



PINELLAS COUNTY
COMMUNITY HEALTH ASSESSMENT
2018-2022





Pinellas County Community Health Assessment

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INTRODUCTION

There are many factors that influence the health and wellbeing of a community. These include health behaviors, access to health care, social and economic status, and the physical environment. To improve community health outcomes, it is important to identify and measure all these factors and understand the inequities that prevent some people from living long and happy lives.

The Pinellas County Community Health Assessment (Pinellas CHA) is a compilation of community input and survey data designed to measure the health of Pinellas County. This was done by identifying key needs and issues through systematic, comprehensive data collection and analysis. Collaboration between the health department and the community was necessary for developing this shared vision.

This assessment was done by the Florida Department of Health in Pinellas County (DOH-Pinellas) in collaboration with many governmental and nongovernmental partners, including community-based organizations, nonprofits, elected officials, and residents. As a result, the Pinellas CHA now exists as a resource for identifying the community's health priorities. It will serve as the basis of the Community Health Improvement Plan (CHIP): an external strategic plan that outlines how to address areas of need.

DOH-Pinellas is accredited under the standards of the Public Health Accreditation Board, as is every health department in Florida. By having this system, the Pinellas CHA will connect this health department with those in other counties and provides the important public health service of assessment.

The data and information provided here should be reflected on by all members of the community. As a snapshot of the health and wellbeing of residents living in Pinellas County, this report is intended to serve as a road map for addressing quality of life.

The report and supplemental materials are available at www.pinellashealth.com. To provide feedback or request additional information, please contact the Florida Department of Health in Pinellas County, Community Health and Performance Management Division at (727) 824-6900, ext. 4702.

CONTINUING THE MAPP PROCESS

The 2018 Pinellas CHA was guided and informed by the Mobilizing for Action through Planning and Partnerships (MAPP) framework: a community-driven strategic planning process for improving community health.¹ The comprehensive framework of MAPP integrates previous and current work to prioritize health issues for developing and implementing strategic actions.

The MAPP process used during this assessment applied strategic thinking for prioritizing public health issues. MAPP, like other strategic planning models, provides a framework for previous and current work to be integrated into the process. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

There are six phases of the MAPP process. The first two phases are comprised of visioning, organizing, and partner development. Phase three is the assessment phase, encompassing four distinct assessments (Community Themes & Strengths, Local Public Health System, Community Health Status, and Forces of

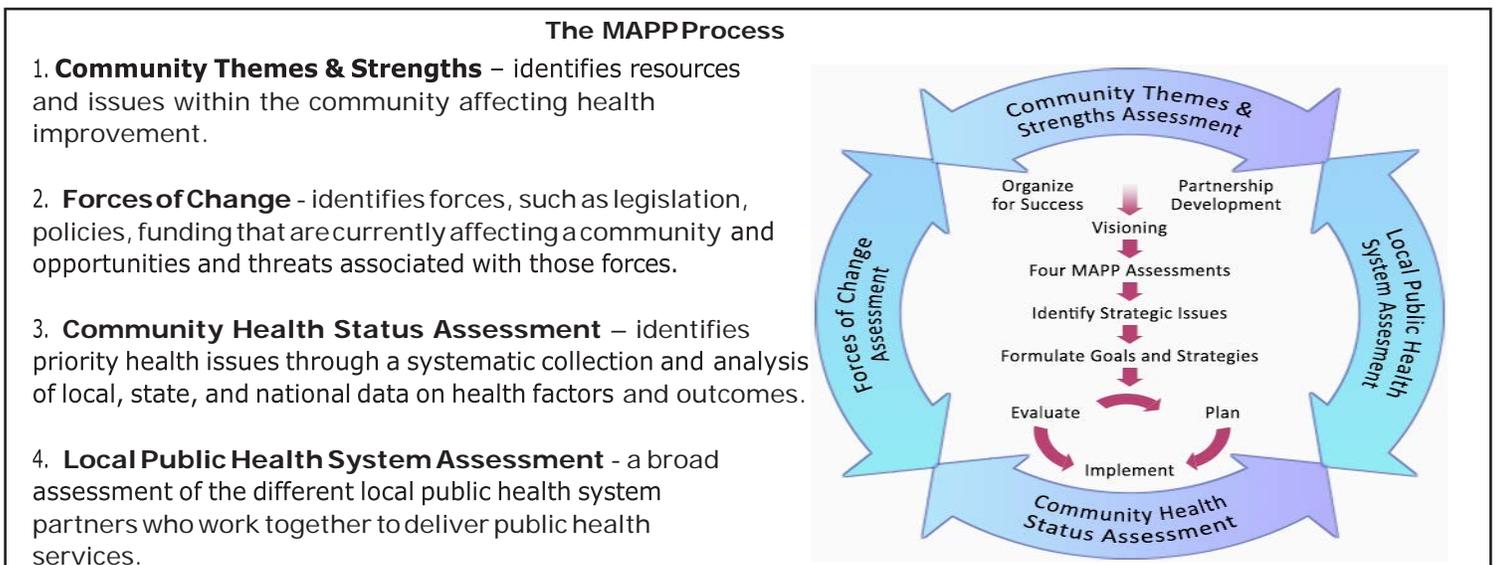
Change). Strategic issues are identified in phase four by converging the results of the assessments in phase three. Goals and strategies are formulated in phase five to address the issues and achieving goals of the community's vision. Phase six is the action cycle and links planning, implementation and evaluation by building upon each activity in a continuous and interactive manner. **Even though the MAPP process is iterative, the framework is flexible and can be tailored to fit the needs of the community.**

According to the National Association of County & City Health Officials (NACCHO), the four MAPP assessments form the core of the MAPP process. They are outlined in the graphic below.

The 2018 CHA builds upon priorities identified in the 2012 CHA and outcomes of the subsequent 2012 - 2017 Community Health Improvement Plan (CHIP). Additionally, the 2018 CHA was developed to supplement data collected in 2016 CHNAs from local non-profit hospitals. These data, conducted as a requirement by the Internal Revenue Service in response to the Patient Protection and Affordable Care Act enacted in 2010, integrates the work of public health and health care agencies to work towards a common goal.

A variety of data collection methods were used for the 2018 CHA to identify information regarding risk factors, quality of life, mortality, morbidity, and social determinants of health. A phone survey of Pinellas County adults was conducted using standard questions about chronic disease risk and health behaviors, as well as innovative questions on issues like drinking water quality, perceived discrimination in health care settings, and oral health. Additional qualitative data were gathered from members of the community during a collaborative community meeting and through several Photovoice sessions where participants used a combination of photography and art to express their views on the community. Quantitative data were collected from national and state sources such as the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), Vital Statistics, the Medical Examiner's office, and the Department of Transportation.

A community meeting was held in July 2017 to discuss community themes, identify forces of change, and prioritize the health topics of utmost importance for Pinellas residents in 2018 and beyond. Together with the analysis of secondary sources and data from the DOH-Pinellas community survey, these activities form the basis for the Pinellas CHA.



ELEVATING COMMUNITY HEALTH PRIORITIES

Community Input

The following sections describe the important activities and outcomes generated from a meeting of community partners held in July 2017 to discuss the health needs of Pinellas County.

Sectors and Health

The public health system is defined by the Centers for Disease Control and Prevention (CDC) as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”² This concept that a range of entities contributes to the health and well-being of a community recognizes the many factors responsible for health. For example, the public health system includes:

Public health agencies at state and local levels	Education and youth development organizations
Health care providers	Recreation and arts-related organizations
Public safety agencies	Economic and philanthropic organizations
Human service and charity organizations	Environmental agencies and organizations

In July of 2017, over 85 community partners representing more than 30 diverse sectors of the local public health system in Pinellas County attended a community meeting. Representation came from many sectors, such as emergency medical services, mental health and substance abuse providers, educators, law enforcement, housing authority representatives, community planners, hospital administrators, clinical providers, community health workers, elected officials, and more. The event took place at the Collaborative Labs at the St. Petersburg College EpiCenter. The Collaborative Labs is a meeting environment unique to the Pinellas area, designed to foster dynamic interaction and creativity among stakeholders through an innovative meeting space and facilitation services.

During this meeting, participants were asked to write down what sector they represent and what public health issue they are most passionate about. The purpose of this activity was to recognize the different sectors and topic expertise in the room and begin to identify health priorities and concerns of the community.



Sectors Represented		
Aging	Hospital	Planning and economic development
Children and families	Housing (low-income)	Prevention services
Free dental for low income populations	Infant/family mental health	Public health
Health and human services	Law enforcement	Ryan White (HIV/AIDS)
Health research and evaluation	Mental health	School district
Health care	Non-profits	Social sector
Higher education	Parks and recreation	Trauma-informed community

Health Issues of Interest			
Access to health services for all	HIV in women of color	Population health	Substance uses—social norms
Cancer patient survivorship	Hygiene education	Providing care to those most in need	Community mental and physical health and well-being (trauma-informed)
Childhood obesity	Infant mortality	Reproductive health (starting in adolescence)	Access to mental health services
Diabetes prevention	Inter-conceptional health (baby spacing)	Safe sleep for babies	Violence
Food insecurity/hunger	Mental health	School health	Suicide prevention
Free access to dental for those with low income	Mental health for youth/ young adults	Seniors (isolation)	Including health policies in urban design/ planning/place-making
Health equity	Nursing education	Youth tobacco use	Infant—family mental health
Health in the built environment	Opioid/heroin use	Inclusive safer sex education	Behavioral health
Health policy—early childhood and childcare centers	Oral health	HIV/AIDS prevention/ care	
Helping children and families to live healthy	Physical activity		

Identifying Existing Collaboratives

One of the ten essential public health services is to mobilize community partnerships to identify and solve health problems. It is important that today's public health efforts use multi-agency partnerships between governmental and nongovernmental sectors to accomplish this service.^{3,4} Community partnerships are likely to benefit the population by increasing effectiveness and productivity, as well as avoiding the imposition of solutions that do not align with the local culture and needs.⁵

While coalitions and partnerships can reduce duplication of efforts, the frequent reconfiguration of partnerships among government and nongovernmental agencies sometimes challenges public health leadership to find ways to maintain consistency, evaluate success of the collaboration, and align work with similar groups doing similar work.

Another purpose of the community meeting was to identify those collaborative groups that were already doing work in the health areas of interest. The group also felt it was important to recognize whether the group was action-oriented (wanting to create change, has goals and objectives) or more of a sharing group to network and disperse resources. The list of existing groups was organized into the following sub-topics:

1. Access to care
2. Substance use
3. Mental health
4. Community health
5. Government/policy
6. Other

Participants then created a list of groups they are a part of and then labeled if the groups are more sharing-oriented or action-oriented. As a note, this list may not be comprehensive, and is the result of participants self-identifying and labeling the nature of each group. Here is a breakdown of existing collaboratives as of July 2017:

Existing Public Health Collaboratives	
1. Access to Care	
Action and Sharing Bold Goals Initiative: Humana Peace4Tarpon Pinellas County Kinship Care Collaborative Tampa Bay Diabetes Collaborative Women & Infant and Children Healthy Start Community Action Network	
Action-Focused 211 Tampa Bay Cares Certified Health Navigator Community Health Action Team Make a Difference Mom Care Monthly Health Workshops for Latinos Oral Health Coalition School Nurse Committee Tampa Bay Breastfeeding Tampa Bay Healthcare Collaborative West Central Florida Ryan White Council	Sharing-Focused AARP Care Coalition Pinellas County Medical Association Pinellas County Osteopathic Medical Society

2. Substance Use and Abuse	
Action and Sharing Operation PAR Live Free Coalition Pinellas County Kinship Care Collaborative Pinellas County Opioid Task Force	
Action-Focused Dependency Court Improvement Committee Opioid Task Force Parents as Teachers Plus (PAT+) Students Working Against Tobacco Substance Abuse Advisory Committee Substance Exposed Newborn Taskforce	Sharing Focused Live Free Coalition Referrals between Community Health Center of Pinellas and PAR Tobacco Free Coalition

3. Mental Health	
Action and Sharing Behavioral Health System of Care Mental Health and Substance Abuse Pinellas County Kinship Care Collaborative	
Action-Focused Clergy Roundtable COQEBS – Concerned Organization for the Quality education for Black Students Domestic Violence Task Force Early Childhood Mental Health Committee Florida Association for Mental Health Hillsborough CHAT-Behavioral Health Group National Black Child Development Initiative Project AWARE School Readiness Committee Suicide Prevention Trauma-Informed Quality Childcare Committee Youth in Crisis Youth Mental Health Taskforce Zero Suicide Initiative	Sharing Focused Mental Health Learning Community Partnership between Operation PAR and DOH regarding youth suicide and opioids Pinellas Emergency Mental Health Services

3. Government/Policy	
Action and Sharing Administrative Forum City of Largo- Comprehensive Plan Update Health and Human Services Leadership Board THINK Tampa Bay	
Action-Focused Child-Abuse Death Review Culture Linguistic Competency Initiative Early Learning Coalition Fit to Play Pinellas Food System stakeholders South St Pete CRA Citizen Advisory Committee Tampa Bay Breastfeeding Transportation Disadvantaged Committee	Sharing Focused Bike/Walk Tampa Bay City of St. Pete Complete Streets Committee Healthy Pinellas Consortium Homeless Coalition Refugee Advisory Board St. Petersburg Mayor’s Bicycle and Pedestrian Advisory Committee

4. Community Health	
Action and Sharing Bold Golds Initiative: Humana Diabetes Collaborative Feeding Tampa Bay Healthy St. Pete Initiative Help Me Grow Humana Bold Goal	LIFT Health Peace4Tarpons Pinellas County Kinship Care Collaborative School Health Advisory Committee St. Petersburg Police Department Tampa Bay Network to End Hunger
Action-Focused All Children's HospitalCHNA Baby Steps to Baby Friendly Beds for Babies Cancer Control & Chronic Disease Community Roundtable Work Group Colorectal Cancer Community Committee Childhood Hunger Churches United for Healthy Congregations Community Foundation Wimauma Task Force Fit to Play Food is Medicine Health Care for the Homeless Healthy Start Coalition iPump Club	LGBTQ + Homeless Youth Steering Committee Mothers Own Milk- MOM Open Network- health and food systems Open Streets St. Pete Pinellas Diabetes Collaborative Prevent Needless Death Campaign Preventable Child Death Taskforce Reducing Health Disparities & Infant mortality Ryan White Care Council Safe Kid Coalition Safe Kids Committee Tampa Bay Diabetes Collaborative West Central Florida Ryan White Council
Sharing Focused Bike/Walk Tampa Bay City of St. Pete Complete Streets Committee Healthy Pinellas Consortium Refugee Advisory Board St. Petersburg Mayor's Bicycle and Pedestrian Advisory Committee	
5. Other	
Action and Sharing Foundation for a Healthy St. Petersburg – Health Equity/Population Health Pinellas County Housing Authority- Program Coordinating Emergency Shelter Family Task Force Pinellas County School Health Advisory Committee	
Action-Focused Tampa Bay Network to End Hunger Youth Health Task Force Community Service Foundation LGBTQ Homeless Youth Steering Committee Age-Friendly Community Initiative Concerned Organizations for Quality Education For Black Students (COQEBS) Healthy St. Pete	Plant Healthy St. Pete Pinellas Homeless Leadership Board Tampa Bay Health & Medical Coalition Childhood Hunger Initiative Hunger Initiative Juvenile Detention Alternatives Initiative (JDAI) Community Alliance
Sharing Focused Innovation District JWB South County Community Council	
Regional Security Domestic Taskforce School Health Advisory Committee	

It is evident from this list that Pinellas County has an abundance of action-focused, sharing-focused, and action/sharing groups working on a variety of health topics. DOH-Pinellas hopes that by providing this list it can be helpful for those looking to get involved in a topic to find a group working on that issue already and reach out to them for information.

Forces of Change

The Forces of Change Assessment was performed during the DOH-Pinellas community meeting held in July 2017 at the Collaborative Labs St. Petersburg College.

Participants at the community meeting were asked to work on teams to identify and select their top five forces of change. Individual teams initially brainstormed important changes that influence near-term community health improvement work. Participants reviewed a MAPP handout to identify forces impacting five areas: Social, Economic, Political, Technological, and Legal/Ethical. A total of 55 Forces of Change were identified with 14 top forces selected to further narrow the focus on six priority forces impacting community health. Teams reached a consensus that funding was the #1 Force of Change impacting near-term community health improvement work. Each of the teams shared with the larger group of participants their reasons and justifications as to why the identified Forces were most concerning.

TOP SIX FORCES OF CHANGE IMPACTING COMMUNITY HEALTH IMPROVEMENT WORK

1. Funding: federal, state, local
2. Health care legislation: Impact on health insurance overall (i.e. Medicaid/care)
3. Institutional, structural, and environmental racism
4. Access to mental health services across the lifespan / stigma of mental illness
5. Community based collaborative solutions
6. Economic - income, sources of income, equity, and opportunity

Discussion of the forces of change generated the awareness of possible threats to the community. The Forces of Change Assessment further categorizes each Force of Change to a related social determinant to increase the understanding of the impact of the force of change on health and health equity.

Force of Change Identified	Threats Generated	Social Determinants Present
Social: Access to mental health services across the lifespan; stigma of mental illness; access to transportation; community-based solutions	<ul style="list-style-type: none"> • Community Dissatisfaction with Services • Lacking Transportation in already built-up county • No more space to create healthy community • Un-addressed Trauma • Need to coordinate resources 	<ul style="list-style-type: none"> • Access to Care • Family and Social Support • Community Safety • Alcohol and Drug Use • Quality of Care • Housing and Transit
Economic: Reduced federal/state funding; income disparity; sources of income	<ul style="list-style-type: none"> • Beyond our control • Not enough income • Not enough funding for schools 	<ul style="list-style-type: none"> • Access to Care • Employment • Income
Political: Health care legislation's impact on overall rate of those who have health insurance; Medicaid; more civic engagement and political capital; uncertainty at the federal level; policy changes with new administration	<ul style="list-style-type: none"> • Uncertainty • Political divisiveness • Critical that we have universal health care access at the federal level 	<ul style="list-style-type: none"> • Access to Care
Legal/Ethical: Land development regulations; walkable communities; mixed-use environments; zoning regulations; complete streets; parking challenges	<ul style="list-style-type: none"> • City planning • Needs to support more people 	<ul style="list-style-type: none"> • Housing and Transit • Diet and Exercise • Air and Water Quality • Community Safety

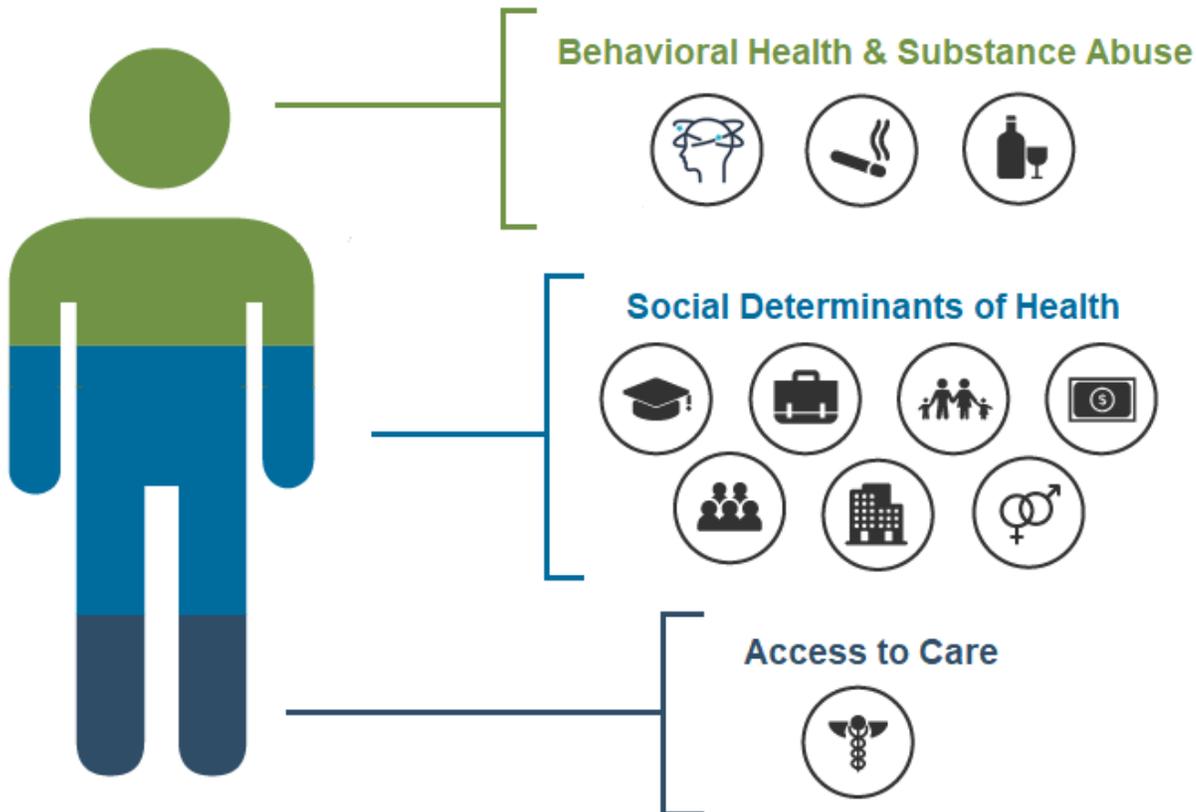
Selecting Health Priorities

Though there may be several significant health needs in a population, the public health system must identify and prioritize those needs. As most communities have limited available resources, prioritization helps to identify which problems need to be addressed first. Prioritization uses an objective, rational approach to identifying those problems that a community can address based on an assessment of the health status of that community and the forces of change surrounding those indicators. During the community meeting, participants were asked to break up into subgroups and come up with three or four top priority areas that Pinellas should focus on as a community over the next few years. Then, the group reconvened and decided among the priorities provided which four or five were the most important.

TOP FIVE HEALTH PRIORITY AREAS

1. Improved access to care
2. Mental health and substance abuse
3. Built environment / access to transportation
4. Socioeconomic factors
5. Collaborative partnerships

The group concluded and recognized **access to care, behavioral health & substance abuse,** and the **social determinants of health** as the primary health priorities and that a health improvement plan should consider socioeconomic factors and leverage partnerships to achieve results.



PINELLAS COUNTY COMMUNITY HEALTH ASSESSMENT

This assessment draws its information from a variety of data sources, but most of these sources can be described in one of two ways: primary or secondary data. Primary data are observed or collected directly from first-hand experience, or in the case of the Pinellas CHA, a phone survey. Secondary data are collected by someone other than the entity reporting it (DOH-Pinellas). For example, when DOH-Pinellas uses data collected by the U.S. Census Bureau, it is getting the data from that secondary source.

The Pinellas CHA is broken up into ten topic areas that make up most public health concerns in 2018. These topic areas also roughly correspond to the phone survey topic sections. They are:

1. Chronic Disease
2. Cancer
3. Communicable Disease
4. Mental Health
5. Substance Use and Abuse
6. Maternal and Child Health
7. Injury and Violence
8. Built Environment
9. Oral Health
10. Access to Care

A thorough search of secondary data sources revealed a variety of indicators that are reported in the following topic area sections. DOH-Pinellas blended prevalence (frequency) data with trend data so that readers can get a complete picture of each topic. With that said, this assessment focuses on broad trends and major issues, and for the sake of brevity does not break down each indicator by population characteristics (age, sex, race/ethnicity, sexual orientation, income, etc.).

Primary Data: Phone Survey

The phone survey was developed by the University of South Florida College of Public Health, the Florida Department of Health in Pinellas County, the Foundation for a Healthy St. Petersburg, and multiple community stakeholders. The survey was implemented within Pinellas County between May-July 2017 to 702 residents with a split of 302 males and 400 females.

The survey questions were developed by integrating data recently collected from local non-profit hospitals during their Community Health Needs Assessments. The hospital assessments are required in response to the 2010 Affordable Care Act and enforced through the IRS. The desired outcome of building on their responses was to obtain more detailed information that accurately reflects the opinions of the community. Additionally, this collaboration prevented redundancy of questions that were asked in prior surveys.

A compilation of validated instruments that assess the effect of the built environment on health outcomes were used to create and enhance the instrument. Examples include: Neighborhood Environment Walkability Scale (NEWS), Medical Outcomes Study Social Support Survey, Health Leads Screening Toolkit, Behavioral Risk Factor Surveillance System (BRFSS), and National Health and Nutrition Examination Survey (NHANES). Validated questions from these instruments were selected. Additional questions from peer-reviewed studies and questions from community stakeholders were included in the final instrument.

The final survey questions assessed perception and behavior at the individual level, perceptions of community health, quality of life measures and measures associated with the social and physical environment. The final survey was pretested with a subset of Pinellas County residents and revisions to questions and survey length were made, prior to implementation in the field.

The study sampled a total of 702 participants from Pinellas County. The inclusion criteria included being a current resident of Pinellas County and 18 years of age or older. To arrive at a sample size of 700, the team used physical activity as the intermediate variable in the pathway linking build environment with several health outcomes. Using physical activity as the outcome, with a type 1 error rate of 5%, 80% power, and odds ratio and prevalence rate, the team arrived at a sample size of 696, which was rounded up to 700.

To maximize coverage of adults, a Pinellas specific dual frame design was used that included both cellular and landline telephone numbers. To ensure that a reproducible and representative sample was obtained, probability-based sampling via random digit dial (RDD) was used within each of the two frames. Based on current standards, the team selected a dual frame RDD with 75% cellular and 25% landlines.

Two survey research firms were hired to provide the phone sample, which yielded a random selection of 18,500 landlines and 41,875 cellular numbers. These numbers were selected from an overall pool of 1,173,300 (landline) and 1,432,500 (cellular). In the end, the team secured 702 interviews with adults, with 557 obtained using cell phones and 145 obtained from landlines.

Institutional Review Board (IRB)

Institutional Review Board (IRB) approval was obtained from prior to data collection and analysis.

Survey Implementation

The Pinellas CHA phone survey was professionally administered via phone by a survey research firm with expertise in conducting similar surveys. They conducted a pretest of the instrument to determine length and ease of understanding and then fielded the survey over three months (May-July 2017).

Phone Survey Acknowledgments

DOH-Pinellas would like to thank the Foundation for a Healthy St. Petersburg for making this Community Health Assessment (especially the enhanced phone survey) possible through their inaugural grant award, "Healthy Beginnings." Thanks also go to the Florida Prevention Research Center at USF Tampa and Dr. Kerry Littlewood for their work on developing this assessment and analyzing its data.



Primary Data: Photovoice Project

One way for to understand the many influences on health is to see through the eyes of community members. That's why in 2017 the DOH-Pinellas engaged with residents to participate in a community photography project to capture the real environments where people live.

Photovoice is a highly customizable community-based participatory research method to empower individuals to assess their communities through photographs and share their perspectives to help inform social action and change. Photovoice supplemented the phone survey to help address the research question regarding how the built environment correlates with health outcomes.

