



2025

Community Health Needs Assessment

Pasco County

BayCare Hospital Wesley Chapel

Contents

Letter from the All4HealthFL Collaborative	4
Introduction	5
Purpose	5
Acknowledgments	5
About the All4HealthFL Collaborative	6
Collaborative Achievements	7
CHNA Methodology.....	8
Social Drivers of Health	9
Healthy People 2030.....	9
Demographics.....	10
Needs Prioritization Process	12
Community Needs	13
Healthcare Access and Quality.....	14
Key Secondary Data Findings	14
Key Qualitative Findings	18
Key Community Survey Findings.....	19
Behavioral Health	23
Key Secondary Data Findings	23
Key Qualitative Findings	27
Key Community Survey Findings.....	28
Economic Stability	33
Key Secondary Data Findings	33
Key Qualitative Findings	37
Key Community Survey Findings.....	38
Exercise, Nutrition, and Weight.....	45
Key Secondary Data Findings	45

Key Qualitative Findings	47
Key Community Survey Findings.....	48
Heart Disease and Stroke.....	51
Key Secondary Data Findings	51
Key Qualitative Findings	54
Key Community Survey Findings.....	55
Neighborhood and Built Environment	57
Key Secondary Data Findings	57
Key Qualitative Findings	60
Key Community Survey Findings.....	61
Cancer	63
Key Secondary Data Findings	63
Key Qualitative Findings	66
Key Community Survey Findings.....	67
Conclusion	69
Appendix Table of Contents	70

Letter from the All4HealthFL Collaborative

To the citizens of Pasco County,

We are proud to present the 2025 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Pasco County.

The All4HealthFL Collaborative members include AdventHealth, BayCare Health System, Johns Hopkins All Children's Hospital, Lakeland Regional Health, Moffitt Cancer Center, Orlando Health Bayfront Hospital and Tampa General Hospital.

The purpose of the Collaborative is to improve the health of our communities by leading regional, outcome-driven health initiatives that have been prioritized through community needs 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 2025 Community Health Needs Assessment and prioritization process.

The Collaborative is keenly aware that by 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 2025 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 Pasco 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 (the ACA) 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 Pasco 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 Pasco County from the 2022 Community Health Needs Assessment are Access to Health and Social Services, Behavioral Health (Mental Health and Substance Use), and Exercise, Nutrition, and Weight.

Access to Health &
Social Services

Behavioral Health
(Mental Health and
Substance Use)

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 Pasco 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 31 one-on-one stakeholder interviews and five focus groups, speaking with over 50 participants. The primary qualitative data was collected between September 2024 and February 2025 via both in-person and virtual meetings.

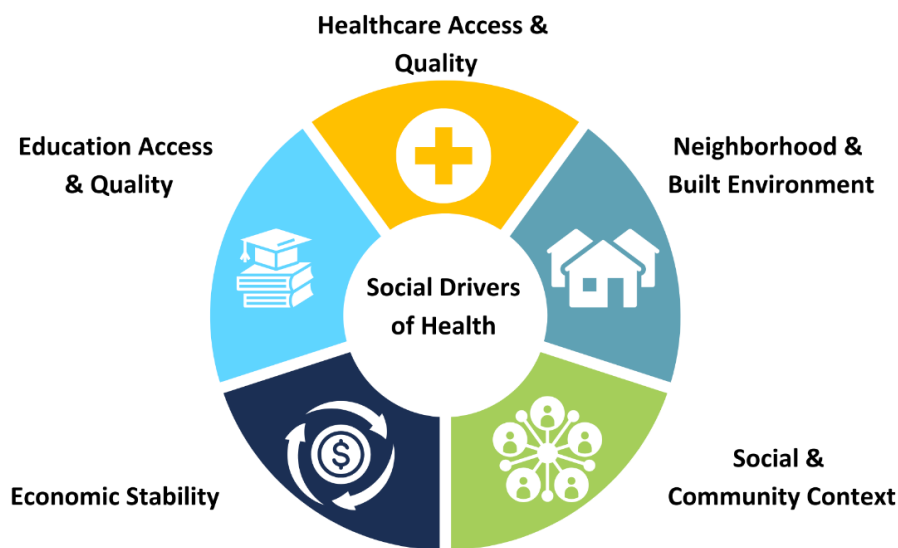
A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 1,912 responses were collected and analyzed. Survey responses are provided for Pasco County in this report.

The **Needs Prioritization Process** was conducted on March 20, 2025, with 72 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, the 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 need in each county.

Social Drivers of Health

The social drivers of health (SDoH) 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 risks.¹ Clinical care impacts only 20.0% of health outcomes, while Social Drivers impact as much as 50.0% of health outcomes.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



Healthy People 2030

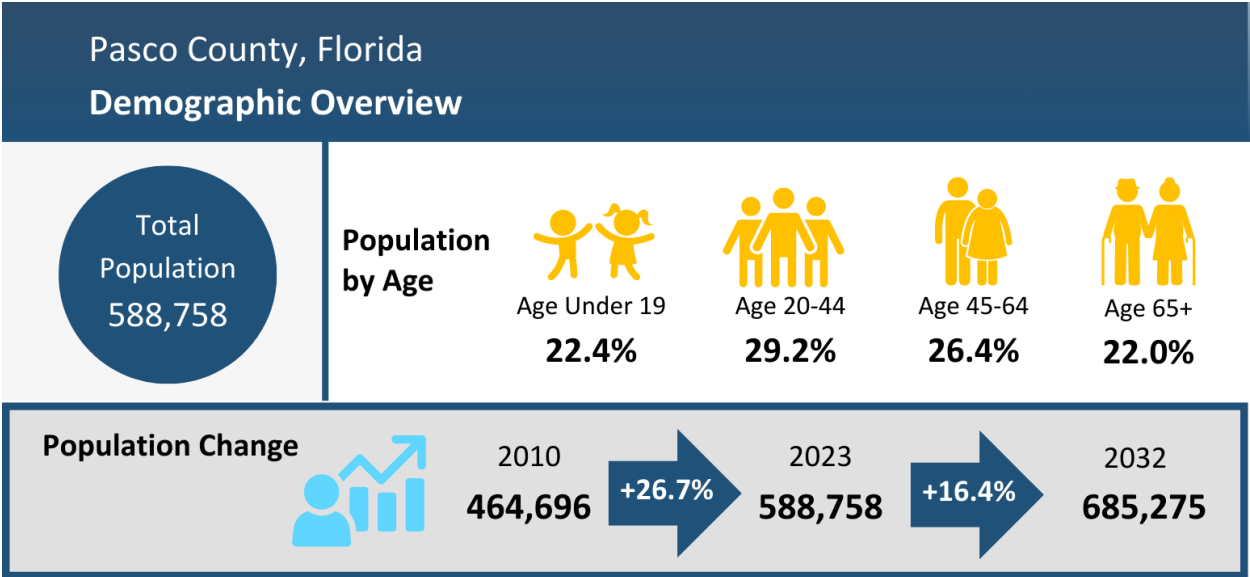
Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. The identified 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>.

¹ ODPHP, n.d. Social Determinants of Health

² Whitman et al. (ASPE), 2022.

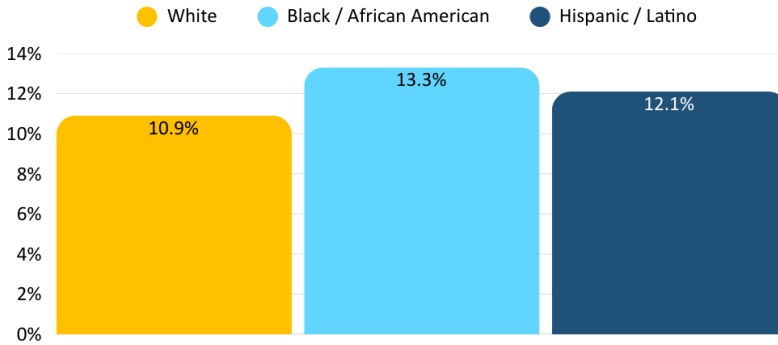
³ ODPHP, n.d. Social Determinants of Health.

Demographics

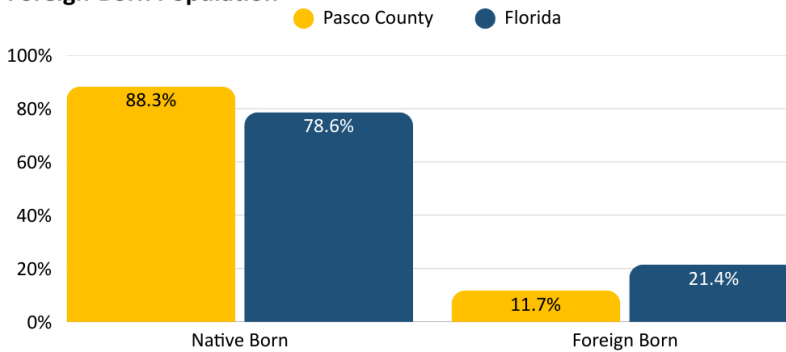


Pasco County, Florida Demographic Overview

Trend of Population Living in Poverty



Foreign-Born Population



Economic Wellbeing



Median Household
Income
\$67,384



Households Below
Poverty Level
11.8%



Unemployment Rate
4.9%



Households Receiving
SNAP Benefits
11.0%

Race / Ethnicity



17.7%

Hispanic /
Latino

75.1%

White

11.4%

Two or
More Races

6.1%

Black / African American

18.2%

Speak a Language Other
than English at Home

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

Needs Prioritization Process

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Pasco County was analyzed, and seven community needs were identified.

On March 20, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Pasco County came together to prioritize the most significant health needs for Pasco County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 72 individuals attended the prioritization 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.

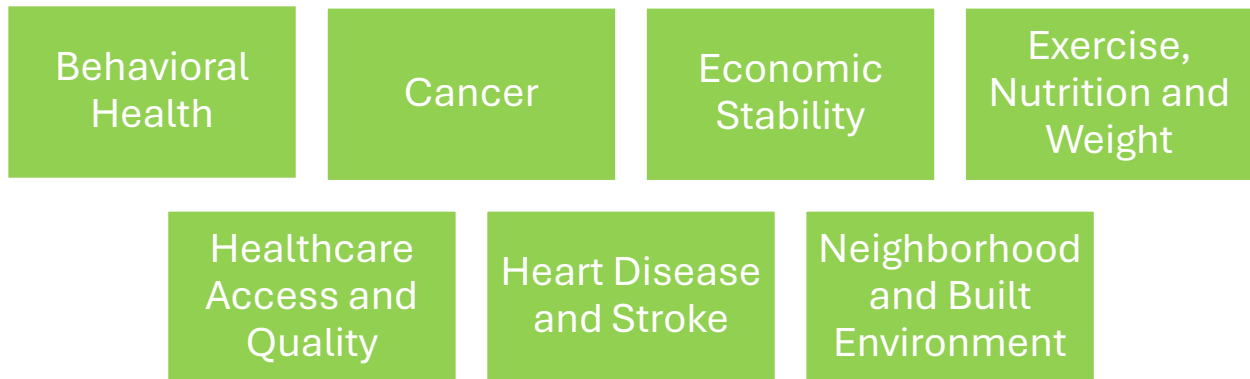
Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community need, potential barriers to addressing the needs, and what happens if the community need is not addressed in the county. All tables reported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

Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using the 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.

Community Needs

The following seven community needs were identified.



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

Rank	Community Need	Score
1	Healthcare Access and Quality	8.40
2	Behavioral Health	9.21
3	Economic Stability	12.41
4	Exercise, Nutrition, and Weight	12.46
5	Heart Disease and Stroke	14.73
6	Neighborhood and Built Environment	15.61
7	Cancer	16.51

Healthcare Access and Quality

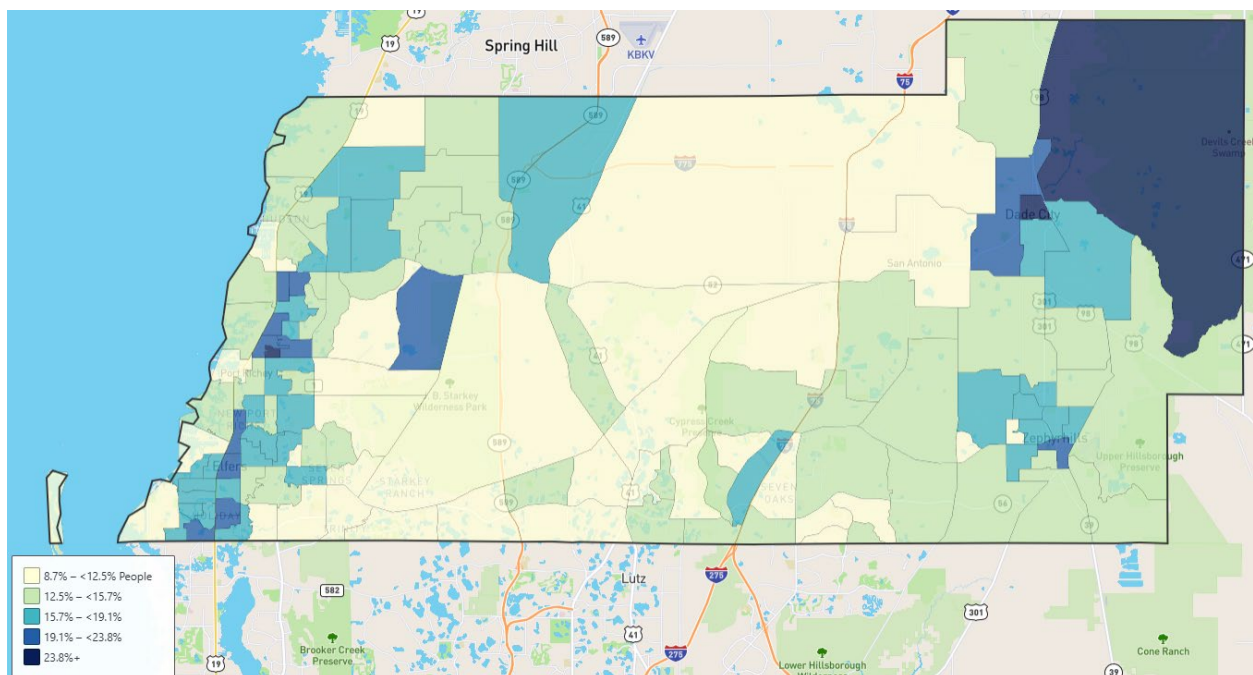
Healthcare Access and Quality is one of the five social determinants of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary healthcare services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.

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 Pasco County, 10.0% of the total population does not have health insurance. Areas in darker blue highlight regions with a higher percentage of the population without health insurance. Approximately one in six (16.2%) of adults aged 19 to 64 years do not have health insurance (Exhibit 2).

EXHIBIT 2: LACK OF HEALTH INSURANCE AMONG ADULTS, 2022

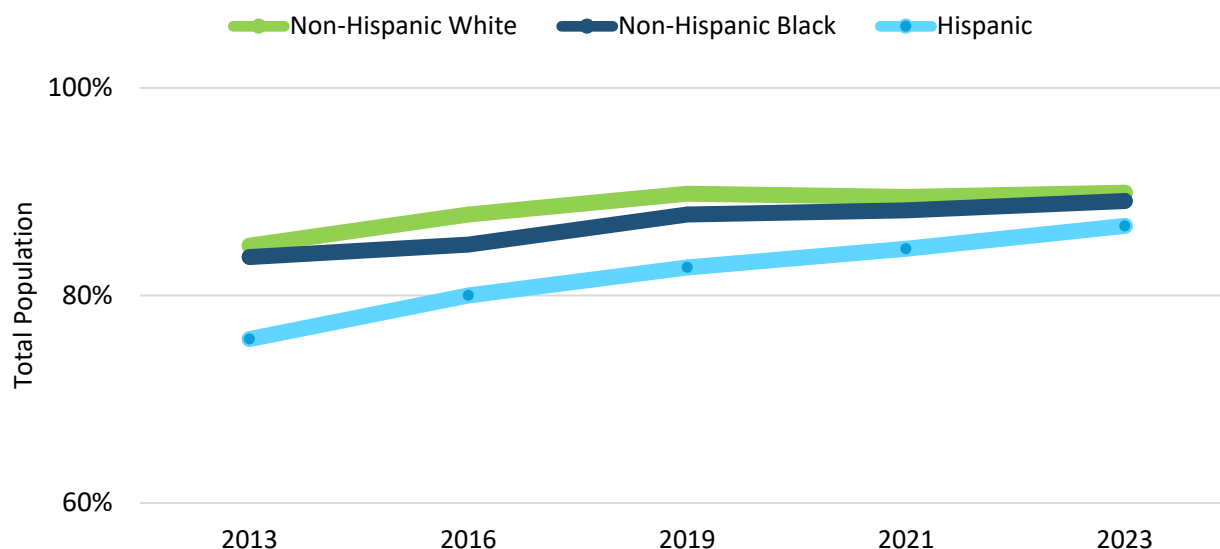


Source: CDC, n.d. BRFSS Places, 2022.

⁴ Taber et al., 2015.

In some census tracts⁵ in Pasco County, nearly one in three adults do not have health insurance (Exhibit 2). Additionally, health insurance rates vary by race and ethnicity (Exhibit 3).

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



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

Pasco County has fewer primary care physicians (968:1) compared to Florida (858:1) and United States (879:1), which impact access to care for residents. Additionally, Pasco County has significantly fewer pediatricians and mental health providers compared to Florida and the United States.

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

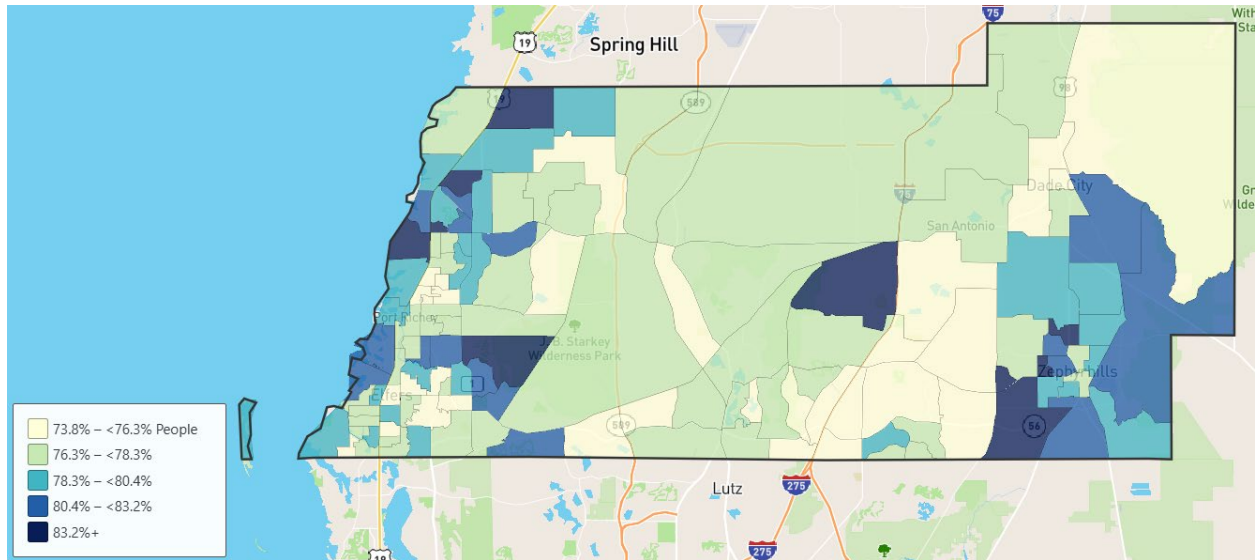
	Pasco County	Florida	United States
Primary Care Physician	968:1	858:1	879:1
Primary Care Nurse Practitioner	946:1	800:1	1,110:1
Dentist	2,464:1	1,686:1	1,532:1
Mental Health Provider	1,169:1	693:1	550:1
Pediatrician	1,367:1	879:1	795:1
Obstetrics Gynecology (OB/GYN)	8,064:1	3,919:1	3,454:1
Midwife and Doula	13,196:1	9,029:1	9,336:1

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>.

