![All4HealthFL — Four Counties. One Vision.]

2025

Community Health Needs Assessment

Polk County

Winter Haven Women's Hospital

Contents

Letter from the All4HealthFL Collaborative

To the citizens of Polk County,

We are proud to present the 2025 All4HealthFL Collaborative Community Health Needs Assessment (CHNA) for Polk 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 Polk 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 Community Health Needs Assessment was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs.

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 members 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 Polk 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 Polk County from the 2022 Community Health Needs Assessment were Behavioral Health (Mental Health and Substance Misuse), Access to Health and Social Services, as well as Exercise, Nutrition, and Weight.

Behavioral Health (Mental Health and Substance Misuse)	Access to Health and Social Services	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 populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to often under-represented 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	Qualitative Research	Community Survey	Needs Prioritization

Secondary Data provided a critical insight into demographics of Polk 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 22 one-on-one stakeholder interviews and four focus groups, speaking with over 50 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually.

A **Community Survey** was conducted via SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian, and Vietnamese to evaluate and address healthcare, housing, employment and other needs, gaps, and resources in the community. A total of 1,318 responses were collected and analyzed. Survey responses are provided for Polk County in this report.

The **needs prioritization process** was conducted on March 10, 2025, with 68 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, the community needs, and potential strategies to address those needs. 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 model[3] consists of five domains shown below in Exhibit 1.

EXHIBIT 1: SOCIAL DRIVERS OF HEALTH FRAMEWORK
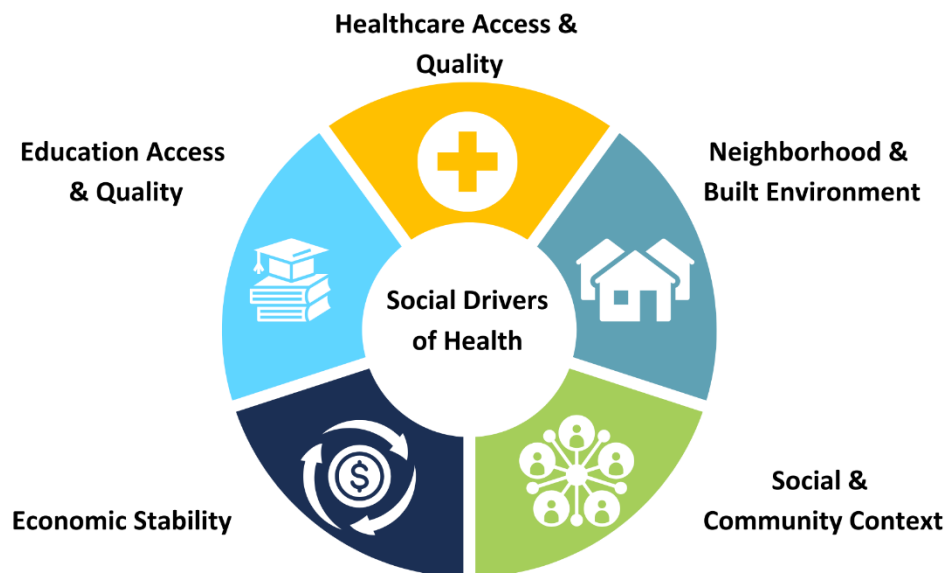
Healthy People 2030

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.

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[1] ODPHP, n.d. Social Determinants of Health.
[2] Whitman et al. (ASPE), 2022.
[3] ODPHP, n.d. Social Determinants of Health.

Demographics

Polk County, Florida
Demographic Overview

Total Population 760,961

Population by Age

Age Under 19	Age 20-44	Age 45-64	Age 65+
22.1%	**39.6%**	**58.3%**	**19.7%**

Population Change

2010		2023		2032
602,095	+26.4%	**760,961**	+14.3%	**869,514**

Education

Less than 9th Grade	5.2%
9th to 12th Grade, No Diploma	7.2%
High School Degree	33.2%
Some College No Degree	21.8%
Associates Degree	9.9%
Bachelor's Degree	15.3%
Graduate Degree	7.3%

32.5% of Polk County residents have **earned a higher education degree.**

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

Demographics

Polk County, Florida
Demographic Overview

Trend of Population Living in Poverty

Legend: ● White ● Black / African American ● Hispanic / Latino

- White: 11.5%
- Black / African American: 23.7%
- Hispanic / Latino: 17.5%

Foreign-Born Population

Legend: ● Polk County ● Florida

Native Born:
- Polk County: 88.5%
- Florida: 78.6%

Foreign Born:
- Polk County: 11.5%
- Florida: 21.4%

Economic Wellbeing

Median Household Income
$63,644

Households Below Poverty Level
10.8%

Unemployment Rate
4.4%

Households Receiving SNAP Benefits
14.6%

Race / Ethnicity

- **59.8%** White
- **14.8%** Black / African American
- **27.7%** Hispanic / Latino
- **11.8%** Two or More Races
- **26.4%** 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 Polk County was analyzed, and eight community needs were identified.

On March 10, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Polk County came together to prioritize the most significant health needs for Polk County. The needs prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 68 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 on health drivers and outcomes were presented in data placemats for participants reference.

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.

Behavioral Health	Cancer	Dental	Economic Stability
Exercise, Nutrition, and Weight	Healthcare Access and Quality	Heart Disease and Stroke	Neighborhood and Built Environment

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	8.59
2	Behavioral Health	9.78
3	Exercise, Nutrition, and Weight	11.80
4	Economic Stability	13.55
5	Heart Disease and Stroke	13.93
6	Cancer	16.83
7	Dental	17.33
8	Neighborhood and Built Environment	18.62

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

Health insurance and the ability to pay for care is often one of the main reasons people do not seek healthcare.[4] Even with health insurance, people may not be able to afford copays and deductibles. In Polk County, 13.0% of the total population does not have health insurance. Approximately one in five (19.6%) adults aged 19 to 64 years do not have health insurance (Exhibit 2).

**EXHIBIT 2: LACK OF HEALTH INSURANCE AMONG ADULTS, 2022**
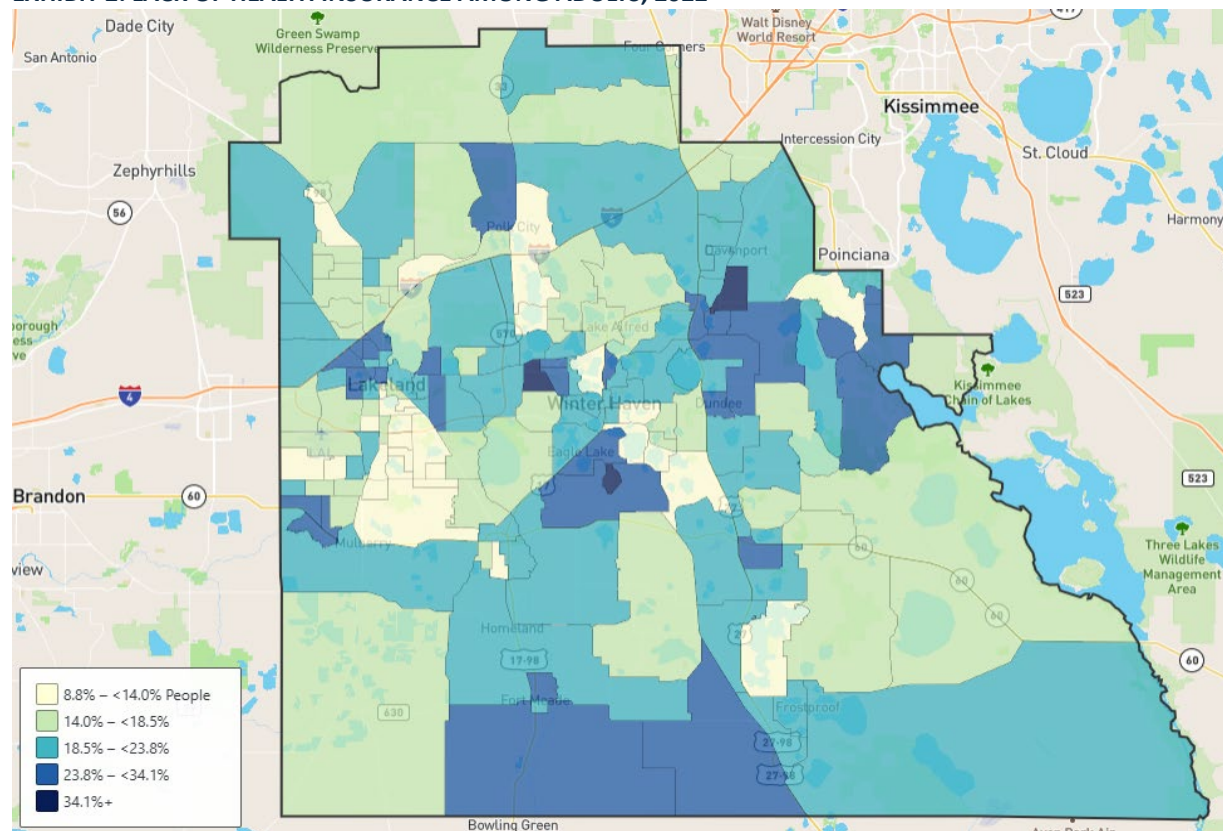
Source: CDC, n.d. BRFSS Places, 2022.

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[4] Taber et al., 2015.

In some census tracts[5] in Polk County, nearly one in three adults do not have health insurance as shown in the darker blue areas (Exhibit 2). Additionally, health insurance rates vary by race and ethnicity. The Hispanic or Latino population has 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 POLK COUNTY BY RACE/ETHNICITY, 2019-2023
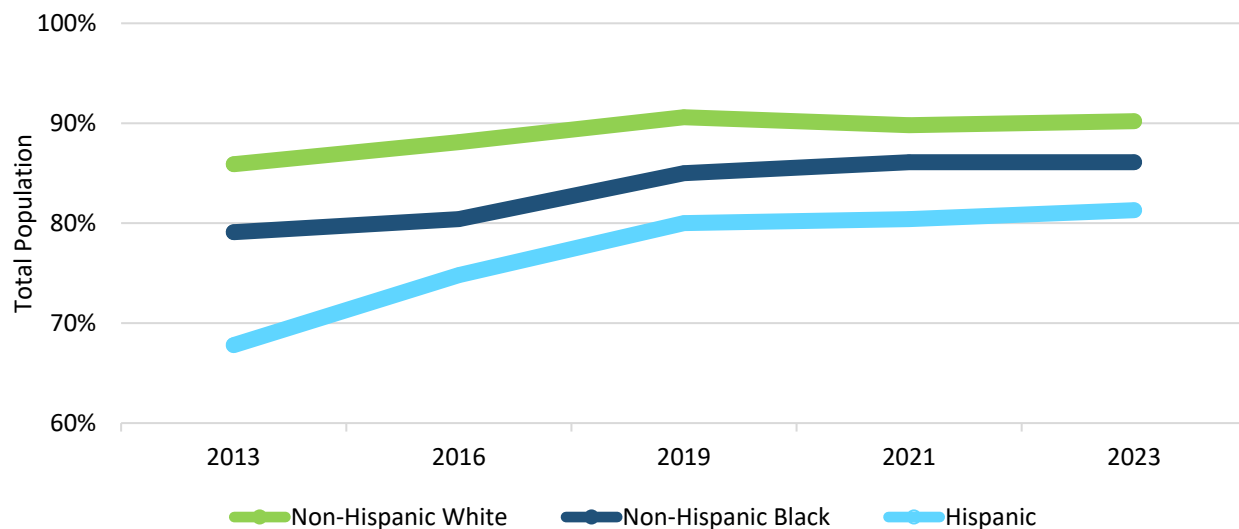
Source: U.S. Census Bureau, n.d. American Community Survey 2019-2023, Five-Year Estimates.

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

There is approximately one OBGYN to 7,313 people. Compared to Florida's ratio of 3,919:1 and the United State's ratio of 3,454:1 this means there is nearly half the availability of OBGYNs in the county compared to the state and the nation. Polk County also has fewer primary care providers and pediatricians than Florida and the United States.

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

	Polk County	Florida	United States
Primary Care Physician	1,319:1	858:1	879:1
Primary Care Nurse Practitioner	1,133:1	800:1	1,110:1
Dentist	2,747:1	1,686:1	1,532:1

[5] Census Tracts are "relatively permanent geographic divisions of a county or county equivalent." Census Tracts typically have a population of 1,200 to 8,000 with the optimum threshold of 4,000 people. For more information, please see https://www2.census.gov/geo/pdfs/partnerships/psap/G-650.pdf.
[6] HRSA, n.d., Health Provider Shortage Areas.

