



2025 Pediatric Community Health Needs Assessment

Hillsborough County

St. Joseph's Children's Hospital



Contents

Letter from the All4HealthFL Collaborative	4
Introduction	5
Purpose	5
Acknowledgments	5
About the All4HealthFL Collaborative	6
Evaluation of Progress Since Previous CHNA	7
CHNA Methodology.....	8
Social Drivers of Health	9
Healthy People 2030.....	9
Demographics.....	10
Needs Prioritization Process	11
Community Needs.....	12
Behavioral Health	13
Key Secondary Data Findings	13
Key Qualitative Findings	20
Key Community Survey Findings.....	21
Healthcare Access and Quality.....	24
Key Secondary Data Findings	24
Key Qualitative Findings	28
Key Community Survey Findings.....	29
Exercise, Nutrition and Weight.....	33
Key Secondary Data Findings	33
Key Qualitative Findings	36
Key Community Survey Findings.....	37
Maternal, Fetal, and Infant Health	39
Key Secondary Data Findings	39
Key Qualitative Findings	43

Key Community Survey Findings.....	44
Economic Stability.....	45
Key Secondary Data Findings.....	45
Key Qualitative Findings	50
Key Community Survey Findings.....	51
Immunization and Infectious Disease	54
Key Secondary Data Findings.....	54
Key Qualitative Findings	56
Key Community Survey Findings.....	56
Respiratory Disease	57
Key Secondary Data Findings.....	57
Key Qualitative Findings	59
Key Community Survey Findings.....	60
Conclusion.....	61
Appendices Summary.....	62

Letter from the All4HealthFL Collaborative

To the citizens of Hillsborough County,

We are proud to present the 2025 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Hillsborough 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 governments, 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 levels, there are several emerging needs in the 2025 Community Health Needs Assessment. The following Community Health Needs Assessment report focuses on the pediatric (under 18) population and will highlight the priority areas in Hillsborough 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 efforts to rebuild neighborhoods and communities, the research was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricane 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 Hillsborough 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 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 pediatric population in Hillsborough 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**

**Exercise,
Nutrition and
Weight**

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 the demographics of Hillsborough 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, the United States Centers for Disease Control and Prevention, and FLHealthCharts.

Qualitative Research included 39 one-on-one stakeholder interviews and seven focus groups, speaking with over 60 respondents. The primary qualitative data was collected between September 2024 and February 2025 in-person and virtually.

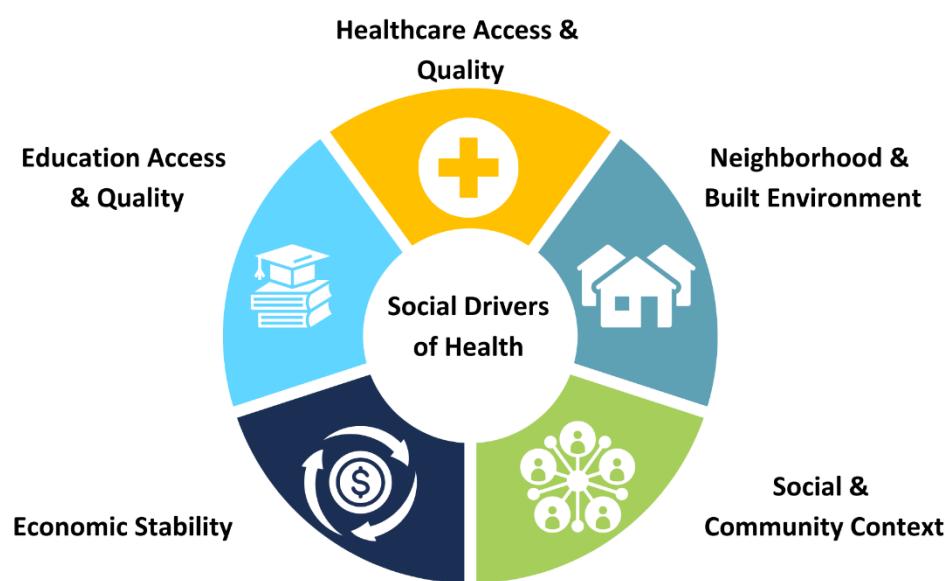
A **Community Survey** was conducted via SurveyMonkey by parents on behalf of underage individuals. Surveys were made available in paper copies in five languages to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 1,244 responses were collected and analyzed.

The **Needs Prioritization Process** was conducted on April 3, 2025, with 36 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), 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 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>.

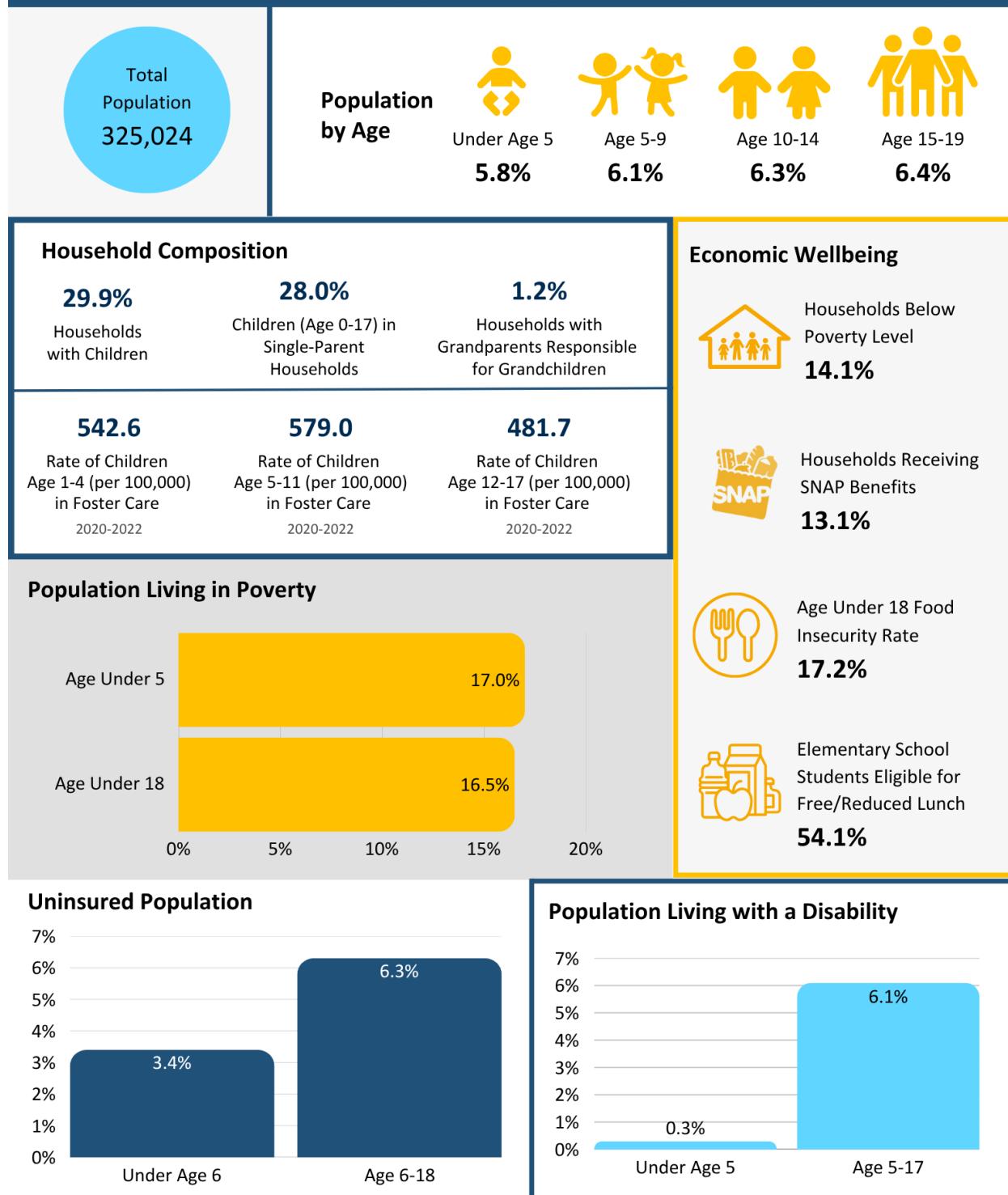
¹ ODHPH, n.d. Social Determinants of Health.

² Whitman et al. (ASPE), 2022.

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

Demographics

Hillsborough County, Florida Pediatric Demographic Overview



Needs Prioritization Process

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

On April 3, 2025, participants from the All4HealthFL Collaborative and community partners that serve the youth of Hillsborough County came together to prioritize the most significant health needs for Hillsborough County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 42 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 need, 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 pediatric community needs were identified.



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

Rank	Community Need	Score
1	Behavioral Health	7.2
2	Healthcare Access and Quality	9.3
3	Exercise, Nutrition and Weight	10.4
4	Maternal, Fetal and Infant Health	12.8
5	Economic Stability	13.9
6	Immunization and Infectious Disease	17.8
7	Respiratory Disease	21.0

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

Children in foster care are more likely to experience behavioral health challenges, including anxiety, depression, and trauma-related disorders. Research shows they have higher rates of psychiatric referrals, lower self-esteem, and reduced overall life satisfaction compared to peers raised in permanent family homes.⁴

In Hillsborough County, the rate of children aged 17 and under in foster care is 675.4 per 100,000 people, slightly higher than the state rate of 541.4 per 100,000 people. When looking only at infants, Hillsborough County has almost double the rate of infants in foster care (1,804.6 per 100,000 people) when compared to the state of Florida as a whole (1,481.9 per 100,000 people).

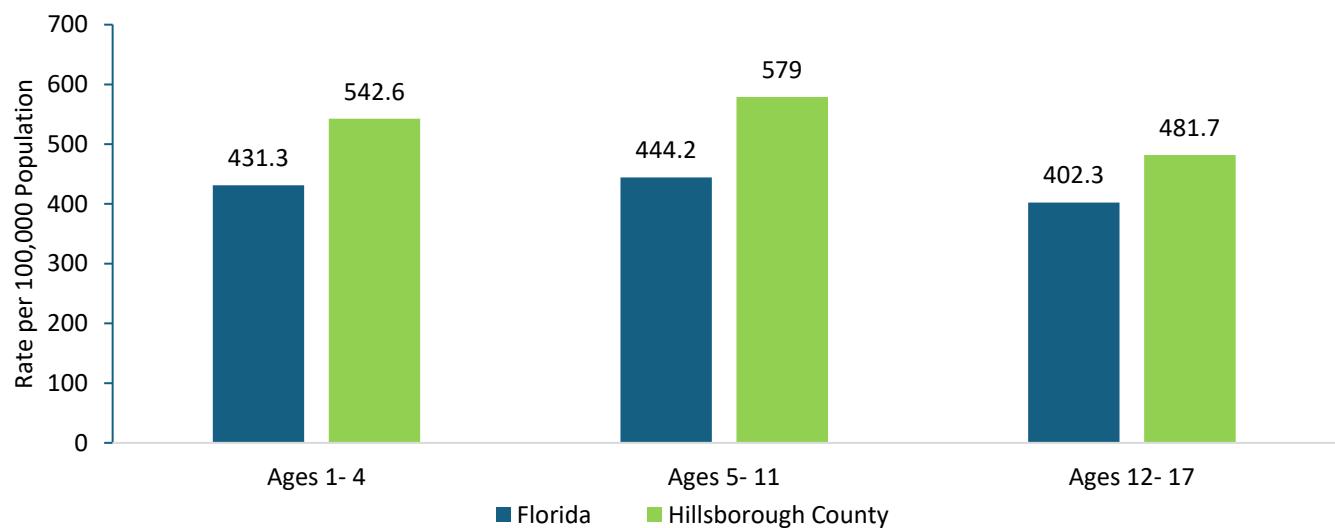
EXHIBIT 2: CHILDREN AND INFANTS IN FOSTER CARE RATE PER 100,000 POPULATION, 2021-2023 AND 2020-2022

	Hillsborough County	Florida
Children in Foster Care (Age 0-17), 2021-2023	675.4	541.4
Infants in Foster Care, 2020-2022	1,804.6	1,481.9

Source: FLHealthCHARTS, n.d.

⁴ ASPCC. (n.d.). Impact of Foster Care.

EXHIBIT 3: CHILDREN IN FOSTER CARE BY AGE, 2020-2022

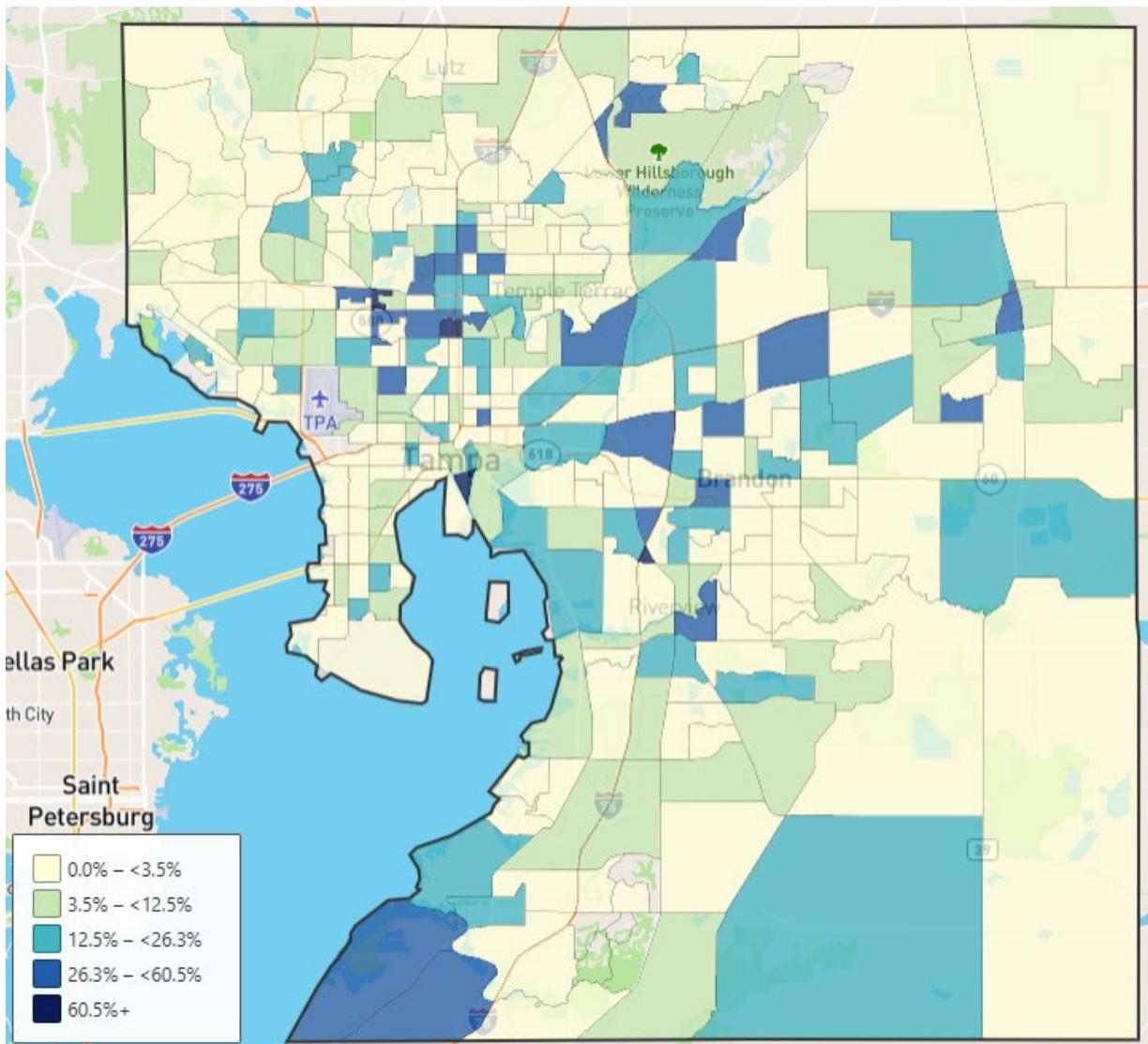


Source: FLHealthCHARTS, n.d.

