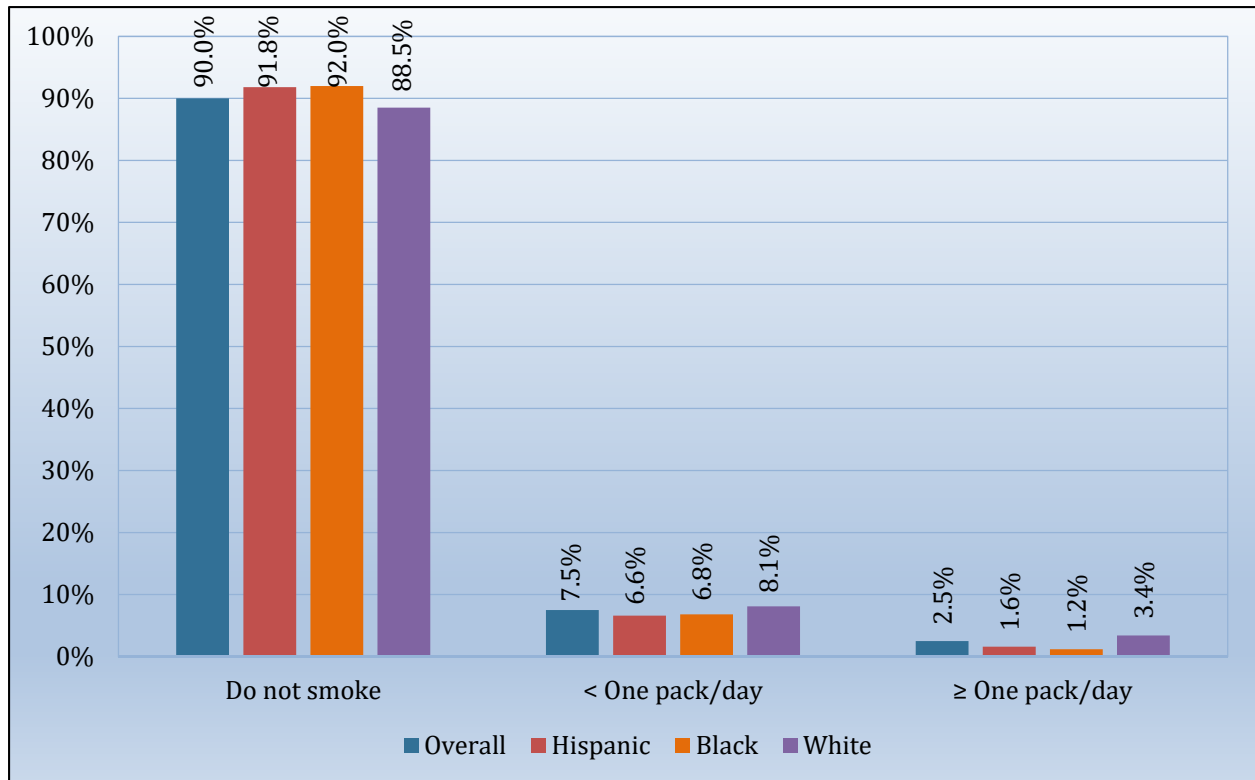
Figure 14
Exercise Frequency



Risky Behaviors

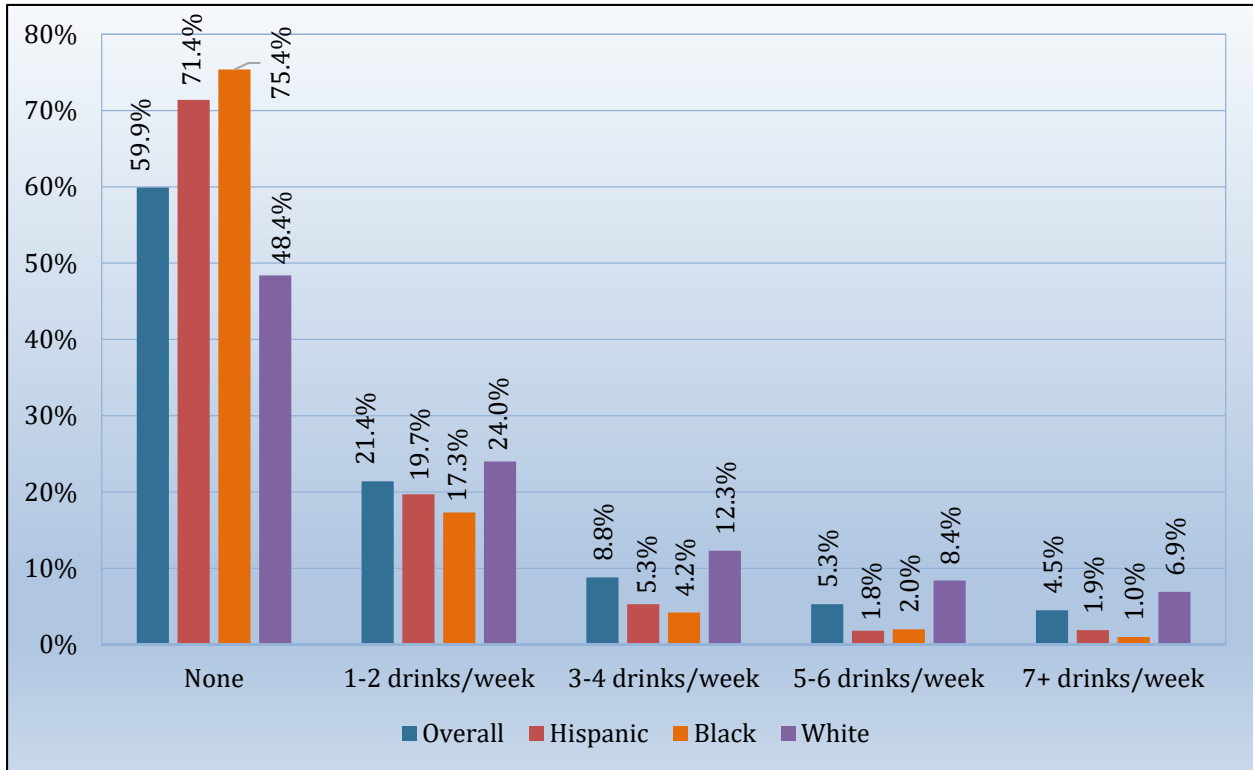
- ❖ Overall, nine-in-ten survey respondents (90.0%) say they do not smoke while 2.5% say they smoke at least a pack a day. (See Figure 15.)
 - ✓ Whites are more likely to say they smoke at least a pack a day (3.4%) than are blacks (1.2%) and Hispanics (1.6%).

Figure 15
Smoking Frequency



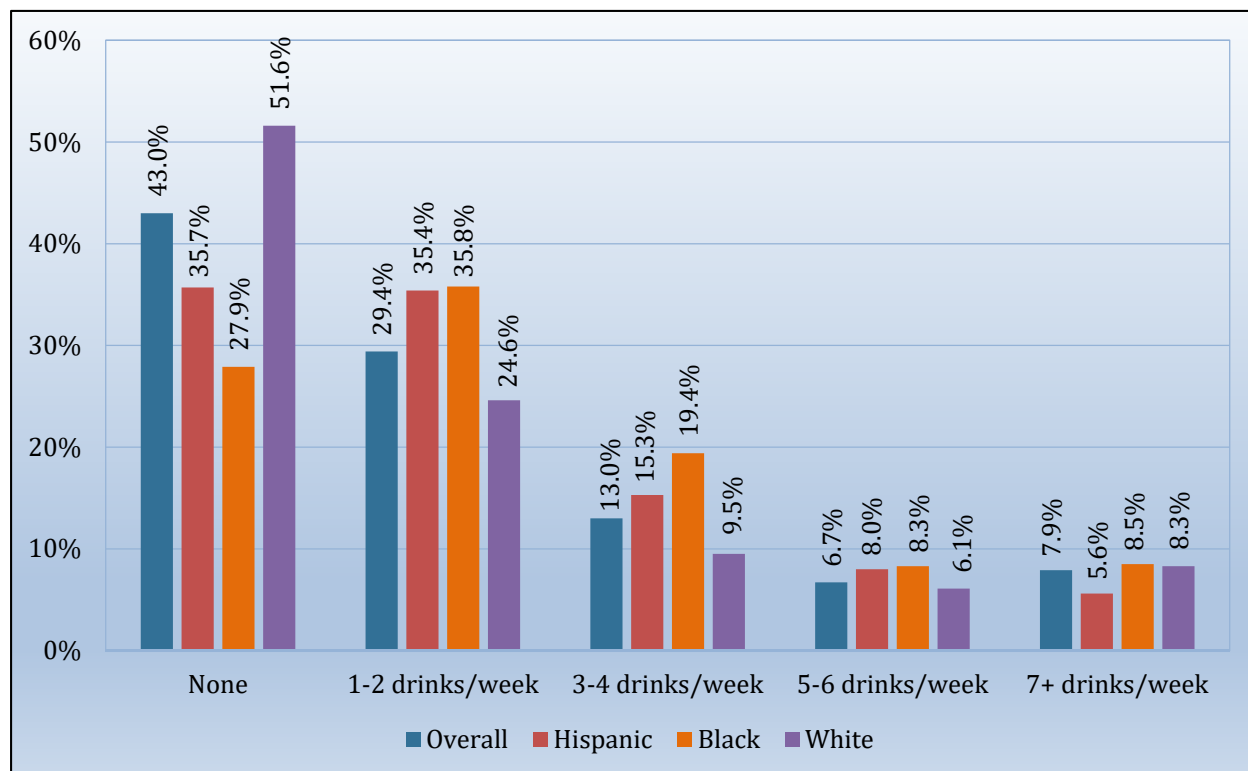
- ❖ Overall, 59.9% of respondents say they do not drink alcohol. Hispanics (71.4%) and blacks (75.4%) are more likely not to drink than whites. (See Figure 16.)
 - ✓ Overall, 9.8% of respondents say they drink at least five alcoholic beverages per week. Whites (15.3%) are more likely than blacks (3.0%) and Hispanics (3.7%) to drink at least five alcoholic beverages per week.

Figure 16
Alcohol Consumption



- ❖ Whites (51.6%) are more likely than blacks (27.9%) and Hispanics (35.7%) to avoid sugary drinks. (See Figure 17.)
 - ✓ Overall, 14.6% of survey respondents drink at least five sugary drinks per week. This figure is slightly higher among blacks (16.8%) than it is among whites (14.4%) and Hispanics (13.6%).

Figure 17
Sugary Drink Consumption



Health Insurance and Routine Medical Care

- ❖ Overall, 83.4% of survey respondents have a regular medical provider.
 - ✓ Hispanics (22.1%) and blacks (17.9%) are more likely than whites (13.0%) to not have a medical provider. (See Figure 18.)
- ❖ Slightly more than one-half (53.3%) of those respondents who have a medical provider say they have visited their provider within the last three months. (See Figure 19.)
 - ✓ Race and ethnicity seem to have little impact on whether respondents have seen their medical provider in the last few months.

