



2025 Community Health Needs Assessment

Pinellas County

BayCare Alliant Hospital

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Letter from the All4HealthFL Collaborative

To the citizens of Pinellas County,

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

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

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

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

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

The All4HealthFL Collaborative

Introduction

The world has changed a lot since the 2022 Community Health Needs Assessment. COVID-19 is no longer one of the leading causes of death, yet many of the barriers and challenges that existed three years ago still exist today. With the continuing rise in cost of living, inflation, and changes in policy at the local, state, and national level, there are several emerging needs that have been identified in the 2025 Community Health Needs Assessment.

The following Community Health Needs Assessment report will highlight the priority areas in Pinellas County.

Primary and secondary quantitative and qualitative data were collected from September 2024 through February 2025. Unfortunately, during the research phase, West Central Florida was hit by Hurricanes Helene and Milton in September and October 2024, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the Community Health Needs Assessment was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricanes are included in the findings.

Purpose

The Community Health Needs Assessment (CHNA) is a comprehensive process that identifies the health needs, barriers to accessing care, and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act and codified under IRS Section 501(r)(3).

Acknowledgments

The Community Health Needs Assessment could not have happened without the support and participation of all community partners within Pinellas County. The All4HealthFL Collaborative members were integral in the outreach and marketing of the stakeholder interviews, focus groups, and community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience conducting Community Needs Assessments across the United States, led the research for the Community Health Needs Assessment. By partnering with the All4HealthFL Collaborative members, the Crescendo team conducted qualitative and quantitative research, facilitated the needs prioritization process, and developed the county reports. To learn more about Crescendo Consulting Group, please visit www.crescendocg.com.

About the All4HealthFL Collaborative

Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four Florida Departments of Health in West Central Florida. The Collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health needs assessments. This process is conducted every three years and aims to identify health priorities in the community and develop strategies to address them.

The All4HealthFL Collaborative works together to plan, implement and evaluate strategies that align with identified health priorities. Together, the group strives to make West Central Florida the healthiest region in Florida.

Historically, the All4HealthFL Collaborative has worked together to conduct Community Health Needs Assessments in Hillsborough, Pasco, Pinellas, and Polk Counties. In 2025, the work expanded to Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and Sarasota Counties.

The All4HealthFL Collaborative consists of content experts from the following organizations and agencies:



The All4HealthFL Collaborative also hosts and maintains the [All4HealthFL Community Data Platform](#) as a community resource for Hillsborough, Pasco, Pinellas, and Polk Counties. Additionally, all county reports and appendices are located on the website.

Evaluation of Progress Since Previous CHNA

The Community Health Needs Assessment process should be viewed as a three-year cycle to evaluate the impact of actions taken to address priority areas. This step affirms organizations' focus and targets efforts during the next CHNA cycle. The top three health priorities for Pinellas County from the 2022 Community Health Needs Assessment were Access to Health and Social Services, Behavioral Health (Mental Health and Substance Misuse), and Exercise, Nutrition, and Weight.

Access to Health
and Social Services

Behavioral Health
(Mental Health and
Substance Misuse)

Exercise, Nutrition,
and Weight

Collaborative Achievements

The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health needs assessments. Based on the prioritized needs in 2022, hospital systems in Hillsborough, Pasco, Pinellas, and Polk Counties have done their part to address behavioral health, access to health and social services, and the need to support the residents in these counties on information, resources, and programs regarding exercise, nutrition, and weight. This has included programs and initiatives such as providing Mental Health First Aid trainings, establishing a Coordinated Regional Harm Reduction Continuum, navigation services, telehealth offerings, addressing food insecurity, and implementing Exercise as Medicine programs. To learn more about these initiatives and other important efforts to address identified priorities, please see the Partner Achievements in Appendix H.

CHNA Methodology

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers, and young families. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.



Secondary Data provided a critical insight into demographics of Pinellas County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and FLHealthCharts.

Qualitative Research included 32 one-on-one stakeholder interviews and four focus groups, speaking with over 50 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually.

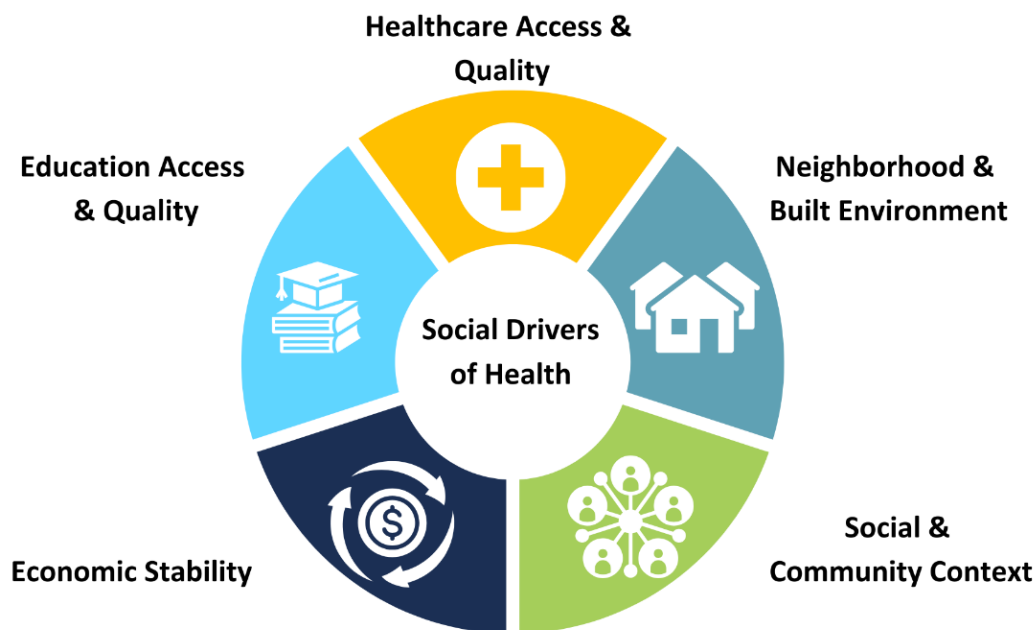
A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 3,603 responses were collected and analyzed. Survey responses are provided for Pinellas County in this report.

The **Needs Prioritization Process** was conducted on March 11, 2025, with 91 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, community needs, and potential strategies. A survey using a modified Hanlon Method was used to prioritize the needs based on magnitude, severity, and feasibility of addressing the needs in Pinellas County.

Social Drivers of Health

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks¹. Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcome.² Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The social drivers of health model³ consists of five domains shown below in Exhibit 1.

EXHIBIT 1: SOCIAL DRIVERS OF HEALTH FRAMEWORK



Needs Prioritization Process

The needs prioritization is a critical final step in the Community Health Needs Assessment process. The quantitative and qualitative research for Pinellas County was analyzed, and eight community needs were identified.

On March 11, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Pinellas County came together to prioritize the most significant health needs for Pinellas County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 91 individuals were in attendance at this

¹ ODPHP, n.d. Social Determinants of Health.

² Whitman et al. (ASPE), 2022.

³ ODPHP, n.d. Social Determinants of Health.

meeting. The meeting was divided into three sections: presentation of collected data, evaluation of community needs, and proposal of potential strategies.

The first part of the meeting consisted of a data presentation followed by a roundtable discussion, and additional data presented in the data placemats.

Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community need, potential barriers to addressing the needs, and what happens if the community need is not addressed in the county. All tables reported out to those in attendance the high-level findings of their discussions.

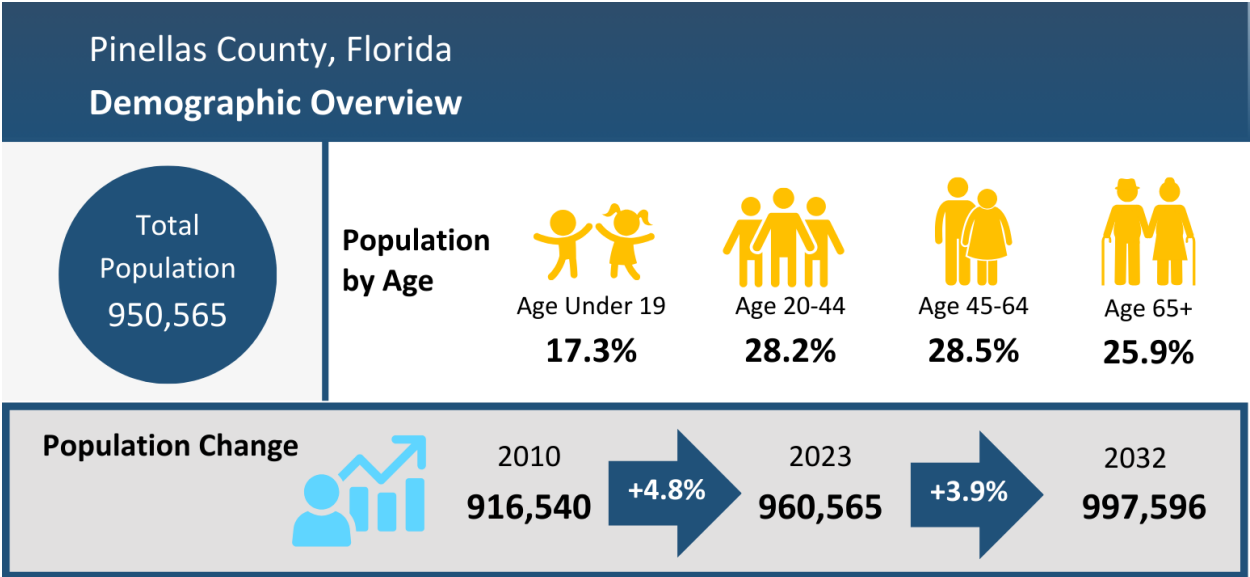
Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using a modified Hanlon method, where they are scored on a scale from one to five based on magnitude, severity, and feasibility. The lower the overall score, the more pressing the health need is to address.

The final roundtable discussions focused on potential strategies for addressing the needs that were prioritized. This information is included in this report for each All4HealthFL Collaborative member for consideration as they build their hospital Implementation Strategy Plans, and for any community partners to use for their own planning efforts.

Healthy People 2030

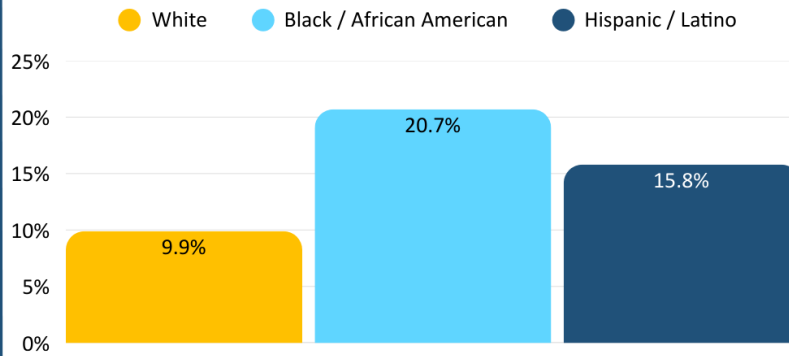
Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. The identified needs of the CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit <https://odphp.health.gov/healthypeople>.

Demographics

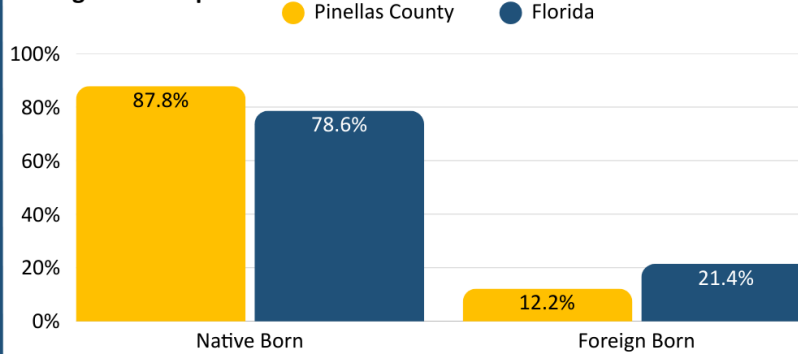


Pinellas County, Florida Demographic Overview

Trend of Population Living in Poverty



Foreign-Born Population



Economic Wellbeing



Median Household
Income
\$70,293



Households Below
Poverty Level
12.8%



Unemployment Rate
4.6%



Households Receiving
SNAP Benefits
8.7%

Race / Ethnicity



10.9%
Hispanic /
Latino

75.1%
White

8.6%
Two or
More Races

9.7%
Black / African American

15.4%
Speak a Language Other
than English at Home

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Community Needs

The following eight community needs were identified.



After the vote during the Needs Prioritization session, the final needs in order of rank are below.

Rank	Community Need	Score
1	Healthcare Access and Quality	7.80
2	Behavioral Health	8.00
3	Exercise, Nutrition, and Weight	11.25
4	Economic Stability	13.45
5	Dental	16.56
6	Neighborhood and Built Environment	16.67
7	Heart Disease and Stroke	16.67
8	Cancer	19.34

Healthcare Access and Quality

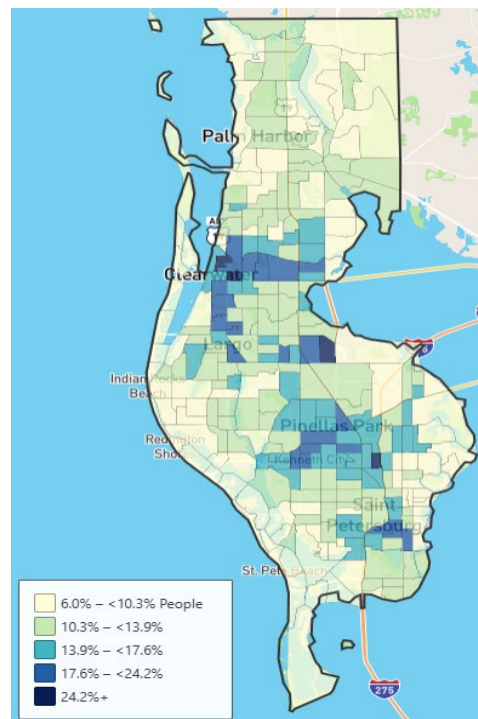
Healthcare Access and Quality is one of the five social drivers of health. Healthcare access and quality can impact a person's health outcomes and overall well-being by influencing the availability, effectiveness, and safety of health services. Vulnerable populations often face barriers to high-quality healthcare due to socioeconomic disparities, insurance gaps, and limited availability or access to providers among other factors.

ODPHP, n.d.

Key Secondary Data Findings

Health insurance and the ability to pay for care is often one of the main reasons people do not seek healthcare.⁴ Even with health insurance, people may not be able to afford copays and deductibles. In Pinellas County, 9.8% of the total population does not have health insurance. Approximately one in six (16.4%) of adults aged 19 to 64 years do not have health insurance. The areas with the greatest numbers of uninsured are in the darkest regions on the map (Exhibit 2).

EXHIBIT 2: LACK OF HEALTH INSURANCE AMONG ADULTS, 2022

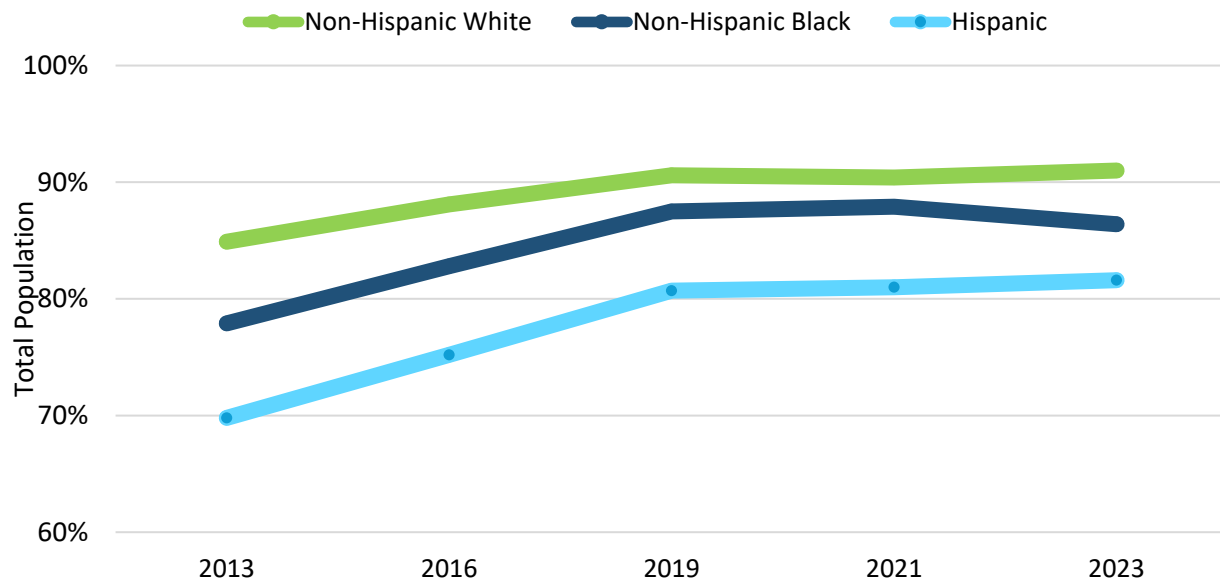


Source: CDC, n.d., BRFSS Places, 2022

⁴ Taber et al., 2015.

In some census tracts⁵ in Pinellas County, nearly one in three adults do not have health insurance (Exhibit 2). Additionally, health insurance rates vary by race and ethnicity. The Hispanic or Latino population have lower percentages of people with health insurance compared to non-Hispanic Whites as shown in Exhibit 3.

EXHIBIT 3: ADULTS WITH HEALTH INSURANCE COVERAGE IN PINELLAS COUNTY BY RACE/ETHNICITY, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.

All of Pinellas County has been designated as a Health Provider Shortage Area (HPSA) for primary care, mental health, and dental care. This means there are not enough providers in these disciplines to serve the population in need within the county.⁶

⁵ Census Tracts are “relatively permanent geographic divisions of a county or county equivalent.” Census Tracts typically have a population of 1,200 to 8,000 with the optimum threshold of 4,000 people. For more information, please see <https://www2.census.gov/geo/pdfs/partnerships/psap/G-650.pdf>.

⁶ HRSA, n.d., Health Provider Shortage Areas.