	Polk County	Florida	United States
Mental Health Provider	1,131:1	693:1	550:1
Pediatrician	1,810:1	879:1	795:1
Obstetrics and Gynecology (OBGYN)	7,313:1	3,919:1	3,454:1
Midwife and Doula	7,313:1	9,029:1	9,336:1

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

In Polk County, 76.8% of adults received a medical checkup in 2022[7] 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 lighter areas (Exhibit 5)

**EXHIBIT 5: ANNUAL DOCTOR CHECKUP IN THE PAST YEAR AMONG ADULTS, 2022**
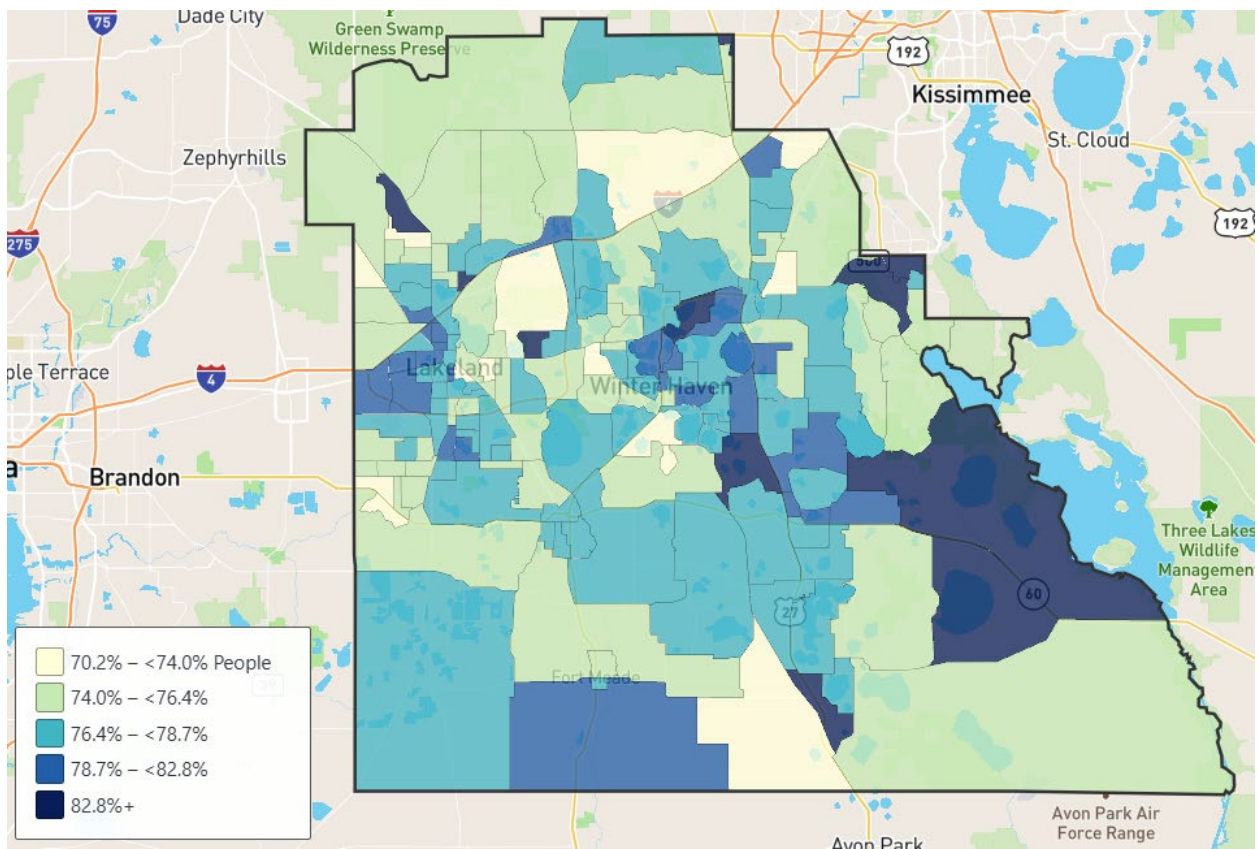
Source: CDC, n.d. BRFSS Places, 2022.

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[7] CDC, n.d. BRFSS Places, 2022.

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

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

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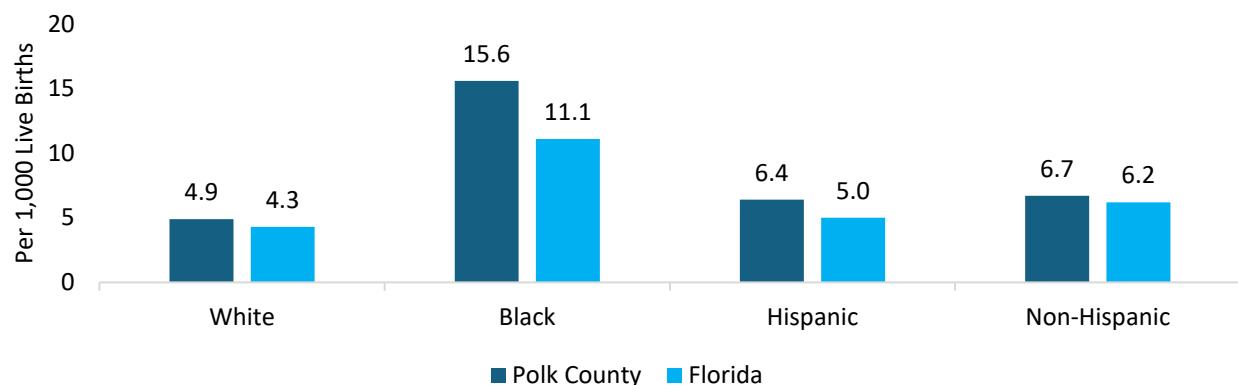
Source: FLHealthCHARTS, n.d.

Early prenatal care is a key factor in improving outcomes.[9] In Polk County, White mothers had the highest rate of early prenatal care at 71.6%, while Black mothers had the lowest at 60.3% (Exhibit 7). All groups in Polk County fall below state averages.

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

	Polk County	Florida
White	71.6%	74.3%
Black	60.3%	63.7%
Hispanic	68.0%	70.5%
Non-Hispanic	69.6%	72.3%

Source: FLHealthCHARTS, n.d.

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[8] CDC, 2024. Infant Mortality.
[9] Albarqi, 2025.

Key Qualitative Findings

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

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

Healthcare Access and Quality

Physical Access: availability of providers, especially specialists, and transportation

Financial Access: affordability of care, including high co-pays and inadequate insurance coverage

Awareness: knowledge of services in area and navigation of the healthcare system to reach care

Quality of Care: for non-English speakers

Rural Communities

Older Adults

Migrant Populations

Stakeholders and focus group participants expressed several healthcare-related concerns, including financial and insurance barriers, a lack of awareness, and physical access to providers, especially in the more rural parts of Polk County. Adequate staffing of specialty care providers, chronic disease prevention, and assistance with navigating the complex healthcare system were repeatedly mentioned as strategies to improve healthcare access. Participants noted that those living in rural areas, older adults, and individuals who have migrated to the area are particularly at risk for limited access to healthcare services.

"Services are not equally accessible, and it depends on health insurance, where they live, if you have internet access - not everyone in Polk has internet. The people who know about services the best need them the least." – Stakeholder Interview

Key Community Survey Findings

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

When asked about medical care access, 17.0% of the respondents indicated that they needed medical care but did not get it in the past 12 months.

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

Yes ■ No
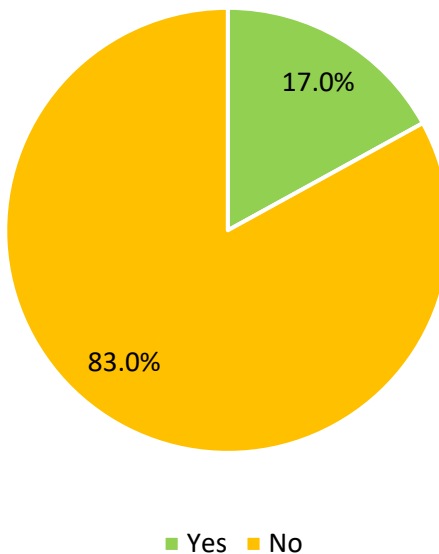
The top five reasons for not getting the care needed include being unable to pay for care (50.3%), unable to schedule an appointment when needed (48.6%), cannot take time off (24.3%), doctor's office does not have convenient hours (23.2%), and unable to find a doctor who takes my insurance (19.5%).

EXHIBIT 9: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?[10]
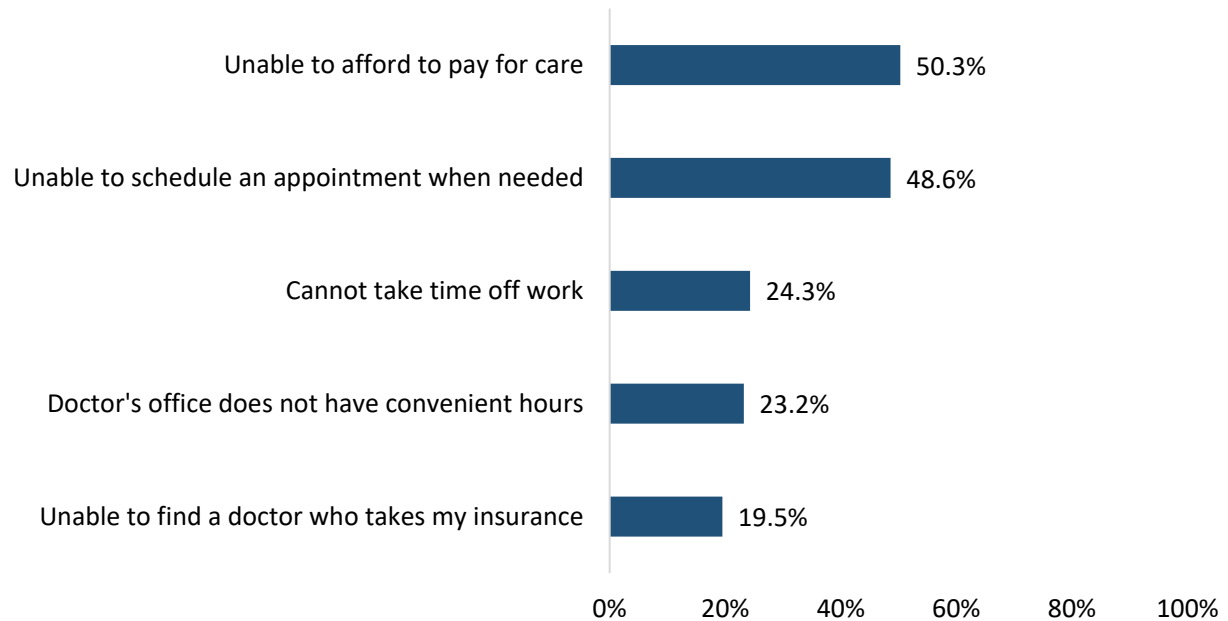
[10] For complete list, please refer to the appendix.

Nearly one in three (31.7%) respondents said their own personal health was excellent or very good. Another 40.3% of respondents reported that their personal health was good. More than one in five (24.6%) respondents said their own health was either fair or poor.

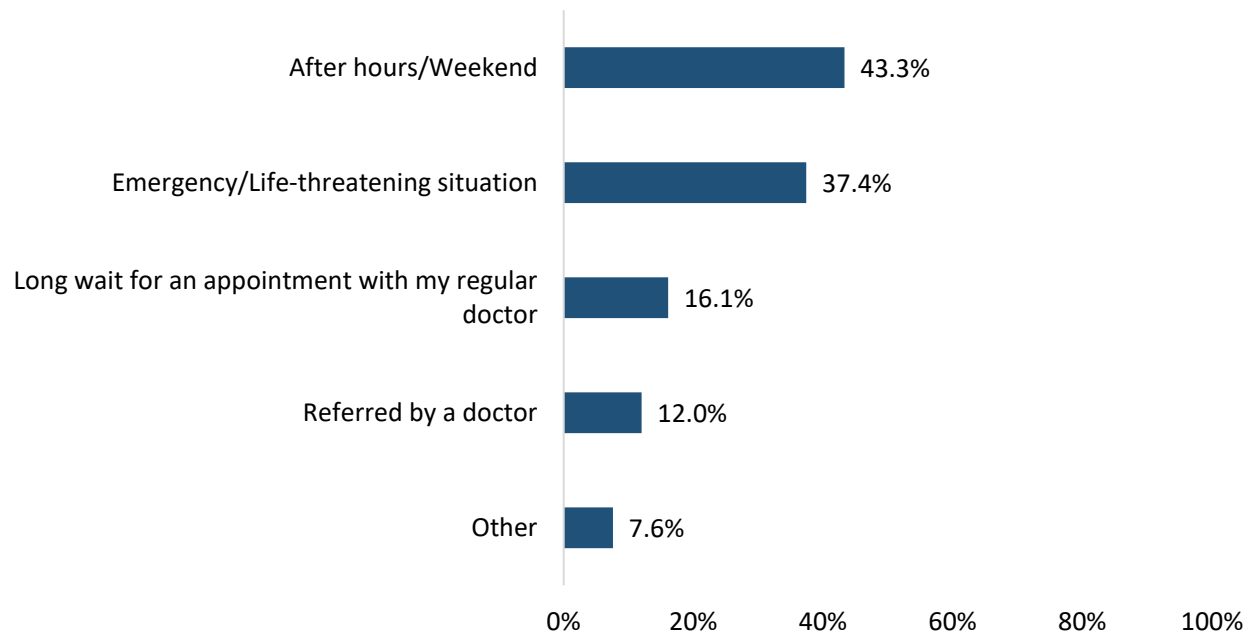**EXHIBIT 10: OVERALL, HOW WOULD YOU RATE YOUR HEALTH?**
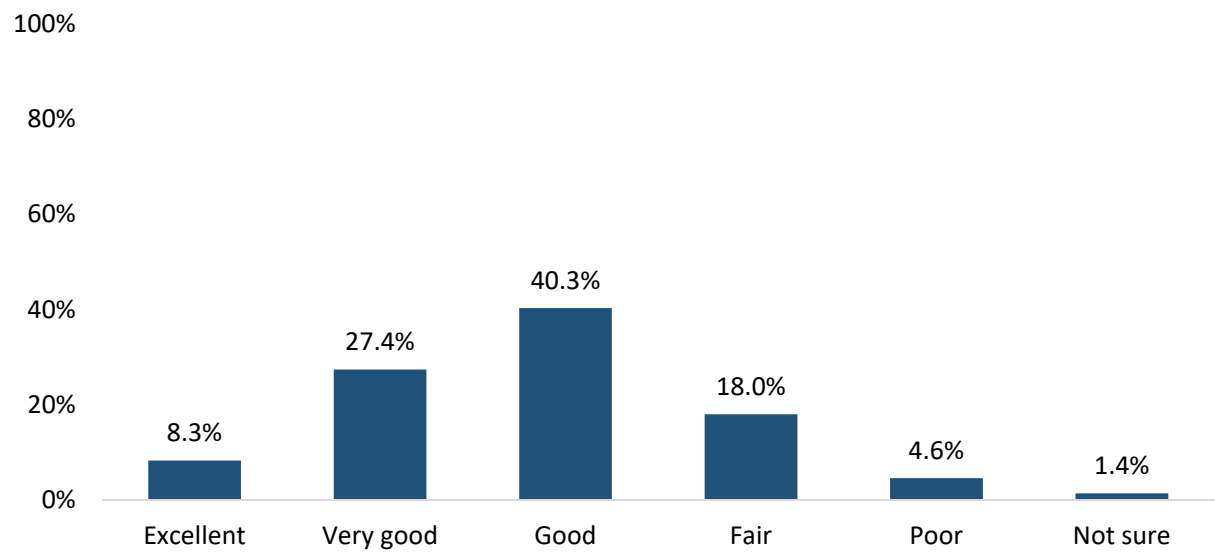
More than one fourth of the survey respondents (26.7%) went to the emergency room (ER) one to two times in the past 12 months. Only 4.2% of respondents went to the ER three to four times, 0.7% of respondents went to the ER five or more times.

