Community Health Needs Assessment
Hillsborough County Children
2022

All4HealthFL
Four Counties. One Vision.

In collaboration with:

JOHNS HOPKINS
All Children's Hospital

Florida HEALTH
Pasco County

Florida HEALTH
Hillsborough County

Florida HEALTH
Pinellas County

Florida HEALTH
Polk County

BAYFRONT HEALTH
St. Petersburg

AdventHealth

BayCare

TGH Tampa General Hospital.

MOFFITT CANCER CENTER

Lakeland Regional Health

Prepared by Conduent Healthy Communities Institute

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Letter from the All4HealthFL Collaborative

To the citizens of Hillsborough County,

We are proud to present the 2022 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Hillsborough County children.

The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Bayfront Health St. Petersburg, Moffitt Cancer Center, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Tampa General Hospital, and The Florida Department of Health in Hillsborough, Pinellas, Pasco, and Polk counties. The purpose of the collaborative is to improve health by leading regional outcome-driven health initiatives that have been prioritized through community health assessments.

We would like to extend our sincere gratitude to the volunteers, community members, community organizations, local government, and the many others who devoted their time, input, and resources to the 2022 Community Health Needs Assessment and prioritization process.

The collaborative is keenly aware that working together we can provide greater benefit to individuals in our community who need our support to improve their health and well-being. Over the next few months, we will be developing a detailed implementation plan around the top health needs identified in this report that will drive our joint efforts.

Thank you for taking the time to read the All4HealthFL 2022 Community Health Needs Assessment.

The All4HealthFL Collaborative

COMMUNITY HEALTH NEEDS ASSESSMENT
At a Glance: Hillsborough County Children

Secondary Data

Access to Health & Social Services

Exercise, Nutrition & Weight

Maternal, Fetal & Infant Health

Behavioral Health (Mental Health & Substance Misuse)

Immunizations & Infectious Diseases

Respiratory Diseases

Primary Data/Community Input

Community Health Survey

Hillsborough County had **1,496** Community Survey Respondents with Children

Top Health Issues:

Mental or Behavioral Health	44%
Healthy Food / Nutrition	29.2%
Dental Care	26.4%

Focus Group Discussions

Hillsborough County conducted **5** Focus Groups

It doesn't matter whether you're an indigent patient or you have Medicare, or the best insurance in the world— there's not enough people to provide psychiatric care.

-Focus Group Participant

Health Equity

The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus groups consisted of community residents and organizations from the Black/African American/Haitian populations, Children, Hispanic/Latino, LGBTQ+, and Older Adults.

Introduction & Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to offer a comprehensive understanding of health needs, barriers to accessing care, and Social Determinants of Health (SDoH) for children under the age of 18 and their families who live in Hillsborough County. The priorities identified in this report help to guide planning efforts to improve health and quality of life.

This CHNA was completed through a Collaborative effort that integrated the process of the hospitals and community partners serving Hillsborough County including: AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Tampa General Hospital, and the Florida Department of Health in Hillsborough County. The All4HealthFL Collaborative partnered with Conduent Healthy Communities Institute (HCI) to conduct this 2022 CHNA.

This report includes a description of the community demographics and population served. It also includes the process and methods used to obtain, analyze, and synthesize primary and secondary data and identify the significant health needs in the community. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop, and target initiatives to provide and connect patients with resources to improve these health challenges in the community.

Acknowledgments

The Hillsborough County community was a key stakeholder in the development of the CHNA. Community organizations, leaders, and residents assisted in identifying health and social care barriers of children and families living in the community. The All4HealthFL Collaborative members spearheaded development of the community survey and its outreach and marketing, facilitated focus groups, and united organizations for the purpose of improving health outcomes. In addition, the Collaborative commissioned three organizations to support the 2022 CHNA process.
See Appendix E for the full list of Collaborative members, supporting individuals, organizations, partners, and vendors.

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit www.conduent.com/community-population-health.

Tampa Bay Healthcare Collaborative (TBHC) was selected to facilitate the prioritization sessions for each county. TBHC is a member-driven organization whose mission is to promote and advance health equity through increasing awareness, building capacity, and fostering collaboration. TBHC helps the underserved by connecting organizations, at no cost, within the health equity ecosystem to collaborate more effectively to reach vulnerable populations using TBHC Collaborate, an online platform, to elevate collaboration among members. To learn more about TBHC, visit http://tampabayhealth.org/.

Collaborative Labs at St. Petersburg College designed and facilitated community focus group discussions. Collaborative Labs works as an extension of a business or organization's team to provide expert facilitation, customized agenda formation, and strength-based activities. They are process experts that ensure an organization's engagement has the right stakeholders to build the best plan for future success. Learn more at www.CollaborativeLabs.com.

All4HealthFL Collaborative

The All4HealthFL Collaborative was officially organized in 2019. This group comes together with a mutual interest to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. This process is conducted every three years and aims to identify health priorities in the community and strategies to address them. The All4HealthFL Collaborative works together to plan, implement, and evaluate strategies that are in alignment with identified health priorities. Together, the group strives to make Hillsborough, Pasco, Pinellas, and Polk counties the healthiest region in Florida.

 The Collaborative consists of individuals from the following organizations and agencies:

The All4HealthFL Collaborative also hosts and maintains the All4HealthFL Community Data Platform as a community resource for the four counties comprising their combined service area.

Evaluation of Progress Since Previous CHNA

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations focus and targets efforts during the next CHNA cycle. The top three health priorities for Hillsborough County from the 2019 CHNA were Access to Health Care, Behavioral Health, and Exercise, Nutrition & Weight.

2019 Community Health Improvement Priorities

Access to Healthcare   Behavioral Health   Exercise, Nutrition & Weight

Implementation strategies for these health topics shifted in response to the COVID-19 pandemic. Innovative strategies were adopted to continue building capacity for addressing the community health needs.

Collaborative Achievements

In 2019, the county health departments and health systems came together to partner on a single Community Health Needs Assessment for the Tampa Bay region. Those organizations, now united as All4HealthFL Collaborative, came together under the belief that the important health challenges our community faced were best assessed and addressed as one. The work of the Collaborative culminated in a set of priorities that are guiding the community health initiatives of organizations across Hillsborough, Pasco, Pinellas, and Polk Counties.

While implementation of our community benefit plans was already underway, the Collaborative understood all too well the tremendous impact COVID-19 had on our communities. It was important to take a moment and understand how the ground shifted in terms of community health needs because of the ongoing pandemic. With that in mind, a short survey was deployed from May through June 2020 asking community partners and experts how COVID-19 brought to light new issues or reinforced existing issues facing the health needs of the community.

There were 85 responses to the survey across the region. Although there were new issues that emerged around housing and poverty, the survey respondents affirmed the 2020-2022 top three focus areas of Mental Health and Substance Misuse, Access the Health Care and Exercise, Nutrition and Weight as still the most pressing issues. This data provided the Collaborative with an opportunity to consider increasing strategies to increase programs like Mental Health First Aid Training. The Collaborative has collectively provided 62 Mental Health First Aid classes to Hillsborough, Pasco, Pinellas, and Polk Counties.

Partner Achievements in Children's

Prior to this Collaborative Community Health Needs Assessment, health systems working within Hillsborough County implemented individual assessments and initiatives focusing on the population of children under the age of 18 living in the county. The 2022 All4HealthFL Collaborative CHNA process served as an opportunity to begin a joint assessment and focus on children's' health. The information below highlights the individual contributions and achievements of partners working specifically with the children's population in Hillsborough County in response to 2019 community health assessments.

Community Feedback from Preceding CHNA & Implementation Plan

Community Health Needs Assessment reports from 2019 were published on the All4HealthFL website. Additional community comments and feedback were obtained during the 2019 county-level prioritization sessions as well as via email. In post-prioritization evaluations, the community voiced their desire to have more opportunity to process and discuss data and findings from the assessment process before participating in prioritization activities. As a result of this feedback, the six virtual prioritization sessions that were hosted as part of the Collaborative's 2022 assessment were intentionally designed to create space and opportunity for facilitated discussions around overall assessment findings as well as specific health topics.

Demographics of Hillsborough County

The demographics of a community significantly impact its health profile. Different racial, ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community residing in Hillsborough County.

Geography and Data Sources

Data are presented in this section at the geographic level of Hillsborough County. Comparisons to the county, state, and national value are also provided when available. All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates)[1] and American Community Survey[2] one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

Population

According to the 2022 Clarita's Pop-Facts® population estimates, Hillsborough County has an estimated population of 1,519,364 persons. Figure 1 shows the population size by each ZIP code by age under 18 population, with the darkest blue representing the ZIP codes with the largest population. Appendix A provides the actual population estimates for each ZIP code. The most populated ZIP code area within Hillsborough County is ZIP code 33647 (Tampa) with a population of 17,073.

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[1] All4HealthFL online platform. https://www.all4healthfl.org/demographicdata
[2] American Community Survey. https://www.census.gov/programs-surveys/acs

Figure 1: Population by ZIP Code by Age Under 18: Hillsborough County
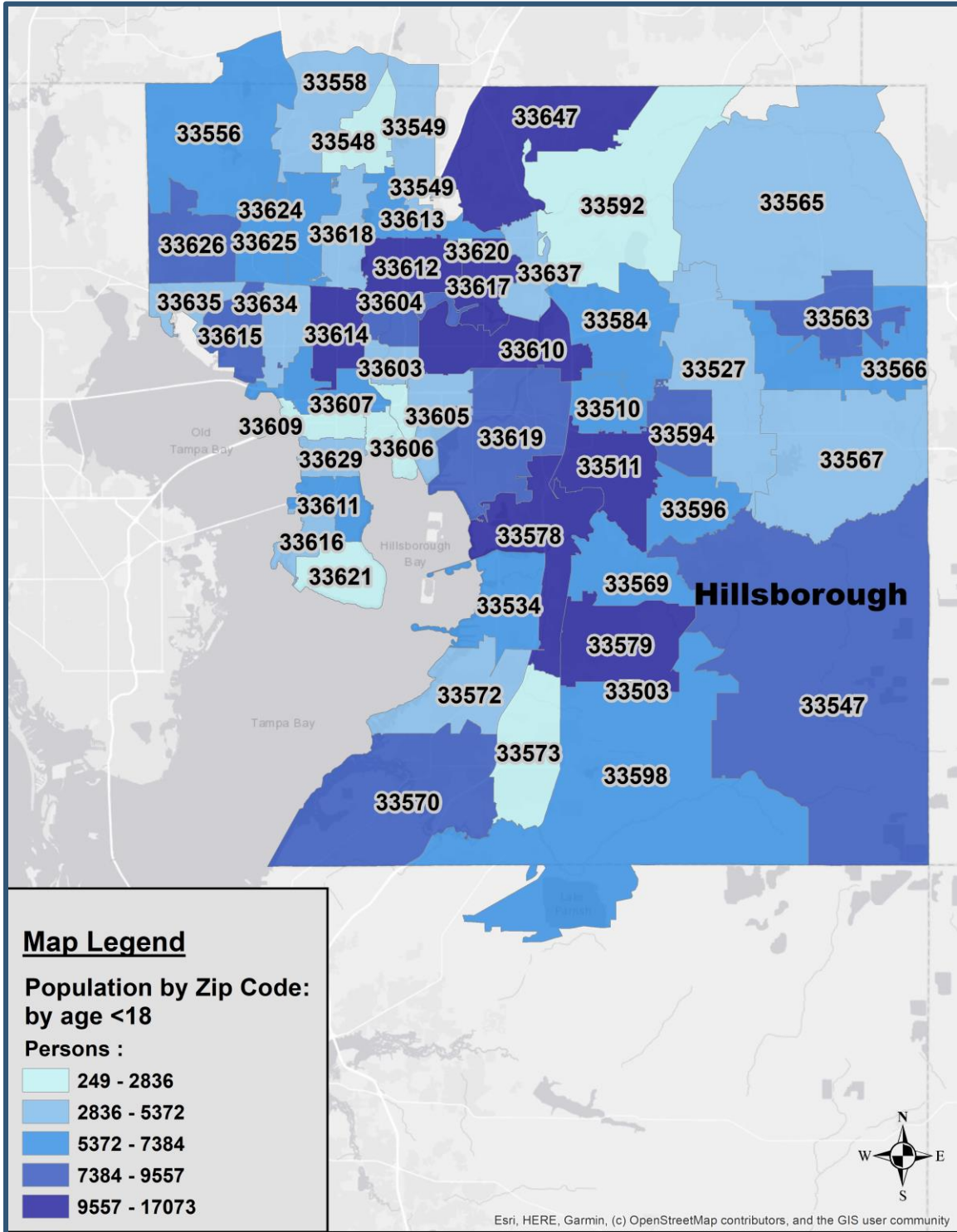
Age

Children (0-17) comprised (21.9%) of the population in Hillsborough County. When compared to Florida (19.5%) Hillsborough County has higher proportion of children population (age 0-17), whereas, slightly less than the U.S. (22.4%), as shown in (Figure 2).

Figure 2: Population by Age: County, State, and U.S. Comparisons

*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimate
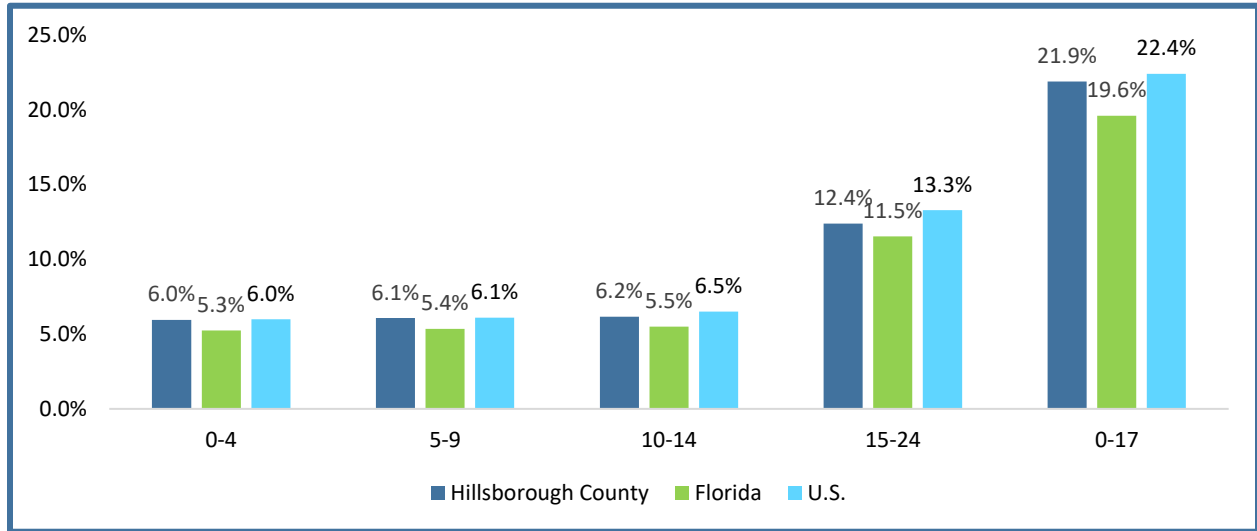
Figure 3 shows the population of Hillsborough County by age group under 18 years.