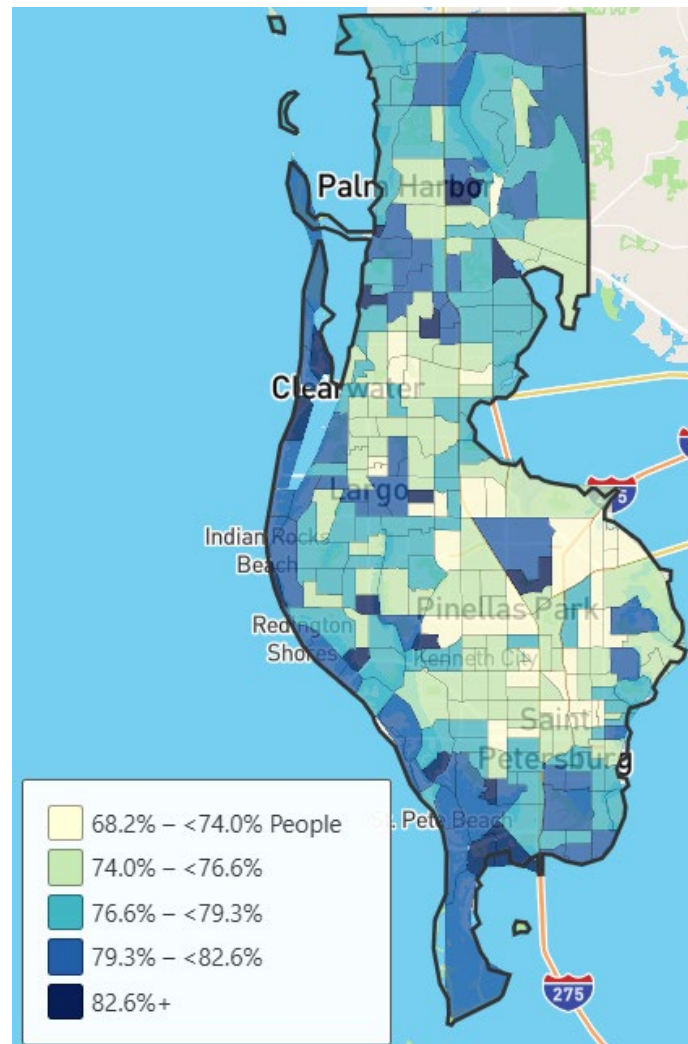
EXHIBIT 4: HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

	Pinellas County	Florida	United States
Primary Care Physician	723:1	858:1	879:1
Primary Care Nurse Practitioner	779:1	800:1	1,110:1
Dentist	1,350:1	1,686:1	1,532:1
Mental Health Provider	558:1	693:1	550:1
Pediatrician	553:1	879:1	795:1
Obstetrics Gynecology (OBGYN)	3,905:1	3,919:1	3,454:1
Midwife and Doula	10,551:1	9,029:1	9,336:1

Source: CMS, n.d. NPPES NPI, 2024.

According to CDC data, in Pinellas County, 77.0% of adults received a medical checkup in 2022. The percentage of adults varies across the census tracts in the county. There are parts of the county where nearly one in three adults did not see a doctor (Exhibit 5). The darker the census track, the more adults report having an annual checkup in the past year.

EXHIBIT 5: ANNUAL DOCTOR CHECKUP IN THE PAST YEAR AMONG ADULTS, 2022



Source: CDC, n.d., BRFSS Places, 2022.

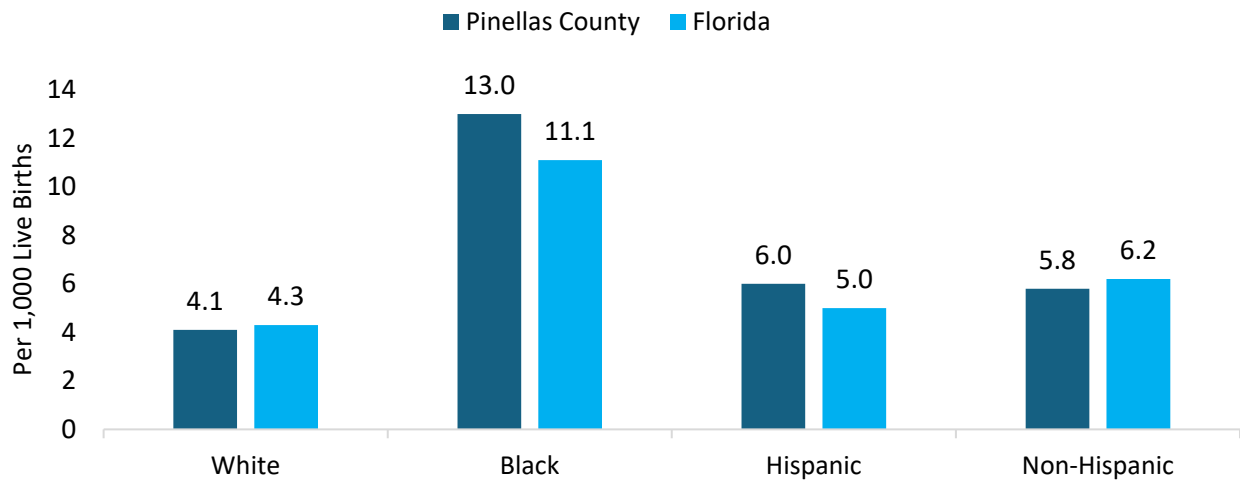
Access to care is especially critical during pregnancy, as early and consistent prenatal care plays a vital role in supporting healthy birth outcomes and reducing infant mortality.⁷

In Pinellas County, infant mortality rates are higher among Black and Hispanic populations compared to White and non-Hispanic populations (Exhibit 6). Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends, where Black,

⁷ ODPHP, n.d. Pregnancy and Childbirth.

American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and Non-Hispanic infants.⁸

EXHIBIT 6: INFANT MORTALITY (AGED 0-364 DAYS), RATE PER 1,000 LIVE BIRTHS BY RACE / ETHNICITY 2021-2023



Source: FloridaHealthCHARTS, n.d.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.⁹ In Pinellas County, White mothers had the highest rate of early prenatal care at 83.8%, while Black mothers had the lowest at 71.4%. All groups in Pinellas exceed the state averages, yet differences by race and ethnicity highlight differences in access to prenatal care.

EXHIBIT 7: BIRTHS WITH PRENATAL CARE IN THE 1ST TRIMESTER, BY RACE / ETHNICITY 2021-2023

	Pinellas County	Florida
White	83.8%	74.3%
Black	71.4%	63.7%
Hispanic	78.5%	70.5%
Non-Hispanic	81.9%	72.3%

Source: FloridaHealthCHARTS, n.d.

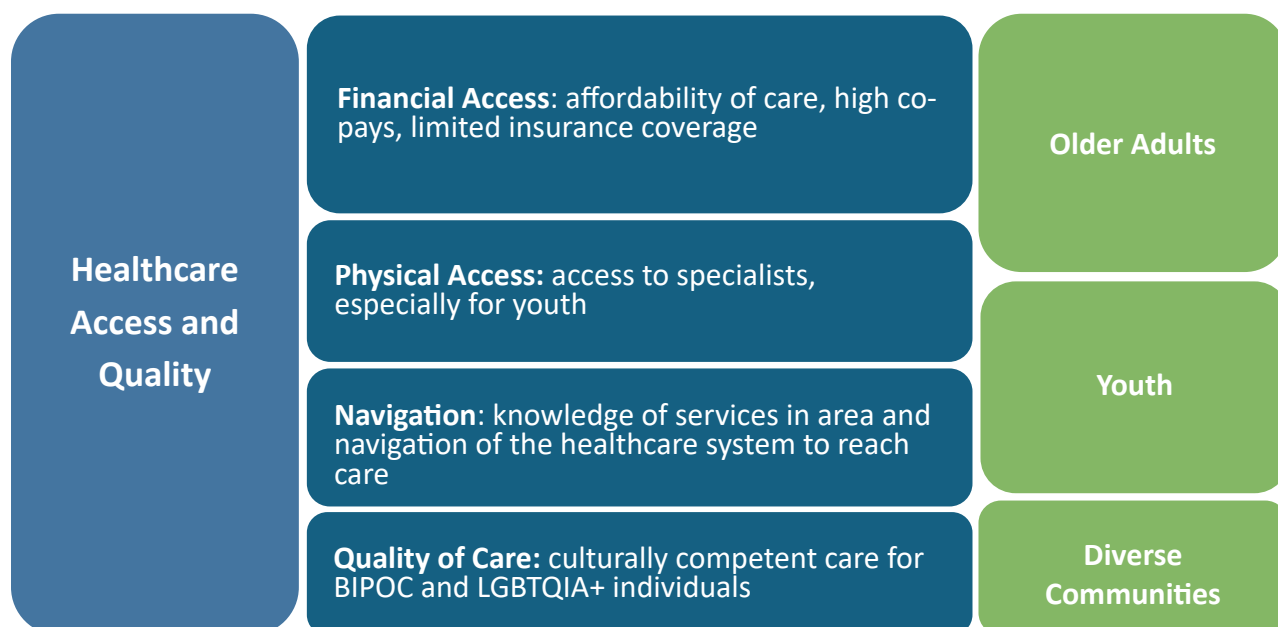
⁸ CDC. 2024. Infant Mortality.

⁹ Albarqi, 2025.

Key Qualitative Findings

When discussing healthcare access and quality, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Stakeholders and focus group participants expressed several healthcare access-related concerns, including financial barriers; difficulty navigating the healthcare and insurance system, especially for older adults; and physical access to providers, especially for youth. They also noted an opportunity for improvement regarding the quality of care provided, especially to minority groups such as members of the LGBTQIA+ and BIPOC communities.

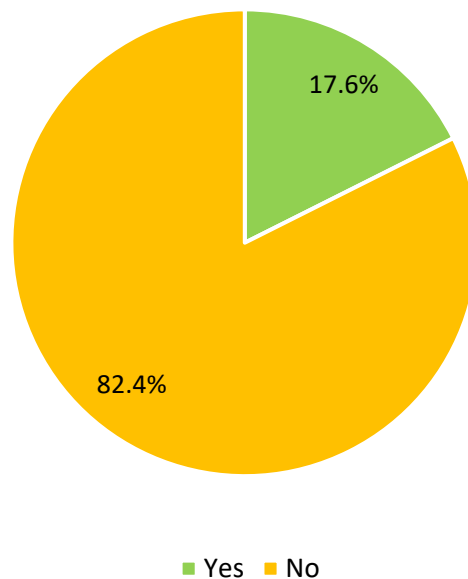
“Low-income seniors need more home-based care. Many times the seniors are isolated so we don’t see them, or they don’t want to leave their homes or ask for help. They’re not tech savvy, so it’s very difficult to apply for services. People need to go to where they are.” – Stakeholder Interview

Key Community Survey Findings

This section presents respondents' perceptions from the community survey on access to medical care, self-rated health status, and emergency room usage. Responses help identify barriers to care and highlight areas where improvement in healthcare delivery may be needed.

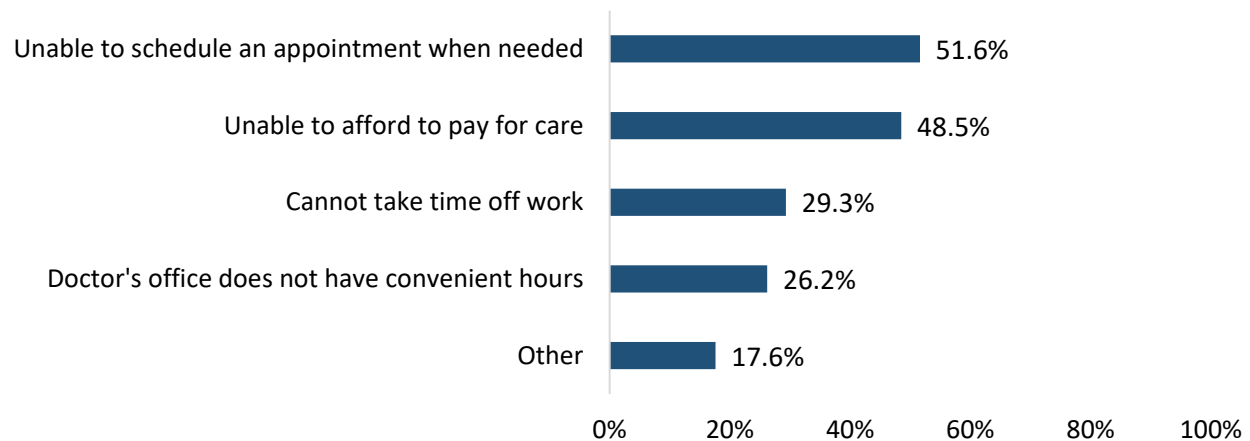
When asking respondents about their medical care access, 17.6% of the respondents responded that in the past 12 months, they needed medical care but did not get it.

EXHIBIT 8: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEED?



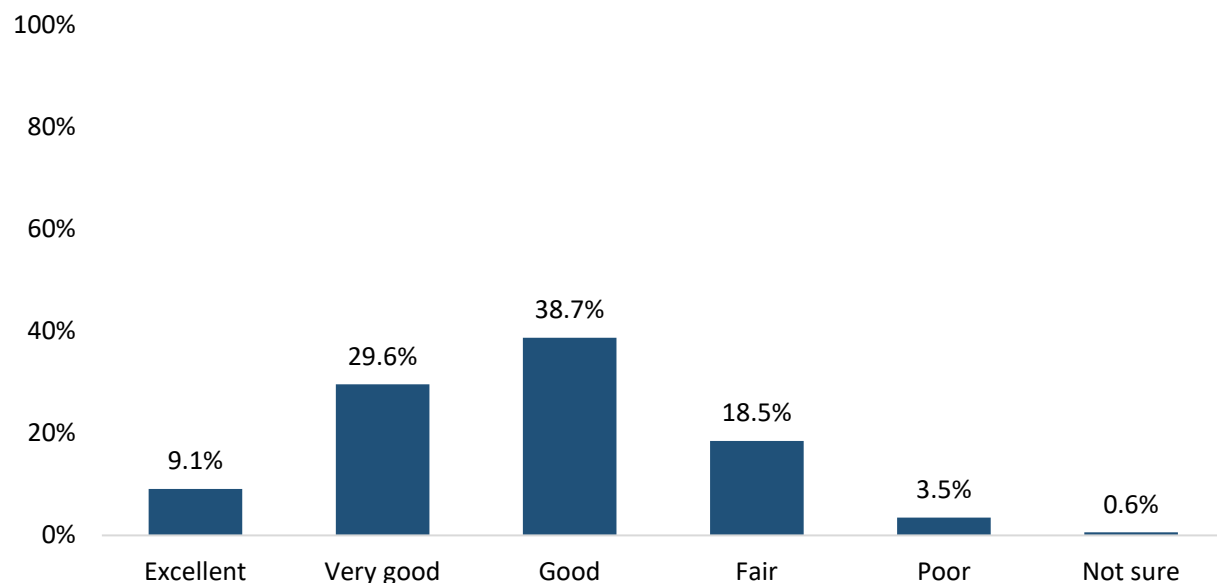
The top five reasons survey respondents reported not getting the care needed were due to unable to schedule an appointment (51.6%), unable to pay for care (48.5%), cannot take time off work (29.3%), doctor's office does not have convenient hours (26.2%), and other reasons (17.6%).

EXHIBIT 9: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?¹⁰



When rating their personal health, 38.7% of respondents categorized it as excellent or very good. Additionally, 38.7% of respondents responded that their personal health was good, and 22.0% respondents said their own health was either fair or poor.

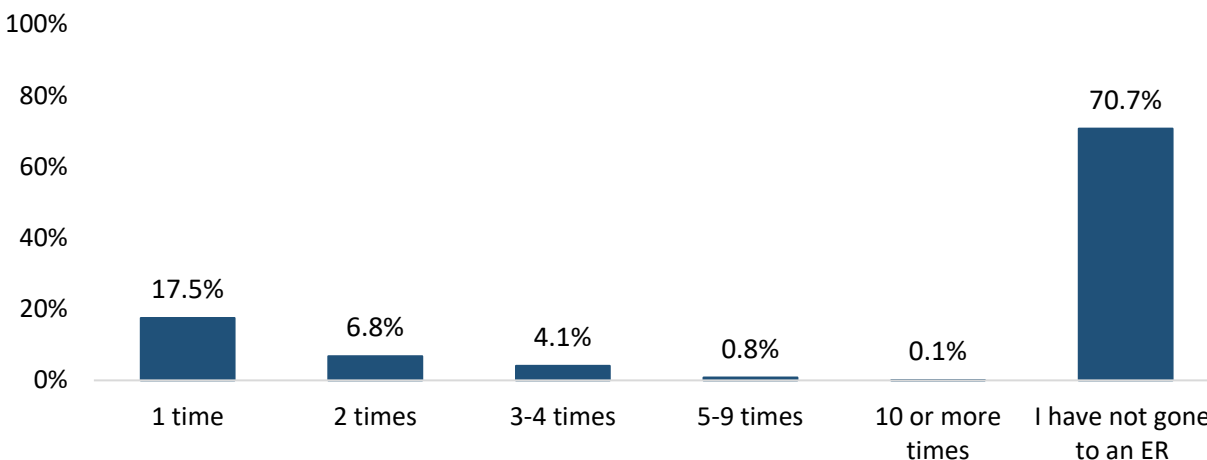
EXHIBIT 10: OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?



¹⁰ For complete list, please refer to the appendix.

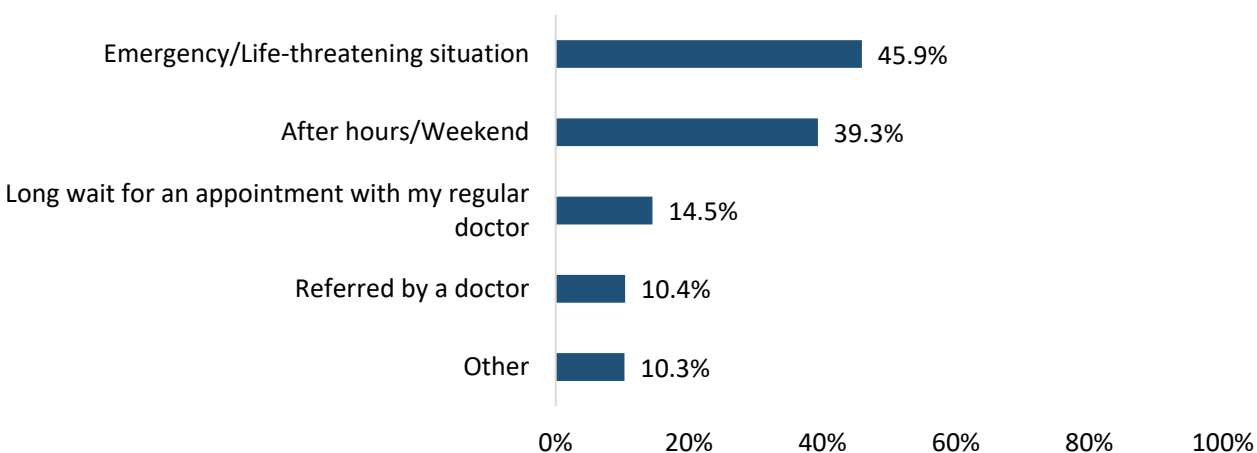
In the past 12 months, 24.3% of respondents went to the emergency room (ER) one to two times. Additionally, 4.1% of respondents went to the ER three to four times, and nearly 1.0% of respondents went to ER five or more times.

EXHIBIT 11: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM (ER, NOT URGENT CARE) ABOUT YOUR OWN HEALTH?



Nearly half of the respondents went to the ER instead of the doctor's office because of emergency or life-threatening situations (45.9%), while 39.3% of respondents went to the ER due to it being after hours or on the weekend.

EXHIBIT 12: WHAT ARE THE MAIN REASONS YOU USED THE ER INSTEAD OF GOING TO A DOCTOR'S OFFICE OR CLINIC¹¹



¹¹ For complete list, please refer to the appendix.