EXHIBIT 11: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM (ER, NOT URGENT CARE) ABOUT YOUR OWN HEALTH?
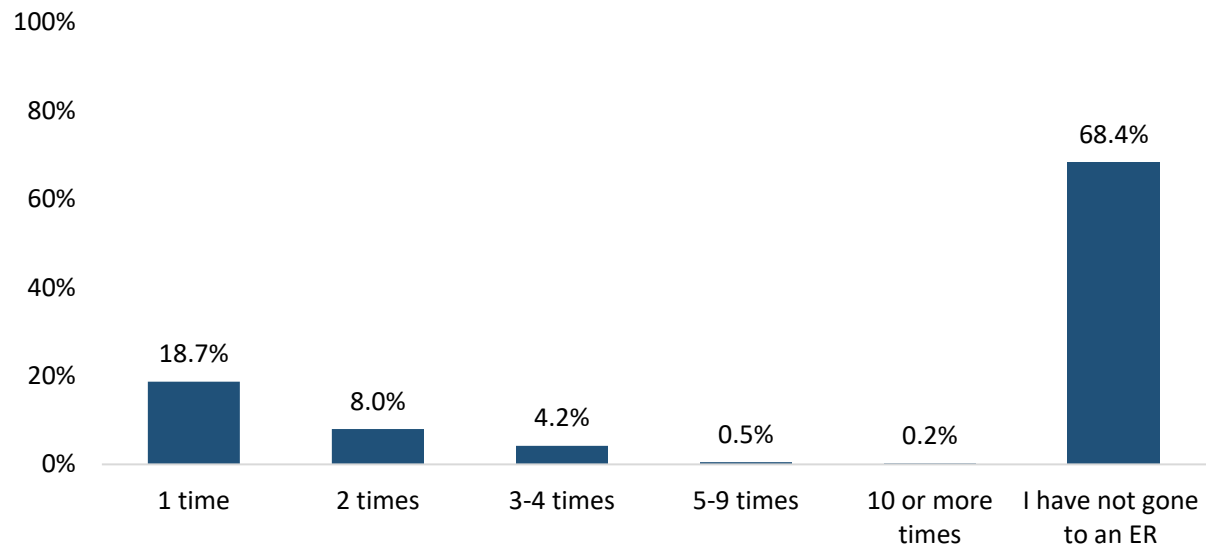
The most common reason survey respondents reported using the emergency room instead of a doctor's office was that it was after hours or on a weekend (43.3%), followed by experiencing an emergency or life-threatening situation (37.4%).

EXHIBIT 12: WHAT ARE THE MAIN REASONS YOU USED THE ER INSTEAD OF GOING TO A DOCTOR'S OFFICE OR CLINIC[11]

After hours/Weekend — 43.3%

Emergency/Life-threatening situation — 37.4%

Long wait for an appointment with my regular doctor — 16.1%

Referred by a doctor — 12.0%

Other — 7.6%

0%   20%   40%   60%   80%   100%

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[11] For complete list, please refer to the appendix.

Behavioral Health

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

NIMH, 2024.

Key Secondary Data Findings

In Polk County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 18.3% of adults reported 14 or more mentally unhealthy days in the past month. The darker the region, the more likely adults reported poor mental health days. 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

Legend:
- 9.9% – <15.5% People
- 15.5% – <18.0%
- 18.0% – <20.4%
- 20.4% – <23.2%
- 23.2%+
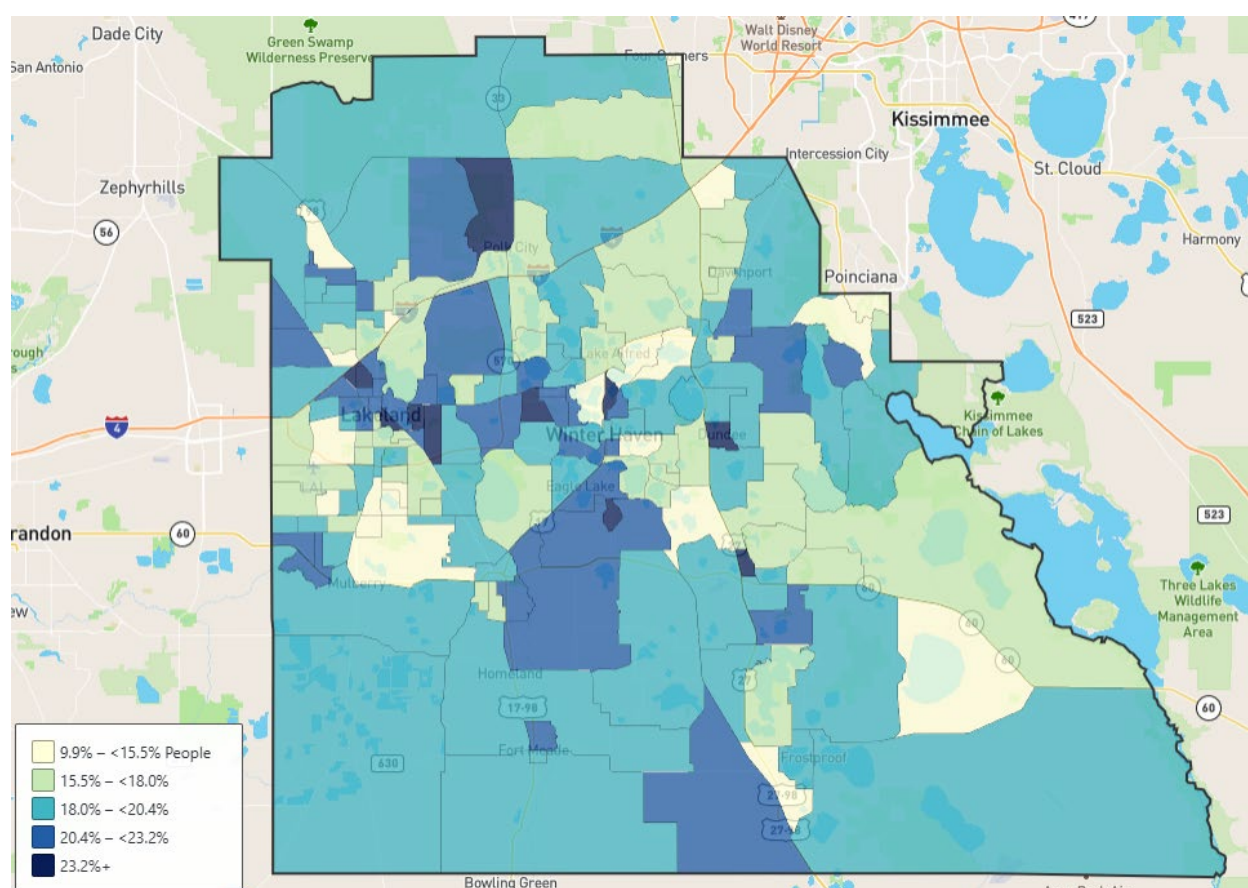
Source: CDC, n.d. BRFSS Places, 2022.

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[12] CDC, 2024. About Behavioral Health.

Access to care is a critical factor in behavioral health outcomes. In Polk County, the mental health provider ratio is 1,131:1, meaning there are approximately 1,131 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. [13]

EXHIBIT 14: BEHAVIORAL/MENTAL HEALTH PROFESSIONALS PROVIDER RATIO, 2024

	Polk County	Florida
Mental Health Provider Ratio	1,131:1	693:1

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

Substance use among youth is a growing concern in Polk County. By high school, one in three students report using illicit drugs, and over one in four have used e-cigarettes or vapes containing nicotine. Among middle school students in Polk County, substance use patterns begin early: 18.7% have tried illicit drugs, 13.9% have consumed alcohol, 13.9% 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.[14] But the risks are serious: substance use at a young age is linked to mental health issues, academic struggles, and increased risk of overdose. [15]

Substance Use By School Level

Middle School	High School
13.9% have tried alcohol	**19.0%** have tried alcohol
13.9% have used a vaporize/e-cigarette	**27.5%** have used a vaporize/e-cigarette
4.6% have smoked a cigarette	**10.3%** have smoked a cigarette
18.7% have tried illicit drugs	**32.1%** have tried illicit drugs

Source: FLHealthCHARTS, n.d.

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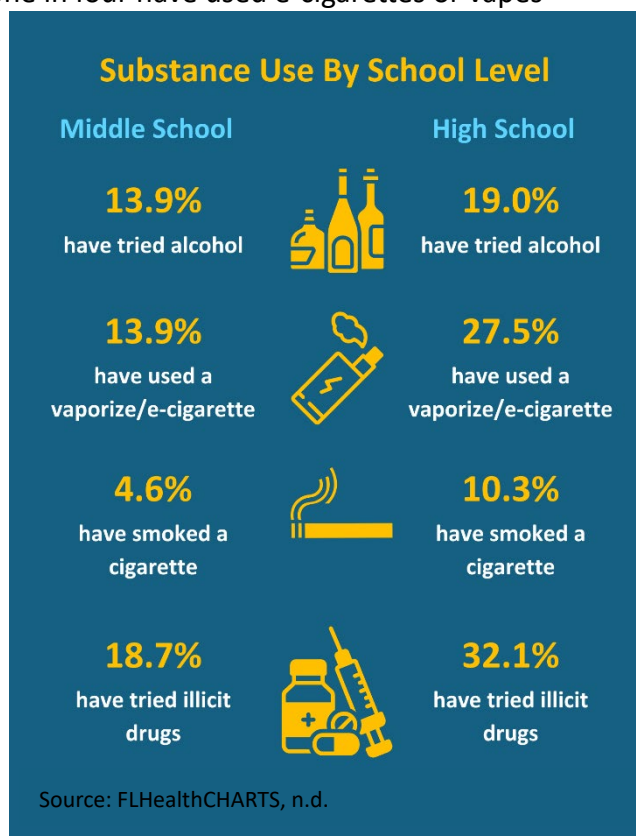
[13] Nordstrom et al., 2023.
[14] US DEA, 2023. Why Do Teens Use Drugs.
[15] CDC, 2024. Substance Use Among Youth.

In Polk County, binge drinking is also a growing concern among adults. Despite the binge drinking rate being slightly lower in Polk County (15.6%) than Florida (16.1%), there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.[16]

1 in 8 adults

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

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

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

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[16] NIAA, 2025. What is Binge Drinking?

Suicide is another critical indicator of unmet behavioral health needs. Between 2021-2023 (Exhibit 15), Polk County had a suicide rate of 15.2 per 100,000 people when combining all methods. Notably, firearms were the most common method, with a rate of 6.7 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, RATE PER 100,000 PEOPLE, 2021-2023**
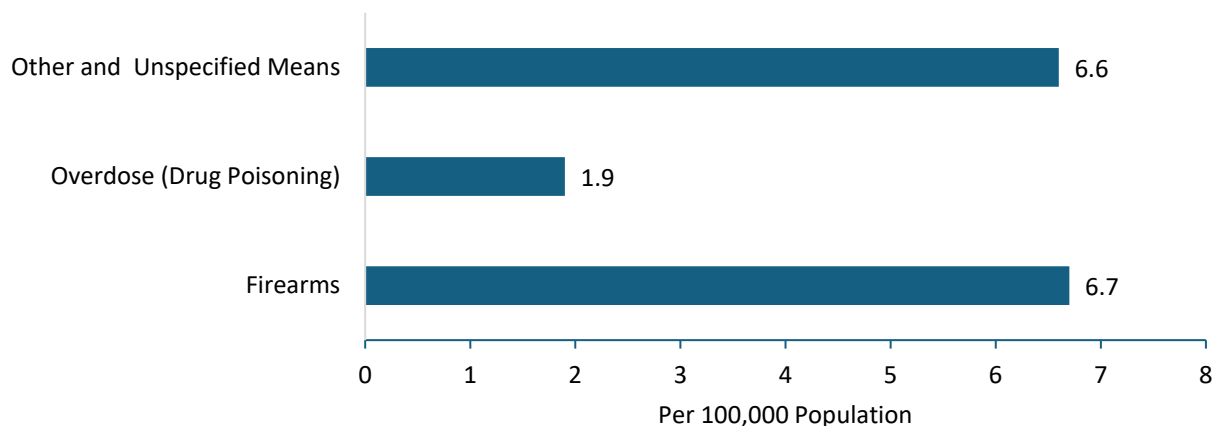
Source: FLHealthCHARTS, n.d.

Behavioral health also drives significant use of emergency and inpatient care. In Polk County, hospitalizations due to mental health disorders occurred at a rate of 949.2 per 100,000 people, just below the state average of 963.2.[17] The county also reported 1,144.6 emergency department visits per 100,000 people for mental health conditions, reflecting an ongoing demand for crisis services.[18]

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[17] FLHealthCHARTS, n.d. Hospitalizations from Mental Disorders, 2020-2023.
[18] FLHealthCHARTS, n.d. Emergency Dept. Visits from Mental Disorders, 2020-2023.

