

Pasco County Community Health Assessment 2019

Florida Department of Health in
Pasco County

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Executive Summary

Purpose

The Florida Department of Health in Pasco County (DOH-Pasco) and community partners completed a community health assessment in 2019 to better understand and analyze the health of the county and its residents. The assessment looked at health factors which can contribute to the health of the individual and the community, such as:

- Social and economic status
- Disease incidence
- Behavioral health
- Access to care
- Health behaviors

Methodology

The 2019 Pasco Community Health Assessment has three major components: a community survey, key informant interviews, and analysis of statistical data from a variety of sources. Each component provides a different insight into the health of Pasco County.

Results

Through the community health assessment process, DOH-Pasco, along with community partners and residents, identified five key areas as health priorities- Mental Health, Substance Use, Access to Care, Nutrition and Physical Activity, and Infectious Disease and Immunization. These priorities will guide community health planning in Pasco County.

Next steps

Using findings from the community health assessment, DOH-Pasco, along with community partners, will create a Community Health Improvement Plan to address the key health priorities identified. The goal is to make Pasco County a healthier place to live for all.

Introduction

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

Every three to five years, the Florida Department of Health in Pasco County (DOH-Pasco) engages the community in an assessment to better understand the current health status of the Pasco County community and to identify ways to improve health for everyone. The Pasco County Community Health Assessment (Pasco CHA) is a compilation of community input and local data designed to measure the health of Pasco 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 DOH-Pasco in collaboration with many governmental and nongovernmental partners, including local hospitals, community-based organizations, nonprofits, elected officials, and residents. As a result, the Pasco CHA now exists as a resource for identifying the community's health priorities. It will serve as the foundation of the Community Health Improvement Plan (CHIP), a collaborative, community-driven strategic plan that outlines how to address areas of need reflected in the data.

The Pasco CHA report and supplemental materials are available at www.pasco.floridahealth.gov. To provide feedback or request additional information, please contact the Florida Department of Health in Pasco County, Community Health and Performance Management Division at (727) 619-0161.

Methodology

In April 2019, the Pasco County Community Health Assessment process was launched, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover the health needs and issues in Pasco County and better understand the causes and contributing factors to health and quality of life in this community. The Florida Department of Health in Pasco County has historically played the lead role in the development of the community health assessments. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Pasco County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process.

Enhancements to the 2019 community health assessment process include an emphasis on health equity with concerted efforts to involve, include, and understand diverse perspectives. This assessment includes pertinent local data on health behaviors and outcomes, vulnerable populations, and environmental concerns. A study of special health topics to foster a fuller understanding of health-related metrics and indicators is found in this assessment. Direct involvement of key community partners and citizens is a cornerstone of this process. The community health assessment steering committee, called the All4Health Collaborative, was organized with involvement of the DOH-Pasco Health Officer and community health assessment planning team of DOH-Pasco and partner agencies. The All4Health Collaborative participated in all elements of the community health assessment including the identification of partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Pasco County. A list of All4Health Collaborative members and all community partners can be found in Appendix A.

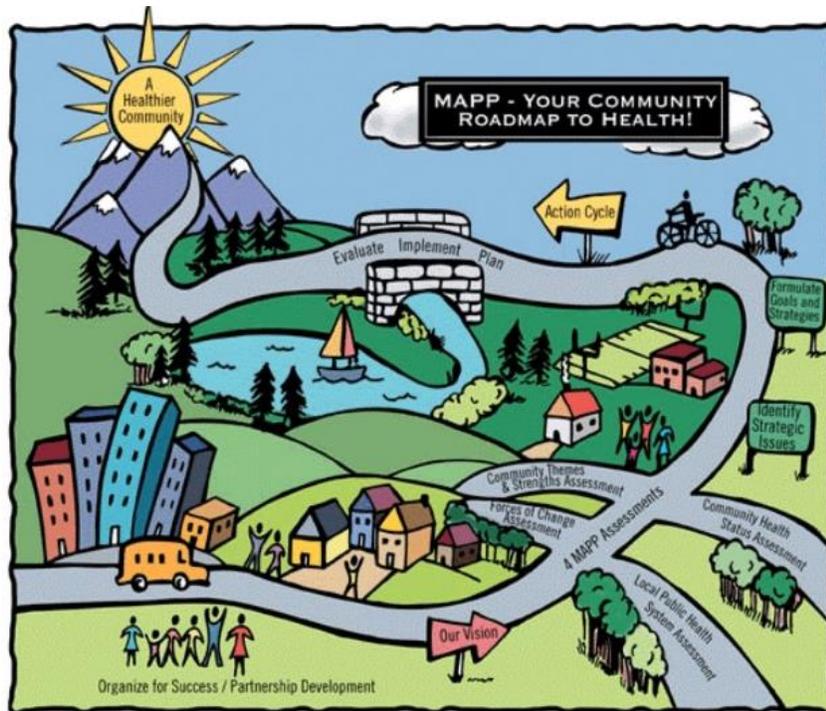
MAPP Framework

This comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Pasco County modified MAPP process. Use of the MAPP tools and process helped Pasco County assure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

At the heart of the Pasco County MAPP process are the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment

These MAPP assessments work together to identify common themes in order to focus in on the key community health needs. The findings from the MAPP assessments are integrated into the 2019 Pasco CHA.



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved December 2, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

All4Health Collaborative

Local health departments and non-profit hospitals are required to conduct community health assessments and create community health improvement plans within a similar timeframe, every three to five years. Recognizing this overlap, colleagues from four local health departments and local non-profit hospitals started brainstorming ways to work together to achieve this common goal. In 2019, DOH-Pasco partnered with neighboring county health departments and five local hospitals to conduct a regional community health needs assessment (CHNA). The result of many meetings and conversations among these partners was a plan to conduct the first-ever public-private collaborative community health needs assessment in the region.

Over the course of 2019, DOH-Pasco collaborated with other county health departments (Hillsborough, Polk, and Pinellas) and local non-profit hospitals (BayCare, AdventHealth, Moffitt Cancer Center, Lakeland Regional Medical Center, and Tampa General) to complete a community health needs assessment together. The All4Health Collaborative was formed to accomplish our shared goal of completing a CHA with a wider reach and more community input. In 2016, DOH-Pasco received 216 responses to our CHA community survey. In 2019, we received over 3,000 responses. Once completing the CHA process, the collaborative agreed to work on a shared objective to address two of the most prevalent needs in all four counties, mental health and substance use. The collaborative is working together to promote and provide Mental Health First Aid training in our respective communities. The training and supply costs will be covered by the collaborative for participants to reduce barriers to receiving this important training.

To learn more about the All4Health Collaborative, access local data on a wide selection of health indicators, and explore best practices in community health, visit their website <http://www.all4healthfl.org/>.



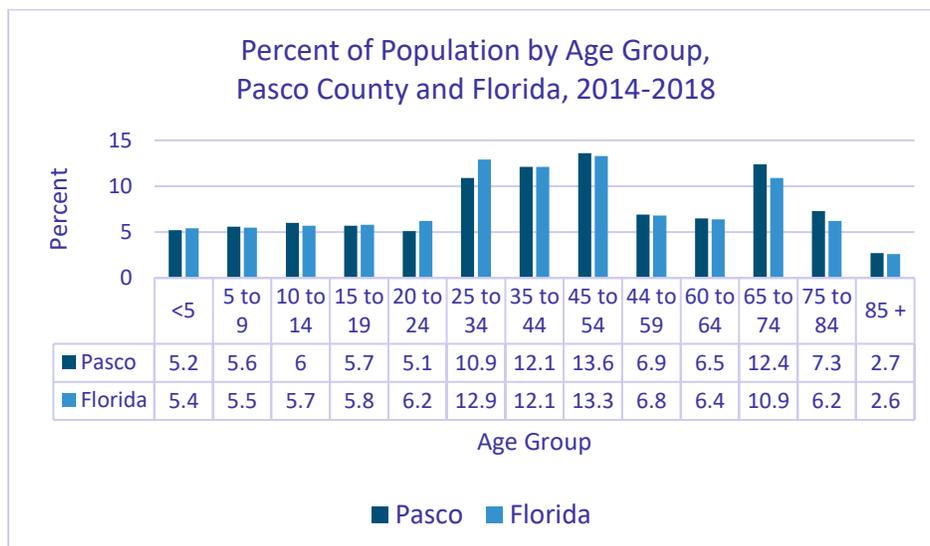
Pasco County Demographics

As population dynamics change over time, so do the health and healthcare needs of communities. It is important to conduct regular reviews of key demographic and socioeconomic indicators to better understand current health issues and anticipate future health needs. Below are data on Pasco County’s population including gender, race, and ethnicity. It also includes information on education, income, and poverty status. It is important to note that these indicators can significantly affect populations in a variety of ways including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. What follows are some of the key findings from the Pasco County demographic and socioeconomic profile. A comprehensive summary of demographic indicators can be found in Appendix E.

Population

The U.S. Census Bureau’s American Community Survey (ACS) estimates Pasco County’s population for 2014-2018 at 510,593 with males representing 48.7 percent of the population and females at 51.3 percent. Pasco’s population was reported at 87.6 percent White, 5.6 percent Black and 14.5 percent Hispanic. As a whole, Pasco County’s population was somewhat older than for Florida as a whole. Those 45 years old and older represent 49.4 percent of Pasco’s population while only 46.2 percent at the state level. Age distribution is important to note because the healthcare needs of older adults tend to be more intensive and expensive. The figure below illustrates the age distribution of Pasco County residents compared to the state of Florida.

Figure 1. Population by Age Groups, Pasco County and Florida, 2014-2018

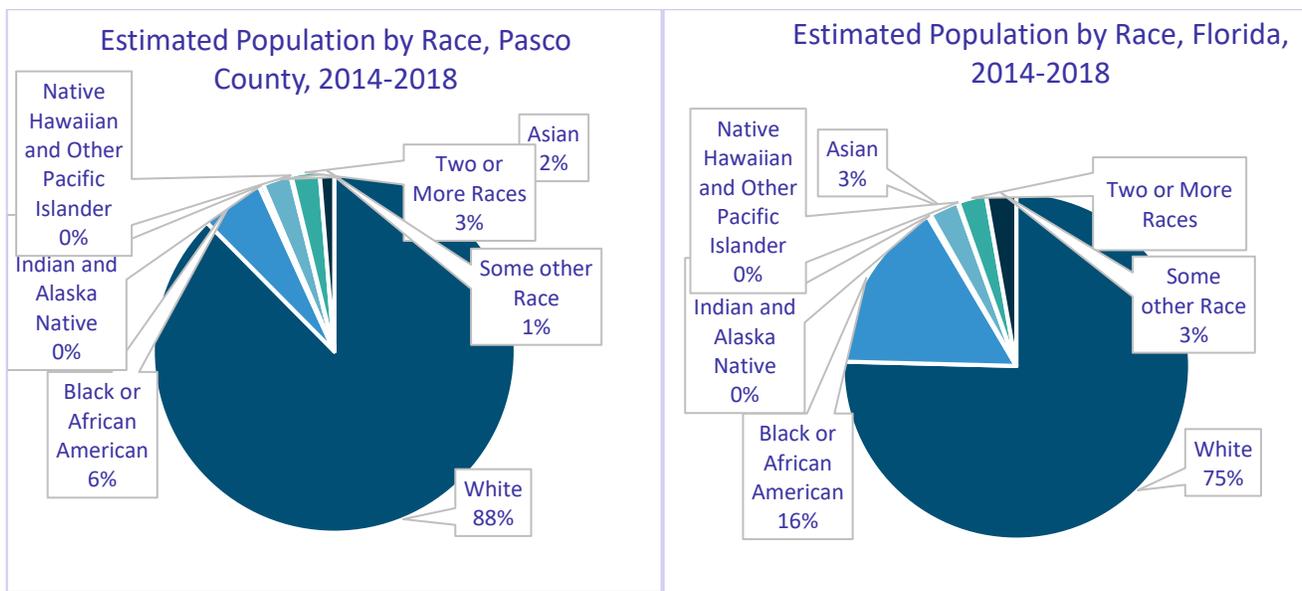


Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Race and Ethnicity

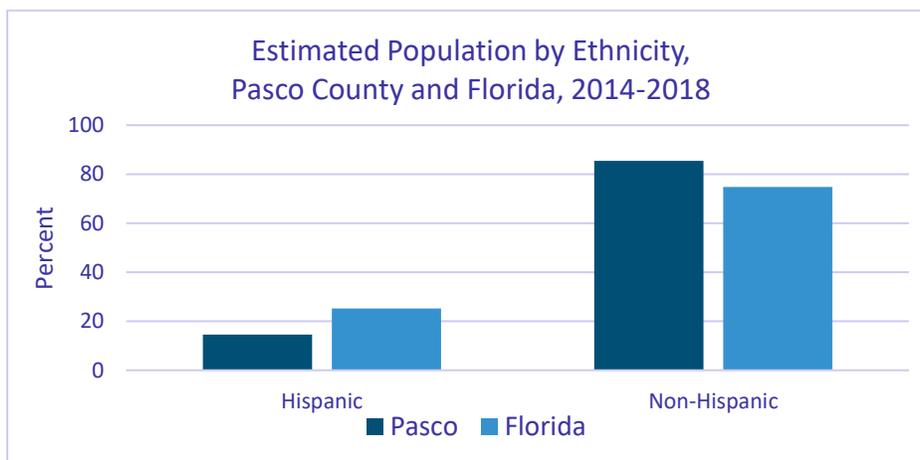
The ACS 2014-2018 estimates show that 87.6 percent of the Pasco County population was White, 5.6 percent Black, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race or two or more races. About 14.5 percent of Pasco County residents identified themselves as Hispanic or Latino. In Florida as a whole, about 25.2 percent of the population identifies as Hispanic or Latino. These estimates of Pasco County’s racial makeup are shown in the figures below.