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

According to CDC data, in Pasco County, 78.0% of adults received a medical checkup in 2022. The percentage of adults varies across the census tracts in the county, higher percentages shown in darker blue. There are parts of the county where nearly one in three adults did not see a doctor (Exhibit 5).

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



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

Much of Pasco County has been designated a Health Professional Shortage Area (HPSA) for primary care, mental health, and dental services, indicating there are not enough providers to adequately serve the needs of low-income residents.⁶ 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

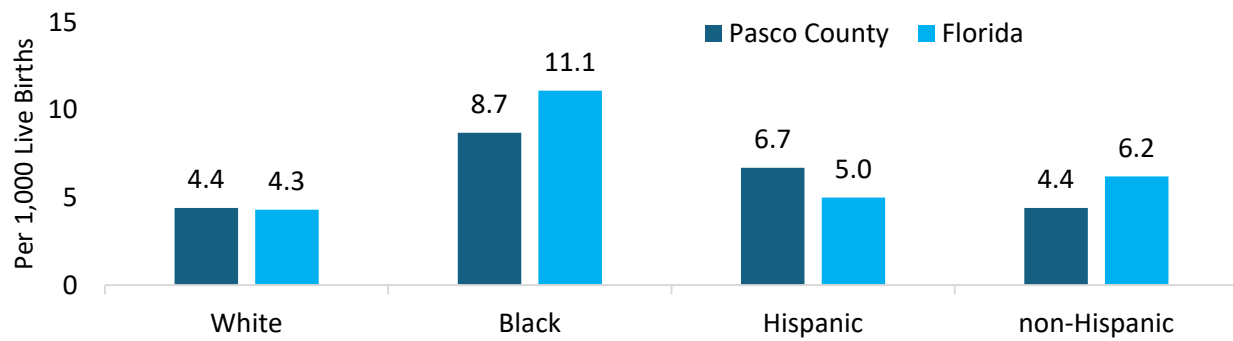
In Pasco County and Florida, infant mortality rates are highest among Black and Hispanic populations compared to the White and non-Hispanic populations (Exhibit 6). Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends, where Black, American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and non-Hispanic infants.⁸

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

⁷ ODPHP, n.d. Pregnancy and Childbirth.

⁸ CDC, 2024. Infant Mortality.

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



Source: FLHealthCHARTS, n.d.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.⁹ In Pasco County, over 78.5% of White and non-Hispanic mothers initiated care early, compared to 74.1% of Hispanic and 72.9% of Black mothers. While rates in Pasco exceed state averages across all groups, still differences by race and ethnicity highlight differences in access to prenatal care (Exhibit 7).

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

	Pasco County	Florida
White	78.5%	74.3%
Black	72.9%	63.7%
Non-Hispanic	78.9%	72.3%
Hispanic	74.1%	70.5%

Source: FLHealthCHARTS, n.d.

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.



Stakeholder interview and focus group participants expressed that community members in Pasco County are struggling to access quality healthcare. They noted that transportation barriers affect individuals' ability to see providers and explained that there is a shortage of specialists and primary care providers. Participants also said that bilingual providers are needed, and noted a need for community care workers or case managers to help individuals navigate the healthcare system, which can be complex and confusing for some residents.

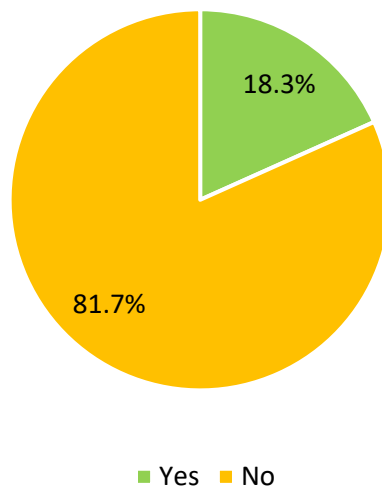
"Primary care continues to be a challenge. All of our primary care providers are pretty booked out, and when we have turnover it's very hard to recruit and address the backlog of patient demand." – Stakeholder Interview

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.

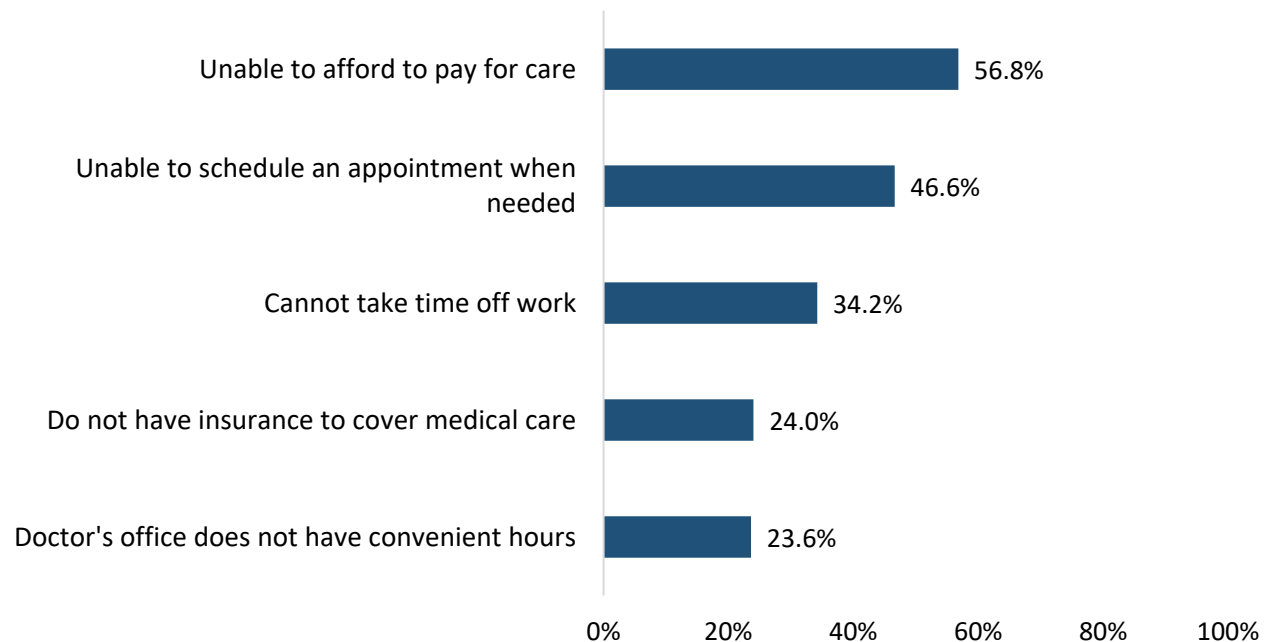
When asked about their medical care access, 18.3% of the survey respondents reported in the past 12 months, they needed medical care but did not get it.

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 respondents did not receive the care they needed were: being unable to afford the cost of care (56.8%), difficulty scheduling an appointment when needed (46.6%), inability to take time off work (34.2%), lack of insurance coverage (24.0%), and inconvenient office hours at the doctor's office (23.6%).

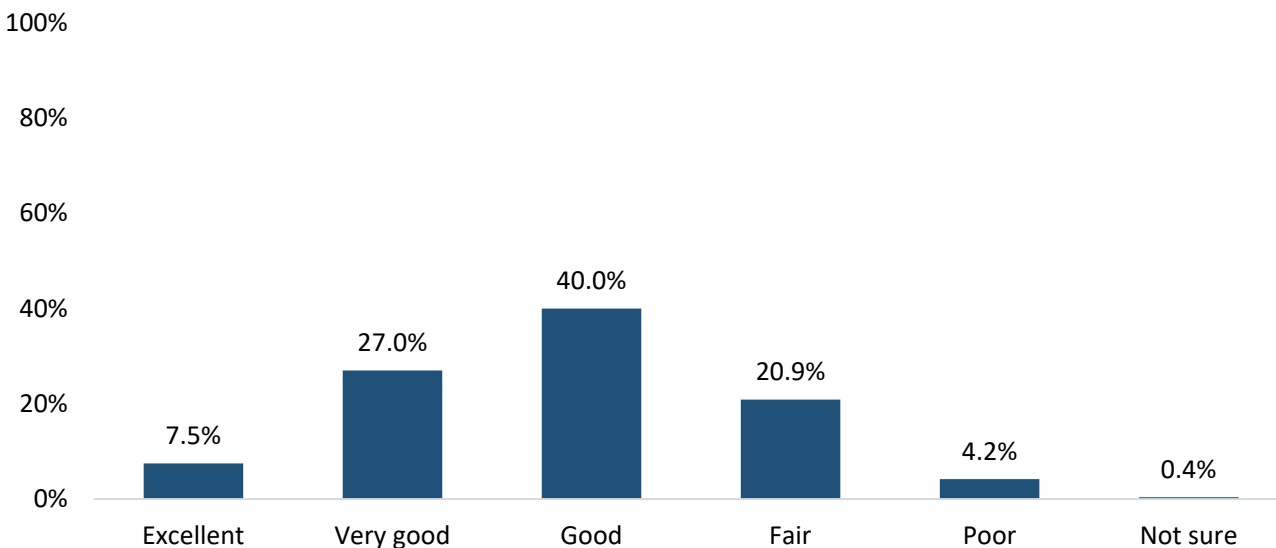
EXHIBIT 9: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?¹⁰



¹⁰ For complete list, please refer to the appendix.

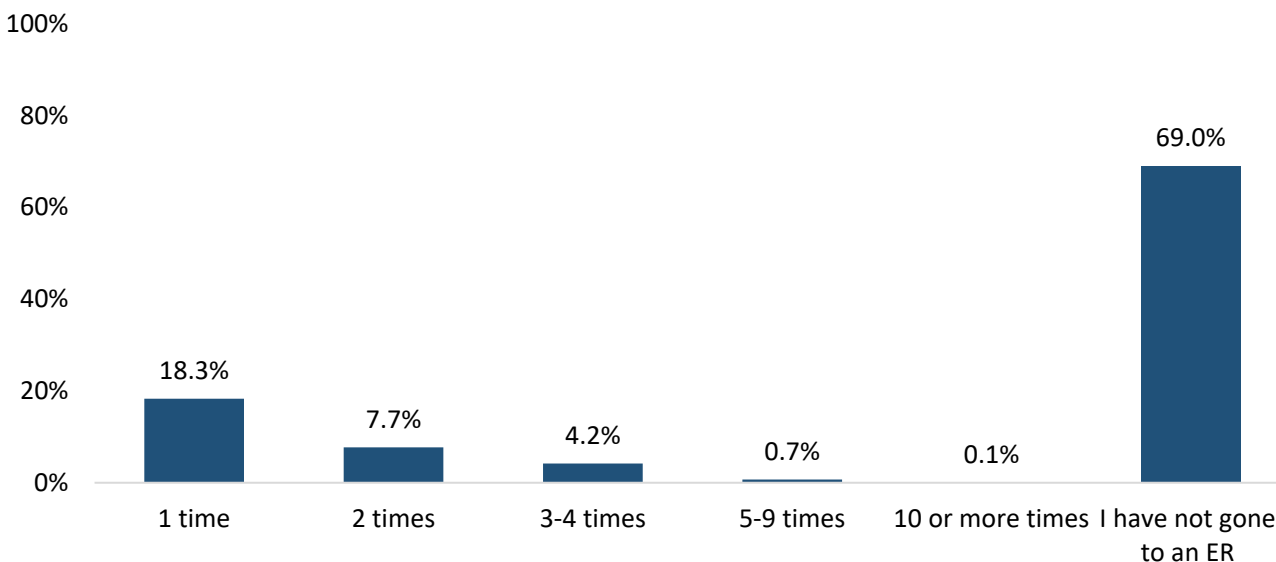
One in three (34.5%) of survey respondents said their own personal health was excellent or very good while one in four (25.1%) of the respondents said their own health was either fair or poor.

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



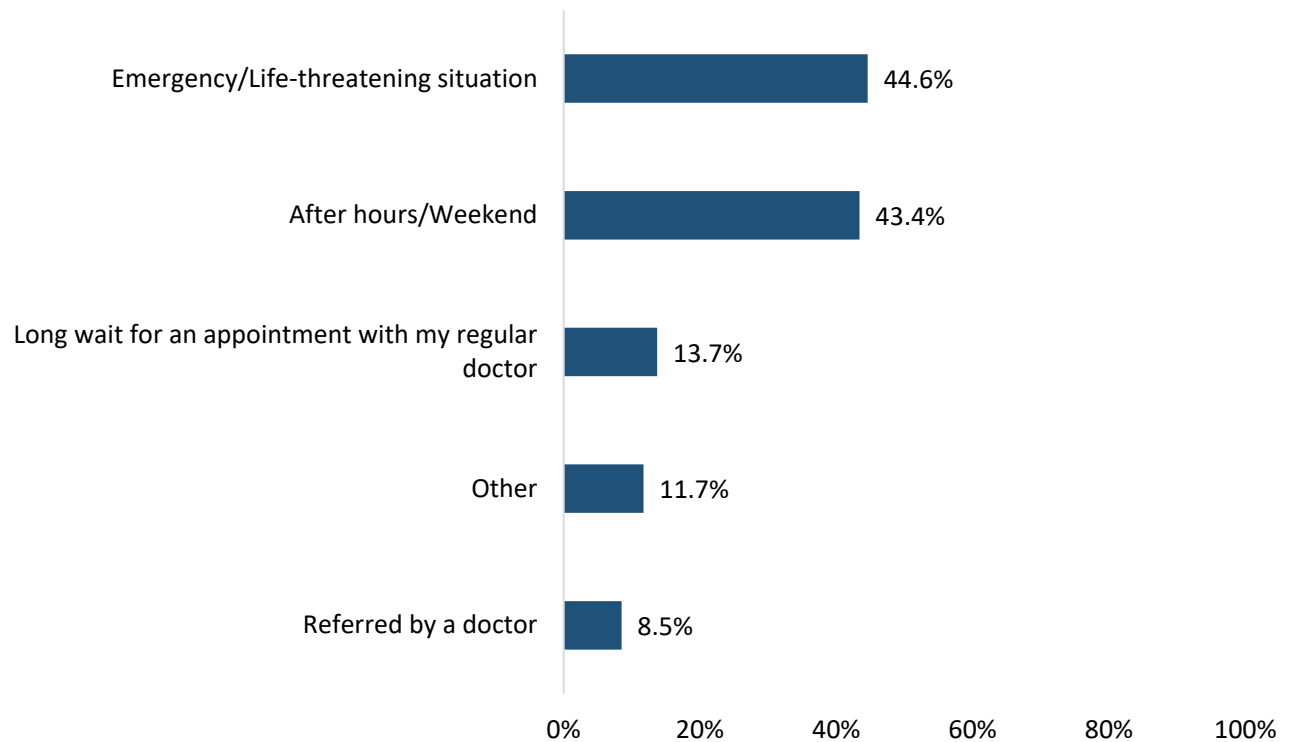
One in four survey respondents (26.0%) went to the emergency room (ER) one to two times in the past 12 months. Only 4.2% of respondents went to the ER three to four times; nearly 1.0% of respondents went to the ER five or more times in the past 12 months.

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 emergency room (ER) instead of the doctor's office because of emergency or life-threatening situations (44.6%) or because their health issue occurred after hours or on the weekend (43.4%).

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

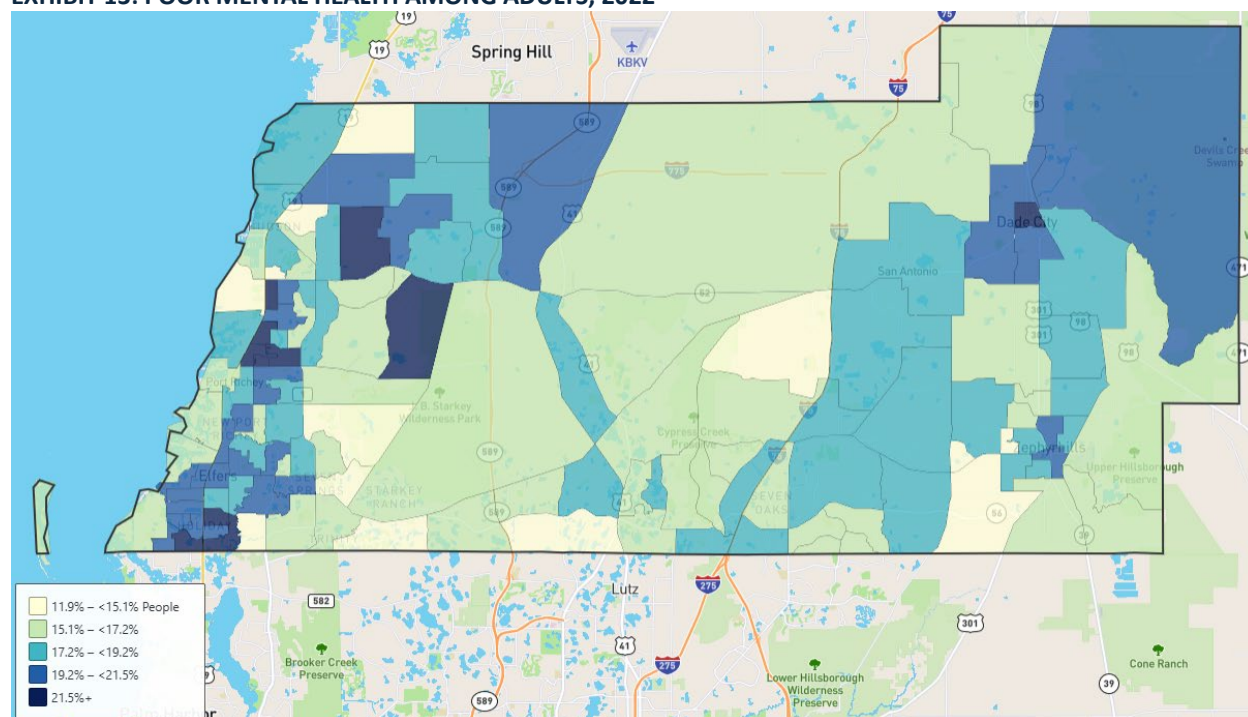
Behavioral Health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's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

NIMH, 2024.

Key Secondary Data Findings

In Pasco County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.5% of adults reported 14 or more mentally unhealthy days in the past month. Varying rates can be seen across the country, with lower rates in yellow and higher rates in darker blue (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.

