MOFFITT CANCER CENTER

2022 Community Health Needs Assessment

Adopted June 8, 2022

Developed By

Community Outreach, Engagement & Equity

An initiative of

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Comments and feedback about this report are welcome

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Moffitt Cancer Center Overview

Moffitt Cancer Center (MCC) is a free-standing cancer center and tax-exempt corporation as described in IRS Section 501(c)(3). Moffitt opened in 1986 and is named for H. Lee Moffitt, a former Speaker of the Florida House of Representatives, who spearheaded the effort to create a cancer center. Moffitt's sole mission is to contribute to the prevention and cure of cancer. The Tampa-based facility is a National Cancer Institute-designated Comprehensive Cancer Centers, a distinction that recognizes Moffitt's scientific excellence, multidisciplinary research, and robust training and education. There are 52 NCI designated comprehensive cancer centers across the nation, and Moffitt is the only NCI designated comprehensive cancer center in Florida. Moffitt is a major economic engine that employs more than 7,000 people across four corporate entities. Patients come from all 67 Florida counties, all 50 states, and over 133 countries. Moffitt also has a wide range of outreach and community service activities and community hospital and academic partner networks throughout Florida, the nation, and the world.

A. CHNA Process and Methodology

CHNA Background

On August 31, 2021, Moffitt Cancer Center contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) in 2022 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix B: Carnahan Group Qualifications for more information about Carnahan Group.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the 2022 CHNA, an implementation strategy for MCC that addresses the community health needs will be developed and adopted no later than October 15, 2022.

501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines

has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs.
- The identification of all organizations with which MCC collaborated, if applicable, including their qualifications;
- A description of how MCC took into account input from persons who represented the broad interests of the community served by MCC, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by MCC; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

Primary Data Collection Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by MCC, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by MCC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by MCC; and,
- Consultation or input from other persons located in and/or serving MCC's community, such as:
    - Healthcare community advocates
    - Nonprofit organizations
    - Local government officials
    - Community-based organizations, including organizations focused on one or more health issues
    - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs

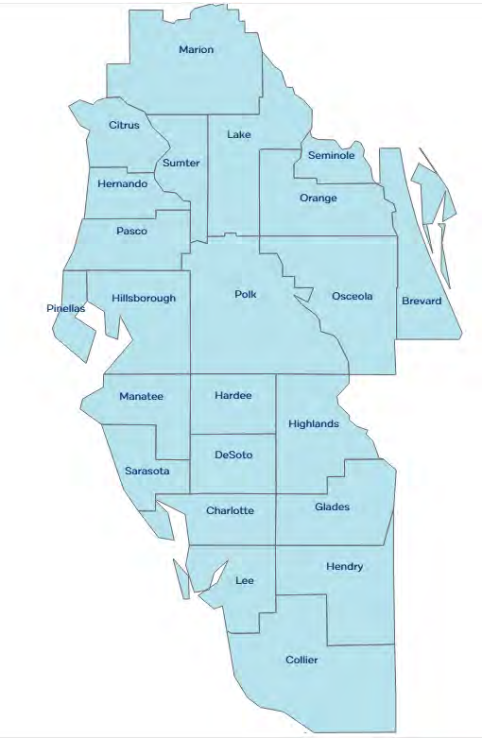
- Primary data sources of input and instruments utilized during the CHNA are provided in Appendix C, D, and E. Information was gathered by conducting interviews with individuals representing community health and public service organizations, non-profit organizations, medical professionals, hospital administration, and other faculty. An online community health survey was developed to engage individuals across the catchment area. Topics covered within the survey included access to care, screening behavior for colorectal, lung, breast, and cervical cancers, liver disease, HPV vaccination, clinical trial knowledge and participation, and genetic testing.

Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by MCC. Commonly used data sources include Environmental Systems Research Institute, Inc. (Esri), the U.S. Census Bureau, Florida Health CHARTS, and the Centers for Disease Control and Prevention (CDC). The community served by MCC is defined as a 23-county region across central and southern Florida. Demographic and health indicators are presented for these areas. Secondary data collection was completed utilizing the most recent periods of data available as of March 18, 2021.

B. Community Definition

For the CHNA report, MCC chose to define the community as a 23-county catchment area, including the counties highlighted in the map below.



MCC reviewed patient origin data for calendar year 2020. Demographic data were analyzed by MCC to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws patients were included in the defined community.

Figure 1 - Community Definition Map, Source: MCC, Carnahan Group

EXECUTIVE SUMMARY

Moffitt Cancer Center (Moffitt) is a free-standing cancer center and tax-exempt corporation as described in IRS Section 501(c)(3). The Patient Protection and Affordable Care Act (PPACA) of 2010 established new requirements for all nonprofit 501(c)(3) hospital organizations to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy plan to meet needs identified in the assessment. This assessment will not only satisfy the requirements of the Affordable Care Act but will lay the groundwork for developing programs and services for Moffitt that will positively impact the health and well-being of the community. Moffitt's community for this assessment consists of our 23-county catchment area that spans the east to west coasts of central Florida. The 2022 CHNA uses data collected from three different sources: 1) publicly available data on social, economic, and health issues; 2) 64 phone interviews with internal and external community stakeholders; and 3) an online survey of 1,864 community residents.

A. Summary of Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs.

An exhaustive list of health needs was established based on an analysis of primary and secondary data. This list of needs was entered into a decision matrix to establish priorities. Ranking factors considered during this process include benchmarked secondary data, categorized coded primary data, information related to the burden, scope, severity, or urgency of the health need, the feasibility and effectiveness of intervening, the presence of health disparities, the hospital's and health system's strategic priorities, and local County Health Improvement Plans (CHIP) and the Florida State Health Improvement Plan (SHIP).

As the CHNA is meant to identify the community's most significant needs, only the top priority health needs have been highlighted. The prioritized significant community health needs identified during MCC's 2021 CHNA are listed below.

1. Prevention, Education, and Outreach
2. Access to Screening and Early Detection
3. Health Equity

An overview of each need area is provided in the following section alongside relevant county and state goals from the Florida Department of Health's SHIP report and the Florida State Cancer Plan, and national goals from Healthy People 2030, which is a set of data-driven national objectives to improve health and well-being over the next decade.

Prevention, Education, and Outreach

Community members and public health experts identified concerns related to health education, engaging the community in programs and interventions, combatting misinformation, behavioral risk factors, well checks, provider education, and awareness of existing programming. Additionally, the following topics were explored within secondary data: education, health literacy, tobacco, physical activity, food insecurity, obesity, diabetes, preventable hospitalizations and premature death.

Goals related to access to healthy foods and nutrition were included in nine recent County Health Improvement Plans (CHIP) within the catchment area. Tobacco and healthy weight were priority areas in seven CHIPs while health education and access to physical activity opportunities were included in five CHIPs. Health promotion, HPV vaccination, technology, and health literacy were each included in one CHIP report.

Florida's 2022 State Health Improvement Plan (SHIP) includes chronic diseases and conditions as a priority area, with specific goals related to cancer, lack of physical activity, poor nutrition, tobacco, excessive alcohol use, the environment, and social and economic factors. Transmissible and emerging diseases, including the reduction of vaccine-preventable diseases, is another key priority area within the SHIP.

Goals related to the 2020-2025 Florida State Cancer Plan priority of prevention and risk reduction are listed below:

PREVENTION AND RISK REDUCTION

- Reduce the incidence and mortality from tobacco-related cancers in all Floridians
- Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening
- Decrease the incidence of skin cancer in all Floridians by reducing exposure to natural and artifcial sources of ultraviolet (UV) light
- Increase the use of genomic cancer risk assessments, including genetic counseling and appropriate genetic testing
- Decrease heavy alcohol use and binge drinking by Florida youth and adults
- Reduce the risk of cancer in all Floridians through maintenance of healthy body weights, physical activity, and healthful diets
- Reduce radon gas exposure in all Florida households, workplaces, and other buildings

Figure 2 - Florida State Cancer Plan goals related to prevention and risk reduction. Source: Florida Cancer Control & Research Advisory Council

Prevention, Education, and Outreach, Continued

Within the Healthy People 2030 framework, goals related to prevention, education and outreach include:

- Help people get recommended preventive health care services
- Improve health communication
- Reduce new cases of cancer and cancer-related illness, disability, and death
- Reduce illness, disability, and death related to tobacco use and secondhand smoke
- Improve respiratory health
- Reduce overweight and obesity by helping people eat healthy and get physical activity
- Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors
- Reduce misuse of drugs and alcohol
- Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes
- Reduce sexually transmitted infections and their complications and improve access to quality STI care
- Increase vaccination rates
- Promote health and safety in community settings

Access to Screening and Early Detection

Input gathered from public health experts and community members identified concerns related to health insurance being tied to employment, the state's lack of Medicaid expansion, difficulty navigating the healthcare system, transportation, missed screenings during the COVID-19 pandemic, and access to care for the uninsured and underinsured. The top cancer priority or initiative mentioned by community leaders during interviews was screening and early detection.

Within the catchment area, 14 of 23 counties were designated as county-wide Health Professional Shortage Areas for primary care, while seven additional counties were partially designated.

The uninsured population within the catchment area varied significantly by race and ethnicity. Uninsured rates were 13.8% for Black or African American individuals and 19.9% for Hispanic individuals, while the overall rate for the catchment area was 12.1% uninsured. Significant health disparities were observed in cancer screening rates across the catchment area.

Access to care was included as a primary goal in 12 of 21 relevant County Health Improvement Plans across the catchment area. Florida's 2022 State Health Improvement Plan includes social and economic conditions impacting health as a priority area with goals related to income, employment, social supports, literacy skills, and transportation.

Goals related to the 2020-2025 Florida State Cancer Plan priority of screening and early detection are listed below:

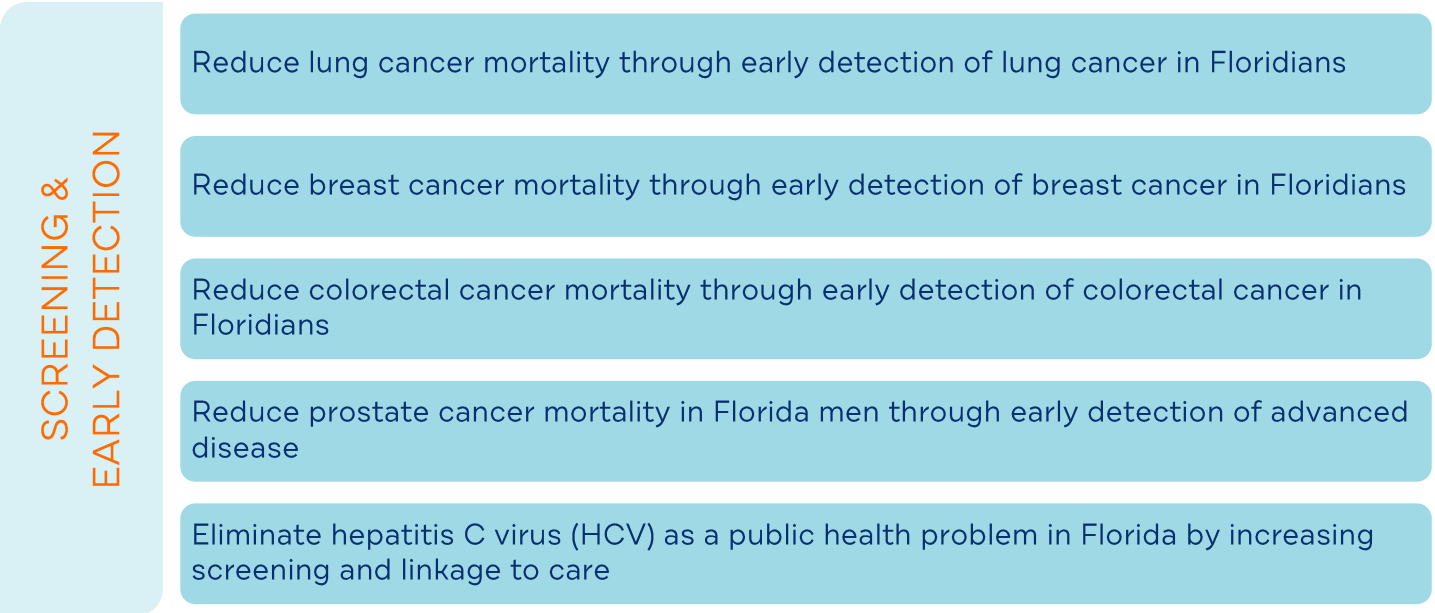


Figure 3 - Florida State Cancer Plan goals related to screening and early detection. Source: Florida Cancer Control & Research Advisory Council

Access to Screening and Early Detection, Continued

Within the Healthy People 2030 framework, goals related to access to screening and early detection include:

- Increase access to comprehensive, high-quality health care services
- Increase health insurance coverage
- Improve health care
- Promote safe and active transportation
- Reduce new cases of cancer and cancer-related illness, disability, and death
- Improve health and well-being for men
- Promote health and well-being for women
- Improve respiratory health

Health Equity

During interviews with community leaders, concerns discussed included health disparities, health equity, cultural and linguistic competencies, the social determinants of health, and representation in the medical community. Within secondary data, premature mortality in years of potential life lost was greater for Black individuals than the overall average in 20 catchment area counties, and life expectancy for Black and Hispanic individuals was lower than the average across most of the catchment area counties.

Health equity was a focus in eight County Health Improvement Plans (CHIP) across the catchment area. The Florida State Cancer Plan includes a priority related to quality of life, survivorship and end of life care. Goals related to this priority are listed below:

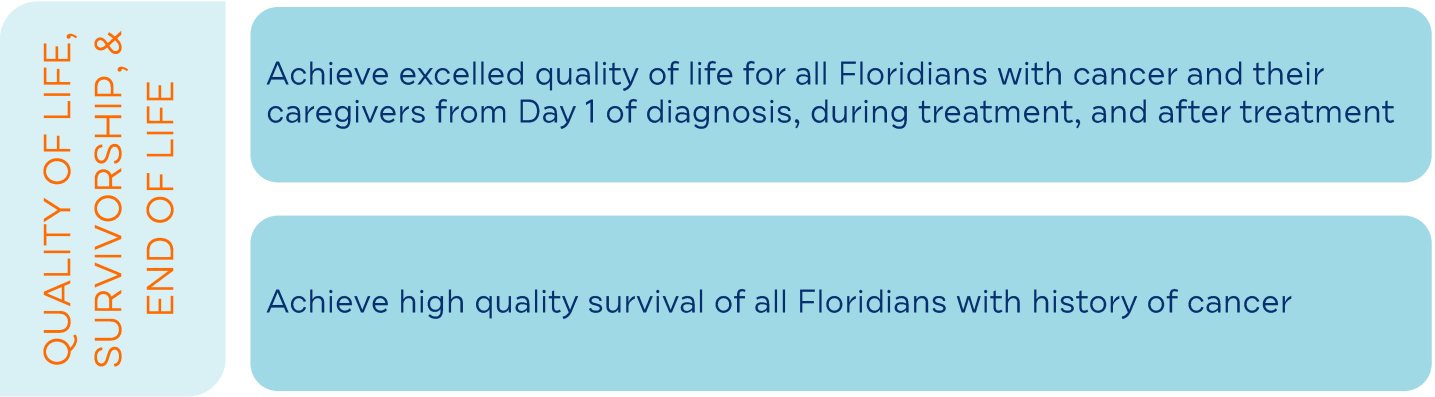


Figure 4 - Florida State Cancer Plan goals related to quality of life, survivorship, and end of life. Source: Florida Cancer Control & Research Advisory Council

An overarching goal of Healthy People 2030 is to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

Within the Healthy People 2030 framework, ***health equity*** is defined as:

> "The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Health disparities refer to:

> "A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

A. Population Demographics

Population Growth

The projected population growth for the community is 8.1% over the next five years which exceeds the Florida benchmark of 6.7%. Significant growth is expected for most counties, and the greatest growth will take place in Sumter, Osceola, and Manatee counties. Counties with lower anticipated rates of growth include Hardee, Pinellas, Highlands, and Glades.

County	2021 Population	2026 Population		5 Year Percentage Change
Brevard	621,158	660,459	↓	6.3%
Charlotte	191,588	205,643	↑	7.3%
Citrus	153,879	160,109	↓	4.0%
Collier	394,549	428,667	↑	8.6%
DeSoto	38,905	40,720	↓	4.7%
Glades	8,000	8,302	↓	3.8%
Hardee	29,457	30,006	↓	1.9%
Hendry	47,171	49,893	↓	5.8%
Hernando	190,233	201,602	↓	6.0%
Highlands	109,514	113,504	↓	3.6%
Hillsborough	1,533,010	1,661,432	↑	8.4%
Lake	386,260	423,855	↑	9.7%
Lee	773,231	849,150	↑	9.8%
Manatee	422,206	465,283	↑	10.2%
Marion	366,436	390,403	↓	6.5%
Orange	1,452,423	1,590,271	↑	9.5%
Osceola	377,210	440,371	↑	16.7%
Pasco	528,868	567,795	↑	7.4%
Pinellas	974,387	1,006,125	↓	3.3%
Polk	732,907	791,083	↑	7.9%
Sarasota	446,578	480,539	↑	7.6%
Seminole	437,297	465,368	↓	6.4%
Sumter	143,744	171,036	↑	19.0%
Grand Total	10,359,011	11,201,616	↑	8.1%

Figure 5 - Population change by ZIP Code, 2021 – 2026, source: Esri 2021, arrows indicate more or less growth than Florida

Median Age

A total of 15 catchment area counties exceeded the Florida median age of 42.0 years.

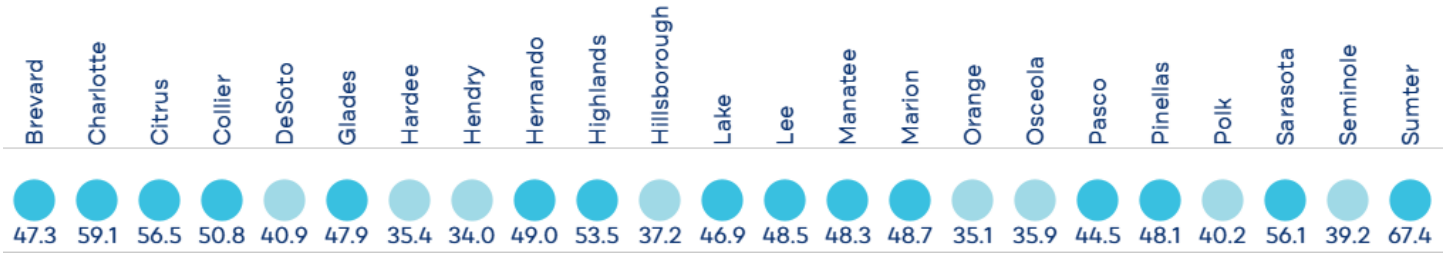


Figure 6 - Median age in years, source: U.S. Census Bureau ACS 2015-2019, highlighted (darker blue) data points are greater than Florida state benchmark

Population Growth by Age Group

The catchment area populations of residents aged 25-29 and 50-59 are expected to decrease slightly over the next five years. Population growth is expected for adults aged 35-44 and adults over the age of 65.

	Female			Male		
Age Group	2021 Population	2026 Population	5 Year Percentage Change	2021 Population	2026 Population	5 Year Percentage Change
Age 0-4	255,211	279,138	9.4%	264,739	291,741	10.2%
Age 5-9	264,011	283,744	7.5%	275,555	295,112	7.1%
Age 10-14	272,871	293,324	7.5%	283,565	307,566	8.5%
Age 15-19	270,434	289,144	6.9%	282,403	303,541	7.5%
Age 20-24	288,659	292,935	1.5%	295,742	295,258	-0.2%
Age 25-29	330,181	324,902	-1.6%	345,083	330,157	-4.3%
Age 30-34	317,592	355,050	11.8%	328,768	369,021	12.2%
Age 35-39	305,771	350,228	14.5%	304,966	359,293	17.8%
Age 40-44	290,555	327,148	12.6%	284,212	324,284	14.1%
Age 45-49	298,309	310,495	4.1%	286,168	302,856	5.8%
Age 50-54	317,233	312,136	-1.6%	302,565	294,946	-2.5%
Age 55-59	361,836	342,941	-5.2%	333,980	317,245	-5.0%
Age 60-64	387,593	398,992	2.9%	342,602	360,255	5.2%
Age 65-69	382,170	427,023	11.7%	329,071	377,014	14.6%
Age 70-74	349,451	385,514	10.3%	307,558	333,253	8.4%
Age 75-79	255,629	332,251	30.0%	221,733	284,121	28.1%
Age 80-84	170,346	218,974	28.5%	143,008	179,031	25.2%
Age 85+	182,677	207,437	13.6%	126,764	145,546	14.8%

Figure 7 - Population change by age group, source: Esri 2021

Population by Race/Ethnicity

Over the next five years, substantial population growth is expected for the Hispanic, Asian, and Pacific Islander populations, and those of two or more races. The Black/ African American and American Indian/ Alaskan Native populations within the catchment area are also expected to grow at greater rates than the white population from 2021 to 2026.

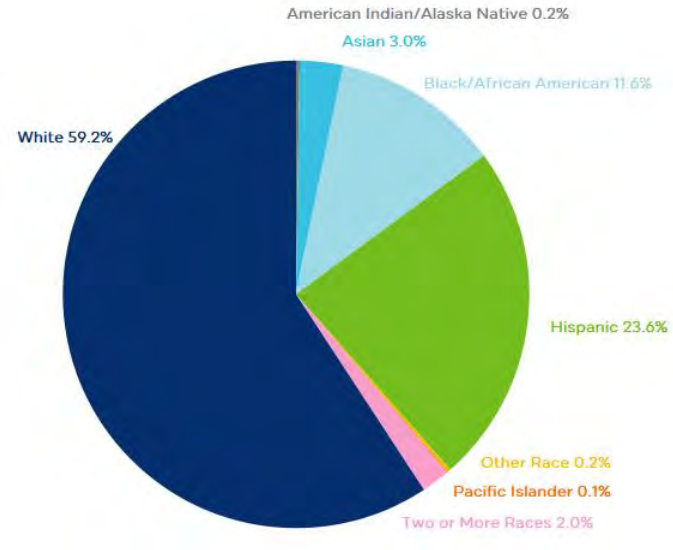


Figure 9 - Catchment area population by race/ethnicity, source: Esri 2021

Race and Ethnicity	2021 Population	5 Year Growth
American Indian/Alaska Native	24,817	5.8%
Asian	313,931	17.7%
Black/African American	1,203,647	10.1%
Hispanic	2,446,867	18.8%
Other Race	24,512	7.0%
Pacific Islander	6,300	13.8%
Two or More Races	204,262	17.2%
White	6,134,675	2.7%
Grand Total	10,359,011	8.1%

Figure 8 - Catchment area Population Growth by Race/Ethnicity, Source: Esri 2021

Language Spoken

The majority of those in the catchment area who spoke a language other than English within the home spoke Spanish (16.6% of the population), followed by other Indo-European languages (4.1% of the population), and Asian and Pacific Island Languages (1.7% of the population).

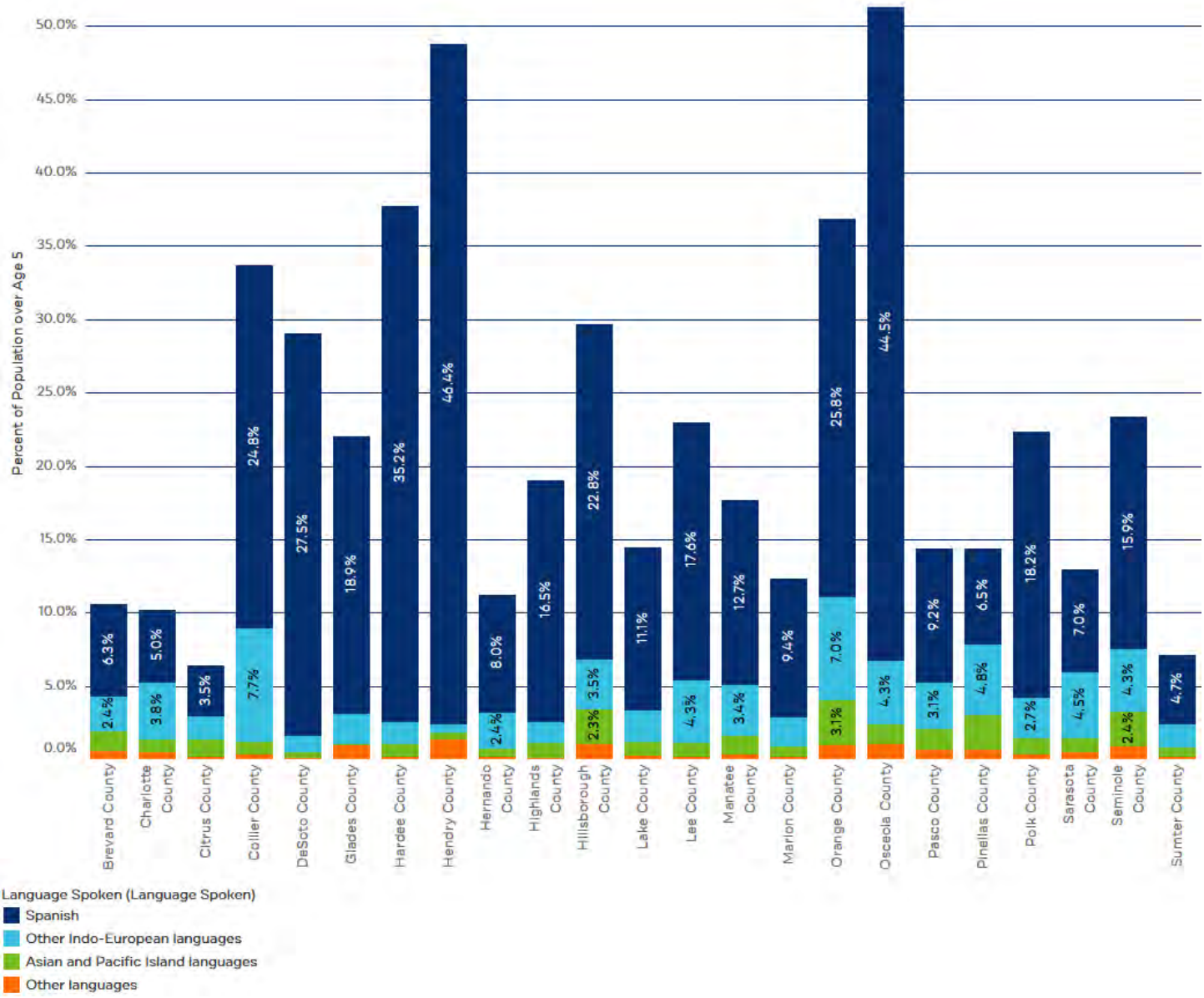


Figure 10 - Language spoken at home, source: U.S. Census Bureau ACS 2015-2019

Foreign-Born Population

From 2015 to 2019 the catchment area had a smaller portion of foreign-born individuals than the statewide average. However, the catchment area had a greater percentage of foreign-born residents than the national average.