Figure 2. Population by Race, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Figure 3. Population by Ethnicity, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

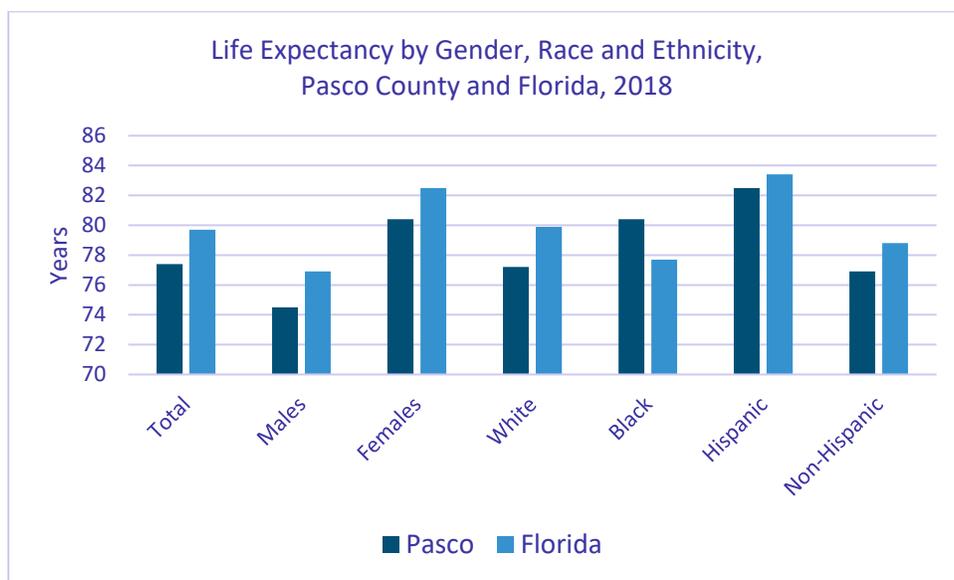
Languages Spoken

According to 2014-2018 ACS estimates, about 86 percent of the Pasco County population over the age five (5) years speak only English compared to 70.9 percent in Florida. About 14.0 percent of Pasco County residents speak other languages; in Florida that figure is 29.1 percent. Those over the age of five (5) years in Pasco County who speak Spanish was estimated at 8.9 percent compared to 21.6 percent statewide (U.S. Census Bureau, American Community Survey, Table DP02).

Life Expectancy

Overall, life expectancy for Pasco County residents was shorter than for the state of Florida as a whole. County-level three-year estimates of life expectancy calculated with data from the Florida Bureau of Vital Statistics, UMass Donohue Institute, and the Florida Legislature Office of Economic and Demographic Research showed that male Floridians, without regard for racial classification, had an average life expectancy of 76.9 years, whereas in Pasco County, the average life expectancy for males was 74.5 years. Life expectancy for females in Pasco County was calculated to be 80.4 years whereas for females in Florida as a whole that figure was 82.5 years. Differences among races were evident. Life expectancy for Pasco County Blacks at 80.4 years was higher for Pasco County Whites at 77.2 years, as well as for Blacks statewide at 77.7 years.

Figure 4. Life Expectancy by Gender, Race and Ethnicity, Pasco County and Florida, 2018



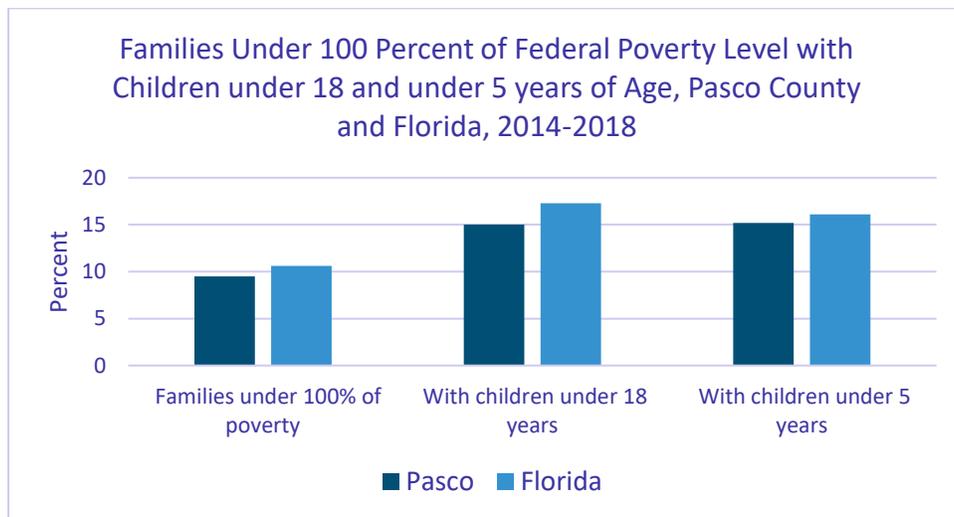
Source: County 3-Year Estimates, Florida CHARTS, 2020

Economic Characteristics

Poverty

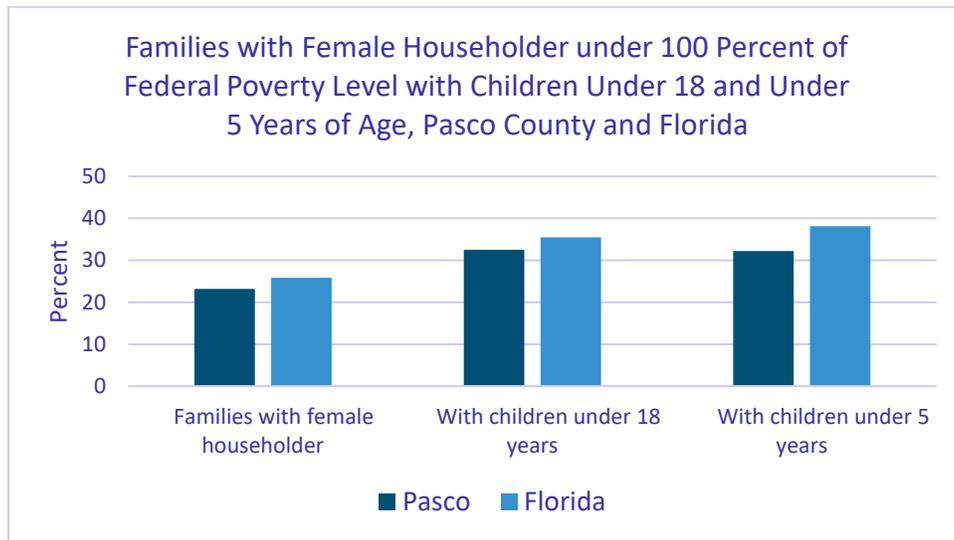
According to the most recent ACS data for 2014-2018, the poverty rates for families in Pasco County were somewhat lower than for Florida as a whole. About 9.5 percent of Pasco County families live at under 100 percent of the Federal Poverty Level (FPL) while statewide it was 10.6 percent. In Florida, nearly one-quarter (25.8 percent) of families with female householders lived under 100 percent of the FPL compared to 23.2 percent in Pasco County for that same period. In Pasco County higher than state rates of poverty begin to appear among those at 125 to 149 percent FPL (5.3 percent Pasco, 5.1 percent Florida), 150 to 184 percent FPL (7.4 percent Pasco, 7.3 percent Florida), 185 to 199 percent FPL (3.2 percent Pasco, 3.0 percent Florida) and 200 percent FPL and over (65.6 percent Pasco, 64.6 percent Florida). These data point to challenges for the working poor, or also known as Asset Limited, Income Constrained, Employed (ALICE) communities (United Way of Florida, <https://www.uwof.org/alice>).

Figure 5. Families Under 100 Percent of Federal Poverty Level with Children Under 18 and Under 5 Years of Age, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Figure 6. Families with Female Householder Under 100 Percent of Federal Poverty Level with Children Under 18 and Under 5 Years of Age, Pasco County and Florida, 2014-2018

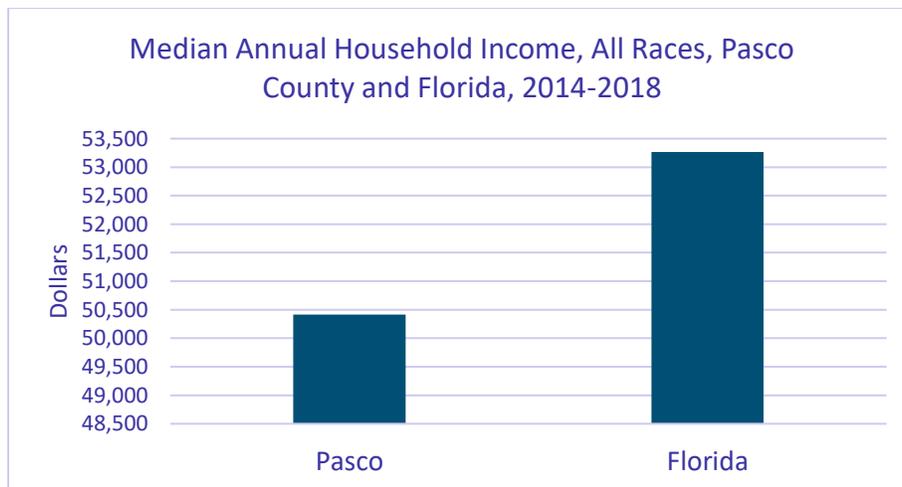


Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Income

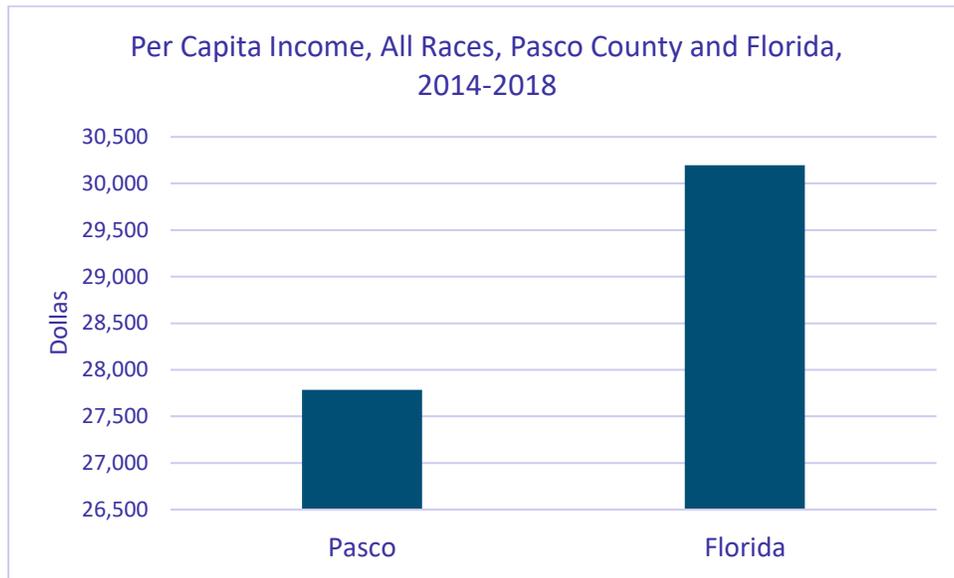
Income levels in Pasco County are lower than for the state of Florida. Looking at 2014-2018 ACS data, the median household income for all races in Pasco County was estimated to be \$50,417 in comparison to \$53,267 for Florida. The pattern in the distribution of per capita income in Pasco County and the state was similar to that of median household income for all races with a Pasco County estimate of \$27,786 in comparison to \$30,197 at the state level.

Figure 7. Median Annual Household Income, All Races, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Figure 8. Per Capita Income, All Races, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

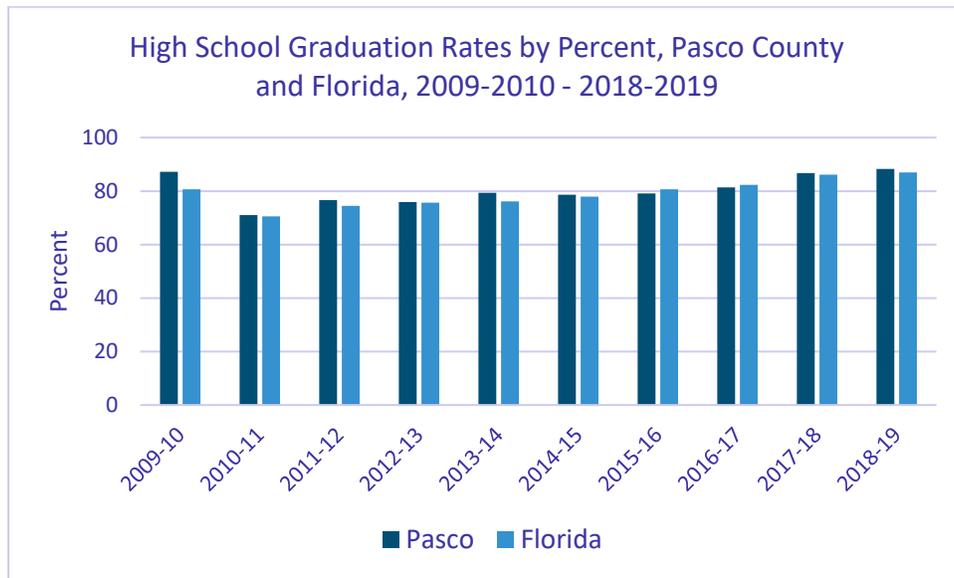
Employment

Recent data on employment in Pasco County and the state of Florida are derived from the U.S. Department of Labor, Bureau of Labor Statistics. Since 1997, the unemployment rate in Pasco County has been similar to the state rate and it followed the same trend as the state in its decline for a number of years. In 2018, the unemployment rate in Pasco County was 3.8 percent; the state rate was 3.6 percent. Recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009 (Unemployment Rates, Florida CHARTS).

