



2025 Community Health Needs Assessment

Hillsborough County

St. Joseph's Hospital

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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 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 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'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 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 a 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 , 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 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
(Mental Health
and Substance
Misuse)

Exercise,
Nutrition, and
Weight

Collaborative Achievements

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

CHNA Methodology

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

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

Each activity is described below in more detail.



Secondary Data provided a critical insight into 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, 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 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually. Qualitative summaries included in this report are based on the qualitative findings unless otherwise noted.

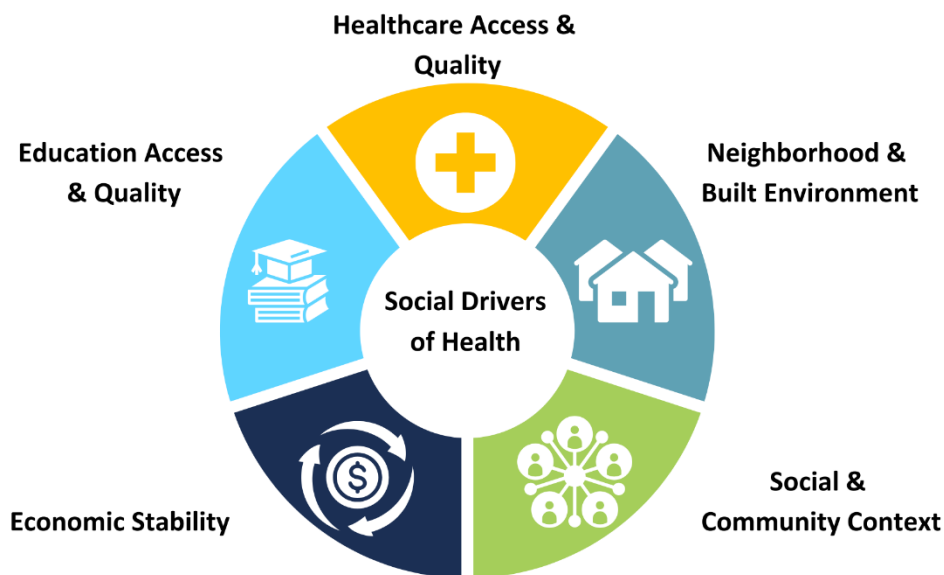
A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. A total of 3,592 responses were collected and analyzed. Survey responses are provided for Hillsborough County in this report.

The **Needs Prioritization Process** was conducted on March 18, 2025, with 92 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, community needs, and potential strategies. A survey using a modified Hanlon Method was used to prioritize the needs based on magnitude, severity, and feasibility of addressing the 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

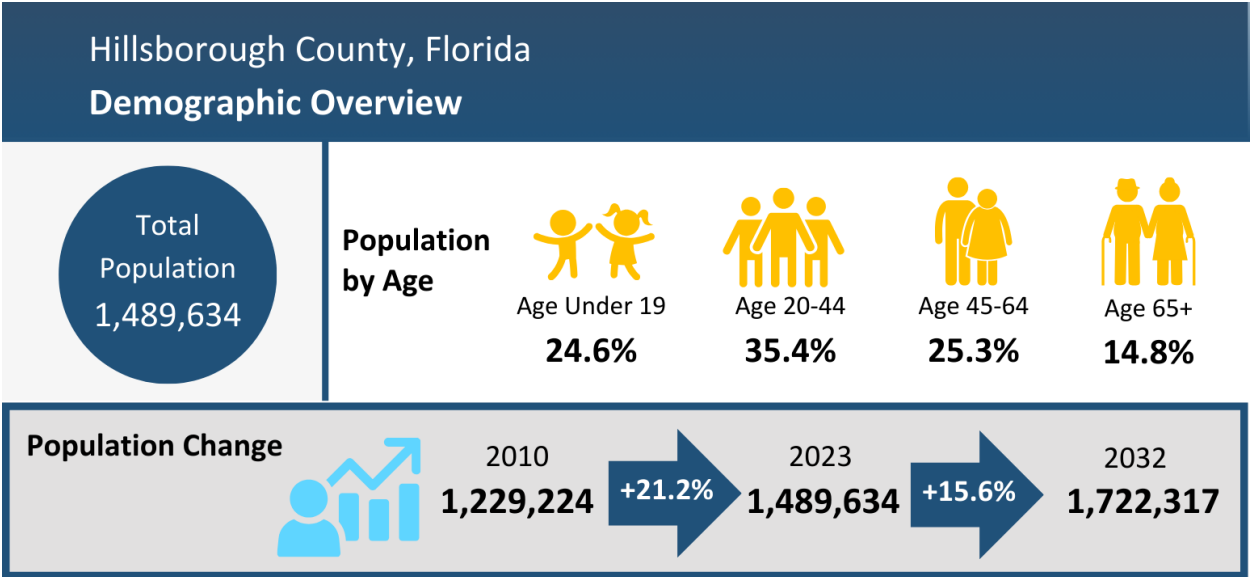
Healthy People 2030 sets data-driven national objectives to improve health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. The identified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

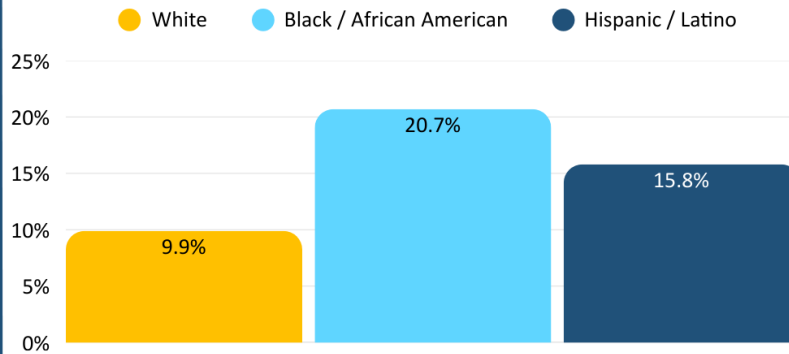
³ ODPHP, n.d. Social Determinants of Health.

Demographics

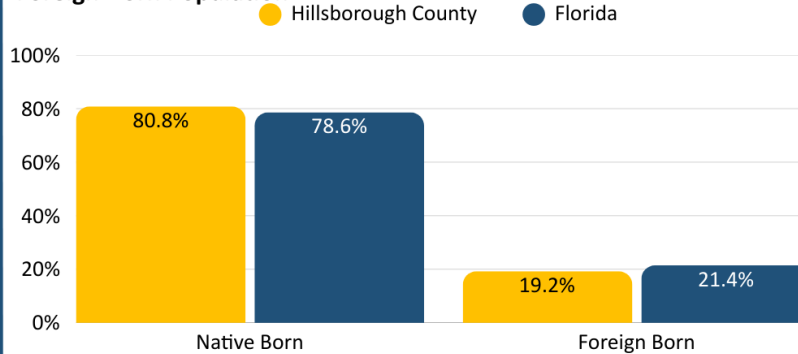


Hillsborough County, Florida Demographic Overview

Trend of Population Living in Poverty



Foreign-Born Population



Economic Wellbeing



Median Household
Income
\$75,011



Households Below
Poverty Level
14.1%



Unemployment Rate
4.5%



Households Receiving
SNAP Benefits
13.1%

Race / Ethnicity



29.7%
Hispanic /
Latino

54.8%
White

17.3%
Two or
More Races

16.4%
Black / African American

30.3%
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 Hillsborough County was analyzed, and eight community needs were identified.

On March 18, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents 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 92 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 eight community needs were identified.



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

Rank	Community Need	Score
1	Healthcare Access and Quality	7.84
2	Behavioral Health	9.11
3	Economic Stability	11.39
4	Exercise, Nutrition, and Weight	11.88
5	Neighborhood and Built Environment	15.97
6	Heart Disease and Stroke	16.89
7	Dental	17.39
8	Cancer	19.62

Healthcare Access and Quality

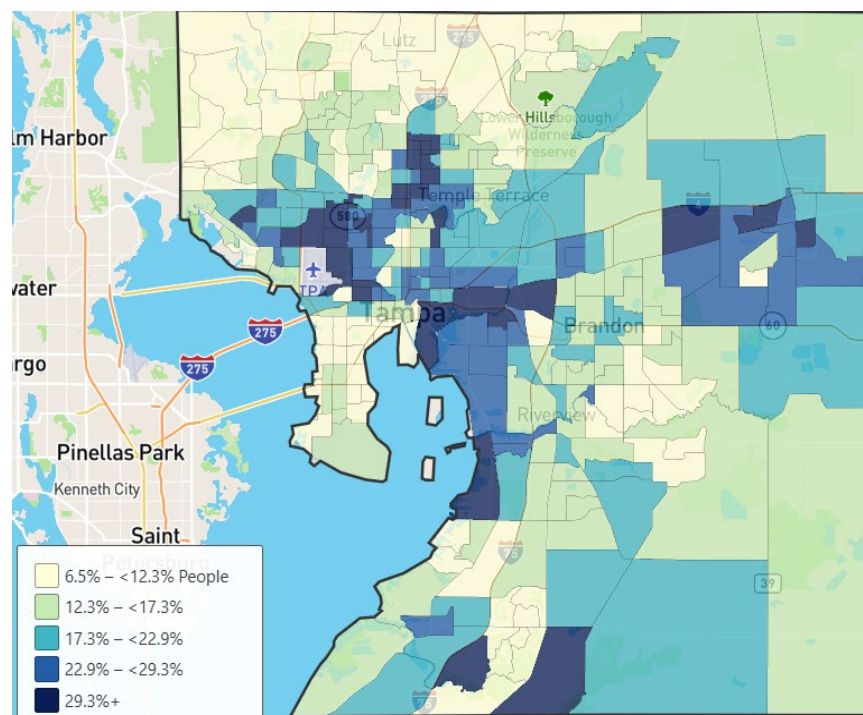
Healthcare Access and Quality is one of the five social determinants of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Increasing insurance coverage is essential to ensure more people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

ODPHP, n.d.

Key Secondary Data Findings

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 Hillsborough County, 13.1% of the total population do not have health insurance. Approximately one in six (16.1%) of adults aged 19 to 64 years do not have health insurance (Exhibit 2). The darker the blue regions in the map below, the greater the percentage of uninsured.

EXHIBIT 2: LACK OF HEALTH INSURANCE AMONG ADULTS, 2022

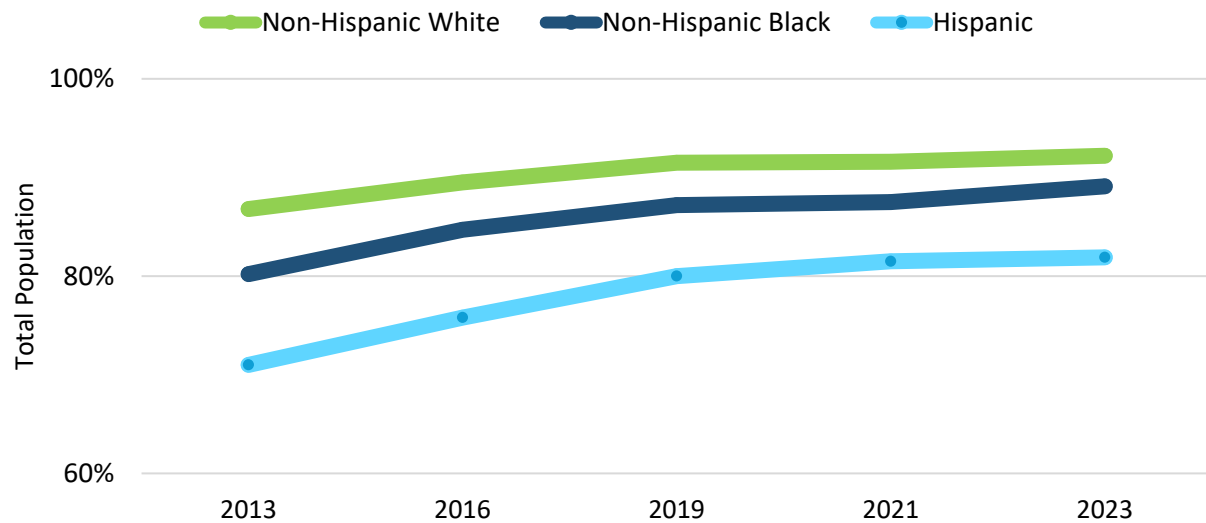


Source: CDC, n.d. BRFSS Places, 2022.

⁴Taber et al., 2015.

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

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



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

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>.

Hillsborough County has a provider shortage of a variety of types of providers. Hillsborough County has fewer dentists and mental health providers than the state, and limited access to OB/GYNs, with one provider for every 2,736 residents.

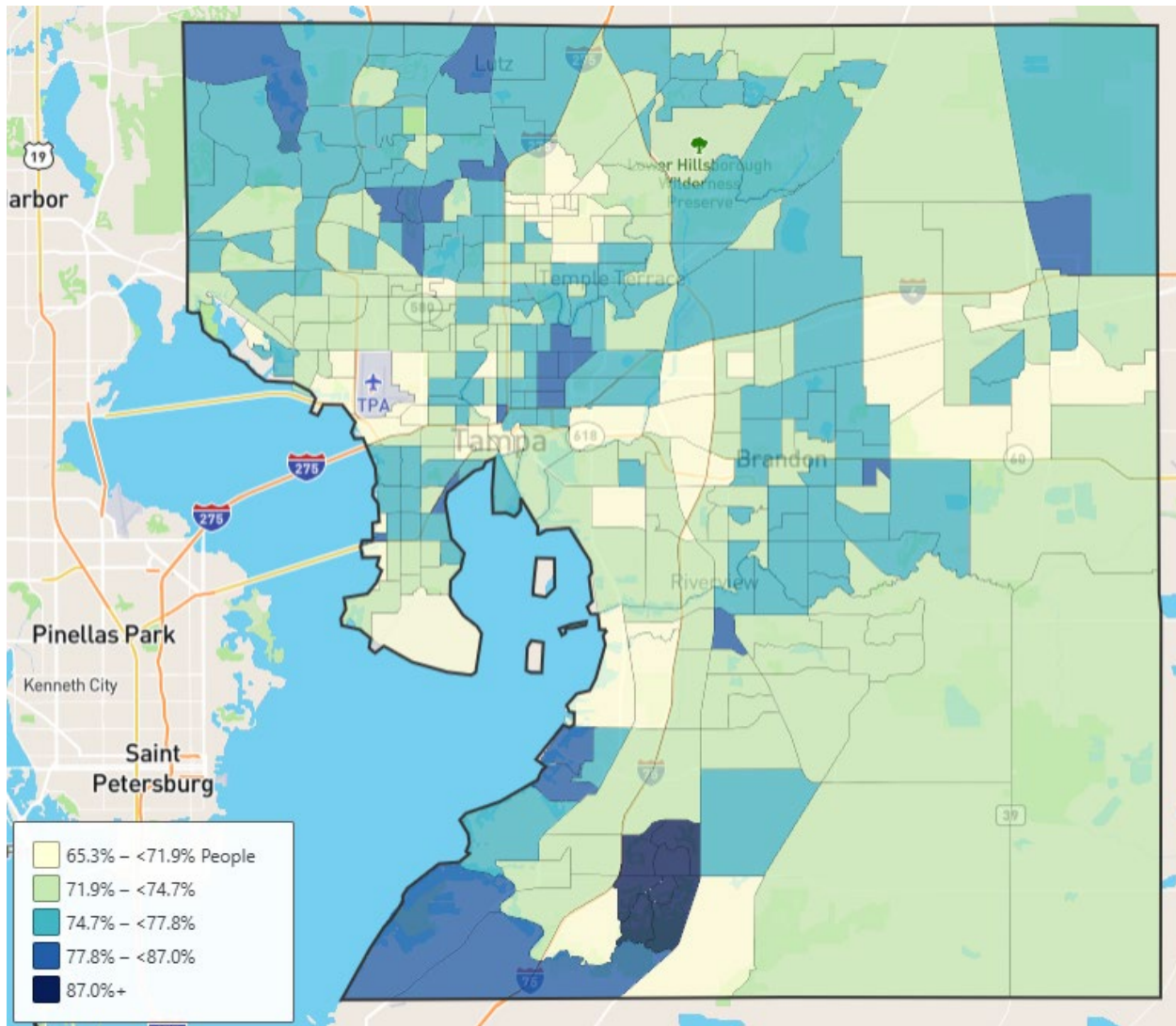
EXHIBIT 4: HEALTHCARE PROVIDER RATIOS (PEOPLE PER PROVIDER), 2024

	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
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.

According to CDC data, in Hillsborough County, 74.5% of adults received a medical checkup in 2022.⁶ The percentage of adults varies across the census tracts in the county. There are parts of the county where nearly one in three adults did not see a doctor for a checkup in the past year as shown in the darker blue regions on the map (Exhibit 5).

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



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

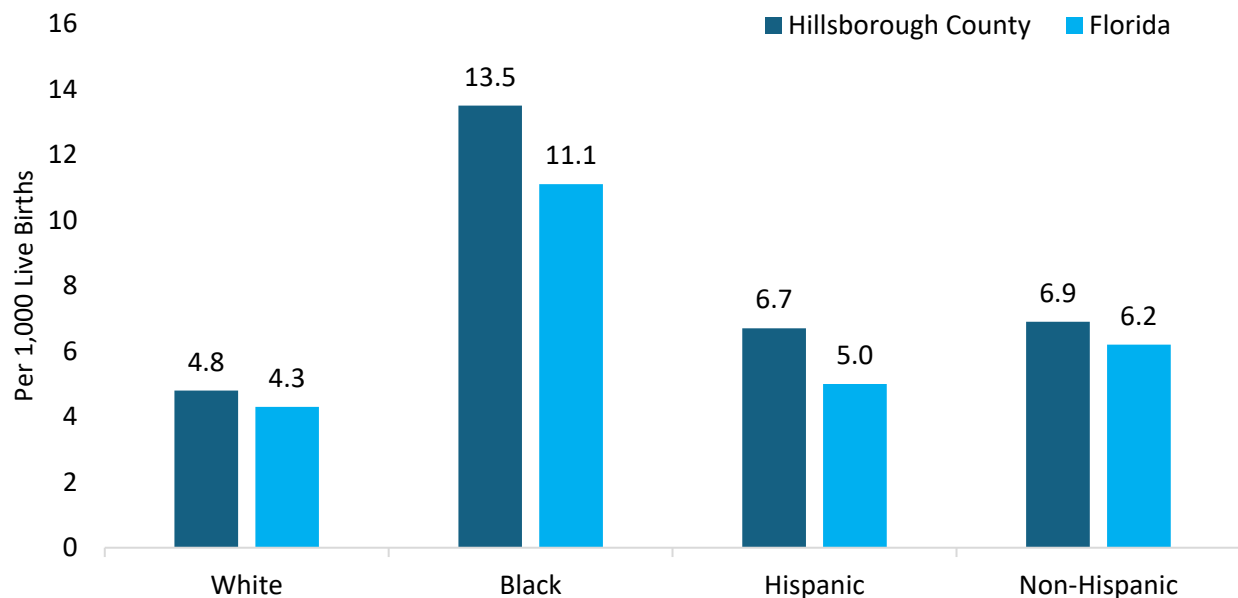
⁶ CDC, n.d. BRFSS Places, 2022.

Much of Hillsborough 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.⁷

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.⁸

In Hillsborough County and the state of Florida, infant mortality rates are higher among Black and non-Hispanic populations compared to White and Hispanic populations. 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.⁹

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



Source: FLHealthCHARTS, n.d.

⁷ HRSA, n.d., Health Provider Shortage Areas.

⁸ ODPHP, n.d. Pregnancy and Childbirth.

⁹ CDC. 2024. Infant Mortality.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.¹⁰ 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 Hillsborough approach state averages, the data shows that there are differences in access to timely prenatal care across racial and ethnic groups (Exhibit 7).