Figure 18
Have a Medical Provider

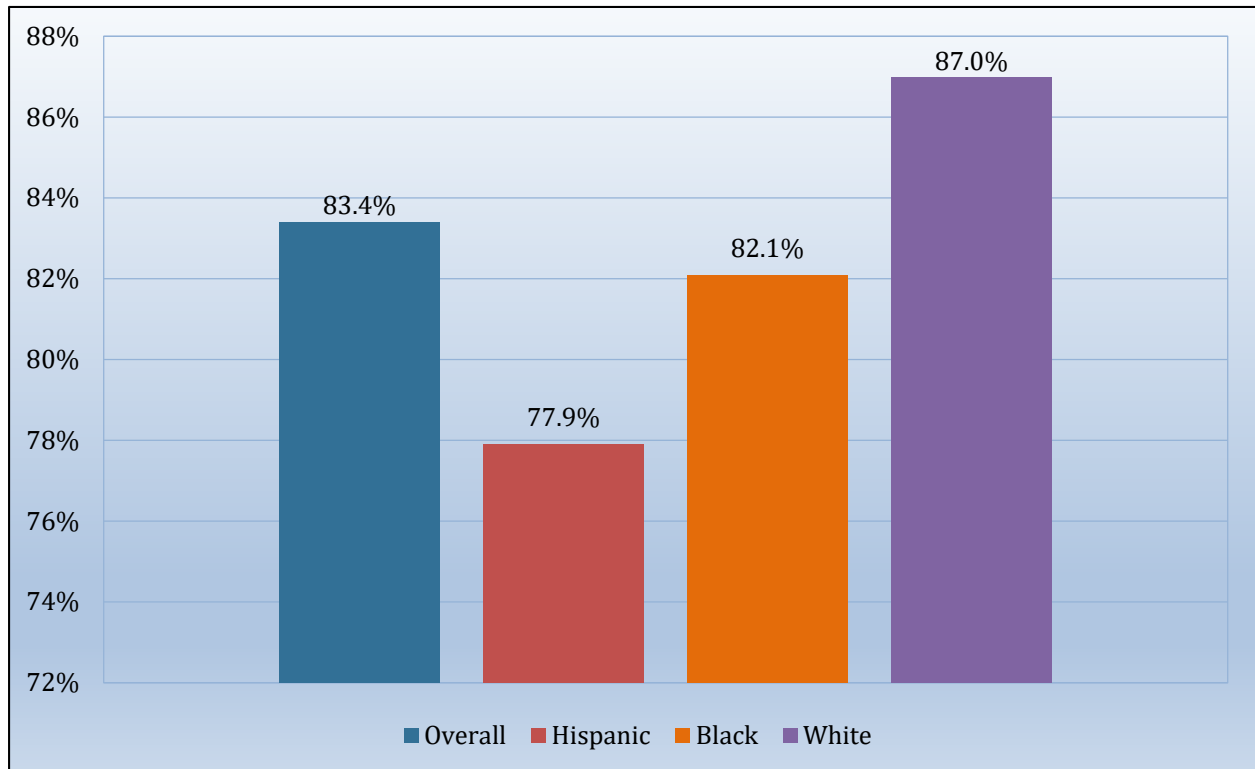
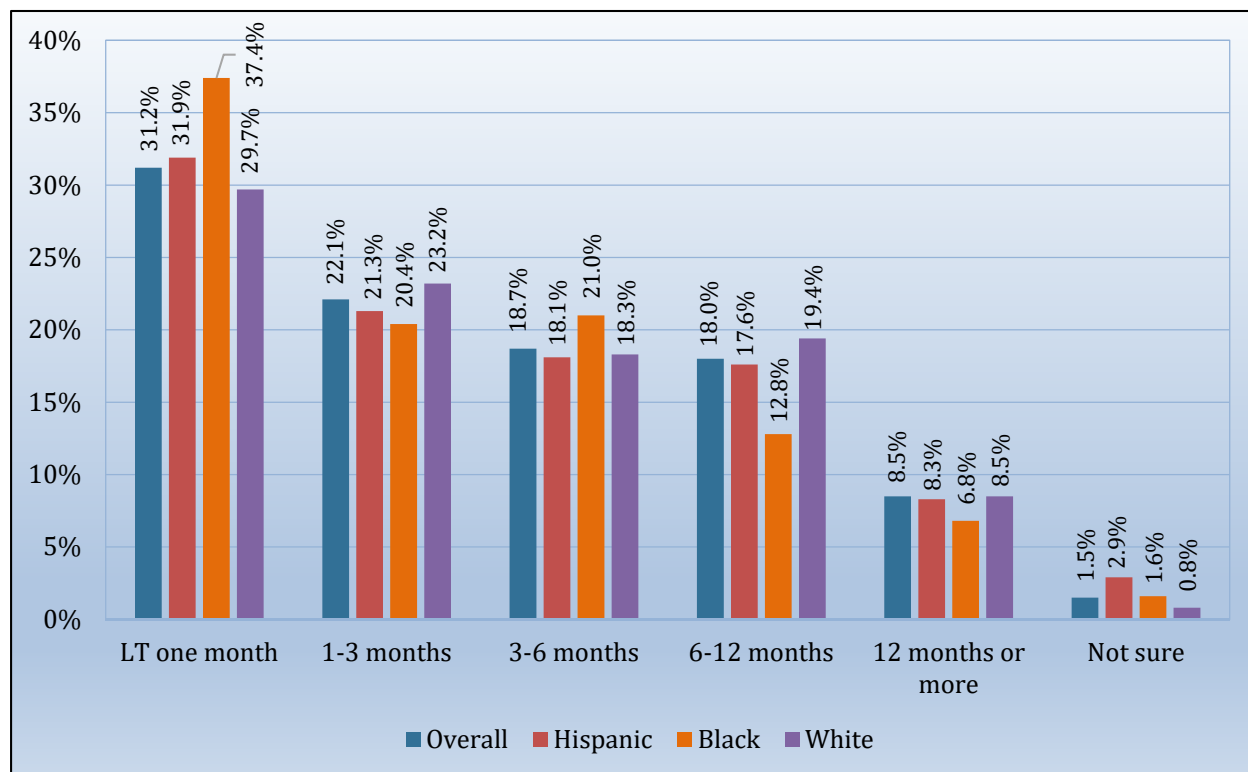
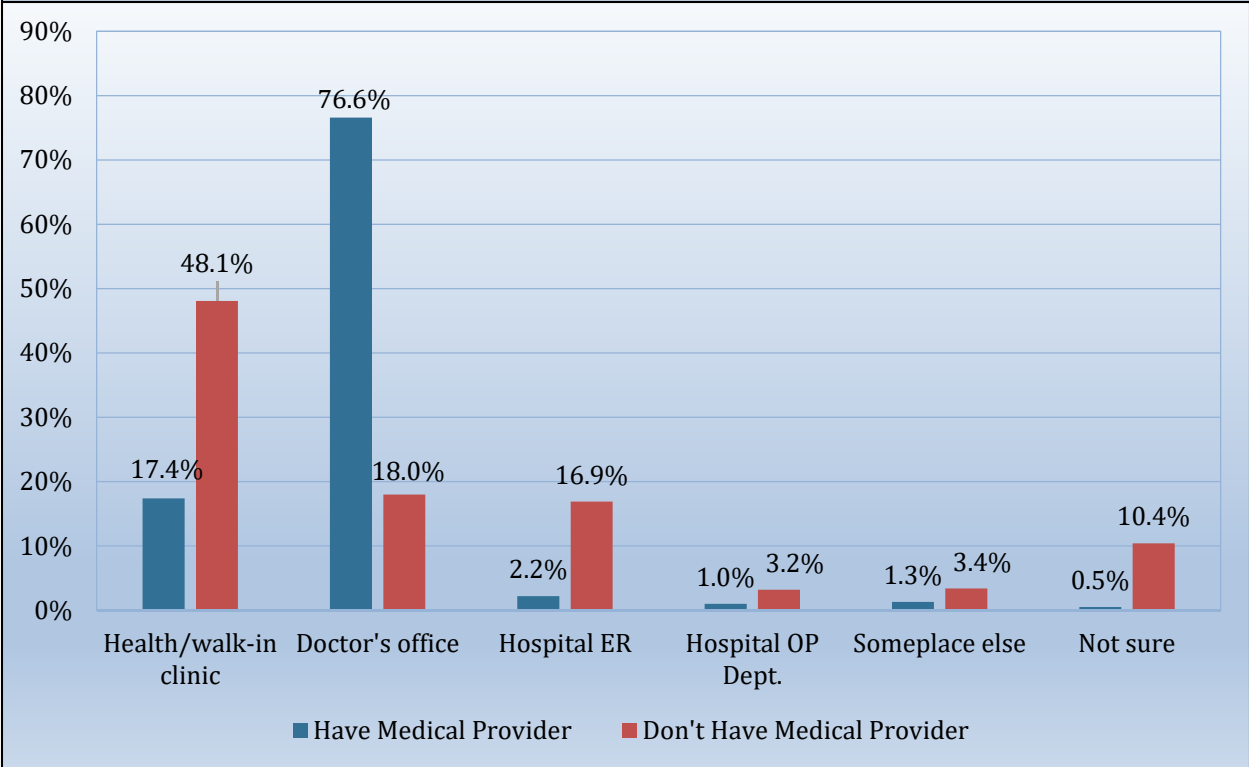
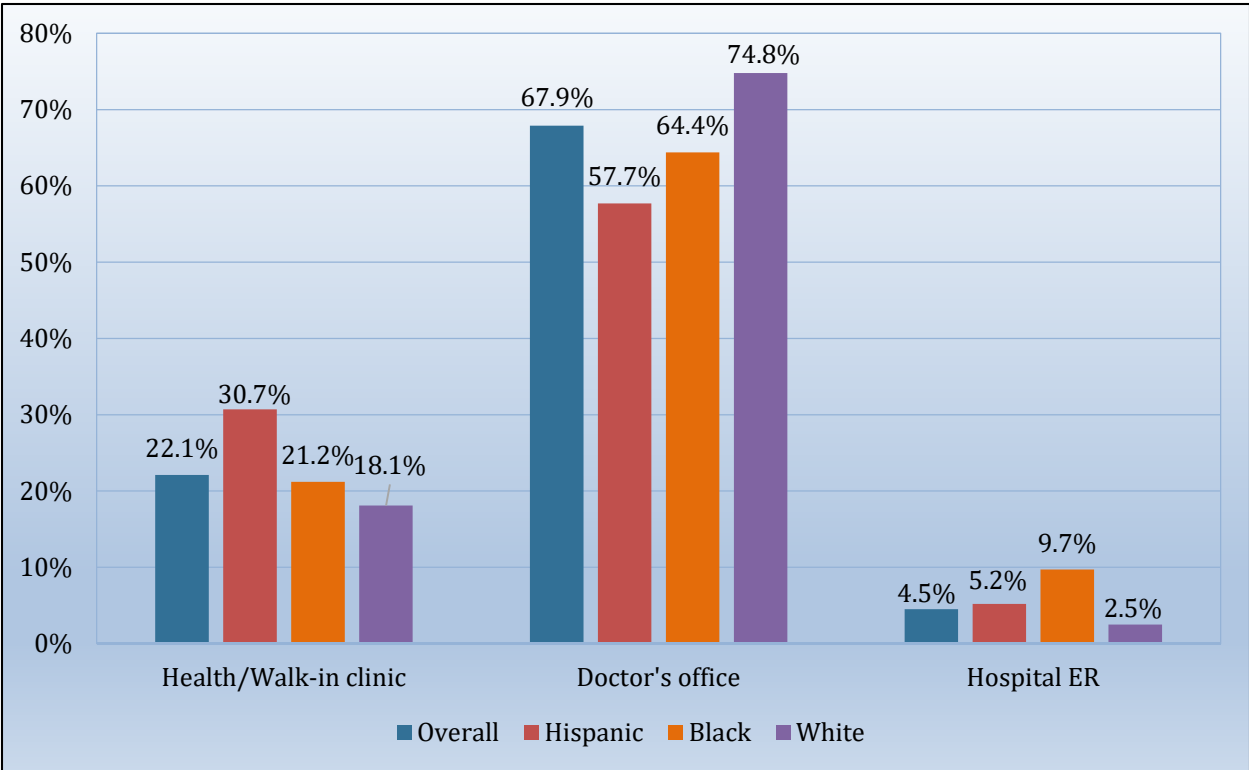


Figure 19
Time Since Last Visit with Medical Provider
(among those with a medical provider)



- ❖ Most respondents (67.9%) say they go to a doctor’s office when they need medical care. (See Figure 20.)
 - ✓ Whites (74.8%) are more likely to get routine medical care at a doctor’s office than are blacks (64.4%) and Hispanics (57.7%).
 - ✓ Hispanics (30.7%) are more likely to get routine medical care from a health clinic or walk-in clinic than are blacks (21.2%) or whites (18.1%).
 - ✓ Blacks (9.7%) are more likely to get routine care at a hospital emergency department than are whites (2.5%) and Hispanics (5.2%).
 - ✓ Those who do not have a medical provider are significantly more likely to go to a health clinic or walk-in clinic (48.1%) than are those who have a medical provider (18.0%).
 - ✓ Using a hospital emergency room is almost eight times more likely (16.9% vs. 2.2%) among those who do not have a medical provider than it is among those who do.

Figure 20
Where Go for Medical Care



- ❖ Overall, one-in-six respondents (16.6%) say they needed medical care in the last year but did not get it. (See Figure 21.)
 - ✓ Race and ethnicity seem to have little effect on whether medical care was received.
 - ✓ However, among those without a medical provider, 34.5% say they did not get the care they needed.
 - ✓ Nearly one-half (49.0%) of those who did not get the care they needed said they couldn't afford it. (See Figure 22.)

