Florida Department of Health-Hillsborough County Community Health Assessment 2015/2016

Mission

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Vision

To be the healthiest state in the nation.

Values (ICARE)

- **I**nnovation – We search for creative solutions and manage resources wisely.
- **C**ollaboration – We use teamwork to achieve common goals and solve problems.
- **A**ccountability – We perform with integrity and respect.
- **R**esponsiveness – We achieve our mission by serving our customers and engaging our partners.
- **E**xcellence – We promote quality outcomes through learning and continuous performance improvement.

Principles

Honesty, Fairness, Devotion, Courage, and Excellence

This report is available at the Florida Department of Health–Hillsborough County website at: http://hillsborough.floridahealth.gov/

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ACKNOWLEDGEMENTS

The Florida Department of Health–Hillsborough County's 2015/2016 Community Health Assessment was developed by the Department's staff with the assistance of Legacy Consulting Group. Generous input was provided by a broad group of individuals representing the interests of the community, including the Healthy Hillsborough Steering Committee and Collaborative and the thousands of Hillsborough County residents and community members who took part in the community survey, key informant interviews and focus group sessions. We would like to acknowledge each of these individuals and thank them for their generosity, time and contributions.

The individuals listed below made major contributions to the planning and the completion of the health assessment and this report.

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EXECUTIVE SUMMARY

Healthy Hillsborough was formed in October 2015, with collaboration between: Florida Department of Health (DOH)–Hillsborough, Florida Hospital (Tampa and Carrollwood), Moffitt Cancer Center, St. Joseph's Hospitals and South Florida Baptist Hospital, Suncoast Community Health Centers, Tampa Family Health Centers, and Tampa General Hospital. The collaborative was created for the purpose of completing a joint Community Health (Needs) Assessment and Improvement Plan. Further, partners understood the complexity of community health issues and that a collaborative approach would increase the chances of implementing interventions that consider or impact social as well as behavioral determinants of health. The data from each of the assessments was also made available for partners to use for their separate improvement planning efforts.

The National Association of County and City Health Officials (NACCHO)'s *Mobilizing for Action through Planning and Partnerships* (MAPP) model was utilized to complete this assessment. This model includes four individual assessments to measure the health of Hillsborough County and its residents. These assessments include the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Forces of Change Assessment and the Local Public Health System Assessment.

Through the analysis of secondary data sources, Hillsborough County's status and performance in relevant indicators of health were compared to peer counties. In many indicator measures, Hillsborough County was trailing behind its peer counties; however, in many of these same measures, Hillsborough County has shown improvement since the 2010/2011 Community Health Profile (previous CHA). Notable is the improvement in the rate of violent crime in the county. Disparities in health outcomes across race/ethnicity can be seen in many measures, including modifiable behaviors, infant mortality, and adult health.

Community perceptions, strengths, and themes were assessed through administering a survey, conducting focus group sessions and key informant interviews. Surveys were administered to community members, focus group sessions were conducted with participants from the local community, and key informant interviews were conducted with health care professionals and select community partners. Key informants mostly reported that Hillsborough County is a "great place to live" due to weather, cultural diversity, availability of health care providers and academic institutions. Key informants identified strengths and weaknesses in the community in addition to identifying important public health issues and barriers to health care. Survey participants mostly viewed themselves and their community as being healthy; however they noted that the cost of health care and health insurance persist as barriers for those who were unable to access health care. They also identified obesity, cancer, and aging problems as the most important health problems facing the community. Survey respondents and focus group participants answered uniquely in identifying the most important health issues currently facing the community. Survey respondents did not perceive access to health care as importantly as did the focus group participants. Survey respondents ranked obesity as the most important health issue. A smaller percentage of these respondents identified obesity as the most important health issue when compared to the percentage of focus group participants who identified obesity as the most important health issue. However, focus group participants did not mention mental health issues

as very important while survey participants did. And neither of these groups identified infant death as an important issue.

As part of the community health assessment, the local public health system was also assessed. This involved scoring the local public health system in its performance of the Essential Public Health Services. Overall, the system scored a 69.4% (out of 100%), indicating that the agencies and organizations that make up the system perform *a significant number* of Essential Public Health Services activities. Three areas scored at an *optimal activity level*, which is the highest level of activity; however, opportunities for improvement exist in the overall local public health system.

A Forces of Change Assessment was conducted with partners in April 2016 to determine the external changes that may affect the community, and the opportunities and potential threats that are associated with these changes. Major forces of change identified by the Healthy Hillsborough Collaborative include political change/policy consequences, the affordability and access to health care, social determinants of health, care coordination and collaboration, shifts and changes in population, and the opportunity for Medicaid expansion.

A community stakeholder meeting was held to review the key findings from the countywide community health assessment and to identify key priority areas of focus. Ten issues were selected as priorities. Subsequently, the Healthy Hillsborough Steering Committee incorporated the assessment findings and the stakeholder feedback to designate three Priority Areas. Obesity, Behavioral Health and Access were the priority areas chosen for potential collaboration across the county for the next three to five years. Other priorities including, Addressing the Social Determinants of Health, Encouraging Healthy Behaviors, Prioritizing Racial/Ethnic Health Disparities, and Improving Health Collaboration, are interwoven themes that will be addressed within each of the three Priority Areas (see Figure 32).

Steering Committee members established work groups with community partners to prepare action plans for each of the three priority areas. The goals, objectives and activities from the action plans will be used to identify and establish appropriate interventions for the health department's Community Health Improvement Plan (CHIP).

For this report; the process, findings and discussions have been organized under each assessment area. The strategic issue identification effort and asset/resource inventory are presented separately.

COMMUNITY HEALTH ASSESSMENT PROCESS OVERVIEW

MAPP Model

The Florida Department of Health–Hillsborough County (DOH–Hillsborough) utilized the National Association of County and City Health Officials (NACCHO)'s *Mobilizing for Action through Planning and Partnerships* (MAPP) model to complete the Hillsborough County Community Health Assessment (CHA). The MAPP model is a community–driven strategic planning process for improving community health, and its framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. It is an interactive process with six phases: Organize for Success; Visioning; Assessments; Strategic Issues; Goals/Strategies; and Action Cycle. Applying this process can improve the efficiency, effectiveness, and performance of the local public health system.

The Assessments Phase consists of compiling and analyzing primary and secondary data through four individual assessments to assess the health of the community. These assessments include:

- **Community Health Status Assessment:** provides quantitative data on the community's health condition. This includes statistics on health status, quality of life, and risk factors/determinants of health.

- **Community Themes and Strengths Assessment:** identifies assets in the community and issues that are important by examining community members' thoughts, opinions, concerns, and experiences. It assesses how quality of life is perceived in the community.

- **Local Public Health System Assessment**: measures the degree to which local public health partners work together to deliver the 10 Essential Public Health Services. Activities, competencies, and capacities are assessed.

- **Forces of Change Assessment:** identifies the forces that may affect a community, and the local public health system. It also examines the opportunities and threats associated with these forces.

Data from the four assessments are analyzed collectively to determine Strategic Issues or Priority Areas for the health department and local public health system to address in order to improve health outcomes within the jurisdiction. During the Action Cycle, action plans are created for the Priority Areas, with specific goals, strategies, objectives, and action steps. These action plans will be incorporated into the DOH–Hillsborough's Community Health Improvement Plan (CHIP). Continuous monitoring and evaluation also occurs throughout the Action Cycle Phase (NACCHO,

2016). Figure 1 is a flowchart depicting the outcomes of each of the four MAPP assessments and how they are used to formulate the strategic issues (NACCHO, 2013).

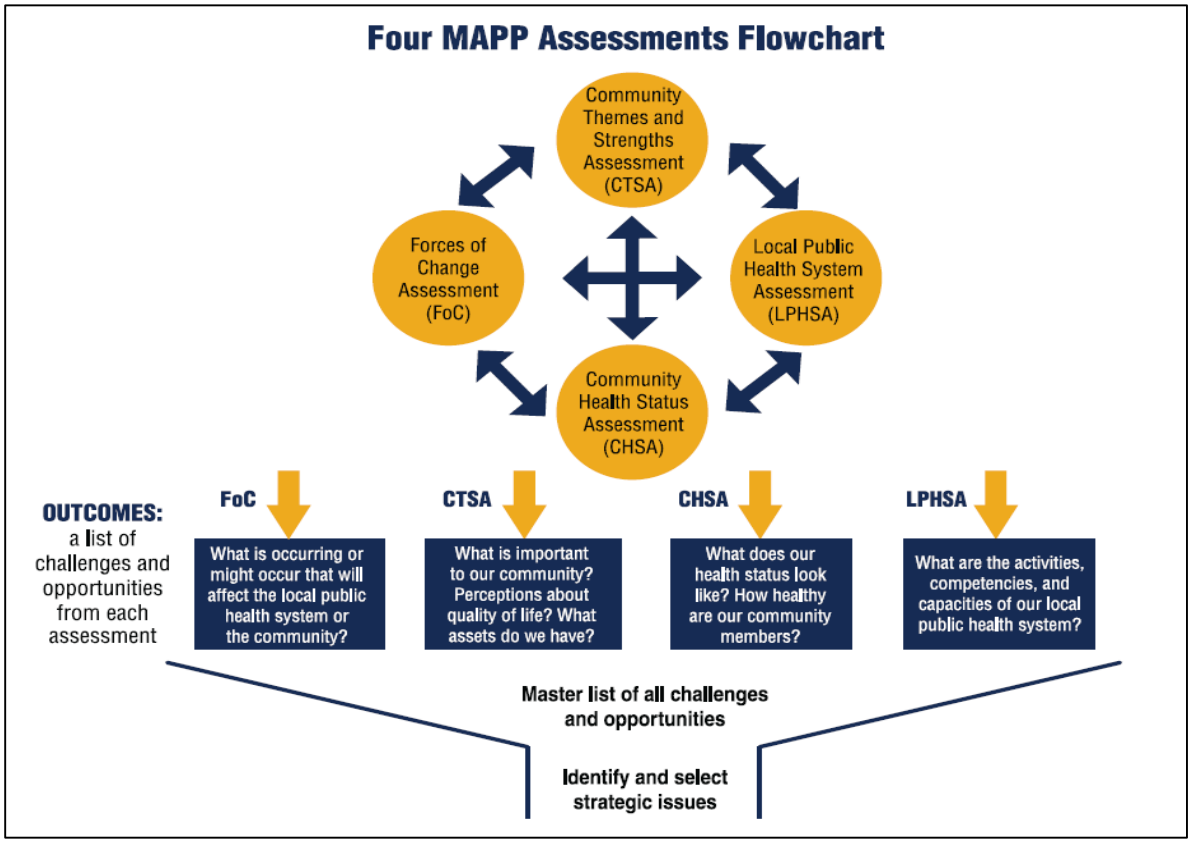


Figure 1. Four MAPP Assessments Flowchart
(Source: NACCHO–MAPP user's handbook, 2013)

Hospital and Health Center Collaboration

Not–for–profit hospitals are required to provide a benefit to the community they serve. Under the Federal Revenue Code of the Internal Revenue Service (IRS), Section 501(c) (3), Not–for–profit hospitals must complete a Community Health Needs Assessment (CHNA) and Implementation Plan every three years to maintain their tax exempt status. The CHNA is conducted to assess and identify the needs of the community, while the Implementation Plan provides the framework for addressing these needs (NIH, 2016). Federally Qualified Health Centers (FQHCs) are non–profit private or public entities that serve medically underserved populations. Section 330 of the Public Health Service Act (42 U.S.C254b) requires that health centers demonstrate and document the needs of their target population (HRSA, n.d.). Accredited health departments have similar requirements to meet the standards established by the Public Health Accreditation Board (PHAB). Figure 2 shows the alignment between Local Health Department, Community Hospitals, and FQHCs assessment needs.

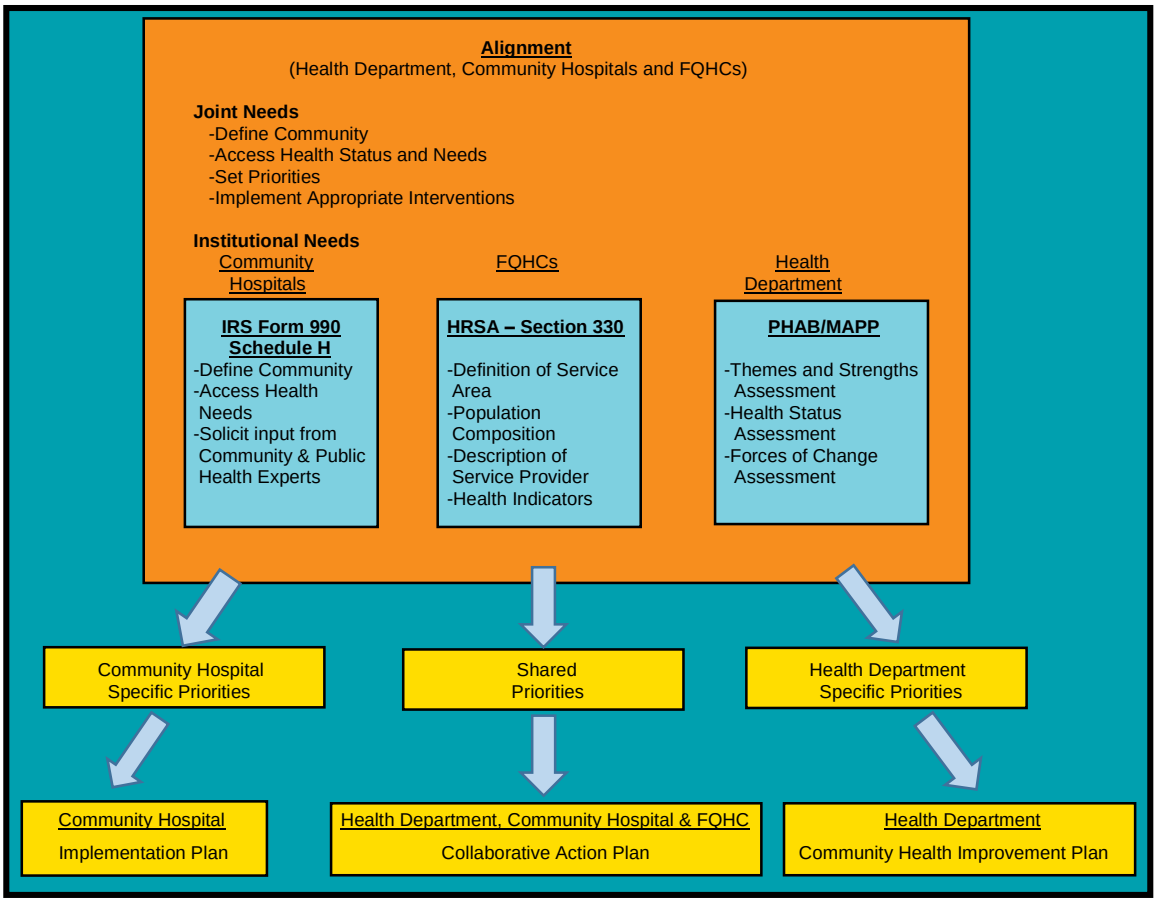


Figure 2. Community Health Needs Assessment Alignment for Healthy Hillsborough Steering Committee Members

In October 2015, DOH–Hillsborough partnered with Florida Hospital (Tampa and Carrollwood), Moffitt Cancer Center, St. Joseph's Hospitals and South Florida Baptist Hospital, Suncoast Community Health Centers, Tampa Family Health Centers and Tampa General Hospital to form the Healthy Hillsborough Collaborative. The collaborative also includes members from the community and partner agencies throughout the county. A complete list of Healthy Hillsborough Steering Committee and Collaborative members can be found in Appendix A. The Steering Committee was established to jointly complete a comprehensive CHA/CHNA and to identify opportunities to potentially collaborate to improve the health of the community in Hillsborough County.

The goals of the Steering Committee included:

- Produce a community health assessment document to meet the needs of all partners.
- Manage resource investment in data collection and analysis.
- Emphasize stakeholder (institutions & members of the public) engagement, priority setting, intervention design and collaborative resource investment.
- Encourage multi–sector shared ownership and increased investment in improving the health of our community.
- Enable a pooling of expertise and other resources.
- Ensure a robust discourse among all stakeholders (institutions & members of the public) in understanding community health needs and developing relevant interventions.

The Healthy Hillsborough Steering Committee met on a monthly basis between October 2015 and April 2016 to complete the CHA (Appendix A). Responsibilities included collaborative visioning, planning, and decision–making for the completion of the CHA/CHNA and the Strategizing Meeting to determine priority areas of focus that took place on April 1, 2016. Steering Committee members were also in charge of leading and implementing the various Action Plans created from the strategizing meeting for incorporation into DOH–Hillsborough's CHIP and the hospitals' Implementation Plans.

Statistics and Measurement

The data in this report are summarized and the demographic and health statistics are reported. In some instances data are summarized as a percent. For example 16% of the population in Hillsborough County is Black/African American, which is interpreted as 16 out of every 100 persons in Hillsborough County are Black/African American. Data throughout this section are also summarized as rates. For example, if the rate of malaria is 120 per 100,000 population, that should be interpreted as 120 cases (persons with malaria) out of every 100,000 persons in the population. Rates may also be given per 1,000 population, which will be specified.

The community survey had a number of limitations that should be kept in mind when interpreting and using the data. While varied efforts were made to seek geographically and demographically diverse respondents, this was a convenience sample and may not be representative of the entire population. The community response rate to this survey was positive, and while a larger number of participants would have been ideal, this was cost– and time– prohibitive for the assessment process.

COMMUNITY HEALTH STATUS ASSESSMENT

METHODS

DOH–Hillsborough contracted with Legacy Consulting Group to complete the Community Health Status Assessment (CHSA). This assessment compiled secondary data on demographics, health status, quality of life, risk factors, and determinants of health to provide an overview of the health status of the community.

The secondary data sources used for the CHSA include:

- Florida Department of Health, Florida CHARTS (www.floridacharts.com)
- United States Census, American FactFinder (factfinder.census.gov)
- Robert Wood Johnson Foundation, County Health Rankings (www.countyhealthrankings.org/)
- Centers for Disease Control and Prevention, Community Health Status Indicators (www.cdc.gov/CommunityHealth/)
- Nielsen Demographics (Market Strategist Software System Subscription Service)

Data were also summarized and compared to peer counties in Florida to ascertain the health of Hillsborough County in comparison to its peers. Peer counties are counties that are similar in size, demographics, and public health resources; including hospitals, Federally Qualified Heath Centers (FQHCs) and health department funding per capita. These counties include: Broward County, Miami–Dade County, Orange County, and Palm Beach County.

RESULTS

Demographic and Socio–Economic Characteristics

Geography

Hillsborough County is located in west central Florida, along the Tampa Bay. It comprises 1,048 square miles of land area and 24 square miles of inland water area (Hillsborough County Government, 2014). Hillsborough County is home to three incorporated cities– Tampa, Temple Terrace, and Plant City, with Tampa being the largest city and serving as the county seat. Hillsborough County has a humid subtropical climate. This is characterized by frequent thunderstorms during the warm and humid summer, and cool, drier winters. Figure 3 shows a map of the State of Florida, with Hillsborough County highlighted. Hillsborough's neighboring counties are Pasco County to the north, Polk County to the east, Pinellas County to the west and Manatee County to the south.

Figure 3. Location of Hillsborough County, Florida
(Source: Legacy Consulting Report)

Population Characteristics

According to the 2010 US census, 1.2 million people lived in Hillsborough County making it the fourth most populous county in Florida at that time. This represented an increase of about 230,000 people, or 23%, over a 10–year period. As shown in Table 1, Hillsborough County's population grew at a faster rate than Florida overall and over twice as fast as the United States population. These data also show that the unincorporated areas of Hillsborough County are growing at a slightly faster rate than the county overall.

Table 1. Population of Hillsborough County and City Components (U.S. Census Bureau, 2000, 2010, 2014)

				AAGR*	
Area	2000	2010	2014	2000-2010	2010-2014
Hillsborough County	998,948	1,229,226	1,316,298	2.1%	1.7%
Tampa	303,447	335,709	358,699	1.0%	1.7%
Temple Terrace	20,918	24,541	25,419	1.6%	0.9%
Plant City	29,915	34,721	36,627	1.5%	1.3%
Unincorporated Area	644,668	834,255	895,553	2.6%	1.8%
Florida	15,982,378	18,801,310	19,893,297	1.6%	1.4%
United States	281,421,906	308,745,538	318,857,056	0.9%	0.8%

**Average annual rate of growth.*

Source: American Fact Finder (factfinder.census.gov) and Legacy Consulting Group analysis.

As shown in Table 2, the population of Hillsborough County was 1,317,131 in 2015, reflecting a growth of 7.2% over the 2010 census figure. The corresponding figure for Florida is 5.8% growth.

Table 2. Population of Hillsborough County and Florida by Age (2015)

Age Group	Hillsborough County		Florida	
	Number	Percent	Number	Percent
0-14	250,718	19.0%	3,339,301	16.8%
15-44	546,135	41.5%	7,404,763	37.2%
45-64	344,624	26.2%	5,337,838	26.8%
65+	175,654	13.3%	3,815,605	19.2%
Total	1,317,131	100.0%	19,897,507	100.0%

Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Table 3. Population of Hillsborough County and Florida by Age (2020)

Age Group	Hillsborough County		Florida	
	Number	Percent	Number	Percent
0-14	259,418	18.4%	3,425,811	16.3%
15-44	564,975	40.2%	7,676,786	36.4%
45-64	367,182	26.1%	5,488,921	26.1%
65+	214,777	15.3%	4,476,782	21.2%
Total	1,406,352	100.0%	21,068,300	100.0%

Source: Nielsen/Claritas and Legacy Consulting Group analysis.

Hillsborough County's population is expected to grow to 1.4 million by 2020, a five–year growth of 6.8%. During the same period, Florida's population is expected to grow by 5.9%.

Figure 4 shows the age distribution of Hillsborough County and Florida. Hillsborough County has a somewhat larger concentration of persons aged 15 to 44 years (41.5%) when compared to the percentage of that sub–population in the state of Florida (37.2%). Florida has a larger percentage of persons aged 45 and older (46%) compared to the percentage of that sub–population in Hillsborough County (39.5%). The larger concentration of persons aged 15 to 44 years in Hillsborough County compared to Florida, is reflected in the slightly younger median age in the county (37.3 years) compared to the overall state (41.7 years).

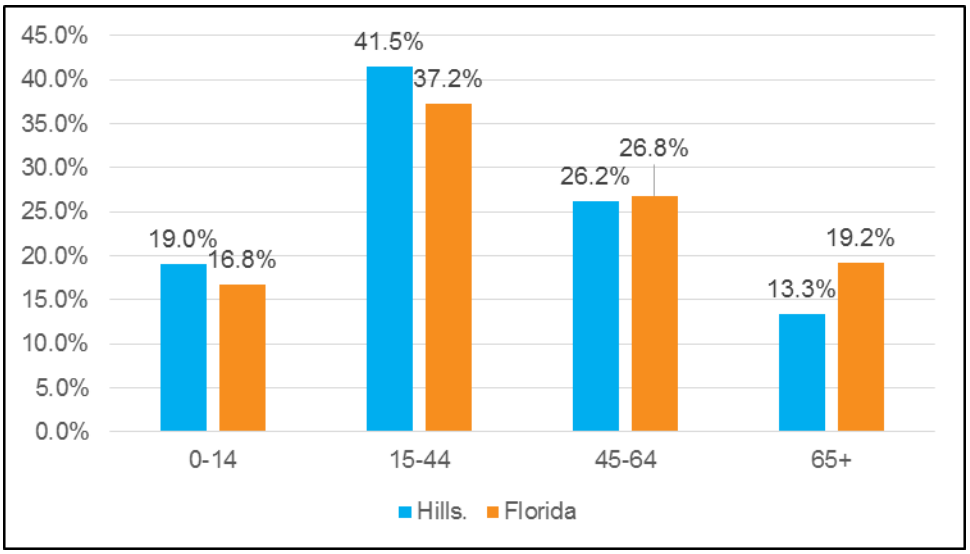


Figure 4. Population of Hillsborough County and Florida by Age
(Source: Nielsen/Claritas and Legacy Consulting Group analysis, 2015)

Hillsborough County, like the state of Florida boasts a diverse mix of races/ethnicities. Its population is 52% White, 16% Black, 26% Hispanic, and 6% other races (see Figure 5.) The corresponding figures for the state overall are 56% White, 15% Black, 24% Hispanic, and 5% other races.

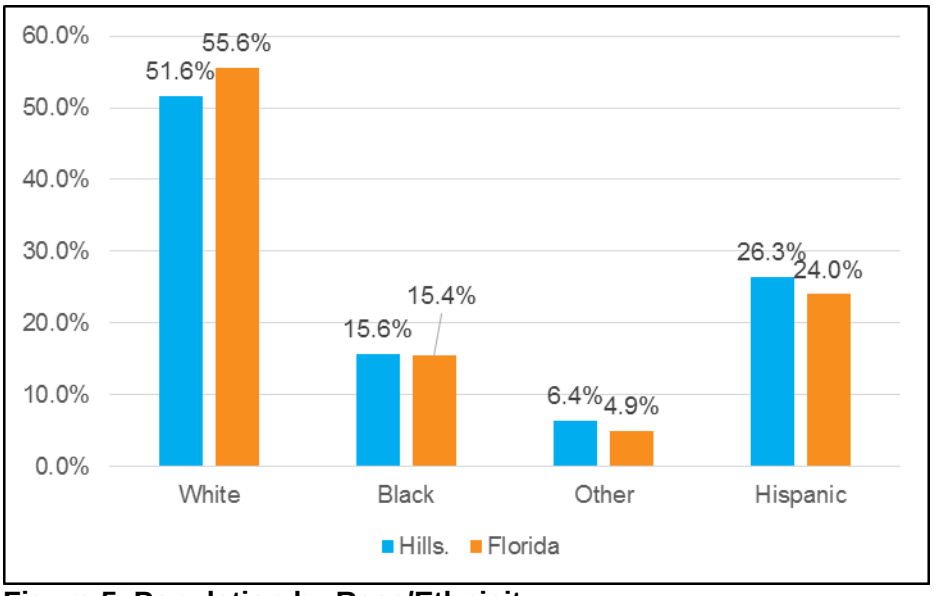


Figure 5. Population by Race/Ethnicity
(Source: Nielsen/Claritas and Legacy Consulting Group analysis, 2015)

Household Characteristics

A family or family household is defined by the United States Census Bureau for statistical purposes as "a householder and one or more other people related to the householder by birth, marriage, or adoption". Slightly more than 64% of all households in Hillsborough County are family households (see Table 4). This is slightly lower than the comparable figures for Florida and the country overall. Female households with no husband present comprise nearly 15% of all households in the county compared to 13% in Florida and the United States. Largely due to the University of South Florida and other universities in the area, the county's percentage of renter occupied households (39.1%) is higher than it is for Florida (32.6%) and the country (34.9%). The average household size in Hillsborough County (2.55 people) is on a par with the country (2.58 people) and only slightly higher than the state (2.48 people).

There were a total of 1,817 homeless individuals in Hillsborough County between 2015 and 2016. This represents a decrease of 5.9% over the previous year (Tampa Hillsborough Homeless Initiative, 2013).

Table 4. Household Type (2010)

Household Type	Hillsborough County	Florida	United States
Family Households	64.3%	65.2%	66.4%
With own children under 18	29.7%	26.0%	29.8%
Husband-wife families	44.2%	46.6%	48.4%
With own children under 18	18.8%	16.6%	20.2%
Male householder, no wife	5.3%	5.0%	5.0%
Female householder, no husband	14.8%	13.5%	13.1%
Non-family households	35.7%	34.8%	33.6%
Householder living alone	27.1%	27.2%	26.7%
Owner-occupied housing units	60.9%	67.4%	65.1%
Renter-occupied households	39.1%	32.6%	34.9%
Average household size	2.55	2.48	2.58
Average family size	3.11	3.01	3.14

Source: United States Census, 2010

Nativity and Languages Spoken

The vast majority of Hillsborough County residents (84.3%) are native born, compared to 80.4% of Florida residents. Slightly more than a quarter (27.2%) speak a language other than English at home (Table 5). Spanish is reported as the language most frequently spoken at home after English. This represents an increase from 24.2% who reported speaking a language other than English at home in the previous CHA. Approximately 10% reported that they do not speak English very well. This represents a comparable percentage to that reported in the previous CHA.

Table 5. Nativity and Language Spoken at Home (2010–2014)

Nativity / Language	Hillsborough County	Florida
Native Born	84.3%	80.4%
Born in Florida	40.3%	36.1%
Foreign born	15.7%	19.6%
Speak language other than English at home	27.2%	27.8%
Spanish	20.8%	20.5%
Other language	6.4%	7.3%
Report not speaking English "very well"	9.9%	11.7%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Income and Poverty

Residents of Hillsborough County have a slightly higher median income compared to the state's residents overall. This is consistent with the previous CHA. Table 6 shows that median household income in the county is estimated to be $50,122, which is about 6% higher than the state's median household income of $47,212. The current median income in the county represents a slight increase in the median income from $49,594 reported in the previous CHA. There are however, pockets of low income communities throughout the county.

Some 79.3% of the county's households received earnings during the 2010–2014 period compared to 72.4% of the state. This represents a slight decline in the percentage of county households receiving earnings from (82%) reported in the previous CHA. In addition, a smaller percentage of the county's households reported receiving Social Security benefits than is the case for the state overall. This is consistent with the percentages reported in the previous CHA.

A larger percentage of the county's residents (3.3%) received cash assistance than did the state's residents (2.2%) and a larger percentage (15.7%) received food stamp benefits than is the case for the state overall (14.3%). These percentages are both increases over those reported in the previous CHA. The percentage of households in Hillsborough County receiving cash assistance

increased from 1.9% in the previous CHA to 3.3%. The percentage of households receiving food stamp benefits during the past 12 months more than doubled from 7.0% in the previous CHA to 15.7% currently, evidence of the economic downturn. Additionally, federal poverty guidelines have been redefined. In the previous CHA, a slightly smaller percentage of households in Hillsborough County received food stamp benefits (7.0% vs. 7.5%) when compared to the state. Currently, however a slightly larger percentage of households in Hillsborough County received food stamp benefits during the past 12 months compared to the state (15.7% vs. 14.3%). The average amount of Social Security benefits increased from $14,665 in the previous CHA to $17,255 currently. During both time periods, Hillsborough County received a smaller average amounts when compared to Florida overall.

Table 6. Income Measures (2010–2014)

Income Measure	Hillsborough County	Florida
Median Household Income	$50,122	$47,212
% of households receiving earnings	79.3%	72.4%
% of households receiving retirement income other than Social Security	15.4%	19.3%
% of households receiving Social Security benefits	26.4%	35.6%
Average amount of Social Security benefits	$17,255	$18,153
% of households receiving cash assistance	3.3%	2.2%
% of households receiving food stamp benefits in past 12 months	15.7%	14.3%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

Notable Trends
A larger proportion of Hillsborough County residents received cash assistance and food stamps compared to the state.

Table 7 shows that 24.6% of Hillsborough County residents have household incomes less than $25,000 while the comparable figure for Florida is 25.6%. This represents a slight increase from 23.1% of households in Hillsborough County earning less than $25,000 as reported in the previous CHA. A slightly higher percentage of the county's residents, 20.9%, have household incomes of at least $100,000 compared to 18.3% for the state overall. This also represents a slight increase from 18.8% of households in Hillsborough County earning at least $100,000 reported in the previous CHA.

Table 7. Household Income Distribution (2010–2014)

Household Income	Hillsborough County	Florida
Less than $10,000	7.8%	7.8%
$10,000 to $14,999	5.4%	5.7%
$15,000 to $24,999	11.4%	12.1%
$25,000 to $34,999	10.7%	11.7%
$35,000 to $49,999	14.6%	15.1%
$50,000 to $74,999	18.0%	18.1%
$75,000 to $99,999	11.3%	11.1%
$100,000 to $149,999	11.7%	10.7%
$150,000 to $199,999	4.6%	3.7%
$200,000 or more	4.6%	3.9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey.

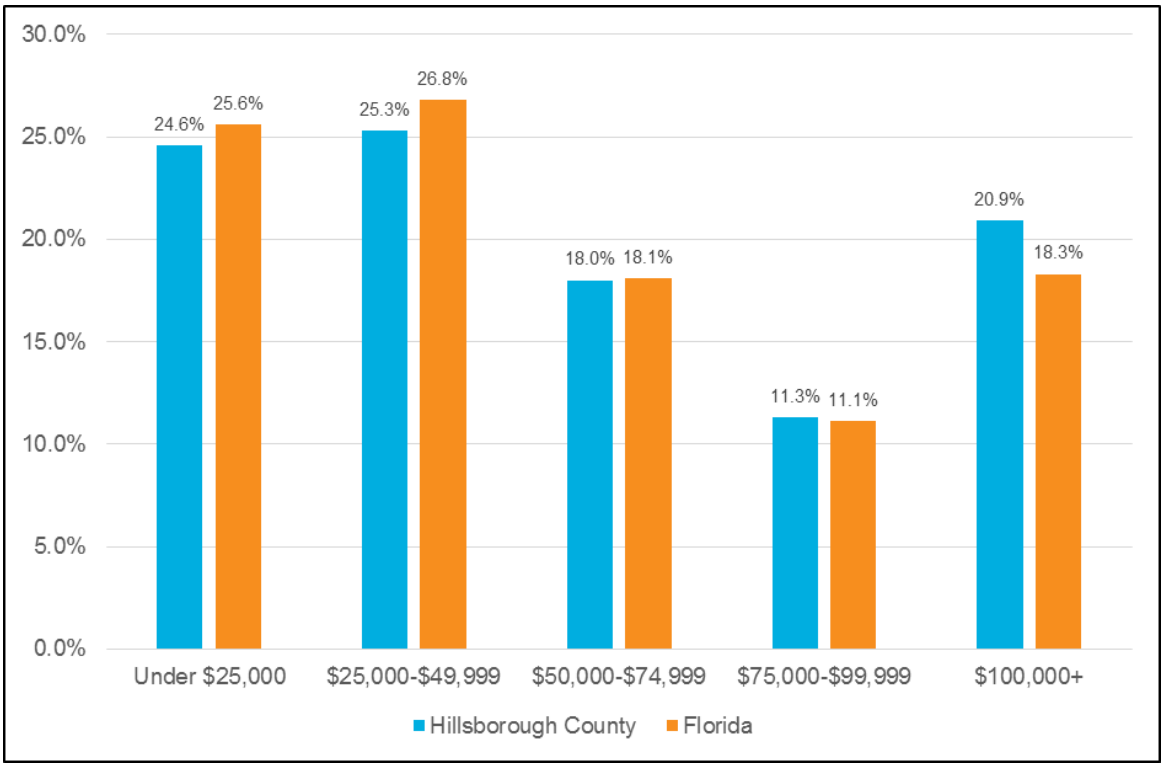


Figure 6. Household Income in Hillsborough County (2010–2014)
(Source: U.S. Census Bureau, 2010–2014 American Community Survey 5–Year Estimates)

According to the American Community Survey for 2010–2014, 17.2% of all individuals in Hillsborough County were living below the poverty level compared to 16.7% for the state. While federal poverty guidelines were redefined after 2008, this still represents a notable increase from 13.9% living below the poverty level in the county in 2008.

With respect to families, 12.9% in Hillsborough County were living below the poverty level compared to 12.2% for the state. This again represents an increase from 10% living below the

poverty level reported in the previous CHA. For most family sub–populations, the percentage living below the poverty level in Hillsborough County has increased since the previous CHA. Among families with related children under 18 years, 18% were living below the poverty level as reported in the previous CHA compared to 19.1% currently. Among female householder families, 26% were living below the poverty level in the previous CHA compared to 29.3% for this currently. Table 8 shows current poverty guidelines for the United States.

Notable Trends
The proportion of families in Hillsborough County living below the poverty level has increased since the previous CHA.

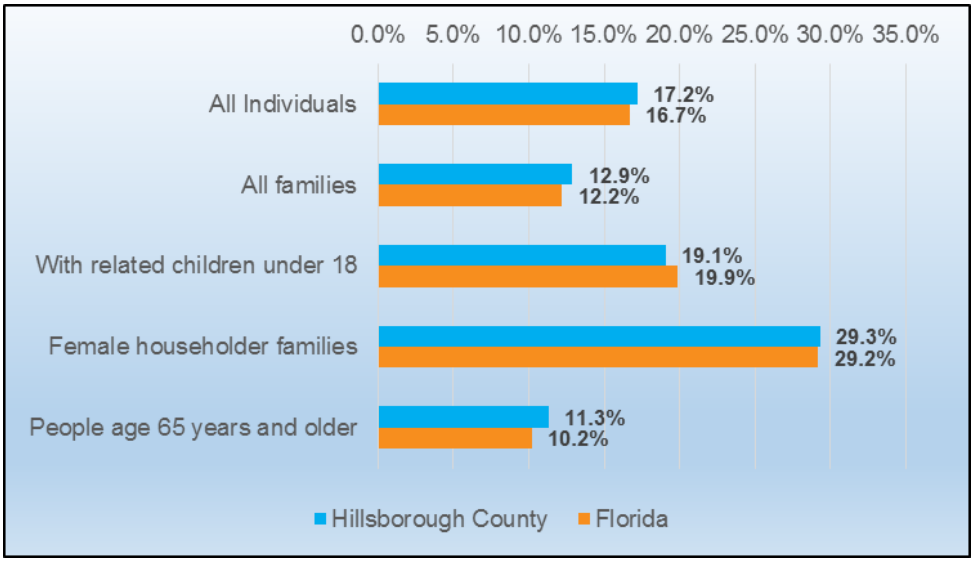


Figure 7. Percentage of the Population Living Below the Poverty Level (2010–2014)
(Source: U.S. Census Bureau, 2010–2014 American Community Survey 5–Year Estimates)

Table 8. Federal Poverty Guidelines (2015)

Persons in Family	Poverty Guideline
1	$11,770
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730
8	$40,890

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

Source: Health and Human Services Federal Poverty Guidelines. https://aspe.hhs.gov/2015-poverty-guidelines

Education

Hillsborough is home to many colleges, universities, and technical/career schools including health profession schools such as University of South Florida (USF) Health's College of Public Health, Morsani College of Medicine, College of Nursing, and College of Pharmacy. For this reason, many persons in this county are here to pursue educational interests as well as career opportunities. For the period 2010–2015, some 87.1% of Hillsborough County residents 25 and older had at least a high school degree or GED, compared to 86.4% in the state. More Hillsborough County residents have at least a college degree (29.7%) when compared to the state (26.7%) (see Figure 8).

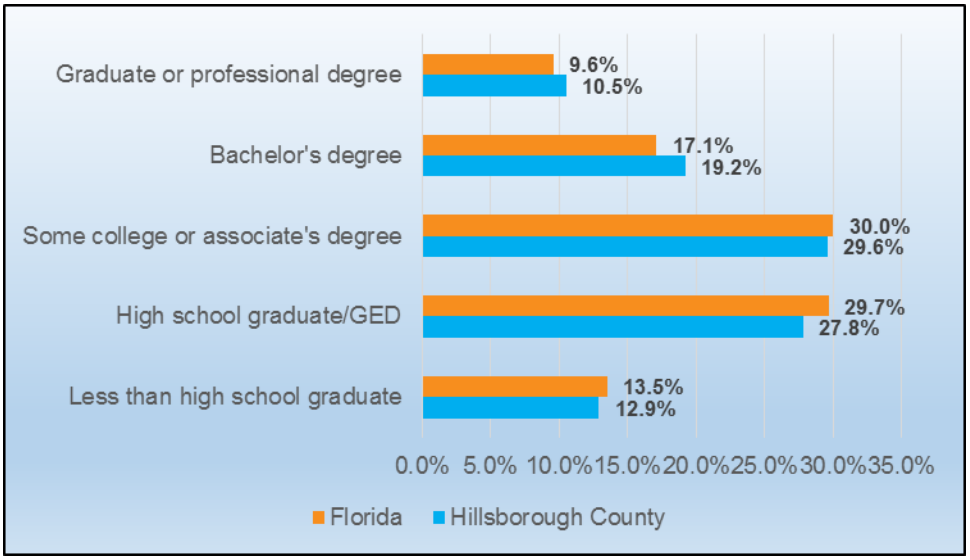


Figure 8. Educational Attainment for Persons 25 Years of Age and Older (2010–2014)
(Source: U.S. Census Bureau, 2010–2014 American Community Survey 5–Year Estimates)

Table 9. Colleges and Technical/Career Schools in Hillsborough County

Colleges and Technical Schools in Hillsborough County	
Universities, Public	**Technical/Career Schools**
University of South Florida	Art Institute of Tampa
USF Health at the University of South Florida	Artistic Nails & Beauty Academy
	Brewster Technical College
Universities, Private	Concorde Career Institute
Argosy University Tampa	Erwin Technical College
Everest University Brandon	International Academy of Design
Everest University Tampa	& Technology
Florida College	Manhattan Hairstyling Academy
South University Tampa	Paul Mitchell the school Tampa
Stetson University College of Law	Shear Excellence Hair Academy
Strayer University Tampa	Summitt Salon Academy Tampa
University of Phoenix	Ultimate Medical Academy Tampa
University of Tampa	
Community Colleges	
Hillsborough Community College	

Employment

A larger percentage of the adult population is in the labor force in Hillsborough County (65.5%) than is the case for Florida (59.5%) (see Figure 9). This is down from 67.7% of adults in the county reported in the previous CHA. The primary industries of employment in Hillsborough County, as well as in the state, are "educational services, health care, and social assistance". Approximately one–in–five employed adults (21.4%) is employed in one of these industries (see Figure 10). Figure 11 shows the Six Month Average Unemployment Rate between 2005 and 2015. Currently, the rate in Hillsborough County is slightly lower than the rate in the state.