EXHIBIT 7: 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%

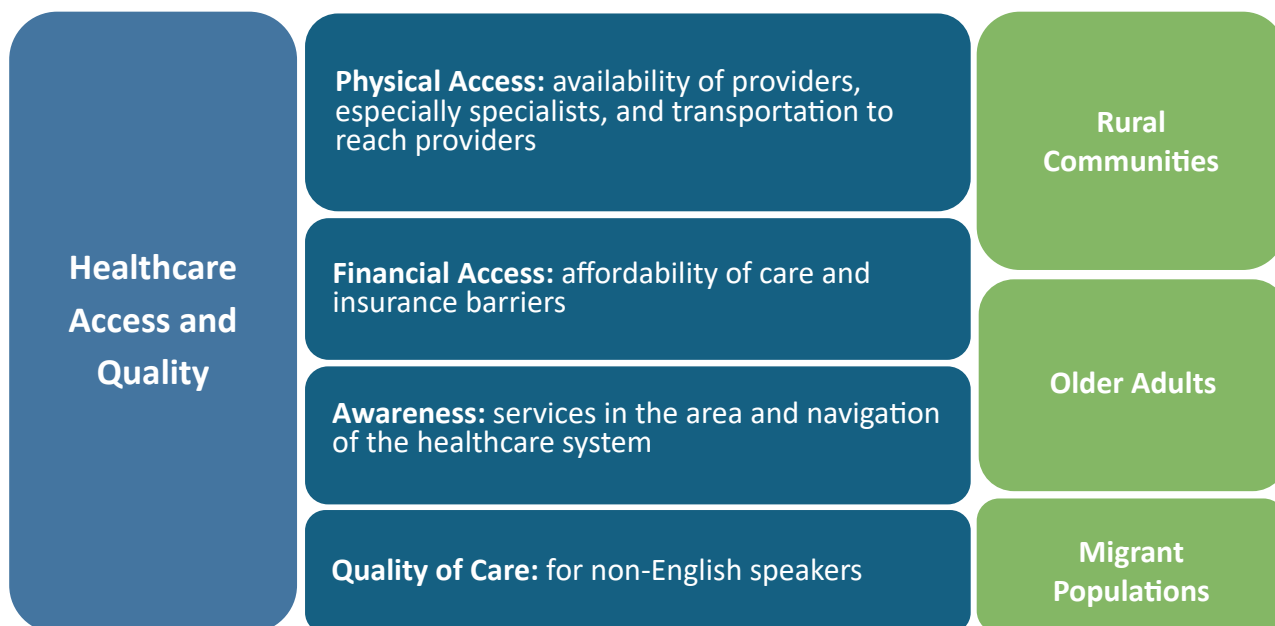
Source: FLHealthCHARTS, n.d.

¹⁰ 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.



Focus group and stakeholder interview participants noted that community members in Hillsborough County are struggling to access quality healthcare. They identified limited transportation and a shortage of specialists and primary care providers as the most significant barriers to accessing care. Participants also shared that bilingual providers are needed, as well as community care workers or case managers to help individuals navigate the healthcare system, which can be complex and confusing for some residents.

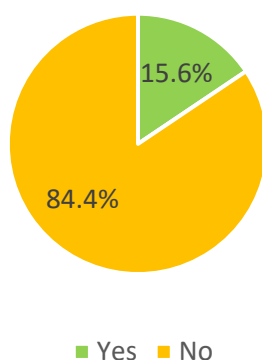
“Florida is the largest state for Affordable Care Act enrollment. And when the increased subsidies expire at the end of 2025, I fear we are going to be back in a worse situation with the number of people who are uninsured. And Hillsborough County might even lead, it's either first or second in the state for the number of ACA enrollees too. So it's not just the statewide level, but it's certainly going to be impacting us here potentially, unless some of those get extended.” – Stakeholder Interview

Key Community Survey Findings

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

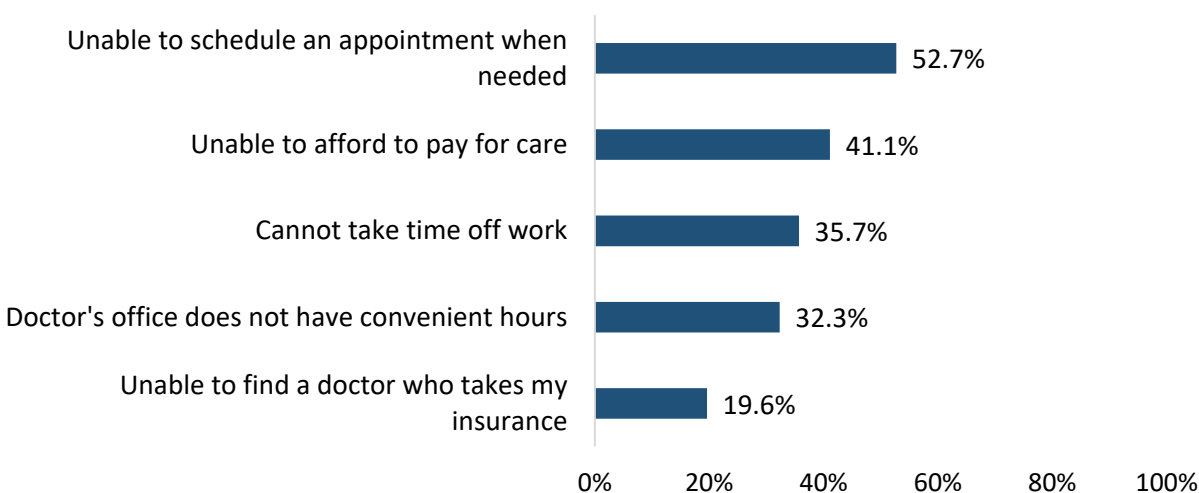
When asking respondents about their medical care access, 15.6% of the respondents reported in the past 12 months that they needed medical care but did not get it.

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 for not getting the care needed are due to being unable to schedule an appointment (52.7%), unable to pay for care (41.1%), cannot take time off work (35.7%), doctor's office does not have convenient hours (32.3%), and unable to find a doctor who takes my insurance (19.6%).

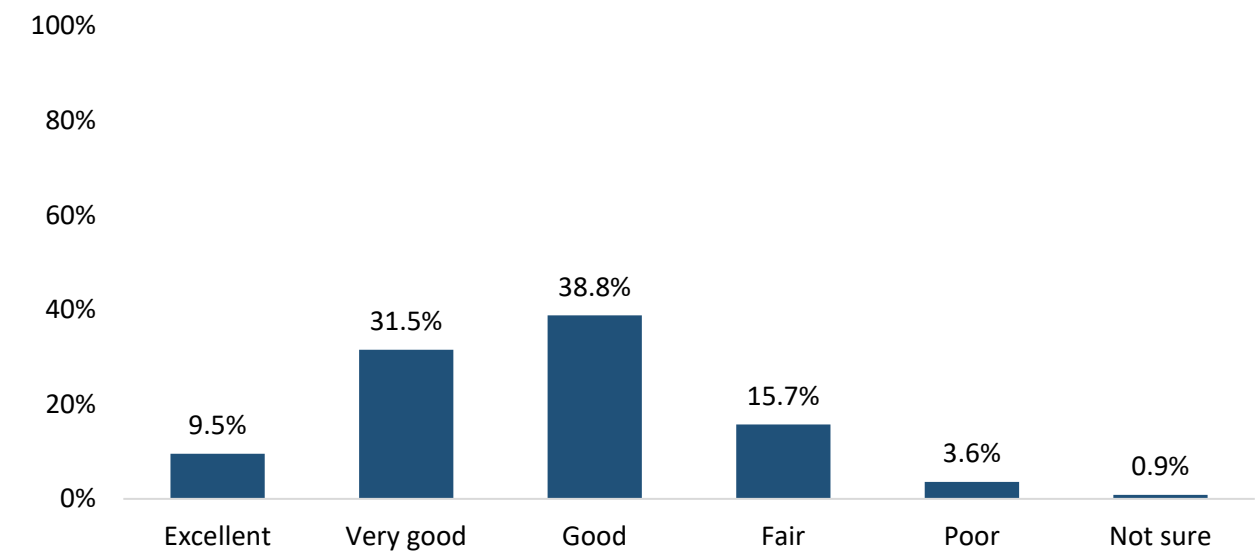
EXHIBIT 9: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?¹¹



¹¹ For complete list, please refer to the appendix.

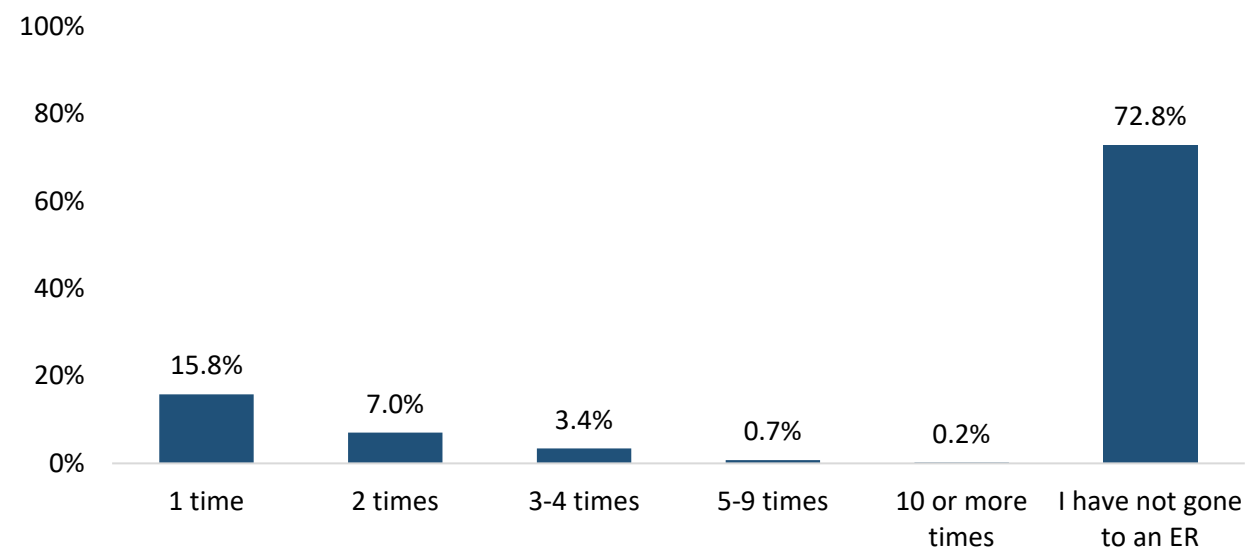
Two in five (41.0%) of respondents said their own personal health was excellent or very good. Another 40.0% of respondents reported their personal health was good. Nearly one in five (19.3%) of respondents said their own health was either fair or poor.

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



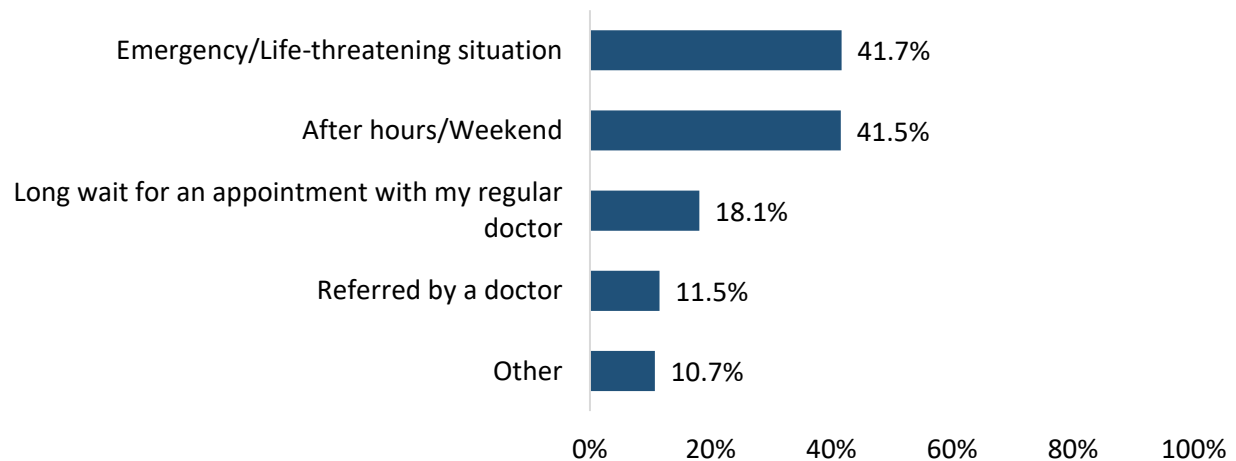
Almost 23.0% of respondents went to the ER one to two times in the past 12 months. Over 3.0% of respondents went to the emergency room three to four times, and nearly 1.0% of the respondents went to the emergency room five or more times.

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



Nearly half of the respondents went to the emergency room (ER) instead of the doctor's office because of emergency or life-threatening situations (41.7%) or because their health issue occurred after hours or on the weekend (41.5%).

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



Behavioral Health

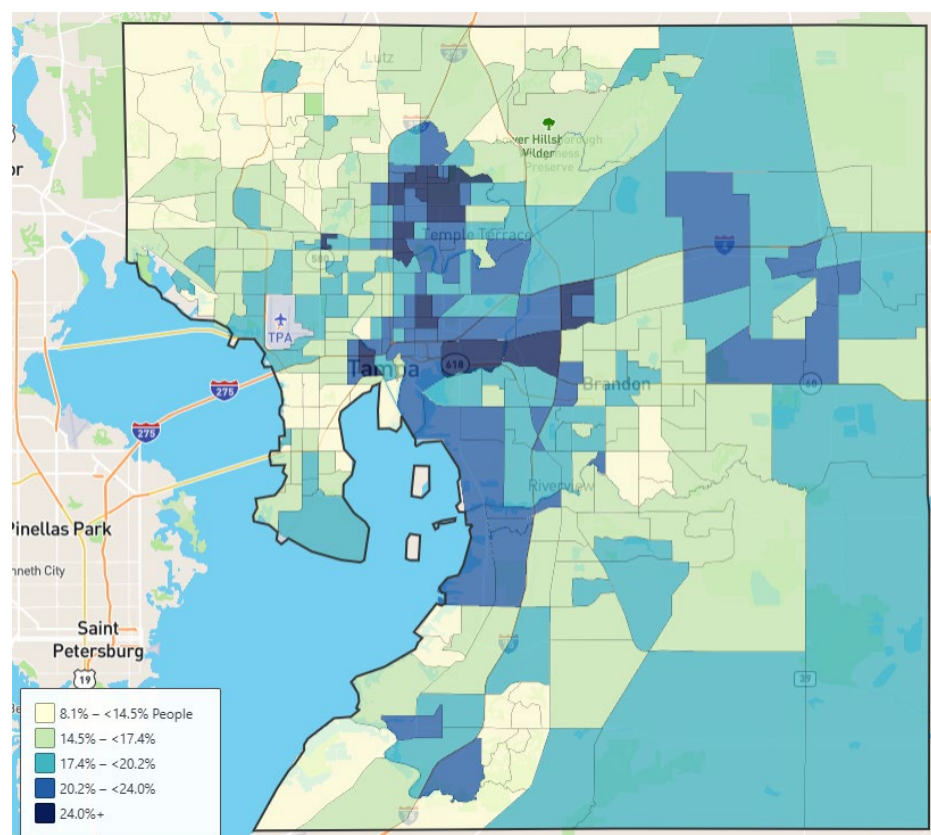
Behavioral Health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's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

NIMH, 2024.

Key Secondary Data Findings

In Hillsborough County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.8% of adults reported 14 or more mentally unhealthy days in the past month (Exhibit 13). This rate reflects elevated stress, anxiety, and depressive symptoms that can interfere with daily functioning and quality of life.¹²

EXHIBIT 13: POOR MENTAL HEALTH AMONG ADULTS, 2022



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

¹² CDC, 2024. About Behavioral Health.

In Hillsborough County, binge drinking is also a growing concern among adults. The adult binge drinking rate in Hillsborough County (19.0%) is higher 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.¹³

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.¹⁴

EXHIBIT 14: MENTAL HEALTH PROVIDER RATIO, 2024

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

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



1 in 4 adults

In Hillsborough 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

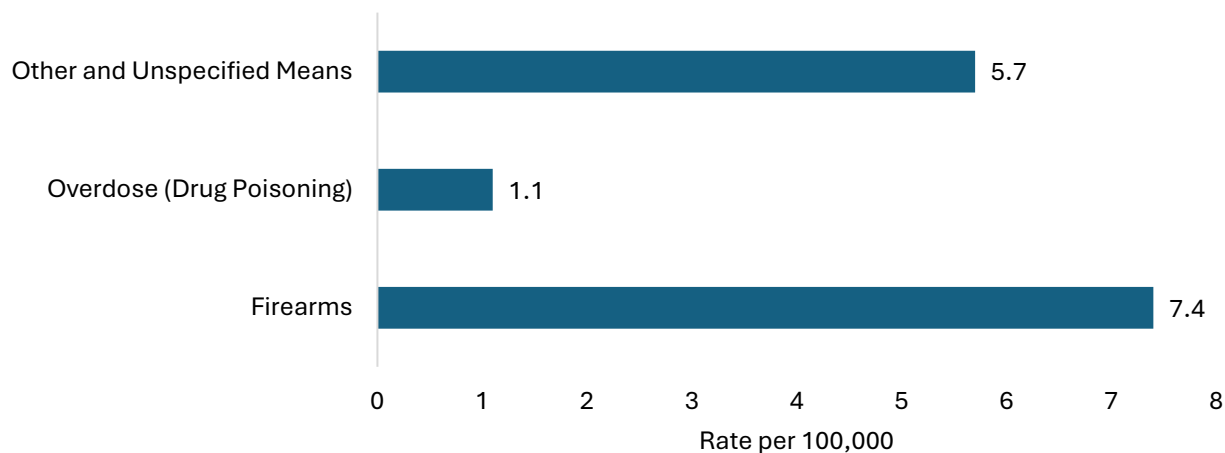
Source: CDC BRFSS, 2024

¹³ NIAA, 2025. What is Binge Drinking?

¹⁴ ODPHP, n.d. Access to Health Services.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023, Hillsborough County had a suicide rate of 14.2 per 100,000 people when combining all methods. Notably, firearms were the most common method, with a rate of 7.4 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support, and safe storage of lethal means.

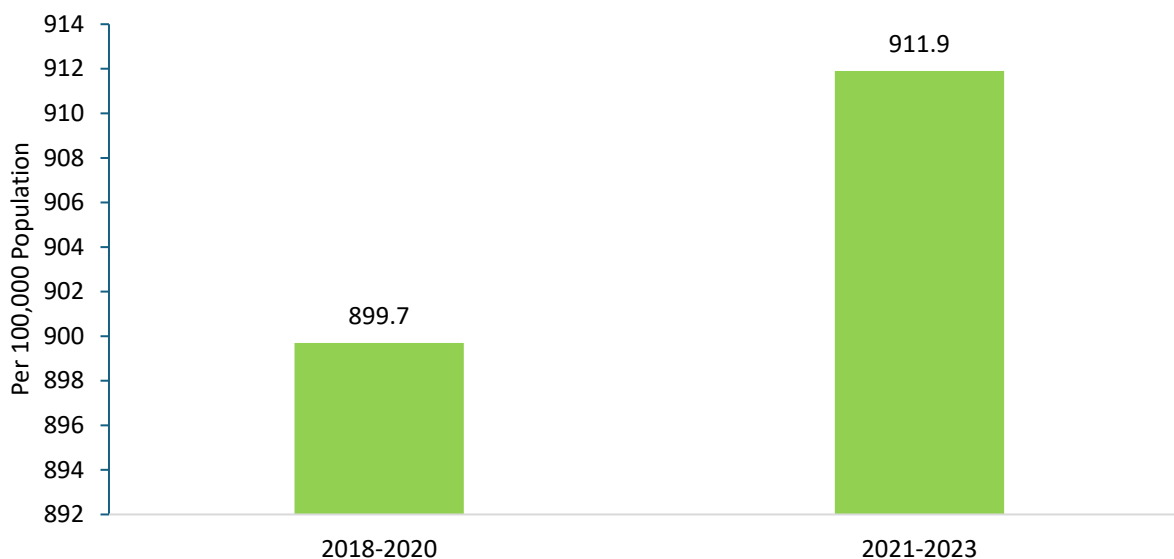
EXHIBIT 15: SUICIDE RATE BY MEANS PER 100,000 POPULATION, 2021-2023



Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Hillsborough County, hospitalizations due to mental health disorders occurred at a rate of 650.1 per 100,000 population, significantly below the state average of 963.2.¹⁵ The county also reported a rate of 911.9 emergency department visits per 100,000 population for mental health conditions, reflecting an ongoing demand for crisis services (Exhibit 16).