Education

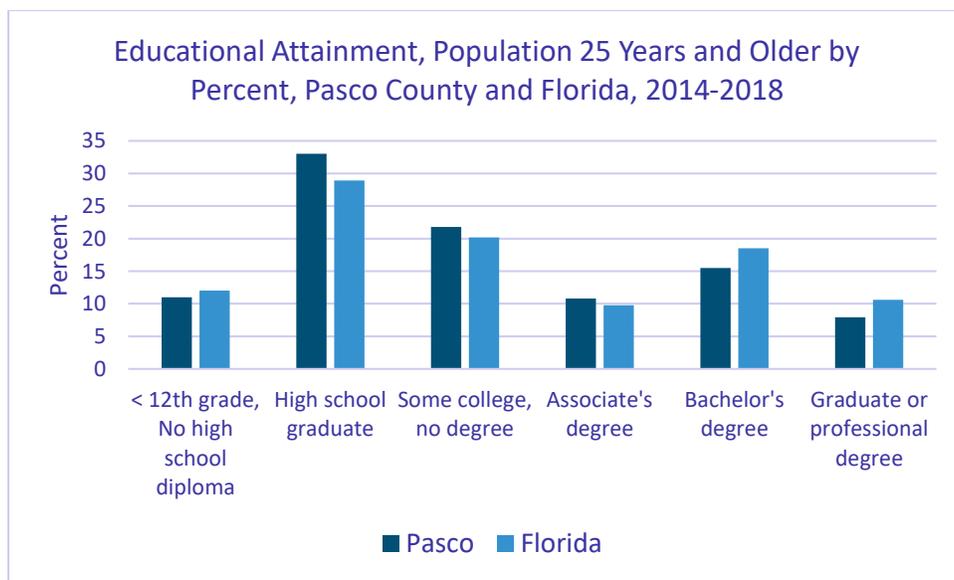
Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Since the 2009-2010 academic year, graduation rates in Pasco County have been somewhat higher than state rates. In the 2018-2019 academic year, the Pasco County graduation rate at 88.3 percent exceeded the state rate of 86.9 percent. Of Pasco County's population 25 years of age and older, 33.0 percent had a high school diploma as their highest level of education compared to 28.9 percent for the state of Florida. Pasco County lagged in the estimated percentage of the population aged 25 and older that hold college degrees (Associate, Bachelor's, Master's, Doctorate and professional school degrees) at 23.4 percent compared with 29.2 percent for Florida as a whole.

Figure 9. High School Graduation Rates by Percent, Pasco County and Florida, 2009-2010 – 2018-2019 Academic Years



Source: Florida Department of Education, Education Information and Accountability Services (EIAS)

Figure 10. Educational Attainment, Population 25 Years and Older by Percent, Pasco County and Florida, 2014-2018



Source: U.S. Census Bureau, American Community Survey, Community Social and Economic Factors Profile, Florida CHARTS, 2014-2018

Community Health Status Assessment (Secondary Data)

According to County Health Rankings, Pasco County ranks 36 out of 67 counties in Florida for health outcomes (Robert Wood Johnson Foundation, 2020). The following section of this assessment contains secondary data which highlight several health outcomes and behaviors of Pasco County residents. Secondary data is collected by other organizations, as opposed to primary data that is collected directly by partners engaged in the community health assessment process. Data sources are listed for each topic.

Leading Causes of Death

In Pasco County, the leading causes of death are cancer and heart disease. Together, they made up nearly half of all causes of death in Pasco County in 2018.

Figure 11. Leading Causes of Death in Pasco County, 2018

Causes of death	Count (2018)	Percent of total deaths (2018)
Cancer	1,409	21.74%
Heart disease	1,362	21.02%
Chronic lower respiratory disease	472	7.28%
Unintentional injury	459	7.08%
Stroke	330	5.09%
Diabetes	240	3.70%
Alzheimer's disease	225	3.47%
Suicide	119	1.84%
Nephritis, nephrotic syndrome & nephrosis	95	1.47%
Septicemia	94	1.45%

Influenza & pneumonia	92	1.42%
Hypertension	80	1.23%
Parkinson's disease	77	1.19%
Chronic liver disease & cirrhosis	74	1.14%

Source: Florida Department of Health, Bureau of Vital Statistics, 2018

Health status by topic

The following section of this assessment report contains secondary data categorized into health topics. These topic areas correspond with the leading causes of death for Pasco County and priority health areas identified by community partners and residents.

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 chronic respiratory diseases - that are among the most common, costly, and preventable of all health problems.

Below is a table containing a selection of indicators related to chronic disease.

For a complete list, visit www.flhealthcharts.com.

Data from FL CHARTS and Florida Behavioral Risk Factor Surveillance System (BRFSS) Chronic diseases (Years 2016-2018, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
<i>Heart Disease</i>			
Percent of adults who have ever had a heart attack, angina, coronary heart disease or stroke (2016)	Percent	12.9	9.8
Hospitalizations from coronary heart disease (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	373.0	285.6
<i>Heart Attack</i>			

Deaths from heart attack (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	22.4	23.5
<i>Stroke</i>			
Percentage of adults who have ever had a stroke (2016)	Percent	5.6%	3.5%
Deaths from stroke (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	37.7	39.7
Hospitalizations from stroke (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	229.2	230.5
<i>Diabetes</i>			
Deaths (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	27.6	20.4
Hospitalizations from or with Diabetes (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	2,605.1	2,331.0
Percentage of adults with diagnosed diabetes (2016)	Percent	11.0%	11.8%
<i>Asthma</i>			
Adults who currently have asthma (2016)	Percent	11.8%	6.7%
Hospitalizations from or with Asthma (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	919.3	745.0
<i>Chronic Lower Respiratory Disease</i>			
Deaths (2016-2018)	Rate per 100,000	56.4	39.2
Hospitalizations from chronic lower respiratory disease (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	410.5	334.6

Pasco County performed worse than the state of Florida on several indicators of chronic disease. Possible factors which influence these differences are having access to health care and health insurance coverage. Pasco County has improved in these areas over the years, yet still has a higher ratio of population to health care providers than the state as a whole (County Health Rankings, 2020).

In addition to access to care, the rates of chronic disease in a community are also influenced by lifestyle choices, such as tobacco use, physical inactivity, poor nutrition, and chronic stress. Community efforts to support residents in accessing needed health care, along with making healthy choices affordable and accessible, are key to preventing chronic diseases.

Cancer

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.

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

Data from FL CHARTS the Florida Behavioral Risk Factor Surveillance System (BRFSS)			
Types of cancer (2018, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
<i>Breast Cancer</i>			
Deaths (2016-2018) 3-year rolling	Rate per 100,000	22.7	18.5
Incidence (new cases) (2015-2017) 3-year rolling	Rate per 100,000	116.5	119.5
Women 40 years and older who received a mammogram in the past year (2016)	Percent	57.6%	60.8%
<i>Cervical Cancer</i>			
Deaths (2016-2018) 3-year rolling	Rate per 100,000	1.9	2.6
Incidence (2015-2017) 3-year rolling	Rate per 100,000	9.5	9.1
Women 18 years and older who received a Pap test in the past year (2016)	Percent	47.7%	48.4%
<i>Colorectal Cancer</i>			
Deaths (2016-2018) 3-year rolling	Rate per 100,000	15.0	13.3
Incidence (2015-2017) 3-year rolling	Rate per 100,000	38.4	35.9

Adults 50 years and older who received a sigmoidoscopy or colonoscopy in the past five years (2016)	Percent	49.9%	53.9%
<i>Lung Cancer</i>			
Deaths (2016-2018) 3-year rolling	Rate per 100,000	47.4	35.7
Incidence (2015-2017) 3-year rolling	Rate per 100,000	69.6	56.9
<i>Skin Cancer (Melanoma 2015-2017)</i>			
Deaths	Rate per 100,000	3.8	2.3
Incidence (2015-2017)	Rate per 100,000	31.0	25.1
<i>Prostate Cancer</i>			
Deaths (2016-2018)	Rate per 100,000	14.2	17.1
Incidence (2015-2017)	Rate per 100,000	79.0	87.5

Pasco performed relative to the state of Florida on many indicators of cancer but saw higher rates of lung and skin cancers. Promoting early screening and detection of cancers is crucial to improved outcomes, along with supporting healthy lifestyle choices for prevention of cancers.

Infectious disease

Infectious disease refers to a collection of conditions that can be spread from person to person either by direct contact or indirectly through a vector (such as a mosquito). 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.

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

Data from the Florida Department of Health, Division of Disease Control Reportable and infectious diseases (2018, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
AIDS (2016-2018) 3-year rolling	Rate per 100,000	4.3	9.8

Campylobacteriosis (2016-2018) 3-year rolling	Rate per 100,000	22.8	19.9
Chlamydia (2016-2018) 3-year rolling	Rate per 100,000	295.6	485.5
Cryptosporidiosis (2016-2018) 3-year rolling	Rate per 100,000	2.2	2.8
Giardiasis, Acute	Cases	24	1,105
Gonorrhea (2016-2018) 3-year rolling	Rate per 100,000	82.7	149.9
Hepatitis A (2016-2018) 3-year rolling	Rate per 100,000	5.3	1.5
Hepatitis B, acute (2016-2018) 3-year rolling	Rate per 100,000	13.8	3.6
Hepatitis B, chronic (2016-2108) 3-year rolling	Count	313	14,662
HIV (2016-2018) 3-year rolling	Rate per 100,000	9.4	23.4
Infectious syphilis (2016-2018) 3-year rolling	Rate per 100,000	2.9	12.4
Legionellosis (2016-2018) 3-year rolling	Rate per 100,000	2.5	2.0
Pertussis (2016-2018) 3-year rolling	Rate per 100,000	3.3	1.6
Salmonellosis (2016-2018) 3-year rolling	Rate per 100,000	26.5	31.4
Shigellosis (2016-2018) 3-year rolling	Rate per 100,000	4.3	5.8
Streptococcus pneumoniae (2016-2018) 3-year rolling	Count	45	1,810
Single year (2018)		14	567
Tetanus	Count	0	1
Tuberculosis (2016-2018) 3-year rolling	Rate per 100,000	1.5	2.7
Varicella (chickenpox) (2016-2018) 3-year rolling	Rate per 100,000	2.2	3.6

Pasco County was relative to Florida for many indicators of infectious disease, with Pasco performing better (rate is lower) on rates of HIV and AIDS, chlamydia, gonorrhea, and syphilis. Pasco performed worse than Florida for rates of hepatitis A and B. In 2018, the rate of hepatitis A in Pasco County was three and a half times higher than the state of Florida, prompting DOH-Pasco, along with community partners, to address this outbreak through multifaceted prevention efforts. DOH-Pasco collaborated with several community partners on vaccination efforts, focusing on high-risk and hard-to-reach populations (such as people experiencing homelessness) and provided over 8,000 vaccines in the community. DOH-Pasco also promoted a community-wide educational campaign on hygiene and handwashing to prevent hepatitis A.

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. Mental health disorders can have a powerful effect on the health of individuals, their families, and their communities. Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is important for length and quality of life.

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), Florida Department of Health, Bureau of Vital Statistics, and Florida Department of Health, Division of Medical Quality Assurance			
Mental health indicators (2016, unless otherwise indicated)			
Indicator	Measure	Pasco	Florida
Licensed mental health counselors (2017-2019) 3-year rolling	Rate per 100,000 population	41.1	51.6
Licensed psychologists (2017-2019) 3-year rolling	Rate per 100,000 population	11.7	22.6
Adults with good mental health	Percent	84.9%	88.6%
Adults who have a depressive disorder	Percent	19.1%	14.2%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	Percent	21.1%	18.6%
Adults with poor mental health 14+ of past 30 days	Percent	15.1%	11.4%
Unhealthy mental days in past 30 days	Avg Number	4.3	3.6
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	Avg Number	6.6	5.7

Suicide deaths (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	18.9	14.5
Suicide deaths (2018)	Count	119	3,552

Mental health emerged as a top priority area through this CHA process. Pasco performed relative to Florida on several mental health indicators but saw higher rates of deaths by suicide and lower rates of mental health care providers. Suicides can be tragic and traumatic to a community. Addressing mental health through education, prevention efforts, and screenings are important strategies in suicide prevention. Pasco County Schools has increased their efforts in addressing mental health by providing Mental Health First Aid training to all staff and incorporating social and emotional learning into curriculums. The school system has also hired additional professional and clinical staff to provide mental health support and education to students. Other organizations, such as the Alliance for Substance Use and Prevention (ASAP), are promoting stigma reduction around mental health to encourage help-seeking behavior for community members experiencing mental health issues.

Substance use

Substance abuse, also referred to as drug abuse, describes a pattern where a 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. The misuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and wellbeing 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.

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

Data from FL CHARTS and Florida Behavioral Risk Factor Surveillance System (BRFSS) Substance use indicators (2016, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
Adults who are current smokers	Percent	23.3%	15.5%
Adults who have never smoked	Percent	46.0%	58.0%
Adults who currently use e-cigarettes	Percent	6.0%	4.7%

Adults who engage in heavy or binge drinking	Percent	19.2%	17.5%
Adults who used marijuana or hashish in the past 30 days	Percent	9.5%	7.4%
Unintentional injury deaths by drug poisoning (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	29.2	21.8
Unintentional injury deaths by drug poisoning (2018)	Count	151	4,193
Neonatal Abstinence Syndrome birth defect annual rate (2018)	Rate per 10,000 live births	122.0	62.1
Neonatal Abstinence Syndrome birth defect (2018)	Count	62	1,375
Opioid overdose annual death rate, age-adjusted (2018)	Rate per 100,000 population	26.9	18.7
Opioid overdose deaths (2018)	Count	133	3,727

Opioid use and overdose prevention are the focus of several community initiatives in Pasco County led by the Pasco Sheriff’s Office, Pasco County Schools, and the Alliance for Substance Use and Prevention (ASAP), along with other partner organizations. Data indicators illustrate that opioid misuse is a critical issue for Pasco County, including higher rates of opioid overdose deaths and babies born with Neonatal Abstinence Syndrome (formerly known as Substance-Exposed Newborns). For a more comprehensive report of opioid data, please visit the Opioid Use Dashboard on Florida Charts, flhealthcharts.com.