Figure 21
Did Not Get Needed Medical Care

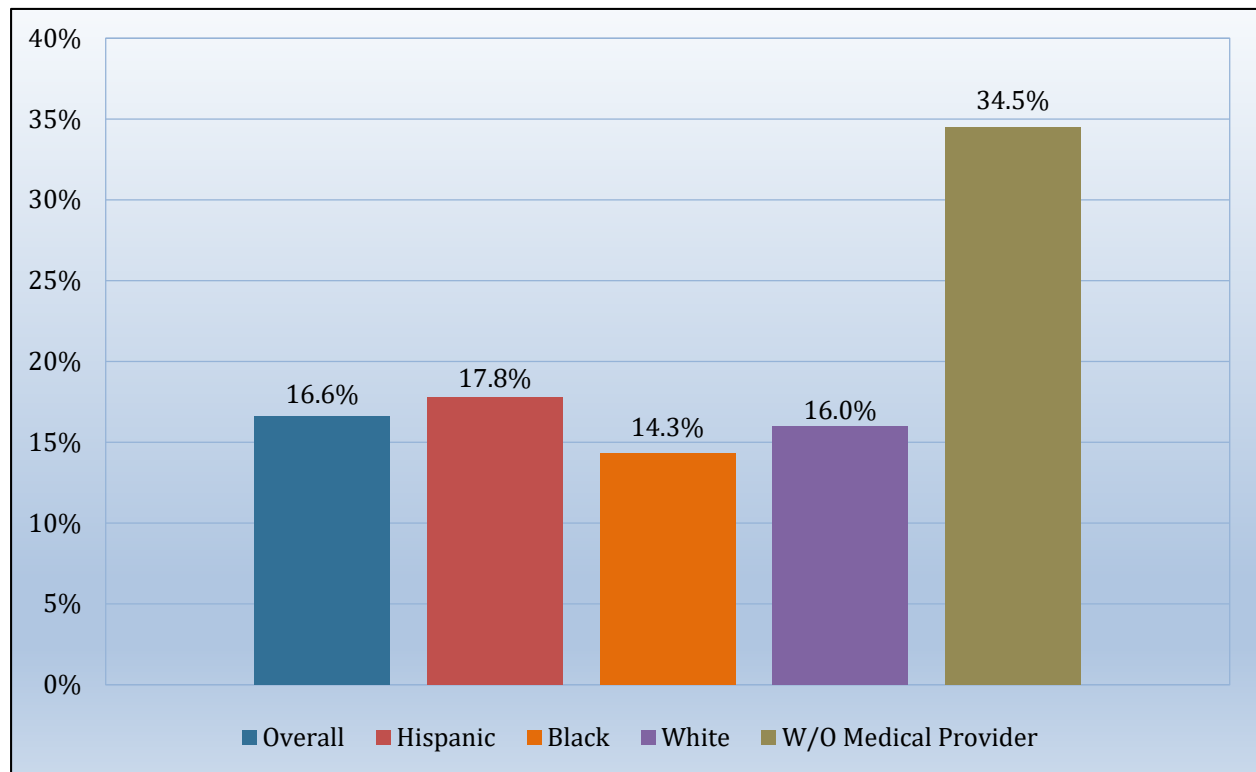
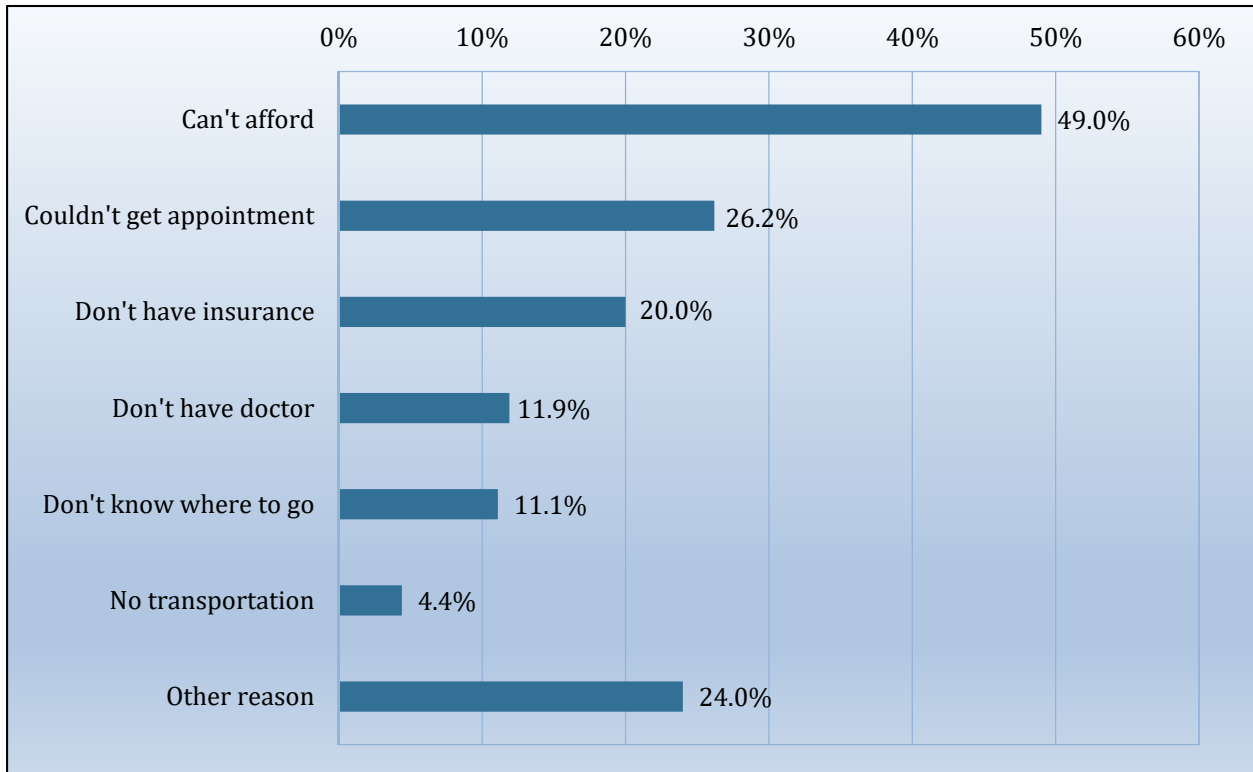


Figure 22
Why Not Get Medical Care



- ❖ Most respondents (61.5%) say they have commercial insurance coverage while 12.8% say they are covered by Medicaid and 8.4% say they are covered by Medicare. (See Figure 23.)
- ❖ Hispanics are more likely to have no insurance (13.9%) when compared to whites (5.0%) and blacks (8.7%). Whites are much more likely to have commercial insurance. (See Figure 24.)
- ❖ The chief reason respondents don't have health insurance is because it is not affordable (62.8%). (See Figure 25.)

Figure 23
How Pay for Medical Care

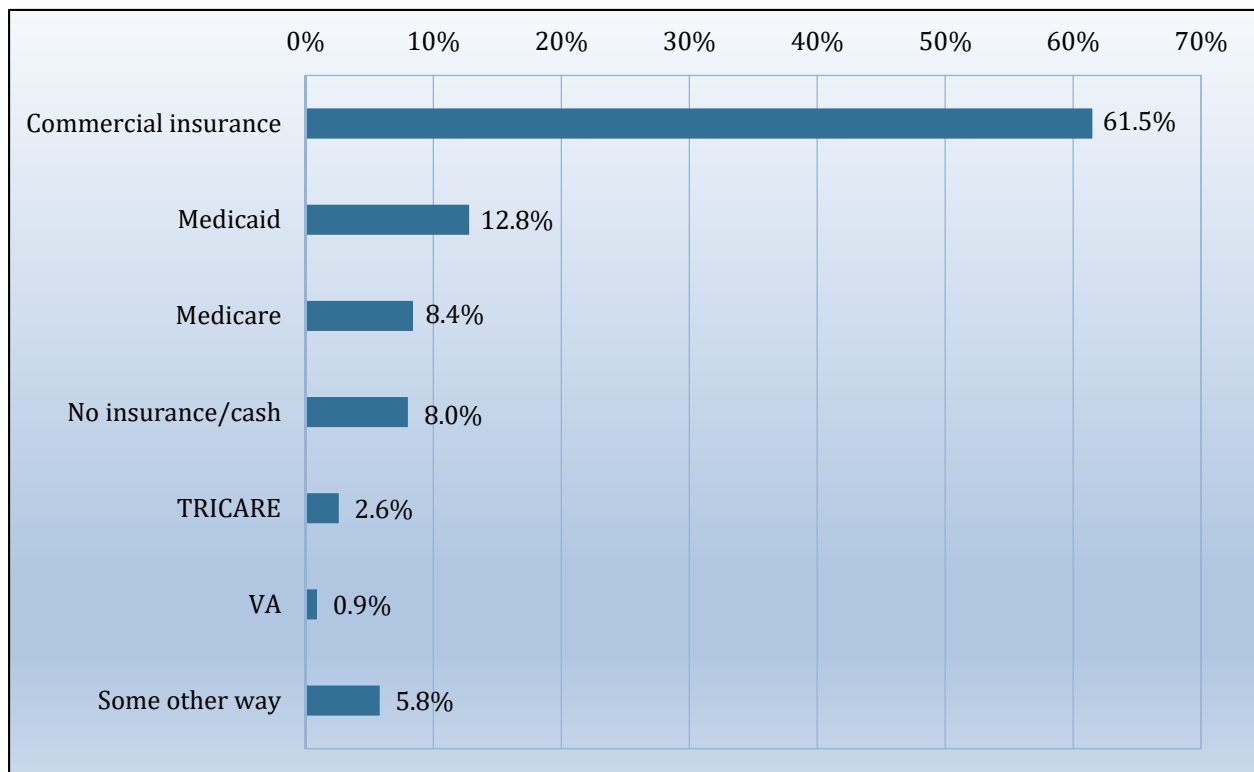


Figure 24
How Pay for Medical Care by Race and Ethnicity

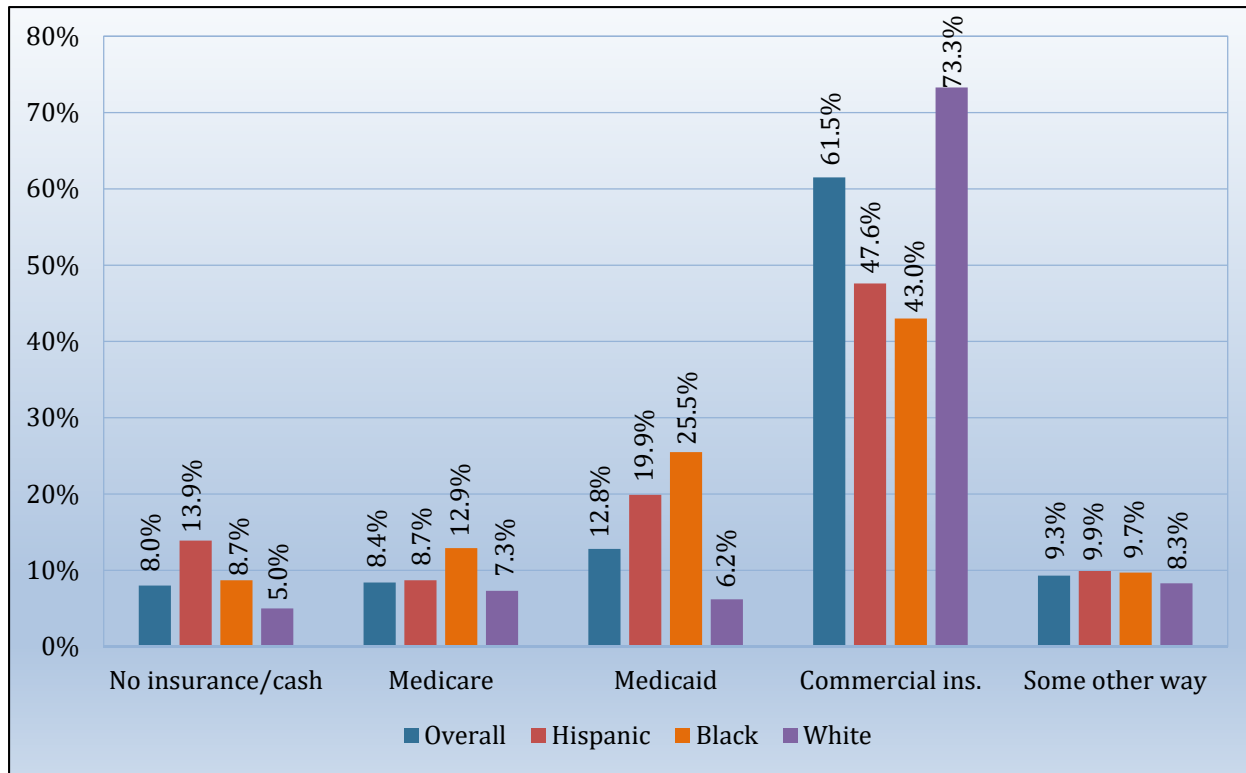
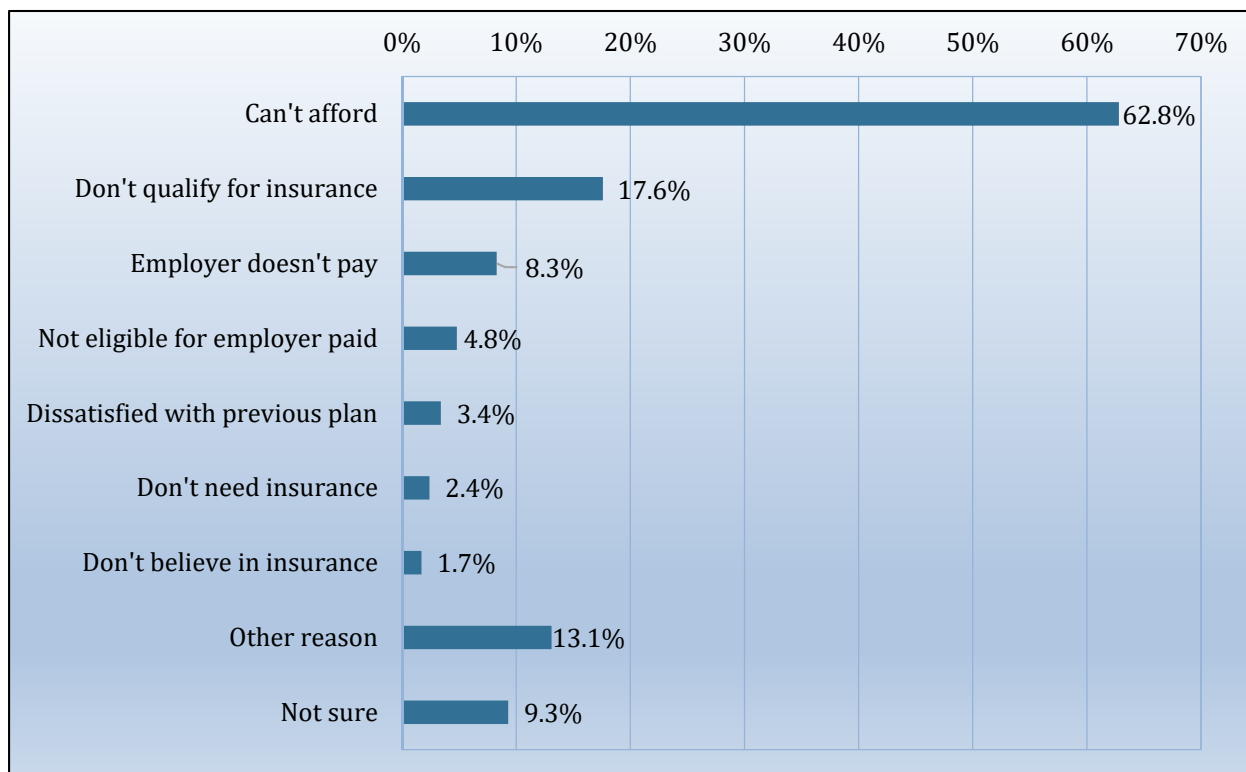