Disconnected youth are individuals between the ages of 16 to 19 who are neither in school nor employed.⁵ Studies show that disconnected youth are significantly more likely to experience depression, anxiety, substance use, and social isolation than their connected peers.⁶

As seen on the map, Hillsborough County has varying rates of disconnected youth. Darker shades indicate areas that have higher rates of disconnected youth. Neighborhoods with high rates of disconnected youth, such as those in central Tampa, eastern Brandon, and south Hillsborough – often overlap with areas of higher poverty, fewer community resources, or limited access to education or job training.

EXHIBIT 4: DISCONNECTED YOUTH PER CAPITA (AGE 16 TO 19), 2019-2023



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

⁵ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁶ Lewis & Burd-Sharps, 2021.

Substance use among youth is a growing concern in Hillsborough County. By high school, nearly one in three students report using illicit drugs, and one in 11 have used e-cigarettes or vapes containing nicotine. Among middle school students in Hillsborough County, substance use patterns begin early: 16.0% have tried illicit drugs, 11.1% have consumed alcohol, 12.2% have used a vaporizer or e-cigarette at least once in their lifetime.

The reasons teens use substances vary – from peer pressure and stress relief to family patterns and lack of supervision.⁷ But the risks are serious: substance use at a young age is linked to mental health issues, academic struggles, and increased risk of overdose.⁸

Access to care is a critical factor in behavioral health outcomes. In Hillsborough County, the mental health provider ratio is 721:1, meaning there are approximately 721 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.⁹

EXHIBIT 5: MENTAL HEALTH PROVIDER RATIO, 2024

	Hillsborough County	Florida
Mental Health Provider Ratio	721:1	693:1

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



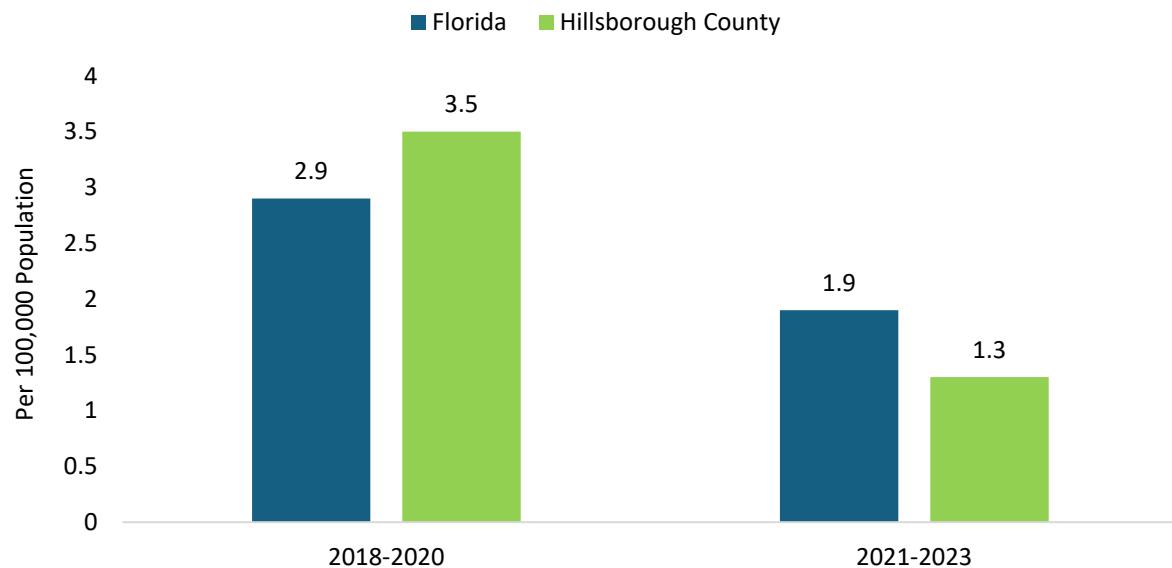
⁷ CDC, 2024. Substance Use Among Youth.

⁸ CDC, 2024. Substance Use Among Youth.

⁹ ODPHP, n.d. Access to Health Services.

The number of children receiving mental health treatment has declined in both Hillsborough County and the State of Florida.

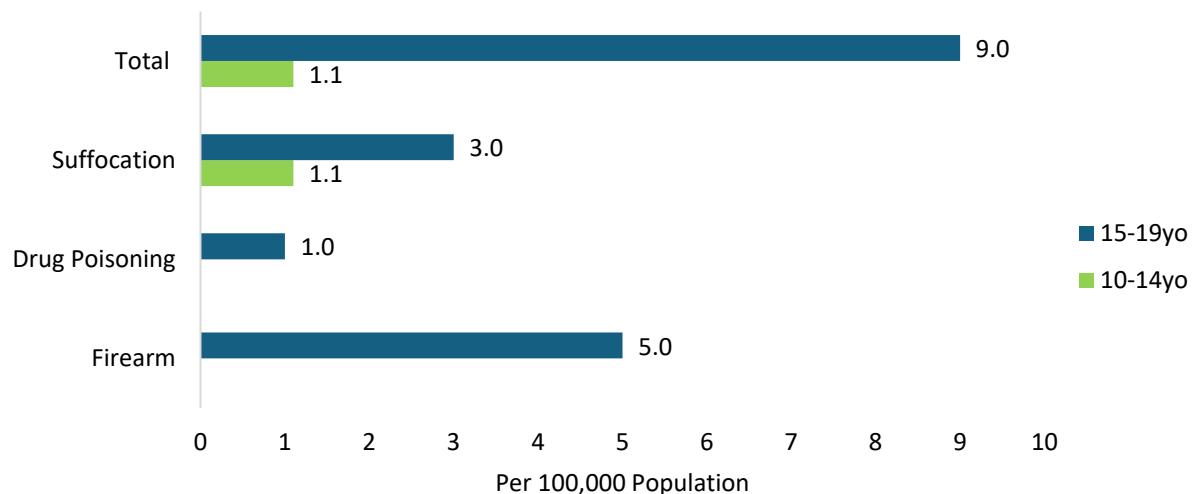
EXHIBIT 6: RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 AGED 1-5 YEARS, 2021-2023 AND 2018-2020



Source: FLHealthCHARTS, n.d.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Hillsborough County had an overall suicide rate of 9.0 per 100,000 15 to 19-year-old adolescents and 1.1 per 100,000 10 to 14-year-old children, when combining all methods. Notably, firearms were the most common method of suicide, with a rate of 5.0 deaths per 100,000 15 to 19-year-olds. Suffocation was the most common method for individuals ages 10 to 14. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

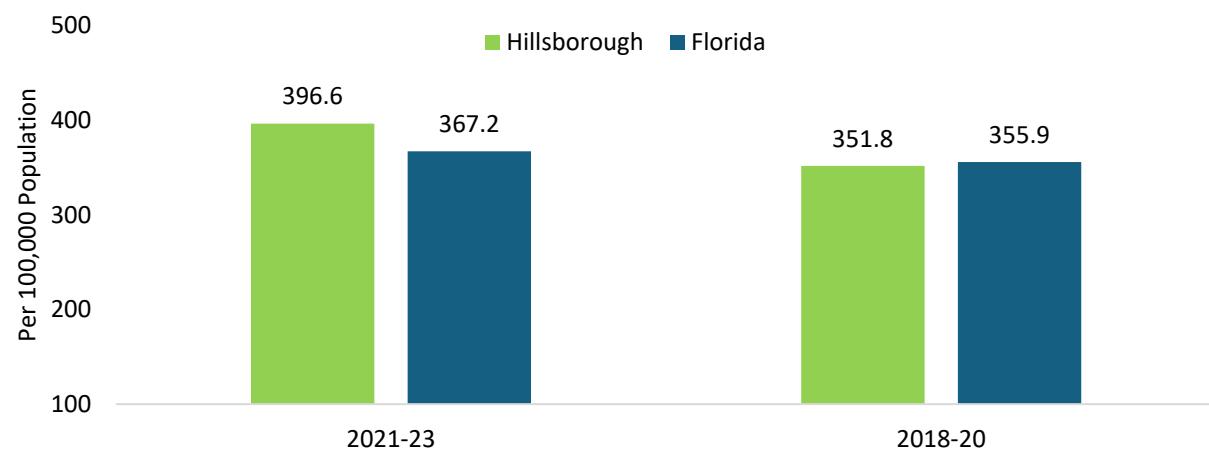
EXHIBIT 7: SUICIDE RATE BY MEANS PER 100,000 PEOPLE, 2021-2023



Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Hillsborough County, emergency department visits due to mental health disorders occurred at a rate of 396.6 per 100,000 people from 2021-2023, slightly above the state rate of 367.2 visits per 100,000.

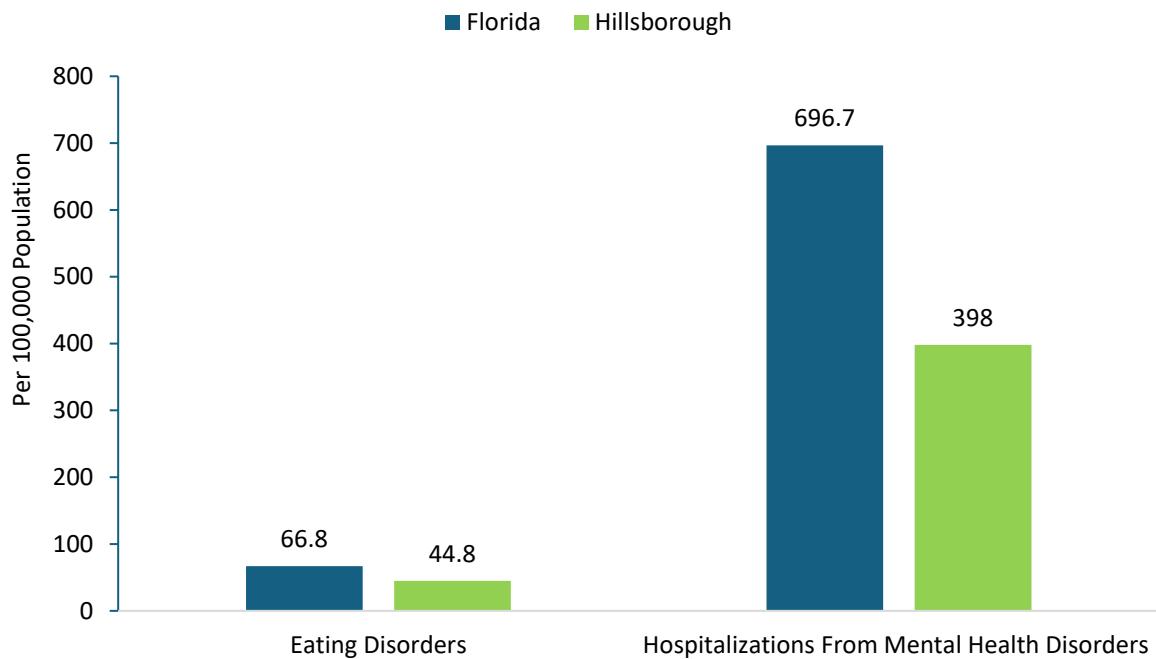
EXHIBIT 8: EMERGENCY DEPARTMENT VISITS FOR MENTAL HEALTH CONDITIONS IN HILLSBOROUGH COUNTY (UNDER 18 POPULATION), 2018-2020 VS. 2021-2023



Source: FLHealthCHARTS, n.d.

Hillsborough County also saw a significant rate of youth in an inpatient setting for various mental health-related reasons. The most prevalent of which being mood and depressive disorders at a rate of 273.3 per 100,000 people under 18 in Hillsborough County, compared to 537.2 per 100,000 people at the state level. The next following most common reason for inpatient hospital treatment for individuals under 18 is eating disorders at a rate of 21.0 per 100,000 people in the county, higher than the state rate of 27.4 per 100,000 people.

EXHIBIT 9: HOSPITALIZATIONS FOR MENTAL AND BEHAVIORAL HEALTH DISORDERS (UNDER 18 POPULATION), RATE PER 100,000 PEOPLE, BY REASON, 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.



Participants explained that mental health programming and services that focus on both prevention and treatment are needed in Hillsborough County. Participants described how a lack of providers, especially those who accept Medicaid insurance coverage, leads to prohibitively long wait times. They also discussed the poor outcomes that children experience when care is not received in a timely manner.