Figure 3: Population by Age Under 18: Hillsborough County
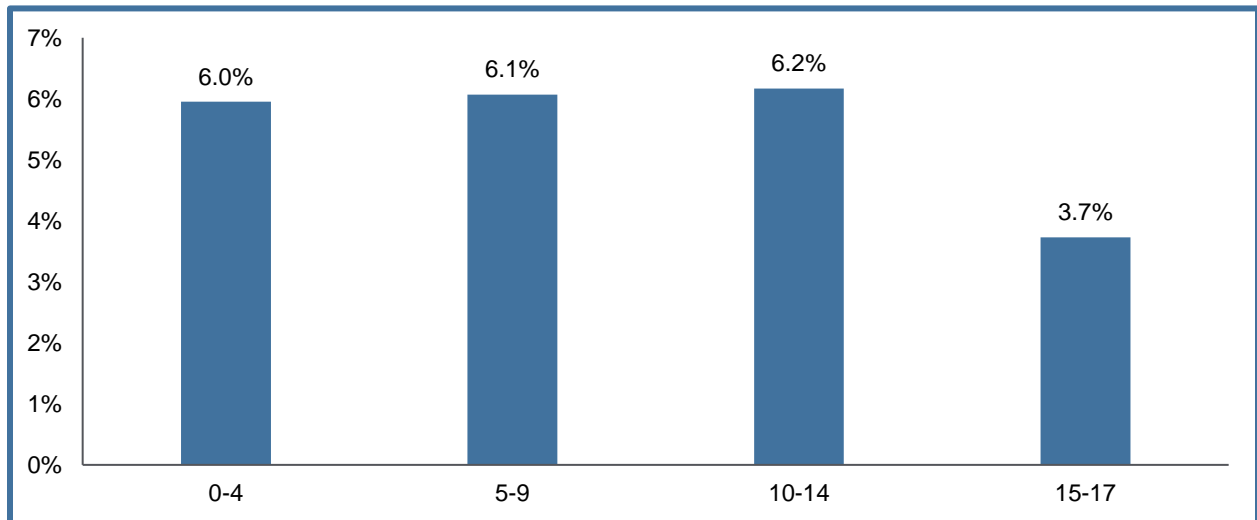
*County values- Claritas Pop-Facts® (2022 population estimates)

Sex

Figure 4 shows the children (under 18) population of Hillsborough County and Florida by sex. In Hillsborough County, males comprise (23%) of the population, whereas females comprise (20%) of

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the population which is higher in proportion when compared to males (20.4%) and females (18.7%) in Florida.
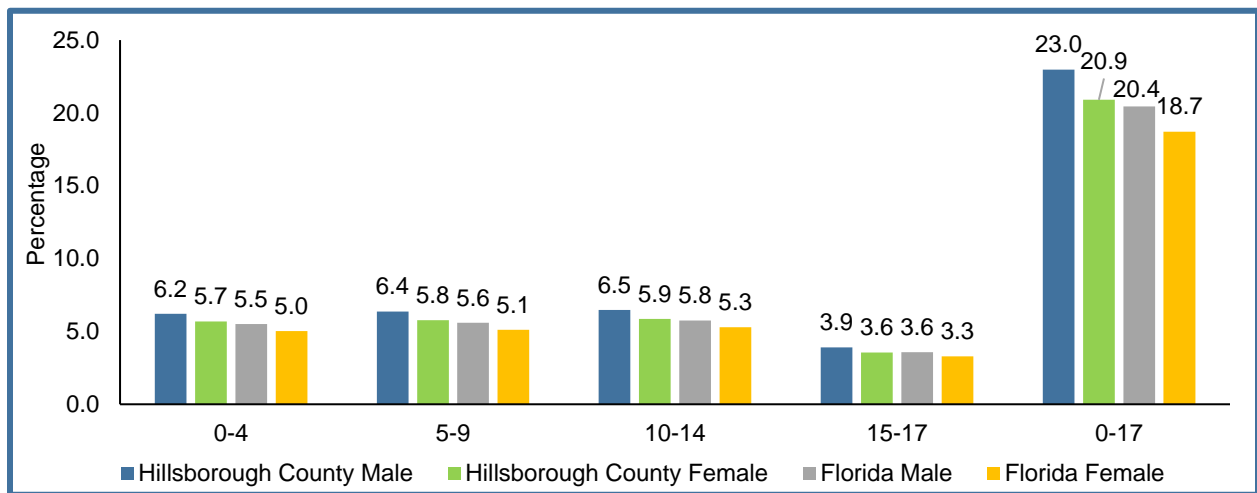
Figure 4: Percentage of Population by Sex Under 18: County and State

*County and state values- Claritas Pop-Facts® (2022 population estimates)

Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of the Hillsborough County area shows (67.5%) of the population identifying as White, as indicated in Figure 5. The proportion of Black/African American community members is the second largest of all races in the Hillsborough County at (17.2%).

Figure 5: Population by Race: Hillsborough County
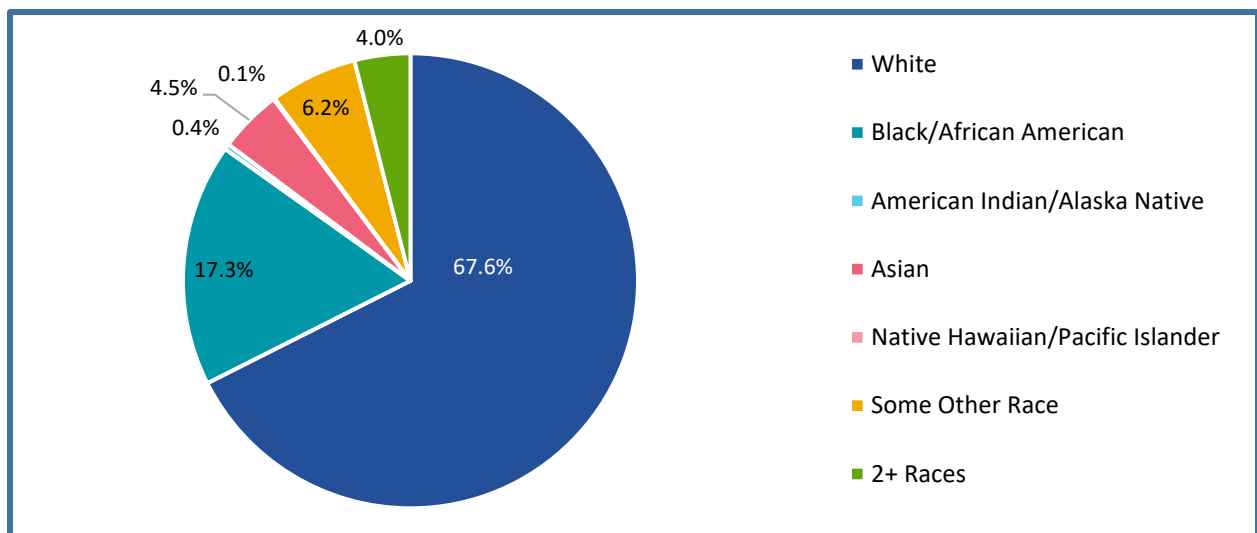
*County values- Claritas Pop-Facts® (2022 population estimates)

Those community members identifying as White represent a lower proportion of the population in the Hillsborough County when compared to Florida (72.4%) and the U.S. (70.4%), while Black/African American community members represent a higher proportion of the population when compared to Florida (16.3%) and the U.S. (12.6%) (Figure 6).
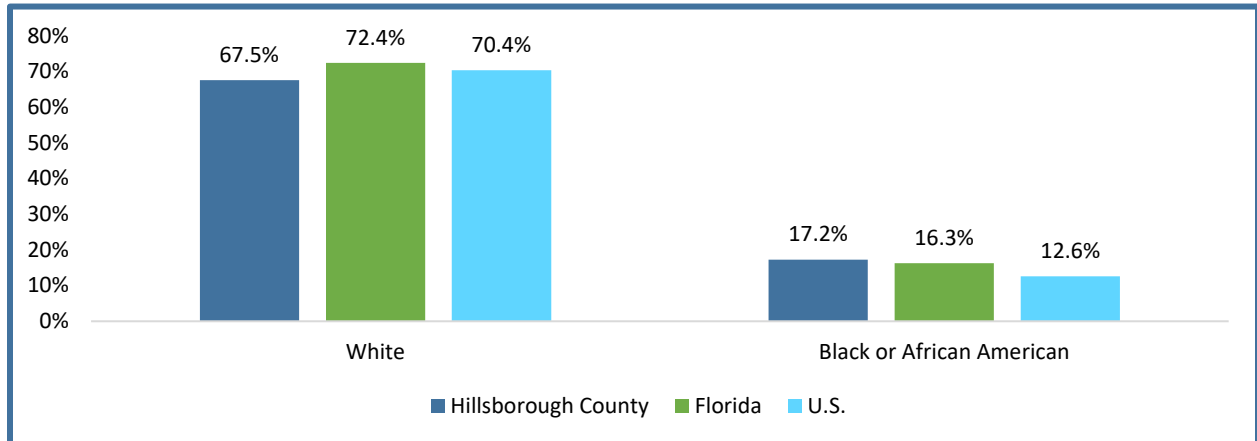
Figure 6: Population by Race: Hillsborough County, State, and U.S. Comparisons

*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

As shown in Figure 7, (31.4%) of the population in Hillsborough County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Florida (27.8%) and the U.S. (18.2%)

Figure 7: Population by Ethnicity: Hillsborough County, State, and U.S. Comparisons

*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, (17.9%) of residents in Hillsborough County are born outside the U.S., which is higher than the national value of (13.6%).[3]

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[3] American Community Survey, 2016-2020

In the Hillsborough County, (69.2%) of the population age five and older speak only English at home, which is lower than both the state value of (70.2%) and the national value of (78.5%) (Figure 8). This data indicates that (23.8%) of the population in the Hillsborough County speak Spanish, and (1.10%) speak other languages than English at home.

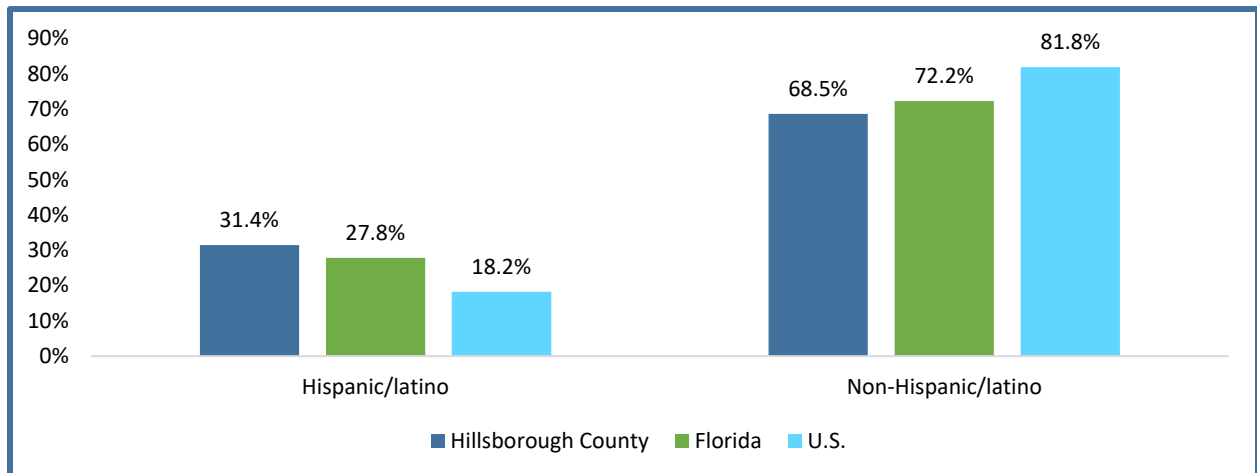**Figure 8: Population 5+ by Language Spoken at Home: County, State and U.S. Comparisons**
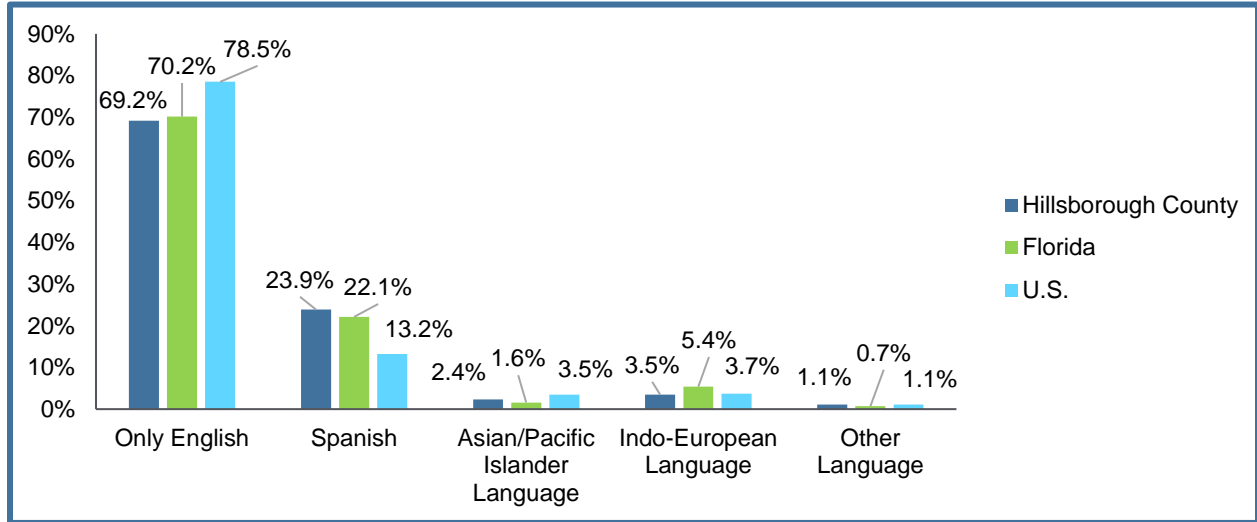
*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

The most common languages spoken at home are English (69.2%), Spanish (23.9%), and Indo-European languages such as French, Portuguese, Russian, and Dutch[4] (3.5%). (Figure 9).