Behavioral Health

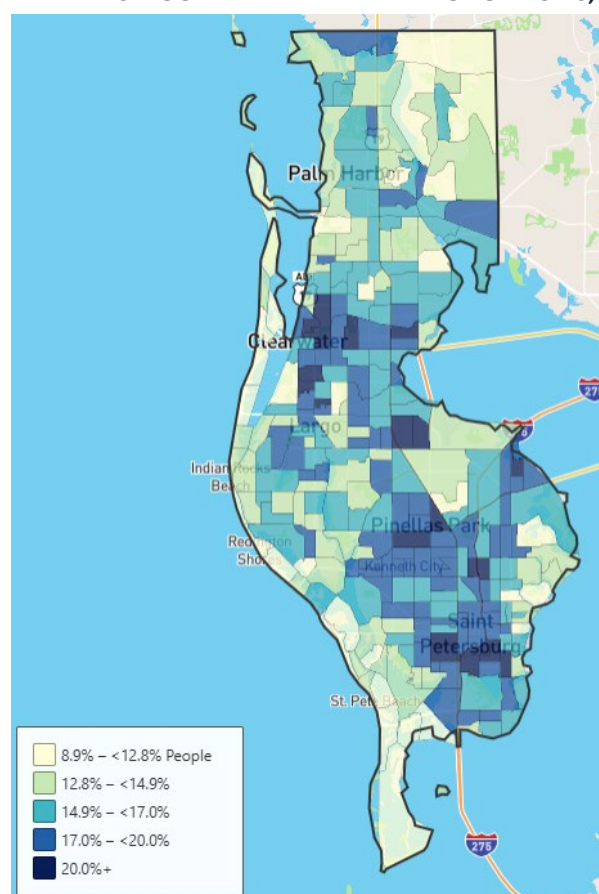
Behavioral Health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions.

NIMH, 2024.

Key Secondary Data Findings

In Pinellas County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.9% of adults reported 14 or more mentally unhealthy days in the past month (Exhibit 13). This rate reflects elevated stress, anxiety, and depressive symptoms that can interfere with daily functioning and quality of life.¹²

EXHIBIT 13: POOR MENTAL HEALTH AMONG ADULTS, 2022



Source: CDC, n.d., BRFSS Places, 2022

¹² CDC, 2024. About Behavioral Health.



1 in 6 adults

in Pinellas County engage in heavy or binge drinking. That's lower than the Florida average of **one in six** adults.

Excessive alcohol use is linked to chronic disease, mental health challenges, injuries, and early death.

Source: CDC, n.d., BRFSS, 2024

Binge drinking is also a growing concern among adults, which are similar in Pinellas County (15.6%) to the State of Florida (16.1%). Despite the similar rates, there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.¹³

Access to care is a critical factor in behavioral health outcomes. In Pinellas County, the mental health provider ratio is 558:1, meaning there are approximately 558 people for every one mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists,

counselors, and other mental health professionals – many of whom may not be accepting new patients, may have long waitlists, or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.¹⁴

EXHIBIT 14: MENTAL HEALTH PROVIDER RATIO (PERSONS PER PROVIDER), 2024

	Pinellas County	Florida
Mental Health Provider Ratio	558:1	693:1

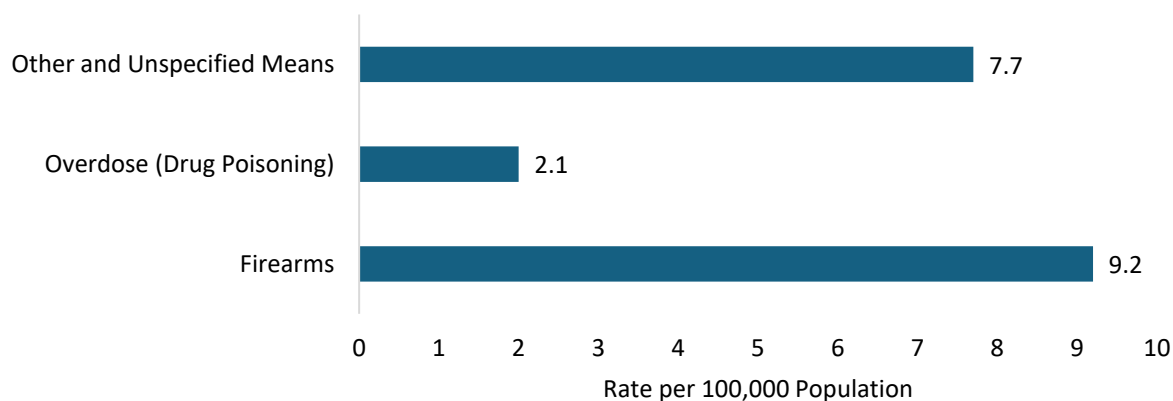
Source: CMS, n.d. NPES NPI, 2024.

¹³ NIAA, 2025. What is Binge Drinking?

¹⁴ Nordstrom et al., 2023.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Pinellas County had a suicide rate of 18.5 per 100,000 people when combining all methods. Notably, firearms were the most common method, with a rate of 9.2 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

EXHIBIT 15: SUICIDE RATE BY MEANS PER 100,000 POPULATION, 2021-2023



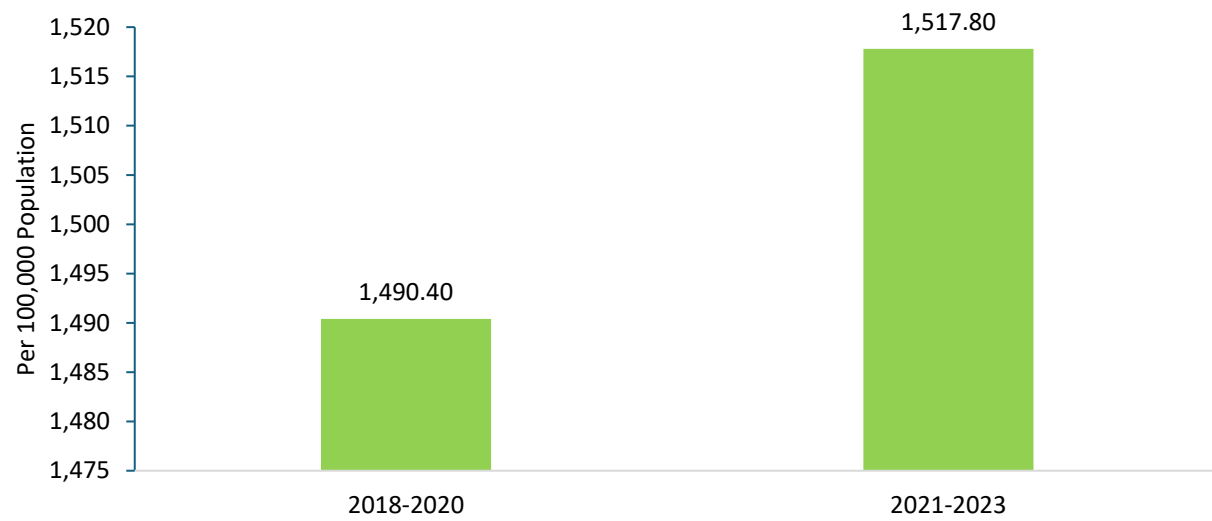
Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Pinellas County, hospitalizations due to mental health disorders occurred at a rate of 1,194.3 per 100,000 people, just above the state average of 963.2.¹⁵ The county also reported 1,517.8 emergency department visits per 100,000 people for mental health conditions, reflecting an ongoing demand for crisis services.¹⁶

¹⁵ FLHealthCHARTS, n.d. Hospitalizations from Mental Disorders, 2020-2023.

¹⁶ FLHealthCHARTS, n.d. Emergency Dept. Visits from Mental Disorders, 2020-2023.

EXHIBIT 16: EMERGENCY DEPARTMENT VISITS FOR MENTAL HEALTH CONDITIONS IN PINELLAS COUNTY (2018–2020 VS. 2021–2023)



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing behavioral health, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Stakeholders and focus group participants repeatedly cited both physical and financial barriers to behavioral healthcare services. They made a connection between inadequate insurance coverage and behavioral healthcare access, sharing that there is a lack of providers that accept insurance, particularly for youth, in the area. While some perceived that behavioral health stigma has decreased, many noted that there is still progress to be made. They noted a particular opportunity to build trust among veterans, LGBTQIA+, and BIPOC individuals. Lastly, participants reported that substance use treatment options are limited in the area, especially for those without adequate insurance coverage.

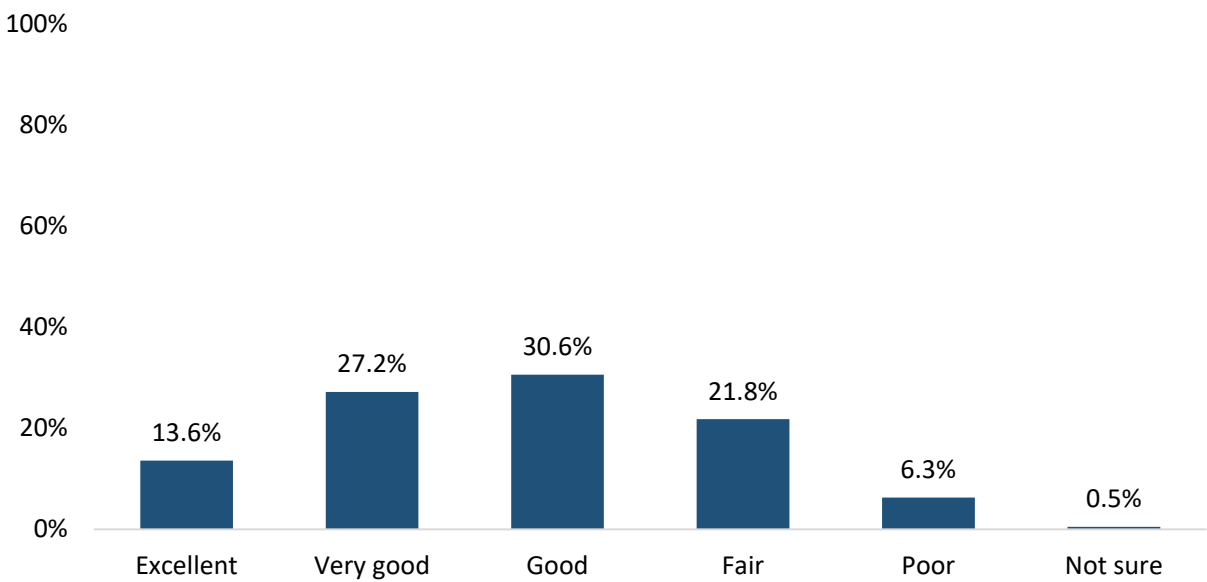
“If you think about your physical health you can walk into a clinic and get help, but you can’t for mental health.” – Focus Group Participant

Key Community Survey Findings

This section presents respondents’ perceptions regarding mental and behavioral health needs, examines barriers to accessing care, and discusses the prevalence of Adverse Childhood Experiences (ACEs). ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual, or emotional abuse, witnessing violence in the home or community, parental separation or divorce, household dysfunction (e.g., substance abuse, mental illness), and incarceration of a parent or caregiver.¹⁷ Such experiences are known to impact long-term mental and physical health outcomes.¹⁸

Two in five respondents said their own mental health was either excellent or very good (40.8%). Similarly, 30.6% of respondents rated their mental health as good. About one in three respondents said their mental health was either fair or poor (28.1%).

EXHIBIT 17: OVERALL, HOW WOULD YOU RATE YOUR OWN MENTAL HEALTH?

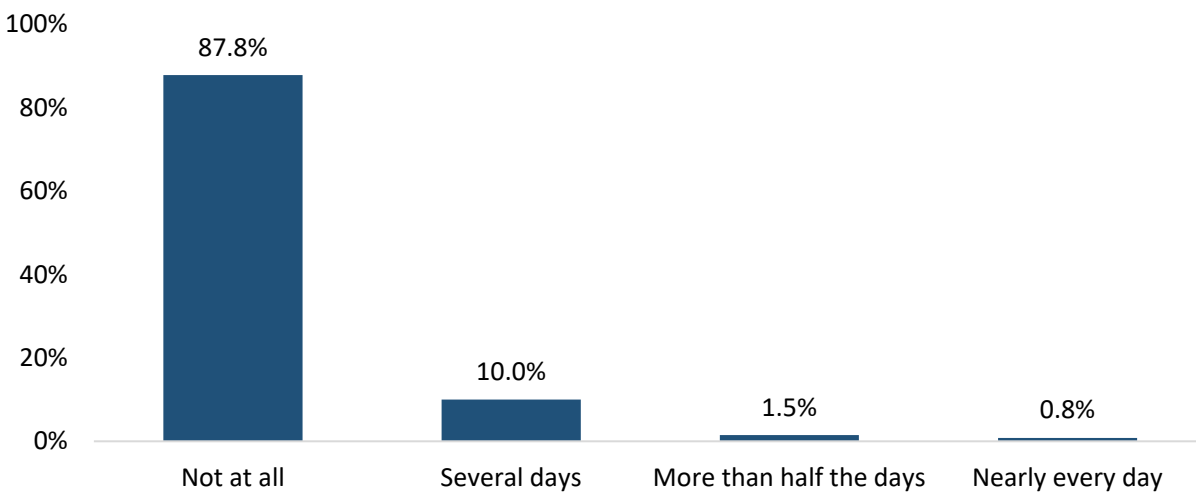


¹⁷ CDC, 2024. About Adverse Childhood Experiences.

¹⁸ Monnat & Chandler, 2016.

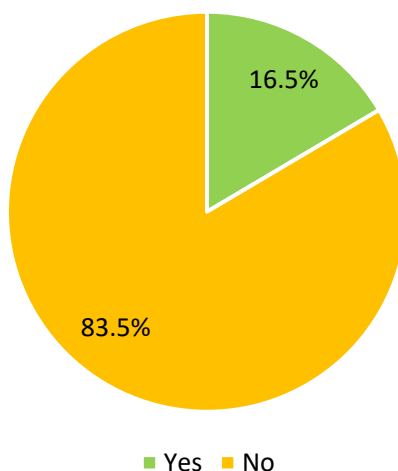
When asked about self-harm and suicidal thoughts, 87.8% of survey respondents reported never having these thoughts in the past 12 months. While 10.0% of respondents indicated experiencing such thoughts several days, 2.3% reported having them more than half the day or nearly every day.

EXHIBIT 18: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?



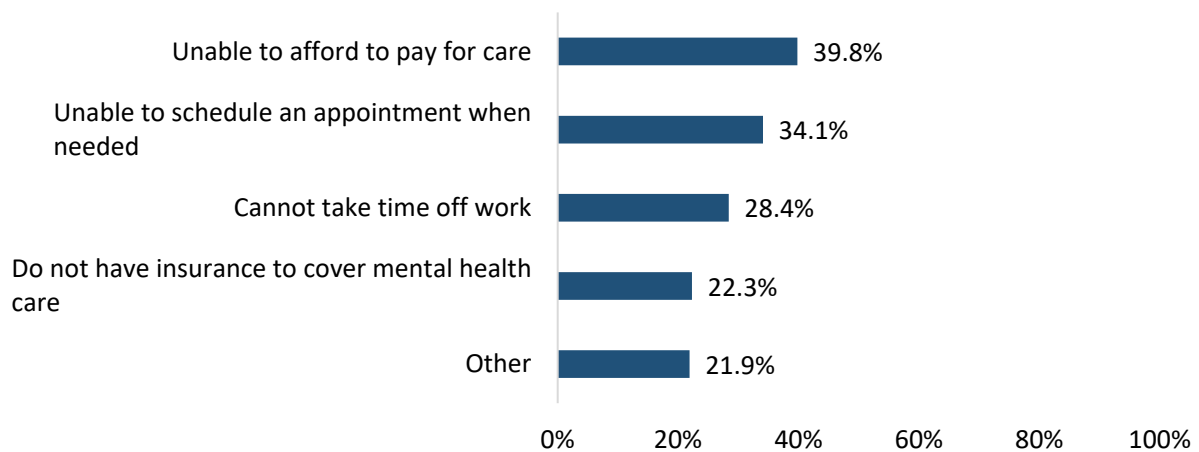
When considering mental healthcare services, 16.5% of respondents said that in the past 12 months they needed mental healthcare but did not get the care they needed.

EXHIBIT 19: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTHCARE BUT DID NOT GET THE CARE YOU NEEDED?



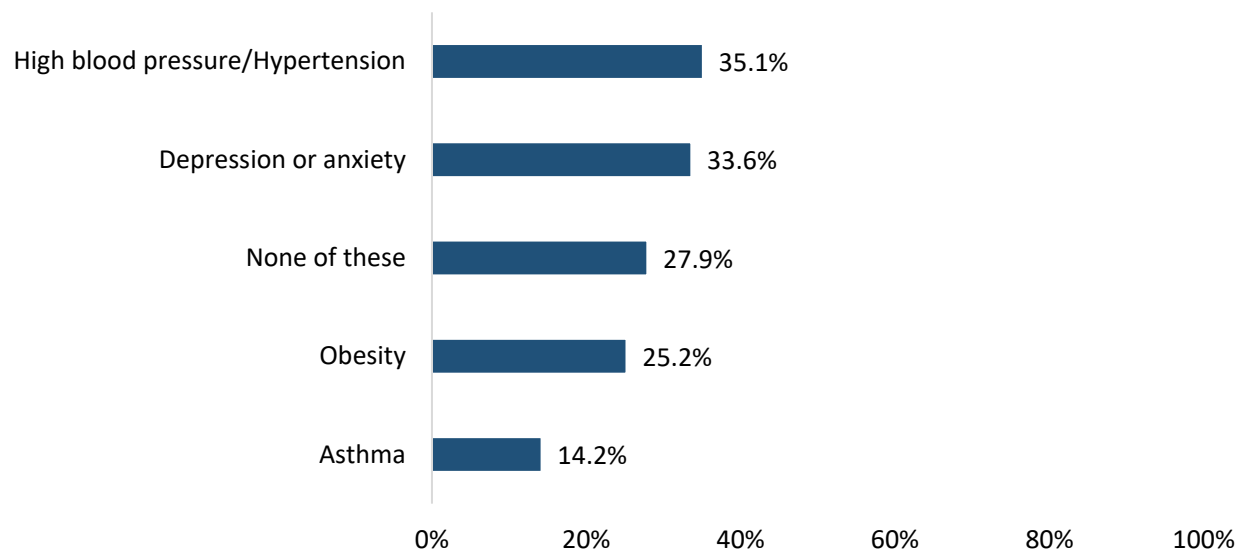
The top five reasons that prevented respondents getting the care they needed were unable to afford to pay for care (39.8%), unable to schedule an appointment when needed (34.1%), cannot take time off work (28.4%), do not have insurance to cover the care (22.3%), and other reasons, such as previous bad experiences with doctors or they could not find child care while going to the doctors (21.9%).

EXHIBIT 20: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?¹⁹



In Pinellas County, 33.6% of the respondents were told by either a doctor or other medical providers that they have depression or anxiety.