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



Source: FLHealthCHARTS, n.d.

¹⁵ FLHealthCHARTS, n.d. Hospitalizations 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.



Participants reported that mental health services, especially for youth, are needed in Hillsborough County. They identified both physical and financial barriers that prevent individuals from receiving much needed services, especially for substance use treatment. When considering the behavioral health stigma in the community, participants often shared that it dissuades people seek needed treatment for behavioral or mental health issues. While this impacts all populations, participants shared that veterans and unhoused individuals face more stigma-based barriers than other populations in Hillsborough County.

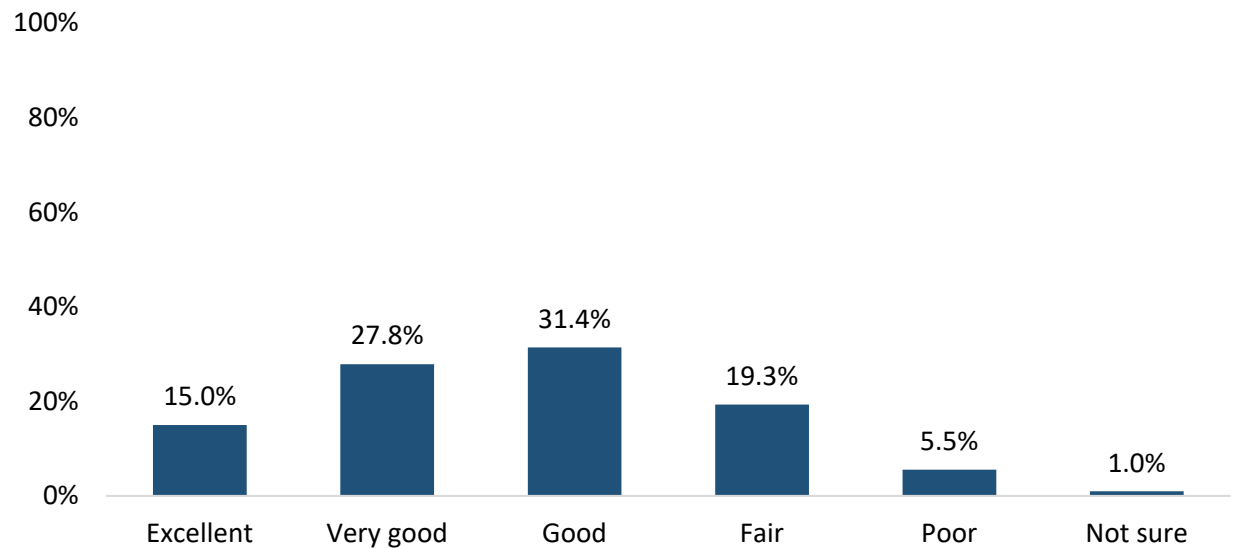
“We know the science of trauma and brain development of young kids. The social determinants of health and situational trauma can very much impact the development of children. We don’t see any services in our communities to make sure our kids don’t end up in the gutter. It’s really important to have services to help our children.” – 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.¹⁶ Such experiences are known to impact long-term mental and physical health outcomes.¹⁷

Two in five of the respondents said their own mental health was either excellent or very good (42.8%). About one-third (31.4%) of respondents rated their mental health as good. Nearly one in four respondents said their mental health was either fair or poor (24.8%).

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

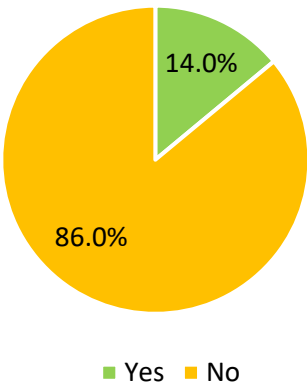


¹⁶ CDC, 2024. About Adverse Childhood Experiences.

¹⁷ Monnat & Chandler, 2016.

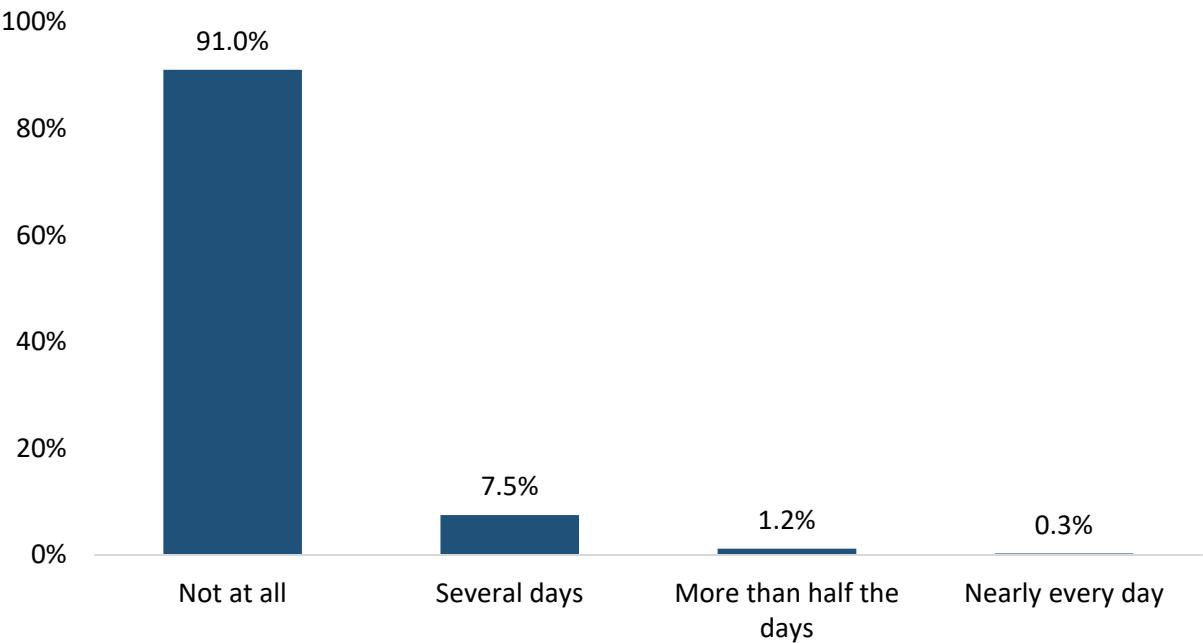
In the past 12 months, 14.0% of respondents said they needed mental healthcare but did not get the care they needed.

EXHIBIT 18: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTHCARE BUT DID NOT GET THE CARE YOU NEEDED?



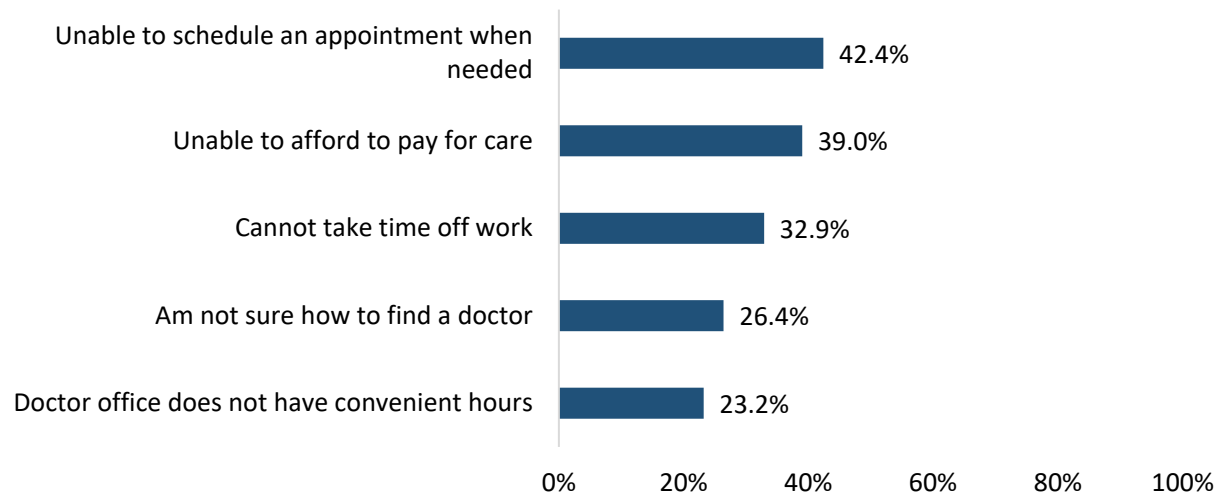
When asked about self-harm and suicidal thoughts, 91.0% of survey respondents reported never having these thoughts in the past 12 months. About 7.5% indicated experiencing such thoughts several days a month, while 1.5% reported having them more than half the days or nearly every day.

EXHIBIT 19: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAYS?



The top five reasons that prevent respondents getting the care they needed were unable to schedule an appointment when needed (42.4%), unable to afford to pay for care (39.0%), cannot take time off work (32.9%), not sure how to find a doctor (26.4%), and doctor's office does not have convenient hours (23.2%).

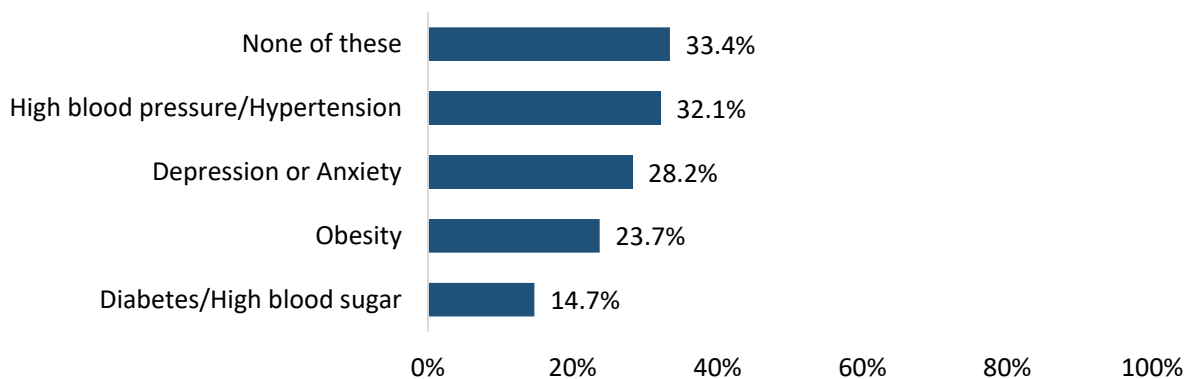
EXHIBIT 20: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?¹⁸



¹⁸ For complete list, please refer to the appendix.

Among survey respondents, 28.2% reported being told by either a doctor or other medical providers that they have depression or anxiety.

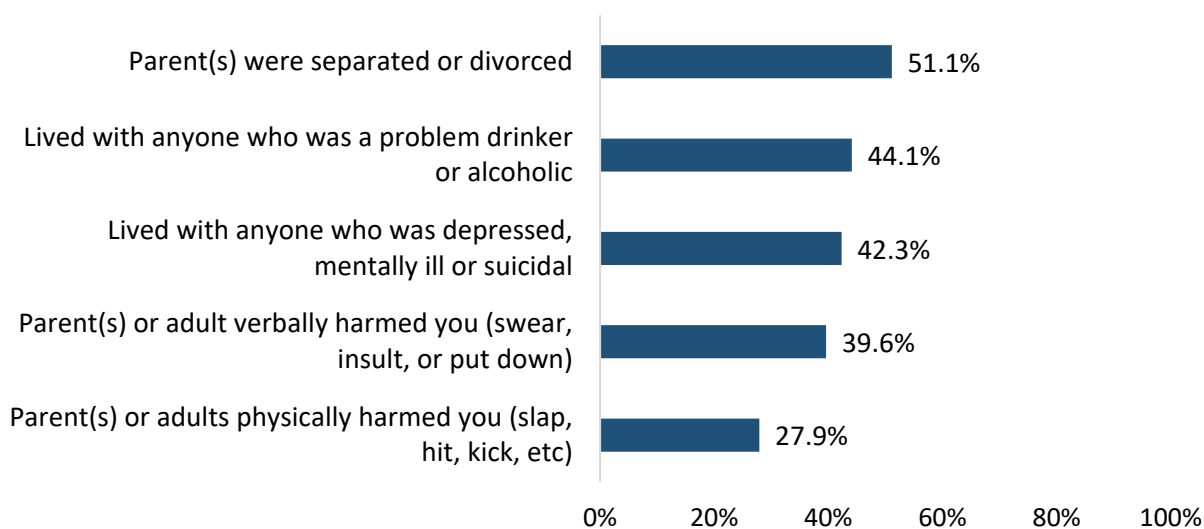
EXHIBIT 21: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?



In Hillsborough County, 16.0% of respondents reported they had experienced four or more ACEs before the age of 18.

Exhibit 22 presents the percentage of respondents who reported experiencing at least one ACE during childhood. More than half (51.1%) indicated that their parents were divorced or separated. Nearly half reported living with someone who was a problem drinker or alcoholic (44.1%), or with someone who was depressed, mentally ill, or suicidal (42.3%). Additionally, nearly 40.0% of respondents said they were verbally harmed by a parent, and almost 30.0% reported experiencing physical harm by a parent before the age of 18.

EXHIBIT 22: EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18¹⁹



¹⁹ For complete list, please refer to the appendix

Economic Stability

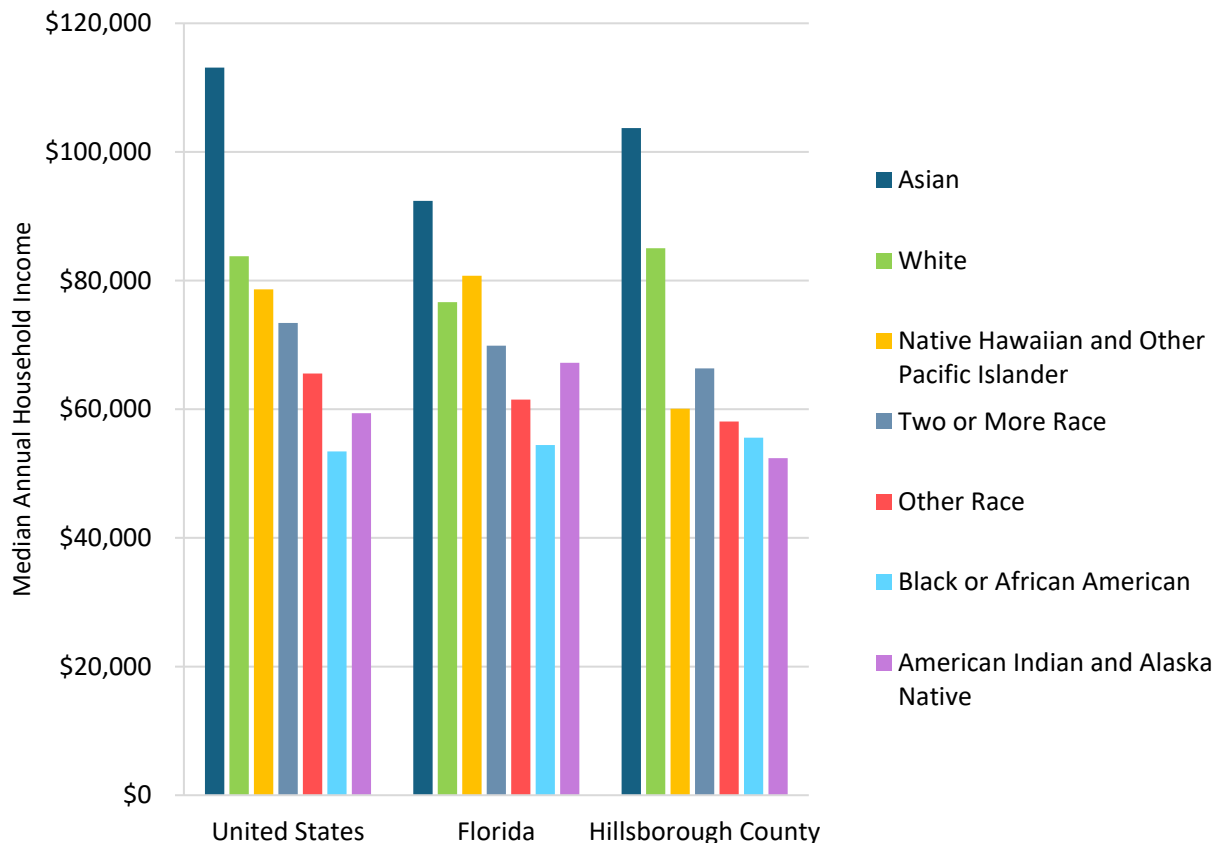
Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access 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 Hillsborough County, the median household income is \$75,011 annually, compared to Florida's \$71,711 median household income and United States median household income of \$78,538.²⁰

EXHIBIT 23: MEDIAN HOUSEHOLD INCOME, BY RACE, 2019-2023

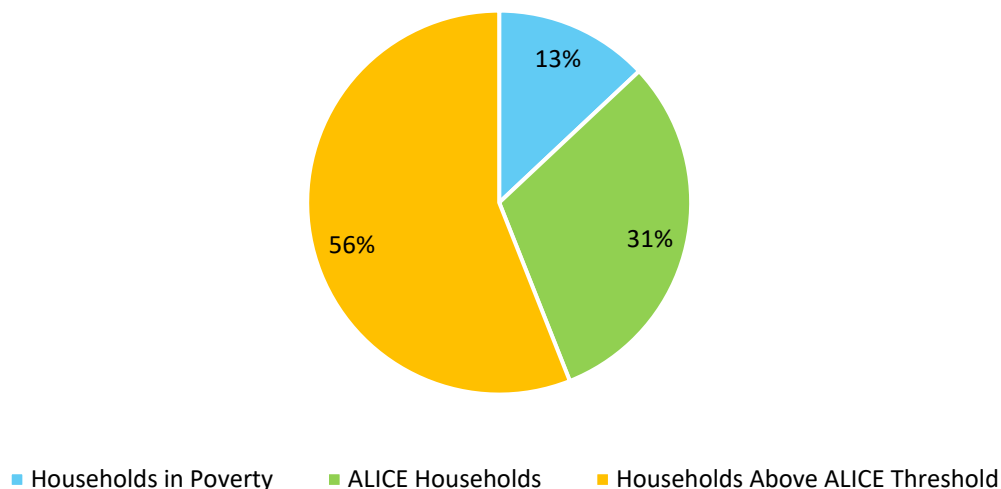


Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023

²⁰ U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

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%).²¹ However, traditional poverty metrics often under count those struggling to meet basic needs.²²

EXHIBIT 24: TRENDS IN HOUSEHOLD INCOME STATUS IN HILLSBOROUGH COUNTY, 2022



Source: United Way, n.d., 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.²³ In Hillsborough County, 31.0% of households are ALICE households.

²¹ U.S. Census Bureau, n.d. American Community Survey, 2019-2023

²² Kilduff (PRB), 2022.

²³ United for ALICE, n.d. About Us - Meet ALICE.

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%²⁴ of low-income households currently spend 50.0% or more of their income on housing costs alone.²⁵

Additionally, the median home value²⁶ in Hillsborough County is \$333,300²⁷ slightly higher than the state median of \$325,000 – which can still be out of reach for many working families. The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Hillsborough County residents.