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

Per 100,000 Population

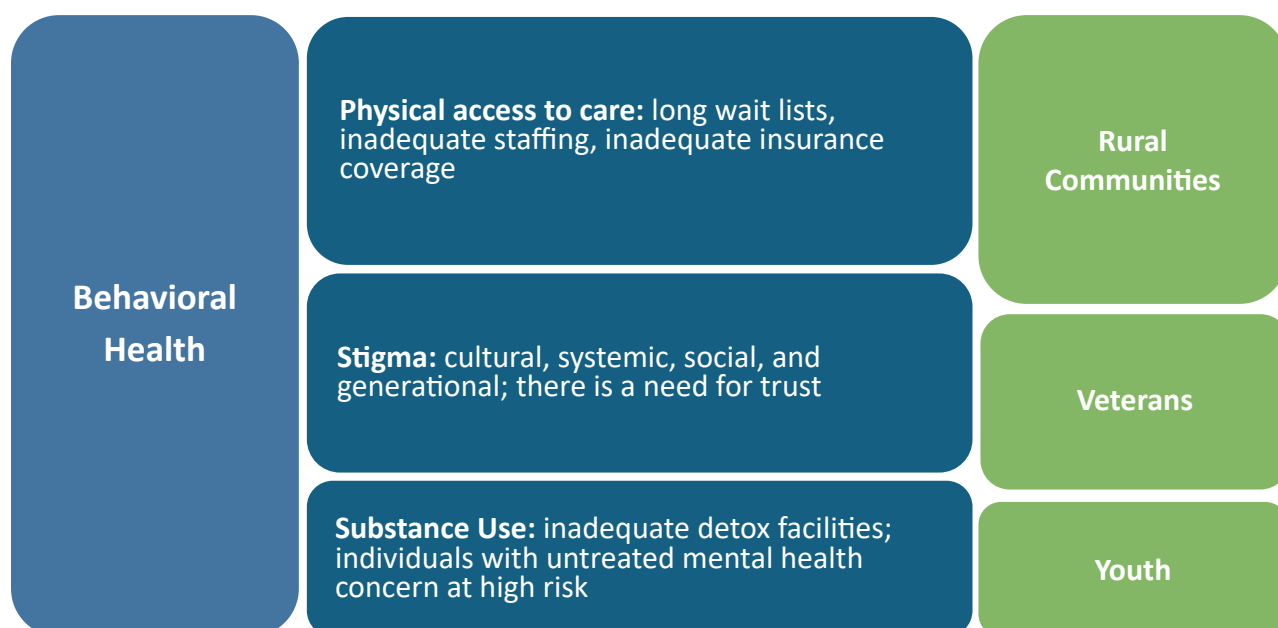- 2018-2020: 1,396.0
- 2021-2023: 1,144.6
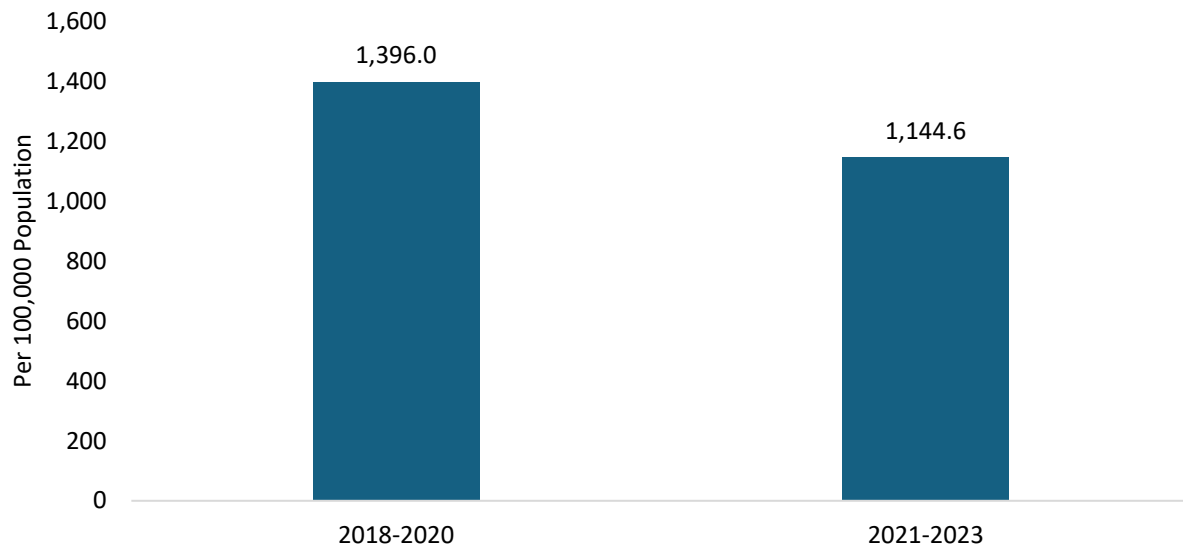
Source: FLHealthCHARTS, n.d.

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.

Behavioral Health

Physical access to care: long wait lists, inadequate staffing, inadequate insurance coverage

Stigma: cultural, systemic, social, and generational; there is a need for trust

Substance Use: inadequate detox facilities; individuals with untreated mental health concern at high risk

Rural Communities

Veterans

Youth

Stakeholders and focus group participants repeatedly cited an inadequate number of detox beds, inadequate inpatient and stabilization options, and a lack of providers that accept Medicaid, especially in rural areas. Additionally, participants made a connection between a lack of access to treatment for mental health concerns and substance use. When considering different populations in need of better access to behavioral healthcare, youth and veterans were often mentioned.

"Behavioral health has the worst coverage of any specialty coverage, and we have very densely populated areas in Lakeland and Winter Haven and almost no coverage in the rest of the county. It gets even worse if you funnel that down to individuals that have challenges with insurance. If you look at that from a Medicaid perspective, you've whittled down providers even more and same with indigent healthcare." – 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.[19] Such experiences are known to impact long-term mental and physical health outcomes.[20]

Nearly two in five of respondents said their own mental health was either excellent or very good (39.7%). Nearly 36.0% of respondents rated their mental health as good. Nearly one in four respondents said their mental health was either fair or poor (23.4%).

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

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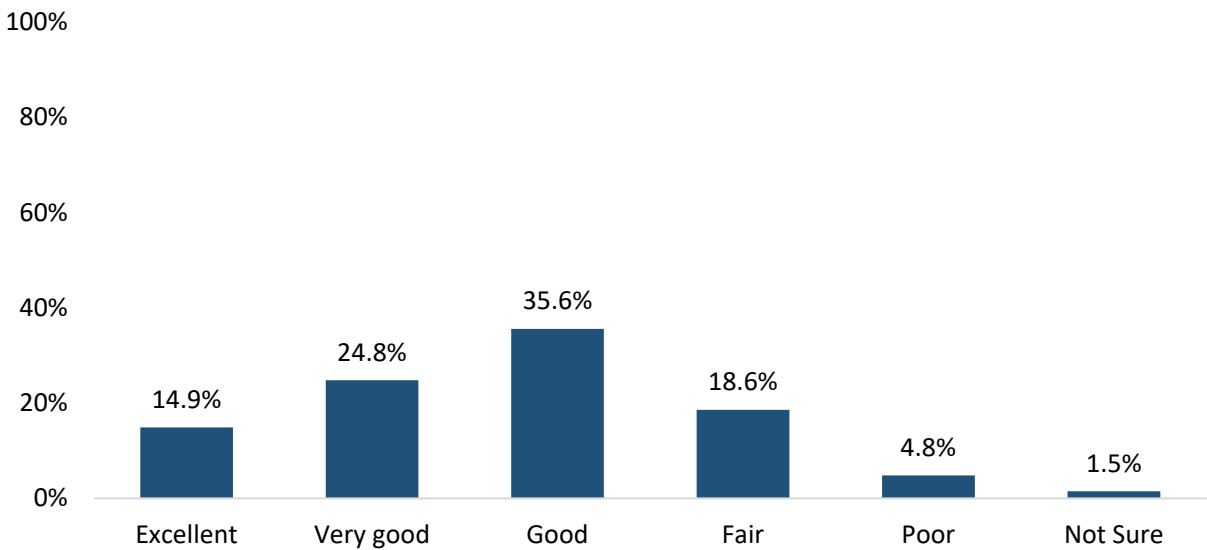
[19] CDC, 2024. About Adverse Childhood Experiences.
[20] Monnat & Chandler, 2016.

When asked about self-harm and suicidal thoughts, 89.3% of survey respondents reported never having these thoughts in the past 12 months. In Polk County, 8.4% indicated experiencing such thoughts several days a month, while 2.4% reported having them more than half the days or nearly every day.

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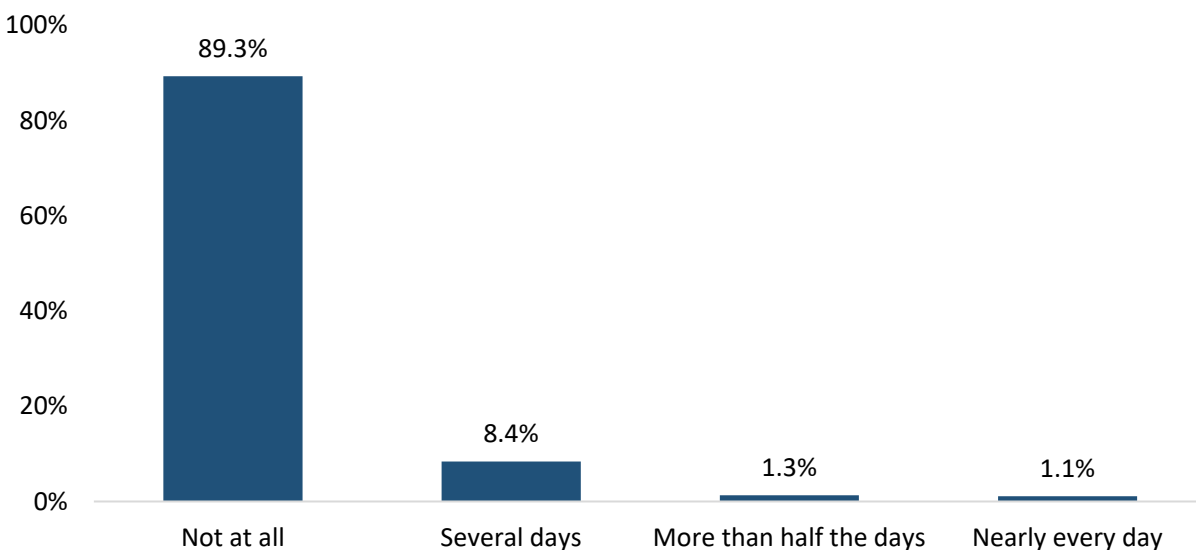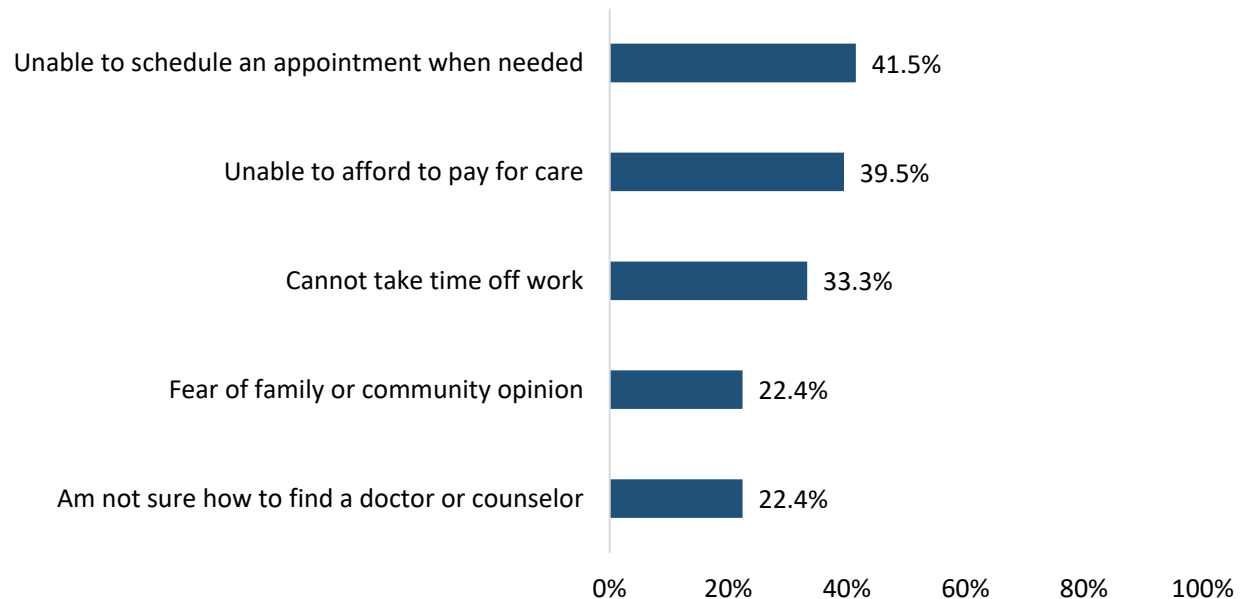

Approximately 13.4% of respondents said in the past 12 months, they needed mental healthcare but did not get the care they needed.

EXHIBIT 19: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTHCARE BUT DID NOT GET THE CARE YOU NEEDED?
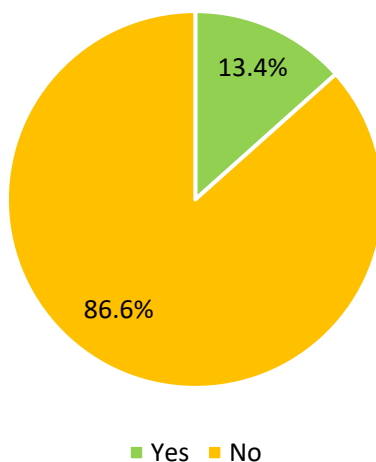
The top five reasons that prevented respondents getting the care they needed were unable to schedule an appointment when needed (41.5%), unable to afford to pay for care (39.5%), cannot take time off work (33.3%), fear of family or community opinion (22.4%), and not sure how to find a doctor (22.4%).

EXHIBIT 20: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTHCARE?[21]

Reason	Percentage
Unable to schedule an appointment when needed	41.5%
Unable to afford to pay for care	39.5%
Cannot take time off work	33.3%
Fear of family or community opinion	22.4%
Am not sure how to find a doctor or counselor	22.4%

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[21] For complete list, please refer to the appendix.

When asked if children at home needed mental or behavioral healthcare, 9.8% of respondents said that the children needed the care but did not get the care they needed.