Figure 9: Population Ages 5+ by Language Spoken at Home: Hillsborough County
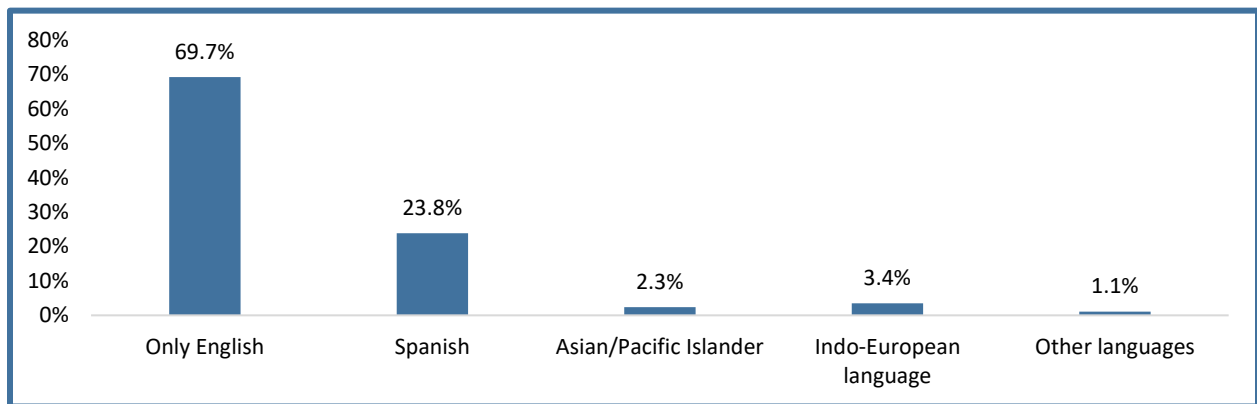
*County values- Claritas Pop-Facts® (2022 population estimates)

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[4] United States Census Bureau. About Language Use in the U.S. Population (census.gov)

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting Hillsborough County community. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health (SDOH) can be grouped into five domains. Figure 10 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

Figure 10: Healthy People 2030 Social Determinants of Health Domains

Geography and Data Sources

Data in this section are presented at various geographic levels (ZIP code and/or county) depending on data availability. When available, comparisons to county, state and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators may be strong when examined at a higher level, ZIP code level analysis can reveal disparities.

All demographic estimates are sourced from Claritas Pop-Facts® (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions

including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[5]

Figure 11 provides a breakdown of households by income in Hillsborough County. A household income of $50,000-$74,999 is shared by the largest proportion of households in Hillsborough County (17.5%). Households with an income of less than $15,000 make up (9.6%) of households in Hillsborough County.

Figure 11: Households by Income, Hillsborough County
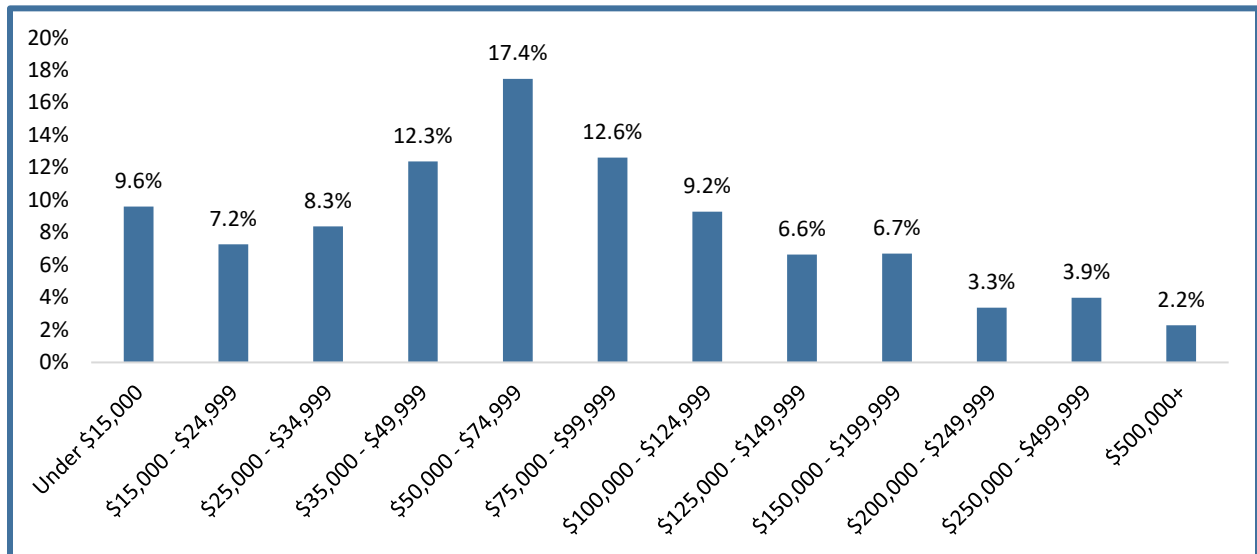
*County values- Claritas Pop-Facts® (2022 population estimates)

The median household income for the Hillsborough County is $67,683, which is higher than the state value of $66,251 and national value of $64,994 (Figure 12).

Figure 12: Median Households by Income: County, State and U.S. Comparisons
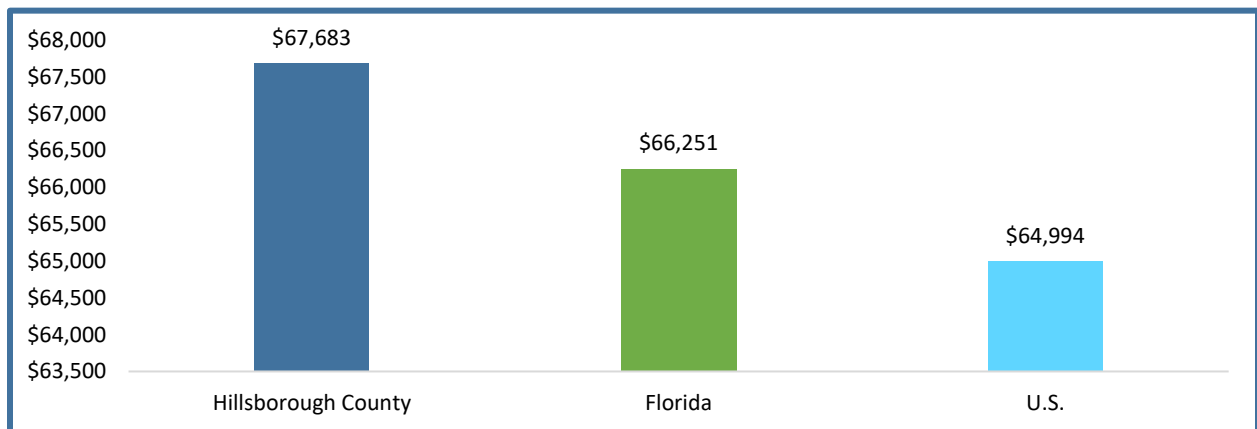
*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Figure 13 shows median household income by race and ethnicity. Three racial/ethnic groups – White, Asian, and Non-Hispanic/Latino – have median household incomes above the overall median

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[5] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

value. All other races have incomes below the overall value, with the Black/African American populations having the lowest median household income at $48,660.

Figure 13: Median Households by Income by Race/Ethnicity, Hillsborough County
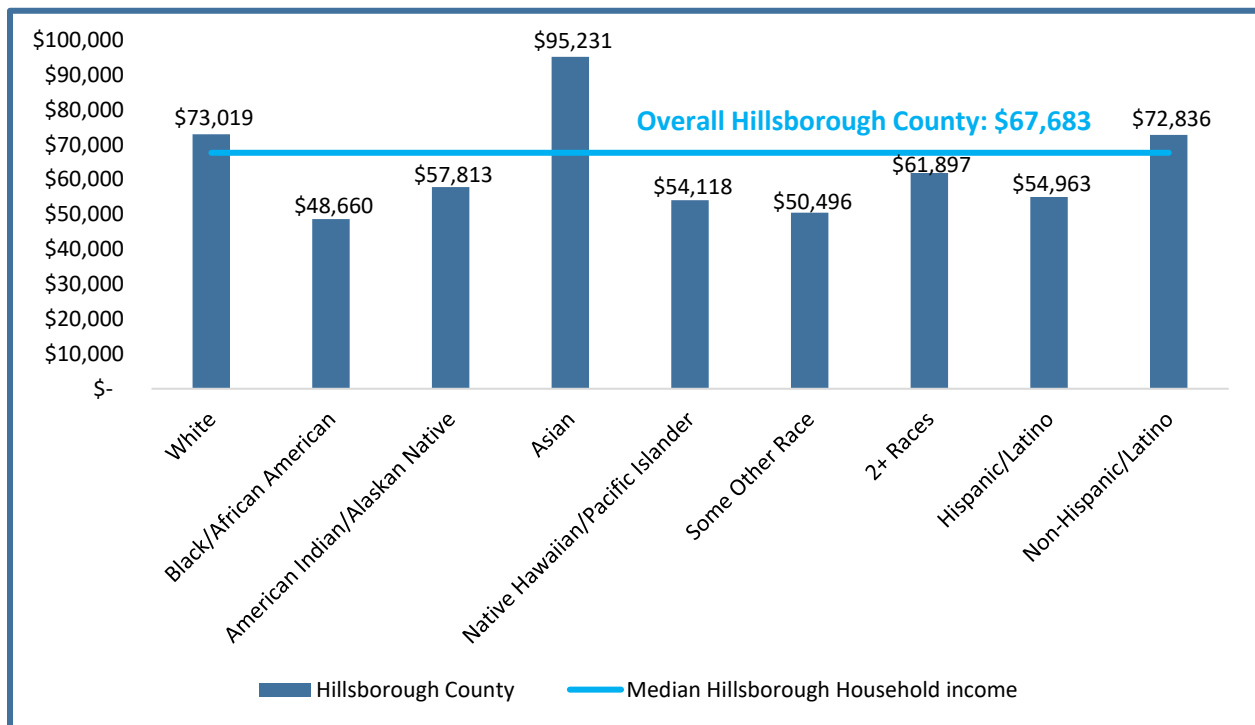
*County values- Claritas Pop-Facts® (2022 population estimates)

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[6]

Figure 14 shows the percentage of families living below the poverty with children by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP codes 33605(Tampa) and 33612 (Tampa) having the highest percentages at (21.0%) and (17.6%), respectively. Overall, (7.2%) of families in the Hillsborough County live below the poverty level with children, which is higher than both the state value of (6.2%) but lower than the national value of (9.5%) The percentage of families living below poverty with children level for each ZIP code in the Hillsborough County is provided in Appendix A.

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[6] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Figure 14: Families Living Below Poverty Level with Children: Hillsborough County
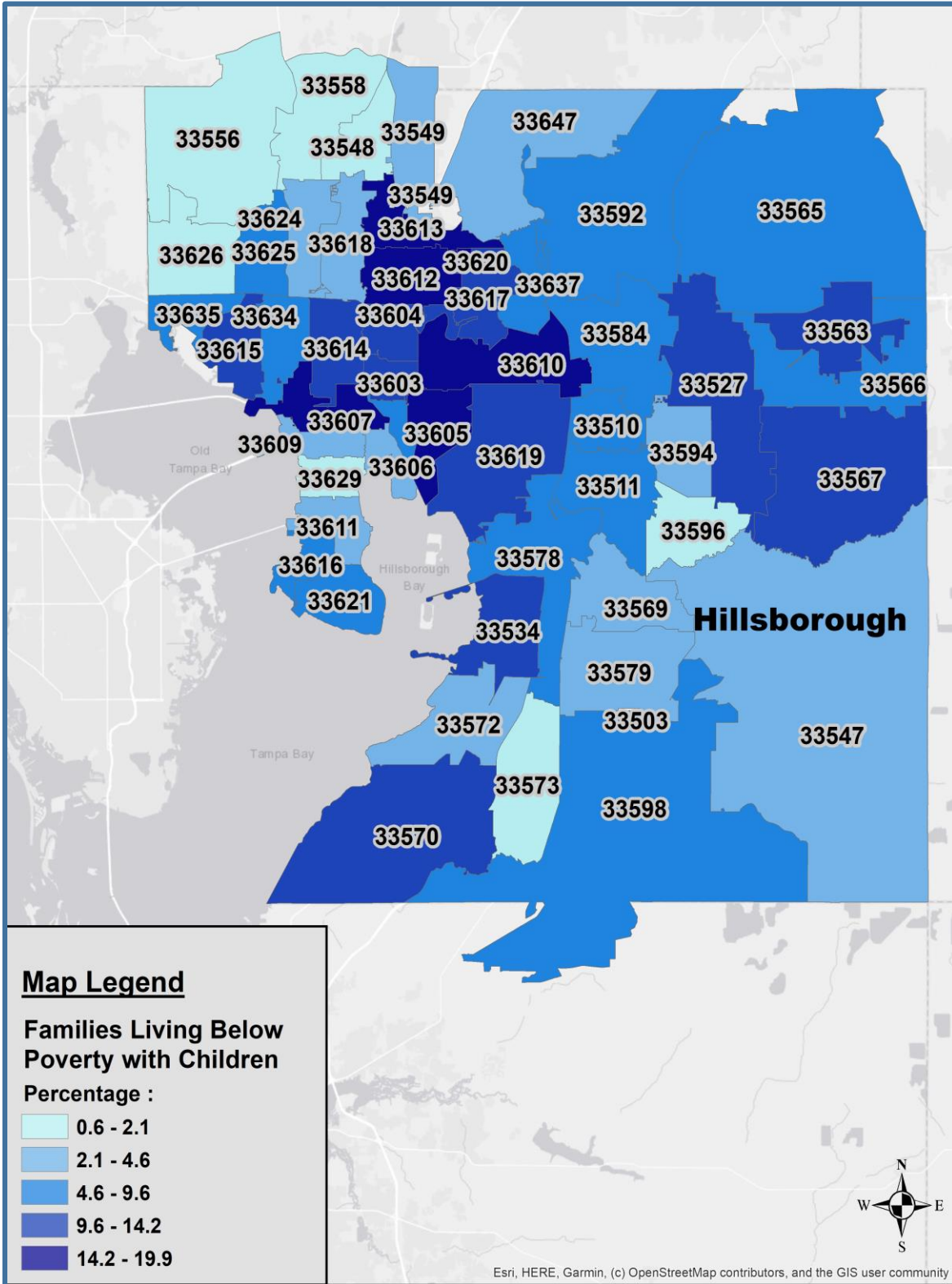
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[7]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[7]

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[7]

Figure 15 shows the population age 16 and over who are unemployed. The unemployment rate for the Hillsborough County is (4.6%), which is lower than the state value at (4.8%) national value at (5.4%).