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%).²⁸ Limited connectivity can disproportionately impact rural communities, low-income families, and older adults.²⁹



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

\$35.60 per hour

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

Source: NLIHC, 2024

²⁴ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

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

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

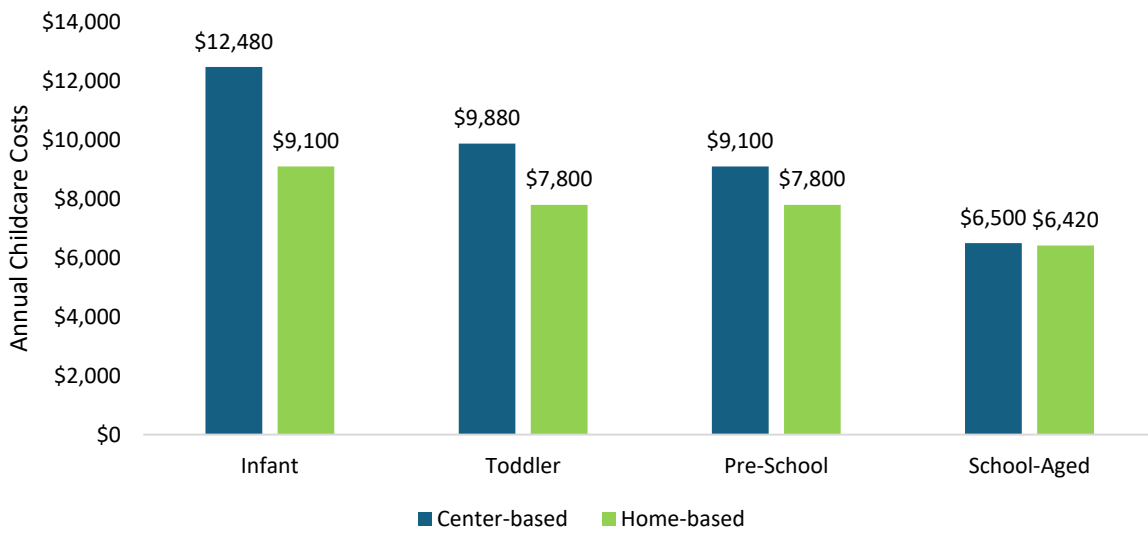
²⁷ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

²⁸ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

²⁹ Turcios (SAMHSA), 2023.

Childcare remains a critical yet costly need for working families in Hillsborough County. Center-based infant care costs \$12,480 annually, with home-based options having a cost of \$9,100 annually. Although childcare costs decline with age, even school-aged care costs \$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.

EXHIBIT 25: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022



Source: Women’s Bureau, 2025. The Price of Childcare by County, 2022.

To put this in context, the median household income in Hillsborough County is \$75,011.³⁰ A family spending approximately \$22,212 per year on housing³¹ and \$9,100 on infant childcare³² would be left with just \$43,699 for all other essentials, including food, transportation, healthcare, utilities, and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families.

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

³⁰ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

³¹ NLIHC, 2024. Out of Reach: Florida

³² Women’s Bureau, 2025. The Price of Childcare by County, 2022.

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.



Economic stability was at the root of many issues that participants discussed in focus groups and stakeholder interviews. The affordable housing crisis is leading to increased levels of homelessness, including among veterans and seniors. With rising housing costs, community members have less money to spend on other basic needs, such as food, healthcare, transportation, and childcare. Families are often impacted by financial hardships.

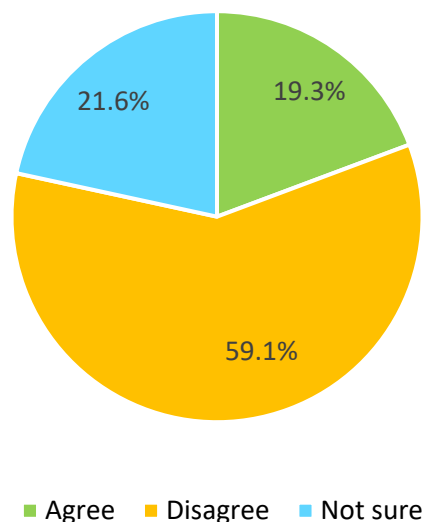
“When I think of how you define health, I think economic stability. We need some stability and we’re not seeing that. I see a lot of people challenged with economics. Most people who come through our facility work full-time or sometimes two jobs and still can’t make ends meet.” – Stakeholder Interview

Key Community Survey Findings

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

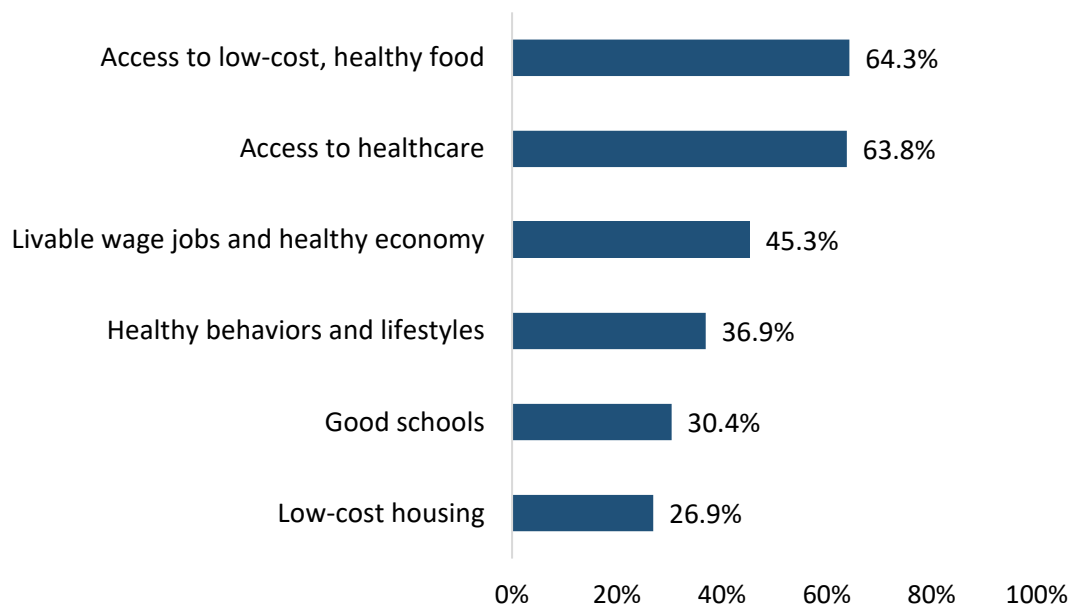
Exhibits 27 through 30 presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement *"There are plenty of livable wage jobs available,"* nearly 59.1% of respondents disagreed.

EXHIBIT 26: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



Nearly half of the respondents (45.3%) identified livable wage jobs and a healthy economy as one of the most important areas to address to improve the quality of life in the community. This issue also ranked among the top five priorities. Additionally, 26.9% of respondents indicated that access to low-cost housing is another important issue that needs attention. Moreover, access to low-cost, healthy food (64.3%), access to healthcare (63.8%), livable wage jobs and healthy economy (45.3%) are ranked by respondents as the top three most important factors to improve the quality of life in the community.

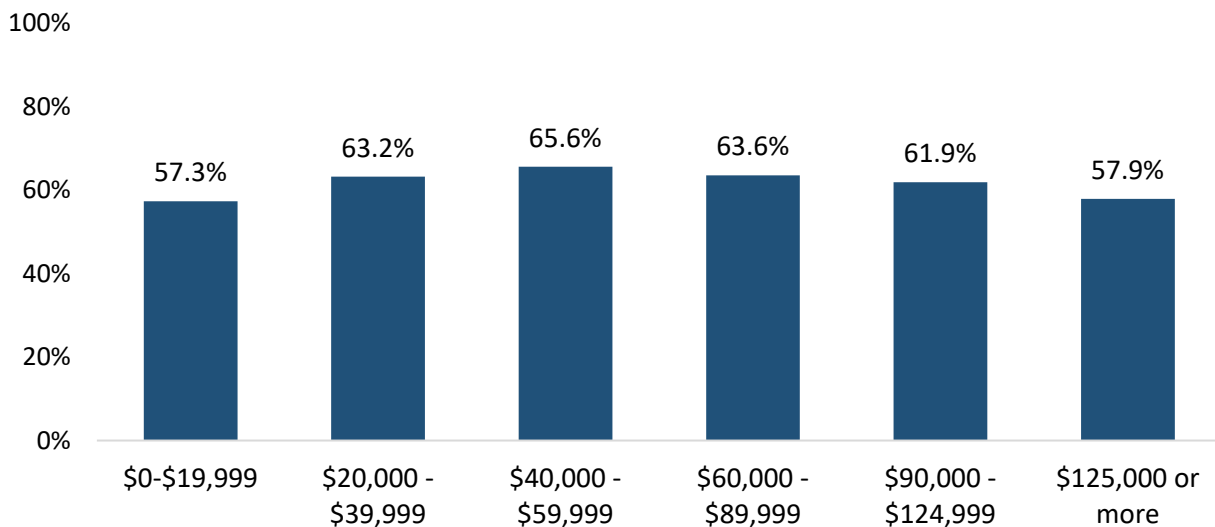
EXHIBIT 27: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?³³



³³ The top five most important factors along with “low-cost housing” are presented in the exhibit. For complete list, please refer to the appendix.

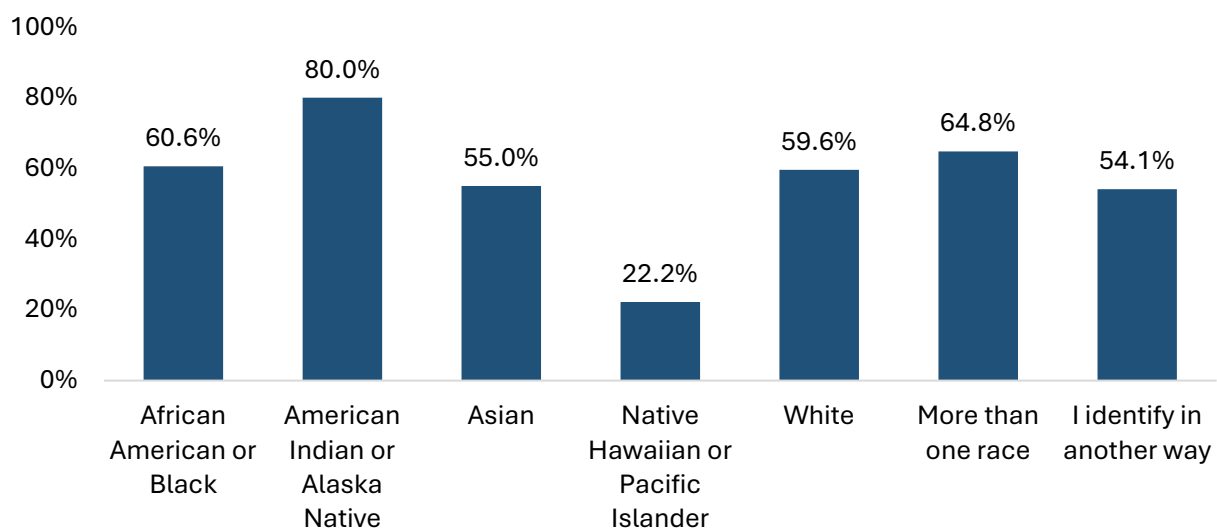
Across all income brackets, more than half of respondents expressed disagreement that there are livable wage jobs available. Respondents with household income between \$40,000 - \$59,999 expressed the highest level of disagreement with the statement (65.6%), followed by respondents with household income between \$60,000 - \$89,999 (63.6%).

EXHIBIT 28: DISAGREE BY INCOME--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM



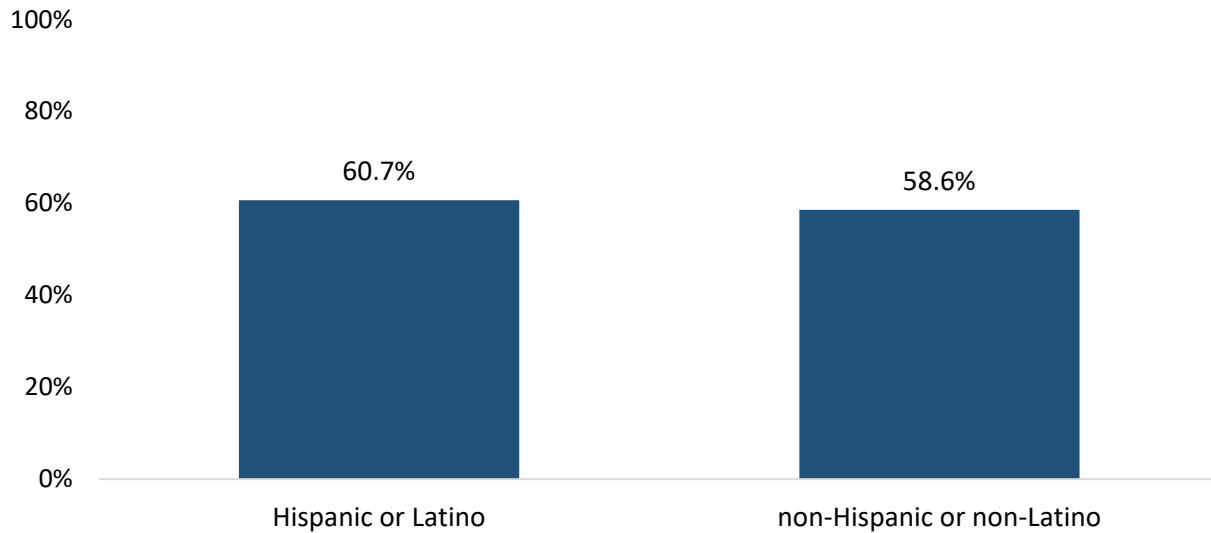
A majority of respondents from each racial group disagreed with the statement, with 80.0% of African American or Black respondents expressing disagreement, the highest among all groups, followed by individuals identifying as multiracial (64.8%).

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



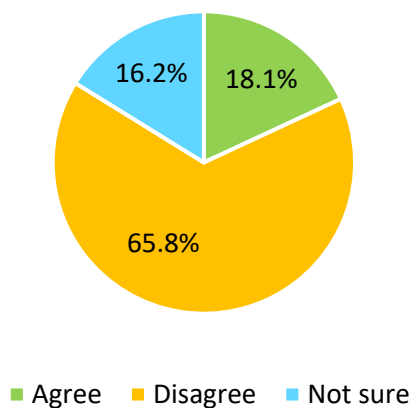
More than 60.0% of respondents who are Hispanic or Latino disagreed with the statement and 58.6% of non-Hispanic or Latino respondents disagreed with the statement.

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



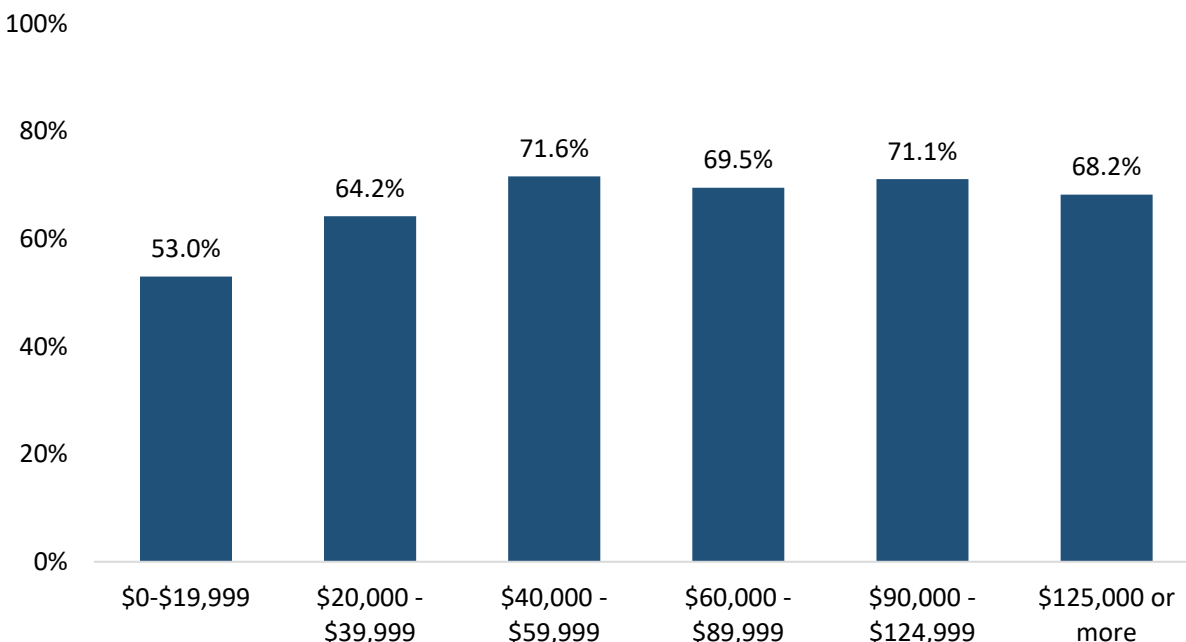
Exhibits 31 through 34 presents respondents' opinions on the affordable place to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 65.8% of respondents disagreed.

EXHIBIT 31: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



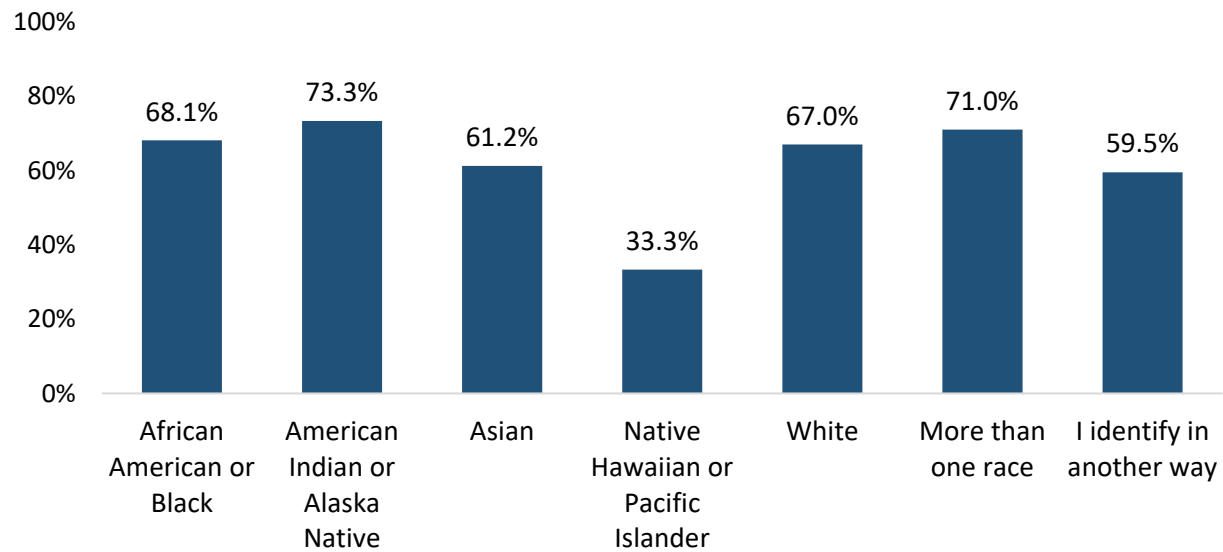
Across all income brackets, more than half of respondents expressed disagreement with the statement "There are affordable places to live in my community." Respondents with household income between \$40,000 - \$59,999 expressed the highest level of disagreement (71.6%), followed by respondents with household income between \$90,000 - \$124,999 (71.1%).