The Photovoice concept was presented to participants with instructions, ethical guidelines, and the consent process. IRB approval was acquired for this project. Those who agreed to participate submitted photographs to DOH-Pinellas that showed barriers and supporting factors to feeling safe and healthy in their community, along with comments describing why they took the photo.

Participants were asked to submit photos for each of two questions: (1) In your life, what supports you feeling safe and healthy, and (2) In your life, what are barriers to feeling safe and healthy?

By using a "through the lifestyle" approach to engage with parents of young children, young adults, and the elderly, some helpful context was gathered.



"I've never had high blood pressure before, but after having it taken at the grocery store, I made the discovery that it was above average. This is a barrier to my health. I am not sure why it happened, but I will work to figure it out."



"Seeing this sign near the Tyrone Mall made me feel unsafe. Knowing that a restaurant was serving alcoholic beverages for just \$2.99 made me nervous. I know at 4pm many people who are drinking will eventually drive to their next destination and having drinks at such a low price in a high traffic area feels like a



"This was a prayer walk with community leaders in a park in St. Pete. This moment made me feel safe and healthy. It was encouraging to see people with power taking time to care about the health and wellbeing of their community."

Secondary Data

Secondary data were collected from a variety of sources, including:

- The U.S. Census Bureau, American Communities Survey
- The Behavioral Risk Factor Surveillance System
- Florida Department of Health, Bureau of Vital Statistics
- Florida Agency for Health Care Administration
- Florida Department of Highway Safety and Motor Vehicles
- Substance Abuse and Mental Health Services Administration

PINELLAS COUNTY OVERVIEW

Pinellas County is located on Florida’s Gulf Coast. Before European settlement, the area was inhabited by the Tocobaga Native Americans. In the mid-1800’s, much of west-central Florida was organized into Hillsborough County. A man named Odet Philippe introduced citrus culture and cigar-making to Florida when he lived in the area today known as Safety Harbor.

Tarpon Springs became the first incorporated city of West Hillsborough in 1887, and in 1888 railroad owner Peter Demens named a town near the railroad’s terminus St. Petersburg in honor of his hometown in Russia. Other major towns incorporated then include Clearwater (1891), Dunedin (1899), and Largo (1905).

In 1912, Pinellas split itself from Hillsborough County and the peninsula took on its own government and structure. In 1914, aviator Tony Jannus made the world’s first scheduled commercial airline flight which occurred between St. Petersburg and Tampa. Pinellas celebrated its 100-year anniversary on January 1, 2012.

Geographically, the county has only 608 square miles of space - most of which is water. With 274 square miles of land, it makes Pinellas the second-smallest county in Florida, trailing only Union County.

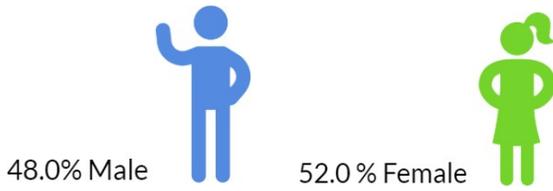
According to the 2010 U.S. Census, the population density was 3,292/sq. mi, making it the most densely populated county in Florida. The 2016 population estimate (www.factfinder.census.gov) puts Pinellas’ total population at 916,542 people.

Pinellas County has 24 incorporated municipalities, all governed by their own elected officials. The term unincorporated refers to property that is not within city limits. Services for unincorporated residents are provided by the county. Clearwater is the County Seat and St. Petersburg is the largest city.

2016 Population Estimate		2016 Population Estimate	
Belleair	3,958	North Redington Beach	1,533
Belleair Beach	1,590	Oldsmar	14,023
Belleair Bluffs	2,255	Pinellas Park	50,946
Belleair Shore	109	Redington Beach	1,489
Clearwater	111,747	Redington Shores	2,136
Dunedin	35,882	Safety Harbor	16,884
Gulfport	12,222	St. Pete Beach	9,528
Indian Rocks Beach	4,213	St. Petersburg	253,585
Indian Shores	1,498	Seminole	17,906
Kenneth City	5,048	South Pasadena	5,040
Largo	80,678	Tarpon Springs	24,244
Madeira Beach	4,263	Treasure Island	6,827
		Unincorporated	189,895

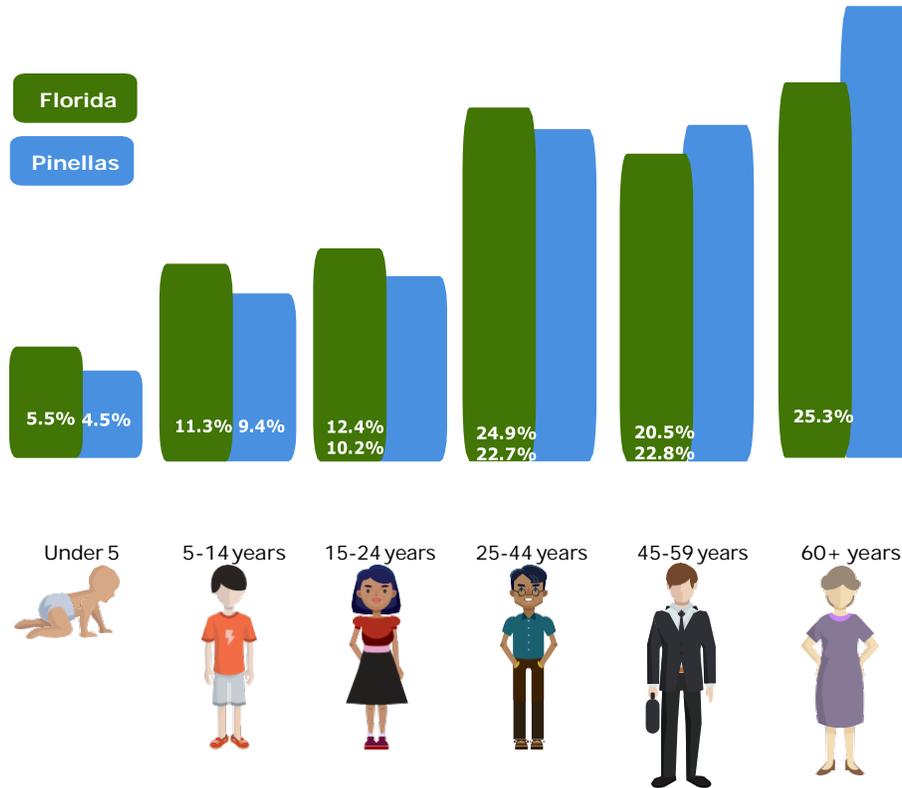
Demographics

Sex

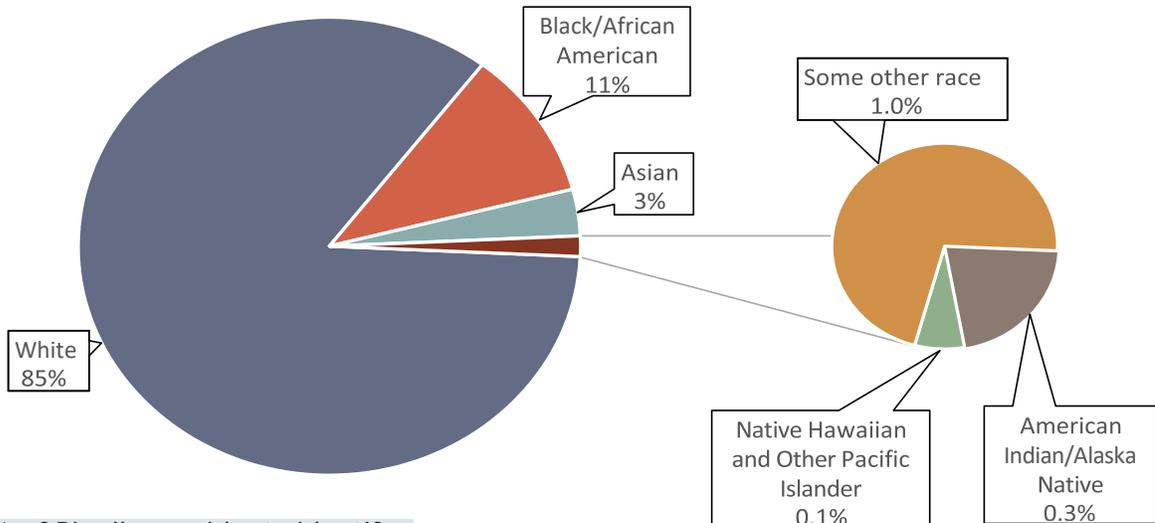


Data from the U.S. Census Bureau's American Community Survey

Age



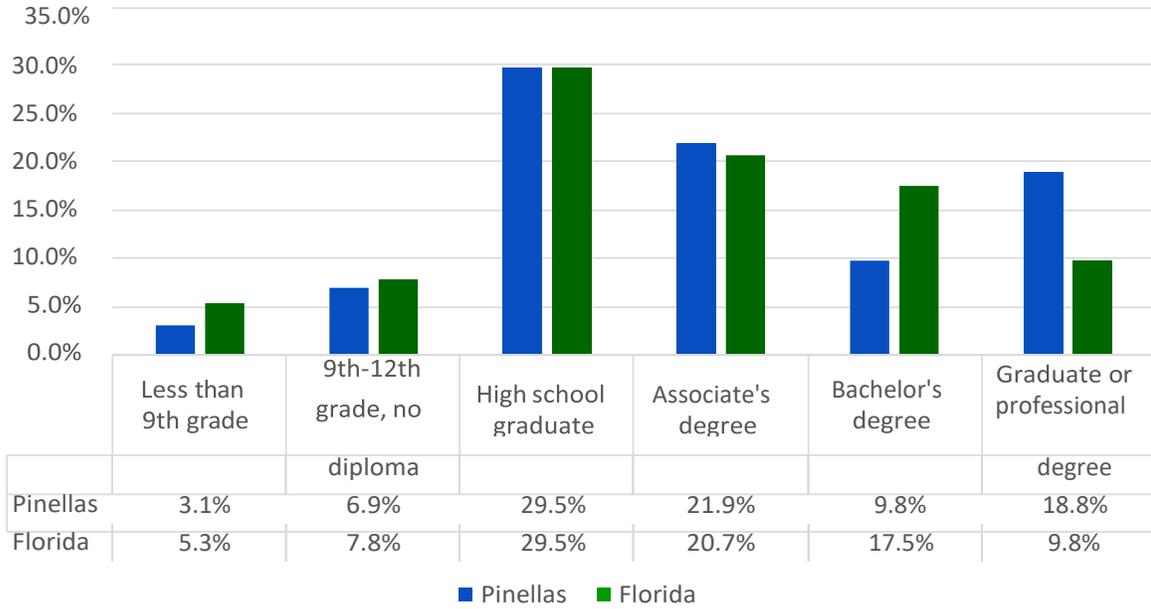
Race



8% of Pinellas residents identify their ethnicity as Hispanic or Latino.

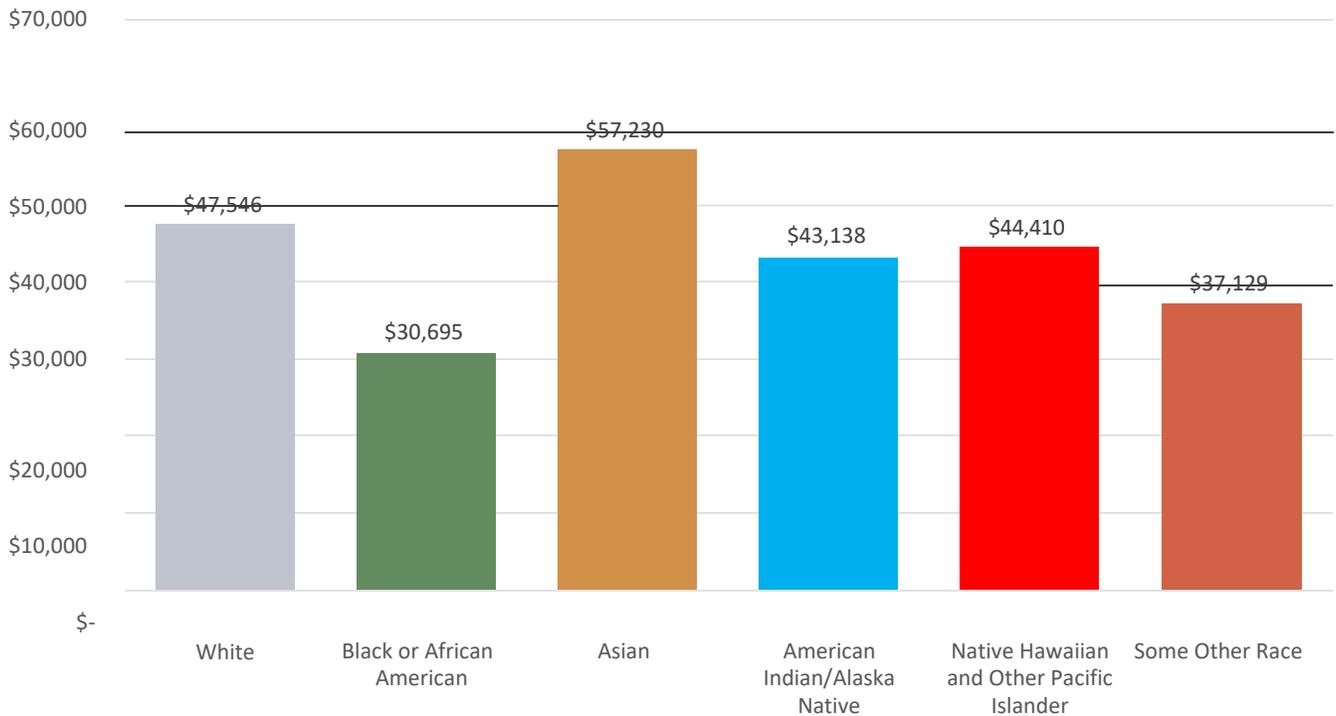
Education

Highest Level of Educational Attainment
(25 and older)



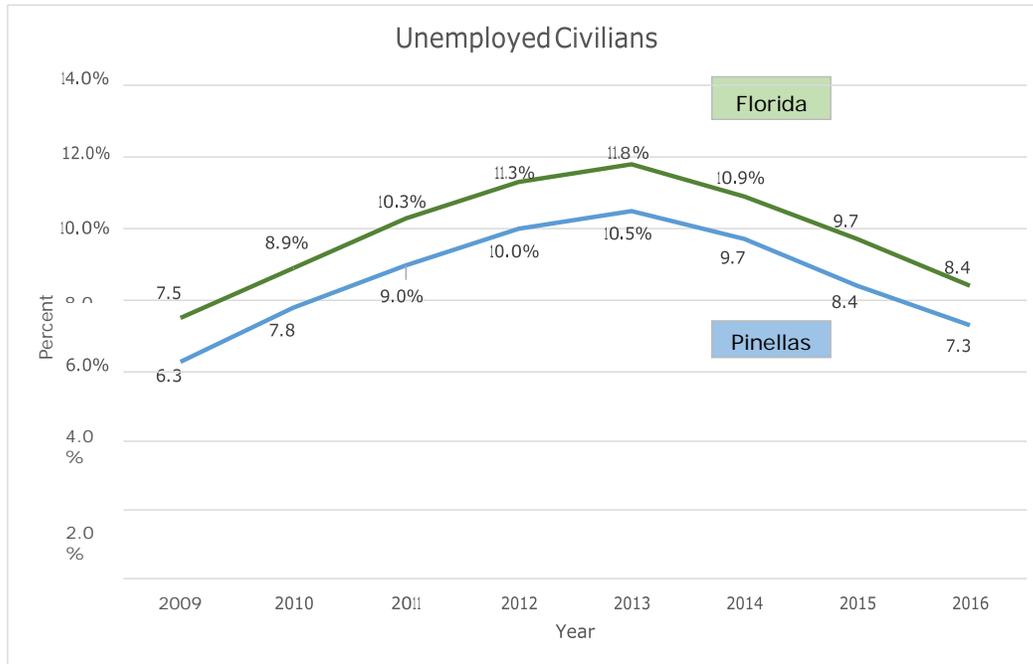
Income by Race

Median Household Income in 2015



Unemployment

Having a steady job means more than simply collecting a paycheck. Employment can provide the benefits and stability critical to maintaining proper health.⁷ In Pinellas County, the unemployment rate was 7.3% in 2016, slightly below the state of Florida rate (8.4%). Although the rate is decreasing, it is still higher than it was before the economic recession of 2008/2009 (data from American Community Survey).



Homelessness

Stable housing provides a foundation upon which to build a healthy and happy life. Without a safe place to live, it is difficult to achieve one's full potential.

The circumstances of homelessness take different forms, with people experiencing homelessness either living unsheltered (on the streets), sheltered (transitional housing), or staying with friends or family temporarily.⁸

Each year, the number of sheltered and unsheltered homeless individuals in Pinellas County is reported according to criteria established by the federal Department of Housing and Urban Development (HUD). The total number of homeless individuals reported to HUD in 2016 was 2,777.⁹

A majority of these were adults over the age of 24 (85.7%), male (73%), non-Hispanic (93.4%), and

either White (63.2%) or Black (31.7%). There were 127

unaccompanied youth and 379 veteran households. There were 603 chronically homeless individuals, 98 of which were veteran individuals. 23.2% of adults reported a serious mental illness, while 22.4% reported a substance use disorder and 1% reporting HIV/AIDS. 11.2% report having been a foster child.

Overall Homeless Data				
	Adult/Child	No children	Children Only	Total
Total with HUD data only				
Households	143	2338	37	2518
Persons	394	2343	40	2777
Total including non-HUD street survey data				
Households	143	2576	37	2756
Persons	394	2582	40	3016
Total including non-HUD street survey and jail data				
Households	143	3054	37	3234
Persons	394	3060	40	3494
Total including non-HUD street survey, jail and school data				
Households	143	3187	2717	6047
Persons	394	3193	2720	6307

Highlight: LGBTQ+ Youth Homelessness

Through a collaborative process, a group of community stakeholders in Pinellas County came together from 2016 through 2018 to talk, listen, and develop a plan to address youth homelessness, especially as it relates to a uniquely vulnerable population: LGBTQ+ youth.¹⁰ With help from the True Colors Fund, Pinellas County could count youth who identify as LGBTQ+ and who were either homeless or housing insecure because of being bullied or finding no acceptance in their home. Based on the sample, it is estimated that while LGBTQ+ young people account for approximately 7% of the youth population, they account for up to 40% of the youth homeless population.

Transportation in Pinellas County (2012-2016 American Community Survey 5-Year Estimates)

An overwhelming majority of Pinellas County residents use a car to get to and from work. Of those who use a car to get around, most drive alone.

Means of Transportation to Work	Percent
Car, Truck, or Van	87.5%
Drove Alone	79.5%
Carpooled	7.9%
Public Transportation	1.8%
Walked	1.6%
Bicycle	1.1%
Taxi, Motorcycle, or Other	1.8%
Worked at Home	6.2%

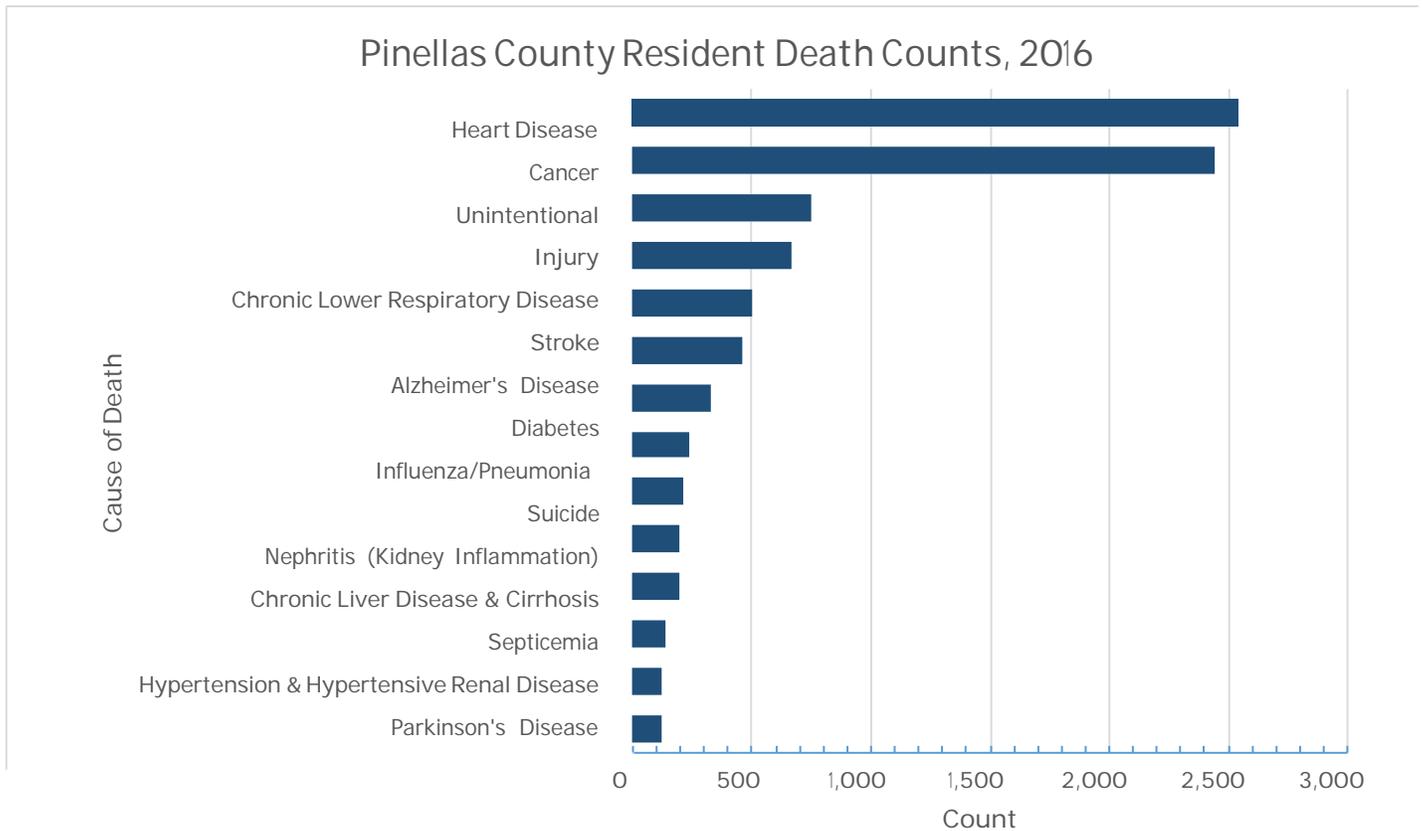
Poverty in Pinellas County (2012-2016 American Community Survey 5-Year Estimates)

The overall rate of Pinellas County residents living below the poverty level is 14.1% (Florida's rate is 16.1%, for comparison).

Subject	Below Poverty Level (count)	Below Poverty Level (percent of that group)
Overall	130,727	14.1%
Age (years)		
Under 18	33,270	21.2%
18 - 34	28,651	16.7%
35 - 64	49,403	12.8%
65 and Over	19,403	9.3%
Sex		
Male	58,630	13.2%
Female	72,097	15.0%
Race		
White	91,952	12.0%
Black/African American	27,459	29.3%
American Indian/Alaska Native	532	19.5%
Asian	3,980	13.3%
Other	2,141	21.0%
Two or more races	4,586	19.1%
Hispanic or Latino Origin	17,528	21.4%

Leading Causes of Death

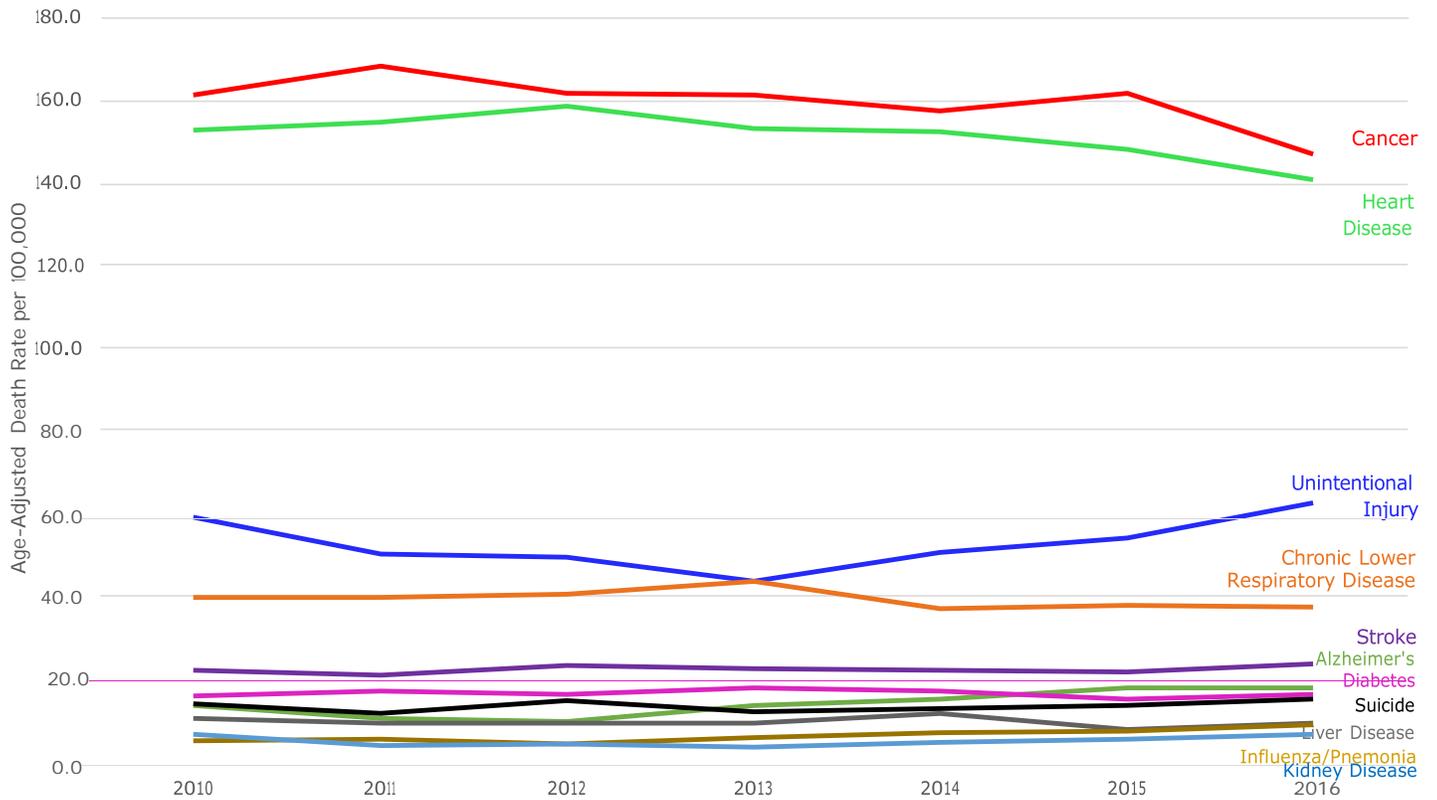
In Pinellas County, the leading causes of death are heart disease and cancer. Together, they made up more than half of all causes of death in Pinellas County in 2016.¹¹