Access to care is a critical factor in behavioral health outcomes. In Pasco County, the mental health provider ratio is 1,169:1, meaning there are approximately 1,170 people for every one

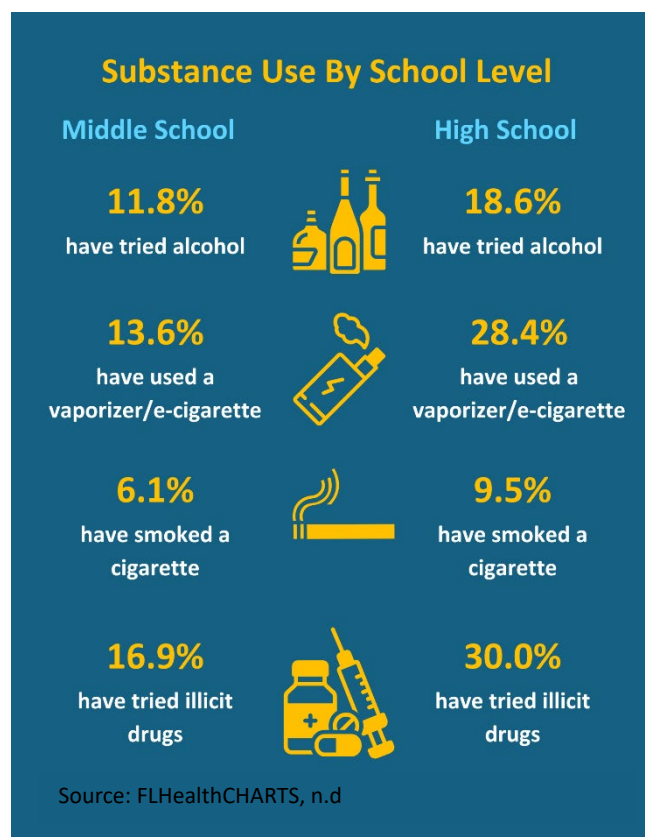
¹² CDC, 2024. About Behavioral Health.

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.¹³

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

	Pasco County	Florida
Mental Health Provider Ratio	1,169:1	693:1

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



Substance use among youth is a growing concern in Pasco County. By high school, one in three students report using illicit drugs, and over one in four have used e-cigarettes or vapes containing nicotine. Among middle school students in Pasco County, substance use patterns begin early: 16.9% have tried illicit drugs, 11.8% have consumed alcohol, and 13.6% have used a vaporizer or e-cigarette at least once in their lifetime.

The reason teens use substances vary – from peer pressure and stress relief to family patterns and lack of supervision. But the risks are serious: substance use at a young age is linked to mental health issues, academic struggles, and increased risk of overdose.¹⁴

¹³ ODPHP, n.d. Access to Health Services.

¹⁴ CDC, 2024. Substance Use Among Youth.



1 in 6 adults

in Pasco County engage in heavy or binge drinking. That's lower than the Florida average of **1 in 5** adults.

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

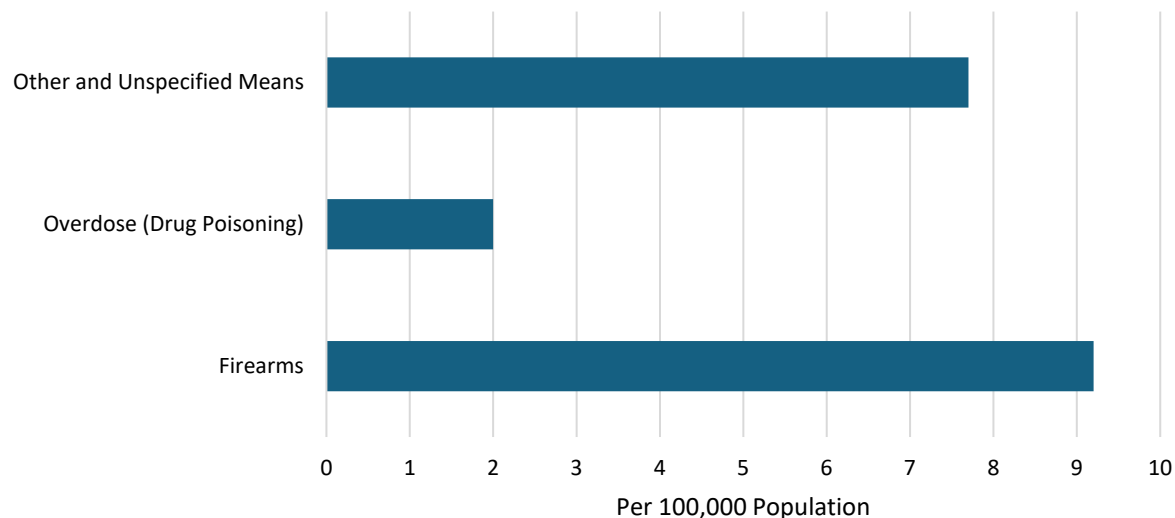
Source: CDC, n.d., BRFSS, 2024

In Pasco County, binge drinking is also a growing concern among adults. Despite the binge drinking rate being slightly lower in Pasco County (15.6%) than Florida (16.1%), 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.¹⁵

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Pasco County had a suicide rate of 18.9 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.

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

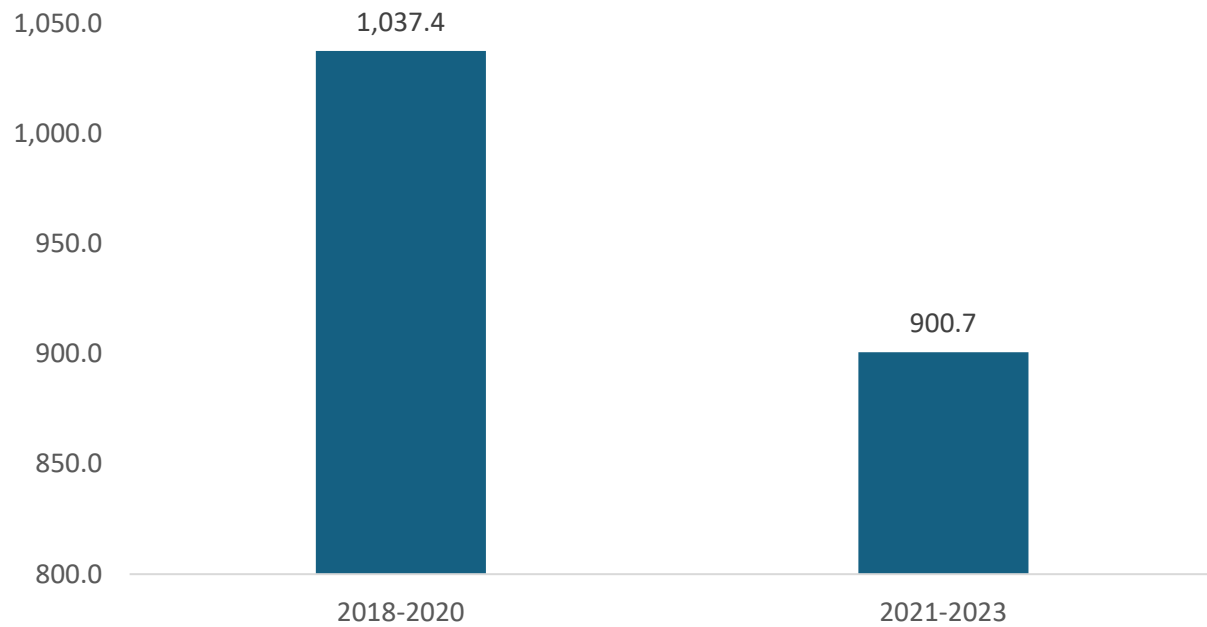


Source: FLHealthCHARTS, n.d.

¹⁵ NIAA, 2025. What is Binge Drinking?

Behavioral health also drives significant use of emergency and inpatient care. In Pasco County, hospitalizations due to mental health disorders occurred at a rate of 1,076 per 100,000 people, just above the state average of 963.2.¹⁶ The county also reported 900.7 emergency department visits per 100,000 people for mental health conditions, reflecting an ongoing demand for crisis services (Exhibit 16).

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



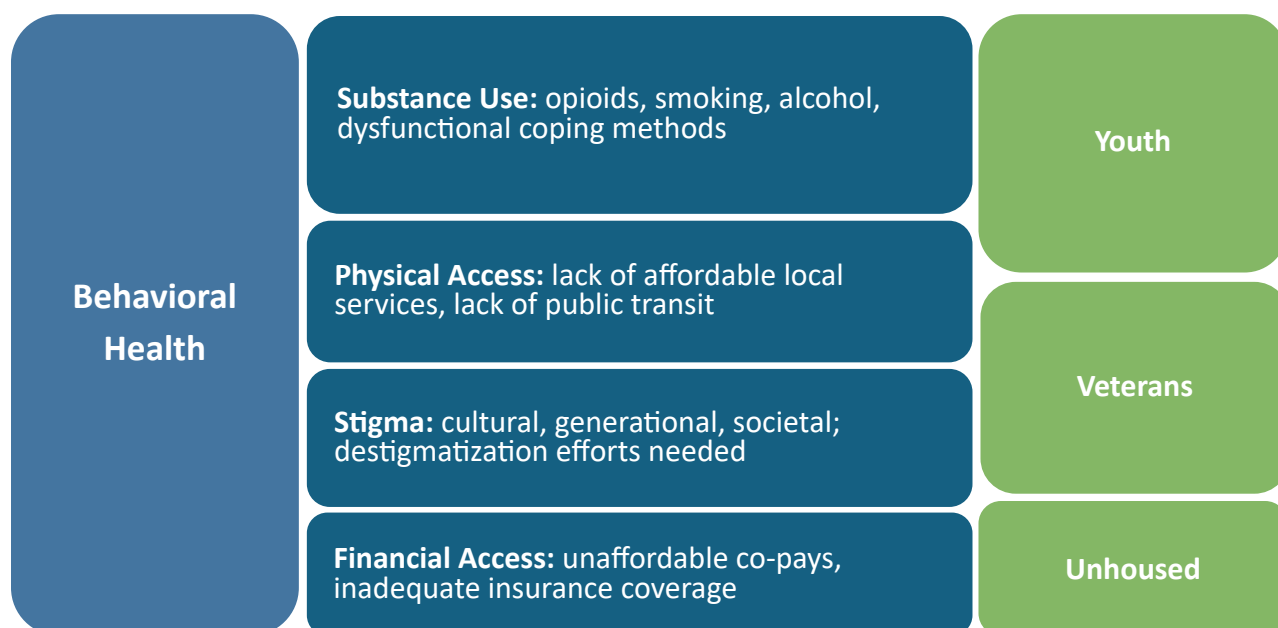
Source: Florida Agency for Health Care Administration (AHCA), 2020-2023

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

Key Qualitative Findings

When discussing behavioral health, 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.



While acknowledging progress that has been made in Pasco County, participants repeatedly shared concerns about high levels of substance use, inadequate access to affordable substance use and mental health treatment options, and a lack of behavioral health services for youth. They noted that the unhoused population is particularly affected by addiction as they have limited access to medical care, and there is a need for medication assisted treatment.

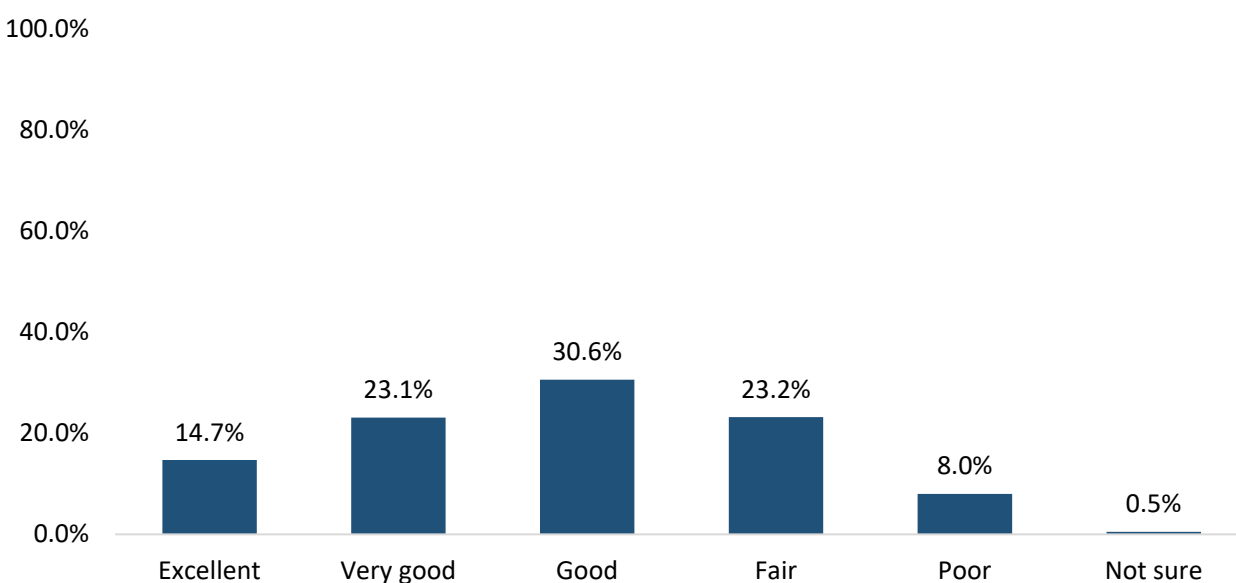
“I think the stigma has come a long way, but it absolutely still exists. You still hear that people are ‘trading one drug for another,’ or ‘if people wanted it hard enough, they would be sober.’ We know that depending on the substance of choice it has altered the chemistry of people’s brains, and it’s reasonable that people would need to be on a medication for the rest of their life to manage.” – Stakeholder Interview

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

Approximately two in five of the survey respondents (37.8%) reported their mental health as either excellent or very good while nearly one in three (31.2%) of respondents reported their mental health was fair or poor.

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

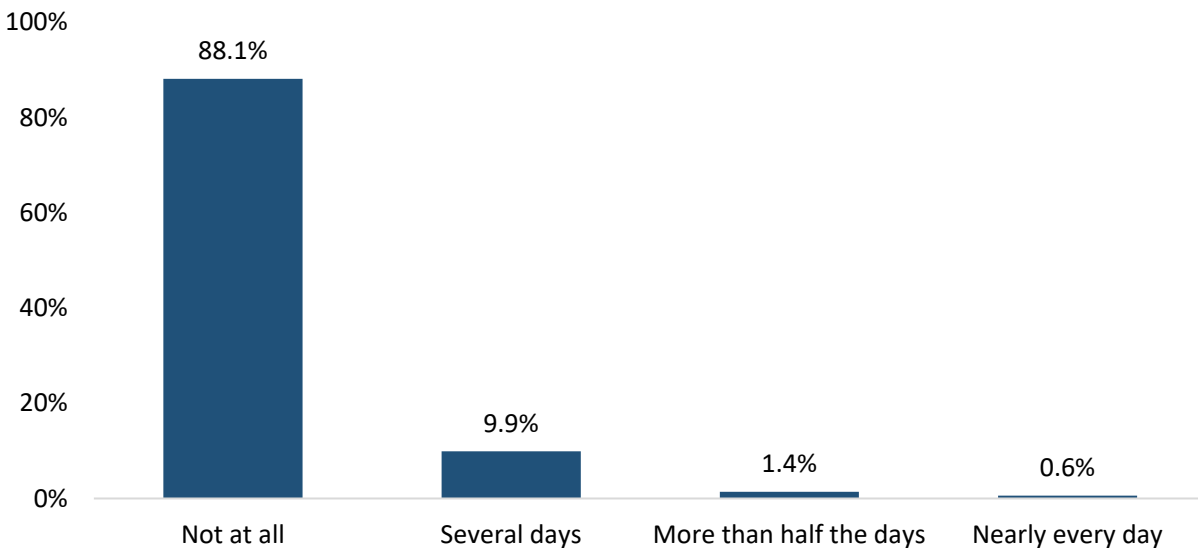


¹⁷ CDC, 2024. About Adverse Childhood Experiences.

¹⁸ Monnat & Chandler, 2016.

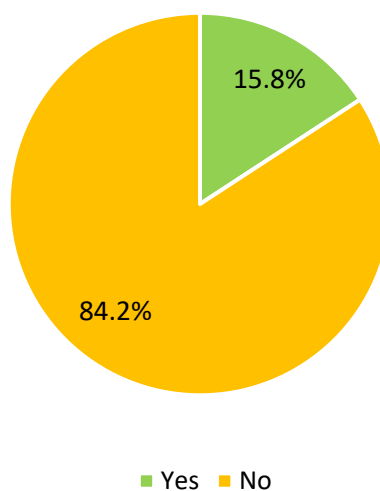
When asked about self-harm and suicidal thoughts, 88.1% of survey respondents reported never having these thoughts in the past 12 months. 9.9% indicated experiencing such thoughts several days a month, while 2.0% reported having them more than half the days or nearly every day.

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?



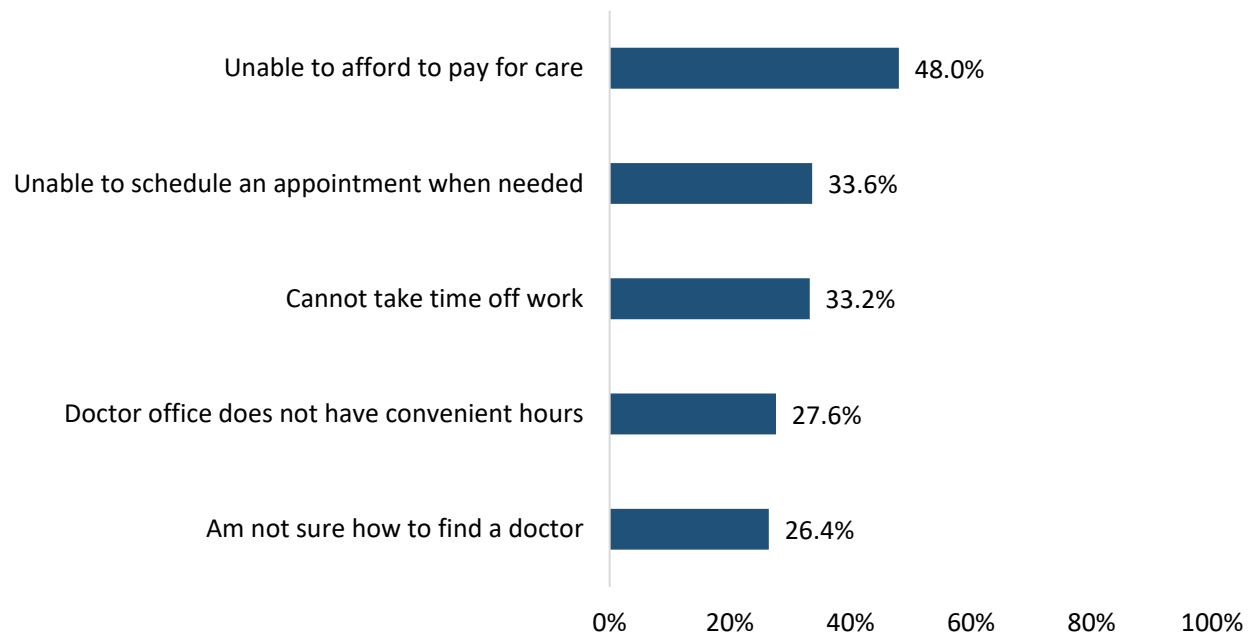
One in six (15.8%) survey respondents said in the past 12 months they needed mental healthcare but did not get the care they needed.