EXHIBIT 32: DISAGREE BY INCOME--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



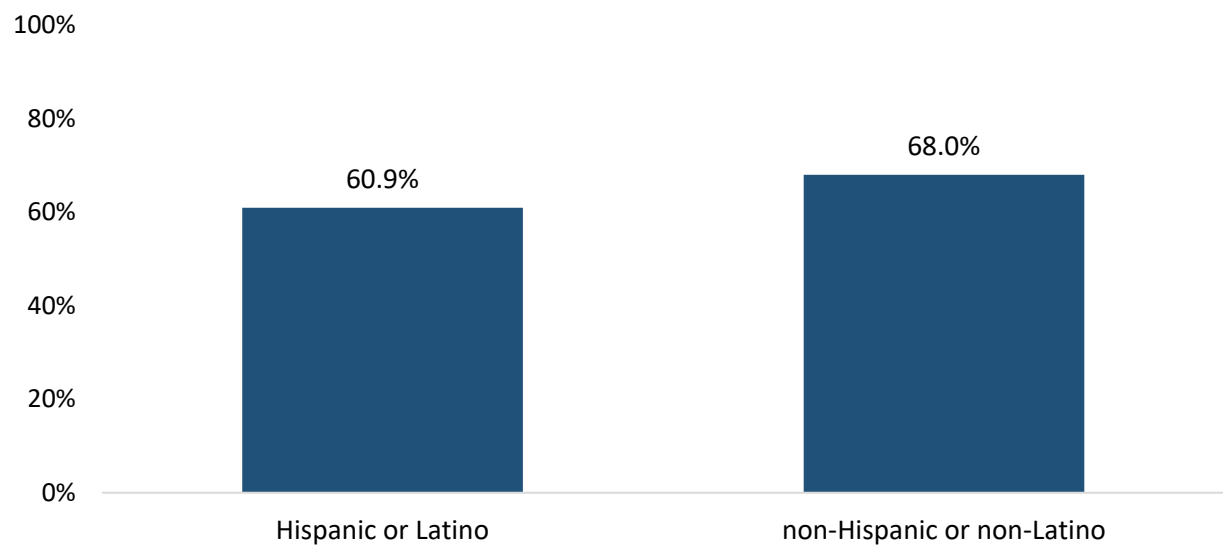
A majority of respondents from each racial group disagreed, with 73.3% of American Indian or Alaska Native respondents expressing disagreement, the highest among all groups, followed by multiracial respondents (71.0%).

EXHIBIT 33: DISAGREE BY RACE--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY



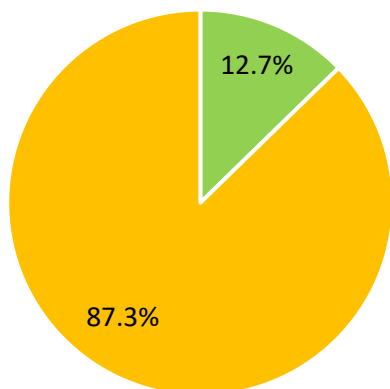
Additionally, more than 60.0% of respondents who are Hispanic disagreed with the statement (60.9%), and 68.0% of respondents who are none-Hispanic expressing disagreement.

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



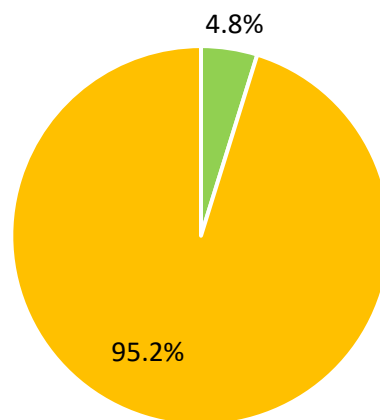
Exhibits 35 and 36 present a series of questions related to housing security. Approximately 12.7% of respondents reported being worried or concerned that they might not have a stable place to stay in the next two months. Additionally, 4.8% of respondents stated that, in the past 12 months, utility companies had shut off their services due to unpaid bills.

EXHIBIT 35: 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 36: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?



■ Yes ■ No

Exercise, Nutrition, and Weight

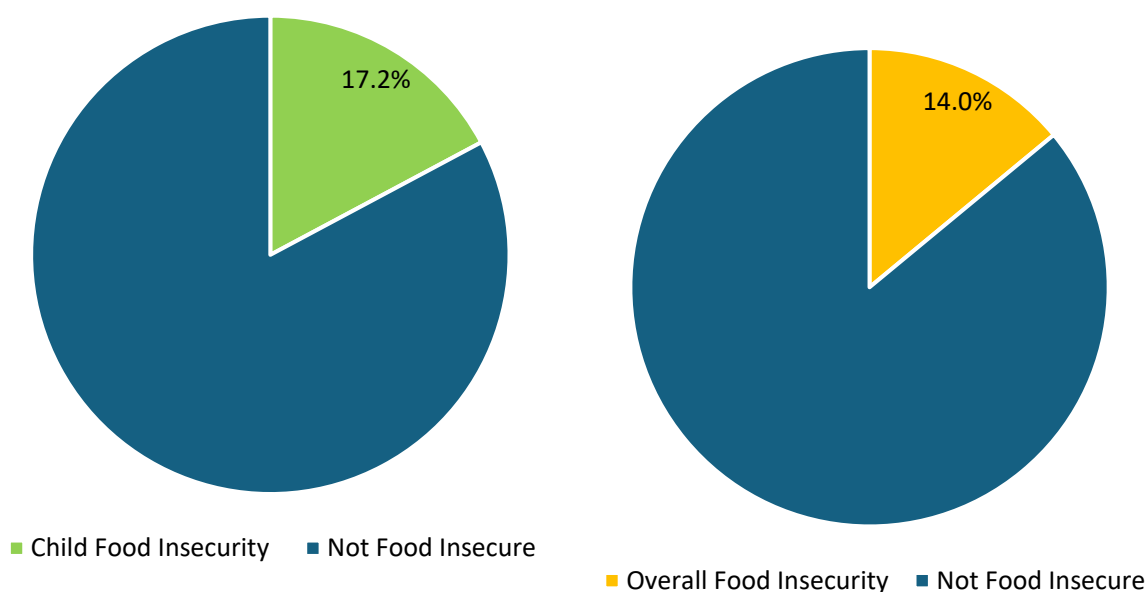
Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition also a is vital component to healthy well-being at every stage of life.

CDC, 2024.

Key Secondary Data Findings

The child food insecurity rate in Hillsborough County is 17.2%, considerably higher than the adult food insecurity rate of 14.0%. This means that one in five 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.³⁴

EXHIBIT 37: FOOD-INSECURE INDIVIDUALS BY AGE, 2023



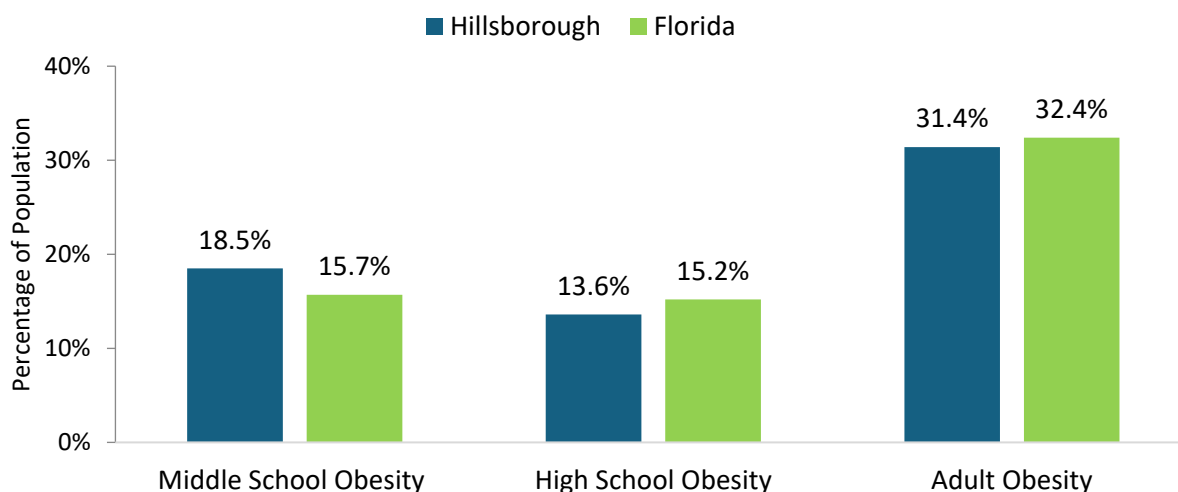
Source: Feeding America, Map the Meal Gap, 2022

Weight-related health concerns are prevalent across all age groups in Hillsborough County. As shown in Exhibit 38, one in three adults and nearly one in six adolescents are obese. These rates are concerning, as excess weight is associated with increased risk for chronic conditions, such as

³⁴ Feeding America, n.d. Child Hunger Facts.

heart disease, diabetes, and certain cancers.³⁵ 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.³⁶

EXHIBIT 38: HILLSBOROUGH COUNTY ADOLESCENT AND ADULT OBESITY, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 54.1% of elementary 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.³⁷ At the household level, 13.1% of Hillsborough County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a slightly higher proportion than both the Florida state average (12.6%) and the national average (11.8%).³⁸

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.³⁹ 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.^{40 41}

³⁵ NIDDK, 2023. Health Risks of Overweight & Obesity.

³⁶ Balasundaram, P., Krishna, S. (NIH), 2023.

³⁷ FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.

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

³⁹ CDC, 2023. Healthy Food Environments.

⁴⁰ CDC, 2023. Healthy Food Environments.

⁴¹ 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.



Stakeholder interview and focus group participants shared that residents in Hillsborough County experience financial and physical barriers to engaging in healthy behaviors. They identified economic stability as a key factor that can impact diet quality and activity levels. They noted that individuals living in rural communities have limited transportation and affordable local healthy food options, and people with low or fixed incomes have financial barriers to maintaining physical health.

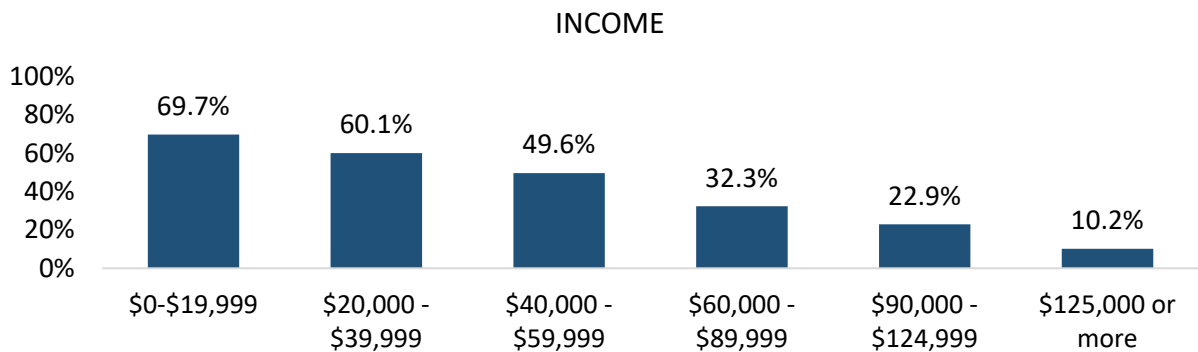
“Depending on where you live, it’s sometimes up to 15 miles for a person to get low-cost health foods.” – Stakeholder Interview

Key Community Survey Findings

This section presents respondents’ perceptions from the community survey related to nutrition, food access, and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease, and cancer.⁴² 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.⁴³

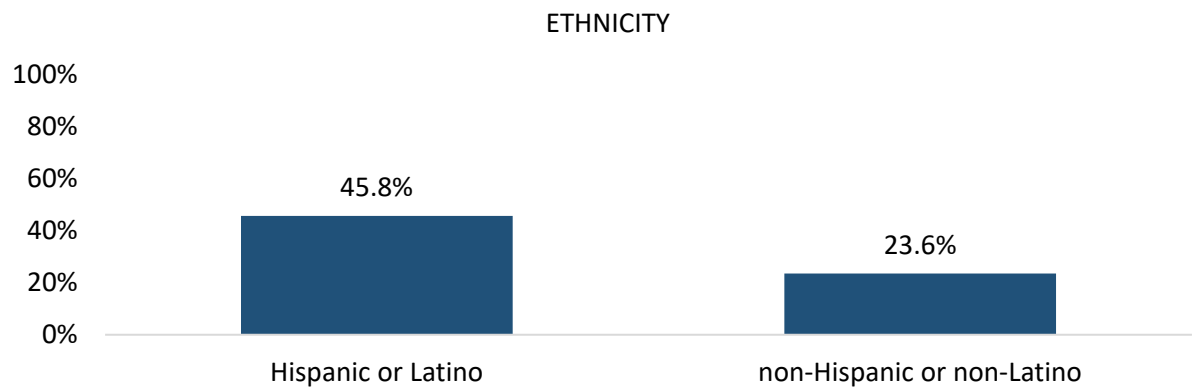
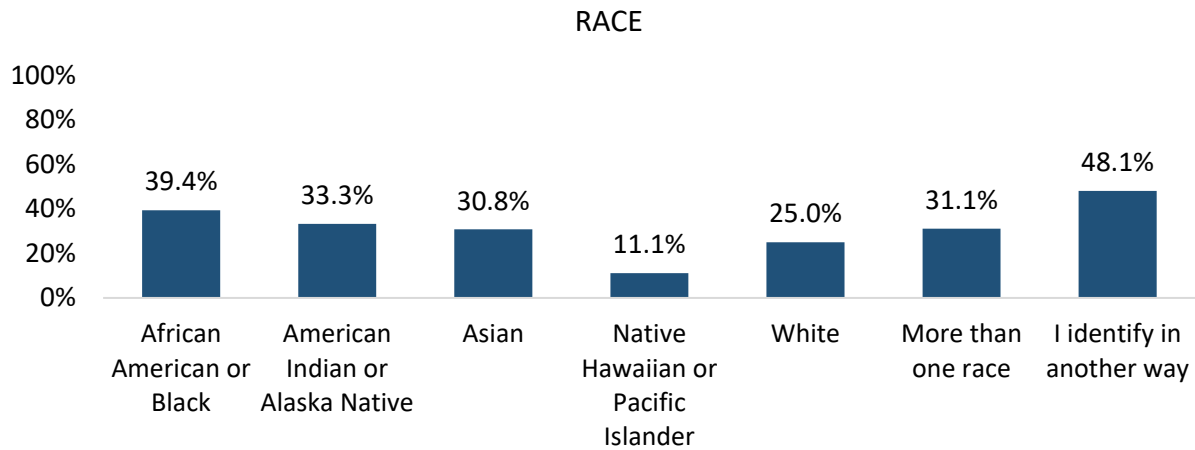
In Hillsborough County, 30.2% of respondents reported they had experienced food insecurity. Among the different income groups, as income increases, food insecurity decreases. Respondents who identify their race in another way experienced the highest food insecurity (48.1%), followed by those who identified as Black/African American (39.4%). Native Hawaiian or Pacific Islanders experienced the lowest food insecurity (11.1%). Respondents who are Hispanic or Latino experienced higher food insecurity (45.8%) compared to non-Hispanic or Latino (23.6%).

EXHIBIT 39: FOOD INSECURITY BY INCOME, RACE, AND ETHNICITY



⁴² Gropper, 2023.

⁴³ CDC, 2024. Nutrition, Physical Activity, and Weight Status.



Exhibits 40 through 43 presented respondents with a series of questions about their access to food. Nearly one-quarter of respondents reported that it was *often true* or *sometimes true* that they worried their food would run out before they had money to buy more (25.7%), and that the food they bought did not last and they lacked the money to get more (23.8%). Additionally, 14.7% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months. While 64.1% agreed that it is easy to get healthy food, nearly 28.9% disagreed with this statement.

EXHIBIT 40: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

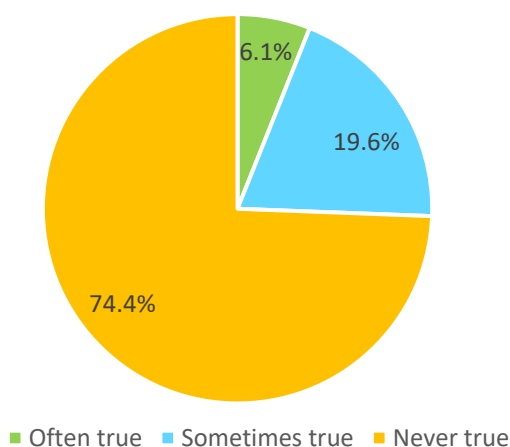


EXHIBIT 41: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE THE MONEY TO GET MORE

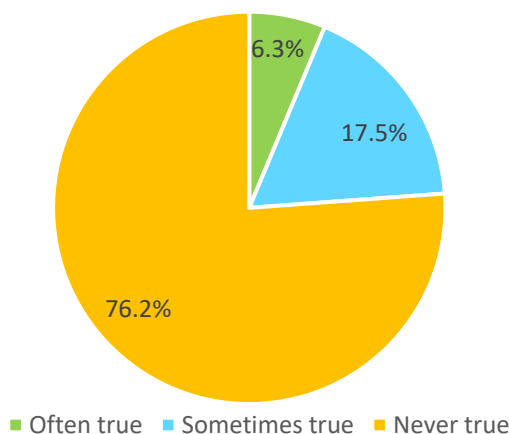


EXHIBIT 42: DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?

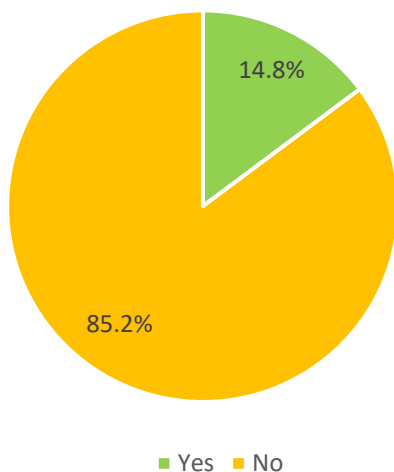
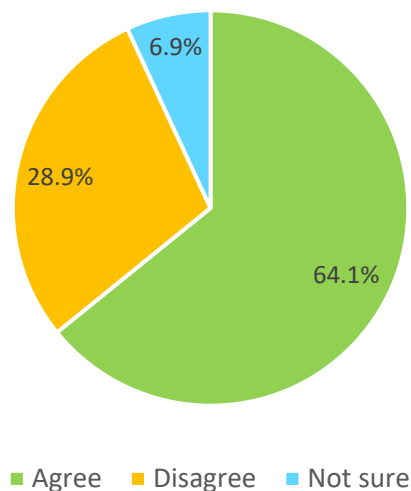


EXHIBIT 43: I AM ABLE TO GET HEALTHY FOOD EASILY



Neighborhood and Built Environment

The neighborhood and built environment of Hillsborough 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

The way people commute to work in Hillsborough County varies significantly. About 9.8% of workers drive alone to work, much less than the state or national average. 23.1% of people use public transportation, which is far higher than the entire state of Florida (1.2%) and the U.S. (3.5%).⁴⁴

EXHIBIT 44: MEANS OF TRANSPORTATION TO WORK, 2023

	Hillsborough County	Florida
Worked at Home	4.5%	13.3%
Walked	5.9%	1.3%
Bicycle	25.4%	0.5%
Carpooled	17.3%	8.7%
Drove Alone	9.8%	73.3%
Public Transport	23.1%	1.2%
Other	14.0%	1.7%

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

The average commute in Hillsborough County is 28.7 minutes, slightly less time than most other counties.⁴⁵ Although only 5.8% of households don’t have a vehicle, those without cars face big challenges in getting to work, stores, and healthcare.⁴⁶

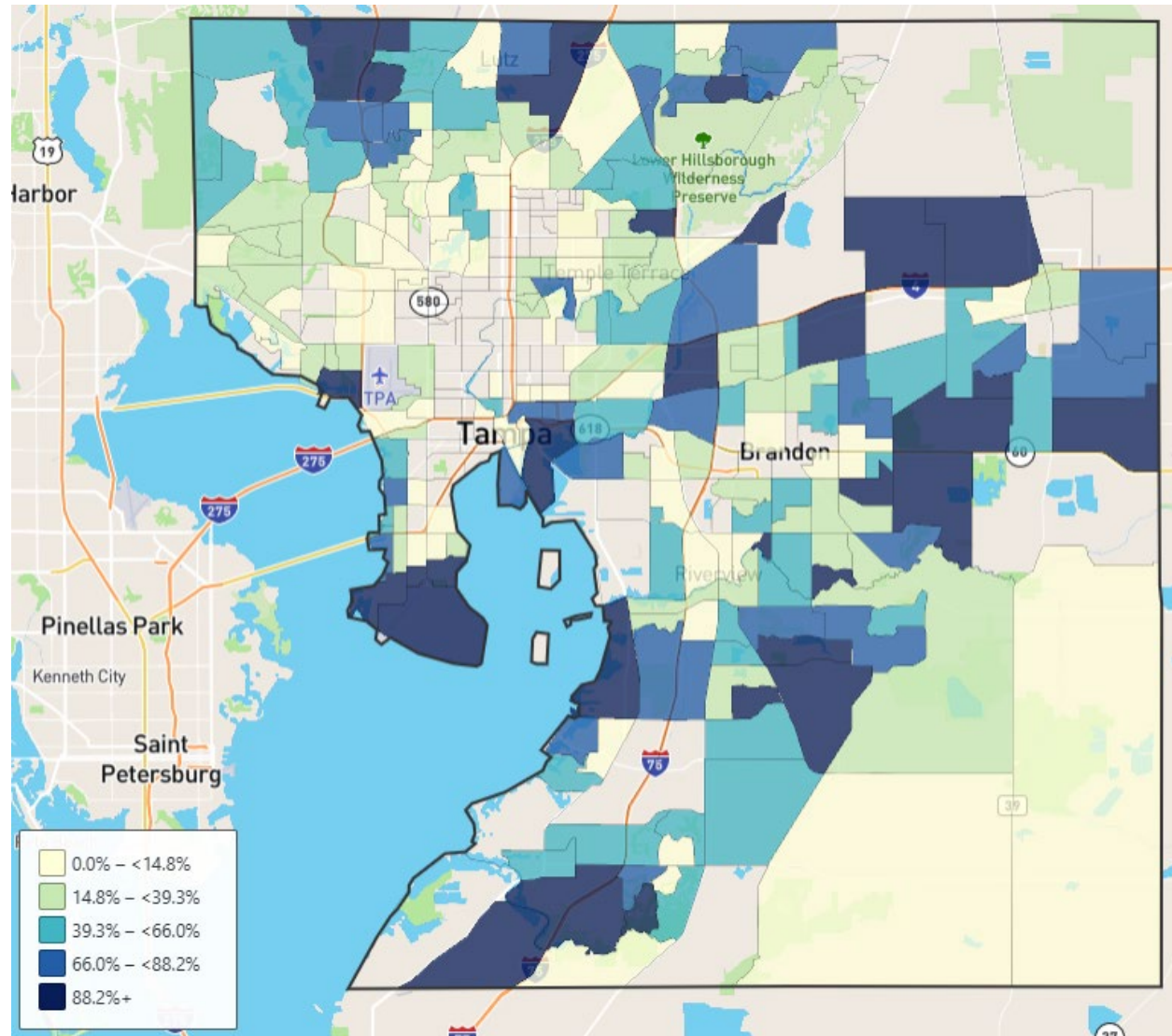
⁴⁴ U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

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.