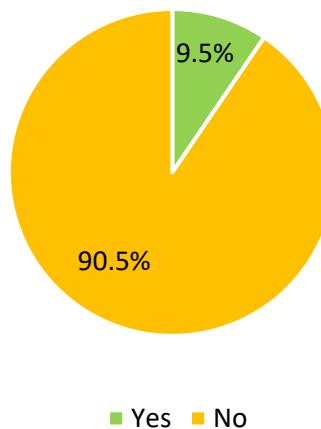
“If you’re looking for child behavioral health services it’s nearly impossible to access those right away so you might have a child showing behavioral issues and there not able to get in the services they need for medications. People have been on waiting lists for a year and in the meantime schools and families are trying to navigate the issue. A lot of the time it leads to suspensions and expulsions.” – Stakeholder Interview

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household 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.¹⁰ Such experiences are known to impact long-term mental and physical health outcomes.¹¹

When asked if children at home needed mental or behavioral healthcare, 9.5% of respondents shared that children who needed services but did not get the care they needed.

EXHIBIT 10: 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?

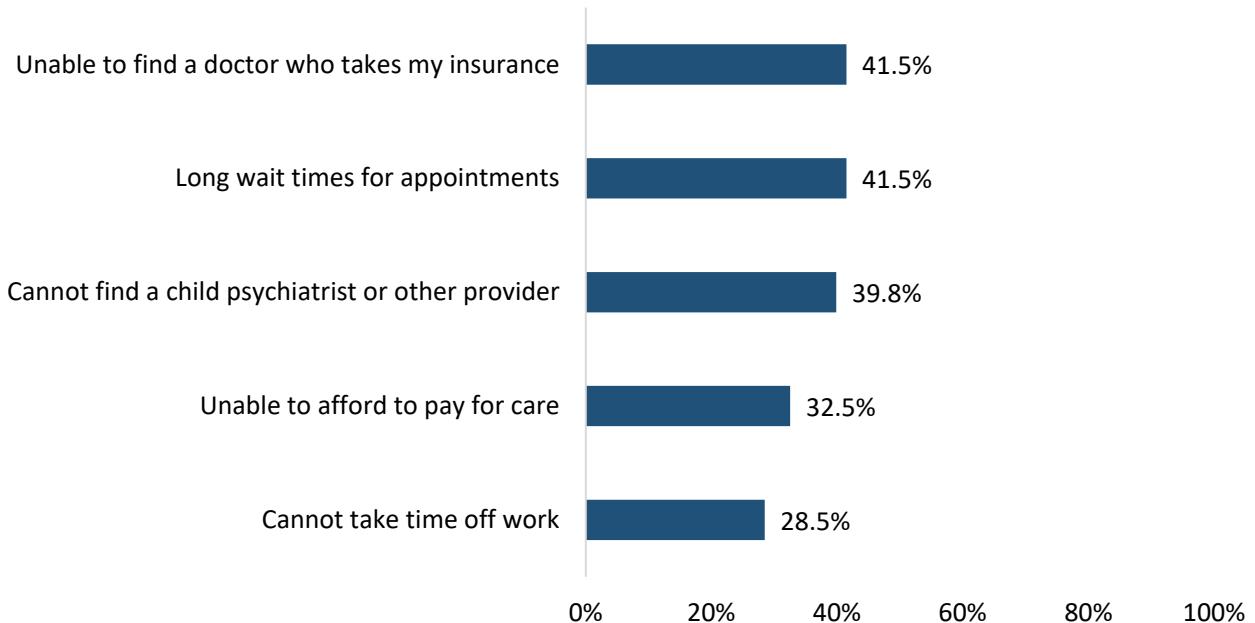


¹⁰ CDC, 2024. About Adverse Childhood Experiences.

¹¹ Monnat & Chandler, 2016.

The top reasons for children not getting the care they needed were unable to find doctors who take insurance (41.5%), long wait time for appointments (41.5%), cannot find child psychiatrists or other providers (39.8%), unable to afford pay for care (32.5%), and cannot take time off work (28.5%).

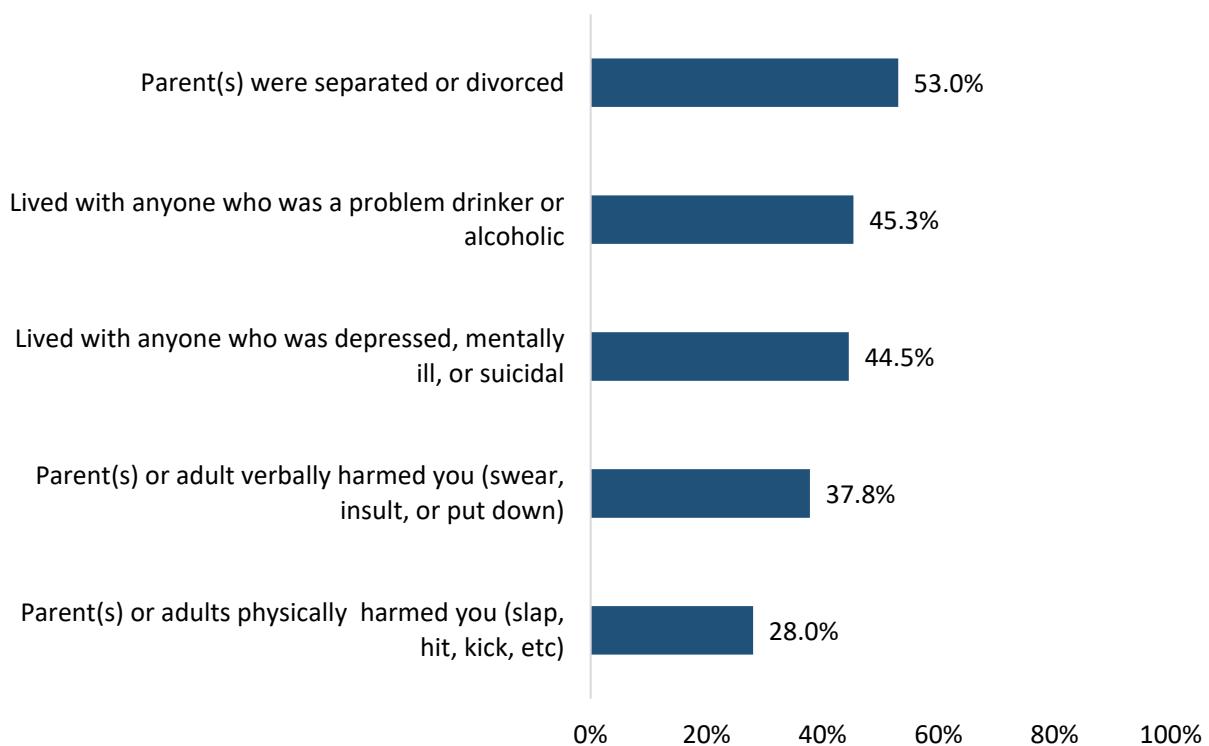
EXHIBIT 11: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL CARE THEY NEEDED?¹²



¹² For complete list, please refer to the appendix.

In Hillsborough County, 16% of respondents reported they had experienced 4 or more ACES before the age of 18. Exhibit 12 presents the percentage of respondents with children in the household who reported experiencing at least one ACE during childhood. More than half (53.0%) indicated that their parents were divorced or separated. Nearly half (45.3%) reported living with someone who was a problem drinker or alcoholic, or with someone who was depressed, mentally ill, or suicidal (44.5%). Additionally, nearly two in five (37.8%) of respondents said they were verbally harmed by a parent, and 28.0% reported experiencing physical harm by a parent before the age of 18.

EXHIBIT 12: EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18¹³



¹³ For complete list, please refer to the appendix.

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.

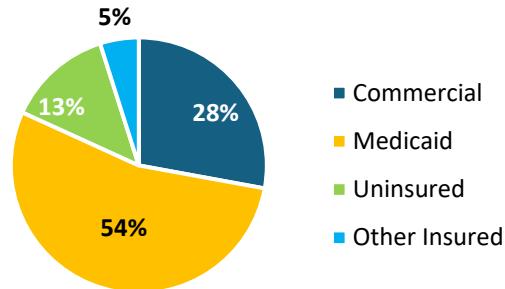
Key Secondary Data Findings

Access to high-quality healthcare is essential for children's physical, behavioral, and developmental well-being.¹⁴ When children are uninsured or face barriers accessing providers, they are less likely to receive preventive services and more likely to visit the emergency room for avoidable conditions.¹⁵

In Hillsborough County, 13.1% of the population does not have health insurance, including 16.1% of adults aged 19 to 64. Among children, coverage is higher, with 93.4% insured in 2023. However, gaps remain. Hospital data (Exhibit 13) show that most pediatric patients seen were covered by Medicaid, making up 54% of visits, followed by commercial insurance at 28%. Coverage varies across the county, and 6.3% of children aged six to 18 remain without insurance, pointing to continued challenges in ensuring access for all families.¹⁶

Despite high overall coverage, racial and ethnic disparities persist. Hispanic/Latino children were less likely to be insured than their non-Hispanic peers. In 2023, 90.0% of Hispanic/Latino children had health insurance, compared to 94.6% of non-Hispanic White children and 97.2% of Black/African American children. Children from multiracial backgrounds also experienced lower coverage rates, with 91.8% insured.

EXHIBIT 13: PEDIATRIC PATIENTS BY INSURANCE



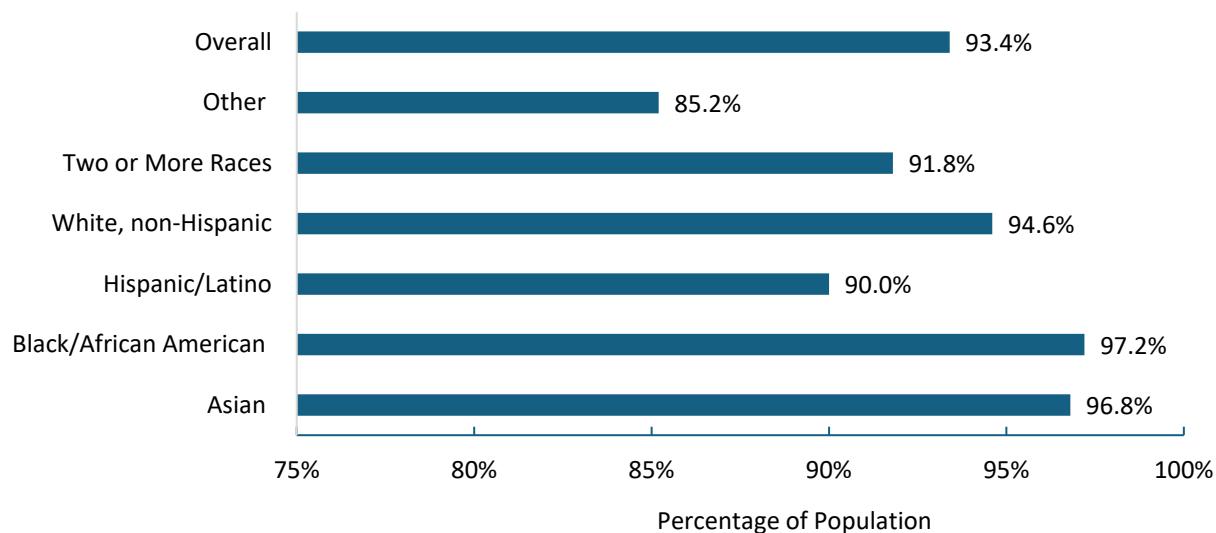
Source: St. Joseph's Children's Hospital Data

¹⁴ ASPCC, 2023. The Impact of Healthcare Access of Child Development.

¹⁵ MACPAC, 2021. Children's Experiences in Accessing Medical Care.

¹⁶ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

EXHIBIT 14: CHILDREN WITH HEALTH INSURANCE IN HILLSBOROUGH COUNTY BY RACE/ETHNICITY, 2023



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

In addition to insurance gaps, many families face limited access to healthcare providers. Hillsborough County has been designated a Health Professional Shortage Area (HPSA) for primary care, dental, and mental health services, which indicates a shortage of providers to meet the needs of the population.¹⁷

As of 2024, the county had one pediatrician for every 822 children and one mental health provider for every 721 residents. There are also significant shortages in dental care and maternal health services, with one OBGYN for every 2,736 women and one midwife or doula for every 9,422 individuals. These provider shortages can delay care, reduce preventive service use, and contribute to greater health risks for children and families, especially in low-income and underserved areas.

EXHIBIT 15: HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

	Hillsborough County	Florida	United States
Primary Care Physician	747:1	858:1	879:1
Primary Care Nurse Practitioner	650:1	800:1	1,110:1
Dentist	1,738:1	1,686:1	1,532:1
Mental Health Provider	721:1	693:1	550:1
Pediatrician	822:1	879:1	795:1

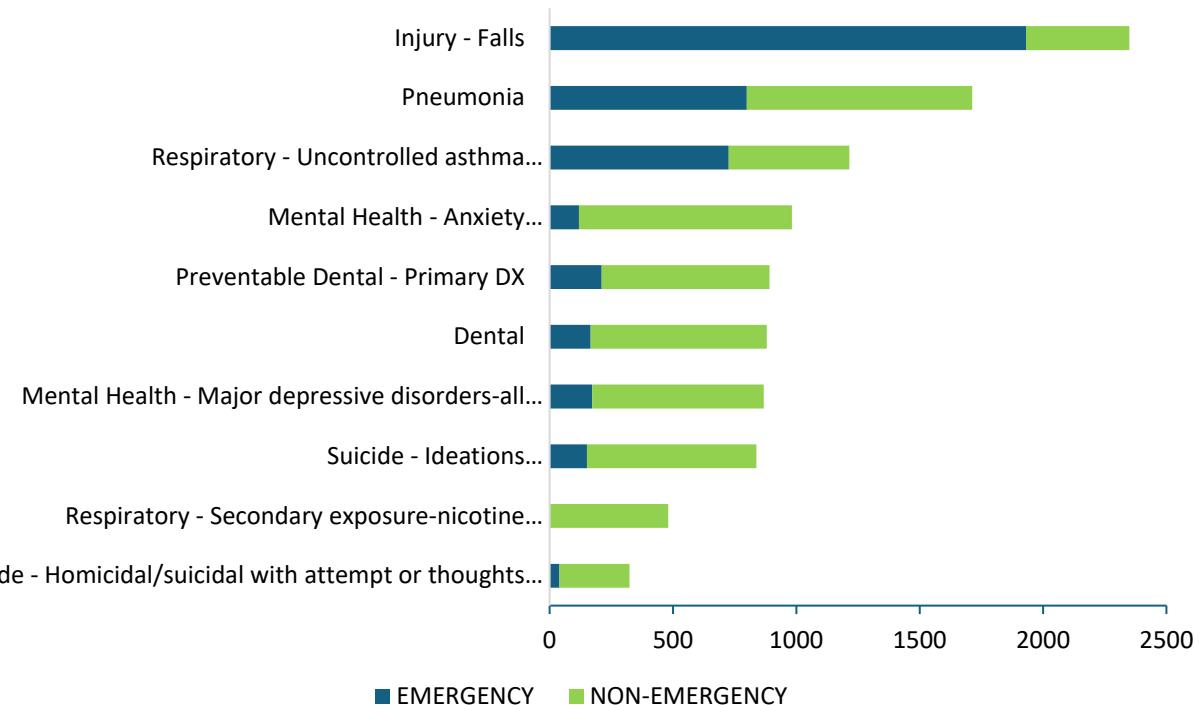
¹⁷ HRSA, n.d. Health Provider Shortage Areas.