Cause of Death	Count (Year 2016)
Heart Disease	2,542
Cancer	2,441
Unintentional Injury	747
Chronic Lower Respiratory Disease	663
Stroke	501
Alzheimer's Disease	457
Diabetes	330
Influenza/Pneumonia	235
Suicide	214
Nephritis (Kidney Inflammation)	195
Chronic Liver Disease & Cirrhosis	191
Septicemia	134
Hypertension & Hypertensive Renal Disease	121
Parkinson's Disease	119

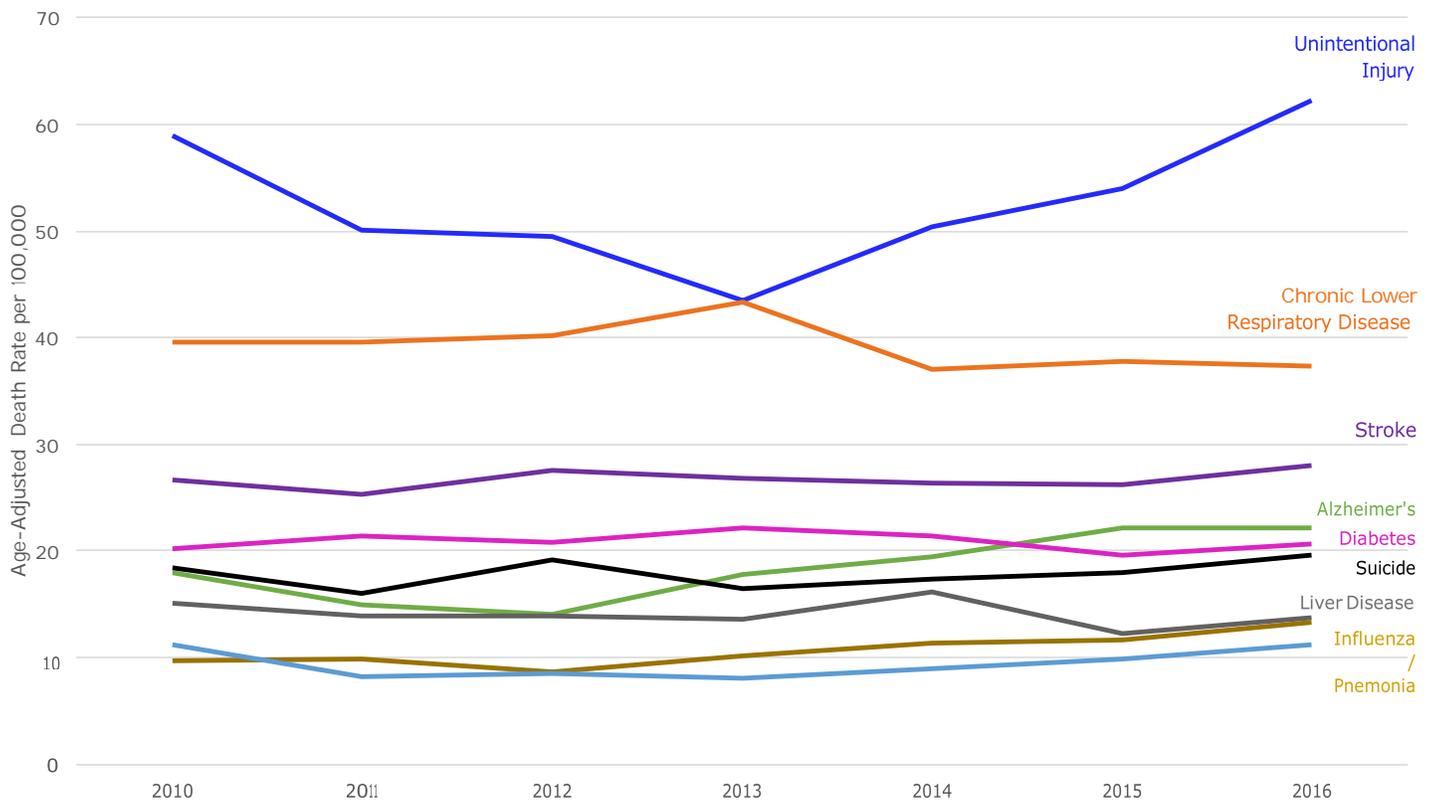
The counts on this page represent only the *number* of deaths from each cause, minus the breakdown of population characteristics. For this, look at the **age-adjusted death rate**. Age-adjusting makes a comparison between groups with different age distributions fairer. For example, a county having a higher percentage of elderly people (like Pinellas) may have a higher rate of death or hospitalization from a given cause than a county with a younger population.¹² Florida CHARTS uses the year 2000 standard population to calculate its age-adjusted death rates. Age is a very important risk- factor in developing heart disease, with approximately a tripling of risk for each decade of life.¹³ This may explain why Pinellas has more deaths from heart disease than cancer but the rates for each are in a different order for the same year.

Leading Causes of Death in Pinellas County, 2010-2016



Above: This chart shows the leading causes of death in Pinellas County over the course of five years, from 2010 through 2016. It is easy to see that heart disease and cancer are #1 and #2, but past that, interpretation is difficult. Below: If heart disease and cancer are removed from the chart, some trends begin to emerge. Deaths from unintentional injury, Alzheimer's disease, and suicide are rising since 2013.

Leading Causes of Death in Pinellas County, 2010-2016



HEALTH STATUS BY TOPIC

The following parts of the assessment report contain data categorized into health topics. The first half of each part contains secondary data (collected by other organizations), followed by data gathered in the DOH-Pinellas 2017 phone survey for comparison. The survey sampled 702 adults living in Pinellas County.



Chronic Disease

The topic of chronic disease refers to a collection of long-term conditions - such as heart disease, stroke, cancer, asthma, type 2 diabetes, and arthritis - that are among the most common, costly, and preventable of all health problems.¹⁴

Why are chronic diseases public health issues?

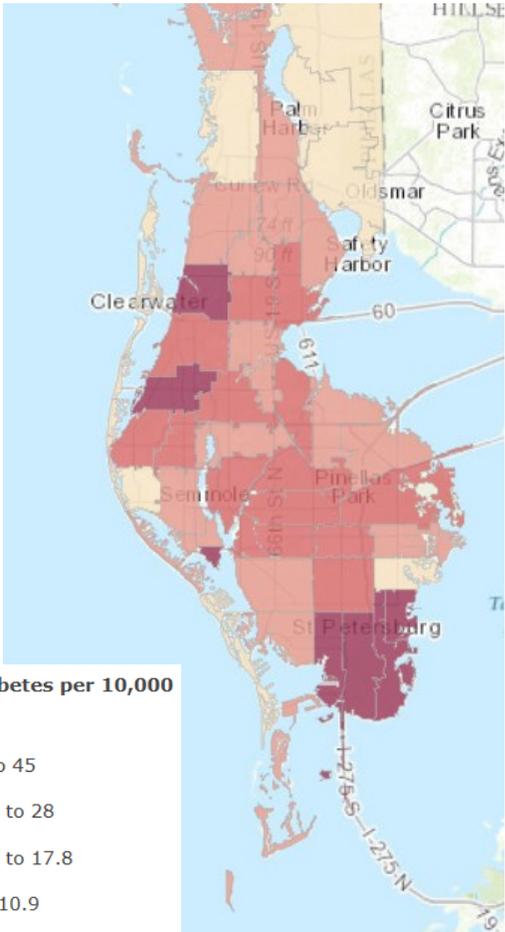
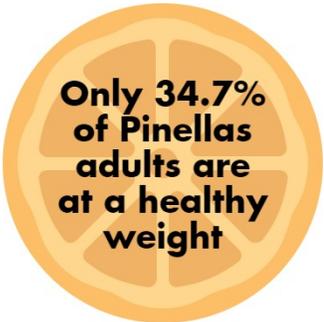
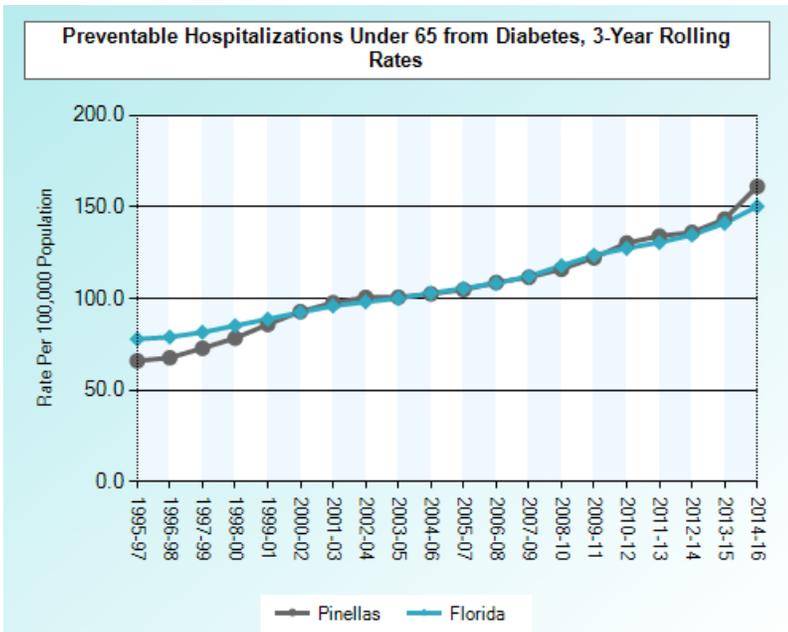
Many chronic diseases are preventable through behavior modification. Just four behaviors: (1) lack of exercise, (2) poor nutrition, (3) tobacco use, and (4) drinking too much alcohol, cause much of the illness, suffering, and early death related to chronic diseases and conditions.¹⁵

Secondary Data Snapshot

Below is a table containing a selection of indicators related to chronic disease. For a complete list, visit www.flhealthcharts.com.

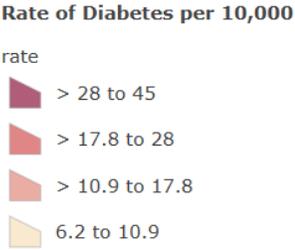
Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS)				
For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).				
Indicator	Measure	Year	Pinellas	Florida
<i>Heart Disease</i>				
Adults who have ever been told they had coronary heart disease	Percent	2016	6.0%	4.7%
Hospitalizations from coronary heart disease	Rate per 100,000	2014-2016	196.4	220.0
<i>Heart Attack</i>				
Adults who have ever been told they had a heart attack	Percent	2016	5.3%	5.2%
Deaths from heart attack	Rate per 100,000	2014-2016	21.5	24.9
<i>Stroke</i>				
Adults who have ever been told they had a stroke	Percent	2016	3.0%	3.5%
Deaths from stroke	Rate per 100,000	2014-2016	26.9	36.7
Hospitalizations from stroke	Rate per 100,000	2014-2016	218.6	241.0
<i>Diabetes</i>				
Deaths	Rate per 100,000	2014-2016	20.5	19.6
Hospitalizations from diabetes	Rate per 100,000	2014-2016	2,143.2	2,338.7
Adults who have ever been told they had diabetes	Percent	2016	10.5%	11.8%
<i>Asthma</i>				
Adults who currently have asthma	Percent	2016	6.2%	6.7%
Hospitalizations from asthma	Rate per 100,000	2014-2016	923.8	835.8
<i>Chronic Lower Respiratory Disease</i>				
Deaths	Rate per 100,000	2014-2016	37.4	39.3
Hospitalizations from lower respiratory disease	Rate per 100,000	2014-2016	345.3	347.4

Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS)				
Protective Factors	Measure	Year	Pinellas	Florida
Adults who are sedentary	Percent	2016	26.0%	29.8%
Adults who are inactive or insufficiently active	Percent	2016	54.4%	56.7%
Adults who meet aerobic recommendations	Percent	2016	47.3%	44.8%
Adults who meet muscle strengthening recommendations	Percent	2016	39.4%	38.2%
Adults who are overweight	Percent	2016	35.8%	35.8%
Adults who are obese	Percent	2016	28.1%	27.4%
Adults who are at a healthy weight	Percent	2016	34.7%	34.5%
Adults who are current smokers	Percent	2016	20.3%	15.5%



Diabetes occurs when the body cannot produce enough insulin or cannot respond the right way to insulin.¹⁶ Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood sugar levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. The most common forms of diabetes are Type 1 (when the body stops producing insulin), Type 2 (insulin resistance or insufficient insulin), and Gestational (a complication of pregnancy).

Pinellas is seeing rising rates of diabetes and more preventable hospitalizations from diabetes, an indication there may be more people who are undiagnosed or lacking the supplies or education to manage their condition effectively.



Chronic Disease: 2017 Survey Data

Heart Attack

In the sample, 8.1% of respondents reported ever being told they had a heart attack, suggesting the 5.3% reported by BRFSS might be low.



There are some differences within those who responded that they had a heart attack, Hispanic men and those who make less than \$25,000 per year are experiencing higher rates of myocardial infarction than other racial/ethnic groups and income brackets, respectively. However, the results were not statistically significant. Compared to 2016 BRFSS data, the black/white rate of reporting ever having had a heart attack is even (5.4% and 6.2%), with the Hispanic rate (1.8%) being lower than the Pinellas rate (5.3%) and state rate (5.2%).

Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?		
Response	Frequency	Percent
Yes	57	8.1%
No	640	91.2%
Don't Know	1	0.1%
Declined to Respond	4	0.6%
Total	702	100%

Percent of adults who responded to the question and said "yes" to ever having been told they had a heart attack, demographic breakdown	
Sex	
Male	9.7%
Female	5.6%
Race/Ethnicity	
Non-Hispanic White Men	10.2%
Non-Hispanic White Women	5.5%
Non-Hispanic Black Men	5.6%
Non-Hispanic Black Women	10.7%
Hispanic Men	14.8%
Hispanic Women	3.6%
Income	
Less than \$25,000	13.5%
\$25,000 - \$49,999	6.2%
\$50,000 or More	5.9%

Stroke

The same can be suggested regarding stroke (6.8% in the survey vs 3.0% from BRFSS).

There appears to be a correlation between income and risk for stroke, with more household income theoretically serving as a protective factor, through increased access to preventive health care, or potentially lower stress levels.

According to BRFSS data from 2016, adults who identify as black/African American were twice as likely to have reported ever having a stroke compared to white adults.

In the sample, the rates were - though not statistically significant - reversed. State data indicate the rate of stroke between black and white populations was about even in 2016.

Has a doctor, nurse, or other health professional ever told you that you had a stroke?		
Response	Frequency	Percent
Yes	48	6.8%
No	637	90.7%
Don't Know	12	1.7%
Declined to Respond	5	0.7%
Total	702	100%

Percent of adults who responded to the question and said "yes" to ever having been told they had a stroke, demographic breakdown	
Sex	
Male	5.7%
Female	5.5%
Race/Ethnicity	
Non-Hispanic White Men	5.5%
Non-Hispanic White Women	6.6%
Non-Hispanic Black Men	3.6%
Non-Hispanic Black Women	2.0%
Hispanic Men	13.2%
Hispanic Women	n/a
Income	
Less than \$25,000	12.4%
\$25,000 - \$49,999	4.3%

Asthma

Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and night-time or early morning coughing.¹⁷ Of those surveyed, 17.5% reported ever being told they had asthma, compared to 8.7% reported in BRFSS for Pinellas County in 2016.



Has a doctor, nurse, or other health professional ever told you that you had asthma?		
Response	Frequency	Percent
Yes	123	17.5%
No	572	81.5%
Don't Know	5	0.7%
Declined to Respond	2	0.3%
Total	702	100%

During the past 12 months, have you had an episode of asthma or an asthma attack?		
Response	Frequency	Percent
Yes	51	41.5%
No	72	58.5%
Total	123	100%

COPD

Chronic Obstructive Pulmonary Disease (COPD) is a term that refers to a group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis.¹⁸ Of those surveyed, 11.0% reported ever being told they had COPD. In 2016's BRFSS survey, 7.7% of Pinellas adults said they had COPD.

Has a doctor, nurse, or other health professional ever told you that you had chronic obstructive pulmonary disorder (COPD), emphysema or chronic bronchitis?		
Response	Frequency	Percent
Yes	77	11.0%
No	619	88.2%
Don't Know	3	0.4%
Declined to Respond	3	0.4%

Diabetes

Diabetes is a general term for a condition called diabetes mellitus, a disease in which the blood glucose (sugar) levels are above normal and the body has trouble maintaining proper levels of insulin, a hormone.¹⁹ 2016 BRFSS data indicate that approximately 10.5% of Pinellas County adults have been told they have diabetes. In the survey, 11.0% of respondents said they have been told they have diabetes. The survey also indicated that non-Hispanic black women, Hispanic men, and those who make less than \$25,000 may have higher rates of diabetes than the general population.

Percent of adults who responded to the question and said "yes" to ever having been told they had diabetes, demographic breakdown		
Sex		
Male		8.4%
Female		11.2%
Race/Ethnicity		
Non-Hispanic White Men		7.9%
Non-Hispanic White Women		12.2%
Non-Hispanic Black Men		9.8%
Non-Hispanic Black Women		14.3%
Hispanic Men		13.1%
Hispanic Women		4.1%
Income		
Less than \$25,000		14.6%
\$25,000 - \$49,999		9.4%
\$50,000 or More		7.4%

Has a doctor, nurse, or other health professional ever told you that you had diabetes?		
Response	Frequency	Percent
Yes	77	11.0%
Yes, but female told only during pregnancy	19	2.7%
No	591	84.2%
No, pre-diabetes or borderline diabetes	10	1.4%
Don't Know	2	0.3%
Declined to Respond	3	0.4%
Total	702	100%

Chronic Disease: 2017 Survey Data Continued

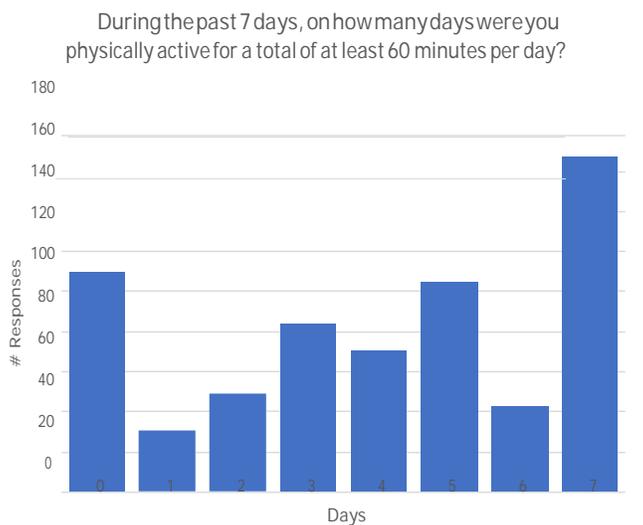
Physical Activity

The health benefits of regular exercise and physical activity are hard to ignore. Everyone benefits from exercise, regardless of age, sex or physical ability. Opportunity for physical activity can influence a community's health. According to the Robert Wood Johnson County Health Rankings and Roadmaps 96% of Pinellas County residents have access to exercise opportunity's including local paths or trails for walking, running, or biking local parks, community centers, and recreational facilities. However, results from the latest Community Health Assessment survey showed over 33% of the population did not walk or bicycle for at least 10 minutes continuously to get to and from places in a typical week and 39% were physically active less than 4 days a week.



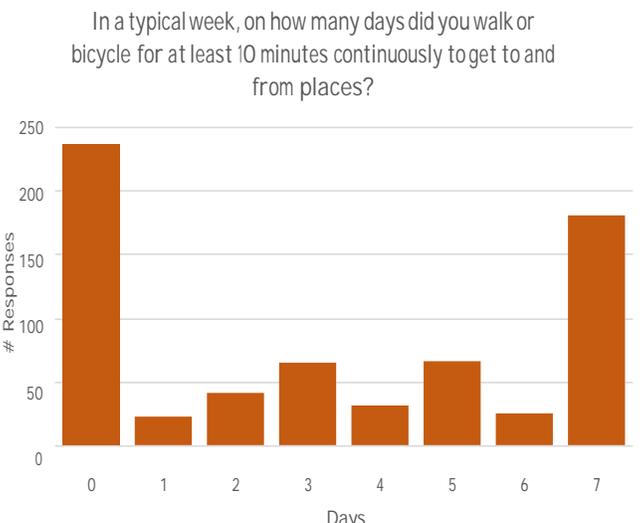
During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Response	Frequency	Percent	Cumulative Percent
0	110	15.7%	15.7%
1	31	4.4%	20.1%
2	49	7.0%	27.1
3	84	12.0%	39.1%
4	70	10.0%	49.1%
5	105	15.0%	64.1%
6	43	6.1%	70.2%
7	167	23.8%	94.0%
Don't Know	32	4.6%	
Declined to Respond	11	1.6%	
Total	702	100%	



In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?

Response	Frequency	Percent	Cumulative Percent
0	237	33.8%	33.8%
1	23	3.3%	37.1%
2	41	5.8%	42.9%
3	65	9.3%	52.2%
4	32	4.6%	56.8%
5	66	9.4%	66.2%
6	25	3.6%	69.8%
7	181	25.8%	98.5%
Don't Know	26	3.7%	
Declined to Respond	6	0.9%	



Eating Practices

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.²⁰ In 2014, 17.4 million U.S. households were food insecure at some time during the year.²¹ Food insecurity does not necessarily cause hunger, but hunger is a possible outcome of food insecurity.²² In the Pinellas County CHA 13.5% of survey respondents indicated that they ate less than they felt they should because of a lack of food or money.

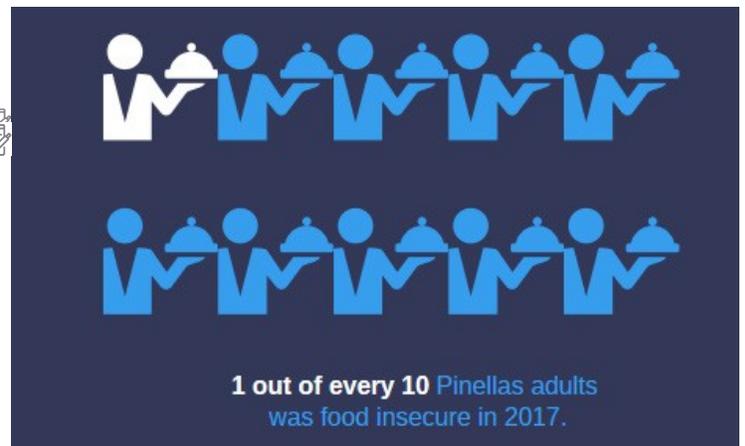
When asked if respondents had a place to go for food when money was tight 24.9% said no. Food assistance programs, such as the National School Lunch Program, the Women, Infants, and Children program, and the Supplemental Nutrition Assistance Program, address barriers to accessing healthy food.

Information about affordable meal options and cooking techniques can stretch a dollar and help diminish the food insecurity felt by many Americans.²³ When asked for confidence levels preparing healthy food on a budget 62.3% of respondents indicated they were very confident while 4.8% indicated they were not at all confident or not very confident.



In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?		
Response	Frequency	Percent
Yes	95	13.5%
No	602	85.8%
Don't Know	3	0.4%
Declined to Respond	2	0.3%
Total	702	100%

How confident are you that you can cook healthy food for you and your family on a budget?		
Response	Frequency	Percent
Not at All Confident	14	2.0%
Not Very Confident	20	2.8%
Neutral	49	7.0%
Somewhat Confident	130	18.5%
Very Confident	437	62.3%
Does Not Apply	47	6.7%
Declined to Respond	5	0.7%
Total	702	100%



When money is tight, do you have a place to go to for food?		
Response	Frequency	Percent
Yes	403	57.4%
No	175	24.9%
Don't Know	90	12.8%
Declined to Respond	34	4.8%
Total	702	100%

Obesity

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health.²⁴ A crude population measure of obesity (a calculation made using height and weight) is the body mass index, or BMI, where a measure of 25 or more is considered overweight and 30 or more is obese.²⁵ Survey respondents were asked to estimate their weight and height. Then, BMI calculations were made. Overall, 61.4% of survey respondents reported being in a height and weight category in the overweight or obese range. According to BRFSS, 64.0% of Pinellas adults and 63.2% of Florida adults are overweight or obese. It is a goal of the Florida Department of Health to help Floridians get more active and eat healthier; for more information about the [Healthiest Weight initiative](http://www.healthiestweightflorida.com), visit www.healthiestweightflorida.com.

Cancer



Cancer is a disease where abnormal cells divide uncontrollably and destroy body tissue, including organs. It can sometimes begin in one part of the body before spreading to other areas, a process known as metastasis.²⁶

Why is cancer a public health issue?

Public health focuses on the impact of cancer on the entire population. A public health approach to cancer is largely preventive; this might include promoting access to health care, safe places to exercise, routine health screenings, a nutritious diet, and community education. The public health approach is significantly different from that of clinical professionals, who focus primarily on treating individuals after they become sick or injured.

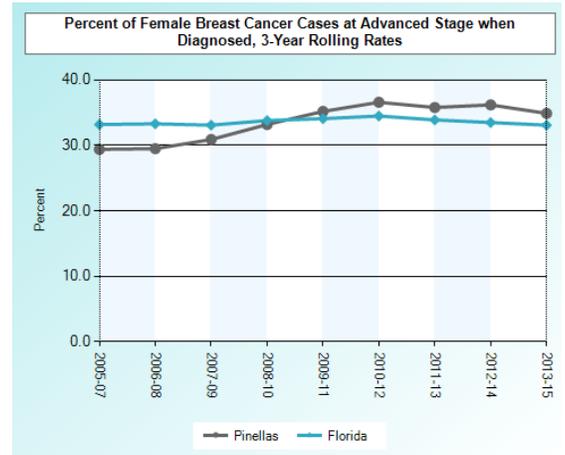
Secondary Data Snapshot Below is a table containing a selection of indicators related to cancer. For a complete list, visit www.flhealthcharts.com.

Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS) For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).				
Indicator	Measure	Year	Pinellas	Florida
<i>Breast Cancer</i>				
Deaths	Rate per 100,000	2014-2016	20.5	19.6
Incidence (new cases)	Rate per 100,000	2013-2015	125.9	118.6
Women 40 years and older who received a mammogram in the past year	Percent	2016	60.0%	60.8%
<i>Cervical Cancer</i>				
Deaths	Rate per 100,000	2014-2016	2.5	2.6
Incidence	Rate per 100,000	2013-2015	7.2	8.5
Women 18 years and older who received a Pap test in the past year	Percent	2016	40.8%	48.4%
<i>Colorectal Cancer</i>				
Deaths	Rate per 100,000	2014-2016	13.5	13.5
Incidence	Rate per 100,000	2013-2015	36.0	36.6
Adults 50 years and older who received a sigmoidoscopy or colonoscopy in the past five years	Percent	2016	51.9%	53.9%
<i>Lung Cancer</i>				
Deaths	Rate per 100,000	2014-2016	44.8	40.0
Incidence	Rate per 100,000	2013-2015	64.9	58.9
<i>Skin Cancer</i>				
Deaths	Rate per 100,000	2014-2016	3.0	2.6
Incidence	Rate per 100,000	2013-2015	28.0	24.0
<i>Prostate Cancer</i>				
Deaths	Rate per 100,000	2014-2016	13.2	16.9
Incidence	Rate per 100,000	2013-2015	74.0	86.9

Breast Cancer

Pinellas County's rate at which breast cancer cases are diagnosed at an advanced stage jumped the state average in 2010. This could be an indication that more screening and early detection is needed. Also, from 2010-2014 the Pinellas County rate was statistically significantly higher than the state rate.