EXHIBIT 21: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?²⁰

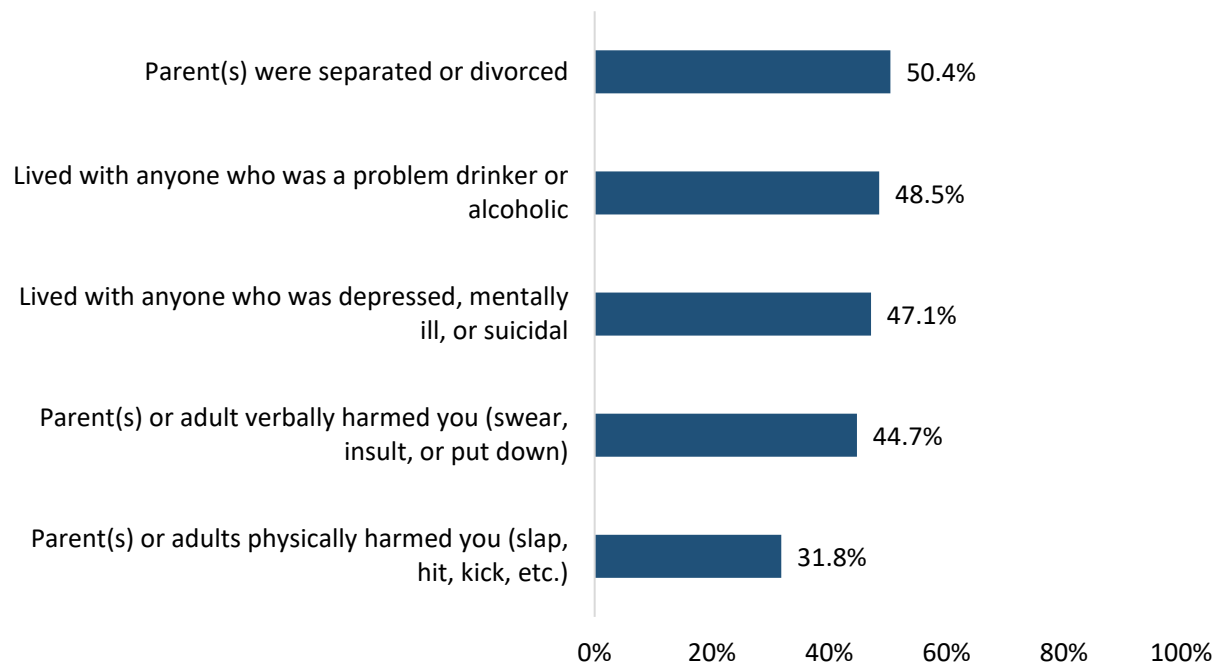


¹⁹ For complete list, please refer to the appendix.

²⁰ For complete list, please refer to the appendix.

In Pinellas County, 20.3% of respondents experienced four or more Adverse Childhood Events (ACEs) before the age of 18. Exhibit 22 presents the percentage of respondents who reported experiencing at least one ACE during childhood. More than half of respondents experienced parental divorce or separation (50.4%). Nearly half of the respondents either lived with anyone who was a problem drinker or alcoholic (48.5%) or lived with anyone who was depressed, mentally ill, or suicidal (47.1%). When reporting harmful experiences as a child, 44.7% reported that their parents verbally harmed them before the age of 18, and 31.8% of the respondents reported that they were physically harmed by their parents.

EXHIBIT 22: EVENTS YOU EXPERIENCED BEFORE AGE OF 18²¹



²¹ For complete list, please refer to the appendix.

Exercise, Nutrition, and Weight

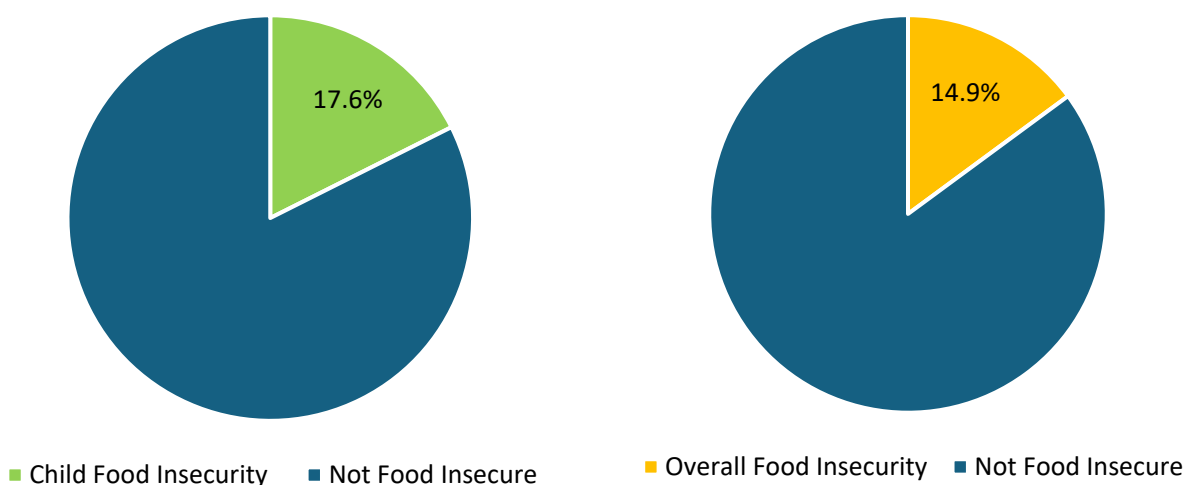
Access to nutritious food and opportunities for physical activity are essential for achieving and maintaining a healthy weight and preventing chronic disease. In Pinellas County, food insecurity remains a significant barrier to health, especially for children and low-income families.

CDC, 2024

Key Secondary Data Findings

The child food insecurity rate in Pinellas County is 17.6%, considerably higher than the overall food insecurity rate of 14.9%. This means that one in eight children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance, and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.²²

EXHIBIT 23: FOOD INSECURE INDIVIDUALS IN PINELLAS COUNTY BY AGE, 2023



Source: Feeding America, Map the Meal Gap, 2023

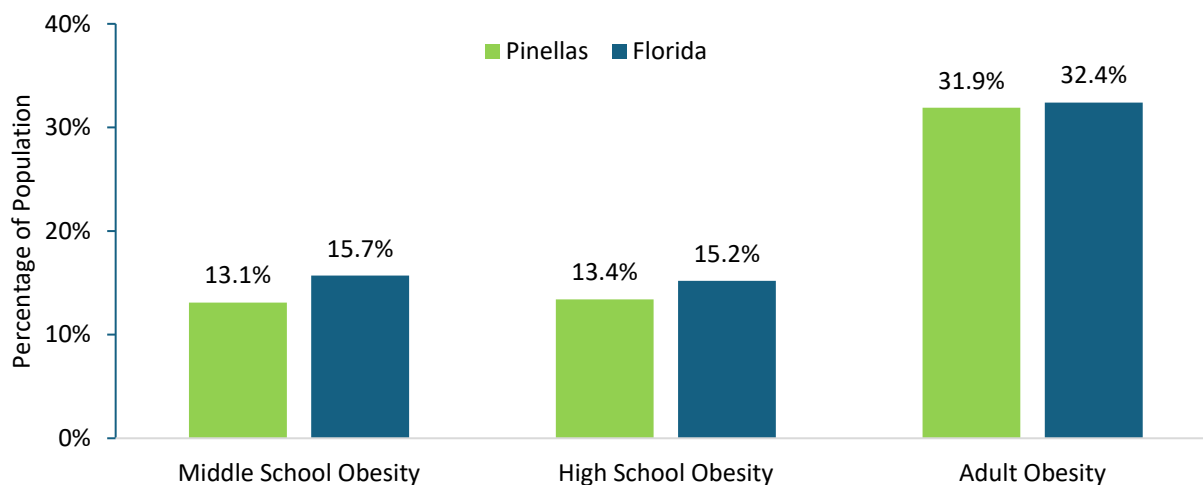
Weight-related health concerns are prevalent across all age groups in Pinellas County. According to 2021-2023 data, nearly one in three adults and one in five adolescents are obese. These rates are concerning, as excess weight is associated with increased risk for chronic conditions, such as heart disease, diabetes, and certain cancers.²³ Among young people, being obese can also lead

²² Feeding America, n.d. Child Hunger Facts.

²³ NIDDK, 2024. Health Risks of Overweight & Obesity.

to social stigma, lower self-esteem, and the early onset of health problems previously only seen in adults.²⁴

EXHIBIT 24: PINELLAS COUNTY ADOLESCENT AND ADULT WEIGHT, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 54.1% of elementary school students in Pinellas County are eligible for free or reduced-price lunch, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs.²⁵ At the household level, 8.7% of Pinellas County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a slightly lower proportion than both the Florida state average (12.6%) and the national average (11.8%).²⁶

These figures highlight ongoing challenges related to food access and affordability—issues that not only affect dietary habits, but also influence energy levels, physical activity, and long-term health outcomes. Lower-income families may struggle to access fresh, healthy food or safe places to exercise, compounding the risk of obesity, diabetes, and other chronic conditions.^{27 28}

²⁴ Balasundaram, P., Krishna, S. (NIH), 2023.

²⁵ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

²⁶ U.S. Census Bureau, n.d. American Community Survey, 2019-2023

²⁷ CDC, 2024. Healthy Food Environments.

²⁸ ODPHP, n.d. Access to Foods.

Key Qualitative Findings

When discussing exercise, nutrition, and weight, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants shared that community members in Pinellas County are facing food insecurity and speculated that this can lead to low-quality diet intake. Many praised the nutrition education opportunities in the community and noted that growing these efforts could be beneficial. Accessible physical activity-focused programs or other organized recreational opportunities for youth were also identified as a way to build healthy habits from a young age.

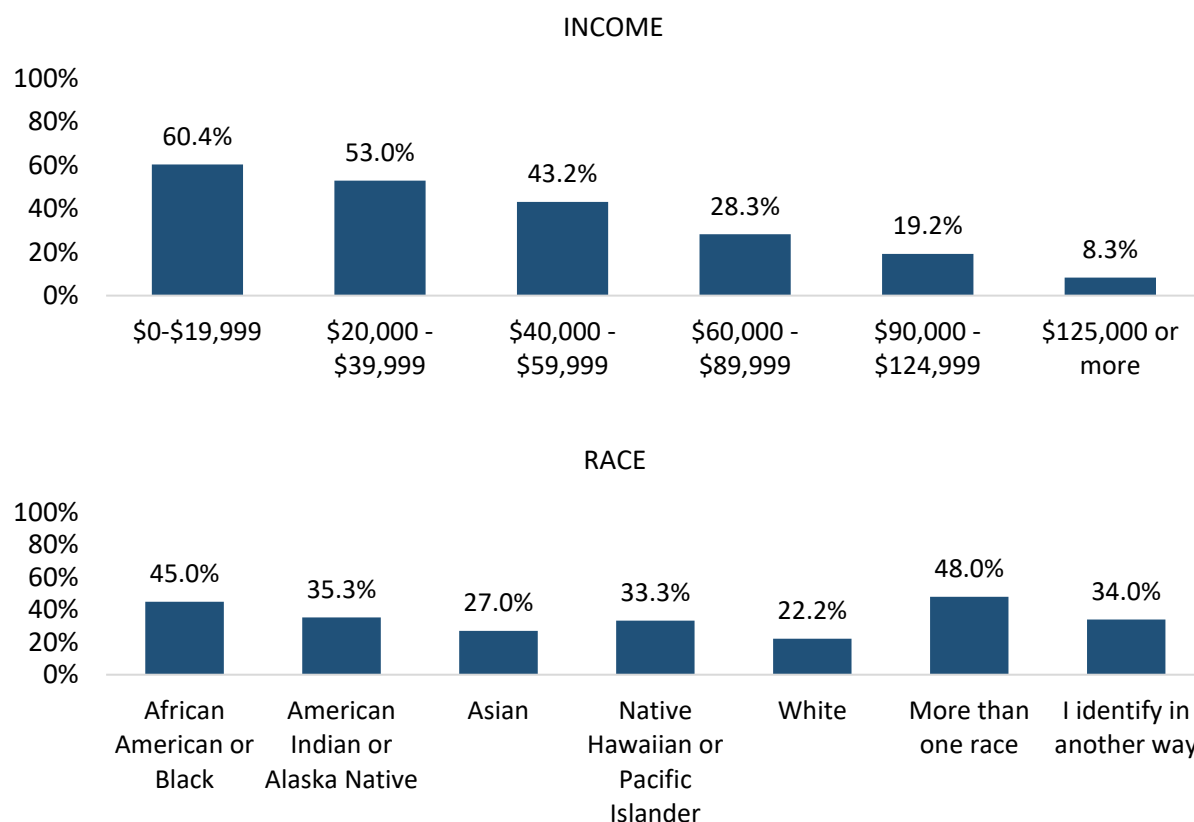
“A lot of kids, if they’re not athletic and don’t do sports, they get very little access to engaging, fun physical activity. There is a huge opportunity for teens and an intentional outreach for that group. Families in low-income, low access areas – transportation, if they have programs/resources that are even a mile away, that’s a huge ask especially in the heat of summer.” – Stakeholder Interview

Key Community Survey Findings

This section presents respondents' perceptions from the community survey related to nutrition, food access, and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease, and cancer.²⁹ This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community's barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.³⁰

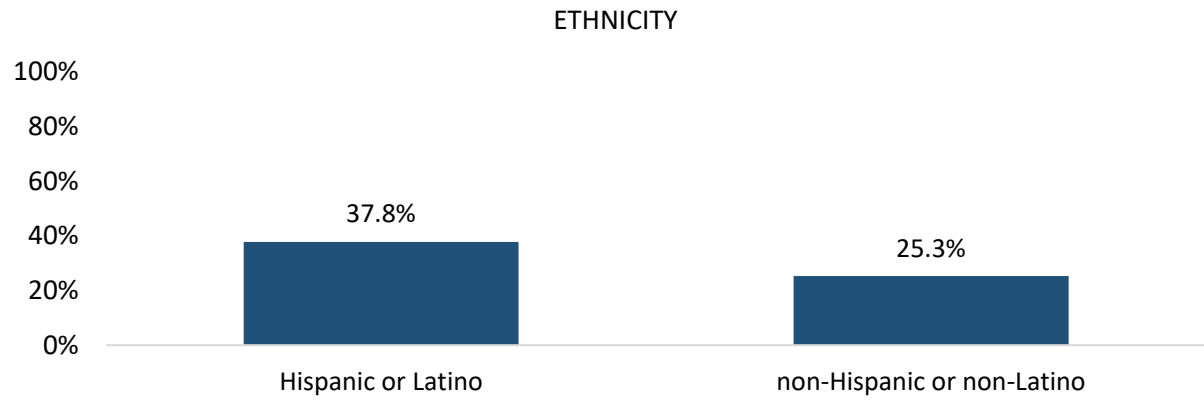
In Pinellas County, 26.7% of respondents experienced food insecurity. As income increases, food insecurity decreases. Respondents who are multiracial reported the highest food insecurity (48.0%), followed by African American or Black (45.0%) respondents. White respondents experienced the lowest food insecurity (22.2%). respondents who are Hispanic or Latino experienced higher food insecurity (37.8%) compared to non-Hispanic or Latino respondents (25.3%).

EXHIBIT 25: FOOD INSECURITY BY INCOME, RACE, AND ETHNICITY



²⁹ Gropper, 2023.

³⁰ CDC, 2024. Nutrition, Physical Activity, and Weight Status.



Exhibits 26 through 29 presented respondents with a series of questions about their access to food. Nearly one-quarter of respondents reported that it was *often true* or *sometimes true* that they worried their food would run out before they had money to buy more (23.0%), and that the food they bought did not last and they lacked the money to get more (21.8%). Additionally, 15.4% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months. While 67.1% agreed that it is easy to get healthy food, 26.4% disagreed with this statement.

EXHIBIT 26: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

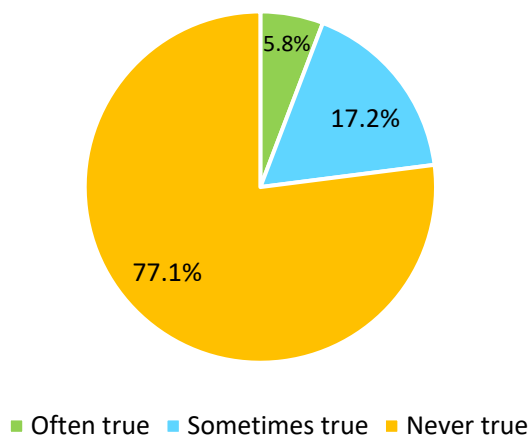


EXHIBIT 27: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE

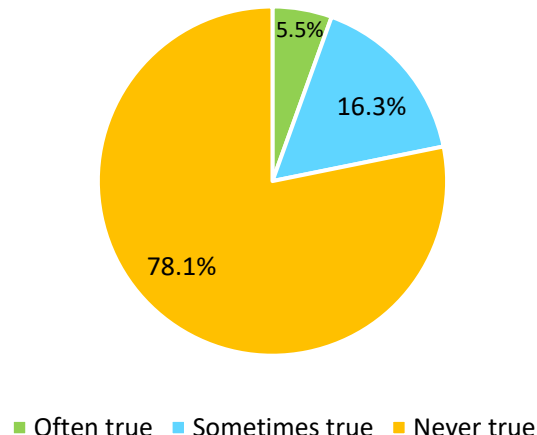


EXHIBIT 28: DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?

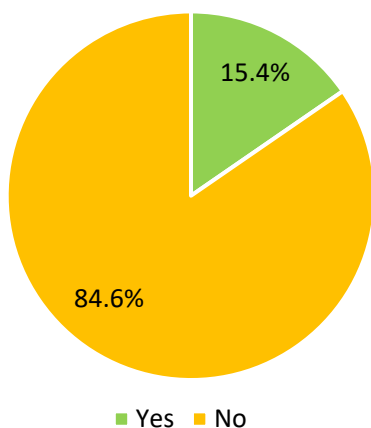
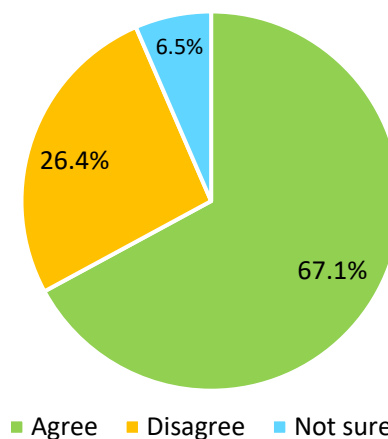


EXHIBIT 29: I AM ABLE TO GET HEALTHY FOOD EASILY



Economic Stability

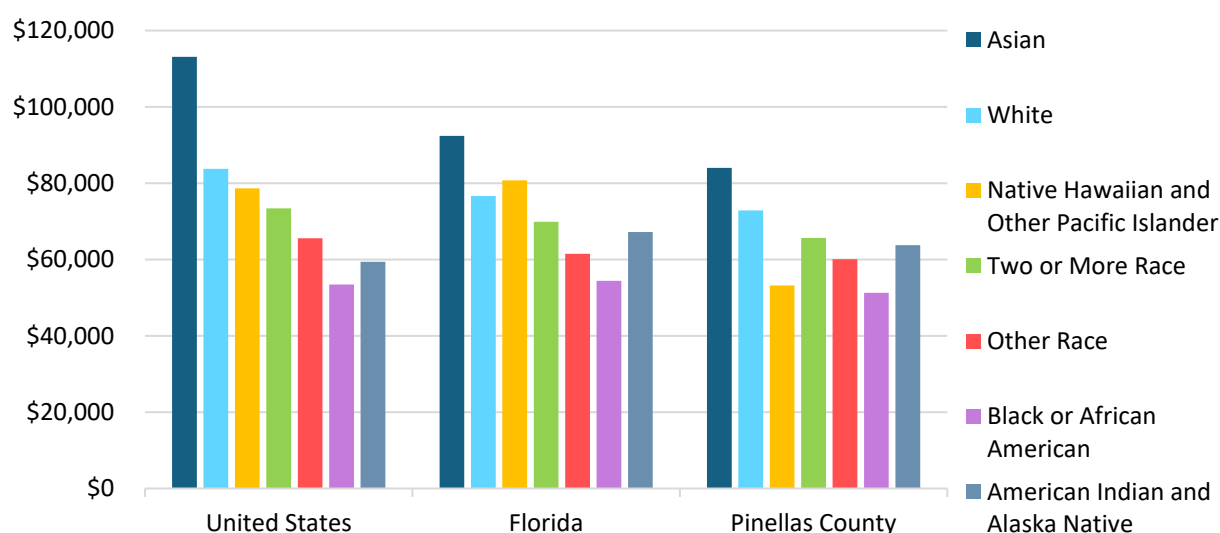
Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.