Maternal and child health

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, and overall safety of the child’s environment.

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 FL CHARTS and Florida Department of Health, Bureau of Vital Statistics Maternal and child health indicators (2018, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
Mothers who initiate breastfeeding	Percent	82.8%	86.2%
Births to teen mothers (ages 15-19) (2016-2018) 3-year rolling	Rate per 1,000 females 15-19	19.2	18.2
Repeat births to teen mothers (ages 15-19) (2016-2018) 3-year rolling	Percent of births 15-19	15.2%	15.4%
Births to mothers who smoke during pregnancy	Percent of births	10.7%	4.8%
Births with adequate prenatal care (Kotelchuck index)	Percent w/ known care	76.9%	70.5%
Preterm births (< 37 weeks gestation)	Percent	9.1%	10.2%
Low birth weight	Percent	7.8%	8.7%
Fetal deaths (2016-2018) 3-year rolling	Rate per 1,000 deliveries	7.6	6.8
Infant deaths (2016-2018) 3-year rolling	Rate per 1,000 births	5.4	6.1
Infant deaths, White (2016-2018) 3-year rolling	Rate per 1,000 White births	4.5	4.3
Infant deaths, Black and Other (2016-2018) 3-year rolling	Rate per 1,000 Black and Other births	11.1	10.4
Kindergarten children fully immunized	Percent of KG students	94.3%	93.7%

Pasco County is performing on par with Florida for several maternal and child health indicators, yet there are some notable differences. The percent of births with adequate prenatal care (Kotelchuck index) for Pasco is higher (better) than Florida, at 76.9 percent and 70.5 percent, respectively. Getting adequate prenatal care is essential for the health of mothers and babies. Pasco’s percent of mothers who smoked during pregnancy is 10.7 percent while the state of Florida’s is 4.8 percent, representing a need for increased education, awareness, and support around healthy prenatal lifestyle choices.

DOH-Pasco offers programs to support maternal and child health, such as Women, Infants, and Children (WIC) and Healthy Start. Staff in these programs are in routine collaboration with community partners working toward similar goals, such as the Healthy Start Coalition, Pasco Kids First, and the Early Learning Coalition.

Injury and violence

People can get hurt either accidentally (through injuries) or intentionally (through violence). Combined, these two types of injuries are the 4th leading cause of death in Pasco County. 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.

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

Data from FL CHARTS and the Florida Department of Health, Bureau of Vital Statistics Injury and violence indicators (2018, unless otherwise indicated)			
Indicator	Measure	Pasco	Florida
Motor vehicle traffic crashes (2015-2017) 3-year rolling, age-adjusted	Rate per 100,000 population	1,544.6	1,932.0
Motor vehicle traffic crashes (2017)	Count	7,790	402,377
Deaths from motor vehicle crashes (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	20.5	15.0
Deaths from motor vehicle crashes (2016-2018) 3-year rolling, age-adjusted	Count 2016-2018	322	9,634
	Count 2018	110	3,224
Homicide (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	3.8	6.7
Homicide	Count 2016-2018	51	3,853
	Count 2018	21	1,311
Domestic violence offenses (2016-2018) 3-year rolling	Rate per 100,000 population	813.6	514.3
Domestic violence offenses	Count 2016-2018	12,397	317,533

	Count 2018	4,537	104,914
Deaths from unintentional poisoning (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	30.8	22.7
Deaths from unintentional poisoning	Count (2016-2018)	447	13,413
	Count (2018)	159	4,380
Deaths from unintentional falls (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	15.4	10.0
Deaths from unintentional falls	Count (2016-2018)	388	9,482
	Count (2018)	153	3,217
Deaths from firearms discharge (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000 population	12.7	12.8
Deaths from firearms discharge	Count (2016-2018)	217	8,302
	Count (2018)	88	2,899
Deaths from unintentional firearms discharge (2016-2018) 3-year rolling, age-adjusted	Rate per 100,000	0	0.1
Deaths from unintentional firearms discharge	Count (2016-2018)	0	51
	Count (2018)	0	18
Unintentional drowning deaths (2016-2018) Age-adjusted 3-year rolling	Rate per 100,000 population	3.0	2.0
Unintentional drowning deaths	Count (2016-2018)	46	1,251
	Count (2018)	17	408

Pasco performed similar to the state of Florida on several indicators of injury and violence, with a few noteworthy differences. Pasco County saw a lower (better) rate of homicides than Florida overall. However, Pasco had a significantly higher rate of domestic violence offenses at 813.6 per 100,000 population, compared to Florida's rate of 514.3. Pasco also had higher rates than Florida for unintentional deaths due to falls. This could be in part due to Pasco having an older age demographic. Education on home safety and the benefits of physical activity for older adults, along with routine screening for falls risk factors, can help promote protective factors to decrease the risk of unintentional falls.

Oral health

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. 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.

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

Data from Florida Health CHARTS and Behavioral Risk Factors Surveillance System (BRFSS) Oral health indicators (2018, unless otherwise indicated)			
Indicator	Measure	Pasco	Florida
Total licensed dentists (2017-2019) 3-year rolling	Rate per 100,000 population	34.4	56.0
Total licensed dental hygienists (2017-2019) 3-year rolling	Rate per 100,000 population	62.1	59.2
Percentage of adults who have seen a dentist in the past year (2016)	Percent	59.8%	63.0%
Adults who had a permanent tooth removed due to tooth decay or gum disease (2016)	Percent	52.6%	47.3%
Emergency room visits due to dental conditions ages 5 and over (2017-2019) 3-year rolling	Rate per 100,000 population	701.4	682.1
Population receiving fluoridated water	Percent	9.8%	77.2%

Pasco County is considered a provider shortage area for dentists (HRSA Data Warehouse, 2019). Also, most of Pasco County residents do not receive fluoridated water, which can provide proven benefits for dental health. These factors can lead to problems in accessing care and a subsequent increase in dental ailments.

Access to care

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

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

Data from Florida Health CHARTS and Behavioral Risk Factors Surveillance System (BRFSS) Access to care indicators (2016, unless otherwise indicated)			
Indicator	Measure	Pasco	Florida
Preventable hospitalizations under age 65, all conditions (2016-2018) 3-year rolling	Rate per 100,000 population	1,326.0	1,040.8
Total physicians (2017-2019) 3-year rolling	Rate per 100,000 population	212.8	308.4
Total pediatricians (2017-2019) 3-year rolling	Rate per 100,000 population	6.7	20.6
Adults who had a medical checkup in the past year	Percent	74.9%	76.5%
Adults who have a personal doctor	Percent	72.6%	72.0%
Adults who could not see a doctor at least once in the past year due to cost	Percent	20.8%	16.6%
Adults with any type of health insurance coverage	Percent	81.8%	83.7%

Access to care emerged as a top priority for Pasco County from the secondary data analysis and feedback from community members and leaders. Pasco County is designated as a Health Professional Shortage Area by the US Department of Health and Human Services (HRSA Data Warehouse, 2019). Having a shortage of health care providers, coupled with residents who are uninsured or

underinsured, can increase rates of emergency room visits and preventable hospitalizations which drive up health care costs. Cost and transportation can be barriers to accessing needed care. Increasing opportunities for telehealth and offering community-based mobile services can help improve access for residents who may otherwise not be able to see a health care provider.

Physical activity and nutrition

There is a wealth of evidence to suggest that the burden of chronic disease can be reduced through an active lifestyle, proper nutrition, and other healthy habits. Having convenient access to affordable, nutritious foods, such as fresh fruits and vegetables, helps make the healthy choice the easy choice. Likewise, opportunities for physical activity which are convenient and close to home help encourage this healthy behavior. Parks, green spaces, trails, and sidewalks where people feel safe are important structures of the built environment to promote a healthy, active community.

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

Data from the Florida Behavioral Risk Factor Surveillance System (BRFSS), Feeding America’s Map the Meal Gap project, and US Census Physical activity and nutrition indicators (2016, unless otherwise noted)			
Indicator	Measure	Pasco	Florida
Adults who are sedentary	Percent	32.9%	29.8%
Adults who are inactive or insufficiently active	Percent	63.7%	56.7%
Adults who meet aerobic recommendations	Percent	37.9%	44.8%
Adults who meet muscle strengthening recommendations	Percent	30.9%	36.8%
Adults who are overweight	Percent	33.0%	35.8%
Adults who are obese	Percent	28.1%	27.4%
Adults who are at a healthy weight	Percent	35.7%	34.5%

Persons experiencing food insecurity (2017)	Percent	12.7%	13.4%
Persons below SNAP, Other nutrition programs threshold of 200% poverty (2017)	Percent	69%	72%
SNAP participation (2017)	Percent	13.3%	14.6%

Pasco performed similarly to the state of Florida on indicators of physical activity and nutrition. While Pasco did not stand out for any particular indicators, nutrition and physical activity remain important areas of focus for the community. Only 35% of adults in Pasco are at a healthy weight. Community-wide physical activity programs, such as those provided by the HealthiestWeight Florida initiative and the UF IFAS Extension office, help encourage healthy behaviors and promote physical activity among residents. Pasco is home to many beautiful parks, trails, and green spaces which also invite opportunities to be more active. Regarding nutrition, there are several community organizations focused on addressing hunger and food insecurity in Pasco County, including the Tampa Bay Network to End Hunger, One Community Now, and The Volunteer Way. These organizations, along with community partners, work together to provide meal sites, meal delivery to homebound residents, and food pantries to support a healthy diet.



Photo: Crews Lake Park, Pasco County, Florida

Community Themes and Strengths (Primary Data)

Primary data for the 2019 Pasco community health assessment were collected through a community survey and key informant interviews.

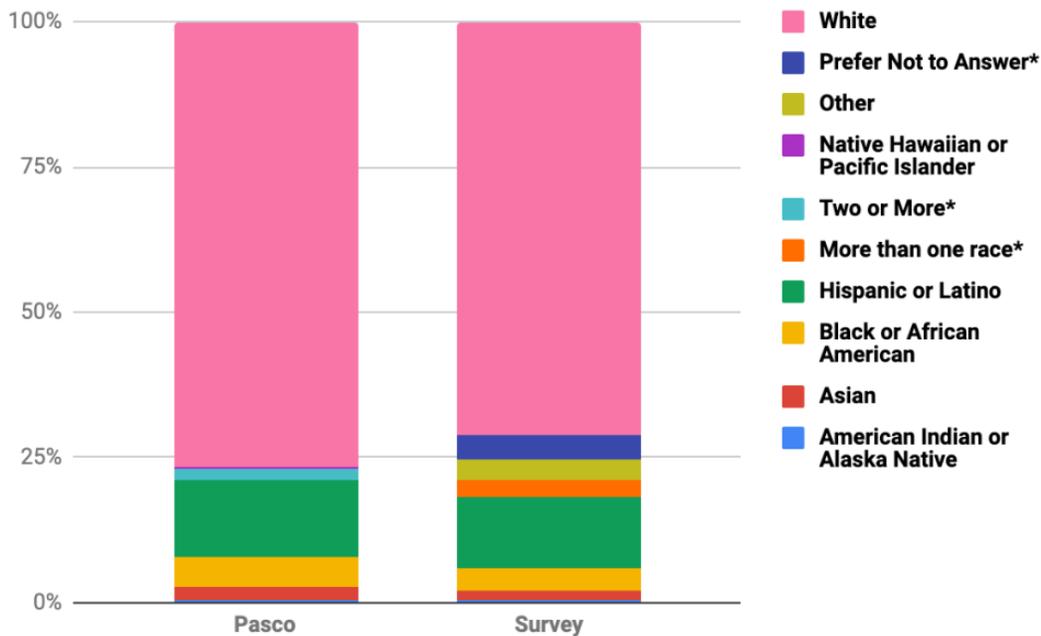
Community Survey

A community survey was conducted in early 2019 in Pasco County to gather information on the health behaviors, life experiences, and opinions of Pasco County residents. The 71-question survey was crafted by members of the All4Health Collaborative with a special focus on health equity, access to services, and adverse childhood experiences. This survey was used in all four counties of the All4Health Collaborative for their respective community health assessments. Surveys were available in paper and electronic formats in English and Spanish, with the capability to support several other languages in the electronic format. Results of the Pasco County survey are shared in this document. The full survey tool can be found in Appendix B.

The community survey collected 3,038 responses, providing a wealth of information on the health status of Pasco County residents. Compared to the 216 responses received from the 2016 community survey, the response success of this survey is significant and exciting. The CHA committee was focused on collecting a survey sample that adequately represented the diversity of Pasco County residents. As the chart below illustrates (Figure 12), the racial diversity of the survey sample is comparable to Pasco County as a whole. Figure 13 shows the age of survey respondents. Nearly 80% of survey respondents were female.