Breast Cancer Cases at Advanced Stage when Diagnosed 3-year rolling rates (percent)		
Years	Pinellas	Florida
2013-2015	34.9%	33.1%
2012-2014	* 36.2%	33.5%
2011-2013	* 35.8%	33.9%
2010-2012	* 36.6%	34.5%
2009-2011	35.2%	34.1%
2008-2010	33.2%	33.8%
2007-2009	* 30.9%	33.1%

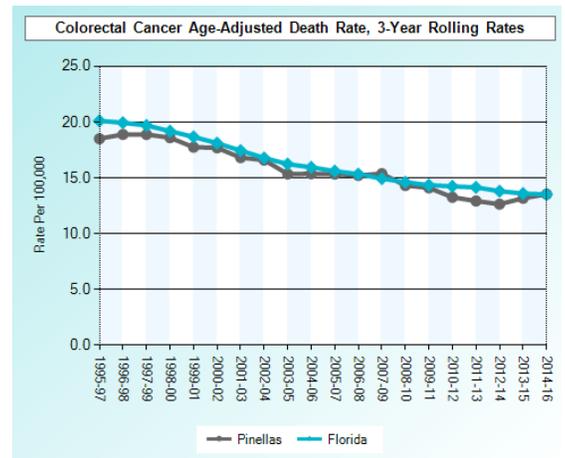


*Indicates the county rate is statistically significantly different from the state rate

Colorectal Cancer

Pinellas County's colorectal cancer death rate has not changed much over the past decade but is declining slightly. Also, Pinellas County's rate is has been just below the state average for much of the past 10 years but has been creeping upward.

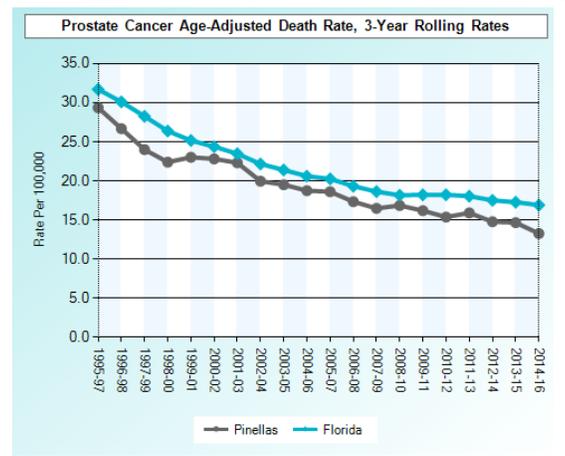
Colorectal Cancer Death Rate 3-year rolling rates (per 100,000)		
Years	Pinellas	Florida
2014-2016	13.5	13.5
2013-2015	13.2	13.6
2012-2014	12.6	13.8
2011-2013	12.9	14.1
2010-2012	13.3	14.2
2009-2011	14.1	14.3
2008-2010	14.3	14.6



Prostate Cancer

Pinellas County's death rate from prostate cancer is decreasing and is consistently below the state average.

Prostate Cancer Death Rate 3-year rolling rates (per 100,000)		
Years	Pinellas	Florida
2014-2016	13.3	16.9
2013-2015	14.6	17.3
2012-2014	14.8	17.5
2011-2013	15.9	18.0
2010-2012	15.4	18.2
2009-2011	16.2	18.2
2008-2010	16.8	18.2



Cancer: 2017 Survey Data

Skin Cancer

In Pinellas County in 2016, the age-adjusted death rate from melanoma (skin cancer) was 3.0 (per 100,000). This is higher than the state rate of 2.3.

In the survey, respondents were asked if a health professional had ever told them they had skin cancer, where 14.8% said yes, compared to the 2013 BRFSS- reported percentage of 10.3%, indicating the rate may be higher than expected.

Has a doctor, nurse, or other health professional EVER told you that you had skin cancer?		
Response	Frequency	Percent
Yes	104	14.8%
No	592	84.3%
Don't Know	3	0.4%
Declined to Respond	3	0.4%
Total	702	100%

Any Other Cancers

When the survey participants were asked if they had ever been told they had any other type of cancer (not skin cancer), 12.5% said yes. This is also higher than the 2016 BRFSS-reported estimate of 7.4%.

Has a doctor, nurse, or other health professional EVER told you that you had any other types of cancer?		
Response	Frequency	Percent
Yes	88	12.5%
No	609	86.8%
Don't Know	2	0.3%
Declined to Respond	3	0.4%
Total	702	100%

Program Shout-out: Community Health Resource Bus

Many of St. Petersburg's community members experience challenges that serve as barriers to optimal health. Recognizing that disparity in access to Information serves as a significant barrier and social determinant of health, the Florida Department of Health in Pinellas, the St. Petersburg Police Department, the City of St. Petersburg's Healthy St. Pete initiative, and the Foundation for a Healthy St. Petersburg collaborated to improve the Community Resource Bus program. The Resource Bus, which aims to address the social needs of St. Petersburg residents, involves staffing the police department's mobile command bus with volunteers, health educators, and health providers who can connect residents to an array of local information and resources, as well as provide health and social needs screenings. The Resource Bus is stationed the first week of each month in rotating neighborhoods throughout St. Petersburg, and has provided over 2,000 community members with health, municipal, safety, and social needs resources. The program connects public safety and public health to help ensure that all residents have the resources they need to be healthy



Communicable Disease



The topic of communicable disease refers to a collection of conditions that can be spread from person to person either by direct contact or indirectly through a vector (for example: a mosquito.)²⁷

Why is communicable disease a public health issue?

Local health departments are required to report many infectious diseases to State and Federal health officials (e.g., hepatitis, mumps, pertussis, rabies, and tetanus.) Preventing and controlling the spread of communicable disease is at the heart of public health work because outbreaks of these diseases can have an extraordinary impact on human health. Vaccinations, proper handwashing, and practicing safe sex are all good ways to prevent the spread of infectious disease.

Secondary Data Snapshot

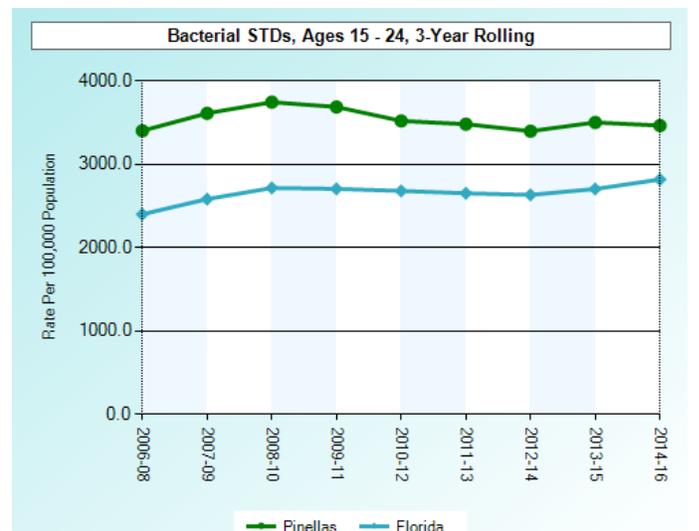
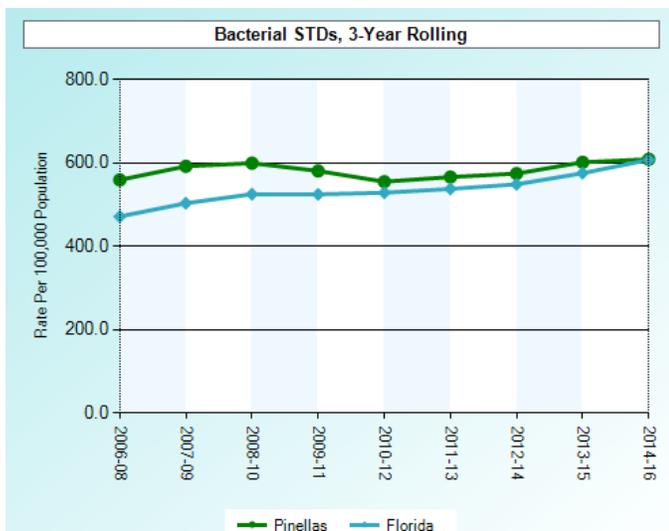
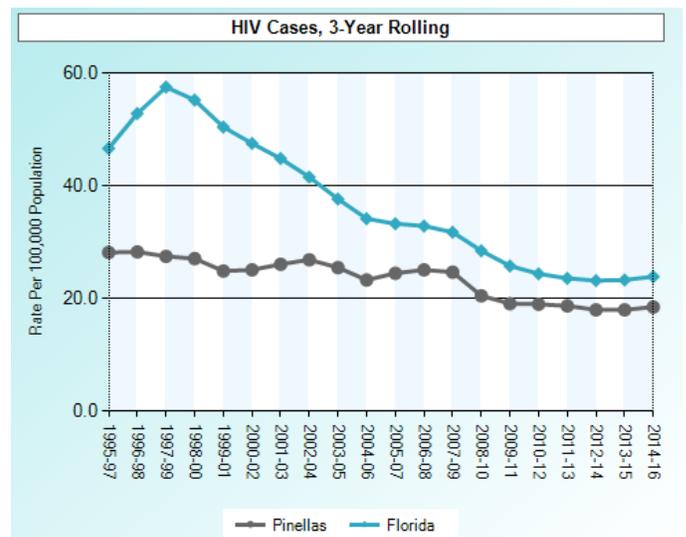
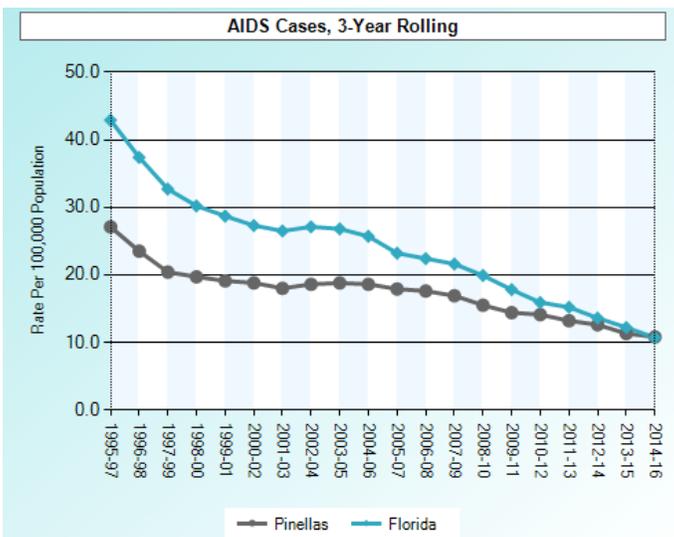
Below is a table containing a selection of indicators related to communicable disease. For a complete list, visit www.flhealthcharts.com.

Data from the Florida Department of Health, Division of Disease Control				
For quick scanning and comparison, Bold = Higher Rate or Percentage (not used for counts).				
Indicator	Measure	Pinellas	Florida	
Reportable and Infectious Diseases (Years 2014-2016)				
AIDS	Rate per 100,000	10.8	10.7	
Campylobacteriosis	Rate per 100,000	16.1	14.8	
Chlamydia	Rate per 100,000	426.3	449.6	
Cryptosporidiosis	Rate per 100,000	11.1	5.6	
Giardiasis	Rate per 100,000	4.0	5.6	
Gonorrhea	Rate per 100,000	151.4	122.2	
Hepatitis A	Rate per 100,000	0.3	0.6	
Hepatitis B, acute	Rate per 100,000	6.0	2.7	
Hepatitis B, chronic	Count	759	14,713	
HIV	Rate per 100,000	18.5	23.9	
Infectious syphilis	Rate per 100,000	14.6	10.4	
Legionellosis	Rate per 100,000	1.8	1.5	
Pertussis	Rate per 100,000	1.9	2.3	
Salmonellosis	Rate per 100,000	21.1	29.4	
Shigellosis	Rate per 100,000	7.5	8.2	
Streptococcus pneumoniae	Count	8	252	
Tetanus	Count	4	11	
Tuberculosis	Rate per 100,000	2.5	3.1	
Varicella (chickenpox)	Rate per 100,000	5.2	3.4	

Pinellas County is doing better than the state when it comes to the rates of **Giardiasis, Hepatitis A, HIV, Pertussis, Salmonellosis, Shigellosis, Chlamydia, and Tuberculosis**. However, Pinellas is doing worse than the state rate for **AIDS, Campylobacteriosis, Cryptosporidiosis, Gonorrhea, Hepatitis B, Syphilis, Legionellosis, and Varicella**.

Sexually transmitted diseases (STDs) can complicate pregnancy and may have serious consequences for both women and their developing babies. In Pinellas County, the rate of Gonorrhea (151.4 per 100,000) is above the rate for Florida (122.2). The rates for Chlamydia and HIV are below the state rate (426.3 vs 449.6 and 18.5 vs 23.9, respectively). The overall rate of bacterial STDs appears to be rising slightly, but Pinellas is following the state average. However, one point to note is the consistently high rate of STDs in youth and young adults ages 15-24.

Human Immunodeficiency Virus (HIV) continues to affect Pinellas County residents but is trending down overall. However, populations such as racial and ethnic minorities and gay and bisexual men and other men who have sex with men continue to be at an increased risk. Prevention and testing are crucial to the success of public health efforts to reduce the spread of HIV.



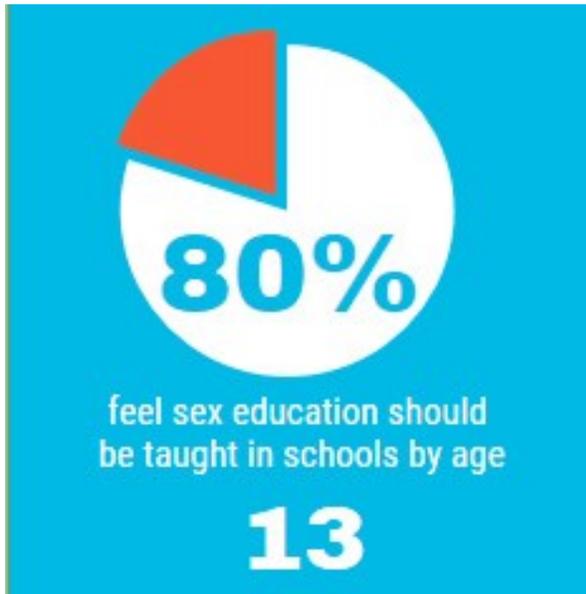
Communicable Disease: 2017 Survey Data

Sex Education

By the time young people graduate from high school, almost two thirds have had sex. Nearly 40 percent of sexually active students did not use a condom the last time they had sex, and one in five drank alcohol or took drugs before their last sexual intercourse. Young people engage in sexual risk behaviors that can have serious health consequences:²⁸

- Approximately 22 percent of all new HIV diagnoses are among young people aged 13–24 years.
- Teens and young adults have the highest rates of sexually transmitted diseases (STDs) of any age group.
- Three in 10 young women become pregnant before they reach the age of 20.

Helping adolescents make healthy choices requires the involvement of families, communities, and many other sectors of society—and schools are an essential part of that effort. 89% of CHA respondents, when asked if sex education should be taught in schools said yes. When asked at what age should sex education be taught in school the majority, 80.2% said before age 13.



2017
FDOH
Survey Iter

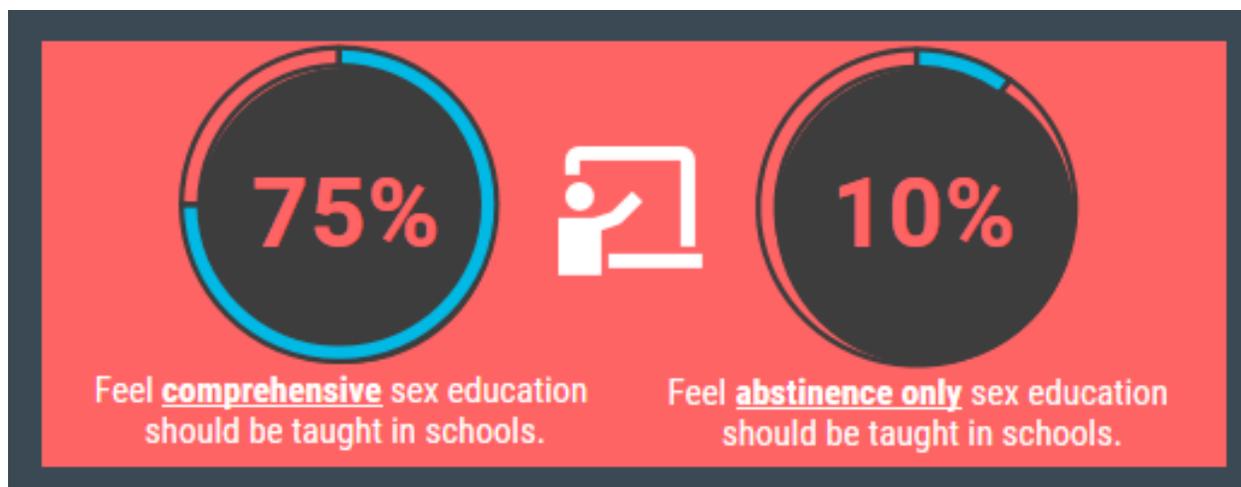
At what age should sex education be taught in school?		
Response	Frequency	Percent
5	8	1.1%
6	11	1.6%
7	7	1.0%
8	32	4.6%
9	24	3.4%
10	129	18.4%
11	46	6.6%
12	165	23.5%
13	79	11.3%
14	55	7.8%
15	24	3.4%
16	15	2.1%
17	2	0.3%
18	1	0.1%
19	24	3.4%
Don't Know	3	0.4%
Declined to Respond	16	2.3%
Total	702	100%

Because sex education taught in school can affect health, we are asking all participants the following questions about sex education in schools. Should sex education be taught in schools?

Response	Frequency	Percent
Yes	625	89.0%
No	52	7.4%
Don't Know	9	1.3%
Declined to Respond	16	2.3%
Total	702	100%

What type of sex education should be taught in school?		
Response	Frequency	Percent
Abstinence Only	72	10.3%
Comprehensive Sex Education	526	74.9%
Don't Know	22	3.1%
Declined to Respond	5	0.7%
Total	702	100%

2017
FDOH
Survey Item



Human Papillomavirus (HPV)

HPV is the most common sexually transmitted infection.²⁹ HPV is a different virus than herpes. 79 million Americans, most in their late teens and early 20s, are infected with HPV. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there are vaccines that can stop these health problems from happening. You can lower your chances of getting HPV by getting a vaccine. The HPV vaccine is safe and effective. It can protect against diseases (including cancers) caused by HPV when given in the recommended age groups. CDC recommends youth around the ages of 11 and 12 years old get two doses of HPV vaccine to protect against cancers caused by HPV. In the survey, 81.2% of respondents reported having heard of HPV, and 77% have heard of the HPV vaccine. This means there is still a significant number of people living in Pinellas County who have not heard of this disease or the vaccine and may be at risk.

2017
FDOH
Survey Item

Because Human Papilloma Virus, HPV, can cause health problems, we are asking all participants the following questions about HPV. Have you ever heard of HPV, the human papillomavirus?		
Response	Frequency	Percent
Yes	570	81.2%
No	121	17.2%
Don't Know	5	0.7%
Declined to Respond	6	0.9%
Total	702	100%

Have you heard of the HPV vaccine?		
Response	Frequency	Percent
Yes	539	76.8%
No	151	21.5%
Don't Know	5	0.7%
Declined to Respond	7	1.0%
Total	702	100%

Mental Health



Mental disorders involve changes in thinking, mood, and/or behavior. These disorders, which take many forms, can affect how people relate to others and make choices. Anxiety and depression are two common mental health disorders.

Why is mental health a public health issue?

Mental health disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental illness, and 1.7 million of which were aged 18 to 25.³⁰ Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is important for length and quality of life.³¹

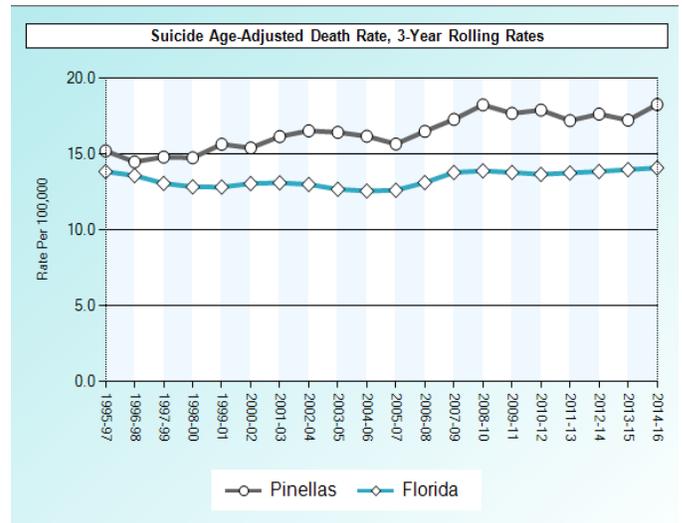
Secondary Data Snapshot

Below is a table containing a selection of indicators related to mental health. For a complete list, visit www.flhealthcharts.com.

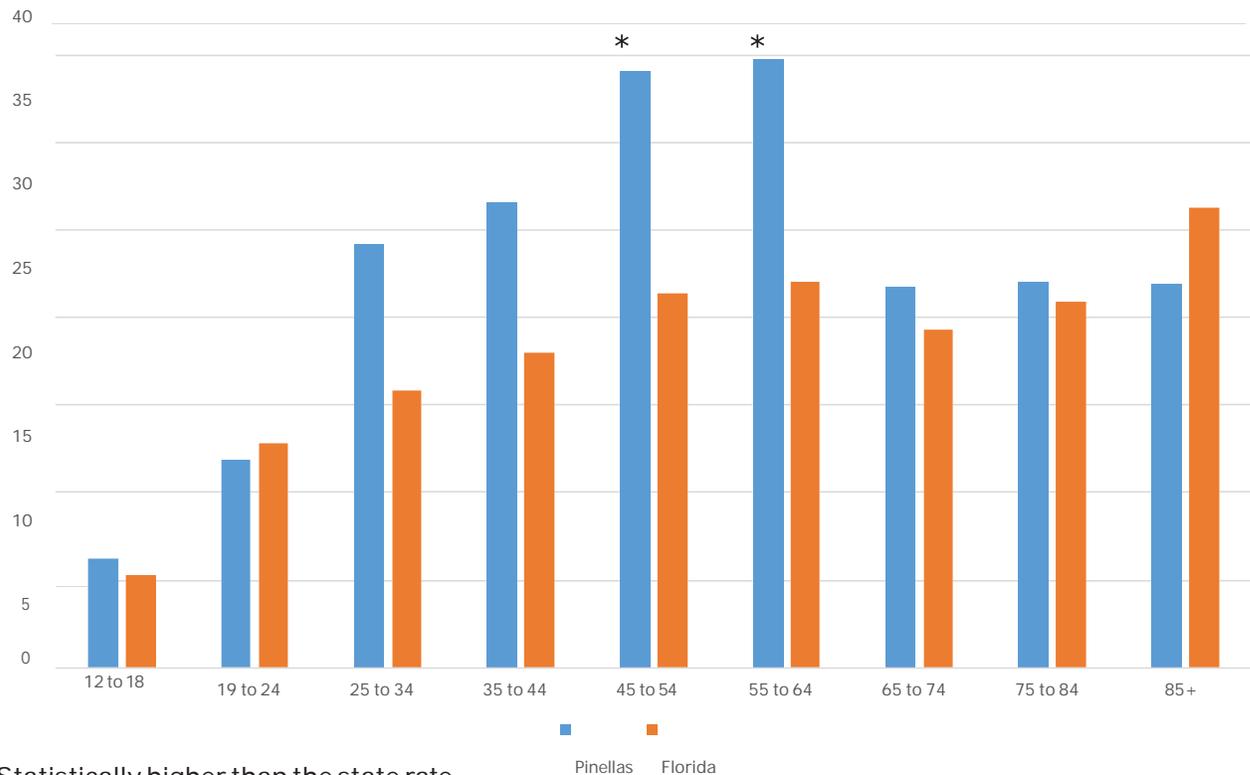
Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS)					
For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).					
Indicator	Year: 2016 (all indicators)		Measure	Pinellas	Florida
Adults who have ever been told they had a depressive disorder, overall			Percent	15.1%	14.2%
Sex	Men		Percent	11.5%	10.4%
	Women		Percent	18.4%	17.8%
Race/Ethnicity	Non-Hispanic White		Percent	14.5%	16.6%
	Non-Hispanic Black		Percent	21.6%	9.8%
	Hispanic		Percent	13.3%	12.1%
Education Level	Less Than High School		Percent	23.0%	19.3%
	High School/GED		Percent	19.1%	14.7%
	More Than High School		Percent	12.8%	12.9%
Annual Income	Less Than \$25,000		Percent	28.2%	20.6%
	\$25,000 - \$49,000		Percent	10.0%	14.9%
	\$50,000 or More		Percent	9.4%	9.9%
Adults who are limited in any way in any activities because of physical, mental, or emotional problems			Percent	27.5%	21.2%
Adults with poor mental health 14+ of past 30 days			Percent	12.0%	11.4%
Unhealthy mental days in past 30 days			Avg Number	3.7	3.6
Adults with good mental health for past 30 days			Percent	88.0%	88.6%
Days where poor mental health or physical health interfered with daily activities in past 30 days			Avg Number	6.2	5.7
Suicide			Rate per 100,000	19.6	14.1
Suicide			Count	214	3,122

Suicide (continued)	Sex	Men	Rate per 100,000	26.7	21.7
		Women	Rate per 100,000	13.1	7.0
	Race/Ethnicity	White	Rate per 100,000	21.8	16.0
		Black/African American	Rate per 100,000	4.4	5.1
		Hispanic	Rate per 100,000	17.1	7.3
		Non-Hispanic	Rate per 100,000	19.3	16.1

Mental health is a major area of concern for Pinellas County in 2018. Those with less education and less annual income than their counterparts who have more education and higher income are reporting higher rates of depression. In addition, the suicide rate in Pinellas County is higher than the state average overall and in some specific sub-categories. For example, Hispanics living in Pinellas County have a rate of suicide double that for Florida. Men are also committing suicide at a higher rate in Pinellas County compared to women and compared to men in Florida. Suicide rates among males in Pinellas are nearly three times higher than rates among females. Finally, those who between the ages of 45 and 64 are committing suicide at rates statistically significantly higher than the Florida average.



Pinellas Suicide Rates by Age (2016)



Mental Health: 2017 Survey Data

The 2017 Community Survey included several items related to depression and overall mental health, as well as items related to social support, that have not been a part of this assessment in previous iterations.

It is hoped that by doing so, DOH-Pinellas can begin tracking these indicators over time to measure trends.