CDC, 2023.

Key Secondary Data Findings

Economic stability plays a key role in overall health outcomes, as financial insecurity can limit access to healthcare, nutritious food, and stable housing. In Pinellas County, the median household income is \$70,293 annually, compared to the state of Florida's \$71,711 median household income and United States median household income of \$78,538.

EXHIBIT 30: MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023

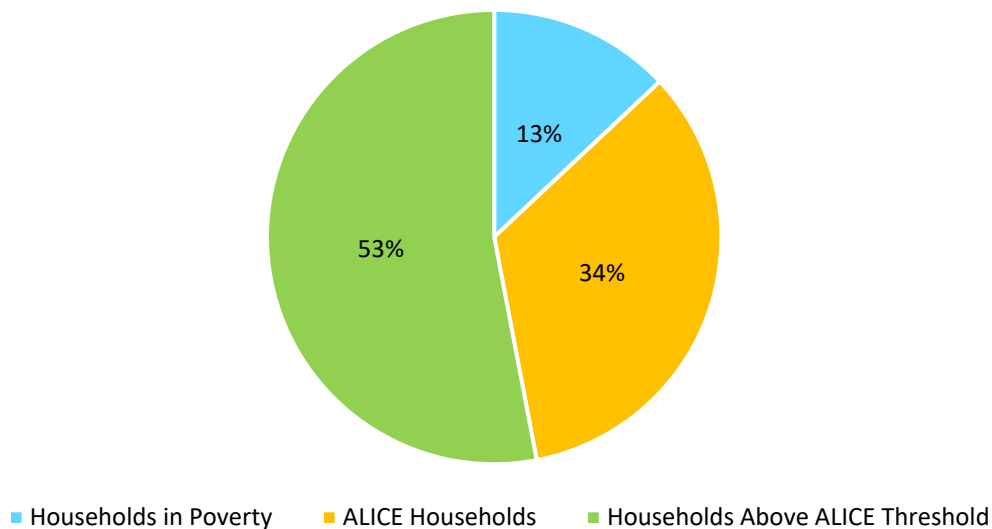


Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.

The ALICE population (Asset Limited, Income Constrained, Employed) represents households that earn above the Federal Poverty Level but still struggle to afford necessary costs like housing, childcare, food, transportation, and healthcare.³¹ In Pinellas County, 34% of households are classified as ALICE households.

³¹ United for ALICE, n.d. About US - Meet ALICE.

EXHIBIT 31: TRENDS IN HOUSEHOLD INCOME STATUS IN PINELLAS COUNTY, 2022



Source: United for ALICE, n.d.

Poverty is a well-established driver of health outcomes. In Pinellas County, 13% of the population lives below the poverty line, a lower rate than both the state (12.6%) and national average (12.4%).³²

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost-burdened – spending a disproportionate share of their income on rent or mortgage payments. In Pinellas County, 54.7% of renters currently spend 50% or more of their income on housing costs alone.³³

Additionally, the median home value in Pinellas County is \$319,000³⁴, slightly less than the state median of \$325,000, but it can still be out of reach for many working families.³⁵ The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Pinellas County residents.



To afford a modest **two-bedroom rental home** in Pinellas County without being housing cost-burdened, a full-time worker must earn

\$35.60 per hour

At the current minimum wage of \$12/hour, a worker would need to work over **118 hours per week just to afford rent in Pinellas County.**

Source: NLIHC, 2024.

³² U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

³³ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

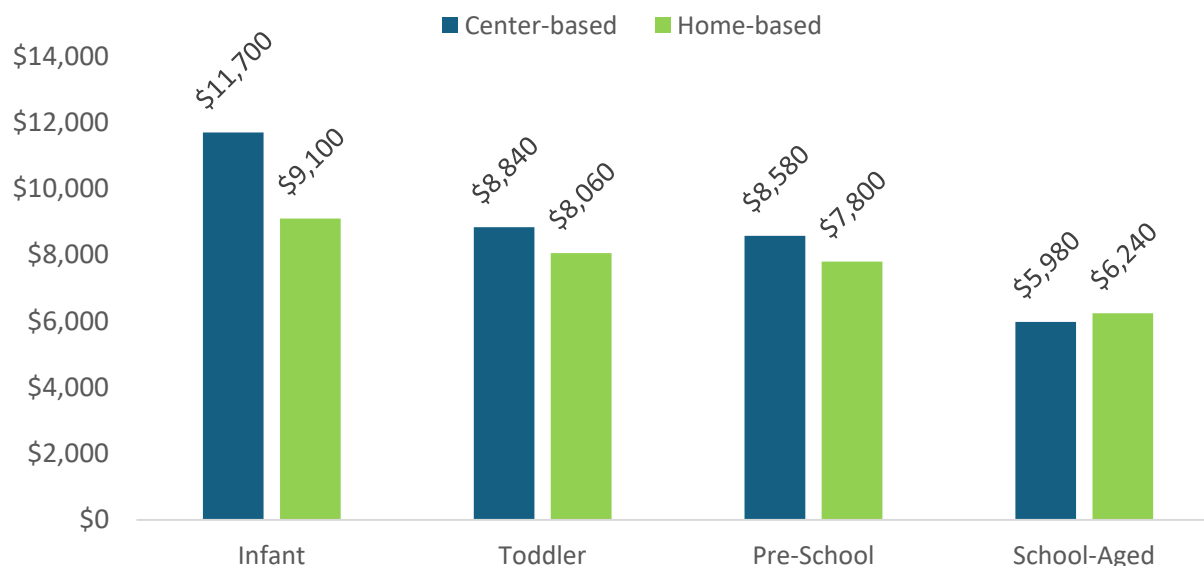
³⁴ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

³⁵ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. In Pinellas County, 7.3% of households lack internet access, slightly above the state's overall percentage of households without internet access (6.8%).³⁶ Limited connectivity can disproportionately impact rural communities, low-income families, and older adults.³⁷

Childcare remains a critical yet costly need for working families in Pinellas County. Center-based infant care averages \$11,700 annually, with home-based options averaging slightly less at \$9,100 annually. Although childcare costs decline with age, even school-aged care is almost \$6,000 annually for center-based programs. For families already navigating tight budgets, especially those classified as ALICE or low-income, these expenses represent a substantial portion of household income.

EXHIBIT 32: ANNUAL CHILDCARE COSTS BY AGE AND TYPE



Source: Women's Bureau, 2025. The Price of Childcare by County.

³⁶ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³⁷ Turcios, 2023.

To put this in context, the median household income in Pinellas County is \$70,293.³⁸ A family spending approximately \$22,212 per year on housing³⁹ and \$11,700 on infant childcare⁴⁰ would be left with just \$36,381 for all other essentials, including food, transportation, healthcare, utilities, and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families.

Combined with high rates of internet inaccessibility and limited affordable options for childcare, these conditions highlight the need for targeted support to improve financial security and promote equitable access to opportunity. Addressing these economic barriers is essential for improving overall health and well-being across the Pinellas County community.

³⁸ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³⁹ NLIHC, 2024. Out of Reach: Florida.

⁴⁰ Women's Bureau, 2025. The Price of Childcare by County.

Key Qualitative Findings

When discussing economic stability, stakeholder interviews and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Focus group and stakeholder interview participants were deeply concerned about the rising cost of living in Pinellas County, particularly the cost of housing. Participants attributed this to a low housing stock in the area, which is driving costs and forcing individuals to move from the area. Additionally, many perceived that wages are not rising with the cost of living. They have noticed that as the cost of living has increased, so has the number of individuals facing housing insecurity, notably seniors and others on fixed incomes. A growing ALICE population was also identified as a group that is becoming more vulnerable due to economic challenges.

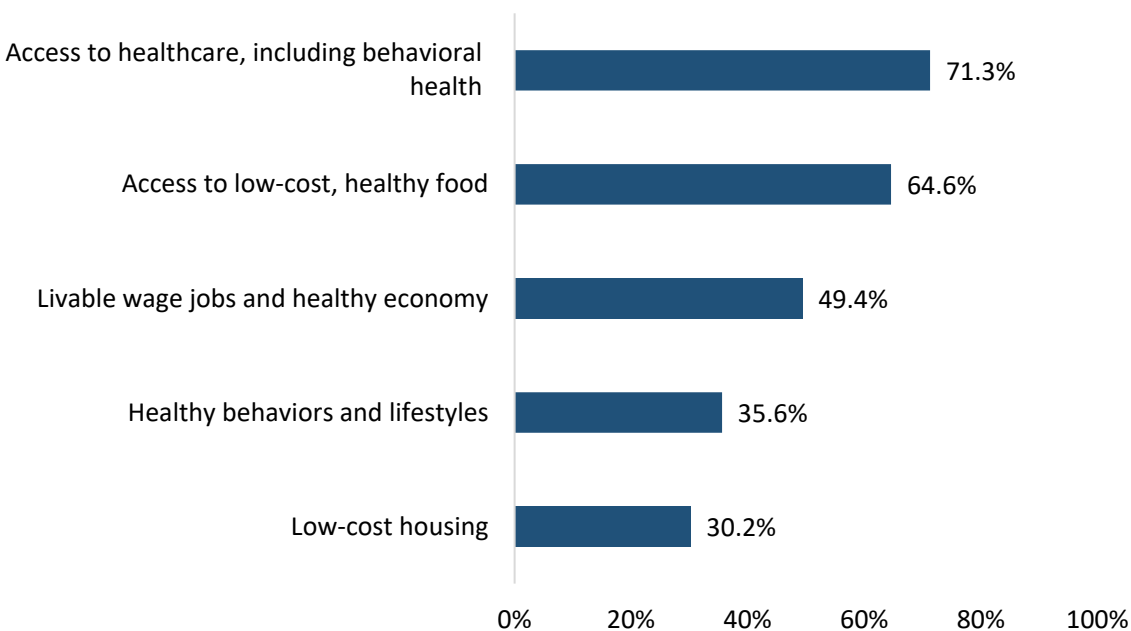
“Affordable housing is a huge need. Rents have skyrocketed in Tampa Bay and there’s an increase in housing insecurity. [...] People are working and making money, but they’re just not getting paid enough.” – Stakeholder Interview

Key Community Survey Findings

This section presents community survey respondents' perceptions related to the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions, and ability to meet their basic needs, such as livable wage jobs, housing, utilities, and food. The findings are examined across income groups, race, and ethnicity to better understand disparities.

Nearly half of the respondents (49.4%) identified livable wage jobs and a healthy economy as one of the most important areas to address to improve the quality of life in the community. This issue also ranked among the top five priorities. Additionally, about 30% of respondents indicated that access to low-cost housing is another important issue that needs attention. Moreover, access to healthcare (71.3%) and access to low-cost, healthy food (64.6%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

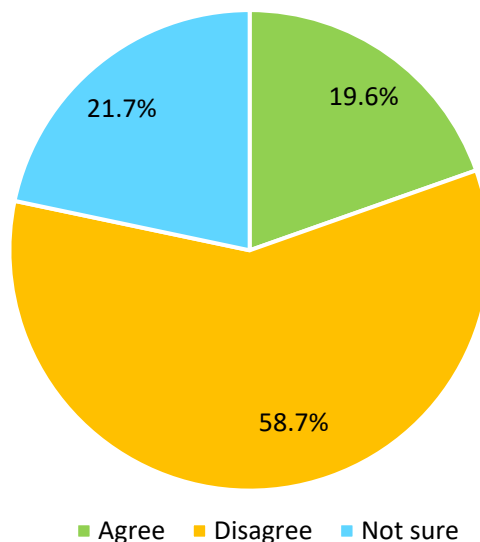
EXHIBIT 33: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?⁴¹



⁴¹ The top five factors are presented in the exhibit. For complete list, please refer to the appendix.

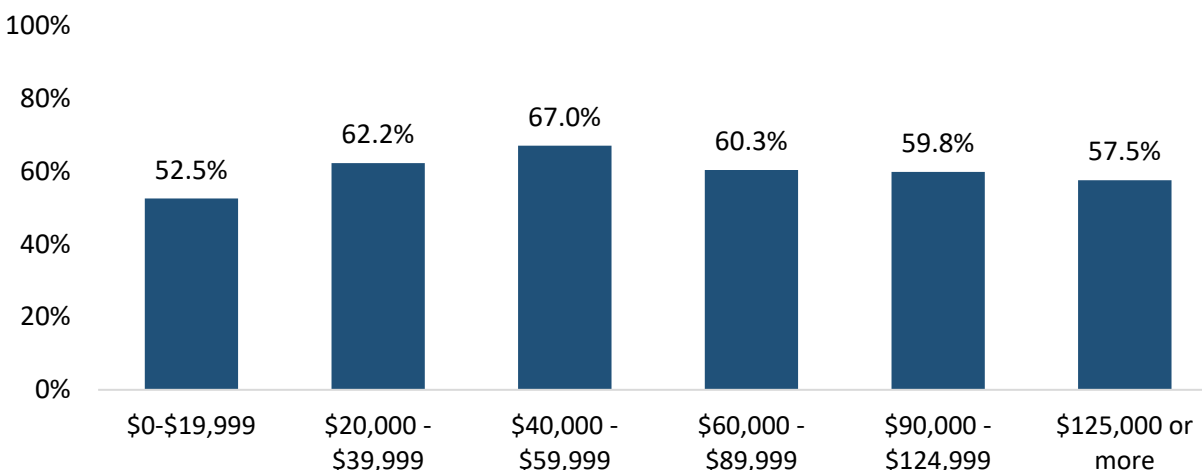
Exhibits 34 through 37 presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement *"There are plenty of livable wage jobs available,"* 58.7% of respondents disagreed.

EXHIBIT 34: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



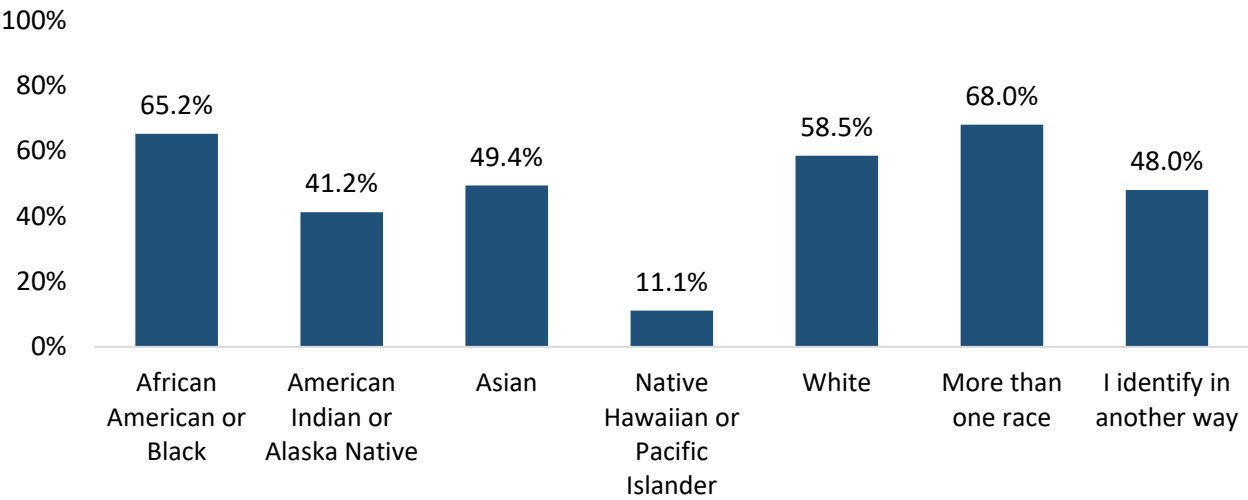
Across all income brackets, more than half of respondents expressed disagreement. Specifically, respondents with income between \$40,000-\$59,999 expressed the highest disagreement (67.0%), followed by respondents with income between \$20,000-\$39,999 (62.2%).

EXHIBIT 35: DISAGREE BY INCOME--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



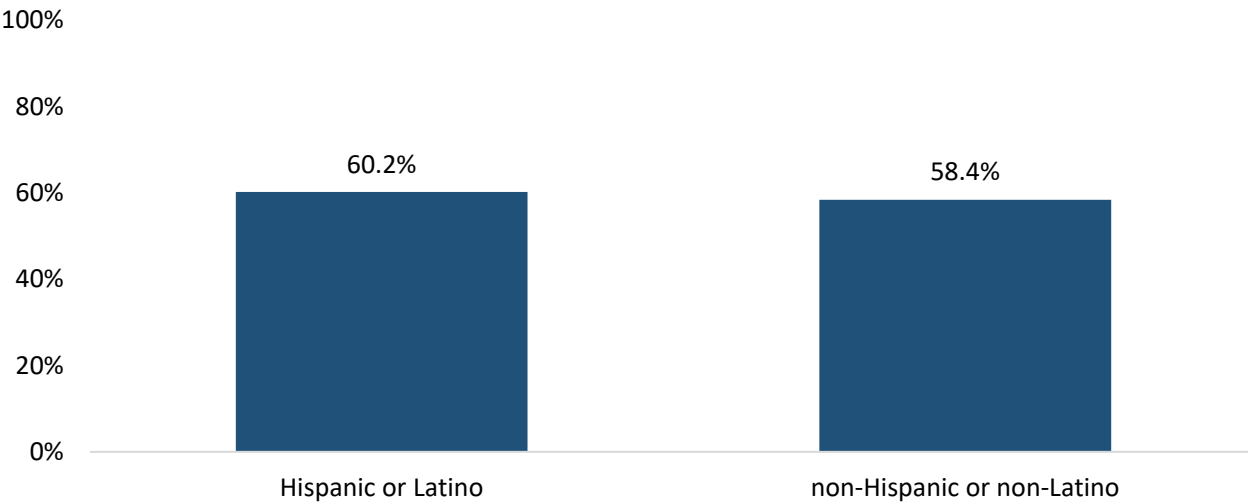
Similarly, a majority of respondents from each racial group disagreed, with 68.0% of multiracial respondents expressing disagreement—the highest among all groups—followed by African American or Black respondents (65.2%).