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 from getting the care they needed were unable to afford to pay for care (48.0%), unable to schedule an appointment when needed (33.6%), cannot take time off work (33.2%), doctor's office does not have convenient hours (27.6%), and people are not sure how to find a doctor (26.4%).

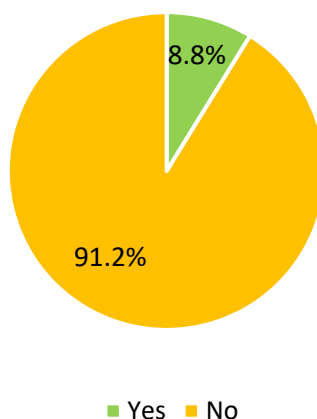
EXHIBIT 20: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?¹⁹



¹⁹ For complete list, please refer to the appendix.

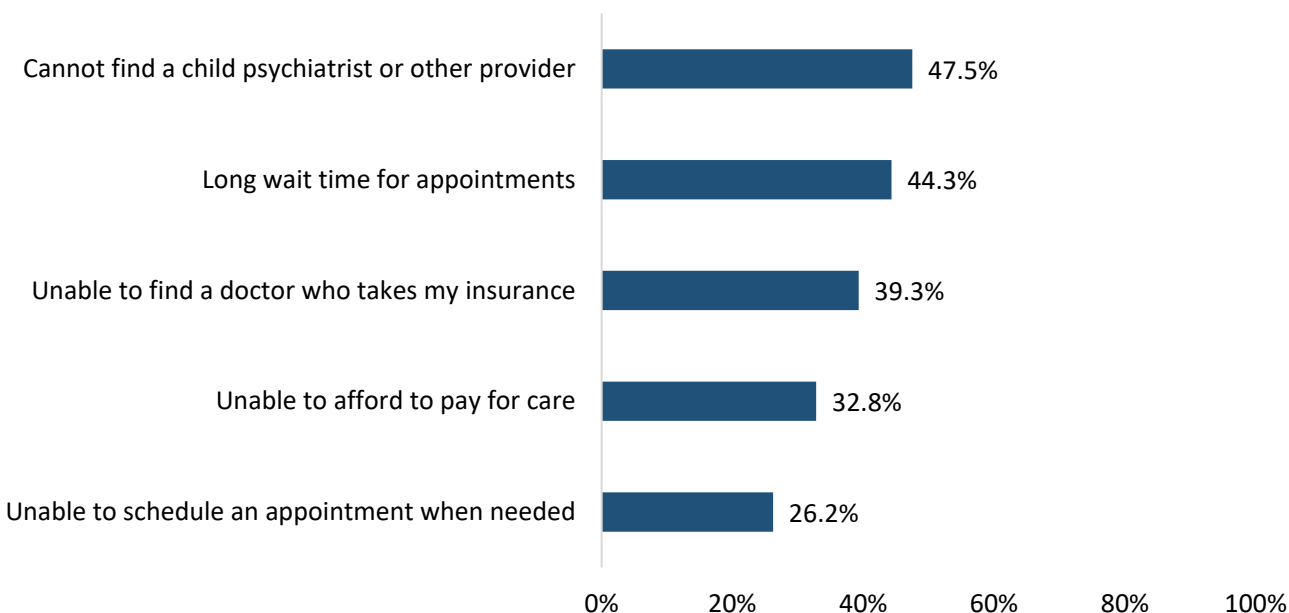
When asked if children at home needed mental or behavioral healthcare, 8.8% of survey respondents responded that the children needed care but did not receive it.

EXHIBIT 21: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL/ BEHAVIORAL HEALTHCARE BUT DID NOT GET THE CARE THEY NEEDED?



The top barriers for children to get the care they needed were cannot find a child psychiatrist or other provider (47.5%), long wait time for appointment (44.3%), unable to find a doctor who takes the insurance (39.3%), unable to afford to pay for care (32.8%), and unable to schedule an appointment when needed (26.2%)

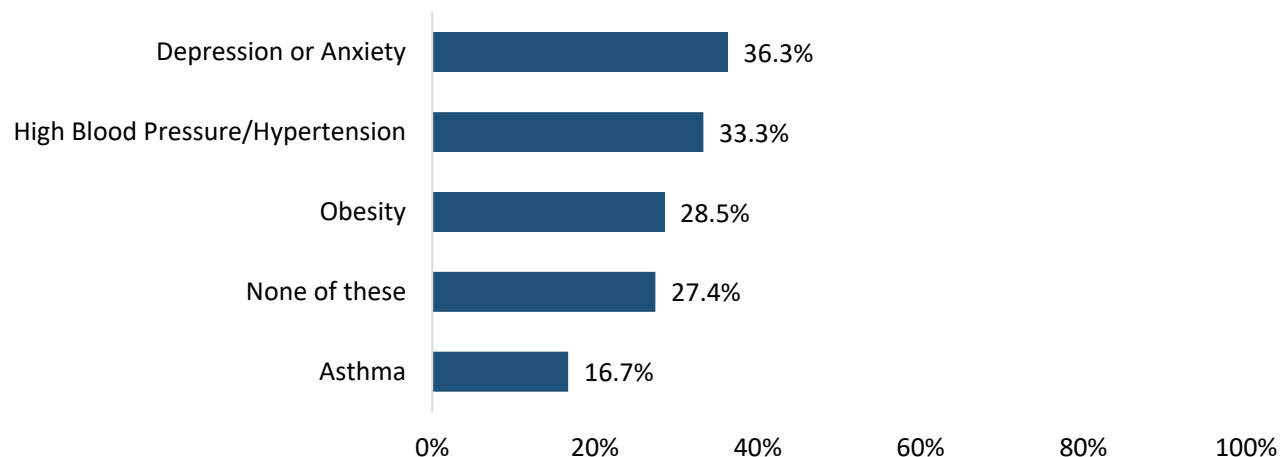
EXHIBIT 22: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL CARE THEY NEEDED?²⁰



²⁰ For complete list, please refer to the appendix.

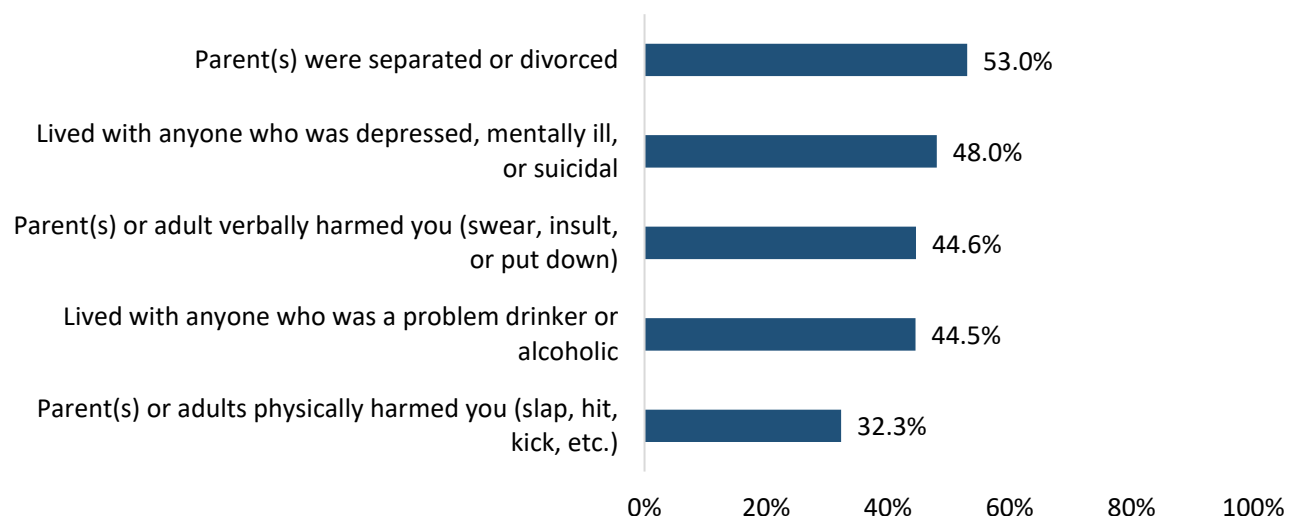
One in three (36.3%) of respondents were told by either a doctor or other medical providers that they have depression or anxiety which ranks as the top self-reported health condition.

EXHIBIT 23: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?



In Pasco County, 20.0% of respondents reported they experienced four or more ACEs before the age of 18. Exhibit 24 presents the percentage of respondents who experienced at least one ACE before the age of 18. More than half of the respondents indicated that their parents were divorced or separated (53.0%). Nearly half of the respondents either lived with someone who was depressed, mentally ill or suicidal (48.0%), parents or adult verbally harmed them (44.6%) and lived with anyone who was a problem drinker or alcoholic (44.5%). One in three (32.3%) respondents were physically harmed by their parents or adults.

EXHIBIT 24: EVENTS YOU EXPERIENCED BEFORE AGE OF 18²¹



²¹ For complete list, please refer to the appendix.

Economic Stability

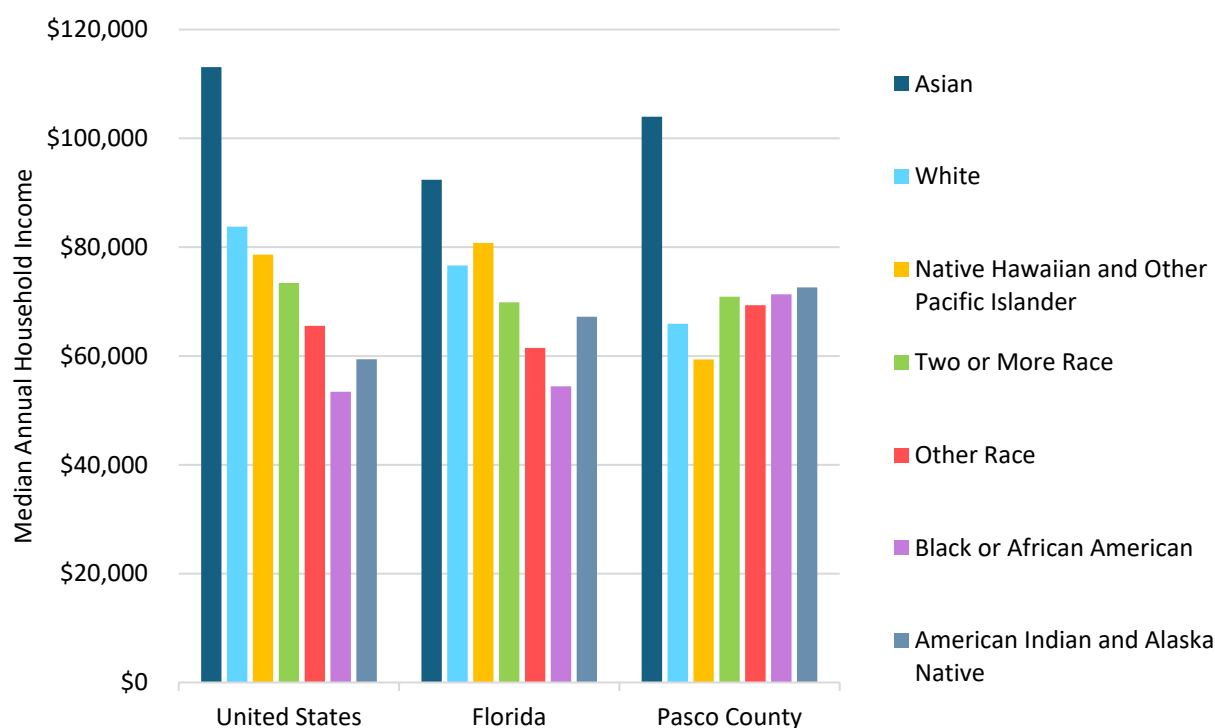
Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access 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 Pasco County, the median household income is \$67,384 annually, \$4,327 less than the state of Florida's \$71,711 median household income and \$11,154 less than the United States median household income of \$78,538. The median household income varies across different racial groups.

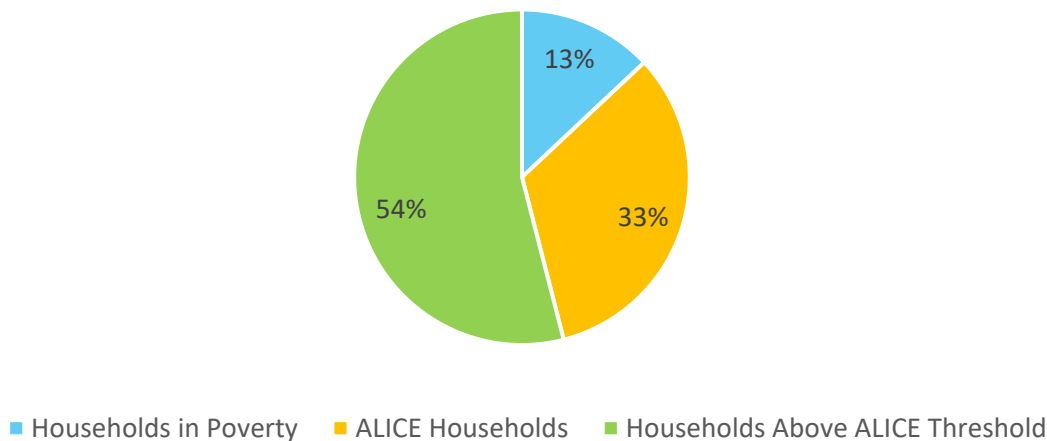
EXHIBIT 25: MEDIAN HOUSEHOLD INCOME, BY RACE, 2023



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. ²² In Pasco County, 33.0% of households are considered ALICE households.


EXHIBIT 26: HOUSEHOLD INCOME STATUS IN PASCO COUNTY, 2022



Source: United for ALICE, n.d.

Poverty is a well-established driver of health outcomes. In Pasco County, 11.1% of the population lives below the poverty line, a lower percentage than both the state (12.6%) and national average (12.4%).²³ However, traditional poverty metrics often undercount those struggling to meet basic needs.²⁴

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 Pasco County, 27.6% of low-income households currently spend 50% or more of their income on housing costs alone.²⁵



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

\$35.60 per hour

At the current minimum wage of \$13/hour, a worker would need to work over **109 hours per week just to afford rent in Pasco County.**

Source: NLIHC, 2024

²² United for ALICE, n.d. About Us – Meet ALICE.

²³ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

²⁴ Kildruff (PRB), 2022.

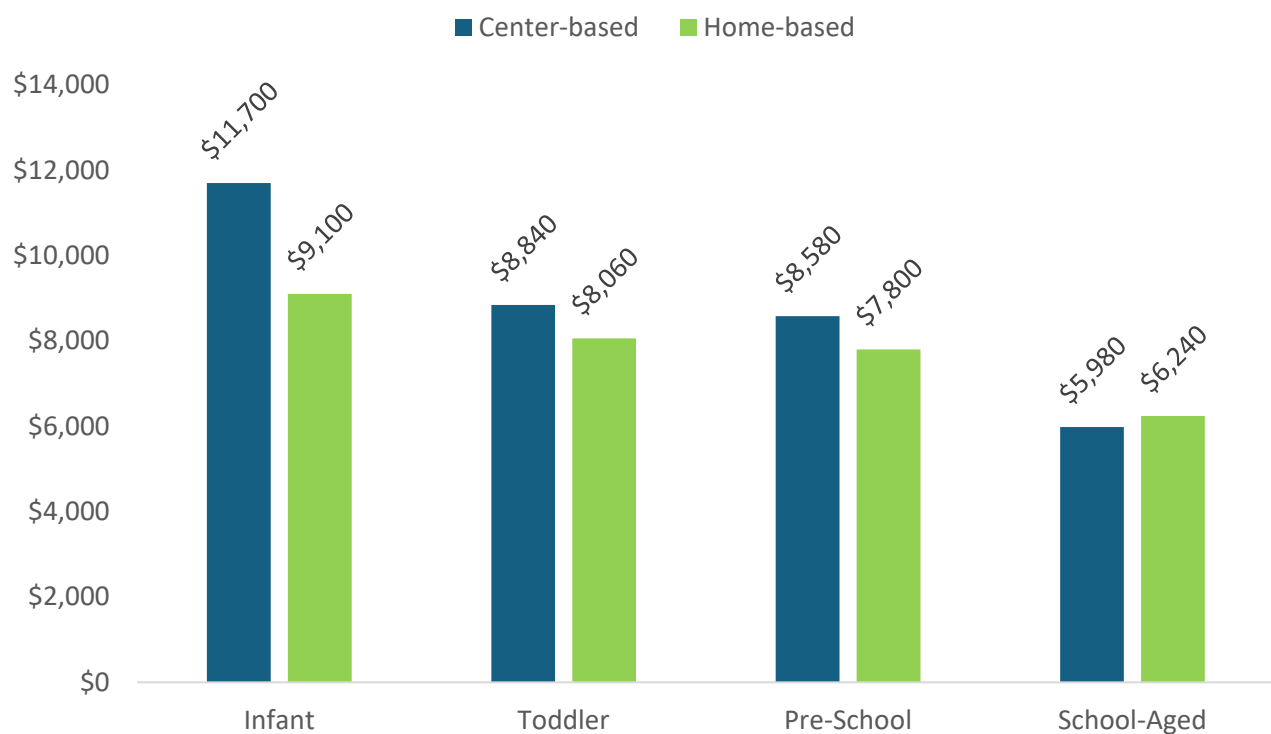
²⁵ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Additionally, the median home value in Pasco County is \$265,800²⁶, lower than the state median of \$325,000 – but still out of reach for many working families, especially those without access to affordable financing or down payment support. The disconnect between wages, rental costs, and homeownership opportunities highlights the challenges faced by many Pasco County residents.

Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. In Pasco County, 6.9% of households lack internet access, matching the state’s overall percentage households without internet access (6.8%).²⁷ Limited connectivity can disproportionately impact rural communities, low-income families, and older adults.²⁸

Childcare remains a critical yet costly need for working families in Pasco County. Center-based infant care costs \$11,700 annually, with home-based options slightly lower at \$9,100. Although childcare costs decline with age, even school-aged care costs \$6,240 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 27: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022



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

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

²⁷ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

²⁸ Turcios (SAMHSA), 2023.

To put this in context, the median household income in Pasco County is \$67,384.²⁹ A family spending approximately \$22,212 per year on housing³⁰ and \$11,700 on childcare³¹ would be left with just \$33,472 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 supports 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 Pasco County community.

²⁹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³⁰ NLIHC, 2024. Out of Reach: Florida.

³¹ 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.



Participants explained that healthy food, housing, healthcare, transportation, and other basic needs are limited by economic instability for some individuals. Participants noted that high-paying jobs and job training are needed for some residents. Participants discussed how a large ALICE population is struggling each month to pay for basic needs; participants also noted that those on a fixed income, such as older adults and veterans, are struggling to cope with the impacts of inflation. Participants explained that the number of unhoused individuals in Pasco County is increasing, and the east side of the county lacks shelters for the unhoused population.

“Housing is too expensive.”

“The income disparity needs to be fixed.”