Figure 15: Population 16+ Unemployed
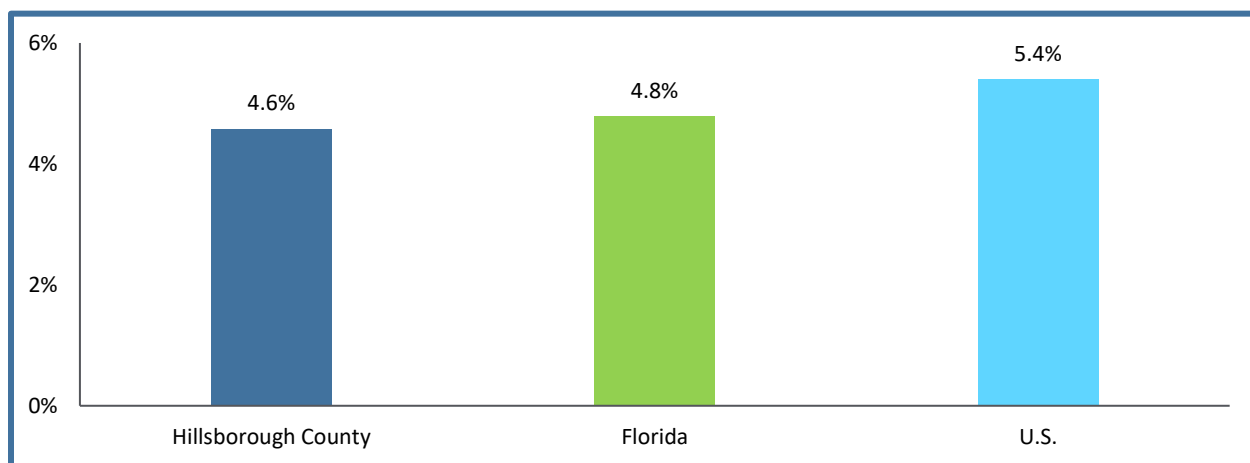
Education

Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[8]

Figure 16 shows the percentage of the population 25 years or older by educational attainment.

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[7] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment
[8] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

Figure 16: Population 25+ by Educational Attainment, Hillsborough County
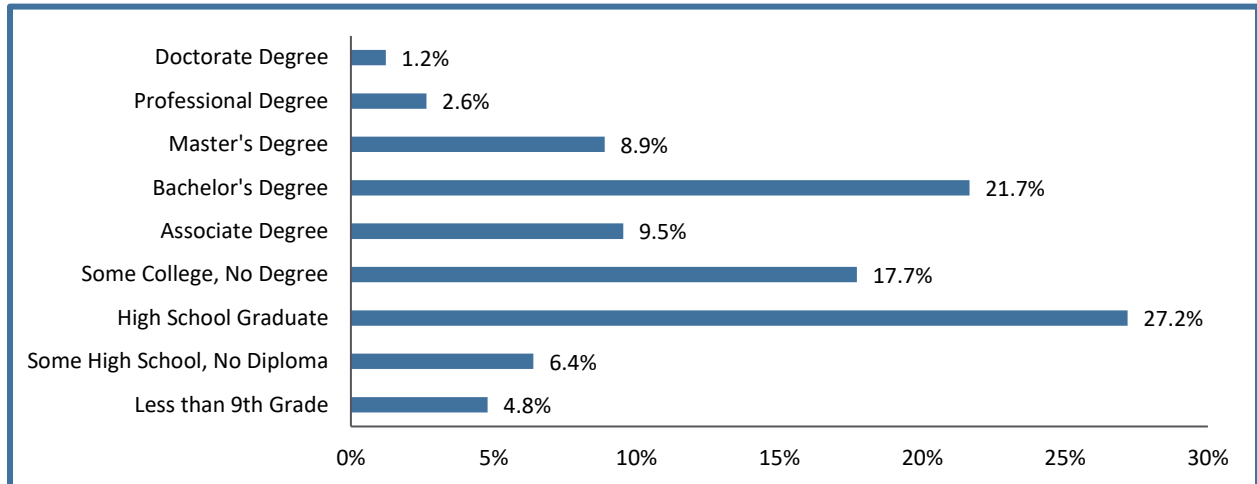
*County values- Claritas Pop-Facts® (2022 population estimates)

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[9]

Figure 17 shows that the Hillsborough County has a higher percentage of residents with a High School Degree or Higher (88.8%) and Bachelor's Degree or Higher (34.4%) when compared to both the state and the nation value for both indicators.

Figure 17: Population 25+ by Educational Attainment, FL, and U.S. Comparisons
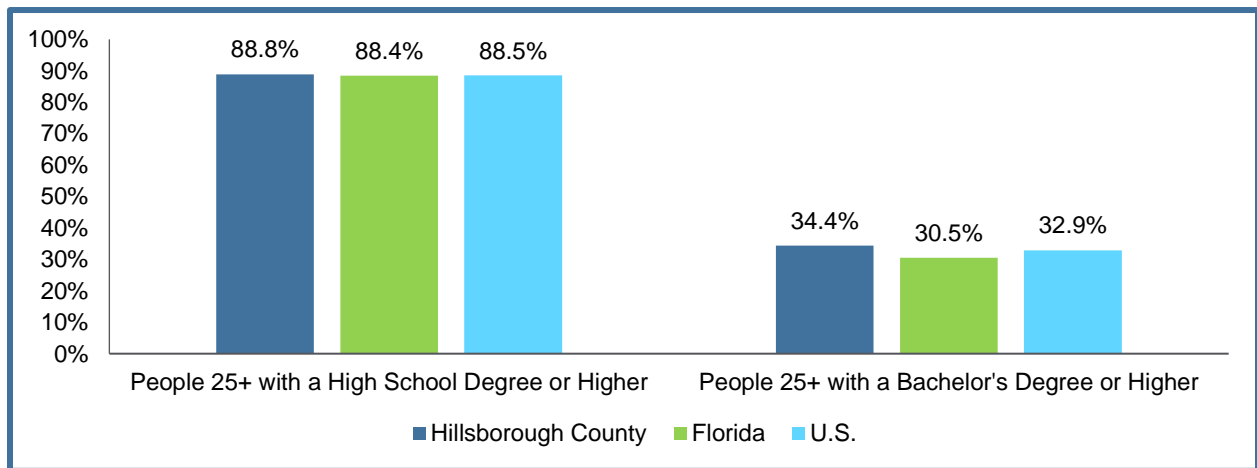
*County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Examining academic achievement reveals that Hillsborough County students performed in the lowest quartile of Florida counties in math proficiency in 8th graders (Table 1).

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[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation

Table 1: Math and Reading Proficiency among 4th and 8th Grade Students in Hillsborough County, 2021

Proficiency Grade	Hillsborough County	Florida Average
4th Grade Students Proficient in Math	50%	53%
8th Grade Students Proficient in Math	42%	37%
4th Grade Students Proficient in Reading	49%	52%
8th Grade Students Proficient in Reading	50%	52%

Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[10]

Figure 18 shows the percentage of houses with severe housing problems. This indicator measures the percentage of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Hillsborough County, (18.7%) of households were found to have at least one of those problems, which is lower than the state value (19.5%), but slightly higher the national value (18.0%).

Figure 18: Percentage of Houses with Severe Housing Problems, FL, and U.S. Comparisons
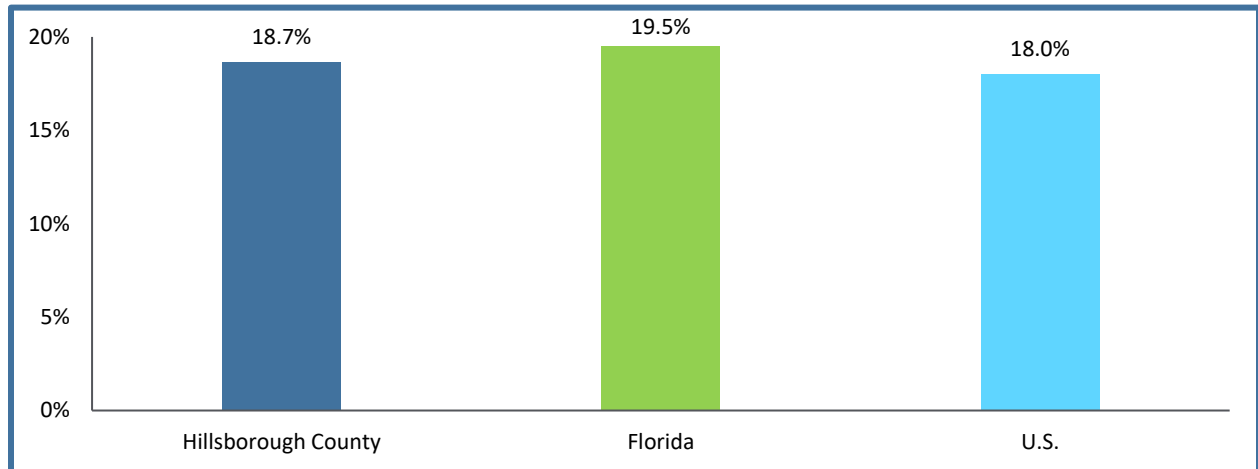
*County, State, and U.S. values taken from County Health Rankings (2013-2017)

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[10] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[11]

Figure 19 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Hillsborough County, (52.7%), is higher than the national value (49.1%), and lower than the state value (56.3%).

Figure 19: Renters Spending 30% or More of Household Income on Rent: County, State, U.S. Comparisons
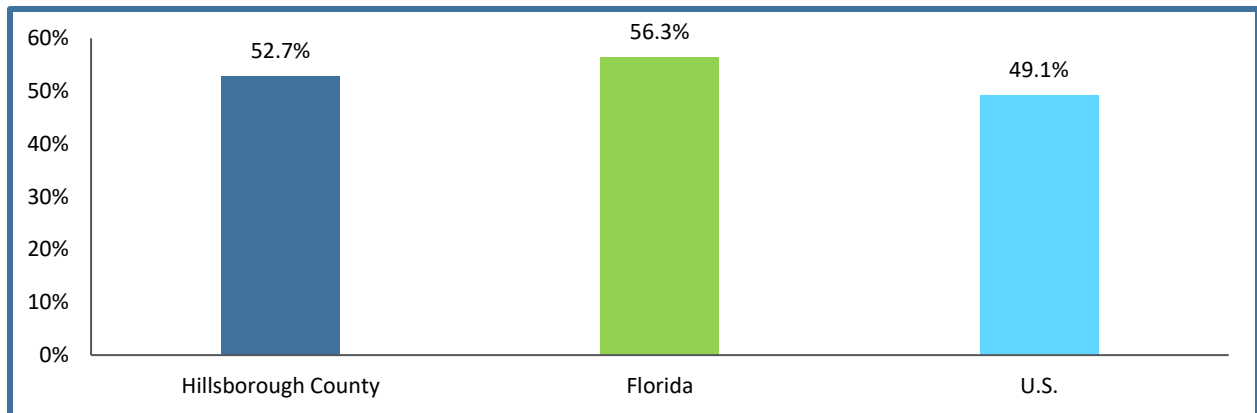
*County, State, and U.S. values taken from American Community Survey five-year (2016-2020) estimates

Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.[12]

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[12]

Figure 20 shows the percentage of households that have an internet subscription for under 18 population. The rate in Hillsborough County, (91.3%), is higher than the state value (90.9%), but slightly lower than the national value (91.8%).