	Latin America	Europe	Asia	Northern America	Africa	Oceania	Total Foreign-Born Population
Catchment Area	9.3%	2.0%	2.3%	0.6%	0.4%	0.0%	14.5%
Florida	15.6%	1.9%	2.2%	0.5%	0.4%	0.0%	20.7%
United States	6.9%	1.5%	4.2%	0.3%	0.7%	0.1%	13.6%

Figure 11 – Foreign-born population, source: U.S. Census Bureau ACS 2015-2019

Computer and Internet Access

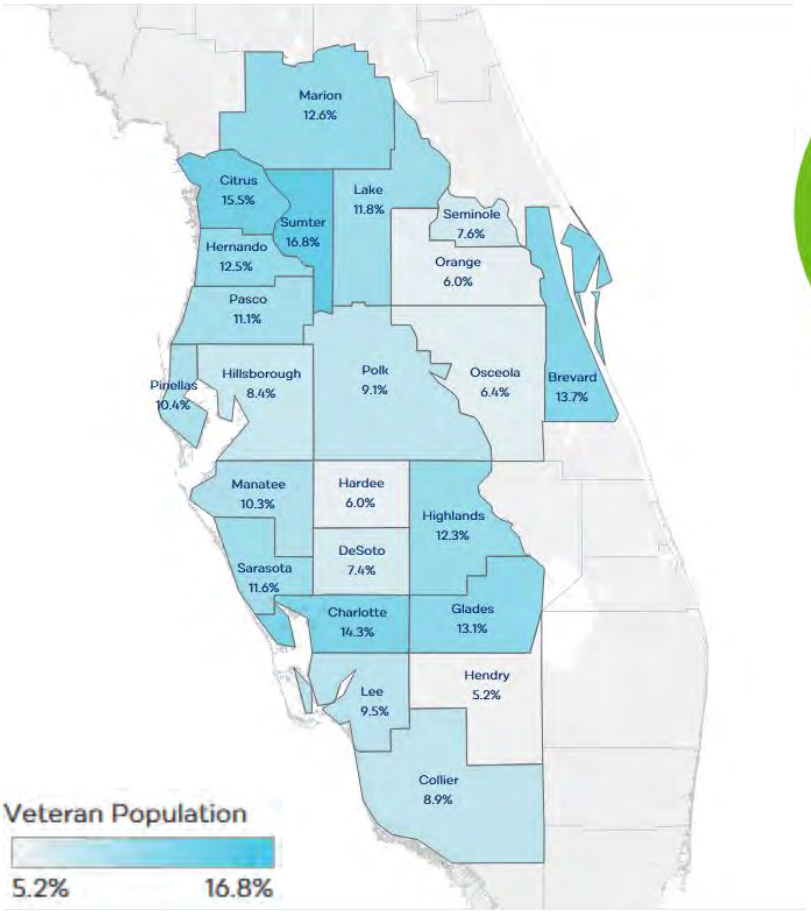
Within the catchment area, four counties had a lower percentage of households with access to a computer than the state benchmark of 91.5%, while five counties had lower access to broadband internet than the state average of 83.0%.

	Households with a Computer	Households with Broadband Internet
Brevard	92.1%	87.2%
Charlotte	90.6%	84.7%
Citrus	89.7%	82.1%
Collier	93.4%	85.2%
DeSoto	68.6%	57.3%
Glades	74.9%	60.2%
Hardee	72.6%	59.5%
Hendry	76.1%	66.5%
Hernando	91.4%	84.3%
Highlands	83.0%	74.3%
Hillsborough	93.7%	87.5%
Lake	91.8%	85.6%
Lee	93.4%	85.2%
Manatee	92.2%	83.4%
Marion	87.8%	80.7%
Orange	94.4%	87.3%
Osceola	90.9%	82.4%
Pasco	90.8%	82.5%
Pinellas	90.4%	82.9%
Polk	88.0%	70.2%
Sarasota	91.6%	85.1%
Seminole	95.2%	90.1%
Sumter	92.5%	86.0%
Florida Benchmark	91.5%	83.0%

Figure 12 - Computer and internet access, source: U.S. Census Bureau ACS 2015-2019, highlighted (blue) data points are greater than Florida state benchmark

Veteran Population

According to the U.S. Census Bureau, an estimated 9.8% of catchment area residents are veterans, compared to only 8.6% of Florida residents and 7.3% of the U.S. population.



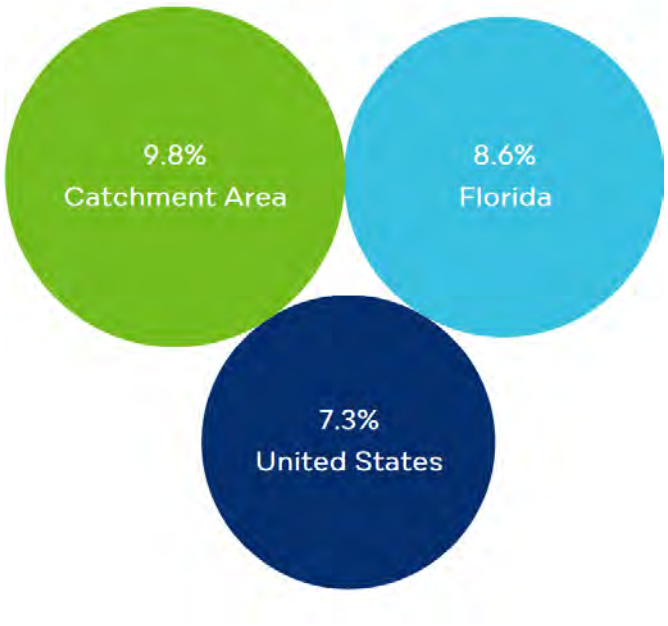


Figure 13 A and B - Veterans as a percentage of the population age 18 and over, source: U.S. Census Bureau ACS 2015-2019

Population with a Disability

According to the U.S. Census Bureau, 14.2% of the catchment area population had a disability, which was greater than the Florida (13.4%) and United States (12.6%) benchmarks.

Brevard	Charlotte	Citrus	Collier	DeSoto	Glades	Hardee	Hendry	Hernando	Highlands	Hillsborough	Lake	Lee	Manatee	Marion	Orange	Osceola	Pasco	Pinellas	Polk	Sarasota	Seminole	Sumter
15.8%	22.5%	21.7%	11.5%	14.6%	18.2%	11.4%	12.0%	19.6%	19.8%	11.6%	16.6%	13.9%	14.1%	17.9%	11.0%	14.3%	16.1%	15.4%	15.4%	15.4%	10.6%	20.0%

Figure 14- Disability prevalence, source: U.S. Census Bureau ACS 2015-2019, highlighted (blue) data points are greater than the Florida state benchmark

B. Socioeconomic Status

Unemployment

The 2021 annual unemployment average for the catchment area was 4.5%, which was lower than both the Florida (4.6%) and United States (5.3%) averages. Within catchment area counties, unemployment rates ranged from 3.7% in Collier County to 6.3% in Osceola County.

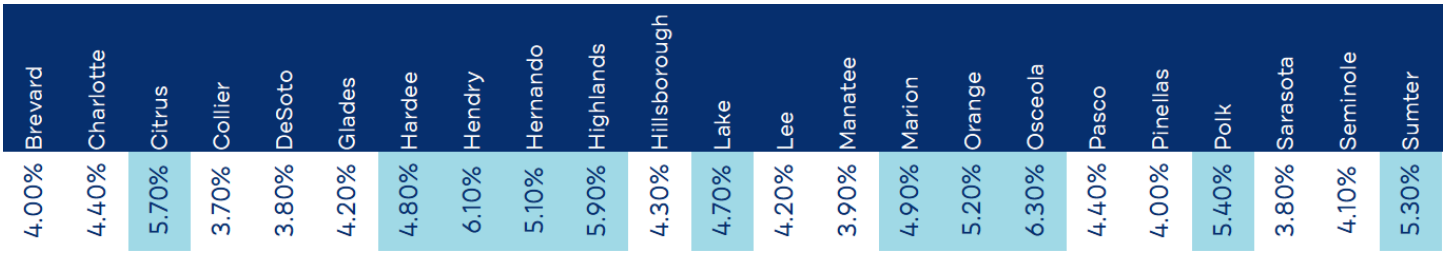


Figure 15 – Unemployment by county, source: U.S. Bureau of Labor Statistics, 2021 averages, highlighted (blue) data points exceed the state benchmark

Poverty

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. As of February 1, 2021, the 2021 federal poverty threshold for a family of four was $26,500. From 2015 to 2019 the average percentage of individuals living below the poverty level in the catchment area was identical to the national benchmark (13.4%) and lower than the state benchmark of 14.0% for the same period.

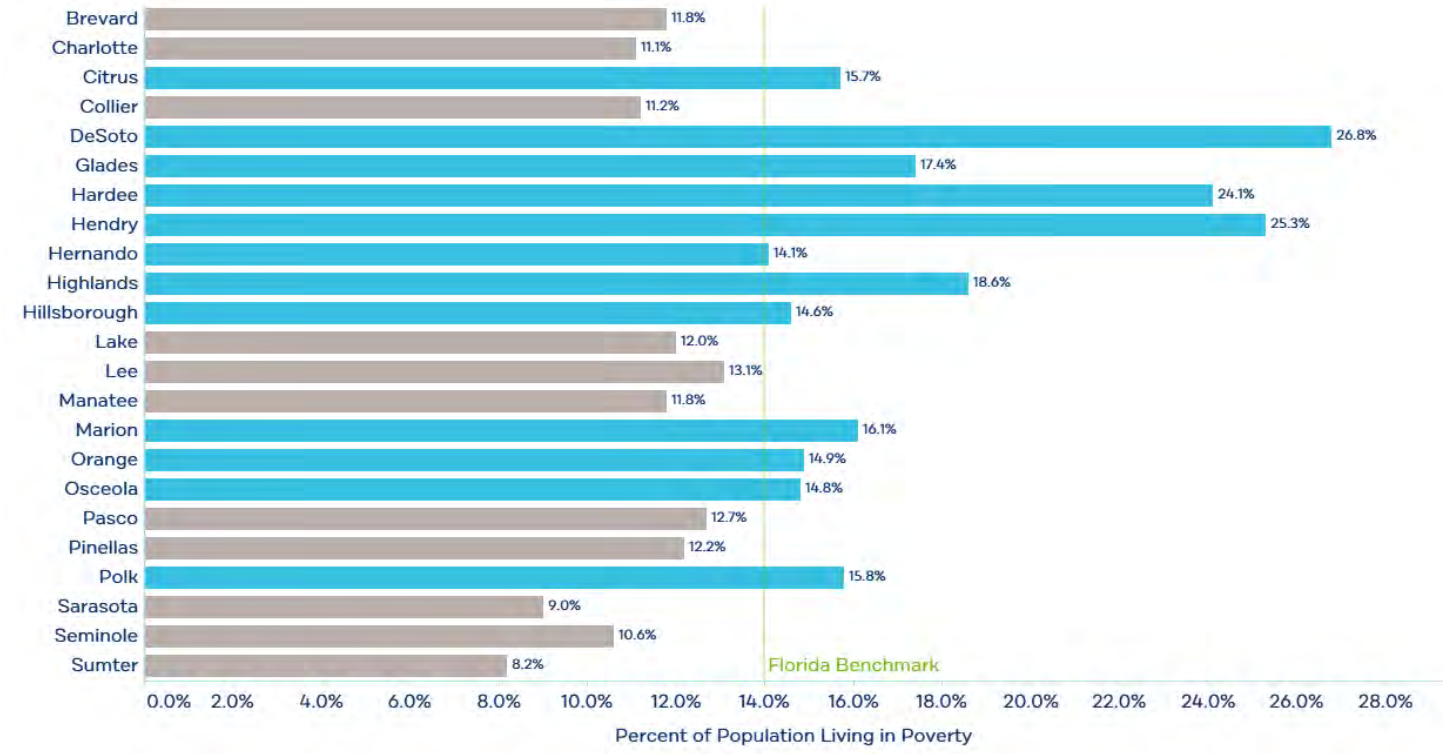


Figure 16 - Percent of population below 100% of Federal Poverty Level, source: U.S. Census Bureau ACS 2015-2019, highlighted (blue) data points exceed the state benchmark

Average Household Income by ZIP Code

The average household income across catchment area ZIP Codes was $82,790 in 2020.

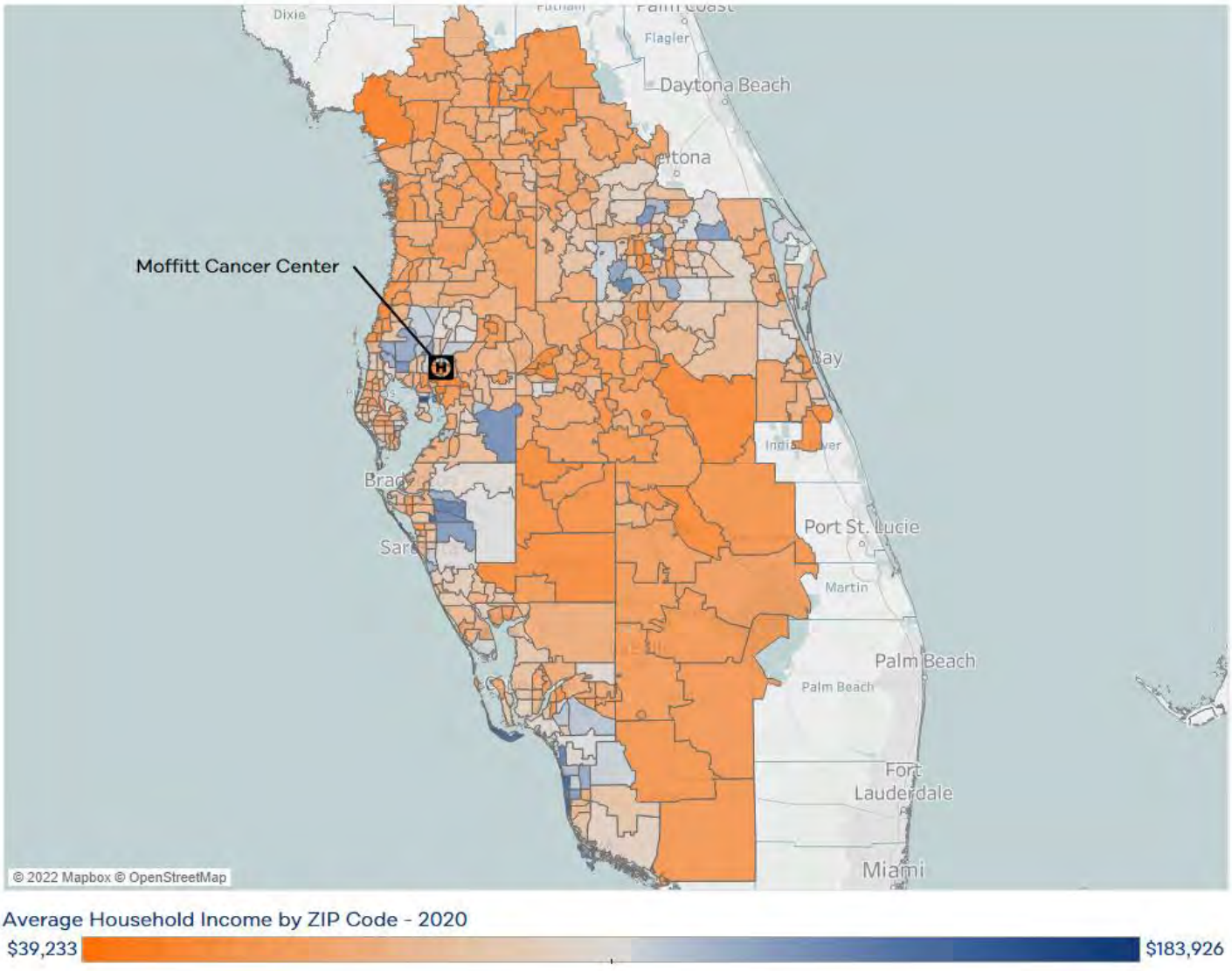


Figure 17 - Map of average household income by ZIP Code, Source: Esri 2020

Income Inequality (Ratio of 80th Percentile to 20th Percentile)

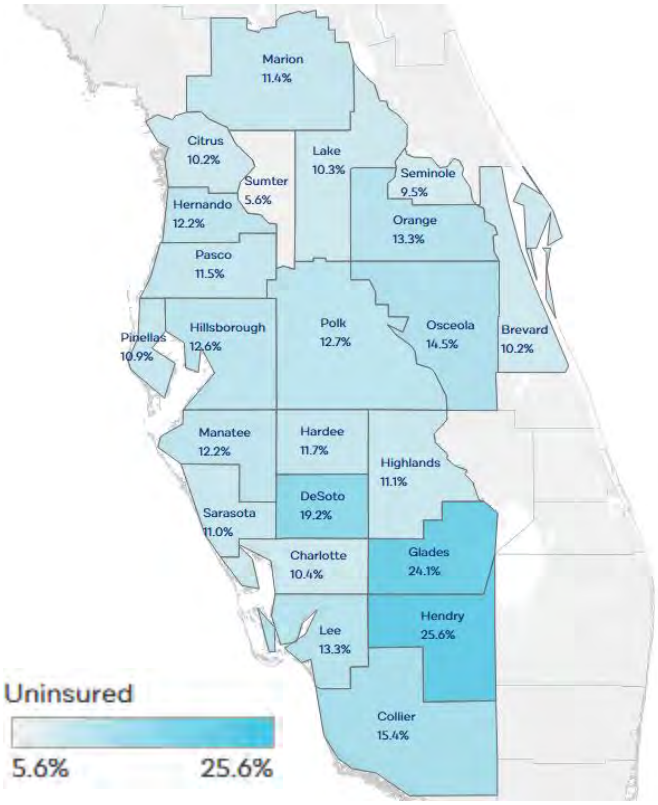
Income inequality is estimated by comparing the number of households in the highest income bracket to the number in the lowest income bracket. The ratio of households with income at the 80th percentile level to the number of households with income at the 20th percentile level was 4.6 in Florida. During the same period, Collier, Hardee, Hendry, Hillsborough, and Pinellas counties had more significant income inequality than the state benchmark.

Brevard	4.3
Charlotte	4.1
Citrus	4.1
Collier	4.8
DeSoto	4.0
Glades	4.3
Hardee	5.0
Hendry	4.6
Hernando	4.1
Highlands	3.9
Hillsborough	4.7
Lake	4.0
Lee	4.2
Manatee	4.3
Marion	4.0
Orange	4.5
Osceola	3.9
Pasco	4.5
Pinellas	4.7
Polk	4.1
Sarasota	4.3
Seminole	4.4
Sumter	3.7

Figure 18 – Income inequality shown as a ratio of household income at the 80th percentile to income at the 20th percentile, source: County Health Rankings and U.S. Census Bureau ACS 2015-2019, highlighted (blue) data points exceed the state benchmark

C. Access to Care

Health Insurance Coverage



From 2015 to 2019, the percentage of uninsured individuals was higher than the Florida state benchmark value (12.8%) within seven catchment area counties. Across the area, Hendry, Glades, and Desoto counties experienced the greatest uninsured rate.

Health insurance coverage varied by race and ethnicity. Black or African American, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, individuals of other races, and Hispanic or Latino individuals of any race had higher rates of uninsurance than the state benchmark and when compared to the uninsured rate for White individuals.

Figure 19 - Uninsured population by county, source: U.S. Census Bureau ACS 2015-2019

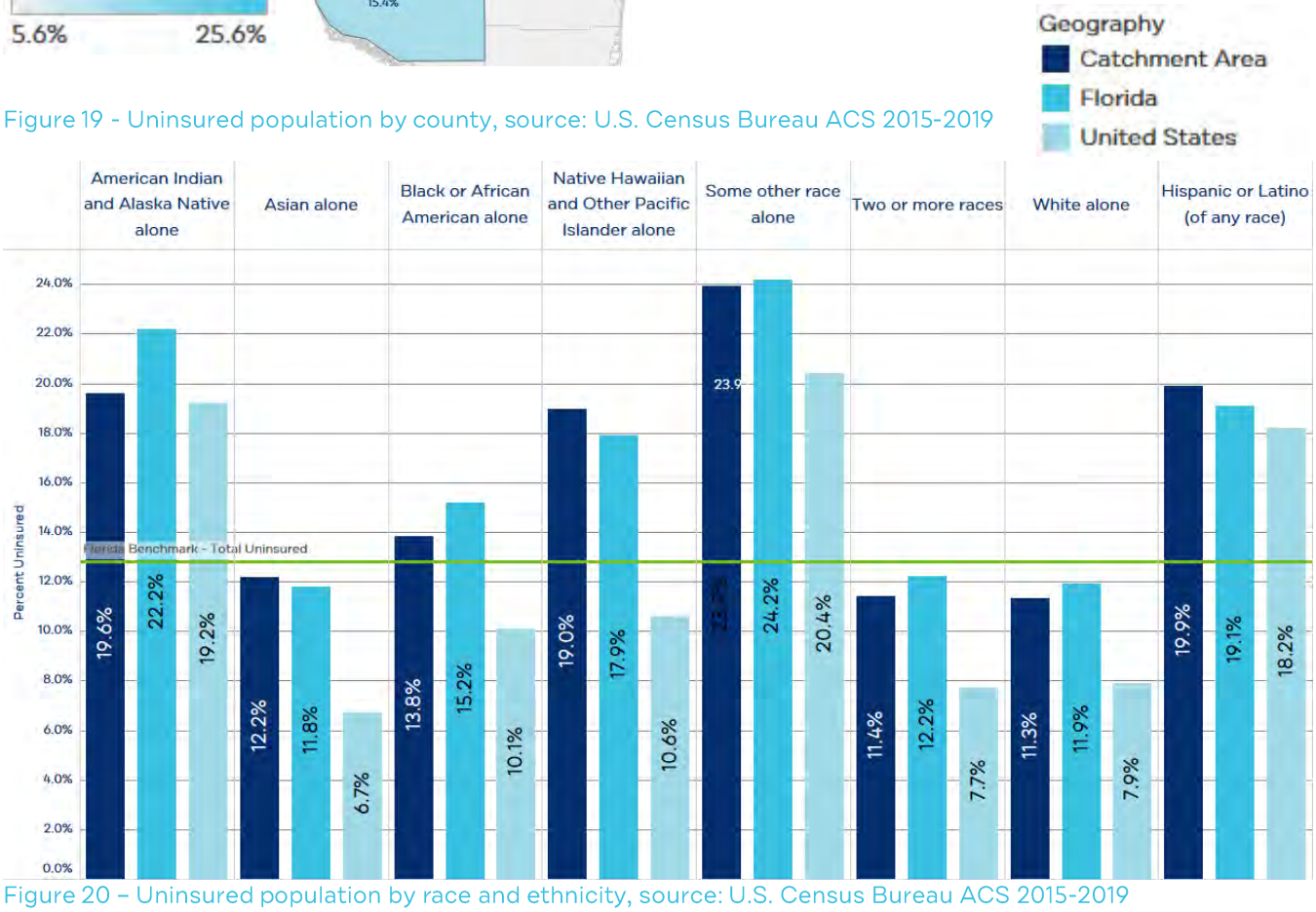


Figure 20 – Uninsured population by race and ethnicity, source: U.S. Census Bureau ACS 2015-2019

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:

- Geographic Area - a shortage of providers for the entire population within a defined geographic area.
- Population Groups - a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

The following areas are characterized as Health Professional Shortage Areas (HPSAs) within the community:

County	Primary Care HPSA	Dental HPSA	Mental Health HPSA	Rural Status
Brevard	County-wide		County-wide	Non-Rural
Charlotte	County-wide	County-wide	County-wide	Partially Rural
Citrus	County-wide	County-wide	County-wide	Non-Rural
Collier	Partial Geography Only	Partial Geography Only	County-wide	Non-Rural
Desoto	County-wide	County-wide	County-wide	Rural
Glades	County-wide		County-wide	Rural
Hardee	County-wide		County-wide	Rural
Hendry	County-wide		County-wide	Rural
Hernando	County-wide		County-wide	Partially Rural
Highlands	County-wide		County-wide	Partially Rural
Hillsborough	Partial Geography Only	Partial Geography Only	Partial Geography Only	Non-Rural
Lake	County-wide		County-wide	Partially Rural
Lee	County-wide		County-wide	Partially Rural
Manatee	Partial Geography Only		Partial Geography Only	Non-Rural
Marion	County-wide	County-wide	County-wide	Partially Rural
Orange	Partial Geography Only	Partial Geography Only	County-wide	Non-Rural
Osceola	County-wide		County-wide	Partially Rural
Pasco	County-wide		County-wide	Non-Rural
Pinellas				Non-Rural
Polk	Partial Geography Only		Partial Geography Only	Partially Rural
Sarasota	Partial Geography Only	Partial Geography Only		Non-Rural
Seminole			County-wide	Non-Rural
Sumter	Partial Geography Only		Partial Geography Only	Partially Rural

Figure 21 – Health Professional Shortage Areas, source: Health Resources and Services Administration

Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice (IMU).

The IMU is calculated based on four criteria:

- the population to provider ratio
- the percent of the population below the federal poverty level
- the percent of the population over age 65
- the infant mortality rate

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as a MUA/P. The following table describes the MUA/P within the community:

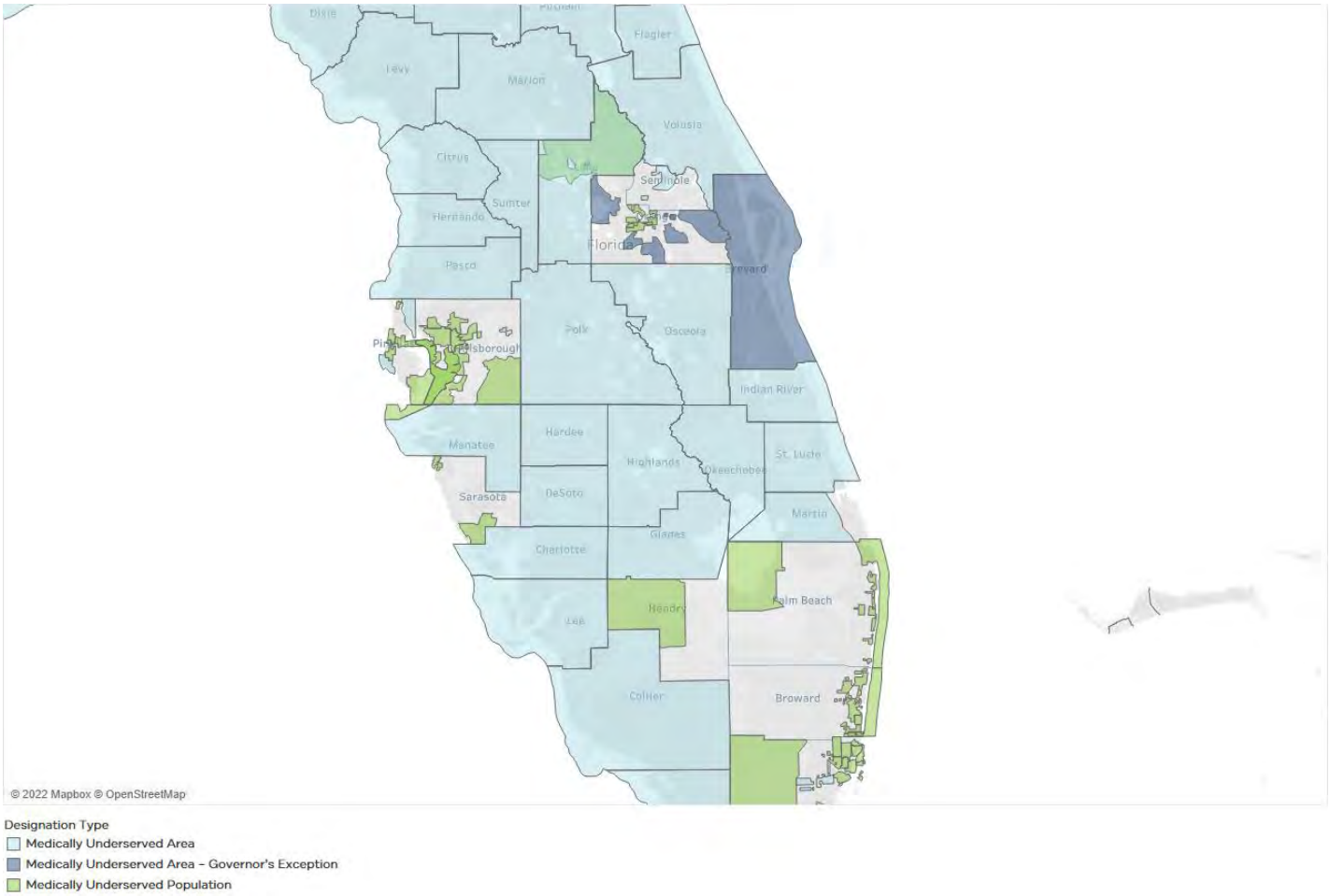


Figure 22 - Medically Underserved Areas, source: Health Resources and Services Administration

Ratios of Providers to Population

According to County Health Rankings, the ratio of population to primary care physicians was higher (worse) than the state benchmark in 15 counties across the catchment area. A higher ratio means residents have less access to providers. The table below also includes the ratios of population to dentists and mental health providers across the catchment area.