Several areas in Hillsborough County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food (Exhibit 45). According to the USDA, much of this need is concentrated in East Tampa, Brandon, Riverview, and parts of South 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 45: DISTANCE FROM SOURCE OF HEALTHY FOOD, 2019

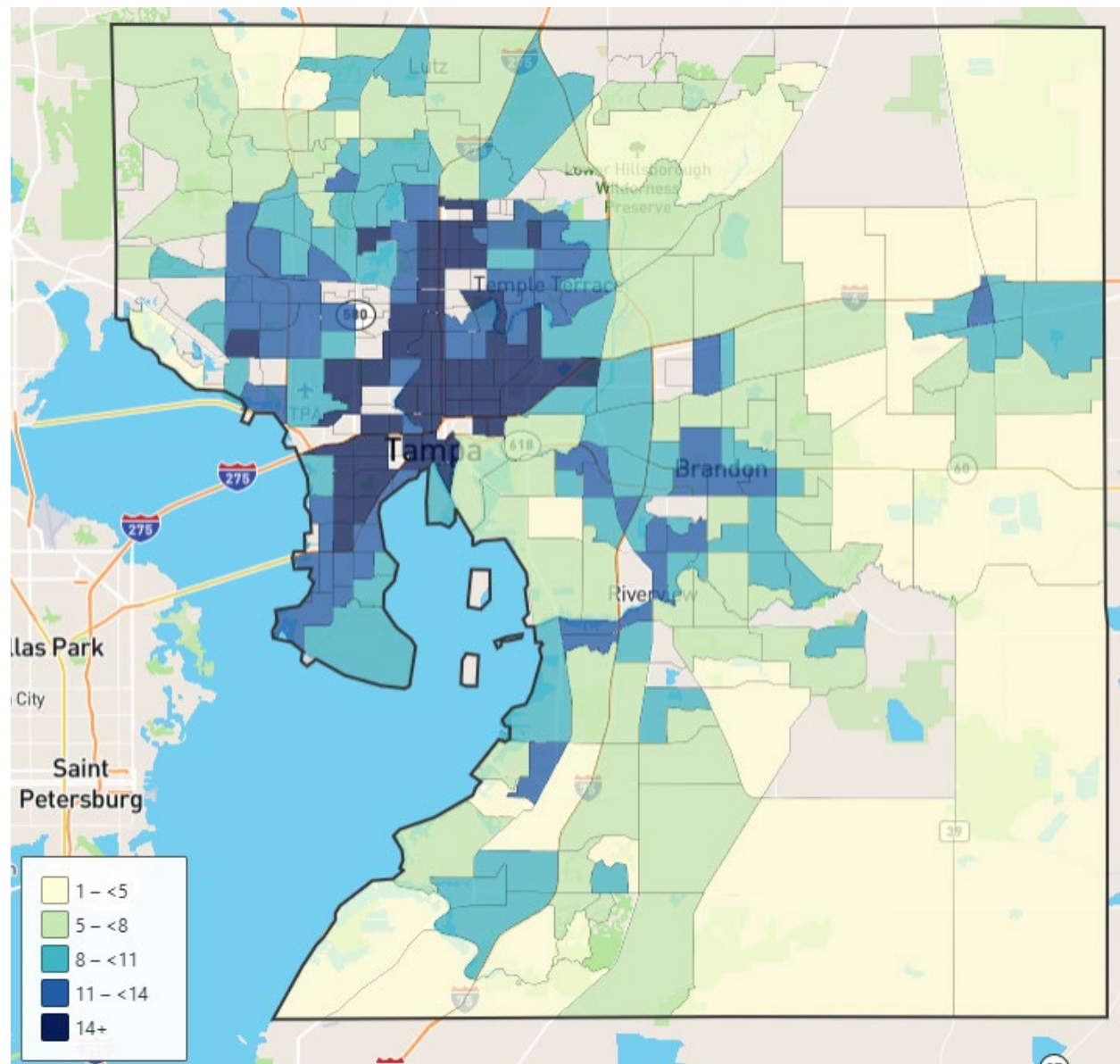


Source: USDA ERS, n.d. FARA, 2019.

⁴⁷ CDC, 2024. Healthy Food Environments.

In Hillsborough County, walkability is generally high in many areas. According to the EPA's 2021 Walkability Index, higher walkability scores (shown in dark blue) are concentrated throughout much of the central urban areas, especially in and around Tampa. These areas tend to have more sidewalks, nearby destinations, and infrastructure that supports walking as a mode of transportation. However, some neighborhoods — especially in the eastern regions of the county — have lower walkability scores (lighter colors), suggesting that residents in those areas may be more dependent on cars as their primary means of transportation.

EXHIBIT 46: WALKABILITY INDEX, 2021

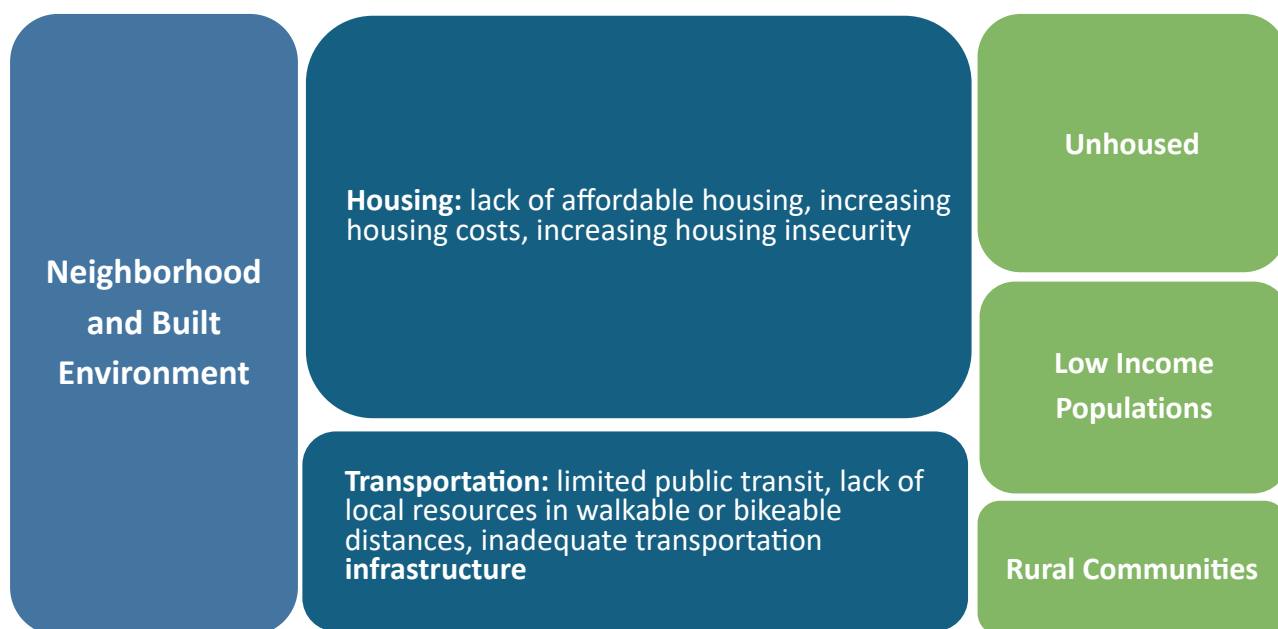


Source: EPA, n.d.

Key Qualitative Findings

When discussing neighborhoods and the 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 described Hillsborough County as containing both rural and metropolitan areas, giving it a diverse built environment. Throughout both areas, transportation and housing were identified as key needs. Many participants shared that housing costs continue to rise, and this can have direct impacts on physical and financial access to resources.

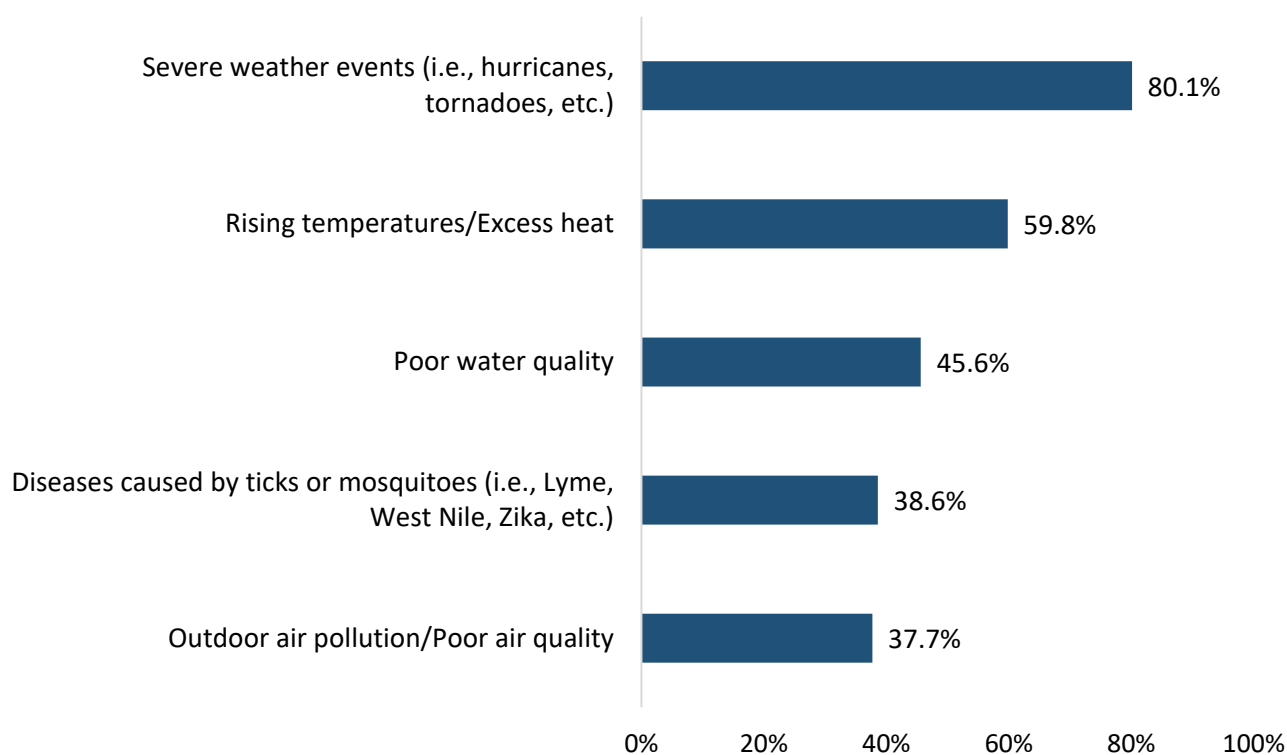
"I think the affordable housing crisis has had a domino effect on our communities. With rents increasing by 100% we're seeing people experiencing homelessness for the first time. [...] When you don't have a stable place to live it's hard to get your children to school, for parents to maintain jobs. When you aren't able to meet your basic needs, your healthcare isn't priority. Both communities have a public transportation system but it's insufficient. We do have rural areas with no transportation and are food deserts and social service deserts."- 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.

Nearly 80.1% of survey respondents expressed concern about severe weather events, such as hurricanes or tornadoes impacting their health. This was followed by 59.8% who are concerned that rising temperatures or extreme heat could impact their health. Poor water quality ranked as the third most concerning environmental issue, with 45.6% of respondents worried about its potential effects on their health.

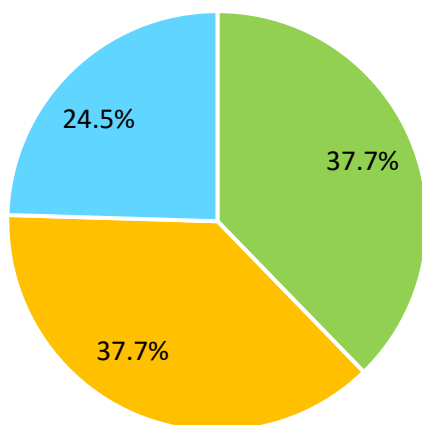
EXHIBIT 47: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING YOUR HEALTH?⁴⁸



⁴⁸ For complete list, please refer to the appendix.

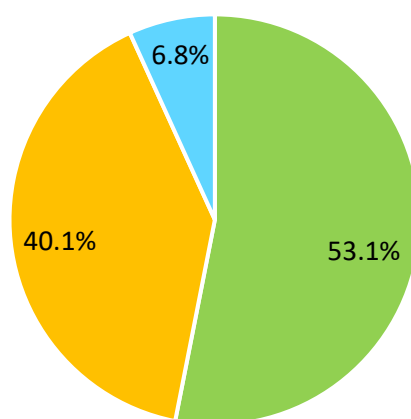
Exhibits 48 through 51 present a series of questions exploring community insights on neighborhood and environmental conditions. Responses were mixed regarding crime in the community, with an equal proportion of respondents agreeing (37.7%) and disagreeing (37.7%) that it is a problem. More than half of the respondents agreed that their neighborhoods have good sidewalks (53.1%). While 42.7% of respondents disagreed that air pollution is a problem in their community, nearly 60.0% agreed that extreme heat is a concern (57.1%).

EXHIBIT 48: CRIME IS A PROBLEM IN MY COMMUNITY



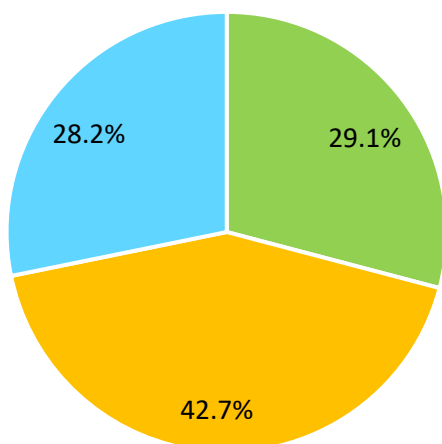
■ Agree ■ Disagree ■ Not sure

EXHIBIT 49: THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY



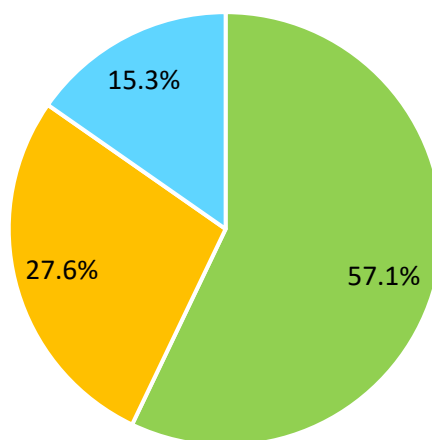
■ Agree ■ Disagree ■ Not sure

EXHIBIT 50: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY



■ Agree ■ Disagree ■ Not sure

EXHIBIT 51: EXTREME HEAT IS A PROBLEM IN MY COMMUNITY



■ Agree ■ Disagree ■ Not sure

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

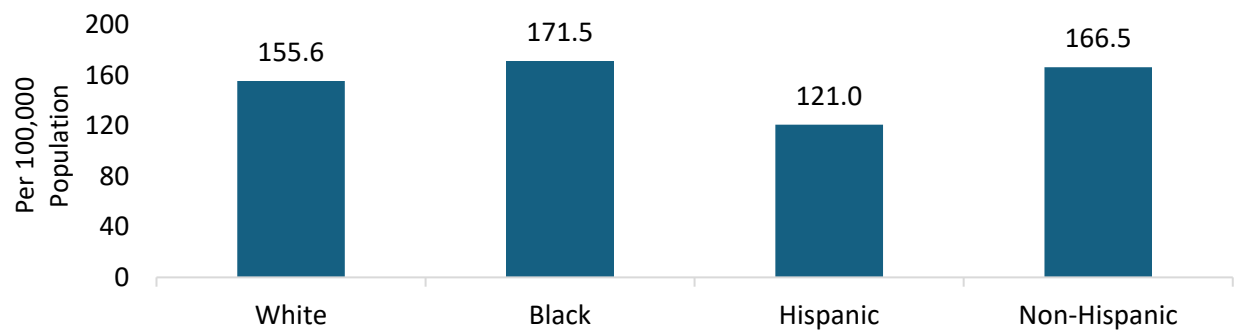
Heart disease is the leading cause of death in Hillsborough County, accounting for 148.2 deaths per 100,000 people in 2023, followed by cancer and unintentional injuries. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality and long-term disability. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias, and heart failure.⁴⁹ 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	148.2
Cancer	130.0
Unintentional Injury	66.6

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

In Hillsborough County, age-adjusted death rates from heart disease were highest among Black residents (171.5 per 100,000), followed by non-Hispanic (166.5) and White residents (155.6).