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[11] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04
[12] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Figure 20: Households with an Internet Subscription (under 18): County, State and U.S. Comparisons
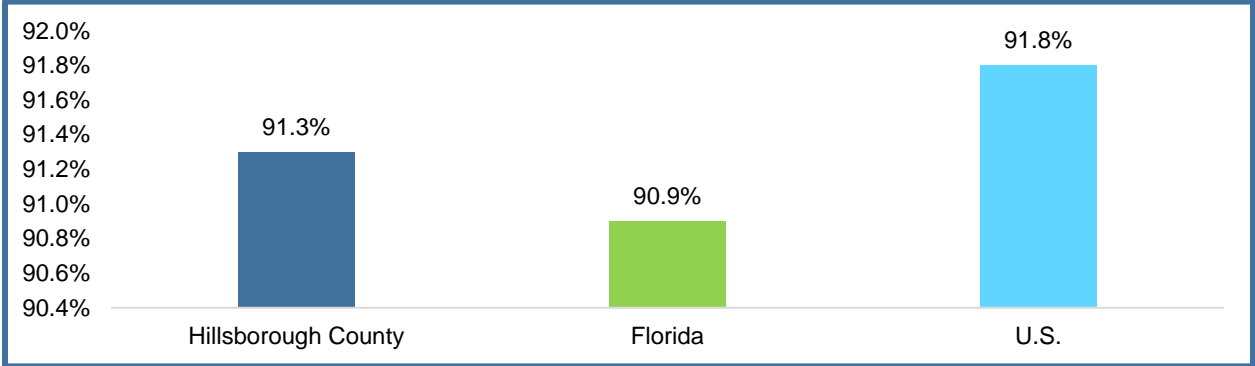
	Hillsborough County	Florida	U.S.
Percentage	91.3%	90.9%	91.8%

*County, State, and U.S. values taken from American Community Survey five-year (2016-2020) estimates

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.[13] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American, Hispanic/Latino persons, Indigenous, communities with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, age, and gender that is included throughout this report. It is important to note that the data is presented to show differences and distinctions by population groups. The All4HealthFL Collaborative was intentional in creating community assessments and forums to understand different groups' unique experiences and perceptions around diversity, equity, and inclusion. Focus group forums consisted of community residents from various race, ethnicity, age, and gender groups to include Black/African American, Haitian/Creole, Children, Hispanic/Latino, LGBTQ+ population, and older adults.

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity[14] analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 2 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Hillsborough County, based on the Index of Disparity.

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[13] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

[14] Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Health Indicator	Group Negatively Impacted
Children Living Below Poverty Level	Black/African American, Other Race, Hispanic/Latino
Families Living below Poverty Level	Black/African American, American Indian/Alaska Native, Other Race, Hispanic/Latino
HIV Incidence Rate	Black/African American, Male
Infant Mortality Rate	Black/African American, Hispanic/Latino

The Index of Disparity analysis for Hillsborough County reveals Black/African American and Hispanic/Latino populations are disproportionately impacted in Infant Mortality Rate, and HIV Incidence Rate. Black/African American, Hispanic/Latino, American Indian/Alaska Native, and members that identify as 'Other Race' are disproportionately impacted across various measures of poverty, which is often associated with poorer health outcomes that include Children Living Below Poverty Level and Families Living Below Poverty Level indicator (Figure 21 and 22). Furthermore, HIV Incidence Rates are seen higher in male and Black/African American (Figure 23) while Infant Mortality rate is higher in Black/African American and Hispanic/Latino (Figure 24). The graphs below show disparities by race, ethnicity, or gender, blue bar in the graph represents the overall Hillsborough County value, green bar represents a particular race/ethnic group/gender doing better than the overall Hillsborough County value; while the red bars represent disparity when compared to the overall Hillsborough value and within all race/ethnicity/gender.

Figure 21: Children Living Below Poverty Level

*American Community Survey five-year (2016-2020) estimates

24
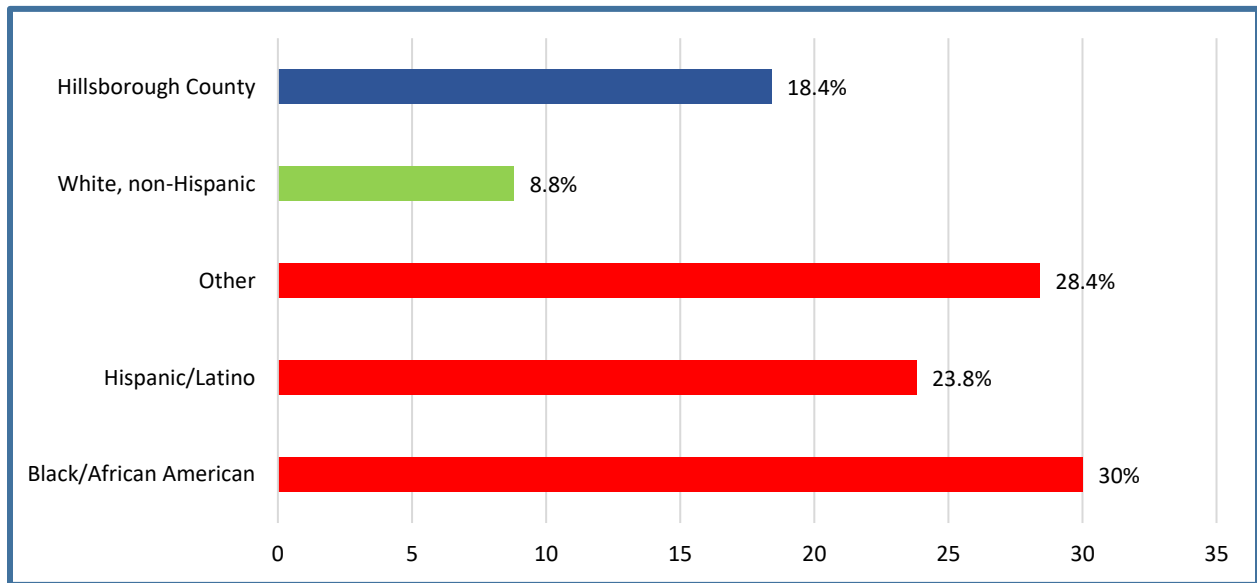
Figure 22: Families Living below Poverty Level

Category	Percentage
Hillsborough County	10.0%
White, non-Hispanic	5.8%
Other	15.4%
Hispanic/Latino	14.6%
Black/African American	17.7%
American Indian/Alaska Native	12.5%
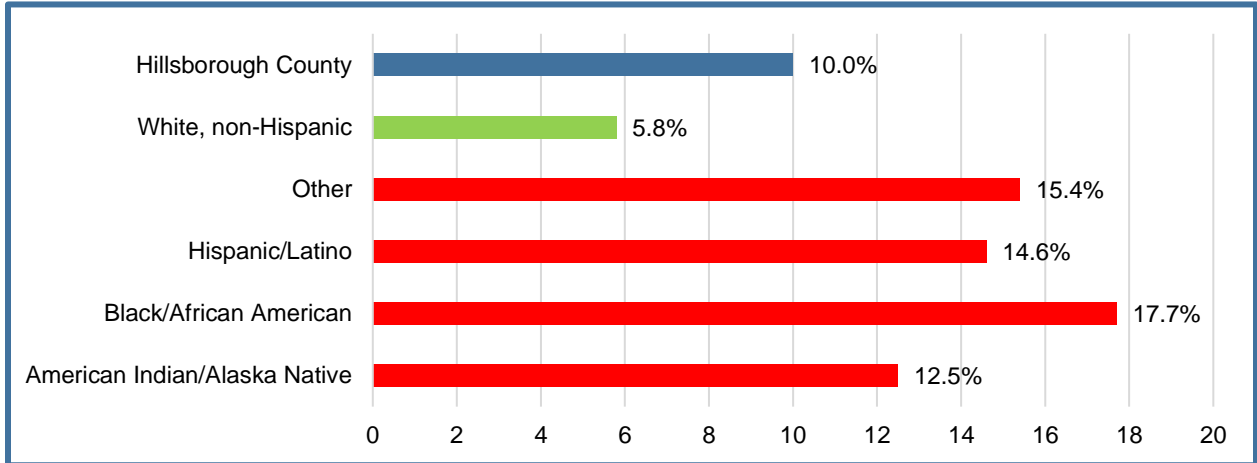
* American Community Survey five-year (2016-2020) estimates

Figure 23: HIV Incidence Rate

Category	cases/100,000 population
Hillsborough County	17
Female	7.3
Male	27.2
White, non-Hispanic	7.6
Black/African American, non-Hispanic	51.9

cases/100,000 population
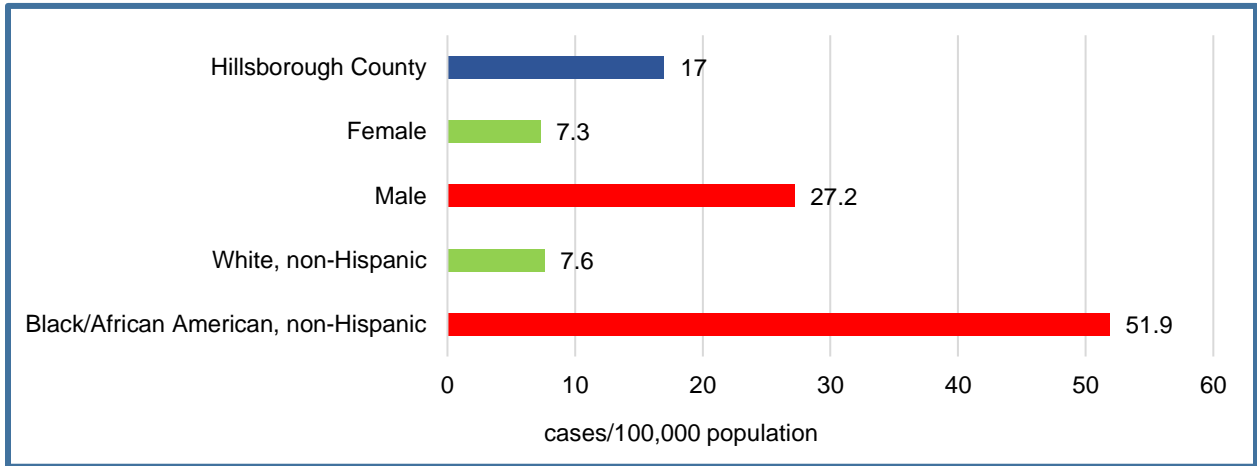
* Florida Department of Health, Bureau of HIV/AIDS, 2020

Figure 24: Infant Mortality Rate

Category	Deaths/1,000 Live Births
Hillsborough County	7.2
White	5.2
Black/African American	13.4

Deaths/1,000 Live Births
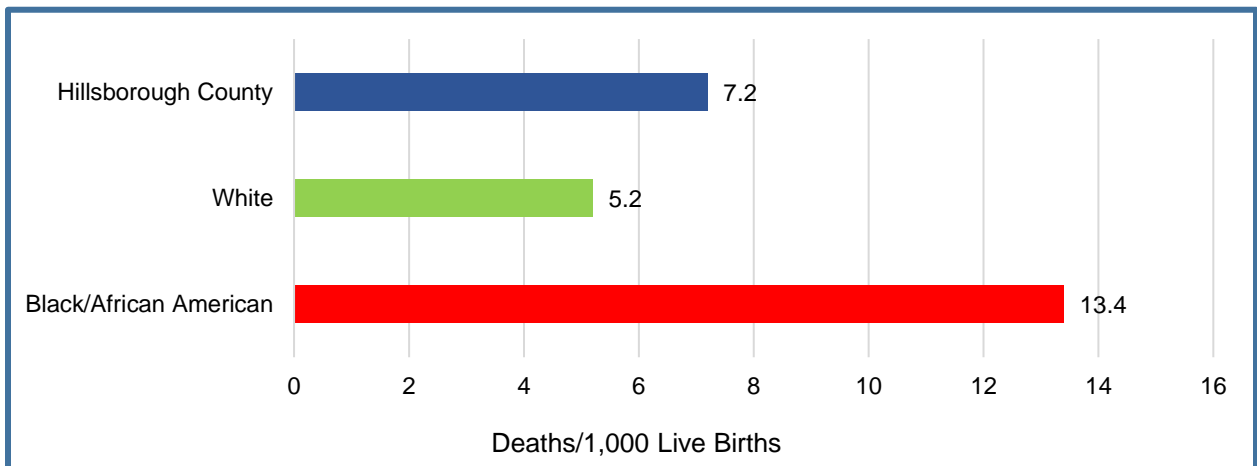
* Florida Department of Health, Bureau of Vital Statistics, 2020

Geographic Disparities

In addition to disparities by race, ethnicity, age, and gender, this assessment also identified specific ZIP codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and mental health. The Health Equity Index estimates areas of highest socioeconomic need correlated with poor health outcomes. The Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. The Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. For all indices, counties, ZIP codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 25. The following ZIP codes in the Hillsborough County had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 33605 (Tampa) and 33610 (Tampa) with index values of 96.4 and 93.5, respectively. Appendix A provides the index values for each ZIP code.