Figure 25
Why No Health Insurance

(among those who have no insurance or pay cash, more than one response possible)



Screening Exams

- ❖ Slightly more than one-half of survey respondents say they had a regular medical checkup in the last twelve months. Men and women are equally likely to have gotten a checkup. (See Table 33.)
- ❖ Nearly four-in-ten women (37.5%) say they had a breast exam while three-in-ten (28.4%) say they had a mammogram.
- ❖ One-in-five men (20.9%) say they had a PSA test.
- ❖ Nearly six-in-ten overall say they had general blood work in the last year.

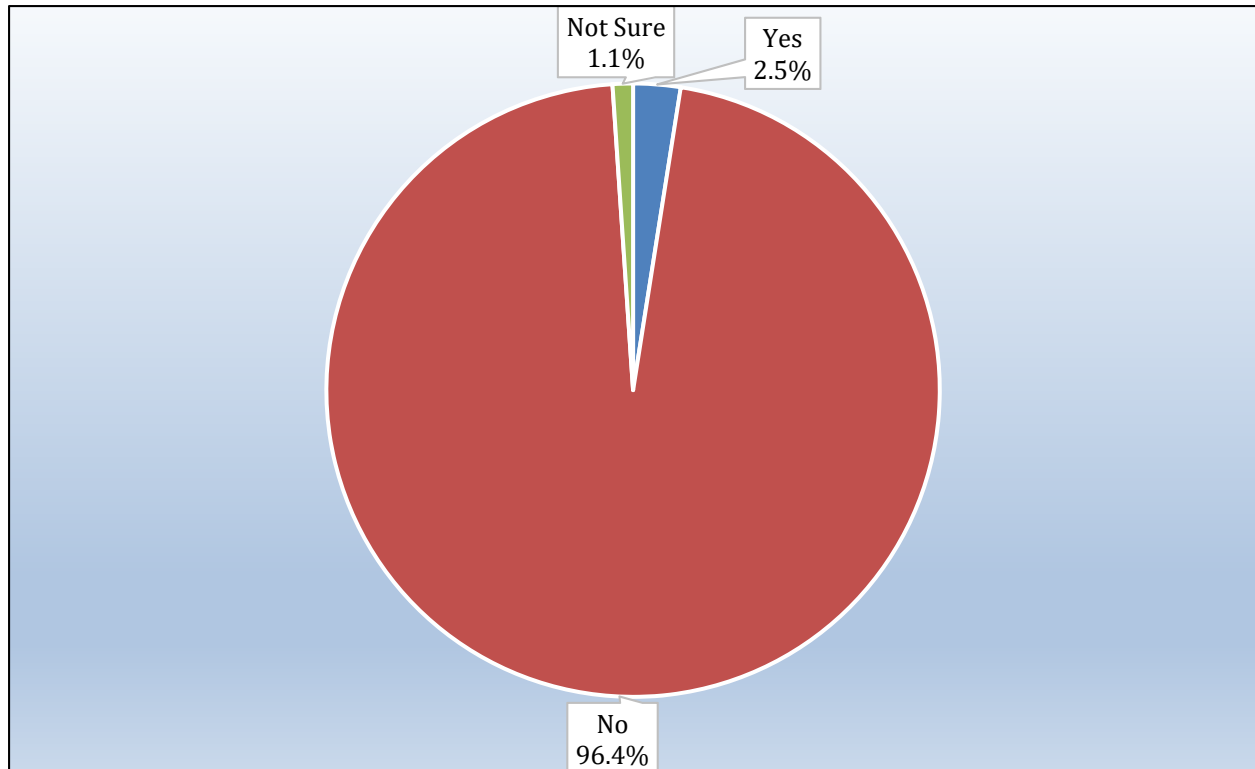
Table 33
Medical Exams in Last Twelve Months

Test/Exam	Men	Women
Breast exam	n/a	37.5%
Colonoscopy	9.7%	5.8%
CT/CAT Scan	9.1%	8.7%
Full skin exam	15.0%	17.0%
General blood work/blood test	57.6%	61.6%
Mammogram	n/a	28.4%
MRI	10.5%	9.5%
Pap test	n/a	41.7%
PSA test	20.9%	n/a
Regular check-up	53.4%	57.5%

Exposure to Sun

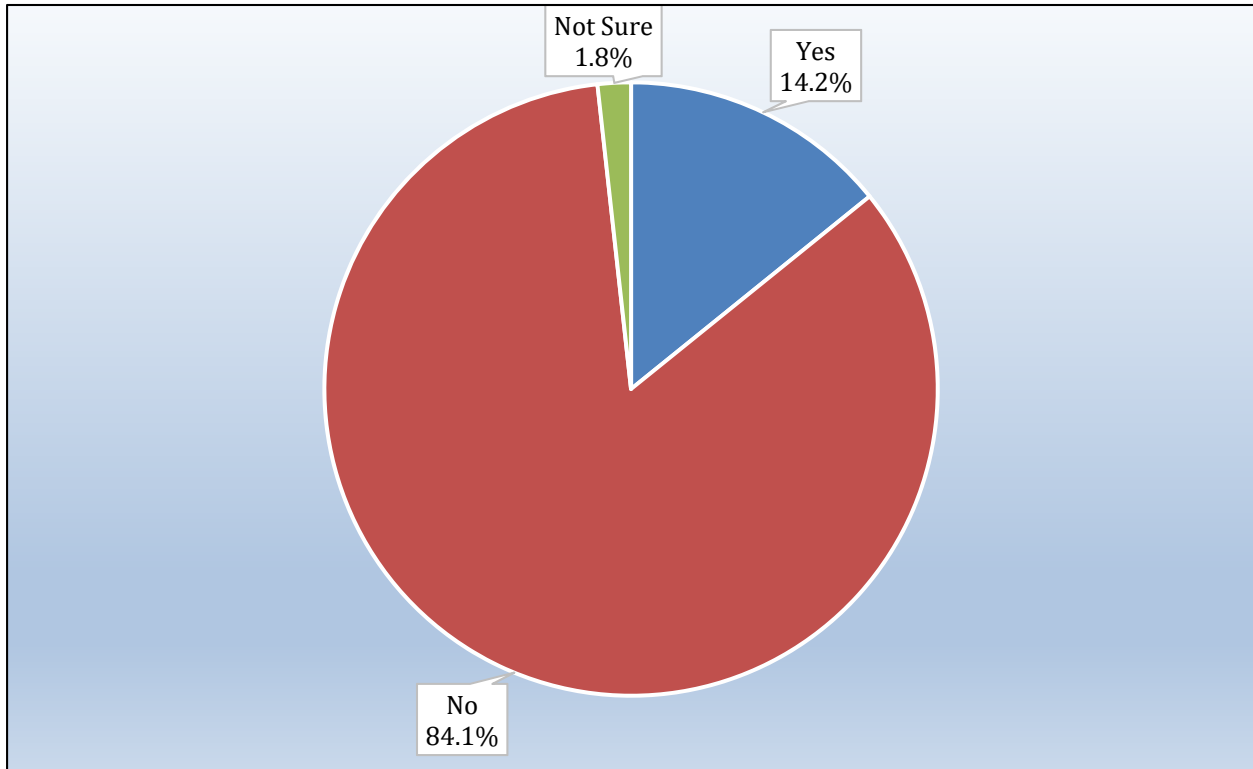
- ❖ Very few respondents (2.5%) say they used a tanning device in the last twelve months. (See Figure 26.)

Figure 26
Used Tanning Device in Last Year



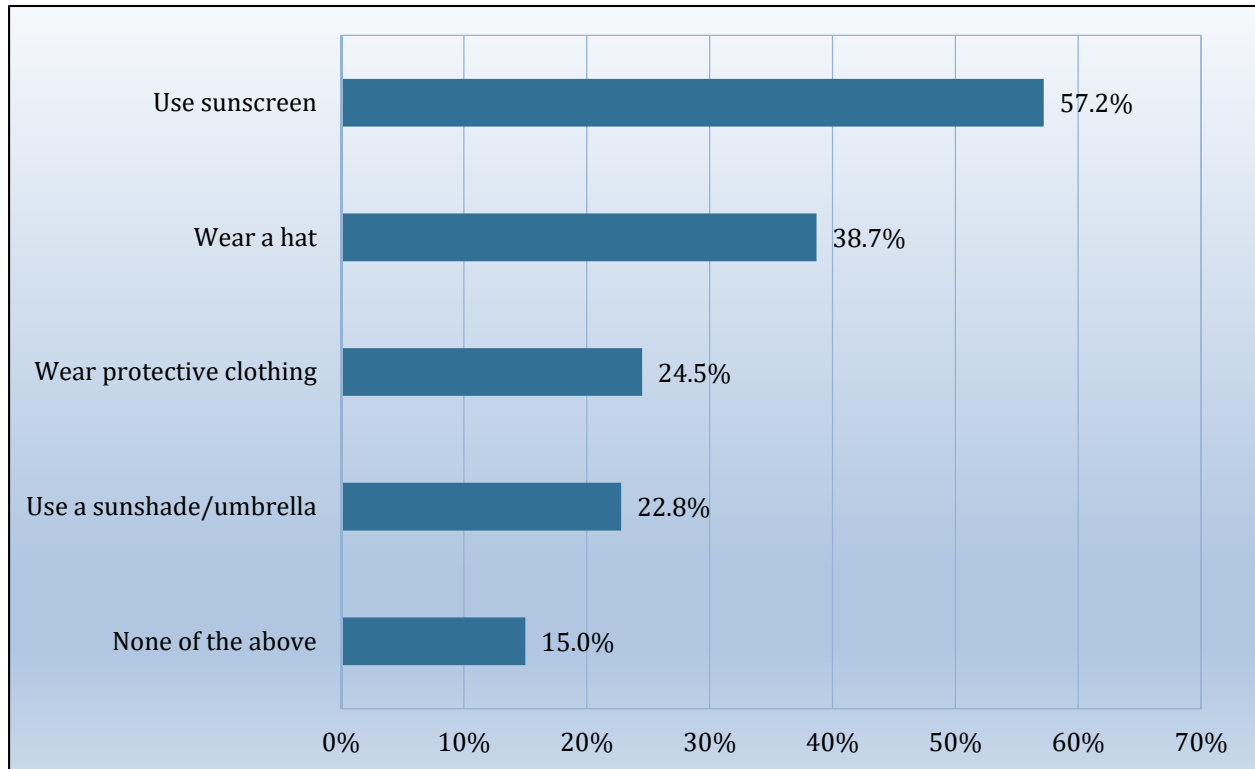
- ❖ One-in-seven respondents (14.2%) say they got a sunburn from overexposure in the last year.