	Hillsborough County	Florida	United States
Obstetrics Gynecology (OBGYN)	2,736:1	3,919:1	3,454:1
Midwife and Doula	9,422:1	9,029:1	9,336:1

Source: CMS, 2024. NPPES NPI.

Pediatric hospital data provide insight into the most common health conditions leading to emergency and non-emergency visits. In Hillsborough County, falls and injuries were the leading cause of emergency hospitalizations among children, followed by pneumonia and uncontrolled asthma. Mental health conditions such as anxiety and major depressive disorders also contributed to a significant number of hospital visits. Preventable dental conditions were another common reason for hospitalization, reflecting persistent gaps in oral health access. These conditions are often manageable or preventable through regular primary care, behavioral health support, and routine dental visits, underscoring the need for comprehensive pediatric services.

EXHIBIT 16: PEDIATRIC HOSPITALIZATIONS BY ENCOUNTER AND DIAGNOSIS, 2024

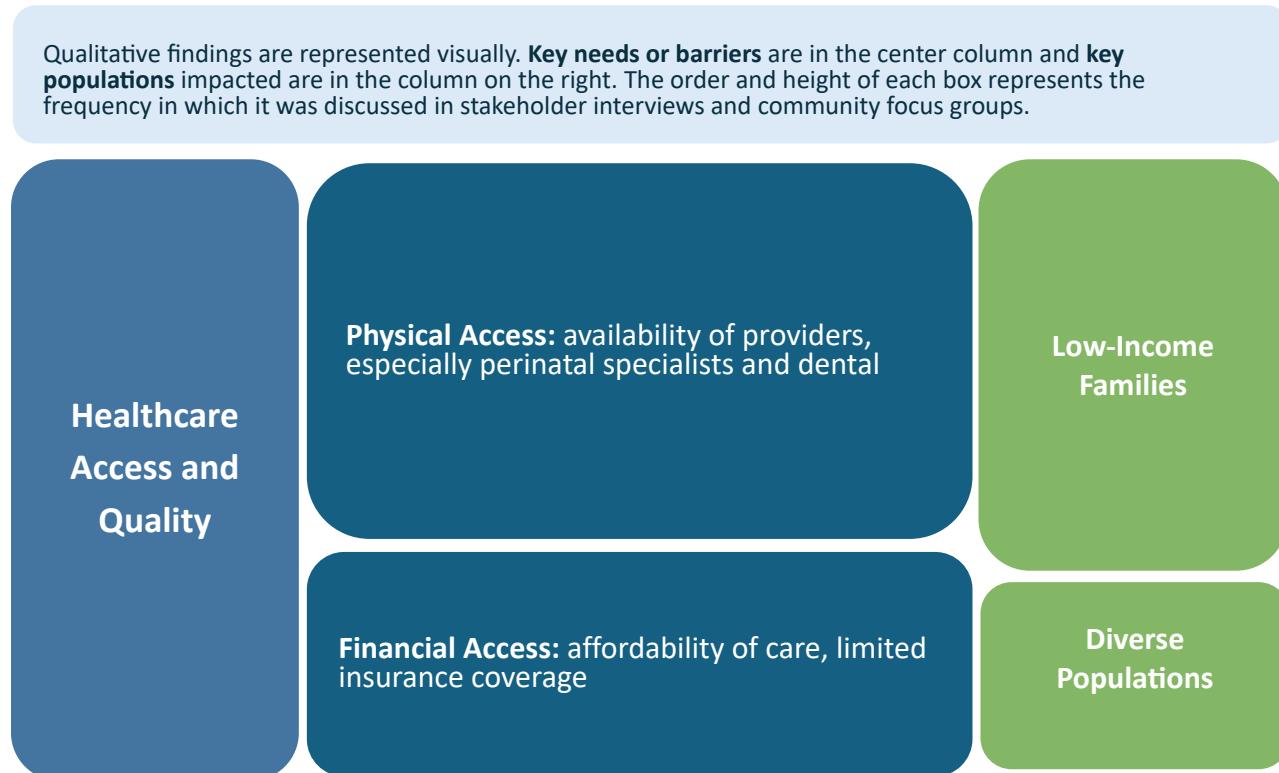


Source: St. Joseph's Children's Hospital Data

These patterns suggest that many pediatric hospital visits could be avoided through earlier intervention, improved insurance coverage, and better access to routine outpatient care. The high rates of hospital visits for asthma and pneumonia highlight a need for consistent disease management and follow-up care. Mental health-related encounters signal a growing demand for pediatric behavioral health services that is not yet being fully met by the current healthcare infrastructure.

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



In Hillsborough County, participants noted both physical and financial barriers to care for youth and maternal health populations. A lack of perinatal specialists has created long wait times for essential care and dental care for youth is difficult to find. Inadequate healthcare coverage further limits this population ability to seek care

“For high-risk pregnancies, maternal fetal medicine is hard to access, and it goes along with the access issues with Medicaid. There’s waitlists and as providers start leaving it makes things more difficult to access.” – Stakeholder Interview

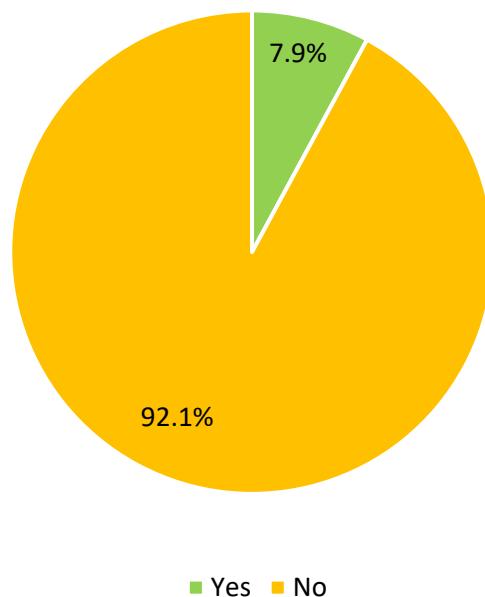
Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding access to medical care. Responses help identify barriers to care and highlight areas where improvement in healthcare delivery may be needed.

When asked, 7.9% of survey respondents said children in their home needed medical care but did not get it.

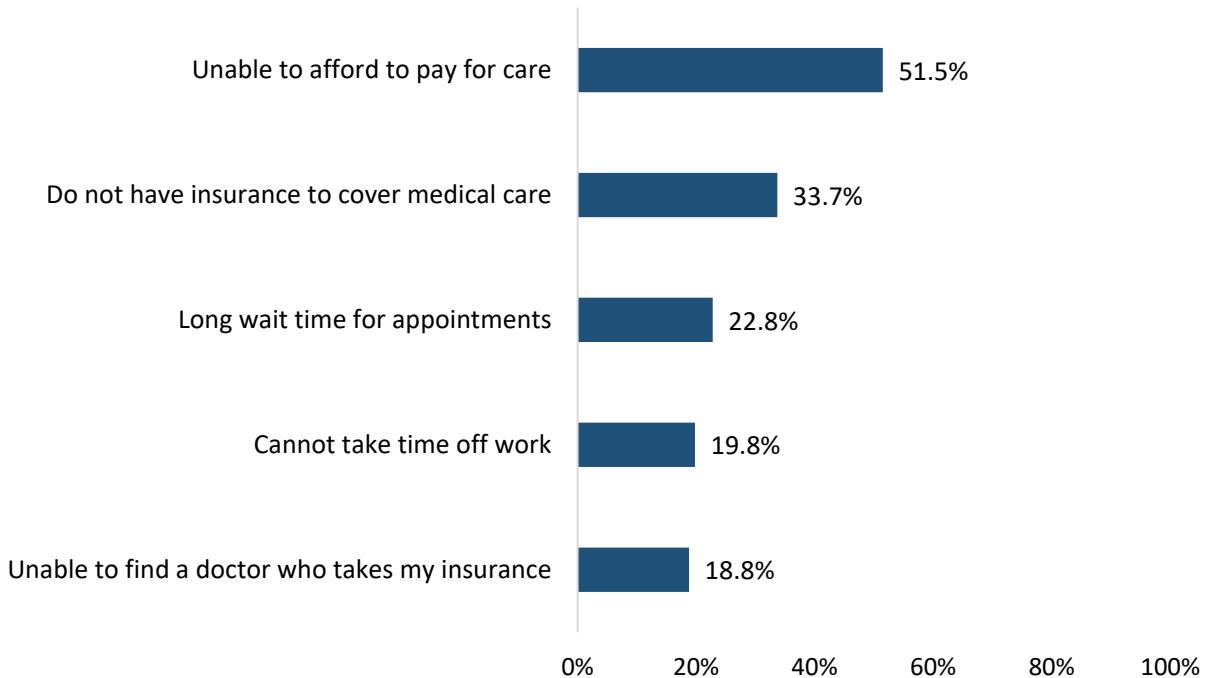
EXHIBIT 17: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN THE CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEED?

Source: 2018 National Survey of Children's Health



The top reasons for children not getting the medical care they need are unable to afford to pay for care (51.5%), do not have insurance to cover medical care (33.7%), long wait time for appointments (22.8%), cannot take time off work (19.8%) and unable to find doctor who take the insurance (18.8%).

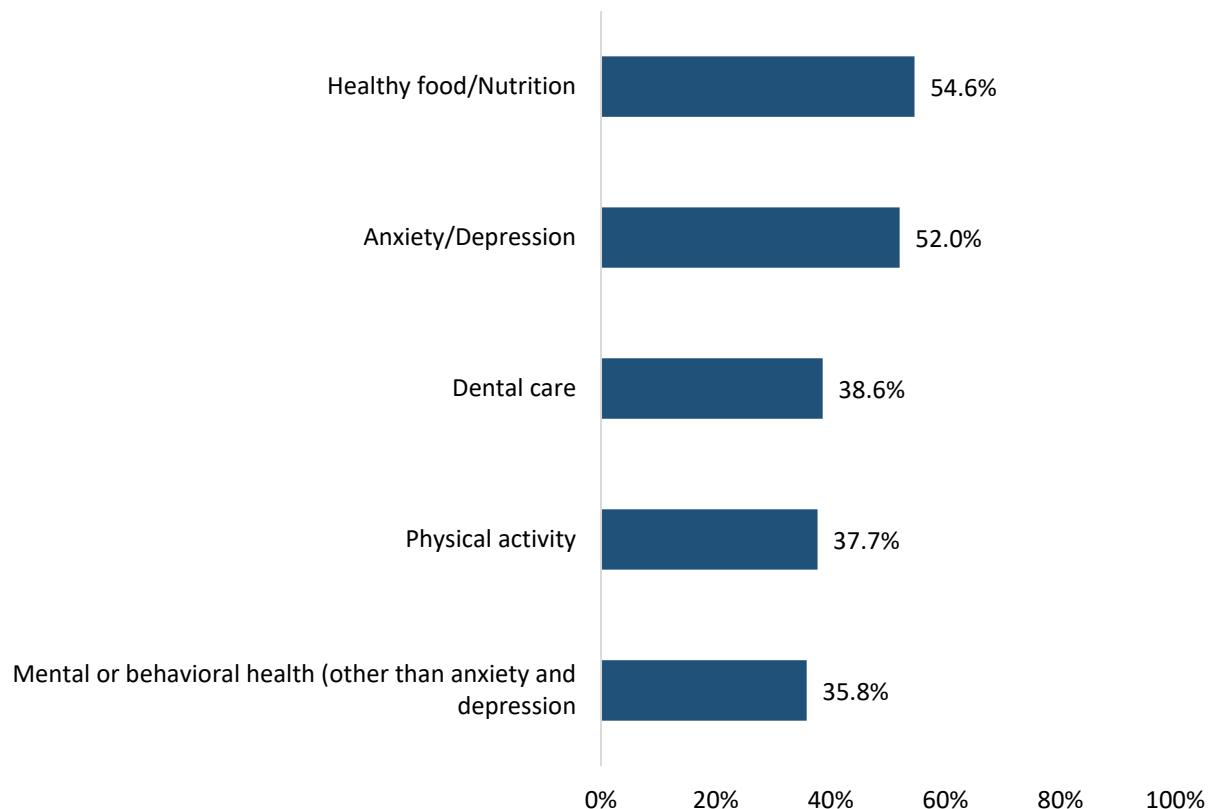
EXHIBIT 18: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING MEDICAL CARE?¹⁸



¹⁸ For complete list, please refer to the appendix.

When asking survey respondents about the most important health needs for children in the community, 54.6% of respondents said healthy food and nutrition are the most important needs to address, followed by anxiety and/or depression (52.0%), dental care (38.6%), physical activity (37.7%), and mental or behavioral health (35.8%).