Figure 25: Health Equity Index
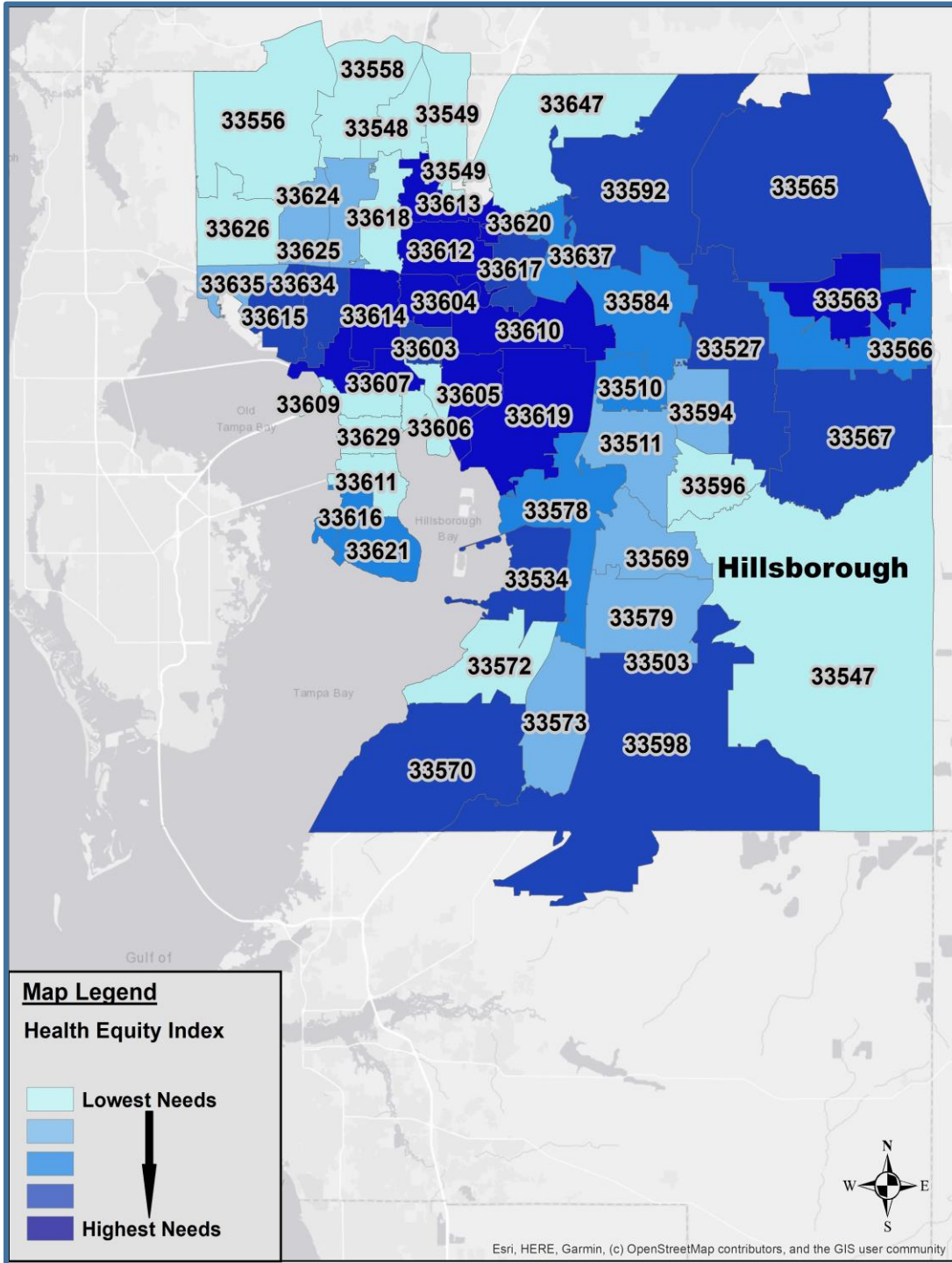
Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. ZIP codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 26. The following ZIP codes had the highest level of food insecurity (as indicated by the darkest shades of green): 33610 (Tampa) and 33605 (Tampa) with index values of 96.7 and 96.5, respectively. Appendix A provides the index values for each ZIP code.

Figure 26: Food Insecurity Index
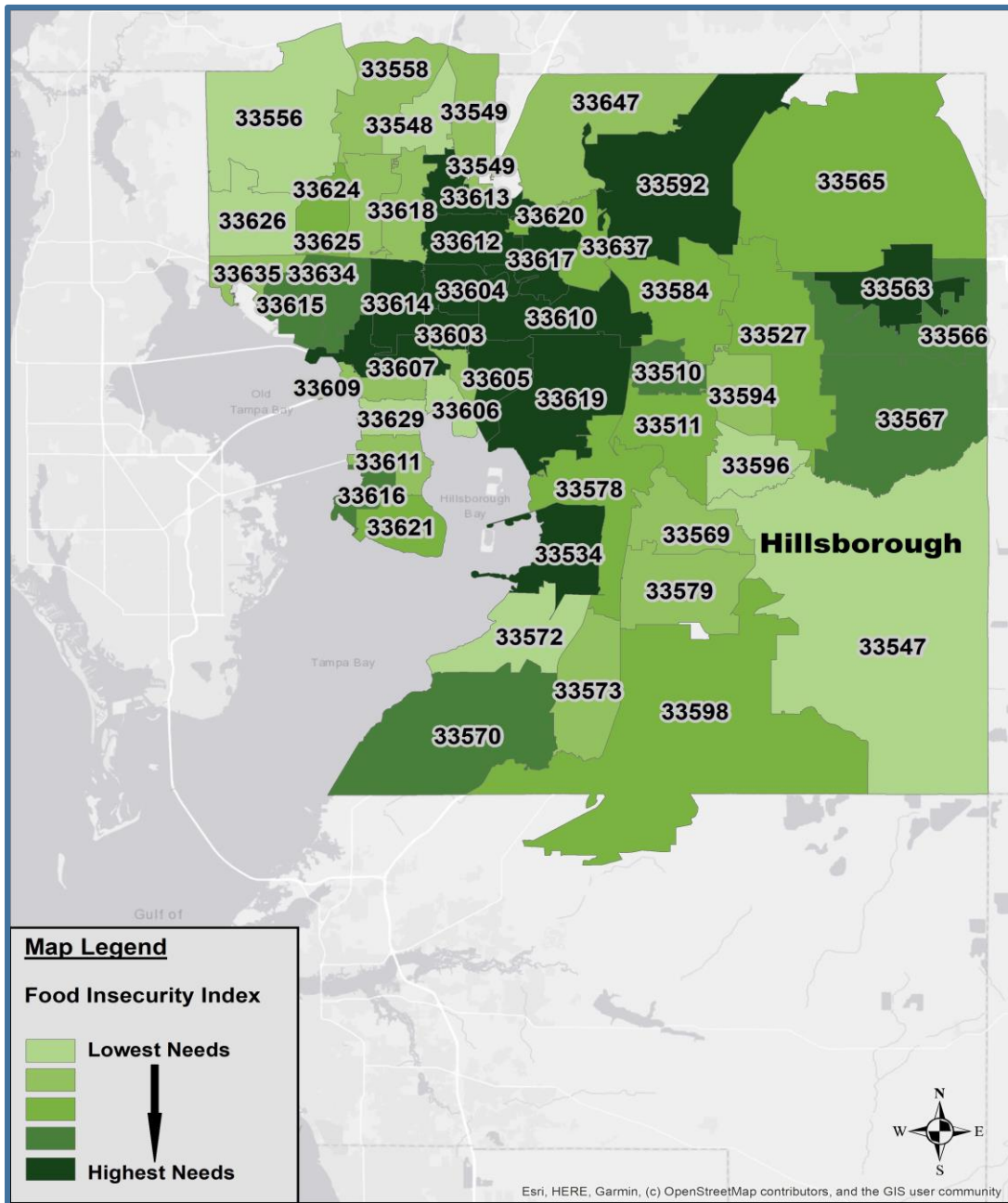
Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 27. The following two ZIP codes are estimated to have the highest need (as indicated by the darkest shades of purple): 33605 (Tampa) and 33573 (Sun City Center) with index value 98.6 and 97.9 respectively. Appendix A the index values for high needs ZIP codes.
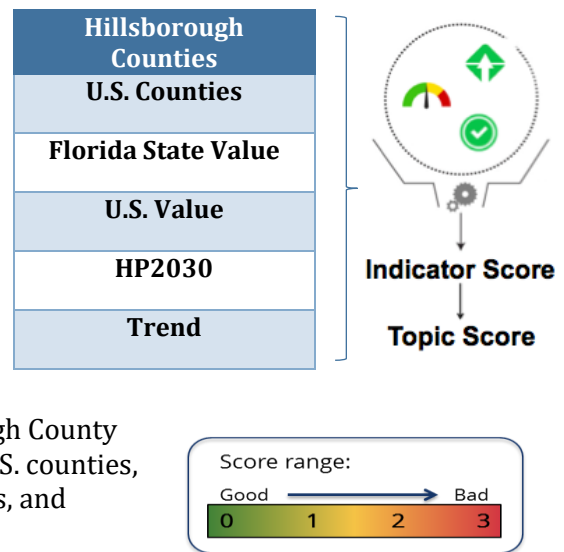
Figure 27: Mental Health Index
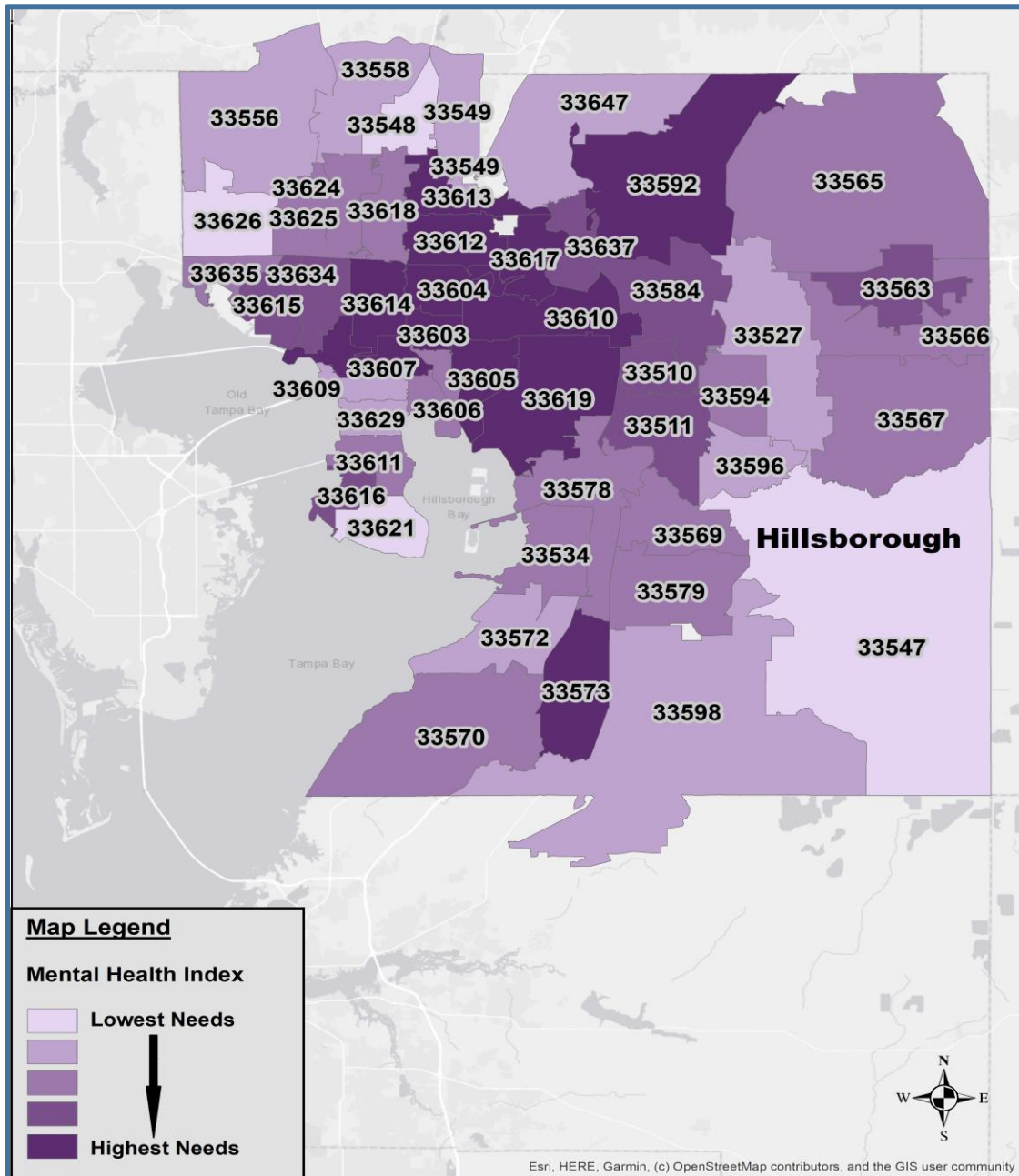
Methodology

Overview

Primary and secondary data were collected and analyzed to complete the 2022 CHNA. Primary data consisted of focus group discussions and a community survey. The secondary data included indicators of health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of health needs in Hillsborough County children.

Secondary Data Sources & Analysis

Figure 28: Secondary Data Scoring

Secondary data used for this assessment were collected and analyzed with the All4HealthFL Community Dashboard developed by Conduent Healthy Communities Institute (HCI). The Community Dashboard includes more than 150 community indicators, spanning at least 24 topics in the areas of health, social determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, Hillsborough County value was compared to a distribution of Florida and U.S. counties, state and national values, Healthy People 2030 Targets, and significant trends (Figure 28).

Indicators are rolled up into health and quality of life topic areas, then ranked. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time.

The analysis of national, state, and local indicators that contributed to the CHNA can be viewed in full in Appendix A. Table 3 shows the health and quality of life topic scoring results for Hillsborough County with a focus on children's population. Sexually Transmitted Infections came as the poorest performing topic area with a score of 2.28, followed by Immunizations & Infectious Diseases with a score of 1.79. Topics that received a score of 1.40 or higher

Table 3: Secondary Data Topic Scoring Results

Health Topic	Score
Sexually Transmitted Infections	2.28
Immunizations & Infectious Diseases	1.79
Diabetes	1.49
Children's Health	1.48
Respiratory Diseases	1.40
Physical Activity	1.29
Adolescent Health	1.25
Maternal, Fetal & Infant Health	1.24
Tobacco Use	1.15
Mental Health & Mental Disorders	1.07
Alcohol & Drug Use	1.01

were considered a significant health need. Five topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the community survey and focus groups to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area

30

Primary Data Collection & Analysis

To ensure the perspectives of children and families were considered, input was collected from Hillsborough County residents. Primary data used in this assessment consisted of focus group discussions, and a community survey. These findings expanded upon the information gathered from the secondary data analysis.

Community Survey

Community input was collected through a survey that was made available online and via paper copies in English, Spanish and Creole from January 3, 2022, through February 28, 2022. The survey consisted of 59 questions, eight questions focused on health and social needs or concerns that may affect children's health in the community. The list of survey questions is available in Appendix C.

The All4HealthFL Collaborative worked extensively with community and organizational leads to market, outreach, and track survey responses to ensure an equitable representation of community voices were captured. Survey marketing and outreach efforts included email invitations, social media, and coordination of onsite paper survey distribution events in collaboration with community-based organizations. A community assessment dashboard was created to track and monitor survey respondents by ZIP code, age, gender, race, and ethnicity to ensure targeted outreach for at risk populations. A total of 1,496 residents with children in the home responded for Hillsborough County.

Community Survey Analysis Results

Survey participants with children were asked about the top three most important health needs and the top three other critical needs or concerns most important to address for children in the community.