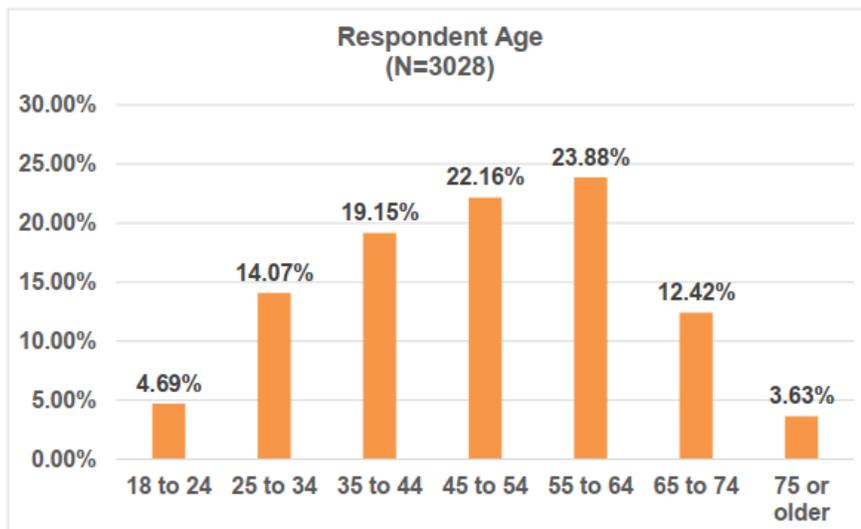


Figure 12. Demographic comparison of Pasco County and Community Survey respondents, 2019



Source: Pasco County Community Survey, 2019

Figure 13. Age of Pasco County Community Survey respondents, 2019

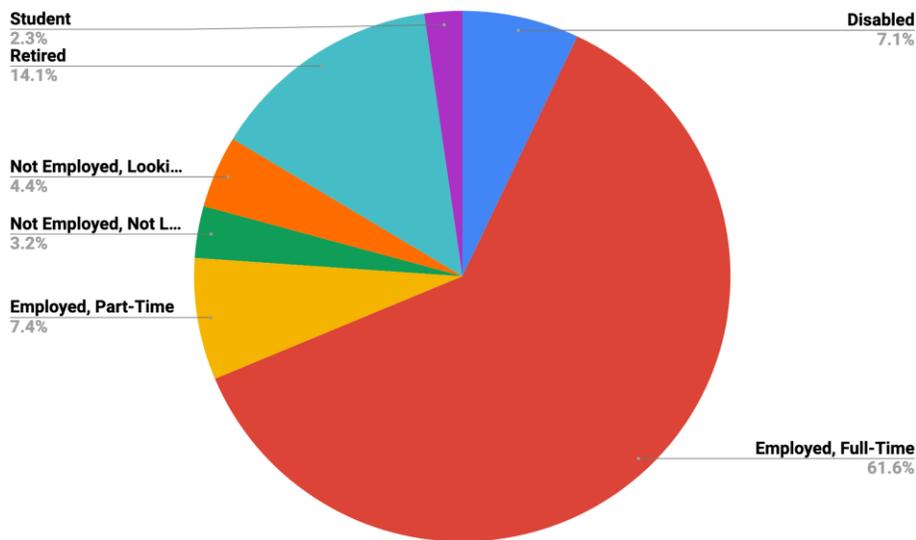


Source: Pasco County Community Survey, 2019

Survey respondents were asked about their employment status and income range. Nearly 62 percent of survey respondents reported being employed full time. The next most reported employment status was being retired, at 14 percent of survey respondents. The most widely reported income range for survey respondents was \$25,000-49,999. See chart below (Figure 14) for distribution of

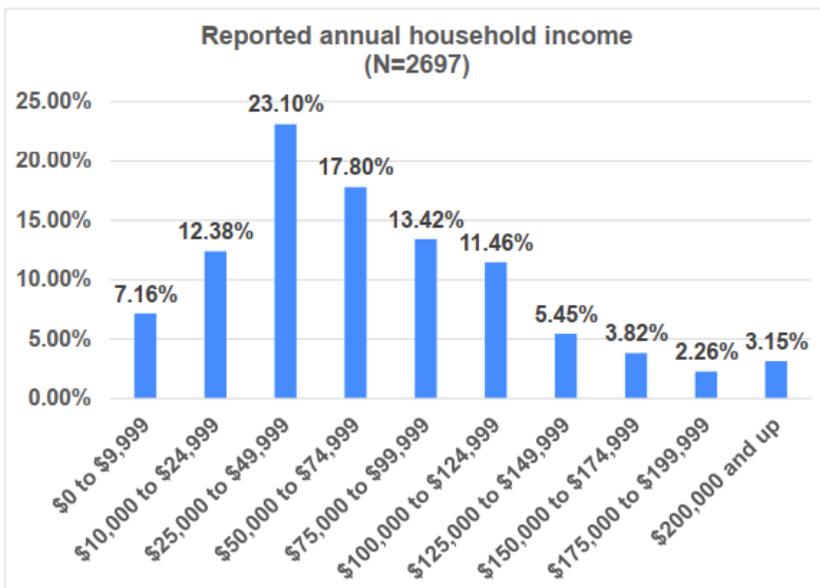
employment status of community survey respondents. Figure 15 below shows the reported household income distribution of survey respondents.

Figure 14. Employment status reported by survey respondents, 2019



Source: Pasco County Community Survey, 2019

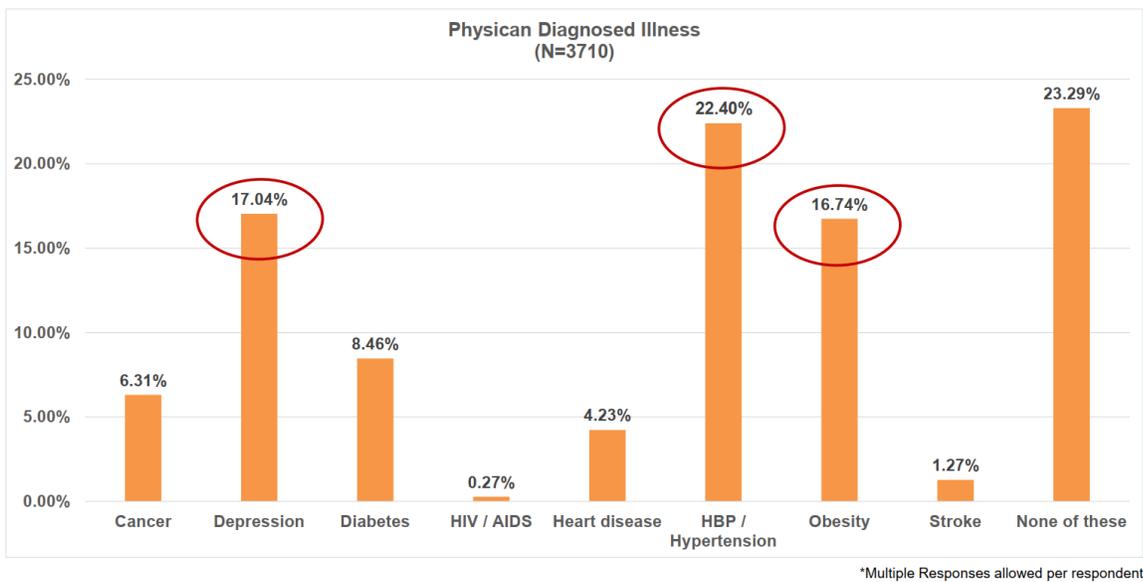
Figure 15. Reported household income of survey respondents, 2019



Source: Pasco County Community Survey, 2019

Survey respondents were asked to assess their own health, as well as the health of their community. When asked to rate their own personal health on a five-point scale of “very healthy” to “very unhealthy,” 59 percent of respondents rated themselves as “healthy,” the overwhelming majority of responses for this question. When asked how they would rate the health of their community, 55 percent of respondents rated their community as “somewhat healthy,” giving this item a lower score than their own personal health. Survey respondents provided information about their diagnosed illnesses. The highest reported illnesses among survey respondents were hypertension (high blood pressure), obesity, and depression. See Figure 16 for more details on reported diagnoses.

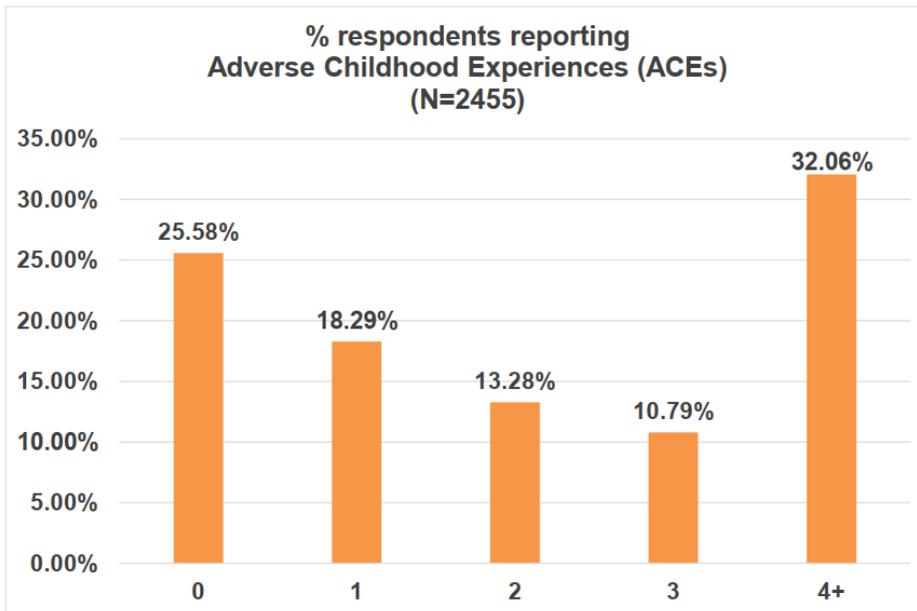
Figure 16. Self-reported physician diagnosed illnesses from survey respondents, 2019



Source: Pasco County Community Survey, 2019

The 2019 community survey included questions on adverse childhood experiences, commonly referred to as ACE’s. Adverse childhood experiences are potentially traumatic events that occur during a person’s childhood. ACE’s include experiences such as neglect, abuse, or having a household member who struggled with substance use, mental health problems, or incarceration. Adverse childhood experiences are an important predictor of health in adulthood, with a higher number of ACE’s correlating with increased negative impacts on physical and mental health. The chart below shows the percentage of survey respondents who reported experiencing ACE’s (Figure 17). Many of the survey respondents reported experiencing ACE’s, with 32% reporting four or more ACE’s, which significantly increases a person’s risk for heart disease, chronic lung disease, depression, violence, victimization, suicide, and several other physical, mental, and social problems in adulthood (CDC, 2020).

Figure 17. Percent of survey respondents reporting Adverse Childhood Experiences, 2019

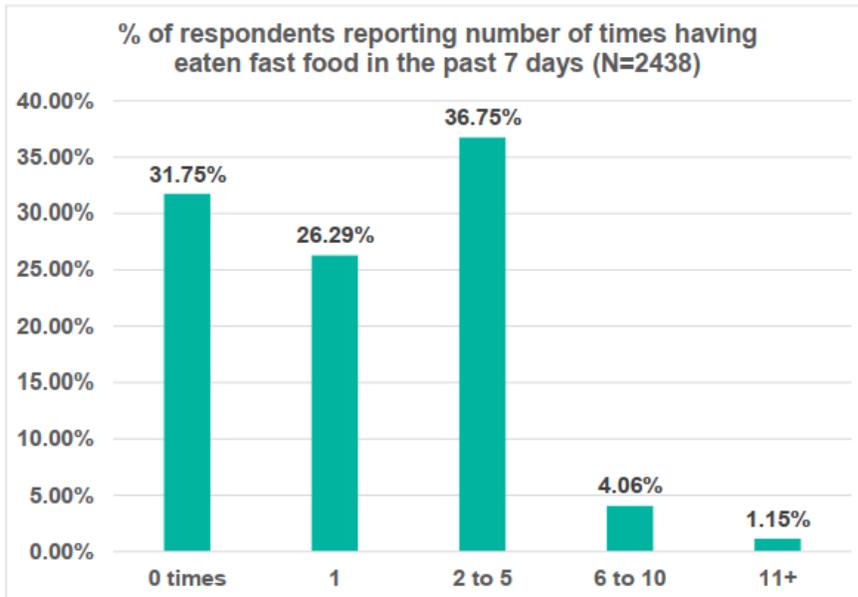


Source: Pasco County Community Survey, 2019

Survey participants were asked to rank the most important health issues that should be a focus in their community. The top concerns for community members were reported as 1) Mental health (including suicide); 2) Being overweight; 3) Domestic violence/rape/sexual assault; and 4) Heart disease/stroke/high blood pressure. Top-ranking concerns for harmful behaviors were identified as drug abuse, alcohol abuse, and distracted driving. Over 70 percent of survey respondents agreed that drug abuse is a problem in their community.

The community survey also sought to measure the needs of Pasco County residents in regard to nutrition and food insecurity. Food insecurity refers to challenges in achieving adequate food consumption or changes in eating patterns (eating less) due to a lack of money or resources (Healthy People, 2020). Nearly 30 percent of survey respondents reported experiencing food insecurity in the past year. Of those respondents, 36 percent reported having children in their homes affected by food insecurity. On a similar note, nearly 70 percent of survey respondents reported eating fast food in the past week (see Figure 18). These data support the fact that individuals experiencing food insecurity often resort to less expensive, but less nutritious, food options when healthy foods are too expensive or not conveniently accessed.

Figure 18. Percent of respondents reporting fast food consumption in past week, 2019



Source: Pasco County Community Survey, 2019

Survey respondents were asked about their ability to access needed health care services. Nearly 23 percent reported that they did not receive needed health care in the past year due to cost or accessibility, and 30 percent reported the same for needed dental care. About 25 percent of respondents reported utilizing the emergency room in the past year, yet nearly 60 percent of those respondents went to the ER for non-urgent health care needs. These data encourage a focus on increasing access to care, which emerged as a top priority during this community health assessment process.