County	Primary Care Physician Ratio	Dentist Ratio	Mental Health Provider Ratio
Brevard	1,372:1	1,649:1	618:1
Charlotte	1,667:1	2,076:1	887:1
Citrus	1,972:1	3,054:1	1,512:1
Collier	1,305:1	1,515:1	977:1
Desoto	3,408:1	5,429:1	731:1
Glades	-	3,453:1	-
Hardee	9,082:1	2,694:1	5,387:1
Hendry	4,156:1	2,472:1	2,335:1
Hernando	1,928:1	2,852:1	1,220:1
Highlands	1,728:1	2,529:1	1,398:1
Hillsborough	1,206:1	1,698:1	547:1
Lake	1,485:1	2,051:1	1,112:1
Lee	1,528:1	2,007:1	877:1
Manatee	1,811:1	1,858:1	938:1
Marion	1,714:1	2,243:1	1,007:1
Orange	1,129:1	1,971:1	418:1
Osceola	2,503:1	3,447:1	653:1
Pasco	1,741:1	2,826:1	1,199:1
Pinellas	1,139:1	1,383:1	480:1
Polk	2,082:1	2,934:1	1,071:1
Sarasota	1,355:1	1,360:1	568:1
Seminole	1,318:1	1,650:1	615:1
Sumter	2,682:1	3,395:1	2,498:1
Florida Benchmark	1,385:1	1,645:1	592:1

Figure 23 - Ratio of Providers to Population, Source: County Health Rankings, Area Health Resource File/National Provider Identification File and CMS, 2018- 2020. Highlights (blue values) indicate a worse provider supply than the state benchmark value.

D. Housing

Severe Housing Cost Burden and Housing Problems

The Census Bureau's American Community Survey provides an estimate of severe housing cost burden. Within catchment area counties, Orange County and Osceola County exceeded the state benchmark for housing cost burden (16.9%) which is measured by the percentage of households that spend 50% or more of their household income on housing.

Approximately 19.5% of residents in Florida experienced severe housing problems from 2013 to 2017. This indicator measures households with at least one in four of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Collier, Hendry, Orange, and Osceola counties exceeded the state benchmark during this period.

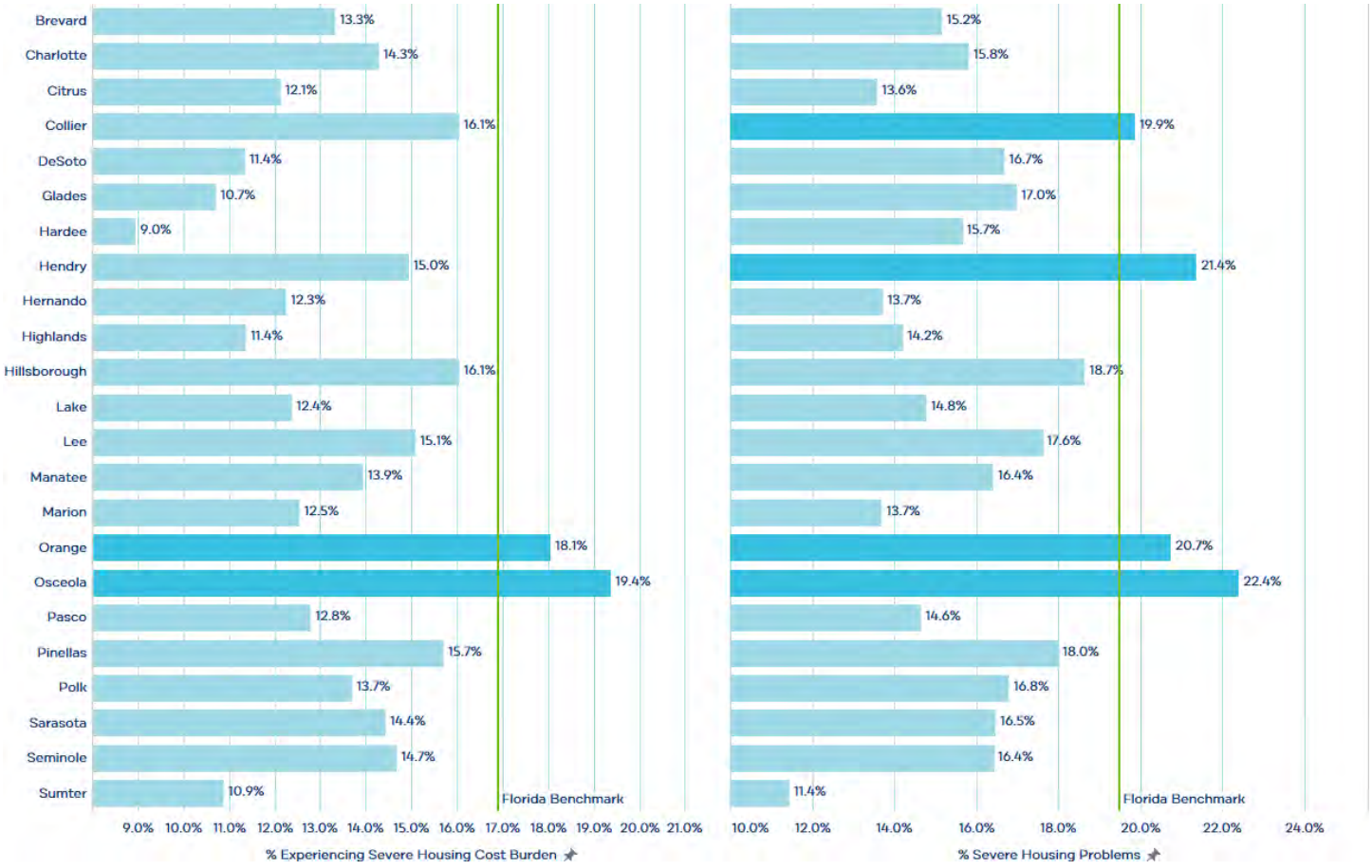


Figure 24 - Severe housing cost burden and severe housing problems, source: County Health Rankings, U.S. Census Bureau ACS 2015-2019, and Comprehensive Housing Affordability Strategy (CHAS) 2013-2017, highlighted (dark blue) data points exceed the state benchmark

Individuals Living Alone

The U.S. Census Bureau's 2015-2019 American Community Survey (ACS) estimates indicated that 28.6% of households across the catchment area were individuals living alone, which was identical to the state benchmark value. A total of sixteen counties within the catchment area had a higher percentage of households with individuals over age 65 living alone than the Florida benchmark (12.9%).

	Households with Individuals Living Alone	Households with Individuals Over Age 65 Living Alone
Brevard	30.9%	15.3%
Charlotte	29.7%	20.0%
Citrus	32.2%	18.9%
Collier	26.5%	15.9%
DeSoto	26.3%	13.0%
Glades	28.4%	19.2%
Hardee	24.2%	10.9%
Hendry	23.3%	8.5%
Hernando	26.7%	15.3%
Highlands	29.9%	18.5%
Hillsborough	28.9%	9.3%
Lake	26.7%	15.4%
Lee	28.0%	15.4%
Manatee	28.4%	16.1%
Marion	29.7%	16.3%
Orange	24.9%	7.0%
Osceola	20.9%	7.0%
Pasco	27.6%	14.3%
Pinellas	35.9%	17.3%
Polk	25.3%	12.6%
Sarasota	31.9%	20.0%
Seminole	25.7%	9.1%
Sumter	30.0%	23.0%

Figure 25 – Percentage of households with individuals living alone and percentage of households with individuals over age 65 living alone, source: U.S. Census Bureau ACS 2015-2019, highlighted (blue) data points exceed the state benchmark

Residential Segregation

From 2015 to 2019, the racial segregation index for Black/white households was higher than the Florida indicator (53.97) in four catchment area counties.

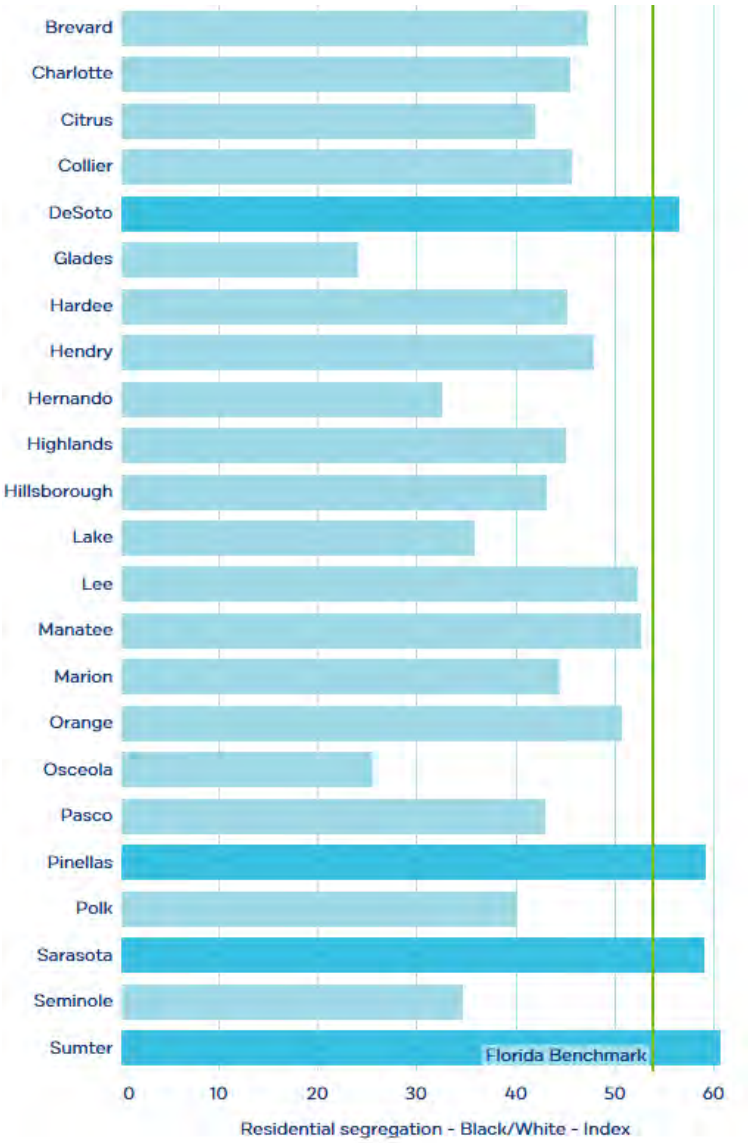


Figure 26 - Residential segregation shown as an index, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021, highlighted (dark blue) data points exceed the state benchmark

E. Education

Highest Level of Education Completed

Across the catchment area, 14 counties had a greater proportion of individuals with a high school degree or less when compared to the Florida state benchmark. Considering the portion of individuals with a graduate or professional degree, only nine catchment area counties had a higher level of education than the state average.

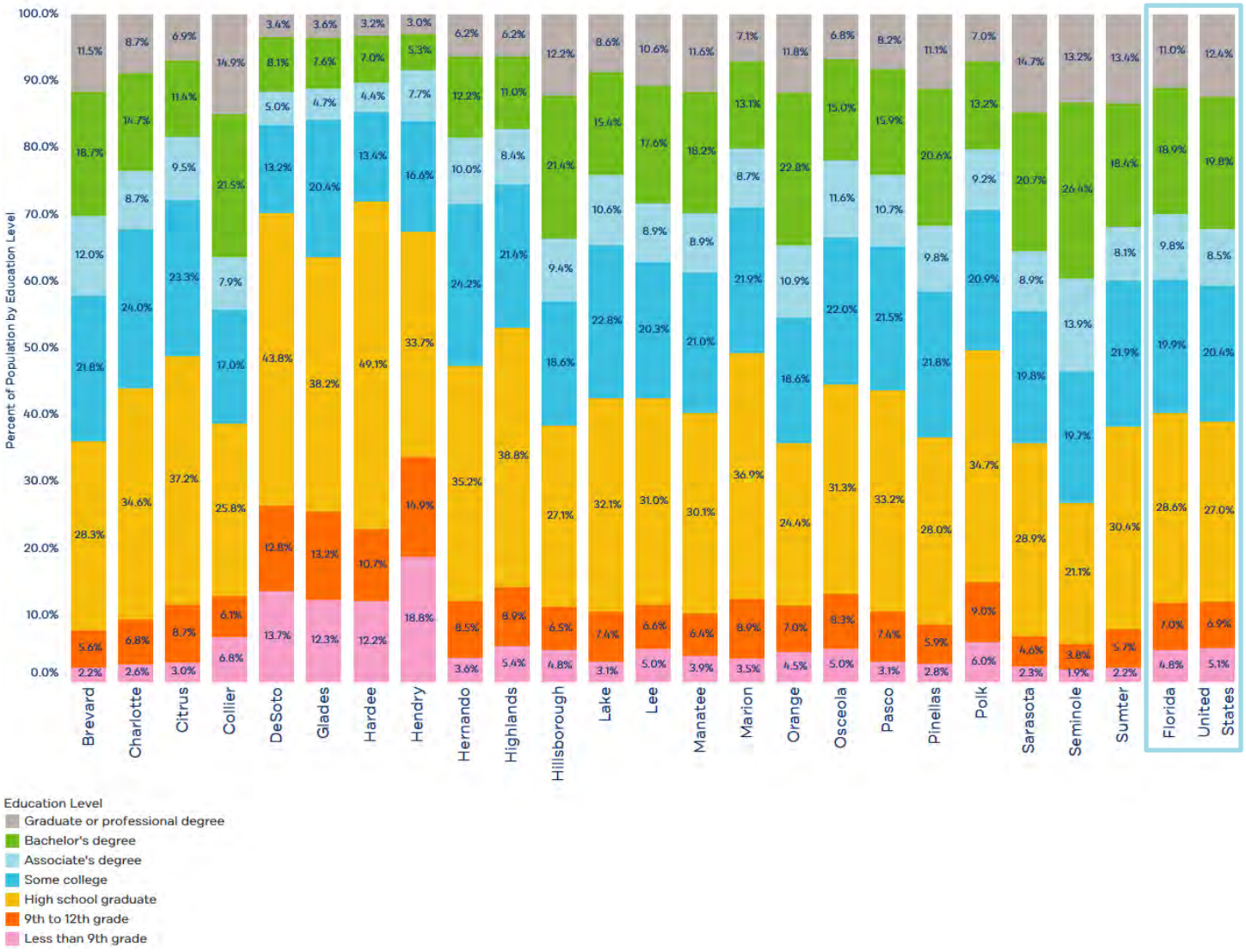


Figure 27 - Highest level of education completed by persons 25 years and older, Source: U.S. Census Bureau ACS 2015-2019

F. Disability

Percent of Individuals with a Disability

Brevard	15.8%	Lee	13.9%
Charlotte	22.5%	Manatee	14.1%
Citrus	21.7%	Marion	17.9%
Collier	11.5%	Orange	11.0%
DeSoto	14.6%	Osceola	14.3%
Glades	18.2%	Pasco	16.1%
Hardee	11.4%	Pinellas	15.4%
Hendry	12.0%	Polk	15.4%
Hernando	19.6%	Sarasota	15.4%
Highlands	19.8%	Seminole	10.6%
Hillsborough	11.6%	Sumter	20.0%
Lake	16.6%		

Across the catchment area, approximately 14.2% of individuals were living with a disability from 2015 to 2019. Of the 23 total catchment area counties, 17 had a greater proportion of individuals with a disability than the state benchmark of 13.4%.

Figure 28 - Percentage of individuals with a disability, source: U.S. Census Bureau ACS, highlighted (blue) data points exceed the state benchmark 2015-2019

G. Morbidity

Average Number of Physically and Mentally Unhealthy Days

The average number of physically unhealthy days per month was greater than the state benchmark (4.0 days) within 15 catchment area counties, while only one catchment area county had a lower average number of average mentally unhealthy days than the Florida benchmark (4.2 days).

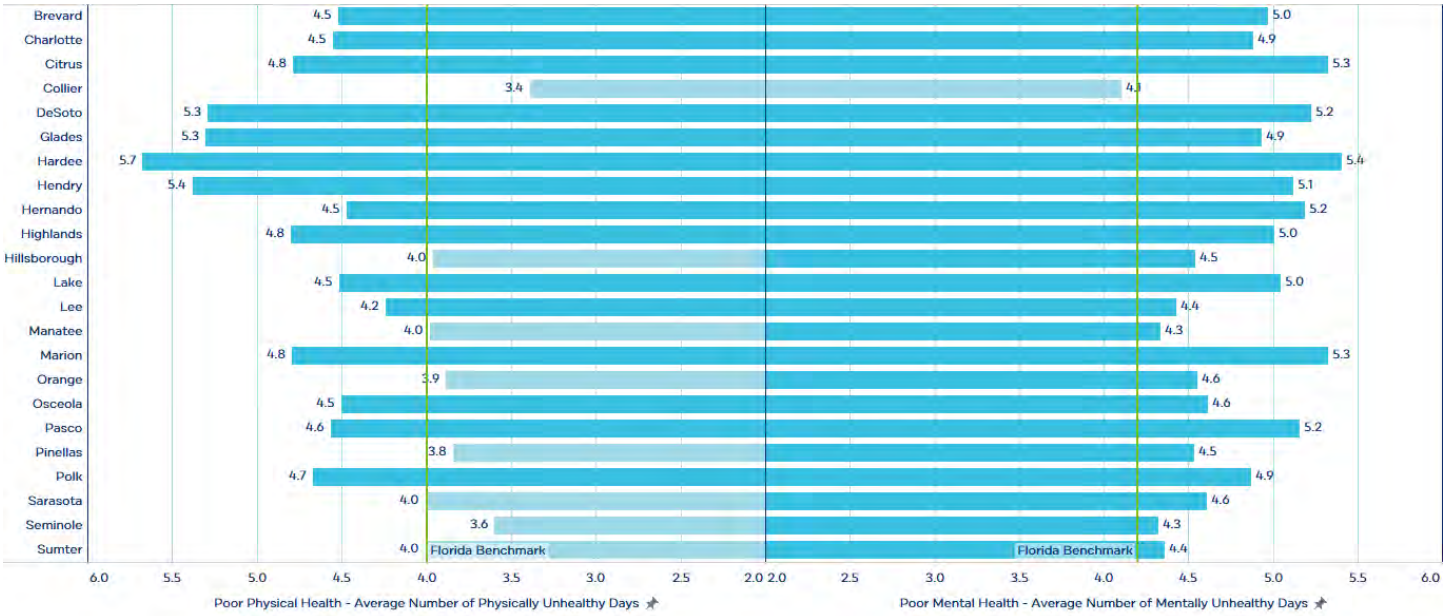


Figure 29 – Average number of physically unhealthy days and mentally unhealthy days, source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2018, highlighted (dark blue) data exceed the state benchmark

Percent of Individuals Experiencing Fair or Poor Health

Brevard	18.6%	Manatee	18.0%
Charlotte	18.1%	Marion	23.2%
Citrus	19.8%	Orange	20.2%
Collier	18.3%	Osceola	23.9%
DeSoto	29.2%	Pasco	20.0%
Glades	26.7%	Pinellas	17.8%
Hardee	31.9%	Polk	22.5%
Hendry	32.5%	Sarasota	15.7%
Hernando	21.4%	Seminole	16.7%
Highlands	23.2%	Sumter	16.6%
Hillsborough	19.5%	Florida Benchmark	19.5%
Lake	19.9%	United States	17.0%
Lee	19.5%		

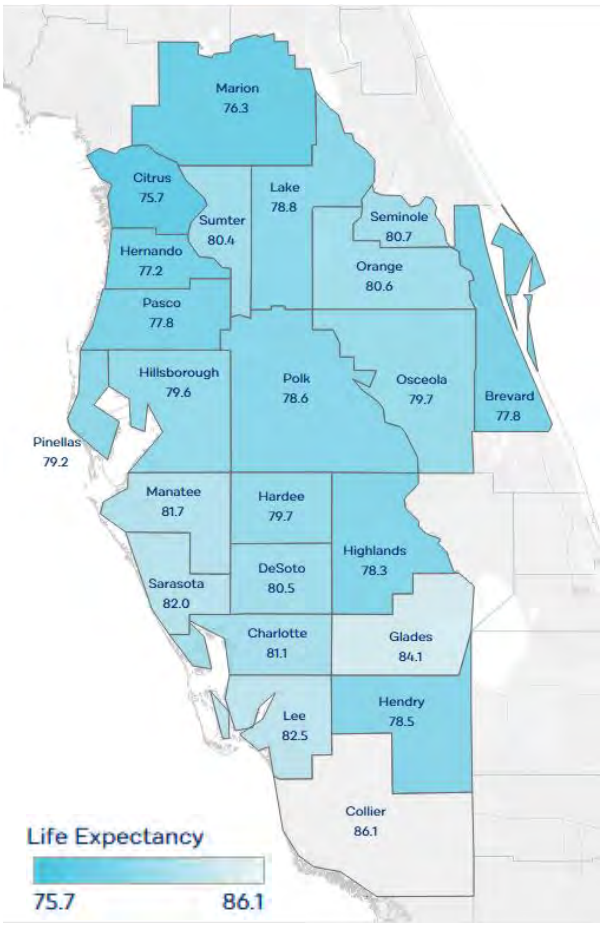
The percentage of individuals in catchment area counties experiencing fair or poor health ranged from 15.7% in Sarasota County to 32.5% in Hendry County according to Behavioral Risk Factor Surveillance System data from 2018.

Figure 30 - Percentage of adults reporting fair or poor health (age-adjusted), source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2018, darker blue indicates a greater percentage

H. Mortality

Premature Death (Years of Potential Life Lost) and Life Expectancy

Brevard	8,904
Charlotte	7,982
Citrus	11,524
Collier	5,468
DeSoto	8,070
Glades	9,458
Hardee	7,718
Hendry	8,357
Hernando	8,789
Highlands	9,884
Hillsborough	6,589
Lake	8,179
Lee	7,347
Manatee	7,503
Marion	10,705
Orange	6,147
Osceola	6,521
Pasco	8,729
Pinellas	8,103
Polk	7,968
Sarasota	7,273
Seminole	6,078
Sumter	8,823



The average premature death rate (measured as years of potential life lost before age 75) per 100,000 population was greater than the state rate within 15 catchment area counties. The average life expectancy by county varied significantly across the region, from 75.7 years in Citrus County to 86.1 years in Collier County.

Figure 31 (left) and Figure 32 (right) – Premature death measured as years of potential life lost (YPLL) and map of life expectancy in years, source: County Health Rankings, National Center for Health Statistics 2017-2019, values highlighted blue in the table exceed the state benchmark

Mortality Rates for Leading Causes of Death 2020

Heart disease, cancer, accidents, COVID-19, and stroke were the top causes of death within the catchment area in 2020. The mortality rates for accidents, chronic lower respiratory disease, liver disease, and suicide exceeded the state benchmark rates. Five-year mortality rates by county are provided in the table on the following page.

Cause of Death	Catchment Area	Florida	United States
Heart disease	140.2	143.1	168.2
Cancer	135.6	136.3	144.1
Accidents	73.1	67.7	57.6
COVID-19	46.0	56.4	85.0
Stroke	38.7	43.5	38.8
Chronic Lower Respiratory Disease (CLRD)	34.0	33.4	36.4
Diabetes	22.1	22.8	24.8
Alzheimer disease	19.2	19.8	32.4
Liver disease	13.8	13.0	13.3
Suicide	13.6	13.2	13.5
Hypertension	9.0	9.3	10.1
Parkinson disease	8.4	8.7	9.9
Kidney disease	8.2	9.4	12.7
Influenza and pneumonia	8.9	9.5	13.0
Septicemia	7.7	7.9	9.7

Figure 33 – Mortality rates for leading causes of death, source: CDC Wonder 2020

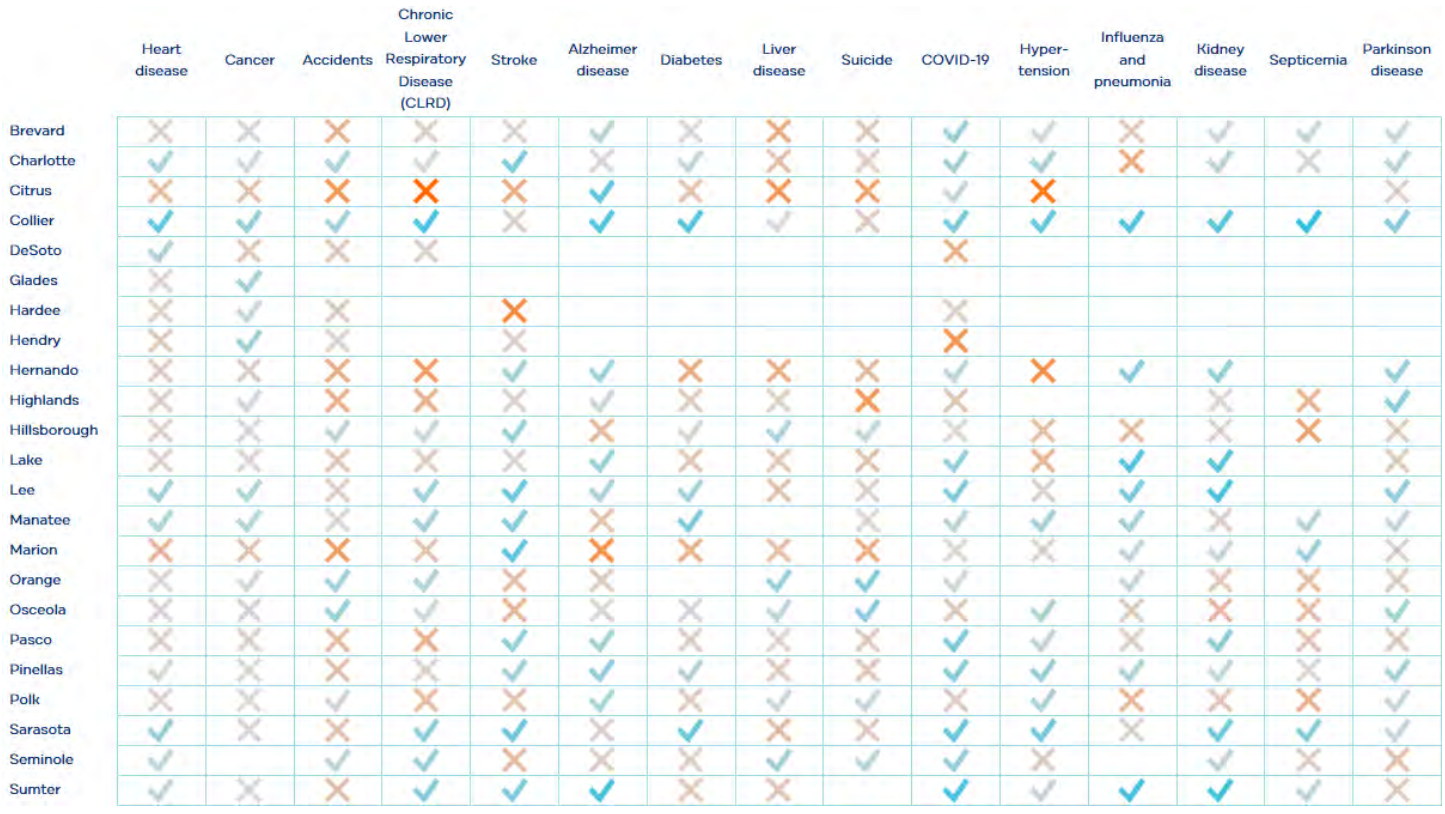


Figure 34 – Age-adjusted death rates per 100,000 population by county, CDC Wonder, 2020, check marks indicate a rate is lower than the state benchmark, while X's indicate a rate that exceeds the state benchmark. Dark blue indicates a rate is much lower than the state benchmark while dark orange indicates a rate is much higher than the benchmark.