In Figure 29, the "Top Three Most Important Health Needs" were mental health or behavioral health (44% of respondents), healthy food/nutrition (29%), and dental care (26%). The"Top Three Other Needs to Address" included access to or cost of childcare (37% of respondents), bullying and other stressors in school (36% of respondents), and education needs (27% of respondents).

Figure 29: Top 3 Health & Quality of Life Issues

Top 3 Most Important Health Needs

1. Mental or behavioral health
2. Healthy food/nutrition
3. Dental care

Top 3 Other Needs to Address

1. Access to or cost of childcare
2. Bullying and other stressors in school
3. Educational needs

Focus Groups

The All4HealthFL Collaborative partnered with Collaborative Labs at St. Petersburg College in Clearwater, Florida to conduct focus group discussions to gain deeper understanding of health issues impacting children and families living in Hillsborough County. Those that were invited to participate were recognized as members of the community with children living in their homes, those with expertise in public health, special knowledge of health needs affecting children, and/or representing the broad interests of children and families served in the community.

Focus group discussions took place in November 2021, with a total of 12 community participants. Due to the ongoing COVID-19 pandemic, these discussions were conducted virtually. A questionnaire was developed to guide the conversations which included topics such as Community Strengths & Assets, Top Health Problems, Access to Health, and Impact on Health. A list of questions utilized for focus group discussions can be found in Appendix C. To help inform an assessment of community assets, participants were asked to list and describe resources available in the community. The list of available resources in the community is in Appendix E.

The project team captured detailed transcripts of the focus group sessions. The transcripts were analyzed using the qualitative analysis program Dedoose®. Text was coded using a pre-designed codebook-organized by themes and analyzed for significant observations. The findings from the analysis were combined with findings from other primary and secondary data and incorporated into the Data Synthesis, and Prioritized Health Needs. Themes across all focus groups are seen in Figure 30. Appendix C provides a more detailed report of the main themes that trended across the individual focus group conversations.

Focus Groups Analysis Results

Figure 30: Themes Across All Focus Groups

Top Health Concerns/Issues	Barriers to Care	Social Determinants of Health
• Maternal, fetal & infant health • Mental health • Nutrition & healthy eating • Physical activity	• Fear or stigma • Health behaviors • Knowledge or navigation of health care system	• Environmental • Food security/access • Social environment • Poverty
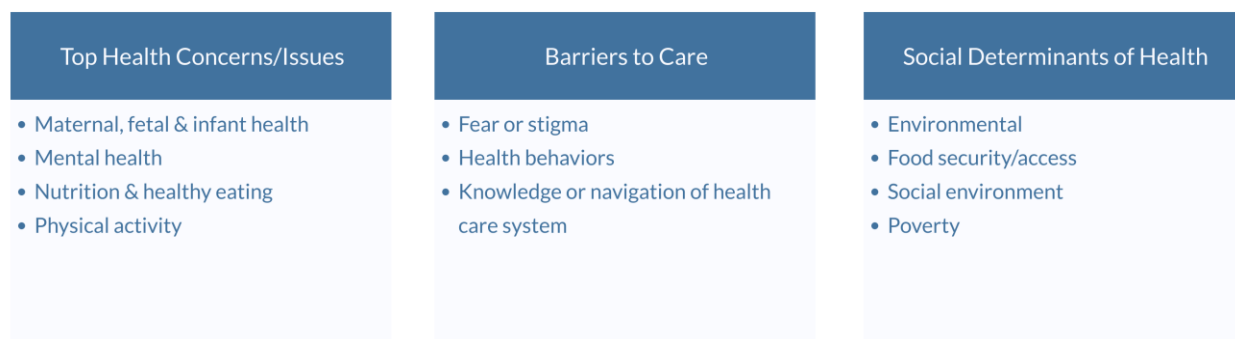
Data Synthesis & Prioritization

Data Synthesis

All forms of data may present strengths and limitations. Each data source used in this CHNA process was evaluated based on such strengths and limitations and should be kept in mind when reviewing this report. Each health topic presented a varying scope and depth of quantitative data indicators and qualitative findings. Immense efforts were made in this data collection process to include a wide range of secondary data indicators, focus group participants, and community survey participants as possible. In order to gain a comprehensive understanding of the significant health needs for Hillsborough County children, the findings from all three data sets were compared and studied simultaneously. The secondary data scores, focus group themes, and survey responses were considered equally important in understanding the health issues of the community. The top health needs identified from data sources were analyzed for areas of overlap. Six health issues were identified as significant health needs across all three data sources and were used for further prioritization. Figure 30 shows the final six trending health topics for consideration.

Figure 30: Trending Health Topics for Consideration

Access to Health & Social Services

Behavioral Health (Mental Health & Substance Misuse)

Exercise, Nutrition & Weight

Immunizations & Infectious Diseases

Maternal, Fetal and Infant Health

Respiratory Diseases

Prioritization

On April 5, 2022, participants from collaborating organizations as well as other community members came together to prioritize the significant health needs. In order to target issues regarding the most pressing health needs impacting Hillsborough County children, the All4HealthFL Collaborative conducted a two-hour virtual prioritization session facilitated by the Tampa Bay Healthcare Collaborative (TBHC). A total of 85 individuals attended the prioritization session. These participants represented a broad cross section of experts and organizational leaders with extensive knowledge of health needs in the community. The meeting objectives included: review of analyzed health data pertaining to health needs and disparities, discussion of significant health needs identified, gathering input on health topics, prioritizing significant health needs, and generating preliminary ideas on how to collaborate to address top community needs. An additional discussion was hosted to close out the session with generating preliminary ideas on how the broader community could collaborate to address top community health needs.

Process

The prioritization session included a presentation highlighting the findings from both the primary and secondary data and the resulting top health needs that were identified. Session participants were then directed to breakout groups to discuss the findings and the six health needs. Participants captured their thoughts through these breakout discussions, specifically how the health needs are impacted by SDoH. A detailed overview of discussion themes can be found in Appendix C. Finally, a group ranking process was conducted to prioritize the health topics to be addressed over the next three years. The group agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the prioritization.

Participants ranked each of the health categories individually using the dual criteria of scope and severity and ability to impact. Criteria scores were then combined to generate an overall ranking of health needs. A total of 58 individuals completed the online prioritization activity. The cumulative total score of each health topic can be seen in Table 4. The All4HealthFL Collaborative agreed with the ranking of the health topics and selected the top three prioritized health topics: Access to Health & Social Services, Behavioral Health (Mental Health & Substance Misuse), and Exercise Nutrition & Weight.

Table 4: Cumulative Total Score of Significant Health Topics (n=58)

Health Topics	Cumulative Total Score
Behavioral Health (Mental Health & Substance Misuse)	155.5
Access to Health & Social Services	153.5
Maternal, Fetal and Infant Health	140
Exercise, Nutrition & Weight	139
Immunizations & Infectious Diseases	125
Respiratory Diseases	118.5

Prioritized Significant Health Needs

The three prioritized health needs are summarized in the following section.

2022 Prioritized Significant Health Needs

Access to Health & Social Services	Behavioral Health (Mental Health & Substance Misuse)	Exercise, Nutrition & Weight

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Hillsborough County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, signifcantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

Prioritized Health Topic #1: Access to Health & Social Services

Access to Health & Social Services

Key Themes from Community Input

- **25%** of survey respondents ranked access to health benefits (Medicaid, WIC, SNAP/Food Stamps) as an important health issue

- **37%** of survey respondents ranked access to or cost of childcare as a quality of life issue

- **26%** of survey respondents ranked dental care as an important health issue

- Barriers include: cost of insurance and healthcare services, knowledge or navigation of health services, language, fear/stigma/trust of health system, need for more pediatric specialist proving low cost/free services

> When I need to refer a patient to a specialist, but the patient is undocumented or homeless, there are many volunteer doctors that see these types of patients at their offices, but for pediatrics it does not exist.
> -Focus Group Health Professional

Primary Data: Community Survey & Focus Groups

Access to Health Services was a top health need identified from the community survey and focus group discussions. Twenty-five percent (25%) of community survey respondents with children in their household ranked access to health benefits such as Medicaid, WIC, SNAP, and Food Stamps as an important health issue. Reasons that prevented parents from getting medical care for their child included: unable to afford to pay for care, unable to schedule an appointment when needed, doctor's office does not have convenient hours, cannot take time off work, and unable to find a doctor who takes insurance.

Unaffordable health care services and lack of health insurance were repeated themes throughout the focus group discussions. Participants also mentioned that the health system is difficult to navigate especially for those with language barriers. Parents claimed to fear and mistrust the health system due to negative experiences and/or discrimination. An opportunity for improvement that was discussed included the need for more pediatric specialists that provide low cost or/free services.

Children with Unmet Health Needs

For community respondents with children in their home who indicated they experienced unmet health needs with the past 12 months, a percentage was calculated for each race and ethnic group

to better understand the racial inequities. The percentage of families by racial/ethnic group reporting inability to access medical care for their children in the last year can be seen in Figure 31.

Figure 31: Percentage of Families by Racial/Ethnic Group Reporting Inability to Access Medical Care for their Children in the Last Year

Racial/Ethnic Group	Percentage
Families Identifying as More than One Race	16%
Families Identifying as Another Race/Ethnicity	13%
Families Identifying as Hispanic/Latino	11%
Families Identifying as White Only	8%
Families Identifying as Black/African American	6%
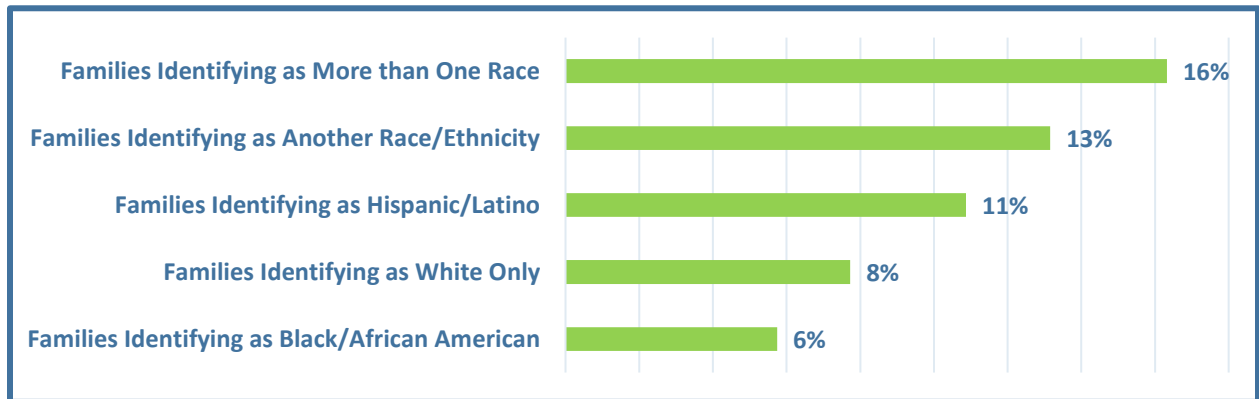
Children with Unmet Dental Needs

In the community survey dental access was assessed to determine barriers to care. Thirty-six percent (36%) of survey respondents ranked dental care as an important health issue to address. There were five top reasons that prevented parents from getting dental care for their child which included: unable to afford, unable to schedule an appointment when needed, dentist offices do not have convenient hours, unable to find a dentist that takes insurance, and cannot take time off work. For community respondents with children in their home who indicated they experienced unmet dental needs within the past 12 months, a percentage was calculated for each race and ethnic group to better understand the racial inequities. The percentage of families by racial/ethnic group reporting inability to access dental care for their children in the last year can be seen in Figure 32.
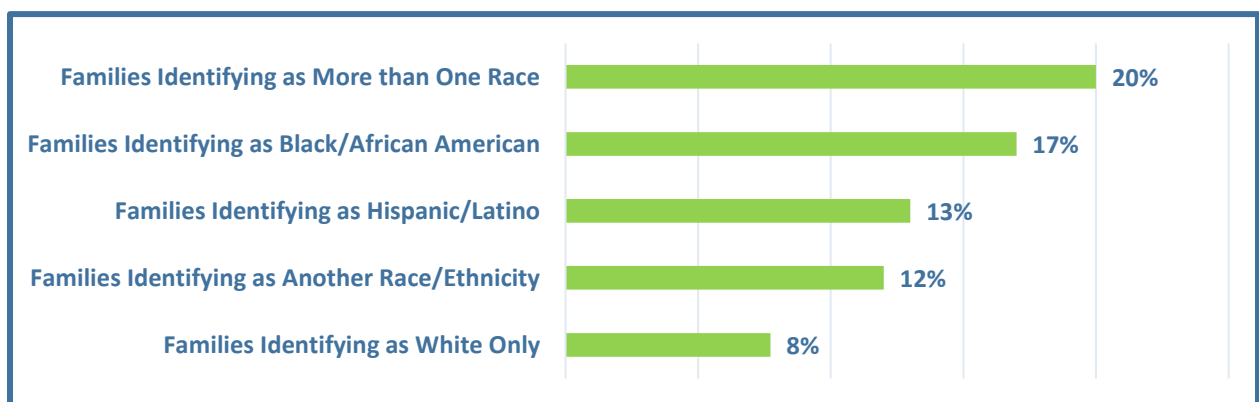
Figure 32: Percentage of Families by Racial/Ethnic Group Reporting Inability to Access Dental Care for their Children in the Last Year

Racial/Ethnic Group	Percentage
Families Identifying as More than One Race	20%
Families Identifying as Black/African American	17%
Families Identifying as Hispanic/Latino	13%
Families Identifying as Another Race/Ethnicity	12%
Families Identifying as White Only	8%

Prioritized Health Topic #2: Behavioral Health (Mental Health & Substance Misuse)

Behavioral Health: Mental Health

Key Themes from Community Input

- **40%** of survey respondents ranked behavioral health (mental health and substance misuse) as pressing health issues

- **36%** of respondents ranked bullying and other stressors in school as a pressing quality of life issue

- COVID-19 has exacerbated mental health issues, Children with developmental disabilities are underserved, Social media has detrimental effects on children's mental health, More education for families is needed to reduce stigma

Warning Indicators

- Suicide death rate ages 12-18

> " There's some communities that have a negative perspective of seeking support for mental health challenges so they might be inclined to just keep it to themselves, because in the community that they come from, that is seen as something maybe that's weak or shameful. "
>
> -Focus Group Participant

Primary Data: Behavioral & Mental Health

Mental Health and Substance Misuse were combined to create a prioritized topic of Behavioral Health. The secondary data, community survey, and focus groups all identified these topics as significant health needs. Forty percent (40%) of community survey respondents ranked Mental Health as a pressing health issue. The top reasons that prevented parents from getting mental health care for their child included: unable to schedule an appointment when needed, unable to find a doctor/counselor who takes insurance, unable to afford to pay for care, and do not have insurance to cover mental health care.