Key Informant Interviews

To enhance the richness of primary data collected for this CHA, targeted interviews with key community stakeholders and leaders were used to gather information and opinions from those who represent the broad interests of the community. A total of 55 regional interviews were completed during June through July 2019, with 32 of those participants providing services in Pasco County. Key informants were asked to provide their feedback on questions addressing the top health concerns for Pasco County, available resources, barriers to accessing resources or gaps in services, and identifying vulnerable populations. The complete list of key informant interview questions can be found in Appendix C.

Top concerns that emerged from key informant interviews include 1) Mental health; 2) Substance abuse; 3) Exercise, nutrition, and weight; 4) Oral health; and 5) Access to care. Following are some of the highlights from the key informant interviews addressing each of these priority areas in Pasco County. This important feedback closely aligns with priority issues identified through the community survey and secondary data analysis.

Mental health

"We are seeing behavior problems in young children. Child abuse and neglect are the main factors contributing to these issues."

"Smoking, obesity and mental health illness should be the top priority."

Exercise, nutrition, and weight

"Seeing a lot of people who are overweight but lack the support and resources to seriously make changes...how to get people to garden to increase their fruit and vegetable consumption, getting people to cook more at home."

"Low income individuals struggle with access and affordability of healthy foods."

Oral health

"There is a lack of dental providers (dentists, specialists, pediatric dentists) and insurance providers. Cost, fear, and transportation are barriers for those trying to access dental/oral care."

Access to care

"I think lack of access to basic health care is a huge issue in Pasco County communities. Public transportation is not sufficient enough to provide support to families living in rural communities, where there are no health care providers."

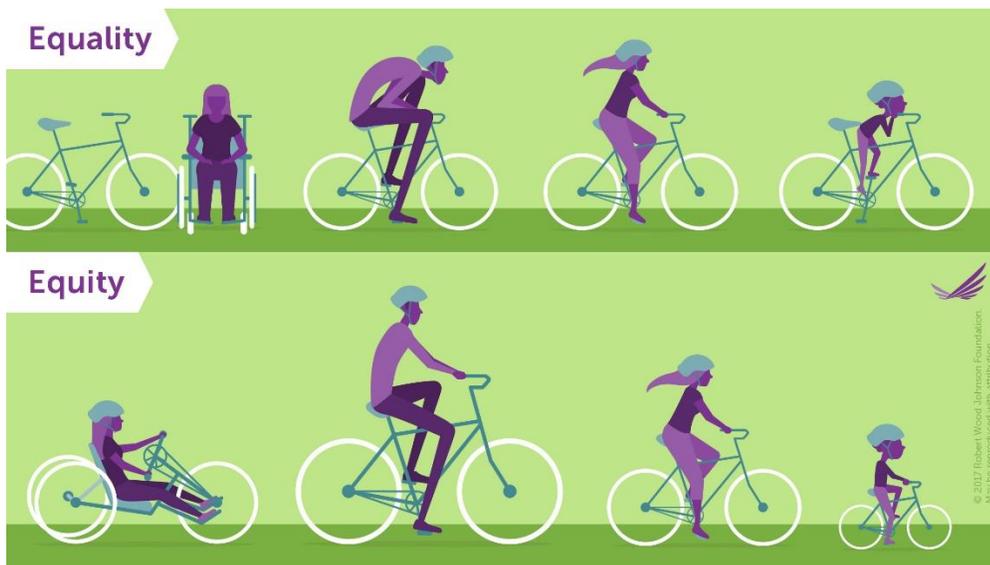
"Low income, elderly, and disabled communities have the most challenges with access. Access to care and other primary care services are the factors that prevent optimum health."

"The rural population is hard to reach. There aren't many doctors in some areas of the county."

Health Disparity and Equity Analysis

Health begins where we live, learn, work and play. All people should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background. Health equity ensures everyone has the basics to be healthy. When it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike (see Figure 19). Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make (Robert Wood Johnson Foundation, 2017).

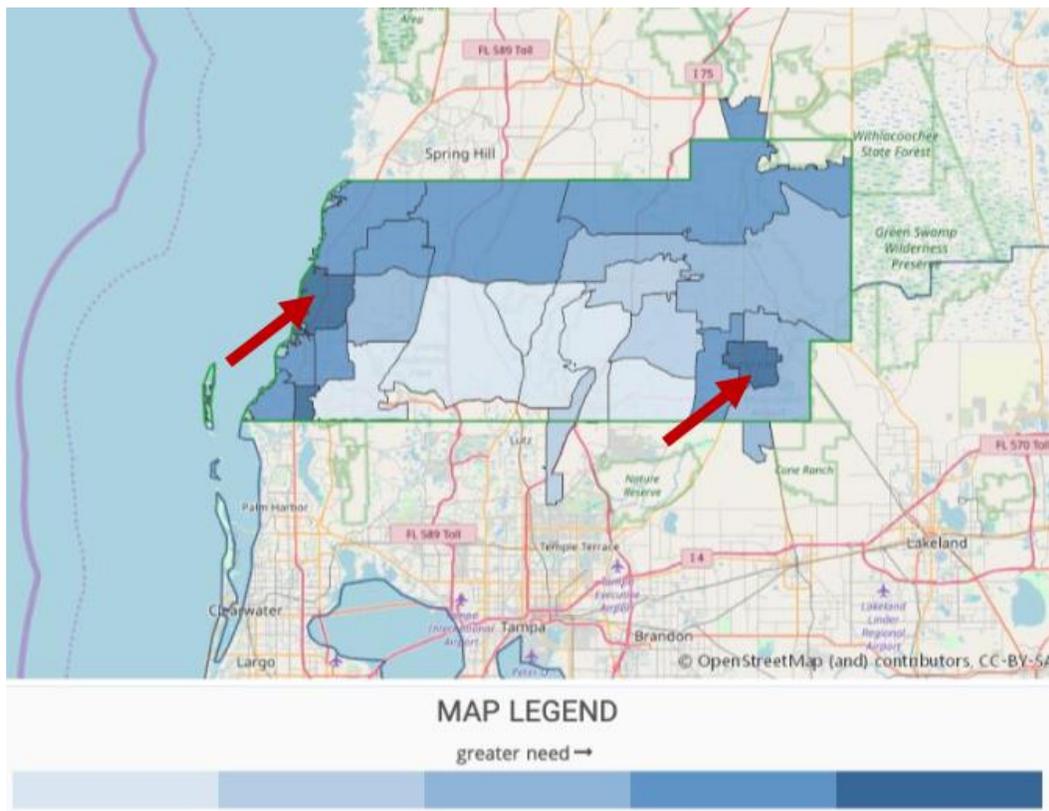
Figure 19. Visualizing Health Equity infographic, 2017



Source: Robert Wood Johnson Foundation, 2017

Data collected for this community health assessment was examined with a health equity lens. Healthy Communities Institute, one of our partners in data collection, assisted with identifying the areas of greatest need in Pasco County with the SocioNeeds Index. This index incorporates estimates for six different social and economic determinants of health that are associated with disparities in health outcomes (education, income, poverty, unemployment, language, and occupation). The indicators were standardized and averaged to create one composite index value for each zip code. Zip codes receive a SocioNeeds Index value from zero to one hundred, with higher values indicating higher potential need. The SocioNeeds Index map below (Figure 20) shows the areas in Pasco County where residents are expected to experience greater burdens related to preventable health issues.

Figure 20. Pasco County SocioNeeds Index map, 2019



Source: Healthy Communities Institute, 2019

Several health disparities were identified through analysis of the data. Some of the largest and most notable gaps were identified between non-Hispanic Whites and Blacks living in Pasco County. In regard to chronic disease and access to care, Black residents of Pasco County had over twice as many emergency room visits for asthma and diabetes than their White counterparts. Black residents also experienced over twice the rate of breast and prostate cancers than White residents. Disparities were recognized in infant mortality and low birth weight, with Black and other races residents experiencing four times the rate than White residents for these indicators (FL Charts, 2018).

Pasco County received a rating of 0.45 on the income inequality index, a measure that ranges from zero to one. Zero indicates a perfect distribution of income where everyone receives an equal share. One indicates an imperfect distribution of income where only one or a group of recipients receive all the income. Pasco's score falls right in the middle, indicating a moderate amount of inequality in income distribution, comparable to the state of Florida and United States as a whole. For a more comprehensive report on health equity in Pasco County, please refer to Pasco's Health Equity Profile on flhealthcharts.com (Florida Charts, 2018).

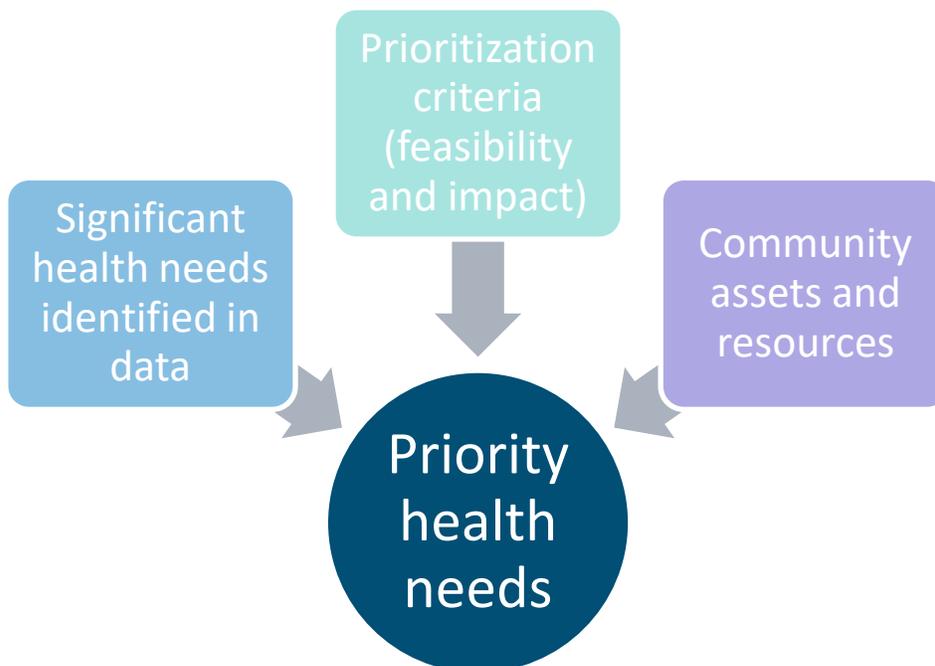
There are several ways to promote health equity in our communities and close the gap of health disparities. The first is to ensure that everyone can afford to see a doctor when they are sick. The second is to build preventive care, like screening for cancer and heart disease, into every health care plan and make it available to people who otherwise will not or cannot go in for it, in malls and other public places, where it is easy to stop for a test. The third is to reconsider the way we think about health. Rather than health being something we only get at the doctor's office, it can instead be seen as something that starts in our families, in our schools and workplaces, at our playgrounds and parks, and in the air we breathe and the water we drink. The more health is viewed in this way, the more opportunities there are to improve it (Robert Wood Johnson Foundation, 2010).

The Community Guide lists several evidence-based strategies and interventions to promote health equity, some of which are already being implemented in Pasco County. Programs and policies which address access to education are some of the most promising, including early childhood education, full-day kindergarten, and high school completion programs. School-based health centers are another evidence-based strategy to promote health among children and reduce absenteeism in schools. Out-of-school academic programs can also be beneficial in supporting student learning and providing additional academic support (The Community Guide, 2017). Pasco County Schools and community partners provide a variety of school-based support services, including mental health counseling, social work services, and expanded clinical services at some schools. DOH-Pasco holds a children's dental clinic at a local Title I elementary school, increasing access to dental care for children who may otherwise not receive it. Pasco County Schools also offers structured before-and-after school programs to provide enhanced learning opportunities for students in math, sciences, and reading. Continuing these interventions and programs, while continuing to grow and innovate, will help to promote health equity and bridge the gap of health disparities in the Pasco County community.



Identifying Priority Areas

In July 2019, DOH-Pasco, along with partner agencies, hosted a prioritization meeting to engage the community and key stakeholders in identifying priority areas for the upcoming 2020-2023 Community Health Improvement Plan (CHIP). Primary and secondary data were shared via a presentation, then the 130 attendees broke into groups to discuss the top priority health issues that emerged from the data. These small groups worked together to identify current resources and programming around the various priority areas, as well as gaps and needs in addressing them. All of this information was recorded and compiled, contributing to a body of information and community feedback. The meeting concluded with all attendees voting on which priority areas should be the focus of the upcoming CHIP. Prioritization voting criteria encouraged attendees to consider feasibility, available resources, and supporting data when selecting priority health issues. Mental health, substance use, nutrition and physical activity, access to care, and infectious disease prevention emerged as top priority areas for Pasco County. DOH-Pasco and community partners will address these priority areas locally through collaboration on community health initiatives and continued data monitoring.



The prioritization process was repeated in the other three counties of the All4Health Collaborative. In all four counties (Pasco, Hillsborough, Pinellas, and Polk), the top three areas of concern were mental health, substance use, and access to care. Using the data and community feedback as a guide, the collaborative will continue working together through shared community health improvement projects to address these issues at a regional level, in addition to local county-level initiatives.

Conclusions and Next Steps

The Florida Department of Health in Pasco County 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, Pasco residents. When community members and leaders met to identify priorities, mental health, substance use, access to care, nutrition and physical activity, and infectious disease prevention stood out as needs for the community. These, along with issues identified in the Pasco CHA, will form the basis of the Community Health Improvement Plan (CHIP).