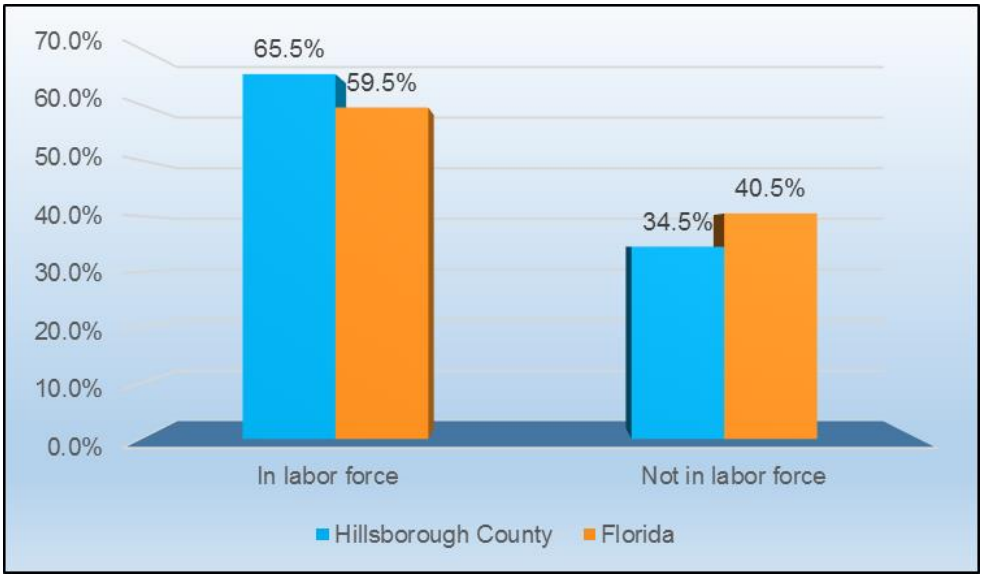


Figure 9. Labor Force Participation (2010–2014)
(Source: U.S. Census Bureau, 2010–2014, American Community Survey)

Notable Trends
The percentage of persons in the labor force is higher in Hillsborough County when compared to the state. It is however, a decrease from the percentage in the labor force reported in the previous CHA.

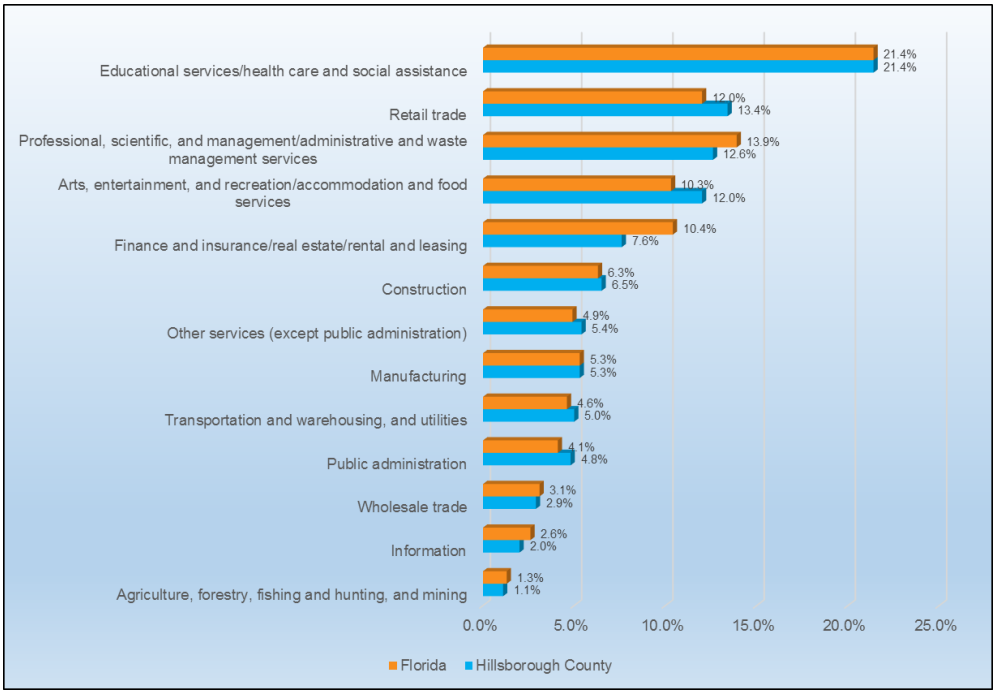


Figure 10. Employment by Industry (2010–2014)
(Source: U.S. Census Bureau, 2010–2014 American Community Survey 5–Year Estimates.)

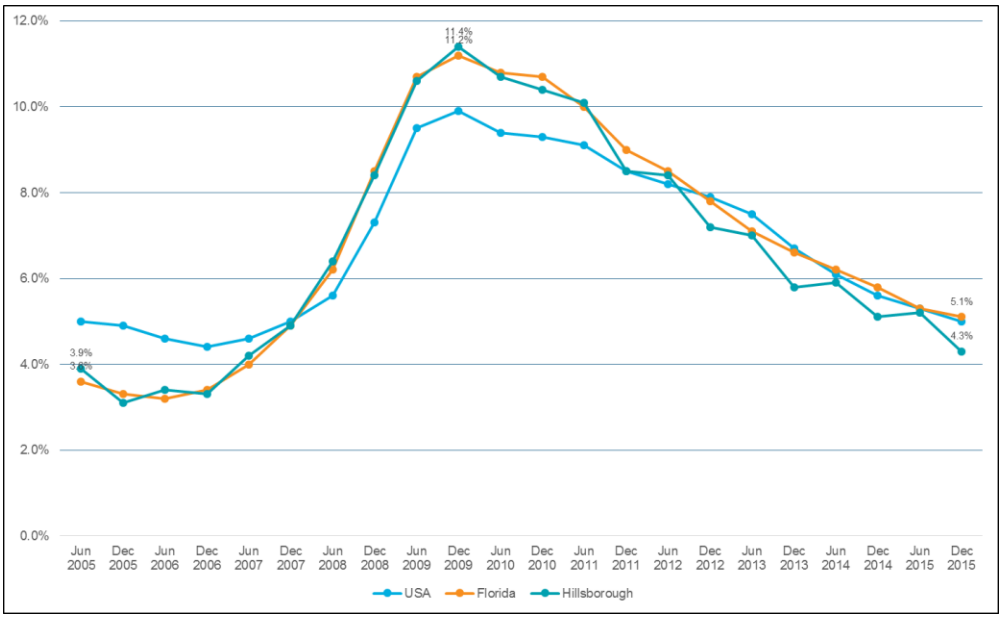


Figure 11. Six Month Average Unemployment Rate (2005–2015)
(Source: U. S. Department of Labor, Bureau of Labor Statistics)

Crime

According to the Florida Department of Law Enforcement, there were 70,807 arrests in Hillsborough County in 2014. As shown in Table 10, nearly three–fourths (73.9%) of those arrested in Hillsborough County were male. This is down from 75.9% reported in the previous CHA. This data also indicates that the percentage of arrestees who are female is increasing. The percentage of arrestees who were female was 24.1% in the previous CHA and this increased, albeit slightly to 26.1% in 2014. In Hillsborough County 55.6% of the arrestees were White and 43.8% were Black/African American, this represents a shift over the previous CHA where 62.7% were White and 36.6% were Black/African American. Blacks/African Americans represent a larger portion of those arrested in Hillsborough County (43.8%) than they do in Florida overall (34.4%).

Table 10. Demographics of Arrestees (2014)

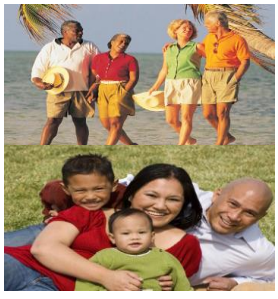
	Hillsborough County		Florida	
Demographic Group	Number	Percent	Number	Percent
Total Arrests	70,807	100.0%	865,392	100.0%
Male	52,336	73.9%	642,140	74.2%
Female	18,471	26.1%	223,252	25.8%
African American	31,027	43.8%	297,456	34.4%
White	39,366	55.6%	562,806	65.0%
Other	414	0.6%	5,130	0.6%

Source: Florida Department of Law Enforcement and Legacy Consulting Group analysis.

Notable Trends
The proportion of female arrestees in Hillsborough County has slightly increased since the previous CHA.

Health Status

County Health Rankings



The County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Together they gather, analyze, and publish data on a variety of vital health factors including obesity, smoking, access to healthy foods, and teen births, among others, for most counties in the country (Robert Wood Johnson Foundation, 2016).

Health Outcomes & Factors

Health outcomes are measured by Length of Life and the Quality of Life. Hillsborough County ranks below its peers for Length of Life, and it has a rank of 19 overall in the state. The county is generally ranked equal to its peers on Quality of Life, however, it has a rank of 41 in the state for this measure. This ranking of 41 means that just 26 of Florida's 67 counties rank lower than Hillsborough County in Quality of Life. Overall, Hillsborough County has a rank of 28 among the 67 counties in the state with respect to Health Outcomes. While this is considerably lower than its peers (see Table 11), it is an improvement its ranking of 30 reported in the previous CHA.

Health factors are measured by health behaviors, clinical care, social & economic factors and physical environment. Hillsborough received a rank of 26 among all counties in Florida for health factors, which is lower than two of its peer counties–Palm Beach and Broward counties, but an improvement over its ranking of 31 reported in the previous CHA. The county's Health Behaviors performance received a rank of 29 in the state, far below its peers and a slight improvement over its ranking of 31 in the previous CHA. Clinical care in the county ranked 21, better than 3 of its peer counties but considerably worse than Palm Beach County. This rank is a slight decline from the rank of 19 reported in the previous CHA. Social & Economic performance received a ranking of 16 in the state, in line with each of its peers with the exception of Miami–Dade whose ranking was 43. Hillsborough County's rank of 16 is a large improvement over its ranking of 30 reported in the previous CHA. In the physical environment, Hillsborough County received a ranking of 45, which is better than 3 of its peer counties but worse than Palm Beach county. This ranking is an improvement over its ranking of 60 in the previous CHA.

The components of each measure were further examined. In the tables that follow, **red boxes** were inserted to highlight measures in which Hillsborough County is performing worse than its peer counties. **Green boxes** were inserted to highlight measures in which Hillsborough County is performing better than its peer counties.

Length and Quality of Life

Length of life measures how long persons live. More specifically it measures premature deaths, i.e. deaths occurring before the age of 75 years. For example, a person who dies at 70, would have lost 5 years of potential life. The latest County Health Rankings show that Hillsborough County lost 6,900 years of potential life (reference age=75). The average years of potential life lost for the county's four peers is 5,800 years (see Table 12). This is an improvement over Hillsborough County's performance in the previous CHA, where the years of potential life lost was 7,912.

Quality of life refers to how healthy people feel while alive. Specifically, this refers to their health–related quality of life (their self–rating of overall health, physical health, and mental health). It also accounts for birth outcomes (in this case, babies born with a low birth weight). Approximately one–in–six (17%) of the county's residents rated their physical health as being poor or fair, accounting for 3.7 poor physical health days and 4.0 poor mental health days, during the past 30 days. These are comparable to the measures reported on the previous CHA of 18% of the county's residents rating their health as being poor or fair, accounting for 4.1 poor physical health days and 3.9 poor mental health days. Note that the average number of poor physical health days per month is approximately equal to the average number of poor mental health days per month. The prevalence of low birth weight in Hillsborough County is one–in–eleven births or 9%, which

is both comparable to the figures for its four peer counties as well as the figure reported for the county in the previous CHA.

Table 11. Summary of County Health Rankings

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Health Outcomes	28	11	19	21	9
Length of Life	19	5	1	7	6
Quality of Life	41	31	54	43	25
Health Factors	26	12	28	21	9
Health Behaviors	29	7	1	18	6
Clinical Care	21	29	52	31	10
Social & Economic	16	15	43	18	19
Physical Environment	45	56	64	53	38

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Table 12. Length and Quality of Life

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Length of Life					
Premature death (years of life lost)	6,900	5,900	5,200	6,100	6,000
Quality of Life					
Poor or fair health	17%	16%	23%	18%	16%
Poor physical health days	3.7	3.5	4.1	3.9	3.7
Poor mental health days	4.0	3.7	3.9	3.8	3.5
Low birth weight	9%	9%	9%	9%	9%

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Notable Trends
Hillsborough County's ranking in
Health Outcomes:
- has improved since the previous CHA,
- is lower than peer counties.

Health Behaviors

For the Health Behaviors ranking, certain behaviors that are known to impact health were examined. This report focused on smoking, obesity, the availability and quality of food, physical inactivity, access to exercise opportunities, alcohol consumption, alcohol–impaired driving deaths, sexually transmitted infections (STIs), and teen births. The availability and quality of food is captured in the food environment index.

In all the health behaviors, Hillsborough County scored poorly in comparison to its peer counties. It had the worst scores, with the exception of the rate of sexually transmitted infections, where its rate was the second worst rate behind Orange County (see Table 13).

The prevalence of smoking among adults in Hillsborough County is 17%. This is higher than the figure for all other peer counties; however, it represents a decrease from the 23% figure reported in the previous CHA. The prevalence of adult obesity stands at 28% in Hillsborough County, several points worse than any of its peers and an increase over the prevalence of 26% reported in the previous CHA. The food environment index ranges from 0 (worst) to 10 (best) and measures a community's access to healthy food and the persons in a community who did not have access to a reliable source of food during the last 2 years. Hillsborough County's food environment index was 7.0, lower than its peers. Almost a quarter (24%) of Hillsborough County residents are physically inactive. While 95% of Hillsborough County residents have access to exercise opportunities, this is several points lower than its peers which each have at least 98% of their residents having access to exercise opportunities. One–in–five persons in Hillsborough County drinks excessively and as such, it is no surprise that alcohol–impaired driving deaths accounted for 33% of all driving deaths. The prevalence of excessive drinking is slightly higher than the 18% that was reported in the previous CHA. Of significant note is the fact that the county has a sexually transmitted infection rate of 560.9 per 100,000 population, considerably higher than all but one of its peers, and an increase over the rate of 531 per 100,000 population reported in the previous CHA. The teen birth rate stands at 39 per 1,000 females aged 15–19 in the county, higher than any of its peers. However, this is a significant improvement over the rate of 51 reported in the previous CHA.

Notable Trends
Hillsborough County's ranking in
Health Factors:
- has improved since the previous CHA,
- is average compared to peer counties.

Table 13. Health Behaviors

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Adult smoking	17%	15%	15%	16%	14%
Adult obesity (BMI ≥ 30)	28%	24%	20%	24%	23%
Food environment index	7.0	7.5	8.3	7.0	7.3
Physical inactivity	24%	24%	22%	23%	23%
Access to exercise opportunities	95%	100%	99%	98%	98%
Excessive drinking	20%	18%	16%	20%	18%
Alcohol-impaired driving deaths	33%	22%	19%	28%	30%
Sexually transmitted infections (per 100,000 pop)	560.9	443.4	397.0	565.9	330.7
Teen births (per 1,000 females 15-19)	39	25	28	32	27

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Notable Trends
The rate of STIs in Hillsborough County is the second highest among peer counties.

Clinical Care

Clinical care measures the clinical services available in the community. This measure ranks a community based on the proportion of persons under the age of 65 who are uninsured, the availability of health care providers, preventable hospital stays, health monitoring, and screening practices (see Table 14).

According to the latest County Health Rankings, only 20% of Hillsborough County's residents under 65 years of age are uninsured. This rate is less than any of its peers, which average 27% uninsured, and is an improvement over the 24% uninsured reported in the previous CHA. The population per provider for primary care physicians is 1,230, and is tied with Orange County for best ratio among its peers, but is higher (i.e. worse) than the ratio of 899 reported in the previous CHA. The population per dental provider in Hillsborough County (1,880) is considerably higher (i.e. worse) than all but one of its peers (Orange County). The county ranks in the middle when compared with its peer counties with respect to the population per mental health providers and preventable hospital stays. When it comes to diabetic monitoring, Hillsborough County has the lowest percentage of persons monitored, although this is a slight improvement over the 81% reported in the previous CHA. Mammography screening in the county is 64% which is better than in three of its peer counties but not as good as the screening measure in Palm Beach County.

The percentage of mammography screening is comparable to the figure of 63% reported in the previous CHA.

Table 14. Clinical Care

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Uninsured (under 65 without insurance)	20%	26%	33%	24%	25%
Primary Care Physicians (population per provider)	1,230	1,360	1,240	1,230	1,270
Dentists (population per provider)	1,880	1,440	1,700	2,210	1,410
Mental health providers (population per provider)	600	610	670	540	550
Preventable hospital stays (per 100K Medicare enrollees)	58	53	75	62	46
Diabetic monitoring (65-75 w/HbA1c monitoring)	83%	86%	87%	84%	86%
Mammography screening (67-69 fem. Medicare enrollees)	64%	62%	57%	62%	72%

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Social and Economic Factors

For social and economic factors, the county is ranked on education, unemployment, poverty, income, social structures, crime and injuries (see Table 15).

Hillsborough County received a rank of 16 in the state overall with respect to Social and Economic Factors, higher than all but one of its peers (Broward County). The county ranks below its peers with respect to high school graduation. This ranking is not significantly lower when compared to its peers and the figure of 74% graduating high school represents an increase over the 70% reported in the previous CHA. Hillsborough County is also similar to its peers with respect to college education, children in poverty, and income inequality. The unemployment rate of 5.8% in Hillsborough County is tied with Broward and Orange counties for the lowest rate among peer counties. This is a significant reduction from the 10.7% reported in the county in the previous CHA. The percentage of children in single–parent households is 39%, which is similar to the rate in peer counties and a slight increase from 37% in the previous CHA. The number of social associations per 100,000 population ranks the highest among its peers. A social organization is defined as a “membership association in the community” (Robert Wood Johnson Foundation, 2016). The violent crime rate is 394 per 100,000 population, which is the lowest among peer counties and almost half the rate of 751 per 100,000 reported in the previous CHA. However, injury deaths in Hillsborough County is 68 deaths per 100,000 population, which is higher than its peers.

Table 15. Social and Economic Factors

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
High school graduation	74%	75%	77%	76%	76%
Some College (age 25-44)	64%	67%	58%	66%	62%
Unemployment (age 16+)	5.8%	5.8%	6.8%	5.8%	5.9%
Children in poverty	23%	20%	28%	25%	22%
Income inequality (ratio of 80th/20th percentile income)	4.9	4.9	5.6	4.5	4.9
Children in single-parent households	39%	38%	40%	39%	38%
Social associations (per 10,000 population)	7.6	5.4	4.9	7.4	6.4
Violent crime (per 100,000 population)	394	485	709	730	503
Injury deaths (per 100,000 population)	68	56	45	51	68

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Physical Environment

The physical environment measure ranks the community on air & water quality, housing & transit. Transit measures provide a score for how integrated share services (i.e. public systems to connect people to places) are (see Table 16).

Hillsborough County received a rank of 45 in the state with respect to physical environment. While this is comparable to its peers, it places the county near the bottom of the third quartile in the state with respect to this measure.

In most measures pertaining to the physical environment, Hillsborough County ranked comparably to its peer counties. It had a lower percentage of residents with severe housing problems.

Table 16. Physical Environment

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Air pollution (avg. daily density of fine particulate matter)	10.9	10.7	10.9	10.9	10.6
Drinking water violations (population exposed)	Yes	Yes	Yes	Yes	Yes
Severe housing problems (≥1 of 4 housing problems*)	21%	27%	33%	25%	25%
Driving alone to work	80%	80%	77%	80%	79%
Long commute – driving alone (> 30 minutes)	40%	43%	49%	39%	33%

**Overcrowding, high housing costs, lack of kitchen, lack of plumbing.*

Source: University of Wisconsin Population Health Institute, 2016 County Health Rankings.

Infant Health

Infant health in Hillsborough County appears to be relatively good in many measures in comparison to its peer counties (see Table 17). The county has a very high rate of early prenatal care (89%). This is significantly higher than any of its peers, which average 81% and is an improvement over the 83.7% reported in the previous CHA. The percentage of all children in kindergarten who are fully immunized is 91.9%, which is similar to peer counties. There is a relatively high prevalence of low birth weight births (8.9%), which is better than the percentage in Broward County, but comparable to other peer counties. This figure has remained unchanged since the previous CHA. The proportion of mothers initiating breastfeeding at birth is 87.7%, which is better than peer counties with the exception of Orange County. The percentage of preterm births in Hillsborough County is 13.3%. This figure compares well with its peer counties and is similar to the 13.2% reported in the previous CHA. Hillsborough County has a fairly high rate of repeat birth to teen (ages 15–19 years) mothers. The county's rate stands at 19.4%, higher than any of its peers; however, this is an improvement over the figure of 24.3% reported in the previous CHA. While the fetal death rate in Hillsborough County (7.2 deaths per 1,000 deliveries) is comparable to its peers, it is an increase from 4.8 reported in the previous CHA (see Table 18). The infant death rate of 7.3 per 1,000 live births represents a decrease from 8.5 reported in the previous CHA. While this is an improvement, the infant death rate is still considered to be high and currently exceeds the national Healthy People 2020 goal. The neonatal death rate (5.3) is higher than its peer counties, but lower than the figure of 6.1 reported in the previous CHA. This pattern is similar to the post–neonatal death rate. For the county it is 2.1, higher than peer counties but also a slight improvement over the figure of 2.5 reported in the previous CHA.

Table 17. Infant Health Status (2010–2014)

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Early prenatal care (care began 1st trimester)	89.0%	77.9%	87.0%	84.6%	75.9%
Kindergarten children fully immunized	91.9%	92.9%	91.9%	93.6%	91.3%
Low birth weight births (births < 2500 grams)	8.9%	9.4%	8.7%	8.7%	8.5%
Mothers initiating breastfeeding at birth	87.7%	85.8%	87.2%	90.9%	85.0%
Multiple births	3.4%	3.6%	3.5%	3.2%	3.2%
Preterm births (births < 37 weeks gestation)	13.3%	13.4%	18.1%	15.9%	13.1%
Repeat births to mothers 15-19	19.4%	17.0%	15.8%	17.9%	17.8%

Source: Florida Department of Health, Florida CHARTS.

Table 18. Infant and Neonatal Death Rates (2010–2014)

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Fetal death ratio per 1,000 deliveries	7.2	7.8	7.3	6.9	7.0
Infant death rate per 1,000 live births (0-364 days)	7.3	5.2	4.6	6.5	4.6
Neonatal death rate per 1,000 live births (0-27 days)	5.3	3.3	3.0	5.0	3.0
Post-neonatal deaths per 1,000 live births (28-364 days)	2.1	1.9	1.7	1.5	1.6

Source: Florida Department of Health, Florida CHARTS.

Adult Health

For many of the measures of adult health (see Table 19), Hillsborough County is trailing behind its peer counties; however, it is making strides to improve the health of its adult population. Approximately one–in–five adults in Hillsborough County rate their health as “fair” or “poor”. This is higher than three peer counties and lower than one. Adult smoking (18.2%) is higher in Hillsborough County than it is in all four peer counties; however, it has improved over the figure of 19.7% reported in the previous CHA. Hillsborough County has the lowest percentage of adults who are inactive or insufficiently active. The prevalence of obesity among adults in the county is

currently 29.3% which is higher than it is in peer counties which have an average obesity rate of 23.6%. This also represents an increase over the figure of 26% reported in the previous CHA. A smaller percentage of Hillsborough County residents (16.1%) consume at least five servings of fruits and vegetables when compared to its peers. In addition to comparing unfavorably to its peer counties, this is a significant decrease since the previous CHA when the figure was 26.1%. Hillsborough County's adult asthma rate of 9.2% is higher than any of its peers', and hospitalization rates due to asthma (886.8 per 100,000 population) are higher in Hillsborough County when compared to its peer counties. These figures represent an increase in the prevalence of asthma among adults in Hillsborough County over the 2010 prevalence (8.6%) but a decrease in the hospitalization rates reported in 2010–2012 (1,055.1 per 100,000 population). The percentage of adults who have ever been told that they had diabetes is 12.4%, which is higher than in peer counties and a slight increase over 2010 when it was 11.7%. The percentage of residents who have ever been told that they had hypertension was 36.3%, a figure that is higher than among peer counties and higher than the 2010 figure of 30.6%. The percentage of adults who have ever been told that they had high cholesterol was 33.2%. Which is higher than all but one peer county (Palm Beach County), where this figure was 38.4%. The figure for Hillsborough County represents a notable decrease from 2010, when it was 38.9%.

Health screening remains one of the best defenses against disease morbidity. In many screening measures, Hillsborough County compares favorably to its peers (see Table 20). The percentage of adults 50 years and older who received a blood stool test during the last year and those who received a sigmoidoscopy or a colonoscopy in the past 5 years compared favorably to its peer counties. The percentage of adults who had their cholesterol checked in the past 2 years and the percentage of women aged 40–74 who received a mammogram in the past year, compared favorably to peer counties. However, less than half of women in Hillsborough County 18 years and older, received a Pap test in the past year. This is the lowest figure among peer counties. In addition to this, the percentage of adults over 50 who received a blood stool test in the past year, the percentage of women aged 18 years and older who received a Pap test in the past year, and the percentage of women aged 40 to 74 years who received a mammogram in the past year have all decreased since the previous CHA.

Notable Trends

The prevalence of obesity in Hillsborough County has increased since the previous CHA.
It is also the highest among its peer counties.

Table 19. Adult Health Status (2013)

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Adults who rate their health status as "fair" or "poor"	19.8%	17.6%	20.9%	19.1%	15.6%
Adults who are current smokers	18.2%	12.1%	14.0%	16.0%	9.5%
Adults who are inactive or insufficiently active	53.1%	54.4%	55.8%	57.3%	55.0%
Adults who are obese	29.3%	25.8%	23.8%	25.0%	19.9%
Adults who are overweight	38.2%	34.8%	39.8%	36.2%	40.2%
Adults who consume at least five servings of fruits and vegetables a day	16.1%	20.7%	19.0%	19.5%	24.2%
Adults who currently have asthma	9.2%	6.7%	7.9%	7.7%	6.4%
Adults who have ever been told they had diabetes	12.4%	10.7%	8.9%	10.3%	11.0%
Adults who have ever been told they had hypertension	36.3%	27.4%	32.7%	29.9%	34.4%
Adults who have ever been told they had high blood cholesterol	33.2%	28.4%	27.8%	25.6%	38.4%

Source: Florida Department of Health, Florida CHARTS.

Table 20. Adult Screening Status (2013)

Measure	County				
	Hillsborough	Broward	Miami-Dade	Orange	Palm Beach
Adults 50 years of age and older who received a blood stool test in the past year	14.1%	12.0%	16.9%	8.9%	17.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	53.4%	53.7%	50.7%	49.6%	61.4%
Adults who had their cholesterol checked in the past two years	74.8%	75.5%	69.0%	64.8%	77.7%
Women 18 years of age and older who received a Pap test in the past year	47.0%	56.2%	53.8%	51.7%	54.1%
Women aged 40 to 74 years who received a mammogram in the past year	53.0%	49.8%	64.0%	55.1%	62.7%

Source: Florida Department of Health, Florida CHARTS.

Notable Trends

Less than half the women aged 18 years and older had a Pap test last year.

Examining the cancer incidence rates for 2010–2012, Hillsborough County is trailing behind its peers with higher rates (see Table 21). This is the case for breast cancer, cervical cancer, colorectal cancer, lung cancer, melanoma, and prostate cancer. The 2010–2012 incidence rates of breast cancer, cervical cancer, and colorectal cancer are each the second highest rates among peer counties, while the rates of lung cancer, melanoma, and prostate cancer are highest rates among peer counties. However, the rates for breast cancer, cervical cancer, colorectal cancer, and lung cancer all represent improvements over the previous CHA. Rates for melanoma and prostate cancer represent increases in the incidence of these cancers.

Table 21. Age–Adjusted Cancer Incidence Rates per 100,000 Population (2010–2012)

	County				
Measure	**Hillsborough**	**Broward**	**Miami-Dade**	**Orange**	**Palm Beach**
Breast cancer	110.3	87.8	86.0	112.5	79.9
Cervical cancer	8.7	6.3	8.0	9.2	4.2
Colorectal cancer	42.4	33.1	40.5	45.6	25.0
Lung cancer	70.6	45.0	41.9	62.1	41.7
Melanoma	21.6	14.7	7.4	19.4	15.3
Prostate cancer	168.4	110.4	136.6	165.9	88.8

Source: Florida Department of Health, Florida CHARTS.

The hospitalization rates (see Table 22) for various conditions indicate that Hillsborough County is doing better than its peers in two measures, worse than its peers in three measures, and relatively similar to peer counties in two measures. The hospitalization rates for asthma, chronic lower respiratory diseases (CLRD), and stroke, are the highest or second highest when compared to peer counties. The incidence of amputations due to diabetes compared favorably with peers, being higher than the rate in Palm Beach County but lower than the rates in Broward, Miami–Dade and Orange counties. The incidence of congestive heart failure (53.9) is much lower in Hillsborough County than in peer counties. The incidence of coronary heart disease and diabetes are average when compared to peer counties. All incidence rates represent improvements over the 2010–2012 time period.

Table 22. Age–Adjusted Hospitalization Rates per 100,000 Population (2012–2014)

	County				
Measure	**Hillsborough**	**Broward**	**Miami-Dade**	**Orange**	**Palm Beach**
Asthma	886.8	599.2	647.6	848.2	550.7
Amputation due to diabetes	25.3	25.4	33.1	40.0	20.1
Chronic lower respiratory diseases (CLRD)	309.0	300.1	282.1	369.3	250.0
Congestive heart failure	53.9	92.4	111.7	90.4	78.9
Coronary heart disease	250.9	226.7	260.4	276.4	208.1
Diabetes	2129.0	1805.7	2159.2	2669.1	1448.1
Stroke	223.5	188.2	218.5	240.9	173.6

Source: Florida Department of Health, Florida CHARTS.

Overall, the age–adjusted mortality rates (see Table 23) for many illnesses are higher in Hillsborough County than in peer counties. The overall age–adjusted mortality rate in Hillsborough County is 745.8 per 100,000 compared to a peer average of 614.1 per 100,000. Of note, the county's age–adjusted mortality rate for cardiovascular disease is the highest among its peers; however, in 4 out of the 5 cardiovascular diseases presented, the mortality rates in Hillsborough County are comparable to the rates in peer counties. The apparent driver of this rate is the mortality associated with hypertensive disease. The age–adjusted mortality rate for hypertensive disease is 21.5 per 100,000. This rate is higher than the rate in Miami–Dade (12.8) and much higher than the rates in the other peer counties, which are all single digit rates. The county's age–adjusted mortality rate for cancer is 163.9 compared to a peer average of 143.9. The age–adjusted mortality rate of prostate cancer is lower than the mortality rates in all peer counties with the exception of Palm Beach County. The age–adjusted injury mortality rate is 62.4, which is higher than all peer counties. However, the age–adjusted mortality rate of homicide in Hillsborough County is lower than in peer counties with the exception of Broward County. The age–adjusted mortality rates for suicide and motor vehicle crashes are second highest and highest respectively among peer counties. The age–adjusted mortality rate for HIV/AIDS in Hillsborough County is lower than in peer counties with the exception of Orange County, where the mortality rate is 3.5.

Table 23. Age–Adjusted Mortality Rates per 100,000 Population (2014)

	County				
Measure	**Hillsborough**	**Broward**	**Miami-Dade**	**Orange**	**Palm Beach**
All Causes	745.8	608.7	601.3	664.8	581.5
Cardiovascular Disease	214.7	205.9	204.8	204.3	166.8
Cerebrovascular/Stroke	34.8	44.2	32.9	35.7	29.7
AMI	22.8	22.4	31.3	21.0	19.7
Hypertensive Disease	21.5	6.1	12.8	8.0	6.3
Heart Failure	12.6	16.9	9.5	13.6	9.0
Cancer	163.9	148.3	136.3	150.4	140.7
Lung Cancer	43.1	34.4	28.4	36.4	37.2
Colorectal Cancer	13.9	14.1	14.3	13.3	11.9
Breast Cancer	11.8	11.5	11.2	11.7	11.2
Pancreatic Cancer	10.6	10.7	9.1	9.5	10.4
Prostate Cancer	7.5	8.5	8.1	7.7	5.3
Cervical Cancer	1.8	1.5	1.6	1.6	1.2
Injuries	62.4	47.6	42.4	55.3	62.1
Homicide	5.1	4.6	8.8	6.7	8.2
Suicide	13.7	10.7	8.3	10.1	15.0
Motor vehicle crash	11.3	9.8	10.1	11.1	9.6
CLRD (including Asthma)	45.2	30.1	27.0	33.3	26.3
Diabetes	22.6	14.4	21.3	23.1	12.5
Alzheimer's Disease	21.3	13.9	17.3	20.3	21.1
Septicemia	12.7	7.5	7.1	11.5	6.7
Influenza & Pneumonia	11.6	8.3	7.6	9.7	7.3
Kidney Disease	11.1	12.9	10.1	13.2	9.3
Chronic Liver Disease & Cirrhosis	10.5	9.2	7.4	9.6	10.6
Parkinson's Disease	8.2	6.8	7.3	7.5	7.6
HIV/AIDS	4.0	7.0	6.7	3.5	4.4

Source: Florida Department of Health, Florida CHARTS.

Health Disparities

Health disparities by race/ethnicity continue to be observed in many indicators of health. This includes access to care, maternal and child health outcomes, injuries and injury–related deaths, and causes of death. These disparities are seen not just in Hillsborough County, but also in the state.

Access to Care

Black non–Hispanic residents in Hillsborough County have a higher hospitalization rate for asthma (2397.5) than do both Hispanics (1,087.4) and White non–Hispanics (858.2). They also have a higher emergency room visit rate for asthma (1028.5) than do Hispanics (633.7) and White non–Hispanics (305.4) (see Table 24).

The proportion of Hispanics who have a personal physician (65.7%), is smaller than the proportion of Black non–Hispanics (72.5%) and White non–Hispanics (79.1%) who have a personal physician. Hispanic residents are also less likely to have health insurance (64.4%) than Black non–Hispanics (78.2%) and White non–Hispanics (88.7%). The proportion of Hispanics (32.3%) who reported that they could not see a doctor in the last year due to the cost is higher than the proportions of Black non–Hispanics (20.4%) and White non–Hispanics (10.1%) who reported same.

Table 24. Health Disparities– Access to Care

Measure	White (non-Hispanic)		Black (non-Hispanic)		Hispanic	
	County	State	County	State	County	State
Age-adjusted asthma hospitalization rate* (rate per 100,000 population)	858.2	656.4	2397.5	1714.7	1087.4	734.7
ER visits due to asthma* (rate per 100,000 population)	305.4	329.7	1028.5	1242.8	633.7	551.7
Adults with personal doctor**	79.1%	79.8%	72.5%	71.8%	65.7%	59.7%
Adults with health insurance**	88.7%	85.5%	78.2%	69.2%	64.4%	64.0%
Adults who could not see doctor in last year due to cost**	10.1%	14.7%	20.4%	25.1%	32.3%	30.9%

*2012-2014.

**2013.

Source: Florida Department of Health, Florida CHARTS.

Notable Trends
Fewer Hispanics have health insurance compared to White non–Hispanics and Black non–Hispanics.

Maternal and Child Health Outcomes

Black non–Hispanics have a higher birth rate among teen mothers (42.3) aged 15 to 19 years when compared to Hispanics (32.5) and White non–Hispanics (24.9) (see Table 25). This represents a reduction in birth rate over 2009 when the rate was 64.4 among Black non–Hispanics and 37.0 among White non–Hispanics. In addition to this, births to teen mothers are higher in Hillsborough County when compared to the state for each racial/ethnic group. Births to unwed mothers (20 to 54 years of age) are significantly higher among Black non–Hispanics (70.9%) than among Hispanics (54.1) and White non–Hispanics (40.4%). Births to mothers who are over 18

without a high school education are higher among Hispanics (26.5%) than among White non–Hispanics (14.2%) and Black non–Hispanics (14.1%). Black non–Hispanics have higher rates of births to obese mothers, babies born with low birth weight, fetal deaths, infant deaths, and maternal deaths than White non–Hispanics or Hispanics. These measures are also higher among Hispanics when compared to White non–Hispanics with the exception of maternal deaths. There is a lower rate of maternal deaths among Hispanics when compared to White non–Hispanics.

Table 25. Health Disparities– Maternal and Child Health (2012–2014)

	White (non-Hispanic)		Black (non-Hispanic)		Hispanic	
Measure	**County**	**State**	**County**	**State**	**County**	**State**
Births to mothers age 15-19 (per 1,000 females)	24.9	21.3	42.3	36.2	32.5	24.5
Births to unwed mothers ages 20-54	40.4%	39.6%	70.9%	67.1%	54.1%	48.5%
Births to mothers over 18 without high school education	14.2%	11.9%	14.1%	14.5%	26.5%	19.7%
Births to mothers who are obese at time pregnancy occurred	19.6%	19.2%	28.9%	29.0%	22.0%	19.8%
Births < 2500 grams (low birth weight)	7.4%	7.2%	13.9%	13.0%	7.5%	7.3%
Fetal deaths (per 1,000 deliveries)	5.7	5.6	12.0	12.2	6.5	5.7
Infant deaths (0-364 days, per 1,000 births)	5.8	4.5	12.3	10.8	8.6	4.8
Maternal deaths (per 100,000 births)	24.9	18.0	37.6	41.6	13.7	16.2

Source: Florida Department of Health, Florida CHARTS.

Notable Trends
Black non–Hispanics have higher rates of infants born low birth weight, fetal deaths, and maternal deaths compared to Hispanics and White non–Hispanics.

Injuries and Injury–Related Deaths

Black non–Hispanics have significantly higher rates of homicide deaths, firearm–related deaths, and hospitalizations for non–fatal firearm injuries than do White non–Hispanics and Hispanics. Rates for these measures are higher among Hispanics when compared to White non–Hispanics with the exception of the age–adjusted firearm–related death rate (per 100,000 population). There is a lower age–adjusted firearm–related death rate among Hispanics when compared to White non–Hispanics (see Table 26).

Table 26. Health Disparities–Injuries and Injury–Related Deaths (2012–2014)

Measure	White (non-Hispanic)		Black (non-Hispanic)		Hispanic	
	County	State	County	State	County	State
Age-adjusted homicide death rate (per 100,000 population)	3.8	3.7	12.5	17.3	5.4	4.1
Age-adjusted firearm-related death rate (per 100,000 population)	9.9	10.5	12.2	16.8	7.8	5.9
Hospitalizations for non-fatal firearm injuries (per 100,000 population)	4.4	3.8	27.2	29.9	5.2	4.9

Source: Florida Department of Health, Florida CHARTS.

Notable Trends
Black non–Hispanics have higher rates of homicide deaths, firearm–related deaths, and hospitalizations for non–fatal firearm injuries than do White non–Hispanics and Hispanics.

Causes of Death

Black non–Hispanics have significantly higher mortality rates for prostate cancer (34.3), stroke (44.1), diabetes (42.3), and HIV/AIDS (14.0) than do both White non–Hispanics and Hispanics. Hispanics have a higher mortality rate for cervical cancer (8.9) than do White non–Hispanics (3.2) and Black non–Hispanics (2.4) (see Table 27).

Modifiable Behaviors Leading to Premature Death

Black non–Hispanics are more likely to smoke (26.3%) and be overweight (45.4%) when compared to White non–Hispanics and Hispanics. Black non–Hispanics (35.9%) and Hispanics (30.3%) are more likely than White non–Hispanics (26.5%) to be obese. Despite being less likely to be overweight or obese, White non–Hispanics (14.0%) are less likely than either Black non–Hispanics (23.9%) or Hispanics (16.5%) to eat five or more servings of fruits and vegetables per day (see Table 28).

Table 27. Health Disparities– Causes of Death (2012–2014)

Measure	White (non-Hispanic)		Black (non-Hispanic)		Hispanic	
	County	State	County	State	County	State
Prostate Cancer	17.8	16.0	34.3	36.3	19.2	17.6
Cervical Cancer	3.2	2.7	2.4	4.7	8.9	7.9
Stroke	32.6	30.2	44.1	47.2	27.4	28.1
Diabetes	19.3	17.5	42.3	39.1	21.2	18.2
HIV/AIDS	2.7	2.1	14.0	18.0	3.5	2.5

Source: Florida Department of Health, Florida CHARTS.

Age-adjusted rates per 100,000 population

Table 28. Health Disparities– Modifiable Behaviors Leading to Premature Death (2013)

Measure	White (non-Hispanic)		Black (non-Hispanic)		Hispanic	
	County	State	County	State	County	State
Adults who are current smokers	17.8%	18.6%	26.3%	14.4%	17.4%	13.9%
Adults who are obese	26.5%	25.1%	35.9%	34.2%	30.3%	26.4%
Adults who are overweight	38.1%	35.8%	45.4%	36.9%	35.8%	38.6%
Adults who consumed five or more servings of fruits or vegetables/day	14.0%	16.3%	23.9%	22.4%	16.5%	19.8%

Source: Florida Department of Health, Florida CHARTS.