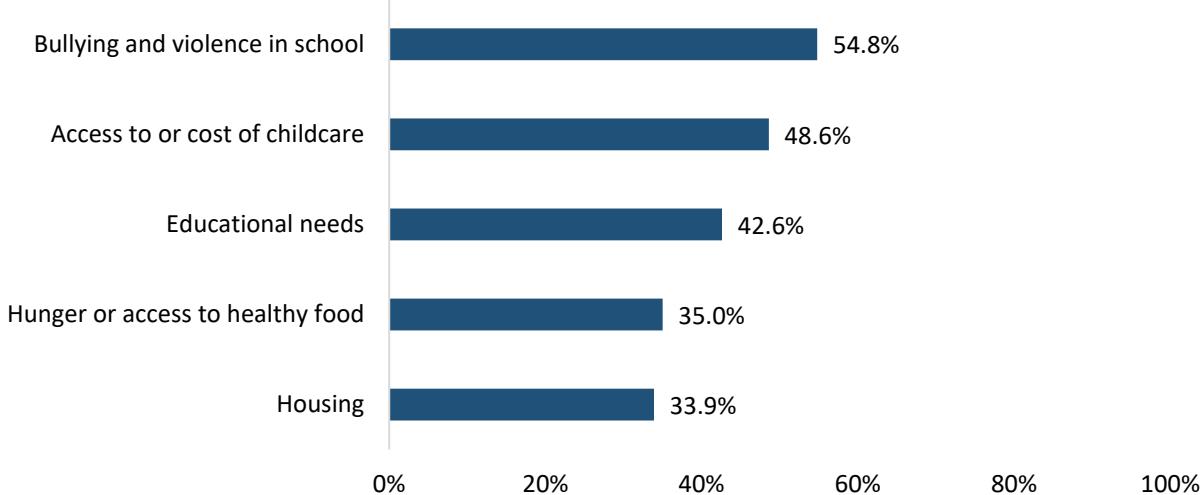
EXHIBIT 19: WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT TOP 5 MOST IMPORTANT HEALTH NEEDS TO ADDRESS¹⁹



¹⁹ The top five needs for children are presented in the exhibit. For complete list, please refer to the appendix.

Survey respondents said bullying and violence in school is one of the top alternative needs or concerns to address (54.8%), followed by access or cost of childcare (48.6%), education needs (42.6%), hunger or access to healthy food (35.0%), and housing (33.9%).

EXHIBIT 20: WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNs THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5 CRITICAL NEEDS OR CONCERNs MOST IMPORTANT TO ADDRESS²⁰



²⁰ The top five alternative needs are presented in exhibit. For complete list, please refer to the appendix.

Exercise, Nutrition and Weight

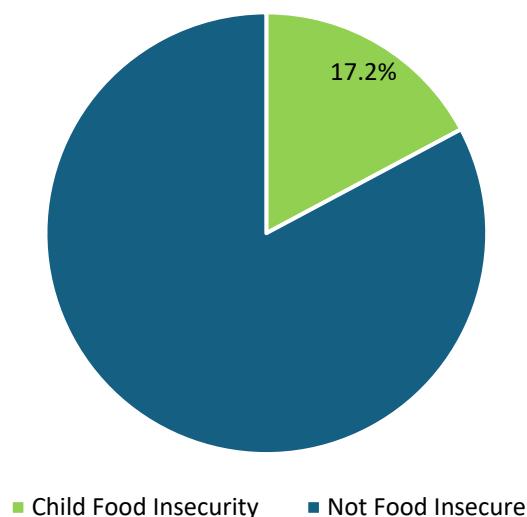
Access to nutritious food and opportunities for physical activity are essential for achieving and maintaining a healthy weight and preventing chronic disease. In Hillsborough County, food insecurity remains a significant barrier to health, especially for children and low-income families.

CDC, 2024.

Key Secondary Data Findings

The child food insecurity rate in Hillsborough County is 17.2%. This means that one in six 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.²¹

EXHIBIT 21: FOOD-INSECURE INDIVIDUALS CHILDREN, 2023

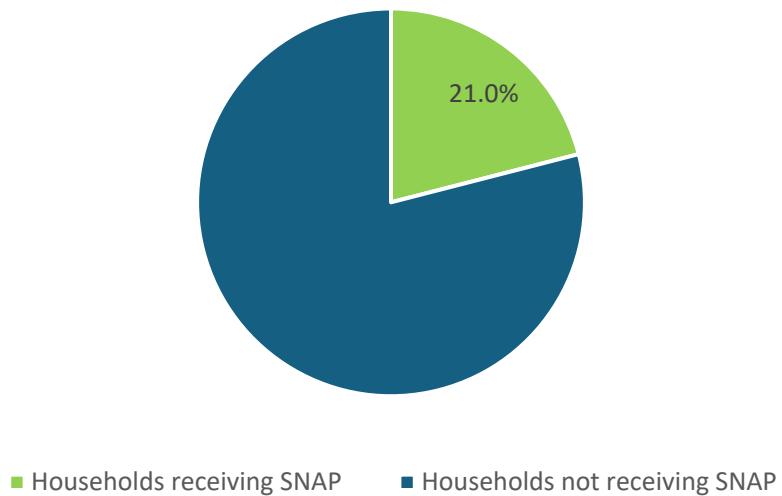


Source: Feeding America, Map the Meal Gap, 2023

²¹ Feeding America, n.d. Child Hunger Facts.

At the household level, 21% of households with children receive Supplemental Nutrition Assistance Program (SNAP) benefits²², which is equal to the Florida average (21.5%) and the national average (18.6%). This suggests that while food insecurity is a concern, some families may not qualify for—or may not be accessing—available nutrition assistance programs.

EXHIBIT 22: HOUSEHOLDS WITH CHILDREN WHO ARE RECEIVING SNAP, 2019-2023



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

Additionally, 51.6% of middle school students in Hillsborough 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.²³ At the state level, slightly more middle school students are eligible for free or reduced lunch (52.6%). When looking at elementary school students, 54.1% of them are eligible for free/reduced lunch, compared to the state rate of 55.1%.²⁴

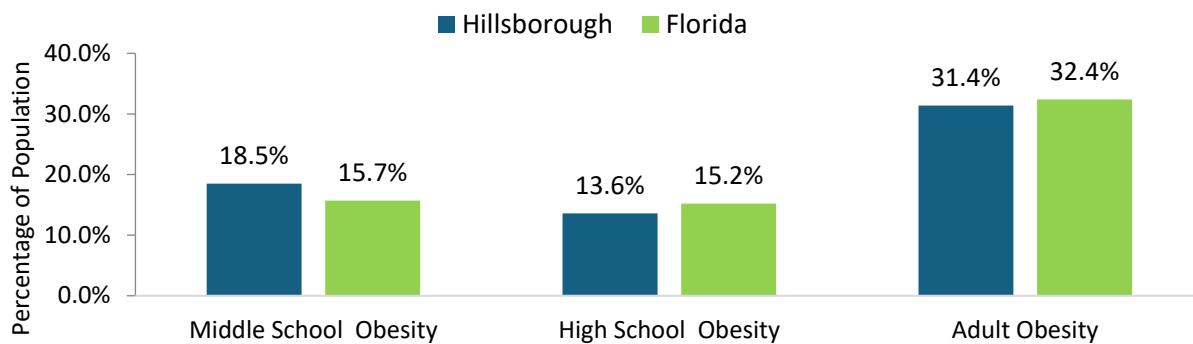
²² U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

²³ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

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

Difficulty in accessing healthy food along with barriers to physical activity can lead to problems with excess weight or obesity (Exhibit 23). Excess weight in childhood is linked to a higher risk of developing chronic health conditions such as type two diabetes, asthma, and high blood pressure, and it can also negatively affect mental health and self-esteem.²⁵

EXHIBIT 23: HILLSBOROUGH COUNTY ADOLESCENT AND ADULT WEIGHT, 2022



Source: FLHealthCHARTS, n.d.

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 of children.²⁶ 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

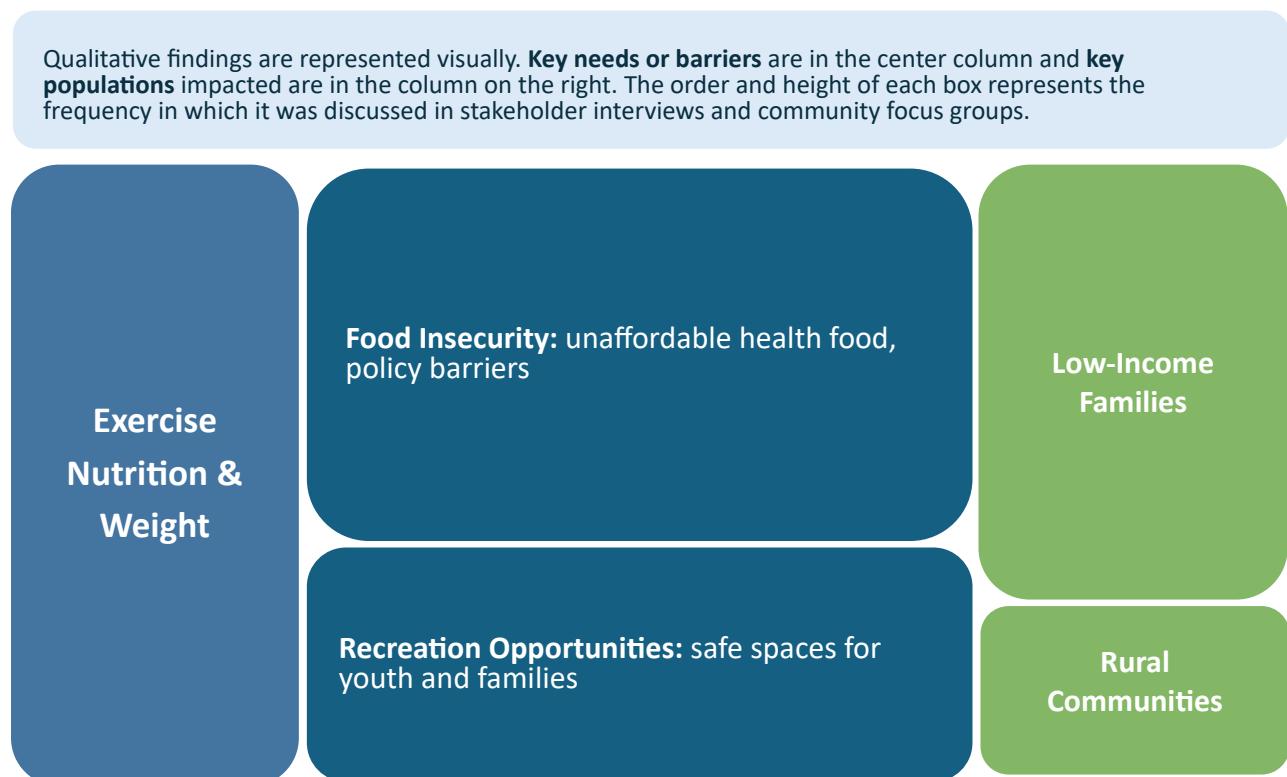
²⁵ CDC, 2022. Consequences of Obesity.

²⁶ CDC. 2024. Healthy Food Environments.

²⁷ 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



Stakeholder interview and focus group participants focused on the financial and policy barriers that prevent individuals from engaging in healthy behaviors. Participants explained that while many organizations saw a relief in food insecurity during the pandemic due to funding, this is changing as funding runs out. Participants also noted a need for safe spaces for families to congregate and engage in physical activity.

“Food insecurity was much lower during COVID because of all of the money infused into the various programs and once those waivers expired and were removed, we started seeing that rise and it hasn’t stopped. And then inflation hit, and it was a double whammy. The child tax credit went away. We have not been able to renew at the federal level. [...] Florida has opted out of the summer EBT program. There is a huge gap between what our impact is and what it could be with summer EBT.” – Stakeholder Interview

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding 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.²⁸ 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.²⁹

Exhibits 24 through 25 presented respondents with a series of questions about their access to food. One in four (23.6%) survey respondents with children at home said it is often true or sometimes true that in the past 12 months, they worried about the food would run out before they got money to buy more. In addition, 28.4% of the survey respondents with children at home said it is often true or sometimes true that in the past 12 months, the food they bought just did not last and they don't have money to get more.

EXHIBIT 24: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

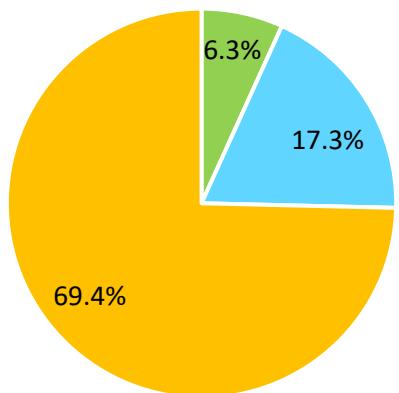
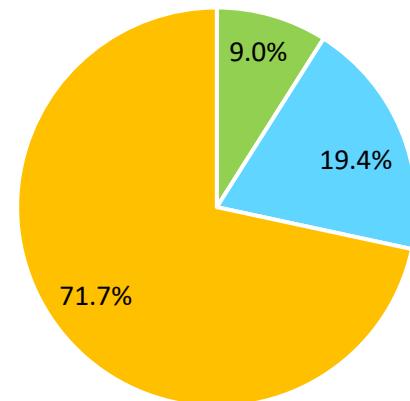


EXHIBIT 25: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE THE MONEY TO GET MORE



■ Often true ■ Sometimes true ■ Never true

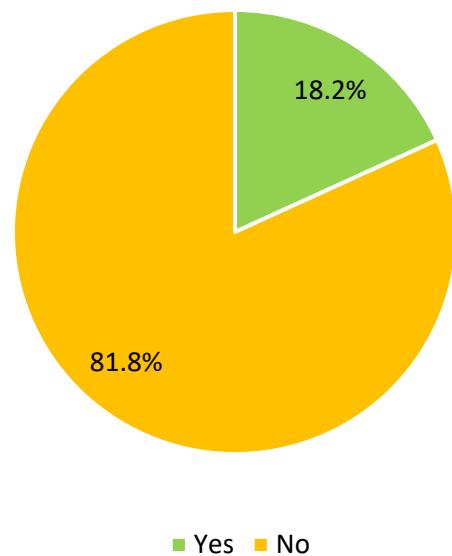
■ Often true ■ Sometimes true ■ Never true

²⁸ Gropper, 2023.

²⁹ CDC, 2024. Nutrition, Physical Activity, and Weight Status.

When asking survey respondents with children in home whether they ever get emergency food from a church, food pantry, food bank or soup kitchen, 18.2% of survey respondents said yes.

EXHIBIT 26: IN THE PAST 12 MONTH, DID YOU OR ANYONE LIVING IN YOUR HOME EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR EAT IN A SOUP KITCHEN



Maternal, Fetal, and Infant Health

Healthy pregnancies and safe birth outcomes lay the foundation for lifelong health. In Hillsborough County, disparities in prenatal care access, preterm births, and infant mortality highlight ongoing challenges for mothers and babies, especially among communities of color and those with limited financial resources. Supporting maternal health is critical to ensuring every child has a strong, healthy start.