EXHIBIT 52: AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 POPULATION, 2021-2023

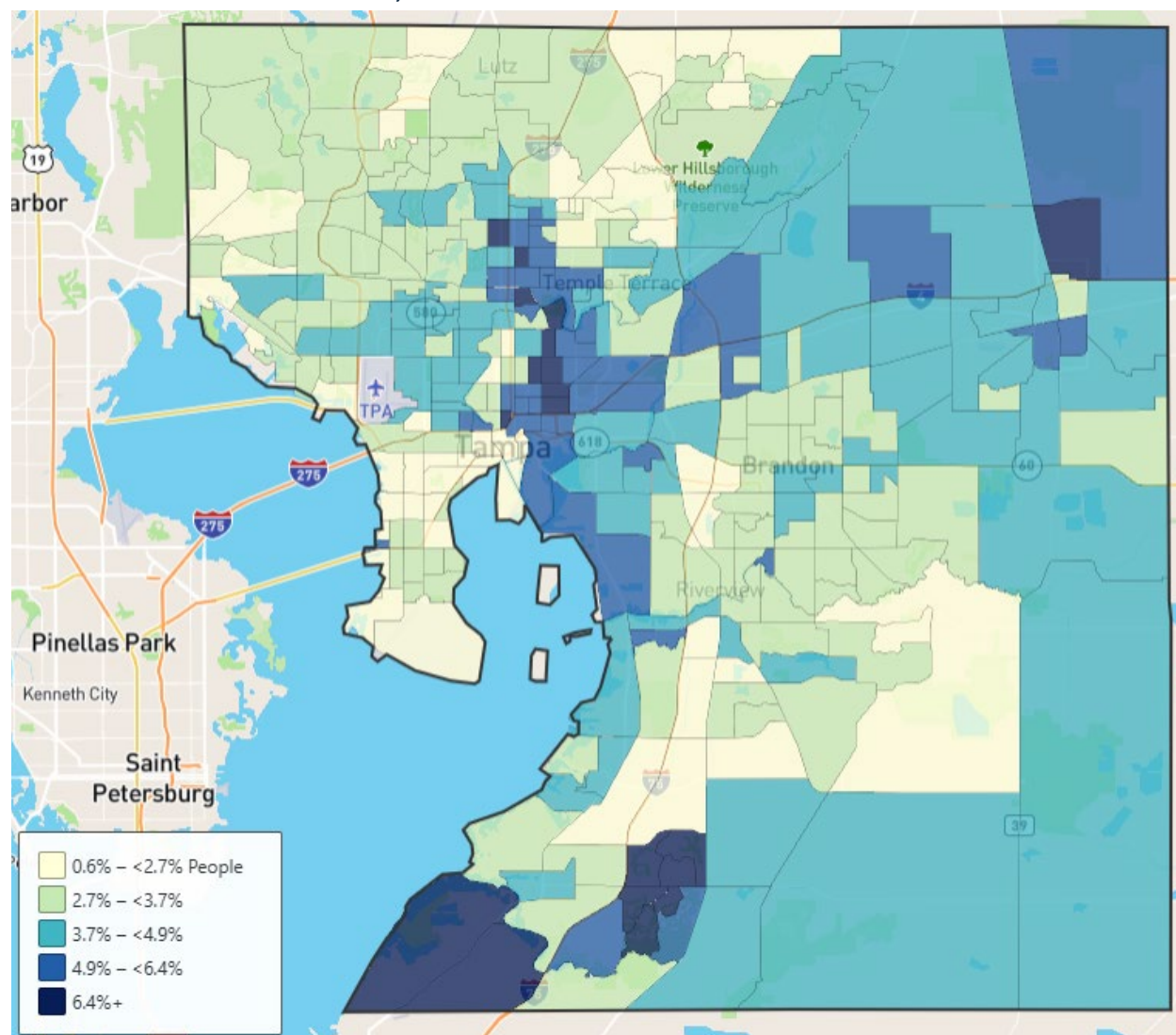


Source: FLHealthCHARTS, n.d.

⁴⁹ AHA, 2024. What is Cardiovascular Disease?

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.⁵⁰ In Hillsborough County, 3.3% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.4%, signaling a need for focused prevention and support services.

EXHIBIT 53: STROKE AMONG ADULTS, 2022



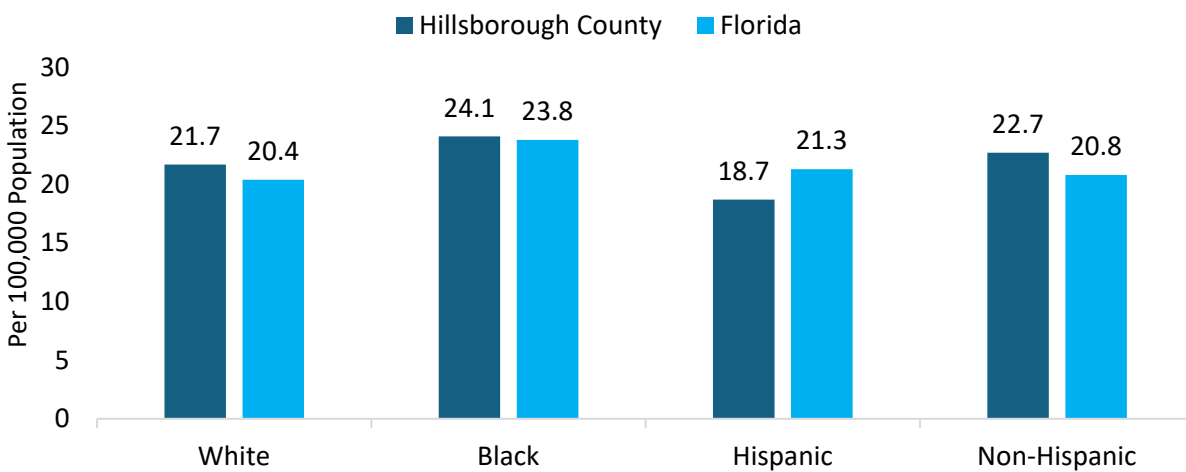
Source: CDC, n.d. BRFSS Places, 2022.

⁵⁰ WHO, 2021. Cardiovascular Diseases.

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

Exhibit 54 shows that Hispanic residents in Hillsborough County, had the lowest heart attack death rate at 18.7 per 100,000 people, slightly lower than the Florida average of 21.3 per 100,000 for Hispanic individuals. White residents in Hillsborough had a rate of 21.7, slightly above the statewide rate of 20.4. Among Black residents, the heart attack death rate was 24.1 in Hillsborough County, also slightly higher than the state average of 23.8. non-Hispanic residents had a rate of 22.7, compared to 20.8 across the state. Although some 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 54: DEATHS FROM ACUTE MYOCARDIAL INFRACTION (HEART ATTACK), RATE PER 100,000 POPULATION BY RACE, 2021-2023



Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing 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 described the risk factors in Hillsborough County that prevent residents from engaging in healthy behaviors, including high levels of food insecurity and limited food options. They shared that high co-pays or other financial barriers can dissuade residents from seeking primary care visits or preventative care. Participants also have safe, shared community spaces that encourage community members to engage in physical activity as an opportunity for improving the health of the community.

“When asked, “what services are difficult to find in your area?”

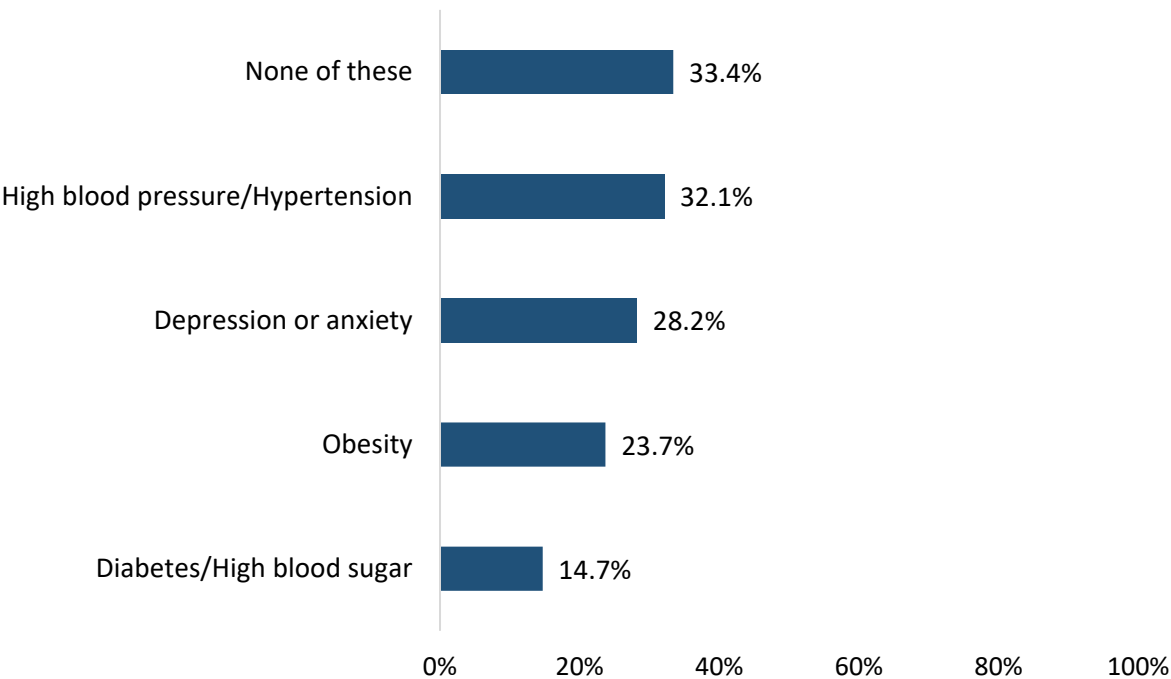
“Safe spaces for people to get access to move their body. Nutrition education, healthy lifestyle, metabolism.” – Focus Group Participant

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.

Approximately 32.1% of the respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.

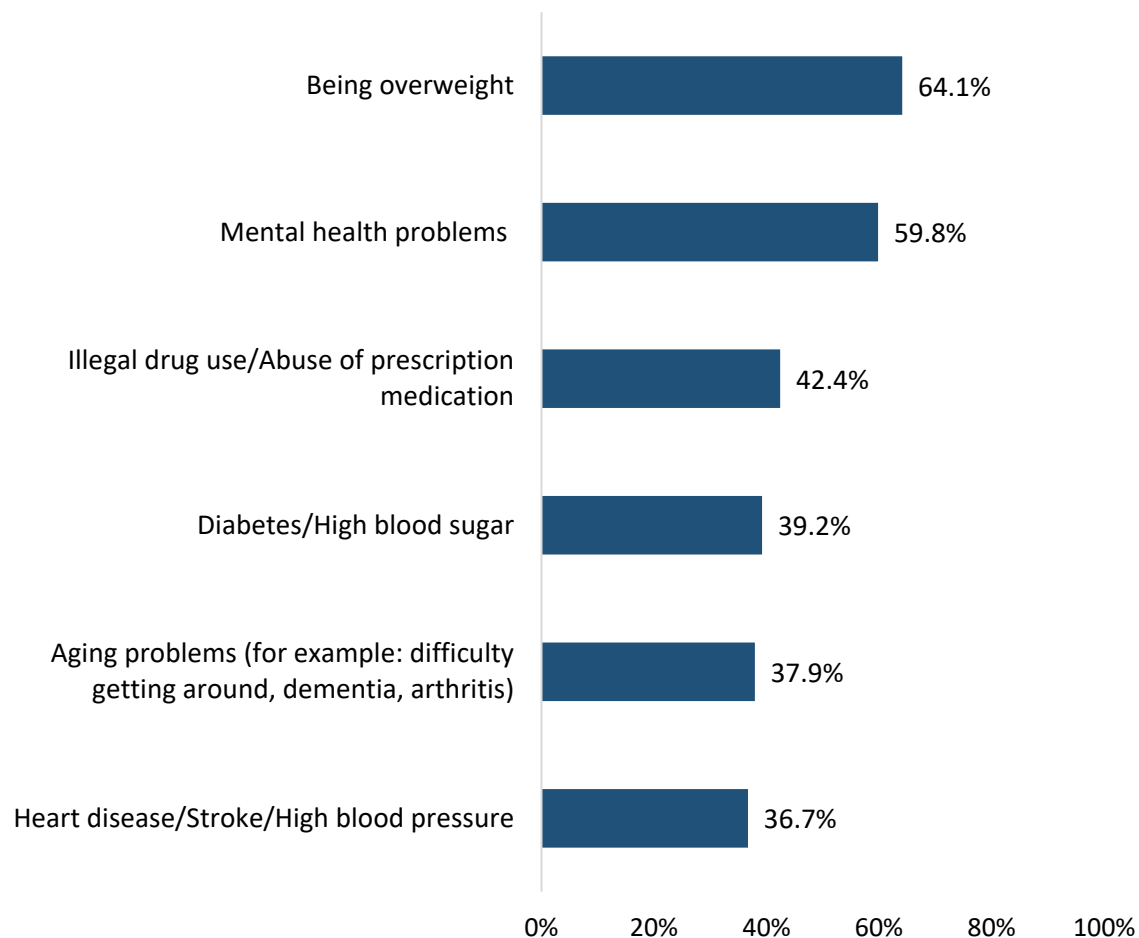
EXHIBIT 55: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?⁵¹



⁵¹ For complete list, please refer to the appendix.

When asked about the most important health issue to address to improve community health, 36.7% of respondents identified addressing heart disease, stroke, or high blood pressure, ranking it sixth among the top health priorities. In addition, nearly 65.0% of respondents identified being overweight as the number one priority, followed by mental health problems (59.8%), illegal drug use (42.4%), diabetes or high blood sugar (39.2%), and aging-related problems (37.9%).

EXHIBIT 56: 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?



Dental

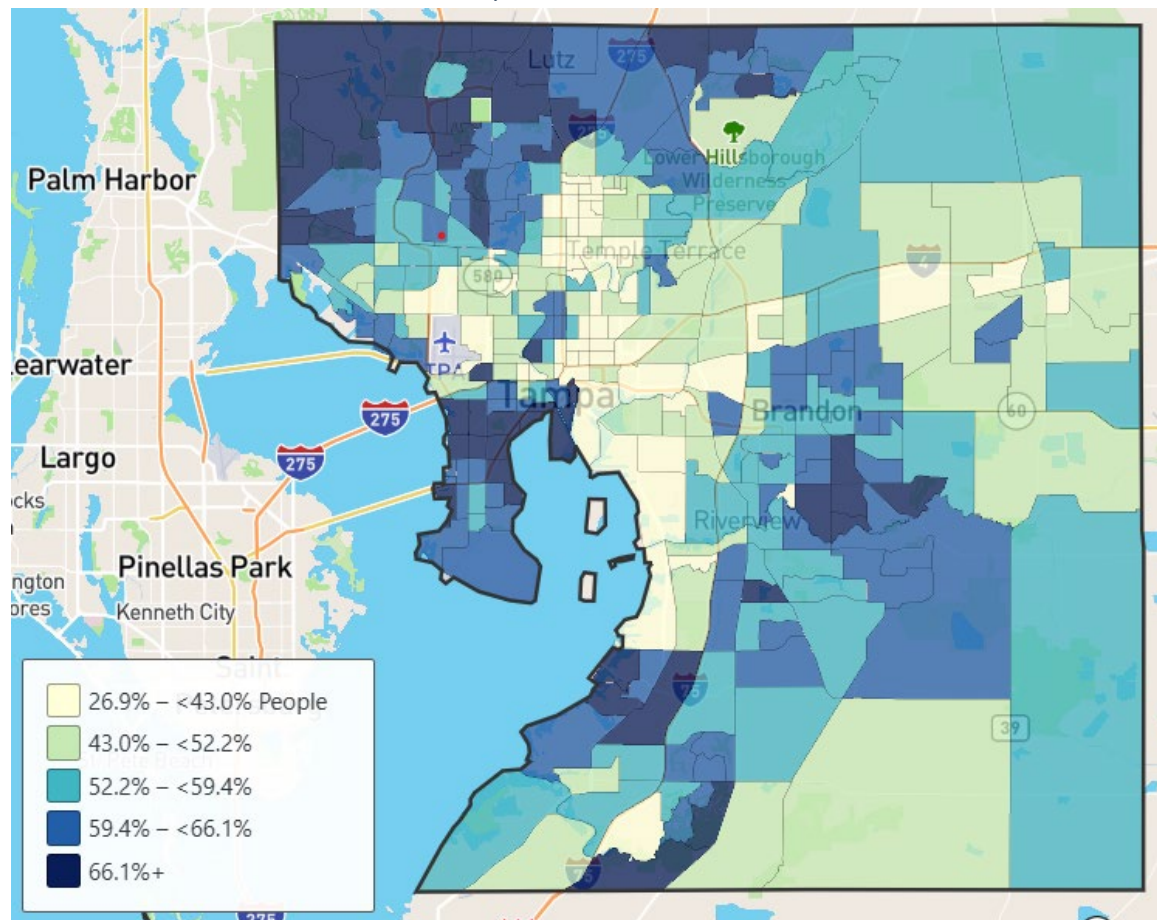
Oral health is an essential part of overall health and well-being, yet many individuals in Hillsborough County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic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

CDC, 2024

Key Secondary Data Findings

Oral health is an essential part of overall health and well-being, yet many individuals in Hillsborough County face challenges accessing timely and affordable dental care. These challenges contribute to poorer health outcomes and may lead to preventable complications that affect both physical and economic well-being.⁵²

EXHIBIT 57: DENTAL VISITS AMONG ADULTS, 2022



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

⁵² CDC, 2024. Oral Health Facts.

In 2022, an estimated 57.4% of adults in Hillsborough County had a dental visit. In some census tracts, fewer than 30.0% of adults reported seeing a dentist, while in other areas, the percentage approached 60.0%. These differences may reflect a variety of barriers, including cost, transportation, limited provider availability, and a lack of dental insurance.⁵³

Low rates of dental visits are concerning given Hillsborough County’s shortage of dental professionals. As of 2024, there is approximately one dentist for every 1,738 residents, significantly higher than the Florida average of one dentist per 1,686 people, and the national average of one per 1,532.

EXHIBIT 58 DENTAL CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	Hillsborough County	Florida	United States
Dentist	1,738:1	1,686:1	1,532:1

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

The county also has fewer dental hygienists, with a rate of 53.8 per 100,000 people, compared to 63.6 per 100,000 across Florida. These provider shortages may contribute to longer wait times for appointments, delays in preventive care, and reduced availability of treatment, particularly for residents in rural areas or those who are uninsured.

EXHIBIT 59: DENTAL HYGIENISTS PER 100,000 POPULATION, 2024

	Hillsborough County	Florida
Dental Hygienists	53.8	63.6

Source: FLHealthCHARTS, n.d.

When preventive dental care is out of reach, individuals may delay treatment until conditions become severe, leading to avoidable complications that require emergency or hospital care. The rate in Hillsborough County for dental-related conditions among individuals under age 65 was 11.4 hospitalizations per 100,000 people, slightly above the statewide rate of 9.3 per 100,000 during the same period.

EXHIBIT 60: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM DENTAL CONDITIONS, PER 100,000 3-YEAR ROLLING, 2020-2022

	Hillsborough County	Florida
Preventable hospitalizations under 65 from dental conditions	11.4	9.3

Source: FLHealthCHARTS, n.d.

⁵³ Gupta & Vujicic (ADA HPI), 2019.

From 2018 to 2023, Hillsborough County consistently reported higher rates of hospitalizations for dental conditions among residents under age 65 compared to the state average. The county's rate declined from 15.7 per 100,000 people in 2018–2020 to 11.6 per 100,000 in 2021–2023, showing some improvement over time. However, these rates remained above the statewide average, which fell from 11.2 to 9.5 per 100,000 during the same period. Despite progress, the consistently higher rates in Hillsborough County highlight ongoing challenges in accessing timely and preventive dental care.