Many important issues were identified during the focus groups. For example, one discussion focused on how COVID-19 has exacerbated mental health issues among children. Furthermore, children with developmental disabilities have been disproportionally affected by the pandemic as many have not been able to receive the same access to services for their behavioral or mental health needs. Additionally, focus group participants mentioned the detrimental effects of social media on children's mental health and behavior. Finally, the high costs of mental health care were also identified as a barrier for families who need services for their children.

In addition of identifying these issues, focus group participants gave some recommendations such as the importance of normalizing seeking care for these mental and behavioral health needs and the

importance of normalizing seeking care for these mental and behavioral health needs and the importance of providing more educational materials to schools and parents.

Barriers and Disparities: Behavioral & Mental Health

Survey responses were analyzed to identify disparities among race/ethnicity. Fourteen percent (14%) of families that identify as more than one race were unable to access mental and/or behavioral health care for their children. See Figure 33 for the percentage of families by race/ethnic group with unmet mental and/or behavioral health needs within the past 12 months.
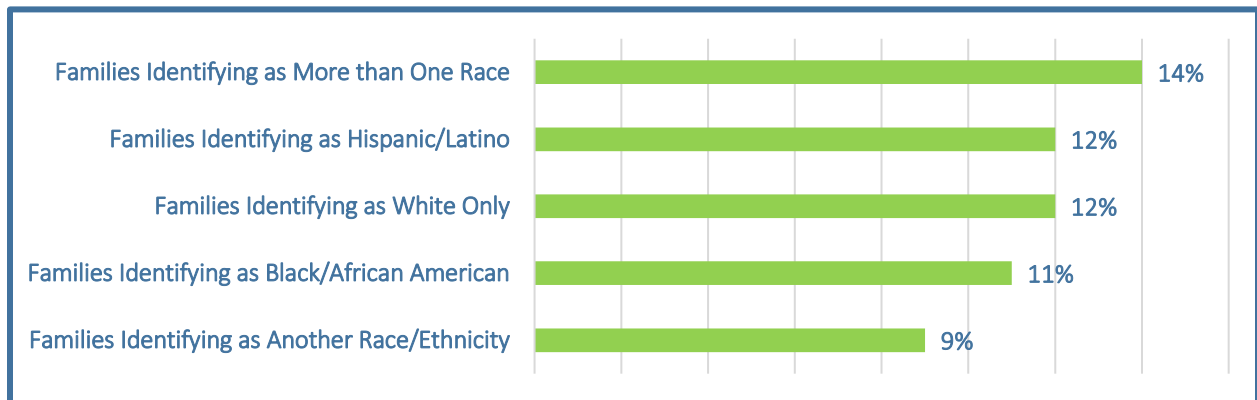
Secondary Data: Behavioral & Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders had the 10th highest data score of all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 5 below. For each indicator, there is an indicator score, county value, state value, and national value (where available). Additionally, there are state and national county distributions for comparison along with indicator trend information. See Appendix A for the full list of indicators categorized within this topic.

Table 5: Data Scoring Results for Mental Health & Mental Disorders

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
1.50	Suicide Deaths: 12-18 (2019) per 100,000 population	5.4	--	5.7	--	--	--	=

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Suicide Deaths between Age Group 12-18 is the worst performing indicator related to Mental Health & Mental Disorders in Hillsborough County. Deaths related to suicide in children age between 12-18 in Hillsborough County is 5.4 per 100,000 population, which is lower than Florida state value (5.7 per 100,000 population).

Substance Misuse

Behavioral Health: Substance Misuse

Key Themes from Community Input

- **40%** of survey respondents ranked behavioral health (mental health and substance misuse) as pressing health issues

- Drugs are easily accessible for high schoolers

Warning Indicators

- Adolescents who use electronic vaping past 30 days

Secondary Data

Substance Misuse is a health topic that is analyzed from two secondary data health topics, such as Alcohol, Drug Use, and Tobacco Use. From the secondary data scoring results, Alcohol & Drug Use had the 11th and Tobacco Use 9th highest data score of all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 6 below. See Appendix A for the full list of indicators categorized within this topic.

Table 6: Data Scoring Results for Tobacco Use

SCORE	TOBACCO USE	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
1.68	Adolescents who Use Electronic Vaping: Past 30 Days (2020) percent	12.6	--	14.5	--	--	--	↗

From the secondary data results, one indicator in Tobacco Use topic areas that raise concern for Hillsborough County. This indicator shows the percentage of 6th-12th grade students who have used electronic vaping in the 30 days prior to the survey. The county has lower rates of Adolescents who Use Electronic Vaping: Past 30 days comparing to the Florida state; however, trend over time is showing significant increase in the use of electronic vaping in adolescents.

Prioritized Health Topic #3: Exercise, Nutrition, & Weight

Exercise, Nutrition & Weight

Key Themes from Community Input

- **20%** of survey respondents mentioned healthy food, nutrition, obesity and physical activity as an important health issue to address

- **27%** of families worried about whether their food would run out in between pay days

- **17%** of families received emergency food from shelter, church, etc.

Warning Indicators

- Teens without Sufficient Physical Activity
- Children with Low Access to a Grocery Store
- Low-Income and Low Access to a Grocery Store

> " It's just easier and less expensive to make unhealthy food. A lot of parents need support with this. Health is related to what you put into your body.
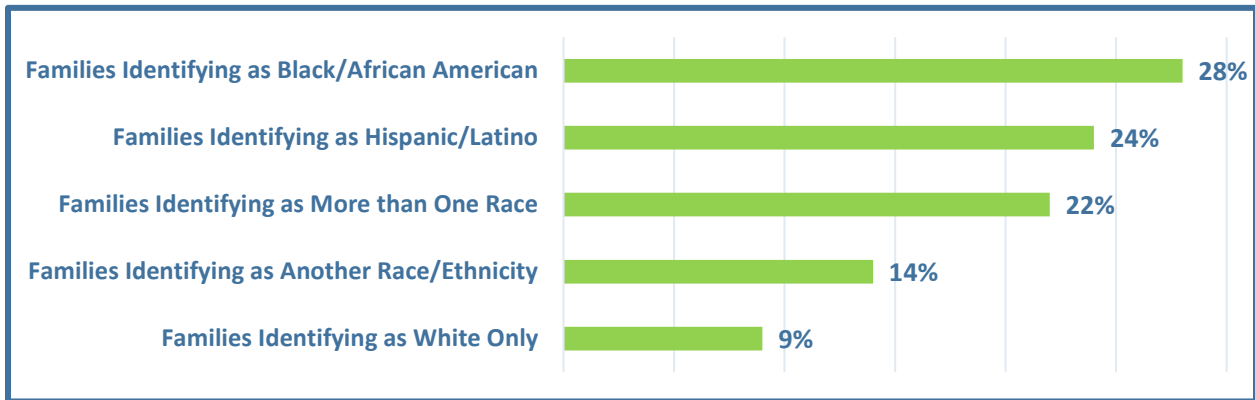> -Focus Group Participant "

Primary Data: Community Survey & Focus Group

Exercise, Nutrition, and Weight were mentioned throughout the community survey and focus group discussions. Twenty percent (20%) of community survey respondents ranked healthy food, nutrition, obesity, and physical activity as an important health issue to address. There were (27%) of families who worried about whether their food would run out in between pay days and (17%) of families received emergency food from a shelter, church, etc. Additionally, the focus group participants explained unaffordability of healthy foods available in their communities. There was also mention of cultural differences among race/ethnic groups that influence health behaviors and diet. Focus group participants emphasized the need to increase nutritional awareness for parents and children.

Barriers and Disparities: Food Insecurity

Survey responses were analyzed to identify disparities among race/ethnicity. Of families that identify as Black/African American (28%) reported experiencing food insecurities within the last year. See Figure 34 for the percentage of families by race/ethnic group reporting food insecurities within the last year.

Figure 34: Percentage of Families by Racial/Ethnic Group Reporting any Food Insecurity in the Last Year

Group	Percentage
Families Identifying as Black/African American	28%
Families Identifying as Hispanic/Latino	24%
Families Identifying as More than One Race	22%
Families Identifying as Another Race/Ethnicity	14%
Families Identifying as White Only	9%

Secondary Data

Exercise, Nutrition & Weight is a health topic that is analyzed from Physical Activity secondary data health topics. From the secondary data scoring results, Physical Activity had the 6th highest data score of all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.40) were categorized as indicators of concern and are listed in Table 7 below. See Appendix A for the full list of indicators categorized within this topic.

Table 7: Data Scoring Results for Physical Activity

SCORE	PHYSICAL ACTIVITY	Hillsborough County	HP2030	Florida	U.S.	Florida Counties	U.S. Counties	Trend
2.00	Teens without Sufficient Physical Activity (2020) percent	83.4	--	82.3	--		--	↗
1.68	Children with Low Access to a Grocery Store (2015) percent	6	--	--	--			--
1.50	Low-Income and Low Access to a Grocery Store (2015) percent	7.5	--	--	--			--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

One of the worst performing indicators under Physical Activity topics is percentage of Teens Without Sufficient Physical Activity (83.4%) in Hillsborough County. Studies have shown that sedentary lifestyles and a lack of fruits and vegetables can increase the risk of many chronic diseases, including obesity, heart disease and Type 2 diabetes.[15]

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[15] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating

Other worst performing indicators within this topic category are related to the built environment, such as Children with Low Access to a Grocery Store. The percentage of Children with Low Access to a Grocery Store is 6%, which falls in worst 50% counties in both Florida and the U.S. This indicator shows the percentage of children living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Additionally, Low-Income, and Low Access to a Grocery Store is a poorly performing indicator that measures food access. This indicator shows the percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store if in an urban area, and more than 10 miles from a supermarket or large grocery store if in a rural area. HCI's Food Insecurity Index®, discussed earlier in this report, can be used to help identify geographic areas of low food accessibility within the Hillsborough County community.

Non-Prioritized Significant Health Needs

Following the community prioritization process, the following were not selected as prioritized health topics for Hillsborough County for the next three years. Any current programming and additional efforts outside of the CHNA process to address these health issues will not be impacted by this decision. Future initiatives related to the prioritized health needs will likely have positive impact on the non-prioritized health needs as many topics overlap.

Non-Prioritized Health Need #1: Immunizations & Infectious Diseases

Immunizations & Infectious Diseases

Warning Indicators

- Chlamydia Incidence Rate
- Syphilis Incidence Rate
- Gonorrhea Incidence Rate
- HIV Incidence Rate

Immunizations and Infectious disease health topic was mentioned in the seconday data. Secondary data indicators showed the percentage of kindergartners with required immunizations were 95.8% which is above the Florida state goal of 95%.

Non-Prioritized Health Need #2: Maternal, Fetal, & Infant Health

Maternal, Fetal & Infant Health

Warning Indicators ⚠

- Mothers who received early prenatal care

> Young women arriving from other countries face barriers in accessing prenatal/labor and delivery care because of fear, cost, etc.
>
> -Focus Group Participant

Maternal, Fetal and Infant Health was a top concern from the focus group discussions. Participants stated concerns about infant mortality and morbidity, babies with low birth weight, babies born prematurely, substance exposed babies and babies born with developmental issues.

Non-Prioritized Health Need #3: Respiratory Diseases

Respiratory Diseases

Warning Indicators ⚠

- Hospitalizations due to Asthma: 5-11
- Teens with Asthma
- Hospitalizations due to Asthma: 12-18
- Adolescents who Use Electronic Vaping: Past 30 Days
- Hospitalizations due to Asthma: 1-5

Respiratory Diseases was not specifically identified as a top health concern by focus group participants nor community survey respondents. Secondary data indicators however, showed asthma among children and teens has been an increasing problem in Hillsborough County. Rates for Teens with Asthma indicator has risen from (20.4%) in 2018 to (25.2%) in 2020.

Conclusion

The community health needs assessment (CHNA) describes barriers to health faced by the community, brings into focus its priority health issues, and provides information necessary to all levels of stakeholders to build upon each other's work and work in a coordinated, collaborative manner. The All4HealthFL Collaborative has established clear priorities based on the results of this assessment to improve health outcomes for the children and families living in Hillsborough County. Over the next year, the All4HealthFL Collaborative will work together on the development of strategies to address the priorities outlined in the report. These strategies will help inform Community Health Improvement Plans for Hillsborough County children.

Appendices Summary

The following support documents are shared separately on the All4HealthFL website.

A. Secondary Data (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

- Secondary Data Methodology and Data Scoring Tables
- Population Estimates for each ZIP code (Demographic Section)
- Families Below poverty by ZIP code (Social and Economic Determinants of Health Section)

B. Index of Disparity

Conduent's health equity index of disparity tools utilized to analyze secondary data.

- Healthy Equity Index
- Food Insecurity Index
- Mental Health Index

C. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this Collaborative CHNA:

- Community Health Survey
- Focus Group Discussion Questions and Summary of Responses
- Prioritization Session Attendee Organizations
- Prioritization Session Questions and Summary of Responses

D. Data Placemats

- Access to Health and Social Services
- Behavioral Health (Mental Health and Substance Misuse)
- Exercise, Nutrition and Weight
- Immunizations and Infectious Diseases
- Maternal, Fetal, and Infant Health
- Respiratory Diseases

E. Community Partners and Resources

The tables in this section acknowledge community partners and organizations who supported the CHNA process.

F. Partner Achievements

This section highlights All4HealthFL Collaborative organization specific achievements in addressing health needs identified from the 2019-2021 CHNA cycle.