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

■ Yes ■ No
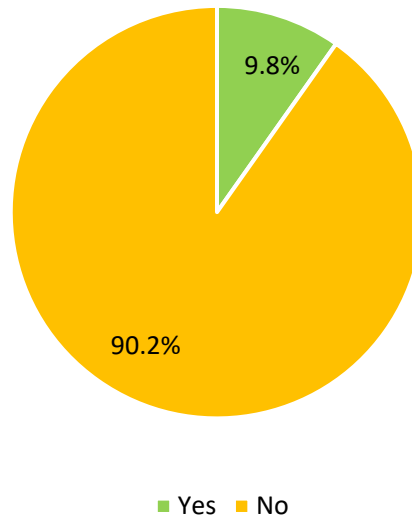
The top barriers for children to get the care they needed were long wait time for appointments (47.9%), cannot find child psychiatrists or other providers (41.7%), unable to afford pay for care (37.5%), unable to find a doctor who takes their insurance (35.4%), and unable to schedule an appointment when needed (33.3%).
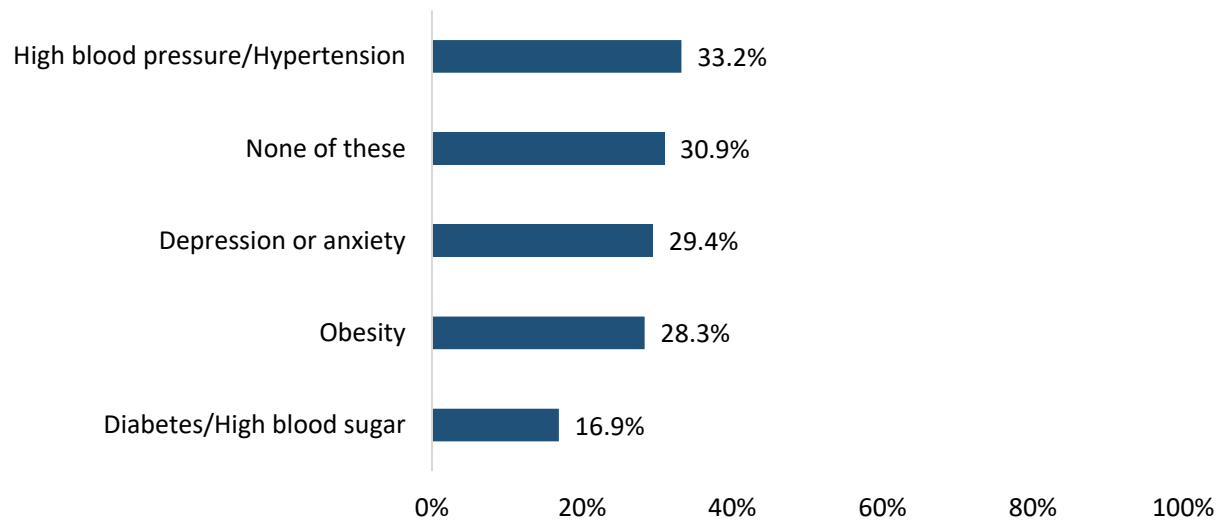
EXHIBIT 22: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL CARE THEY NEEDED?[22]

Long wait time for appointments — 47.9%
Cannot find a child psychiatrist or other provider — 41.7%
Unable to afford to pay for care — 37.5%
Unable to find a doctor who takes my insurance — 35.4%
Unable to schedule an appointment when needed — 33.3%

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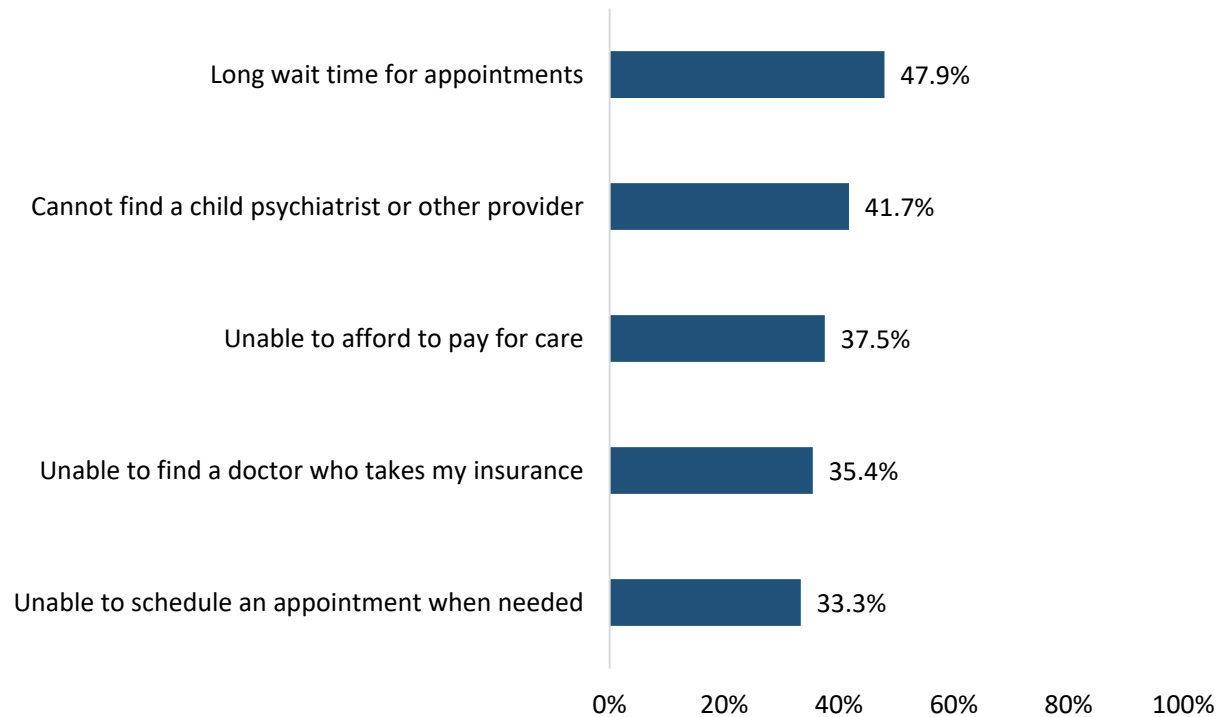
[22] For complete list, please refer to the appendix.

Nearly 30.0% of the respondents were told by either a doctor or other medical provider that they have depression or anxiety.

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

Health Issue	Percentage
High blood pressure/Hypertension	33.2%
None of these	30.9%
Depression or anxiety	29.4%
Obesity	28.3%
Diabetes/High blood sugar	16.9%

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[23] For complete list, please refer to the appendix.

In Polk County, 20.4% of the respondents experienced four or more ACEs before the age of 18. More than half of the respondents experienced divorced or separated parents (50.1%). Nearly half of the respondents either lived with anyone who was a problem drinker or alcoholic (46.8%), lived with anyone who was depressed, mentally ill or suicidal (43.6%), or their parents verbally harmed them (43.0%). Approximately 30.7% of the respondents were physically harmed by their parents.

EXHIBIT 24: EVENTS YOU EXPERIENCED BEFORE AGE OF 18[24]

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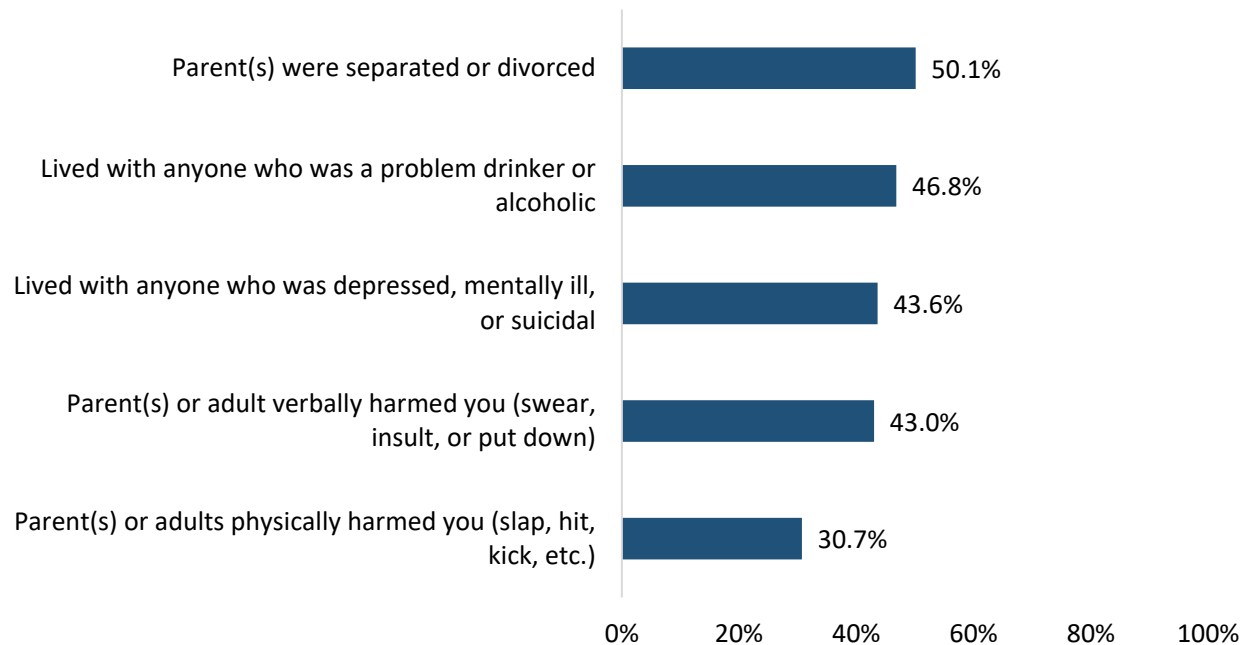
[24] For complete list, please refer to the appendix.

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 is also a vital component to healthy well-being at every stage of life.
>
> *CDC, 2024.*

Key Secondary Data Findings

The child food insecurity rate in Polk County is 20.8%, considerably higher than the adult food insecurity rate of 13.7%. 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.[25]

**EXHIBIT 25: FOOD INSECURE INDIVIDUALS BY AGE, 2023**

Left pie chart: 20.3%
■ Child Food Insecurity ■ Not Food Insecure

Right pie chart: 14.9%
■ Overall Food Insecurity ■ Not Food Insecure
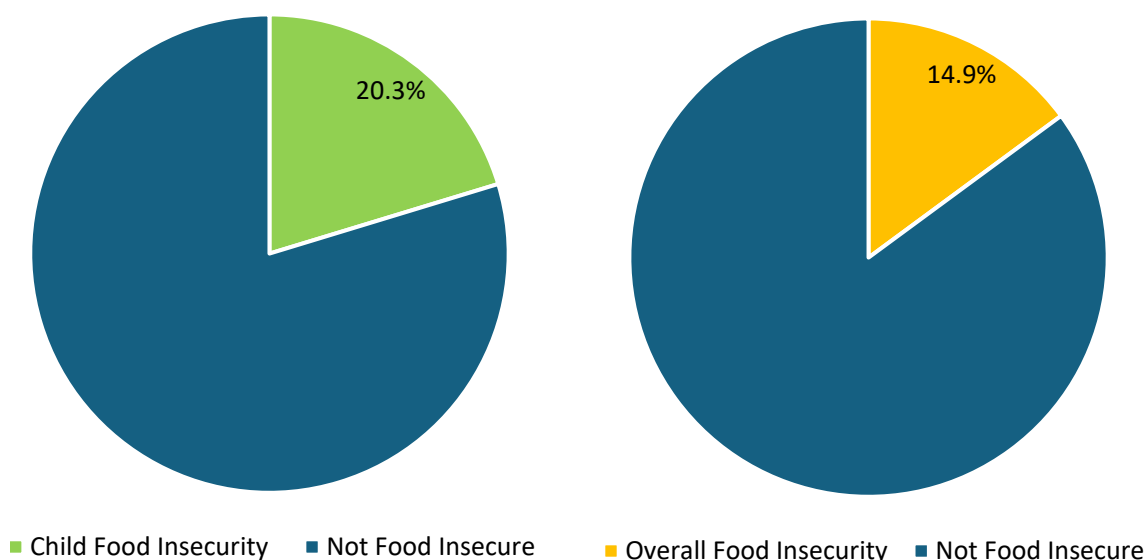
Source: Feeding America, Map the Meal Gap, 2023

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[25] Feeding America, n.d. Child Hunger Facts.

Weight-related health concerns are prevalent across all age groups in Polk County. According to 2022 data, one in three adults and one in four adolescents are obese. These rates are concerning, as excess weight is associated with increased risk for chronic conditions, such as heart disease, diabetes, and certain cancers.[26] 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.[27]

EXHIBIT 26: POLK COUNTY WEIGHT RATES, 2022
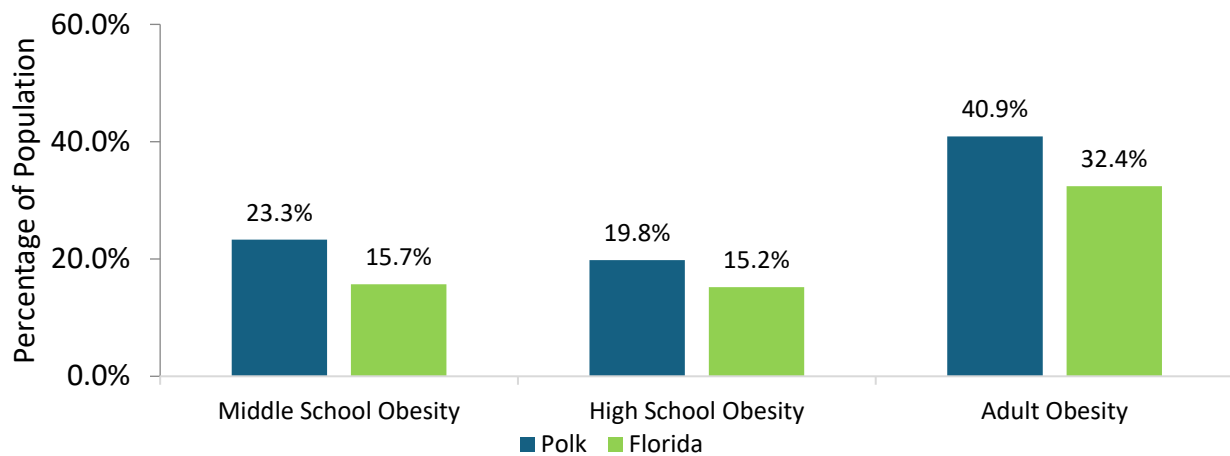
Source FLHealthCHARTS, n.d.

Many parts of Polk County are considered "food deserts" — places where people live far from full-service grocery stores or places to buy fresh food[28]. According to the USDA, thousands of residents in Polk County live more than a mile away from healthy food options. This is especially true in rural areas and the outer parts of the county. When healthy food isn't close by, people may have to rely on convenience stores or fast food, which can increase the risk of obesity, diabetes, and other health issues.

 Additionally, 59.0% of elementary school students in Polk 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.[29] At the household level, 14.6% of Polk County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a higher proportion than both the state average (12.6%) and the national average (11.8%).[30] These figures highlight ongoing challenges related to food access and affordability—issues that not

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[26] NIDDK, 2023. Health Risks of Overweight & Obesity.
[27] Balasundaram, P., Krishna, S. (NIH), 2023.
[28] USDA, 2025. Food Access Research Atlas - Documentation.
[29] FLHealthCHARTS, n.d. Elementary School Students Eligible for Free/Reduced Lunch 2022-24.
[30] U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

only affect dietary habits but also influence energy levels, physical activity, and long-term health outcomes and conditions. [31]

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[31] CDC, 2023. Healthy Food Environments.

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.

Exercise, Nutrition, and Weight	**Food Insecurity:** unhealthy options at food banks and unaffordable healthy food, lack of community gardens	Youth
	Health Education: food as prevention, provide affordable or free nutrition education	Rural Communities
	Recreational Opportunities: need for supportive built environment	Unhoused Populations

Participants shared that community members in Polk County are struggling to pay for food, especially nutritious food. When considering the populations experiencing more significant barriers to exercise and healthy diets, participants reported that rural communities lack sufficient access to affordable healthy food options, and youth, especially unhoused youth, are experiencing food insecurity. Participants identified opportunities for improvement, including improving the built environment to offer greater recreation access, and focusing on nutrition education in the community.