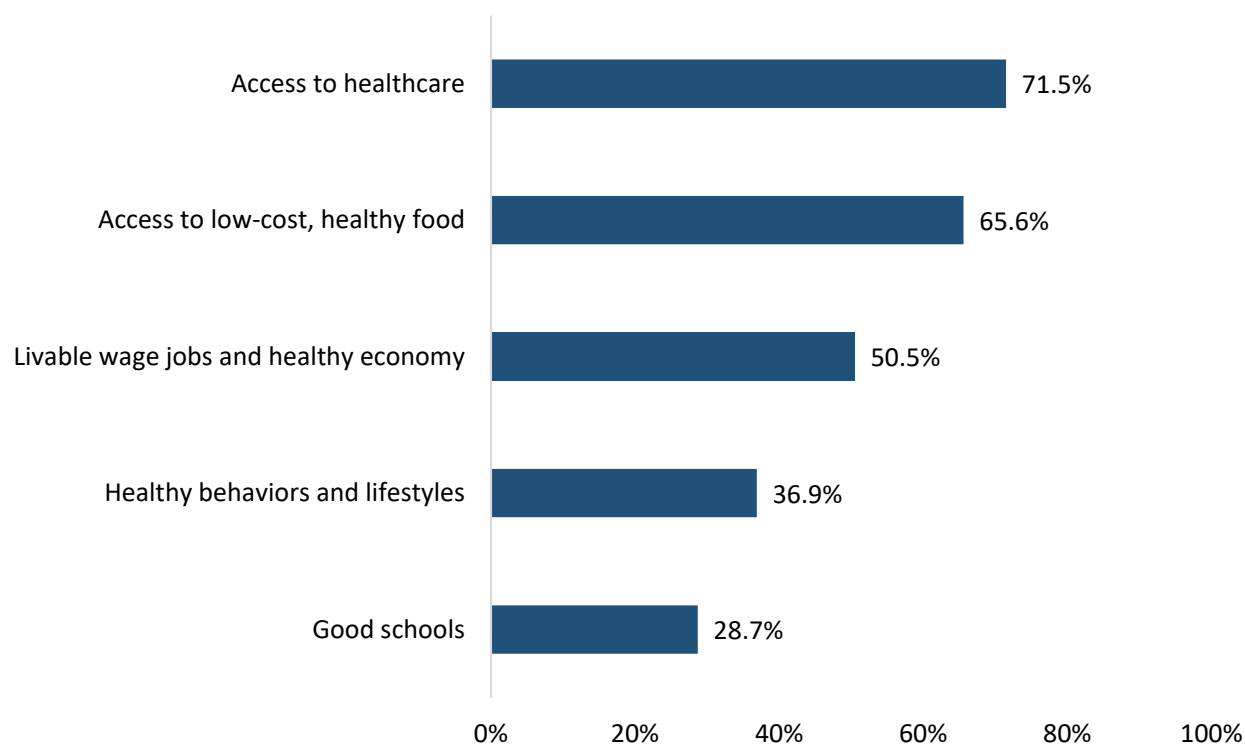
– Focus Group Participants

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.

More than half of the survey respondents (50.5%) identified livable wage jobs and a healthy economy as one of the most important areas to address to improve the health of the community. This issue also ranked among the top five priorities. Moreover, access to healthcare (71.5%) and access to low-cost healthy food (65.6%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

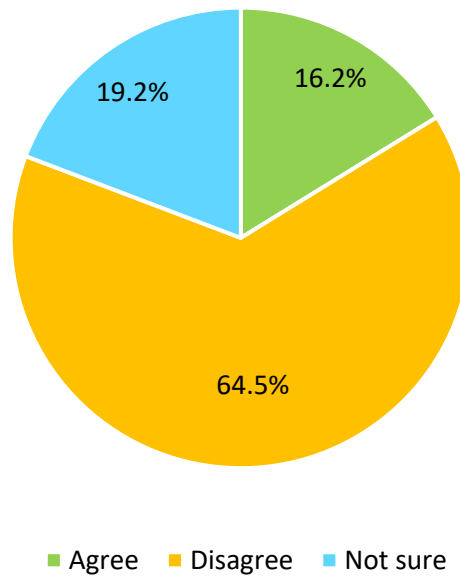
EXHIBIT 28: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?³²



³² The top 5 factors are presented in exhibit. For complete list, please refer to the appendix.

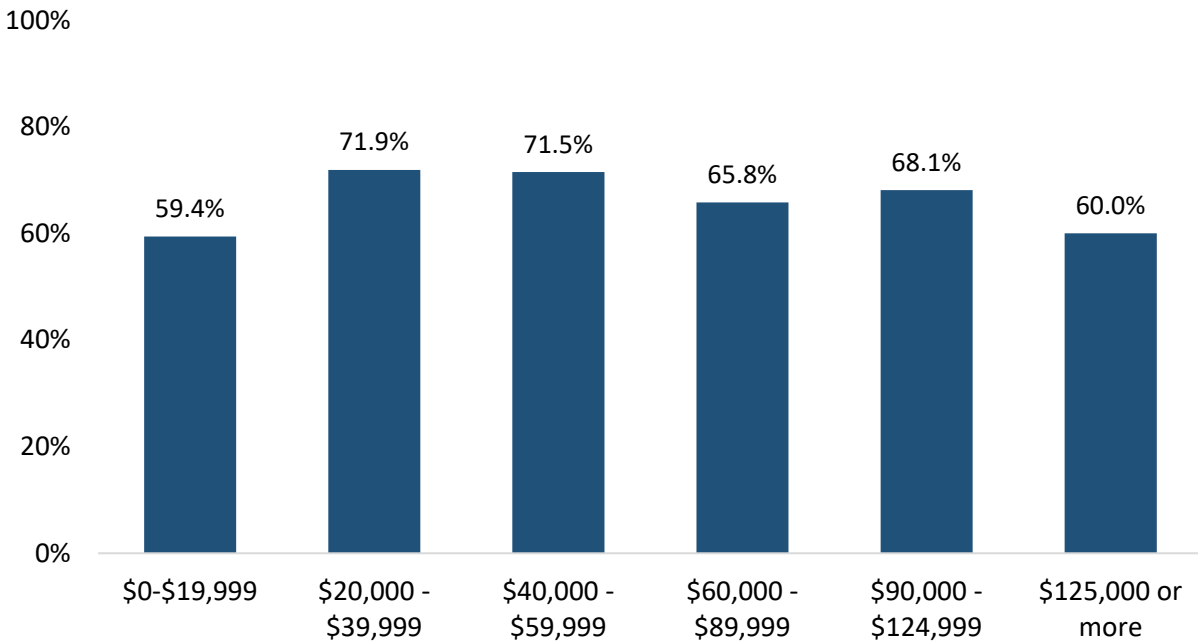
Exhibits 29 through 31 presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are plenty of livable wage jobs available," 64.5% of respondents disagreed.

EXHIBIT 29: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



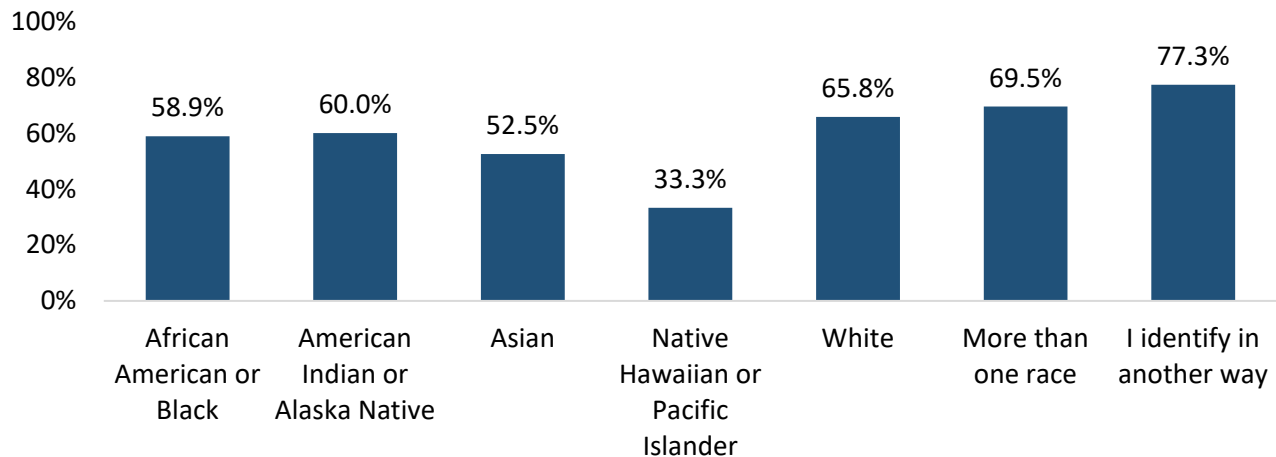
Across all income brackets, more than half of respondents expressed disagreement. Specifically, individuals who earn \$20,000 - \$39,999 expressed the highest disagreement (71.9%), followed by individuals who earn \$40,000 - \$59,999 (71.5%).

EXHIBIT 30: DISAGREE BY INCOME--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



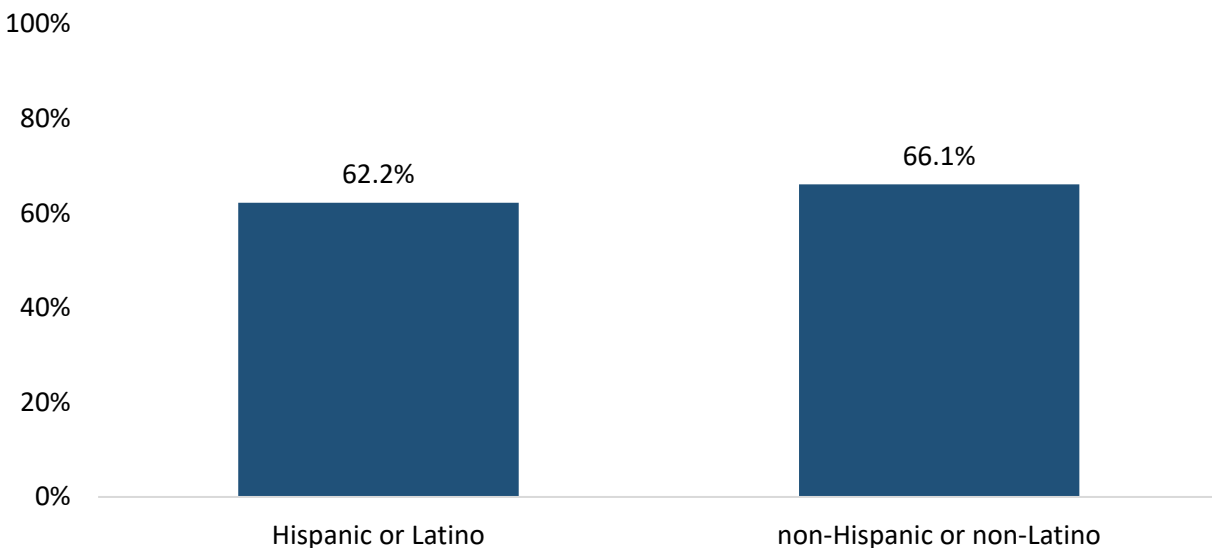
Similarly, a majority of respondents from each racial group disagreed, with 77.3% of respondents who identify in another way expressing disagreement—the highest among all groups—followed by individuals identifying as multiracial (69.5%).

EXHIBIT 31: DISAGREE BY RACE--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



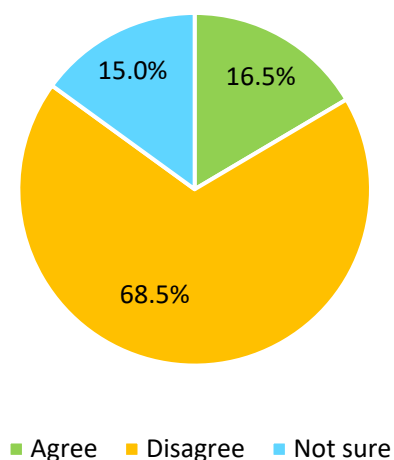
Additionally, more than 60.0% of respondents disagreed with the statement regardless of whether they identified as Hispanic or non-Hispanic.

EXHIBIT 32: DISAGREE BY ETHNICITY--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



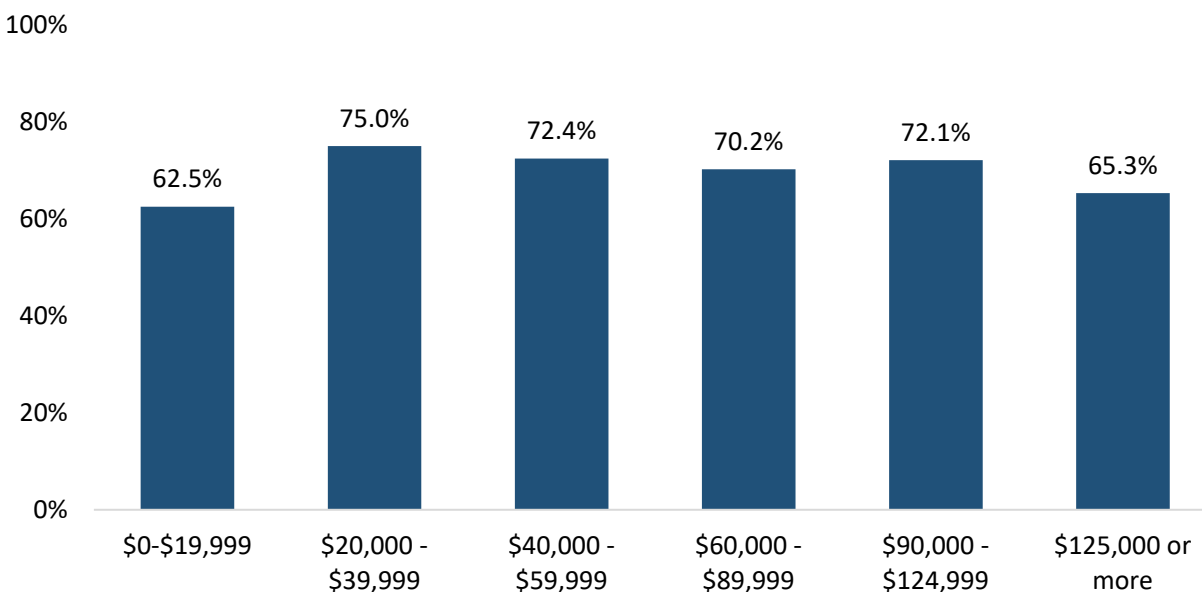
Exhibits 32-35 represent respondents' opinions on whether there are affordable places to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 68.5% of respondents disagreed.

EXHIBIT 33: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



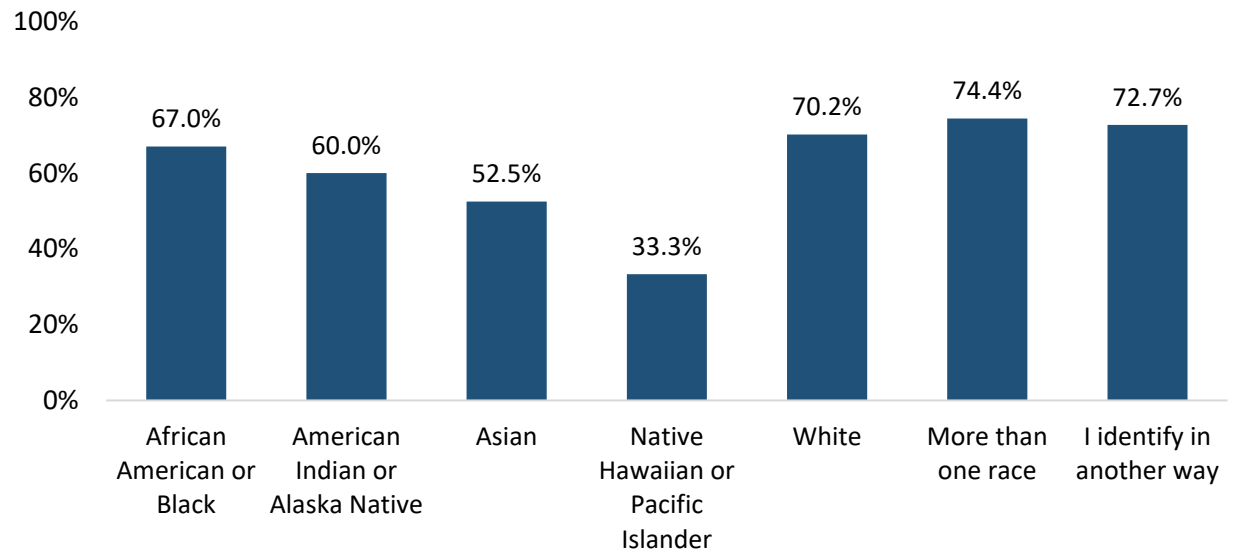
Across all income brackets, more than 60.0% of respondents expressed disagreement. Specifically, individuals who earn \$20,000 - \$39,999 expressed the highest disagreement (75.0%), followed by individuals who earn \$40,000 - \$59,999 (72.4%).

EXHIBIT 34: DISAGREE BY INCOME--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



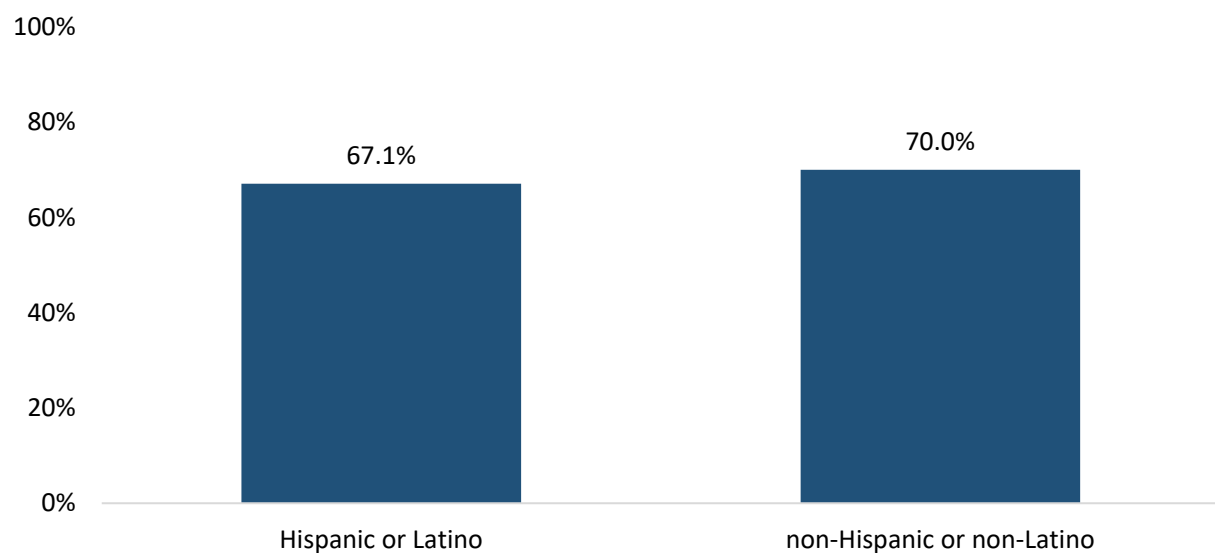
Similarly, a majority of respondents from each racial group disagreed, with 74.4% multiracial group expressing disagreement – the highest among all groups, followed by respondents who identify another way (72.7%).