Figure 27
Sunburn from Overexposure in Last Year



- ❖ When going out in the sun for more than one hour, nearly six-in-ten (57.2%) respondents say they use sunscreen. Some 38.7% say they wear a hat while 24.5% wear some type of protective clothing. Nearly one-in-six (15.0%) say they do nothing when going in the sun for more than one hour. (See Figure 28.)

Figure 28
Use for Protection from Sun Exposure



Knowledge of Cancer Services

- ❖ One-in-five respondents (21.9%) say they are very knowledgeable about the kinds of cancer services that are available in the community. (See Figure 29.) Overall, some 60.5% say they are at least somewhat knowledgeable about cancer services. Slightly more than one-in-ten (11.5%) say they are not knowledgeable at all about available cancer services.
- ❖ As shown in Figure 30, two-thirds of respondents (66.3%) say they know where to go get a screening exam. However, nearly one-fourth (23.0%) say they do not know where to go.
- ❖ The most frequently named place offering cancer screening services is a doctor's office (47.0%), followed by a hospital (39.4%), and a local health department (24.9%). (See Figure 31.)

Figure 29
Knowledge of Available Cancer Services

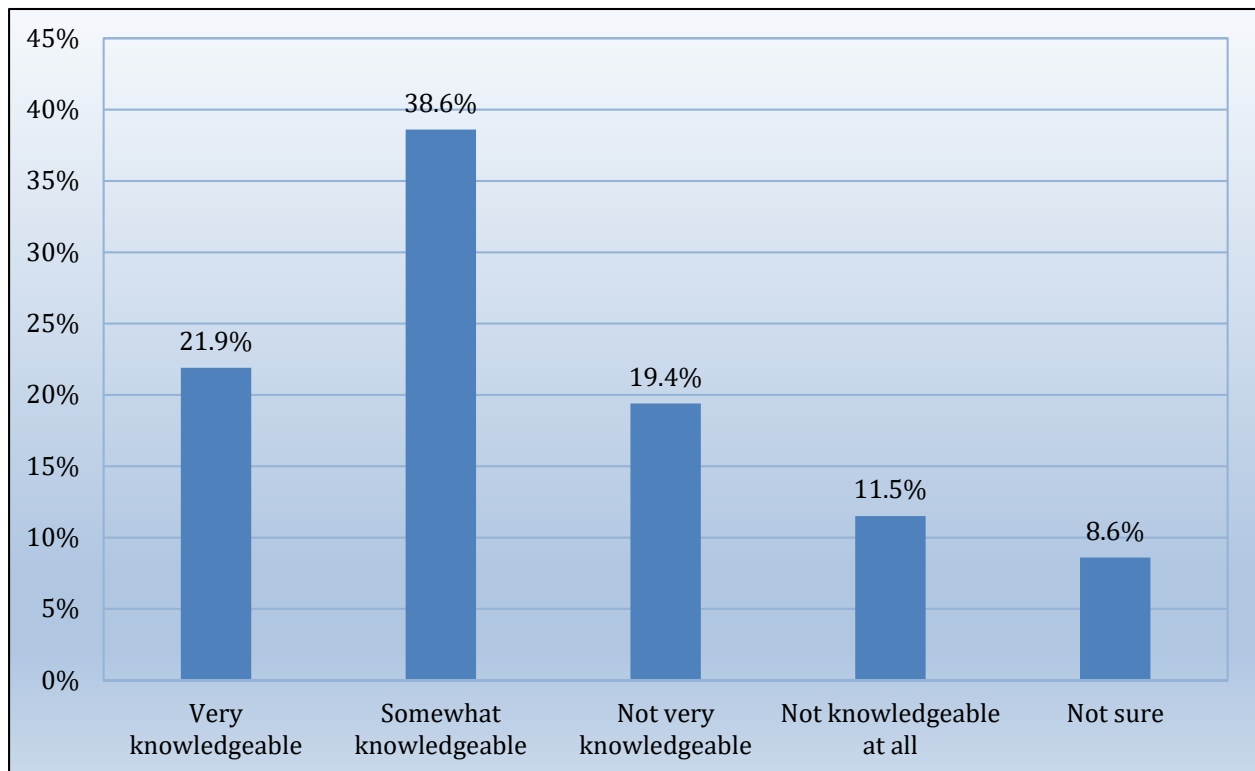


Figure 30
Know Where to go for Screening Exam

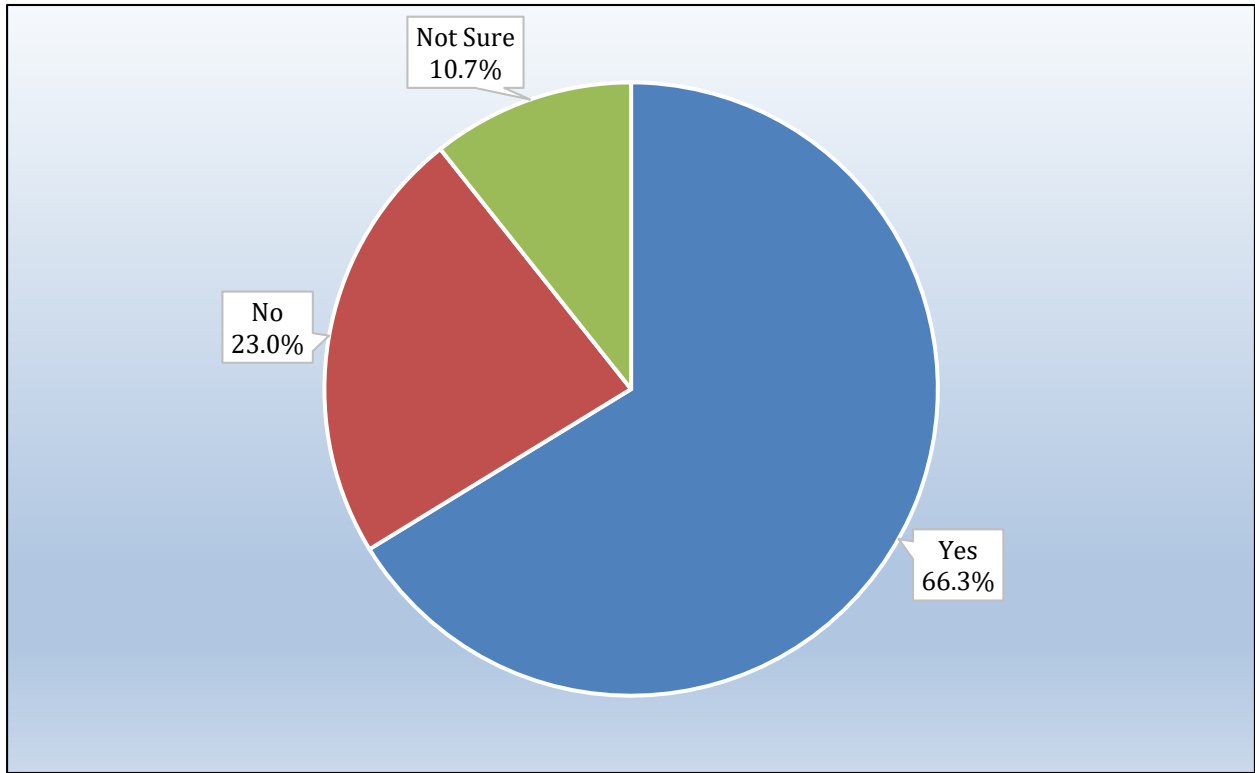
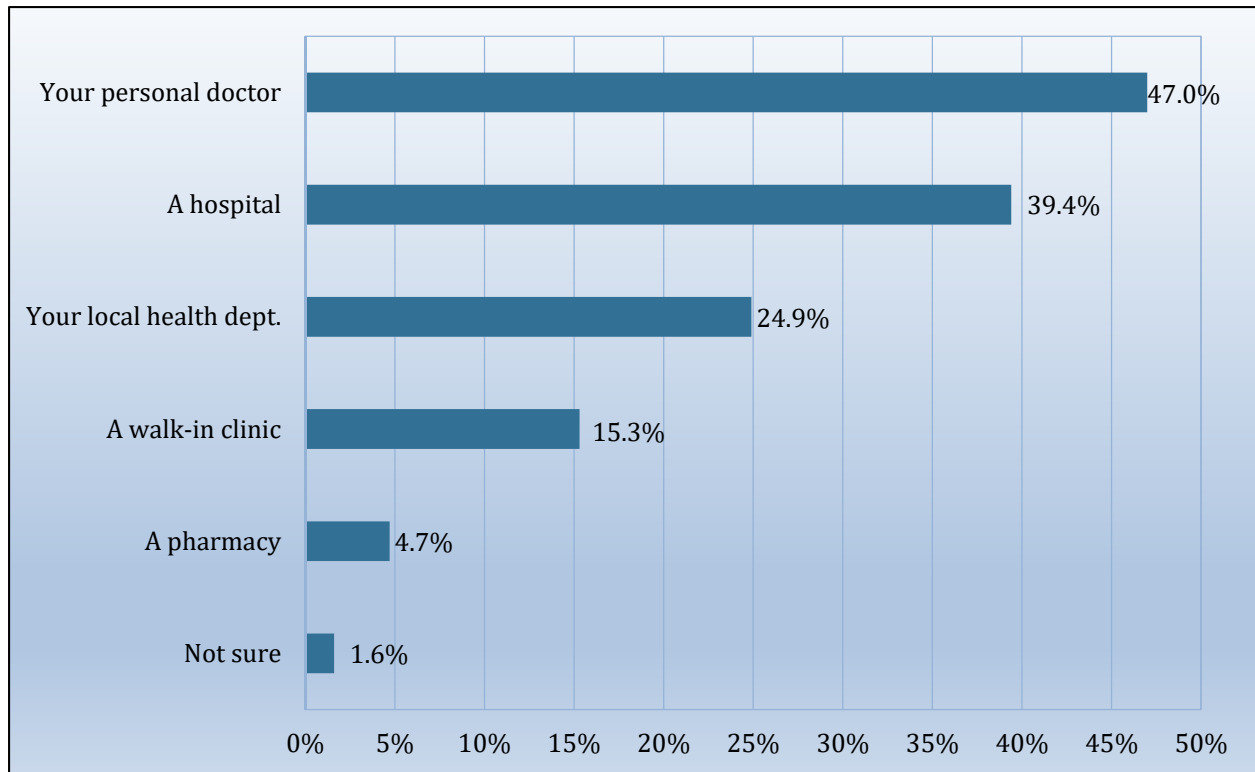


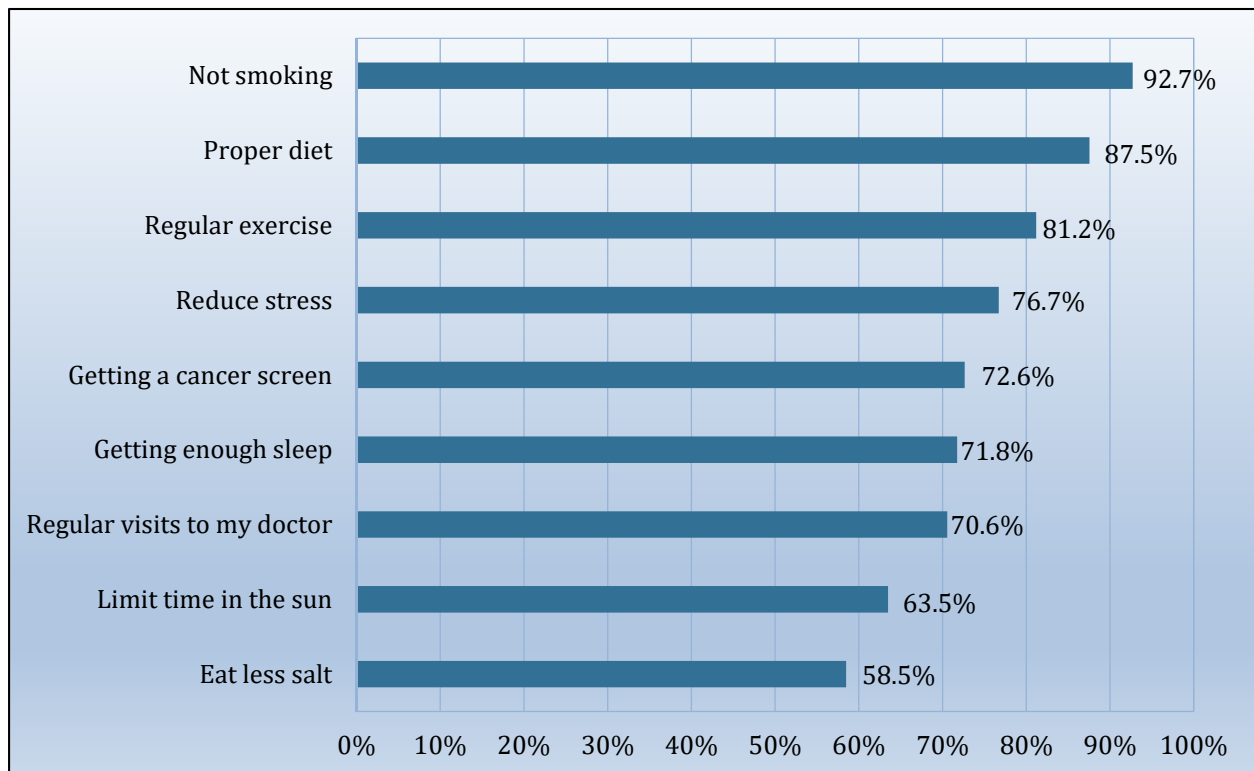
Figure 31
Who Offers Cancer Screening Services?