Participants were instructed to think about the past month when asked the following questions:

- How often they felt **unable** to control the important things in their lives, 11.2% responded often or very often.

- How often they have felt **confident** about their ability to handle personal problems, 16.0% responded almost never.

- How often they felt things were **going their way**, 16.1% responded fairly never to almost never.

- How often they felt **difficulties were piling up** so high that they could not overcome them, 11.0% responded often to very often.

While diagnoses cannot be based on this survey, from these results it can be estimated that approximately 1 out of every 10 Pinellas adults is struggling with circumstances in their life and could potentially have a form of mental illness.

A strong social support network can be critical to help people through the stress of tough times, whether they have had a bad day at work, or a year filled with loss or chronic illness.³² Since a supportive family, friends, and co-workers are such an important part of life, it is never too soon to cultivate these important relationships.

Survey respondents when asked:

- Do you have someone to **confide in or talk about yourself and problems**, 49.3% responded all the time.

- Do you have **someone to share your most private worries and fears**, 51.1% responded all of the time.

- Do you have **someone to help you if you're confined to bed**, 51.7% responded all of the time.

- Do you have **someone to prepare meals if you're unable**, 50.4% responded all of the time.

- Do you have **someone to get together with for relaxation**, 52.0% responded all of the time.

Has a doctor, nurse, or other health professional EVER told you that... You have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

Response	Frequency	Percent
Yes	169	24.0%
No	526	74.9%
Don't Know	1	0.1%
Declined to Respond	6	0.9%

In the last month, how often have you felt confident about your ability to handle your personal problems?

Response	Frequency	Percent
Almost Never	112	16.0%
Fairly Never	36	5.1%
Sometimes	97	13.8%
Often	98	14.0%
Very Often	346	49.3%
Don't Know	10	1.4%
Declined to Respond	3	0.4%

In the last month, how often have you felt that you were unable to control the important things in your life?

Response	Frequency	Percent
Almost Never	411	58.5%
Fairly Never	73	10.4%
Sometimes	121	17.2%
Often	38	5.4%
Very Often	41	5.8%
Don't Know	7	1.0%
Declined to Respond	11	1.6%

In the last month, how often have you felt that things were going your way?		
Response	Frequency	Percent
Almost Never	71	10.1%
Fairly Never	42	6.0%
Sometimes	168	23.9%
Often	168	23.9%
Very Often	240	34.2%
Don't Know	9	1.3%
Declined to Respond	4	0.6%
Total	702	100%

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?		
Response	Frequency	Percent
Almost Never	404	57.5%
Fairly Never	110	15.7%
Sometimes	96	13.7%
Often	44	6.3%
Very Often	33	4.7%
Don't Know	7	1.0%
Declined to Respond	8	1.1%

Program Shout-Out: Clergy Mental Health Roundtable

When considering health overall, the state of an individual’s mental, spiritual, social, and emotional well-being can be just as important as their physical health. Places of worship, along with faith and community leaders, can often be the first point of contact for an individual or family looking for counseling, advice, support, or just a listening ear when facing mental health issues or traumatic experiences.

In recognizing this link between faith leaders and mental health, public health and health care can foster more community connectedness and support surrounding mental health. To achieve this, it is important to connect both clergy and clinicians. Many faith leaders realize their important role in the mental health of their congregations but distinguish that they do not have the formal training or infrastructure to be mental health providers. Conversely, clinicians and health practitioners also realize they may not understand the nuances of their client’s communities the way faith and community leaders do. Herein lies the opportunity to create this important connection, through the Pinellas County Clergy Mental Health Roundtable.



The Clergy Mental Health Roundtable, an initiative of the Pinellas County Urban League, convenes faith leaders, clinicians, and community organizations to address local mental health issues and disparities in access to high-quality, culturally responsive mental health services. The group has engaged in strategic community planning to improve collaboration, sharing, and referrals of community resources, increase mental health training for clergy and community, and reduce stigma while promoting mental health wellness. The Roundtable continues to meet and identify how clergy and community leaders can use their influence to support mental health needs.

Substance Use and Abuse



Substance abuse, also referred to as drug abuse, describes a pattern where person consumes a substance in amounts or in ways that are not approved or advised by medical professionals. Addiction is a chronic disease where drug-seeking behavior is compulsive, hard to control, and has harmful consequences for the user.

Why is substance use and abuse a public health issue?

The misuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and well-being of millions of Americans. It is also a predictor of chronic disease and can sometimes increase the risk of someone contracting a communicable disease, such as hepatitis or HIV.³³

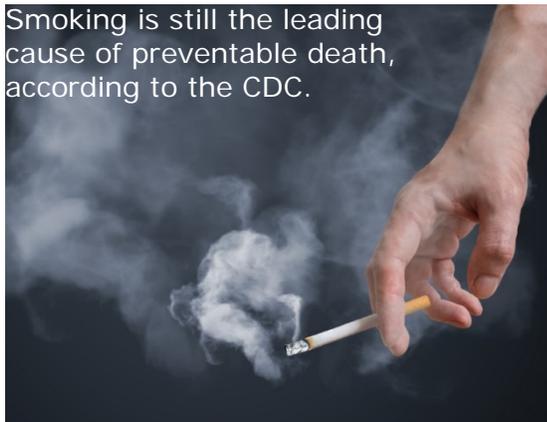
Tobacco Use

Tobacco use is strongly correlated with increased risk of chronic disease and death.³⁴ In Pinellas County, the percent of adults who are current smokers is 23.4%. However, within different racial/ethnic groups, higher rates (36.7% of Non-Hispanic Black adults vs 18.9% of Non-Hispanic White adults) are observed. Also, there is an association between income and education and whether a Pinellas adult is a current smoker, with lower-income adults reporting smoking more than higher-income adults and those with more education smoking less than those with less education.

Indicator	Measure	Year	Pinellas	Florida
Adults who are current smokers (overall)	Percent	2016	*20.3%	15.5%
Sex				
Men	Percent	2016	21.9%	17.8%
Women	Percent	2016	18.8%	13.3%
Race/Ethnicity				
Non-Hispanic White	Percent	2016	18.9%	17.8%
Non-Hispanic Black	Percent	2016	*36.7%	12.4%
Hispanic	Percent	2016	15.1%	11.7%
Education Level				
Less Than High School	Percent	2016	42.0%	25.5%
High School/GED	Percent	2016	27.0%	18.7%
More Than High School	Percent	2016	15.6%	11.5%
Annual Income				
Less Than \$25,000	Percent	2016	26.8%	23.5%
\$25,000 - \$49,000	Percent	2016	24.7%	16.5%
\$50,000 or More	Percent	2016	13.8%	10.3%

*Statistically significant

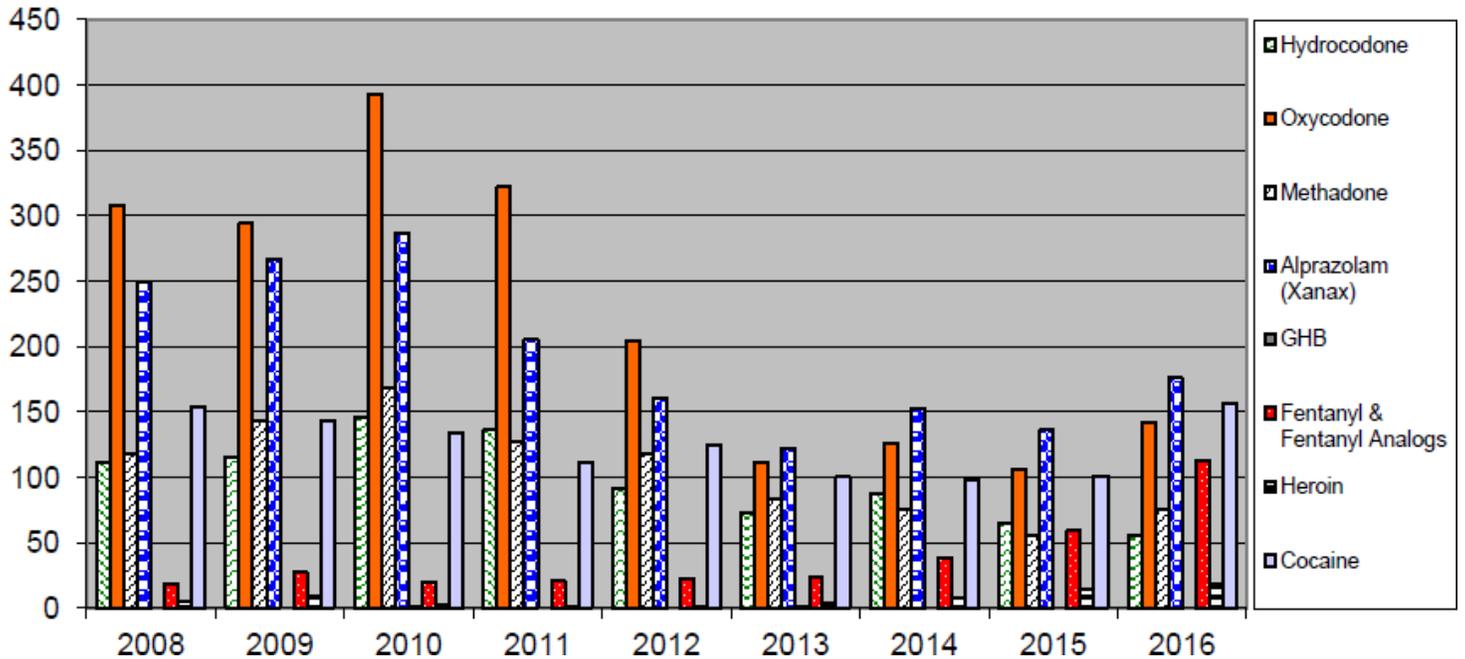
Smoking is still the leading cause of preventable death, according to the CDC.



Electronic cigarette use has grown substantially among adults and teens in Florida.³⁵ These products, which contain the highly-addictive chemical nicotine, are the subjects of much debate and more data is needed to determine how safe they are.



Drug Positive Deaths

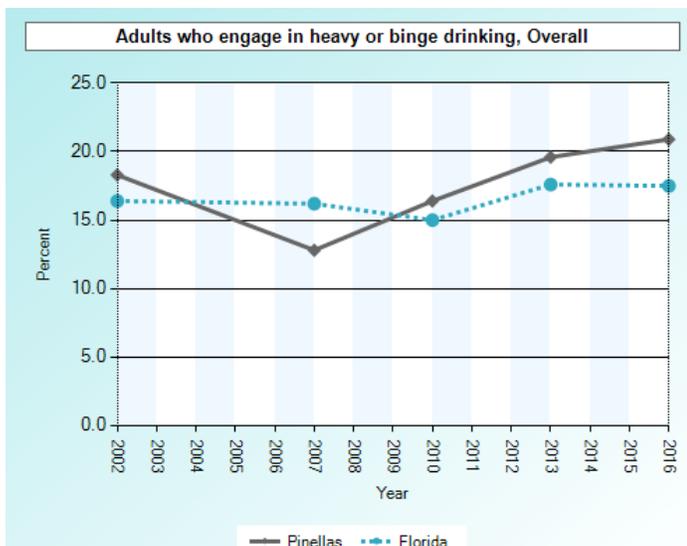


Prescription Drugs

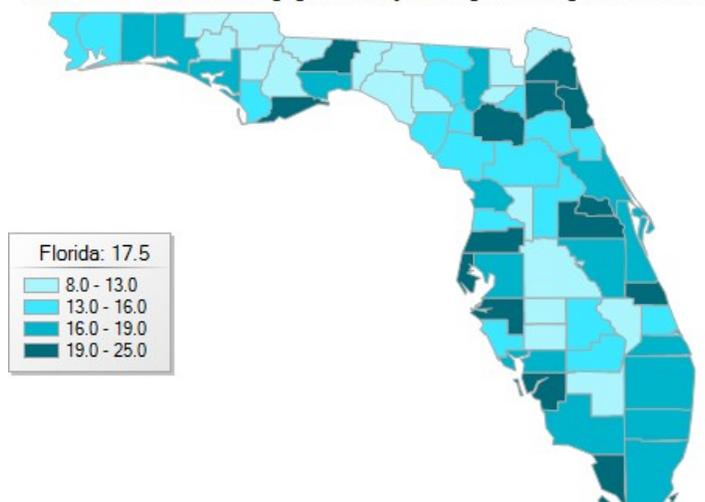
As the above chart indicates, there are several trends emerging with regards to prescription drugs being a factor or present during a death in Pinellas County over the past 8 years: (1) the number of deaths where Oxycodone or Xanax were present is decreasing compared to 2008-2010; (2) the number of deaths where Fentanyl and Fentanyl analogs were present is increasing; and (3) the number of deaths where Heroin was present is also increasing. Fentanyl use and abuse has been on the rise in recent years, where rates of postmortem identification of fentanyl and its analogs have surpassed both oxycodone and heroin. Of those who are dying, a majority (about 60%) are male and white (96%).

Binge Drinking

The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above.³⁶ Pinellas County is experiencing increasing rates of adults who report engaging in heavy or binge drinking. Binge drinking is associated with many health problems, including but not limited to unintentional injuries like car crashes or falls, violence, sexually transmitted diseases, and many chronic diseases.



Percent of Adults who engage in heavy or binge drinking, Overall, 2016



Highlight: Opioids are a class of drugs that act on specific receptors in the body to produce morphine-like effects. Primarily they are used for pain relief, but they are often used non-medically for their euphoric effects and the abuse of opioids has created a crisis in 2018. The Pinellas County Opioid Task Force created this infographic to educate the public about this issue.



OPIOIDS FOUND IN PINELLAS COUNTY

SYNTHETIC OPIOIDS
(FENTANYL)



HEROIN



PRESCRIPTION
OPIOIDS



OPIOIDS ARE AFFECTING EVERY **DEMOGRAPHIC** OF EVERY **COMMUNITY** ACROSS PINELLAS

CARFENTANIL (ELEPHANT TRANQUILIZER), FENTANYL & FURANYL ARE SOME OF THE DEADLIEST SYNTHETIC OPIOIDS FOUND IN PINELLAS



NUMBER OF PINELLAS COUNTY RESIDENTS WHO DIED FROM AN OPIOID-RELATED OVERDOSE



MORE THAN ONE PERSON IN PINELLAS DIES **EVERY OTHER DAY** FROM AN OPIOID-RELATED OVERDOSE

AGE IS NO BARRIER TO OPIOID DEATHS: MOST VICTIMS ARE BETWEEN 20-70 YEARS OLD



THE PINELLAS COUNTY OPIOID TASK FORCE HAS DEVELOPED STRATEGIES TO REDUCE OPIOID DEATHS AND GET HELP TO THOSE IN NEED OF TREATMENT TO FIND HELP, VISIT SAMHSA.GOV/FIND-HELP OR CALL 2-1-1
SOURCE OF INFORMATION: PINELLAS COUNTY FORENSIC LAB/ DISTRICT SIX MEDICAL EXAMINER

Substance Use and Abuse: 2017 Survey Data



Smoking

In the survey, three out of every four respondents reported having ever smoked a cigarette. Additionally, 28.3% of respondents live in a home with at least one person who is a smoker (could also include themselves). When asked about how many of the past 30 days did you smoke cigarettes, 70.9% of responded none.

Other Substances

In the survey, 16.1% of respondents reported having ever used cocaine, heroin, methamphetamine, or synthetic versions of these drugs.

Prescription Pain Relief

About one out of every four Pinellas adults report using some form of prescription pain relief, according to the survey results. Also, about one out of every ten adults have either used a prescription pain reliever without a prescription, in greater amounts than prescribed, or in any other way not directed by a doctor.

Smoking			
Have you ever smoked a cigarette, even one time?			
Response	Frequency	Percent	
Yes	522	74.4%	
No	176	25.1%	
How many people who live in your home smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product?			
Response	Frequency	Percent	
0	485	69.1%	
1	118	16.8%	
2	60	8.5%	
3	18	2.6%	
4	0	0.0%	
5	1	0.1%	
6	2	0.3%	
Other Substances			
Have you ever used cocaine, crack cocaine, heroin, methamphetamine, or synthetic versions of these drugs?			
Response	Frequency	Percent	
Yes	113	16.1%	
No	580	82.6%	
Prescription Pain Relief			
Do you use a prescription pain reliever?			
Response	Frequency	Percent	
Yes	169	24.1%	
No	525	74.8%	
Did you ever use a prescription pain reliever in any of these circumstances?			
Response (169 responses received)	Frequency (yes)	Percent (yes)	
Without a prescription of your own	15	8.9%	
In greater amounts than prescribed	17	10.1%	
In any way a doctor did not direct you to use it	13	7.7%	



Maternal and Child Health



Maternal and Child Health concerns the health of mothers, infants, and children.

Why are maternal and child health public health concerns?

Maternal and child health are often good indicators of a community's overall health. The field is made up of a host of factors, including but not limited to: nutritional status and health knowledge of mothers, level of immunization, availability of services (including prenatal care), income and food availability in the family, safe drinking water and basic sanitation, and overall safety of the child's environment.³⁷

Secondary Data Snapshot

Below is a table containing a selection of indicators related to maternal and child health. For a complete list, visit www.flhealthcharts.com.

Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS) and the Florida Department of Health, Bureau of Vital Statistics				
For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).				
Indicator	Measure	Year	Pinellas	Florida
Total female population (ages 15-44)	Count	2016	157,90	3,729,240
White	Count	2016	121,880	2,711,616
Black	Count	2016	23,426	771,689
Hispanic	Count	2016	19,289	1,071,903
Non-Hispanic	Count	2016	138,619	2,657,337
<i>Teen Births</i>				
Births to teen mothers (ages 15-19)	Rate per 1,000 females	2014-2016	*19.4	21.0
Repeat births to teen mothers (ages 15-19)	Percent of births	2014-2016	*12.9%	16.1%
<i>Pre-Conception Health Behaviors</i>				
Females > 17 years old who engage in binge drinking	Percent of females > 17	2016	17.3%	13.7%
Females > 17 years old who are current smokers	Percent of females > 17	2016	18.8%	13.3%
Females 18-64 years old with health insurance	Percent	2016	81.8%	78.7%
<i>Pregnancy and Mother's Health Behaviors</i>				
Births to mothers who smoke during pregnancy	Percent of births	2014-2016	* 9.5%	5.7%
Hepatitis B surface antigen in pregnant women	Rate per 100,000	2014-2016	* 18.3	13.0
Births with adequate prenatal care (Kotelchuck index)	Percent w/known care	2014-2016	* 75.1%	70.0%
<i>Fetal and Infant Death</i>				
Fetal deaths, overall	Rate per 1,000 deliveries	2016-2016	6.6	6.9
Infant deaths, overall	Rate per 1,000 births	2014-2016	6.8	6.1
White	Rate per 1,000 births	2014-2016	5.3	4.4
Black	Rate per 1,000 births	2014-2016	12.9	11.3

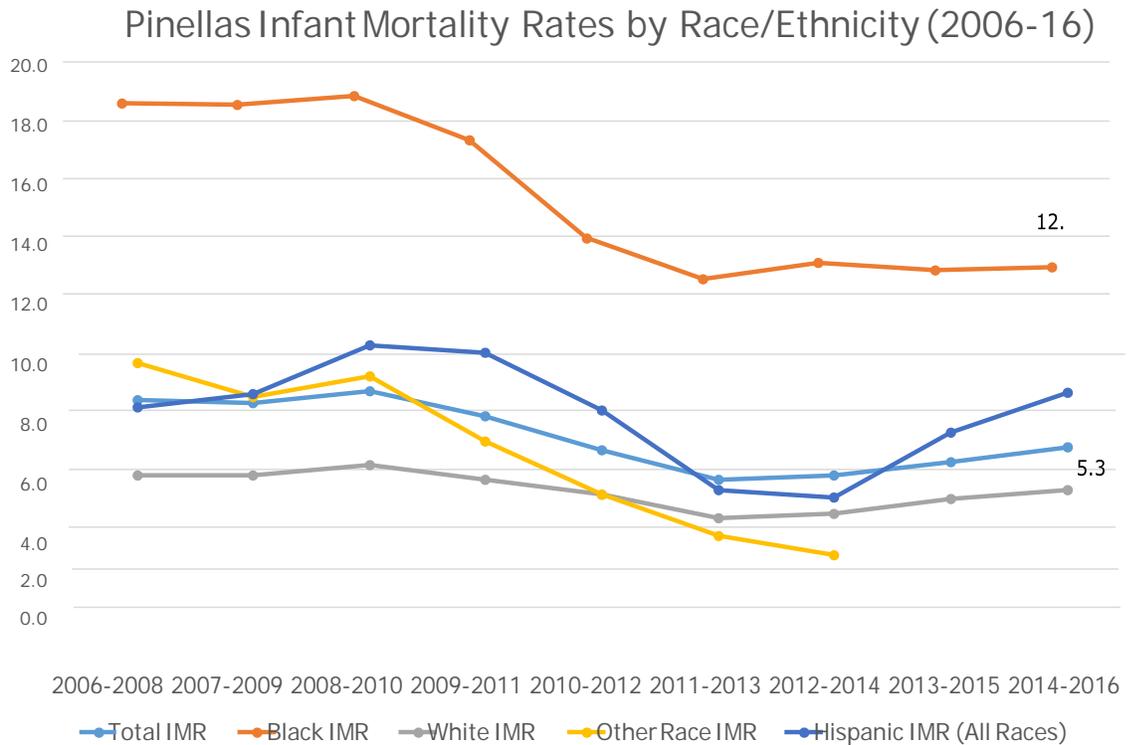
*Statistically significant

Infant Mortality

The American Academy of Pediatrics defines fetal death as death before the complete expulsion or extraction from the mother of a product of human conception (the term “stillbirth” is often used to describe fetal death). Infant death is defined as a live birth that results in death within the first year (<365 days).³⁸

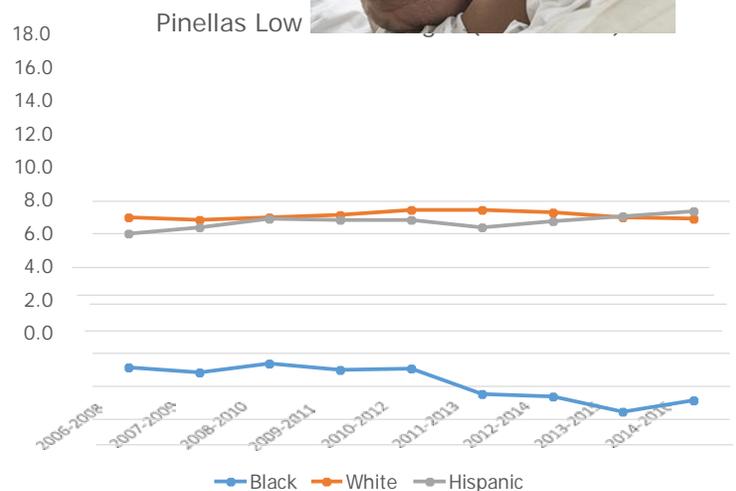
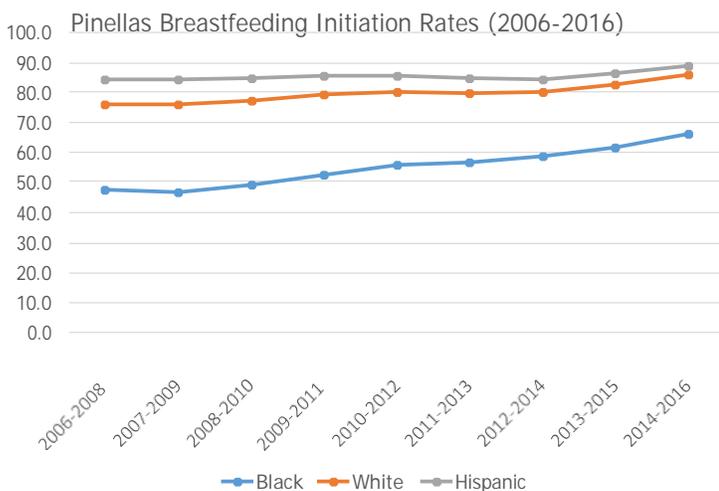
In Pinellas County, the rate at which black infants die during their first year of life (12.9 per 1,000 live births) is more than double that for white infants (5.3). For Pinellas County as a whole, the infant mortality rate is 6.8.

The chart to the right shows the gap by race/ethnicity.



Breastfeeding

Breastfeeding is the best source of nutrition for most infants.³⁹ It can also reduce the risk for some short- and long-term health conditions for both infants and mothers. In Pinellas County, white mothers are more likely to initiate breastfeeding, but the black breastfeeding rate is improving.



(Above Left) Black infant breastfeeding rate is 21.0% lower than for white infants (improvement from 29% difference); (Above Right) Black infant LBW rate is 5.5% higher than for white infants.

Maternal and Child Health: 2017 Survey Data

Breastfeeding

Research shows that breastfeeding offers many health benefits for infants and mothers, as well as potential economic and environmental benefits for communities. Among the known health benefits are nutritionally balanced meals, some protection against common childhood infections, and better survival during a baby's first year, including a lower risk of Sudden Infant Death Syndrome.

Research also shows that very early skin-to-skin contact, and suckling may have physical and emotional benefits. Other studies suggest that breastfeeding may reduce the risk for certain allergic diseases, asthma, obesity, and type 2 diabetes.

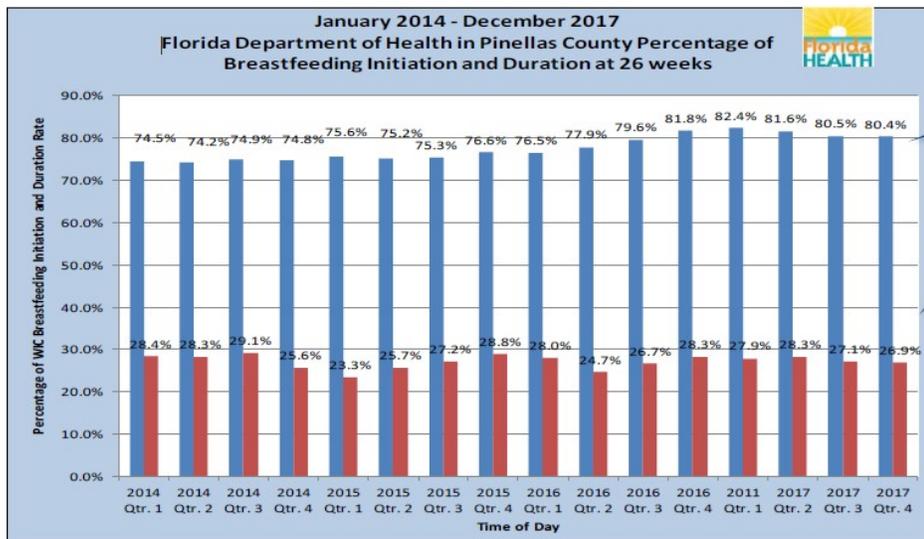
When asked, 50.9% of respondents stated that formula was not the best choice for feeding an infant, 82.1% felt all infants should be fed breast milk if possible and 84.8% were in favor of women being encouraged to breastfeed. What is concerning, however, is the percentage of adults who responded to the survey and indicated they didn't know if infants should be fed breastmilk (9.4%), or if women should be encouraged to breastfeed (7.1%).