EXHIBIT 36: DISAGREE BY RACE--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



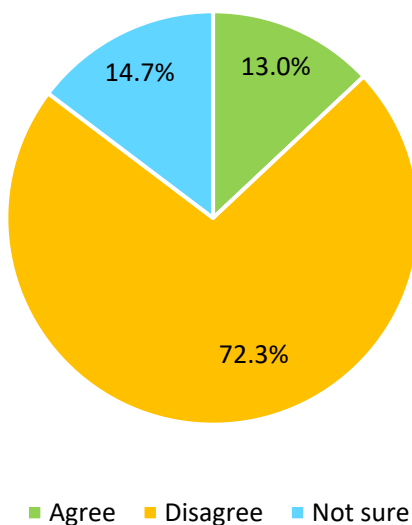
More than 60% of Hispanic respondents (60.2%) and 58.4% of non-Hispanic respondents disagreed with the statement.

EXHIBIT 37: DISAGREE BY ETHNICITY--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



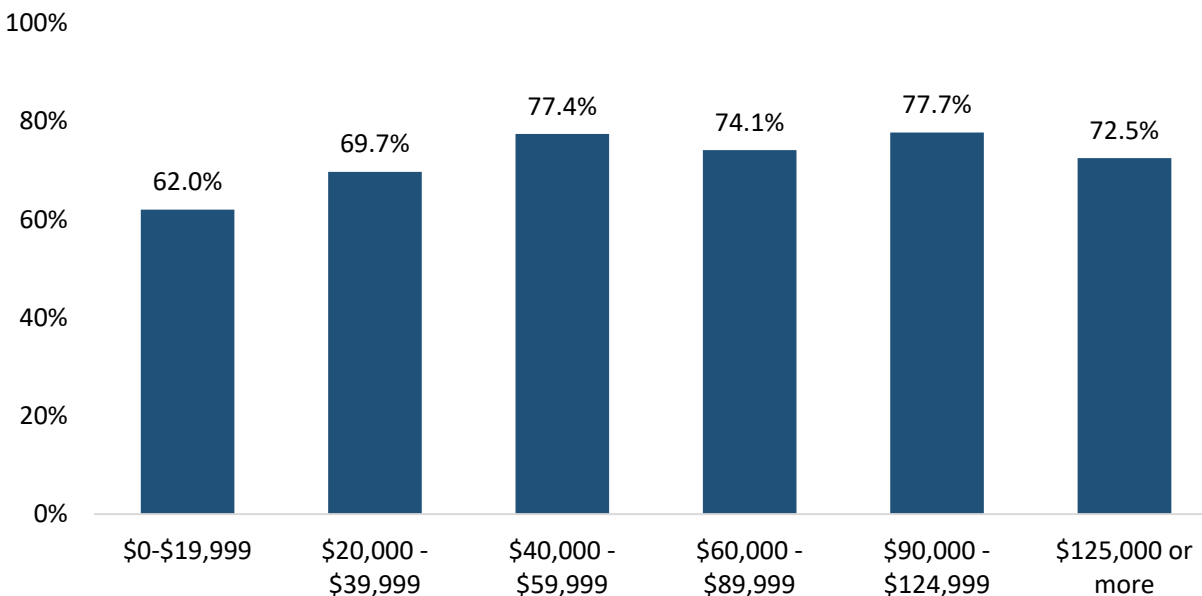
Exhibits 38 through 41 presents respondents' opinions on the affordable place to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 72.3% of respondents disagreed.

EXHIBIT 38: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



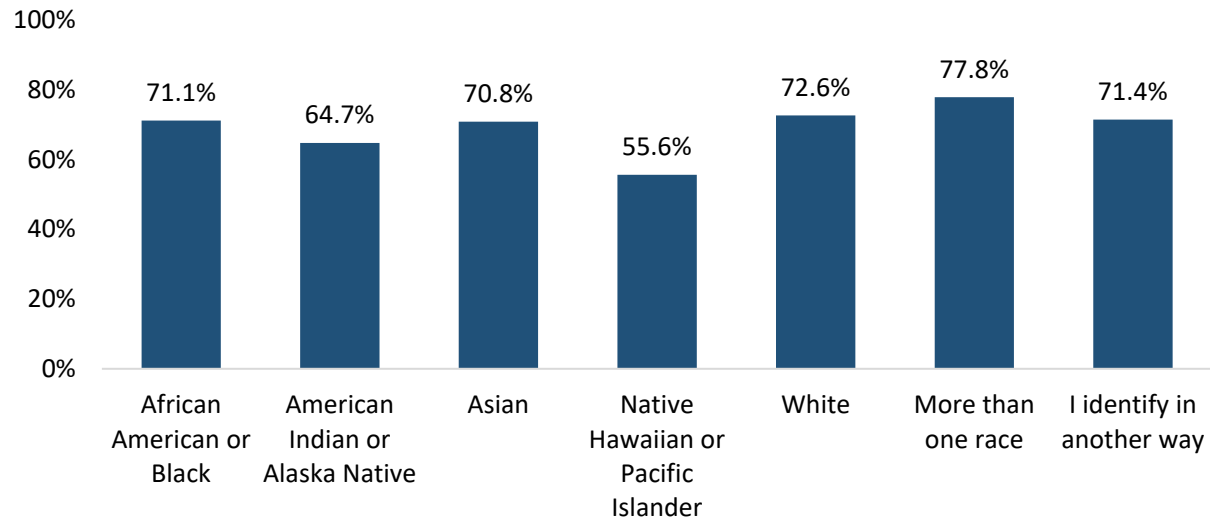
Across all income brackets, more than half of the respondents expressed disagreement. The highest level of disagreement was among those earning between \$90,999-\$124,999 (77.7%), followed by respondents with an annual income of \$40,000-\$59,999 (77.4%).

EXHIBIT 39: DISAGREE BY INCOME-- THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



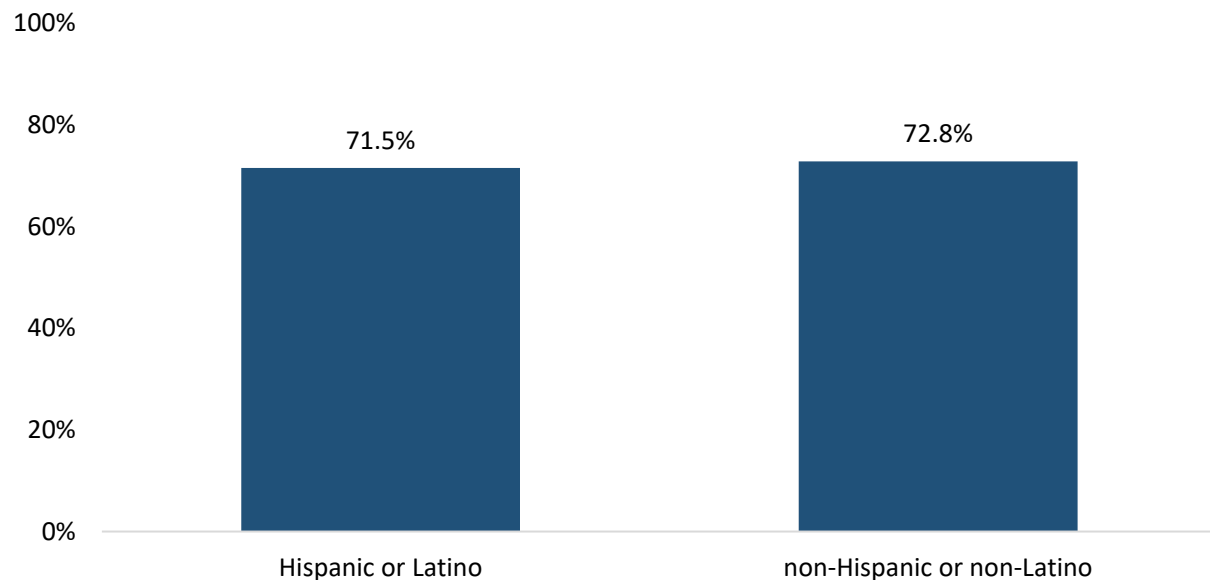
A majority of respondents from each racial group also disagreed with the statement. Respondents who are multiracial expressed the highest disagreement (77.8%), followed by respondents who identify as White (72.6%).

EXHIBIT 40: DISAGREE BY RACE--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



More than 70.0% of respondents disagreed with the statement, regardless of whether they identified as Hispanic (71.5%) or non-Hispanic (72.8%).

EXHIBIT 41: DISAGREE BY ETHNICITY-- THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



Exhibits 42 and 43 present a series of questions related to housing security. Overall, 12.3% of respondents reported being worried or concerned that they might not have a stable place to stay within the next two months. In addition, 4.4% of respondents indicated that in the past 12 months, a utility company had shut off their service due to unpaid bills.

EXHIBIT 42: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT TWO MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

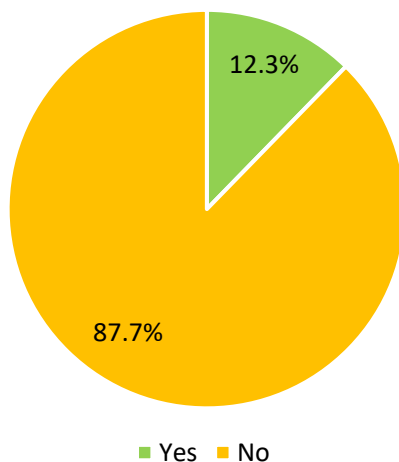
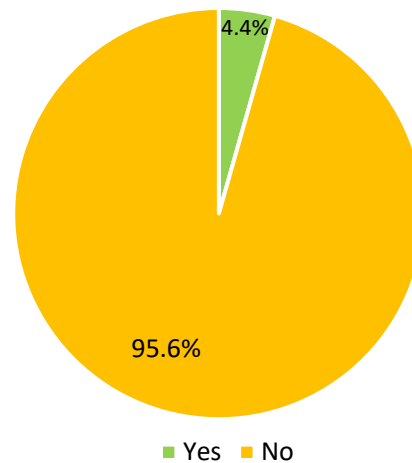


EXHIBIT 43: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?



Dental

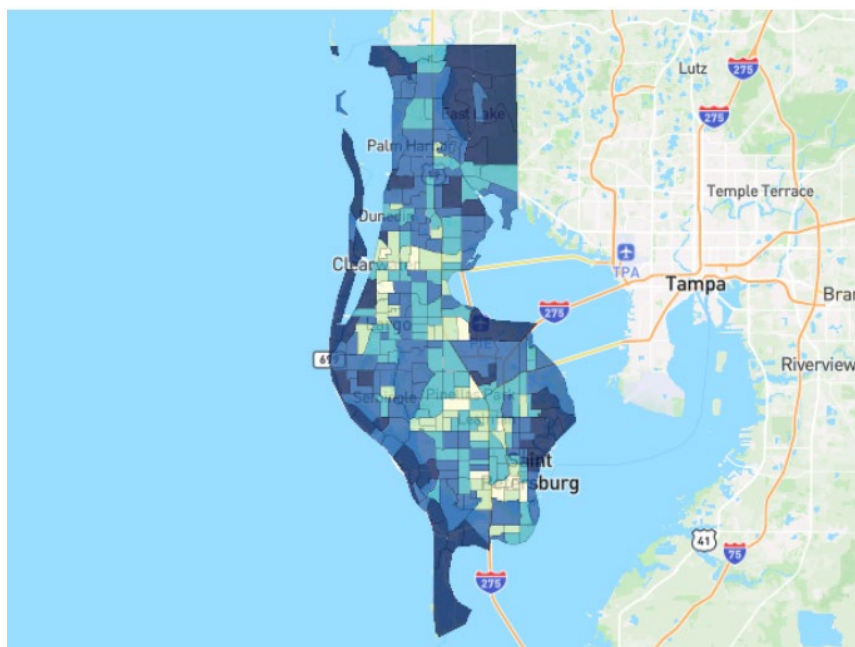
Oral health is an essential part of overall health and well-being, yet many individuals in Pinellas County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic well-being.

CDC, 2023.

Key Secondary Data Findings

Oral health is an essential part of overall health and well-being, yet many individuals in Pinellas County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic well-being.⁴²

EXHIBIT 44: DENTAL VISITS AMONG ADULTS, 2022



Dental Visit Among Adults

- 32.3% – <45.7% People
- 45.7% – <54.6%
- 54.6% – <61.1%
- 61.1% – <67.6%
- 67.6%+

Source: CDC, n.d. BRFSS Places, 2022.

⁴²CDC, 2024. Oral Health Facts.

In 2022, an estimated 58% of adults in Pinellas County had a dental visit. In some census tracts, fewer than 30% of adults reported seeing a dentist, while other areas approached 60%. These differences may reflect a variety of barriers, including cost, transportation, limited provider availability, and lack of dental insurance.⁴³

Low rates of dental visits are concerning given Pinellas County’s shortage of dental professionals. As of 2024, there is approximately one dentist for every 1,350 residents.

EXHIBIT 45: DENTAL CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	Pinellas County	Florida	United States
Dentist	1,350:1	1,686:1	1,532:1

Source: CMS, n.d. NPES NPI, 2024.

The county has a rate of 75.0 per 100,000 dental hygienists, compared to 63.6 per 100,000 people across Florida. These provider shortages may contribute to longer wait times for appointments, delays in preventive care, and reduced availability of treatment, particularly for residents in rural areas or those who are uninsured.

EXHIBIT 46: DENTAL HYGIENISTS PER 100,000 POPULATION, 2024

	Pinellas County	Florida
Dental Hygienists	75.0	63.6

Source: FLHealthCHARTS, n.d.

When preventive dental care is out of reach, individuals may delay treatment until conditions become severe, leading to avoidable complications that require emergency or hospital care. The rate in Pinellas County for dental-related conditions among individuals under age 65 was 11.3 hospitalizations per 100,000 residents, slightly above the statewide rate of 9.3 per 100,000 during the same period.

EXHIBIT 47: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM DENTAL CONDITIONS, PER 100,000, 2020-2022

	Pinellas County	Florida
Preventable hospitalizations under 65 from dental conditions	11.3	9.3

Source: FLHealthCHARTS, n.d.

⁴³ Gupta & Vujicic (ADA HPI), 2019.

From 2018 to 2023, Pinellas County consistently reported higher rates of hospitalizations for dental conditions among residents under age 65 compared to the state average. The county's rate declined from 14.5 per 100,000 people in 2018–2020 to 11.1 per 100,000 in 2021–2023, showing some improvement over time. However, these rates remained above the statewide average, which fell from 11.2 to 9.5 per 100,000 during the same period. Despite progress, the consistently higher rates in Pinellas County highlight ongoing challenges in accessing timely and preventive dental care.

EXHIBIT 48: AMBULATORY CARE SENSITIVE HOSPITALIZATIONS FROM DENTAL CONDITIONS PER 100,000 POPULATION UNDER 65

	Pinellas County	Florida
2021-23	11.1	9.5
2020-22	11.3	9.3
2019-21	12.4	10.1
2018-20	14.5	11.2

Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing dental care, stakeholder interviews and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants highlighted the barriers that community members experience when accessing dental care, including a lack of dentists who accept Medicaid, a lack of local dentists, and high costs associated with care, regardless of insurance status.

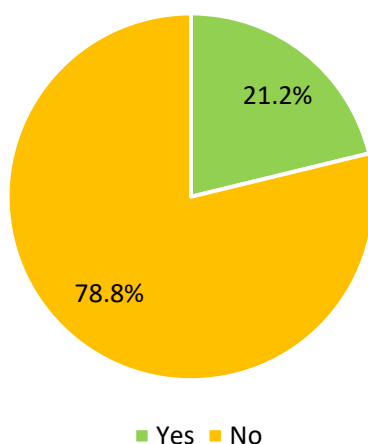
“Most of it is more around access – a lot of family’s healthcare is so expensive and copays are just extremely high. One of the hardest is dental care. We don’t see dental care as healthcare; we see a lot of families in need of major dental work which impacts their overall health. If you are paying out of pocket, it’s extremely important.” – Stakeholder Interview

Key Community Survey Findings

This section presents community survey respondents' perceptions related to access and barriers to dental care. Understanding these challenges is essential for identifying gaps in dental care services and addressing unmet needs in the community.

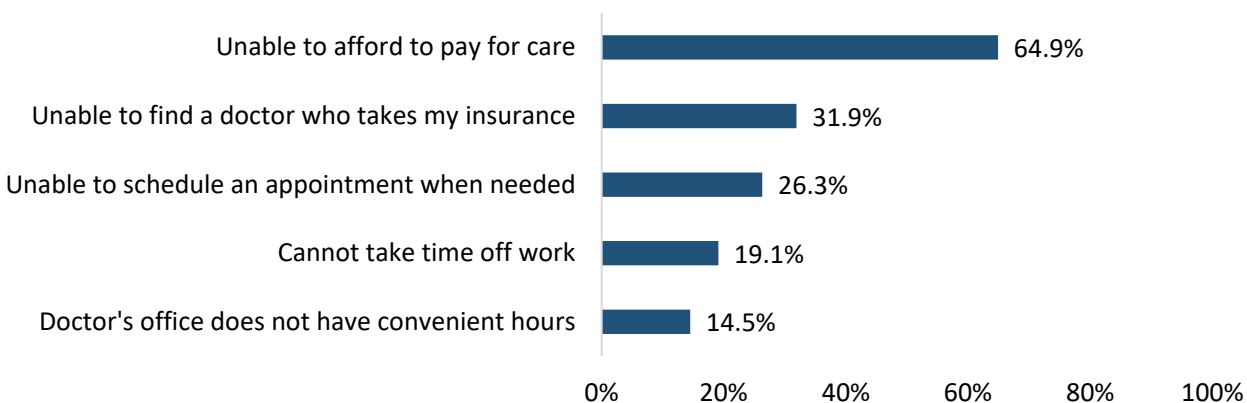
One in five respondents (21.2%) said they did not get dental care when they needed it.

EXHIBIT 49: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?



The top barriers preventing respondents from the dental care they needed include being unable to afford to pay for care (64.9%), followed by unable able to find a doctor who take my insurance (31.9%), unable to schedule an appointment when needed (26.3%), cannot take time off work (19.1%), and doctor's office does not have convenient hours (14.5%).

EXHIBIT 50: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?⁴⁴



⁴⁴ For complete list, please refer to the appendix.

Neighborhood and Built Environment

The neighborhood and built environment of Pinellas County plays a crucial role in shaping residents’ health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community. These factors can either enable healthy lifestyles or create barriers – often with the greatest impact on vulnerable or low-income populations.

ODPHP, n.d.

Key Secondary Data Findings

Most people in Pinellas County rely on a car to get where they need to go. About 70.9% of workers drive alone to work, less than the state or national average. Only 1.1% of people use public transportation, which is near the rate of the whole state of Florida (1.2%) and less than half of the U.S. rate (3.5%).⁴⁵

In Pinellas County the mean travel time to work is 25.3 minutes, which is roughly the same as across the state.⁴⁶ Although only 6.7% of households don’t have a vehicle, those without cars face big challenges in getting to jobs, stores, and healthcare.⁴⁷

EXHIBIT 51: MEANS OF TRANSPORTATION TO WORK, 2023

	Pinellas County	Florida
Worked at Home	17.5%	13.3%
Walked	1.3%	1.3%
Bicycle	0.9%	0.5%
Carpooled	6.8%	8.7%
Drove Alone	70.9%	73.3%
Public Transport	1.1%	1.2%
Other	1.5%	1.7%

Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.