Behaviors to Reduce Chronic Disease

- ❖ According to survey respondents, the most significant risky behavior leading to chronic disease is smoking. Virtually all respondents, 92.7%, say “not smoking” is very important in reducing the risk of chronic diseases like cancer, diabetes, and heart disease. While a clear majority of respondents believe each of the factors tested is very important, the top three are smoking (92.7%), proper diet (87.5%), and regular exercise (81.2%). (See Figure 32.)

Figure 32
Factors Important in Reducing Risk of Chronic Disease
(percent “very important”)

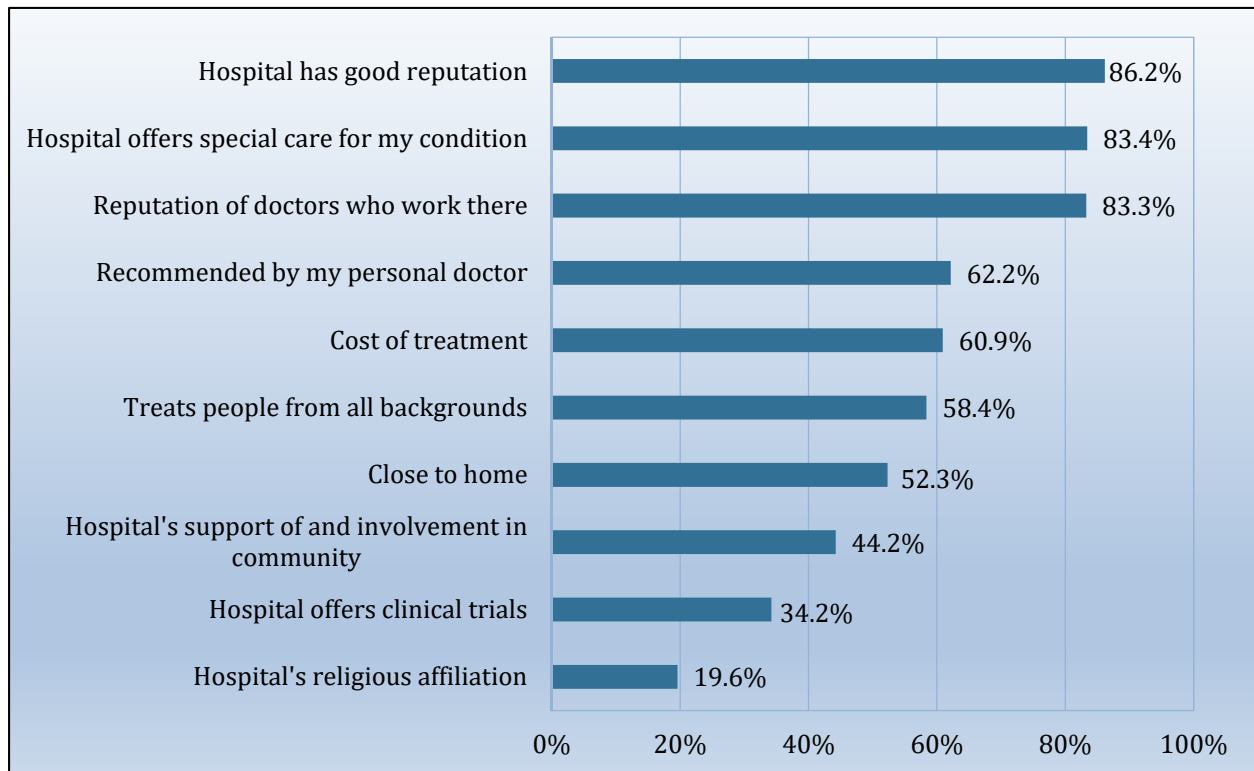


Important Factors in Selecting Hospital for Health Care Needs

- ❖ The number one factor respondents consider when choosing a hospital for treatment is a hospital's reputation. (See Figure 33.) Nearly nine-in-ten respondents (86.2%) say a hospital's reputation is a very important factor in this decision. Also considered very important are special care for a particular medical condition (83.4%), and the reputation of doctors who work there (83.3%). These are clearly the top three factors in the selection of a hospital. Of significantly less importance are clinical trials (34.2%) and a hospital's religious affiliation (19.6%).

Figure 33

Important Factors in Choosing a Hospital for Health Care Needs



Perceived Health Problems

- ❖ According to survey respondents, the most important health problem in the primary service area is obesity. Nearly half of all respondents (49.1%) mentioned obesity when asked to name the most important health problem. One-in-five (21.4%) say obesity is the single most important health issue. (See Table 34.)
- ❖ Also seen as important health issues are cancer, aging problems, mental health, and diabetes.

Table 34
Most Important Health Problem
(multiple answers possible, ranked by total mentions)

Health Problem	Most Important	Total Mentions
Being overweight	21.4%	49.1%
Cancers	18.8%	39.0%
Aging problems	12.5%	29.5%
Mental health problems	7.0%	24.5%
Heart disease and stroke	6.5%	24.0%
Diabetes	5.5%	22.9%
Motor vehicle crash injuries	5.6%	18.7%
High blood pressure	3.4%	16.8%
Child abuse / neglect	5.4%	14.0%
Domestic violence	2.3%	10.9%
Dental problems	2.0%	8.9%
Teenage pregnancy	1.7%	8.7%
Firearm-related injuries	1.8%	6.0%
HIV/AIDS	1.6%	4.0%

Factors that Improve Quality of Life in the Community

- ❖ The number one factor which contributes to a strong quality of life in a community is the absence of crime. Nearly one-half of survey respondents (47.1%) say low crime and safe neighborhoods improve the quality of life in a community. (See Table 35.)
- ❖ In second place are good jobs and a healthy economy but twice as many respondents feel that low crime is most important when compared to good jobs and a healthy economy.
- ❖ Also important are good schools, a good place to raise children, and access to health care.

Table 35
Factors that Improve Quality of Life
(multiple answers possible, ranked by total mentions)

Factors that Improve Quality of Life	Most Important	Total Mentions
Low crime / safe neighborhoods	25.6%	47.8%
Good jobs and healthy economy	12.1%	37.9%
Good schools	6.9%	33.2%
Good place to raise children	18.5%	31.2%
Access to health care	6.9%	24.4%
Healthy behaviors and lifestyles	4.7%	20.5%
Affordable housing	4.5%	19.7%
Strong family life	6.1%	15.9%
Affordable health insurance	3.3%	15.5%
Clean environment	1.9%	12.4%
Religious or spiritual values	5.5%	11.4%
Parks and recreation	1.1%	8.7%

Risky Behaviors

- ❖ Substance abuse is seen as the most important risky behavior. Some 53.7% overall mention drug abuse as the most important risky behavior while 43.2% mention alcohol abuse. Taken together, 42.2% say drug and alcohol abuse are the single most important risky behaviors. (See Table 36.)

Table 36
Most Important Risky Behaviors
(multiple answers possible, ranked by total mentions)

Health Problem	Most Important	Total Mentions
Drug abuse	27.7%	53.7%
Alcohol abuse	14.5%	43.2%
Poor eating habits	13.5%	40.8%
Lack of exercise	11.1%	36.8%
Dropping out of school	11.2%	30.5%
Tobacco use	6.3%	26.7%
Unsafe sex	4.4%	20.2%
Racism	5.3%	18.6%
Not getting "shots" to prevent disease	2.4%	9.4%
Not using seat belts/ child safety seats	1.9%	9.1%
Not using birth control	1.7%	8.7%

Trusted Sources of Health Care Information

- ❖ Doctors and hospitals are the most trusted sources of health care information. Three-fourths (76.9%) of respondents say they trust doctors “a lot” when it comes to health care information while 64.3% have the same level of trust in hospitals. (See Table 37.)
- ❖ Least trusted are billboards and social media. In fact, 52.9% don’t trust billboards at all. The corresponding figure for social media is 56.3%.

Table 37
Trust as Source of Health Information
(“trust a lot,” sorted in overall order)

Source of Information	Overall	Hispanic	Non-Hispanic	Black	White
Doctors	76.9%	82.4%	75.9%	78.9%	75.1%
Hospital	64.3%	69.6%	63.1%	66.8%	61.5%
The health dept.	55.5%	64.8%	53.3%	62.5%	50.3%
A health clinic	50.6%	62.5%	47.4%	57.8%	44.0%
Family/Friends	42.2%	49.3%	40.1%	43.2%	39.1%
Internet searches	14.0%	17.7%	12.9%	17.4%	10.8%
Newspaper/Magazine	8.9%	10.6%	8.4%	16.5%	5.6%
Email	7.9%	11.6%	6.8%	15.9%	4.1%
Mailer sent to home	7.4%	12.2%	6.0%	13.8%	3.5%
Radio	7.2%	9.2%	6.6%	13.7%	4.2%
Television	6.7%	9.1%	5.9%	14.3%	3.3%
Billboard	5.0%	7.2%	4.3%	9.8%	2.5%
Social media	4.7%	5.9%	4.3%	8.9%	2.8%

Opinion of Local Community

- ❖ Most respondents (78.1%) feel safe in their neighborhoods and are able to get healthy foods (77.6%). However, one-in-eight respondents (12.2%) say they are not able to get healthy foods and 10.8% don't feel safe in their own neighborhoods.
- ❖ One-in-four (26.0%) disagree that “there are good sidewalks for walking safely” in their local community.
- ❖ One-third (35.6%) say that public transportation is not readily available when they need it.
- ❖ One-in-three (34.9%) believe drug abuse is a problem in their community.
- ❖ One-in-four (23.8%) say that air pollution is a problem in their community.

Table 38
Statements About Local Community
(ranked by percentage “agree”)

Statement	Agree	Disagree	Neither	Not Sure
I feel safe in my own neighborhood.	78.1%	10.8%	9.2%	1.9%
I am able to get healthy food easily.	77.6%	12.2%	8.9%	1.4%
I have no problem getting the health care services I need.	75.2%	14.0%	8.7%	2.0%
We have great parks and recreational facilities.	67.7%	16.1%	12.6%	3.6%
There are good sidewalks for walking safely.	61.9%	26.0%	10.1%	2.0%
The quality of health care in my neighborhood is good.	61.8%	11.4%	18.1%	8.6%
There are affordable places to live in my neighborhood.	52.9%	23.8%	18.4%	4.9%
Public transportation is readily available to me if I need it.	42.0%	35.6%	13.4%	9.1%
There are plenty of jobs available for those who want them.	37.1%	30.7%	22.4%	9.9%
Drug abuse is a problem in my community.	34.9%	28.7%	19.6%	16.9%
Crime in my area is a serious problem.	26.5%	46.0%	20.0%	7.4%
Air pollution is a problem in my community.	23.8%	40.3%	25.4%	10.5%

KEY INFORMANT INTERVIEWS

A total of 58 key informant interviews were conducted with individuals (listed under the Acknowledgements section) selected to represent the broad interests of the public health community, as well as, the medically-underserved, low-income, and minority populations in the primary service area. These interviews were conducted both in-person and by telephone from November 2015 to February 2016. Presented in this section are the highlights from those interviews.