Should women be encouraged to breastfeed?		
Response	Frequency	Percent
Yes	595	84.8%
No	36	5.1%
Don't Know	50	7.1%
Declined to Respond	21	3.0%
Total	702	100%

Should all infants be fed breastmilk if possible?		
Response	Frequency	Percent
Yes	576	82.1%
No	39	5.6%
Don't Know	66	9.4%
Declined to Respond	21	3.0%
Total	702	100%

2017 data from WIC (Women, Infants, and Children) show that an average of 80% of women in Pinellas initiate breastfeeding, but only 27% are still breastfeeding at 6 months - the recommendation from the American Academy of Pediatrics. This suggests that encouragement and knowledge are not necessarily enough for continued breastfeeding success.



Pinellas WIC Breastfeeding Rates		
Quarter	Initiation	Duration
2014 Qtr. 1	74.5%	28.4%
2014 Qtr. 2	74.2%	28.3%
2014 Qtr. 3	74.9%	29.1%
2014 Qtr. 4	74.8%	25.6%
2015 Qtr. 1	75.6%	23.3%
2015 Qtr. 2	75.2%	25.7%
2015 Qtr. 3	75.3%	27.2%
2015 Qtr. 4	76.6%	28.8%
2016 Qtr. 1	76.5%	28.0%
2016 Qtr. 2	77.9%	24.7%
2016 Qtr. 3	79.6%	26.7%
2016 Qtr. 4	81.8%	28.3%
2017 Qtr. 1	82.4%	27.9%
2017 Qtr. 2	81.6%	28.3%
2017 Qtr. 3	80.5%	27.1%
2017 Qtr. 4	80.4%	26.9%

Program Shout-Out: Florida Healthy Babies

For Alicea Young, making the decision to breastfeed her daughter was easy. Debating how she would continue breastfeeding after returning to work was not so easy.

Alicea recalls using a breast pump after her first pregnancy with her now five-year-old son: "I would have to do it in the handicap bathroom several times a day," she said. The idea of preparing her child's meal in the bathroom felt completely unsanitary, no matter how well she cleaned the area. "I would not want my food prepared or eaten in a bathroom stall," she added.

This made it difficult for Alicea to continue breastfeeding her son in 2012 and she was worried the same obstacles would deter her from continuing to breastfeed her seven-month-old daughter. Her biggest fear was that she would stop breastfeeding as early as she did with her son. She breastfed for four months: "It was a great length of time, but it was not my goal. My goal was to breastfeed until he was at least one."



Thanks to the Florida Healthy Babies Initiative, a collaborative statewide project to positively influence social determinants and reduce racial disparity in infant mortality, the staff at the Florida Department of Health in Pinellas (DOH-Pinellas) and the leaders at the R'Club Child Care/Lew Williams Center for Early Learning, Alicea was surprised when she returned to work to find a dedicated nursing room that all staff and parents could use for feeding and pumping.

The Center is now designated as a Gold Level Breastfeeding Friendly Employer. To receive the Breastfeeding Friendly Award, the early learning center had to develop a written breastfeeding policy for its facility. With that policy, employees are provided a private lactation room, flexibility in their schedules to allow for pumping breaks, and resources and help if needed.

With a strong focus on health equity when it comes to breastfeeding, safe sleep and improved access to resources, Florida Healthy Babies⁴⁰ in Pinellas works with many community partners such as the Tampa Bay Breastfeeding Task Force-Pinellas Chapter, the Juvenile Welfare Board of Pinellas and many others, to reduce infant deaths, close the black-white infant mortality gap and improve health outcomes for all babies in Pinellas County.

Alicea returned to work in December and, when she saw the room for the first time, she broke down in tears. Having a place to comfortably pump was a huge factor in her breastfeeding success with her daughter. Having an employer who not only understands the needs of a breastfeeding mother, but also supports her decision to breastfeed, is sometimes hard to come by but it's crucial.

"This has made my breastfeeding experience a pleasant one," said Alicea.

Ensuring all mothers in Pinellas have a similar breastfeeding experience is something the initiative continues to work toward. To date, the initiative has helped eleven childcare centers become Breastfeeding Friendly Employers.

Injury and Violence



People can get hurt either accidentally (through injuries) or intentionally (through violence.) Combined, these two types of injuries are the 3rd leading cause of death in Pinellas County, just behind heart disease and cancer.

Why are injury and violence public health concerns?

Because the focus of public health is on the safety and well-being of entire populations. Violence and injuries affect everyone, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries — such as motor vehicle crashes, falls, or homicides — than from any other cause, including cancer, HIV, or the flu.⁴¹ Injury and violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

Secondary Data Snapshot

Below is a table containing a selection of indicators related to injury and violence. For a complete list, visit www.flhealthcharts.com.

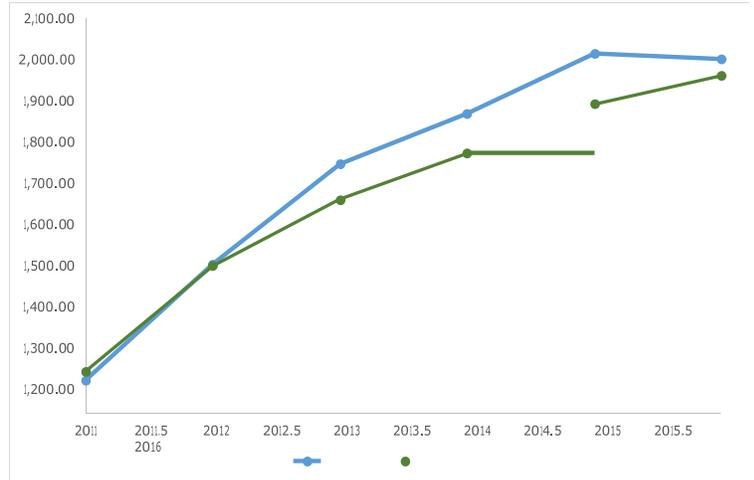
Source: Florida Health CHARTS (www.flhealthcharts.com)				
For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).				
Indicator	Measure	Year	Pinellas	Florida
Total fatal injuries	Rate per 100,000	2016	89.44	77.53
Unintentional	Rate per 100,000	2016	62.23	55.74
Suicide	Rate per 100,000	2016	19.59	14.10
Homicide	Rate per 100,000	2016	6.16	6.85
Undetermined	Rate per 100,000	2016	1.41	0.73
Fatal Injuries by Type, 2016		Rate per 100,000		
Mechanism	Count	Pinellas Rate	Florida Rate	
Poison	292	30.35	25.32	
Fall	278	14.77	10.43	
Firearm	143	13.31	12.78	
Suffocation	85	8.51	5.44	
Motor Vehicle Accident (occupant)	53	5.59	5.61	
Motor Vehicle Accident (pedestrian)	35	3.17	2.78	
Motor Vehicle Accident (motorcyclist)	31	3.51	2.68	
Drowning	28	2.94	2.41	

Key Findings from the 2016 Traffic Crash Trends and Conditions Report⁴²

- *Teen driving traffic crashes continue to rise.* Over a period of 5 years (2011-2015), the number of crashes involving drivers ages 15-19 has dramatically increased from 1,616 to 3,128 (an increase of 63%).
- *Impaired driving traffic fatalities continue to decrease.* In 2015, Pinellas County experienced a total of 24 traffic fatalities due to driver impairment, a 57% decrease since 2011.
- *An alarming number of pedestrian fatalities are occurring at night along illuminated roadways.* Almost two-thirds (65%) of the pedestrians killed in traffic crashes were walking across roads at mid-block that were illuminated from overhead streetlights.

Motor Vehicle Accidents

Motor Vehicle Traffic Crashes, Single Year Rate is per 100,000 population				
Year	Pinellas Count	Florida Count	Pinellas Rate	Florida Rate
2016	19,096	395,521	*1,996.9	1,955.0
2015	19,062	374,511	*2,011.2	1,882.2
2014	17,378	344,240	*1,857.0	1,758.1
2013	16,069	316,943	*1,731.4	1,641.0
2012	13,601	281,549	1,475.8	1,472.6
2011	10,878	228,471	*1,183.9	1,206.2



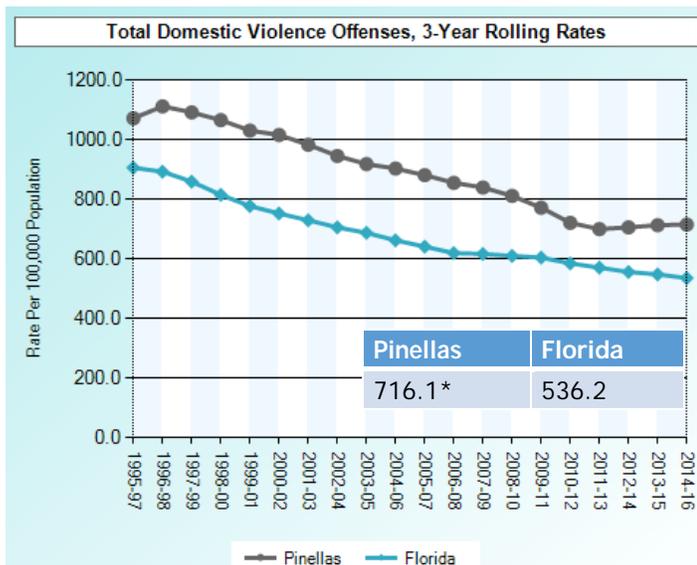
Data from the Florida Department of Highway Safety and Motor Vehicles



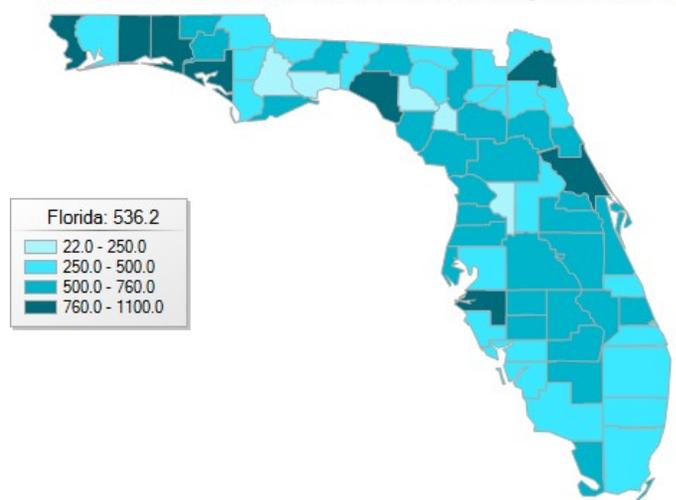
Pinellas County has had a rate of motor vehicle accidents per 100,000 people that is *statistically significant* compared to the Florida rate in 17 of the past 20 years. Out of those 17 statistically significant years, Pinellas' rate was higher in 12 of them. The most recent year where the Florida rate was higher than Pinellas' rate was 2011.

Domestic Violence

Domestic violence is violence or other abuse by one person against another in a relationship setting, such as in marriage or cohabitation.⁴³ It may be termed intimate partner violence when committed by a spouse or partner, can take place in heterosexual or same-sex relationships, or between former spouses or partners. It can also involve violence against children, parents, or the elderly. Domestic violence can take several forms, including physical, verbal, emotional, economic, reproductive and sexual abuse. In Pinellas County, the rate of domestic violence offenses is decreasing but is still much higher (and statistically significant) compared to Florida overall.



Total Domestic Violence Offenses, Rate Per 100,000 Population, 2014-16



*statistically significant

Injury and Violence: 2017 Survey Data

Violence in Relationships

Violence is a serious problem in the United States. From infants to the elderly, it affects people in all stages of life. In 2016, more than 19,000 people were victims of homicide and nearly 45,000 people took their own life. The number of violent deaths is just part of the story. Many people survive violence and have permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.

Intimate partner violence is a serious, preventable public health problem that affects millions of Americans. The term "intimate partner violence" describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

CHA respondents when asked:

- Have you ever had a partner, or anyone at home, hurt, hit, or threaten you? 22.4% responded yes.
- Have you ever witnessed domestic violence? 45.3% responded yes.
- Do you know where to get help for yourself or someone you know may be a victim of domestic violence? 82.0% said yes.

2017
FDOH
Survey Item

Do you know where to get help for yourself or someone you know who may be a victim of domestic violence?		
Response	Frequency	Percent
Yes	575	81.9%
No	112	16.0%
Don't Know	11	1.6%
Declined to Respond	4	0.6%
Total	702	100%

Because difficult relationships can cause health problems, we are asking all participants the following questions about violence in relationships: Have you ever had a partner, or anyone at home, hurt, hit or threaten you?		
Response	Frequency	Percent
Yes	157	22.4%
No	538	76.6%
Declined to Respond	7	1.0%
Total	702	100%

Have you ever witnessed domestic violence?		
Response	Frequency	Percent
Yes	318	45.3%
No	380	54.1%
Declined to Respond	4	0.6%
Total	702	100%

Domestic Violence



1 out of 4 adults reported having been hurt, hit or threatened by a partner or someone at home.



Nearly half of adults reported witnessing some form of domestic violence.

Built Environment



The built environment refers to the physical spaces in the neighborhoods and communities in which people live, work, play, worship, and travel.

Why is the built environment a public health issue?

The built environment directly influences health, especially in relation to chronic disease. There is a wealth of evidence to suggest that the burden of chronic disease can be reduced through an active lifestyle, proper nutrition, and reduced exposure to toxic conditions; however, many urban and suburban environments are not well designed to promote health.⁴⁴ Public health departments are working closely with city planners to study the health consequences of the built environment and provide recommendations on policies that affect the built environment.

Secondary Data Snapshot

Below is a table containing a selection of indicators related to injury and violence. For more, visit www.floridatracking.com.

Source: Florida Environmental Health Tracking (www.floridatracking.com)				
For quick scanning and comparison, Bold = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).				
Indicator	Measure	Year	Pinellas	Florida
<i>Community Access</i>				
People living within 1/2 mile of a healthy food source	Percent	2016	41.4%	30.9%
People living within a 1/2 mile of a fast food restaurant	Percent	2016	41.3%	33.9%
People living within a 10-minute walk (1/2 mile) of a park	Percent	2016	59.4%	43.2%
People living within a 10-minute walk of an off-street trail system	Percent	2016	23.3%	18.2%
<i>Heat</i>				
Heat-related deaths during summer months	Rate per 100,000	2016	0.2	0.1
Heat-related emergency department visits during summer months	Rate per 100,000	2016	31.2	31.7
<i>Housing</i>				
Housing units built between 1950 and 1979	Percent	2016	57.8%	35.2%
Housing units built before 1950	Percent	2013	6.1%	4.4%
Housing units that are vacant	Percent	2013	20.1%	19.7%
Housing units lacking complete plumbing facilities	Percent	2013	0.31%	0.25%
<i>Water</i>				
Population on public water that is optimally fluoridated	Percent	2015	100.0%	77.0%
<i>Air</i>				
Age-adjusted rate of carbon monoxide deaths	Rate per 100,000	2016	0.08	0.21
Age-adjusted rate of carbon monoxide E.R. visits	Rate per 100,000	2016	1.15	2.24

Housing

Studies have shown that housing plays an important role as a determinant for health.⁴⁵ For example, in many areas across the country, homes built before 1978 are more likely to contain lead-based paint and therefore be at increased risk for young children.

Water

Safe, clean drinking water is essential to life. In Florida, about 80% of state residents are provided with drinking water by public water systems. A community water system supplies water to the same population year-round, serving at least 25 people at their primary residences or at least 15 residences that are primary residences. Public water systems are regulated by the Federal and State Safe Drinking Water Acts. The other 20% of Florida's population receives drinking water from private wells. If your water is provided by

a public water system, the state of Florida and the U.S. EPA monitor levels of pollutants in your drinking water system. However, there are no laws in Florida that require routine testing of private wells (this is the responsibility of the homeowner). Some of the chemicals that are monitored in public water systems include arsenic, disinfection byproducts, nitrates, and lead. All public water systems in Florida are required to perform routine testing to ensure that they meet state drinking water standards. If a public water system has a chemical violation, it is required to be reported to the Florida Department of Environmental Protection.

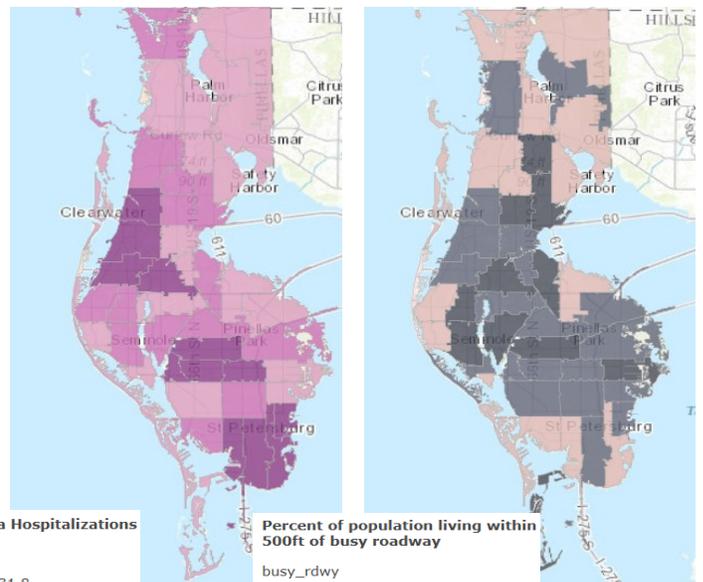
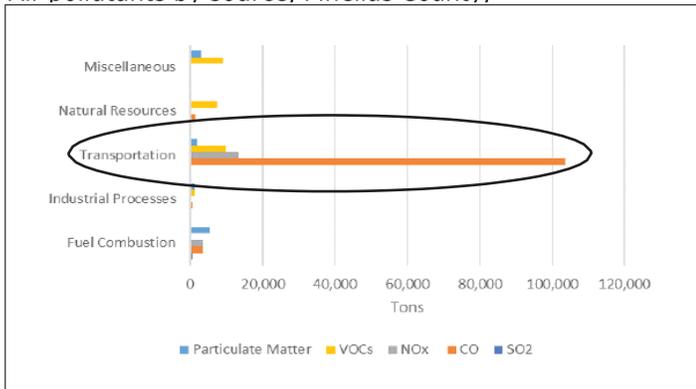
Air

Since the 1950's, air quality has been a major public health and environmental issue. Air pollution has been linked to several health issues including asthma, heart disease, and breathing problems.

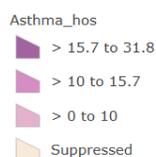
National air quality has improved over the last 20 years. However, there are still many challenges in protecting public health and the environment from outdoor air quality problems. Chemicals in the air, like ozone and particle pollution, may increase health risks to certain people, particularly children, older adults, people with asthma, heart, lung disease, or breathing problems.

In Pinellas County, the major air quality issue of concern is related to transportation, where there is an association between the rate of asthma-related hospitalizations and people who live close to busy roadways.

Air pollutants by source, Pinellas County,



Rate of Asthma Hospitalizations



Percent of population living within 500ft of busy roadway



Built Environment: 2017 Survey Data

Neighborhood Environment

Your ZIP code can sometimes be just as important, if not more important, than your genetic code.⁴⁶ This is because factors known as the social determinants of health (such as housing, education, job opportunities, child care, and transportation) can greatly influence your chances of becoming sick and dying early. Your address reflects the daily living conditions that can create—or limit—your opportunities to be healthy. While the connections between poverty and poor health have long been recognized, a new but growing movement is tackling these issues in innovative ways by connecting two sectors—community development and health—that have previously worked in relative isolation from each other.

Health in All Policies is a term used to describe this field of public health and urban planning. This collaborative approach helps to improve the health of all people by incorporating health considerations into decision-making across sectors and policy areas, such as housing and transportation.



I feel safe in this neighborhood.		
Response	Frequency	Percent
Strongly disagree	16	2.3%
Somewhat disagree	29	4.1%
Somewhat agree	138	19.7%
Strongly agree	516	73.5%
Don't know	3	0.4%
Declined to answer	0	0.0%
Total	702	100%

There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood.		
Response	Frequency	Percent
Strongly disagree	142	20.2%
Somewhat disagree	68	9.7%
Somewhat agree	134	19.1%
Strongly agree	338	48.1%
Don't know	17	2.4%
Declined to answer	3	0.4%
Total	702	100%

The crime rate in my neighborhood makes it unsafe to go on walks during the day.		
Response	Frequency	Percent
Strongly disagree	548	78.1%
Somewhat disagree	93	13.2%
Somewhat agree	29	4.1%
Strongly agree	19	2.7%
Don't know	10	1.4%
Declined to answer	3	0.4%
Total	702	100%

My neighborhood is well lit at night.		
Response	Frequency	Percent
Strongly disagree	88	12.5%
Somewhat disagree	60	8.5%
Somewhat agree	174	24.8%
Strongly agree	364	51.9%
Don't know	14	2.0%
Declined to answer	2	0.3%
Total	702	100%

My neighborhood is generally free from litter.		
Response	Frequency	Percent
Strongly disagree	50	7.1%
Somewhat disagree	45	6.4%
Somewhat agree	143	20.4%
Strongly agree	453	64.5%
Don't know	7	1.0%
Declined to answer	4	0.6%
Total	702	100%

The crime rate in my neighborhood makes it unsafe to go on walks at night.		
Response	Frequency	Percent
Strongly disagree	389	55.4%
Somewhat disagree	147	20.9%
Somewhat agree	76	10.8%
Strongly agree	65	9.3%
Don't know	23	3.3%
Declined to answer	2	0.3%
Total	702	100%

CHA respondents when asked about their neighborhoods:

- 78% said they shop at local stores.
- 29% said that there are not many stores within easy walking distance of their home.
- 28% strongly disagreed that there are many places to go within walking distance.
- 55.3% said there is a bus stop within walking distance of their home.
- 33% disagreed and 33% strongly disagreed that sidewalks are separated from the road and traffic by parked cars.
- Only 52% said their neighborhood is well lit at night.
- Less than 50% said walkers and bikers can easily be seen by people in their homes.
- When asked if there are crosswalks and pedestrian signals to help walkers cross busy streets, 48.1% strongly agreed and 20.2% strongly disagreed.
- When asked if there are trees along the streets, 66.5% strongly agreed.
- When asked if there are many interesting things to look at while walking, 36% strongly agreed.
- 65% strongly agreed that their neighborhood is generally free from litter.
- Only 41% said there are attractive natural sights (landscaping and view) in their neighborhood.
- When asked about traffic speed, 21% said it is usually above 30 miles per hour.
- When asked if most drivers exceed the posted speed limits, 33% agreed.
- With regards to perceived neighborhood crime, 54% said it they live in a high crime area.



Oral Health



The field of oral health refers to the health of teeth and the mouth. Common oral health problems include untreated tooth decay, gum disease, and tooth loss.⁴⁷

Why is oral health a public health issue?

Good oral health is an important part of good overall health. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans.⁴⁸ They also cost taxpayers a lot of money. Cavities (also called tooth decay) are one of the most common chronic diseases in the United States. Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.

Secondary Data Snapshot

Source: Florida Health CHARTS (www.flhealthcharts.com)

For quick scanning and comparison, **Bold** = Higher Rate or Percentage (be aware that a higher rate or percentage does not always correlate with positive or negative health outcomes, read the indicator for more detail).

Indicator		Measure	Year	Pinellas	Florida
Access					
	Adults who could not see a dentist in the past year because of cost	Percent	2007	17.3%	19.2%
	Total licensed dental hygienists	Rate per 100,000	2016	73.3	60.4
	Total licensed dentists	Rate per 100,000	2016	*66.1	57.5
	Preventable ER visit hospitalizations under 65 from dental conditions	Rate per 100,000	2015	865.6	854.7
	Emergency room visits due to dental conditions age 5 and over	Rate per 100,000	2016	*701.2	720.7
Prevention					
	Adults who had their teeth cleaned in the past year	Percent	2010	65.9%	60.9%
	Adults who visited a dentist or a dental clinic in the past year	Percent	2016	62.7%	63.0%
Oral Cancer					
	Deaths from oral cancer	Rate per 100,000	2016	3.8	2.9
	Oral cancer incidence	Rate per 100,000	2015	14.8	13.3
Gum Disease					
	Adults who had a permanent tooth removed because of tooth decay or gum disease	Percent	2016	49.1%	47.3%

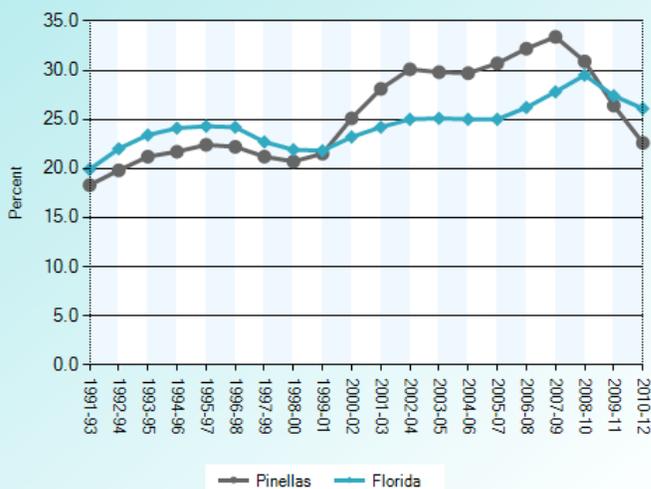
*Statistically significant

Monitoring access to dental care by low-income individuals helps bring awareness of oral health disparities and where they may exist. The rate of access to dental care by low-income persons has fluctuated greatly over the past 20 years and is trending downward (less access).

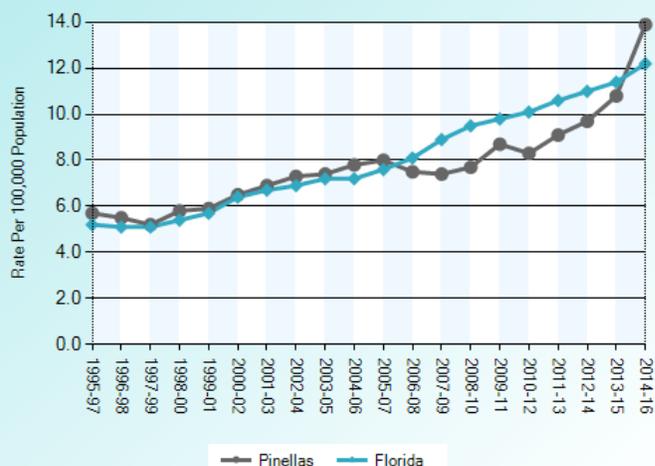
The most recent self-reported data available on Florida CHARTS is from 2007 and says 17.3% of Pinellas adults reported not being able to see a dentist in the past year because of cost.

Also, the rate of preventable hospitalizations for those under 65 years old related to dental conditions is on the rise. This could be related to issues such as, but not limited to teeth malformation, pain, gingivitis, caries (cavities), or abscesses. High rates of ambulatory care (emergency care) hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care.