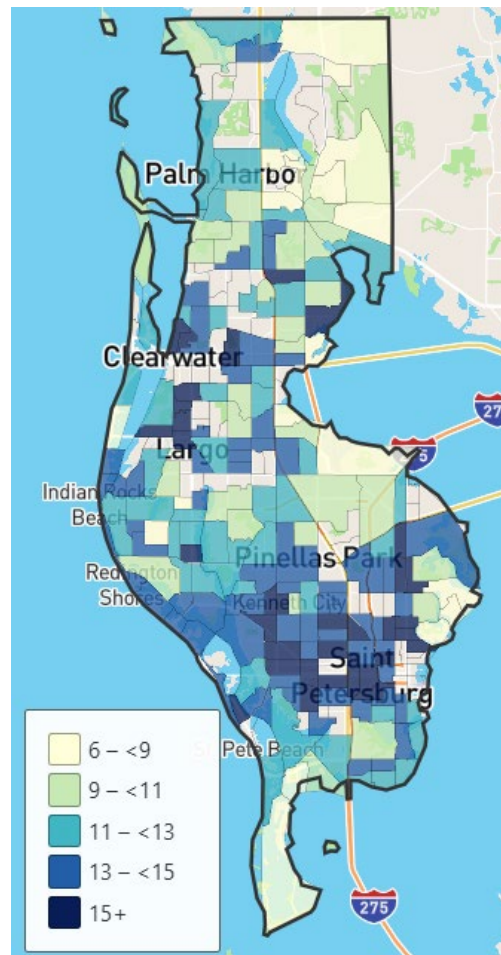
⁴⁵ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴⁶ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴⁷ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Walkability – how easy it is to walk around in a community – plays an important role in promoting physical activity, access to daily needs, and reducing reliance on vehicles. In Pinellas County, higher walkability scores (seen in the dark blue areas on the map) span a significant portion of the county, with areas with lower walkability scores shown in yellow. These areas may lack sidewalks, pedestrian crossings, or destinations within walking distance – limiting residents’ ability to walk for errands, exercise, or commuting.

EXHIBIT 52: WALKABILITY INDEX, 2021

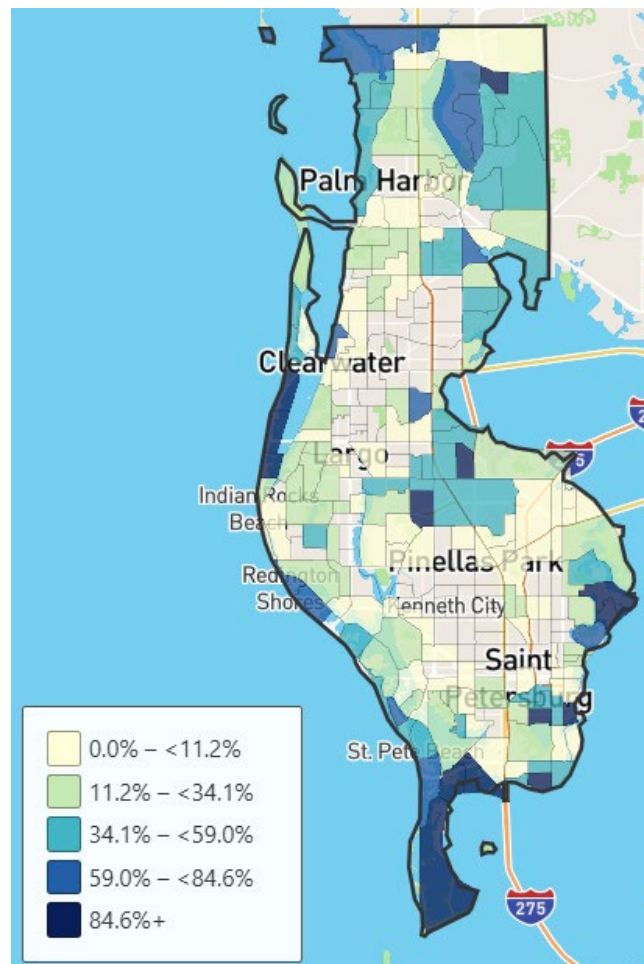


Source: EPA, n.d.

Many parts of Pinellas County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food (Exhibit 53). According to the USDA, thousands of residents in Pinellas County live more than a mile away from healthy food options. This is especially true in rural areas and the outer parts of the county. When healthy food isn’t close by, people may have to rely on convenience stores or fast food, which can increase the risk of obesity, diabetes, and other health issues.⁴⁸

⁴⁸ CDC, 2023. Healthy Food Environments.

EXHIBIT 53: PEOPLE WITH LOW ACCESS TO HEALTHY FOODS, 2019



Source: USDA ERS FARA, n.d.

Key Qualitative Findings

When discussing the neighborhood and built environment, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants identified rapid population growth and recent damage from hurricanes as factors that have impacted access to affordable housing options in Pinellas County. Many connected this sentiment with a recent increase in the unhoused population. Participants shared that in the south part of the county specifically, food deserts limit individuals' access to nutrient-dense food, and that transportation barriers exacerbate these needs. Participants noted that Pinellas County has limited public transportation, which makes it inconvenient to use. They also noted that other options, such as walking or biking, are often unsafe due to local infrastructure challenges.

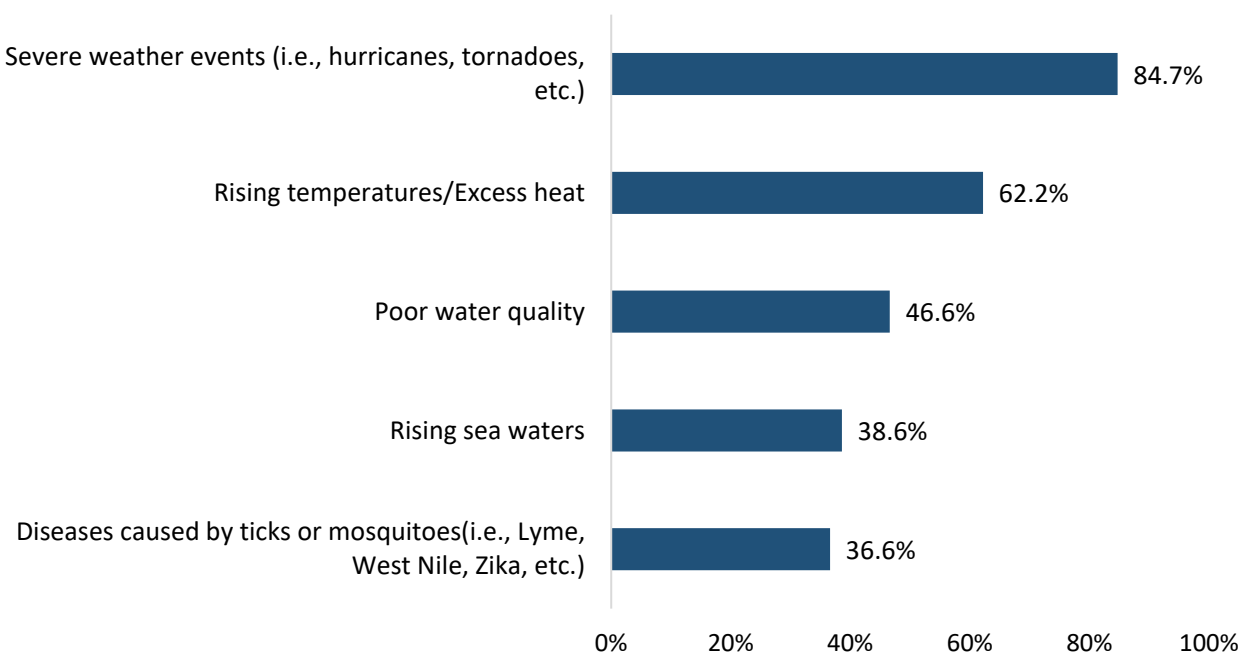
"There are food deserts specifically in south St. Pete that don't have access to fresh food, fresh produce." - Stakeholder Interview

Key Community Survey Findings

This section explores respondents' perceptions about how environmental and climate-related issues may impact their health, such as air and water quality, extreme weather and other environmental factors shaped by the neighborhood and built environment.

In Pinellas County, 84.7% of survey respondents expressed concern about severe weather events, such as hurricanes or tornadoes, impacting their health. This was followed by 62.2% who are concerned that rising temperatures or extreme heat could impact their health. Poor water quality ranked as the third most concerning environmental issue, with 46.6% of respondents worried about its potential effects on their health.

EXHIBIT 54: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE RELATED CONCERNS IMPACTING YOUR HEALTH?⁴⁹



⁴⁹ For complete list, please refer to the appendix.

Exhibits 55 through 58 present a series of questions exploring community perspectives on neighborhood and environmental conditions. Responses were mixed regarding crime; 43.4% of respondents disagreed that crime is a problem in their neighborhood. When asked about neighborhood infrastructure, 65.2% of respondents agreed that their neighborhoods have good sidewalks. Opinions were divided on environmental concerns. Nearly 50.0% of respondents disagreed that air pollution is a problem in their community, whereas 60.9% agreed that extreme heat is a concern.

EXHIBIT 55: CRIME IS A PROBLEM IN MY COMMUNITY

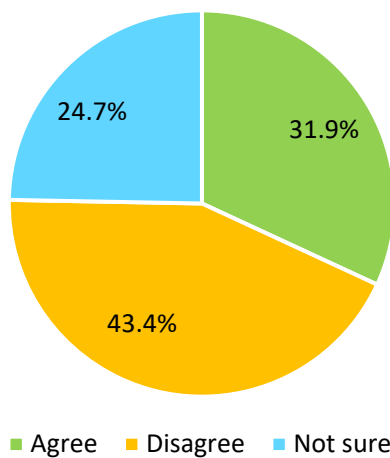


EXHIBIT 56: THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY

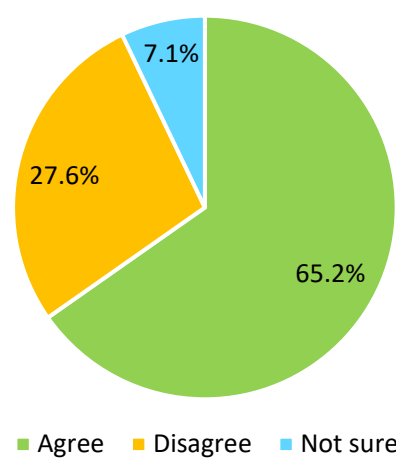


EXHIBIT 57: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY

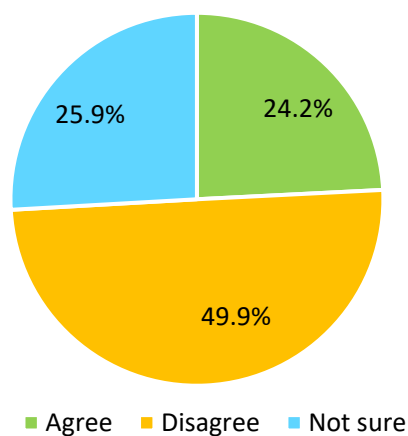
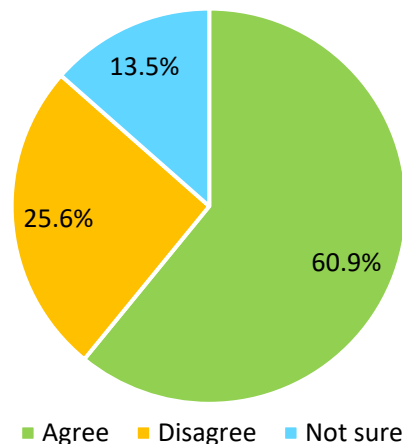


EXHIBIT 58: EXTREME HEAT IS A PROBLEM IN MY COMMUNITY



Heart Disease and Stroke

Nationwide, heart disease is the leading cause of death. Key risk factors for heart disease include other chronic diseases and lifestyle choices, such as high blood pressure and cholesterol, smoking and alcohol use, obesity and an unhealthy diet, as well as physical inactivity, among others. A stroke, often referred to as a brain attack, happens when blood flow to a part of the brain is blocked or when a blood vessel in the brain ruptures. In both situations, areas of the brain can become damaged or die, potentially leading to permanent brain injury, long-term disability, or death.

CDC, 2024.

Key Secondary Findings

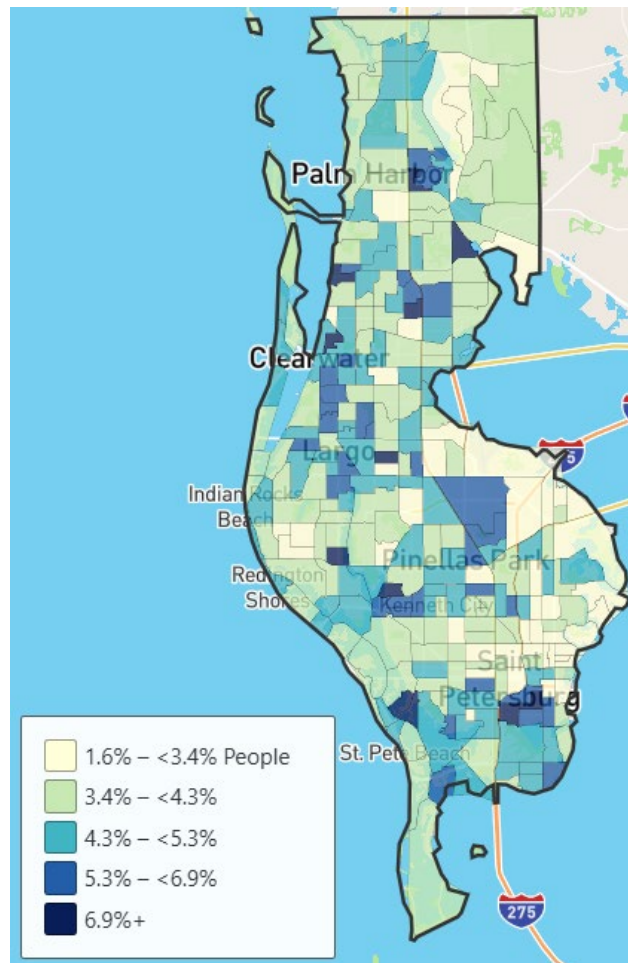
Heart disease is one of the leading causes of death in Pinellas County, accounting for 118.0 deaths per 100,000 people in 2023. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality and long-term disability. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias, and heart failure⁵⁰. Many of these conditions are preventable through lifestyle changes, early detection, and consistent access to healthcare.

Causes of Death	
Top Causes (per 100,000 people)	
Cancer	128.9
Heart Disease	118.0
Unintentional Injury	81.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2023

⁵⁰ AHA, 2023. What is Cardiovascular Disease?

EXHIBIT 59: STROKE AMONG ADULTS



Source: CDC, n.d., BRFSS Places, 2022.

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.⁵¹

In Pinellas County, 4.7% of adults reported having a stroke in 2022, according to CDC data. Some areas of the county report rates above 6%, as noted in the darker blue areas, signaling a need for focused prevention and support services.

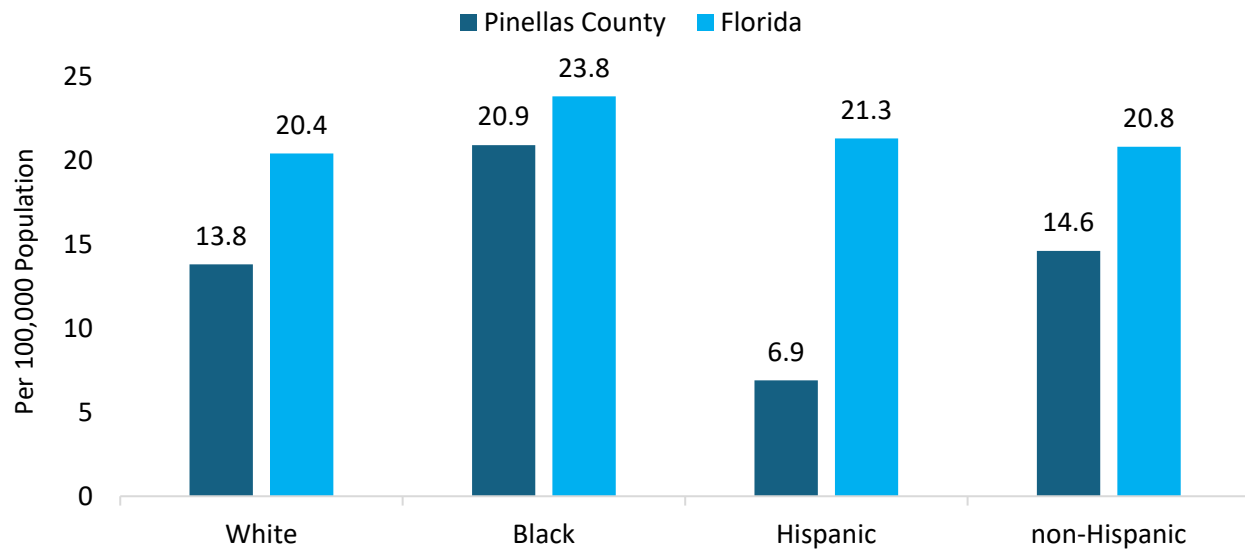
Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community.

As shown in Exhibit 60, in Pinellas County, Hispanic residents had the lowest heart attack death rate at 6.9 per 100,000, lower than the Florida rate of 21.3 per 100,000 for Hispanic individuals. White residents in Pinellas had a rate of 13.8, also below the statewide rate of 20.4. Among Black residents, the heart attack death rate was 20.9 in Pinellas County, compared to 23.8 statewide. Non-Hispanic residents in Pinellas also had a lower rate (14.6) than the state rate

⁵¹ WHO, 2021. Cardiovascular Diseases.

(20.8). Although local rates are lower than the state average, differences across racial and ethnic groups may reflect disparities in access to early diagnosis, emergency care, or follow-up treatment.