Notable Trends

A higher proportion of Black non–Hispanics practice modifiable behaviors leading to premature death than do Hispanics and White non–Hispanics.

DISCUSSION

Hillsborough County is on the path to better health and is playing its role in making Florida the healthiest state in the nation. While many health status indicators need improvement, progress has been made and many local assets exist. To better assess the health status of Hillsborough County, comparisons were made with the overall state and peer counties. Peer counties are counties that are similar in size, demographics, public health resources and per capita funding. These included Broward, Miami–Dade, Orange, and Palm Beach Counties.

Hillsborough County has more primary care physicians per population and a higher proportion of women receiving early prenatal care than three of its peer counties. In terms of the County Health Rankings, the county received a rank of 28 in Health Outcomes and 29 in Health Behaviors. Hillsborough has a well–educated population, with a high median income; however, 20% of its population under 65 does not have health insurance. In peer counties, the percentage of this population having no health insurance is larger and Hillsborough ranks higher in economic factors than most of its peers. In some respects however, health indicator data seem not to reflect these positive social factors, the health care resources available, or the subsequent measures of same.

In assessing the community in this report, many areas that need improvement have been noted. Currently, there is a higher proportion of residents in Hillsborough County who received cash assistance and food stamps compared to the rest of the the State. The population receiving food stamps has doubled since the previous CHA. Of note too is the fact that while the median income in Hillsborough County is relatively high, and slightly increased from the previous CHA, the percentage of families who now live below the poverty level has increased. There was also an increase in the percentage of persons in Hillsborough County who earned less than $25,000. The number of persons in the labor force is higher in Hillsborough County when compared to the state. However, this is a decrease in the percentages reported in the previous CHA.

Of note too, is the proportion of arrestees who are female. The proportion of arrestees who are female is higher in Hillsborough County when compared to the State, and represents a slight increase over the previous CHA.

In many of the relevant public health indicators (i.e. obesity, diabetes, infant mortality, asthma, cancer, cardiovascular deaths, sexually transmitted infections, injuries), Hillsborough County did not do as well as its peers. However, for many of these indicators, the health of Hillsborough County has made improvement since the previous CHA. The apparent driving factor of the high mortality rates associated with cardiovascular disease may be related to the high mortality rates of hypertensive disease. In all other cardiovascular diseases examined, the associated mortality rates in Hillsborough County were comparable to peer counties. However, Hillsborough County had higher mortality rates associated with hypertensive disease when compared to peer counties.

Notably, in one of the indicators examined, Health Behaviors, Hillsborough was trailing behind all its peer counties in every measure that was examined. Health behaviors measure adult smoking, adult obesity, the food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol–impaired driving deaths, sexually transmitted infections and teen births. It is, therefore, not surprising that Hillsborough also had higher mortality rates associated with many chronic illnesses, in addition to having higher prevalence rates of these chronic conditions.

Several of the measures associated with health behaviors are more easily modifiable than others. Behaviors such as smoking, physical inactivity, excessive drinking and alcohol–impaired driving deaths can be efficiently addressed in a timely manner. Measures such as sexually transmitted infections and teen births may require more research to better understand the factors that contribute to these issues, not the least of which is access to specialized health care services. It was also noted that residents of Hillsborough County eat less healthily compared to residents of peer counties, and they eat less healthily than they previously did. This suggests that adult obesity, the food environment index and access to exercise opportunities are all measures that will need to be urgently addressed. Ways to address these issues should be included in strategic plans for community improvement.

The rates of some screenings have declined since the previous CHA. Screenings such as Pap tests, mammograms, and blood stool tests are being conducted less frequently within the target populations. And while there is an increase in adults over 50 years of age who have received a colonoscopy in the past 5 years, the screening rates are barely over half the target population. It is possible however, that some of these data reflect recent changes in screening recommendations.

This report also highlights the need for an improved physical environment, particularly in the area of transportation. A clear majority of persons drive alone to work, and approximately half of those persons have a commute longer than 30 mins. With improved public transportation systems it is possible that this may lead to more environmentally–friendly travel in addition to increasing access to goods, services, and businesses.

Racial/ethnic health disparities were evident across the board for the health indicators examined. Minority sub–populations continue to display higher rates of mortality and lower rates of access to health care. In addition to this, minority sub–populations continue to display higher rates of modifiable behaviors leading to premature death.

Of importance to the Healthy Hillsborough Steering Committee hospital partners, was the higher county death rate of septicemia, 12.7 per 100,000. Discussions during the community meeting highlighted the need for additional research by zip code, census tract, and hospital to better understand these results.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

METHODS

DOH–Hillsborough contracted with Legacy Consulting Group to complete the Community Themes and Strengths Assessment. This assessment identifies community thoughts, experiences, opinions, and concerns in addition to key health issues perceived by the community and the key factors to improve the quality of life. Primary data was collected via a Community Perception Survey, Focus Groups, and Key Informant Interviews.

Community Survey

A community survey was designed and administered through Survey–Monkey©. A copy of the survey instrument is included in Appendix B. The survey was available in both English and Spanish for residents of Hillsborough County. The survey was translated using professional translating services and reviewed by bilingual DOH–Hillsborough staff. The questionnaire was adapted from a survey developed by the National Association of City and County Health Officials (NACCHO) (NACCHO, 2016) for use in community needs assessments. For those who were not able to complete the online version of the survey, it was administered using a paper copy by DOH–Hillsborough volunteers and partner organizations. The survey was administered from November 17, 2015, through February 8, 2016 at various locations throughout the county, representing 52 (out of 106) different Zip Codes. A total of 3,435 useable surveys (2,064 online and 1,371 paper surveys) were collected. Descriptive statistics were calculated for the survey data using IBM SPSS© Software.

Margin of Error

All sample surveys are subject to various types of errors: sampling error, non–response bias, measurement errors, and processing errors, among others. Respondents to this survey were selected because they volunteered to take the survey rather than through a probability sample design. A probability sample is one in which each member of the target population has the same probability of being in the study sample. A non-probability sample is acceptable under certain conditions. However, a sample of volunteers (a non-probability sample), is subject to self–selection bias. A true sampling error, and the resulting margin of error, cannot be determined.

Focus Groups

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

Date	Location	Language	Participants
December 7, 2015	Progress Village	English	3
December 9, 2015	Wimauma	Spanish	10
December 15, 2015	Town & Country	Spanish	9
January 19, 2016	DOH/Kelton	English	12
February 6, 2016	East Tampa	English	5

Key Informant Interviews

A total of 31 key informant interviews were conducted with DOH–Hillsborough partners and stakeholders. Participants were selected to represent the broad interests of the public health community in Hillsborough County. These interviews were conducted both in–person and by telephone. A complete list of interview participants can be found in Appendix A.

RESULTS

Community Survey

Demographic Summary

Survey respondents were slightly younger than the general population of Hillsborough County. This could be due to the fact that the survey was mostly administered online. There was a higher proportion of females who participated in the survey than in the general population of Hillsborough County (52.0%). The survey respondents were representative of the county's population with respect to the distribution of race/ethnicity. Overall, 84.1% of survey respondents speak English at home, while 7.2% speak Spanish and 5.0% speak German. Among those whose main language at home is not English, nearly half (47.8%) said they speak English "very well" while 27.2% said they speak English "well". Among all survey respondents, only 4% said they speak English "not well" or "not at all."

Survey respondents were better educated than Hillsborough County's population. Overall, 46.9% reported having a college degree, while the comparable figure in the general population is 29.7%.

This is due largely to the nature of an online survey, with 60.1% of survey participants answering the online version compared to the paper copy. In addition to attaining a higher education, survey respondents had slightly higher levels of household income than the general population. The median household income among survey respondents was $52,500 compared to a general population median household income of $50,122. A clear majority of survey respondents (85.5%) said they drive their own car when they need to go somewhere. Only 4.3% say they take a bus, while 1.3% ride a bicycle and 0.5% walk.

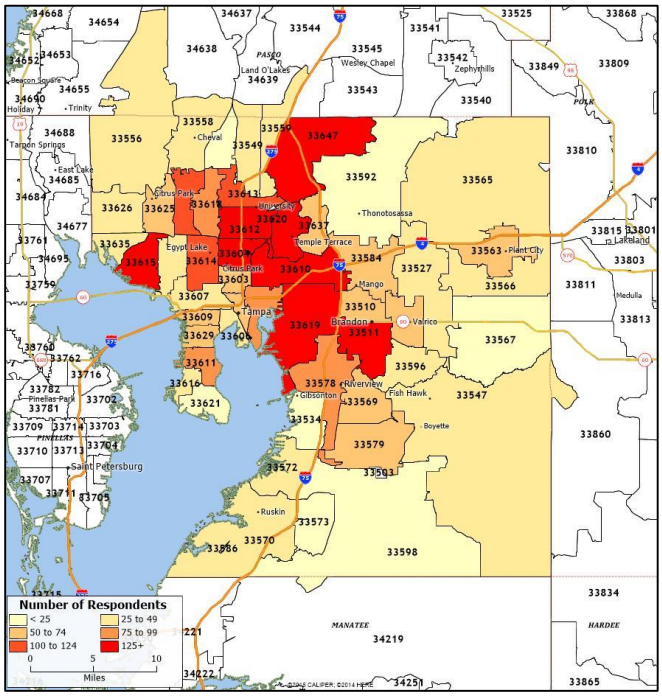


Figure 12. Geographic Distribution of Survey Respondents

Community and Personal Health

Nearly half the respondents rated the overall health of their community as “very healthy” (9.1%) or “healthy” (38.4%). One–in–nine (11.3%); rated their community as “unhealthy” or “very unhealthy” (see Figure 13). Respondents were more likely to view their own health as better than the health of the community in which they live. While 47.5% said their community is “very healthy” or “healthy”, 60.9% saw their own personal health that way. The respondents’ perceptions of the health of their community has improved since the previous CHA. At that time, less than 20% of respondents rated their community as “very healthy” or “healthy”. With respect to their personal health, current perceptions are similar to those of the previous CHA, with slight differences in the distribution of responses. In the current survey 17.2% and 43.7% of respondents rated their personal health as “very healthy” and “healthy” respectively; compared to 14.4% and 46.6% in the previous CHA. Hispanics and Black non–Hispanics saw their own personal health less positively than did White non–Hispanics (see Figure 14).

Overall, one–third of respondents (32.7%) said they do not exercise regularly. This figure was higher among Hispanics (38.7%) and Black non–Hispanics (40.0%) than it was among White non–Hispanics (27.1%). Nearly 60% of White non–Hispanics said they exercise at least twice per week. The comparable figure among Hispanics and Black non–Hispanics was 42% (see Figure 15).

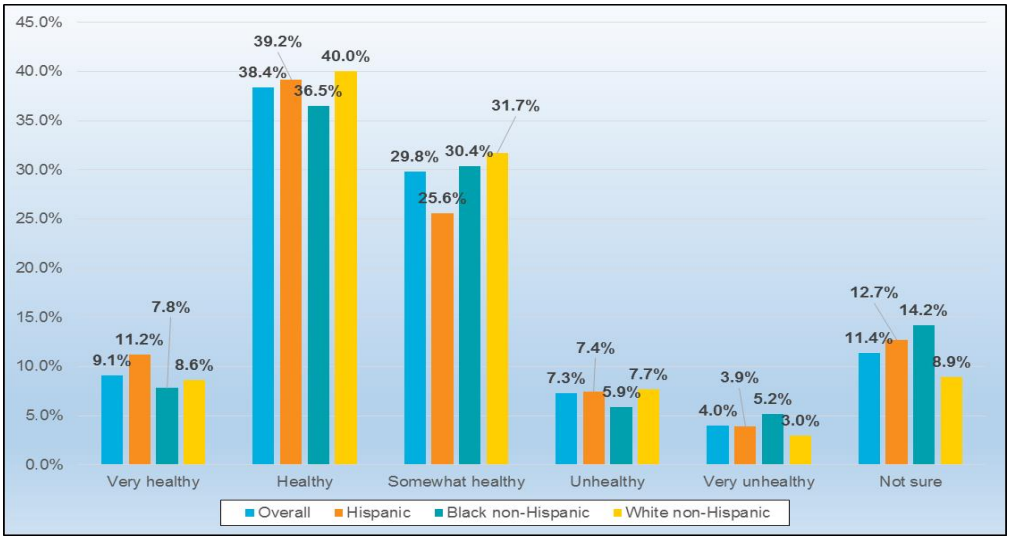


Figure 13. How Respondents Rate the Health of their Community

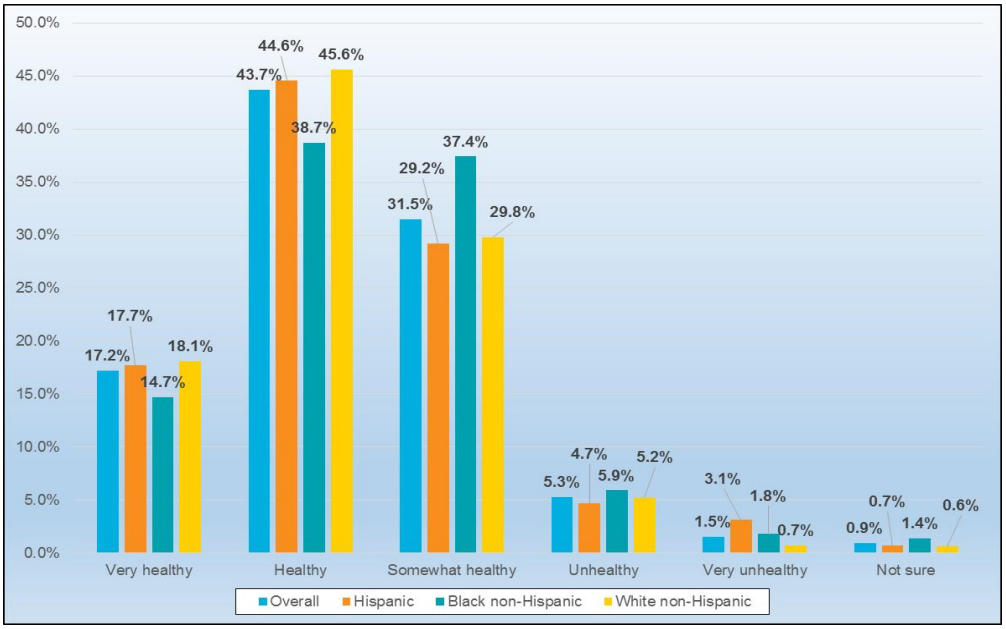


Figure 14. How Respondents Rate their Personal Health

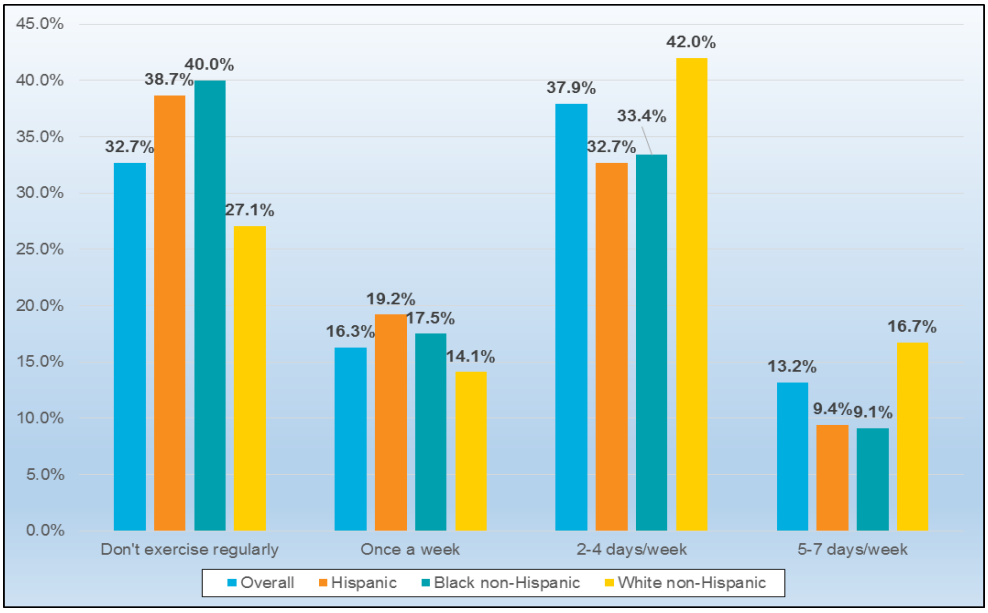


Figure 15. Exercise Frequency

Risky Behaviors

Approximately nine–in–ten survey respondents (89.3%) said they do not smoke, while 2.7% said they smoke at least a pack a day. White non–Hispanics (3.9%) were more likely to say they smoke at least a pack a day than were Hispanics (1.7%) and Black non–Hispanics (1.1%) (see Figure 16). These results are different from the results in the health status section (see Table 28). Among the general population of Hillsborough County, a higher proportion of Black non–Hispanics (26.3%) are current smokers compared to the proportion of Black non–Hispanic survey respondents who are (8.2%). Similarly, the proportions of White non–Hispanics (17.8%) and Hispanics (17.4%) in the general population were current smokers compared to the proportions among survey respondents who were (12.8% and 8.8% respectively).

Overall, 61.2% of respondents said they do not drink alcohol. Black non–Hispanics (76.6%) and Hispanics (71.9%) were more likely to not drink when compared to White non–Hispanics (47.7%). Approximately one–tenth (9.3%) of all respondents said they drink at least five alcoholic beverages per week. White non–Hispanics (15.5%) were more likely than Hispanics (3.6%) and Black non–Hispanics (2.5%) to drink at least five alcoholic beverages per week (see Figure 17).

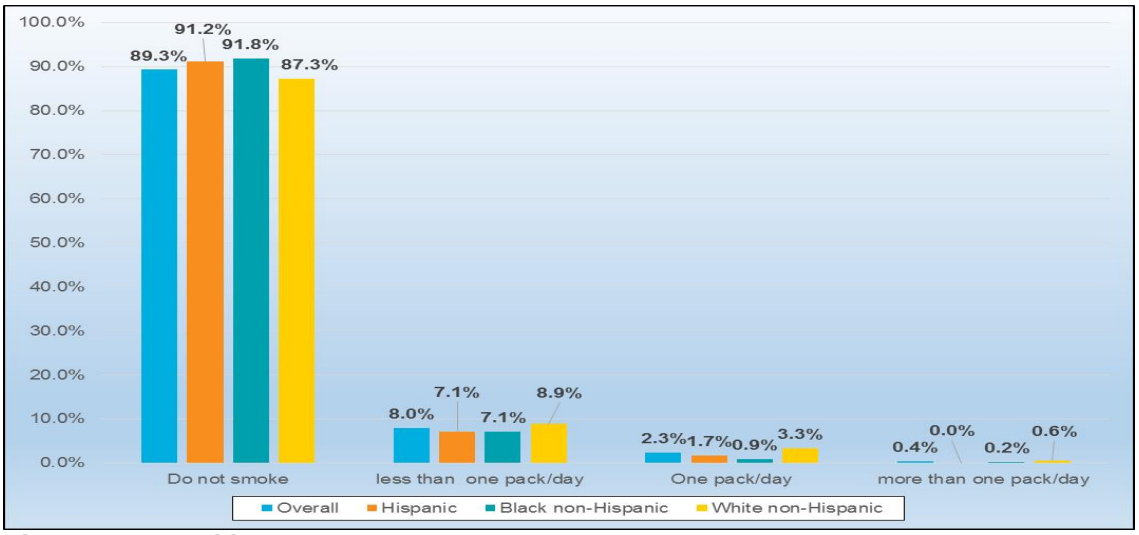


Figure 16. Smoking Frequency

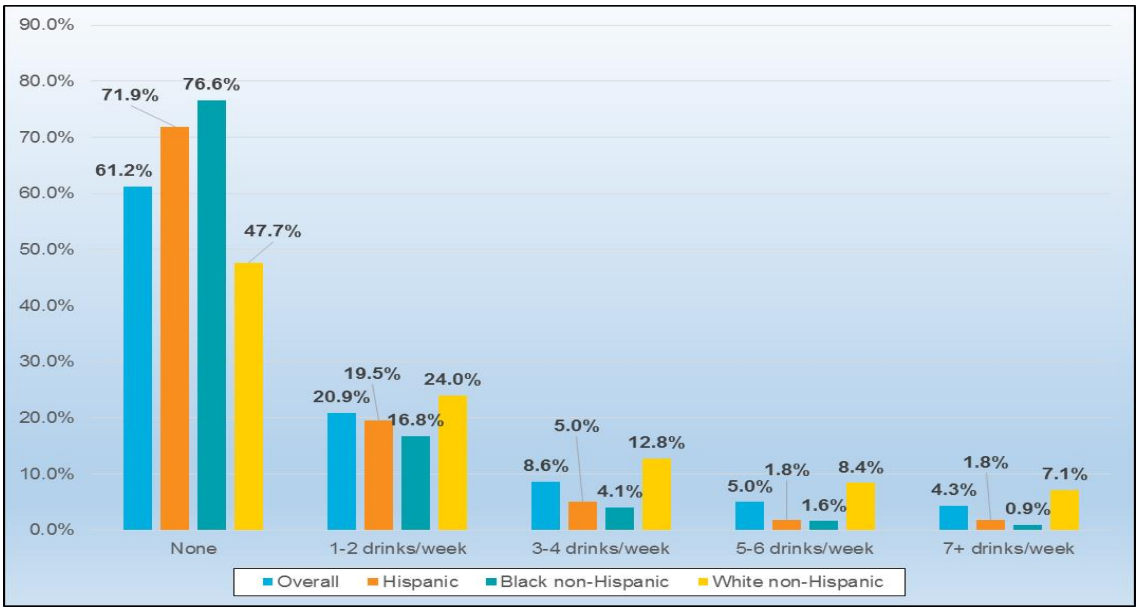


Figure 17. Alcohol Consumption

Sugary Beverage Consumption

Black non–Hispanics (71.2%) were more likely than Hispanics (64.4%) and White non–Hispanics (49.5%) to consume at least one sugary drink per week. For each category representing the frequency of sugary beverage consumption per week, a higher proportion of Black non–Hispanics consumed sugary beverages when compared to Hispanics and White non–Hispanics. Overall, 14.5% of survey respondents drink at least five sugary drinks per week. This figure is slightly higher among Black non–Hispanics (16.5%) than it is among White non–Hispanics (13.8%) and Hispanics (13.7%) (see Figure 18).

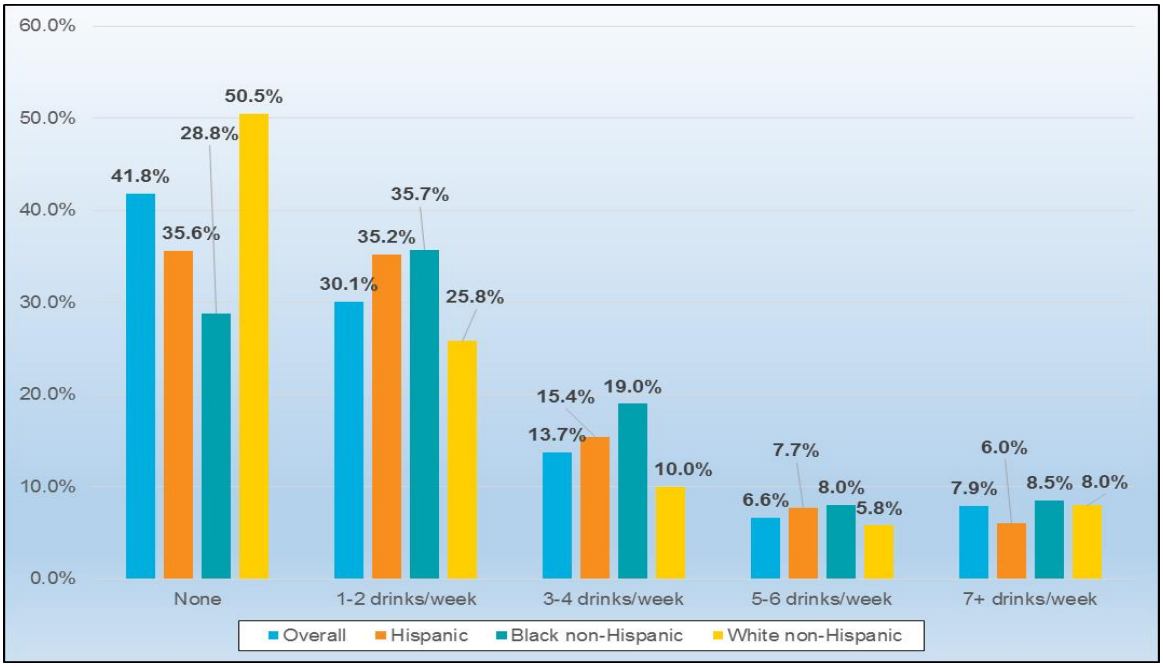


Figure 18. Sugary Drink Consumption

Health Insurance and Routine Medical Care

Most (83.1%) survey respondents indicated that they have a regular medical provider. White non–Hispanics (86.8%) were more likely than Black non–Hispanics (81.9%) and Hispanics (78.1%) to have a medical provider (see Figure 19). Slightly more than one–half (53.9%) of those respondents who had a medical provider said they have visited their provider within the last three months. Race/ethnicity seemed to have little impact on whether respondents had seen their medical provider in the last few months (see Figure 20).

Most respondents (66.8%) said they go to a doctor's office when they need medical care. White non–Hispanics (74.1%) are more likely to get routine medical care at a doctor's office than are Black non–Hispanics (64.0%) and Hispanics (57.3%). Hispanics (30.8%) are more likely to get routine medical care from a health clinic or walk–in–clinic than are Black non–Hispanics (21.4%) or White non–Hispanics (18.6%). Black non–Hispanics (10.1%) are more likely to get routine care at a hospital emergency department than are Hispanics (5.1%) and White non–Hispanics (2.6%) (see Figure 21). Of those without a medical provider, most (47.9%) were significantly more likely

to go to a health clinic or walk–in–clinic than were those who had a medical provider (18.0%). Using a hospital emergency room was seven times more likely (17.9% vs. 2.5%) among those who did not have a medical provider than it was among those who had a medical provider (see Figure 22).

Some (16.9% or approximately one–in–six) respondents said they needed medical care during the last year but did not get it. Race/ethnicity did not affect whether or not medical care was received. However, having a medical provider did. Among those without a medical provider, 35.2% (more than one–third) said they did not get the care they needed (see Figure 23). Nearly one–half (49.0%) of those who did not get the care they needed said they could not afford it (see Figure 24).

Most respondents (57.8%) say they have commercial insurance coverage, while 14.6% say they are covered by Medicaid and 9.1% say they are covered by Medicare (see Figure 25). Slightly more than one–in–twelve respondents (8.6%) say they have no insurance or pay cash for their health care needs. This distribution has changed since the previous CHA; even taking into account the fact that answer choices were slightly different on that survey. At that time 46.5% of respondents reported having HMO/Private insurance, while 23.4% were covered by Medicaid, 5.8% were covered by Medicare and 18.1% had no insurance or paid cash for health care. How medical care was paid for was different across race/ethnicity. Among White non–Hispanics, 69.8% used commercial insurance to pay for their medical care compared to 46.1% of Hispanics and 40.9% of Black non–Hispanics. A larger proportion of Hispanics (14.0%) paid cash for their medical care compared to 9.0% of Black non–Hispanics and 5.6% of White non–Hispanics (see Figure 26). The chief reason respondents gave for not having health insurance is because it is not affordable (62.3%) (see Figure 27).

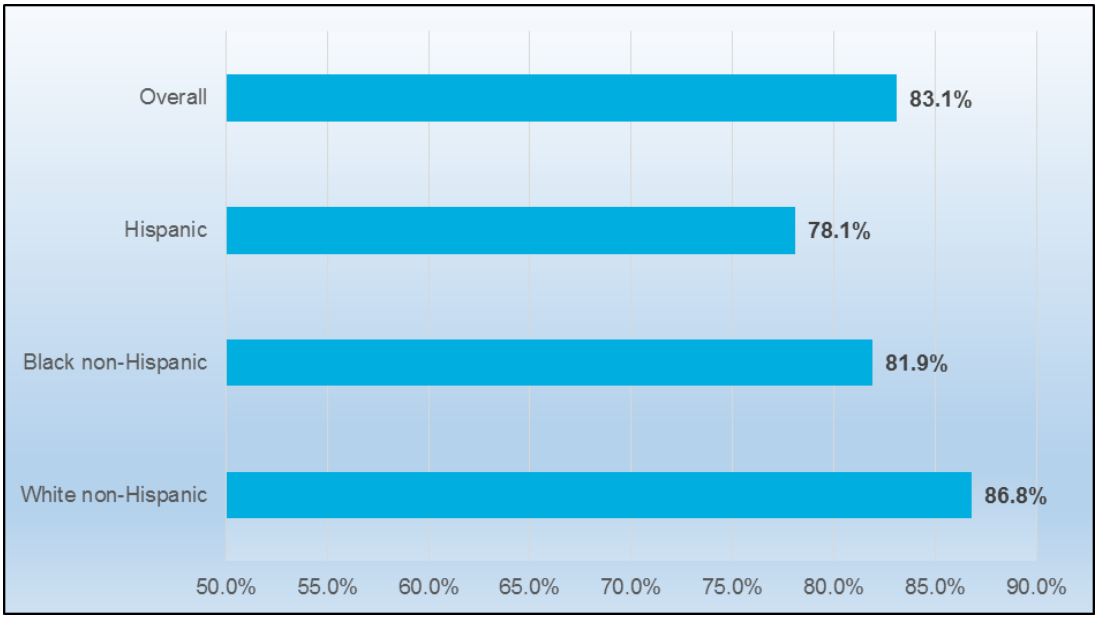


Figure 19. Respondents Who Have a Medical Provider

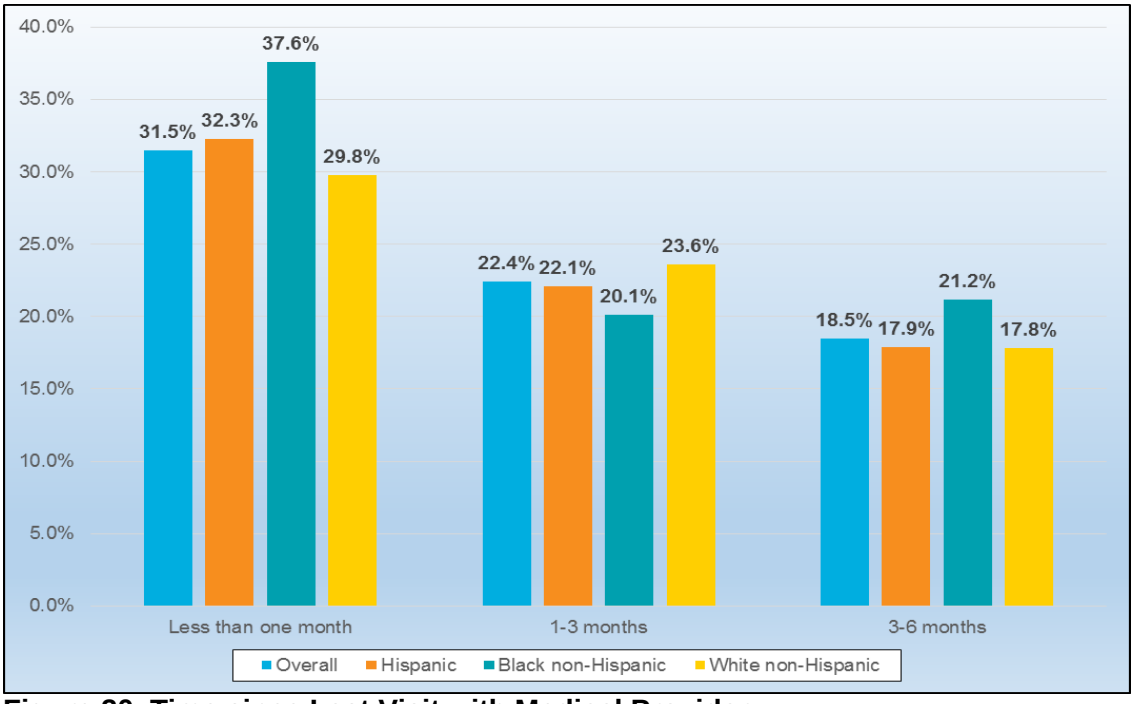


Figure 20. Time since Last Visit with Medical Provider
(among those with a medical provider)