KFF, 2024

Key Secondary Data Findings

Access to care during pregnancy, particularly early prenatal care, plays a critical role in supporting healthy birth outcomes and reducing infant mortality.³⁰ Timely and comprehensive prenatal services can help identify and manage health risks before they become life-threatening for either the mother or the infant.³¹

From 2021 to 2023, 43.3% of births in Hillsborough County were covered by Medicaid, closely aligned with the state rate of 43.9%. This reflects the significant portion of the population that relies on publicly funded insurance for prenatal and delivery care.

As of 2024, there was one OBGYNs for every 2,736 women and one midwife or doula for every 9,422 individuals in Hillsborough. These shortages may contribute to delays in accessing care and increase the risk of complications during pregnancy and childbirth.

EXHIBIT 27: HEALTHCARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	Hillsborough County	Florida	United States
Pediatrician	822:1	879:1	795:1
Obstetrics Gynecology (OBGYN)	2,736:1	3,919:1	3,454:1
Midwife and Doula	9,422:1	9,029:1	9,336:1

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

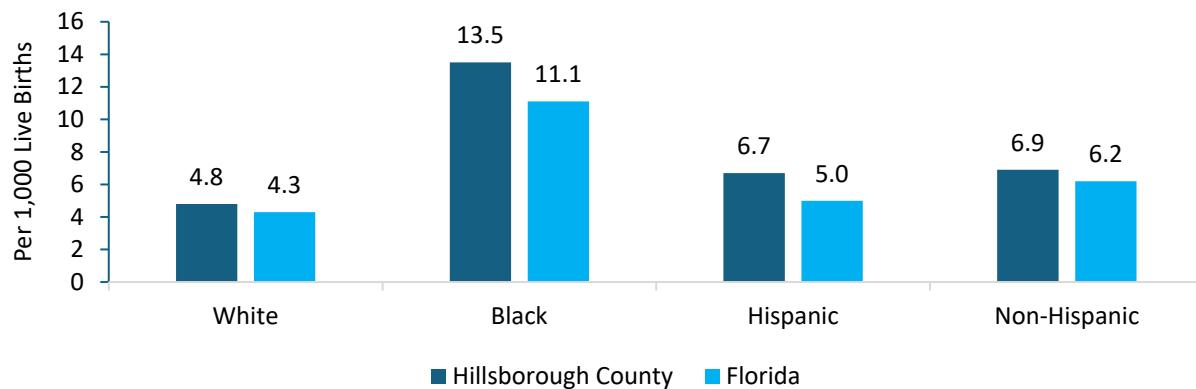
Racial disparities in infant mortality remain a pressing concern. Between 2021 and 2023, Black infants in Hillsborough County died at a rate of 13.5 per 1,000 live births, nearly three times higher than the rate for White infants, which was 4.8 per 1,000. These differences highlight the ongoing impact of systemic inequities in access to care and health outcomes. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and

³⁰ Albarqi, 2025.

³¹ Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2017. What is prenatal care and why is it important?

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.³²

EXHIBIT 28: 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. In Hillsborough County, non-Hispanic mothers had the highest rate of early prenatal care at 76.1%, while Black mothers had the lowest at 60.3%. While some groups in the county are close to state averages, the data reveal persistent disparities in timely access to care across racial and ethnic lines. Additional figures show that 5.3% of births in Hillsborough County occurred to mothers who either received no prenatal care or began care in the third trimester, compared to 7.2% statewide. Delays in prenatal care can result in missed opportunities to manage health conditions, increasing the risk of complications for both the birthing person and the infant.

EXHIBIT 29: PERCENTAGE BIRTHS WITH PRENATAL CARE IN THE 1ST TRIMESTER, BY RACE / ETHNICITY 2021-2023

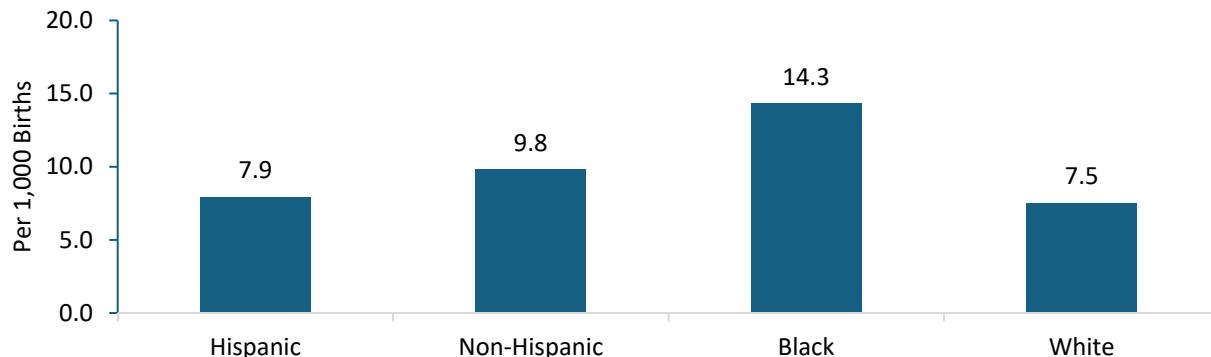
	Hillsborough County	Florida
White	71.6%	74.3%
Black	60.3%	63.7%
Hispanic	69.4%	70.5%
non-Hispanic	76.1%	72.3%

Source: FLHealthCHARTS, n.d.

³² CDC, 2024. Infant Mortality.

Low birth weight is another concern, as it increases the risk of long-term health problems for infants. From 2020 to 2022, 9.1% in Hillsborough County were classified as low birth weight, slightly higher than the state average. Racial disparities were also evident. Black infants were more than twice as likely as White infants to be born at low or very low birth weight, with a rate of 14.3 per 1,000 births compared to 7.5 among White infants.

EXHIBIT 30: DISPARITIES IN BIRTH WITH LOW AND VERY LOW BIRTH WEIGHT, PER 1,000 BIRTHS 2020-2022



Source: FLHealthCHARTS, n.d.

Teen births continue to be a public health concern, as younger mothers often face greater barriers to accessing care and achieving long-term health and socioeconomic stability. In Hillsborough County, the birth rate for teens aged 15 to 19 was 13.5 per 1,000 females from 2021 to 2023, slightly above the state average of 13.2. Repeat teen births remain a concern as well, with 13.3 % of births to teens in Hillsborough involving mothers who had previously given birth, compared to 12.9% statewide.

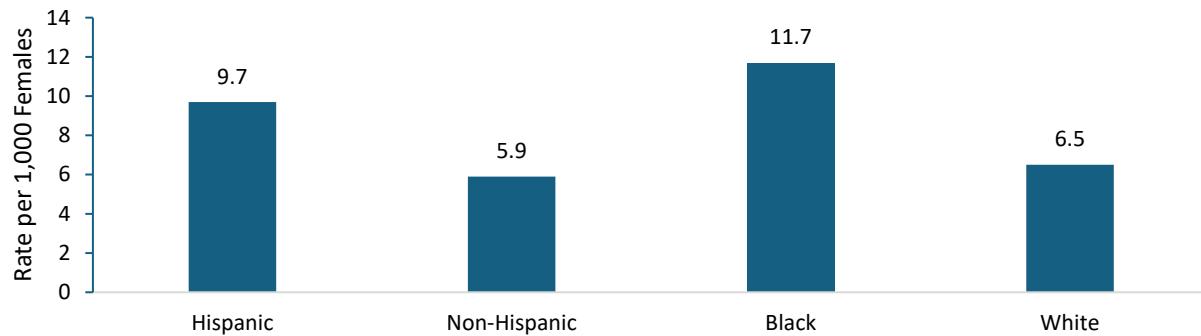
EXHIBIT 31: TEEN BIRTH RATES AND DISPARITIES, 2018-2023

	Hillsborough County	Florida
Births to Teens Rate Ages 15-19 (per 1,000 females; 2021-2023)	13.5 per 1,000 females	13.2 per 1,000 females
Repeat Births to Teens Ages 15-19 (2018-2020)	13.3%	12.9%

Source: FLHealthCHARTS, n.d.

Disparities by race and ethnicity are evident. Black teens had the highest birth rate at 11.7 per 1,000 females, followed by Hispanic teens at 9.7. In comparison, the rate for White teens was 6.5 and for non-Hispanic teens was 5.9. These differences reflect broader patterns in access to reproductive health services, education, and support for young parents.

EXHIBIT 32: DISPARITIES IN BIRTH TO MOTHERS AGES 15-19, PER 1,000 FEMALES, 2020-2022



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing perinatal care, 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.



When discussing perinatal care, participants in Hillsborough County focused on the inequity in health outcomes between white and Black mothers and infants. Many reflected on the current mortality rates and emphasized the importance of targeted efforts to improve them. Access to care providers was also identified as a need, with a focus on culturally competent care providers. Participants also noted that new parents and parents of children with specific health needs would benefit from targeted education efforts.

“On the health needs, we continue to see health disparities, particularly among Black and Hispanic Latino populations, where maternal health outcomes are so bad for Black women and Black infants. And as far as infant mortality and things of that nature that's, still, I think, very, very frustrating.” – Stakeholder Interview

Key Community Survey Findings

This topic was not explored in the community survey, as such, no data are available for analysis.

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

Household structure plays an important role in a family's financial security and access to resources. In Hillsborough County, 29.9% of households include children, compared to 26.5% statewide and 29.9% nationally. An equal percentage of children are taken care of by their grandparents (1.2%) in Hillsborough County than the state of Florida (1.2%). This reflects another layer of caregiving that may strain household finances, especially for older adults on fixed income.

EXHIBIT 33: HOUSEHOLD COMPOSITION, 2019-2023

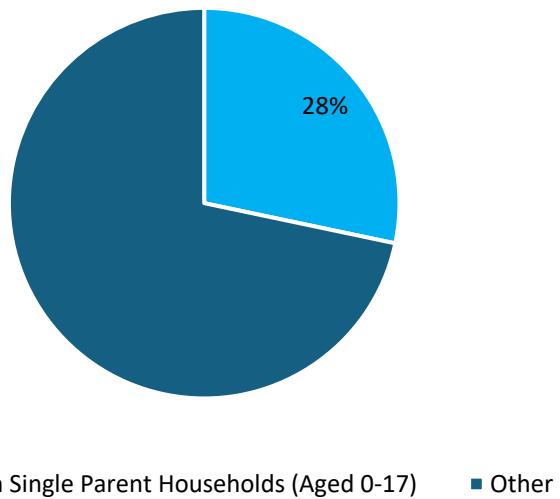
	Hillsborough County	Florida	United States
Households with Children	29.9%	26.5%	29.9%
Households with Grandparents Responsible for Grandchildren	1.2%	1.2%	1.3%

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

A notable portion of children are raised in single-parent households, which often face higher financial strain due to reliance on a single income. These households may experience greater difficulty affording childcare, housing, and healthcare.³³

³³ Salas-Betsch (CAP), 2024.

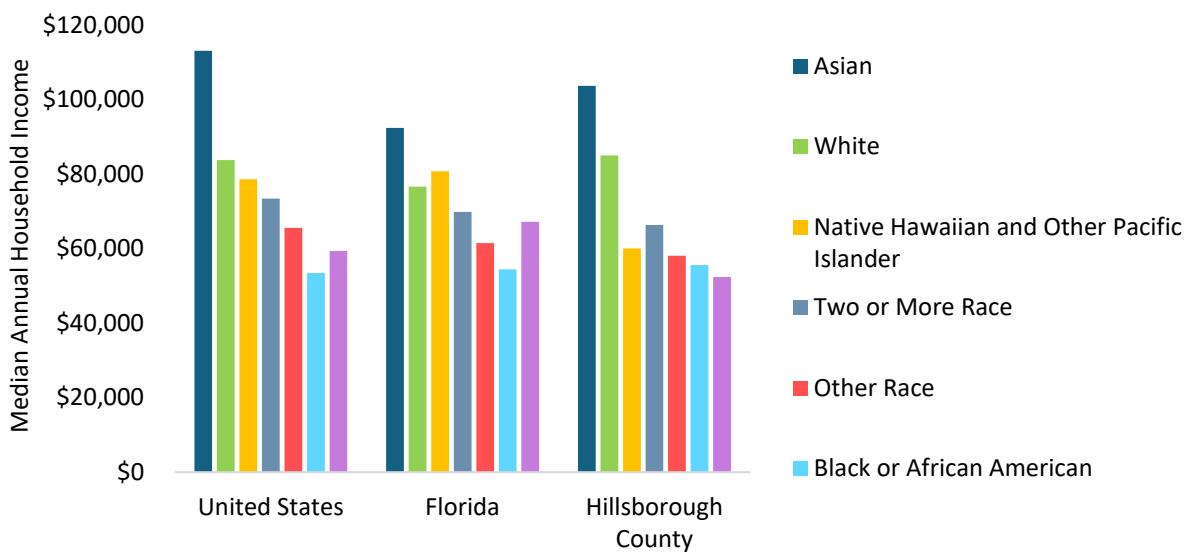
EXHIBIT 34: CHILDREN IN SINGLE-PARENT HOUSEHOLDS (AGED 0-17 YEARS), 2020-2022



Source: FLHealthCHARTS, n.d.

Economic stability plays a foundational role in a child's health, development and future opportunity. When families face financial insecurity, children may experience limited access to healthcare, nutritious food, and stable housing.³⁴ In Hillsborough County, the median household income is \$75,011 annually, compared to the state of Florida's \$71,711 median household income and United States median household income of \$78,538.