EXHIBIT 35: DISAGREE BY RACE - THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



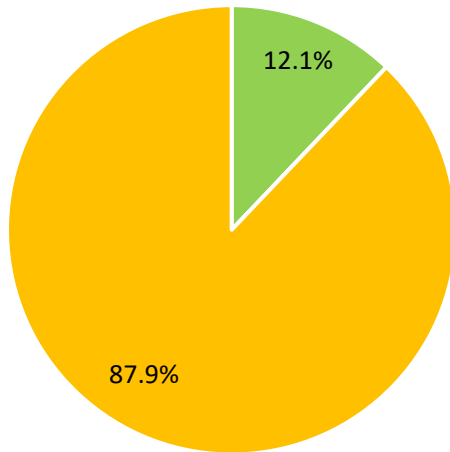
Additionally, 67.1% of respondents who are Hispanic disagreed with the statement, and 70.0% of respondents who are non-Hispanic expressing disagreement.

EXHIBIT 36: DISAGREE BY ETHNICITY - THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



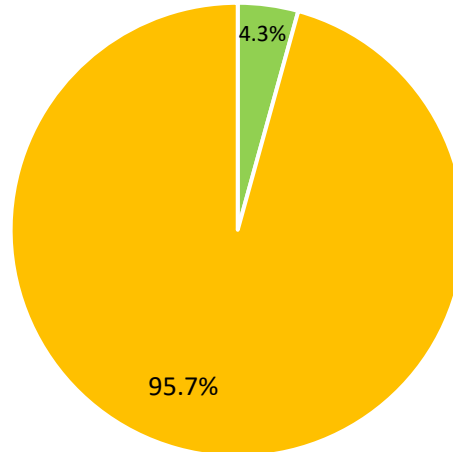
Exhibits 37 and 38 asked respondents a series of questions regarding housing security. One in eight (12.1%) respondents were worried or concerned about having stable housing in the next two months. In addition, 4.3% of respondents said in the past 12 months, utility companies shut off their services due to not paying the bills.

EXHIBIT 37: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?



■ Yes ■ No

EXHIBIT 38: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?



■ Yes ■ No

Exercise, Nutrition, and Weight

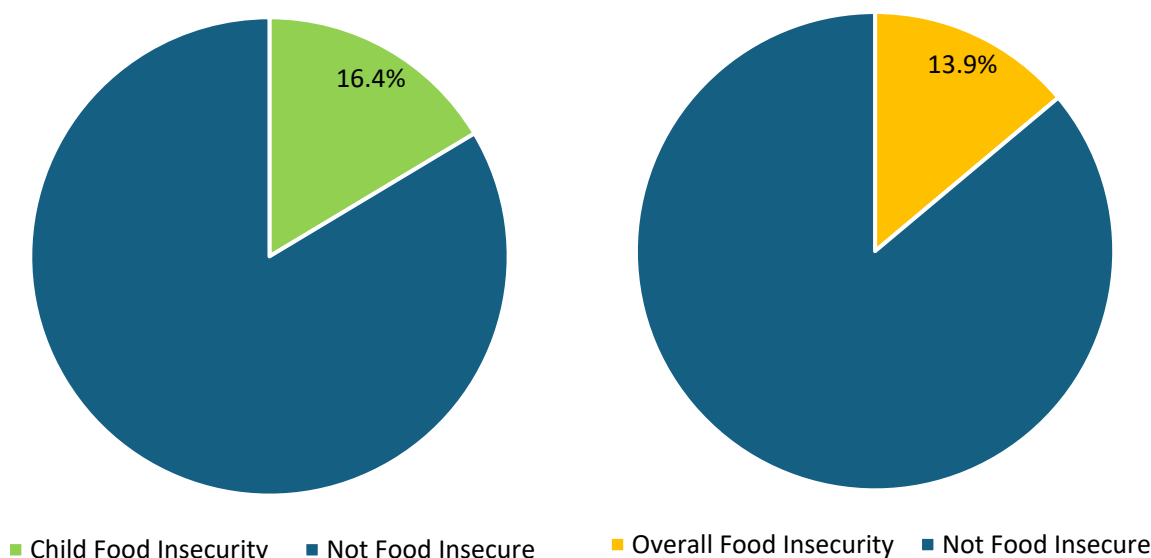
Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition also a is vital component to healthy well-being at every stage of life.

CDC, 2024.

Key Secondary Data Findings

The child food insecurity rate in Pasco County is 16.4%, considerably higher than the adult food insecurity rate of 13.0%. This means that 1 in 6 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.³³

EXHIBIT 39: FOOD INSECURE INDIVIDUALS BY AGE, 2022

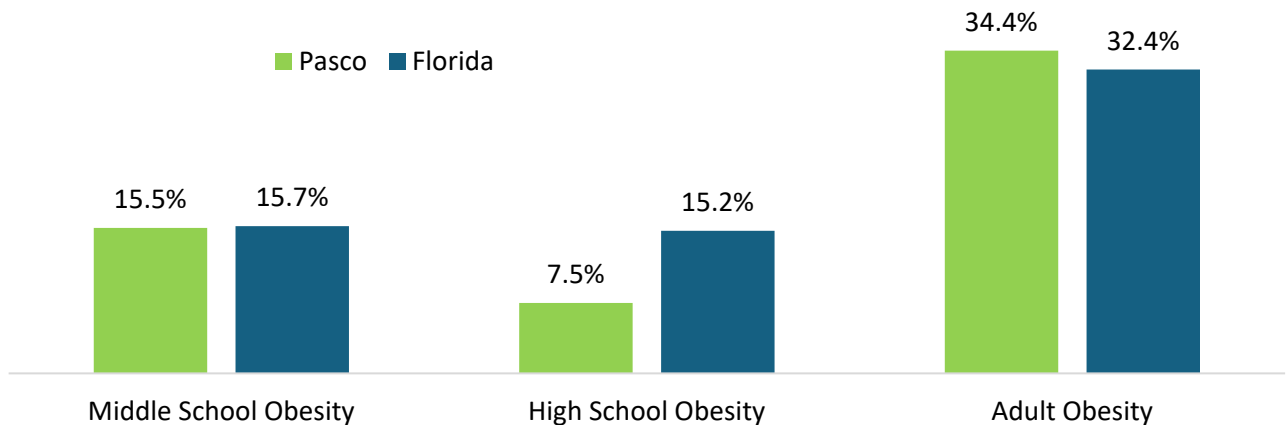


Source: Feeding America, Map the Meal Gap, 2022

³³ Feeding America, n.d. Child Hunger Facts.

Weight-related health concerns are prevalent across all age groups in Pasco County. According to 2022 data, one in three adults and one in four 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.³⁴ Among young people, being obese can also lead to social stigma, lower self-esteem, and the early onset of health problems previously only seen in adults.³⁵

EXHIBIT 40: PASCO COUNTY ADOLESCENT AND ADULT WEIGHT, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 46.6% of elementary school students in Pasco County are eligible for free or reduced-price lunch³⁶, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs. At the household level, 11.0% of Pasco County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a slightly lower proportion than both Florida (12.6%) and the United States (11.8%).³⁷

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.^{38 39}

³⁴ NIDDK, 2023. Health Risks of Overweight & Obesity.

³⁵ Balasundaram, P., Krishna, S. (NIH), 2023.

³⁶ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-2024.

³⁷ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

³⁸ CDC. 2023. Healthy Food Environments.

³⁹ 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 emphasized that food access is limited both financially and physically in some areas, creating a significant barrier to consuming a nutrient-dense diet for some residents in Pasco County. Stakeholders noted that food pantry use is growing among some families. Participants explained that local efforts have focused on improving healthy food access through gardening and education, though many noted that more efforts such as these would be beneficial.

If there was one issue you could change with the wave of a wand, what would it be?

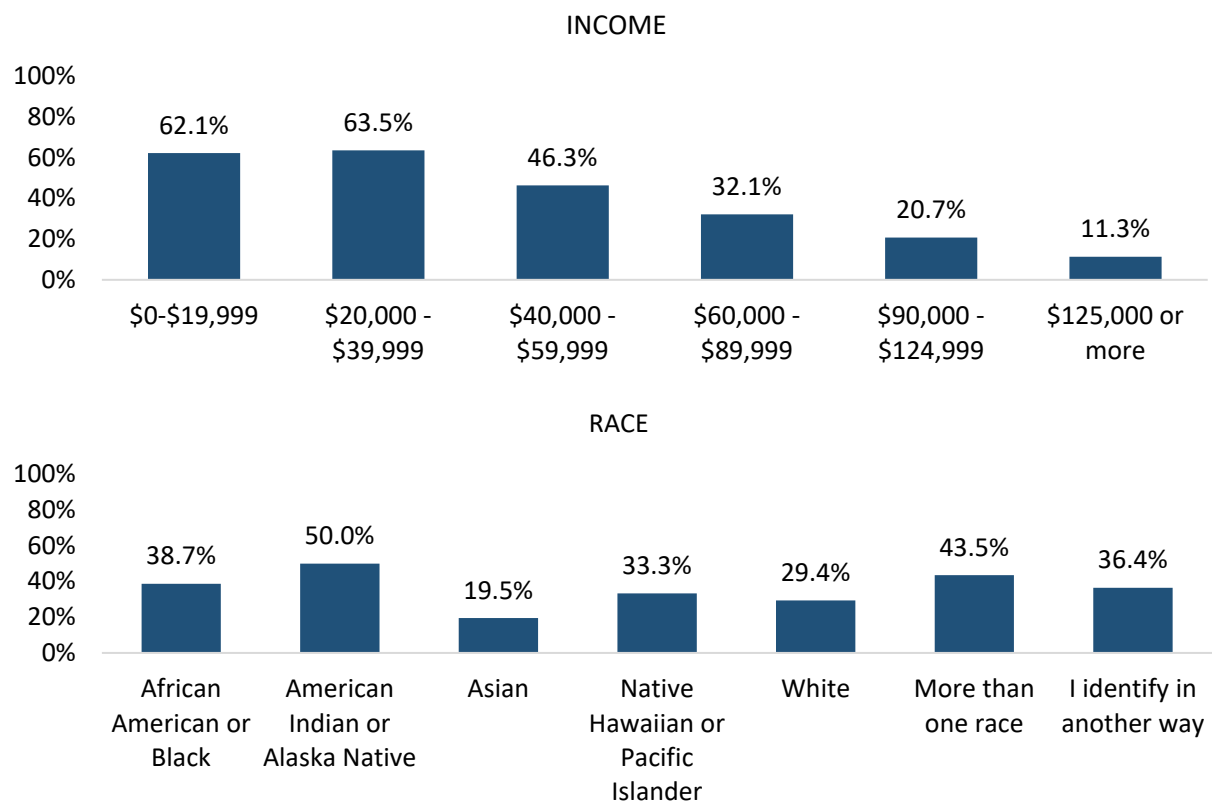
"I would 100% do an agricultural distribution food hub where there is the ability to scale to provide food resources to all these non-profits, while sourcing and developing agricultural jobs to increase job availability in this area [...] I think that would build a lot of trust in the community. It would provide jobs and create a better, more sustainable, and regenerative community." – Focus Group Participant

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.⁴⁰ 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.⁴¹

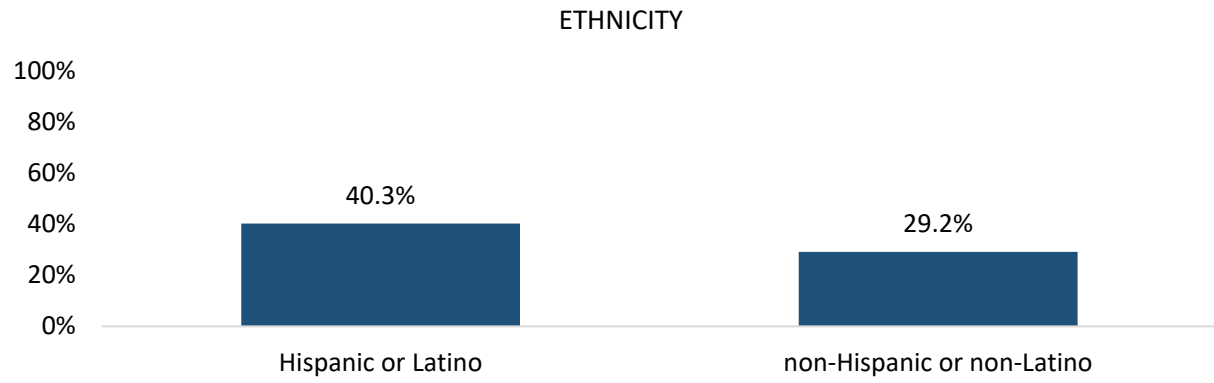
Overall, 30.9% of respondents in Pasco County reported they experienced food insecurity. Among the different income groups, as income increases, food insecurity decreases. respondents who identify their race as American Indian or Alaska Native (50.0%) experienced the highest food insecurity followed by multiracial group (43.5%). Asians experienced the lowest food insecurity (19.5%). respondents who are Hispanic or Latino experienced higher food insecurity (40.3%) compared to non-Hispanic or Latino (29.2%).

EXHIBIT 41: FOOD INSECURITY BY INCOME, RACE, AND ETHNICITY



⁴⁰ Gropper S. S. (2023).

⁴¹ CDC, 2024. Nutrition, Physical Activity, and Weight Status.



Exhibits 42 through 45 present respondents' answers to 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 (27.3%), and that the food they bought did not last and they lacked the money to get more (24.0%). Additionally, 13.7% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months. While 60.0% agreed that it is easy to get healthy food, nearly 33.0% disagreed with this statement.

EXHIBIT 42: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

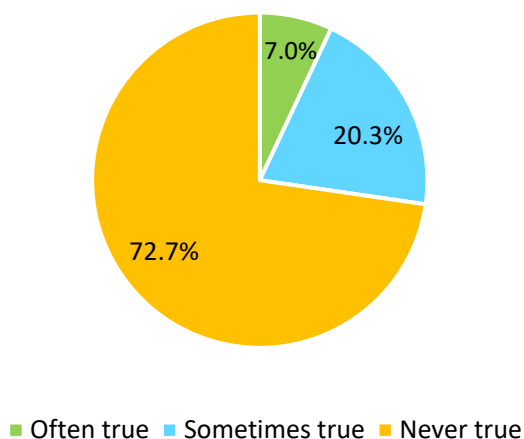


EXHIBIT 43: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE

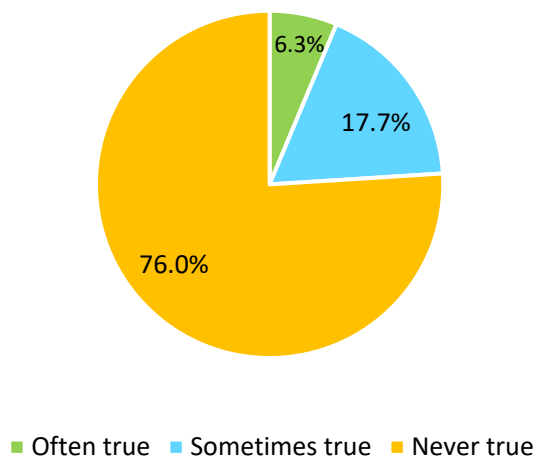


EXHIBIT 44: DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?

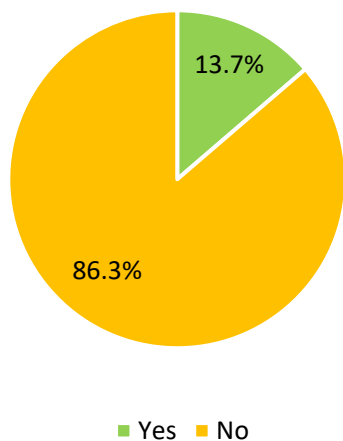
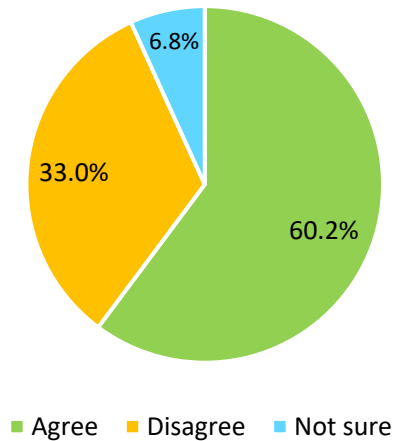


EXHIBIT 45: I AM ABLE TO GET HEALTHY FOOD EASILY



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 Data Findings

Heart disease is the leading cause of death in Pasco County, accounting for 158.3 deaths per 100,000 people in 2023, followed by cancer and unintentional injuries. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias, and heart failure.⁴² Many of these conditions are preventable through lifestyle changes, early detection, and consistent access to healthcare.

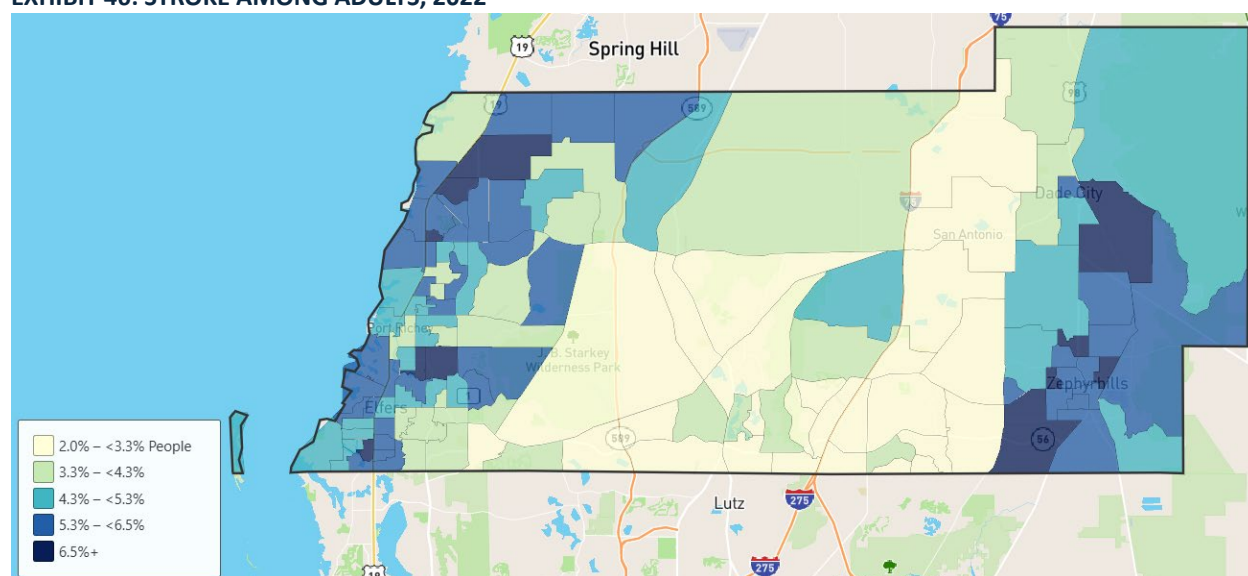
Causes of Death

Top Causes (per 100,000 people)

Heart Disease	158.3
Cancer	153.3
Unintentional Injury	94.6

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

EXHIBIT 46: STROKE AMONG ADULTS, 2022



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

⁴² AHA, 2024. What is Cardiovascular Disease?