Five-Year Mortality Rates for Leading Causes of Death 2016-2020

	Heart disease	Accidents	COVID-19	Cancer	Stroke	CLRD	Alzheimer disease	Diabetes	Liver disease	Suicide	Kidney disease	Influenza and pneumonia	Parkinson disease	Septicemia	Hypertension
Brevard	162.0	82.3	8.9	156.7	43.3	45.6	15.7	19.2	19.5	19.8	11.2	10.6	8.0	8.2	7.9
Charlotte	119.7	46.3	9.5	136.4	27.0	33.2	21.6	18.0	18.1	17.6	8.6	12.6	6.7	9.6	7.3
Citrus	203.4	99.8	10.9	174.8	60.0	72.3	8.5	29.3	24.9	24.2	6.4	4.9	7.5		22.3
Collier	84.8	50.6	7.6	103.9	38.8	16.3	14.3	10.2	11.8	13.1	4.1	4.5	5.4	3.3	4.0
DeSoto	123.8	61.5	18.9	157.5	24.9	46.2	13.4	30.6	13.6	13.7	15.3	11.0		9.5	7.2
Glades	125.3	78.8		123.5	23.1	29.6		16.5							
Hardee	141.4	71.6	13.0	136.7	60.5	48.4	16.3	37.1	13.0			14.1			
Hendry	189.8	68.1	23.2	137.8	37.0	45.1	21.5	29.2	14.8	14.4	9.1	11.2			12.9
Hernando	171.0	77.1	10.5	169.5	32.8	61.7	16.5	33.7	15.7	18.0	7.9	6.7	7.1	6.5	15.5
Highlands	149.2	73.3	14.9	147.0	46.0	61.5	20.3	26.7	15.9	23.5	7.3	7.9	6.6	10.3	
Hillsborough	161.2	52.7	12.2	147.5	30.6	37.9	30.2	19.9	9.7	12.9	9.4	12.3	9.0	11.9	10.4
Lake	152.6	72.3	8.9	153.7	35.1	40.2	17.3	25.4	14.2	18.4	6.4	6.8	9.4	5.1	9.5
Lee	112.4	69.1	8.1	124.0	25.6	28.9	15.9	17.4	13.7	14.6	4.1	5.8	6.1		9.3
Manatee	129.5	72.2	10.7	124.0	26.2	28.7	24.3	14.2	11.8	15.9	10.0	7.3	7.1	7.4	6.5
Marion	205.1	104.5	12.5	164.9	26.2	48.0	34.3	30.8	16.8	20.7	7.9	8.4	8.1	6.6	9.8
Orange	146.1	46.1	11.8	143.0	51.6	30.3	21.9	20.7	9.3	9.8	11.2	9.3	9.4	10.6	
Osceola	160.8	49.0	15.3	150.0	51.7	32.7	21.4	20.9	10.3	11.4	14.6	10.6	7.6	12.1	6.8
Pasco	156.7	77.3	7.8	162.0	35.4	53.8	23.7	26.9	12.9	18.2	9.7	10.0	8.6	10.4	8.6
Pinellas	140.9	69.7	8.0	144.7	29.8	37.9	17.3	20.5	14.5	17.9	10.0	9.9	6.3	7.5	7.1
Polk	157.9	57.2	14.1	147.1	50.5	49.7	18.4	24.5	12.2	14.2	11.6	15.5	6.0	11.9	7.7
Sarasota	107.4	66.4	6.8	134.8	26.6	25.4	21.7	11.7	14.0	19.0	7.3	9.8	7.4	7.0	4.9
Seminole	134.5	49.2	8.8	144.3	54.7	33.3	21.0	20.6	10.2	12.2	9.9	8.5	10.3	8.8	9.0
Sumter	132.0	73.0	5.7	130.7	26.8	26.5	10.2	20.1	14.3	13.8	5.4	6.3	7.7	4.9	6.5

Figure 35 – Five-year age-adjusted death rates per 100,000 population by county, source: CDC Wonder, 2016-2020, shading indicates the county measure was greater (orange) or less than (blue) the state benchmark value

I. Cancer Incidence and Mortality

Cancer Incidence Rates for All Invasive Cancers

The incidence rate for all invasive cancers within the catchment area was greater than the Florida rate but lower than the U.S. benchmark. Counties highlighted in green had lower incidence rates than the Florida rate, while those in blue exceeded the state benchmark rate.

Brevard	618.1
Charlotte	604.5
Citrus	660.0
Collier	490.7
DeSoto	462.2
Glades	345.6
Hardee	562.5
Hendry	545.1
Hernando	648.2
Highlands	569.0
Hillsborough	635.1
Lake	676.3
Lee	532.7
Manatee	564.8
Marion	654.2
Orange	566.8
Osceola	687.1
Pasco	619.2
Pinellas	615.0
Polk	609.6
Sarasota	594.2
Seminole	544.3
Sumter	532.9
Catchment Area Total	593.3
Florida Benchmark	583.2
United States Benchmark	637.0

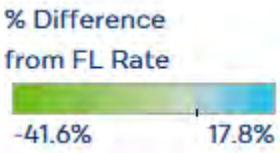


Figure 36 – Age-adjusted cancer incidence rates for all invasive cancers for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

Cancer incidence rates are provided for the top cancer sites in the figures below. Rates are compared to the Florida benchmark rate in Figure 38 where X's indicate that a county's incidence rate is higher than the state incidence rate for a given cancer site.

Cancer Incidence by Site, by County

	Prostate Gland	Breast	Lung & Bronchus	Colon & Rectum	Melanoma of the Skin	Corpus Uteri & Uterus, NOS	Non-Hodgkin Lymphoma	Urinary Bladder	Kidney & Renal Pelvis	Oral Cavity and Pharynx	Leukemia	Pancreas	Ovary	Thyroid Gland	Cervix Uteri
Brevard	114.7	88.0	90.1	48.2	44.9	37.0	26.9	25.9	20.5	21.7	21.7	18.8	17.3	15.7	11.0
Charlotte	96.5	85.4	84.7	45.4	57.6	27.2	27.2	26.5	16.9	16.5	24.2	18.0	15.2	12.9	9.8
Citrus	108.4	82.6	99.2	49.7	47.6	32.7	27.5	22.6	22.7	25.5	22.7	15.7	20.4	14.2	18.1
Collier	116.5	72.7	47.1	32.9	46.3	24.8	27.4	20.1	12.6	14.3	17.2	13.1	13.0	12.4	11.0
DeSoto	88.1	46.0	78.0	55.8	12.2	34.9	14.6	21.9	14.9	18.3	8.7	16.7	17.0	11.0	12.5
Glades	41.4	42.9	38.8	24.4	70.2	5.5	21.2	2.9	10.0	14.4	7.6	6.8	1.8	11.0	
Hardee	93.0	66.6	80.9	59.1	27.1	61.7	14.1	20.5	29.8	22.9	17.8	12.1	15.2	13.4	13.2
Hendry	87.0	56.5	82.4	49.8	24.4	61.1	26.1	15.4	16.6	21.1	14.3	14.8	15.2	11.2	13.2
Hernando	109.9	86.6	99.9	50.4	36.9	34.6	28.8	28.5	23.6	22.0	18.9	19.7	21.2	13.6	11.6
Highlands	88.4	93.5	82.1	44.0	33.7	42.1	23.8	27.4	18.4	20.4	16.4	15.8	10.7	15.7	20.8
Hillsborough	139.1	94.4	81.1	55.7	35.5	39.7	28.4	26.7	23.5	19.7	19.2	19.4	15.5	17.2	13.1
Lake	139.5	96.7	87.3	53.4	38.7	40.6	34.3	33.3	23.9	21.3	24.5	18.3	16.2	15.1	10.7
Lee	93.3	81.2	69.8	41.4	38.8	31.5	26.7	21.0	15.8	19.0	18.9	15.5	12.0	15.0	12.7
Manatee	109.4	88.3	68.9	42.6	47.0	33.9	27.2	23.9	17.4	17.8	18.3	17.0	14.7	14.8	9.7
Marion	125.0	92.9	92.9	51.8	39.1	36.7	29.8	29.4	23.5	16.6	22.6	18.1	18.7	9.5	15.8
Orange	128.2	86.0	67.5	53.0	22.0	39.7	24.6	21.8	22.1	16.0	17.1	19.7	13.7	16.1	12.3
Osceola	150.5	98.7	75.0	60.7	27.4	46.2	28.0	26.0	25.4	17.6	17.6	17.9	15.6	18.5	16.6
Pasco	115.7	87.0	93.8	50.5	41.2	39.0	27.0	30.0	23.3	21.1	18.4	18.2	16.3	16.3	12.4
Pinellas	121.6	97.4	83.8	48.0	43.9	34.8	27.6	29.5	20.3	22.4	17.8	17.5	15.4	13.5	11.5
Polk	133.6	88.0	86.0	52.5	38.7	43.0	25.6	24.3	22.1	19.9	18.8	16.5	14.5	14.4	16.6
Sarasota	115.8	94.9	76.4	43.1	46.3	33.5	30.1	28.1	17.3	18.1	18.7	16.9	16.7	15.1	13.3
Seminole	110.6	90.0	67.0	45.6	27.4	32.6	24.7	23.1	18.7	15.4	18.5	15.7	13.5	16.7	10.8
Sumter	113.2	86.1	74.4	41.1	24.8	36.6	21.5	24.0	24.5	17.2	16.7	17.5	14.0	12.2	14.4

Figure 37 - Age-adjusted cancer incidence rates for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, shading (darker blue) indicates a higher incidence rate

Cancer Incidence Compared to State Benchmark by Site

	Prostate Gland	Breast	Lung & Bronchus	Colon & Rectum	Melanoma of the Skin	Corpus Uteri & Uterus, NOS	Non-Hodgkin Lymphoma	Urinary Bladder	Kidney & Renal Pelvis	Oral Cavity and Pharynx	Leukemia	Pancreas	Ovary	Thyroid Gland	Cervix Uteri
Brevard			X		X	X	X	X	X	X	X	X	X		
Charlotte			X		X		X	X			X	X	X		
Citrus			X	X	X		X		X	X	X		X		X
Collier					X		X								
DeSoto			X	X									X		X
Glades					X										
Hardee			X	X		X			X	X			X		X
Hendry			X	X		X				X			X		X
Hernando			X	X	X		X	X	X	X	X	X	X		
Highlands		X	X			X		X		X					X
Hillsborough	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lake	X	X	X	X	X	X	X	X	X	X	X	X	X		
Lee					X					X	X				X
Manatee		X			X		X						X		
Marion	X	X	X	X	X	X	X	X	X		X	X	X		X
Orange	X			X		X			X			X			
Osceola	X	X		X		X	X	X	X			X	X	X	X
Pasco			X	X	X	X	X	X	X	X		X	X		
Pinellas	X	X	X		X		X	X	X	X			X		
Polk	X		X	X	X	X			X	X	X				X
Sarasota		X	X		X		X	X			X		X		X
Seminole		X													
Sumter						X			X						X

Figure 38 - Age-adjusted cancer incidence rates for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, X's indicate rates that exceed the state benchmark rate for each specific cancer site

Cancer death rates (mortality rates) are provided for the top cancer sites in the figures below. Rates are compared to the Florida benchmark rate in Figure 41 where X's indicate that a county's death rate is higher than the state death rate for a given cancer site.

Cancer Mortality Rates by Site, by County

	Lung & Bronchus	Prostate Gland	Colon & Rectum	Breast	Pancreas	Liver, Intrahepatic Bile Duct	Ovary	Leukemia	Non-Hodgkin Lymphoma	Corpus Uteri & Uterus, NOS	Urinary Bladder	Kidney & Renal Pelvis	Oral Cavity and Pharynx	Multiple Myeloma	Cervix Uteri	Melanoma of the Skin
Brevard	61.05	23.45	18.33	15.07	16.49	8.09	8.01	9.81	7.60	7.27	6.12	5.20	3.80	3.70	3.69	3.97
Charlotte	50.91	21.97	16.14	14.01	13.56	8.20	5.99	7.75	5.90	2.99	5.29	3.17	3.18	3.62	2.01	3.72
Citrus	70.32	18.85	24.05	14.47	14.90	9.59	12.76	10.07	7.73	4.63	7.37	4.45	6.96	3.69	7.49	3.60
Collier	28.89	14.38	10.28	9.90	10.73	5.86	6.61	5.25	5.07	4.73	4.17	2.38	2.04	2.45	3.42	3.10
DeSoto	66.09	19.83	21.29	13.73	13.94	14.44	3.55	5.45	5.11	1.80	3.10	1.85	4.10	5.09	3.35	3.16
Glades	49.35	8.16	31.20	23.80	5.57	7.22	4.57	0.91		7.49	1.81	6.83	2.27	7.12	3.86	5.01
Hardee	59.32	23.14	14.35	11.78	8.72	7.39	7.39	7.23	8.21	3.33	5.83	4.03	4.35	0.84	6.05	1.82
Hendry	53.75	19.71	23.29	8.67	10.52	10.14	10.09	8.99	5.25	8.35	6.08	5.88	2.98	3.77	6.09	1.52
Hernando	68.40	18.74	18.89	14.65	16.76	9.84	9.74	10.15	6.88	5.30	7.63	5.91	4.82	4.30		6.65
Highlands	55.10	15.93	17.52	16.52	12.82	6.94	7.05	6.51	5.20	5.79	7.63	4.24	3.87	4.21	9.28	1.34
Hillsborough	52.05	23.03	20.14	14.24	14.97	9.63	9.16	8.52	7.28	6.32	5.93	4.47	4.04	4.07	3.29	2.26
Lake	56.17	21.11	19.89	14.09	14.70	8.12	9.56	9.52	6.75	5.80	7.09	4.63	3.97	4.78	3.47	3.18
Lee	42.99	16.20	13.85	11.71	11.86	8.30	6.81	7.02	5.56	5.06	5.26	3.82	3.81	3.26	3.80	2.93
Manatee	43.67	15.87	14.97	11.79	12.46	6.01	8.00	6.55	4.83	4.96	5.67	4.09	3.67	3.08	2.53	3.53
Marion	56.08	22.24	19.74	14.61	14.87	8.85	8.46	8.37	6.82	5.38	6.23	5.31	4.37	4.17	3.32	4.25
Orange	43.71	29.28	18.17	15.16	15.67	10.57	8.84	8.35	6.36	7.38	5.97	3.90	3.74	5.19	3.43	2.37
Osceola	44.07	29.72	17.97	15.58	13.95	11.53	8.13	7.10	6.41	7.26	5.59	4.62	3.93	5.19	5.05	2.02
Pasco	65.02	19.47	18.96	15.23	15.92	8.60	9.90	7.12	6.39	6.56	6.80	5.41	4.67		4.08	4.20
Pinellas	55.18	19.30	17.26	14.90	13.39	9.37	8.71	6.65	6.29	5.53	6.04	4.35	4.79	3.27	3.56	4.16
Polk	55.00	20.73	18.13	14.61	13.28	9.41	7.90	7.32	6.75	6.56	5.87	4.64	3.41	9.60	4.91	3.72
Sarasota	43.17	18.34	14.56	12.63	13.66	7.20	8.54	7.30	6.41	5.69	4.48	4.02	3.88	3.09	2.50	3.48
Seminole	49.27	25.57	18.42	16.21	14.05	7.55	8.28	8.26	7.88	6.14	5.35	4.41	3.43	4.67	3.11	3.25
Sumter	44.58	18.28	12.86	12.98	13.64	6.05	7.45	7.35	6.46	5.79	4.95	4.26	2.25	3.51	1.65	3.77

Figure 39 - Age-adjusted cancer mortality rates for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, highlighting (blue) indicates a higher mortality rate

Cancer Mortality Compared to State Benchmark by Site

	Lung & Bronchus	Prostate Gland	Colon & Rectum	Breast	Pancreas	Liver, Intrahepatic Bile Duct	Ovary	Leukemia	Non-Hodgkin Lymphoma	Corpus Uteri & Uterus, NOS	Urinary Bladder	Kidney & Renal Pelvis	Oral Cavity and Pharynx	Multiple Myeloma	Cervix Uteri	Melanoma of the Skin
Brevard	X	X	X	X	X			X	X	X	X	X			X	X
Charlotte	X			X												X
Citrus	X		X	X	X	X	X	X	X		X	X			X	X
Collier																X
DeSoto	X		X			X								X		X
Glades	X		X	X						X		X		X	X	X
Hardee	X	X							X		X				X	
Hendry	X		X			X	X	X		X	X	X			X	
Hernando	X		X	X	X	X	X	X	X		X	X		X		X
Highlands	X			X							X			X	X	
Hillsborough	X	X	X	X	X	X	X	X	X	X	X	X		X		
Lake	X		X	X	X		X	X	X		X	X		X		X
Lee															X	
Manatee																X
Marion	X		X	X	X	X	X	X	X		X	X		X		X
Orange		X	X	X	X	X	X	X		X	X			X		
Osceola		X	X	X		X				X		X		X	X	
Pasco	X		X	X	X	X	X			X	X	X			X	X
Pinellas	X			X		X	X				X	X			X	X
Polk	X		X	X		X			X	X	X	X		X	X	X
Sarasota							X									X
Seminole	X	X	X	X			X	X	X			X		X		X
Sumter																X

Figure 40 - Age-adjusted cancer incidence rates for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, X's indicate rates that exceed the state benchmark rate for each specific cancer site

Cancer Mortality Rates by Race and Ethnicity

Cancer death rates varied by race and ethnicity across the catchment area and in Florida, indicating significant health disparities. Prostate cancer death rates for Black males was significantly higher than the death rate for white males within the catchment area. Colorectal cancer, pancreatic, stomach, breast, cervical, and uterine cancer death rates were also greater within the Black catchment area population when compared to the white population.

	Catchment Area			Florida		
	Black (Non-Hispanic)	Hispanic	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	White (Non-Hispanic)
Breast	19.94	10.77	13.75	19.65	11.08	13.86
Cervix Uteri	5.66	3.71	3.52	5.51	3.03	3.56
Colon & Rectum	22.60	14.46	17.39	22.87	16.25	17.70
Corpus Uteri & Uterus, NOS	12.04	5.59	5.31	13.10	5.84	5.29
Kidney & Renal Pelvis	3.62	3.83	4.38	3.42	3.61	4.59
Leukemia	7.56	6.31	7.80	7.23	6.49	8.19
Liver, Intrahepatic Bile Duct	11.00	10.51		10.48	8.95	
Lung & Bronchus	43.42	25.18	55.26	39.81	27.94	56.00
Melanoma of the Skin			4.10			4.18
Multiple Myeloma	8.52			8.04		
Non-Hodgkin Lymphoma	5.30	6.10	6.52	5.87	6.18	6.75
Oral Cavity and Pharynx	3.16	2.05	4.27	2.94	2.17	4.19
Ovary		6.43	8.75		6.55	8.88
Pancreas	16.91	12.39	13.84	16.21	12.59	14.39
Prostate Gland	43.63	22.77	18.71	47.55	23.35	19.82
Stomach	6.88			7.54		
Thyroid Gland		0.89	0.71		0.80	0.60
Urinary Bladder	4.37	3.23	6.24	4.16	4.12	6.52

Figure 41 - Age-adjusted cancer mortality rates by race/ethnicity for adults aged 20 and over, 2015-2019, source: Florida Cancer Data System, highlights indicate the difference in Black and Hispanic rates when compared to white by geography

J. Cancer Screening

Breast, Colorectal, Cervical, and Prostate Cancer Screenings

Blood stool test screening rates were lower than the state screening benchmark in 11 counties, colorectal cancer screening rates based on the most recent clinical guidelines were lower than the state benchmark rate within eight catchment area counties, and the sigmoidoscopy or colonoscopy rate was lower than the benchmark in 12 counties. Pap testing for cervical cancer fell below the state average in 15 counties, mammogram screening was lower than the state benchmark in 14 counties, and prostate cancer screening (PSA test) was lower in eight counties than in Florida.

	PSA Test Past 2 Years (Men Over Age 50)	Colorectal Cancer Screening (Age 50 to 75)	Sigmoidoscopy or Colonoscopy Past 5 Years (Over Age 50)	Blood Stool Test Past Year (Over Age 50)	Pap Test Past 3 Years (Women Age 21 to 65)	Mammogram Past 2 Years (Women Age 50 to 74)
Brevard	59.4%	66.4%	52.6%	15.4%	73.5%	73.5%
Charlotte	61.6%	75.4%	58.5%	17.5%	78.3%	84.9%
Citrus	57.8%	76.5%	61.8%	20.4%	74.2%	81.8%
Collier	49.7%	60.4%	53.0%	13.1%	81.0%	84.9%
DeSoto	69.3%	67.6%	52.5%	18.6%	72.4%	75.3%
Glades	54.1%	69.6%	54.2%	14.7%	80.0%	76.9%
Hardee	61.6%	55.3%	44.2%	16.0%	76.2%	72.0%
Hendry	56.1%	67.6%	53.9%	11.3%	78.5%	76.6%
Hernando	59.3%	77.7%	56.0%	29.9%	76.3%	83.0%
Highlands	52.8%	62.0%	48.3%	15.5%	80.3%	66.7%
Hillsborough	51.4%	63.4%	48.3%	16.4%	77.0%	75.6%
Lake	55.5%	70.8%	51.5%	15.0%	73.5%	76.8%
Lee	60.2%	68.3%	56.0%	12.9%	80.7%	80.7%
Manatee	52.4%	69.8%	50.0%	14.7%	76.2%	82.4%
Marion	59.1%	73.5%	55.2%	18.0%	76.9%	82.7%
Orange	52.7%	61.2%	49.6%	9.9%	79.9%	77.8%
Osceola	52.4%	64.9%	54.0%	21.5%	77.0%	78.3%
Pasco	55.9%	66.7%	49.9%	22.8%	78.7%	80.3%
Pinellas	52.1%	68.3%	51.9%	18.6%	68.4%	76.0%
Polk	55.7%	71.7%	52.4%	18.2%	80.2%	91.0%
Sarasota	65.3%	76.7%	59.1%	20.8%	83.5%	82.1%
Seminole	55.6%	70.4%	55.9%	13.4%	80.8%	73.7%
Sumter	77.6%	83.7%	64.3%	14.6%	74.0%	89.3%
Florida	54.9%	67.3%	53.9%	16.0%	78.8%	81.7%

Figure 42 - Cancer screening rates for blood stool test, colorectal cancer screening, sigmoidoscopy or colonoscopy, pap test, and PSA (prostate-specific antigen) test, source: 2016 Florida Behavioral Risk Factor Surveillance System, Florida Department of Health Division of Community Health Promotion, data highlighted in blue is lower than (worse than) the state benchmark value for that screening test while data highlighted in green exceeds the state benchmark

K. COVID-19

COVID Cases

Within the catchment area, the total number of COVID cases rose steadily from Quarter 1 of 2020 through Quarter 1 of 2021, and the rate slowed during Quarter 2 of 2021, rising again during the Delta wave of COVID-19.

Figure 43 – Cumulative Covid cases by quarter, 2020 through 2021, source: Florida Department of Health COVID-19 Dashboard

L. Chronic Conditions Contributing to Cancer Risk

Diabetes Prevalence

The percentage of adults aged 20 and above with diagnosed diabetes was greater than the state benchmark in 17 counties across the catchment area.

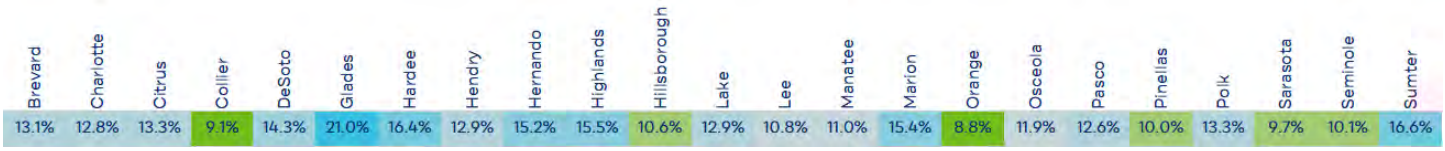


Figure 44 - Diabetes prevalence, source: U.S. Diabetes Surveillance System, 2017, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

Weight Status

The percentage of adults aged 20 and older that reported a body mass index (BMI) greater than or equal to 30 was greatest in Hardee, Glades, Polk, Hendry, and Marion counties. Seven counties within the catchment area had lower obesity rates than the state benchmark (27.2%).

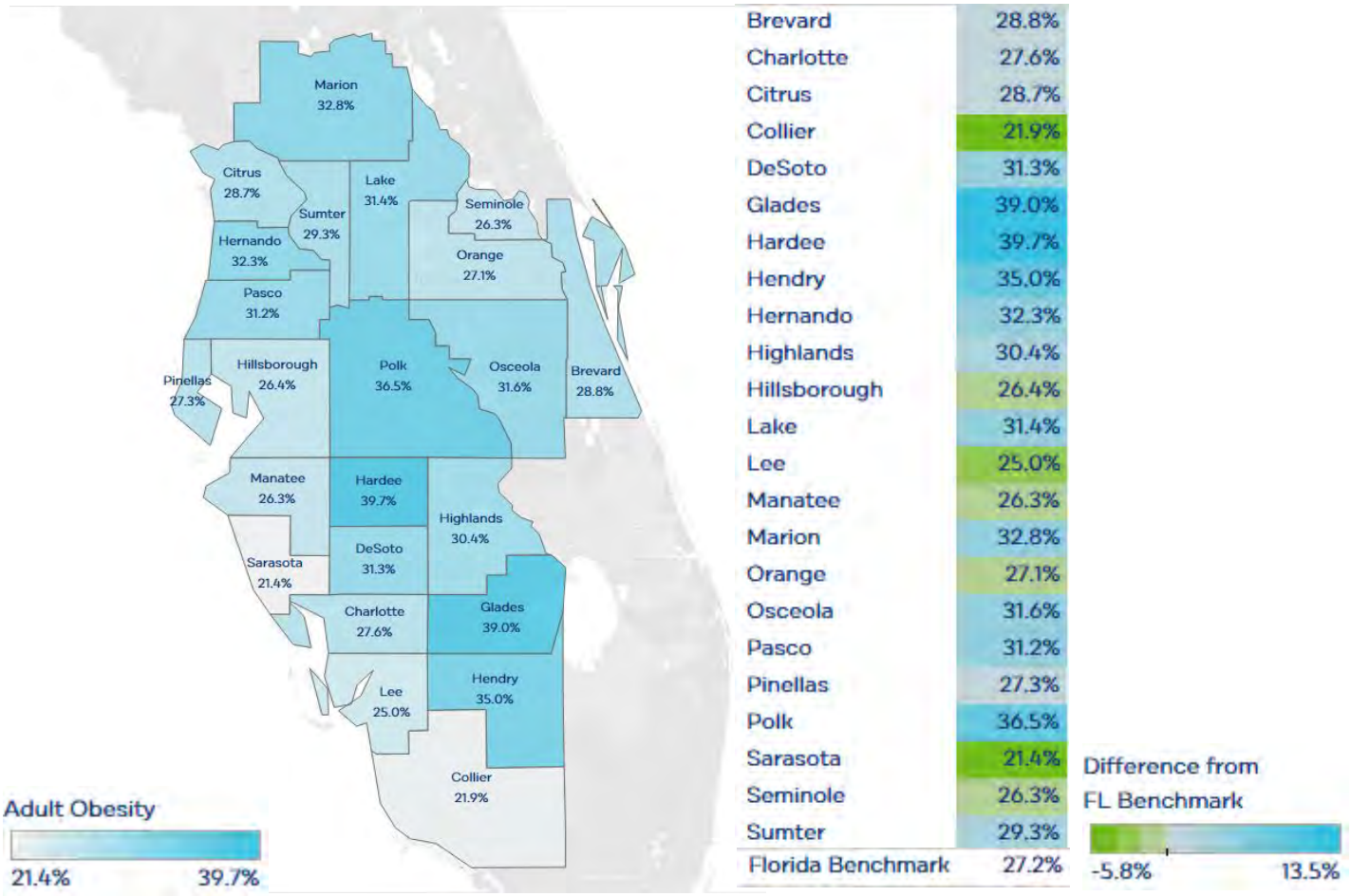


Figure 45 - Adult obesity rate for adults aged 20 and over, source: County Health Rankings, U.S. Diabetes Surveillance System, 2017, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

M. Behavioral Risk Factors

Physical Activity

The catchment area had similar physical activity levels when comparing the number of hours of physical activity per week to the state and national levels.