"People with advanced diabetes can get overwhelmed and don't want to deal with it or make changes. We need to talk more about food as medicine, talk with doctors about nutrition. We need diabetes classes at homeless shelters – they get fed a lot of carbs, and people with food insecurity aren't able to pick their food." – 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.[32] 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.[33]

One in three respondents (32.9%) from Polk County experienced food insecurity. Food insecurity was inversely related to income level, with higher rates observed among lower-income groups. Respondents who identified their race as "I identify another way" experienced the highest food insecurity (56.3%), followed closely by American Indian or Alaska Native respondents (55.6%). Hispanic or Latino respondents also reported higher rates of food insecurity (50.4%) compared to non-Hispanic respondents (27.0%).

EXHIBIT 27: FOOD INSECURITY BY INCOME, RACE, AND ETHNICITY[34]

INCOME

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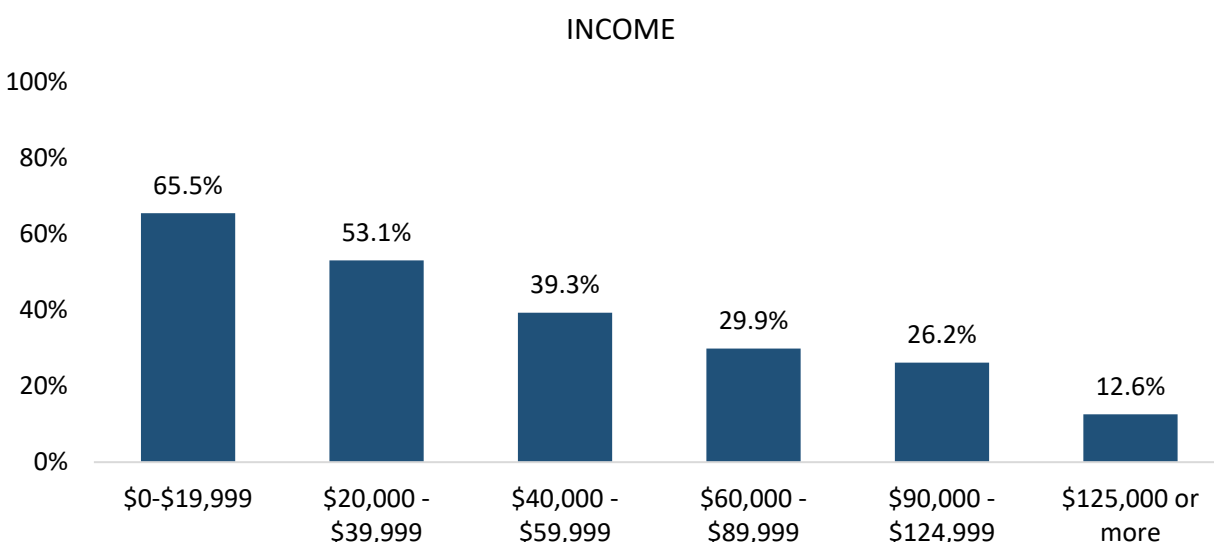
[32] Gropper S. S. (2023).
[33] CDC, 2024. Nutrition, Physical Activity, and Weight Status.
[34] Native Hawaiian or Pacific Islander is removed due to a lack of response from survey respondents.

RACE

Category	Percentage
African American or Black	39.4%
American Indian or Alaska Native	55.6%
Asian	24.0%
White	27.3%
More than one race	49.0%
I identify in another way	56.3%

ETHNICITY

Category	Percentage
Hispanic or Latino	50.4%
non-Hispanic or non-Latino	27.0%
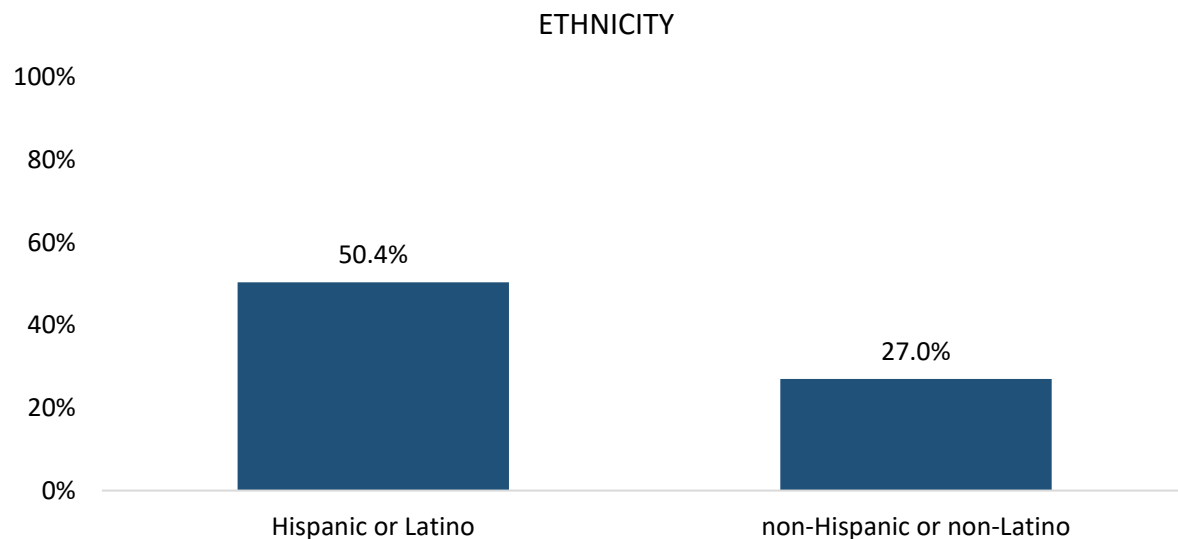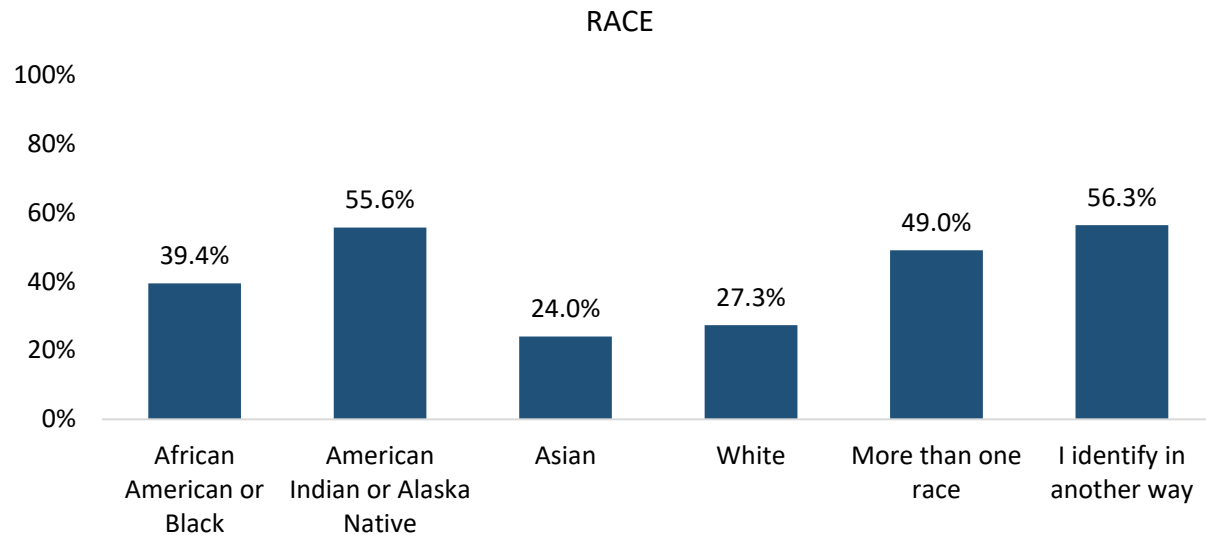
Exhibits 28 through 31 presented respondents with a series of questions about their access to food. Nearly one third of respondents reported that it was often true or sometimes true that they worried their food would run out before they had money to buy more (29.1%), and that the food they bought did not last and they lacked the money to get more (25.8%). Additionally, 18.8% of respondents reported receiving emergency food from a church, food pantry, food bank, or soup kitchen in the past 12 months.

EXHIBIT 28: I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE

6.8%
22.3%
70.9%
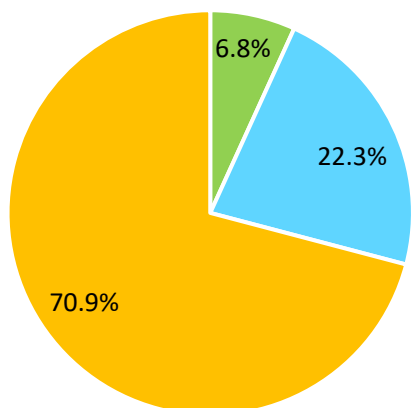
■ Often true ■ Sometimes true ■ Never true

EXHIBIT 29: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE
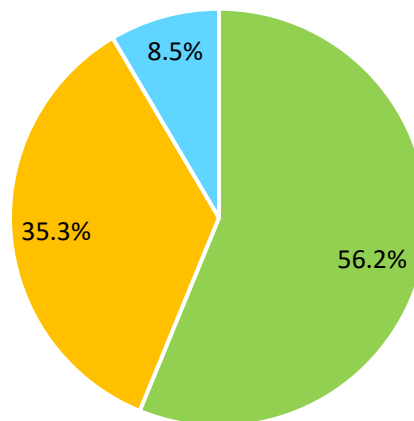
6.8%
19.0%
74.2%
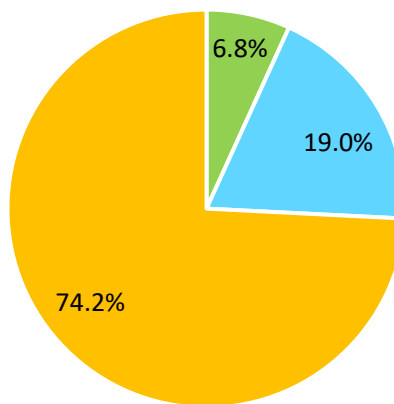
■ Often true ■ Sometimes true ■ Never true

EXHIBIT 30: DID YOU EVER GET EMERGENCY FOOD FROM A CHURCH, A FOOD PANTRY, FOOD BANK, OR EAT IN A SOUP KITCHEN?

18.8%
81.2%
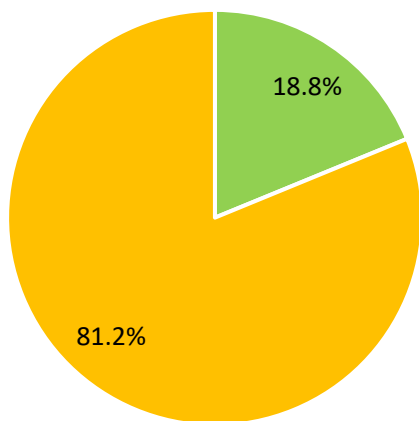
■ Yes ■ No

EXHIBIT 31: I AM ABLE TO GET HEALTHY FOOD EASILY

8.5%
35.3%
56.2%

■ Agree ■ Disagree ■ Not sure

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 Polk County, the median household income is $63,644 annually, $8,067 less than Florida's $71,711 median household income and $14,894 less than the United States median household income of $78,538.[35] The median household income varies across different racial groups.

**EXHIBIT 32: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, 2019-2023**
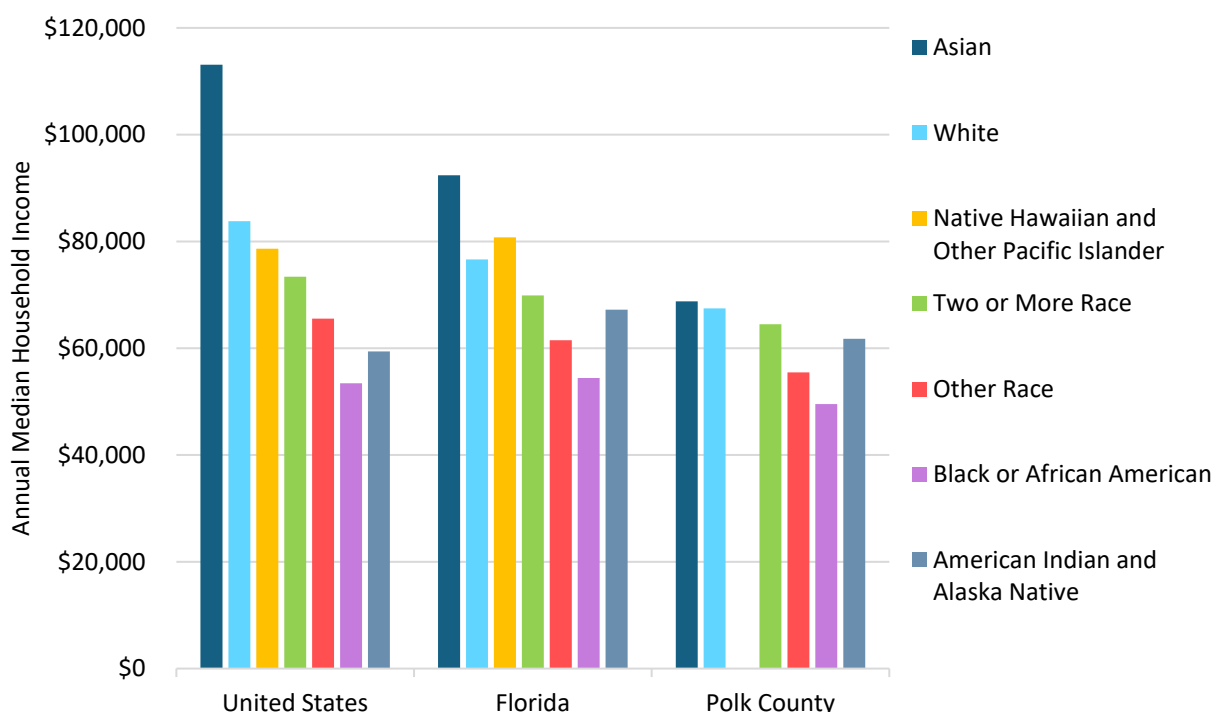
Source: U.S. Census Bureau, n.d., American Community Survey 2019-2023 Five-year Estimates

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

Poverty is a well-established driver of health outcomes. In Polk County, 14.7% of the population lives below the poverty line, a higher percentage than both the state (12.6%) and national average (12.4%). However, traditional poverty metrics often under count those struggling to meet basic needs.[36]

EXHIBIT 33 HOUSEHOLD INCOME STATUS IN POLK COUNTY, 2022

- Households Above ALICE Threshold
- ALICE Households
- Households in Poverty
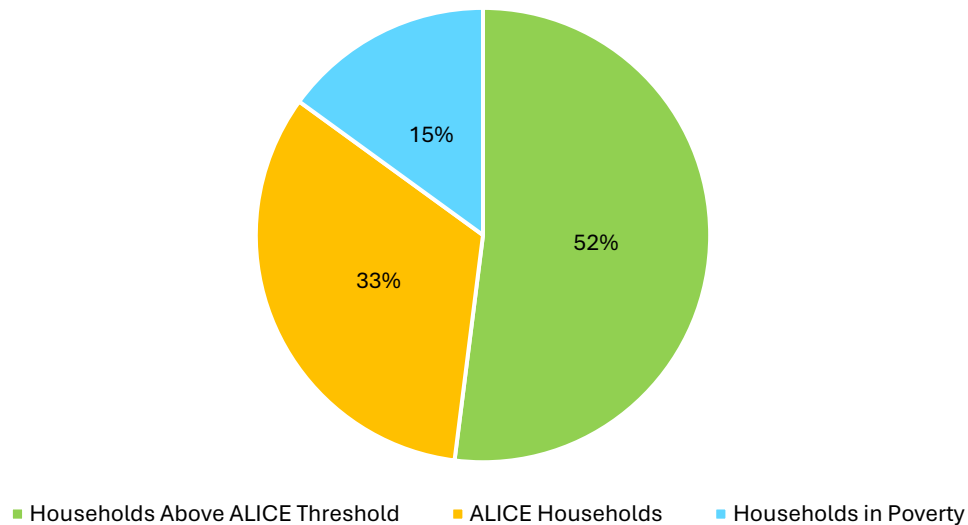
Source: United for ALICE, n.d.