COMMUNITY STRENGTHS

<ul style="list-style-type: none"> ❖ Great place to live <ul style="list-style-type: none"> ❖ Weather ❖ Outdoor activities ❖ Cultural activities ❖ Professional sports ❖ Economic/demographic growth ❖ Cultural diversity/foods 	<ul style="list-style-type: none"> ❖ Academics <ul style="list-style-type: none"> ❖ USF ❖ USF Medical School ❖ University of Tampa ❖ Nursing schools/programs
<ul style="list-style-type: none"> ❖ Health Care <ul style="list-style-type: none"> ❖ Good hospitals ❖ Highly skilled doctors 	<ul style="list-style-type: none"> ❖ Good place to retire
	<ul style="list-style-type: none"> ❖ Technology

COMMUNITY WEAKNESSES

<ul style="list-style-type: none"> ❖ Public transportation <ul style="list-style-type: none"> ❖ Especially in rural areas ❖ Timing for working parents 	<ul style="list-style-type: none"> ❖ Lack of patient-centered care/thinking
<ul style="list-style-type: none"> ❖ Lack team approach to health care 	<ul style="list-style-type: none"> ❖ Limited resources for immigrants and undocumented aliens
<ul style="list-style-type: none"> ❖ Smaller, community-friendly agencies not getting attention 	<ul style="list-style-type: none"> ❖ Agency silos <ul style="list-style-type: none"> ❖ Lack of parallel planning ❖ Duplication of services

PUBLIC HEALTH ISSUES

❖ Obesity	❖ Healthy diets/availability of healthy foods
❖ Food desserts	❖ Chronic Disease ❖ Diabetes ❖ High blood pressure
❖ Smoking	❖ Mental health issues ❖ Substance abuse ❖ Depression
❖ Early diagnosis and prevention ❖ Shortage of primary care physicians who take Medicaid or who volunteer for free clinics	❖ Dental care, especially pediatric
❖ Availability of care for unfunded patients	❖ Health care for those who are undocumented
❖ Follow-up care sometimes lacking ❖ Biopsies, surgery hard to get for unfunded and grant-funded patients	❖ Poverty
❖ Violent crime	❖ Cancer
❖ Ethnic, racial, and socio-economic disparities	

BARRIERS TO CARE

- ❖ Access to care
- ❖ Financial and economic issues
- ❖ Lack of insurance
- ❖ Have insurance but can't afford deductible
- ❖ Poor public transportation
- ❖ Knowledge of available resources/where to go
- ❖ Head-in-the-sand / "don't want to know"
- ❖ Cultural differences
- ❖ Language barriers

FOCUS GROUPS

A series of five focus groups were held as part of this assessment. Two of these groups were conducted in Spanish and three were conducted in English. In total, 39 panelists participated in these groups.

Date	Location	Language	Participants
December 7, 2015	Progress Village	English	3
December 9, 2015	Wimauma	Spanish	10
December 15, 2015	Town & Country	Spanish	9
January 9, 2016	DOH/Kelton	English	12
February 6, 2016	East Tampa	English	5

A demographic summary of the 39 focus group participants is shown below.



KEY THEMES

The following key themes resulted from this series of five focus groups.

- ❖ Strengths of the Tampa area include weather, parks and recreation, good hospitals, Federally Qualified Health Centers, USF, and police and fire departments
- ❖ Panelists generally have positive opinions of their communities
- ❖ Negative feelings about communities are caused by neighborhood crime, drugs, lack of safety, and lack of exercise opportunities
- ❖ Major health issues are obesity, access to care, diabetes, and dental care
- ❖ Health care concerns include --
 - Lack of access to dental care, especially pediatric and among Hispanics
 - Lack of access to healthy foods, especially in low income neighborhoods
 - Need more education regarding screening, prevention, and nutrition, especially among young people
 - Lack of access to mental health resources
 - Health care disparities especially among blacks and Hispanics
- ❖ Barriers to care include --
 - Public transportation
 - Lack of insurance
 - Lack of knowledge regarding available health care resources

Important Health Issues

- ❖ Focus group panelists believe that obesity is the most important health problem facing the community. Nearly half (43.6%) mention obesity as the most important health issue. (See Table 39.)
- ❖ One-third (33.3%) believe that health care access (including insurance and transportation) is the most important issue.
- ❖ Of lesser importance to focus group panelists are mental health, cancer, emergency services, and neighborhood safety, each with 10.3%.

Table 39
Most Important Health Issue
(multiple answers possible)

Issue	Total Mentions
Obesity	43.6%
Access to care/insurance/transportation	33.3%
Diabetes	23.1%
Dental Care	17.9%
Places to exercise/parks	15.4%
Heart disease/high blood pressure	12.8%
Mental health	10.3%
Cancer	10.3%
Emergency services	10.3%
Neighborhood safety	10.3%

HEALTH NEED PRIORITIES

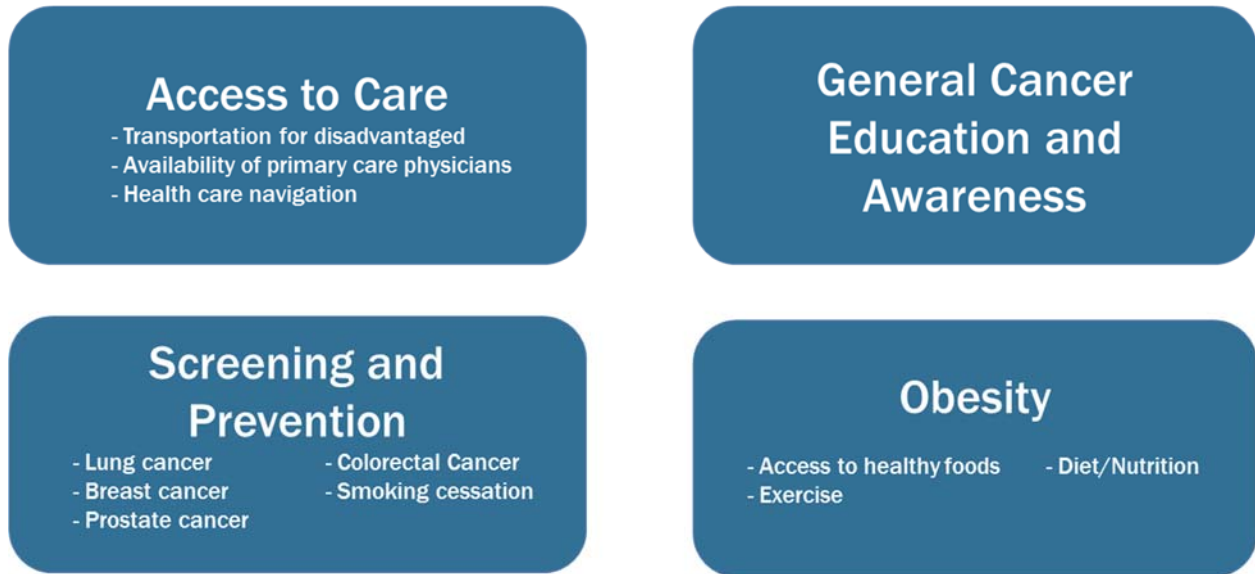
IDENTIFICATION AND RANKING PROCESS

On March 24, 2016, a meeting of the Moffitt Cancer Center Community Health Needs Assessment Steering Committee was held at the Moffitt Business Center in Tampa. Ten committee members attended in person and three participated by phone. Those participating in this meeting include --

Bonnie Altman-Irvine (by phone) Tax/Payroll Manager, Finance Moffitt Cancer Center	Venessa Rivera Colón Manager, M-POWER Moffitt Cancer Center
Jenna Davis Community Benefit Coordinator, Moffitt Diversity Moffitt Cancer Center	Sheila Ferrall (rep. by Pam Duncan) Senior Director, Nursing Practice, Education & Clinical Efficiency, Moffitt Cancer Center
Valerie Goddard CEO, The Goddard Group Hospital Board Member, Moffitt Cancer Center	Cathy Grant Director, Moffitt Diversity Moffitt Cancer
B. Lee Green, PhD VP, Diversity, PR & Strategic Communications Moffitt Cancer Center	Clement Gwede, PhD (by phone) Associate Member, Health Outcomes & Behavior Moffitt Cancer Center
Mark Hendrickson Director, PR & Strategic Communications Moffitt Cancer Center	Cheri Wright-Jones Regional Vice President Allegany Franciscan Ministries
Jeremy Knox Market Data & Analytics Manager, Corporate Planning, Moffitt Cancer Center	Juan Carlos Pinto (by phone) International Trade & Client Services Executive Citibank
Jolene Rowe Supervisor, Social Work Moffitt Cancer Center	

Legacy Consulting Group presented the results of the health needs assessment as well as the health needs that were identified through the extensive primary and secondary data analysis. The health needs that were identified through this multistage process are shown in Figure 34.

Figure 34
Identified Health Needs



At this priority setting meeting, these twelve identified health needs were placed on separate wall charts and displayed throughout the meeting room. Each participant was given twelve separate “sticky dots” and asked to vote on their perceived most-pressing health needs. The prioritizing criteria were based on alignment to Moffitt’s mission, 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. Each participant was given a chance to re-allocate their votes (dots) at their discretion. When panelists were satisfied with the results, votes were tallied.

The resulting health care needs identified as priorities by the steering committee are shown in Table 40 in final ranked priority order.

Table 40
Ranked Health Needs to be Addressed
In Implementation Plan

Rank	Health Need
1	Transportation for the disadvantaged
2	Health care navigation
3	Breast cancer screening and prevention
4	Colorectal screening and prevention
5	Smoking cessation
6	Prostate cancer screening and prevention
7	Lung cancer screening and prevention

There are ample resources throughout the community to help address these needs. Below is a list of these important and valuable organizations that can potentially help Moffitt address the identified health needs.

<i>Abe Brown Ministries</i>	<i>Judeo Christian Health Clinic</i>
<i>Allegany Franciscan Ministries</i>	<i>Lake Wales Free Clinic</i>
<i>Alzheimer's Association - Florida Gulf Coast Chapter</i>	<i>Lee Davis Neighborhood Service Center</i>
<i>American Breast Cancer Foundation</i>	<i>Leukemia & Lymphoma Society</i>
<i>American Cancer Society-Hillsborough County</i>	<i>LifePath Hospice</i>
<i>American Red Cross</i>	<i>Meals on Wheels</i>
<i>Angels Care Center of Eloise</i>	<i>Medicaid Area 6 Field Office</i>
<i>Beth-El Mission</i>	<i>Metropolitan Ministries</i>
<i>Black Nurses Association—Clearwater/St. Petersburg Chapter</i>	<i>Pinellas County Economic Development</i>
<i>Blue Cross Blue Shield of Florida (Florida Blue)</i>	<i>Pinellas Suncoast Transit Authority</i>
<i>Brandon Outreach Clinic</i>	<i>Plant City Health Center</i>
<i>BRIDGE Clinic</i>	<i>Plant City Neighborhood Service Center</i>
<i>Catholic Mobile Medical Services</i>	<i>Premier Community Healthcare Group</i>
<i>CDC of Tampa</i>	<i>REACH UP, Inc.</i>
<i>Central Florida Healthcare</i>	<i>Red Crescent Medical Clinic</i>
<i>Community Care for the Elderly</i>	<i>Redlands Christian Migrant Association</i>
<i>Crisis Center</i>	<i>River of Grace Ministries</i>
<i>Dover Health Center</i>	<i>Seminole Tribe of Florida</i>
<i>Equality Florida</i>	<i>Salvation Army Family Services Program</i>
<i>Farmworker Self Help</i>	<i>Seniors in Service</i>
<i>Florida Breast and Cervical Cancer Early Detection Program</i>	<i>Sister's Surviving Breast Cancer</i>
<i>Florida Department of Health</i>	<i>SouthShore Community Resource Center</i>
<i>Florida Department of Motor Vehicles and Highway Safety</i>	<i>St. Petersburg Free Clinic</i>

<i>Floyd Kelton Health Center</i>	<i>Sulphur Springs Health Center</i>
<i>Front Porch CDA, Inc.</i>	<i>Suncoast Community Health Centers</i>
<i>Good Samaritan Health Clinic</i>	<i>Sunshine Line</i>
<i>Gulf Coast North AHEC</i>	<i>Susan G. Komen for the Cure Florida Suncoast</i>
<i>Haitian Association</i>	<i>Tampa Bay Healthcare Collaborative</i>
<i>Healthcare for Homeless Veterans</i>	<i>Tampa Caribbean Cancer Health Initiative</i>
<i>Hillsborough Area Regional Transit</i>	<i>Tampa Family Health Centers</i>
<i>Hillsborough County Health & Social Services</i>	<i>United Way Suncoast</i>
<i>Hillsborough County Latino Coalition</i>	<i>University Area Community Health Center</i>
<i>Hillsborough Metropolitan Planning for Transportation</i>	<i>University Area Faith Based Coalition</i>
<i>Hispanic Leadership Council, Pinellas County</i>	<i>University of South Florida College of Public Health</i>
<i>Hispanic Services Council</i>	<i>We Care of Polk County</i>
<i>Homeless Recovery Program</i>	<i>West Central Florida Agency on Aging, Inc.</i>
<i>IQuit with AHEC</i>	<i>West Tampa Health Centers</i>
<i>James A. Haley Veteran's Hospital</i>	<i>YMCA Suncoast</i>
<i>Joyce Ely Health Center</i>	

APPENDIX A

SURVEY QUESTIONNAIRE

This survey is being conducted on behalf of several local hospitals and your local health department. It will take about 10 minutes to complete. Results will be used to help understand your community health concerns so that improvements can be made.