	1-3 Hours Exercise per Week	4-6 Hours Exercise Per Week	7 or More Hours Exercise per Week
Catchment Area	22.9%	19.7%	21.6%
Florida Benchmark	23.2%	19.7%	21.5%
United States Benchmark	23.8%	20.2%	20.6%

Figure 46 - Physical activity per week, source: Esri 2021

Smoking and Tobacco Use

Smoking cigarettes was more common across the catchment area than in the state of Florida and the nation. There were 16 catchment area counties with high rates of cigarette smoking than the state benchmark. Similarly, 15 counties had greater rates of e-cigarette use or vaping during the previous 12-month period. Across the catchment area, 12 counties had worse rates of chewing or smokeless tobacco use during the previous 6-month time frame.

	Smoked Cigarettes Last 12 Months	Smoked Electronic/ E-Cigarette/ Vaporizer Last 12 Months	Used Chewing or Smokeless Tobacco Last 6 Months
Brevard County, FL	17.3%	5.3%	3.0%
Charlotte County, FL	17.3%	5.0%	2.8%
Citrus County, FL	17.8%	5.0%	2.4%
Collier County, FL	14.9%	4.7%	2.3%
DeSoto County, FL	22.9%	5.8%	3.7%
Glades County, FL	21.8%	5.6%	3.4%
Hardee County, FL	26.2%	6.0%	4.7%
Hendry County, FL	24.0%	5.1%	3.4%
Hernando County, FL	19.3%	5.3%	3.8%
Highlands County, FL	20.0%	5.4%	2.9%
Hillsborough County, FL	15.7%	5.4%	2.7%
Lake County, FL	16.9%	5.2%	3.1%
Lee County, FL	15.7%	4.9%	2.7%
Manatee County, FL	15.2%	5.0%	2.4%
Marion County, FL	19.0%	5.4%	3.2%
Orange County, FL	14.7%	5.3%	2.5%
Osceola County, FL	16.1%	5.3%	2.8%
Pasco County, FL	17.7%	5.4%	3.2%
Pinellas County, FL	17.0%	5.3%	2.5%
Polk County, FL	19.6%	5.7%	3.5%
Sarasota County, FL	15.6%	4.9%	2.5%
Seminole County, FL	14.2%	5.2%	2.3%
Sumter County, FL	17.2%	5.1%	2.9%
Catchment Area Total	16.5%	5.2%	2.8%
Florida Benchmark	16.1%	5.2%	2.8%
United States Benchmark	15.8%	5.2%	3.0%

Figure 47 - Cigarette, E-cigarette, and tobacco use, source: Esri 2021, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

N.HIV Incidence and Prevalence

HIV Incidence – Diagnosis Rate

In general, the HIV diagnosis rate (incidence rate) for all races/ethnicities within catchment area counties was lower than the state benchmark rate of 16.2 diagnoses per 100,000 population in 2020. Only three counties, Hillsborough, Orange, and Osceola, exceeded the state HIV diagnosis rate for all races/ethnicities. However, significant health disparities were present across the catchment area. During the same time frame, 15 of the catchment area counties had Black (Non-Hispanic) HIV incidence rates that exceeded the state benchmark (16.2), while four counties had Hispanic HIV incidence rates that exceeded the Florida average.

	Black (Non-Hispanic)	Hispanic	White (Non-Hispanic)	All Races/ Ethnicities
Brevard	46.2	10.6	8.5	12.2
Charlotte		14.0	4.5	5.4
Citrus			4.6	4.0
Collier	27.4	3.6	1.7	3.9
DeSoto		8.6		2.7
Glades			12.7	7.6
Hendry	46.9		7.9	7.4
Hernando	9.9		6.1	5.7
Highlands	50.1	9.1	2.9	9.6
Hillsborough	51.9	15.9	7.6	17.0
Lake	23.4	8.1	3.9	7.0
Lee	24.5	14.1	3.2	7.7
Manatee	44.2	17.9	3.9	10.1
Marion	26.1	5.8	3.1	6.5
Orange	58.1	29.4	11.2	26.2
Osceola	37.2	15.7	13.7	17.3
Pasco	12.8	15.7	5.1	7.4
Pinellas	44.6	25.9	11.3	16.1
Polk	34.7	10.9	5.5	11.0
Sarasota	31.8	19.2	4.4	7.4
Seminole	34.4	14.8	4.6	10.6
Sumter	10.9			1.5
Florida State Benchmark	41.4	20.6	7.3	16.2

Figure 48 – HIV incidence rate by county and race/ethnicity, source: Florida Department of Health, Bureau of Communicable Diseases 2020. Shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

HIV Prevalence – Persons Living with HIV

The proportion of persons living with HIV (prevalence rate) also varied by race and ethnicity across the catchment area. Although only two counties had higher prevalence rates than the state benchmark for all races and ethnicities, the Black population within every catchment area county had a higher HIV prevalence rate than the state average (542.9 per 100,000 population).

	Black (Non-Hispanic)	Hispanic	White (Non-Hispanic)	All Races/ Ethnicities
Brevard	1,062.3	306.8	198.2	291.5
Charlotte	691.8	272.1	144.2	185.0
Citrus	791.8	414.6	129.0	162.9
Collier	1,403.0	316.2	116.9	259.3
DeSoto	1,465.2	290.7	198.0	382.0
Glades	3,174.6	829.0	165.4	687.8
Hardee	754.7	216.1	115.6	203.1
Hendry	1,570.2	235.9	204.6	364.6
Hernando	736.2	301.4	175.6	222.7
Highlands	1,051.1	281.4	153.7	270.2
Hillsborough	1,417.2	384.9	321.4	507.6
Lake	1,059.9	335.7	181.3	297.4
Lee	1,384.7	305.7	186.6	308.9
Manatee	1,271.2	327.5	174.5	293.9
Marion	929.5	370.2	185.8	307.4
Orange	1,393.0	547.7	449.2	654.4
Osceola	859.0	419.4	260.2	402.4
Pasco	699.7	292.3	206.6	245.5
Pinellas	1,483.1	544.9	379.0	502.7
Polk	1,148.1	368.2	211.4	387.4
Sarasota	1,224.3	339.2	176.2	238.0
Seminole	947.7	315.2	170.1	290.2
Sumter	1,486.9	518.5	109.4	229.5
Florida State Benchmark	1,553.5	514.4	287.8	542.9

Figure 49 - Persons living with HIV per 100,000 population, source: Florida Department of Health, Bureau of Communicable Diseases 2020. Highlighting (in blue) indicates the county rate was greater than the state benchmark for all races/ethnicities

O.Preventable Hospitalizations

Preventable Hospitalizations by Race/Ethnicity

According to Mapping Medicare Disparities, 11 catchment area counties had a lower rate of preventable hospitalizations for Medicare enrollees than the Florida average in 2018. Black and Hispanic Medicare enrollees generally had higher rates of preventable hospitalizations when compared to the state average for all races and ethnicities.

	American Indian/Alaska Native	Asian	Black	Hispanic	White	Total (All Race/Ethnicity)
Brevard		4,134	6,247	4,879	4,366	4,541
Charlotte		1,434	5,186	5,672	4,382	4,427
Citrus			4,929	3,956	4,473	4,449
Collier		2,530	5,514	4,584	2,988	3,172
DeSoto			2,401	6,452	6,051	5,695
Glades			3,575		6,041	6,337
Hardee			8,264	6,039	5,989	6,051
Hendry			6,183	5,402	4,579	4,831
Hernando		2,158	6,335	5,306	4,801	4,897
Highlands			9,902	5,795	4,983	5,297
Hillsborough		2,728	7,485	6,118	4,813	5,255
Lake		3,747	7,390	5,727	4,094	4,278
Lee	8,439	3,574	6,995	5,230	3,462	3,678
Manatee		1,362	6,586	5,362	3,682	3,852
Marion		1,708	6,235	4,808	4,455	4,571
Orange		2,567	7,911	6,042	4,534	5,189
Osceola		3,603	6,213	8,219	5,667	6,216
Pasco		2,595	6,527	5,048	4,558	4,599
Pinellas		3,129	9,155	5,543	4,376	4,638
Polk		3,457	9,255	7,005	6,125	6,344
Sarasota		1,915	4,986	3,239	2,963	3,028
Seminole		3,001	8,059	5,107	4,598	4,926
Florida Benchmark	6,281	3,143	7,324	6,214	4,275	4,684

Figure 50 – Preventable Hospitalizations for Medicare Beneficiaries by Race/Ethnicity per 100,000 enrollees, source: County Health Rankings, Mapping Medicare Disparities, 2018, shading indicates the measure was greater (worse) than the state benchmark for all races/ethnicities

P. Environmental Health and Environmental Risk Factors

Air Pollution, Violent Crime, and Access to Exercise Opportunities

County Health Rankings compiles indicators related to environmental health and the physical environment. Air pollution, measured as the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5), was greater than the Florida benchmark (7.7) in eight catchment area counties. Four counties had greater rates of violent crime than the state average (484.4 per 100,000 population). Utilizing 2010 census mapping and 2019 business data, County Health Rankings estimated the percentage of the population with adequate access to locations for physical activity. Of the 23 catchment area counties, 16 had worse access to physical activity opportunities than the state benchmark (88.7%).

Figure 51 – Air pollution, violent crime, and access to exercise opportunities, source: County Health Rankings, Environmental Public Health Tracking Network, 2016, Uniform Crime Reporting FBI 2015 & 2016, and Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files 2010 & 2019, highlighting (dark blue bars) indicates the county measure was worse than the state benchmark

Food Insecurity

According to Feeding America's 2019 Map the Meal Gap study, the food insecurity rate, measured as the percentage of the population who lacked adequate access to food, was greater than the Florida benchmark (13.0%) in ten catchment area counties.

Brevard	12.5%	Lee	12.0%
Charlotte	13.4%	Manatee	11.9%
Citrus	15.5%	Marion	14.4%
Collier	10.5%	Orange	12.3%
DeSoto	16.4%	Osceola	12.1%
Glades	14.3%	Pasco	12.9%
Hardee	15.2%	Pinellas	12.9%
Hendry	16.2%	Polk	13.7%
Hernando	13.8%	Sarasota	11.4%
Highlands	15.6%	Seminole	10.5%
Hillsborough	12.3%	Sumter	12.1%
Lake	12.4%	Florida Benchmark	13.0%

Figure 52 - Food insecurity, source: County Health Rankings, Feeding America Map the Meal Gap 2019, Note: the U.S. and FL SNAP poverty thresholds differ, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

Limited Access to Healthy Foods

The USDA Food Environment Atlas includes an estimate of the population who are low-income and do not live close to a grocery store. In the most recent data available, 16 catchment area counties had worse access than the Florida average. Nearly one-third of Glades County residents lacked sufficient access to grocery stores.

Brevard	12.3%	Lee	9.7%
Charlotte	14.1%	Manatee	6.4%
Citrus	12.9%	Marion	10.4%
Collier	9.5%	Orange	6.9%
DeSoto	5.8%	Osceola	10.2%
Glades	31.1%	Pasco	8.3%
Hardee	22.1%	Pinellas	3.9%
Hendry	15.0%	Polk	12.8%
Hernando	14.3%	Sarasota	6.9%
Highlands	14.2%	Seminole	7.2%
Hillsborough	7.5%	Sumter	4.3%
Lake	10.8%	Florida Benchmark	7.2%

Figure 53 – Access to healthy foods, source: County Health Rankings, USDA Food Environment Atlas 2015, shading indicates the county measure was lower than (green) or greater than (blue) the state benchmark

Q. County and State Health Improvement Plans

County Health Improvement Plans for Catchment Area Counties

The most recent County Health Improvement Plan (CHIP) for each catchment area county was reviewed as of November 2021. Individual health priorities within the CHIP reports were coded according to broader categories and were included within the prioritization process. A summary of the topics included in CHIP reports is provided in the table below.

	Brevard	Charlotte	Citrus	Collier	DeSoto	Glades	Hardee	Hendry	Hernando	Highlands	Hillsborough	Lake	Lee	Manatee	Marion	Orange	Osceola	Pasco	Pinellas	Polk	Sarasota	Seminole	Sumter
Access to care	✓		✓	✓					✓		✓	✓			✓	✓	✓		✓		✓	✓	
Access to healthy foods and nutrition			✓								✓	✓	✓	✓		✓	✓	✓				✓	
Access to physical activity opportunities													✓	✓		✓		✓				✓	
Behavioral health		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓
Built environment																			✓		✓		
Chronic disease	✓				✓					✓				✓				✓					✓
Communicable diseases	✓													✓				✓					
Cultural competency	✓																	✓	✓				
Domestic violence					✓																		
Education							✓										✓						
Employment																	✓						
Environmental health	✓																				✓		
Financial barriers																	✓						
Fragmented system of care / linkages	✓																					✓	
HPV vaccination										✓													
Health Promotion, Education & Outreach	✓																						
Health disparities & health equity												✓		✓		✓	✓		✓	✓	✓	✓	
Health education				✓					✓					✓	✓								✓
Health literacy											✓												
Healthy aging				✓													✓						
Healthy weight	✓						✓			✓						✓				✓	✓	✓	
Housing and homelessness															✓		✓						
Injury prevention	✓																			✓			
Lack of awareness of resources									✓									✓					
Maternal and child health	✓		✓			✓	✓	✓						✓					✓	✓			✓
Oral health	✓														✓		✓						
Other	✓		✓																				
Poverty, Cost, and Financial Barriers	✓																						
SDOH																			✓		✓		
Smoking / Tobacco		✓	✓		✓					✓						✓		✓					✓
Stigma																		✓					
Technology	✓																						
Transportation															✓		✓						
Trauma		✓				✓		✓											✓				✓

Figure 54 - Coded County Health Improvement Plan (CHIP) priorities for catchment area counties, Source: Florida Department of Health

Florida State Health Improvement Plan 2022-2026

Florida's most recent State Health Improvement Plan (SHIP) includes the seven priority areas below:

1. Alzheimer's Disease and Related Dementias
2. Chronic Diseases and Conditions
3. Injury, Safety, and Violence
4. Maternal and Child Health
5. Mental Well-being and Substance Abuse Prevention
6. Social and Economic Conditions Impacting Health
7. Transmissible and Emerging Diseases

A. Community Leader Interviews

Interview data is qualitative and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is designed to gather input from persons who represent the broad interests of the community serviced by MCC as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected.

Interview Methodology

Carnahan Group conducted a total of sixty-four phone or Zoom interviews with community leaders and key informants from January 24, 2022, to March 16, 2022. In addition to select internal stakeholders, individuals or organizations serving or representing the interests of medically underserved, low-income, and minority populations in the community and county health department representatives from each catchment area County were included. Each interview required approximately 45 minutes to complete. Leaders were asked to share their top health concerns, barriers to health and wellbeing, and top cancer priorities among other questions. Interviewers followed a pre-determined question guide, with specific questions for internal stakeholders, external stakeholders, and public health experts. A list of organizations and individuals interviewed is located within Appendix C and a detailed list of interview questions can be found in Appendix D.

Following data collection, responses to each interview question were aggregated and coded according to shared themes or categories. The resulting themes are described within the narrative and figures in this section.

Greatest Health Concerns

During interviews, leaders most frequently discussed access to care, behavioral health, housing, prevention, and access to healthy foods when asked to share the greatest health concerns in their community. Other top concerns included transportation, financial barriers, chronic disease, and the social determinants of health. A summary of health concern themes mentioned by community leaders is provided in the figure below.

Figure 55 - Categorized concerns mentioned by community leaders. Larger text indicates a greater number of mentions.

Community Health Strengths

The diverse communities within the catchment area share many strengths related to health and well-being. Leaders frequently discussed how cross-sector partnerships and collaborations with community partners were significant assets to community health. Specific hospitals and healthcare providers were considered vital to the well-being of residents. Many shared how local free or sliding fee scale clinics provide an important safety net for low-income or un/under-insured individuals in the area. The top strengths shared are included in the table below.

Partnerships (18 mentions)
Healthcare organizations and hospitals (17 mentions)
Collaboration (16 mentions)
Diversity (7 mentions)
Free and sliding fee scale clinics (7 mentions)
Community health improvement collaboratives (5 mentions)
Foundations & philanthropy (4 mentions)
FQHCs (4 mentions)
Health department (4 mentions)
Local healthcare provider supply (4 mentions)

Figure 56 - Most mentioned community strengths

Barriers Identified by Community Leaders

Interviewees were asked to share barriers to accessing healthcare in addition to barriers to participating in healthy lifestyles. Community leaders frequently discussed transportation, financial barriers (including poverty), specific access to care barriers like health insurance coverage, Medicaid expansion, and the linkage of employment and health insurance. Other themes that emerged during interviews included language and cultural barriers, lack of trust in providers, provider shortages, housing, health literacy, navigating a fragmented system of care, and geographical barriers for rural communities. Topics mentioned as barriers by community leaders are included in the figure below.

Figure 57 - Barriers to health and wellbeing identified by community leaders, larger circles indicate more mentions

Important Cancer Initiatives and Priorities

During the interviews, leaders were asked to describe the most important cancer-related initiatives and priorities for their communities. Screening and early detection was the most frequently discussed theme, with over half of all interviewees citing it as a major priority. Some community leaders spoke more broadly in terms of preventing cancer morbidity and mortality and educating individuals so that they might better participate in lowering their risk. Within the discussions, breast cancer was the most mentioned cancer site, followed by colorectal, prostate, and lung cancers. Priorities or initiatives mentioned by more than one community leader are displayed in the table on the following page.

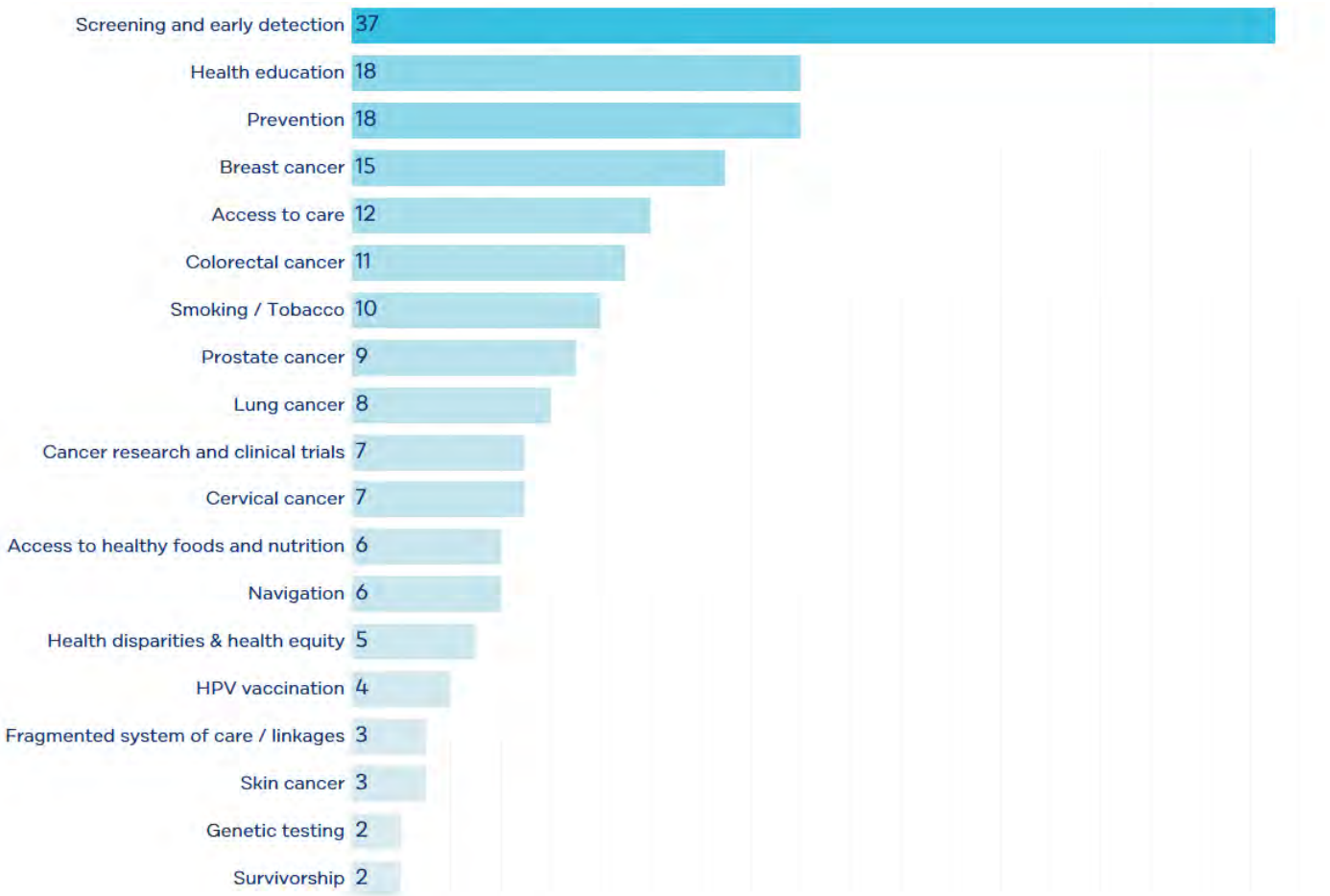


Figure 58 - Important cancer priorities and initiatives described by community leaders. Numbers indicate the number of times the topic was mentioned by a community leader.

As a follow-up question, community leaders were asked to describe the biggest challenges to addressing the cancer priorities or initiatives they indicated were most important. The most frequently cited issues included financial barriers, a lack of awareness (of screening guidelines or risk factors, for example), health insurance coverage, funding for programs to provide services or education, and transportation.

Community leaders described how often screening might feel like a “bridge to nowhere” for individuals who face many barriers in seeking a diagnosis after a positive screen. Those

interviewed highlighted the need for screenings and outreach programming to be offered outside of work hours and located where people already gather. Some pushed for stronger connections between primary care providers and cancer specialists, and others would like to see primary care providers recommend screenings consistently. Many leaders described social marketing challenges associated with providing folks with the right message at the right time and in a way that will be received by the target audience. Lastly, interviewees shared how community members might be hesitant to participate in research or trials (especially tissue donation) due to a lack of understanding or a mistrust of the healthcare system.

How much of a Concern is Cancer in the Community?

Leaders were asked to describe how much of a concern they felt cancer was for community residents, compared to other health issues. In general, the majority of those interviewed felt that cancer was a top or mid-level priority since it is a leading cause of death, most people know someone who has been impacted by cancer, and cancer risk increases with age. Some additional reasons that community leaders cited for selecting cancer as a top concern include the presence of health disparities, environmental risk factors, and perceived feelings of hopelessness or vulnerability related to individual cancer risk. As a leader described, “many see cancer as a deadly disease with the possibility for financial ruin/bankruptcy.”

Those who indicated that cancer was a low to medium level concern in the community spoke about how many don’t pay attention to cancer unless they have been personally impacted or have a family history. Some leaders felt that since members of the community were dealing with poverty, other chronic diseases, or the effects of the COVID-19 pandemic, they didn’t have the capacity or bandwidth to focus on cancer. The percentage of community leaders rating cancer as a high, medium, or low concern is outlined in the chart below.

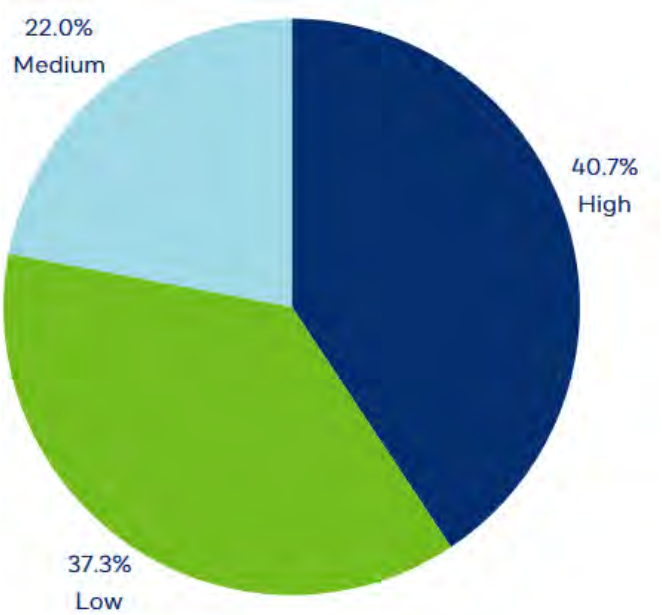


Figure 59 - Rating of how much of a concern cancer is within the community, according to interviewees.

Barriers to Addressing Cancer-Related Health Behaviors

During interviews, community leaders were asked to share what they perceived to be the biggest barriers to addressing health behaviors that lead to cancer (examples included smoking, obesity, tanning, or sunscreen use). The most discussed issue was a lack of awareness of how behavior changes modify cancer risk, followed by cultural norms and financial barriers. Individuals living in poverty make decisions about meeting urgent needs, often face greater stress levels, and lack access to healthy foods and physical activity opportunities. Individuals may also be dealing with urgent mental health problems or substance use. Further, many of the behavioral risk factors related to cancer serve as coping mechanisms or stress relief for individuals, making them difficult to modify without addressing other underlying challenges. Many interviewees shared how motivation for behavior change might also be a challenge because individuals don't think cancer will happen to them.

B. Online Community Health Survey

MCC collaborated with partner organizations, Carnahan Group, and a third-party vendor to engage individuals across the catchment area in an online community health survey. Key topics covered within the survey include access to care, screening behavior for colorectal, lung, breast, and cervical cancers, liver disease, HPV vaccination, clinical trial knowledge and participation, and genetic testing. In addition to informing the development of significant health needs within this assessment, MCC will also utilize information from the community health survey to inform future programming and research.

Survey Methodology

MCC developed the survey instrument and translated the survey into Spanish via certified medical translation using the Spanish language spoken in the United States. Both versions of the community health survey were hosted within the REDCap platform and responses were collected from January 24, 2022, to March 16, 2022. A total of 1,864 responses in English and 31 responses in Spanish were collected. The complete survey instrument is included in Appendix E.

MCC established goals for the target number of survey responses per catchment area county by estimating the sample size needed to achieve a 10% margin of error. The Margin of error indicates how closely a sample represents the overall population within a county. Respondent demographics were monitored throughout data collection to ensure broad reach across the catchment area as well as representation across sub-populations.

Requests for participation and survey links in English and Spanish were shared via email, re-posting on specific forums, and social media channels like LinkedIn and Facebook. Through organic marketing efforts, a variety of local non-profits, academic institutions, government agencies, and social service organizations were asked to share the survey broadly within their local communities.

A third-party vendor was engaged to solicit responses from counties with low initial response rates, as well as individuals from the Black/African American and Hispanic/Latinx communities across the catchment area. The vendor offered individuals compensation for their time and utilized fingerprinting technology to ensure unique, complete responses.