Access to Dental Care by Low Income Persons, 3-Year Rolling Rates



Preventable Hospitalizations Under 65 from Dental Conditions, 3-Year Rolling Rates



Oral Health: 2017 Survey Data

Oral health affects a person's ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.

Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar. Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

CHA respondents when asked about their oral health:

- How long has it been since you last visited a dentist or a dental clinic for any reason?
62.5% said within the last year, and 14.0% said more than 5 years ago.
- How many of your permanent teeth have been removed because of tooth decay or gum disease?
34.8% said 1 to 5, and 42.5% said none.
- During the last 12 months, was there a time you needed dental but could not get it?
21.5% said yes.
- How would you rate the health of your teeth and gums?
28.3% said very good and 10.3% said poor.



How long has it been since you last visited a dentist or a dental clinic for any reason?		
Response	Frequency	Percent
Within the past year	439	62.5%
Within the past two years (more than one year)	81	11.5%
Within the past 5 years (more than 2 years)	69	9.8%
5 or more years	98	14.0%
Never	10	1.4%
Don't know	3	0.4%
Declined to answer	2	0.3%
Total	702	100%

During the past 12 months, was there a time when you needed dental care but could not get it at that time?		
Response	Frequency	Percent
Yes	151	21.5%
No	539	76.8%
Don't know	5	0.7%
Declined to answer	7	1.0%
Total	702	100%

Overall, how would you rate the health of your teeth and gums?		
Response	Frequency	Percent
Excellent	125	17.8%
Very good	199	28.3%
Good	186	26.5%
Fair	113	16.1%
Poor	72	10.3%

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics		
Response	Frequency	Percent
None	298	42.5%
1 to 5	244	34.8%
6 or more but not all	98	14.0%
All	46	6.6%
Don't know	9	1.3%
Declined to answer	7	1.0%
Total	702	100%

Overall, how would you rate the health of your teeth and gums?		
Response	Frequency	Percent
Excellent	125	17.8%
Very Good	199	28.3%
Good	186	26.5%
Fair	113	16.1%
Poor	72	10.3%
Don't know	5	0.7%
Declined to answer	2	0.3%
Total	702	100%

Access to Care



The topic of access refers to how easy or hard it is for a person to get quality, affordable medical care when they need it.

Why is access to care a public health issue?

It is important to measure and improve access to care because health disparities in access are often directly linked to disparities in health outcomes. Also, when it is difficult to get routine medical care because of cost, transportation, language barriers, or other reasons, problems that could have been caught early can result in life-threatening situations that require immediate attention, endangering lives and putting strain on emergency services.

Secondary Data Snapshot

Below is a table containing a selection of indicators related to access. For a complete list, visit www.flhealthcharts.com.

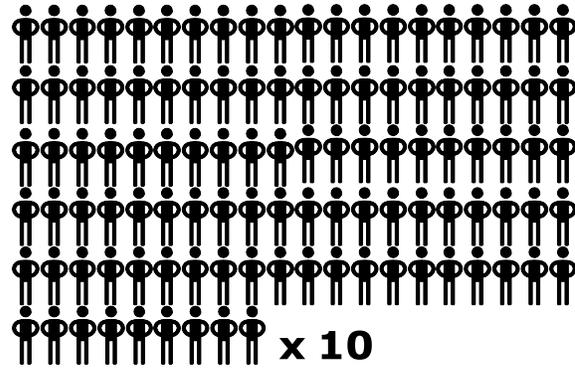
Source: Florida Health CHARTS (www.flhealthcharts.com)					
Indicator	Measure	Year	Pinellas	Florida	
Adults who had a medical checkup in the past year	Percent	2013	71.2%	70.3%	
		2016	76.4%	76.5%	
Adults who have a personal doctor	Percent	2013	79.2%	73.2%	
		2016	73.7%	72.0%	
Adults who could not see a doctor at least once in the past year due to cost	Percent	2013	16.3%	20.8%	
		2016	17.2%	16.6%	
Civilian non-institutionalized population with health insurance	Percent	2015	84.8%	83.6%	
		2016	86.2%	82.0%	
Race/Ethnicity	White	Percent	2016	86.9%	84.8%
	Black	Percent	2016	82.8%	80.4%
	Hispanic	Percent	2016	75.2%	74.7%

Ratio of Physicians to Population

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. In Pinellas County (using data from 2015), this ratio is 1,090:1. The overall Florida ratio is 1,380:1, meaning Pinellas has a good ratio and is among the top U.S. performers.⁴⁹ However, there is a caveat that is important to consider. While there may be a sufficient number of physicians, it does not mean they are all affordable, available to populations with the highest needs, take all forms of insurance, or culturally competent.



1 Primary care physician

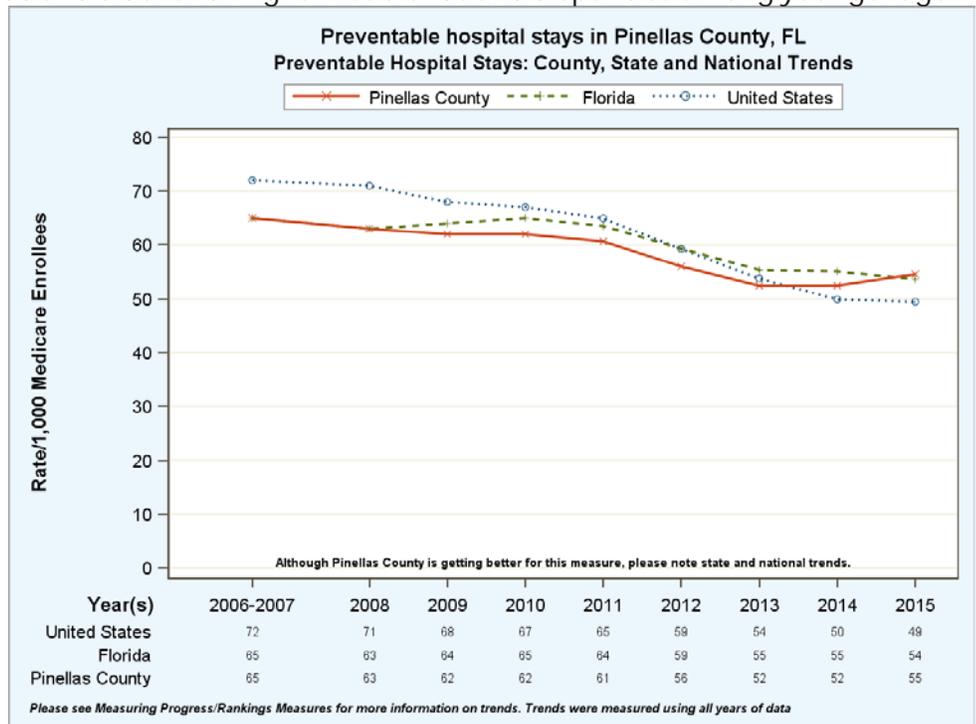


1,090 Pinellas residents

Preventable Hospital Stays

Hospitalization for conditions that are treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal or not available to all.⁵⁰ The measure may also represent a tendency to overuse hospitals as a main source of care. This measure uses Medicare claims data, which is limited to only those ages 65 and older and might miss trends and disparities among younger age groups.

In Pinellas County, the rate of preventable hospital stays for Medicare patients is 55 per 1,000. The overall Florida rate is 54.



Access to Care: 2017 Survey Data

Prior to 2014, over 41 million non-elderly Americans were uninsured. Not having health insurance makes a difference in people's access to needed medical care and their financial security. The barriers the uninsured face means they are less likely to receive preventive care, are more likely to be hospitalized for conditions that could have been prevented and are more likely to die in the hospital than those with insurance. The financial impact can also be severe. Uninsured families already struggling financially to meet basic needs can quickly gain insurmountable levels of medical debt from medical bills, even for minor problems.

CHA respondents when asked:

- What kind of health insurance or health care coverage do you have?
 - 10% responded they had no coverage of any kind, 36.2% had private health insurance, 30% had Medicare, 5.7% had Medicaid.
- Is there a place you usually go when you are sick?
 - 78% said yes and 14.4% said no.
- What kind of place do you most often go?
 - 58.1% responded doctor's office or HMO, 10% said clinic or health center and 5.4% say they go to the hospital emergency room.
- Do you have one person you think of as your personal doctor or health care provider?
 - 75.5% said yes and 23.4% said no.
- Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
 - 14.7% said yes and 84.5% answered no.
- About how long has it been since you last visited a doctor for a routine checkup?
 - 71.4% said within the past year, 11.8% within the last 2 years, and 8.1% 5 or more years ago.



Is there a place that you usually go when you get sick?		
Response	Frequency	Percent
Yes	547	77.9%
No, there is no place	101	14.4%
There is more than one place	38	5.4%
Don't know	10	1.4%
Declined to respond	6	0.9%
Total	702	100%

Do you ever need help reading printed material from your doctor, hospital or clinic?		
Response	Frequency	Percent
Always	33	4.7%
Sometimes	127	18.1%
Never	537	76.5%
Don't know	3	0.4%
Declined to respond	2	0.3%
Total	702	100%

What kind of place do you go to most often?		
Response	Frequency	Percent
Clinic or health center	70	10.0%
Free clinic	8	1.1%
Urgent care	23	3.3%
Doctor's office or HMO	408	58.1%
Hospital emergency room	38	5.4%
Hospital outpatient dept.	13	1.9%
Some other place	17	2.4%
Don't go to one most often	7	1.0%
Declined to respond	1	0.1%
Total	585	100%

Do you have one person you think of as your personal doctor or health care provider?		
Response	Frequency	Percent
Yes	530	75.5%
No	164	23.4%
Don't know	7	1.0%
Declined to respond	1	0.1%
Total	702	100%

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?		
Response	Frequency	Percent
Yes	103	14.7%
No	593	84.5%
Don't know	3	0.4%
Declined to respond	3	0.4%

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?		
Response	Frequency	Percent
Within the past year (less than 12 months ago)	501	71.4%
Within the past 2 years (1 year but less than 2 years)	83	11.8%
Within the past 5 years (2 years but less than 5 years)	44	6.3%
5 or more years ago	57	8.1%
Never	9	1.3%
Don't know	6	0.9%
Declined to respond	2	0.3%
Total	702	100%

Experience accessing health care: perceptions of discrimination

Unfortunately, discrimination based on race, ethnicity, age, gender identity, and ability, among other factors, is ingrained in the social and economic structures of society.⁵¹ This discrimination and bias can sometimes extend to the health care setting and influence the quality of care different individuals receive. These experiences can deter people from accessing health services, dis-empowering and segregating them as citizens, ultimately contributing to the health disparities and inequities Pinellas continues to see among different populations.⁵²

When getting medical care, how often have you been treated worse than other people, been hassled, or been made to feel inferior because...				
	you didn't have health insurance	of your race/ethnic group	of your sexual orientation	you are a woman or a man
Response	Percent	Percent	Percent	Percent
Never	53.8%	82.1%	84.3%	74.5%
Sometimes	10.1%	6.1%	2.4%	13.2%
Often	3.8%	1.9%	0.7%	2.1%
All or most of the time	2.7%	0.6%	0.4%	1.0%
Does not apply to me	28.9%	8.7%	11.3%	8.3%
Declined to respond	0.6%	0.7%	0.9%	0.9%

It is important to continue to measure perceived discrimination in health care settings to address biases, improve services and cultural competency, and increase everyone's opportunity to access quality care and their optimal health. In the 2017 phone survey, perceived sex discrimination and discrimination based on health insurance status were more likely to occur than discrimination based on race/ethnic group or sexual orientation, though all forms still occur.

CONCLUSION AND NEXT STEPS

The Florida Department of Health believes it can begin to address the areas of greatest need illuminated in this report with the help of community partners, community leaders, and most of all, Pinellas residents. When community members and leaders met to identify priorities, access to care, mental health, and the built environment stood out as needs for the community. These, along with issues identified in the Pinellas CHA, will form the basis of the Community Health Improvement Plan.

Access to Care

Several evidence-based interventions exist to improve access to health care for those who need it most. Engaging community health workers, identifying those high-risk individuals who often rely on ambulatory services and getting them into preventive care regimens, reducing the cost of insurance, getting more reproductive health services and dental services out to high-risk populations, and addressing the mental health access issues can help move closer to a more equitable society here in Pinellas County.⁵³

Mental Health

Access to Care and mental health are closely linked. However, having insurance that covers mental health services does not always mean they will be utilized to their maximum potential. It is imperative to also reduce the stigma around mental illness and teach coping mechanisms to those experiencing events – such as trauma or chronic poverty – so that they feel comfortable managing their symptoms and comfortable knowing when to ask for help.⁵⁴

Built Environment

Recognizing that the built environment is a major area of need is half the battle. The other half is figuring out how to do something about it, especially when the community is mostly built-up, like Pinellas County. However, there is a model to incorporate health considerations into the considerations of other sectors: Health in All Policies. The concept behind Health in All Policies is that the health sector is not and should not be the only partner responsible for promoting and maintaining the health of the population. Housing, transportation, economic development, land use, and many other sectors have an influence on health outcomes, and it is essential that public health work together with these sectors on common goals.⁵⁵

Next Steps

In 2019-2020, the Florida Department of Health in Pinellas County will be entering a new collaborative partnership with the nonprofit hospital groups operating in Pinellas to plan, conduct, and evaluate the health status of Pinellas county as one group. This pooling of resources and subject matter expertise will reduce duplication and enhance Pinellas County's ability to measure and respond to the health needs of the community.

This report will initiate the next step in extending the community health improvement planning process for Pinellas County for the period 2018-2023. The next five-year multi-phase MAPP process will guide the planning and activities beyond this assessment. The report and the results of the community's effort to elevate health priorities will be used for creating the awareness and partnerships needed to strategize actions and recommendations by the Pinellas Community Health Action Team as it develops the new Community Health Improvement Plan (CHIP). New goals, strategies, and objectives will be formulated to address the health priorities identified by the community collaboration. The final phase will then be the action cycle during which strategies will be implemented and evaluated with the goal to improve the health of Pinellas County.

APPENDIX

Survey Demographics

Demographic Indicator		Survey Sample (count)	Survey Sample (percent)
Age (years)	18-24	40	5.7%
	25-44	128	18.2%
	45-64	251	35.8%
	65+	283	40.3%
Race	White	555	79.1%
	Black/African American	63	9.0%
	American Indian	8	1.1%
	Asian or Pacific Islander	13	1.9%
	Other	45	6.4%
	Don't Know	5	0.7%
	Declined to Answer	13	1.9%
Hispanic	Yes	52	7.4%
	No	641	91.3%
	Don't Know	2	0.3%
	Declined to Answer	7	1.0%
Marital Status	Married	285	40.6%
	Divorced	135	19.2%
	Separated	19	2.7%
	Widowed	83	11.8%
	Never Married	134	19.1%
	Domestic Partnership or Civil Union	11	1.6%
	Unmarried Couple	18	2.6%
	Don't Know	3	0.4%
	Declined to Answer	14	2.0%
# Children < 18 in Household	0	503	71.7%
	1	93	13.2%
	2	64	9.1%
	3	15	2.1%
	4	10	1.4%
	5	0	0.0%
	6	0	0.0%
	7	1	0.1%
	8	1	0.1%
	Declined to Answer	15	2.1%

Highest Level of Education Attained	6th Grade or Less	3	0.4%
	Less than High School	29	4.1%
	High School Diploma	126	17.9%
	Some College	192	27.4%
	College Degree	180	25.6%
	Some Postgraduate Work	26	3.7%
	Master's Degree	85	12.1%
	Doctoral Degree	30	4.3%
	Something Else (Associate Degree, Trade School, etc.)	17	2.4%
	Don't Know	2	0.3%
	Declined to Answer	12	1.7%
Veteran of the United States Military			
	Yes	81	11.5%
	No	611	87.0%
	Don't Know	1	0.1%
	Declined to Answer	9	1.3%
Employment Status			
	Employed	268	38.2%
	Self-Employed	75	10.7%
	Out of Work for 1+ Year	17	2.4%
	Out of Work for < 1 Year	14	2.0%
	Homemaker	28	4.0%
	Student	14	2.0%
	Retired	219	31.2%
	Unable to Work	55	7.8%
	Don't Know	1	0.1%
	Declined to Answer	11	1.6%
Household Income			
	Less than \$10,000	50	7.1%
	\$10,001 - \$14,999	45	6.4%
	\$15,000 - \$24,999	74	10.5%
	\$25,000 - \$34,999	66	9.4%
	\$35,000 - \$49,999	91	13.0%
	\$50,000 - \$74,999	96	13.7%
	Over \$75,000	175	24.9%
	Don't Know	34	4.8%
	Declined to Answer	71	10.1%
Participant in These Programs			
	Foster Care	5	0.7%
	Temporary Assistance for Needy Families (TANF)	2	0.3%
	Social Security Insurance	131	18.7%
	Social Security Disability Insurance	55	7.8%
	Veterans Benefits	30	4.3%
	SNAP (Food Stamps)	41	5.8%
	WIC (Women, Infants, and Children)	5	0.7%
	Free or Reduced Lunch	16	2.3%
	Subsidized Housing	3	0.4%
	Child Care Vouchers	1	0.1%
	Head Start	3	0.4%
	None	410	58.4%

Resources

Behavioral Risk Factor Surveillance System (BRFSS)⁵⁶

The Behavioral Risk Factor Surveillance System is the nation's premier system of health-related telephone surveys that collect state and local data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

For Florida, the target population of BRFSS are people 18 years and older who reside in a Florida household. BRFSS began collecting data about Floridians in 1986. For more information on the Florida BRFSS or to request specific data sets, visit www.floridahealth.gov/statistics-and-data.

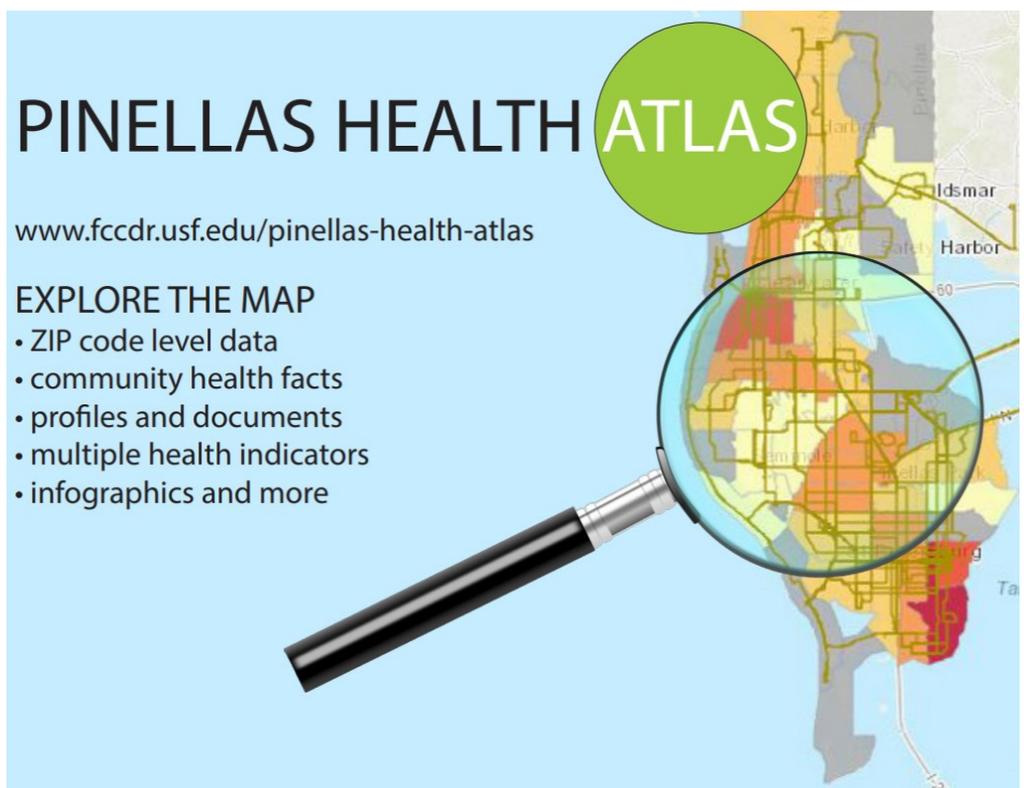
Florida Community Health Assessment Resource Tool Set (CHARTS)⁵⁷

Florida CHARTS is a Florida-specific resource for community health data, graphs, and links to additional data sources. It was developed to provide easy access to data specifically for community health planning. With most data updated annually, users can view profile reports by health indicator, or view a report on a range of health indicators by county. Data viewers can show trend graphs for users to look at a health topic over time and download data tables to make their own graphs if they choose. CHARTS uses data gathered from BRFSS and over 25 other programs (the U.S. Census, Florida Cancer Data System, Florida

Department of Children and Families, the Agency for Health Care Administration, and many more). Much of the secondary data collected, compiled, and included in this report used Florida CHARTS.

Atlas Website

As a supplement to this community health needs assessment report, the Pinellas Health Atlas website is a free tool that includes data from the phone survey and other sources, like neighborhood assets (stores, health care facilities, etc.) that you can use for your own analysis and research. This resource is available to everyone and provides a visual representation of some of the data included later in this report.

The graphic features a light blue background with a map of Pinellas County on the right side. A magnifying glass is positioned over the map, focusing on a specific area. The text 'PINELLAS HEALTH ATLAS' is prominently displayed in the upper left, with 'ATLAS' in a green circle. Below the title, the website URL 'www.fccdr.usf.edu/pinellas-health-atlas' is provided. A section titled 'EXPLORE THE MAP' lists several features: ZIP code level data, community health facts, profiles and documents, multiple health indicators, and infographics and more.

PINELLAS HEALTH ATLAS

www.fccdr.usf.edu/pinellas-health-atlas

EXPLORE THE MAP

- ZIP code level data
- community health facts
- profiles and documents
- multiple health indicators
- infographics and more

Important Terms and Concepts

Health Begins Where People Live, Work, and Play
The Florida Department of Health in Pinellas County believes all residents and visitors of Pinellas County should have the opportunity to make choices that allow them to live long, healthy lives, regardless of their income, education, ethnic background or abilities. In this section, some general concepts and specific terms are provided that will help you understand and use the information in this CHA.



A **health disparity** occurs when a group of people have different health statuses or outcomes based on some aspect of who they are. Some disparities are explainable, like an increased rate of injury due to falls (or pain from arthritis) in elderly populations versus teens and young adults. However, many disparities are unfair and unjust. These disparities are referred to as **health inequities**.

What are Health Determinants? These are a few examples:

Education

Education and health are linked. People with better education tend to be healthier and live longer. Education is connected to economic opportunity, income, employment, literacy, and overall life expectancy.



Housing

Housing and health are connected because where people live can influence how well they live. Housing is linked to how people spend their monthly expenses, asthma, other environmental risks like water quality or lead paint exposure, community resource access, and stress.

Income

The richest 1% of Americans can expect to live as many as 14 years longer than the poorest 1% of Americans. A person's income can determine how much savings they should have if something catastrophic happens, or whether they have high quality health insurance.



Built Environment

The built environment includes all the physical aspects of where we live, work, and play (streets, parks, infrastructure, and more). It can influence a person's level of physical activity, community connectivity, stress levels, and levels of risk for pedestrian or automobile accidents.

A Few More Key Terms

Health Equity

Health equity refers to the study of causes and outcomes associated with differences in health. Achieving health equity requires valuing every person equally and focusing resources to address avoidable inequalities, historical and contemporary injustices, and the elimination of health disparities.

Health Disparity

A health disparity is a difference in health between groups of people.

Incidence Rate

An incidence rate is the number of new cases of a disease in a population. This helps DOH-Pinellas identify new trends or emerging threats.

Prevalence Rate

A prevalence rate refers to a fraction of a population affected by a specific condition. It helps DOH-Pinellas identify how many people have a disease of interest in a time period.

Primary Data

Information (data) observed or collected directly from first-hand experience. The entity publishing the data is the same entity which collected it.

Rate

A rate provides a common time frame and unit of population. It allows for comparison of how often a disease or condition occurs in a group of people.

Rolling-Rate

A rolling-rate is a calculation to analyze data by creating a series of averages of different portions of a full data set. Also called a moving average, this is commonly used with time series data to “smooth out” short-term fluctuations and highlight longer-term trends. FloridaCHARTS often uses 3-year rolling rates.

Secondary Data

Secondary data refers to data collected by someone other than the entity reporting it. When an organization other than the U.S. Census Bureau reports U.S. Census data, they call it secondary data.

Social Determinants of Health

The social determinants of health are the aspects of the environment in which people are born, grow up, live, work, play, and age, as well as the systems put in place to deal with illness.

Statistical Significance

Statistical significance is a measure of whether certain research findings are meaningful in relation to others. More specifically, it means whether a piece of information matches (usually with 95% certainty) what you would expect to find in an entire population.

Partner Acknowledgements

The Pinellas CHA could not have occurred without the input, suggestions, and guidance received from many community partner organizations during the assessment design and implementation. DOH-Pinellas would like to acknowledge the following organizations who supported the Pinellas County Community Health Needs Assessment process:

- 211 Tampa Bay Cares
- All4HealthFL Collaborative
- American Heart Association
- BayCare Health System, Inc.
- BayCare Behavioral Health
- City of Largo
- City of St. Petersburg
- Community Health Centers of Pinellas, Inc.
- Domestic Violence Task Force of Pinellas County
- Early Learning Coalition
- Family Resources
- Feeding Tampa Bay
- Florida Center for Community Design & Research
- Florida Consumer Action Network
- Florida Hospital North Pinellas
- Forward Pinellas
- Foundation for a Healthy St. Petersburg
- Fresh Initiatives Supply Hub
- Greater Ridgecrest Area Youth Development Initiative - Pinellas County Housing Authority
- Healthy Start Coalition of Pinellas County
- Healthy Start Federal Project
- Healthy St. Pete Initiative
- Hispanic Outreach Center
- Johns Hopkins All Children's Hospital
- Juvenile Welfare Board of Pinellas County
- Largo Medical Center
- Local Food Project
- Neighborhood Family Centers
- Peace for Tarpon
- Pinellas County Health and Human Services
- Pinellas County Housing Authority
- Pinellas County School Board
- Pinellas County Sheriff's Office
- Pinellas County Planning Department
- Pinellas County Urban League
- Pinellas Sheriff's Police Athletic League
- Pinellas Suncoast Transit Authority
- R'Club Child Care
- Seniors in Service of Tampa Bay
- St. Petersburg Free Clinic
- St. Petersburg Police Department
- Suncoast Health Council
- Suncoast Hospice
- Tampa Bay Healthcare Collaborative
- University of Florida IFAS Extension
- University of South Florida College of Public Health
- YMCA of St. Petersburg
- YMCA of the Suncoast

Addendum

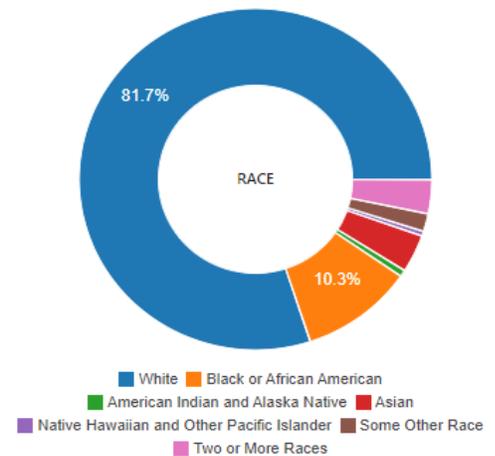
Population Health Narrative

Pinellas County has a diverse population with unique characteristics that contribute to each population’s health issues, including the social determinants of health, environmental factors, and policies. There are 994, 233 people in the county, of this number, 111, 915 (8.7%) are foreign born. Female account for 52 %, male 48 %, and adults 65 years and older make up 25.4 % while persons under 18 years, percent is 15.9 % of the total population.