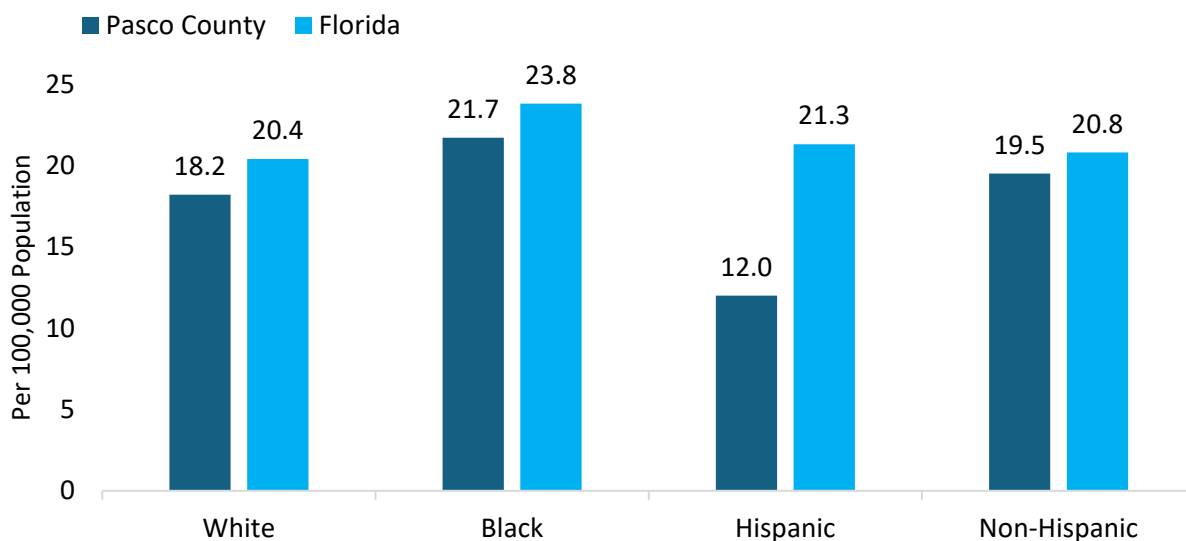
Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors⁴³. Areas with higher rates of strokes are highlighted in dark blue in Exhibit 46.

In Pasco County 3.7% of adults reported having a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.8%, 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.

Exhibit 47 shows death rates from heart attacks (acute myocardial infarction) by race and ethnicity. In Pasco County, Hispanic residents had the lowest death rate at 12.0 per 100,000 people, compared to the state average of 21.3 deaths per 100,000 people. The highest rate was seen among Black residents, with a death rate of 21.7. Although all 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 47: DEATHS FROM ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), RATE PER 100,000 BY RACE 2021-2023

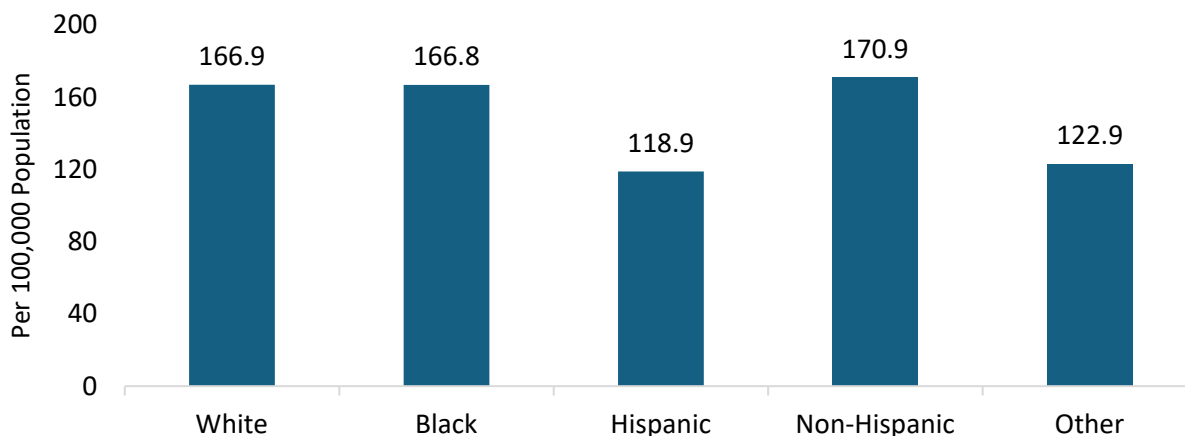


Source: FLHealthCHARTS, n.d.

⁴³ WHO, 2021. Cardiovascular Diseases.

In Pasco County, age-adjusted death rates from heart disease were highest among non-Hispanic respondents, 170.9 per 100,000, followed by White respondents, 166.9 and Black respondents, 166.8.

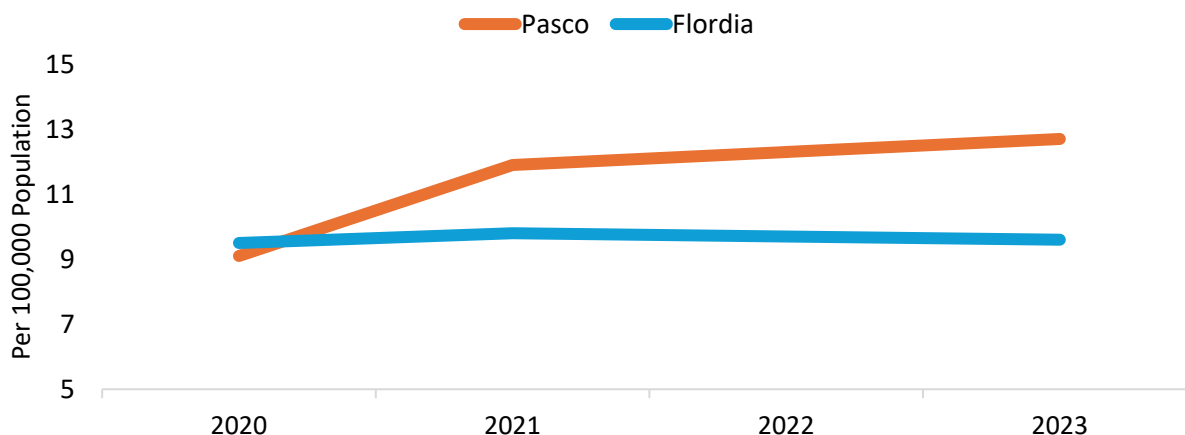
EXHIBIT 48: AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

From 2020 to 2023, Pasco County experienced a steady increase in age-adjusted death rates from hypertension, rising from 9.1 to 12.7 deaths per 100,000 population. Throughout this period, Pasco County's rates have consistently exceeded the state average. This upward trend in Pasco highlights the need for continued efforts to address hypertension through prevention, early detection, and management.

EXHIBIT 49: DEATHS FROM HYPERTENSION, AGE-ADJUSTED PER 100,000 POPULATION, 2020-2023



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 discussed heart disease and stroke by describing preventive efforts and the barriers that inhibit engaging in preventive behaviors. Participants explained that these barriers include access to nutrient-dense food and medications, low levels of health literacy, and primary care access. Participants highlighted the relationship between economic stability, preventative services, and chronic disease. They also noted a need for education and programs that encourage healthy behaviors. Participants also highlighted the youth population and the need for programs that encourage healthy habits from a young age.

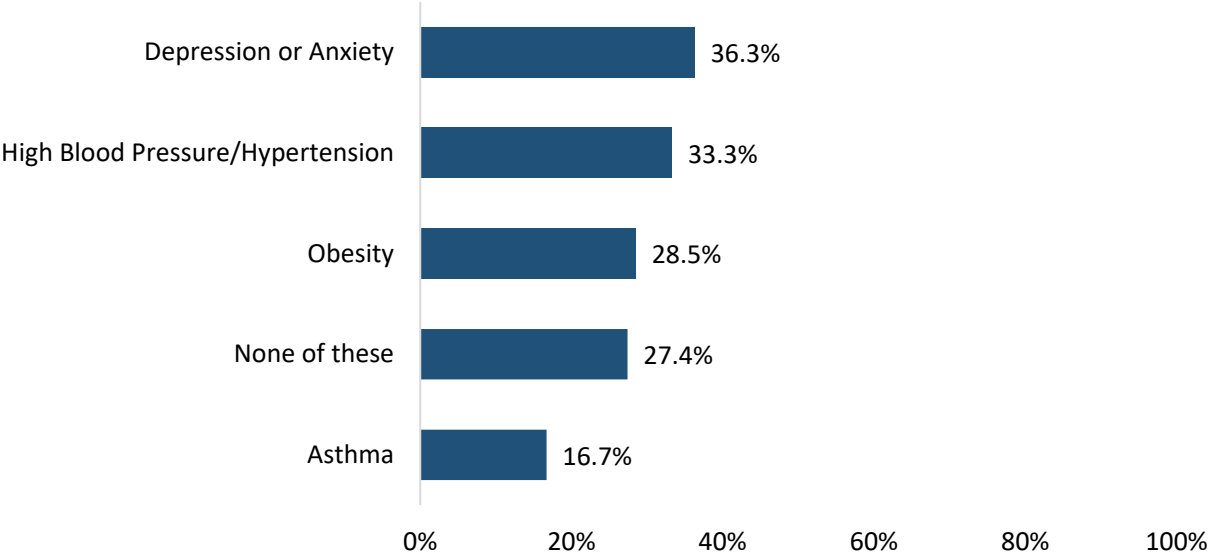
“We’re also seeing a lot of advanced chronic disease management, so we have a lot of patients that went through COVID and have come out the other side who are dealing with multi-organ chronic disease.”- Focus Group Participant

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.

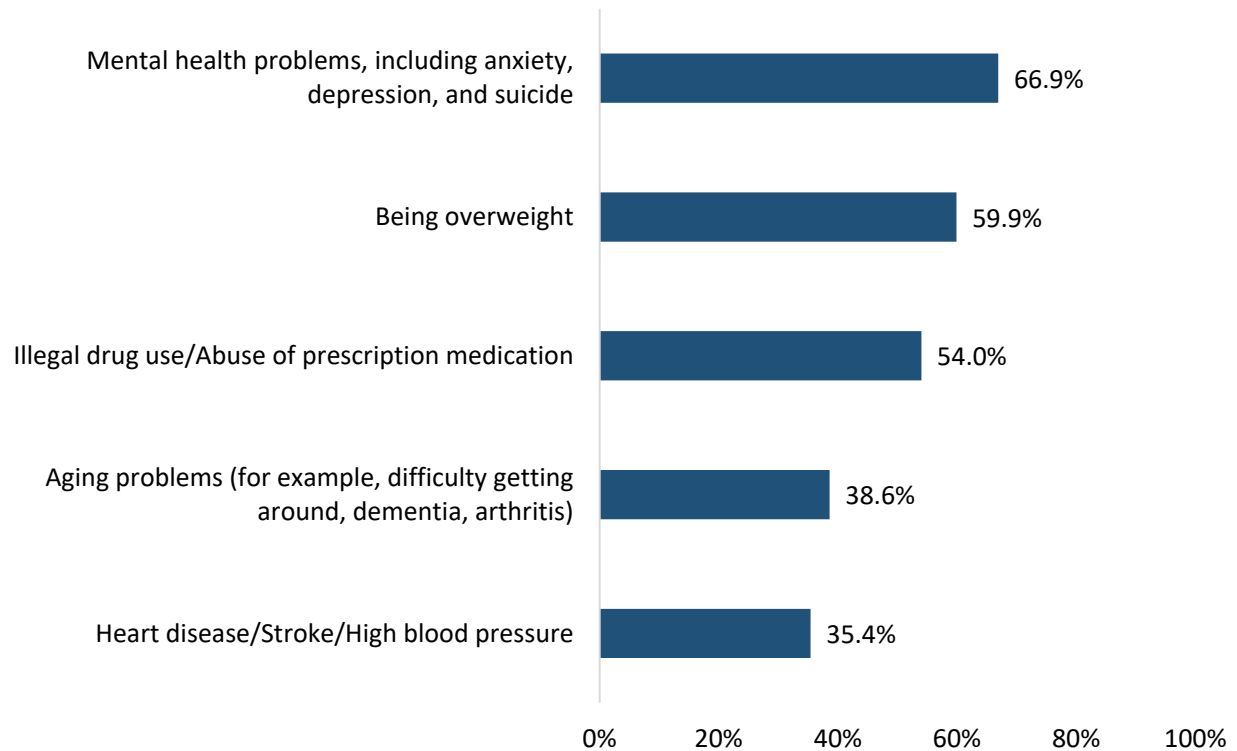
One in three (33.3%) survey respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.

EXHIBIT 50: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?



When asked about the most important health issue to address to improve the health of the community, 35.4% of respondents said heart disease, stroke, or high blood pressure is an important issue, which ranks fifth among the priority health issues.

EXHIBIT 51: 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?⁴⁴



⁴⁴ The top five factors are presented in the exhibit. For complete list, please refer to the appendix.

Neighborhood and Built Environment

The neighborhood and built environment of Pasco 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 Pasco County rely on a car to get where they need to go. About 70.5% of workers drive alone to work, less than the state or national average. Less than 1.0% of people use public transportation, which is far lower than the rest of Florida (1.2%) and the U.S. (3.5%).⁴⁵

The average commute in Pasco County is approximately 31 minutes, which is longer than most areas across the state. Although only 4.8% of households don't have a vehicle, those without cars face big challenges in getting to jobs, stores, and healthcare.⁴⁶

EXHIBIT 52: MEANS OF TRANSPORTATION TO WORK, 2023

	Pasco County	Florida
Worked at Home	17.7%	13.3%
Walked	1.0%	1.3%
Bicycle	0.2%	0.5%
Carpooled	8.7%	8.7%
Drove Alone	70.5%	73.3%
Public Transport	0.4%	1.2%
Other	1.6%	1.7%

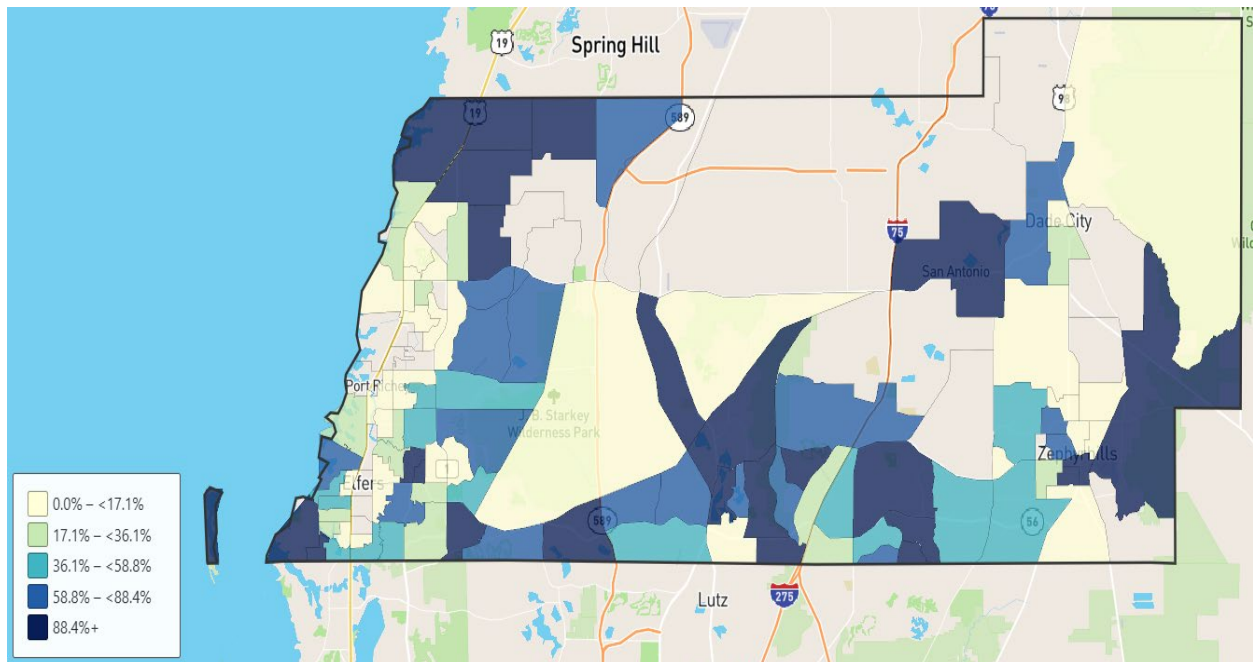
Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.

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

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

Many parts of Pasco 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 Pasco County live more than a mile away from healthy food options, higher rates shown in dark blue below. 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.⁴⁷

EXHIBIT 53: CENSUS TRACTS WITH LOW ACCESS TO HEALTHY FOOD, 2019

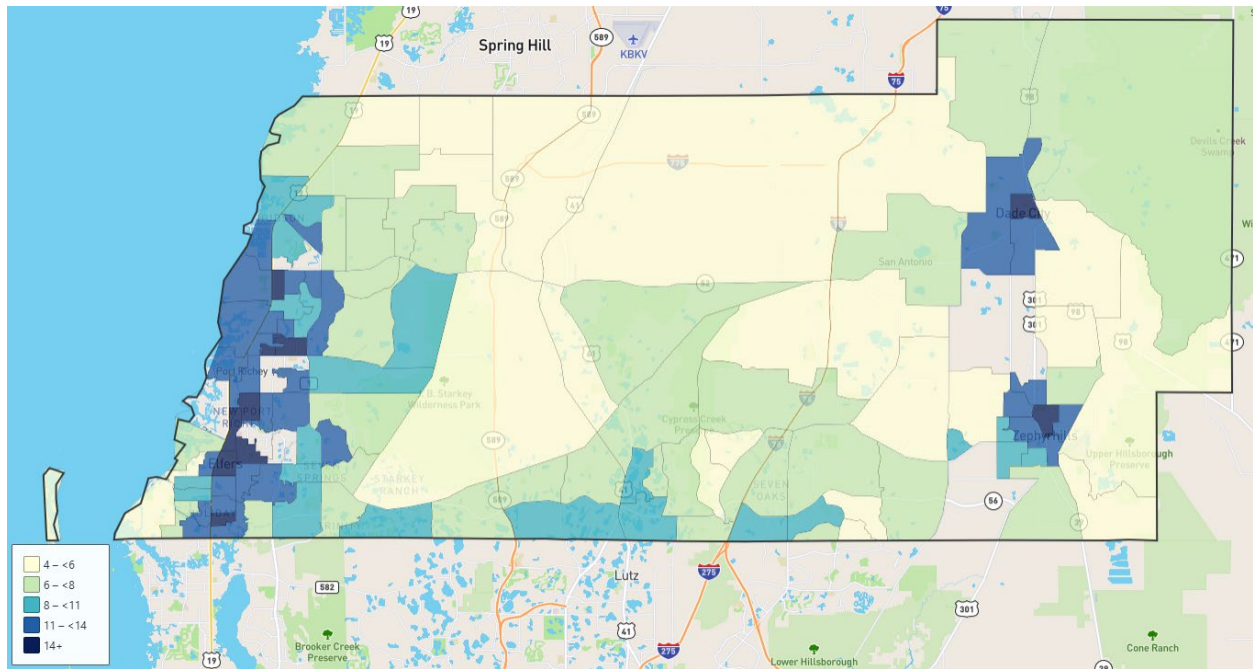


Source: USDA ERS FARA, n.d.