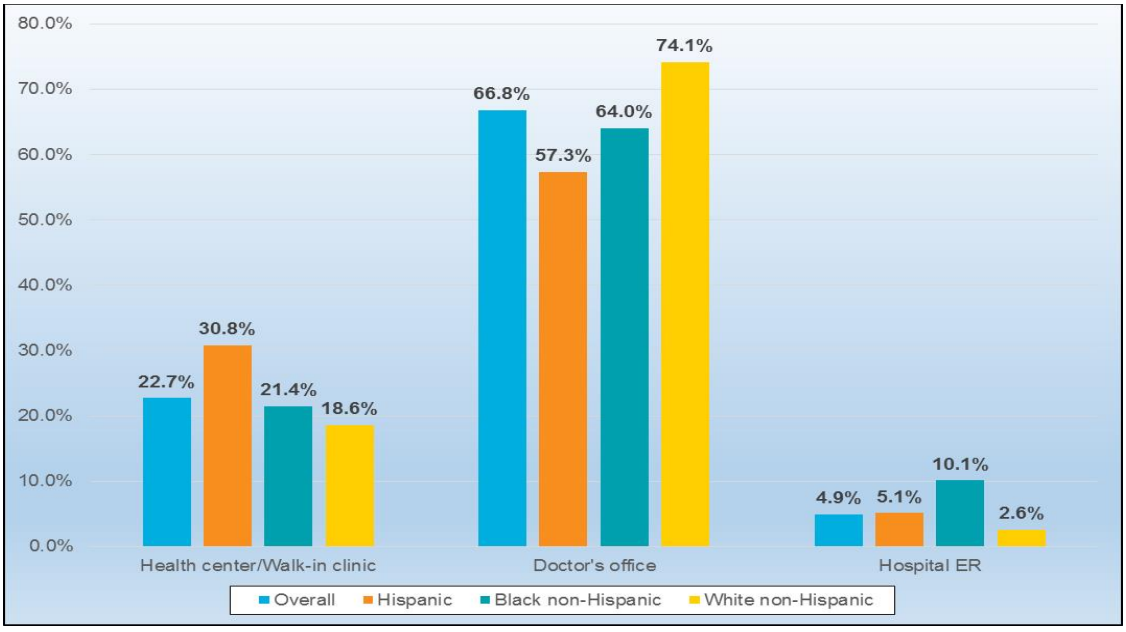


Figure 21. Where Respondents Go for Medical Care by Race/Ethnicity

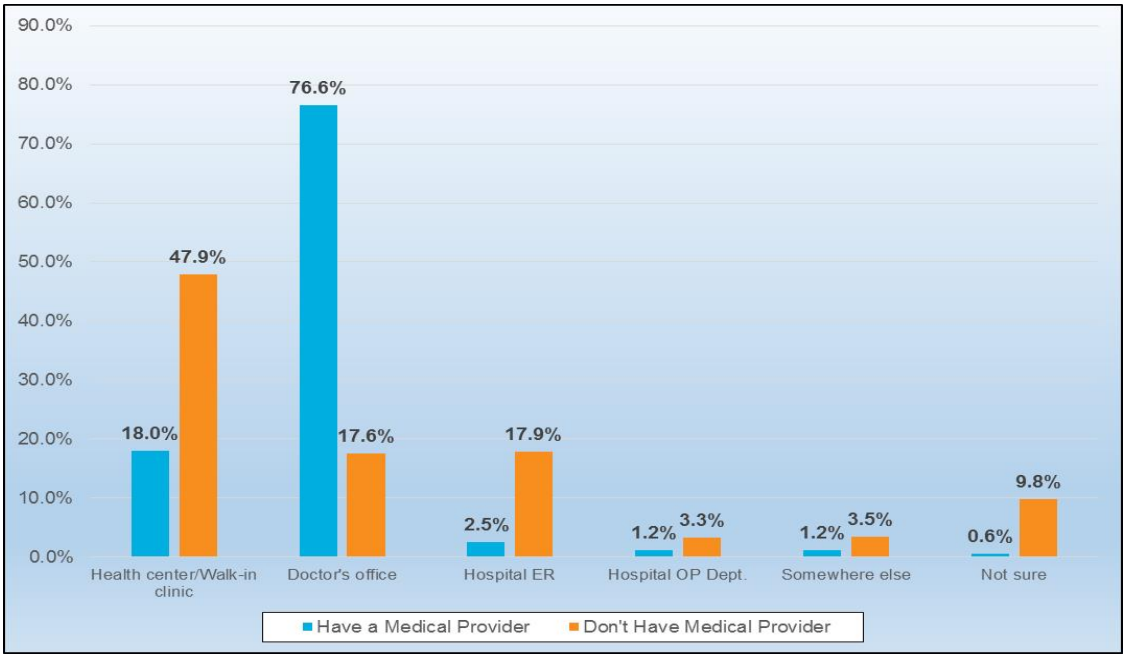


Figure 22. Where Respondents Go for Medical Care by Medical Provider

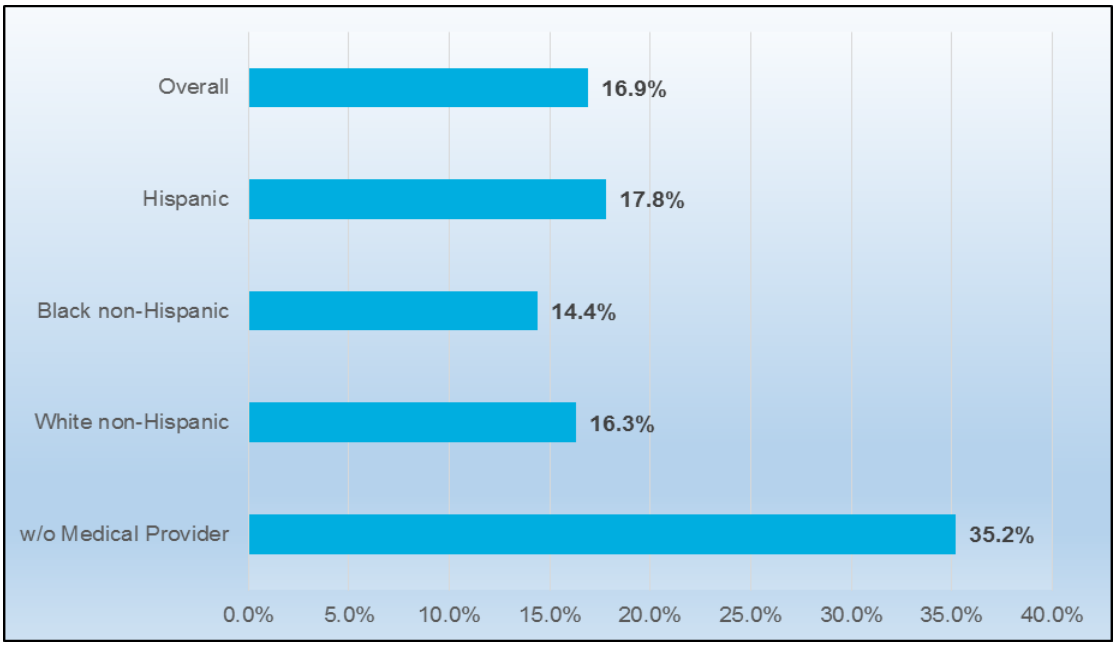


Figure 23. Respondents Who Did Not Get Needed Medical Care

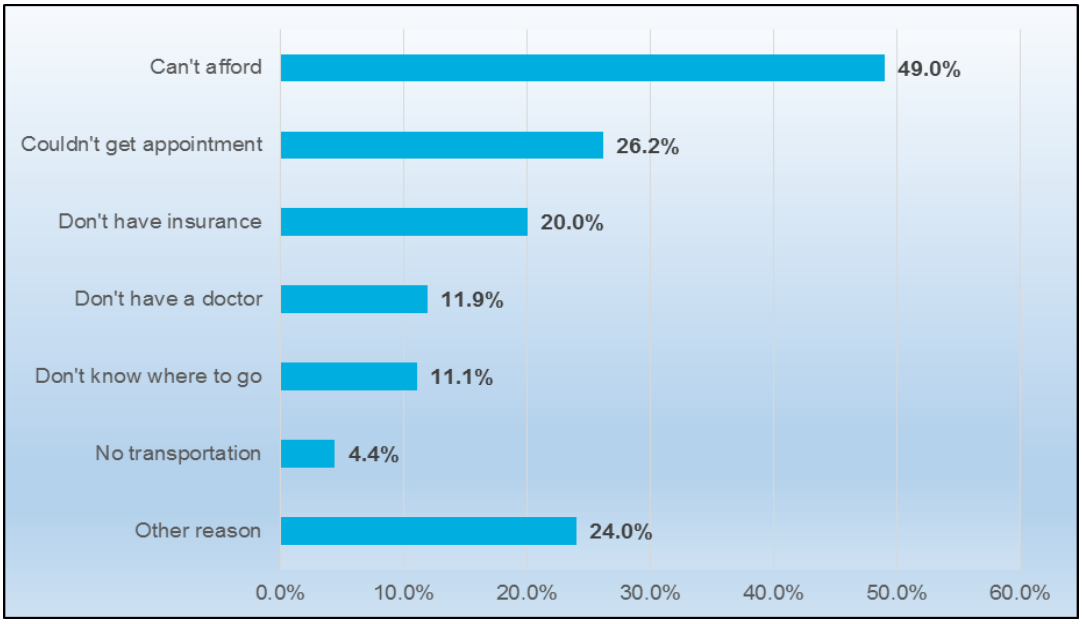


Figure 24. Reasons for Not Getting Medical Care

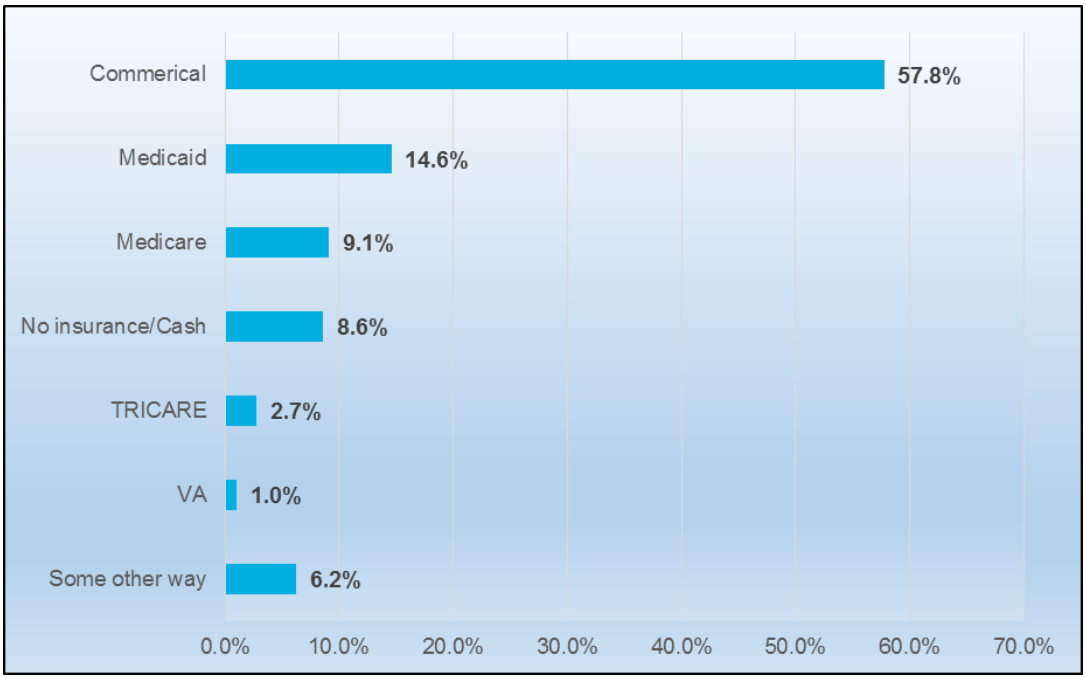


Figure 25. How Respondents Paid for Medical Care

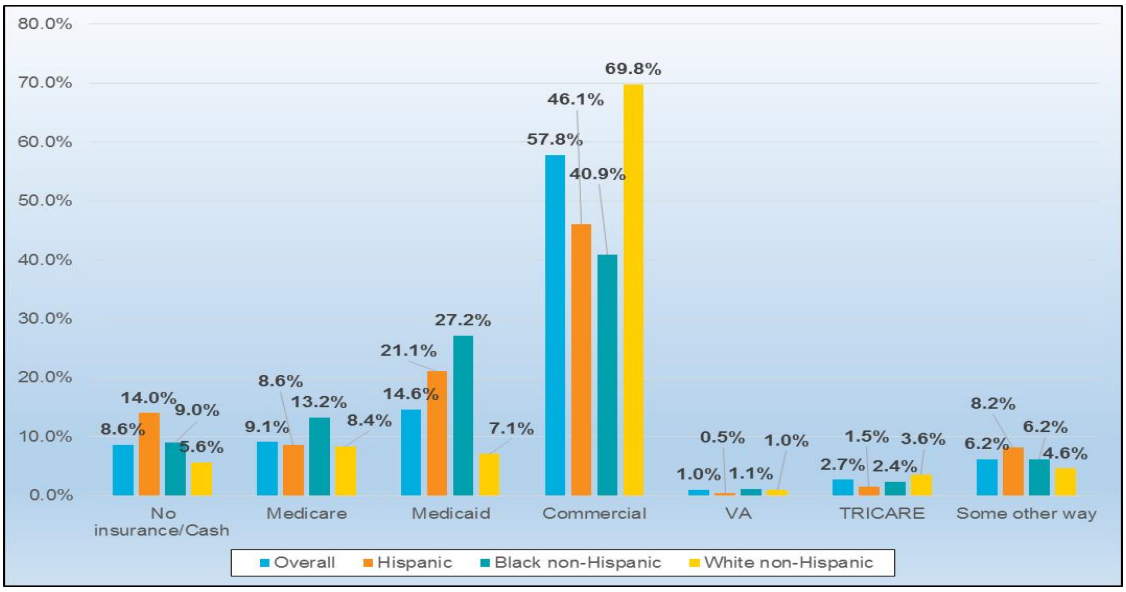


Figure 26. How Respondents Paid for Medical Care by Race and Ethnicity

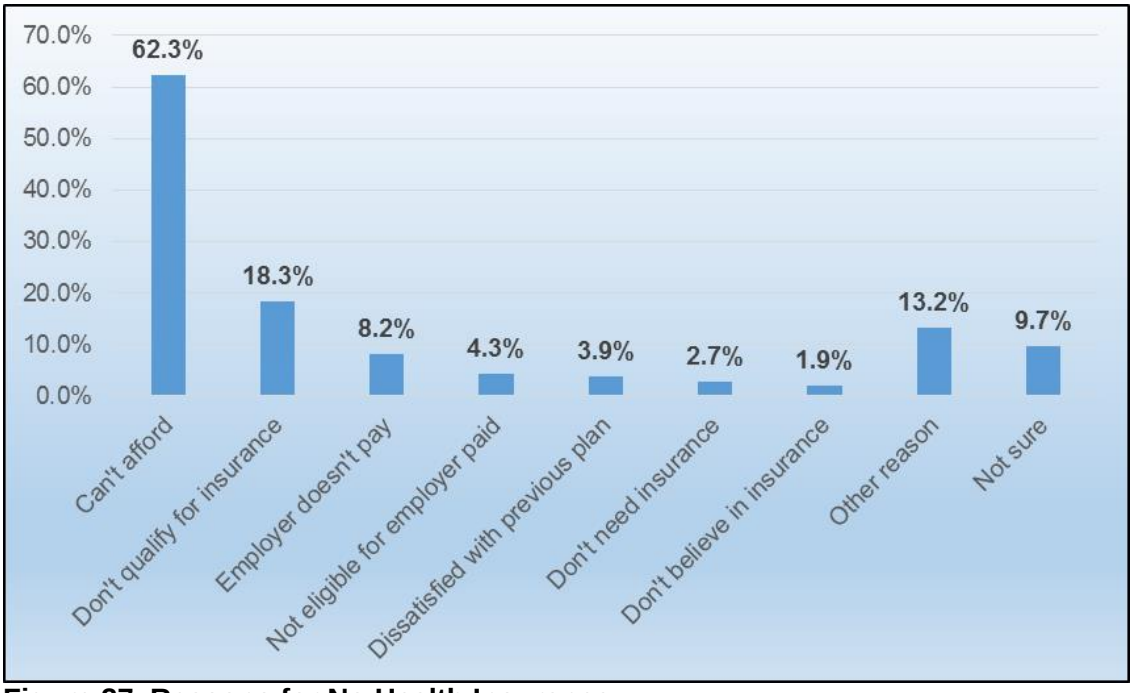


Figure 27. Reasons for No Health Insurance

Most Important Health Problems

Survey respondents perceived the most important health problem in Hillsborough County as being overweight (see Table 29). Nearly half of all respondents (48.5%) selected being overweight as one of the most important health problems, and one–in–five (21.3%) selected being overweight as the single most important health issue. This distribution is similar to the previous CHA's distribution of responses with respect to the health problems that received the most mentions. Being overweight was mentioned most frequently followed by cancers on the previous CHA. However other health problems were viewed differently when compared to the previous CHA. Aging problems received a rank of 12 on the previous CHA compared to a rank of 3 on the current survey. Mental health problems received a rank of 10 on the previous CHA compared to a rank of 4 on the current one. Teen pregnancy, which received a rank of 4 on the previous CHA, fell in rank to 11 on the current survey. It is notable that infant death received a rank of 21 on both surveys however it was identified as an important health problem by a larger proportion of respondents (3.8%) on the previous CHA when compared to the current survey (1.2%).

On the current survey respondents also identified cancers, aging problems, mental health problems, and diabetes as important health problems (see Table 29).

Table 29. Most Important Health Problem (multiple answers possible, ranked by total mentions)

Health Problem	Most Important	Total Mentions
Being overweight	21.3%	48.5%
Cancers	19.0%	38.6%
Aging problems	11.3%	27.9%
Mental health problems	7.0%	24.5%
Diabetes	5.9%	23.3%
Heart disease and stroke	6.1%	22.7%
Motor vehicle crash injuries	5.6%	18.3%
High blood pressure	3.5%	17.5%
Child abuse / neglect	5.5%	14.3%
Domestic violence	2.7%	11.7%
Teenage pregnancy	1.9%	9.4%
Dental problems	2.1%	9.3%
Sexually transmitted disease (STD)	1.7%	7.1%
Firearm-related injuries	1.9%	6.3%
HIV/AIDS	1.9%	4.7%
Rape / sexual assault	0.8%	4.3%
Respiratory / lung disease	0.4%	2.5%
Homicide	0.5%	2.3%
Infectious diseases like hepatitis and TB	0.4%	2.2%
Suicide	0.2%	2.1%
Infant death	0.3%	1.2%

Factors that Improve Quality of Life in the Community

The most frequently mentioned factor which contributes to a strong quality of life in a community was reported by survey respondents to be low crime/safe neighborhoods. Nearly one–half of survey respondents (47.1%) identified low crime and safe neighborhoods among factors which improve the quality of life in a community, followed by good jobs/healthy economy (37.9%) and good schools (34.1%). A quarter (25.2%) of survey respondents identified low crime/safe neighborhoods as the most important factor. This was followed by having a good place to raise children (19.0%) and good jobs/healthy economy (12.2%). Also identified as important were, good schools and access to health care. The distribution of responses reflect a shift in respondents' perspectives on the most important factor that improves the quality of life in a community. In the previous CHA, the most important factor identified was good place to raise children, followed by strong family life. Low crime/safe neighborhood received a rank of 4 on the previous CHA as the most important factor to improve the quality of life in a neighborhood compared to 1 on the current survey. Health behaviors and religious/spiritual values received higher ranks (5 and 6 respectively) on the previous CHA compared to the current one (6 and 7 respectively). Factors such as good schools and access to health care ascended in rank from 15 and 16 respectively on the previous CHA, to tying for 4 on the current survey.

It is notable that low infant death and adult death received the lowest rank on the list, tying for 14 with only 0.2% of respondents noting them as the most important factor to improve the quality of life of the community (see Table 30). In the previous CHA, low infant deaths and low adult deaths received ranks of 12 and 13 respectively with 1.1% and 1.0% of respondents noting each as the most important factor.

Table 30. Factors that Improve Quality of Life (multiple answers possible, ranked by total mentions)

Factors that Improve Quality of Life	Most Important	Total Mentions
Low crime / safe neighborhoods	25.2%	47.1%
Good jobs and healthy economy	12.2%	37.9%
Good schools	6.6%	34.1%
Good place to raise children	19.0%	32.0%
Access to health care	6.6%	24.5%
Healthy behaviors and lifestyles	4.6%	20.5%
Affordable housing	4.6%	19.8%
Affordable health insurance	3.4%	15.8%
Strong family life	5.9%	15.6%
Clean environment	2.0%	12.7%
Religious or spiritual values	5.6%	11.5%
Parks and recreation	1.1%	8.4%
Low level of child abuse	1.0%	4.3%
Excellent race relations	0.7%	4.1%
Arts and cultural events	0.3%	4.0%
Access to good or reliable health information	0.7%	4.0%
Disaster preparedness	0.1%	1.9%
Low adult death and disease rates	0.2%	0.8%
Low infant deaths	0.2%	0.8%

Risky Behaviors

Table 31 shows the ranking of risky behaviors. Substance abuse (drug and alcohol) was seen as the most important risky behavior. More than half (53.2%) of survey respondents identified drug abuse among factors that are important risky behaviors, followed by alcohol abuse (42.4%). In addition, these two behaviors were identified as the most important risky behavior by 26.7% and 14.8% of participants, respectively. Also included as important risky behaviors were poor eating habits, lack of exercise, and dropping out of school. Unsafe sex was ranked higher than preventative practices such as immunization and using a seat belt. Not using birth control was identified the least frequently as an important risky behavior both by individual rank (1.8%) and total mentions (9.0%). This distribution of ranks was slightly different from the previous CHA. Alcohol and drug abuse were identified most and second most frequently as the most important risky behaviors. While poor eating habits and lack of exercise, which previously received ranks of 5 and 6, ascended to 3 and 4 respectively on the current survey. Dropping out of school fell from 3 to 5. Unsafe sex and not using birth control fell from 4 and 8 respectively on the previous CHA to 7 and 11 respectively in the current survey.

Table 31. Most Important Risky Behaviors (multiple answers possible, ranked by total mentions)

Risky Behavior	Most Important	Total Mentions
Drug abuse	26.7%	53.2%
Alcohol abuse	14.8%	42.4%
Poor eating habits	13.4%	41.0%
Lack of exercise	10.9%	36.7%
Dropping out of school	11.4%	31.0%
Tobacco use	6.2%	25.2%
Unsafe sex	5.0%	21.8%
Racism	5.4%	19.3%
Not getting "shots" to prevent disease	2.3%	9.6%
Not using seat belts/ child safety seats	2.0%	9.5%
Not using birth control	1.8%	9.0%

Trusted Sources of Health Care Information

Doctors and hospitals were the most trusted sources of health care information. Approximately three–quarters (77.7%) of survey respondents said they trust doctors “a lot” when it comes to health care information, while 65.4% have the same level of trust in hospitals. Least trusted are billboards and social media. In fact, 52.9% don’t trust billboards at all. The corresponding figure for social media is 56.3%. However, a notable proportion (29.5%) of survey respondents trust social media a little, as well as internet searches (58.4%). Radio and television had almost equal proportions of respondents who trust them a little and who don’t trust them at all. With less than 10% of persons having a lot of trust for these sources when it comes to health care information (see Table 32).

Table 32. Trusted Source of Information

Source of Information	Trust a Lot	Trust a Little	Don't Trust at All	Not Sure
Doctors	77.7%	19.7%	1.2%	1.4%
A hospital	65.4%	28.9%	3.4%	2.3%
The health department	57.3%	33.9%	4.5%	4.3%
A health clinic	52.1%	40.0%	4.4%	3.5%
Family or friends	41.8%	48.0%	7.5%	2.7%
Internet searches	14.4%	58.4%	21.2%	6.1%
Newspaper or magazine	9.3%	51.2%	32.1%	7.5%
Email	8.5%	31.4%	49.6%	10.4%
Mailer sent to your home	8.0%	30.7%	51.7%	9.7%
Radio	7.9%	41.0%	42.5%	8.6%
Television	7.3%	43.9%	40.6%	8.2%
Billboard	5.4%	30.7%	52.9%	10.9%
Social media	5.1%	29.5%	56.3%	9.1%

Opinion of Local Community

Most respondents (76.6%) felt safe in their neighborhoods and were able to get healthy foods easily. However, approximately one–in–nine (11.5%) said they don't feel safe in their neighborhoods, and one–in–eight (12.7%) said they were not able to get healthy foods easily. While the majority of survey respondents had a positive opinion of their local community, there were notable proportions who disagreed with many of the statements. Approximately a quarter (26.1%) disagreed that "there are good sidewalks for walking safely" in their local community and one–third (33.3%) said that public transportation is not readily available when they need it. Approximately one–in–three (34.9%) believed drug abuse is a problem in their community and one–in–four (25.3%) said that air pollution is a problem in their community. Of note, comparable proportions agreed (37.7%) and disagreed (30.4%) that "there are plenty of jobs available for those who want them" (see Table 33).

Table 33. Statements About Local Community

Statement	Agree	Disagree	Neither	Not Sure
I feel safe in my own neighborhood.	76.6%	11.5%	9.9%	2.0%
I am able to get healthy food easily.	76.6%	12.7%	9.2%	1.5%
I have no problem getting the health care services I need.	74.7%	14.2%	9.0%	2.0%
We have great parks and recreational facilities.	66.2%	17.0%	13.2%	3.6%
There are good sidewalks for walking safely.	61.2%	26.1%	10.7%	2.0%
The quality of health care in my neighborhood is good.	60.8%	11.6%	18.7%	8.9%
There are affordable places to live in my neighborhood.	51.9%	24.0%	19.1%	4.9%
Public transportation is readily available to me if I need it.	44.3%	33.3%	13.7%	8.7%
There are plenty of jobs available for those who want them.	37.7%	30.4%	22.4%	9.5%
Drug abuse is a problem in my community.	34.9%	27.7%	20.2%	17.2%
Crime in my area is a serious problem.	28.0%	43.8%	20.3%	7.9%
Air pollution is a problem in my community.	25.3%	38.2%	25.8%	10.6%

Focus Groups

Key Themes

The following key themes resulted from the five focus groups.

- Strengths of the Tampa area include the weather, parks and recreation, good hospitals, Federally Qualified Health Centers, USF, as well as police and fire departments.
- Panelists generally had positive opinions of their communities.
- Negative feelings about communities were associated with opinions such as neighborhood crime, drugs, lack of safety, and lack of exercise opportunities.
- Major health issues identified were obesity, access to care, diabetes, and dental care.
- Health care concerns included:
    - Lack of access to dental care, especially pediatric and among Hispanics
    - Lack of access to healthy foods, especially in low income neighborhoods
    - Need more education regarding screening, prevention, and nutrition, especially among young people
    - Lack of access to mental health resources
    - Health care disparities especially among Black non–Hispanics and Hispanics

Barriers to care included:

- Public transportation
- Lack of insurance
- Lack of knowledge regarding available health care resources

Important Health Issues

- Focus group panelists believe that obesity was the most important health problem facing the community. Nearly half (43.6%) mentioned obesity as the most important health issue.
- One–third (33.3%) believe that health care access (including insurance and transportation) was the most important issue.
- Of less importance to focus group panelists were mental health problems, cancers, emergency services, and neighborhood safety, each with 10.3% (see Table 34).

Table 34. Most Important Health Issue (multiple answers possible)

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

Key Informant Interviews

Community Strengths

❖ **Great place to live** ❖ Weather ❖ Outdoor activities ❖ Cultural activities ❖ Professional sports ❖ Economic/demographic growth ❖ Cultural diversity/foods	❖ **Academics** ❖ USF ❖ USF Medical School ❖ University of Tampa ❖ Nursing schools/programs
❖ **Health care** ❖ Good hospitals ❖ Highly skilled doctors	❖ **Good place to retire** ❖ **Technology**

Community Weaknesses

❖ **Public transportation** ❖ Especially in rural areas ❖ Timing for working parents	❖ **Lack of patient–centered care/thinking**
❖ **Lack of a team approach to health care**	❖ **Limited resources for immigrants and undocumented aliens**
❖ **Smaller, community–friendly agencies not getting attention**	❖ **Agency silos** ❖ Lack of parallel planning ❖ Duplication of services

Public Health Issues

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

Barriers to Care

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

DISCUSSION

Of those responding to the themes and strengths survey, a majority felt that both they themselves, and their community were healthy. The majority also practiced health–seeking behaviors (no smoking, low alcohol consumption, some physical activity) which may have supported this perception. The majority of respondents have a medical provider and are able to visit providers for needed care. The cost of health care and insurance was a challenge for those who are unable to access care. Being overweight, cancer, and aging problems are seen as the most important health problems. These perceptions of health issues are supported by health indicators. Health problems that were high in terms of incidence data in the county, but not perceived as important by respondents, included injuries, teen pregnancy, STDs, and infant mortality. Teen pregnancy was identified as an important health problem in the previous CHA and there have been improvements in the rate of births to teen moms. This could explain why survey respondents no longer perceived this as an important health problem. Despite this improvement, there is still a high rate of repeat births to teen moms and as such should still be noted as an important problem currently facing the community.

The lack of awareness of the impact of infant deaths was evident in the results of the previous CHA and has persisted in the current assessment despite local efforts to raise awareness. DOH–Hillsborough will consider including an intervention to improve awareness of poor birth outcomes in their Community Health Improvement Plan. The changes in the perceptions of, which health problems are the most important and which risky behaviors affect the community the most, are notable. Issues such as aging problems and mental health issues are now being recognized as important health problems currently facing the community. Additionally, it is possible that the high and increasing prevalence of obesity has brought into focus the need for eating habits and exercise to take higher priority in the improvement of the community's health.

When rating the most important health problems, there was a sharp difference between the total mentions of being overweight, cancers and other problems. This suggests that respondents generally agree on what are the two most important health problems, but may have differing opinions on the effect of the other factors. Of note also, is the much lower proportion of survey

respondents who smoke when compared to the general county population. This could indicate that survey respondents are already persons who practice health–seeking behaviors. This points to the need to develop strategies to inform and intervene in the sub–populations where health–seeking behaviors are not as prevalent. Infant death received the fewest mentions in identifying important health problems and it was named the most important health problem by the fewest number of respondents. Survey respondents were the more educated residents of the county, with 50% having a college degree, yet, they do not perceive infant death to be a major community health concern. This was also consistent with the previous CHA.

In rating the most important health issues facing the community, the shifting perceptions of the community over those reflected on the previous CHA, and the differing perceptions across different sub–populations, were notable. Survey respondents did not perceive access to health care as importantly as did the focus group participants. And while survey respondents ranked obesity as the most important health issue, a smaller percentage of them identified this as the most important health issue when compared to the percentage of focus group participants who did. Focus group participants did not mention mental health issues as very important, while survey participants did. And neither of these groups identified infant death as an important issue. This suggests that the lack of awareness of the importance of this issue goes beyond poverty and a lack of education as both focus group participants and survey respondents were among the more educated residents of the county. Infant death is an important national and international indicator of a community's health, and the community itself should be aware of the importance of this indicator. All strata of the population need to be engaged and properly informed as to the importance of this marker and the phenomenon that it describes.

Survey respondents typically trust doctors and hospitals a lot, while few trusted radio and television media for health information. However, a notable proportion indicated that they trust social media a little. This provides key insight into the methods that should be employed when seeking to engage the community and provide information. Health educators and health care providers need to provide accurate information and also be aware of information that is inaccurate and be prepared to correct same. Health care providers, such as doctors and hospitals, are key personnel in educating the public when it comes to health care issues. Other health professionals could be engaged to educate the community when it comes to health care issues. Given the high trust placed in doctors and hospitals, it is important for them to support the efforts of other health professionals in getting information out to the public. This means that information on health issues provided by different strata of health professionals should be consistent so that the public will gain trust in other health professionals, such as community health nurses and local public health officials, as these professionals may have greater opportunities to interact with persons in the community.

Barriers related to health care across race/ethnicity were observed. These make it evident that community engagement to identify cultural practices that may drive some of these measures, is very important. Among survey respondents, Hispanics were less likely to have a medical provider. In the population in general, Hispanics were also less likely to have a personal doctor. Survey respondents were the better educated members of the community and earn a higher income. However, the same trend was seen in this measure across race/ethnicity. It is possible that the driving factors behind health disparities go beyond the easily identifiable factors such as income and poverty, and may also have some roots in cultural perceptions and practices.

To maintain a good quality of life most respondents felt that safe neighborhoods and a healthy economy are the most important factors. Most respondents did feel safe in their neighborhoods and felt that they do have access to healthy foods, the health care they need, and opportunities for recreation. However, a notable percentage of respondents did not feel that sidewalks are safe, that there are affordable places to live, readily available public transportation, or that there are plenty of jobs available for those who want one. The changes in perceptions of which factors improve the quality of life of a community is notable. Issues such as crime and access to health care are currently perceived as being more important to the improving the quality of life in a community than they were thought of previously. Also, relatively high on the list of issues was mental health issues. Mental health issues were identified as a community health problem by the county health rankings, accounting on average for 4.0 poor mental health days during the past 30 days. This therefore highlights the need to improve mental health services as part of the community health improvement plan.

Overall, Hillsborough County was described as a great place to live by Key informants because of the weather, the diversity in cultures, economics, health care providers, hospitals and academic institutions, but has some transportation and health systems deficiencies.

FORCES OF CHANGE ASSESSMENT

METHODS

The Forces of Change Assessment identifies the forces and associated opportunities and threats that can affect both the local public health system and the community. These forces include trends (patterns over time), factors (discrete elements), and events (one–time occurrences). A Healthy Hillsborough Collaborative meeting that took place on April 1, 2016 and included the Forces of Change Assessment, facilitated by St. Petersburg College Collaborative Labs. Meeting participants brainstormed various forces of change, considering the social, economic, political, environmental, scientific, legal, ethical, and technological forces that currently exist or that are foreseen to be a problem in the next few years. A list of threats and opportunities for each of the forces was created. From this list, participants voted on the top forces of change for Hillsborough County.

Figure 28. Healthy Hillsborough Collaborative Meeting

RESULTS

The key forces of change identified by meeting participants, in rank order, are shown in Table 35.

DISCUSSION

The Forces of Change Assessment was completed with input from all partners of the Healthy Hillsborough Collaborative. The Key Forces of Change (in priority order) were:

- Political Climate/Policy Consequences, including the politics of health, the changing political environment, the legal forces that impact health care resources,

the need to educate legislators, and the impacts from unintended consequences of policy changes
- Affordability of Health care, including access to reasonably priced dental care
- Holistic Health/Social Determinants, including: the systems, perceptions, and diverse variables
- Coordination and Collaboration, including social services provided by public, private, and non–profit agencies within communities/neighborhoods
- Population Changes, including but not limited to increase in the aging population
- Access to and Information about Health care, including how to help newly insured navigate the health care system, lack of functional and reliable transportation, and access issues
- Medicaid Expansion

While Medicaid Expansion was seen as important, none of the participants' proposed specific threats or opportunities related to this area. This is notable, as the data revealed that fewer persons are currently covered by Medicaid (14.6%) than previously (23.4%). The group did focus on the factors that affect the context in which the community and its public health system operate and some specific threats. Recognition of opportunities that might result from these occurrences were also addressed. The opportunities discussed could be summarized into engaging various segments of the community and redirecting the political and cultural conversations. Politics and policy, including the upcoming election and its potential impact, were a major focus of the discussion that occurred with the partners.

Table 35. Ranked Forces of Change

Rank	Forces of Change
1	Political change/Policy consequences
2	Affordability of health care
3	Holistic health/Social determinants
4	Coordination and collaboration
5	Population changes
6	Access to an information about health care
7	Medicaid expansion

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

METHODS

The overall purpose of the Local Public Health System Assessment (LPHSA) is to improve public health system performance. The LPHSA addresses questions such as:

- "What are the components, activities, competencies, and capacities of our public health system?"
- "How well are the Essential Services being provided in our system?"

A Local Public Health System (LPHS) includes all public, private, and voluntary entities that contribute to public health activities within a given area. It is a network of entities with differing roles, relationships, and interactions. All of the entities within a LPHS contribute to the health and well–being of the community. Example entities include: hospitals, public health agencies, non–profit organizations, nursing homes, community centers, mental health, laboratories, schools, employers, elected officials, faith institutions, law enforcement, and tribal health, among many others.

The LPHSA provides a framework to measure or assess the capacity and performance of a public health system using the Ten Essential Public Health Services as the standard for measurement. The Ten Essential Public Health Services describe the public health activities that should be undertaken in all local communities. The diagram below (Figure 29) shows the Essential Services (ES) within the context of the three core public health functions of Assessment, Policy Development, and Assurance.

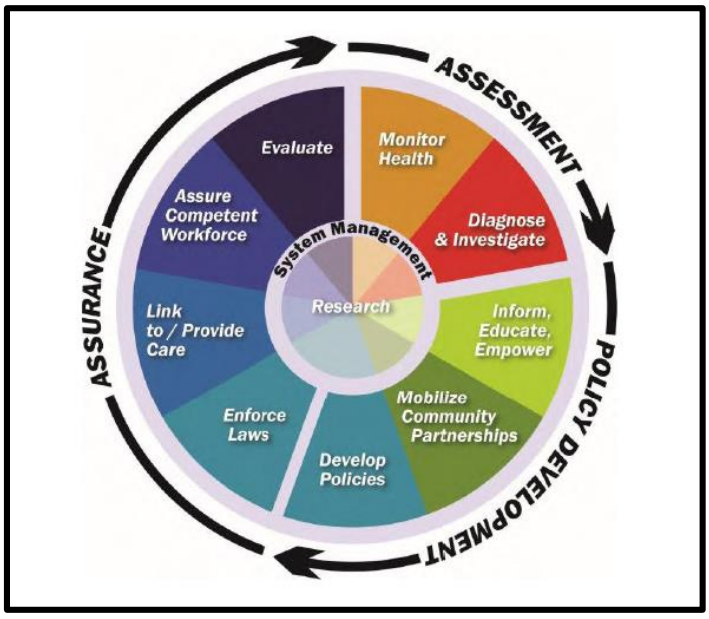


Figure 29. Essential Public Health Services and Core Functions

The DOH–Hillsborough decided to modify the LPHSA by distributing an electronic survey to system partners rather than holding an in–person workshop. The survey was open for system partners to complete between March16–23, 2016. Forty system partner responses, from eleven different sectors, were included in the analysis.

RESULTS

Table 36. Summary of LPHSA Results

Essential Service #	Description	Score	Activity Level
ES#1	Monitor Health Status to Identify Community Health Problems	76.6	Optimal Activity
ES#2	Diagnose and Investigate Health Problems and Health Hazards	82.1	Optimal Activity
ES#3	Inform, Educate, and Empower People about Health Issues	73.0	Significant Activity
ES#4	Mobilize Community Partnerships to Identify and Solve Health Problems	64.2	Significant Activity
ES#5	Develop Policies and Plans that Support Individual and Community Health Efforts	66.9	Significant Activity
ES#6	Enforce Laws and Regulations that Protect Health and Ensure Safety	76.9	Optimal Activity
ES#7	Link People to Needed Personal Health Services and Ensure Safety	67.4	Significant Activity
ES#8	Assure a Competent Public Health and Personal Health care Workforce	69.8	Significant Activity
ES#9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population–Based Health Services	56.5	Significant Activity
ES#10	Research for New Insights and Innovative Solutions to Health Problems	60.2	Significant Activity
	Overall	**69.4**	**Significant Activity**

Summary of Performance Measures Response Options: Optimal Activity (76–100% of activity described within question met); Significant Activity (51–75% met); Moderate Activity (26–50% met); Minimal Activity (1–25% met); No Activity (0%)

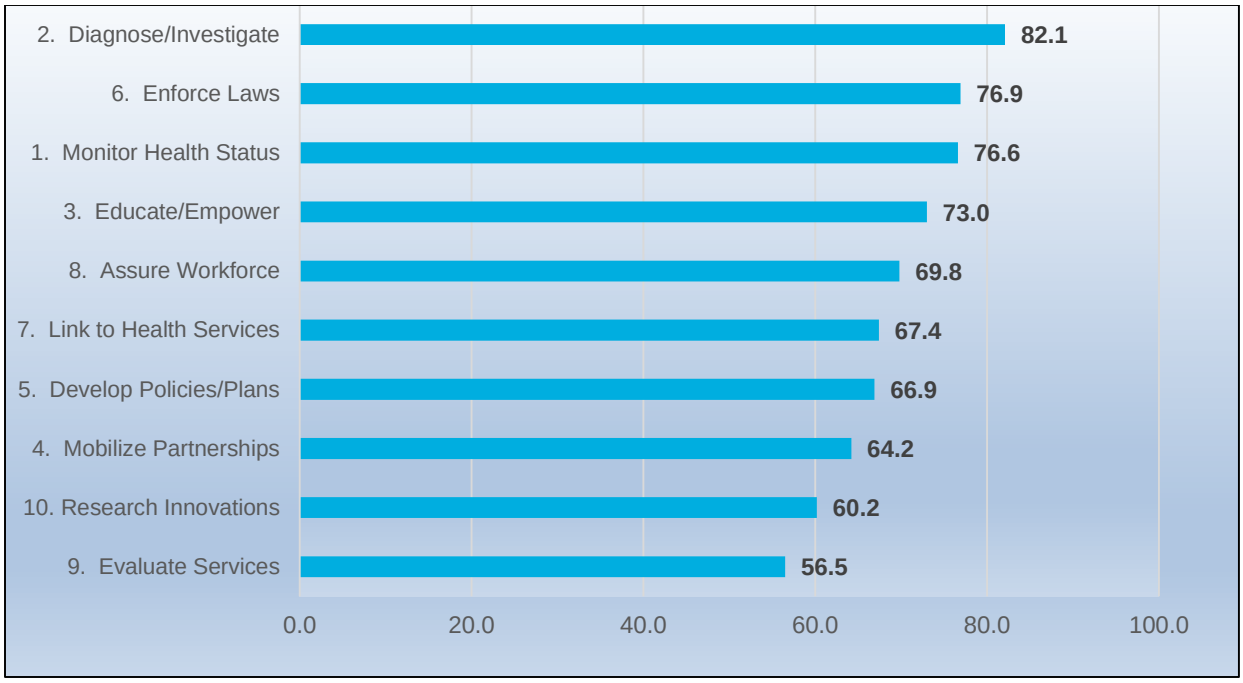


Figure 30. Ranked Ordered Performance Scores for Each Essential Service

DISCUSSION

The results of this assessment component indicate that the Essential Public Health Services are being provided to our community. The assessment results demonstrate that overall, the LPHS performs significantly (69.4% overall score) in meeting the Ten Essential Services of Public Health. The responses indicate that the system performs best in the area related to ES#2 Diagnose and Investigate Health Problems and Hazards, with a score of 82.1%. The area where the system needs the most work and improvement is with ES#9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population–Based Health Services (with a score of 56.5%). Much of the system performance fell within Significant Activity and none of the Essential Services had moderate, minimal, or no activity. ES#1 (Monitor Health Status to Identify Community Health Problems), ES#2 (Diagnose and Investigate Health Problems and Hazards), and ES#6 (Enforce Laws and Regulations that Protect Health and Ensure Safety) scored within the Optimal Activity category and therefore are areas of strength within our system. Opportunities for improvement exist for ES#9 Evaluate Effectiveness. This was also an area that had lower scores in the 2010 LPHSA.

IDENTIFYING STRATEGIC ISSUES

STRATEGIZING MEETING OVERVIEW

A key component of this Community Health Assessment is the identification of strategic health issues affecting Hillsborough County residents. In order to identify and prioritize key health issues, a day–long collaborative brainstorming session was held on April 1, 2016, at the Museum of Science and Industry (MOSI) in Tampa. This meeting was facilitated by Collaborative Labs, an arm of St. Petersburg College. A total of 144 people attended this meeting, representing hospitals, health clinics, social service agencies, transportation services, community activists, and other stakeholders in the local community. A complete list of attendees can be found in Appendix A. Key organizational collaborators in the community health assessment and strategy session include:

- BayCare
  - St. Joseph's Hospital
  - St. Joseph's Children's Hospital
  - St. Joseph's Women's Hospital
  - St. Joseph's Hospital North
  - St. Joseph's Hospital South
  - South Florida Baptist Hospital
- Florida Department of Health–Hillsborough County
- Florida Hospital
  - Tampa
  - Carollwood
- Moffitt Cancer Center
- Suncoast Community Health Centers, Inc.
- Tampa Family Health Centers
- Tampa General Hospital

COLLABORATIVE PRIORITIES

The process of identifying strategic health issues began with a presentation by Legacy Consulting Group of relevant demographic, socioeconomic, and health–related data pertaining to Hillsborough County and its residents. Following this data presentation, each participant was assigned to one of several discussion teams and tasked with developing

a set of strategic health needs based on the data presentation and their own personal observations and knowledge. Each group had a networked laptop on which to record their ideas and thoughts. As a result of the locally networked laptops, all thoughts entered into one team's networked laptop could be viewed in real time by the other teams. At the end of the allotted discussion time, participants were brought together again as a whole to discuss identified strategic issues. Through an iterative process, a final set of strategic issues and priorities was developed. The top ten health issues identified through this process, in priority order, are shown below in Table 37. The complete collaborative meeting report can be found in Appendix E.

Table 37. Strategic Health Issues

Priority	Strategic Issue
1	Encourage healthy behaviors and healthy lifestyles
2	Address the determinants of health
3	Invest in early screening and access to care for mental health and substance abuse
4	Improve health collaborative
5	Address racial and ethnic health disparities
6	Address the high rate of obesity
7	Protect and expand access to needed services
8	Address diet–related diseases
9	Improve access to health care
10	Improve education and health literacy

AVAILABLE RESOURCES/ASSETS INVENTORY

Participants at the April 1, 2016 Healthy Hillsborough meeting were also tasked with developing a list of available resources which could potentially be available to support each identified strategic health issue. The results of that discussion and iterative review process are shown in Tables 38 and 39.

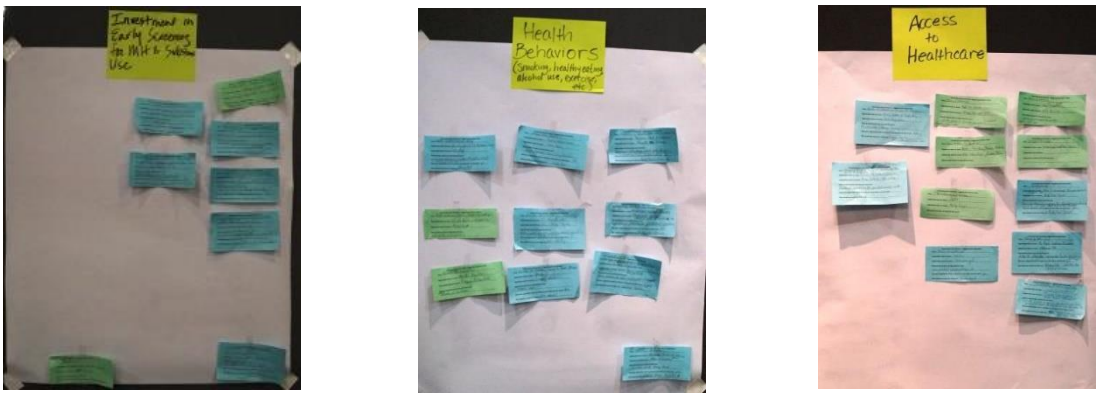


Figure 31. Meeting Participants Listing the Resources Available

Table 38. Resources Available to Support Strategic Health Issues

Strategic Issue	Available Resources	
Address the high rate of obesity	YMCA	School Nurses Association
	School PTAs	Florida Dept. of Education
	School Boards	Parks and Recreation/Extension Programs
	Florida Dietetic Association	American Heart Association
	Livestrong	American Diabetes Association
Protect and expand access to services	None mentioned	
Address diet–related issues	DOH–Hillsborough	Florida Hospital Carrollwood
	Hillsborough County Aging Services	Tampa Bay Oral Health Collaborative
Improve access to health care	Crisis Center of Tampa Bay	SRA International–Affordable Care Act
	The Family Healthcare Foundation	League of Women Voters of Hillsborough County (LWVHC)
	Success 4 Kids & Families	Hillsborough Area Regional Transit Authority (HART)
	Judeo Christian Health Clinic	Hillsborough County Public Schools
	Tampa Family Health Centers	Suncoast Community Health Centers
	The Outreach Clinic	
Improve education and health literacy	Metropolitan Ministries	SRA International
	Tampa Family Health Center	

Table 39. Resources Available to Support Strategic Health Issues

Strategic Issue	Available Resources	
Increase healthy behaviors	American Heart Association	Moffitt Cancer Center
	Special Olympics Florida–Healthy Community Tampa Bay	In Season Pro, LLC
	American Cancer Society	Meals on Wheels of Tampa
	Humana–Tampa Bay Health Advisory Board	YMCA
	USF Health	Mendez Foundation
	Agency for Persons with Disabilities	
Address the determinants of health	REACHUP, Inc.	St. Joseph's Faith Community Nursing Program
	DOH–Hillsborough	USF Health
Invest in early screening and access to care for mental health and substance abuse	Drug Abuse Comprehensive Coordinating Office (DACCO)	Hillsborough County Anti –Drug Alliance
	Safe & Sound Hillsborough	BayCare
	Hillsborough County Healthcare Services	Northside Mental Health Center
Improve health collaboration	Florida Council of Churches	American Cancer Society
	Tampa Police Dept./Hillsborough County Sheriff's Office	Collaborative Labs
	Hillsborough County Aging Services	BayCare
	Tampa Hillsborough Homeless Initiative	Expressway Authority/Florida Dept. of Transportation
	Life Care Network	Health Council of West Central Florida
Address racial and ethnic disparities	Tampa Bay Healthcare Collaborative	League of Women Voters of Hillsborough County (LWVHC)
	Florida Community Health Workers Association	Black Nurses Association
	Hispanic Health Community	American Public Health Association (APHA) Members
	Spirit of Truth Ministries	Hispanic Services Council

PRIORITY AREAS

The Healthy Hillsborough Steering Committee met after the April 1, 2016 Collaborative meeting. Based on the information gained from the community health assessment process and discussions with stakeholders, priorities were narrowed to three areas of focus: Access to Care, Behavioral Health and Obesity. The other priorities, Addressing the Social Determinants of Health, Encouraging Healthy Behaviors, Prioritizing Racial/Ethnic Health Disparities, and Improving Health Collaboration, were described as a "golden thread" interwoven within each of the three selected priority areas.