Survey Reach

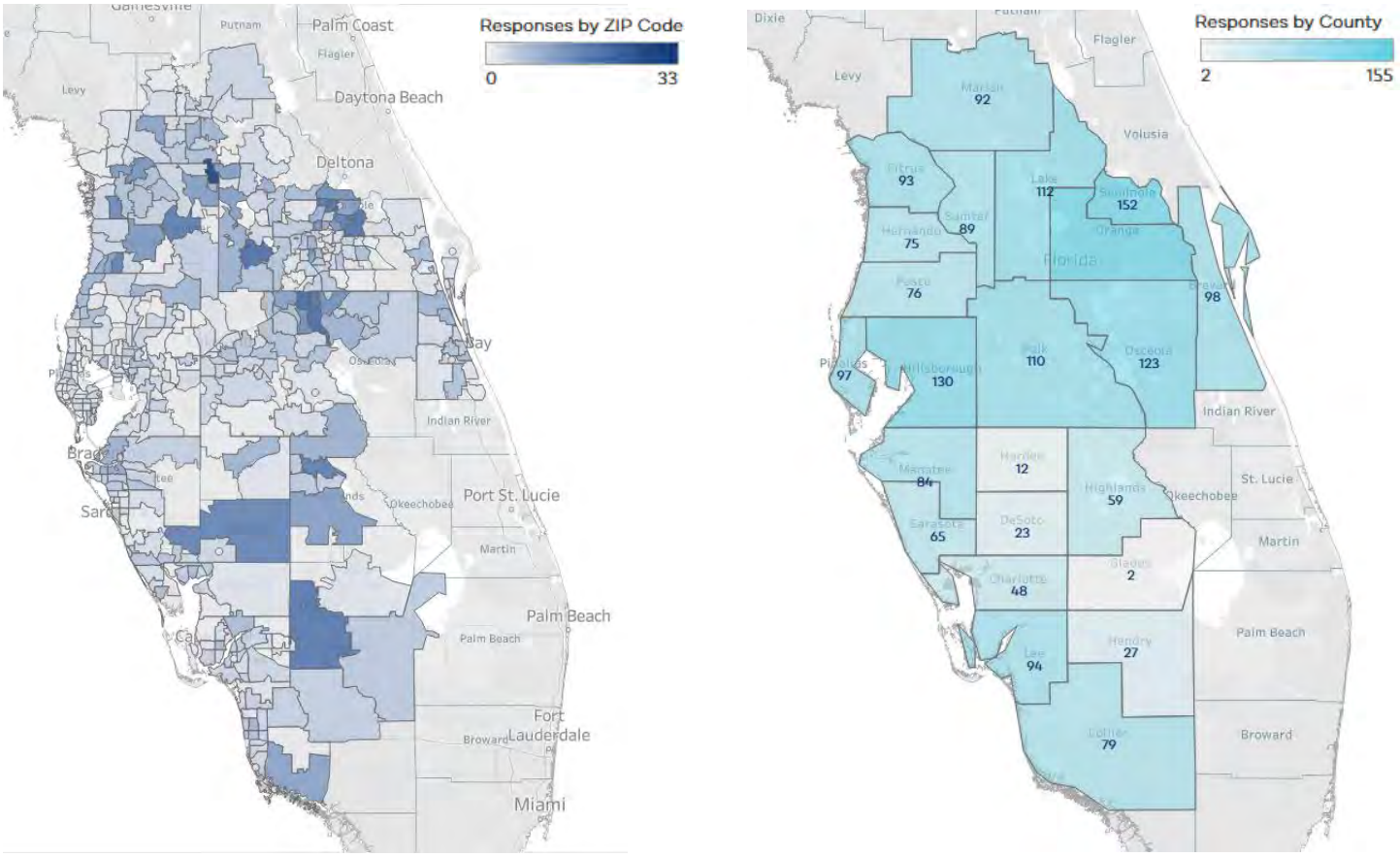


Figure 60 - Map of online community health survey responses by ZIP Code (left) and county (right).

To gather insights at the local level, the survey captured respondent location by ZIP Code rather than county. Respondent ZIP Codes were mapped to counties in a 1:1 manner utilizing a modified crosswalk from the Housing and Urban Development (HUD) User Datasets. For ZIPs that crossed county lines, survey responses were attributed to the county with a greater percentage of the ZIP's population. This methodology has the greatest impact on small counties with few ZIP Codes, like Glades County. Considering this mapping, sample sizes were not met for the following counties: Charlotte, DeSoto, Glades, Hardee, Hendry, and Highlands. Race and ethnicity for respondents are compared to the catchment area in the table below.

Race/Ethnicity	Catchment Area %	Survey Respondent %
American Indian	0.2%	0.7%
Asian	3.0%	0.9%
Black/African American	11.6%	12.5%
Native Hawaiian/Pacific Islander	0.1%	0.3%
White	59.2%	76.0%
Hispanic, Latino/a or Spanish	23.6%	19.4%

Figure 61 - Survey responses by race/ethnicity compared to catchment area by race/ethnicity. Source: Esri 2021. Note that race and ethnicity were obtained in separate survey questions and therefore will not sum to 100%.

Survey Respondent Demographics

Responses to each question were analyzed independently, regardless of survey completion.

Gender Identity

Woman	67.9%
Man	31.1%
Prefer not to answer	0.4%
Non-binary/genderqueer	0.3%
Trans man/trans masculine spectrum	0.2%
I identify in another way	0.1%

Figure 62 –Gender identity of survey respondents, n=1,880

Race

American Indian	0.7%
Asian	0.9%
Black/African American	12.5%
Don't know	2.3%
More than one race	4.6%
Native Hawaiian/ Pacific Islander	0.3%
Prefer not to answer	2.7%
White	76.0%

Figure 64 - Race of survey respondents, n=1,860

Language Other Than English

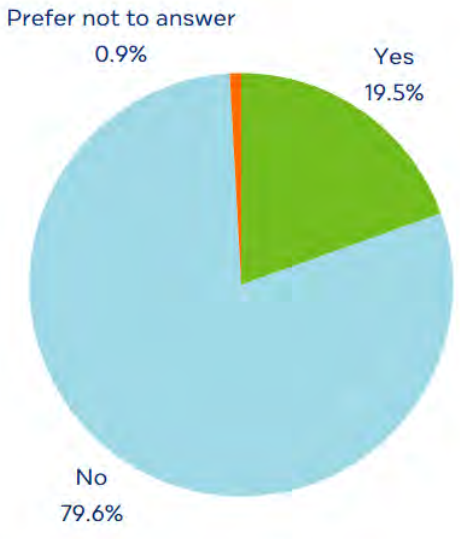


Figure 67 - Respondents who speak a language other than English at home, n=1,880

LGBTQ+ Identity

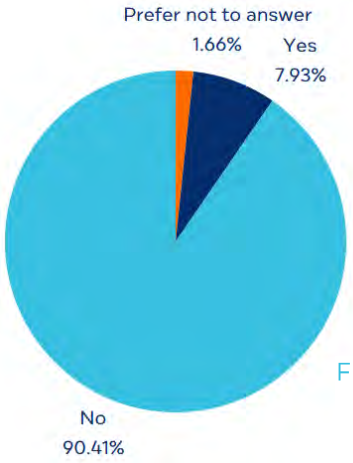


Figure 63 - LGBTQ+ identity of survey respondents, n=1,866

Hispanic, Latino/a or Spanish Origin

Yes	19.4%
No	78.1%
Don't know	0.7%
Prefer not to answer	1.8%

Population in Catchment Area = 23.6%

Figure 65 - Ethnicity of survey respondents, n=1,787

Education Level

Less than high school	1.1%
Some high school, but no diploma	2.6%
High school diploma or GED	20.7%
Post high school training other than college (vocational or technical)	6.4%
Some college, no degree	18.8%
Associate degree	12.9%
Bachelor's degree	21.8%
Master's/Graduate or professional degree or higher	15.1%
Prefer not to answer	0.5%

Figure 66 - Education of survey respondents, n=1,870

Survey Respondent Demographics (Continued)

Responses to each question were analyzed independently, regardless of survey completion.

Age

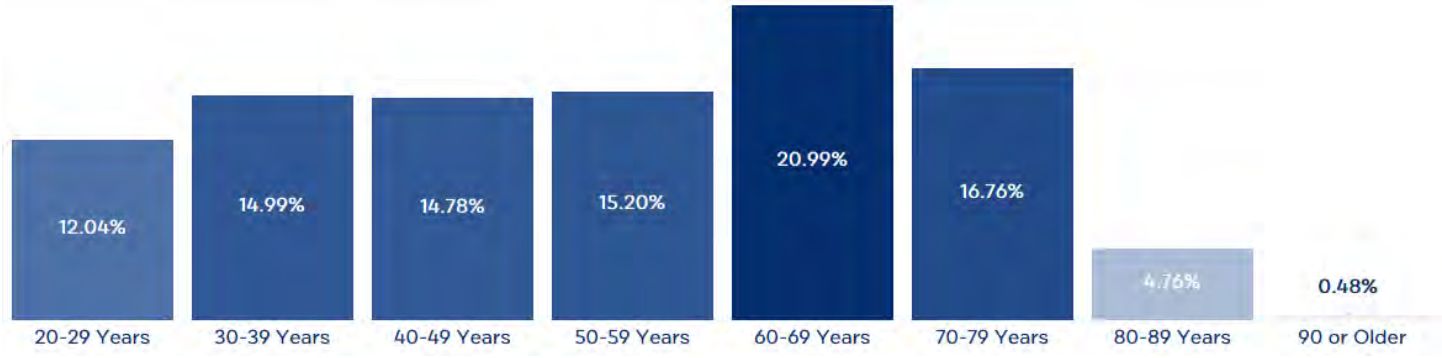


Figure 68 - Age group of survey respondents, n=1,868

Health Insurance Coverage

Government Insurance	902
Private Insurance	723
Self pay	148
Prefer not to answer	77
Other	18

Figure 70 - Health insurance coverage of survey respondents (a "select all that apply" question), n=1,868

Marital Status

Married/domestic partner	46.5%
Single, never been married	22.6%
Divorced	12.2%
Widowed	8.0%
Living as married	7.9%
Separated	1.7%
Prefer not to answer	1.1%
Don't know	0.1%

Figure 69 - Marital status of survey respondents, n=1,872

Income

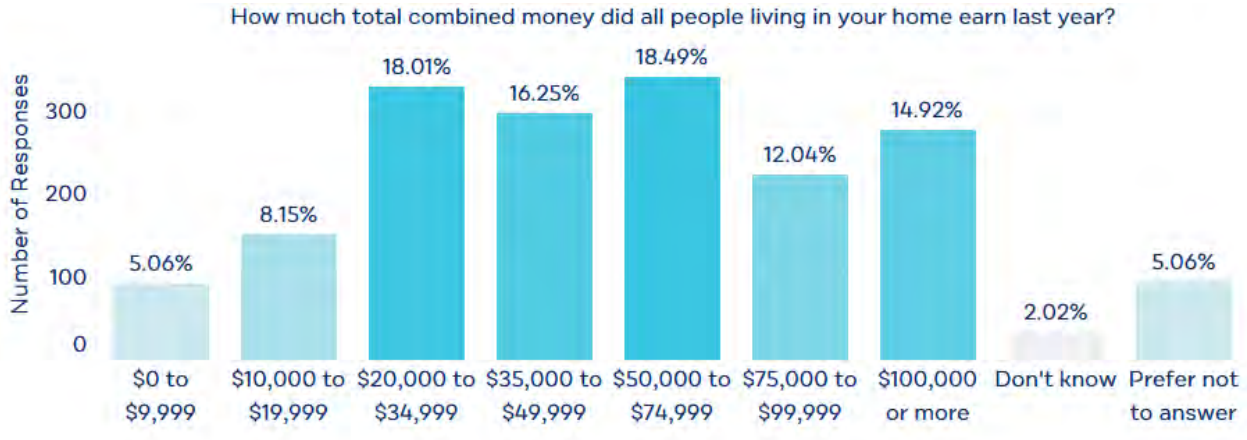


Figure 71 - Household income of survey respondents, n=1,877

Summary of Key Survey Results

Responses to each question were analyzed independently, regardless of survey completion.

Needed Care Past 12 Months, Did Not Receive

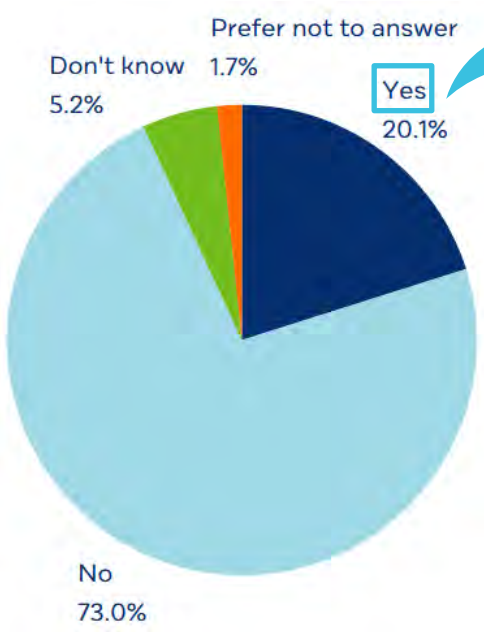


Figure 73 - Access to care survey responses, n=1,850

What was the main reason you didn't get the medical care you needed?	
Can't afford it / costs too much	41.1%
Appointment delayed or canceled due to COVID-19 pan..	16.4%
Trouble getting an appointment	11.8%
Other	9.4%
Don't have insurance	8.9%
No transportation	6.7%
Don't know where to go	3.2%
Don't have a doctor	2.4%

Figure 72 - Reason for not receiving care survey responses n=372

Over 20% of survey respondents indicated that they needed care in the past 12 months but did not get the care that they required. When asked why, many responded that they could not afford care, while others indicated their care was impacted by COVID-19, or that they had trouble getting an appointment.

Heard of Moffitt Before

Figure 74 - Heard of Moffitt before survey responses,

Health Literacy

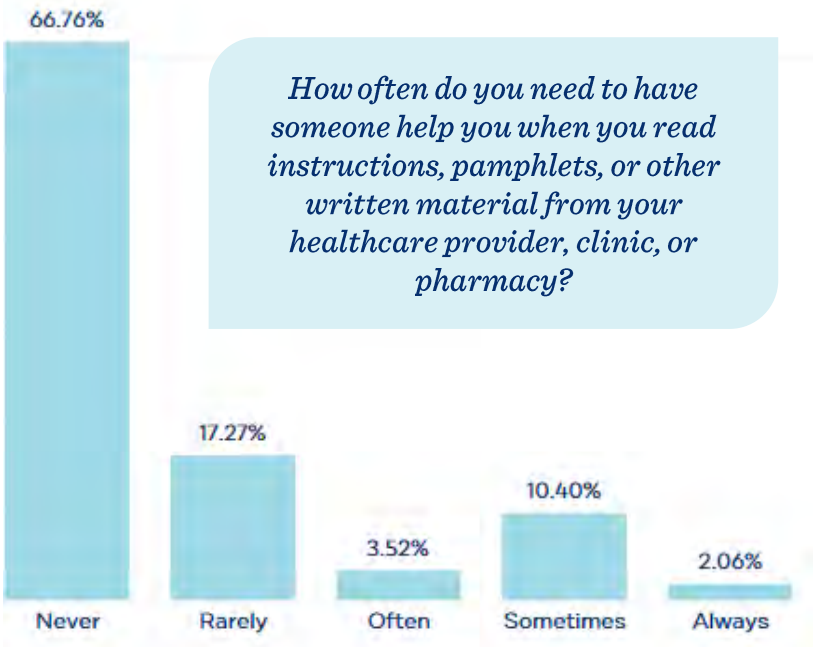


Figure 75 - Health literacy survey responses, n=1,847

Summary of Key Survey Results (Continued)

Responses to each question were analyzed independently, regardless of survey completion.

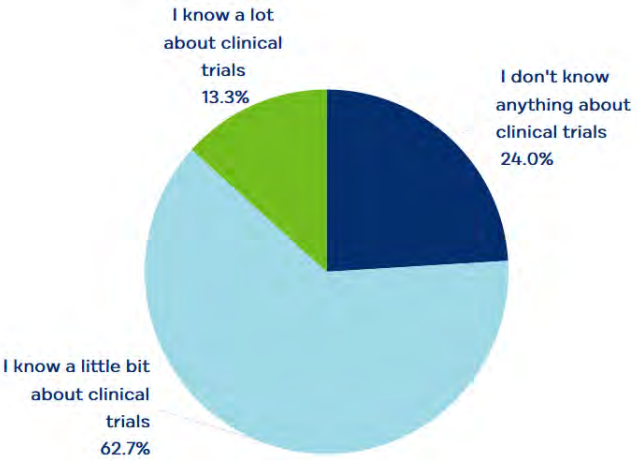
Household Income

Which one of these comes closest to your feelings about your household's income?	
Living comfortably on present income	32.5%
Getting by on present income	36.3%
Finding it difficult to get by on present income	18.6%
Finding it very difficult to get by on present income	8.7%
Prefer not to answer	3.9%

Figure 76 - Household income survey responses, n=1,858

Nearly two-thirds of survey respondents indicated that they were either “getting by” or that they found it difficult or very difficult to get by on their present household income.

Clinical Trial Knowledge



Genetic Testing Familiarity

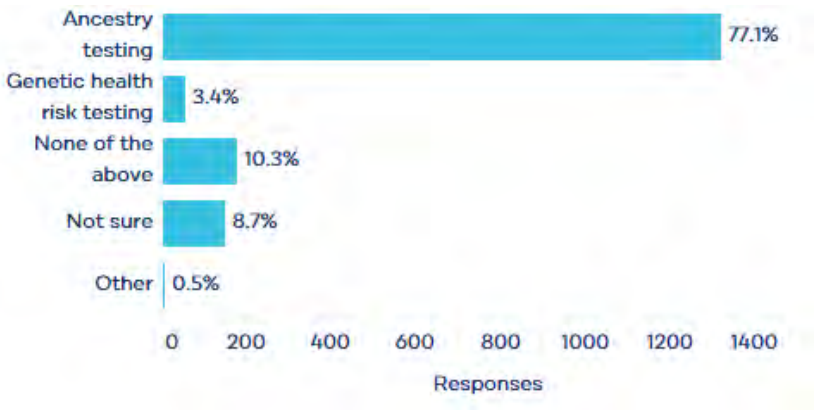


Figure 77 - Clinical trial knowledge survey responses, n=1,835 and genetic testing survey responses (a “select all that apply” question) n=1,714

When asked about their knowledge of clinical trials, the majority of survey respondents indicated that they knew a little bit (61.1%), while 23.1% of those surveyed indicated that they did not know anything about clinical trials. Ancestry testing was most familiar to survey respondents.

Summary of Key Survey Results (Continued)

Responses to each question were analyzed independently, regardless of survey completion.

Cancer Types of Interest

Breast cancer	382
Bladder cancer	159
Not interested	124
Colorectal cancer	96
Melanoma	66
Lung cancer	64
Kidney cancer	42
Prostate cancer	42
Other	38
Thyroid cancer	14
Non-Hodgkin lymphoma	12
Uterine cancer	10

Figure 79 - Cancer types of interest survey responses, n= 1,049 (a "select all that apply" question)

Cancer Topics of Interest

Cancer prevention	557
Biobanking and cancer	136
Cancer screening	85
Not interested	82
Genetics and cancer	50
Nutrition and cancer	49
Clinical trials	43
Tobacco cessation	23
Other	14
HPV vaccination	14

Figure 78 - Cancer topics of interest survey responses, n=1,053 (a "select all that apply" question)

Respondents who selected “other” cancer types frequently mentioned liver, ovarian, brain, cervical, blood, pancreatic, esophageal, oral, carcinoid, and neuroendocrine cancer sites.

Refused Healthcare

Never	83.0%
Yes, but not in the past year	8.7%
Yes, many times in the past year	3.2%
Yes, once or twice in the past year	5.1%

Figure 80 - Refused healthcare survey responses, n=1,729

When asked if they had ever been refused healthcare from a provider, over 15% of survey respondents indicated “yes”. Respondents who indicated yes were asked to share why they feel they were refused care. Many cited aspects of physical appearance, age, a disability, ancestry or national origins, or race.

Reason for Experience

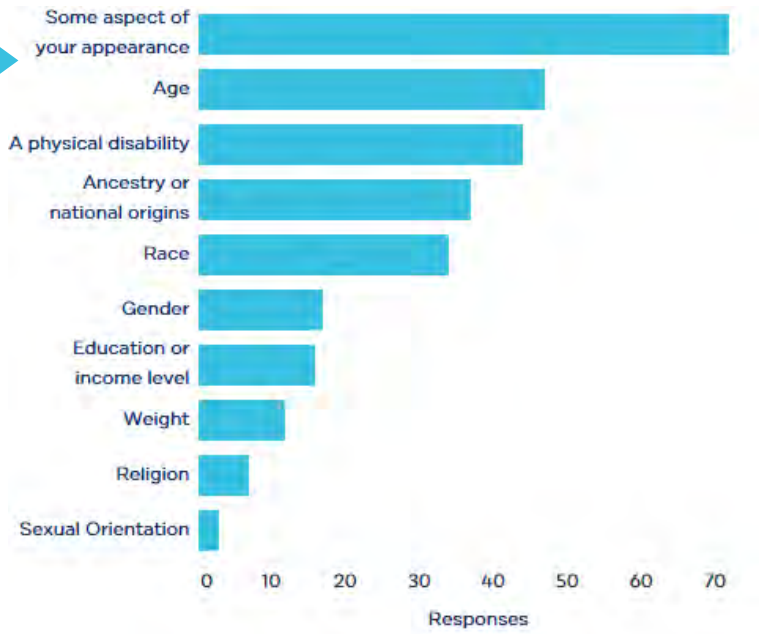


Figure 81 - Reason for experience of being refused healthcare survey responses, n=289

A. Prioritization Methodology

Prioritization Matrix Inputs

Qualitative data collected during community leader interviews was coded and inserted into a prioritization matrix designed to inform the development of a list of significant community health needs. Responses to the interview questions listed below were central to the analysis. The figure below includes coded themes that emerged from the community leader interview data, with the number of times the theme was mentioned within each of the questions of interest.

- What do you believe are the greatest (most pressing) health concerns in the community?
- What are existing barriers to accessing healthcare and participating in healthy lifestyles?
- What do you feel are the most important cancer-related priorities or initiatives?

	Mentioned as a health concern	Mentioned as a Barrier	Mentioned as Cancer Priority or Initiative
Access to care	40	27	12
Transportation	12	41	
Financial barriers	12	39	1
Screening and early detection			37
Health education	5	14	18
Prevention	13	4	18
Access to healthy foods and nutrition	13	14	6
Behavioral health	30	1	1
Housing and homelessness	14	6	
Lack of awareness of resources		15	
Breast cancer			15
SDOH	8	5	1
Language barriers	2	11	1
Smoking / tobacco	3		10
Navigation	2	5	6
Health literacy	5	7	
Health disparities & health equity	4	3	5
Cancer	12		
Lack of trust in healthcare providers	2	9	
Colorectal cancer			11
Chronic disease	11		
Time		9	
Prostate cancer			9
Immigration status / lack of documentation		9	
Geographical barriers	1	8	
Fragmented system of care / linkages		6	3
Cultural barriers		9	
Provider shortages		8	
Lung cancer			8
Cultural competency	3	5	
Cancer research and clinical trials	1		7
Obesity	7		
Maternal and child health	7		

	Mentioned as a health concern	Mentioned as a Barrier	Mentioned as Cancer Priority or Initiative
Cervical cancer			7
Outreach		5	1
Oral health	6		
Employment	5		
Technology	1	3	
Motivation		4	
Misinformation		3	1
HPV vaccination			4
Healthy aging	4		
COVID	4		
Caregiving responsibilities		4	
Skin cancer			3
Sexually transmitted infections	3		
Education	3		
Delays in seeking care	1	2	
Survivorship			2
Stress	1	1	
Social isolation	2		
Safety		2	
Literacy		2	
Genetic testing			2
Environmental health	2		
Built environment		2	
Access to physical activity opportunities		2	
Trauma	1		
Thyroid cancer			1
Stigma		1	
Racism		1	
Ovarian cancer	1		
Lack of diagnosis		1	
Domestic violence	1		
Communicable diseases	1		
Blood cancers			1

Figure 82 - Key themes from community leader interview questions considered during prioritization. Darker shading indicates more mentions by community leaders.

In addition to themes from community leader interviews, response data for specific survey questions was also included within the prioritization matrix. Questions related to access to care, social determinants of health, clinical trials, genetic testing, cancer, and discrimination from healthcare providers were considered. For more information on the online community health survey and detailed data summaries, refer to the primary data section of this report.

A total of approximately 75 individual themes emerged from the analysis of primary data (interviews and surveys). Next, secondary data related to the key themes were analyzed and inserted into the prioritization matrix. Throughout this process, county-level data points were compiled for all catchment area counties and this information was systematically compared to the Florida state benchmark value. Information from the most recent Community Health Improvement Plan (CHIP) reports was also included.

Refined List of Significant Health Needs

The combined analysis of the primary and secondary datasets led to a condensed list of needs. Themes rose to the top of the decision matrix if they were flagged across multiple data sets, had a high number of community leader mentions or survey responses, appeared in the majority of CHIP reports, or had dramatically worse indicators when compared to the Florida benchmark. Similar topics were merged and condensed as appropriate.

The following list of significant health need topics was provided to key stakeholders for their consideration and prioritization (listed in alphabetical order):

- Access to care
- Behavioral health
- Cancer
- Financial barriers and poverty
- Health equity
- Health promotion, education & outreach
- Healthy weight
- Preventative care
- Social determinants of health
- Smoking/tobacco
- Transportation

Organizations Providing Input for Prioritization

MCC sought input on the refined list of significant health needs from internal and external stakeholders within the Patient and Family Advisory Council (PFAC), and the Tampa Bay Community Cancer Network (TBCCN) during 1.5-hour virtual meetings on April 20, 2022, and April 21, 2022, respectively. A brief description of the purpose and membership of each group is provided below.

Patient and Family Advisory Council

The Patient and Family Advisory Council, facilitated by patient and family advisor co-chairs, includes 17 patients and family members, who serve two-year terms. The council also includes key Moffitt Cancer Center administrators and staff members.

The Council serves as a "voice" for patients who have received cancer treatment at Moffitt and their family members. It is imperative for the Council's membership to reflect the patients we serve. Patients and family members on the council work alongside doctors, nurses, other health care providers and administrators to:

- Provide information about needs and concerns
- Work with staff to make changes that impact patients and families
- Participate in the design of patient care areas
- Assist in the planning of new patient-related programs
- Serve as a resource on a wide variety of issues, services and policies

Tampa Bay Community Cancer Network

The Tampa Bay Community Cancer Network is a collaborative network of academic and community-based organizations and is one of 25 Community Networks Programs across the country funded by the National Cancer Institute's Center to Reduce Cancer Health Disparities. The Tampa Bay Community Cancer Network is comprised of an administrative core, outreach core, research core and training core. This network is made of local community-based health centers, nonprofit organizations, faith-based groups, adult education and literacy groups, and the Moffitt Cancer Center. The collective goal of the TBCCN is to create and implement sustainable and effective community-based interventions to impact cancer disparities in the Tampa Bay area.

Virtual Prioritization Sessions

Each virtual prioritization session included an introduction to the Community Health Needs Assessment process and a brief overview of each of the significant health need topics that the groups would be rating for prioritization. An example of an overview slide utilized during the sessions is provided in the figure below.

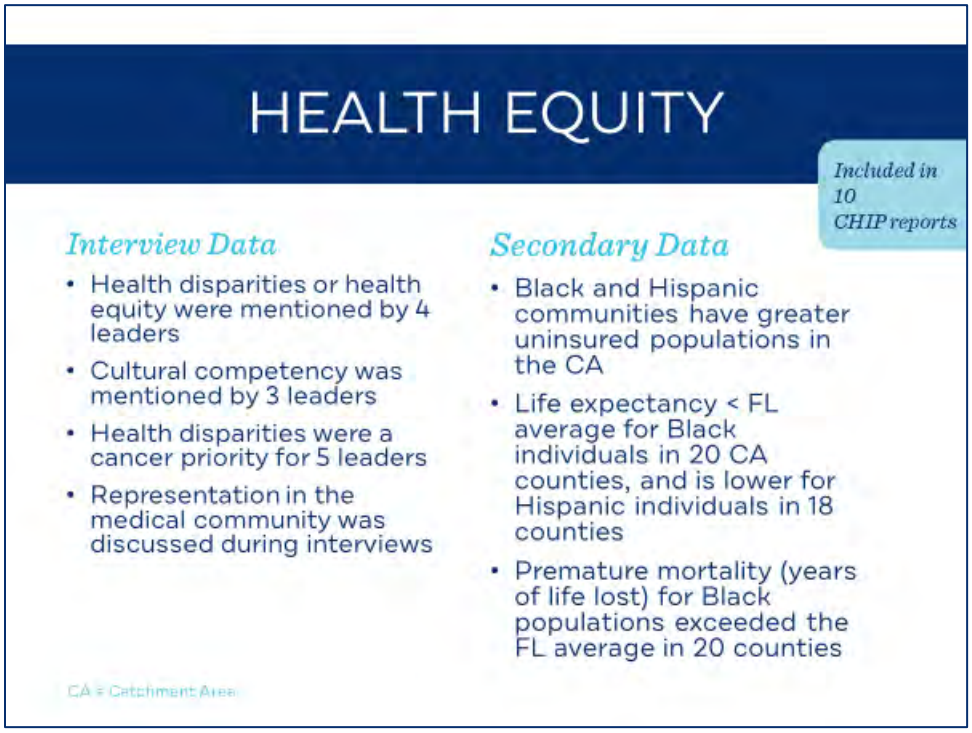


Figure 83 - Example of information shared with key stakeholders during prioritization sessions

The Simplex Method was utilized to quantify feedback from the two prioritization sessions utilizing a shared questionnaire. In both sessions, the poll questions listed below were asked of participants after each topic was discussed. The first question was intended to determine the perceived importance of a given topic, while the second question was an indicator of how feasible it would be to intervene. Note that internal Moffitt faculty and employees participating in the meetings were asked to abstain from voting in polls.