Pinellas County, Florida Population by Race: Pinellas Community Health Survey.

Population by Race ? **Total** Hispanic Non-Hispanic

Race	Population	Percentage
White	782,632	81.71%
Black or African American	98,432	10.28%
Asian	31,851	3.33%
Two or More Races	28,137	2.94%
Some Other Race	13,170	1.37%
American Indian and Alaska Native	2,693	0.28%
Native Hawaiian and Other Pacific Islander	960	0.10%



Source: All4HealthFL, 2019 CHNA Survey.

All4HealthFL Collaborative



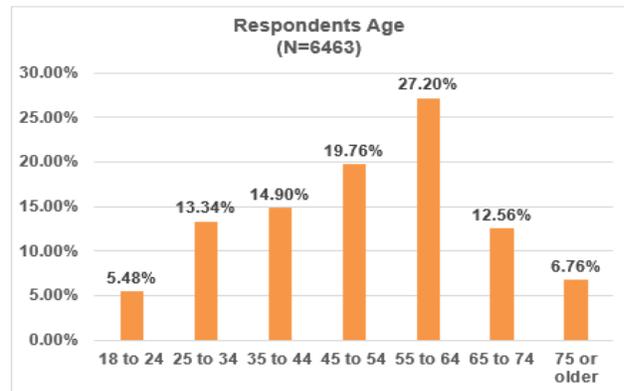
All4HealthFL is a collaborative between the departments of health in Pinellas, Hillsborough, Pasco, and Polk counties in partnership with the not-for-profit hospitals in the respective counties. The purpose of this collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments.

Data obtained from the All4HealthFL collaborative community health needs assessment [CHNA] of 2019 is used for this population health narrative, which constitute an update to the Pinellas County community health assessment 2018-2022. All4HealthFL 2019 CHNA primary data was collected from 6,494 residents in Pinellas County compared to the previous CHA July 2017 survey of 702 Pinellas County residents. Additional primary data came from Key Informant Interviews conducted with 26 community members who have a fundamental understanding of public health and represent the broad interests of the community.

Survey Results – Respondent Demographics

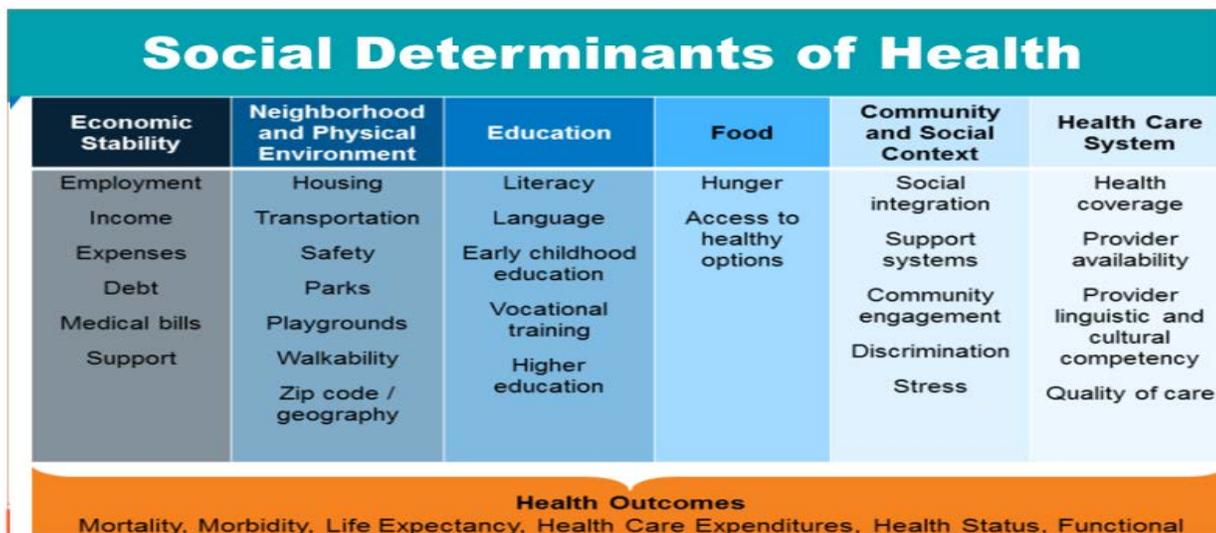


- **6,494 Total Respondents** from Pinellas County
- **70.84% Female**
- **75.18% White**
- **12.71% Black or African American**
- **7.19% Hispanic or Latino**
- **2.17% Speak Spanish at Home**



Social Determinants of Health

In this section, we will briefly explore some of the elements of social and economic factors in the community, which either portend long-lasting negative impact or improves the quality of life and health outcomes. Per the Centers for Disease Control and Prevention (CDC), Conditions in the places where people live, learn, work, and play affect a wide range of health, functioning, and quality-of-life outcomes and risks. Health disparities can be striking in communities with poor social determinants such as education, employment, income, housing, and neighborhood safety etc. Evidence-based practice suggests that medical care, individual health belief, and behaviors alone cannot adequately decrease barriers and improve the support that people need to achieve their full health potential without improving upstream social and economic structures. Upstream factors such as poverty can negatively limit access to healthy foods and safe neighborhoods, while better education is a positive predictor of better health.

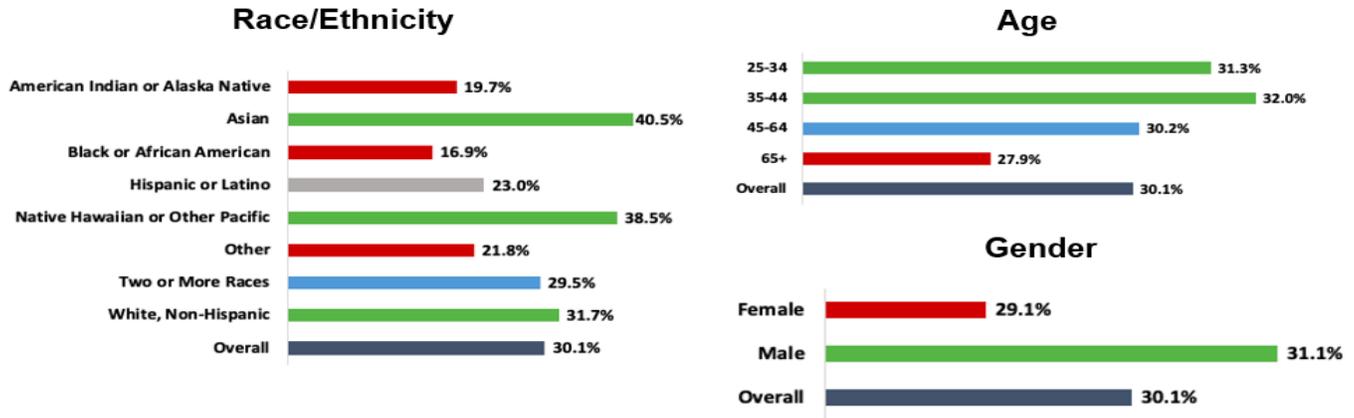


Education

Education when controlling for income is an important variable for enhancing the health and well-being of individuals because people with more education are more likely to live longer, know about health and practice healthy lifestyles and positive choices, checkups, and screening. Better educated individuals have greater employment opportunities, higher income, and social mobility, which can positively impact adverse childhood experiences, break the cycle of intergenerational disadvantage, and health disparities. The collaborative *All4HealthFL* Community Health Needs Assessment (CHNA) survey of Pinellas Adults,

education was defined by childcare and early childhood education, educational attainment in adult population, student's K-12 performance, higher education, literacy, School environment and resources.

Population 25+ with a bachelor's degree or higher, Pinellas County, 2019.



Source: All4HealthFL, 2019 CHNA Survey.

Economic Stability

Economic stability – defined by employment, income, and financial support system. Employment can improve an individual's physical and mental well-being, while job loss can have a detrimental effect on health. Employment makes it easier for workers to earn decent wages, live in healthier neighborhoods, provide quality education for their children, secure childcare services, and buy more nutritious food. A good-paying job is a source of benefits such as health insurance, paid leave, and workplace wellness programs—all of which increase life expectancy. Income is strongly associated with morbidity and mortality across the income distribution, and income inequality represents the divide between the rich and the poor affecting how long and how well people live. Adults in the highest income levels are healthier than those in the middle class. Lower income is a strong predictor of poor health. Economic stability data are measured by several indicators including: Employment status, median household income by race/ethnicity, and people living below poverty by race/ethnicity.

Unemployed Workers in Civilian Labor Force: Pinellas County.

County: Pinellas

8.8%

Source: U.S. Bureau of Labor Statistics
 Measurement period: June 2020
 Maintained by: Conduent Healthy Communities Institute
 Last update: September 2020
 Filter(s) for this location: State: Florida

COMPARED TO



FL Counties



U.S. Counties



FL Value (10.5%)



US Value (11.2%)



Prior Value (12.4%)



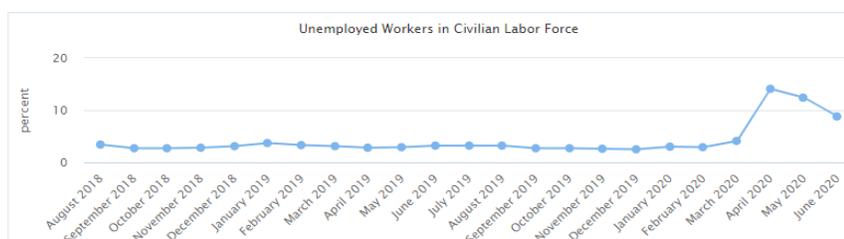
Trend

Technical note: Data do not incorporate BLS's annual benchmarking revisions.

Graph Selections

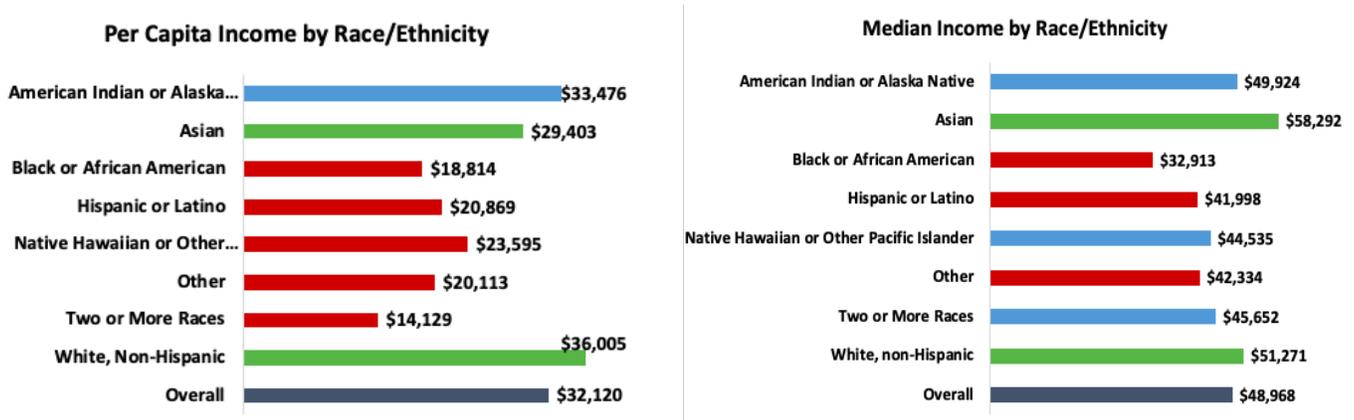
INDICATOR VALUES

Change over Time



Source: All4HealthFL, 2019 CHNA Survey.

Investigating Disparities: Financial Burden by Race/Ethnicity: Pinellas County.

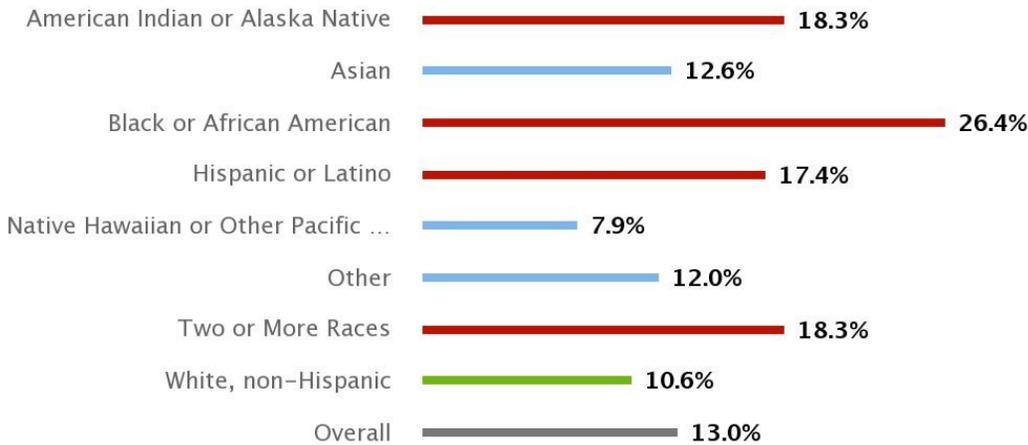


Source: All4HealthFL, 2019 CHNA Survey.

People Living Below Poverty Level by Race/Ethnicity: Pinellas County.

www.all4healthfl.org

People Living Below Poverty Level by Race/Ethnicity
County: Pinellas



Source: All4HealthFL, 2019 CHNA Survey.

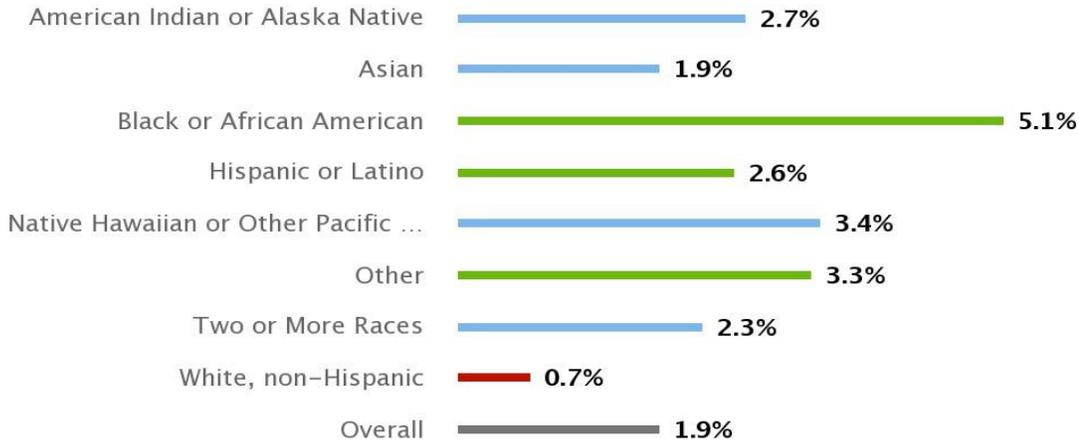
Neighborhood and Physical Environment

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors. Research shows that communities with smoke-free air laws, access to healthy foods, quality affordable housing, walkable roads, good schools, parks and safe places to play are healthier than those that don't. People who live in low-income neighborhood are most likely to live in unsafe houses and neighborhoods, with limited access healthy foods, employments and quality school leading to poor health. People who live in neighborhood rich in social capital have greater access to support and resources, which contributes to higher life expectancy. Research study now shows that the ZIP code is a better predictor of health than genetic code. Zip code – is about geography. It is a place. Place matters in health outcomes. Neighborhood and physical environment data are measured by several indicators including: Workers Commuting by Public Transportation by Race/Ethnicity and Renters Spending 30% or more of Household Income on Rent.

Workers Commuting by Public Transportation by Race/Ethnicity: Pinellas Community Health Survey.

www.all4healthfl.org

Workers Commuting by Public Transportation by Race/Ethnicity
State: Florida

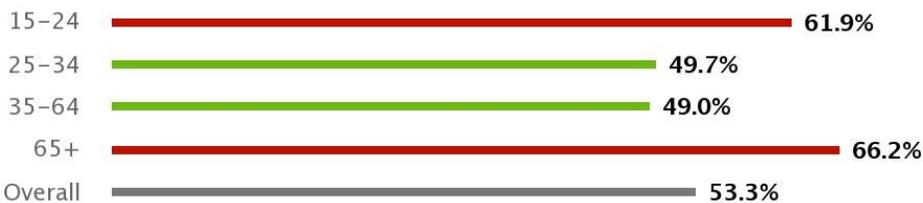


Source: All4HealthFL, 2019 CHNA Survey.

People Living Below Poverty Level by Race/Ethnicity: Pinellas Community Health Survey.

www.all4healthfl.org

Renters Spending 30% or More of Household Income on Rent by Age
County: Pinellas



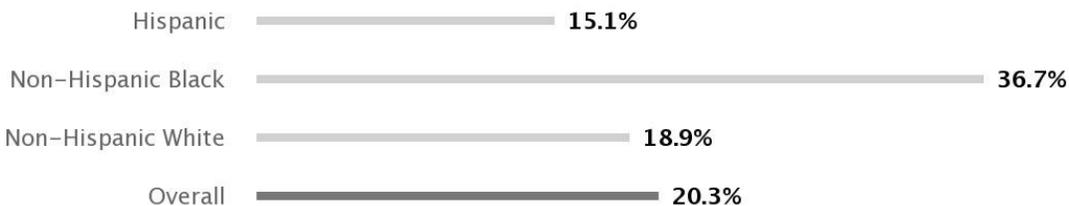
Source: All4HealthFL, 2019 CHNA Survey.

Behavioral Risk Factors

Adults who smoke by Race/Ethnicity: Pinellas Community Health Survey

www.all4healthfl.org

Adults who Smoke by Race/Ethnicity
County: Pinellas

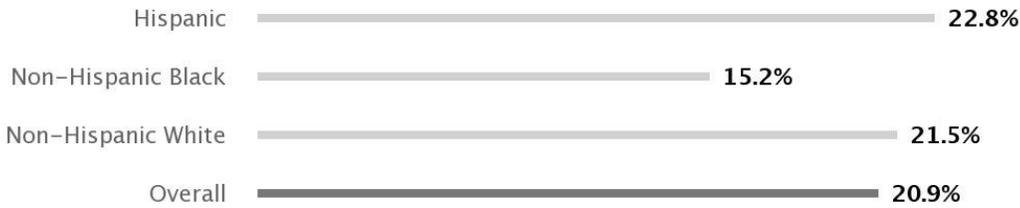


Source: All4HealthFL, 2019 CHNA Survey.

Adults who smoke by Race/Ethnicity: Pinellas Community Health Survey

www.all4healthfl.org

Adults who Drink Excessively by Race/Ethnicity County: Pinellas



Source: All4HealthFL, 2019 CHNA Survey.

Physical environment

The physical environment includes all the parts of where we live and work (e.g., homes, buildings, streets, and parks). The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and farmer's markets, recreation facilities, and the presence of a clean and safe physical environment.

Physical Environment Ranking: Pinellas County.



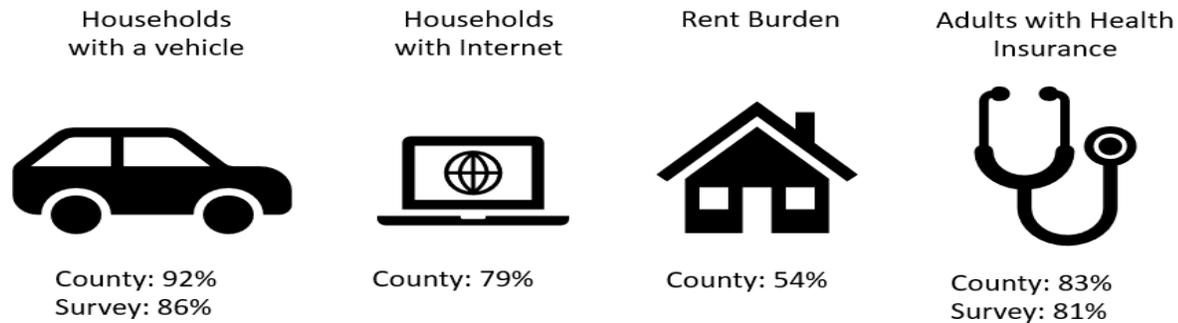
Source: All4HealthFL, 2020.

Counties (or county equivalents) are ranked relative to the health of other counties in the same state on a variety of health measures. Those having high ranks, e.g. 1 or 2, are the "healthiest."

The ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.

Access to Care

Access is key to a healthy community. Access to care Address challenges to routine medical care because of cost, transportation, language barriers, uninsured, and underinsured status. Residents who are hourly employees and must choose between earning a wage or going for a preventative medical care or screening face a unique burden of access to care. The complex factors of availability, accessibility, accommodation, affordability and acceptability must be addressed for people of all genders, races, education, and income levels to reduce health disparities and achieve health equity



Source: All4HealthFL, 2020.

Government policy

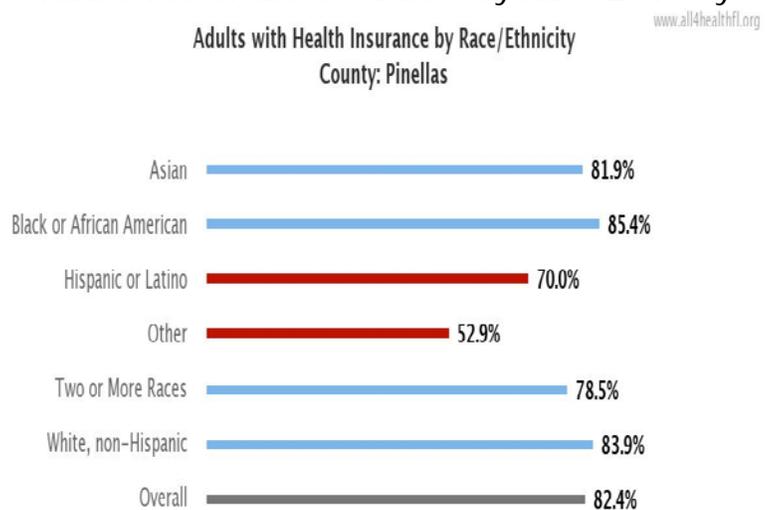
Medicaid is a state and federal partnership that provides health coverage for eligible individuals and families with low incomes and resources. The purpose of the program is to improve the health of people who might otherwise go without medical care. Medicaid is a marker for poverty, and demand for Medicaid increases when the economy is weak, driving up enrollment and costs. Increased demand for public programs, caused by rising unemployment, can place additional stress on state revenues, and may lead to budget shortfalls.

Median Monthly Medicaid Enrollment



Source: All4HealthFL, 2020.

Adults with Health Insurance by Race/Ethnicity



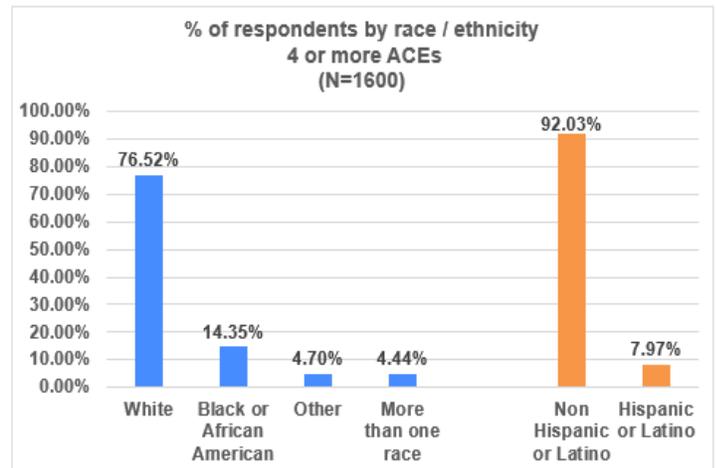
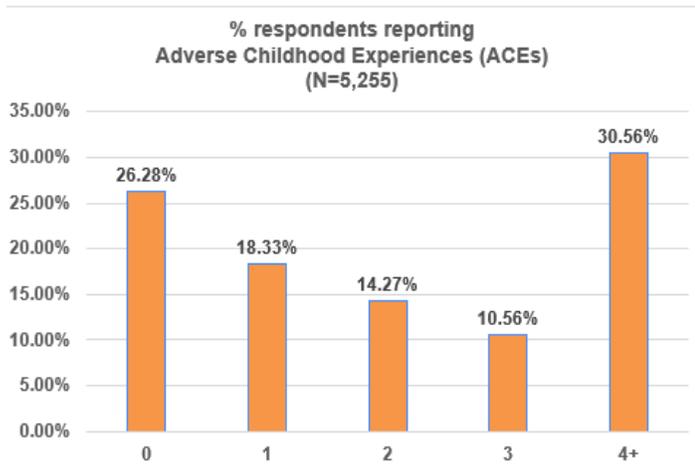
Source: All4HealthFL, 2020.

Unique Characteristics of the Community

Human behavior contributes to health outcomes and is measured by health behavior ranking. Many preventable deaths and illnesses in the United States are directly caused by human behaviors such as smoking, risky sexual behaviors and unhealthful diets. Behavior modification depends on structural and environmental factors as well as individual motivation and education. The Pinellas County health behavior ranking is based on a summary composite score calculated from the following measures: adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, teen births, and a food environment index.

Adverse Childhood experiences (ACEs)

Adverse childhood trauma affects physical health, emotional balance, academic and professional capabilities and often interrupts lives with early death. Traumatic experiences include sexual abuse or assault, parental loss, economic deprivation, neglect, racism and discrimination, serious illness, pandemic, and community trauma.



Source: All4HealthFL, 2020.

Key Informant Findings

- 20% of respondents are uninsured or have no insurance data
- 57% of respondents who did not seek medical care was due to cost burden
- 31% of respondents live with someone who was depressed, mentally ill, or suicidal
- 24% of respondents reported some type of food insecurity
- 4.39% of respondents reported Vaping e-cigarettes
- 63% of respondents are overweight or obese while 54.4% are inactive or insufficiently active

Top Health Concerns/Issues

1. Mental Health and Mental Disorders
2. Exercise, Nutrition, and Weight
3. Access to Healthcare
4. Diabetes
5. Oral Health

"Lack of Mental Health Services is probably the top health issue in the community."
- Key Informant

"Heart disease, stroke, diabetes and other lifestyle related diseases affect all communities in the greater

"Many of our lower income communities lack access to healthy foods, which is also a systemic problem in terms of health care prevention and longevity."
- Key Informant

Source: All4HealthFL, 2020.

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