Work groups chaired by Steering Committee members for the three priority areas were established. For each of these priority areas, an action plan was completed and the asset inventory was revised by work group members. Tables 40–47 include lists of resources and existing programs for each area.

Additional resources that were not included at the Healthy Hillsborough Steering Committee meeting are listed after the tables. Please note that there may be additional resources available.

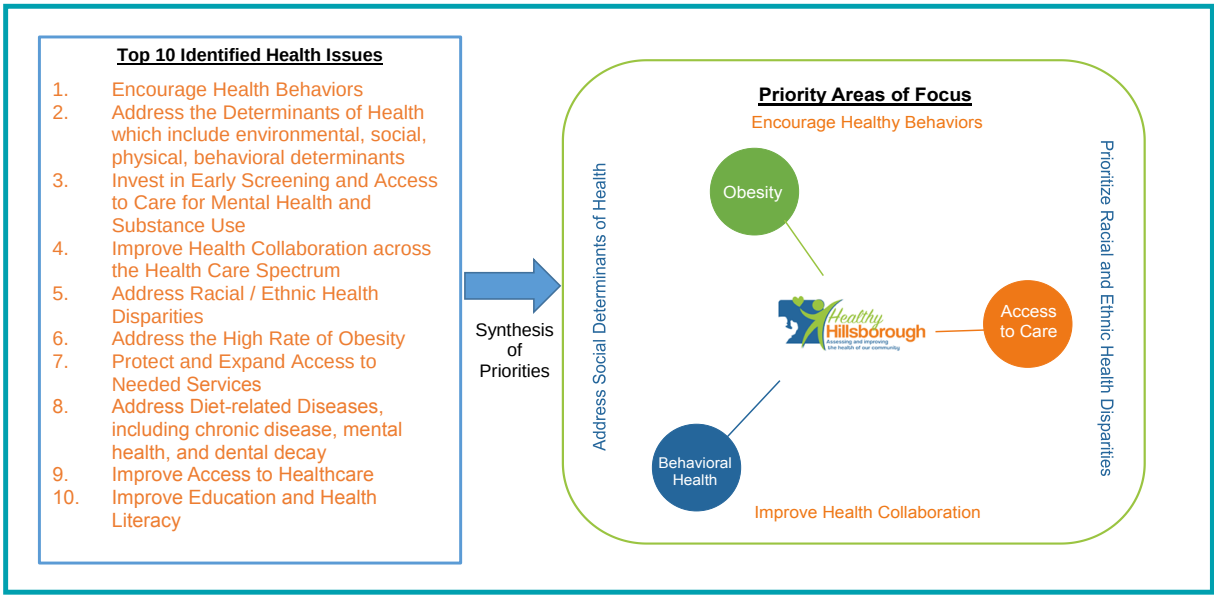


Figure 32. Priority Areas of Focus

Table 40. Behavioral Health Priority Area Available Asset Inventory

Initiative or Group Name	Chairperson's Name and Contact Information	Group Purpose	Meeting Frequency	Compared to HHBH, is the purpose (select one):
Acute Care	Ruth Power, CFBHN	Appropriate use of Acute Care and Behavioral Health Services	Monthly 3rd Thursday	Complementary
Infant Mental Health Taskforce	Greg Van Pelt ECC Tampa Bay	To develop a comprehensive infant mental health plan for young children 0–3 to ensure early identification of potential social emotional challenges.	Quarterly	Complementary
Jail Diversion	Gene Early and Pawlett Davis	Divert Behavioral Health individuals from the jails (301 & 7364)	4th Monday 1:30 pm	Complementary
Mental Health Taskforce		Subcommittee of Hillsborough County Health Care Plan Advisory Plan	Quarterly	Complementary /Duplicative
Safe & Sound Hillsborough Co	Freddy Balfor	Violence prevention utilizing a public health model to increase a MH & Well Being Goal in the Strategic Plan.		Complementary
Safe & Sound Family Health and Well Being Committee	Marie Marino, Public Defender DACCO Clara Reynolds	Mental Health and Substance Assistance	Monthly	Complementary
Substance Exposed Newborns Taskforce	Lisa Colen Head Start	Hospital Social Workers, HC Sheriff Office, DACCO, meet to discuss resources and disposition of babies born with substance exposure.	Quarterly	Complementary
Tampa Bay Healthcare Collaborative	Debra Klesattel Humana	Improve awareness of available health services to prevent/manage disease	Monthly	Complementary
Gracepoint's Care Coordination Team (Community Based)	Joe Lallanilla Grace Point Wellness	This teams focus is decreasing HU admissions to CSU's & ER's		Complementary
Gracepoint Website		Provides mental health assessments (screening tools) and resources if the client scores high.		Complementary

Table 41. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Transportation		Transportation Vouchers	Moffitt	Jenna Davis	Vouchers given to patients who need help with transportation incurred during treatment. Referrals to national and community agencies are made. Cab vouchers and gas gift cards are given to those in financial need There is a tiered assistance level based on the Federal Poverty Level (FPL) and patients who are up to 500% of the FPL can receive assistance. Patients are screened by our Patient Support Specialists.
	Bus	Transportation vouchers for patients (cab and bus)	BayCare	C. Bastone	
		Outreach – bus goes to community	TFHC		
	Private Transport	FHT Transport Team		Kevin Feldman	
		Mammogram Community Days	Moffitt	Jenna Davis	Events where transportation to Moffitt is provided for a mammography screening. Typically occurs quarterly. We partner with health clinics

Table 42. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Health care		HealthPark	TGH		Clinic for underserved community
		Brandon HealthPlex	TGMG		Outpatient Clinic opens in 2017 and will provide services and education
Provider Access		Various resources & programs	BayCare	C. Bastone	
Exercise Access		Various fitness classes, educational programs & rehabilitation services	BayCare	C. Bastone	
Affordable Health care		Medical assistance programs and navigator services	BayCare	C. Bastone	
Prevention/ Screenings/ Education	Pregnancy/Birth Control	Be our best programs: [including "Life Choices (ages 12–14)]	BayCare	C. Bastone	2–day class for older middle school students. Material includes decision–making, goal–setting, puberty, sexuality, reproduction, STDs and abstinence. Students will take home infant simulators for a weekend to reinforce the responsibilities of parenthood.
		Birth Control services	Contracted Providers	Walter Niles	
		Health Start	FHT	Margie Boyer/TFH	

Table 43. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Prevention/ Screenings/ Education	CVD	Screenings & educational programs (including "Healthy Heart Series"—4 week program)	BayCare	C. Bastone	
		Pepin Heart Hospital		Tom Nicosia	
	Hypertension	Screenings & educational programs (including "Healthy Heart Series"—4 week program)	BayCare	C. Bastone	
		Pepin Heart Hospital		Tom Nicosia	
	Asthma	Medical services & educational programs	BayCare	C. Bastone	
		Education –home hazards–triggers	DOH–Hillsborough	Cynthia Keeton	
	Communicable Disease	Various vaccination service offerings (including flu shots) as well as "Be our best programs": [including "Germaine the Germ Thing (ages 3–7)]	BayCare	C. Bastone	
		HIV/STD screenings, TB, Immunizations	DOH–Hillsborough	Mike Wagner	

Table 44. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Prevention/ Screenings/ Education	Mental Health	Screenings, educational programs, outpatient and inpatient services	BayCare	C. Bastone	
	Substance Abuse	Outpatient and inpatient services	BayCare	C. Bastone	
	Smoking Cessation	Various educational and smoking cessation programs	BayCare	C. Bastone	
		Education for staff & community	TGH		
	Sepsis	Medical services	BayCare	C. Bastone	
		Nursing	FHT		Nursing Leads on Unit
	Diabetes	Medical services, screenings & educational programs	BayCare	C. Bastone	
		Diabetes Community Education	FHT	Candie Sawger	
	COPD	Medical services & pulmonary screenings	BayCare	C. Bastone	
	Chronic Disease	Various medical and educational services	BayCare	C. Bastone	
	Insurance	Medical assistance programs and navigator services	BayCare	C. Bastone	
		Patient Financial Services	FHT	Coy Ingram	
		Medicare 101	TGH	Community Relations & SHINE	Education for staff & community
		Health Insurance Exchange Enrollment	TGH	Community Relations & Finance	Sign up counseling
		Financial Counselors	TFHC	Dr. Faisel Syed	

Table 45. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Prevention/ Screenings /Education	Cancer	Screenings & educational programs (including skin cancer screenings; colonoscopy services, mammography services, lung cancer low dose CT screenings, etc.)	BayCare	C. Bastone	
		Breast/Cervical screenings	Contracted Providers	Clarence Gyden	
		Mole Patrol	Moffitt	Jenna Davis	Mobile screening bus that offers skin cancer screenings, education and sunscreen samples
		Prostate Vouchers	Moffitt	Jenna Davis	Vouchers for a free prostate cancer screening (PSA) that is offered to men at the Men's Health Forum who attend a prostate education workshop at the Forum, are aged 55–75, have no history of prostate cancer, uninsured, with no symptoms, and live in Florida

Table 46. Access to Care Priority Area Available Asset Inventory

Sub–Category 1	Sub–Category 2	Community Benefit Program Title	Organization	Contact Person for Program	Description
Prevention/ Screenings /Education	Cancer	Men's Health Forum	Moffitt	Jenna Davis	Health Fair Event for men 18 years and older and geared towards those who are medically underserved. Screenings offered: blood pressure, vision, glucose, cholesterol, BMI, hearing depression, substance abuse, memory, HIV/STIs, flu shot, blood donations Exhibitors offer social service, health and wellness information
		Mammogram Vouchers	Moffitt	Jenna Davis	Vouchers for a free mammography screening for women ages 40 and older. Must be uninsured and/or 200% below poverty line

Table 47. Obesity Priority Available Asset Inventory

	2015 Community Benefit Program	Organization	Program Contact Person	Number of Coaches for EBI Weight Loss Programs in 2015	How Many Access Points for EBI Obesity Initiative in 2015	Addresses for Programs in 2015	Program Description	Is this included as a Measurable Healthy Hillsborough EBI Obesity Initiative?	Number of 2015 Participants at First Program in 2015 (Baseline)	Partners in 2015
1	Hillsborough County DPP / Diabetes Prevention Program	Partnership between FL Dept of Health-Hillsborough & Florida Hospital - Carrollwood	Cindy Hardy & Jan Baskin	3	5		Diabetes Prevention Program	Yes	35	Florida Department of Health
2	Diabetes Prevention Program / Prevent T2	Tampa General Hospital	Tamika Powe & Mary Jane Harrington	3	1	2106 S. Lois Ave, Tampa 33629	CDC's National Diabetes Prevention Program (DPP)	Yes	24	Tampa General Hospital
3	Diabetes Prevention Program	YMCA Hillsborough County	Dawn Kita			TBA	CDC's National Diabetes Prevention Program (DPP)	Yes	414	YMCA
4	Bariatric Weight Loss Program	BayCare - St. Joseph's & South Florida Baptist	Christina Bastone		2	St. Joseph's Hospital & South Florida Baptist Hospital	Surgical Weight Loss option for community.	Yes	240	St. Joseph's Hospital
5	Bariatric Weight Loss Program	Florida Hospital - Carrollwood	Jan Baskin		1	Florida Hospital Carrollwood	Surgical Weight Loss option for community.	Yes	242	South Florida Baptist Hospital
6	Bariatric Weight Loss Program	Tampa General Hospital	Mary Jane Harrington		1	Tampa General Hospital	Surgical Weight Loss option for community.	Yes	1104	Florida Hospital - Carrollwood
7	Complete Health Improvement Program	Florida Hospital-Tampa	Mary Willis		1	Florida Hospital Tampa	Surgical Weight Loss option for community.	Yes	17	Florida Hospital - Tampa
Total for 2015	**7**	**4**		**TBA**	**TBA**	**TBA**			**2076**	**7**

Additional Resources

1. Behavioral Health Priority Area

Organization: Hillsborough County Anti–Drug Alliance
Contact: Cindy Grant
Group Purpose: Substance abuse and prevention, mental health awareness

Organization: Tampa Metropolitan YMCA
Program: LiveSTRONG
Group Purpose: For cancer survivors. Free 12 week small group focusing on support, regaining activity level and education.
Contact: Dawn Kita

2. Access to Care Priority Area

Sub–Category 1: *Health care*
Community Benefit: Access to primary health care
Organization: Tampa Family Health Centers
Contact: Edward Kucher
Description: A federally qualified health center (FQHC) providing high quality, affordable health care to residents of Hillsborough County.

Sub–Category 1: *Prevention/Screenings/Education*
Sub–Category 2: Substance Abuse Prevention
Community Benefit: Screenings – S. B. I. R. T. & Educational Program
Organization: Hillsborough County Anti–Drug Alliance
Contact: Gary White
Description: Universal screening for substance abuse risk

Sub–Category 1: *Prevention/Screenings/Education*
Sub–Category 2: Mental Health Awareness
Community Benefit: Educational Program
Organization: Hillsborough County Anti–Drug Alliance
Contact: Gary White
Description: Mental health first aid to increase awareness and decrease stigma

Sub–Category 1: *Prevention/Screenings/Education*
Sub–Category 2: Smoking Cessation
Community Benefit: Varied Educational & Smoking Cessation Program
Organization: Area Heath Educational Centers (USF and Gulfcoast)
Contact: LaToya Clark

Sub–Category 1: *Prevention/Screenings/Education*
Sub–Category 2: Mental Health
Organization: Blue Moon 211 Inc.

Description: A resource and referral agency that conducts workshops on living a mentally healthy life

3. Obesity Priority Area

Program: Diabetes Prevention Program
Organization: Tampa Metropolitan Area YMCA
Program Description: 16 weekly sessions followed by bi–weekly then monthly maintenance sessions.
Contact: Dawn Kita

CONCLUSION AND NEXT STEPS

This report reflects the collaboration and hard work of many community partners, including members of the Hillsborough community, representatives from local hospitals, local government, nonprofit organizations, community leaders, community clinics, and schools. The Community Health Assessment (CHA) provided an opportunity for stakeholders to collaborate in a strategic planning process to better understand complex health issues and dialogue on priorities and proposed solutions. In response to the findings, action plans were created relevant to the priority areas that were identified by partners, and a Community Health Improvement Plan will be developed. Additional actions include making the CHA available to members of the community, implementation and monitoring of action plan interventions, continued support of hospital needs assessment efforts, and ongoing facilitation of the Healthy Hillsborough collaborative. Efforts will be made to keep partners and the public engaged in the Community Health Improvement Plan and related initiatives.

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APPENDICES

Appendix A. Healthy Hillsborough Members and Meeting Dates

Steering Committee Members

Name	Title	Agency
Dr. Douglas Holt	Director	DOH–Hillsborough
Dr. Leslene Gordon	Community Health Director	DOH–Hillsborough
Daragh Gibson	Sr. Human Services Program Specialist	DOH–Hillsborough
Dr. Ayesha Johnson	Medical/Healthcare Program Analyst	DOH–Hillsborough
Allison Nguyen	Community Engagement Coordinator	DOH–Hillsborough
Keri Eisenbeis	Director of Government Relations	BayCare Health System
Christina Bastone	Special Projects Consultant	BayCare Health System
Bob Costello	Director Strategic Planning	BayCare Health System
Dr. Peter Bath	VP Mission and Ministry	Florida Hospital
Mary Willis	Director, Community Development	Florida Hospital
Jan Baskin	Community Benefit/Physician Engagement & Well–Being	Florida Hospital Carrollwood
Michelle Robey	Marketing Director	Florida Hospital Tampa
Mary Jane Harrington	Community Relations Manager	Tampa General Hospital
Tamika Powe	Community Relations	Tampa General Hospital
Jenna Davis	Community Benefit Coordinator	Moffitt Cancer Center
Cathy Grant	Director, Moffitt Diversity	Moffitt Cancer Center
Karyn Glubis	Project Manager	Tampa Family Health Centers
Edward Kucher	Chief Operating Officer	Tampa Family Health Centers
Sonia Goodwin	Chief Operations Officer	Suncoast Community Health Centers

Steering Committee Meeting Dates

2015

- October 28
- December 14

2016

- January 27
- February 25
- March 25
- April 5
- April 25
- June 22
- July 29
- August 24

Internal DOH–Hillsborough CHA/CHIP Workgroup

Name	Division
Christina Ciereck	Administrative Services
LeSonya Allen	Community Health
Daragh Gibson	Community Health
Dr. Leslene Gordon	Community Health
Cindy Hardy	Community Health
Sophia Hector	Community Health
Dr. Ayesha Johnson	Community Health
Allison Nguyen	Community Health
Walter Niles	Community Health
Dr. Douglas Holt	Director's Office
Cindy Morris	Director's Office
Faye Coe	Disease Control
Jim Roth	Disease Control
Mike Wagner	Disease Control
Steven Drake	Environmental Health
Eliot Gregos	Environmental Health
Lauren Krockta	Human Resources
Jennifer Bellitera	Nutrition
Jennifer Waskovich	Nutrition
Bonnie Watson	Nutrition
Steve Huard	Public Health Preparedness

Internal DOH–Hillsborough CHA/CHIP Workgroup Meeting Dates

2015

- September 24

2016

- February 1
- March 15
- May 23

Key Informant Interview Participants		
Name	**Title**	**Organization**
Kristin Chesnutt / Kyle Mobley	Health Systems Manager	American Cancer Society
Kathy Dain	Executive Director	Beth–El Farmworker Ministry
Sister Sara Proctor	Coordinator	Catholic Mobile Medical Services
Ernest Coney	President and CEO	CDC of Tampa
Clara Reynolds	President and CEO	Crisis Center
Mary Lynn Ulrey	CEO	Drug Abuse Comprehensive Coordinating Office (DACCO
Dr. Eric Haas	Senior Medical Director, Medicare Cost and Performance Solutions	Florida Blue
Dr. Douglas Holt	Director	Florida Department of Health––Hillsborough County
Josette Toulme	Treasurer	Haitian Association
Leisa Stanley	Associate Executive Director	Healthy Start Coalition
Katharine Eagan	Chief Executive Officer	Hillsborough Area Regional Transit Authority (HART)
Dr. Shalewa Noel–Thomas	Manager, Social Services Department	Hillsborough County BOCC
Maria Pinzon	Executive Director	Hispanic Services Council
Dr. Deborah Austin	Director of Community Engagement	Reach UP
Miguel Fuentes		Redlands Christian Migrant Association (RCMA) Ruskin
Michele McCoy	LPN/Site Supervisor	Seminole Tribe of Florida, Tampa Health
Carrie Hepburn	Executive Director	Tampa Bay Health Care Collaborative
Carrie Zeisse	Chief Operating Officer	Tampa Bay United Way
Frank Reddick	Council Chair	Tampa City Council, District 5
Sherry Hoback	Chief Clinical Services Officer	Tampa Family Health Centers
Martine Dorvil	Director of Programs	University Area Community Development Corporation
Dr. Donna Petersen	Dean	USF College of Public Health
Dr. Lucy Guerra	Director & Associate Professor of Medicine; Co–Director	USF–Bridge Clinic
Denese Meteye–James	East Tampa resident	

Healthy Hillsborough Collaborative 4/1/16 Meeting Attendees		
Name	**Title**	**Organization**
Kyle Mobley	Senior Manager, Hospital Systems	American Cancer Society
Stephanie S. McLean	Health Systems Manager, Hospitals	American Cancer Society
Amanda Palumbo	Community Health Director	American Heart Association
Ashley Fernquist	Intern	American Heart Association HFFI
Lucy Gonzalez Barr	Safe Routes to School Coordinator/Grassroots policy	American Heart Association / Safe Routes to School CUTR USF
Armando Sanchez–Aballi	Regional Manager, Community Relations	Amerigroup
Christina Bastone	Special Projects Consultant	BayCare–St. Joseph's Hospitals and South Florida Baptist Hospital
Bob Costello	Director Strategic Planning	BayCare Health System
Keri Eisenbeis	Director of Government Relations	BayCare Health System
Danielle Mauck	Grants Manager	BayCare Health System
Gail Ryder	Vice President, Behavioral Health Services	BayCare Health System
Vanessa Johnson	CEO/Founder	Blue Moon 211 Inc.
Sandy Murman	Commissioner	Board of County Commissioners
Andy Garrett	Senior Healthcare Analyst	Carnahan Group
Erixis Lopez	Physician Assistant	Catholic Charities Mobile Medical Clinic
Slake Counts	Contract and Evaluation Manager II	Children's Board of Hillsborough County
Kelley Parris	Executive Director	Children's Board of Hillsborough County
Denese Meteye James	Board Of Directors—Board Secretary	Corporation To Develop Communities (CDC)
Clara Reynolds	President & CEO	Crisis Center of Tampa Bay
Mary Lynn Ulrey	CEO	Drug Abuse Comprehensive Coordinating Office (DACCO)
Kevin Baker	Health Educator	DOH—Hillsborough
Christina Ciereck	Financial Administrator	DOH—Hillsborough
Faye Coe	Disease Control Program Director	DOH—Hillsborough
Freddy Cruz	Intern	DOH—Hillsborough
Daragh Gibson	Sr. Human Services Program Specialist	DOH—Hillsborough
Leslene Gordon	Community Health Director	DOH—Hillsborough
Cindy Hardy	Community Health Education Program Manager	DOH—Hillsborough
Sophia Hector	Program Supervisor–Family Planning, Dental, Tobacco	DOH—Hillsborough

Douglas Holt, MD	Director	DOH—Hillsborough
G. Steve Huard	Public Affairs	DOH—Hillsborough
Kate LeGrand	Intern	DOH—Hillsborough
Tim Leighton	Intern	DOH—Hillsborough
Obianberi Manos	Family Support Worker	DOH—Hillsborough
Warren McDougle	Program Manager	DOH—Hillsborough
Brian Miller	Environmental Administrator	DOH—Hillsborough
Cindy Morris	Assistant Director	DOH—Hillsborough
Allison Nguyen	Community Engagement Coordinator	DOH—Hillsborough
Walter W. Niles	Manager, Office of Health Equity	DOH—Hillsborough
Carol Scheff	Dental Program Coordinator	DOH—Hillsborough
Allyson Sison	Health Educator	DOH—Hillsborough
Veronica Varela	Intern	DOH—Hillsborough
Bonnie Watson	Nutrition Director	DOH—Hillsborough
Douglas A. Zimmer	Administrative Assistant	DOH—Hillsborough
Erin Sclar	Health Care Advocacy and Policy Consultant	Erin Sclar
Suzy Onell		FCN
Dave Rogoff		Five–L–R LLC
Emily Douglas	Practice Transformation, Value Based Programs	Florida Blue
Rev. Dr. Russell Meyer	Executive Director	Florida Council of Churches
Jim Roth	HIV/AIDS Program Coordinator	Florida Department of Health–Hillsborough County
Peter Bath	VP Mission and Ministry	Florida Hospital
Jan Baskin	Community Benefit/Physician Engagement & Well–Being	Florida Hospital Carrollwood
Jasmine Ullysse	FIM Program Coordinator	Florida Hospital Carrollwood
Michelle Robey	Marketing Director	Florida Hospital Tampa
Jacqueline Whitaker	Infection Prevention Director	Florida Hospital Tampa
Derik Abraham	Program Data	Food Is Medicine
Leila Martini	Director of Policy and Research	Foundation for a Healthy St. Petersburg
Brenda Breslow	Director of Programs	Healthy Start Coalition of Hillsborough County
Leisa J. Stanley, PhD	Associate Executive Director	Healthy Start Coalition of Hillsborough County
Jane Murphy	Executive Director	Healthy Start Coalition of Hillsborough County
Shannon Rhodes	Project Manager–Health Care Services (Contracting)	Hillsborough County
Cindy Grant	Executive Director	Hillsborough County Anti–Drug Alliance, Inc.
Gary White	Associate Director	Hillsborough County Anti–Drug Alliance

Beverly Post	Nutrition Services Coordinator	Hillsborough County Department of Aging Services
Artie Fryer	Manager, Education and Outreach	Hillsborough County Healthcare Services
Dr. Carlos Fernandes	Director	Hillsborough County Mosquito Control
Michele Ogilvie	Planner	Hillsborough County MPO
Maria Russ	Supervisor of School Health Services	Hillsborough County Public Schools
Steve Vanoer	Supervisor for K–12 Physical Education & Health Education	Hillsborough County Public Schools
Bonnie Salazar	Health & Wellness Manager	Hillsborough County Sheriff's Office
Beth Derby	Contract Manager	Hillsborough County Social Services
Faith Pullen	Grants Compliance Manager	Hillsborough County Social Services Department
Rocio Bailey	Interim Project Director–Bridges to Health	Hispanic Services Council
Maria Pinzon	Executive Director	Hispanic Services Council
Debra Kleesattel, Ph.D.	Bold Goal Integration Leader	Humana, Inc.
Dena Gross Leavengood	Chair, Health Care Committee	League of Women Voters of Hillsborough County
Roy Brady	Principal	Legacy Consulting Group
Ray Brown	Managing Principal	Legacy Consulting Group
Julia Sears	Consultant	Legacy Consulting Group
Lauren Vance	Director of Communications	Meals On Wheels of Tampa
Rebecca Nessen	Medical Practice Manager	Metro Wellness and Community Centers
Beth Orr	Senior Director of Clinical Services	Metropolitan Ministries
Jenna Davis	Community Benefit Coordinator	Moffitt Cancer Center
Cathy Grant	Director, Moffitt Diversity	Moffitt Cancer Center
Lee Green	VP, Diversity & Community Relations	Moffitt Cancer Center
Karen Buckenheimer, RN, BSN	Executive Director	MORE HEALTH, Inc.
Rosa Mckinzy Cambridge	President	National Black Nurses Tampa Bay Association, Inc.
Marsha Lewis Brown	Executive Director	Northside Behavioral Health, Inc.
Amanda Contento	Office Manager	Porter Companion Care
Deborah Austin	Director of Community Engagement	REACHUP, Inc.
Kelly Machonis	President–Elect	Rotary Club of Tampa Westchase
Dexter Lewis	Outreach Coordinator	Safe & Sound Hillsborough
Linnett Salcedo	Outreach Coordinator	Safe and Sound Hillsborough
Dotti Groover–Skipper	Statewide Anti–Trafficking Director	Salvation Army
Kesia C. Engel	Business Performance Analyst (HQ)	Shriners Hospitals for Children

Ruth Gregos	Interim Administrator	Shriners Hospitals for Children–Tampa
Teresa Linder	Director of Support Services	Shriners Hospitals for Children–Tampa
Teri Colletti		South Florida Baptist Hospital
Allison Rapp	Healthy Community Site Director	Special Olympics Florida
Andy Diaz–Ramos	Outreach Coordinator	SRA International
Coralis Laboy	Outreach Coordinator	SRA International
Kimberly Guy	President	St. Joseph's Hospital
Arlene McGannon	Vice President of Mission	St. Joseph's Hospital
Scott Smith	President	St. Joseph's Hospital South
Christina Castillo	Brandon Clinic Administrator	Suncoast Community Health Centers, Inc.
Sonia Goodwin	Chief Operations Officer	Suncoast Community Health Centers, Inc.
Laura Recendez	Outreach Coordinator	Suncoast Community Health Centers, Inc.
Carrie Y. Hepburn	Executive Director	Tampa Bay Healthcare Collaborative
A. Matus		Tampa Family Health Centers
Edward Kucher	Chief Operating Officer	Tampa Family Health Centers
Gerry Skinner	Manager for Insurance Counselors	Tampa Family Health Centers
Mary Jane Harrington	Community Relations Manager	Tampa General Hospital
Carole Piccorelli	Cancer Program Coordinator	Tampa General Hospital
Tracey Shadday		Tampa General Hospital
Stan Wnek	Corporate Tax Manager	Tampa General Hospital
Antonio S. Byrd	Chief Operating Officer	Tampa Hillsborough Homeless Initiative
Dawn Kita	Senior Wellness Director	Tampa YMCA
Catherine Fuhrman	Contract Manager	The Family Healthcare Foundation
Nestor Ortiz	Chief Operations Officer	University Area Community Center
Dr. Donna Petersen	Dean, College of Public Health	University of South Florida
Shana Geary	Student	University of South Florida College of Public Health
Suzanne Young	PhD Student	University of South Florida, Department of Integrative Biology
Michelle George	Director of Corporate Wellness Membership	YMCA
JoAnn Deleanides	Family and Community Engagement Specialist	YMCA Early Head Start
Sarah Ortiz	Education Support Specialist	YMCA Early Head Start

Appendix B. Community Survey Instrument

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

You must be 18 years of age or older to complete this survey. COMPLETE THIS SURVEY ONLY FOR YOURSELF. If someone else would like to complete the survey, please have that person complete a separate survey. Remember, your answers are completely anonymous. We will not ask for your name or any other information which can be used to identify you. If you have questions, please contact the Florida Department of Health in Hillsborough County at (813) 307–8015 Ext. 6607.

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

1. In which county do you live?

☐Hillsborough ☐Pasco ☐Pinellas ☐Polk ☐Other

2. In which ZIP code do you live? (Please write in)

3. What is your age?

☐18 to 24 ☐25 to 34 ☐35 to 44 ☐45 to 54 ☐55 to 64 ☐65 to 74 ☐75 or older

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

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

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

☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian or other Pacific Islander
☐White
☐More than one Race
☐Prefer Not to Answer

6. Are you –

☐Male ☐Female

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

☐Yes ☐No

If "NO," please skip to question #10. If "YES," answer questions #8 and #9.

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

☐Heterosexual (Straight) ☐Gay or Lesbian ☐Bisexual ☐Other

9. Do you consider yourself to be transgender?

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

10. What language do you MAINLY speak at home?

☐Arabic ☐Haitian Creole
☐Chinese ☐Spanish
☐English ☐Russian
☐French ☐Vietnamese
☐German ☐Other

11. How well do you speak English?

☐Very well
☐Well
☐Not Well
☐Not at all

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

☐Less than high school ☐2–year college degree
☐Some high school, but no diploma ☐4–year college degree
☐High school diploma (or GED) ☐Graduate–level degree or higher
☐Some college, but no degree ☐None of the above

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

☐$0 to $9,999 ☐$100,000 to $124,999 ☐Prefer not to answer
☐$10,000 to $24,999 ☐$125,000 to $149,999
☐$25,000 to $49,999 ☐$150,000 to $174,999
☐$50,000 to $74,999 ☐$175,000 to $199,999
☐$75,000 to $99,999 ☐$200,000 and up

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

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 or more

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

☐None ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 or more

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

☐None ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 or more

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

☐Married ☐In a domestic partnership or civil union
☐Widowed ☐Single, but living with a significant other
☐Divorced ☐Single, never married
☐Separated

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

☐Employed working full–time ☐Student
☐Employed, working part–time ☐Retired
☐Not employed, looking for work ☐Disabled, not able to work
☐Not employed, NOT looking for work

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

☐I drive my own car
☐Someone drives me
☐I take the bus
☐I walk
☐I ride a bicycle
☐I take a taxi cab
☐I ride a motorcycle or scooter
☐Some other way

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

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

☐Very unhealthy ☐Unhealthy ☐Somewhat healthy ☐Healthy ☐Very healthy ☐Not sure

21. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	Not Sure
Drug abuse is a problem in my community.	☐	☐	☐	☐	☐	☐
I have no problem getting the health care services I need.	☐	☐	☐	☐	☐	☐
We have great parks and recreational facilities.	☐	☐	☐	☐	☐	☐
Public transportation is readily available to me if I need it.	☐	☐	☐	☐	☐	☐
There are plenty of jobs available for those who want them.	☐	☐	☐	☐	☐	☐
Crime in my area is a serious problem	☐	☐	☐	☐	☐	☐
Air pollution is a problem in my community	☐	☐	☐	☐	☐	☐
I feel safe in my own neighborhood.	☐	☐	☐	☐	☐	☐
There are affordable places to live in my neighborhood.	☐	☐	☐	☐	☐	☐
The quality of health care in my neighborhood is good.	☐	☐	☐	☐	☐	☐
There are good sidewalks for walking safely.	☐	☐	☐	☐	☐	☐
I am able to get healthy food easily.	☐	☐	☐	☐	☐	☐

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

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

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

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

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

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

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

25. How do you pay for your health care?

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

If answered, "I pay cash/I don't have insurance," then answer question #26, if not, skip to question #27.

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

- ☐ Cannot afford insurance
- ☐ Employer does not pay for insurance
- ☐ Not eligible for employer–paid insurance
- ☐ Do not need insurance
- ☐ Do not believe in insurance
- ☐ Dissatisfied with previous insurance plan or provider
- ☐ I don't qualify for health insurance
- ☐ Other reason
- ☐ Not sure

27. How would you rate your own personal health?

☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy ☐ Not sure

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

☐ Gotten better ☐ Gotten worse ☐ Stayed about the same ☐ Not sure

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

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

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

☐ Gotten better ☐ Gotten worse ☐ Stayed about the same ☐ Not sure

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

☐ I don't exercise regularly ☐ Once a week ☐ 2 to 4 days a week ☐ 5 to 7 days a week

32. How often do you smoke?

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

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

- ☐ None
- ☐ I–2 drinks per week
- ☐ 3–4 drinks per week
- ☐ 5–6 drinks per week
- ☐ 7 or more drinks per week

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

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

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

☐ Yes ☐ No ☐ Not sure

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

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

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

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

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

☐ Yes ☐ No

If you selected "YES," then answer question #39. If you answered "NO," then skip to question #40.

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

- ☐ Can't afford it / costs too much
- ☐ No transportation
- ☐ Don't have insurance
- ☐ Don't have a doctor
- ☐ Don't know where to go
- ☐ Couldn't get appointment / hard to get appointment
- ☐ Other

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

- ☐ General blood work / blood test
- ☐ PSA (prostate specific antigen) test
- ☐ Colonoscopy
- ☐ MRI
- ☐ CT / CAT Scan
- ☐ Regular check–up
- ☐ Mammogram
- ☐ PAP smear
- ☐ Breast exam
- ☐ A full–body skin exam by a medical provider

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

☐ Yes ☐ No ☐ Not sure

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

☐Yes ☐No ☐Not sure

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

☐Wear a hat
☐Use sunscreen
☐Wear protective clothing
☐Use a sun shade or umbrella
☐None of the above

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

☐Very knowledgeable
☐Somewhat knowledgeable
☐Not very knowledgeable
☐Not knowledgeable at all
☐Not sure

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

☐Yes ☐No ☐Not sure

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

☐A hospital
☐A pharmacy like Walgreens or CVS
☐A walk–in clinic
☐Your local health department
☐Your personal doctor
☐Not sure

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

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Sure
Proper diet and healthy eating	☐	☐	☐	☐	☐
Limit time in the sun	☐	☐	☐	☐	☐
Not smoking	☐	☐	☐	☐	☐
Regular exercise	☐	☐	☐	☐	☐
Getting a cancer screen	☐	☐	☐	☐	☐
Regular visits to my doctor	☐	☐	☐	☐	☐
Eat less salt	☐	☐	☐	☐	☐
Reduce stress	☐	☐	☐	☐	☐
Getting enough sleep	☐	☐	☐	☐	☐

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

☐Breast Cancer	☐High Blood Pressure / Hypertension	☐Obesity
☐Cervical Cancer	☐HIV / AIDS	☐Prostate Cancer
☐Colon Cancer	☐Hodgkin's Lymphoma or other blood cancer	☐Skin Cancer
☐Diabetes	☐Human papilloma virus (HPV)	☐Stroke
☐Heart Disease	☐Lung Cancer	☐Other cancer

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

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Not Sure
The hospital is close to home	☐	☐	☐	☐	☐
The hospital is recommended by your doctor	☐	☐	☐	☐	☐
The hospital has a good reputation	☐	☐	☐	☐	☐
The cost of treatment	☐	☐	☐	☐	☐
The reputation of the doctors who work there	☐	☐	☐	☐	☐
The hospital offers clinical trials	☐	☐	☐	☐	☐
The hospital treats people from all backgrounds	☐	☐	☐	☐	☐
The hospital's support of and involvement in the community	☐	☐	☐	☐	☐
The hospital's religious affiliation	☐	☐	☐	☐	☐
The hospital offers special care for my condition	☐	☐	☐	☐	☐

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

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

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

Appendix C. Focus Group Instrument

Hillsborough County Community Health Assessment Focus Group Questions

Introductory Question:
Let's start off by going around the room and introducing ourselves. Please tell us your name, one healthy thing you like to do, and why.

Questions:

1. Take a minute and think about your life and the community where you live. Think about the things that contribute to the quality of life in your community.

   How satisfied are you with the quality of life in your community?

2. What assets does your community have that can help to improve the health and quality of life where you live?

3. We have provided some pens and paper for this next question. I would like you to jot down three things that you think are the main health problems/issues in your community.

   Out of the list you provided, can you please share with us which one of these problems you consider to be the most important one in your community?

4. What do you think should be done to address these problems?

5. What difficulties, if any, do you see to implementing a project to prevent these problems in your community?

6. How would you suggest overcoming these difficulties?

Closing Question:

Is there anything else that you would like to share before we end our discussion for the day?

Appendix D. Key Informant Interview Instrument

Key Informant Interview Guide

I. INTRODUCTION

1. What is your role and responsibilities within your organization?

II. COMMUNITY ISSUES

2. What do you consider to be the strengths and assets of the community that can help to improve its health and quality of life?

3. What do you believe are the greatest health concerns in the community?

4. From your experience, what are the biggest barriers to addressing these health issues?
    a. What are existing barriers for accessing health care and participating in healthy lifestyles?

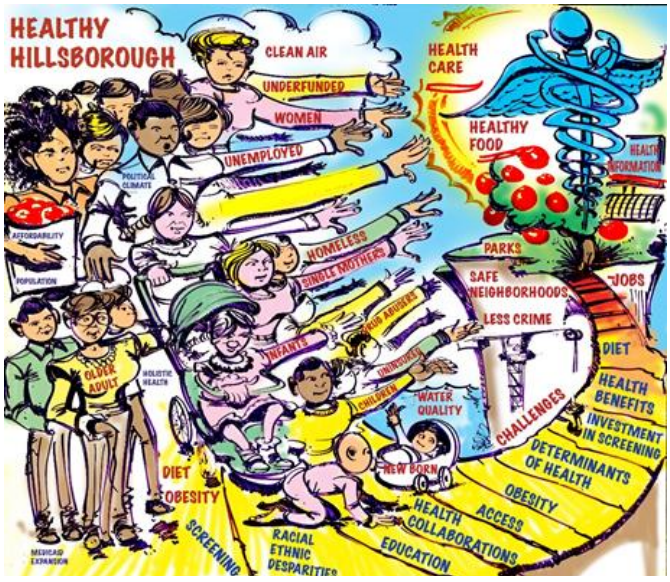
5. What strategies can be implemented to address these health issues and/or reduce barriers?

Appendix E. Strategizing Meeting Final Report

Healthy Hillsborough Collaborative Engagement

April 01, 2016

Real Time Record



Executive Summary

Thank you for participating in Strategizing Together for a Healthy Hillsborough. Below are key highlights from your discussions. The subsequent pages of this Real Time Record provide all the supporting details.

Top 10 Health Issues (in priority order)**:**

1. **Encourage Health Behaviors**
2. **Address the Determinants of Health** which include environmental, social, physical, behavioral determinants
3. **Invest in Early Screening and Access to Care for Mental Health and Substance Use**
4. **Improve Health Collaboration** across the Health Care Spectrum
5. **Address Racial / Ethnic Health Disparities**
6. **Address the High Rate of Obesity**
7. **Protect and Expand Access to Needed Services**
8. **Address Diet–related Diseases,** including chronic disease, mental health, and dental decay
9. **Improve Access to Healthcare**
10. **Improve Education and Health Literacy**

Key Forces of Change (in priority order):

1. **Political Climate / Policy Consequences** including the politics of health, the changing political environment, the legal forces that impact healthcare resources, need to educate legislators, the impacts from unintended consequences of policy changes
2. **Affordability of Healthcare** including access to reasonability priced dental care
3. **Holistic Health / Social Determinates**
4. **Coordination and Collaboration** including among social services provided by public, private, and non–profit agencies, within community/neighborhoods
5. **Population Changes** including but not limited to increase in the aging population
6. **Access to and Information about Healthcare** including how to help newly insured navigate the healthcare system, lack of functional and reliable transportation, access issues
7. **Medicaid Expansion**

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Healthy Hillsborough Collaborative Meeting

April 1, 2016 – 8:30am–4:00pm

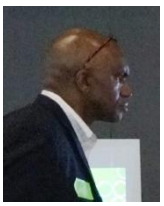
8:30am – 9:00am	**Registration and Breakfast**
9:00am – 9:20am	**Welcome and Objectives** Welcome & Setting the Stage for a Successful Day: **Dr. Douglas Holt, Florida Department of Health – Hillsborough** Remarks: **Dr. Lee Green, Moffitt Cancer Center** Today's Agenda and Collaborative Process: **Alison Barlow, Collaborative Labs**
9:20am – 10:20am	**What is the Health Status of Hillsborough County?** Community Health Status Assessment: **Roy Brady, Legacy Consulting Group** Participants will have an opportunity to review the assessment results and briefly add their perspective.
10:20am – 11:20am	**What does our Community Think?** Community Themes and Strengths Assessment: **Roy Brady, Legacy Consulting Group** Participants will have an opportunity to review the assessment results and briefly add their perspective.
11:20am – 11:35am	**Break**
11:35am – 12:00pm	**What are the Forces of Change that will Impact Us?** Participants will discuss the **Forces of Change** affecting health in Hillsborough County. Teams will answer a series of questions to identify the key forces.