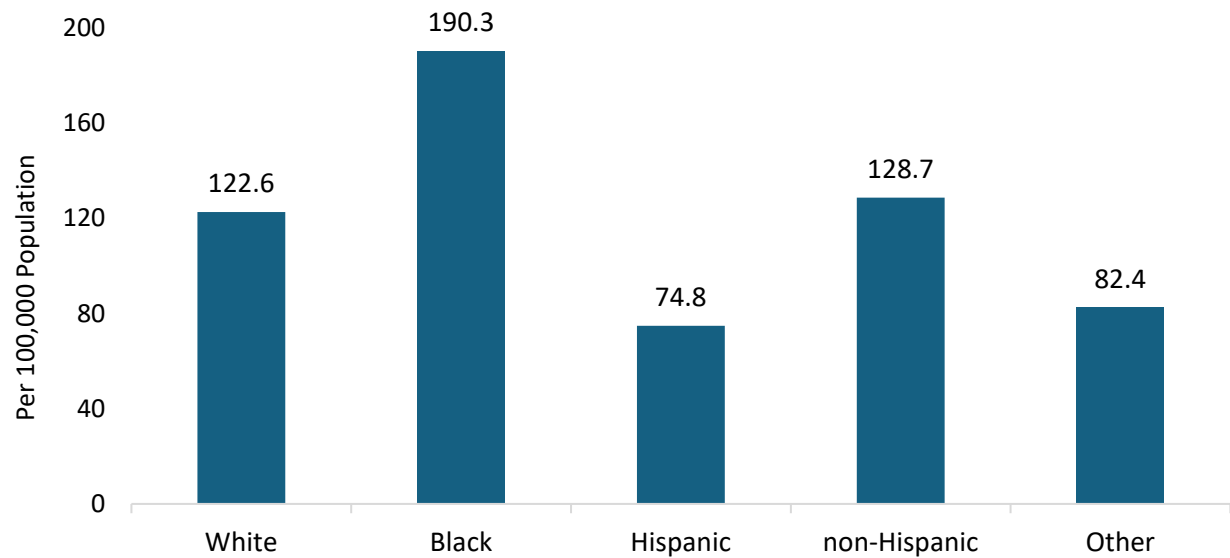
EXHIBIT 60: DEATHS FROM ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), RATE PER 100,000 BY RACE 2021-23



Source: FLHealthCHARTS, n.d.

In Pinellas County, age-adjusted death rates from heart disease were highest among Black residents (190.3 per 100,000), followed by non-Hispanic residents (128.7) and White residents (122.6).

EXHIBIT 61: AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing the factors related to heart disease and stroke, stakeholder interview and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



Participants' discussions regarding heart disease and stroke centered on preventive efforts and the barriers that inhibit engaging in preventative behaviors. Participants shared that financial barriers may impact community members' food security and access to preventative care. Participants noted a need for resources in the community that encourage healthy behaviors, such as nutrition classes. They also noted the importance of building trust in diverse communities as a way to improve primary care access.

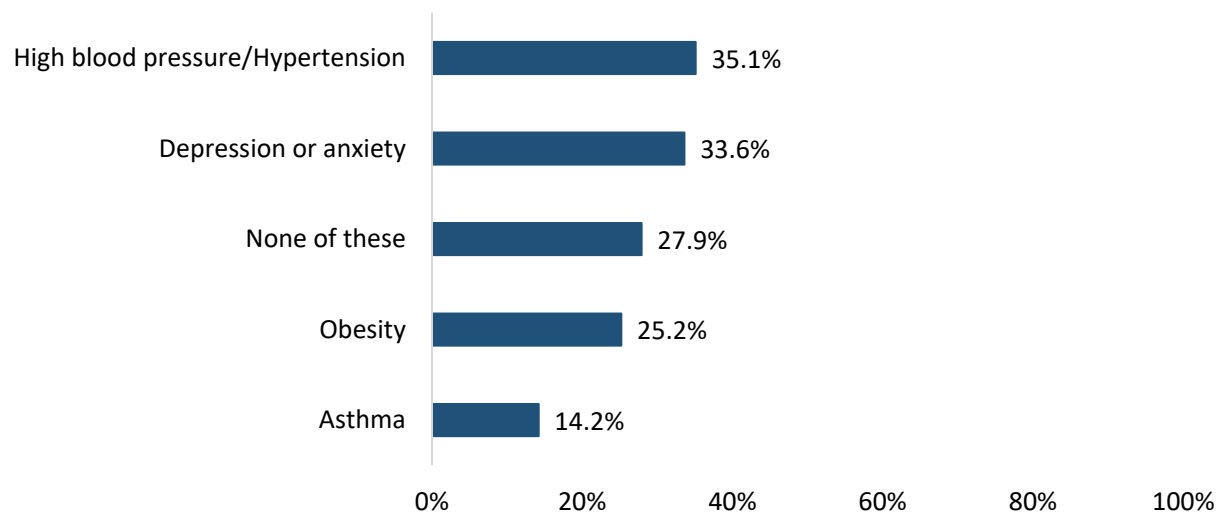
"It's not that in communities of color, people experience chronic disease at a higher rate, but the impact that it has on their lives overall and their ability to thrive is notably different. So resources around access and maintenance and recreation and the determinants that define what a chronic disease will mean to your life is a gap that needs some work." – Stakeholder Interview

Key Community Survey Findings

This section presents community survey respondents' perceptions related to risk of heart disease and stroke including individual and community conditions that contribute to poor cardiovascular health. These insights help us understand heart disease and stroke risks at both individual and community levels.

More than one in three respondents (35.1%) were told by a doctor or other medical provider that they have high blood pressure or hypertension.

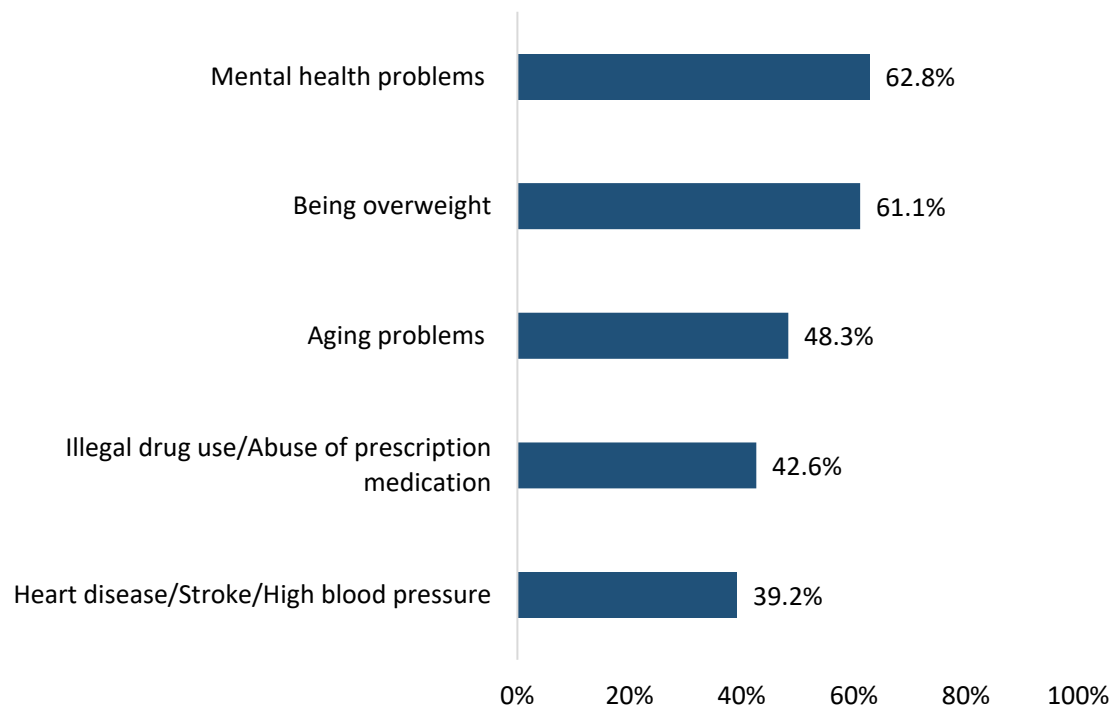
EXHIBIT 62: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?⁵²



⁵² For complete list, please refer to the appendix.

When asking respondents about the most important health issue to address to improve the health of the community, 39.2% of respondents said heart disease, stroke or high blood pressure is an important issue which ranks fifth among the priority health issues.

EXHIBIT 63: READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH AND THINK ABOUT YOUR COMMUNITY. WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?⁵³



⁵³ The top five factors are presented in the exhibit. For complete list, please refer to the appendix.

Cancer

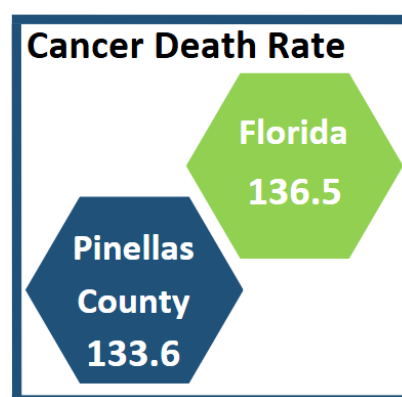
Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening and treatment for everyone, supporting medically underserved communities, and enhancing the quality of life for cancer survivors.

CDC, 2024.

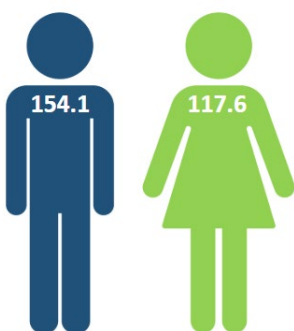
Key Secondary Data Findings

Cancer continues to be a significant and persistent health concern in Pinellas County, contributing to considerable illness and mortality. Alongside heart disease and COVID-19, it remains the leading cause of death in the county, in 2021.⁵⁴

According to the Florida Department of Health, Bureau of Vital Statistics, the age-adjusted cancer death rate in 2021-23 was 133.6 per 100,000 residents, lower than the statewide rate of 136.5.⁵⁵



Cancer affects men and women differently in Pinellas County. From 2020 to 2022, men had a significantly higher death rate (154.1 per 100,000) than women (117.6 per 100,000).⁵⁶ This may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.



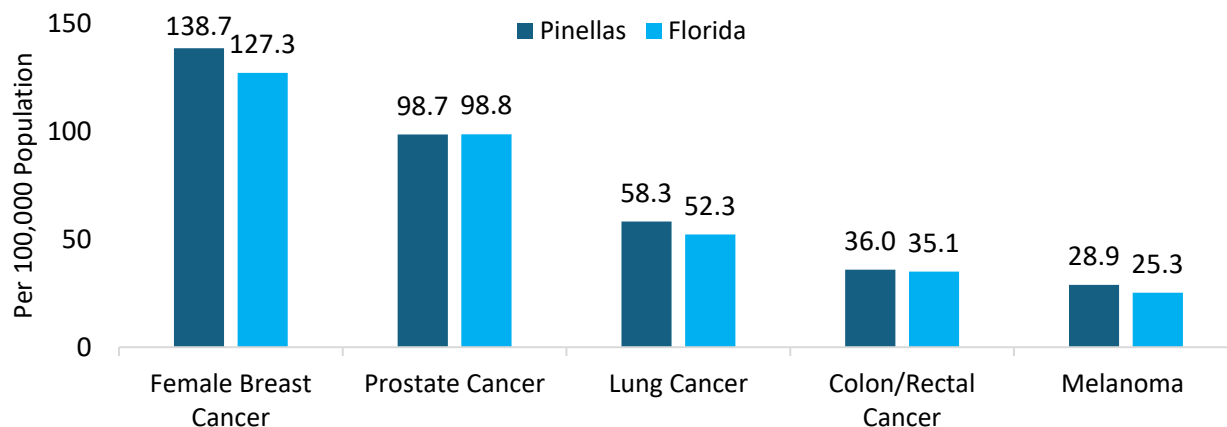
Cancer incidence rates in Pinellas County are higher than state averages for several common cancers. The rate of female breast cancer is 138.7 per 100,000, compared to 127.3 per 100,000 statewide. Lung cancer occurs at a rate of 58.3 per 100,000 in the county, while the state rate is 52.3. Colon and rectal cancer are reported at 36.0 per 100,000 people in Pinellas, exceeding the state rate of 35.1.

⁵⁴ CDC WONDER, n.d. Causes of Death, 2021.

⁵⁵ FLHealthCHARTS, n.d. Deaths From Cancer, 2023.

⁵⁶ FLHealthCHARTS, n.d. Cancer Deaths, by Sex, 2022.

EXHIBIT 64: CANCER INCIDENCE RATE, PER 100,000 POPULATION, 2020-2022



Source: FLHealthCHARTS, n.d.

Pinellas County reports higher death rates than the state for lung cancer at 32.3 per 100,000, compared to Florida's 29.6. Comparatively, breast cancer deaths are similar, while prostate cancer deaths are lower. These differences could reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

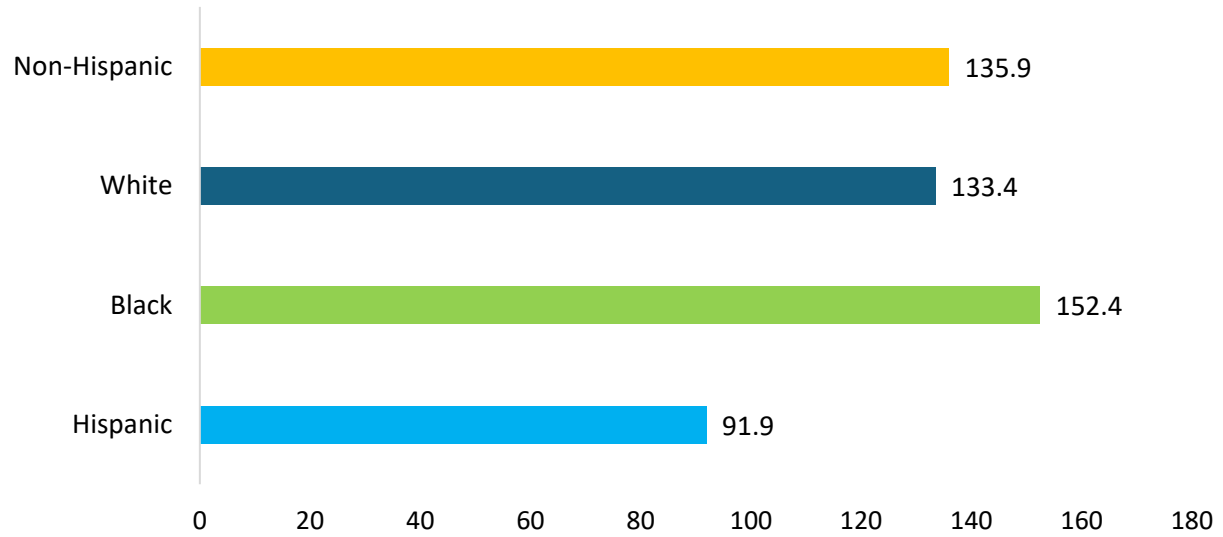
EXHIBIT 65: CANCER DEATH RATES BY TYPE, AGE ADJUSTED PER 100,000 POPULATION 2021-2023

	Florida	Pinellas County
Female Breast Cancer	18.4	18.3
Prostate Cancer	16.6	13.0
Lung Cancer	29.6	32.3
Colon/Rectal Cancer	12.3	11.8

Source: FLHealthCharts.gov

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among Black residents, 152.4, followed by non-Hispanic residents at a death rate of 135.9. Hispanic residents had the lowest rate at 91.9 per 100,000 people.

EXHIBIT 66: CANCER DEATH RATE, BY RACE/ETHNICITY, PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing factors related to cancer, stakeholder interviews and focus group participants shared their first-hand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary, and quotes represent the results of thematic and content analyses of the qualitative data collected during the community health needs assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.



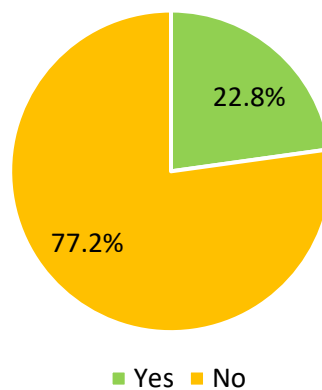
Stakeholders and focus group participants identified diet quality and limited engagement with primary care as the most significant barriers to cancer prevention and detection. They called for increased prevention efforts and more education regarding maintaining health and wellbeing. Participants also noted that environmental factors, such as increased pollution, may be impacting cancer risk in certain neighborhoods.

“Air quality impacts – we’ve had some issues where there are higher rates of asthma and chronic disease that match where the highways are located.” – Stakeholder Interview

Key Community Survey Findings

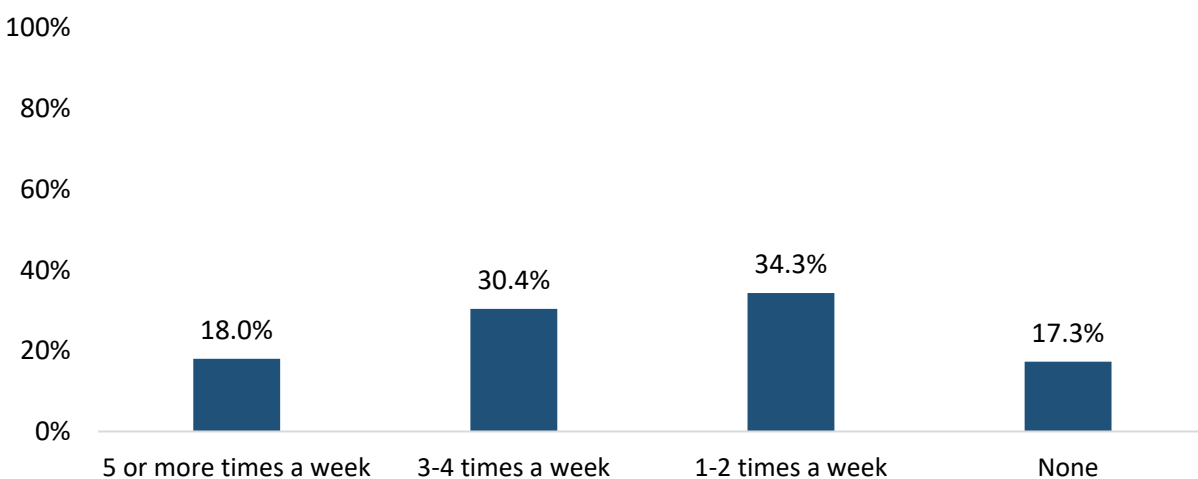
This section presents community survey respondents' perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities' perceptions on behaviors that are known as cancer risks.⁵⁷ In Pinellas County, 77.2% of respondents shared that they do not eat at least five cups of fruit or vegetables a day.

EXHIBIT 67: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?



Nearly one in five respondents (18.0%) exercise five or more times a week, while 64.7% of respondents exercise between one and four times a week. However, 17.3% of respondents do not exercise at all.

EXHIBIT 68: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?



⁵⁷ Brunet et al., 2013.

Conclusion

The next three years will harbor a lot of unknowns, but what is known about Pinellas County is that it is always evolving. While Pinellas County has a higher median household income and slightly lower poverty rate compared to some of its neighboring counties, there are neighborhoods within the county where people are struggling to meet their basic needs.

With multiple hospitals and health systems within its borders, the All4HealthFL Collaborative partners along with their community partners are well suited to address some of the social drivers of health and health needs within the county.

Appendices Summary

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

A. Secondary Data

- a. Additional secondary data tables

B. Qualitative Research

- a. Methodology Overview
- b. Additional Qualitative Findings
- c. Community Engagement
- d. Stakeholder Interview Guide
- e. Focus Group Interview Guide

C. Community Survey

- a. Methodology Overview
- b. Complete Community Survey Findings
- c. Community Survey Tool (English)

D. Maps

E. Access Audit

F. Needs Prioritization

- a. Needs Prioritization Presentation
- b. Data Placemats

G. Community Partners and Committee Members

H. Partner Achievements

I. Bibliography