EXHIBIT 35: MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023

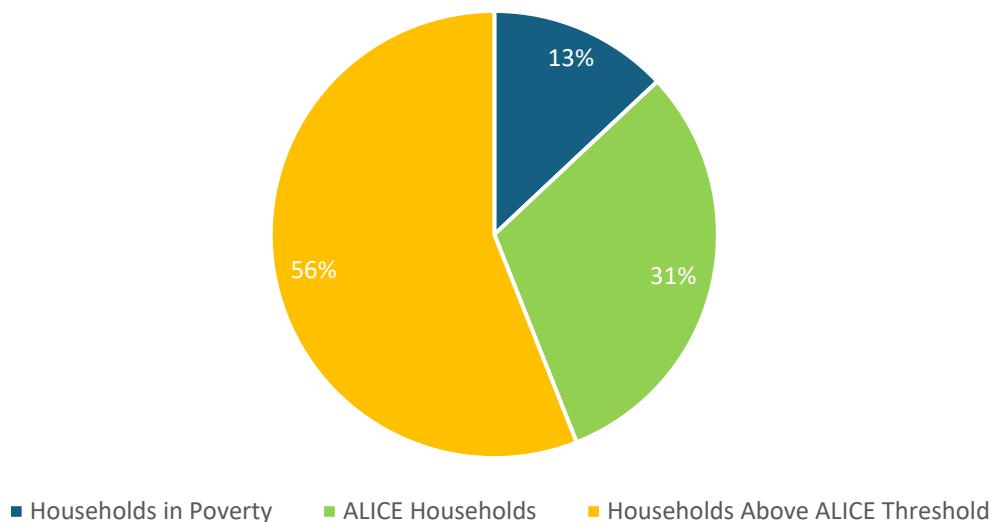


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

³⁴ Salas-Betsch (CAP), 2024.

Poverty is a well-established driver of health outcomes. In Hillsborough County, 13.2% of the population lives below the poverty line, a higher rate than both the state (12.6%) and national average (12.4%). However, traditional poverty metrics often underestimate the number of people struggling to meet basic needs, as they do not account for local cost of living or other essential expenses in their definition.³⁵

EXHIBIT 36: TRENDS IN HOUSEHOLD INCOME STATUS IN HILLSBOROUGH COUNTY, 2022



Source: United Way, United for ALICE, 2022

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.³⁶ In Hillsborough County, 31% of households are ALICE households.

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 Hillsborough County, 37.4%³⁷ of low-income



³⁵ Kilduff (PRB), 2022.

³⁶ United for ALICE, n.d. About Us - Meet ALICE.

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

households currently spend 50% or more of their income on housing costs alone.³⁸

Additionally, the median home value in Hillsborough County is \$333,300 slightly higher than the state median of \$325,000 – which can still be out of reach for many working families, especially those without access to affordable financing or down payment support.³⁹ The disconnect between wages, rental costs, and homeownership opportunities underscores the affordability challenges faced by many residents of Hillsborough County.

Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. In Hillsborough County, 4.7% of households lack internet access, slightly below the State's overall percentage of households without internet access (6.8%). For children, limited internet can hinder access to telehealth services, school assignments, virtual learning, and social connection—deepening educational and digital divides.⁴⁰

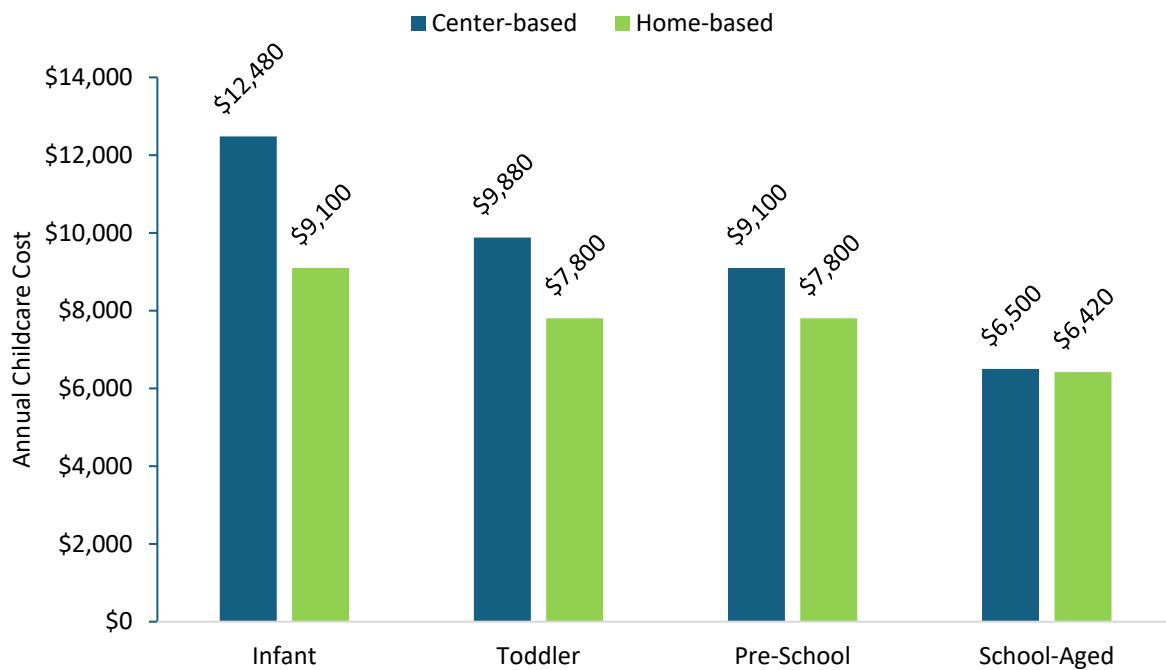
For households with children, these financial pressures are especially significant. Center-based infant care has a cost of \$12,480 annually, with home-based options costing \$9,100 annually. Although childcare costs decline with age, even school-aged care exceeds \$6,500 annually for center-based programs. For families already navigating tight budgets, especially those classified as ALICE or low-income, these expenses represent a substantial portion of household income.

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

³⁹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴⁰ Graves et al., 2021.

EXHIBIT 37: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022



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

To put this in context, the median household income in Hillsborough County is \$75,011.⁴¹ A family spending approximately \$22,212 per year on housing⁴² and \$12,480 on infant childcare⁴³ would be left with just \$43,299 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 Hillsborough County community.

Combined with high rates of internet inaccessibility and limited affordable childcare options, these conditions create daily challenges for families raising children. Targeted supports that strengthen financial security and expand access to essential resources are critical for promoting healthy development, school readiness, and long-term well-being for children across Hillsborough County.

⁴¹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

⁴² NLIHC, 2024. Out of Reach: Florida.

⁴³ Women's Bureau, 2025. The Price of Childcare by County.

Key Qualitative Findings

When discussing economic stability, 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.



Economic stability was at the root of many issues that participants discussed in relation to youth wellbeing. Participants shared that rising costs of housing, food, childcare, and medical care make it difficult for parents to afford basic needs. Participants explained how a lack of affordable childcare further limits parents' access to employment, creating a cycle that inhibits economic stability. Additionally, individuals noted that wages are not rising with the cost of living, with some youth ending up in foster care when their family simply needs financial help.

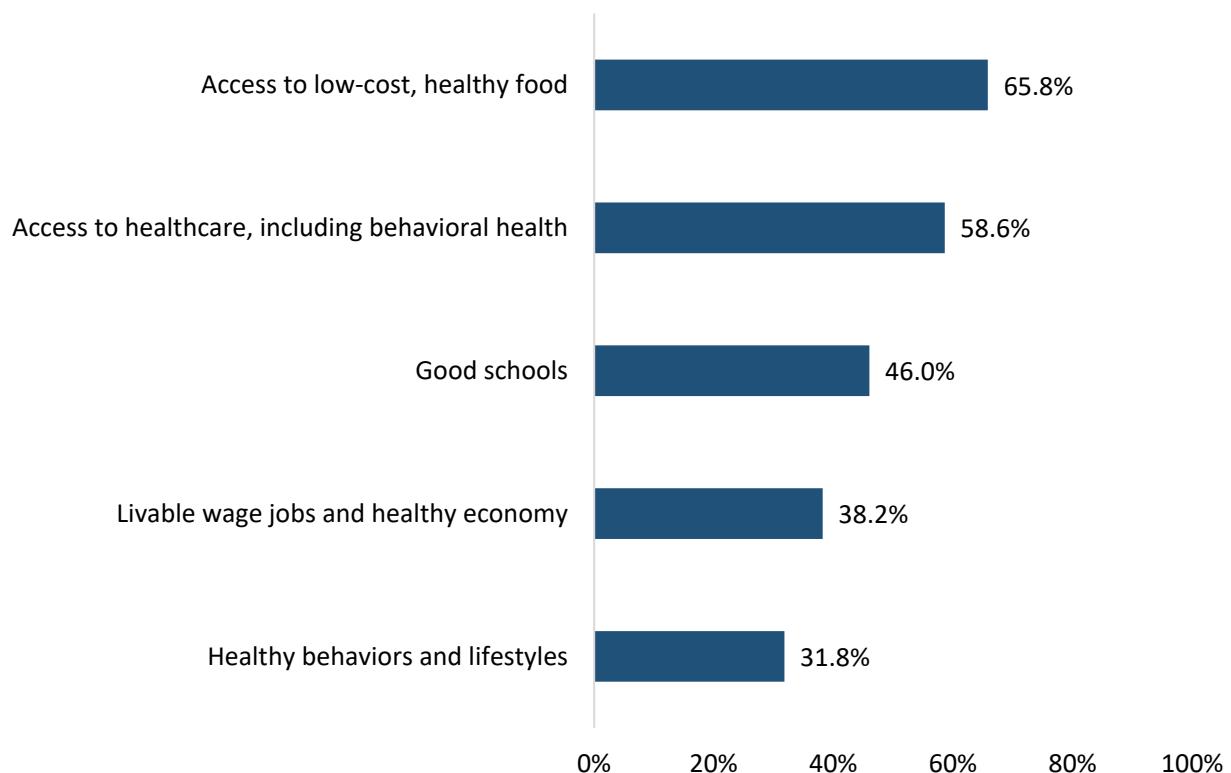
"Instead of ripping them out of their family, how about helping the family has a whole. There are many children that don't need to be in the foster care system; the parents just need a little assistance. There must be another way to address this issue. We need quality and not just quantity. The system is over oversaturated – some kids sleep in the caseworker's office on cots." – Focus Group Participant

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding 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 with children in the household said the most important issue to address is access to low cost, healthy food (65.8%), followed by access to healthcare (58.6%), good schools (46.0%), livable wage jobs and healthy economy (38.2%), and healthy behaviors and lifestyles (31.8%).

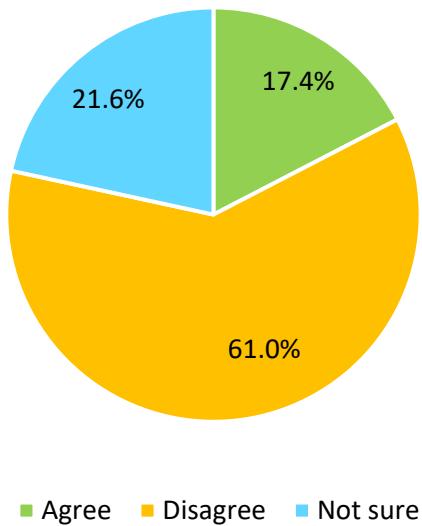
EXHIBIT 38: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?⁴⁴



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

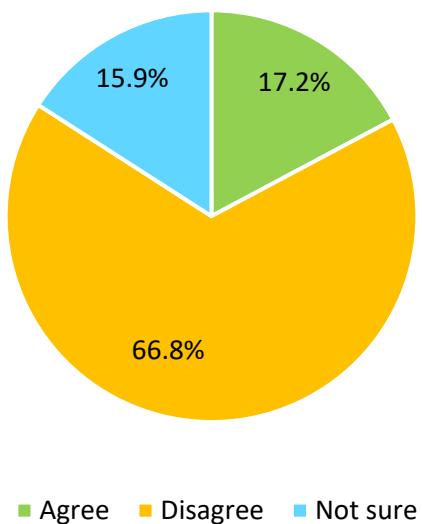
Among survey respondents who have children within the household, when asked whether they agreed with the statement *"There are plenty of livable wage jobs available,"* nearly 61.0% of disagreed.

EXHIBIT 39: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



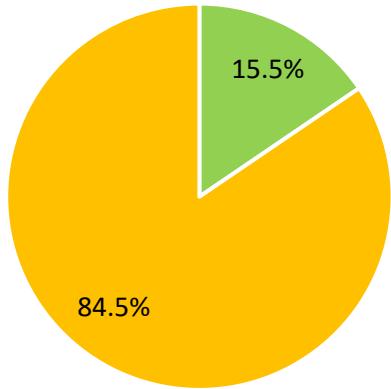
Among survey respondents who have children within the household, when asked whether they agreed with the statement *"There are affordable places to live in my community"*, 66.8% of respondents disagreed.

EXHIBIT 40: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



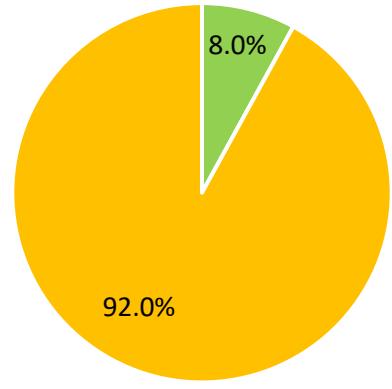
Exhibits 41 and 42 ask respondents a series of questions regarding housing security. Of all respondents with children in the household, 15.5% were worried or concerned about how in the next 2 months they may not have a stable place to stay. In addition, 8.0% of respondents said in the past 12 months, utility companies shut off their services due to not paying the bills.

EXHIBIT 41: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MANY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?



■ Yes ■ No

EXHIBIT 42: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?



■ Yes ■ No

Immunization and Infectious Disease

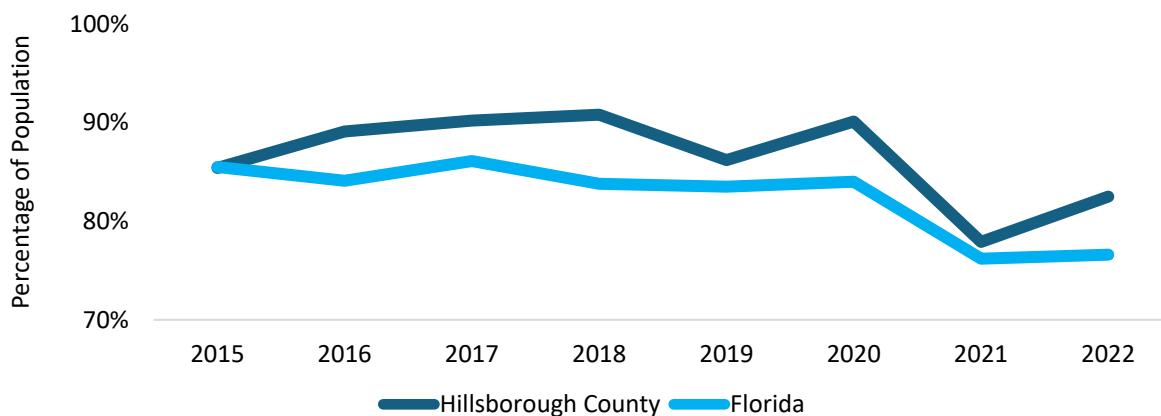
Vaccination remains one of the most effective tools for preventing infectious diseases and promoting public health. According to the CDC, due to the success of childhood immunizations, many serious diseases that once harmed or killed infants, children, and adults in the U.S have been significantly reduced, and in some cases eliminated.