12:00pm – 1:00pm	**Lunch** Keynote Speaker: **Hillsborough County Commissioner Sandy Murman**
1:00pm – 2:00pm	**What are the Forces of Change that will Impact Us? (continued)** Participants will discuss the **Forces of Change** affecting health in Hillsborough County. Teams will complete their work and then collectively participants will prioritize the forces of change.
2:00pm – 2:15pm	**Break**
2:15pm – 3:15pm	**What are our Hillsborough County Health Issue Priorities?** Participants will determine the **Community Health Issues** that face Hillsborough County. Teams will brainstorm and narrow the issues. Then collectively participants will discuss and prioritize.
3:15pm – 3:45pm	**What are our Next Steps?** Participants will identify the **Community Assets** they believe can assist in addressing the health issues identified (asset inventory). Then they will have the opportunity to select the area they would like to be involved in and begin to explore **Next Steps**.
3:45pm – 3:55pm	**Evaluating the Meeting**
3:55pm – 4:00pm	**Closing Remarks** Thank You: **Dr. Donna Petersen, College of Public Health, University of South Florida**

Welcome and Objectives
Welcome & Setting the Stage for a Successful Day: **Dr. Douglas Holt, Florida Department of Health – Hillsborough**
Remarks: **Dr. Lee Green, Moffitt Cancer Center**
Today's Agenda and Collaborative Process: **Alison Barlow, Collaborative Labs**

Alison Barlow: Good Morning everyone. If you would please take your seats; we are going to get started.

Dr. Douglas Holt: Good Morning everyone. Let me begin by thanking every one of you for giving up your Friday to spend this time with us. It shows dedication and the importance we all place on improving the health of our community. Let me also give special thanks and recognition to the members of the Healthy Hillsborough Steering Committee. We have a great group from St. Joseph's Hospital, Florida Hospital, Moffitt Cancer Center, Suncoast Community Health Centers, Tampa Family Health Centers, Tampa General Hospital, and my team as well. Would you all please stand up and be recognized? *(Applause).* There was a lot of behind the scenes that got us here with hard work and energy. Our agenda is pretty clear of what we are going to do together. We are going to do a lot today with a common purpose. We are going to take a look at how healthy, or not so healthy, we all are. How many of you guys get an annual check–up? Where you go in and find out your health with labs, blood pressure, exercise, and all the other stuff we do? In a sense, we will be doing that today for the whole community. We are looking at our health. Just like ourselves, we are going to determine what we are going to do about it. What do we care about? Do I care? We have also listed the slides, the facts and numbers of what is going on, what people think, and how people feel about their health in the communities. We need your help. We are asking for some thoughts and opinions. Use your brain, use your heart, but most importantly, use your mouth. We want to hear how we can best serve our community. Each of us, all of the members I identified have done this before separately. Now we have come together. We are excited for a new perspective. What comes out of this will not be the same as what we have gotten before. We will be working in a coordinated and collaborative fashion, complementing each other. Let's get to work. *(Applause)* Let me introduce Dr. Green of the Moffitt Cancer Center.



Dr. Lee Green: Good Morning everyone. How many of you woke up this morning, realized it is April first, and you are wondering where in the heck did January, February and March go? It's absolutely crazy. First of all, I want to thank everyone for being here. I am extremely excited about this meeting. I am excited that Moffitt Cancer Center is a partner in this initiative. We certainly think it is extremely important for us to be at the table. Dr. Holt thanked all of those who are instrumental in getting this planned. As you know it takes a lot of work behind the scenes to get something like this to come together. There is going to be a lot of hard work we need to engage in moving forward as well. We know that this work cannot be done individually. All of our institutions do great work, but we know we can do more if we come together. No question about it, we can do more if we come together. That's what this is all about. How can we have a

collaborative working together, move the puck forward, initiative as best we can? Our community members are counting on us. They are looking for our guidance and leadership to get this done. We really appreciate the fact that you are at the table. We need you. You are our stakeholders in this community. I hope that conversations today will be not only robust but also grounding. We don't want everyone just agreeing with what is being said. We want you to really think hard, as Doug mentioned; think from your heart, and let's move forward together. I want to close with one of my favorite quotes, you may have heard it before, "If you want to go fast, go alone. If you want to go far, go together". That is what this is about. We want to go far. On behalf of our leadership and the Moffitt Cancer Center we appreciate this initiative and this partnership. We understand we cannot do it alone and are glad to be at the table with you. Thank you Dr. Holt for being here and Dr. Gordon for your leadership and guidance in the process. Now, I will turn it back over to the person in charge. *(Applause)*

Alison: Good morning everyone. My name is Alison Barlow, and I am part of Collaborative Labs. We are a group that is going to be working with you today as we progress the conversation. I am thrilled to see some familiar faces and some new faces. We're pleased to have you with us. We have some great organizations in the room. We want to know who is here. We are going to do really fast introductions. We want to know your name and organization. The purpose of this is to help connect you with a person or organization you may not have known was going to be here today, and we want to let you know that they are in the room.

~Participants introduce themselves ~

Alison: Wonderful. We will have others join us as the day progresses. Give yourselves a round of applause. *(Applause)* You guys did an awesome job. We just introduced over 100 people in just a few moments. I appreciate it. It helps you guys know who is in the room and will help you to make some connections.

This morning we will be spending most of our time in this room. What we are going to be doing is working on the Health Status of Hillsborough County. We will also be hearing about a series of data that was collected in surveys, interviews, and focus groups; the communities' perspective. So, you will have all of that context for future discussions. Right before lunch we will spend time talking about the forces of change. What are those events, trends, incidents that might influence today, or in the future, the health of Hillsborough County? Then, in the afternoon, I am putting you to work. You will be working next door in our team areas. This is where you will work together in different groups, spending some time connecting with people about these issues. What we are hoping to do is take what you know and cross pollinate, aligning our objectives and where we are headed. We will continue to focus, after our key note speaker at lunch, back on the forces of change. We want to walk out today with our top ten priorities. Finally, we will talk about next steps and continuing those. As you saw in the introductions, there are tons of great assets in the community. Whether that person is in the room today or someone you know who couldn't make it, we want to make sure we understand, and we put a name and an organization to that list of issues, so we know who we should tap into as we continue to work forward. Any questions about our agenda? A couple of logistical items: in your packet that you received at check in, you will have the agenda for the day, a copy of the slides we are going to go over in a few minutes, and other wonderful materials from our collaborative and sponsors. Around the room and on the walls, you have some posters with great statistics and information.

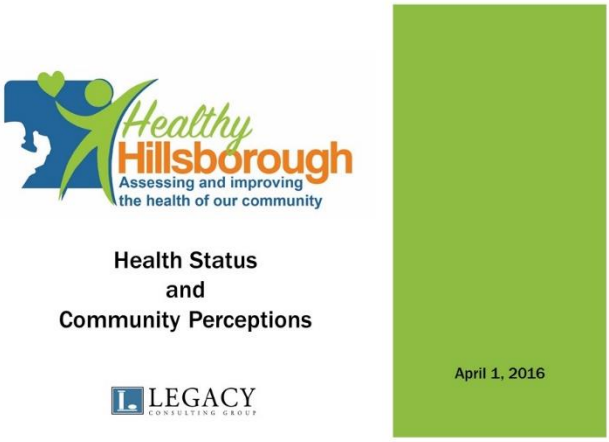
Let me also quickly introduce our team so you know who the people in blue are who are helping you today. The person who was just taking my picture is our tech guru P.J.; he will be taking pictures and helping us with the software when we go into team break outs. He will be guiding us through that. Tina, in the corner, is my co facilitator; she will be helping to move the teams, as well as different conversations. Everything we do today, soups to nuts, all of the conversations, all of the slides, all of the materials, is going to be available to you on Monday. The person responsible for that is Teresa. Last but not least we have Jonathan over here. He will be listening to the conversation today. He will represent our conversations and issues in a visual format. We will have him share that at the end of the day.

In just a moment I will have the pleasure of introducing our key speaker who is going to share all of the data, but I do want to mention something. In the center of your tables are green and blue slips of paper. They say "question, name, and organization." It is very possible as we go through this data we may run out of time. We might not get to all of the questions. If you have a question, please jot it down so that we can collect and address the issues. We will review the slides and then go over the questions.

What is the Health Status of Hillsborough County?
Community Health Status Assessment: **Roy Brady, Legacy Consulting Group** Participants will have an opportunity to review the assessment results and briefly add their perspective.

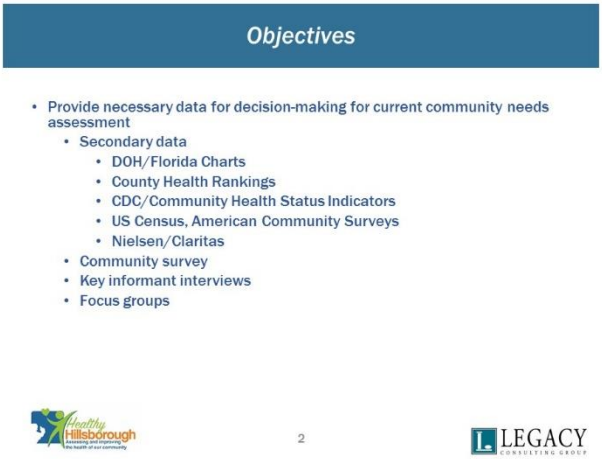
Alison: You are going to hear about the Health Status of Hillsborough County. As I mentioned, write down the questions. We will collect them and answer as many as we can. We will follow up throughout the session and following the session. I am so pleased to introduce Roy Brady who is our legacy consulting group representative who has done a wonderful job pulling together this data.

**The presentation slides have been provided as an attachment to this document for your reference.*

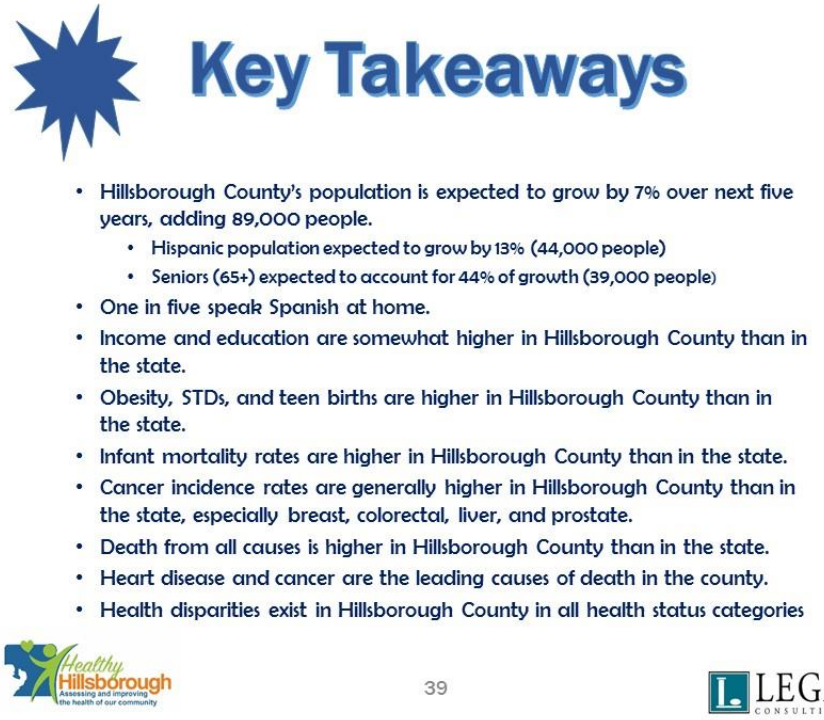


Roy Brady: Thank you Alison. Thank you all for being here. I appreciate it, it's going to be a fun day. Before we get started let me apologize for my voice. It is normally soft and methodical, some would say hypnotic. But a couple of weeks ago I picked up a bad case of bronchitis, and I still have the occasional bad coughing spell. So, I apologize in advance for that. My job here today is to present you with data, a lot of data that is going to help you in your decision making process later on in the day.

We put this data together from several different sources. Florida charts is a wonderful, wonderful website. If you have never been there it is floridacharts.com, and they have tons of data that is put together by the Department of Health. We also use data from County Health Rankings. We use data from the CDC from the American Community Surveys. American Community Surveys is part of the census. Those of you who are old enough to remember the old days when the census was a short form and a long form, it has changed. There is only a short form. It is a mailed survey.



It is mandatory that you fill it out. Nielsen/Claritas is one of the top places in the world to get population and demographic data. We also did a community survey. Thirty–one Key informant interviews, some of you may have participated in that process, and we also did a total of five focus groups.



***Slides 4–38** *Topics include:*

·Demographic Analysis · Hospital Data · County Health Indicators ·Health Disparities

Roy: Remember the population can change in one of four ways. That doesn't mean different people are moving in. You are born into it, you die, you move into it, or you move out. There are two general ways we look at race and ethnicities. The way we have done it here is becoming more common. You split out the Hispanic and non–Hispanic. Non–Hispanic population can then be White, Black, or other. These all add up to the total population. Other is Asian, American Indian, and Hawaiian.



Alison: So, take a second, because you heard a lot of data. Turn to the folks at your table and discuss what stood out to you. Compare notes for about 5 minutes and then we will take some questions.

Questions and Answers





Alison: We are going to open the floor for some questions? Who has some questions for Roy?

Speaker: My question is what is the exercise measurement? Is it 30 minutes or more a day? Is it working outside in your yard? When you say exercise or lack of, how was that measured?

Roy: I really don't have the answer to that question. I believe it is self–recorded. You exercise, and it is up to you determine the level of that.

Speaker: Our question is in reference to the slide regarding motor vehicle crashes. With the recent conference of present state concerning opioids impacting communities and how the impact of opiate deaths surpasses vehicle crashes, I am wondering how that factored into the numbers that you have?

Roy: I don't have anything to break it down by drug overdose or drug related deaths. It can be done, but I do not have that today.

Speaker: When looking at the data that you collected it really depends on the reporting and where the data comes from. The challenge is, at our table, we feel there was a big disconnect in what was reported by the county and otherwise. Things are not reported in that way. You might have something happening at a sub level that is not reported to the state. For those of us that work with the populations, those are not the things that we saw in relation to the numbers. Another is the median income for bay areas, what is the average income? Because it really doesn't tell much to say the median is just zero to whatever. Average is going to be what is most important in terms of what is this community's health.

Roy: That is a good point. I don't have average income. We have median household income which is sort of a difficult standard of median income. Average income is going to be a little less than median income.

Speaker: My question is, well, it is not actually a question. I would you ask that you clarify regarding the comment about "yes" to the water on slide 23. Without knowing what that means, it leads me to believe that some of the health problems we are having may be related to it, unless I know what it means by "yes" to drinking water violations (population exposed).

Roy: I don't have a definitive answer for that. Prior to 2016, the water quality up here on that particular slide was measured against a number available prior to 2016. When I updated the slide deck to the numbers that came out, the recording was changed to yes or no.

Alison: We are going to take one more question and then move on to the next set of slides and data.

Speaker: The school test that was indicated in the screenings, what is that screening used to diagnose?

Roy: Cancer related diagnoses.

Speaker: Also on slide 30, there was an acronym AMI. What does that stand for?

Roy: Acute Myocardial Heart attack.

**The presentation slides have been provided as an attachment to this document for your reference.*

What does our Community Think?
Community Themes and Strengths Assessment: **Roy Brady, Legacy Consulting Group.** Participants will have an opportunity to review the assessment results and briefly add their perspective.

Alison: You guys had some great questions. I know there were some requests for additional data that we want to make a note of. Do me a favor: if there is any data you would like to know more about, please put it on the slip of paper, and we will collect those and see what we can do about getting you that information. I am going to ask Roy to move on to our community data. This is information of what the community is saying. It will be interesting to see how what you guys are observing in the community lines up with these folks. Roy?

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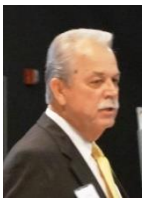
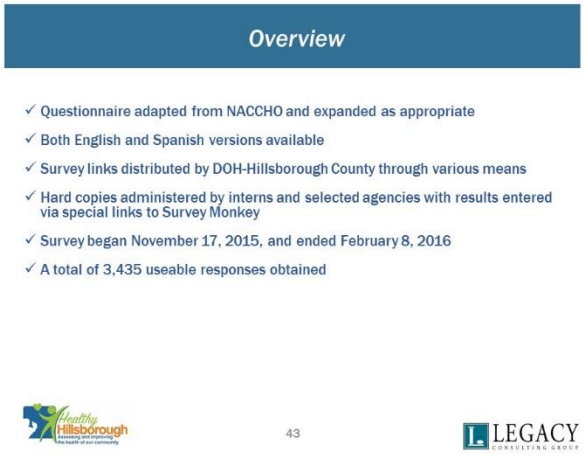


Roy: Now let's talk about the results of how people think, instead of cold hard numbers. We administered a community survey, which we did through survey monkey, an online survey questionnaire. The link went out to various areas, and we also had paper copies sent out with interns to reach those without computer access. Those results were also added to the survey monkey. We also did a total of 31 key informant interviews. These surveys started in early November and went through the first week of February.



***Slides 41–78** *Topics include:*

·Community Perceptions · Community Surveys (Survey Monkey) · Hard Copy Surveys & Results

*The key takeaways reiterate the information viewed from slides forty–one through seventy–eight. These results encompass the age, gender/race, ethnicity, languages spoken at home, how well English is spoken, education, household income, transportation, rated consideration of health or unhealthiness of the community, exercise frequency, smoking frequency, alcohol and sugary drink consumption, having a medical provider, last visit with medical provider, routine care, needed care, how payment for healthcare was made, why no insurance, most important health problems, factors that improve quality of life, risky behaviors, trust of health care sources, and statements about local community.

Speaker: I think that you have to take into account this is a population that is working well and highly educated with higher income.

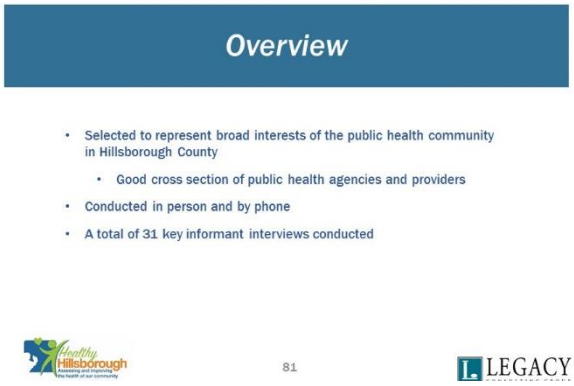
Roy: Yes. Keep that in mind these numbers are skewed because of the 70%–75% higher income and higher education.

Speaker: I just need to understand if these results are including the focus groups and key informant interviews.

Roy: This is the online and distributed survey monkey only.

Speaker: In regards to health care or no insurance, a lot of times when you look at the statistics of the people at the urgent care clinics, and even that you just talk to, it is not that they do not have insurance; it is that they cannot afford the copayment. So therefore, they are really saying they are going to the urgent care clinics instead of the emergency room.

Roy: That is a very good point and is brought up in the key informant interviews and the focus groups. We conducted these by phone and in person. We wanted to actively engage with the individual. How many of you participated in these? That's a good amount.



***Slides 80–88** *Topics include:*
·Community Strengths & Weaknesses · Public Health Issues · Barriers to Care

Key Themes

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

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Top 10 Health Issues

(more than one answer possible)

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

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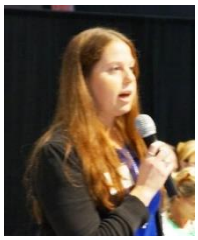
End of data presentation.

Alison: Again, let's take a moment at your tables to share what you saw and what caught your attention, and then we will take some questions.

Question and Answers


Alison: Alright, ladies and gentleman, let's come back together. We had a number of papers that came our way; thank you for that. For those that are asking for data or questions we cannot answer today, we will make a note of those and get that information to you. Roy has one here he wants to answer, and then we will open up to questions from the floor.

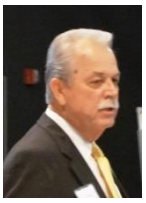
Roy: Okay, the question is concerning how the key informants are identified/selected in the community assessments. Actually, Jen from the Moffitt Cancer Center arranged all of the interviews, so I will defer to her to answer the different processes she went through to do that.

Jen: Basically, it was just different programs that Moffitt, the Health Department, and other hospital collaborative had and suggested to me and the group.

Alison: Any other questions from the floor?

Roy: Vanessa, I am not sure I understand the question, or is it a question? Are surveys conducted through the schools to gather information versus computer/internet?

Vanessa: The questions is: I noticed on the survey that it was mostly conducted on the computer. In the inner city, the computers are mostly used within libraries or schools where people are there for research or school work. I feel that there would have been a better response if the surveys were combined with the Hillsborough County school systems where the kids can take those surveys home have their parents fill them out, in addition to the computer systems. Access or not having access to the computer is an issue.



Roy: The surveys were done online through survey monkey, but we recognized that there were going to be groups of people that would not have access to computers or may not know what to do with a computer. So we printed out copy versions on the questionnaire, and our interns went out into the community and did surveys with the respondents. We had a hard copy English and Spanish version. There were opportunities to go out into the general public.

Continued: I believe the suggestion was made that we needed to put the surveys on the computers in libraries, but we didn't get very good cooperation. The libraries were not willing to do that for us. It is a great idea though. We wanted to have control of the surveys; that is why we didn't just leave them places. We wanted to have interaction with the person filling out the questionnaire.

Alison: Any other questions or comments? Great. Let's give Roy a round of applause. Thank you. (*Applause*)





**The presentation slides have been provided as an attachment to this document for your reference.*

Participants' Follow–up Questions/Requests for Additional Data:

1. Would like to see substance use/misuse related data
2. For slide 69 on why no insurance – What descriptive statistics do we know about those who said they can't afford insurance or don't qualify for insurance? Could we see a cross–tab at some point?
3. Would it be possible to map and overlay some of the Health and Disparity data for the County? Some entities are doing this (i.e., Community Atlas, Children's Board, and Healthy Start).
4. Data I am interested in:
    a. Motor vehicle fatalities due to alcohol and substance use.
    b. Water quality for our zip code
5. How were the key informants identified/selected in the community assessment? (answered at the workshop)
6. Need better access for Adult Respite 24/7? Short term? Any plans?

7. How does the demographic picture correlate with Harvard/Stanford study that shows Hillsborough County one of the 10 worst counties for social mobility? We have defined populations stuck with poor determinates of health.
8. Need links to sub–county data (e.g., zip codes, neighborhood).
9. What is the average income?
10. Can surveys, other input be stratified to subarea, income, and other subgroups?
11. Deaths from overdose, con–commitment. Behavioral health problems that drive the death rate up due to noncompliance.
12. It would be very helpful to demonstrate rates of cancer incidence diagnosed at localized/early stage vs. advanced stage disease. This is impactful looking at access/interventions.
13. Data request:
    a. Comparison to Pinellas
    b. Hospital by # of beds
    c. Survey data by zip code (Tampa vs. Plant City…)
14. Data request:
    a. Homeless data
    b. Transportation opportunities – bus, community agencies
    c. LTC and home health agencies
15. Data – drill down to zip codes
16. Compare pedestrian deaths with other communities (Broward, MD or PB)
17. Surveys conducted through the schools to gather information vs. computer/internet
18.

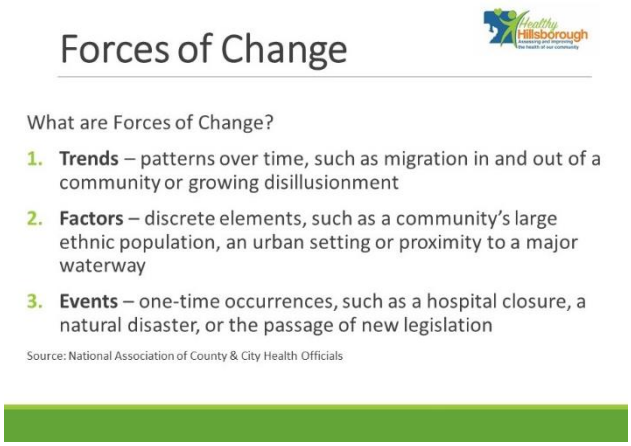
Written Comments from the Table Discussions:

1. Not question, but table themes with discussion:
    a. Teen birth rate high in data, but not a priority on surveys, focus groups.
    b. Survey data may be skewed by high education, women, clinic–based – would respond "yes" to seeing provider; were clinic visits (w/in 1–3 mo, etc.) for sick or preventive visits.
    c. Mental health issues seem under – represented (e.g., wait list for beds @ residential treatment facilities).
2. What came up at our table:
    a. Health disparities – How does cancer incidence by race compare to death rates?
    b. Why those counties chosen as peers; partners who work across county lines (e.g., Pinellas) would like to see how Pinellas compares.
    c. How does bed size, availability of trauma care, etc. play into how CHR ranks hospitals / clinical care (ranking doesn't mean hospitals bad / could be better)
    d. No data on disabilities
    e. Data @ zip level
    f. Opioid overdose mortality rate

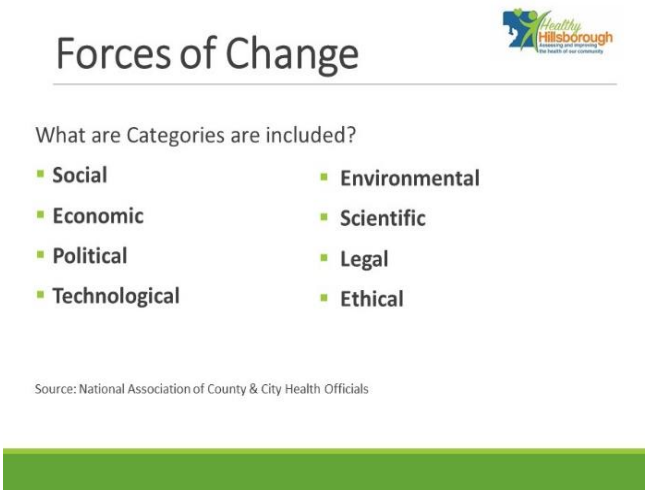
What are the Forces of Change that will Impact Us?

Participants will discuss the **Forces of Change** affecting health in Hillsborough County. Teams will answer a series of questions to identify the key forces.

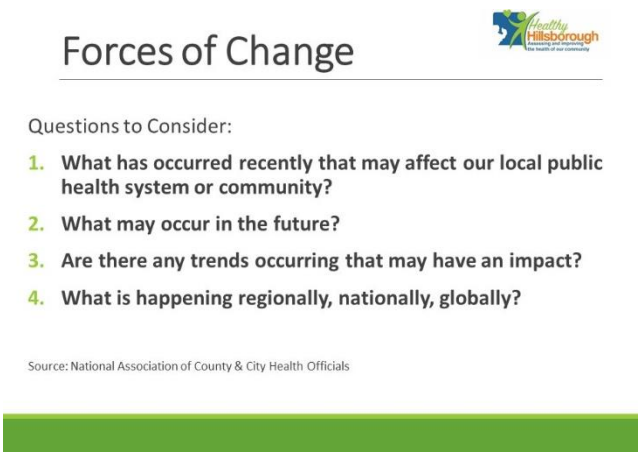
Alison: In a moment we are going to take a break. Before we do that, I want to set up our activity that is going to happen right after break. You heard a lot of good data. Given your conversations at your tables, you all have some insights from your experiences in the community that could influence some of this information. We want to know from you all about the Forces of Change. Let me explain what a force of change is: one of the trends, factors, and events that you're seeing that could influence the health of Hillsborough County.



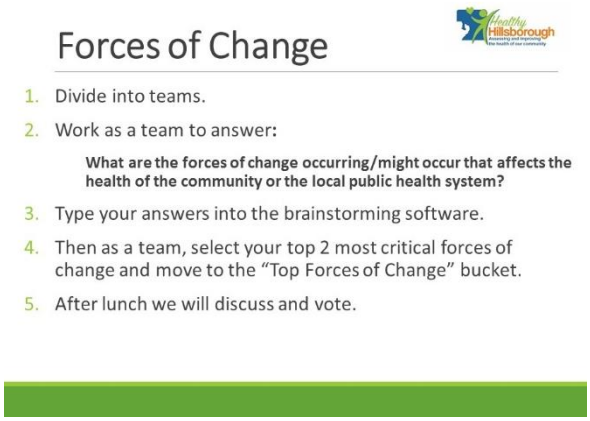
A trend might be around migration; it could be a population group, or their feelings about something. A factor could be some of the data you have from your experience in a particular sub area. Then an event could be a onetime natural event, natural disaster, or a piece of legislation that is being talked about. All of these things. It is a pretty open ended conversation, but what we are looking for is, what are those forces of change that could influence health in Hillsborough County? What we are doing is setting up our conversation for our next session after lunch about specific issues. We want to hear from you.



When we talk about forces of change, they could be environmental, they could be economic, or legal; any type of category. There are quite a few options or thoughts that you could have or questions to consider. It is not only the forces that are heard recently, but also the trends you see coming in the future at a regional, statewide, national, or global level that could come to bear. These three slides are going to be in your team areas to use as a reference.



We are going to do a simple activity. When you get to your teams we are going to ask you to talk about one question. That question is, what are the forces of change occurring or might occur that affect the health of the community? Just brainstorm. Put your thoughts to paper, so we have that to look at. After a period of time, we will have you select your top two forces, the ones your group felt were the best. Those will be the ones that we come back and rack and stack. We will have 16 teams each choosing two, so we will have 32. This will probably generate some overlap. That is okay. Let me show you what you are going to do in our brainstorming software ThinkTank. You will enter what your team is talking about, but you will also be able to see other team conversations. It will help you key up ideas. Whatever you are talking about, put one idea per entry. Later it allows you to have that idea ready to go. The neat thing that happens is you will see team numbers. If you want to add on to something someone else did, you can. It is okay to share ideas. The way you pick your top two is to look through and choose the two that are most important, and drag it to the bucket. When you go to choose, you can steal an idea. That is okay. We are going to break. When you come back, you will grab a number from Tina and me, and go to your area. If you end up with your all your buddies, please come back and get another number; we are trying to maximize who you are working with. Any questions? Great. After brainstorming we will have lunch. Alright, enjoy your break, and let's get to work.



Team Brainstorming

Brainstorm – Forces of Change (trends, factors, events)

1. Increase in Hispanic population
2. Medical marijuana
3. Legalization of recreational marijuana
4. Presidential election and impact on ACA
5. Low perception of harm regarding substance misuse
6. Social media and communication outlets
7. Public and private partnerships
8. Increase in aging population
9. Introduction of new smoking devices and methods
10. Health literacy
11. Development of serious injury database for children 0–6 years old
12. Climate change
13. Dental
14. Homeless issue
15. Access
16. Structural barrier to healthcare
17. Hillsborough county healthcare plan
18. People in the gap
19. Wage equity/living wage
20. Lack of affordable housing
21. Transportation
22. Patient center medical home/neighborhood
23. Shortage of healthcare providers
24. Affordable comprehensive health insurance
25. Lack of coordinating care
26. Cost of education
27. Debt
28. FDOH no longer provide care
29. Toll roads vs. Mass transit
30. Government budget cut
31. Social justice
32. Integrated mental health
33. Access to women's reproductive healthcare and family planning
34. Access to healthcare for chronic conditions
35. Lack of end of life planning
36. Lack of wellness services
37. Assisted suicide

38. Competition and silos in healthcare
39. Discharge from hospitals
40. Lack of funding for social services
41. Lack of social integration
42. Population changes
43. Healthcare change; more responsibility on the patient then in the past. Specifically related to insurance.
44. Health coverage expansion (or lack thereof)
45. Development of Downtown Tampa — potential demographic changes because of it, especially gentrification.
46. Subsidized housing changes — movement of section8 housing
47. Housing costs and availability
48. Political environment — less funding available for local programs and state programs
49. Technology — EHR and ability to communicate with patients
50. Technology — EHR and ability for physician to communicate with patients
51. SMOKING
52. Aging population and spending associated with end of life care
53. Health providers — nursing shortage
54. Shortage of health care providers and increased need for providers due to an aging population
55. Dental care — Medicaid benefits
56. Medicaid reimbursement rates
57. Weather changes
58. Aging
59. Health care insurance changes
60. Immigration: increases from Haiti, refugees from many countries
61. Food accessibility
62. Undocumented immigrants
63. Graduation rate
64. Population growth
65. Increased demand for social services
66. Insufficient supply of social services and professionals
67. Increased prevalence of chronic diseases (e.g. lung cancer, asthma)
68. Women's health and access to family planning
69. Shift from pill mills to alternative drugs
70. Lack of licensed health professionals that are generalists
71. Access to healthcare after pregnancy and if in insurance gap in Florida; continuity of health care
72. Unemployment
73. Access to and affordability of education post high–school

74. Opportunities for education and employment especially for the Hispanic population, especially undocumented
75. Lack of transportation
76. Lack of child care in order to access services
77. Increasing awareness and linkage for services
78. 78. Technological revolution in terms of health information seeking behavior, e.g. mobile app, internet
79. Education access but not necessarily college; looking at vocational and technical schools
80. Lack of awareness of available resources for health care and other social services
81. Value–based medicine and payment
82. Trends in grant funding – toward community–based, evidence–based, system change, prevention
83. Loss of funding for low–income pool and lack of Medicaid expansion
84. Governmental policies and procedures – regulations imposing a barrier to access
85. Aging population
86. Self–driving vehicles
87. Growing Muslim Community
88. Immigration issues
89. Increase in immigrants
90. Cuban–American relations opening up
91. Immigration reform
92. Increase in refugee population
93. Baby boomers are retiring
94. Climate change
95. Increase education of affordable care act policy
96. Election year
97. Health education topics that are taught in schools
98. Funding for community clinics
99. New research
100. Stagnation of public transportation
101. New opportunities for using technology in healthcare
102. Population growth
103. Emerging health diseases (ex. Zika)
104. National security concerns
105. Increase demand for veteran health services
106. New medical treatments
107. Food regulations
108. Possible changes in public assistance
109. Heroin epidemic
110. Growing mistrust of government

111. Becoming a more diverse county
112. Reduction of rural populations due to new housing developments
113. Migrating from rural to urban
114. Population health
115. Borders – immigration Caribbean, Canada, Mexico
116. Gentrification
117. Higher than expected infant mortality; racial disparity in infant mortality (over 2:1 black to white)—declining but not where it needs to be; Hispanic disparity increasing
118. Lack of federal funding
119. No Medicaid expansion in our state (90,000 would benefit in Hillsborough)
120. Provider hours (including WIC, etc.) are not conducive to client needs/not flexible enough—if you take off work to go to clinic, WIC—>lose wages and potential jobs
121. System barriers
122. Lack of planning (interconnection care) & lack of hope—didn't plan to have children, etc.—"no tomorrow"
123. 45% are an "episode" away from poverty (ALICE report)
124. Lack of dental care that immediately impacts medical care, school attendance
125. Vision screening services for children—impact on ability to see in school, participate
126. Criminalization of lifestyle (e.g. drug addiction, homelessness, unemployed/underemployed and on the street and criminalized; once you have a record, can't get hired, which impacts health outcome)
127. Barriers to access for undocumented individuals
128. Healthy foods and food deserts
129. Safe places for wellness / can you walk safely in your neighborhood
130. Homicide and suicide rates for communities
131. Behavioral health issues that go untreated/undertreated
132. Substance abuse/new synthetic drugs (Flaka), drug overdose
133. Quality of our drinking water—more transparency on findings
134. Substandard housing (impacts asthma, etc.); many impoverished neighborhoods built on top of Brownfields, also impacted by air pollution (coal fire plants, etc.)
135. Public housing relocation (family, generational and social support systems will be destroyed); social policy breaks up these networks; lack of social support makes transportation, employment difficult, may drive some individuals to gangs, etc.
136. Human trafficking
137. Need for affordable housing
138. Immigration from inner city to more rural area
139. Change in population demographic
140. Rate of infant mortality
141. Health insurance not available to undocumented immigrants
142. ACA

143. Access to healthy food
144. Proper food labeling
145. Number of primary care providers (i.e. culture and access included)
146. Transportation
147. Decrease in homeless population; relates to affordable housing
148. Public cannot afford deductible even though covered by insurance
149. Lack of behavioral health options
150. Availability (lack of) of affordable housing
151. Health Care Data
152. Income Disparity
153. Government Ambiguity
154. Information ACCESSIBILITY
155. Increase in Social Media and access
156. Collaboration of Mental Health and Physical Health
157. Politics of emerging and infectious diseases
158. Lack of knowledge related to available health care insurance coverage options
159. Poverty level increased to 110% today
160. Poverty line moving to include lower incomes, may be more eligible for healthcare?
161. Decrease in grant funding
162. Newly insured education on how to access healthcare system addressing language barrier
163. Rise in level of education/ access to education
164. New law for food stamps for those without children under 18 won't qualify unless they meet other requirements; must be getting education if not working
165. Pornography/public health crisis/human trafficking
166. Lack of public communication related to available services available in the community
167. New street drugs– that we know little about
168. Impact of adult entertainment industry and the impact on public health
169. Minimal Respite Care (factors: legislature/funding)
170. Politicization of healthcare
171. Food deserts in Tampa, grocery or supermarket within 1 mile
172. Skyrocketing obesity rates
173. Separate billing for healthcare services when accessing healthcare
174. Decrease in health department funding
175. Increase in Medicare & Medicaid; Florida Governor's decision to not accept the Medicaid expansion
176. increase in STDs, teen pregnancy
177. ACA – children 26 now can be on parents insurance
178. Need for care coordination navigators

179. Focus on modifiable health behaviors since this seems to have a direct impact on length of life in comparison to clinical care
180. Prisons and jails (incarceration) have become alternative for mental health treatment and substance abuse treatment
181. High rate of teenage births due to limited access to birth control methods in community
182. Birth control education and methods not available in school system
183. Drug overdose should be added to health behaviors
184. Infectious disease less likely to be fatal compared to chronic health conditions
185. Unable to discuss sexual reproduction in school system
186. High rates of HIV
187. Trauma and violence impact on health
188. shift from infectious diseases to chronic diseases
189. Increase in gun related violence
190. Patient needs shaping healthcare options (i.e. lack of primary physician evening hours)
191. High rates of teen pregnancy and repeated teen pregnancy, but was not ranked as a priority in community assessment
192. Lack of effective public transportation
193. Disconnect between high STI rate and level of importance
194. In the psychiatric population, chronic diseases are more prevalent
195. Lack of Medicaid expansion in the State of Florida
196. Medicare will cover cost of diabetes prevention programs
197. Healthcare disparities among the indigent will only increase over time and drive up healthcare costs overall
198. Lack of quality early education programs
199. Commercial insurance providers are collaborating to provide disease prevention with hospitals
200. Lack of quality infant care
201. High cost of deductible and copay (accessing health care) causing a decrease in use of health services for those carrying insurance
202. Decreasing number of physicians and nurses
203. Surgeon General has a strong public health background
204. scope of practice legislation was passed
205. Available resources for mental healthiness are non–existent for the huge demand; affects numerous other qualities of life and health
206. insurance companies dictating healthcare and what services patients can receive
207. Future generation not adequately prepared to address life challenges; related to disparity between haves and have–nots
208. Lack of availability of health food choices in the school system
209. lack of sufficient mental services
210. Marketing within commercial food industry for unhealthy food choices

211. new norm in perception of what is healthy and unhealthy
212. presidential election and political environment
213. Half of the House and Senate seats are open in 2016

Following lunch and the keynote speaker the teams prioritized these forces (see subsequent section).













Lunch
Keynote Speaker: Hillsborough County Commissioner Sandy Murman

Alison: Ladies and gentleman, if I may have your attention, we're going to begin our key note speaker a few minutes early. You will have some additional time after this to refresh your lunch and get some dessert.

Dr. Holt: It is my pleasure to introduce Commissioner Sandy Murman, I am pretty certain that everyone here, if you haven't met her, she has helped you or she has asked you to do something for her. It is impossible to say no to Sandy. She served as a representative of the Florida House and has now been our County Commissioner since 2010. Whether she is an elected official or a private citizen, one of her consistent priorities has been families, especially children. Recent examples, that hopefully people are aware of, are that she has led the effort to raise the eligibility for the Hillsborough County Healthcare Plan; also, maybe a little less, is partnering with our community health centers. Without further ado, I would like to welcome and introduce Sandy Murman.

Commissioner Sandy Murman: Happy Friday everybody! I am so happy to be here today. This is an issue that is near and dear to my heart. It goes way back to when I was in the legislature, because I spent all eight years in health and human services appropriations, sometimes as chair or appropriations, sometimes as the policy committee. I was very involved. When Tampa General was transitioning, do you remember those dark days they had over there? Now they are a wonderful hospital that got back on their feet. We did some creative ways for funding it; it used to be disproportionate share, and who knows what it will be next year. I am one of the few conservatives that did support Medicaid expansion (Applause). I am going to tell you a funny story. We had our county commission meeting last Wednesday where we approved our continuing coverage. Some of our legislators called and wanted a copy of what we did, because I made reference to the fact that the legislature won't approve Medicaid expansion. We are going to make efforts here in Hillsborough County to cover the underserved.