⁴⁷ CDC, 2023. Healthy Food Environments.

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 Pasco County, higher walkability scores (seen in the dark blue areas on the map in Exhibit 54) are concentrated on the western side of the county, however, most of the county shows low walkability scores. These areas may lack sidewalks, pedestrian crossings, or destinations within walking distance – limiting residents’ ability to walk for errands, exercise, or commuting.

EXHIBIT 54: WALKABILITY INDEX, 2021



Source: EPA, 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 noted that some community members in Pasco County are struggling to afford housing and face transportation barriers due to an inadequate public transit system. Participants also identified a need for high-quality jobs that pay a livable wage. Participants noted a particular barrier in getting from East Pasco to resources on the west side of the county. They shared that a growing unhoused population has been identified as housing costs have risen. Participants repeatedly mentioned populations who are facing significant barriers, such as those with low or fixed incomes, which include older adults and individuals with disabilities.

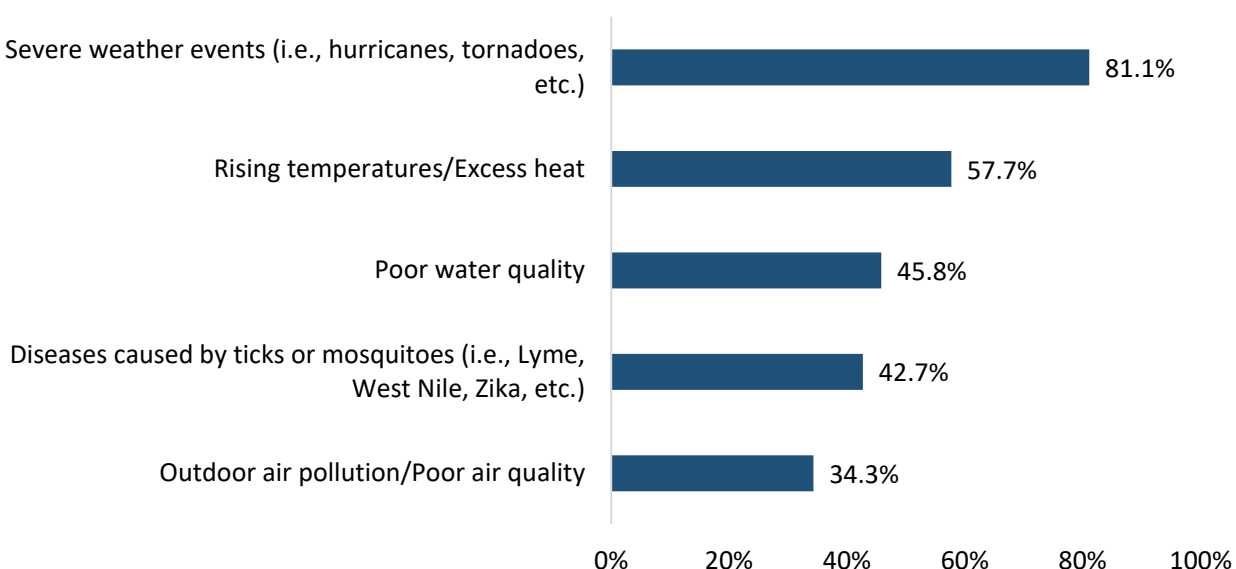
"Homelessness is number one [...]. Especially for our senior citizens – you can't prepare for an inflation rate that we've had. I had an 85-year-old woman come to meet me to help her find a job because she's about to lose everything."- Stakeholder Interview

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.

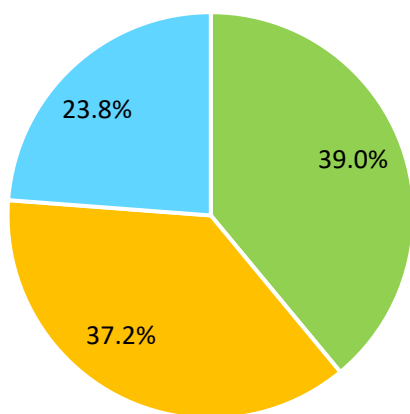
More than 80.0% of respondents expressed concerns about severe weather events such as hurricanes or tornadoes impacting their health, followed by 57.7% of respondents who think that rising temperatures or excess heat will impact their own health. Poor water quality ranks as the third most concerning environmental issue, with 45.8% of respondents stating that it has an impact on their health.

EXHIBIT 55: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING YOUR HEALTH?



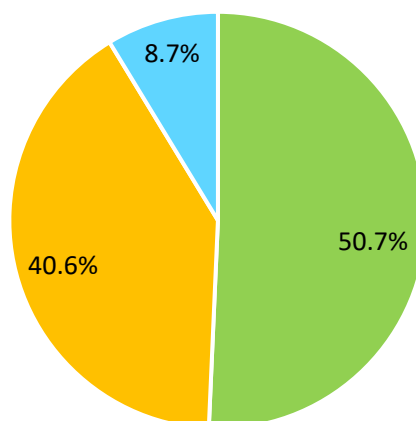
Exhibits 56 through 59 present a series of questions exploring community insights on neighborhood and environment. Responses were mixed regarding crime in the community, with 39.0% of respondents agreeing and 37.2% disagreeing that it is a problem. More than half of the respondents agreed that their neighborhoods have good sidewalks (50.7%). While 49.5% of respondents disagreed that air pollution is a problem in their community, 53.5% of respondents agreed that extreme heat is a concern.

EXHIBIT 56: CRIME IS A PROBLEM IN MY COMMUNITY



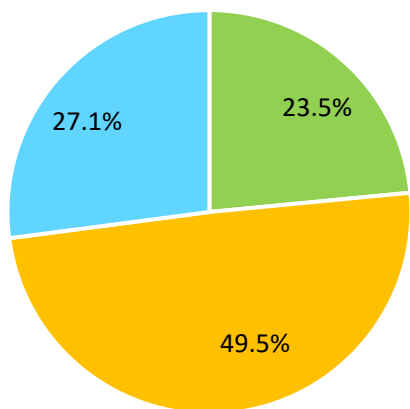
■ Agree ■ Disagree ■ Not sure

EXHIBIT 57: THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY



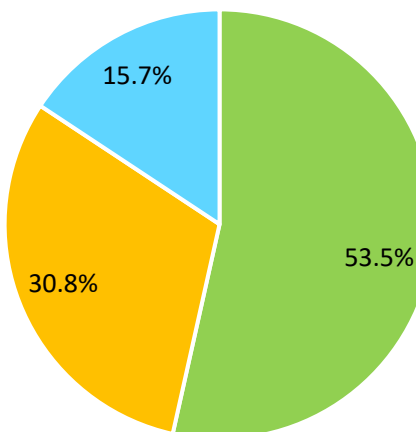
■ Agree ■ Disagree ■ Not sure

EXHIBIT 58: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY



■ Agree ■ Disagree ■ Not sure

EXHIBIT 59: EXTREME HEAT IS A PROBLEM IN MY COMMUNITY



■ Agree ■ Disagree ■ Not sure

Cancer

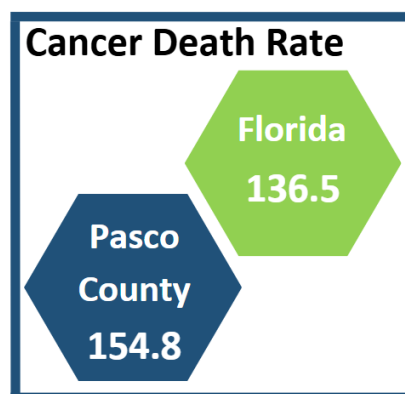
Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening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

CDC, 2024

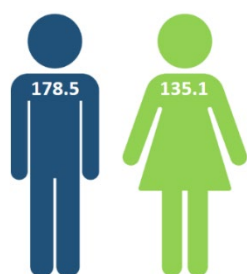
Key Secondary Data Findings

Cancer continues to be a significant and persistent health concern in Pasco County, contributing to considerable illness and mortality. Alongside heart disease and COVID-19, it remains one of the leading causes of death in the county, in 2021.⁴⁸

According to the Florida Department of Health, Bureau of Vital Statistics, the age-adjusted cancer death rate in 2021-23 was 154.8 per 100,000 people, higher than the statewide rate of 136.5.⁴⁹



Cancer affects men and women differently in Pasco County. From 2020 to 2022, men had a significantly higher death rate (178.5 per 100,000) than women (135.1 per 100,000).⁵⁰ 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 Pasco County are higher than state rates for several common cancers (Exhibit 60). The rate of female breast cancer is 132.5 per 100,000, compared to 127.3 per 100,000 statewide. Lung cancer occurs at a rate of 67.8 per 100,000 in the county, while the state average is 52.3. Colon and rectal cancer are reported at 40.0 per 100,000 in Pasco, exceeding the state rate of 35.1.⁵¹

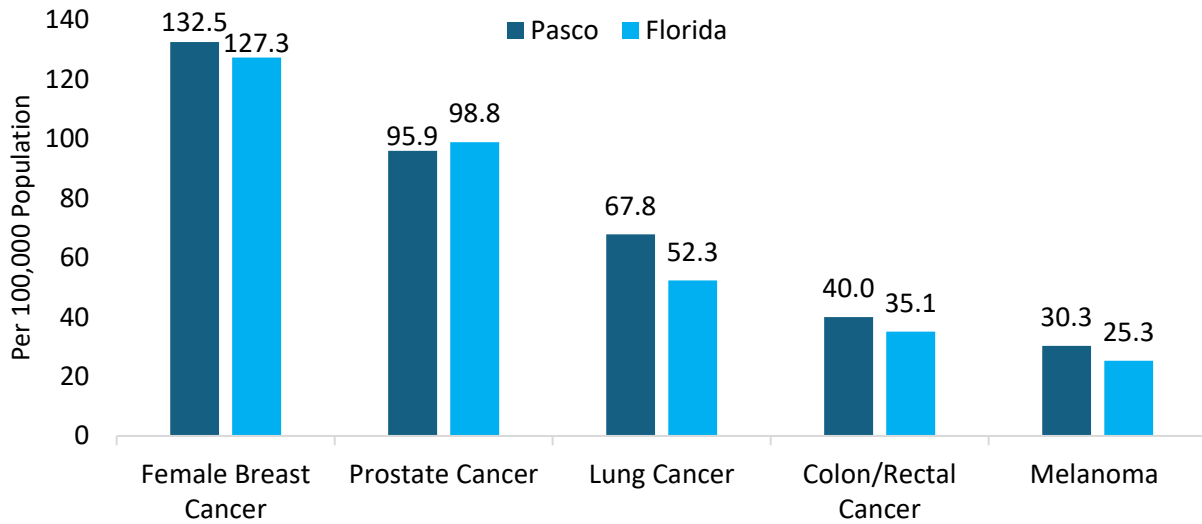
⁴⁸ CDC WONDER, n.d. Causes of Death, 2021.

⁴⁹ FLHealthCHARTS, n.d. Deaths from Cancer, 2023.

⁵⁰ FLHealthCHARTS, n.d. Deaths from Cancer, by Sex, 2022.

⁵¹ FLHealthCHARTS, n.d. Deaths from Cancer, by Sex, 2022.

EXHIBIT 60: CANCER INCIDENCE RATE, PER 100,000 POPULATION, 2020-2022



Source: FLHealthCHARTS, n.d.

Although some cancers are highly treatable when caught early, Pasco County reports higher death rates than the state for lung, breast, and colorectal cancers. The lung cancer death rate is 36.8 per 100,000, compared to Florida's 29.6, and breast cancer deaths are slightly higher as well. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

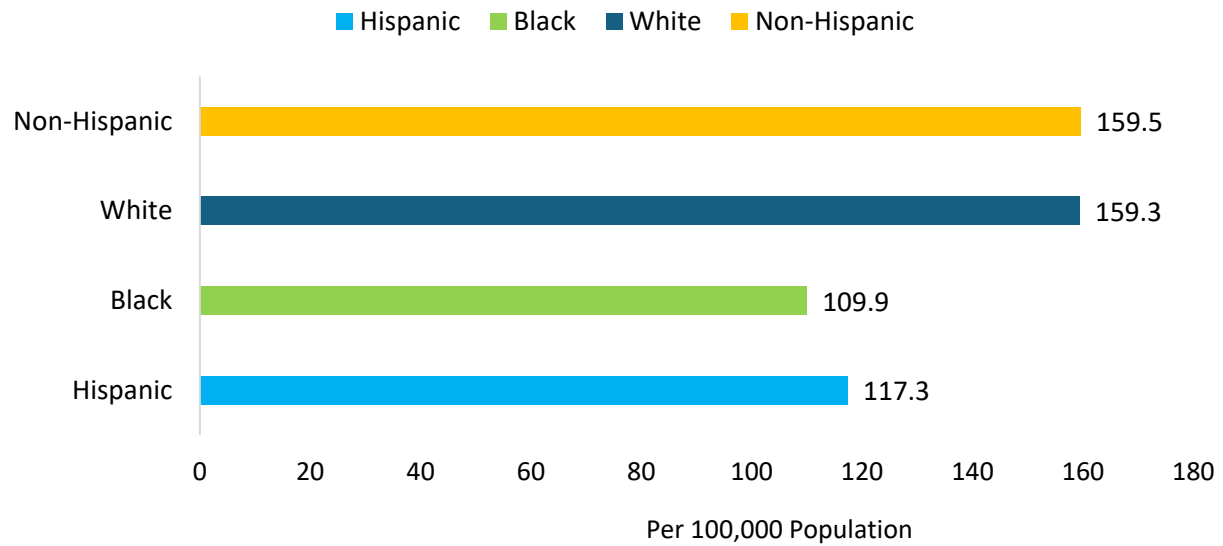
EXHIBIT 61: CANCER DEATH RATES BY TYPE, AGE ADJUSTED PER 100,000 POPULATION, 2021-2023

	Pasco County	Florida
Female Breast Cancer	22.1	18.4
Prostate Cancer	16.5	16.6
Lung Cancer	36.8	29.6
Colon/Rectal Cancer	14.0	12.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among non-Hispanic residents, 159.5, and White residents, 159.3, followed by Hispanic residents, 117.3. Black residents had the lowest rate at 109.9 per 100,000.

EXHIBIT 62: CANCER DEATH RATE, BY RACE / ETHNICITY 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing factors related to cancer, 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 in stakeholder interviews and focus groups expressed concerns about many community members who do not have access to preventative screenings, such as cancer screenings. Participants also repeatedly mentioned high levels of substance use, such as smoking and drinking, poor diets, and sedentary lifestyles among some community members.

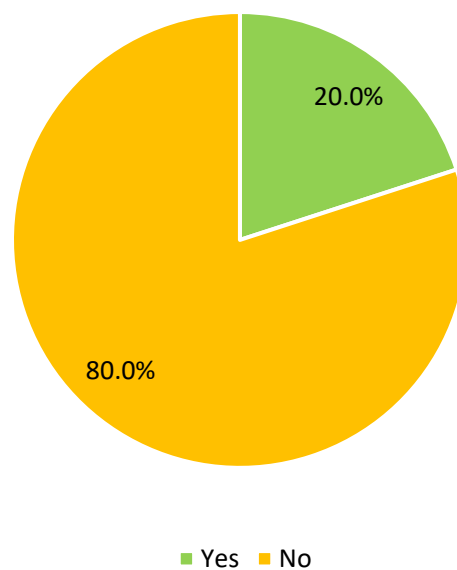
“It really is about empowering people about preventative care. People wait until there's a problem because there's limited time and resources. When we talk about the high incidence of breast cancer especially in minority populations, they have the lowest screening rates – why? Is it access or education?” – 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.⁵²

The majority of respondents (80.0%) do not eat at least five cups of fruits or vegetables every day.

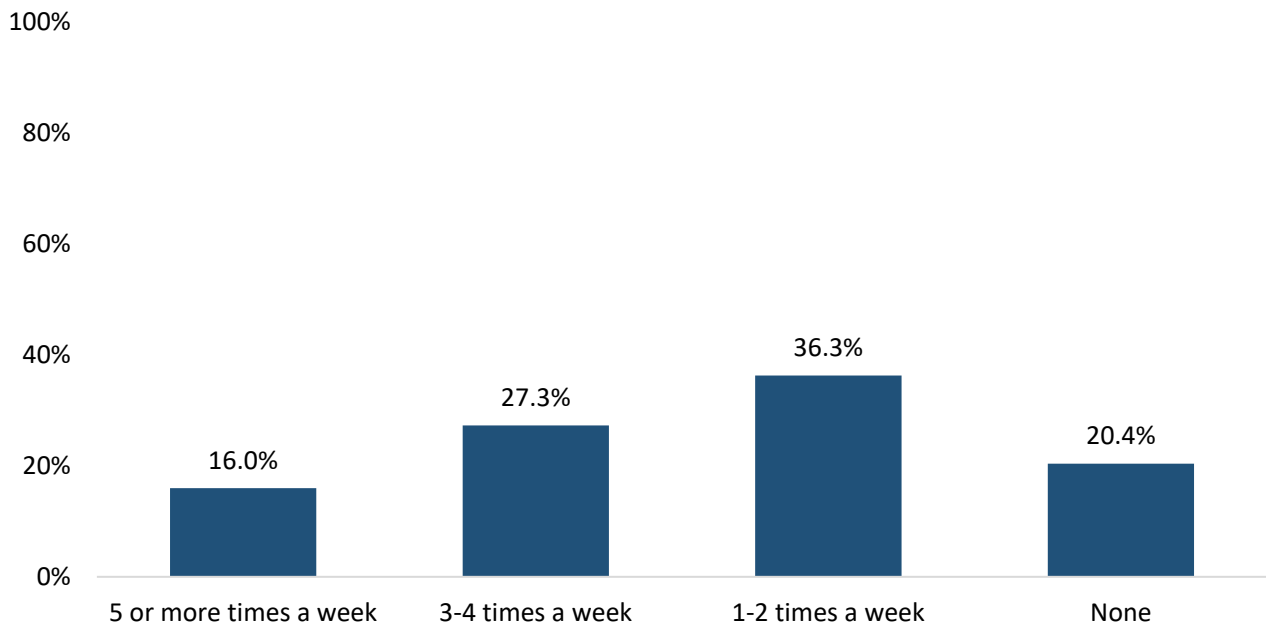
EXHIBIT 63: DO YOU EAT AT LEAST FIVE CUPS OF FRUITS OR VEGETABLES EVERY DAY?



⁵² Brunet et al., 2013.

Nearly one in five respondents (16.0%) exercise five or more times a week, more than half of the respondents (63.6%) exercise between one to four times a week. More than 20.0% of respondents do not exercise at all.

EXHIBIT 64: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?



Conclusion

The next three years will harbor a lot of unknowns, but what is known about Pasco County is that it is a growing community. With growth comes the need for more services, providers, and infrastructure to accommodate the projected population growth.

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.

Appendix Table of Contents

The Appendix is a separate document and contains the following items:

- 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**