Poll Question Related to Importance

Rank the need in terms of the burden, scope, severity, or urgency of the need from 1 – lowest (not important) to 5 – highest (very important).

Poll Question Related to Feasibility

Rank the need in terms of how possible it is to address this need from 1 - lowest (very difficult) to 3 - highest (very easy).

B. Prioritization Session Results

Following the completion of both prioritization sessions with the Patient and Family Advisory Council and Tampa Bay Community Cancer Network, the prioritization poll data was compiled and analyzed. Within the quadrant chart below, the average importance ranking is quantified on the X-axis and the Y-axis displays the average feasibility ranking scale. Items within the top right quadrant may be considered to have both high importance and a high level of feasibility, while those located in the bottom left quadrant have low average importance and low average feasibility ranking.

Combined Prioritization Session Rankings

Figure 84 - Visualization of prioritization session feedback

	Importance Ranking	Feasibility Ranking
Access to care	4.6	1.8
Behavioral health	4.3	1.9
Cancer	4.4	2.1
Financial barriers & poverty	4.2	1.8
Health equity	4.0	1.7
Health promotion, education & outreach	4.0	2.3
Healthy weight	3.9	2.0
Prevention	4.3	2.3
SDOH	3.8	1.6
Smoking / tobacco	3.5	2.1
Transportation	3.1	1.9

Figure 85 - Prioritization session results by poll question

C. Final Prioritized List of Significant Needs

MCC Leadership and key internal stakeholders reviewed the primary data, secondary data, and rankings from the prioritization sessions and simultaneously considered existing programming, capacity, resources, and the organization's strategic plan. Opportunities for combining multiple needs into one priority area were leveraged.

The following areas were selected as the top prioritized health needs for the community:

1. Prevention, Education, and Outreach
2. Access to Screening and Early Detection
3. Health Equity

A. Resources Related to CHNA Priority Needs

To develop the lists of resources below, MCC reviewed community leader suggestions for local partners and conducted a scan of healthcare, non-profit, and governmental organizations within the catchment area. Current MCC partners were also considered. The following lists are not exhaustive and only include a selection of the healthcare and public health resources available within the community. Starred (✪) organizations are current outreach partners of MCC.

Prevention, Education, and Outreach Resources

- Abe Brown Ministries ✪
- Allegany Franciscan Ministries ✪
- Alliance for Community Health ✪
- American Diabetes Association
- Aunt Bertha
- Beth-El Farmworker Ministry ✪
- Centers for Disease Control & Prevention Inside Knowledge Campaign ✪
- Community Aging & Retirement Services – Crescent Center ✪
- Council on Aging ✪
- Enterprising Latinas ✪
- Faces of Courage Foundation ✪
- Farmworkers Self-Help, Inc. ✪
- Florida Nonprofit Alliance ✪
- FORCE: Facing Our Risk of Cancer Empowered
- Foundation for a Healthy St. Petersburg
- Front Porch Community Development Association ✪
- Haitian American Foundation of Tampa Bay ✪
- Health Council of East Central Florida ✪
- Healthiest Weight Florida
- Latinos Unidos Por Un Nuevo Amanecer ✪
- Lee Davis Community Center ✪
- Metropolitan Ministries ✪
- National Lymphedema Network
- REACHUP, Inc ✪
- Redlands Christian Migrant Association ✪
- Sisters Network, Inc. ✪
- Sisters Surviving Breast Cancer ✪
- SouthShore Community Resource Center
- Space Coast Health Foundation
- Tampa Bay Community Cancer Network ✪
- Tampa Bay Healthcare Collaborative ✪
- Tampa Caribbean Cancer Health Initiative
- The Department of Elder Affairs
- The Salvation Army ✪
- Tobacco-Free Florida
- United Way – 211
- Veterans Affairs Services
- West Central Florida Agency on Aging ✪
- YMCA ✪

Access to Screening and Early Detection Resources

- American Breast Cancer Foundation – Key to Life Program
- American Cancer Society ✪
- American Red Cross
- Angels Care Center of Eloise
- Brevard Prevention Coalition
- CAN Community Health
- Cancer Alliance of Naples
- CancerCare
- Center for Change
- Circle of Parents
- Community Health Centers of Polk County
- David Lawrence Centers for Behavioral Health
- Doctors Free Clinic of Citrus County
- Early Steps
- Florida Breast and Cervical Cancer Early Detection Program ✪
- Florida Breast Cancer Foundation
- Florida Department of Health ✪
- Good Samaritan Health Clinic
- Gracepoint
- Hillsborough Healthcare
- Jewish Community Center Clinic
- Judeo Christian Health Clinic ✪
- Life Stream
- Manatee Healthcare Alliance
- Mental Health Funding District
- National Alliance on Mental Illness (NAMI)
- National Cancer Institute (NCI)
- Orange County Health Services
- Partners in Breast Care
- Peace River Center
- Pinellas County Integrated Care
- Plant City Family Care
- Premier Community Healthcare ✪
- Shepherd's Hope Health Center
- Suncoast Community Health Centers ✪
- Susan G. Komen for the Cure ✪
- Tampa Bay Thrives
- Tampa Family Health Centers ✪
- The Federal Health Program for American Indians and Alaska Natives
- University of South Florida – Free Clinics ✪
- Virginia B. Andes Volunteer Community Clinic

Health Equity Resources

- Center for Health Equity
- Federally Qualified Healthcare Centers (FQHCs)
- Feeding Tampa Bay ✪
- Florida Discount Prescription Drug Card
- Florida Health - Office of Health Equity
- Hart Bus Line
- Healthy Start Coalition ✪
- Hill-Burton Free or Reduced-Cost Care
- Hillsborough County's Sunshine Line
- InterCultural Advocacy Institute ✪
- Key Training Center
- Meals on Wheels
- Mid Florida Community Services, Inc.
- Mid-Florida Homeless Coalition
- National Complete Streets Coalition
- Second Harvest Food Bank
- STREAM Public Transportation
- Tampa/Hillsborough Homeless Initiative
- The Patient Advocate Foundation
- Thousand Days
- United Way
- University Area Community Development Corporation, Inc. ✪

Starred (✪) organizations are current outreach partners of MCC.

A. Actions Taken Since Previous CHNA

MCC's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2019 CHNA: cancer screening, HPV vaccination, healthcare navigation, and transportation. The strategies completed and modifications made to the action plans for each health priority area are outlined below.

Previous Priority 1: Cancer Screening

Strategy 1.A.1: Collaborate with local, African American/Black sorority chapters to provide breast cancer screening education to women 40 years and older.

LADIES NIGHT ATTENDANCE

77 IN 2019
154 IN 2020
113 IN 2021

Ladies Night is held one evening per year. The events consist of speakers from COEE, M-POWER, current and previous patients at Moffit, and cancer survivors.

For the past 3 years, these events included artists, such as poets and singers, who perform their original work, often reflecting on their experiences with cancer personally or as a caregiver. Before going virtual, in-person activities included a tour of the mammography suite, blood pressure checks, visits with pet therapists, a jewelry-making booth, and massage therapists. For the first major virtual event, participants reported that many watched the program with other family members in their household. Virtual activities consisted largely of testimonials and education on how MCC has responded to COVID, how to make an appointment at MCC, how to do a breast self-exam, and how to detect signs of cancer from hair, skin, and nails. Sororities and organizations that assisted with these events were The Sisters Network, Alpha Kappa Alpha sorority, and International Harvest Church.

Strategy 1.A.2: Partner with Physician Relations to disseminate cancer screening informational materials (for both healthcare providers and patients) to community clinics and physician offices.

In 2022, Physician Relations partnered with Moffitt physicians Dr. Brandon Blue and Dr. Ken Shain to promote screening for multiple myeloma among Black/African American residents. This initiative is part of the PROMISE Study, a national cancer screening/cohort program to help researchers understand who is at risk for multiple myeloma based on several factors. The goal is to detect multiple myeloma before it becomes symptomatic and to monitor those who are at increased risk to study, and hopefully prevent, the development of the disease. By engaging in this project, Moffitt joins the Dana Farber Cancer Institute to provide free screenings to eligible adults who are at a higher risk of having or developing multiple myeloma or other related conditions.

NOTIFICATION RECEIVED BY 2,087 PROVIDERS, RESEARCHERS, & ADMINISTRATORS

Strategy 1.A.3: Organize a colorectal awareness event to educate the community about colorectal screening

"ASK THE SCIENTIST" HAD 32 ATTENDEES

The Tampa Bay Cancer Community Network (TBCCN) hosts "Ask the Scientist" events throughout the year to educate people on various aspects of cancer prevention, care, and research including information on clinical trials.

Strategy 1.A.4: Deliver cancer screening education to the community through Moffitt Outreach groups (e.g., M-POWER, LATTE, TBCCN, etc.).

There were 13,338 people who attended 491 M-Power events between 2019-2022 (March). There were 11 different cancer topics among the events, as well as three of the M-Power created health education workshops (Health Basics, Healthy MENtality, and Healthy Lifestyles), sessions about cancer screening and Moffitt's voucher program, how to do community outreach, women's health, and HPV. The "Healthy Lifestyles" health education workshop was the most presented outreach by M-Power (22.4%), followed by breast cancer (19.6%), health fairs with more than one cancer topic (10.9%), and the "Health Basics" health education workshop (9.5%). In-person workshops were attended more than virtual events at 70% of all attendance (in-person attendance: 9,337; virtual attendance: 4,001). Spanish language events (53.6%) also had slightly higher attendance than English events (46.4%). There were 49.5% virtual events, and 100% of the virtual events occurred after March 2020. Likewise, 49.5% of the events were held in Spanish.

M-POWER

452 EVENTS FROM 2019-2021 REACHED 12,488 INDIVIDUALS

TBCCN

37 EVENTS FROM 2019-2021
REACHED 1,531 INDIVIDUALS

Between 2019-2022 (March), TBCCN organized 30 workshops or health fair events, reaching 1,531 people. There were a variety of events organized or attended by TBCCN, including the NCI Screen to Save events, Ask the Scientist, Clinical Trials Education sessions, health fairs, and community speaking events with various partners within TBCCN. All events were held in English. The majority of the events were not virtual (70.3%). The NCI Clinical Trials Education Sessions were the highest attended events, holding 43.1% of all the event attendance. The next highest attended sessions were the "Ask the Scientist" sessions with various physicians and scientists from Moffitt.

LATTE

33 EVENTS FROM 2019-2021
REACHED 18,180 INDIVIDUALS

The Lung and Thoracic Tumor Education (LATTE) program organized 33 events between 2019-2022 (March), reaching 18,180 people. Their most presented topic was advances and general information about thoracic oncology treatment and prevention (36.4%). The majority of the events were virtual (60.6%). Their Facebook Live event "Robotics in Lung Cancer Care Q&A", which was to provide community members updates on robotic bronchoscopy and surgery, has so far reached the highest number of people, reaching 16,000 by Nov. 2021. LATTE provides evidence-based lung cancer education and stays up to date on best practices in lung cancer prevention and treatment.

HEAD & NECK ONCOLOGY

13 EVENTS FROM 2019-2021
REACHED 117 INDIVIDUALS

All of the 13 events by the Head and Neck Oncology Program were support groups for cancer patients managing the effects of treatment or living after cancer treatment. Approximately 117 people attended these events, however, attendance was not taken at all events so the total reached is underrepresented. The majority of support groups were held virtually (61.6%).

Strategy 1.A.5: Educate eligible Survivorship Clinic patients about cancer screening and refer to appropriate screenings as necessary.

40 PATIENTS REACHED

Between 2019-2020, 40 patients from Moffitt's Survivorship Clinic received health education on cancer screenings and participated in cancer screening as part of their plan of care.

Strategy 1.A.6: Distribute Public Service Announcements about breast, colorectal, prostate, and lung cancer screenings on digital and broadcast platforms

608 PSA CAMPAIGNS WITH 166 UNIQUE PSAs

Between 2019-2022, Moffitt's Strategic Communication and Strategic Marketing departments produced 608 (166 unique) Public Service Announcements (PSAs) specific to breast, colorectal (CRC), prostate, skin, and lung cancer. PSAs were on multiple viewing platforms, including TV, radio, and internet, and reaching over 737 million people. TV and radio PSAs were aired in 170 different cities across the United States, but primarily in Florida and surrounding states. Online broadcasts utilized local and regional outlets in 231 different cities, and newspaper-based PSAs represented newspaper outlets in 20 different cities. Online-based PSAs, including technical and consumer blogs, online news outlets, and online academic and scientific journals, were highest utilized (53.4%), followed by TV and radio broadcasts (28.2%). Lung cancer screening (32.9%) was the most aired topic in PSAs about cancer screening, followed by general PSAs about the importance of cancer screening that usually included multiple cancer types or referred to overall low cancer screening rates due to COVID-19, (30.4%) breast cancer (16.3%), CRC cancer screening (10.7%), prostate (8.2%), and skin cancer screening (1.3%).

Strategy 1.A.7: Collaborate with community partners to educate men about prostate cancer and PSA testing

"KEYS TO THE KINGDOM" EVENT REACHED 17 INDIVIDUALS

Partnering with ReachUp, a Tampa-based non-profit organization that advocates for and mobilize resources to help communities achieve equality in healthcare and positive health for families, the M-POWER outreach team at Moffitt created an event titled "Keys to the Kingdom" to educate men on the risks of prostate cancer, but also to provide health education on overal men's health - such as nutrition, physical activity, doctor visits, stress, anger, and risks for colorectal cancer. The event occured on June 17, 2021. Education was delivered virtually via Zoom as live panel discussion moderated by Khaliah Fleming from TBCCN, with guest speakers Dr. Clement Gwede, PhD (TBCCN), Dr. Tiffany Carson, PhD (Population Science), and Ricardo Busquets from ReachUp.

Strategy 1.B.1: Provide screening vouchers to uninsured individuals who qualify for breast, prostate, lung, and colorectal cancer screenings.

2,256
CANCER SCREENING VOUCHERS DISTRIBUTED

For over two decades Moffitt Cancer Center has and continues to provide free cancer screenings to uninsured persons. We are able to provide Mammogram, Lung, and Colonoscopy screenings at Moffitt Cancer Center, providing roughly 1,500 cancer screenings to uninsured patients each year. We continue our efforts to acquire several different grants each year to help offset the cost related to the program and to continue to offer as much assistance to our uninsured community as possible. We have different funding sources for our mammograms Moffitt, NFBCCEDP, and Cancer foundations. We normally receive 2 to 3 grants per year from different foundations such as NBCF (National Breast Cancer Foundation) and ABCF (American Breast Cancer Foundation). Partners who assist with this program include Community Health Centers of Pinellas, Premier Community Healthcare, BRIDGE Healthcare Clinic, and Evara Health.

Of the 21 persons who received lung cancer screening vouchers between 2019 and 2022, the program found one patient with Stage I lung cancer and two patients with highly suspicious lung cancer lesions that are being followed closely. Additionally, nine patients had significant incidental findings, such as evidence of coronary artery calcifications, COPD, emphysema, and liver steatosis, and were referred back to their primary care physician practices for monitoring and treatment.

The National Lung Screening Trial (NLST) is a large, randomized trial that evaluated the effectiveness of lung screening. This study reported a 3.8% lung cancer detection rate. Moffitt's Lung Screening Voucher Program has a higher rate of lung cancer detection at 5%.

Strategy 1.B.2: Conduct NCI's Screen to Save CRC research that links patients to FIT tests and follow-up care through collaboration with Federally Qualified Health Centers.

S2S INITIATIVE ENROLLED 11 COMMUNITY PARTNERS

The Screen to Save (S2S) Initiative is an NCI-developed initiative that aims to increase life-saving colorectal cancer screening rates in communities that need it most. The initiative focused on educating those community members from racially and ethnically diverse communities with lower screening rates than the general population. Screen to Save provides tailored education and outreach that increases access to resources for those who are disproportionately affected by colorectal cancer. As a part of Screen to Save, NCI-supported community health educators are working with a diverse partner network to deliver NCI-approved colorectal cancer screening information nationally and locally.

S2S at Moffitt was managed by Khaliah Fleming, Ed.D., MPH, CHES, Co-Director, Tampa Bay Community Cancer Network (TBCCN) Outreach Core. The first iteration of Screen to Save at Moffitt was completed in 2018 (conducted from 2017 to 2018) throughout the Tampa Bay area (Hillsborough, Pasco, and Pinellas counties), through the educational efforts of the NCI NON-CHE. The CHE successfully implemented Phase I and Phase II of the NON Screen to Save initiative with 98 Spanish and English-speaking community members aged 50-75 years old through a total of 15 educational sessions. Phase 1 and Phase 2 provided culturally adapted CRC prevention, early detection, and screening educational sessions coupled with the dissemination of FIT kits (n=17) with no abnormal findings. These FIT kits were provided and analyzed by the cancer center. Community partners of the Tampa Bay Community Cancer Network (TBCCN), assisted the CHE with promoting the S2S initiative to community members, patients, and clients. Community partner organizations also assisted with hosting in-person S2S sessions at their respective sites.

The second iteration is currently underway and aims to educate 100 English and Spanish-speaking community members (45-75 years of age) throughout the Tampa Bay area and surrounding counties (Hillsborough, Pasco, Pinellas, and Polk). For this iteration, linkages to CRC screening will be facilitated by the CHE for those eligible participants in need of screening who do not have a medical home. This will entail partnering with FQHC community partners (such as Premier Community Healthcare), to assist with patient navigation and medical insurance needs, and the dissemination of Moffitt CRC vouchers (as appropriate). Community partners of the Tampa Bay Community Cancer Network (TBCCN), are assisting the CHE with promoting the S2S initiative to community members, patients, and clients. Community partner organizations also assisting with hosting Zoom S2S sessions due to COVID-19 restrictions. Sessions are also offered one-on-one via phone. Furthermore, the study team further enhanced virtual delivery by developing a self-paced/self-directed online learning module (digital platform developed by Moffitt's PRISM Core) to be launched in early Spring 2022. This will expand the delivery options in combination with current delivery modalities, including small in-person gatherings as COVID-19 restrictions eased.

Strategy 1.B.3: Leverage the efforts of the Center for Immunization and Infection Research in Cancer (CIIRC) and the Office of Community Outreach, Engagement, & Equity (COEE) to screen women for cervical cancer at Federally Qualified Health Centers.

PROCLAMATIONS IN CITRUS & SUMTER COUNTIES

On March 3, 2021, Dr. Guiliano, Director of the Center for Immunization and Infection Research in Cancer (CIIRC), and U.S. Representative Kathy Castor introduced the PREVENT HPV Cancers Act of 2021. This bill supports efforts to increase human papillomavirus (HPV) vaccination rates and otherwise prevent and treat cervical cancer and other cancers associated with that virus. The bill passed on November 30, 2021. COEE and Government Relations also helped pass 2 county proclamations specific to HPV and cervical cancer in January 2021.

Strategy 1.B.4: Host breast cancer screening events to screen women during extended clinic hours at least twice per year.

M-POWER, the primary outreach arm of the Office of Community Outreach, Engagement, and Equity (COEE), created online breast cancer awareness events to supplement the lack of in-person activities due to the pandemic. They created a series of events called the Facebook Live "LIFE" series, which consisted of 8 Facebook Live events held in 2021.

"LIFE" SERIES HAD A TOTAL OF 44,156 VIEWERS DURING 8 FACEBOOK LIVE EVENTS

The events provided information on different aspects of breast cancer, such as debunking myths about mammograms, managing stress and emotions post-treatment, and how COVID-19 affects breast cancer screening outcomes and treatment. Breast cancer screening was still provided through Community Days (see goal A.4.2).

Strategy 1.B.5: Deliver skin cancer screenings in the community through the Mole Patrol program.

MOLE PATROL

12 EVENTS AND 1,665 SCREENED

Operating for over 25 years, Moffitt's mobile "Mole Patrol" vehicle has so far screened over 18,000 Floridians which resulted in the early detection of thousands of melanoma, basal, and squamous cell cancers. The Mole Patrol team consists of physicians and mid-level practitioners specializing in skin cancer, mostly from Moffitt but also from the USF Department of Dermatology and other affiliate institutions in the area.

Between 2019-2021, the Mole Patrol team participated in 12 different events and provided free skin cancer screening to 1,665 persons. All screenings are free of charge, and the vehicle is equipped with two private exam rooms. Patients with suspicious lesions are provided with follow-up information for their primary physician or dermatologist. Mole Patrol at Moffitt: https://moffitt.org/diagnostic-services/cancer-screenings/mole-patrol/.

Previous Priority 2: HPV Vaccination

Strategy 2.A.1: Organize an event targeting providers and health insurance companies to increase awareness of HPV-related cancers, testing, and vaccination surrounding the HPV Awareness Day on March 4th.

The 2020 and 2021 HPV Leadership Summits were organized by Moffitt's Center for Immunization & Infection Research in Cancer (CIIRC) and the Office of Community Outreach, Engagement, and Equity (COEE), as well as the American Cancer Society. Four strategic themes emerged from the HPV Summits: individual actions, practice/systems changes, provider/patient/parent communications, and data needs.

2020 HPV SUMMITT = 141 ATTENDEES

2021 HPV SUMMITT = 260 ATTENDEES

Along with these summit events, CIIRC Director Anna Giuliano, Ph.D. worked with organizations such as American Association for Cancer Research, Biden Cancer Initiative, St. Jude Children's Research Hospital, and the Union for International Cancer Control to hold a congressional briefing in Washington D.C. to bring more urgency to the elimination of HPV cancers through vaccination and show the ability some states have to completely eliminate the disease as early as 2030.

Previous Priority 3: Healthcare Navigation

Strategy 3.A.1: Expand navigation services to more clinics throughout Moffitt.

1,839 PATIENTS ASSISTED WITH NAVIGATION SERVICES

The Patient Navigation program began with a Patients First pilot in the Head and Neck and AYA programs approximately 4 years ago. An expansion of Navigation to include all disease-based programs launched in 2019 as part of the Scheduling and Access initiative. In 2020, there were 5 clinics with patient navigators, including Thoracic, Genitourinary, Nero, Head & Neck, and Sarcoma as well as Adolescent and Young Adult Oncology. In 2022, eight additional clinics were equipped with patient navigators these included Gastrointestinal, Endocrine, and Gynecological Oncology, Malignant Hematology, Cutaneous Oncology, Breast Oncology, and Senior Adult Oncology.

Since 2020, two community outreach works and one navigator assisted 1,839 patients with navigation services. The RN Navigator, as part of the clinical team, facilitates internal and external referrals, ensures the clinical team is aware of any potential risks or barriers that will impact care, and communicates with and engages ancillary resources to assist with the complex patient care needs inherent to populations, augments the education provided by the Clinic Nurse and validates the patient and/or family understands the communicated plan of

care, and ensures patient compliance as well as minimizes unplanned admissions or seeking of urgent care through frequent touchpoints with the patient whether in person or by phone.

RN Navigators also engage in continuing education from Diversity and Unity@Moffitt, Academy of Oncology Nurse and Patient Navigators (AONN), and Office of Disease Prevention and Health Promotion (ODPHP) to be up to date on objectives and best practices for addressing health care disparities related to sexual, racial, and gender minorities. The treatment retention rate in clinics with RN navigators increased between Fiscal Years 2020 and 2021 from 52% to 55%, respectively.

Strategy 3.B.1: Utilize a Community Navigator to assist community members with access to cancer screening and treatment resources.

The Office of Community Outreach, Engagement, and Equity (COEE) has one navigator funded by the National Breast Cancer Foundation. With the assistance of two COEE Resource Specialists, our navigator assists community members with getting access to screening vouchers offered by Moffitt. The COEE navigator organizes the Community Day events, which is a program where Suncoast Community Health Centers provides transportation to and from breast cancer screening appointments at Moffitt Cancer Center.

OVER 2,250 INDIVIDUALS SERVED BY COMMUNITY NAVIGATOR AND RESOURCE SPECIALISTS

Previous Priority 4: Transportation

Strategy 4.A.1: Operate a mobile bus to provide access to screening and cancer prevention education services to rural or underserved communities.

ONE OPERATIONAL MOBILE UNIT AND TWO ADDITIONAL UNITS IN DEVELOPMENT

Currently, Moffitt Cancer Center has a single mobile screening unit specific to skin cancer, while occasionally using the vehicle for head and neck cancer screenings as well. In 2021 plans for a lung cancer screening mobile unit started, and Moffitt currently purchased a new mobile unit and is securing funding to equip the vehicle for lung cancer screenings. Additionally, a joint planning effort between the COEE, Breast Oncology departments, and the Moffitt Foundation is underway to identify opportunities for mobile breast screening services.

Strategy 4.A.2 Coordinate at least 4 Community Day events per year that will provide transportation services for women to be screened for breast cancer at Moffitt.

20 INDIVIDUALS REACHED DURING COMMUNITY DAY EVENTS IN 2019 & 2021

Between 2019-2022, M-POWER's Community Navigator Barbara Arocha Diaz organized 3 Community Day events that provided 19 patients with education and transportation to breast cancer screening appointments at Moffitt's Richard M. Schulze Family Foundation Outpatient Center at McKinley Campus. One of the primary focus areas for navigation is to provide access to mammography services and breast health for underserved individuals, particularly in the catchment area counties where there are low screening rates. This includes navigation services to address barriers to breast cancer screenings for early detection and healthy lifestyle behaviors to reduce the risk for breast and other cancers. Assistance with transportation, childcare, and language services are also important elements in navigating these individuals through the healthcare system and ensuring that they receive necessary services.

The Navigator coordinates the Quarterly Community Days, working with local clinics and community members to arrange transportation and schedule appointments with Moffitt's screening clinic (MKC). The ladies who attend Community Day events feel more comfortable because they are in a group of similar women from their community. Suncoast Community Clinics provides transportation to and from the Moffitt McKinley campus.

The Navigator greets them when they arrive and talks about the screening process, what to expect, educates them on breast health, and asks if they have questions. She remains with them until they receive their results and escorts them to their transportation. The primary clinical partner is Suncoast Community Health Centers, and we receive patients from several of their locations including Brandon, Dover, Plant City, Riverview, Wimauma, Tom Lee, Thonotosassa, Palm River, and Ruskin. The COVID-19 pandemic negatively impacted the ability to have these events in 2020 and 2021. There are plans to continue the program in 2022.

B. Comments Received on Previous CHNA

MCC solicited comments within the 2019 CHNA Report. No written comments were received regarding MCC's 2019 CHNA or Implementation Strategy.

APPENDICES

A. References

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B. Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, Carnahan Group has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at Carnahan Group possesses extensive public health, geographic information system (GIS), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments (CHNA), implementation strategies, and community benefit consulting. Strategic analysts at Carnahan Group also conduct combined CHNA and physician workforce assessments, and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, Carnahan Group's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines its methodology to stay ahead of the curve and adapt to emerging community health needs like COVID-19.

For more information about Carnahan Group and to schedule a discovery call, please visit http://carnahangroup.com or call 813.289.2588.