Next Steps

The next steps involve sharing data and findings from this CHA with community partners and key stakeholders. Through this sharing process, we aim to engage a diverse set of community partners for the upcoming 2020-2023 Community Health Improvement Plan (CHIP). New goals, strategies, and objectives will be formulated to address the health priorities identified by the community collaboration. A list of resources and evidence-based strategies for these priority areas can be found in Appendix D. The final phase will be the action cycle during which strategies will be implemented and evaluated with the ultimate goal to improve the health of Pasco County.



Appendices

Appendix A

Community Partners and Organizational Assets

AdventHealth Hospital System	Healthy Start Coalition
All4Health Collaborative	Lakeland Regional Medical Center
Alliance for Substance Use and Prevention (ASAP Pasco)	Medical Center of Trinity
BayCare Hospital System	Moffitt Cancer Center
CARES Senior Clinic	Pasco County Government
Early Learning Coalition	Pasco County Fire Rescue
Central Florida Behavioral Health Network	Pasco County Schools
Community Congregational United Church of Christ	Pasco Hernando State College
Florida Department of Health in Hillsborough County	Pasco Sheriff's Office
Florida Department of Health in Pasco County	Premier Community HealthCare Group
Florida Department of Health in Pinellas County	St. Leo University
Florida Department of Health in Polk County	Tampa Bay Network to End Hunger, Pasco Chapter
Good Samaritan Clinic	Tampa General Hospital
Gulf Coast North Area Health Education Center	Tobacco Free Partnership of Pasco County
	United Way of Pasco County
	WellFlorida Council

Appendix B

Community Survey Tool

1. In which county do you live?
 - a. Hillsborough
 - b. Pasco
 - c. Pinellas
 - d. Polk
 - e. Sarasota
 - f. Other
2. In which zip code do you live?
 - a. Open response
3. What is your age?
 - a. 18 to 24
 - b. 25 to 34
 - c. 35 to 44
 - d. 45 to 54
 - e. 55 to 64
 - f. 65 to 74
 - g. 75 or older
4. Are you of Hispanic or Latino origin or decent?
 - a. Yes, Hispanic or Latino
 - b. No, not Hispanic or Latino
 - c. Prefer not to answer
5. Which race best describes you?
 - a. American Indian or Alaskan Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Pacific Islander
 - e. White
 - f. More than one race
 - g. Other
 - h. Prefer not to answer
6. How do you identify your gender?
 - a. Male
 - b. Female
 - c. Transgender: male to female
 - d. Transgender: female to male
 - e. Other/gender non-conforming
7. Which of the following best describes your sexual orientation?
 - a. Heterosexual (straight)
 - b. Gay or lesbian
 - c. Bisexual
 - d. Other
8. What language do you mainly speak at home?

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- a. Arabic
 - b. Chinese
 - c. English
 - d. French
 - e. German
 - f. Haitian Creole
 - g. Russian
 - h. Spanish
 - i. Vietnamese
 - j. Other
9. How well do you speak English?
- a. Very well
 - b. Well
 - c. Not well
 - d. Not at all
10. What is the highest level of school that you have completed?
- a. Less than high school
 - b. Some high school, but no diploma
 - c. High school diploma (GED)
 - d. Some college, no degree
 - e. 2-year college
 - f. 4-year college
 - g. Graduate-level degree or higher
 - h. None of the above
11. How much total combined money did all people living in your home earn last year?
- a. \$0 to \$9,999
 - b. \$10,000 to \$24,999
 - c. \$25,000 to \$49,999
 - d. \$50,000 to \$74,999
 - e. \$75,000 to \$99,999
 - f. \$100,000 to \$124,999
 - g. \$125,000 to \$149,999
 - h. \$150,000 to \$174,999
 - i. \$175,000 to \$199,999
 - j. \$200,000 and up
 - k. Prefer not to answer
12. Which of the following categories best describes your employment status?
- a. Employed, working full time
 - b. Employed, working part time
 - c. Student
 - d. Not employed, looking for work
 - e. Not employed, not looking for work
 - f. Retired
 - g. Disabled, not able to work
13. What transportation do you use most often to go places?
- a. I drive my own car
 - b. Someone drives me

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- c. I take the bus
 - d. I walk
 - e. I ride a bicycle
 - f. I take a taxicab
 - g. I ride a motorcycle or scooter
 - h. I take an Uber/Lyft
 - i. Some other way
14. Are you _____?
- a. A veteran
 - b. In active duty
 - c. National Guard/Reserve
 - d. None of these
15. If veteran, active duty, or national guard/reserve are you receiving care at the VA?
- a. Yes
 - b. No
16. How do you pay for most of your health care?
- a. I pay cash/I don't have insurance
 - b. TRICARE
 - c. Medicare or Medicare HMO
 - d. Indian Health Services
 - e. Medicaid or Medicaid HMO
 - f. Commercial health insurance (HMO, PPO)
 - g. Veteran's Administration
 - h. Some other way
17. Including yourself, how many people currently live in your home?
- a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6 or more
18. Are you a caregiver to an adult family member who cannot care for themselves in your home?
- a. Yes
 - b. No
19. Including yourself, how many people 65 years or older currently live in your home?
- a. None
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. 6 or more
20. How many children (under age 18) currently live in your home?
- a. None
 - b. 1
 - c. 2
 - d. 3

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- e. 4
 - f. 5
 - g. 6 or more
21. Was there a time in the past 12 months when children in your home needed medical care but did not get the care you needed?
- a. Yes
 - b. No
22. What is the main reason they didn't get the medical care they needed?
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a doctor
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have health insurance
 - g. Other
23. Was there a time in the past 12 months when children in your home needed dental care but did not get the care you needed?
- a. Yes
 - b. No
24. What is the main reason they didn't get the dental care they needed?
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a dentist
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have dental insurance
 - g. Other
25. Was there a time in the past 12 months when children in your home needed mental health care but did not get the care you needed?
- a. Yes
 - b. No
26. What is the main reason they didn't get the mental health care they needed?
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a doctor/counselor
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have health insurance
 - g. Other
27. I feel safe walking in my neighborhood.
- a. Yes
 - b. No
28. If you answered "no," check all reasons you do not feel safe walking.
- a. Traffic
 - b. No sidewalks
 - c. Poor condition of roads or sidewalks
 - d. Dogs not on leash

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- e. Stopped by police
 - f. Violent crime or theft
29. Check all the health issues children in your home have faced.
- a. My children have not faced any health issues
 - b. Allergies
 - c. Asthma
 - d. Bullying
 - e. Unintentional injuries or accidents that required immediate medical care
 - f. Behavioral health/mental health
 - g. Children overweight
 - h. Children underweight
 - i. Birth-related (such as low birthweight, prematurity, prenatal and others)
 - j. Dental Problems (such as cavities, root canals, extractions, surgery, and others)
 - k. Autism
 - l. Child abuse/child neglect
 - m. Diabetes /Pre-diabetes /High Blood Sugar
 - n. Using drugs or alcohol
 - o. Using tobacco, e-cigarettes, or vaping
 - p. Teen pregnancy
 - q. Sexually transmitted disease
 - r. Other (please specify)
30. Check all the special needs that children in your home have faced.
- a. My children do not have any special needs
 - b. Attention deficit / hyperactivity disorder (AD/HD)
 - c. Autism / pervasive development disorder (PDD)
 - d. Blindness / visual impairment
 - e. Cerebral palsy
 - f. Child who uses a wheelchair or walker
 - g. Deaf / hearing loss
 - h. Developmental delay (DD)
 - i. Down syndrome
 - j. Emotional disturbance
 - k. Epilepsy / Seizure disorder
 - l. Intellectual disability (formerly mental retardation)
 - m. Learning disabilities / differences
 - n. Speech and language impairments
 - o. Spina bifida
 - p. Traumatic brain injury
 - q. Other (please specify)
31. Do any children in your home...? (Yes/No/Not sure response)
- a. Know how to swim
 - b. Wear a bike/skate helmet
 - c. Children under age 8 use a car/booster seat
 - d. Wear a seatbelt at all times
 - e. Have access to a pool where you live
 - f. Receive all shots to prevent disease
 - g. Have a history of being bullied (including social media)

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- h. Receive gun safety education
 - i. Use sunscreen
 - j. Eat at least 3 servings of fruits and vegetables every day
 - k. Exercise at least 60 minutes every day
 - l. Get 8 hours or more of sleep every night
 - m. Eat fast food every week
 - n. Drink sugary-sweetened sodas, energy drinks, or sports drinks
 - o. Eat junk food every day
 - p. Stay home from school 5 or more days a year because of health issues
 - q. Need regular access to a school nurse
 - r. Attend a public or charter school
32. Overall, how would you rate the health of the community in which you live?
- a. Very unhealthy
 - b. Unhealthy
 - c. Somewhat healthy
 - d. Healthy
 - e. Very healthy
 - f. Not sure
33. Please read the list of risky behaviors listed below. Which three do you believe are the most harmful for the overall health of your community? In order, select which three behaviors you think are most harmful, second most harmful, then third most harmful.
- a. Alcohol abuse
 - b. Dropping out of school
 - c. Drug abuse
 - d. Lack of exercise
 - e. Poor eating habits
 - f. Not getting shots to prevent disease
 - g. Not wearing helmets
 - h. Not using seatbelts/child safety seats
 - i. Tobacco use/e-cigarettes/vaping
 - j. Unsafe sex, including not using birth control
 - k. Distracted driving (texting, eating, talking on phone)
 - l. Not locking up guns
 - m. Not seeing a doctor while pregnant
34. Read the list of health problems and think about your community. Which of these do you believe are the most important to address to improve the health of your community? In order, select which three behaviors you think are most important, second most important, then third most important.
- a. Aging problems (for example: difficulty getting around, dementia, arthritis)
 - b. Cancers
 - c. Child abuse/neglect
 - d. Clean environment/air and water quality
 - e. Dental problems
 - f. Diabetes/high blood sugar
 - g. Domestic violence/rape/sexual assault
 - h. Gun-related injuries
 - i. Being overweight
 - j. Mental health problems, including suicide

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- k. Heart disease/stroke/high blood pressure
 - l. HIV/AIDS / Sexually Transmitted Diseases (STDs)
 - m. Homicide
 - n. Infectious diseases like Hepatitis and TB
 - o. Motor vehicle crash injuries
 - p. Infant death
 - q. Respiratory/lung disease
 - r. Teenage pregnancy
 - s. Tobacco use/e-cigarettes/vaping
35. Please read the list of factors below. Which do you believe are the most important to improve the quality of life in a community? In order, select which three behaviors you think are most important, second most important, then third most important.
- a. Good place to raise children
 - b. Low crime/safe neighborhoods
 - c. Good schools
 - d. Access to health care
 - e. Parks and recreation
 - f. Clean environment/air and water quality
 - g. Low-cost housing
 - h. Arts and cultural events
 - i. Low-cost health insurance
 - j. Tolerance/embracing diversity
 - k. Good jobs and healthy economy
 - l. Strong family life
 - m. Access to low-cost, healthy food
 - n. Healthy behaviors and lifestyles
 - o. Sidewalks/walking safely
 - p. Public transportation
 - q. Low rates of adult death and disease
 - r. Low rates of infant death
 - s. Religious or spiritual values
 - t. Disaster preparedness
 - u. Emergency medical services
 - v. Access to good health information
36. Below are some statements about your local community. Please tell us how much you agree with each of the following statements. (Agree/Disagree/Not sure responses)
- a. Drug abuse is a problem in my community.
 - b. I have no problem getting the health care services I need.
 - c. We have great parks and recreational facilities.
 - d. Public transportation is easy to get to if I need it.
 - e. There are plenty of jobs available for those who want them.
 - f. Crime in my area is a serious problem.
 - g. Air pollution is a problem in my community.
 - h. I feel safe in my own neighborhood.
 - i. There are affordable places to live in my neighborhood.
 - j. The quality of health care is good in my neighborhood.
 - k. There are good sidewalks for walking safely.