EXHIBIT 61: AMBULATORY CARE SENSITIVE HOSPITALIZATIONS FROM DENTAL CONDITIONS, RATE PER 100,000 POPULATION, 3-YEAR ROLLING, (0-64 YEARS), 2018-2023

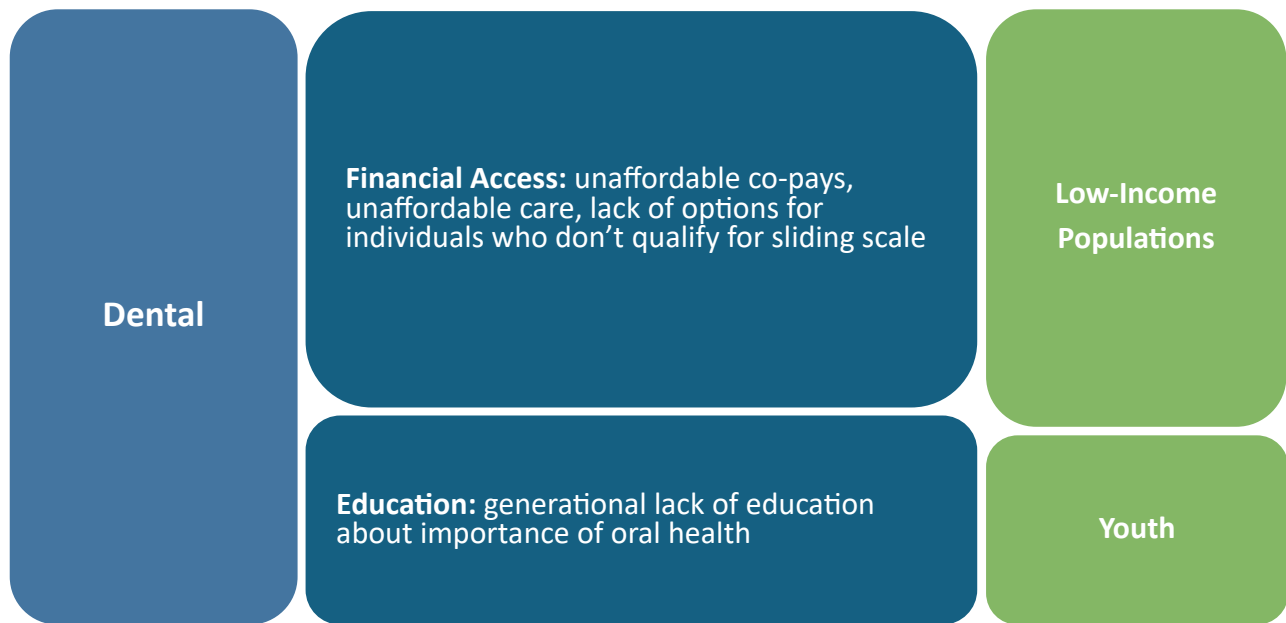
	Hillsborough County	Florida
2021-23	11.6	9.5
2020-22	11.4	9.3
2019-21	12.8	10.1
2018-20	15.7	11.2

Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

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

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.



assessment.

Participants reported that community members in Hillsborough County often struggle to access dental care due to the high cost of treatment or high co-pays. They also identified a lack of pediatric dental care and a lack of education on the importance of dental care.

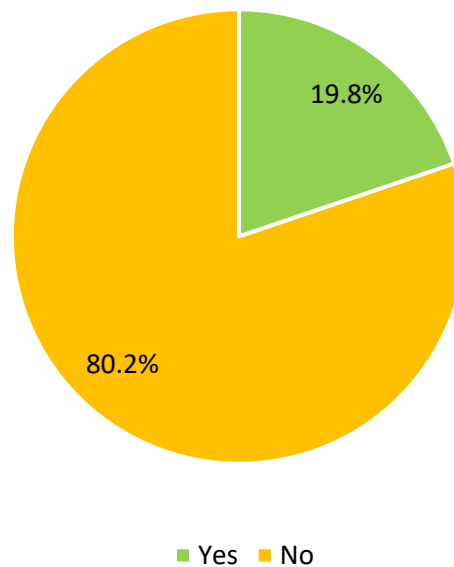
"I would say oral health is another area where we certainly have a lot of emergency room visits and things like that related to dental issues that really could have been avoided with access to dental care. And that tends to be, cost is kind of behind that. Not necessarily just the lack of insurance, because dental insurance frankly doesn't always cover all that much and is not necessarily a good deal anyway, but it's a cost factor, I think. And then I think it's also the fear factor or even a lack of understanding why that's still important, why it's so important to overall health." - Stakeholder Interview

Key Community Survey Findings

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

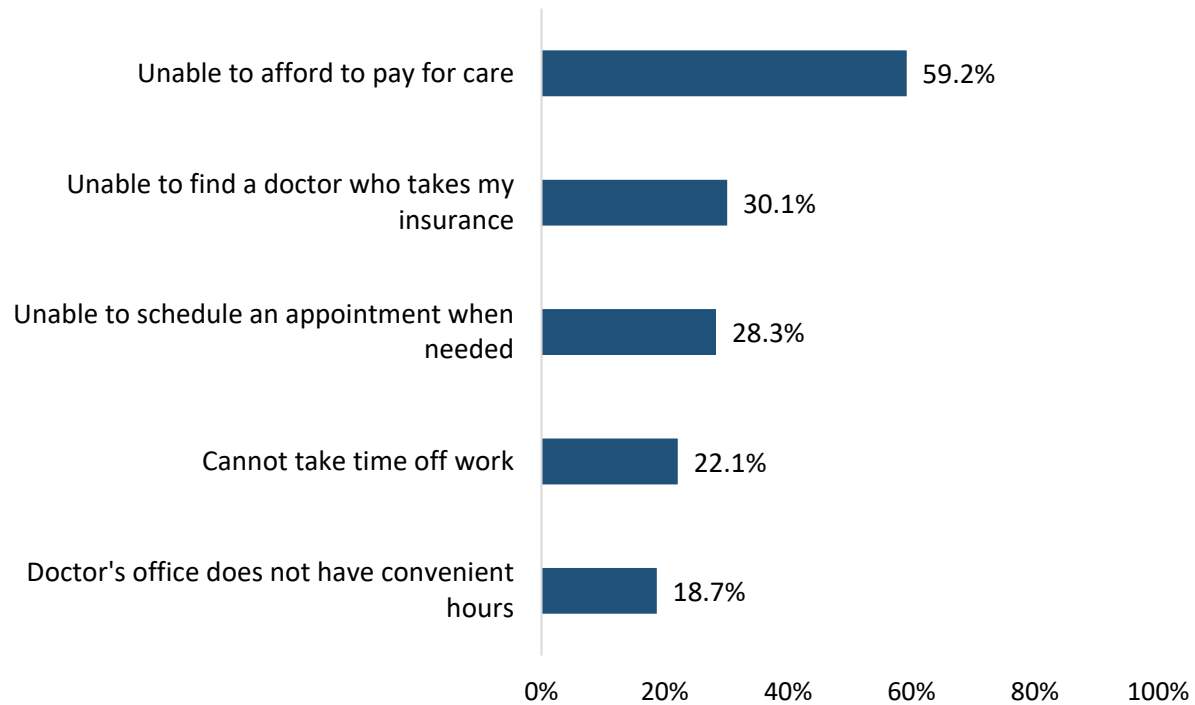
One in five respondents (19.8%) said they did not get dental care when they needed it.

EXHIBIT 62: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?



The top barriers prevent respondents from the dental care they needed include being unable to afford pay for care (59.2%), followed by unable to find a doctor who takes the insurance (30.1%), unable to schedule an appointment when needed (28.3%), cannot take time off work (22.1%), and doctor's office does not have convenient hours (18.7%).

EXHIBIT 63: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?



Cancer

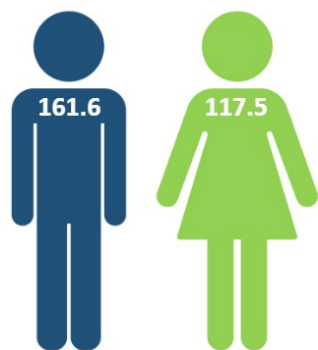
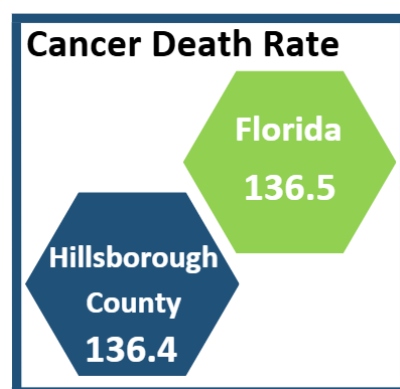
Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening 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 Hillsborough 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 2021.⁵⁴

According to the Florida Department of Health, Bureau of Vital Statistics, the age-adjusted cancer death rate was 136.4 per 100,000 people, lower than the statewide rate of 136.5.⁵⁵



Cancer affects men and women differently in Hillsborough County. From 2020 to 2022, men had a significantly higher death rate (161.6 per 100,000) than women (117.5 per 100,000).⁵⁶ This may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.

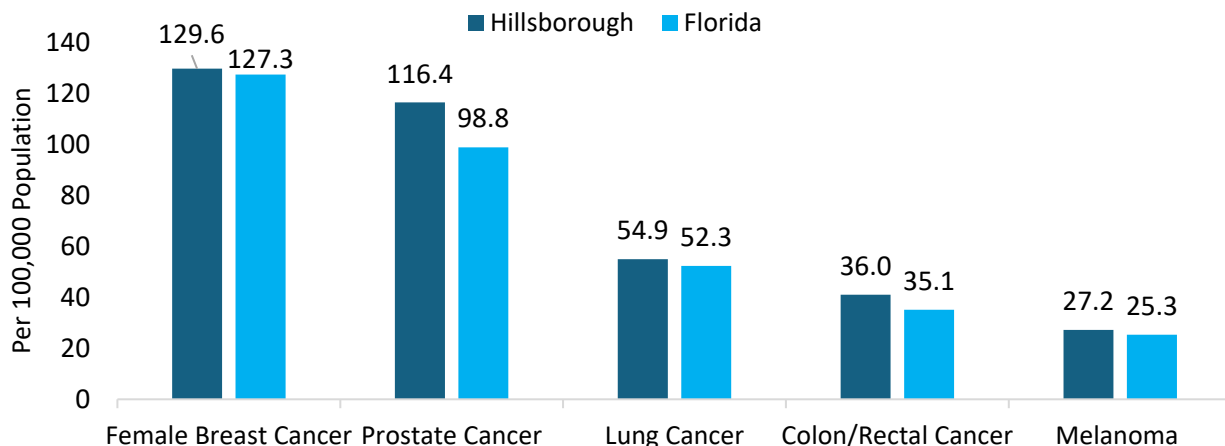
⁵⁴ CDC WONDER, n.d. Causes of Death, 2021.

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

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

According to the Florida Department of Health, Bureau of Vital Statistics, cancer incidence rates in Hillsborough County are higher than state averages for several common cancers. The rate of female breast cancer is 129.6 per 100,000 people, compared to 127.3 per 100,000 statewide. Lung cancer occurs at a rate of 54.9 per 100,000 in the county, while the state average is 52.3. Colon and rectal cancer are reported at 36.0 per 100,000 in Hillsborough, exceeding the state rate of 35.1.

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



Source: FLHealthCHARTS, n.d.

Although some cancers are highly treatable when caught early, Hillsborough County reports higher death rates than the state for prostate, breast and colorectal cancers. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

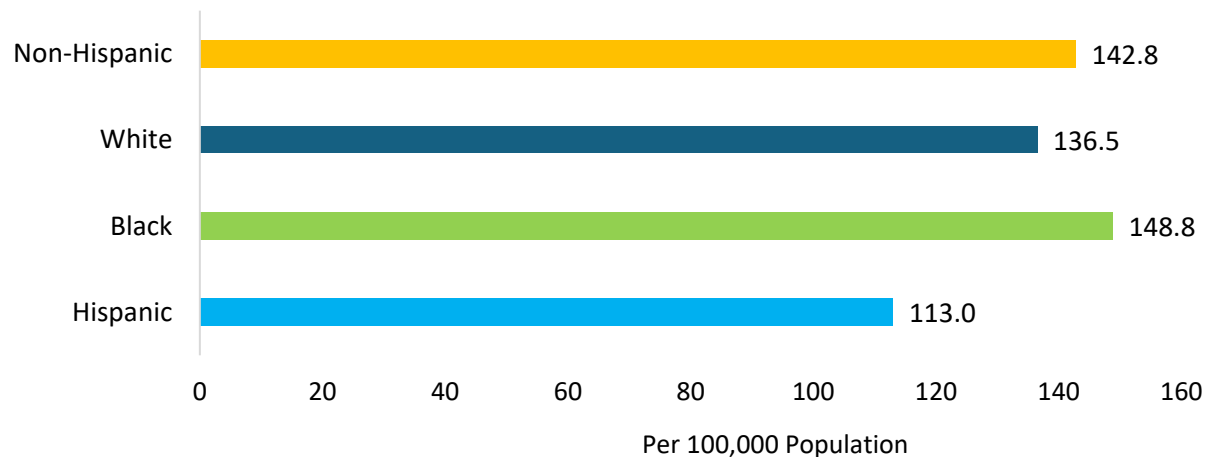
EXHIBIT 65: CANCER DEATH RATES BY TYPE, AGE-ADJUSTED DEATHS PER 100,000 POPULATION, 2021-2023

	Hillsborough County	Florida
Female Breast Cancer	18.8	18.4
Prostate Cancer	16.7	16.6
Lung Cancer	27.9	29.6
Colon/Rectal Cancer	13.5	12.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among Black residents, 148.8, followed by non-Hispanic residents at a death rate of 142.8. Hispanic residents had the lowest rate at 113.0 per 100,000 people.

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

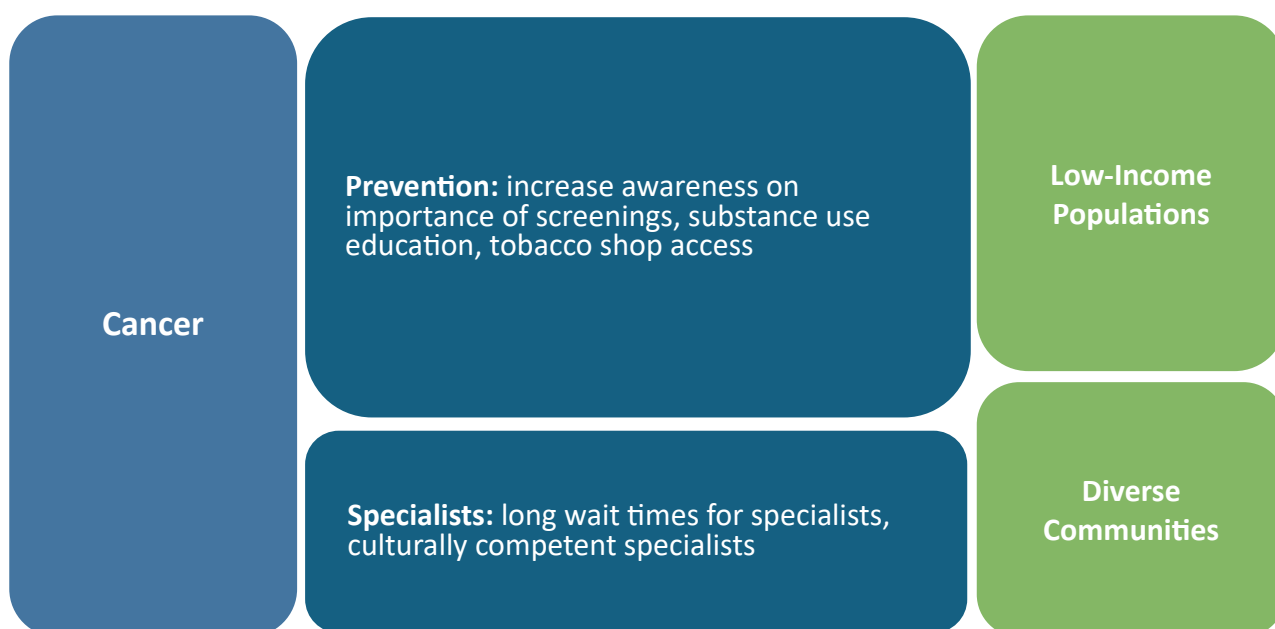


Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

When discussing cancer in the community, 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 in stakeholder interviews and focus groups expressed concern about many community members increasing their risk for cancer either due to health behaviors or a lack of access to preventative measures, such as cancer screenings and regular primary care visits. Community members noted that long wait times, a lack of cultural competence, and mistrust in the healthcare system can prevent people from receiving cancer treatment in a timely manner. One participant noted an increasing number of tobacco shops in the area, which impacts the accessibility of substances that can contribute to cancer risk.

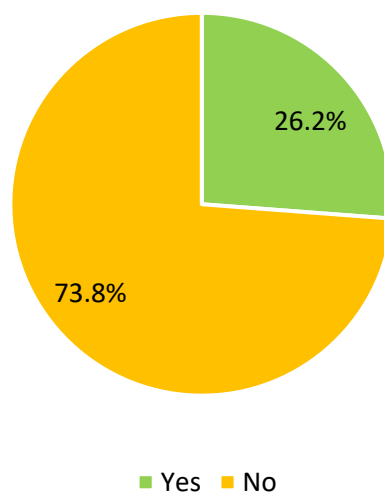
“Prostate cancer is a big issue in BIPOC communities, men do not like going to the doctor.” – Stakeholder Interview

Key Community Survey Findings

This section presents community survey respondents' perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities' perceptions on behaviors that are known as cancer risks.⁵⁷

Approximately 73.8% of respondents do not eat at least five cups of fruit or vegetables every day.

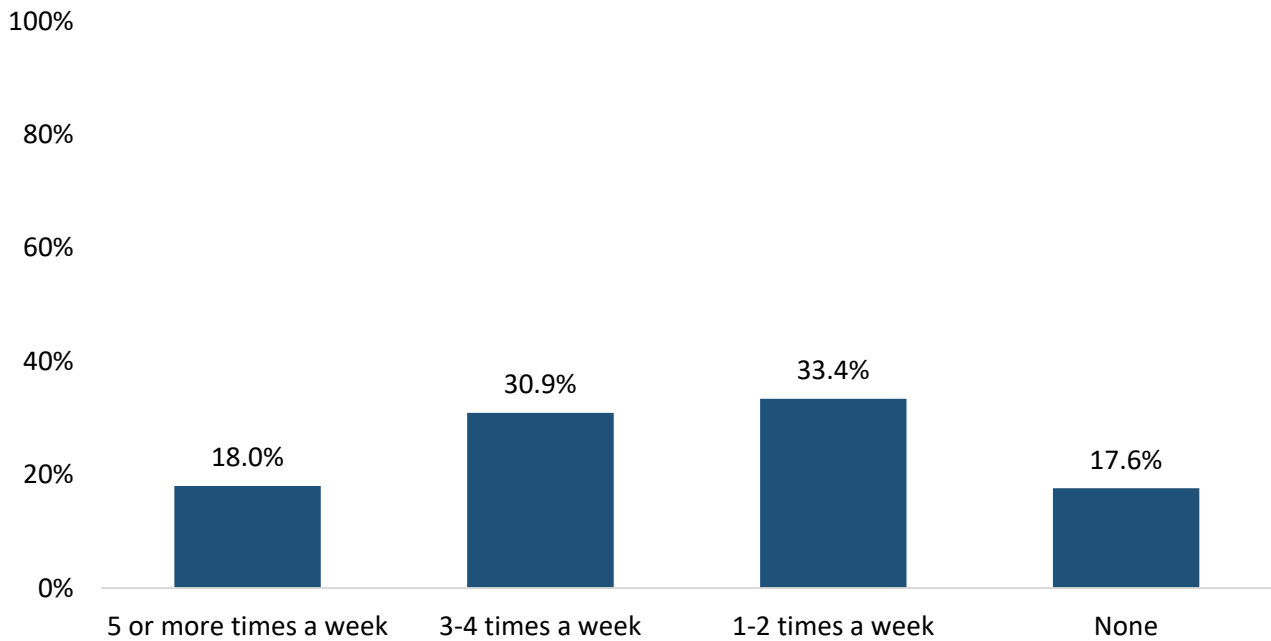
EXHIBIT 67: DO YOU EAT AT LEAST FIVE CUPS OF FRUITS OR VEGETABLES EVERY DAY?



⁵⁷ Brunet et al., 2013.

Nearly one in five respondents (18.0%) exercise five or more times a week, more than half of the respondents (64.3%) exercise between one to four times a week. Approximately 17.6% of respondents do not exercise at all.

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



Conclusion

Hillsborough County is a growing and evolving community. While the next three years may bring unknown challenges and opportunities, community growth requires the need for more services, providers, and infrastructure to accommodate the projected population growth and social changes.

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

Appendices Summary

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

A. Secondary Data

- a. Additional secondary data tables

B. Qualitative Research

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

C. Community Survey

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

D. Maps

E. Access Audit

F. Needs Prioritization

- a. Needs Prioritization Presentation
- b. Data Placemats

G. Community Partners and Committee Members

H. Partner Achievements

I. Bibliography