I really think that is so important for all of us here to have a collective voice, no matter what, to help the indigent and underserved in our community. I want to start by just saying two major Hillsborough County desired outcomes that we have with our county health care plan are two things: increasing the length of a life, and a higher quality of life for our residents; two very equally important, but very challenging things given the diversity within our community, from Sun City Center to inner city to active adults in the West Chase area. We have a melting pot of diversity and have changing behaviors. We are now starting to attract millennials to Hillsborough County. Mayor Buckhorn talks about it incessantly: how that is going to make us and put us on the map, attracting these millennials here. The 100,000 students we have here, every year between USF, University of Tampa, and HCC; they are all packing their bags and moving elsewhere, keeping their health care careers here and really being productive citizens and tax payers here in our community. We do have to have a big community focus. Of course, we have our health care advisory board at the county; this health care collaborative is really

wonderful. I think the exercises you are going through today are fantastic, and I hope you have a great outcome, speaking with one voice with what the priorities should be. We just have to improve the health and quality of life for all of our community, and we really do need to do it and try to reduce the cost at the same time. The less the cost, the more people we can serve. One element that is important with our Hillsborough County Health Care Services is that you have to have community partnerships, and we have those partnerships, especially in our healthcare plan. We have nine hospitals, twenty–eight primary care clinics, 3000 participating medical specialists, and a host of ancillary services. We have a very targeted agenda in trying to make sure that our community is all coming together. If we speak with one voice, think of how much we are going to get accomplished. Did you know that Hillsborough County Health Plan has been around since 1991? Last Wednesday, at the county commission meeting, was the first change we have made to that health care plan since 1991. The reason we had to make that change was to go from 100% to 110%, and I know in your mind, you are thinking that is only 10%. Couldn't we go up to 138%? You have to take these incremental steps. You have got to be fiscally prudent about the dollars. If we went right up to 138%, we could have just broke the bank. We would deplete our reserves. You have to know exactly what you are doing and how you are accomplishing it. We have provided, in the last 20 years, services to vulnerable residents in our community. Most of them women (at 51%), men (at 49%), and generally 18–64 years of age, are the people that we serve. Residents qualify with income now 110% of the poverty level, if they don't qualify for the affordable health care act or any other insurance, including Medicaid. We serve about 13,000 members per month, 26,000 unduplicated members, and since the plan, our physicians and other health care professionals have touched the lives of more than 206,000 unduplicated residents and processed almost 500,000 enrolled residents, which is outstanding. You have a healthcare plan here in Hillsborough County that you can be proud of.



We are efficient and effective. The importance to our community is paramount, because we last year provided nearly 130 million dollars to the community hospitals in 2015. As you know, our healthcare plan does provide care team funding to trauma center and TGH to help draw down the federal dollars. It is a major driver in the community. It is helping to support hospitals and providers who would otherwise not be reimbursed for their services. That has been the whole thing. We have people and providers available, but are they going to get paid? The Hillsborough County Health Plan also supports other non–funded mandates such as…I don't know if you know this, but a lot of the unfunded mandates that come down from the legislature, that I am always against; they come down here while we are trying to provide other services in addition to the mandates. This is the safety net for all our residents. It reduces emergency room visits; the hospitals save other costs that would be incurred without this

funding. The mental health parody that we did at the board and county commission meeting last week is significant. Especially when it comes to the quality of life and increasing the length of life. We are finding the homeless on the street have mental illness; it is everywhere. It affects your quality of life, it affects if people can get jobs, and whether our economy is strong. We decided to take a huge step and provide mental health services with our Health care services in the indigent health care plan. We hope to establish a partnership with the school district for therapy for students, so we don't have the violence here that can result from mental illness. We keep people safe, and we get people a good quality of life. I have felt strongly about this. It is amazing the outcomes you get when you make the commitment. Early detection is critical. These children who go undiagnosed could be a ticking time bomb. There is a doctor at University of South Florida who has a program he administers with phenomenal results, but we have to get it out there into our schools. We want to have a good quality of life for everybody. It is a key component. I think going back to importance and what public health factors and success indicators do matter. We measure healthy behaviors. When you go to one of our health care sites, and you are on indigent health care plan, and the doctor sees an issue, they will be able to access mental health therapy right then and there. The uninsured who have no access to care: we are one of the five counties in this state that have the highest number of children who are uninsured. We need to do what we can to provide health care for them. I believe we have to change our thinking and our behaviors to achieve these improvements to public health. The weights that we put on these health factors is 30% for healthy behaviors, 20% for clinical care, 40% for social and economic factors. We really feel that having jobs is very important. 10% is physical environment. Some of the policies and programs that are involved could be air and water quality. It could be housing, or transit. Our rankings for outcomes in all of these areas: Pinellas county ranks 26th out of 67 counties in these outcomes; Hillsborough county ranks 28, and Pasco country is ranked 37. We have work to do.

Some of the actions that are being taken in Hillsborough County: we are trying to improve access to facilitate walking, running, and bicycle rides. I am not going to talk about a transportation plan today, but included in that plan, when we decide how to fund it, will be sidewalks, trails, and pedestrian accessibility, and heart exercising equipment in our playgrounds. We expanded our health care plan and our mental health care services. Another important thing is our wellness and healthy living programs that we are expanding into all of our recreation centers. They will be located with our community resource centers. This is going to be very significant. There will be exercise equipment, wellness classes, medication, and chronic disease management, weight loss classes to address obesity, and nutritional counseling and cooking. This is a big step for our healthcare plan. We are addressing prevention, not just the problem. We have to integrate our strategies into public policy. What you come up with today cannot just

sit on the shelf. It needs to be integrated. We want prevention, wellness and to do the things so that the people who really need the medical attention are getting it, education to address the new cases of HIV we are getting, and resolving the homeless issues. This will stabilize them in a union, becoming self–sufficient. Chronic mental illness and homelessness: we are trying to teach them that safety can be a different way; healthy living, diet and exercise, improving access for healthcare to uninsured residents, marketing more, letting more people know about it; teaching nutritional cooking, creating safe environments, utilizing sufficient wrap around services to promote health. I believe we are headed in the right direction. This is a big passion of mine. For the next 25 years, we will be very productive in keeping our residents healthy and safe, healthy and happy in our community. Thank you all for asking me to come and speak. I hope you have a great conference, and I cannot wait to see the outcome. *(Applause)*

Alison: We have about 20 more minutes before we will reconvene. Feel free to network and get some more food. We will see you in a bit.

What are the Forces of Change that will Impact Us?

Report Out

Top 2 Force of Changes Identified by each Team
(these were then grouped – see subsequent list)

1. Political Climate—much at stake Nov 2016 and after
2. Structural barriers to accessing healthcare, employment, food, social services, housing, education, life, transportation, etc.
3. Increase in aging population
4. Medicaid expansion
5. Politics of Health (at all levels)
6. Political environment
7. Population changes
8. Holistic health factors integration/collaboration
9. Population health/social determinants
10. High rate of obesity – risk for multi chronic diseases
11. Medicaid expansion
12. Newly insured and how they navigate within the healthcare system
13. Global communicable disease due to movement of populations
14. Lack of functional and reliable transportation within and among communities (public or private)
15. Lack of coordination between social services provided by public, private, and non–profit agencies
16. Hillsborough is 10th worst county in the nation for social mobility (generationally frozen in all indicators—lacks ability to climb up, improve social determinants, healthcare drivers, smoking, downtown development, transportation, obesity)
17. Shifting education and awareness to long–term outcomes of emerging health behaviors and indicators
18. Lack of regulatory requirements for long term care facilities and nursing homes related to health outcomes
19. Affordability of health care
20. Including health in all policies to avoid unintended public health consequences
21. Increased emphasis on community/neighborhood collaboration
22. Meeting basic human needs/rights: food, housing, mental well–being are future determinants of health in this county
23. Access issues
24. Mental health and substance use
25. Need for culture of health–seeking behavior
26. Interagency/provider coordination and collaboration

27. Unintended consequences of policy change related to public health—most policies ignorant of health impacts (under–coverage for behavioral health, lack of a living wage, criminalization of lifestyle such as drug use and homelessness, etc.)—need to understand the health impacts (use of Health Impact Assessments, consider the role of wellbeing and health in all policies)
28. Increased and improved data collection and use to drive community health policy and intervention decision making
29. Access to reasonably priced dental care
30. need to educate state legislators about need for funding of innovative healthcare services in public schools, e.g. school nurses, telehealth, prevention education
31. Political and legal forces impact healthcare resources

Top Forces of Change in Groupings

POLITICAL CLIMATE / POLICY CONSEQUENCES

1. Political Climate—much at stake Nov 2016 and after (Team 10)
2. Politics of Health (at all levels) (Team 1)
3. political environment (Team 9)
4. Political and legal forces impact healthcare resources (Team 6)
5. need to educate state legislators about need for funding of innovative healthcare services in public schools, e.g. school nurses, telehealth, prevention education (Team 5)
6. Unintended consequences of policy change related to public health—most policies ignorant of health impacts (under–coverage for behavioral health, lack of a living wage, criminalization of lifestyle such as drug use and homelessness, etc.)—need to understand the health impacts (use of Health Impact Assessments, consider the role of wellbeing and health in all policies) (Team 3)
7. Including health in all policies to avoid unintended public health consequences (Team 16)

MEDICAID EXPANSION

8. Medicaid expansion (Team 10 & 1)

POPULATION CHANGES

9. population changes (Team 10)
10. Increase in aging population (Team 14)

AFFORDABILITY OF HEALTHCARE

11. Affordability of health care (Team 4)
12. Access to reasonably priced dental care (Team 4)

ACCESS TO & INFORMATION ABOUT HEALTHCARE

13. Newly insured and how they navigate within the healthcare system (Team 6)
14. Lack of functional and reliable transportation within and among communities (public or private) (Team 2)
15. access issues (Team 3)

HOLISTIC HEALTH/SOCIAL DETERMINATES

16. Holistic health factors integration/collaboration (Team 8)
17. Population health/social determinants (Team 1)

COORDINATION/COLLABORATION

18. Lack of coordination between social services provided by public, private, and non–profit agencies (Team 2)
19. increased emphasis on community/neighborhood collaboration (Team 8)

20. Interagency/provider coordination and collaboration (Team 14)

OTHER

21. Meeting basic human needs/rights: food, housing, mental well–being are future determinants of health in this county (Team 7)
22. Hillsborough is 10th worst county in the nation for social mobility (generationally frozen in all indicators—lacks ability to climb up, improve social determinants, healthcare drivers, smoking, downtown development, transportation, obesity) (Team 13)
23. Shifting education and awareness to long–term outcomes of emerging health behaviors and indicators (Team 2)
24. Increased and improved data collection and use to drive community health policy and intervention decision making (Team 16)

SPECIFIC ISSUES – held for Health Issues Activity

25. High rate of obesity – risk for multi chronic diseases (Team 7)
26. Global communicable disease due to movement of populations (Team 6)
27. mental health and substance use (Team 13)
28. need for culture of health–seeking behavior (Team 15)
29. Lack of regulatory requirements for long term care facilities and nursing homes related to health outcomes (Team 6)

Discussion

Alison: Ladies and gentleman, if you will take a seat we are going to get started on our afternoon session. What we have done is taken all of the ideas you guys came up with for the top forces of change and put them in some different categories. Andrea is going to scroll through so you can see the different categories we put them in. So, we have at the top, there is political; we had a lot of great comments about legislature, about the unintended consequences of policy changes. Then two teams brought up Medicaid expansion; we also had some population changes, some of the trends, affordability of care, and then access to care. I grouped access to care and access to information about care together. Then we had comments about coordination and collaboration; we had some other one off comments we will talk about; then our last grouping are things that might be more aligned to our issues discussion. I just wanted to give you the context. Now I am going to go back to that first grouping and what we want is to hear from you about some of the conversations and why you chose these things to be in your top categories. Rather than go team by team, I am going to go by topic area. The first area is political climate and policy consideration consequences. We have several teams that identified with something in this category. I would like to hear why this was important. Who would like to start us off?

Speaker: It goes to budget and financing, it goes to programs that are being cut. It goes to the approach towards healthcare and the value of humans being effected. It goes to so much more than that. It is really something, especially in Florida in 2016, it is not only a presidential election, but all of the legislature is up for re–election. If you are not registered to vote, you should be. You should be registered as a Republican or a Democrat, because if you are registered as an independent you won't be able to vote in the primary. Those are the people who decided to not accept Medicaid expansion, which would have given us 52 billion dollars. Political climate is huge, and we really need to publicly inform.

Alison: Thank you. How about another team? Anyone want to illustrate for me the unintended consequences of policy? I would like to know a little bit more about that.

Speaker: I think there are many examples at the state and local level in experience. We had a number of healthy policy related issues that would vastly change how health care is accessed. Sometimes a good idea has to be ground truthed. Sometimes there is a disconnect between us and legislation.

Speaker: I think we were talking about health consequences. Shutting down the pill mills were a good thing, but if we don't have the proper support structures in place, I am talking about the beds, the counseling, and medication. If we don't put enough emphasis in that area we might not realize some unintended consequences with heroine and other kinds of sub sequential things from substance abuse. So that is a policy piece that we would like to see included.

Alison: Excellent. Thank you.

Speaker: One of the most significant unintended consequences that people don't realize, when commissioner Murman talked about county health and raised the eligibility 10%; well think about this, an unintended consequence of a Federal poverty level cut off is if you look at the holistic person, here is someone with a job and family of three or four. They do their best; they get promoted, and because they just got promoted over the 110% level, they lost their healthcare. That is an unintended consequence; that is a real big problem right now.

Alison: Thank you. I would like to keep going on these topics. What I am doing, so you know where I am headed, is giving you context on each of these and then we are going to poll in a moment just to get a sense from your experience what you think are the top. Then you will have the chance to select one of these buckets and spend a little more time on it. We want to gather a little more detail on these things. So as you are listening, make a mental note of which one you would like to spend a little more time talking about. We talked about a little about Medicaid expansion and unintended consequences, also the implications to the political climate. Is there anything else about Medicaid expansion we want to highlight? Then let's move on to the population changes. Team 10 and team 14, you thought this was one of those factors of change. Can you share more about that?

Speaker: For team 10, here were a couple of different population favorites: first, the drastic increase in the more mature population that is coming up in the next five years that is going to have different health care needs and social services; also, different culturally, linguistically, diverse population in terms of a growing Muslim population, Arabic speaking. You have the Vietnamese population growing as well. All of this population diversity is going to affect how we deliver different services and what is going to be necessary to have in place.




Alison: Excellent, thank you. Would anyone else like to add to that or build upon the population changes?

Speaker: I just wanted to build on the comment you made, that also as the population is here, it is the immigrants who came here years ago, as they continue to age, and how our services for those aging adults from those different cultures and different languages bring changes for the aging services, and how they will have to adapt as well. It is a multitude of things.

Alison: Excellent. We have a comment in the back?

Speaker: One additional item to think about too, is as the baby boomers age into the Medicare population, and their expectations about what health care looks like, their relationships with their physicians, and their relationships with themselves, and what they expect out of the health care system is going to change, because they will be a different aging population versus what current adults already have, and how we adapt the system.

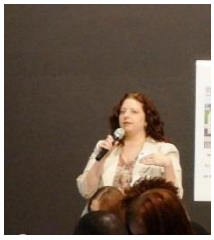
Alison: Let's talk a moment, and talk about the affordability of health care. Anything you want to highlight? We had team 4 see this as a strong issue.

Speaker: One of the things we discussed was, even as health insurance is becoming more accessible or more affordable, there is still the copays and deductibles that are too high. Even if you could afford the premium to have insurance, you may not be able to afford your copay or deductible. So, you are waiting for the last possible moments to get services, if you can afford them.

Alison: Anyone else? Okay. Then we have information, and access to and about healthcare. We are kind of combining two ideas together. The newly insured; I know team 6 and team 4 had conversation about that.

Speaker: Our team talked about access issues. Health care is seen as part of access to other services. Access to transportation, ours was access in general to different services and programs.

Alison: Even broader. So, when we are thinking about this, we are going even beyond healthcare. Then we had team eight and team one wanted to highlight the holistic factors and the social determinants of health as the full picture of health. Is there anything you would like to add here?




Speaker: On this one, in the discussion we were noting the hundred whatever topics. They were all like individual issues. Part of the biggest question right now, if you look at health as being more than the traditional physical health and include things like mental health and just about being a holistic individual, oftentimes the problem is not resources. It was the people working with the client or the client themselves just didn't know how to bring it all together in a way that actually improved their situation. How then do you coordinate between the groups in a way that the package makes sense to that individual? It also boils over into this whole concept that people don't know about the resources or how to access them.

Speaker: I am passionate about substance abuse, so I am going to mention under the integrate plan, somebody who comes in with elevated liver enzymes in the permanent clinic. You are certainly going to look at their cancer markers, but you also need to look to see if they are using drugs. We are going to need to offer drug screening on community plans, which is not part of what health care includes. You need to look holistically at everything, not just what is defined as health care.

Speaker: If we are going to go holistically and bigger picture, we also need to be looking at public health issues in terms of climate change and social justice as a part of what is going to be coming. It's all connected.

Alison: Our next category is coordination and collaboration. We hit on it a little in the prior conversations, but the idea that we have more collaboration not only at the social level, but if you notice, on the second bullet, community, neighborhood, and providers. There are some different levels. Does anyone want to highlight anything from your group?

Speaker: When we were talking about the community, we started that conversation with how big and diverse Hillsborough County is, how we need to look at the community neighborhoods at county level. Every corner of the county is so vastly different; even if their health outcomes are similar, they may have challenges for different reasons. Downtown Tampa is going to have a very different challenges than inner city. We need to look at those variables on a deeper level and build that collaboration among the neighborhoods themselves.

Alison: Thank you. Anyone else? Last but not least look through the others and just see if there is anything else you want to talk about. I will give you a chance to read them. I see some head nods, a reaffirmation of what is up here.




Speaker: I would like clarification on the bullet point of number two.

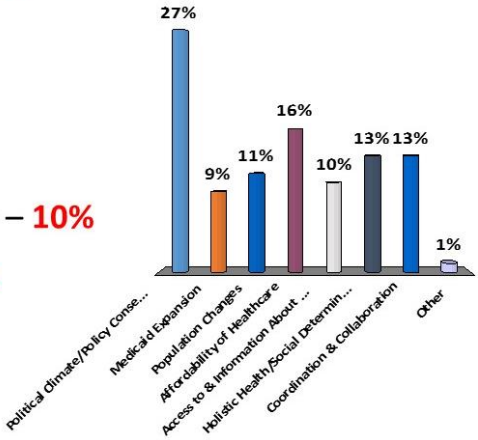
Speaker: So it started as something team three was talking about, and the conversation in relation to social mobility was the difficulty in actually climbing the social ladder, being able to improve, improving the social determinants and the condition of where you live. The team member who shared this was saying that we are generationally frozen. There is this generational experience that families, and then their children, and then their grandchildren would continue to experience this. I don't have a source for that. That came from someone else on our team. I am not sure if they are here still? There he is!

Speaker: Social mobility. Harvard / Stanford published a major study of every county in the United States last year on social mobility. Hillsborough County is in the top ten lowest social mobility. The bottom line is, when you raise a child in this county from birth to high school graduation, their lifetime earnings will be $3500 below the national average per year. We have a large statement that we are generationally frozen in this county, and our systems are not established in any way to help with generational social mobility.

Alison: Thank you for that clarification. The last category, I am going to ask your indulgence. It is things we thought might be better aligned to our subsequent issues conversation; rather than keeping them in the forces of change, we might move them to the issues. Unless someone objects, I am going to move them forward for our future conversation. So here is what we want to do. You have seen the eight categories. Just to let me get a general sense from everyone in the room, what do you see out of these big broad categories as the most important? You have a clicker in the center of your table, and we need you to select what you find the most critical in order from one to three. So take a moment to read these and vote.

Choose the Top 3 Forces of Change that are occurring or might occur

1. Political Climate/Policy Consequences – **27%**
2. Medicaid Expansion – **9%**
3. Population Changes – **11%**
4. Affordability of Healthcare – **16%**
5. Access to & Information About Healthcare – **10%**
6. Holistic Health/Social Determinates – **13%**
7. Coordination & Collaboration – **13%**
8. Other – **1%**



Let's see how you feel about this. By far, 27% of you said political climate/policy consequences were your top force of change. Then we jump down to number four, affordability of healthcare. You guys recall as we discussed affordability, we weren't just talking about getting healthcare; it was copays and other factors. Interesting enough, for third place you have a tie with holistic health/social determinates, and coordination and collaboration. These round out your top three. Any surprises?

Choose the Top 3 Forces of Change that are occurring or might occur

1. **Political Climate/Policy Consequences 27%**
2. **Affordability of Healthcare 16%**
3. **Holistic Health/Social Determinates 13%**
4. **Coordination & Collaboration 13%**

Speaker: I think I am surprised there would be a one and a two up there because people in this room will not be able to change that. We don't need to vote on that, except that we vote on the people who can vote on that. For significant changes, we can only change what we do, not what they go through.

Alison: Good point. We have another comment.

Speaker: The approach I took in Medicaid expansion is those people were planning on getting elected who may have the opportunity in their role as our elected official. If we let them know and vote for people who agree, let them know there is a need for that, then that is how we speak. That is how I look at it.

Speaker: I would argue the voter enrollment and registration is a huge part of that but also some of our policies that criminalize certain behaviors. When you were formerly incarcerated for addiction or homelessness, this was not necessarily a crime against another person. This was a matter of lifestyle. Some of our social policies could impact whether or not you could have a voice in changing those things.

Alison: Let's take one more comment.

Speaker: One of the things we talked about at our table was the implications and where we would be standing in our community after the impact of the election and what that means, how we then would be functioning within our community, and how we provide care for the people we serve. Not that we could necessarily change it, but to impact how we look at our community and how we could provide care.

Alison: You just set me up for the next activity. Let me tell you what we are going to do.

What are the Forces of Change that will Impact Us? (Continued)

Participants will discuss the **Forces of Change** affecting health in Hillsborough County. Teams will complete their work and then collectively participants will prioritize the forces of change.

Alison: I am going to give you some brief time to go back in your team area and have you pick which of these topics you want to have a focused session on. If you are most passionate about what you could do around political climate and policy consideration, go to that one, team one. If you think you want to talk about Medicaid expansion and some of the ways you can work that from your perspective, that is team three. When you get to the team area, there are two questions. What are the specific threats posed? What makes this hard? When you start thinking about the political landscape and the diversity, you've got to have a common message. We want you to click on the question and add a thread. For example, how do we convey those unintended consequences? How do you get them communication? Under the next bucket, it is what can we do? What possibilities can be happening? Is it around this community coming together for expansion? I don't know. We want to do some brainstorming to think about the elements. After the brainstorming, we will get into specific issues. Head to the team number related to your topic of interest. Team 1 – Political Climate / Policy Consequences, Team 3 – Medicaid Expansion, Team 5 – Population Change, Team 7 – Affordability of Healthcare, Team 9 – Access to and Information about Healthcare, Team 11 – Holistic Health / Social Determinates, Team 13 – Coordination/Collaboration.

Report Out

Note: There were only odd numbered teams for this activity.

Team 1 – Political Climate / Policy Consequences

Specific Threats Poised – What will make this hard?

1. Unfunded mandates
2. Climate change
3. Need for voter education
4. Need for one message/goal
5. Actions taken to further marginalize certain communities when voting
6. Formerly incarcerated cannot vote without re–applying; individuals not educated that they can have their right to vote restored
7. Individual apathy from individuals (who are disenfranchised) about whether can make a change
8. Finding small wins (since change can take many years)—people need to see their actions can make a change
9. When we don't make enough "noise" in Tallahassee, Washington about issues
10. Gaps in healthcare delivery (e.g. transportation to preventive visits) / healthcare facilities not in all the communities we need
11. Competing for limited funds a barrier/challenge for medical homes etc.
12. Getting your stories out there in media/social media—how to navigate that, how to frame the message

13. Social injustice
14. Need to change the narrative in FL from "you have to deserve healthcare" to "healthcare & being healthy is a human right"

Specific Opportunities Created – What possibilities do we have?

1. Shared intentionality and commitment to engaging others in this intention could change the political conversation in Tampa (Tamp pivot for FL, FL pivot for US)—have the power to change local and national conversation
2. Education—story telling about "client" experiences/clients you serve, op eds, to educate on the issues; educate the voters so they know why to support certain issues (e.g. Medicaid expansion); have more opportunities for public to change their stories and change the public narrative (Away from dollars and sense to human wellbeing) so that policy makers will listen
3. Have our conversations in public / increase public dialogue
4. "Rally the troops"—organize and educate, vote whether your candidate or issue will win—involve the community in advocacy (the way grassroots have); the more people who participate, the greater is the need for a response (from government/elected officials)
5. Redistricting in FL (this year) means all legislators up for re–election—opportunity to change the politics
6. Neighborhood & community leaders who can be engaged, informed to make a change in their area (also helps to build trust, community capacity)
7. Non–traditional/alternative ways to reach the community and increase awareness (social media, CHWs who are community residents)
8. Engaging the faith community leaders, who reach their own "constituents" and believe in their leadership
9. Taxi drivers are a conduit/liaison for communities with limited English, to share the messages; barbershops, hair dressers can get health messages out
10. Considering the health impact assessment in all of our policies / "vote health" / is this making us better? Are you asking the health question when you vote? (Business development, access to healthy food, etc.)
11. Changing the language you use for each community / respect the culture of the community
12. Integrated care / medical homes / FQHCs / e.g. integration of medical homes & primary care as with Tampa Family in Florida Hospital—model of the future but will only get there if we force it to happen
13. Influencing our sphere of influence
14. The ROI of a policy change
15. Combination of small wins & big picture
16. Recent move for mental health parity in FL and realization of need for funding to pay for this (i.e. value of Medicaid expansion)
17. Engage in organizations e.g. Florida Health Alliance, League of Women Voters, AARP, etc. to stay educated, engaged on how to impact policy issues
18. making the patient / person the focus (patient–centered)
19. Engaging folks from other sectors in changing the narrative (e.g. business, education, etc.)—why people need to be healthy
20. We know how to do healthcare for all (e.g. as in the incarcerated population), just a matter of doing it; county healthcare plan with lower costs per person than on commercial plans

Team 3 – Medicaid Expansion (No one chose to work this Force of Change further)
Specific Threats Poised – What will make this hard?
Specific Opportunities Created – What possibilities do we have?

Team 5 – Population Change
Specific Threats Poised – What will make this hard?

1. Resources for the aging population.
2. Lack of health literacy
3. Lack of cultural and linguistic competency
4. Shortage of healthcare providers
5. Technology– gap within the aging population
6. Undocumented population
7. A higher incidence in cancer due to increasing aging population
8. Capacity for Medicare and insurance
9. Caregiver burden for aging population
10. Lack of prevention for chronic diseases
11. Cultural barriers with the Hispanic population
12. Growing populations would increase health disparities
13. Lack of providers providing care for vulnerable populations
14. Lack of diverse healthcare professionals
15. Cost of assisted living and nursing homes

Specific Opportunities Created – What possibilities do we have?

1. Development of medical homes
2. Family–centered care
3. Strategic and targeted communication efforts
4. Using Community Health Workers (somebody the community trusts) within population–based programs
5. Faith–based communities to connect people to health services
6. Preventative interventions
7. Education for cultural linguistic competency
8. Efforts to improve health literacy
9. Collaborations
10. Increase population–specific research and interventions to reduce disparities
11. Increase diversity of healthcare workforce
12. STEM programs
13. Increase school recruitment for healthcare related field
14. Diversity in leadership positions

Team 7 – Affordability of Healthcare
Specific Threats Poised – What will make this hard?

1. High premiums, can't afford medication and co–pays. Not being able to find physicians to accept insurance, and some insurance do not cover a whole lot.
2. Increasing the cost of what is provided with how much IS being provided.
3. Insurance companies dictate what we can or cannot have.
4. High cost of medications.
5. Lack of competition keeps health care cost up.

Specific Opportunities Created – What possibilities do we have?

1. Increase competition across insurance companies.
2. Having students give back to the community (esp. those on scholarships)
3. Policies to regulate cost of medication.
4. Mail order for drug prescriptions, create competition between pharmaceutical companies to drive across town.
5. Improving access to information about physicians and all health care groups to patient outcomes.

Team 9 – Access to & Information About Healthcare

Specific Threats Poised – What will make this hard?

1. Its access to resources.
2. How do you navigate available resources?
3. How do you communicate/educate these resources to those who need it?
4. How do we physically connect to the resources (transportation)?
5. How do we ensure/stabilizer funding?
6. How do we build trust/culture to seek preventative health and a patient experience to support it?

Specific Opportunities Created – What possibilities do we have?

1. Collaboration/partnering across the county.
2. Great hospital partners working collaboratively in a competitive environment.
3. Bring healthy options into the neighborhood that need them.
4. Invest in specific/focused communities
5. In larger community planning, is public health represented?
6. Hillsborough County is in a big point of transition – something is going to change and planning together in meaningful ways is happening
7. Health and wellness have political attention – wellness district.

Team 11 – Holistic Health / Social Determinates

Specific Threats Poised – What will make this hard?

1. Holistic health and social determinants of health are not one in the same
2. HH–medicine is in silos, medicine is not integrated
3. Social issues are not included in medical education
4. System makes it hard, it is not integrated between medical providers, social service agencies, need interdisciplinary approaches
5. Perception that healthy and healthcare is the same thing, and that disease and illness is the same
6. Resources geared toward illness
7. Social determinants are so very vast: income, race, ethnicity, housing, community, education...etc. things that mitigate against health/wellness
8. Lack of livable wages
9. Affordable housing
10. Infant mortality
11. Existence of behavioral health issues in families

Specific Opportunities Created – What possibilities do we have?

1. HH–increasing USF ability to admit medical students with diverse backgrounds and hiring clinical providers with diverse backgrounds and emphasizing cultural competency.
2. Integrate chronic disease care and behavioral health

3. Advocate for a comprehensive system of care that should be in place

4. Increase use of allied health workers
5. Creative strategies for co–locations like Encore
6. Improve loan forgiveness programs/recruit workforce
7. Workplace education
8. Working with tech/vocational schools to build
9. Decriminalizing drug abuse and treating it
10. Quality early education programs
11. Advocacy around minimum sentencing laws
12. Improve built environment
13. Advocate and educate for health in all policies

Team 13 – Coordination / Collaboration

Specific Threats Poised – What will make this hard?

1. Marketplace Competition.
2. Silos in terms of funding and identified priorities
3. Fragmented health system
4. Addressing at sub–county level vs. county wide.
5. Knowledge of available local resources.
6. County leadership/key players involvement
7. Duplication of efforts
8. Moving from information to action
9. Sustaining involvement and change
10. Community based collaboration to implement realistic sustainable actions

Specific Opportunities Created – What possibilities do we have?

1. Convening key stakeholders around common priorities to sustain commitment
2. Identify and leverage existing community resources
3. Communication plan
4. Communicating hospital needs to other community agencies
5. Develop an accountability plan
6. Patient/Provider/Community navigation infrastructure

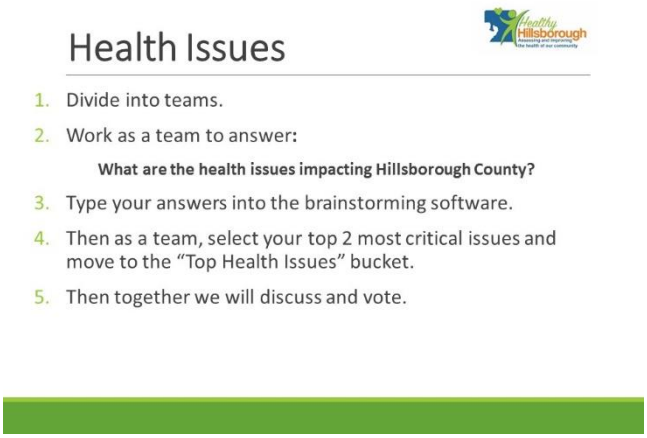




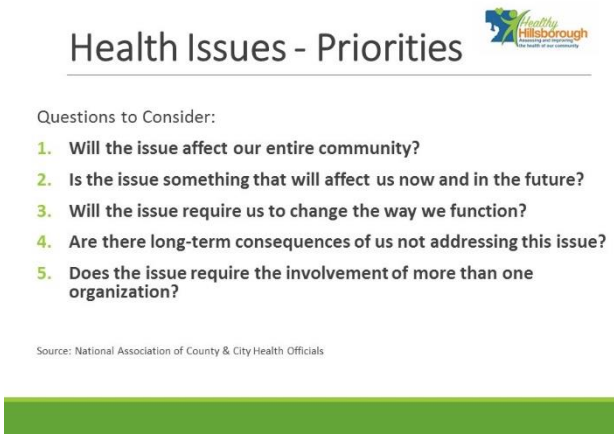

What are our Hillsborough County Health Issue Priorities?

Participants will determine the **Community Health Issues** that face Hillsborough County. Teams will brainstorm and narrow the issues. Then collectively participants will discuss and prioritize.

Alison: We are going to go ahead and get started. Now that we are fortified with coffee and good stuff, we are going to go into the health issues! I know I am anxious to get into those and get more specifics. I am sure you are, too. First of all, I am not going to do a big debrief on this because all of the details you talked about in your groups will be in the report. We have set the stage, as it was important to understand the perspective of all of those in the room. Now we are going to get into specific health issues. What we are going for is the top ten health issues that you all feel collectively should be tackled. What we have is it is a pretty open ended question. It is what the health issues are that are impacting Hillsborough County. Similar to how we did the exercise earlier, we will break into teams. We will then have our list as the top two. We will then discuss the top two as a group. The posters on the wall you see here are to give us our top issues that we will be working on. Our team is going to pass out some paper. One of the things we know is that collaboration is key: understanding what is out there, and who would want to work on an issue. As you are talking about issues, I invite you to grab these and list an organization you are dealing with that would be interested in this issue. Let us know who they are. The blue sheet is you. It has the same questions, but maybe your organization wants to get actively involved. These forms will be handed out during your brainstorming. Fill them out based on the priorities. I went ahead and brought the items from forces of change over that were a better fit here. Feel free to edit those. This is a free form brain storming. We are doing team numbers again. Look for Andrea and Tina. Let's get to work!



Report Out



Brainstorm – Health Issues

1. Managing chronic case of comorbidities, work/school productivity, personal quality of life, available resource impact
2. Global communicable disease due to movement of populations and climate change
3. Nutrition, education about health foods and how to prepare them
4. Access to and affordability of health food
5. Violence among minorities
6. Lack of knowledge in preventative services, education and modifying behaviors as prevention
7. Need for culture of health–seeking behavior
8. Lack of regulatory requirements for long term care facilities and nursing homes related to health outcomes
9. Funding
10. Pregnancy rates – teens and young adults
11. Lack of specialists
12. Creating / need for better health habits and follow up
13. Infant mortality – epigenetics and implications of life–long health
14. Accessibility of dental care, vision & hearing services
15. Affordability of health care
16. Affordability of dental, vision & hearing services
17. Behavioral health, mental health, preventing trauma and violence (that cause other health issues)
18. Educating community and social support systems about mental health services (reduce stigma, reduce fear of repercussions, incarceration, etc.)
19. Growing infant mortality
20. Community accessible mental health services, facilities

21. Lack of patient–guided options in their health insurance for their preferences (e.g. lack of coverage for CAM to treat depression, physical ailments)
22. Need for partnership with non–health partners (e.g. Tampa Housing Authority)
23. Health impacts of technology on teens (e.g. cyberbullying, lack of physical activity, etc.)
24. Safe neighborhoods (is it safe to be outside playing, being active?)
25. Lack of physical activity among children, in schools (partly need to release energy, tension/stress)
26. Longevity
27. Dental care/access
28. Epigenetics and individualized medicine
29. Shift from communicable to non–communicable/chronic
30. Sexual Health – HIV and STD prevention
31. Healthy aging
32. Access to education
33. Lack of funding for school health – nurses. Telehealth
34. Prevention interventions to increase quality of life
35. Breastfeeding
36. Inadequate vaccine rates in adults to protect children and Autoimmune compromised
37. Obesity
38. Cancer
39. Integration of health services (adding mental health to primary care)
40. Diabetes
41. Sexually transmitted diseases
42. Firearm related incidence
43. Substance abuse
44. Imported emerging communicable diseases, globalization and ease of travel
45. Engage community members and their perceptions and behaviors, community participatory modeling
46. Women's reproductive health issues and family planning, men's reproductive health
47. Heart disease and hypertension
48. Alcohol abuse
49. Health disparities
50. Cancer
51. Tobacco use
52. Premature infant deaths
53. Barriers in access to care
54. Access to recreational facilities and activities
55. Diagnostic testing
56. Lack of affordability for healthcare
57. Bicycles and sidewalks
58. PE and recess in schools
59. Sick pay
60. Safe neighborhoods
61. Incorporate various determinants of health to improve health outcomes, increase opportunity to access health services
62. Social cohesion

63. Environmental Factors
64. Language and cultural competency and cultural humility
65. Education
66. Injury prevention
67. Mental health and substance abuse integration
68. Chronic lower respiratory disease
69. Malnutrition
70. Access of transportation and built environment
71. Access to prenatal care
72. Access to clean environment and water
73. Access to healthy foods in food deserts
74. Public health
75. Vaccination
76. Public safety, complete streets
77. Valuing human life
78. Aging and child care providers, caregivers and respite care, daycare and adult care
79. End of life care, hospice
80. Mental health
81. Childhood obesity
82. Customer service aspect to providing and navigating health services
83. Healthy food choices in schools
84. Aging population
85. Barriers to maternal and child health
86. High cost of health care
87. Asthma prevalence in children
88. HIV and HCV epidemic
89. Lack of access to reproductive health education and support
90. Homelessness
91. Transportation insecurity
92. Relationship between wealth and health
93. Aging–related dementia
94. Language barriers
95. Access to health information on healthcare services
96. Water quality
97. Septicemia
98. Motor vehicle accidents, pedestrian deaths
99. Antibiotic–resistant organisms
100. Lack of access to dental care
101. Behavioral health
102. Poor quality of life and wellbeing
103. Crime rate, juvenile crime and diversion

Top 2 Health Issues Identified by each team

1. Comprehensive Health will include Primary Health and Behavioral Health
2. Investment in early screening for MH and Substance Use to avoid OD's and Suicides
3. Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.)
4. Prenatal and infant health
5. High rate of obesity – risk for multi chronic diseases
6. Alcohol, substance abuse and mental health
7. Mental health and substance use, stigma and access to care
8. Infant mortality as a health indicator for the county
9. Need for health collaboration, combining efforts, getting everyone on the same page
10. Need for walkability, bike ability, built environment, infrastructure, re urbanization
11. Racial/ethnic health disparities
12. Curative vs preventative care
13. Education and health literacy
14. Mental Health access/affordability
15. Environmental factors/issues (brownfields, quality housing, air quality, safety, lack of built environment, food deserts)
16. Access to healthcare
17. Racial and ethnic health disparities
18. Protect and expand access to needed services (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc.)
19. Social isolation and lack of social engagement and community connectedness opportunities
20. Determinants of health which include environmental, social, physical, behavioral determinants
21. Built environment i.e. free parks & green space, sidewalks, green spaces/ green spaces between and connecting communities and people to community assets, creating a safe place for pedestrians and bicyclists; are these built environments safe and inviting for families to be outside and active
22. Increased coordination and integration across health care spectrum
23. Diet–related diseases, including chronic disease, mental health, and dental decay






Health Issues – Discussion

Allison: Okay, we are going to get started. We have a list of issues that you all identified. We have quite a few, so we are going to minimize so you can see the whole screen. I want to give you a chance to peruse the list. There are 23 items. We saw a couple right away we need to combine. My first question as you read those is, are there any you have questions about? Would you like more information?

Speaker: We are not familiar with the term "brownfield."

Speaker: Brownfield is a property that once had a gas station or something like that on it and the gas station is now gone. They pulled up the tanks. There may be pollutants, but it is supposedly cleaned up now. You get discounts for building on brownfields if you're a health center.

Speaker: Hillsborough County has the greatest volume of brownfields of any county in the United States.

Alison: Are there any of these we should combine? Are there any ideas we should look at together? I hear 11 and 16. Okay we will combine those two. I have a proposal for 4 and 8; any objections? Okay, then I have a proposal from over there 8 and 18; any objections if I combine them, yes?

Speaker: For clarification the issue is as long as it is a recognition, it is not just health care spectrum. 8 talks about more than just health care and 18 talks beyond health care.

Alison: Are we okay to combine? Okay, we are combining 8 and 18.
Take a moment. I hear a proposal for 9 and 17. Any objections? No? Okay, combining 9 and 17. Any other comments?

Alison: We have one that didn't make it up there? Diet related diseases....number 20.... Determinants. We have a last minute add. The proposal was to combine it with 9 or 10?

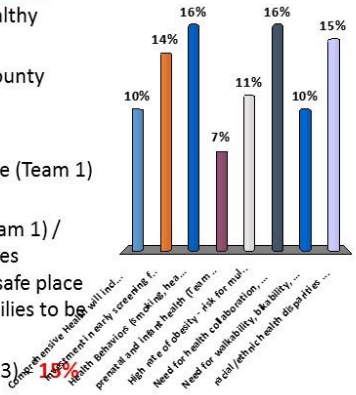
Group: No. It is environmental vs social.

Speaker: There are a couple around mental...6 and 7 seem to be similar?