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- I. I am able to get healthy food easily.
37. Below are some statements about your connections with the people in your life. Please tell us how much you agree with each of the following statements. (Agree/Disagree/Not sure responses)
- a. I am happy with my friendships and relationships.
 - b. I have enough people I can ask for help at any time.
 - c. My relationships are as satisfying as I would want them to be.
38. Over the past 12 months, how often have you had thoughts that you would be better off dead or of hurting yourself in some way?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
39. In the past 12 months, I worried about whether our food would run out before we got money to buy more.
- a. Often true
 - b. Sometimes true
 - c. Never true
40. In the past 12 months, the food that we bought just did not last, and we did not have money to get more.
- a. Often true
 - b. Sometimes true
 - c. Never true
41. In the past 12 months, did you or anyone living in your home ever get emergency food from a church, food pantry, or food bank, or eat in a soup kitchen?
- a. Yes
 - b. No
42. Now think about the past 7 days. In the past 7 days, how many times did you eat fast food?
- a. Open response
43. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?
- a. Yes
 - b. No
44. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?
- a. Yes
 - b. No
45. In the past 12 months, has your utility company shut off your service for not paying your bills?
- a. Yes
 - b. No
46. In the past 12 months, have you used a prescription pain medicine (morphine, codeine, hydrocodone, oxycodone, methadone, or fentanyl) without a doctor's prescription or differently than how a doctor told you to use it?
- a. Yes
 - b. No
47. Overall, how would you rate YOUR OWN PERSONAL health? Please choose only one:
- a. Very unhealthy
 - b. Unhealthy

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- c. Somewhat healthy
 - d. Healthy
 - e. Very healthy
 - f. Not sure
48. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?
- a. Yes
 - b. No
49. What is the MAIN reason you didn't get the medical care you needed? Please choose only one:
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a doctor
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have health insurance
 - g. Other
50. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? Please choose only one:
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
51. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?
- a. Yes
 - b. No
52. What is the MAIN reason you didn't get the mental health care you needed? Please choose only one:
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a doctor/counselor
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have health insurance
 - g. Other
53. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?
- a. Yes
 - b. No
54. What is the MAIN reason you didn't get the dental care you needed? Please choose only one:
- a. Can't afford it/costs too much
 - b. I had transportation problems
 - c. I don't have a dentist
 - d. I don't know where to go
 - e. I had trouble getting an appointment
 - f. I don't have dental insurance
 - g. Other

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55. In the past 12 months, have you gone to a hospital emergency room (ER) about your own health?
- Yes
 - No, I have not gone to a hospital ER in the last 12 months
56. Please enter the number of times you have gone to a hospital emergency room (ER) about your own health in the past 12 months:
- Open response
57. What is the MAIN reason you used the emergency room INSTEAD of going to a doctor's office or clinic? Please choose only one:
- After hours/weekend
 - I don't have a doctor/clinic
 - Long wait for an appointment with my regular doctor
 - Cost
 - Emergency/life-threatening situation
 - I don't have insurance
 - Other
58. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? CHECK ALL THAT APPLY:
- Cancer
 - Depression
 - Diabetes
 - HIV/AIDS
 - Heart disease
 - High blood pressure/hypertension
 - Obesity
 - Stroke
 - None of these
59. How often do you smoke? Please choose only one:
- I do not smoke cigarettes
 - I smoke less than one pack per day
 - I smoke about one pack per day
 - I smoke more than one pack per day
60. How often to you vape or use e-cigarettes? Please choose only one:
- I do not vape or smoke e-cigarettes
 - I vape or smoke e-cigarettes on some days
 - I vape or smoke e-cigarettes everyday
61. Did you live with anyone who was depressed, mentally ill, or suicidal?
- Yes
 - No
62. Did you live with anyone who was a problem drinker or alcoholic?
- Yes
 - No
63. Did you live with anyone who used illegal street drugs or who abused prescription medications?
- Yes
 - No
64. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- Yes

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- b. No
65. Were your parents separated or divorced?
- a. Yes
 - b. No
66. How often did your parents or adults in your home slap, hit, kick, punch, or beat each other up?
- a. Never
 - b. Once
 - c. More than once
67. How often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way?
- a. Never
 - b. Once
 - c. More than once
68. How often did a parent or adult in your home swear at you, insult you, or put you down?
- a. Never
 - b. Once
 - c. More than once
69. How often did an adult or anyone at least 5 years older than you touch you sexually?
- a. Never
 - b. Once
 - c. More than once
70. How often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
- a. Never
 - b. Once
 - c. More than once
71. How often did an adult or anyone at least 5 years older than you force you to have sex?
- a. Never
 - b. Once
 - c. More than once

Appendix C

Key Informant Interview questions

1. What is your name and organization?
2. In which counties do you and/or your organization provide services or programs?
3. Could you tell us a little about yourself, your background, and your organization? If applicable, what is your organization's mission? Does your organization provide direct care or operate as an advocacy organization?
4. We would like your perspective on the major health needs/issues in the community. What are the top priority health issues that your organization is dealing with? What do you think are the factors that are contributing to these health issues?
5. If your organization provides services or programs in multiple counties in the region, are there geographic differences in the health needs or issues each community faces?
6. Which groups in your community appear to struggle the most with these issues you've identified and how does it impact their lives? Are there specific challenges that impact low-income, underserved/uninsured persons experience? Are there specific challenges that impact different racial or ethnic groups in the community? Are there specific challenges that impact different groups based on age or gender in the community?
7. What barriers or challenges might prevent someone in the community from accessing health care or social services? (Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)
8. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?
9. What services or programs do you feel could potentially have the greatest impact on the needs that you've identified?
10. Is there anything additional that should be considered for assessing the needs of the community?

Appendix D

Resources and Best Practice Recommendations

Practice or Intervention	Expected outcomes	Effectiveness	Source
Mental health			
Crisis lines	Improved mental health, reduced suicides	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/crisis-lines
Mental Health First Aid	Increased knowledge of mental health, reduced stigma	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mental-health-first-aid
School-based social and emotional instruction	Improved mental health, increased academic achievement	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-social-and-emotional-instruction
Substance use			
Naloxone education and distribution programs	Increased knowledge of appropriate overdose response	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/naloxone-education-distribution-programs
Mass media campaigns against alcohol-impaired driving	Reduced impaired driving, reduced alcohol-related crashes, reduced fatal and non-fatal injuries	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mass-media-campaigns-against-alcohol-impaired-driving
Alcohol advertising restrictions	Reduced alcohol use, reduced underage drinking	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-advertising-restrictions
Access to care			
Health insurance enrollment outreach and support	Increased health insurance coverage	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support

Telemedicine	Increased access to care	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/telemedicine
Rural training in medical education	Increased access to care	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/rural-training-in-medical-education
Health literacy interventions	Improved health related knowledge, adherence to treatment	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-literacy-interventions

Nutrition, physical activity, & weight

Community gardens	Increased access to fruits and vegetables, increased consumption of fruits and vegetables	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-gardens
Activity programs for older adults	Improved health outcomes, mental health	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/activity-programs-for-older-adults
Bike and pedestrian master plans	Increased physical activity, active transportation	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/bike-pedestrian-master-plans
Community fitness programs	Increased physical activity, fitness	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-fitness-programs
Competitive pricing for healthy foods	Increased sales of healthy foods	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/competitive-pricing-for-healthy-foods

Infectious disease & immunization

Clinic-based interventions for human papillomavirus (HPV) vaccination	Increased vaccination	Some evidence	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/clinic-based-interventions-for-human-papillomavirus-hpv-vaccination
Syringe services program	Reduced HIV infection, reduced hepatitis C infection, reduced injection risk behavior	Scientifically supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/syringe-services-programs

Appendix E

Community Social and Demographic Summary

Figure 21. Community Social and Economic Factor Summary, Pasco County and Florida, 2014-2018

Indicator	Pasco	Florida
TOTAL POPULATION	510,593	20,598,139
RACE, OF ANY ETHNICITY		
White (%)	87.6	75.4
Black or African American (%)	5.6	16.1
American Indian & Alaska Native (%)	0.4	0.3
Asian (%)	2.5	2.7
Native Hawaiian & Other Pacific Islander (%)	0.1	0.1
Some other race (%)	1.3	2.8
Two or more races (%)	2.5	2.6
HISPANIC OR LATINO AND RACE		
Hispanic or Latino, of any race (%)	14.5	25.2
Not Hispanic or Latino (%)	85.5	74.8
White alone (%)	75.6	54.4
Black or African American alone (%)	5.1	15.4
American Indian & Alaska Native alone (%)	0.3	0.2
Asian alone (%)	2.5	2.7
Native Hawaiian & Other Pacific Islander alone (%)	0.1	0.1
Some other race (%)	0.2	0.3
Two or more races (%)	1.8	1.8
SEX AND AGE		
Male (%)	48.7	48.9
Female (%)	51.3	51.1
Median age (years)	44.6	41.9
Under 5 years (%)	5.2	5.4
5 to 9 years (%)	5.6	5.5
10 to 14 years (%)	6	5.7
15 to 19 years (%)	5.7	5.8
20 to 24 years (%)	5.1	6.2
25 to 34 years (%)	10.9	12.9
35 to 44 years (%)	12.1	12.1
45 to 54 years (%)	13.6	13.3
55 to 59 years (%)	6.9	6.8
60 to 64 years (%)	6.5	6.4
65 to 74 years (%)	12.4	10.9
75 to 84 years (%)	7.3	6.2
85 years and over (%)	2.7	2.6

Indicator	Pasco	Florida
POVERTY		
Families under 100% of poverty (%)	9.5	10.6
With children under 18 years (%)	15	17.3
With children under 5 years (%)	15.2	16.1
Families with female householder (%)	23.2	25.8
With children under 18 years (%)	32.5	35.5
With children under 5 years (%)	32.2	38.1
People whose poverty status is known	502,183	20,178,544
Under 50 % of poverty (%)	6	6.4
50 to 99 % of poverty (%)	7.4	8.3
100 to 124 % of poverty (%)	5	5.2
125 to 149 % of poverty (%)	5.3	5.1
150 to 184 % of poverty (%)	7.4	7.3
185 to 199 % of poverty (%)	3.2	3
200 % of poverty and over (%)	65.6	64.6
People under 100% of poverty (%)	13.5	14.8
Under 18 years (%)	18.1	21.3
18 years and over (%)	12.3	13.1
18 to 64 years (%)	13.3	14.1
65 years and over (%)	9.6	10.3
People under 185% of poverty (%)	31.2	32.3
EMPLOYMENT STATUS		
Civilian labor force	223,339	9,876,910
Civilian labor force unemployed (%)	6.5	6.3
COMMUTING TO WORK		
Workers 16 years and over	206,221	9,140,393
Car, truck or van - drove alone (%)	80.4	79.4
Car, truck or van - carpooled (%)	8.6	9.2
Public transportation, excluding taxicab (%)	0.4	1.9
Walked (%)	0.9	1.4
Other means (%)	1.9	2.2
Worked at home (%)	7.7	5.8
Mean travel time to work (minutes)	31.8	27.4
EDUCATIONAL ATTAINMENT		
Population 25 years and over	370,112	14,686,727
Less than 9th grade (%)	3.3	4.9
9th to 12 grade, no diploma (%)	7.7	7.1
High school graduate or higher (%)	89	88
High school graduate, includes GED (%)	33.1	28.8
Some college, no degree (%)	21.8	20.2
Associate's degree (%)	10.8	9.8
Bachelor's degree or higher (%)	23.4	29.2
Bachelor's degree (%)	15.5	18.5
Graduate or professional degree (%)	7.9	10.6

Indicator	Pasco	Florida
INCOME AND BENEFITS		
Median household income (dollars)	50,417	53,267
Total households	199,227	7,621,760
With earnings (%)	66.4	72.3
With social security (%)	42.2	37.2
With retirement income (%)	23.2	19.9
With Supplemental Security Income (%)	6.6	5.1
With cash public assistance income (%)	2.8	2.1
With Food Stamp/SNAP benefits (%)	13.9	14.2
Median family income (dollars)	61,860	64,312
Median nonfamily income (dollars)	30,193	33,682
HEALTH INSURANCE COVERAGE		
Civilian noninstitutionalized population	504,686	20,288,268
With health insurance coverage (%)	88.2	86.5
With private health insurance (%)	60.9	61.9
With public coverage (%)	41.2	36.9
No health insurance coverage (%)	11.8	13.5
Under 19 years	109,316	4,391,005
No health insurance coverage (%)	6.1	7.6
Employed 19 to 64 years	193,224	8,528,103
With health insurance coverage (%)	84	82.3
With private health insurance (%)	78	77
With public coverage (%)	8.8	7.6
No health insurance coverage (%)	16	17.7
Unemployed 19 to 64 years	12,737	551,938
With health insurance coverage (%)	52.8	58.3
With private health insurance (%)	30.3	37.6
With public coverage (%)	24.5	23.3
No health insurance coverage (%)	47.2	41.7
Not in labor force	76,564	2,821,092
With health insurance coverage (%)	80.2	78.2
With private health insurance (%)	44.8	49.7
With public coverage (%)	43.4	35.2
No health insurance coverage (%)	19.8	21.8
GRANDPARENTS		
Living with grandchildren under 18 years	11,780	492,913
Responsible for grandchildren (%)	36.2	30.4
DISABILITY STATUS		
Civilian Noninstitutionalized Population	504,686	20,288,268
With a disability (%)	16.2	13.4
Under 18 years	104,038	4,139,656
With a disability (%)	5.4	4.4
18 to 64 years	287,803	12,152,482
With a disability (%)	12.7	10

Indicator	Pasco	Florida
65 years and over	112,845	3,996,130
With a disability (%)	35.2	33.1
RESIDENCE 1 YEAR AGO		
Population 1 year and over	505,939	20,386,265
Same house (%)	86.5	84.3
Different house in the U.S. (%)	13	14.6
Same county (%)	6.2	8.7
Different county (%)	6.8	5.9
Same state (%)	4	3.1
Different state (%)	2.8	2.8
Abroad (%)	0.5	1.1
TOTAL HOUSING UNITS	240,220	9,348,689
HOUSING OCCUPANCY		
Occupied housing units	199,227	7,621,760
Occupied housing units (%)	82.9	81.5
Owner-occupied (%)	72	65
Renter-occupied (%)	28	35
Household size owner-occupied unit (people)	2.47	2.63
Household size renter-occupied unit (people)	2.67	2.68
Vacant housing units (%)	17.1	18.5
Homeowner vacancy (%)	2.9	2.3
Rental vacancy (%)	7.6	8.4
Occupying Mobile home (%)	19.5	9
Occupying Boat, RV, van, etc. (%)	0.3	0.1
Median value of owner-occupied units (dollars)	149,000	196,800
OCCUPIED HOUSING UNIT CHARACTERISTICS		
Lacking complete plumbing facilities (%)	0.2	0.3
Lacking kitchen facilities (%)	0.4	0.7
With utility gas as heating fuel (%)	4.5	4.6
With bottled, tank or LP gas as heating fuel (%)	0.9	0.9
With electricity as heating fuel (%)	93.3	92.3
With fuel oil, kerosene etc. as heating fuel (%)	0.1	0.1
With coal or coke as heating fuel (%)	0	0
With wood as heating fuel (%)	0.2	0.2
With solar energy as heating fuel (%)	0.1	0.1
With other fuel as heating fuel (%)	0.1	0.1
With no fuel used to heat (%)	0.8	1.8
With no vehicles available (%)	5.5	6.5
With 1 vehicle available (%)	41.7	40.2
With 2 vehicles available (%)	38.8	38.3

Source: U.S. Census Bureau, American Community Survey, 2014-2018, retrieved from Florida CHARTS, April 2020