C. Organizations Providing Input

The following organizations provided feedback during community leader interviews:

Type of Input	Organization	Community Leader Title
Health care providers and community health centers	AdventHealth	Director
	BayCare	Vice President of Government and Community Relations
	CAN Community – North Port	Vice President Community Engagement
	Community Health Centers, Inc.	Outreach & Marketing in Community Relations
	Health Choice Network	Director of Research
	Moffitt Cancer Center	Director of Social Work and Patient Family Service
		Patient Family Advisory Program
		Physician Director for Special Population Engagement for Clinical Trials
		Research Project Specialist
		TBCCN Coordinator
		TBCCN Senior Member, Professor
		TBCCN Senior Member, Professor, Chair of the Florida Cancer Control & Research Advisory Council
		Vice President, Moffitt Diversity, Public Relations & Strategic Communications
	OrlandoHealth	Community Benefit Director
	Premier Community HealthCare Group	Director, Business Development & Community Services
	Suncoast Community Health Centers	Director of Nursing
	Tampa Family Health Centers	Chief Medical Officer
	Tampa General Hospital	Senior Vice President External Affairs
Nonprofit and community-based organizations	American Cancer Society	Senior Manager, Hospital Systems
	Cancer Control Collaborative, East Central Region	Health Council of East Central Florida, Inc. Coordinator
	Faces of Courage Foundation, Inc.	Founder/CEO/Chairman Director
	Front Porch Community Development Association Inc	Executive Director
	Gulfcoast South AHEC, Inc.	Gulfcoast South Area Health Education Center Coordinator
	Lee Davis Community Resource Center	Wellness Specialist
	Leukemia & Lymphoma Society - North Florida	Patient & Community Outreach Manager
	United Way of Charlotte County	Collective Impact & Communications Director
	United Way of Collier & the Keys	Director of Community Impact
	United Way of Lee, Hendry, & Glades	WeCare Director
	United Way Suncoast	CEO

Figure 86 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

Type of Input	Organization	Community Leader Title
Other	Sunshine Line Hillsborough's Ride on the Bright Side	Customer Service Supervisor
Public health departments	Florida Dept. of Health in Brevard County	Administrator / Health Officer
	Florida Dept. of Health in Charlotte and Glades Counties	Administrator / Health Officer
	Florida Dept. of Health in Citrus County	Director of Nursing
	Florida Dept. of Health in Collier County	Administrator / Health Officer
	Florida Dept. of Health in Desoto County	Administrator / Health Officer
	Florida Dept. of Health in Hendry County	INTERIM Health Officer/ Director of Nursing
	Florida Dept. of Health in Hernando County	Administrator / Health Officer
	Florida Dept. of Health in Highlands County	Administrator / Health Officer
	Florida Dept. of Health in Hillsborough County	Administrator / Health Officer
	Florida Dept. of Health in Lake County	Administrator / Health Officer
	Florida Dept. of Health in Lee County	Administrator / Health Officer
	Florida Dept. of Health in Manatee County	Administrator / Health Officer
	Florida Dept. of Health in Marion County	Administrator / Health Officer
	Florida Dept. of Health in Orange County	Deputy Administrator / Health Officer
	Florida Dept. of Health in Osceola County	Administrator / Health Officer
	Florida Dept. of Health in Pasco County	Administrator / Health Officer
	Florida Dept. of Health in Pinellas County	Director
	Florida Dept. of Health in Polk and Hardee Counties	Administrator / Health Officer
	Florida Dept. of Health in Sarasota County	Administrator / Health Officer
	Florida Dept. of Health in Seminole County	Administrator / Health Officer
	Florida Dept. of Health in Sumter County	Administrator / Health Officer
Represents medically underserved, low-income, or minority populations	Feeding Tampa Bay	President & CEO and Chief Programs Officer
	Good Samaritan Health Clinic	Lead Clinician
	Haitian American Foundation of Tampa Bay	Principal Officer
	InterCultural Advocacy Institute	Family Advocate
	Latin Community Health Advisors INC	Administrator / Health Officer
	Latinas Unidas por un Nuevo Amanecer (LUNA)	Assistant Professor & Co-Founder
	Metropolitain Ministries	Chief Programs Officer
	Mid Florida Community Services	Community Engagement Director
	Moffitt Cancer Center	Director for Health Care Equity
	Polk County Indigent HealthCare Division	Relations Administrator
	Salvation Army Rehab Center	Women's Assistant Program Director

Figure 87 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

D. Interview Question Guide and Detailed Data

Community Leader Interview Question Guide

The following questions were used as the basis for discussion:

- What do you consider to be the strengths/assets of the community (which your organization serves) related to health and quality of life?
- What do you believe are the greatest (most pressing) health concerns in the community?
- What are existing barriers for accessing healthcare and participating in healthy lifestyles?
- What actions, policies, or funding priorities would you support to build a healthier community?
- What programs/services are you aware of in the community that address some of these health issues?
- (In your opinion) How much of a concern is cancer among community residents relative to other issues? Why?
- What do you feel are the most important cancer related priorities or initiatives?
- What do you think are the biggest challenges to addressing these cancer priorities or initiatives?
- From your experience, what are the biggest barriers to addressing health behaviors that lead to cancer (such as obesity, smoking, tanning/using sunscreen, etc.)?
- How do you see Moffitt Cancer Center becoming more engaged in the community to address these concerns?
- What improvements have you seen in the community from implementing any previous actions, policies, or funding priorities?
- What new or existing partnerships or resources would be necessary or helpful to successfully undertake these actions, policies, and priorities?
- What can Moffitt do to assist your organization in meeting the needs of the communities you serve?
- How familiar are you with the State Cancer Plan?
- Are you involved with health collaboratives in your area of the state? If so, could Moffitt be a good addition to that group?

External community leaders were also asked demographic questions about their organizations including the types of services they offer and how they collaborate with community partners. Additionally, these external partners were asked about interest in research opportunities and engagement with Moffitt initiatives.

Community Leader Interview Data Summaries

Health Concerns

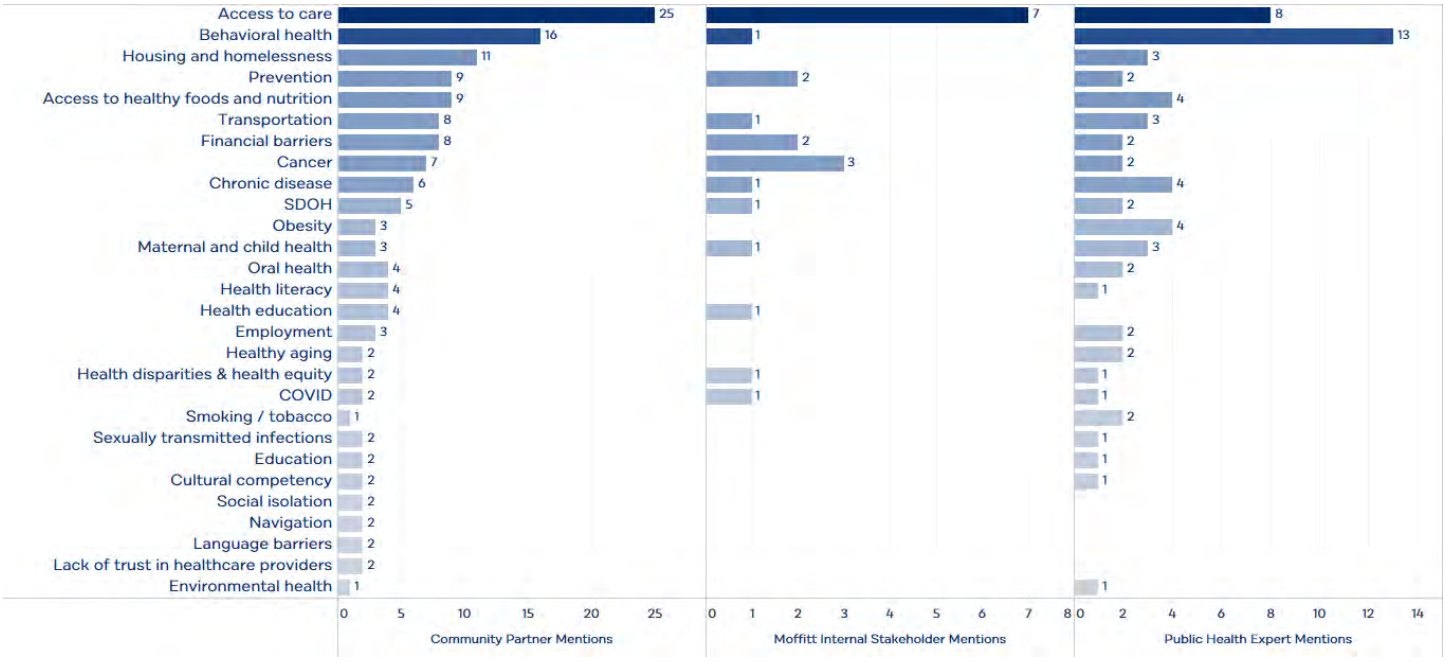

Figure 88 – Summary of greatest health concerns mentioned by community leaders

Barriers

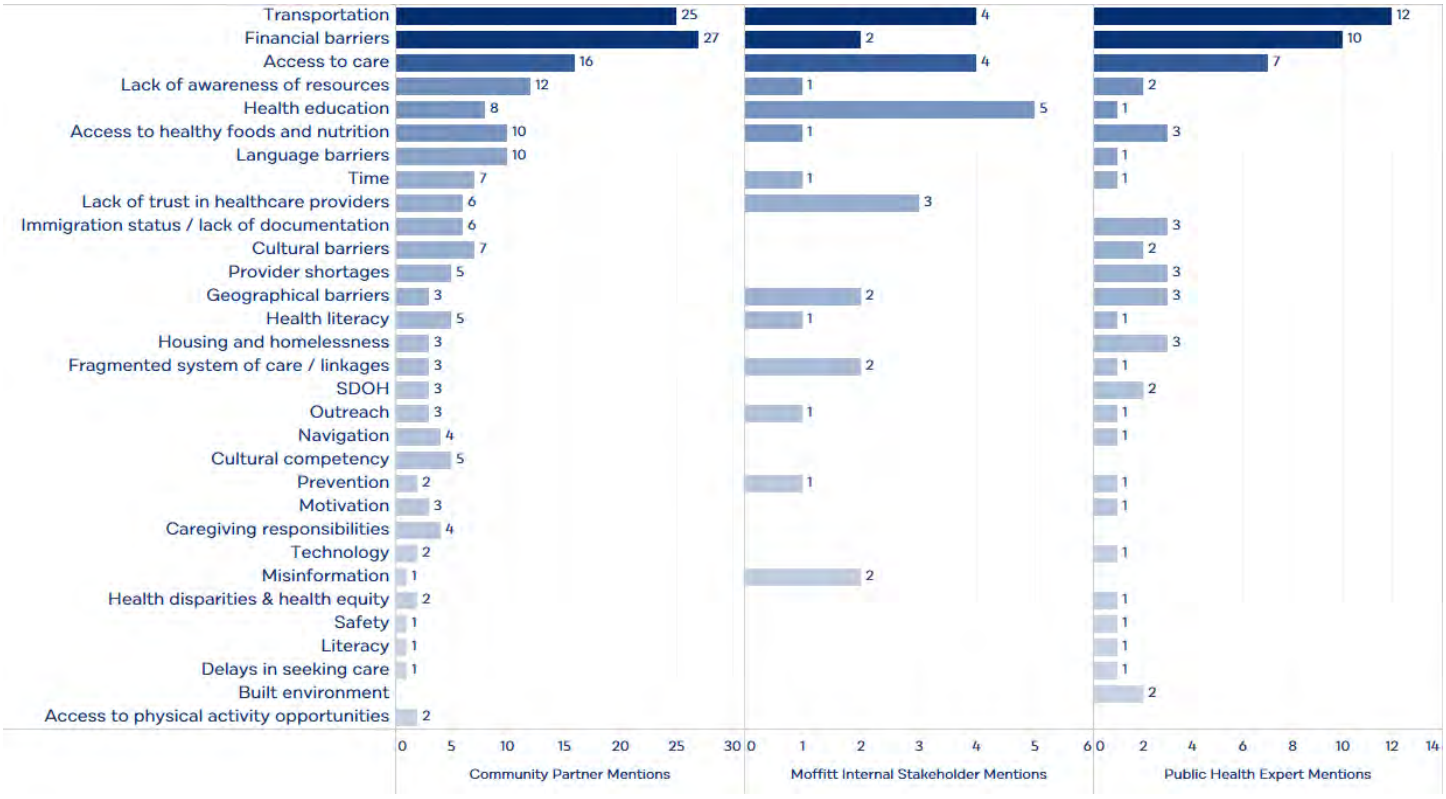

Figure 89 – Barriers to accessing healthcare and participating in healthy lifestyles mentioned by community leaders

Cancer Priorities and Initiatives

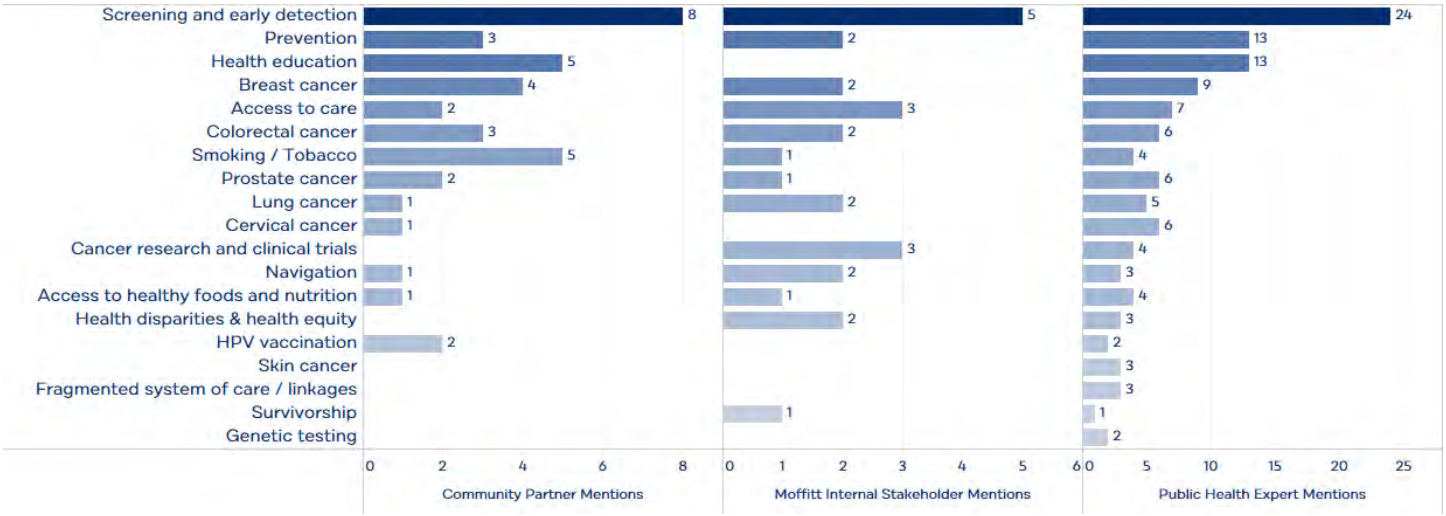

Figure 90 – Biggest challenges to addressing cancer priorities or initiatives mentioned by community leaders

E. Survey Instrument

Online Community Health Survey Instrument

Page 1

Moffitt Cancer Center 2022 Community Health Survey

This survey is being conducted on behalf of Moffitt Cancer Center. Results will be used to help Moffitt Cancer Center understand your personal health concerns and concerns that may involve your community. We hope to use these results to improve community outreach and educational activities. This survey will take about 20 minutes to complete.

You must be 18 years of age or older to complete this survey. Your answers are completely anonymous and will remain confidential.

These first few questions will help us describe the people who take part in this survey. Please click continue.

Online Community Health Survey Instrument, Continued

SECTION A - Demographics	
In what year were you born?	_____
What is your Zip Code?	_____
What is your current gender identity?	◯ Man ◯ Woman ◯ Trans man/trans masculine spectrum ◯ Trans woman/trans feminine spectrum ◯ Non-binary/genderqueer ◯ I identify in another way ◯ Prefer not to answer
Please specify:	_____
Do you identify as LGBTQ+? (LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Queer, Questioning)	◯ Yes ◯ No ◯ Prefer not to answer
Are you of Hispanic, Latino/a, or Spanish origin? Mark all that apply.	☐ No, not of Hispanic, Latino/a or Spanish origin ☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Another Hispanic, Latino/a, or Spanish origin ☐ Don't know ☐ Prefer not to answer
Please specify:	_____
Which race best describes you?	◯ More than one race ◯ American Indian ◯ Alaska Native ◯ Asian ◯ Black/African American ◯ Native Hawaiian/ Pacific Islander ◯ White ◯ Don't know ◯ Prefer not to answer
What is your current marital status?	◯ Married/domestic partner ◯ Living as married ◯ Divorced ◯ Widowed ◯ Separated ◯ Single, never been married ◯ Don't know ◯ Prefer not to answer

Online Community Health Survey Instrument, Continued

Which of the following best describes your current employment status?	◯ Retired ◯ Homemaker ◯ Employed, working full-time ◯ Employed, working part-time ◯ Employed, working two or more jobs ◯ Not employed, looking for work ◯ Not employed, NOT looking for work ◯ Full or part-time volunteer ◯ Student ◯ Disabled, not able to work ◯ Prefer not to answer
Which school do you attend?	_____
What is the highest grade or level of schooling you have completed?	◯ Less than high school ◯ Some high school, but no diploma ◯ High school diploma or GED ◯ Post high school training other than college (vocational or technical) ◯ Some college, no degree ◯ Associate degree ◯ Bachelor's degree ◯ Master's/Graduate or professional degree or higher ◯ Prefer not to answer
How much total combined money did all people living in your home earn last year?	◯ $0 to $9,999 ◯ $10,000 to $19,999 ◯ $20,000 to $34,999 ◯ $35,000 to $49,999 ◯ $50,000 to $74,999 ◯ $75,000 to $99,999 ◯ $100,000 or more ◯ Don't know ◯ Prefer not to answer
Which one of these comes closest to your feelings about your household's income?	◯ Living comfortably on present income ◯ Getting by on present income ◯ Finding it difficult to get by on present income ◯ Finding it very difficult to get by on present income ◯ Prefer not to answer
How do you pay for your healthcare? Mark all that apply.	☐ A health insurance plan purchased through an employer or union (including plans purchased through another person's employer) ☐ A health insurance plan that you or another family member buys on your own ☐ Medicare ☐ Medicaid or other state program ☐ County health plan ☐ TRICARE (formerly CHAMPUS), VA, or Military ☐ Indian Health Services, Tribal Health Services ☐ I pay cash / I don't have health insurance ☐ I pay another way ☐ Prefer not to answer
Please specify:	_____

Online Community Health Survey Instrument, Continued

Do you speak a language other than English at home?	◯ Yes ◯ No ◯ Prefer not to answer
Please specify:	_____

Online Community Health Survey Instrument, Continued

SECTION B - Healthcare Access	
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your health care provider, clinic, or pharmacy?	◯ Always ◯ Often ◯ Sometimes ◯ Rarely ◯ Never
Was there a time in the past 12 months when you needed medical care but did not get the care you needed?	◯ Yes ◯ No ◯ Don't know ◯ Prefer not to answer
What was the main reason you didn't get the medical care you needed?	◯ Can't afford it / costs too much ◯ No transportation ◯ Don't have insurance ◯ Don't have a doctor ◯ Don't know where to go ◯ Trouble getting an appointment ◯ Appointment delayed or canceled due to COVID-19 pandemic ◯ Other
Please specify	_____
Have you received the COVID-19 vaccine?	◯ Yes, I received all required doses ◯ Yes, but I have not completed the second dose of the 2 dose vaccine ◯ No, but I intend to get the COVID-19 vaccine ◯ No, and I do not intend to get the COVID-19 vaccine ◯ Prefer not to answer
Have you received the COVID-19 booster shot?	◯ Yes ◯ No, but I intend to ◯ No, and I do not intend to ◯ Prefer not to answer
Why did you get a COVID-19 vaccine? Mark all that apply.	☐ I want to keep my family safe ☐ I want to keep my community safe ☐ I want to keep myself safe ☐ I have a chronic health problem, like asthma or diabetes ☐ My doctor told me to get a COVID-19 vaccine ☐ I do not want to get seriously sick from COVID-19 ☐ I want to feel safe around other people ☐ I believe life won't go back to normal until most people get a COVID-19 vaccine ☐ My community or family expects me to get vaccinated ☐ I believe I would be fired from my job if I did not get a vaccine ☐ Other option not listed
Please specify:	_____

Online Community Health Survey Instrument, Continued

SECTION C - Health Screenings	
HPV Vaccination: Are you the parent or guardian of an adolescent ages 9 or 10?	◯ Yes ◯ No
HPV Vaccination: Has a doctor or health care professional recommended that your 9- or 10-year-old child get an HPV shot or vaccine?	◯ Yes ◯ No ◯ Don't know ◯ Prefer not to answer
Liver Disease: Have you ever had a blood test for Hepatitis C?	◯ Yes ◯ No ◯ Don't know ◯ Prefer not to answer
Liver Disease: Have you ever been told by a doctor that you have cirrhosis of your liver?	◯ Yes ◯ No ◯ Don't know ◯ Prefer not to answer
Liver Disease: Do you receive regular scans of your mid-section/belly (ultrasound, CT, or MRI)?	◯ Yes, once per year ◯ Yes, every 6 months ◯ Yes, some other interval ◯ No ◯ Don't know ◯ Prefer not to answer
Please specify:	_____
Liver Disease: If your doctor recommended scans of your mid-section/belly (ultrasound, CT, or MRI) but you didn't get them, what was the reason? Mark all that apply.	☐ Don't know where to go ☐ They are too expensive ☐ I don't have the time ☐ My doctor did not recommend them ☐ Some other reason ☐ Don't know ☐ Prefer not to answer
Please specify:	_____

Online Community Health Survey Instrument, Continued

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SECTION D - Clinical Trials

Clinical trials are research studies that involve people. They are designed to compare new kinds of health care with the standard health care people currently get. For example, a new drug.

How would you describe your level of knowledge about clinical trials?

- ◯ I don't know anything about clinical trials
- ◯ I know a little bit about clinical trials
- ◯ I know a lot about clinical trials

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Imagine that you had a health issue, and you were invited to participate in a clinical trial for that issue. How much would each of the following influence your decision to participate in the clinical trial?

My decision to participate in a clinical trial would be influenced if:

	Not at all	A little	Somewhat	A lot
I would be helping other people by participating	◯	◯	◯	◯
I would get paid to participate	◯	◯	◯	◯
I receive support to participate such as transportation, childcare, or paid time off from work	◯	◯	◯	◯
I receive encouragement to participate from my doctor	◯	◯	◯	◯
I receive encouragement to participate from my family and friends	◯	◯	◯	◯
Participating would help me get better/not be sick any more	◯	◯	◯	◯
I get the chance to try a new kind of care	◯	◯	◯	◯
I am able to receive the care I need for free through the clinical trial because it is not covered by health insurance	◯	◯	◯	◯

Have you ever been invited to participate in a clinical trial?

- ◯ Yes
- ◯ No
- ◯ I don't remember

Did you participate in the clinical trial?

- ◯ Yes
- ◯ No

Online Community Health Survey Instrument, Continued

SECTION E: Genetic Testing

Genes are inherited from your parents and are passed down from one generation to the next. Genetic tests can determine your genetic makeup.

Which of the following types of genetic tests have you heard of? Mark all that apply.

- ☐ Ancestry testing: To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)
- ☐ Genetic health risk testing: To determine health risk for a variety of health conditions (for example, 23andMe)
- ☐ High risk cancer testing (for example, BRCA 1/2 or Lynch Syndrome)
- ☐ Other
- ☐ Not sure
- ☐ I have not heard of any of these

Please specify: _____

Have you ever had any of the following types of genetic tests? Mark all that apply.

- ☐ Ancestry testing: To determine the background or geographic/ethnic origin of an individual's ancestors (for example, Ancestry.com and 23andMe)
- ☐ Genetic health risk testing: To determine health risk for a variety of health conditions (for example, 23andMe)
- ☐ High risk cancer testing (for example, BRCA 1/2 or Lynch Syndrome)
- ☐ Other
- ☐ Not sure
- ☐ None of these

Please specify: _____

How much would you want to know if you have a genetic change that increases your chances of getting cancer?

- ◯ A lot
- ◯ Somewhat
- ◯ A little
- ◯ Not at all
- ◯ Prefer not to answer

Online Community Health Survey Instrument, Continued

SECTION F - Everyday Discrimination

These questions are about experiences related to who you are. This includes both how you describe yourself and how others might describe you. For example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, disability or mental health issue, and income. Please respond to the questions below.

Because of who you are, have you...

	Never	Yes, but not in the past year	Yes, once or twice in the past year	Yes, many times in the past year
Heard, saw, or read others joking or laughing about you (or people like you)	○	○	○	○
Been treated as if you are unfriendly, unhelpful, or rude	○	○	○	○
Been treated as if others are afraid of you	○	○	○	○
Been stared at in public	○	○	○	○
Been told that you should think, act, or look more like others	○	○	○	○
Heard that you or people like you don't belong	○	○	○	○
Been asked inappropriate, offensive, or overly personal questions	○	○	○	○
Been treated as if you are less smart or capable than others	○	○	○	○
Been refused healthcare from a healthcare provider	○	○	○	○

What do you think is the main reason for these experiences? Mark all that apply.

- ☐ Your ancestry or national origins
- ☐ Your race
- ☐ Your religion
- ☐ Your weight
- ☐ Your gender
- ☐ Your age
- ☐ Your sexual orientation
- ☐ Your education or income level
- ☐ Some aspect of your appearance
- ☐ A physical disability

Online Community Health Survey Instrument, Continued

SECTION G - Engagement with Moffitt Cancer Center

Prior to this survey, have you heard of the Moffitt Cancer Center?	◯ Yes ◯ No
How did you hear about Moffitt? Mark all that apply.	☐ I have been a patient ☐ I have a family member who has been a patient ☐ I have a friend who has been a patient ☐ I have seen commercials about Moffitt on TV ☐ I have read about Moffitt in the newspaper ☐ I have been on Moffitt's website ☐ I have heard about Moffitt on the radio ☐ I have attended a Moffitt fundraising event ☐ I have attended a Moffitt educational event ☐ I have attended a Moffitt screening event in the community (e.g., skin cancer screening) ☐ I have had a cancer screening (e.g,. mammography) at Moffitt ☐ I have participated in a Moffitt research study ☐ Other ☐ Don't know ☐ Prefer not to answer
Fundraising event, please specify:	_____
Educational event, please specify:	_____
Other, please specify:	_____
Do you currently participate in any of the following Moffitt-based groups? Mark all that apply.	☐ Tampa Bay Community Cancer Network ☐ Moffitt Cancer Center-Ponce Health Sciences U54 Partnership ☐ Moffitt Patient and Family Advisory Council ☐ Moffitt Program for Outreach, Wellness, Education & Resources (M-POWER) ☐ George Edgecomb Society ☐ Lung and Tumor Thoracic Education Program (LATTE) ☐ Adolescent and Young Adult Oncology Program ☐ Breast Cancer Genetics Research Education and Advocacy Team (B-GREAT) ☐ VolunTEEN @Moffitt ☐ Big Brother/Big Sister @Moffitt ☐ Florida Pancreas Collaborative ☐ Vendor - Does business with Moffitt ☐ Other ☐ None of these
Please specify:	_____

Online Community Health Survey Instrument, Continued

How would you like to receive cancer education/information from Moffitt? Mark all that apply.	☐ Through attending events in my community (e.g., health fairs, education workshops) ☐ Mailed materials ☐ Emailed materials ☐ Web-based resources ☐ Social media ☐ Other ☐ I do not wish to receive cancer education/information from Moffitt
Please specify:	_____
What cancer types are you interested in learning about? Mark all that apply.	☐ Prostate cancer ☐ Colorectal cancer ☐ Melanoma ☐ Non-Hodgkin lymphoma ☐ Breast cancer ☐ Bladder cancer ☐ Thyroid cancer ☐ Lung cancer ☐ Uterine cancer ☐ Kidney cancer ☐ Other ☐ I am not interested in learning about cancer
Please specify:	_____
What cancer-related topics are you interested in learning about? Mark all that apply.	☐ Cancer prevention ☐ Nutrition and cancer ☐ Tobacco cessation ☐ Cancer screening ☐ Genetics and cancer ☐ HPV vaccination ☐ Biobanking (collecting human tissue for research) and cancer ☐ Clinical trials and cancer ☐ Other ☐ I am not interested in learning about cancer
Please specify:	_____

Online Community Health Survey Instrument, Continued

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How much do you agree or disagree with each of the following statements?				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
It seems like everything causes cancer	○	○	○	○
There's not much you can do to lower your chances of getting cancer	○	○	○	○
There are so many different recommendations about preventing cancer; it's hard to know which ones to follow	○	○	○	○
When I think about cancer, I automatically think about death	○	○	○	○
Cancer is most often caused by a person's behavior or lifestyle	○	○	○	○

This completes your survey. Thank you for taking the time to answer these questions. Please click submit to end your survey.

F. Acknowledgements

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