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.[37] In Polk County, 33% of households are considered ALICE.

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[36] Kildruff (PRB), 2022.
[37] 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 Polk County, 33.9% of low-income households currently spend 50.0% or more of their income on housing costs alone. [38]

Additionally, the median home value in Polk County is $240,000[39], lower than the state median of $325,000 – but still out of reach for many working families. The disconnect between wages, rental costs, and homeownership opportunities highlights the affordability challenges faced by many Polk County residents.

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

$24.04 per hour

At the current minimum wage of $12/hour, a worker would need to work over **80 hours per week just to afford rent in Polk County.**

Source: NLIHC, 2024

In Polk County, 8.7% of households lack internet access, higher than Florida's overall percentage of households without internet access (6.8%).[40] Internet access is essential for employment, education, healthcare (including telehealth), and civic participation. Limited connectivity can disproportionately impact rural communities, low-income families, and older adults.[41]

Childcare remains a critical yet costly need for working families in Polk County. Center-based infant care costs $11,960 annually, with home-based options slightly lower at $10,400. Although childcare costs decline with age, even school-aged care exceeds $5,720 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.

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[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] U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
[41] Turcios (SAMHSA), 2023.

EXHIBIT 34: ANNUAL CHILDCARE COSTS BY AGE AND TYPE, 2022
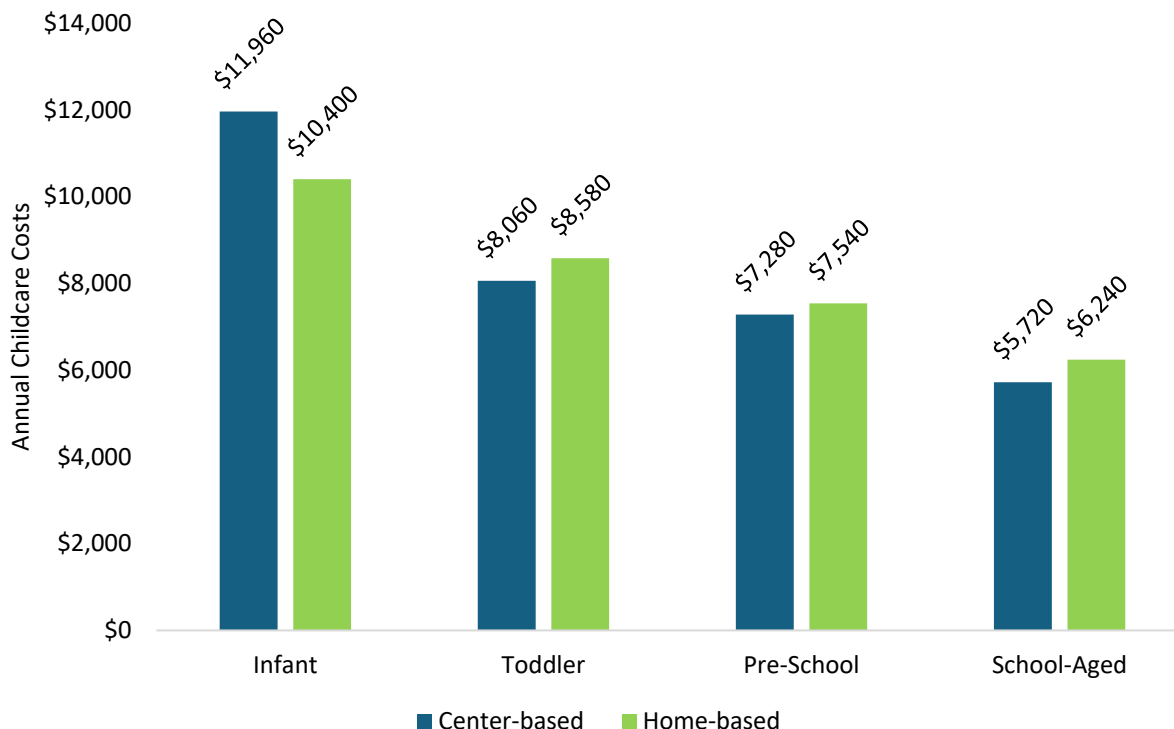
Source: Women's Bureau, 2025. The Price of Childcare by County.

To put this in context, the median household income in Polk County is $63,644.[42] A family spending approximately $15,000 per year on housing[43] and $8,060 on toddler childcare[44] would be left with just $40,389 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 Polk County community.

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[42] U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
[43] NLIHC, 2024. Out of Reach: Florida.
[44] Women's Bureau, 2025. The Price of Childcare by County.

Key Qualitative Findings

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

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

| Economic Stability | Housing: inflation, rapidly increasing cost of living and housing costs, lack of affordable housing stock | Low Socioeconomic Populations |
| | Poverty: financial education classes, increased homelessness, food insecurity, healthcare debt | Older Adults |
| | Employment Opportunities: lack of jobs with livable wages and health insurance benefits, job training | Legal-Involved Populations |

Participants expressed concern regarding the rising cost of living that impacts Polk County residents' ability to afford housing, food, and medical care. They identified solutions such as providing free financial education classes, increasing wages, and providing job training or vocational training. Some participants noted that individuals who have a legal history face barriers when seeking employment. Additionally, access to affordable housing was noted as one of the most pressing needs in the community.

"We are losing our middle-class citizens because they can't afford to live because of the increase in rent, and we can't afford to buy a house. Job opportunities are limited. We need to remember our veterans and seniors because we've outpriced their incomes. The cost of healthy food and a safe environment is too much." – 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 is important to improve the quality of life, living conditions, and ability to meet their basic needs, such as livable wage jobs, housing, utilities, and food. The findings are examined across income groups, race, and ethnicity to better understand disparities. Nearly half of the respondents (47.7%) 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. Moreover, access to healthcare (67.8%) and access to low-cost, healthy food (66.5%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

EXHIBIT 35: PLEASE READ THE LIST BELOW. WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?[45]
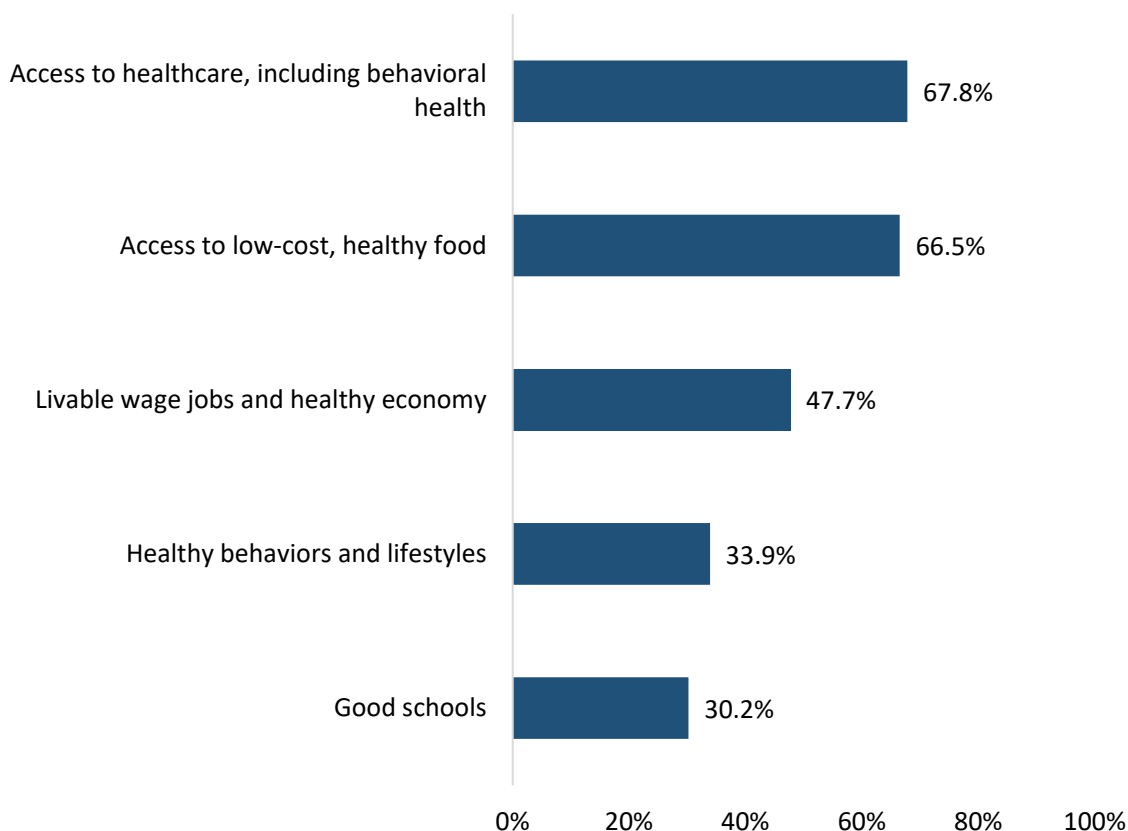
[45] For complete list, please refer to the appendix.

Exhibit 36 to 39 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," approximately 59.9% of respondents disagreed.

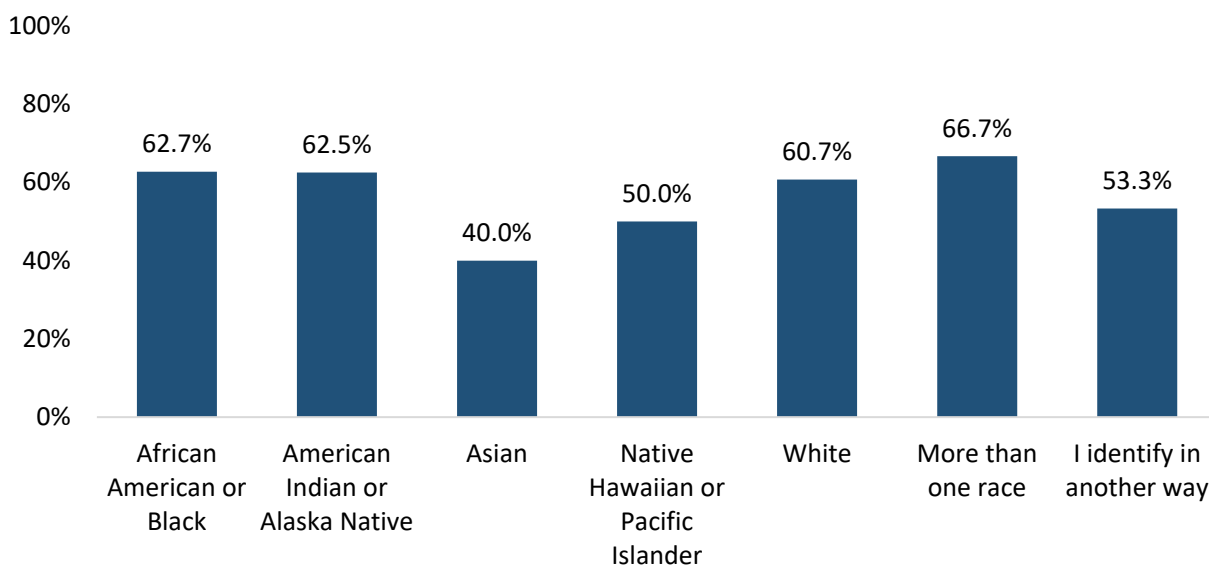**EXHIBIT 36: THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM**

■ Agree ■ Disagree ■ Not sure
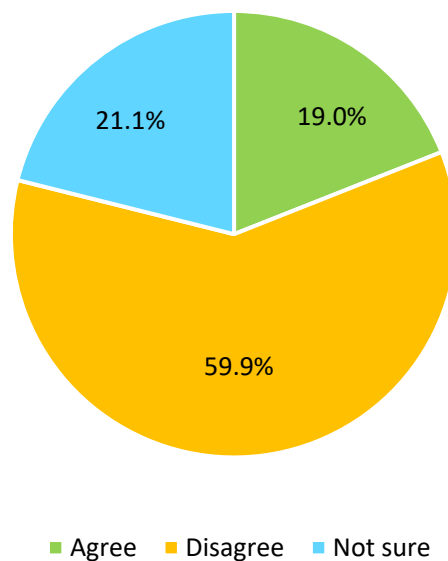
Across all income brackets, more than half of the respondents expressed disagreement. Individuals with income between $90,000 – $124,999 expressed highest disagreement (68.3%), followed by individuals with income between $40,000 – $59,999.