CDC, 2025

Key Secondary Data Findings

Among younger children, kindergarten immunization levels statewide averaged 93.6% for the three-year period between 2021 to 2023.⁴⁵ In Hillsborough County, the percentage of children fully immunized with the basic vaccine series has fluctuated over time, peaking at 90.8% in 2018 and declining to 82.5% in 2022. While Florida's rates remained relatively steady, Hillsborough continued to perform above the state average throughout the years.

EXHIBIT 43: CHILDREN FULLY IMMUNIZED BASIC IMMUNIZATION SERIES, 2015-2022



Source: FLHealthCHARTS, n.d.

In 2023, 57.5% of adolescents aged 13 to 17 in Hillsborough County were fully vaccinated against HPV. Rates in the county remained relatively stable from 2020 to 2023, while Florida showed gradual uptick in immunizations. However, neither has met the Healthy People 2030⁴⁶ goal of 80% coverage among adolescents aged 13 to 15, highlighting a need for continued outreach and vaccination efforts.

⁴⁵ FDOH, n.d. Immunization, 2021-2023.

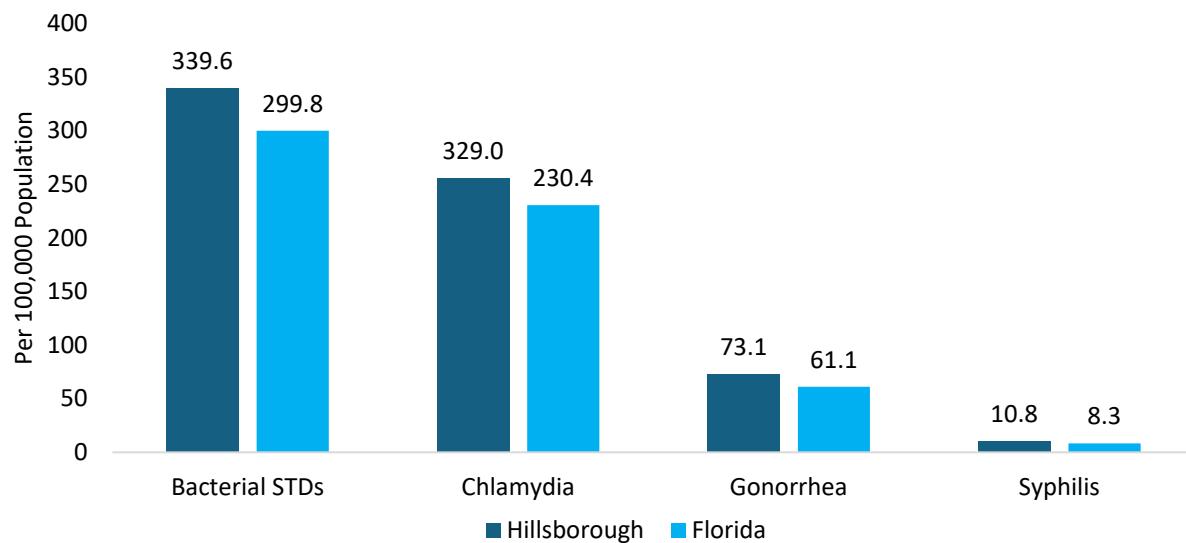
⁴⁶ ODPHP, n.d. Healthy People 2030: Objectives and Data.

EXHIBIT 44: HPV VACCINE COMPLETION, AGES 13-17, PERCENTAGE OF POPULATION, 2020-2023

	Hillsborough County	Florida
2023	57.5%	56.8%
2022	54.5%	55.7%
2021	55.2%	57.2%
2020	52.2%	53.2%

Source: FLHealthCHARTS, n.d.

Infectious disease surveillance among youth continues to highlight areas of concern. In Hillsborough County, the three-year rolling average from 2021 to 2023 for bacterial STDs among youth aged 0 to 17 was 339.6 per 100,000, notably higher than the statewide rate of 299.8. Rates for chlamydia (329.0), gonorrhea (73.1), and syphilis (10.8) also exceeded Florida averages. These findings suggest a continued need for targeted prevention, education, and improved access to sexual health services for adolescents.

EXHIBIT 45: STD'S AGE 0-17, RATE PER 100,000, 3-YEAR ROLLING 2021-2023

Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

There was a lack of qualitative data related to immunizations and infectious disease in Hillsborough County.

Key Community Survey Findings

This topic was not explored in the community survey, as such, no data are available for analysis.

Respiratory Disease

Asthma is one of the most common chronic conditions in the United States, affecting both children and adults and contributing to high rates of emergency department visits and missed school days.

EPA, 2025

Key Secondary Data Findings

In Florida, childhood asthma remains a significant public health concern. In Hillsborough County, 2024 data show that 11% of middle school students and 9.5% of high school students reported having asthma, compared to statewide rates of 9.1% and 8.8%.

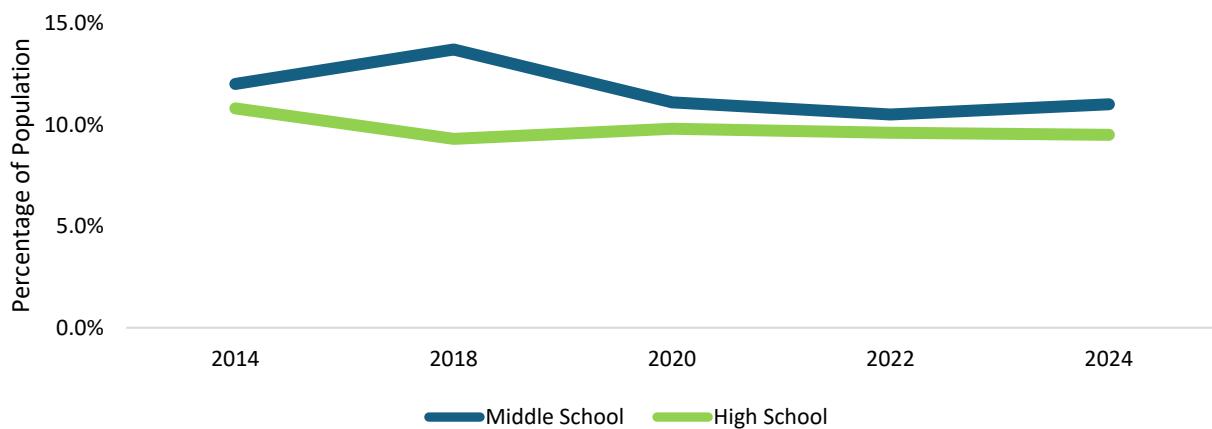
EXHIBIT 46: STUDENTS WHO CURRENTLY HAVE ASTHMA, 2024

	Hillsborough County	Florida
Middle School students	11.0%	9.1%
High School students	9.5%	8.8%

Source: FLHealthCHARTS, n.d.

These rates have declined over time, with middle school students consistently reporting higher asthma prevalence than high school students from 2014 to 2024.

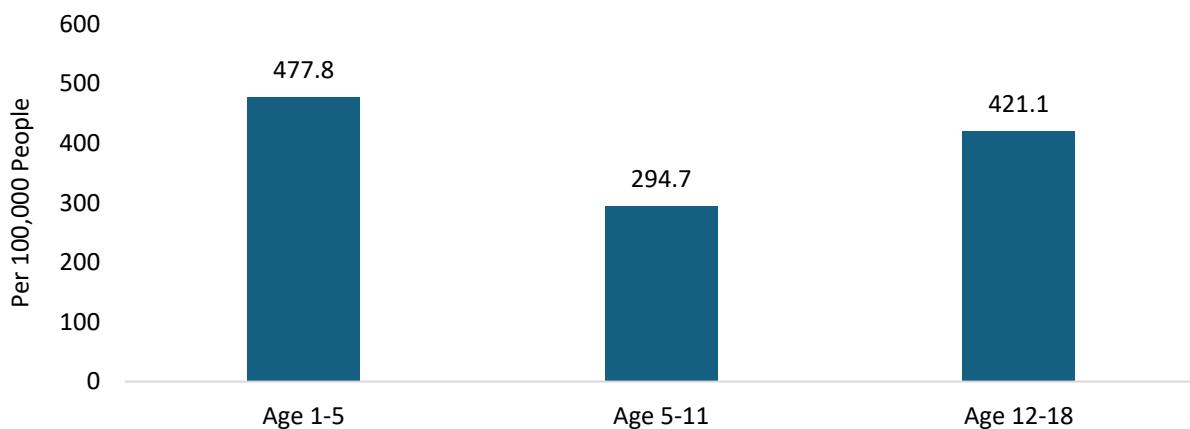
EXHIBIT 47: STUDENTS WHO CURRENTLY HAVE ASTHMA, 2014-2022



Source: FLHealthCHARTS, n.d.

Among younger children, asthma leads to a substantial number of emergency room visits, with over 1,025.3 visits among children under age five from 2021 to 2023.⁴⁷ During this period, asthma hospitalization rates were highest among youth ages 1–5 (477.8 per 100,000 people), followed by children ages 12-18 (421.1 per 100,000), and children ages 5–11 (294.7 per 100,000 people).

EXHIBIT 48: ASTHMA HOSPITALIZATIONS, RATE PER 100,000 PEOPLE, 2021-2023



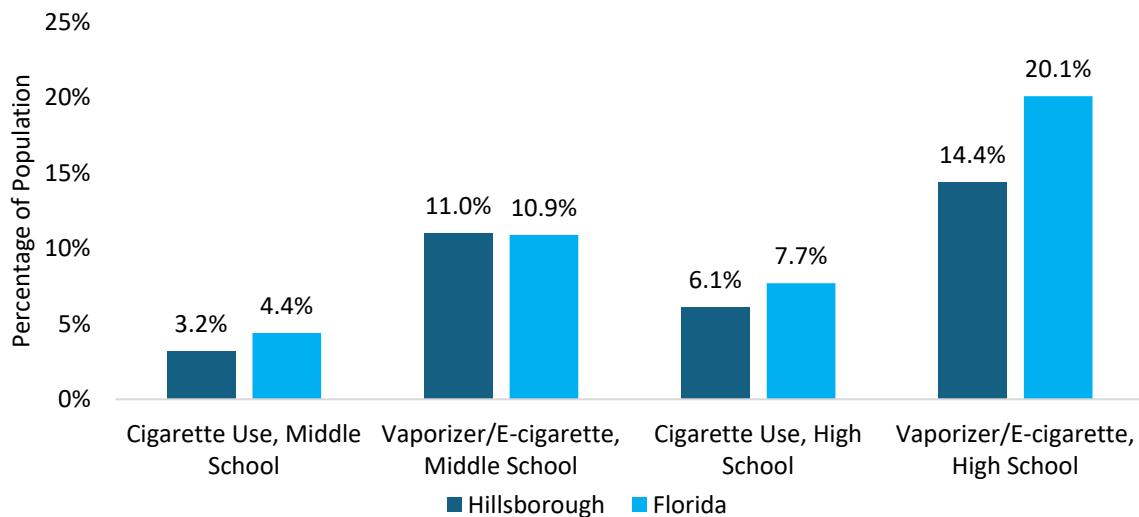
Source: FLHealthCHARTS, n.d.

Secondhand smoke exposure is another factor affecting youth respiratory health. In 2022, 57.1% of youth in Hillsborough County reported being exposed to secondhand smoke⁴⁸. Tobacco and nicotine use are also prevalent among local youth. Among middle school students, 3.2% reported cigarette use and 11.0% reported using vaporizers or e-cigarettes, both similar to the statewide averages. Among high school students, 6.1% reported cigarette use and 14.4% reported using vaporizers or e-cigarettes. These data suggest an ongoing need for public health efforts aimed at reducing exposure to respiratory irritants and preventing early use of tobacco and vaping products.

⁴⁷ FLHealthCHARTS, n.d. Asthma Hospitalizations, 2021-2023.

⁴⁸ FLHealthCHARTS, n.d. Florida Youth Tobacco Survey, 2022.

EXHIBIT 49: YOUTH WHO REPORTED HAVING USED CIGARETTES OR VAPORIZER/E-CIGARETTES IN THEIR LIFETIME, 2022



Source: Florida DCF, n.d. FYSAS, 2022.

Key Qualitative Findings

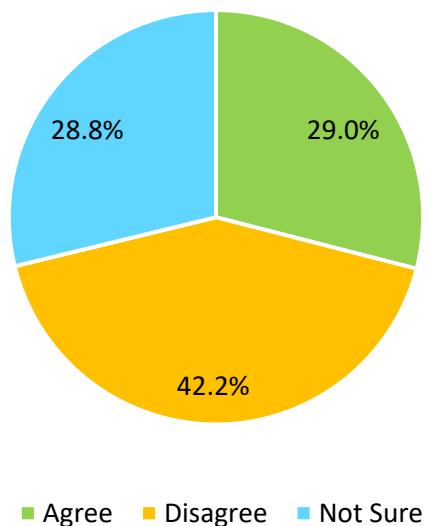
There was a lack of qualitative data related to respiratory diseases in Hillsborough County.

Key Community Survey Findings

This section presents the perceptions of survey respondents with children in the household regarding environmental and climate-related issues may impact their health, such as respiratory disease.

When asking survey respondents with children in their household about air quality in their community, nearly 29.0% of the respondents agreed that air pollution is a problem in their community, where 42.2% of respondents disagreed.

EXHIBIT 50: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY



Conclusion

The world has changed a lot over the past few years, and our children are struggling more now than ever as evident by the qualitative and quantitative data collected in the Community Health Needs Assessment.

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 for the youth population. Afterall, our children are our future.

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. Needs Prioritization

- a. Needs Prioritization Presentation
- b. Data Placemats

F. Community Partners and Committee Members

G. Bibliography