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey.

Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you.

If you have questions, please contact the Florida Department of Health in Hillsborough County at (813) 307-8015 Ext 6607.

These first few questions tell us about you. They will be used only to help us better understand the people who live in your community so that we can provide better health care services. This information will not be used to identify you.

* 1. In which county do you live?

- | | |
|------------------------------------|-----------------------------|
| <input type="radio"/> Hillsborough | <input type="radio"/> Polk |
| <input type="radio"/> Pasco | <input type="radio"/> Other |
| <input type="radio"/> Pinellas | |

* 2. In which ZIP code do you live?

* 3. What is your age?

- | | |
|--------------------------------|-----------------------------------|
| <input type="radio"/> 18 to 24 | <input type="radio"/> 55 to 64 |
| <input type="radio"/> 25 to 34 | <input type="radio"/> 65 to 74 |
| <input type="radio"/> 35 to 44 | <input type="radio"/> 75 or older |
| <input type="radio"/> 45 to 54 | |

* 4. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino
- Prefer not to answer

* 5. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian / Pacific Islander
- White / Caucasian
- Some other race
- Prefer not to answer

* 6. Are you --

- Male
- Female

* 7. Do you wish to share information on your sexual orientation and gender identity with us? Remember, your answers are strictly confidential.

- Yes
- No

8. Which of the following best describes your sexual orientation?

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Other

9. Do you consider yourself to be transgender?

- No
- Yes, transgender male to female
- Yes, transgender female to male
- Yes, transgender but do not identify as either male or female

* 10. What language do you MAINLY speak at home?

- | | |
|-------------------------------|--------------------------------------|
| <input type="radio"/> Arabic | <input type="radio"/> Haitian Creole |
| <input type="radio"/> Chinese | <input type="radio"/> Spanish |
| <input type="radio"/> English | <input type="radio"/> Russian |
| <input type="radio"/> French | <input type="radio"/> Vietnamese |
| <input type="radio"/> German | <input type="radio"/> Other |

* 11. How well do you speak English?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> Very well | <input type="radio"/> Not well |
| <input type="radio"/> Well | <input type="radio"/> Not at all |

* 12. What is the highest level of school that you have completed?

- | | |
|--|---|
| <input type="radio"/> Less than high school | <input type="radio"/> 2-year college degree |
| <input type="radio"/> Some high school, but no diploma | <input type="radio"/> 4-year college degree |
| <input type="radio"/> High school diploma (or GED) | <input type="radio"/> Graduate-level degree or higher |
| <input type="radio"/> Some college, but no degree | <input type="radio"/> None of the above |

* 13. How much total combined money did all members of your HOUSEHOLD earn last year?

- | | |
|--|--|
| <input type="radio"/> \$0 to \$9,999 | <input type="radio"/> \$125,000 to \$149,999 |
| <input type="radio"/> \$10,000 to \$24,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$25,000 to \$49,999 | <input type="radio"/> \$175,000 to \$199,999 |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> \$200,000 and up |
| <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> \$100,000 to \$124,999 | |

* 14. Including yourself, how many people currently live in your household?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 |
| <input type="radio"/> 3 | <input type="radio"/> 6 or more |

* 15. How many people in your household are under 18 years of age?

- | | |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 or more |
| <input type="radio"/> 3 | |

* 16. How many people in your household are 65 years of age or older? (Include yourself if you are 65 or older.)

- | | |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 or more |
| <input type="radio"/> 3 | |

* 17. Which of the following best describes your current relationship status?

- | | |
|---------------------------------|---|
| <input type="radio"/> Married | <input type="radio"/> In a domestic partnership or civil union |
| <input type="radio"/> Widowed | <input type="radio"/> Single, but living with a significant other |
| <input type="radio"/> Divorced | <input type="radio"/> Single, never married |
| <input type="radio"/> Separated | |

* 18. Which of the following categories best describes your employment status?

- | | |
|--|--|
| <input type="radio"/> Employed, working full-time | <input type="radio"/> Student |
| <input type="radio"/> Employed, working part-time | <input type="radio"/> Retired |
| <input type="radio"/> Not employed, looking for work | <input type="radio"/> Disabled, not able to work |
| <input type="radio"/> Not employed, NOT looking for work | |

* 19. What kind of transportation do you normally use to go places?

- | | |
|--|--|
| <input type="radio"/> I drive my own car | <input type="radio"/> I ride a bicycle |
| <input type="radio"/> Someone drives me | <input type="radio"/> I take a taxi cab |
| <input type="radio"/> I take the bus | <input type="radio"/> I ride a motorcycle or scooter |
| <input type="radio"/> I walk | <input type="radio"/> Some other way |

These next questions are about your perceptions of the community in which you live.

20. Overall, how would you rate the health of the community where you live?

- | | |
|--|------------------------------------|
| <input type="radio"/> Very unhealthy | <input type="radio"/> Healthy |
| <input type="radio"/> Unhealthy | <input type="radio"/> Very healthy |
| <input type="radio"/> Somewhat healthy | <input type="radio"/> Not sure |

* 22. In the following list, what do you think are the THREE MOST IMPORTANT "health problems" in your community? That is, those which have the greatest impact on overall community health? (CHECK ONLY ONE CHOICE IN EACH COLUMN)

	Most Important (1)	Second Most Important (2)	Third Most Important (3)
Aging problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse / neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firearm-related injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious diseases like hepatitis and TB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle crash injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape / sexual assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory / lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease (STD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. In the following list, what do you think are the THREE MOST IMPORTANT factors that improve the quality of life in a community? (CHECK ONLY ONE CHOICE IN EACH COLUMN)

	Most Important (1)	Second Most Important (2)	Third Most Important (3)
Good place to raise children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low crime / safe neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low level of child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and cultural events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excellent race relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good jobs and healthy economy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong family life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy behaviors and lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low adult death and disease rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low infant deaths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious or spiritual values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to good or reliable health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disaster preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 24. In the following list, what do you think are the THREE MOST IMPORTANT "risky behaviors" in our community. That is, those behaviors which have the greatest impact on overall community health. (CHECK ONLY ONE CHOICE IN EACH COLUMN)

	Most Important (1)	Second Most Important (2)	Third Most Important (3)
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropping out of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting "shots" to prevent disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using seat belts/ child safety seats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next questions are about your personal health and your opinions about the quality and availability of health care in the community where you live.

25. How do you pay for your health care?

- I pay cash / I don't have insurance
- Medicare or Medicare HMO
- Medicaid or Medicaid HMO
- Commercial health insurance (private insurance, HMO, PPO)
- Veteran's Administration
- TRICARE
- Indian Health Services
- Some other way

26. Why don't you have health insurance? (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Cannot afford insurance | <input type="checkbox"/> Dissatisfied with previous insurance plan or provider |
| <input type="checkbox"/> Employer does not pay for insurance | <input type="checkbox"/> I don't qualify for health insurance |
| <input type="checkbox"/> Not eligible for employer-paid insurance | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> Do not need insurance | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Do not believe in insurance | |

27. How would you rate your own personal health?

- | | |
|--|--------------------------------------|
| <input type="radio"/> Very healthy | <input type="radio"/> Unhealthy |
| <input type="radio"/> Healthy | <input type="radio"/> Very unhealthy |
| <input type="radio"/> Somewhat healthy | <input type="radio"/> Not sure |

28. In the last year, would you say your overall health has --

- | | |
|-------------------------------------|---|
| <input type="radio"/> Gotten better | <input type="radio"/> Stayed about the same |
| <input type="radio"/> Gotten worse | <input type="radio"/> Not sure |

29. In general, how would you rate your overall mental and emotional health?

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | |

30. In the last year, would you say your emotional and mental health has --

- | | |
|-------------------------------------|---|
| <input type="radio"/> Gotten better | <input type="radio"/> Stayed about the same |
| <input type="radio"/> Gotten worse | <input type="radio"/> Not sure |

31. In a typical week, about how many days do you exercise?

- | | |
|--|--|
| <input type="radio"/> I don't exercise regularly | <input type="radio"/> 2 to 4 days a week |
| <input type="radio"/> Once a week | <input type="radio"/> 5 to 7 days a week |

32. How often do you smoke?

- I do not smoke cigarettes I smoke about one pack per day.
- I smoke less than one pack per day I smoke more than one pack per day.

33. How many alcoholic drinks do you typically have PER WEEK?

- None 5-6 drinks per week
- 1-2 drinks per week 7 or more drinks per week
- 3-4 drinks per week

34. How many sugary drinks do you typically have PER WEEK? Do NOT include diet drinks.

- None 5-6 drinks per week
- 1-2 drinks per week 7 or more drinks per week
- 3-4 drinks per week

35. A medical provider is someone you would see if you needed a check-up, wanted advice about a health problem, or got sick or hurt. Do you have a medical provider?

- Yes
- No
- Not sure

36. How long has it been since your most recent visit with your medical provider?

- Less than 1 month At least 6 months but less than 12 months
- At least 1 month but less than 3 months 12 months or more
- At least 3 months but less than 6 months Not sure

37. When you need a regular check-up or when you get sick or hurt, where do you normally go?

- Health clinic/Walk-in clinic Hospital outpatient department
- Doctor's office Someplace else
- Hospital emergency room Not sure

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

- Yes
- No

39. Why did you NOT get the medical care you needed? (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Can't afford it/cost too much | <input type="checkbox"/> Don't know where to go |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Couldn't get appointment / hard to get appointment |
| <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't have a doctor | |

40. WITHIN THE PAST 12 MONTHS, which of the following health exams or tests have you personally had? (CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> General blood work / blood test | <input type="checkbox"/> Regular check-up |
| <input type="checkbox"/> PSA (prostate specific antigen) test | <input type="checkbox"/> Mammogram |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> PAP smear |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Breast exam |
| <input type="checkbox"/> CT / CAT Scan | <input type="checkbox"/> A full-body skin exam by a medical provider |

41. WITHIN THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth?

- Yes
- No
- Not Sure

42. WITHIN THE PAST 12 MONTHS, have you had a sunburn caused by prolonged exposure to the sun?

- Yes
- No
- Not Sure

43. When you go out in the sun for more than one hour such as to the beach or to do yard work, which of the following do you usually do? (CHECK ALL THAT APPLY.)

- | | |
|---|--|
| <input type="checkbox"/> Wear a hat | <input type="checkbox"/> Use a sun shade or umbrella |
| <input type="checkbox"/> Use sunscreen | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Wear protective clothing | |

44. How knowledgeable would you say you are about the different kinds of services available in your community for someone with cancer?

- | | |
|--|--|
| <input type="radio"/> Very knowledgeable | <input type="radio"/> Not knowledgeable at all |
| <input type="radio"/> Somewhat knowledgeable | <input type="radio"/> Not sure |
| <input type="radio"/> Not very knowledgeable | |

45. Cancer screening exams are medical tests like mammograms or colonoscopies that are done when you're healthy and help to find cancer early while the cancer is easier to treat. Suppose you wanted to get a cancer screening . Do you know where you would go to get that screening?

- Yes
- No
- Not sure

46. Which of the places below do you think offers cancer screenings? (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> A hospital | <input type="checkbox"/> Your local health department |
| <input type="checkbox"/> A pharmacy like Walgreens or CVS | <input type="checkbox"/> Your personal doctor |
| <input type="checkbox"/> A walk-in clinic | <input type="checkbox"/> Not sure |

47. In your opinion, how important are each of the following in reducing the risk of chronic diseases like cancer, diabetes, and heart disease?

	Very Important	Somewhat Important	Not Very Important	Not at All Important	Not Sure
Proper diet and healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit time in the sun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a cancer screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular visits to my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat less salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting enough sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Colon Cancer | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Cancer |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> High Blood Pressure/Hypertension | <input type="checkbox"/> Human papillomavirus (HPV) |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other Cancer |
| <input type="checkbox"/> Hodgkin's Lymphoma or other blood cancer | |

49. How important would each of the following factors be in choosing a hospital for your health care needs?

	Very important	Somewhat important	Somewhat unimportant	Very unimportant	Not sure
The hospital is close to home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital is recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital has a good reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reputation of the doctors who work there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital offers clinical trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital treats people from all backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital's support of and involvement in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital's religious affiliation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hospital offers special care for my condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. How much do you trust each of the following sources of information for your health care needs?

	Trust a lot	Trust a little	Don't trust at all	Not sure
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mailer sent to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet searches (Google, Yahoo, or Bing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper or magazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media (Facebook, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A health clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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