Alison: Okay to combine 6 and 7? Okay. Combine 6 and 2? Any objections? Okay combining. You are going to end up on multiple voting slides. Two chances to pick your top three. We are ending up with 10 items. P.J. is going to do this on the fly. You get to vote on two slides three times. You are on the honor system. What will happen next is after we get our top issues, you will then dig deeper and come up with strategies to add clarity to the issues. Rack it, stack it, and sort it out. Take a look at this list and pick your top three.

What are the Top Health Issues impacting Hillsborough County (slide 1 of 2)

1. Comprehensive Health will include Primary Health and Behavioral Health (Team 14) – **10%**
2. Investment in early screening for MH and Substance Use to avoid OD's and Suicides (Team 14) / Alcohol, substance abuse and mental health (Team 1) /mental health and substance use, stigma and access to care (Team 2) / Mental Health access/affordability (Team 4) – **14%**
3. Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.) (Team 8) / Healthy lifestyle (Team 6) – **16%**
4. prenatal and infant health (Team 8) / infant mortality as a health indicator for the county (Team 2) – **7%**
5. High rate of obesity - risk for multi chronic diseases – **11%**
6. Need for health collaboration, combining efforts, getting everyone on the same page (Team 1) / Increased coordination and integration across health care spectrum – **16%**
7. Need for walkability, bikability, built environment, infrastructure, reurbanization (Team 1) / built environment ie. free parks & green space, sidewalks, green spaces/ green spaces between and connecting communities and people to community assets, creating a safe place for pedestrians and bicyclists; are these built environments safe and inviting for families to be outside and active (Team 3) – **10%**
8. Racial/ethnic health disparities (Team 7) / racial and ethnic health disparities (Team 3) – **15%**



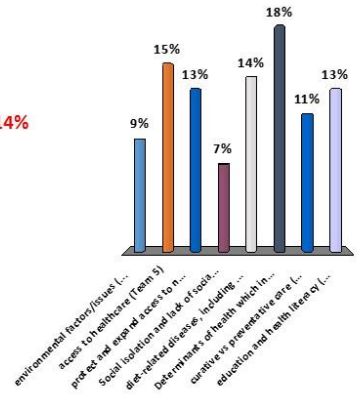
Alison: Let's see what we have on this list. The top one, number 3, and then number 6, the need for health collaboration closely followed by number 8, and then number 2. Any surprises on this? We are going to go ahead and look at the next slide. Let's get the top three again.

What are the Top Health Issues impacting Hillsborough County (1)

1. **Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.) / Healthy lifestyle 16%**
2. **Need for health collaboration, combining efforts, getting everyone on the same page / Increased coordination and integration across health care spectrum 16%**
3. **Racial/ethnic health disparities / racial and ethnic health disparities 15%**
4. **Investment in early screening for MH and Substance Use to avoid OD's and Suicides / Alcohol, substance abuse and mental health /mental health and substance use, stigma and access to care / Mental Health access/affordability 14%**

What are the Top Health Issues impacting Hillsborough County (slide 2 of 2)

1. Environmental factors/issues (brownfields, quality housing, air quality, safety, lack of built environment, food deserts) (Team 5) – **9%**
2. Access to healthcare (Team 5) – **15%**
3. Protect and expand access to needed services (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc) (Team 10) – **13%**
4. Social isolation and lack of social engagement and community connectedness opportunities (Team 6) – **7%**
5. Diet-related diseases, including chronic disease, mental health, and dental decay – **14%**
6. Determinants of health which include environmental, social, physical, behavioral determinants – **18%**
7. curative vs preventative care (Team 2) – **11%**
8. education and health literacy (Team 10) – **13%**



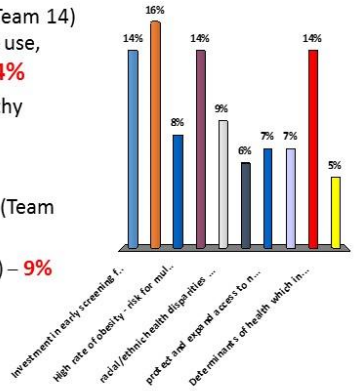
Alison: Let's take a look and see what we have here. The determinants of health is first, with 18%, followed by access to healthcare, and then diet related diseases. Any surprises on this list? So now P.J. is going to select the top five from both slides.

What are the Top Health Issues impacting Hillsborough County (2)

1. **Determinants of health which include environmental, social, physical, behavioral determinants 18%**
2. **Access to healthcare 15%**
3. **Diet-related diseases, including chronic disease, mental health, and dental decay 14%**
4. **Protect and expand access to needed services (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc.) 13%**
5. **Education and health literacy 13%**

What are the Top Health Issues impacting Hillsborough County (combined from top votes of previous slides)

1. Investment in early screening for MH and Substance Use to avoid OD's and Suicides (Team 14) / Alcohol, substance abuse and mental health (Team 1) /mental health and substance use, stigma and access to care (Team 2) / Mental Health access/affordability (Team 4) – **14%**
2. Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.) (Team 8) / Healthy lifestyle (Team 6) – **16%**
3. High rate of obesity - risk for multi chronic diseases – **8%**
4. Need for health collaboration, combining efforts, getting everyone on the same page (Team 1) / Increased coordination and integration across health care spectrum – **14%**
5. Racial/ethnic health disparities (Team 7) / racial and ethnic health disparities (Team 3) – **9%**
6. Access to healthcare (Team 5) – **6%**
7. Protect and expand access to needed services (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc) (Team 10) – **7%**
8. diet-related diseases, including chronic disease, mental health, and dental decay – **7%**
9. Determinants of health which include environmental, social, physical, behavioral determinants – **14%**
10. Education and health literacy (Team 10) – **5%**



Alison: Now what you see on the list is the top 10, five from the first slide, and 5 from the second. We are not losing any of these. We are dealing with 10! I just want to see where you guys land. Let's vote one more time. Pick your top three.

What are the Top Health Issues impacting Hillsborough County

1. **Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.) / Healthy lifestyle 16%**
2. **Investment in early screening for MH and Substance Use to avoid OD's and Suicides / Alcohol, substance abuse and mental health /mental health and substance use, stigma and access to care / Mental Health access/affordability 14%**
3. **Need for health collaboration, combining efforts, getting everyone on the same page / Increased coordination and integration across health care spectrum 14%**
4. **Determinants of health which include environmental, social, physical, behavioral determinants 14%**

Reveal the votes. So our top vote getter was health behaviors. Our second was a three way tie between investments in early screening for MH, and substance use to avoid OD's and suicides / alcohol, substance abuse and mental health / stigma and access to care /mental health access/affordability, and then the need for collaboration, and determinates of health. Any surprises? Does this line up to what you expected?

What are our Next Steps?

Participants will identify the **Community Assets** they believe can assist in addressing the health issues identified (asset inventory). Then they will have the opportunity to select the area they would like to be involved in and begin to explore **Next Steps**.

Alison: Here is what we want to do. We want to give you a chance to work on these issues. Find a topic that interests you and go to the group that correlates. We are looking for strategies. What are some things we can do in the next couple of years? Ideas to address these issues. Now is the time to identify partners, as soon as we get these we will including them on a sheet for each issue. What questions do you have? Pick the team you want to work on and head on over.

Alison: We are in the home stretch. We have a couple of things: one, our asset inventory is looking a little light in a couple of areas. Tina is coming around with some more forms. Let's think of those community assets and turn them in. We want to be creative with those community partners.

Report Out

Health Issue: <u>Investment in early screening for MH and Substance Use to avoid OD's and Suicides</u> / Alcohol, substance abuse and mental health /mental health and substance use, stigma and access to care / Mental Health access/affordability

Strategies to Address this Issue:

1. Universal screening for substance use and mental health and connect to services
2. Care Coordination: universal initiative for behavioral Health
3. Increase awareness and appropriate use of the march man act
4. Open hospital medical staff to include board certified addiction doctors.
5. Mental Health First Aid for ALL
6. Mental Health integration into the schools
7. Urine drug screens for primary care
8. More services accessible for treatment for mental health and substance use(not crisis)
9. Work on protective factors for kids:
10. Integration of primary care and behavioral health
11. Enforce the mental health parity law
12. Open block grant to allow for SBIRT (universal screening)
13. Eliminate silos of funding for behavioral health
14. Expand county health plan to include substance abuse treatment
15. Decriminalization of mental health and substance use disorders
16. Hillsborough County will eliminate death by suicide and overdose!!!!
17. Define mental wellness: and continue to educate
18. Eliminate STIGMA associated with these diseases!

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
DACCO	Mary Lynn Ulrey	Develop programming, evidence based screenings or urine drug screens	Would like to be involved (contact Mary Lynn)
Hillsborough County Anti–Drug Alliance	Gary White	Substance abuse prevention education. Mental health first aid facilitation. Substance abuse education and advocacy / policy	Would like to be involved (contact Gary)
Safe and Sound Hillsborough	Freddy Barton / Marie Marino	Safe and sound schools	Would like to be involved (contact Linnette Salcedo)

Organization	Point of Contact	What They Can Do To Help	Next Steps
Bay Care	Gail Ryder	Program development	Would like to be involved (contact Gail)
Hillsborough County Healthcare Services	Artie Fryer	Hills. Co. Healthcare Plan	Would like to be involved (contact Artie)
DACCO and Northside Mental Health	Mary Lynn Ohey and Marsha Lewis Brown	Service provision and program development	Suggested by a workshop participant

Health Issue: Health Behaviors (smoking, healthy eating, alcohol use, exercise etc.) / Healthy lifestyle

Strategies to Address this Issue:

1. Policies, systems, and environmental changes to promote healthy behaviors
2. Improving location and space to encourage healthy behaviors
3. Building partnerships with community resources – ex. community gardens and SNAP benefits, discounted rates at gyms/wellness centers
4. Conversation changes
5. Social marketing, social network theory — ex. running club/network within a priority population
6. Improving sidewalks and street lights
7. Incentivize physical activity — tracking miles/steps
8. Preventative health services — reward system for attaining a set number of wellness visits
9. Use of technology — wellness apps for monitoring, taking charge of health
10. Community challenges — friendly competition
11. Prioritizing sustainable initiatives — efficient and effective
12. Ban smoking in public areas, enforcement — parks, beaches, restaurants (outdoor seating)
13. Identifying and addressing food deserts
14. Build environment, policy changes, unifying municipalities and organizations to support healthy behaviors
15. Healthy snack programs in schools
16. Changing vending machine options
17. Petitioning for FDA – % sugar in products, recommended values
18. "Tiny habits" – making small changes in everyday life
19. Education and impact of susceptibility
20. Bringing resources to priority populations and communities
21. Identify "champions" of the community
22. Rapid results
23. Use evidence based programs to create strategies for priority population
24. Using visuals – ex. healthy vs unhealthy lung demonstration, using grams of sugar in bowls
25. Health literacy — nutrition labels, My Plate, serving sizes, beverage choices, etc.
26. School sponsored events to provide alternatives to drinking/parties during events like homecoming, prom, etc.
27. "Breakfast club" in schools — social capacity

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
American Heart Association	Amanda Palumbo	Organizational policy change around food offerings (in companies, community groups, government).	Would like to be involved (contact Amanda)
Moffitt Cancer Center	Jenna Davis	Health educators. Community outreach.	Would like to be involved (contact Jenna)
Special Olympics – Florida Healthy Community Tampa Bay	Allison Rapp	Ensure that population of people with intellectual disabilities is included in the plan	Would like to be involved (contact Allison)
In Season Pro LLC	Rocio "Rosy" Bailey	Work on policy, system, and environmental interventions related to food access.	Would like to be involved (contact Rocio)
American Cancer Society	Stephanie McLean	Education, literature, guidelines, advocacy	Would like to be involved (contact Stephanie)
Meals on Wheels of Tampa	Lauren Vance	Provide nutritious, hot meals and social contact – delivered to home	Would like to be involved (contact Lauren)
Humana – TB Health Advisory Board	Debra Kleesattel	Facilitates health advisory board	Would like to be involved (contact Debra)
YMCA	Elizabeth Roman	Veggie van	Would like to be involved (contact Elizabeth)
USF Health		Assessments/determinates of health / impact / outcome data	Suggested by a workshop participant
Mendez Foundation	Regina Birenkoff	Health foundation in schools	Suggested by a workshop participant
Agency for Persons with Disabilities	Michael Taylor	Reach people with disabilities	Suggested by a workshop participant

Health Issue: <u>High rate of obesity</u> – risk for multi chronic diseases

Strategies to Address this Issue:

1. Be able to visit a registered dietitian as a covered healthcare service.
2. Return true recess to schools.
3. Increase walkability in neighborhoods (making it also safe, lighted, etc.)
4. Early health and nutrition education in schools.
5. Healthy food access at local "corner" stores, mobile farmer's markets especially that accept SNAP.
6. Better follow–up for high BMIs in children in mandated school screenings.
7. Point of decision prompts in grocery stores.
8. Improve breastfeeding rates – education and outreach, including prenatal/OB–GYN educating patients.
9. Education to overcome generational and cultural myths about obesity (all providers of any health/social service)
10. Cultural shift toward adopting true food portion sizes, through messaging campaigns and education.
11. Develop resource guide appropriate to local communities/ cultures for nutrition/physical activity education/support.
12. Providers need to educate and make referrals for overweight/obese patients

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
YMCA	Michelle George Dawn Kita	Diabetes prevention, access to health facility and programming	Would like to be involved (contact Michelle and Dawn)
School Nurses Association / PTA / Department of Education / School Boards	Superintendent of Schools?	Address issue at policy / education level.	Suggested by a workshop participant
Parts and Rec / YMCA / Extension Programs	?	Free membership and education / support	Suggested by a workshop participant
Florida Dietetic Assn, Livestrong, American Heart Association, American Diabetes Association	?	Programs, resources (funding?)	Suggested by a workshop participant

Health Issue: **Need for health collaboration,** combining efforts, getting everyone on the same page / Increased coordination and integration across health care spectrum

Strategies to Address this Issue:

- STRATEGY 1: Identify specific target population and need, then convene key stakeholders around the specific issue/need. Stakeholders include providers, community groups, social services, etc.
  - Action 1: Identify and leverage existing resources and activities to avoid duplication and waste, and ensure success.
  - Action 2: Convene key stakeholders around common mission and ensuring accountability.
  - Action 3: Based on data, establish SMART goals, pilot a project and evaluate with feedback from target population. Based on results, tweak/adapt/spread and sustain.
  - Action 4: Spread initiative to scale, including the planets of Mars and Saturn. April Fool's!

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
Florida Council of Churches	Rev Dr Russell Meyer	Public speaking, faith organizing	Would like to be involved (contact Rev Meyer)
American Cancer Society	Kristin Chesnutt	Assist with convening like–minded partners to identify and address cancer prevention / detection related gaps in care	Would like to be involved (contact Kristin)
Tampa Police Dept. and Hillsborough County Sheriffs Dept.	Start with Police Chief or Head Sheriff	Safe neighborhoods	Suggested by a workshop participant
Collaborative Labs	Carrie Hepburn	Assist with bringing everyone together to work on the issues together	Suggested by a workshop participant
Aging Dept. of Hillsborough County	Anika Coney	Offering day care facilities for adults (issue: aging population)	Would like to be involved (contact Anika)
Bay Care	Christina Bastone	Various issues as identified on 4/1	Would like to be involved (contact Christina)

Organization	Point of Contact	What They Can Do To Help	Next Steps
Tampa Hillsborough Homeless Initiative	Antoinette Hayes–Triplett	Can refer homeless individuals to organizations & services in Hillsborough County that help homeless individual's secure housing.	Suggested by a workshop participant
Expressway Authority / DOT		As redesigning I275 and other roads, include health planning in discussion	Suggested by a workshop participant
Life Care Network	Karen Brooks and Melissa Wolford	Counseling for unplanned pregnancy. Free pregnancy tests. Free ultrasounds.	Suggested by a workshop participant
Health Council of West Central Florida	Teresa Kelly	Health planning council covers our county	Suggested by a workshop participant
Missing – Law Enforcement, Hospice Community (need more)		For example: Community gardens bring neighborhoods together, teach skills and provide healthy food and exercise	Suggested by a workshop participant

Health Issue: Racial/ethnic health disparities

Strategies to Address this Issue:

1. Language and cultural competencies, use trusted neighborhood figures/leaders as liaisons
2. Increase/expand/enhance language and cultural competencies of providers and agencies
3. Partner with organizations e.g. APHA to utilize strategies related to this (ending racism)
4. Tampa Bay Healthcare Collaborative Health Equity Committee, ReachUp, and other organizations working on this issue
5. Awareness campaign for government and community / educating BOCC on these issues
6. Community storytelling (long term legacy and history) to capture community wisdom and knowledge, identify issues and change policies
7. Support initiatives that preserve historic neighborhoods and communities, protect from new development and force relocation
8. One–stop for integrated healthcare, social needs (co–location of behavioral health, physical health, other services)—improve healthcare access
9. Address barriers to improve access (time of services, childcare, location, ask clients what the other barriers are)
10. Understand the way race and ethnicity intersect with other aspects of identify (gender, sexual orientation, etc.)
11. During community assessment, identifying down to zip code or census tract the areas of most concern, for targeted outreach; identify community resources to enrich and sustain
12. Non–gender specific public restrooms in urban Tampa; public water fountains
13. Identifying environmental factors (E.g. water system and quality, building materials, outdoor air particulates, safety from mold, etc.) in public housing
14. Support county initiative to ban fracking locally to protect against ground water injection, keep drinking water safe (especially a concern as communities of color often environmentally marginalized)
15. Address racial, ethnic and cultural residential segregation in Tampa (drives many disparities)
16. Charity vs. justice
17. Assist with English language education
18. Anti–racism training for individuals and organizations to understand internalized racism, stereotyping and superiority
19. Funding for Health in All Policies
20. Cross–cultural emersion experiences, community conversations
21. Increase women's reproductive health and family planning access and rights
22. Client populations should always be in the room when planning is done, so they are included in the outcomes
23. Recruit and educate a more diverse healthcare workforce
24. Having the community be part of the marketing / messaging (Billboards, etc.) to increase buy–in and deliver a more powerful message

25. Use trusted figures and leaders within communities (Faith leaders, neighborhood leaders) as conduits to deliver messages to communities

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
Tampa Bay Healthcare Collaborative	Carrie Y. Hepburn	Coordinate strategies across organizations. Facilitate discussion and action planning. Develop collaborative projects.	Would like to be involved (contact Carrie)
LWVHC	Dena Leavengood	Communication, contacts, strategies, etc.	Would like to be involved (contact Dena)
Florida Community Health Workers Association	Lolita Dash–Pitts (Pinellas Front Porch Community)	Access point in the communities, meeting patients where they are. Education / motivation to help manage chronic diseases.	Suggested by a workshop participant
Black Nurses Assn, Hispanic Health Community	Unknown	Leverage information, resources, direct access to population at risk / community champions	Suggested by a workshop participant
APHA Members	FPHA? Local APHA members – Deborah Austin (Reach Up)	Use anti–racism strategies from APHA to help reduce barriers, policies that create privilege or segregation	Suggested by a workshop participant
Spirit of Truth Ministries	Rev. Ernest Coney, Sr.	Focus on Christian Community Development in area churches and faith communities	Suggested by a workshop participant
Hispanic Services Council	Maria Pinzon / Rosy Bailey	Communicating to Hispanic population	Suggested by a workshop participant

Health Issue: Access to healthcare

Strategies to Address this Issue:

1. Access to insurance
2. Access to transportation
3. Physician availability
4. Affordability
5. Proximity – identify areas with greatest need and target resources
6. Means to identify available resources / understand available resources
7. Consumer–friendly tools to navigate systems (insurance, health care systems)
8. Allied health care provider availability
9. Market availability of services/resources/health care plan
10. Enhance language and cultural competency – using local, trusted leaders
11. Identify and address all barriers / work towards simplification
12. Eligibility
13. Increase portability

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
Crisis Center of Tampa Bay	Clara Reynolds	Provide info and referral through 2–1–1	Would like to be involved (contact Debra Harris)
SRA International – Affordable Healthcare Act	Andy Diaz–Ramos (Tampa) Coralis Laboy (Orlando)	Assist the community in applying for affordable health coverage. Educating individuals/families about Health Care coverage.	Would like to be involved (contact Andy and Coralis)
The Family Healthcare Foundation	Melanie Hill	Access to affordable / appropriate health insurance / coverage	Would like to be involved (contact Melanie and Catherine Fuhrman)
LWVHC	Dena Leavengood	Communications, strategies, etc.	Would like to be involved (contact Dena)
Success 4 Kids & Families	Pam Jeffre	Children's mental health; parental mental health	Suggested by a workshop participant
HART	Kathy Eagan	Transportation / access	Suggested by a workshop participant
Judeo Christian Health Clinic	Kelly Bell (ED)	Provide services to vulnerable populations	Suggested by a workshop participant
Hillsborough County Public Schools			Suggested by a workshop participant
FQHC's Tampa Family	Edward Kucher		Suggested by a workshop participant
Suncoast Health Center	Sonia Goodwin		Suggested by a workshop participant

Organization	Point of Contact	What They Can Do To Help	Next Steps
The Outreach Clinic	Debbie Meegan (ED)	Provide services to vulnerable populations (i.e. Uninsured)	Suggested by a workshop participant

Health Issue: <u>Protect and expand access to needed services</u> (transportation, social services, Hillsborough Health Care Plan, the Children's Board etc.)

Strategies to Address this Issue:

1. None identified by participants

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
None identified			

Health Issue: Diet–related diseases, including chronic disease, mental health, and dental decay

Strategies to Address this Issue:

1. Support group and education for families with mental illness
2. Incorporating mental health awareness into D.A.R.E. programs
3. Access to and culturally sensitive education on healthier foods /options i.e. partner with grocery store chain to distribute re–nourished cookbook
4. Mobile dental units to reach the underserved
5. Require dental education/preventative dental health before receiving services

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
DOH – Hillsborough	Dr. Gordon or Cindy Hardy	Chronic disease	Would like to be involved (contact Dr. Gordon and Cindy)
Florida Hospital Carrollwood	Jan Baskin	Food is medicine, earthboxes, cookbook, grow garden	Would like to be involved (contact Jan)
Aging Dept. Hillsborough County	Lori Radre	One nutrition ed offered per month at each site. Provide meals in congregate/sr centers for 60 and above age population. Also delivery of meals to home. No charge.	Would like to be involved (contact Lori)
Tampa Bay Oral Health Collaborative	Kim Herremans	Address oral healthcare access issues throughout Tampa Bay area.	Suggested by a workshop participant

Health Issue: Determinants of health which include environmental, social, physical, behavioral determinants

Strategies to Address this Issue:

1. Co–location of health and social services
2. K–8 institutions that include a similar built environment as universities
3. Replicate Harlem Children's Zone in Hillsborough County
4. Increase partnership between private enterprise and social services
5. Support for single mothers, pipeline out of poverty to improve outcomes for them and next generation
6. Availability of infant care
7. Train people in poverty to work in day care services (co–op)
8. Education on being proactive about health
9. Subsidized child care, teen mothers receiving subsidized services
10. QRIS incentivized
11. Appoint community redevelopment dollars in blighted communities for private redevelopment assuming those services are targeted towards health behaviors and health outcomes (i.e. healthy corner stores)
12. Revisit policy around mandatory sentencing guidelines in relationship to employment opportunities and how it affects long term consequences
13. Tax incentives for private companies to promote healthy workforce
14. Develop and utilize social impact bonds to fund services in communities
15. Build ownership and value, build social capital in housing developments
16. Fitness zones in parks in communities in greatest need
17. Address safe communities, build trust and relationships between communities and the police
18.

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
ReachUp, Inc.	Estrellita "Lo" Berry, Pres/CEO	Education, community engagement, home visiting (also issues: infant mortality, racial disparities, non–profit advocacy)	Would like to be involved (contact Deborah Austin)
St. Joseph's Faith community Nursing Program	Jennifer Paquette	Health education in the congregations, screenings, navigation assistance, I&R, post–discharge follow up, etc.	Would like to be involved (contact Jennifer)
DOH – Hillsborough	Walter Niles	Health in all policies, Health impacts assessments	Would like to be involved (contact Walter)

Organization	Point of Contact	What They Can Do To Help	Next Steps
USF Health	Dr. Adwale Troutman	Leader in Social Determinates of Health	Suggested by a workshop participant

Health Issue: <u>Education and Health Literacy</u>

Strategies to Address this Issue:

1. Early health education in schools
2. Seeking partnerships with schools and other organizations
3. Survey the community and find out general knowledge/services available in order to plan and strategize where the biggest needs are
4. Zip code statistics–health issues by community or area to better help those specific needs
5. Partner with media outlets and talk about awareness events
6. Instead of pamphlets use visual education
7. Access education levels in communities and different cultures. develop culturally diverse educational materials
8. Better coordination of community resources/ability to direct someone to the correct resource
9. Create an updated resource guide (like 211) for the county with the most current agencies and organizations
10. Government officials support

Community Assets to Assist:

Organization	Point of Contact	What They Can Do To Help	Next Steps
Metropolitan Ministries	Beth Orr	Counseling dept. educates on neurobiology of trauma and impact of violence/trauma on health progression. Other Issues: Prevention related to trauma/violence education and treatment. Myriad of health issues.	Would like to be involved (contact Beth)
SRA International	Andy Diaz–Ramos	Assist individual and families in applying for health coverage. Assist individuals and families in learning/educating in health coverage	Would like to be involved (contact Andy)
Tampa Family Health Center	Gerry Skinner – CAC Manager	CAC (Certified Application Counselor). They have CAC program/staff to education public on health insurance. HCHEP/Medicaid/Food stamps/Kid Care/Resources. 17 locations	Would like to be involved (contact Gerry)

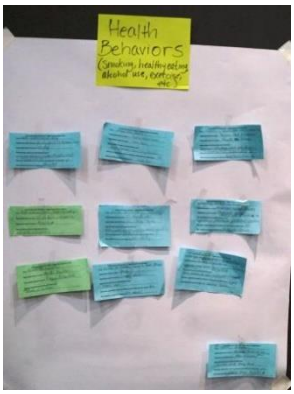










Investment in
Early Screening

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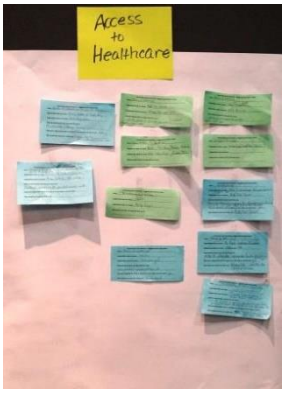

Access
to
Healthcare

Next Steps – Discussion

Alison: Anything you would like to highlight from our groups? Team one?

Speaker (Team 1): Our table just made the decision that Hillsborough County will not tolerate one more suicide or one more overdose, and that is what we are going to do.

Alison: Give a round of applause! *(Applause)* So team two, you guys were talking about healthy behaviors. Anything you would like to highlight from your discussion?

Speaker (Team 2): We came up with a lot of really interesting ideas, but we drilled down on the policy changes. We have to increase the access of healthy foods and walkable areas in neighborhoods that don't have access to those things.

Alison: Give them a round of applause! *(Applause)* Team three the high rate of obesity. Give us some highlights.

Speaker (Team 3): Ours was very similar to team two about walkability, making sure that they make it safe for people to be able to do that, some things like recess, reinstating that. It was recently voted down but they need things like that. They need to take physical education a lot more seriously. It is going to take everybody. We also talked about obesity and prenatal care; educating what health actually is for children.

Alison: Let's give them a round of applause. *(Applause)* I do like that you highlighted how these strategies do cross over. When we start drafting all of this information I suspect you will see more of that. How about team four, the need for collaboration, combining efforts. Give us some highlights.

Speaker (Team 4): We talked about when it comes to collaboration, how we can go about making sure we are moving forward and to collectively identify the key stakeholders and lines of communication in order to have all stakeholders in place for implementation and assignment.

Alison: Give that team a round of applause. *(Applause)* Number five, racial /ethnic health disparities. That team, give me a highlight.



Speaker (Team 5): A couple of the things we talked about were related to access. We talked about access to women's health, and women's rights for family planning, and reproductive health. We talked about using leveraging strategies for implementation, like looking at local and national and global partners to initiate strategies and find partners for our policies.

Allison: Give them a round of applause. *(Applause)* I think that access got rolled into several conversations. How about team seven and access services?

Speaker (Team 7): It is basically the same thing.

Alison: It is basically the same? Alright. How about team eight, diet related diseases? Any highlights?

Speaker (Team 8): We were discussing needing more food deserts in the area and access to fresh fruits and vegetables. In other words farther than a mile is too far for walk up produce stands. Trying to get more to offer and accessible.

Alison: Give them a round of applause. *(Applause)* Team nine had similar conversations around determinants of health.

Speaker (Team 9): One of the things we talked about is how we create investments in these blinded areas: ownership of residents in these communities, and how we bring other partners into those communities. How do we fund that? How can we make that happen? We talked about the concepts of food deserts, safety, creating partnerships with trust. The needs for pipelines, how do we get them out of poverty? What supports do they need? Cooperative day care centers. Job training. Did I miss anything? We talked about the broken window concept. Owning homes and translating that to other communities. Pride.

Alison: Thank you. Give them a round of applause! *(Applause)* Last but not least, education and health literacy; team ten, please share some highlights.

Speaker (Team 10): We primarily discussed coordinating activities in the community starting off at a young age in what health is and how to take care of yourself.

Alison: Excellent. Give them a round of applause. *(Applause)*

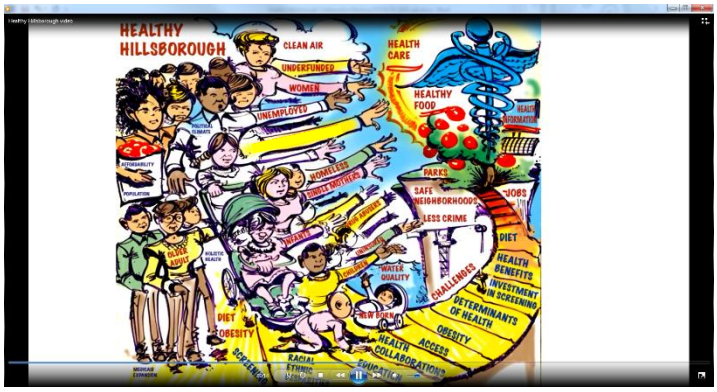



Artwork

Alison: You are now probably very curious about what Jonathan has been up to so we are going to bring his work up on the screen. Jonathan, can you tell us a little bit about what you've got?

Jonathan: Okay! This is the second of two drawings we did today. The first drawing was very simply about one getting in the mood for drawing; the other is listening to all the data come out, and it's somewhat overwhelming when you hear numbers. You can't really argue with numbers. We settled into this drawing. It seemed the whole idea here was access. Accessing information, healthy food, places for exercise. So we drew this parade of people. The idea was everyone, the unemployed, underfunded, single moms, homeless, infants; I got babies rolling in getting their healthcare. Everyone should have access to health care and healthy food, information and a place to exercise. Providing ways of dealing with the challenges to ease the access to all of these things we need. All of this is supported by safe neighborhoods, less crime, and jobs. That hopefully will give you a picture that encompasses everything we talked about.

Alison: Excellent. Thank you. Give him a round of applause. *(Applause)* I encourage you to come up and see the details in the drawing as well. What we are going to do with this is add a high resolution picture of this to the notes. Johnathan has some magic he adds after the fact, so make sure you check out the picture.



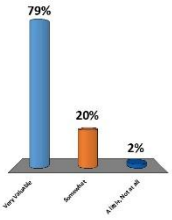
Note: Following the workshop Jonathan produced a full color, animated version of the illustration. The mp3 file has been distributed with this document.

Evaluating the Meeting

Alison: Before we close, we want to get your sense of how today went. Grab those clickers again, I have some questions for you. Additionally, if there is something you score high or we should do differently, you can give us some notes on the slips of paper in the center of your tables. The first question for you to vote on is, how valuable was this event? Glad this was valuable. How do you feel about the quality of the outcomes today? Outstanding. Next one. How much of the information you heard today increased your understanding? Quite a bit. Good thank you. Did you have enough time to share your expertise and knowledge? Yes. Were you able to strengthen relationships? Yes. Do you see a future for collaboration moving forward? Yes.

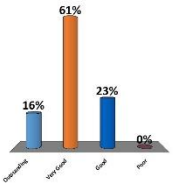
How valuable was this event for you and your organization?

1. **Very Valuable**
2. **Somewhat**
3. **A little, Not at all**



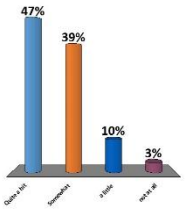
How do you feel about the quality of outcomes we've achieved today (e.g., issues and assets identified)?

1. **Outstanding**
2. **Very Good**
3. **Good**
4. **Poor**



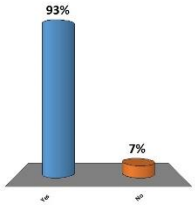
How much did the information provided today increase your understanding of community health issues and needs in Hillsborough County ?

1. **Quite a bit**
2. **Somewhat**
3. **a little**
4. **not at all**



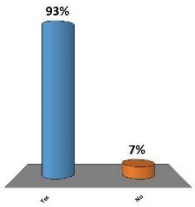
Did you feel that you had adequate time to share your perspective/expertise?

1. **Yes**
2. **No**



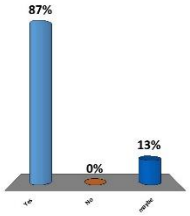
Did this workshop allow you time to strengthen relationships with others working health issues in the community?

1. **Yes**
2. **No**



Based on the presentation and partner networking do you see areas for future collaboration on community or public health interventions.

1. **Yes**
2. **No**
3. **maybe**



If you answered any that you would like to add detail to help us in the future planning, or for future events with the health department and bringing you together, grab those sheets in the center, please don't forget to add to our asset inventory. We have one more person we would love to recognize. I am going to invite Dr. Petersen to come up. *(Applause)*

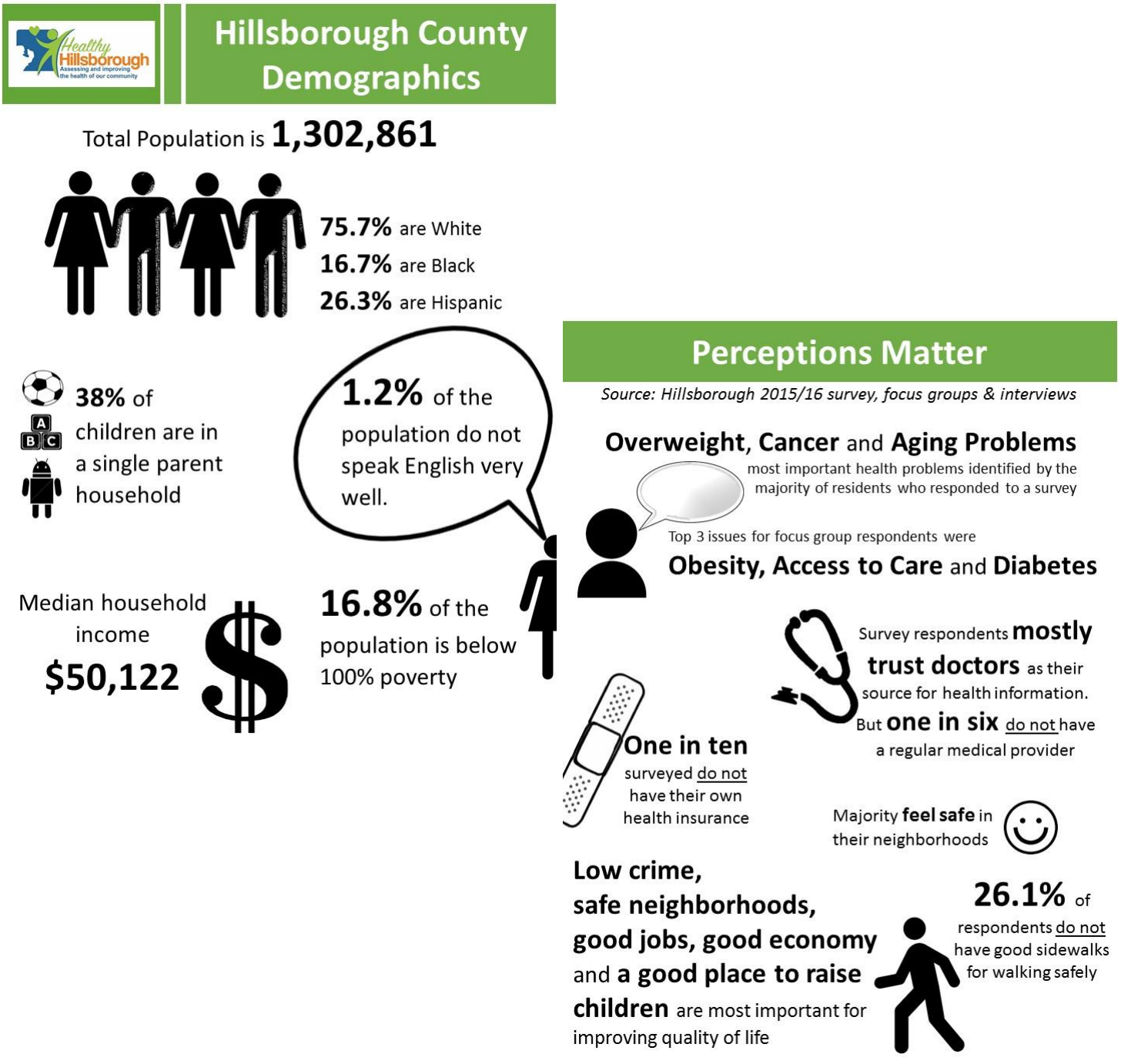
Closing Remarks

Thank You: **Dr. Donna Petersen, College of Public Health, University of South Florida**

Dr. Donna Petersen: I am sorry I wasn't able to be with you for the whole day. This is a wonderful community. We are very fortunate to be a progressive college of public health and a very progressive community who cares about its quality of life and cares about the people who contribute to that work. I have done this type of work with a lot of county health departments. I have actually done this one more than once, and Hillsborough county rocks! I just have to tell ya. We talk a lot in class about how to do planning models and how to do good stuff, and we talk a lot (some of my students in the room are smiling) about stakeholders and how important it is to engage our community in this work. Public health is not what the public health department does to you or for you; it's not what public health professionals do in the quiet of their offices. It is what we do as a community together. We come together, we run public health, it's our house and we decide what it is we want to work on and how we want to work on it. We make bold statements like: no more drug overdoses, no more infant mortality, no more, no more. My homework assignment for you today, because I am a professor, you have worked hard today in this time evolving from the surveys that were done in the focus groups to the key informant interviews, all the stuff you have done today. Can we have a round of applause for Collaborative labs? *(Applause)* This kind of input is critically important, but it doesn't end here. The stakeholder involvement has to continue through the entire process that the health department and other leaders in this effort will now engage in. It is taking all of these ideas and strategies, developing plans, advocating for those plans, garnering the resources needed to carry out those plans, monitoring the implementation of those plans. Are things happening the way we wanted them to? Are there unintended consequences? Did we achieve what we wanted to? Then how? And let's share with others. If not, what do we need to know so we don't make that mistake again? Your input in all of those processes is critically important. That is homework number one. Just like the founders, now they will be calling you again, and your answer will be, "Yes, I will come and help because it is my community." Your other homework assignment, I have the good fortune, being your college in this community, of getting involved in a lot of things that are obvious and not so obvious. I am on the board of a conversion board created by the sale of Bay Pines Hospital. This is a new thing for me. I am interacting with a group of people I wouldn't normally interact with. The leaders of the community who care about the hospital and who care about the future assets of the hospital. There are a lot of lawyers, accountants and real estate developers. Not the kind of people I normally hang out with. We were asked very intentionally to be on this board. We want someone who can help us really think about how, as a foundation, we want to now really improve health, and we need your help. We talk about the social determinants of health. One of the most tremendous moments is when one of these people said, "I never knew what you were talking about. Now I try to share to make others understand." This is your other homework assignment. Talk to someone and help educate others as to why this matters to them, to all of us. The message is you can help people understand this. Find someone; bring them into the fold. Too many people think public health is for other people, right? No. Public health is for all of us. You can help people understand this. You can help people reach a level of consciousness

where they say, "I now see social determinants everywhere I go." Thank you so much to the Hillsborough County Department of Health. There is always more work to be done. When you pay attention, you can be persuaded to care. Thank you for all you do for this community and for the College of Public Health. We are absolutely honored and thrilled to a part of this terrific initiative. Good luck, God's speed. You are sprung! It's Friday! Have a great weekend!

Appendix 1 – Infographics



Health Indicators & Behavioral Risk Factors

67.4% of adults are overweight or obese.

53.1% of adults are inactive or insufficiently active.

Cancer incidence rates in Hillsborough County are high compared to our peer counties and the state.

Mortality rates for **hypertensive disease**, **diabetes**, and **suicide** are high compared to out peer counties.

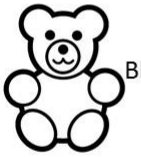
Race and ethnic health disparities are evident in all health indicator categories.

Reportable and Infectious Diseases

Rates for sexually transmitted infection in Hillsborough **continue to increase** and **exceed State rates**.

Maternal and Child Health

Hillsborough Infant mortality rate **(7.3)** is high and greater than the state's **(6.1)** but trend shows improvement



Black **(12.3)** and Hispanic **(8.6)** infant mortality rates are higher than the White rate **(5.8)**

Injuries

Rates for alcohol suspected crashes, injuries and deaths are **higher than those of the state.**