EXHIBIT 37: DISAGREE BY INCOME--THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM
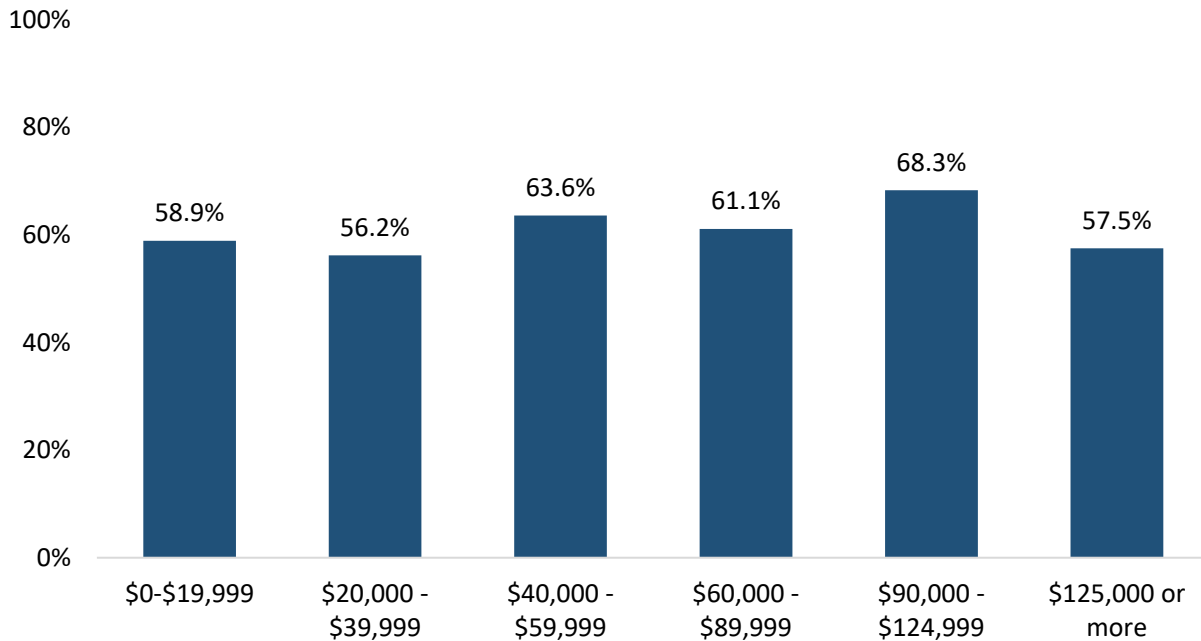
Similarly, a majority of respondents from each racial group disagreed, with 66.7% of multiracial respondents expressing disagreement—the highest among all groups, followed by individuals identifying as African American or Black (62.7%).

EXHIBIT 38: DISAGREE BY RACE-- THERE ARE PLENTY OF LIVABLE WAGE JOBS AVAILABLE FOR THOSE WHO WANT THEM

Additionally, nearly 60.0% of respondents disagreed with the statement regardless of whether they identified as Hispanic (60.0%) or non-Hispanic (59.7%).

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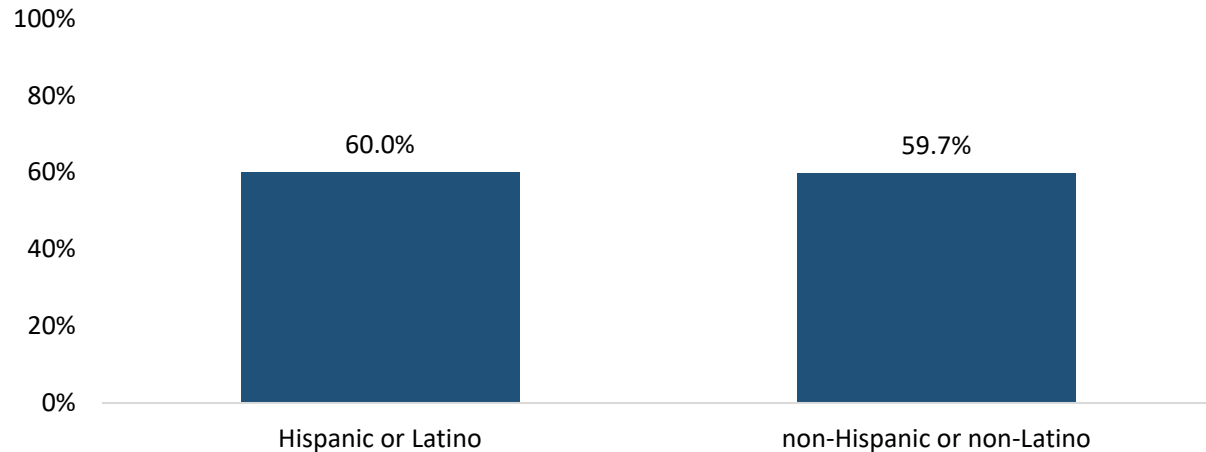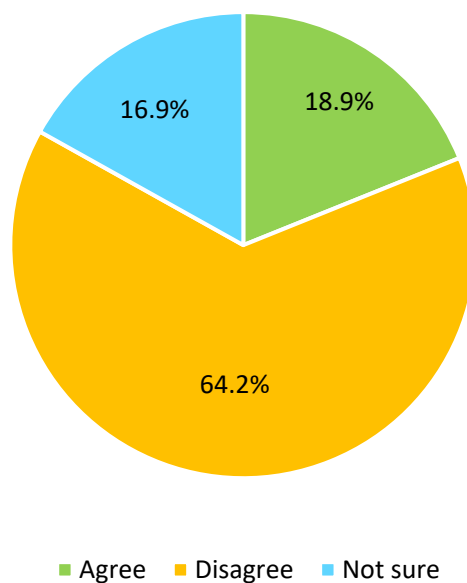

Exhibit 40 to 43 presents respondents' opinions on the affordable place to live, with results analyzed by income level, race, and ethnicity. When asked whether they agreed with the statement "There are affordable places to live in my community", 64.2% of respondents disagreed.

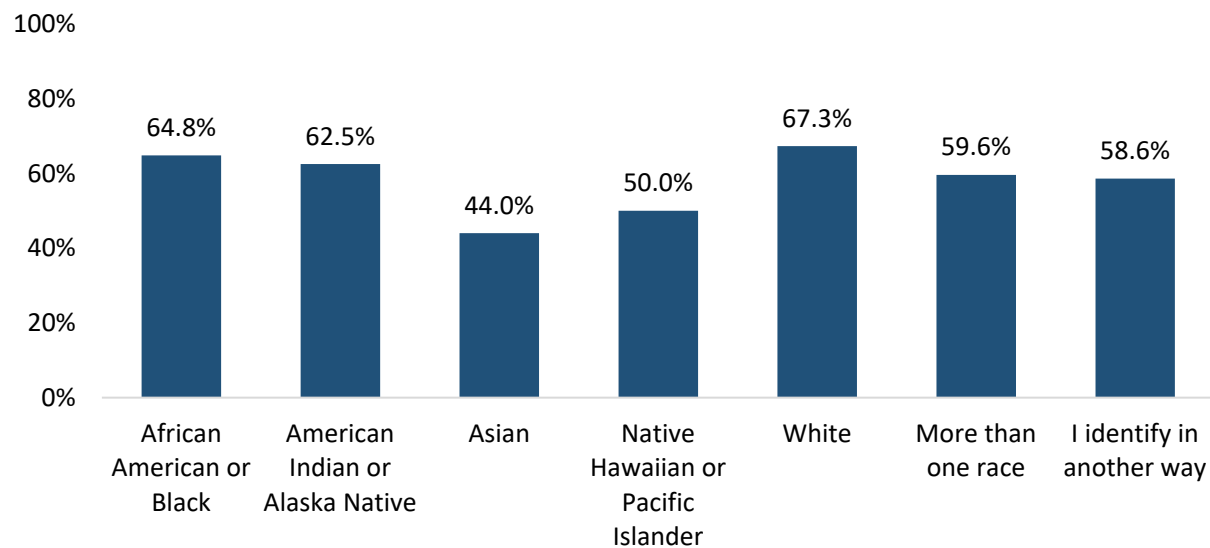**EXHIBIT 40: THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY**

Across all income brackets, individuals who earn income between $60,000 - $89,999 expressed the highest disagreement (73.3%), followed by those who earn between $40,000-$59,999 (68.9%).

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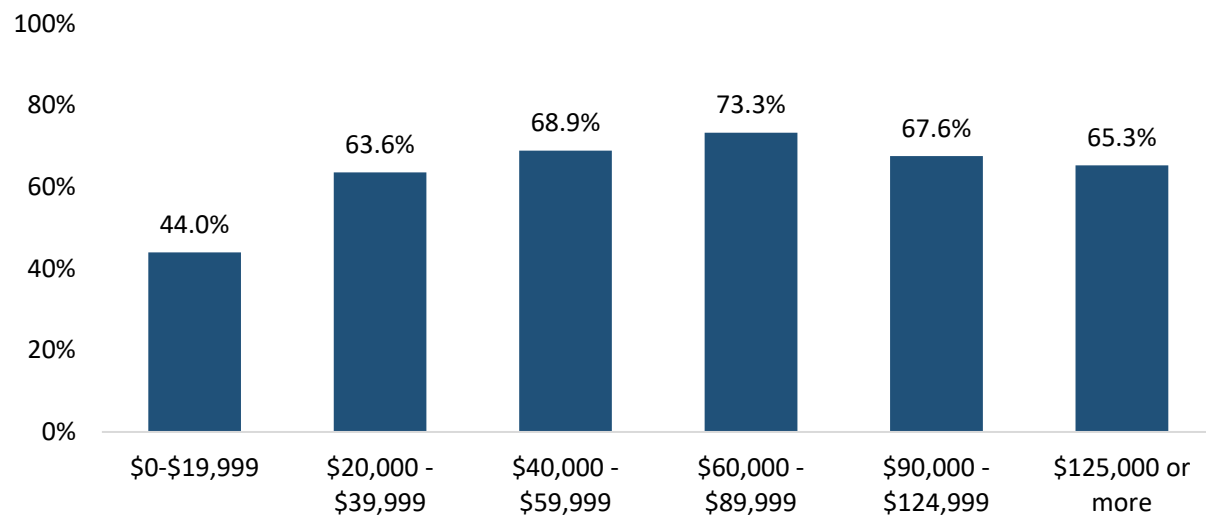

Similarly, a majority of respondents from each racial group disagreed, with 67.3% White respondents expressing disagreement – the highest among all groups, followed by African American and Black respondents (64.8%).

EXHIBIT 42: DISAGREE BY RACE--THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY

Additionally, 57.2% of Hispanic respondents disagreed with the statement, and 66.6% of respondents who are non-Hispanic expressed disagreement.

EXHIBIT 43: DISAGREE BY ETHNICITY-- THERE ARE AFFORDABLE PLACES TO LIVE IN MY COMMUNITY
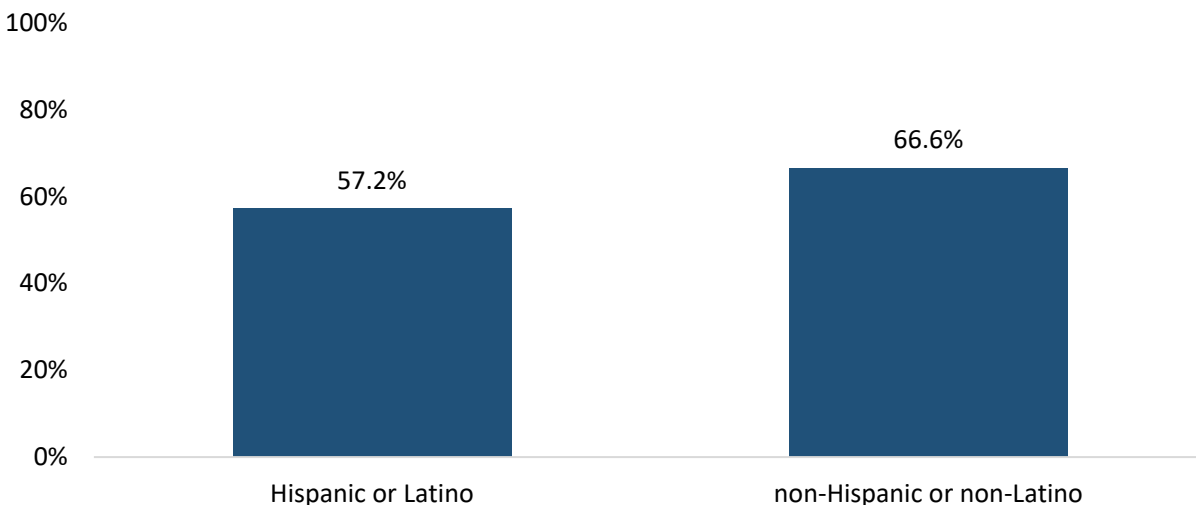
Exhibits 44 and 45 ask respondents a series of questions regarding housing security. Approximately 11.1% of the respondents were worried or concerned about whether in the next two months they may not have a stable place to stay. In addition, 4.7% of respondents said in the past 12 months, utility companies shut off their services due to not paying the bills.

EXHIBIT 44: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT TWO MONTHS YOU MANY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?
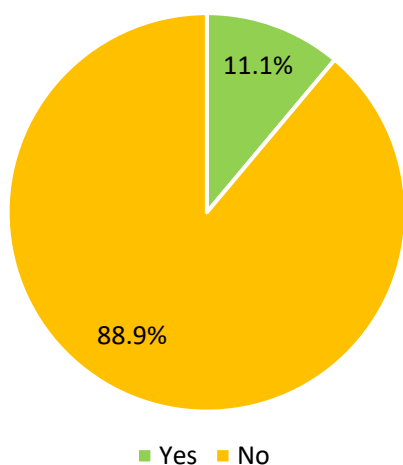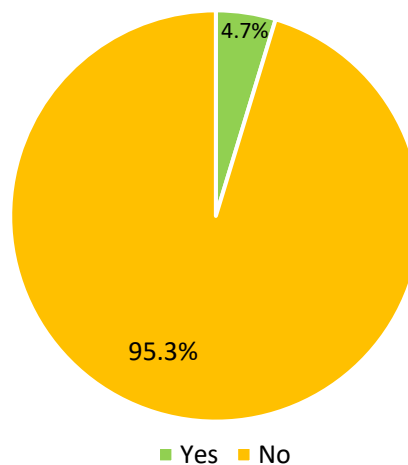
EXHIBIT 45: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

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 Polk County, accounting for 145.9 deaths per 100,000 people in 2023. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality. Heart disease includes a range of conditions that affect the heart's structure

Causes of Death

Top Causes (per 100,000 people)

Cancer	154.7
Heart Disease	145.9
Unintentional Injury	67.2

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

and function, such as coronary artery disease, arrhythmias, and heart failure.[46] Many of these conditions are preventable through lifestyle changes, early detection, and consistent access to healthcare.

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.[47]

In Polk County, 4.4% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.0% as shown in the darker blue areas in the map below (Exhibit 46), signaling a need for focused prevention and support services.

[46] AHA, 2023. What is Cardiovascular Disease?
[47] WHO, 2021. Cardiovascular Diseases.

EXHIBIT 46: STROKE AMONG ADULTS, 2022

Legend:
- 1.8% – <3.7% People
- 3.7% – <4.5%
- 4.5% – <5.4%
- 5.4% – <6.8%
- 6.8%+
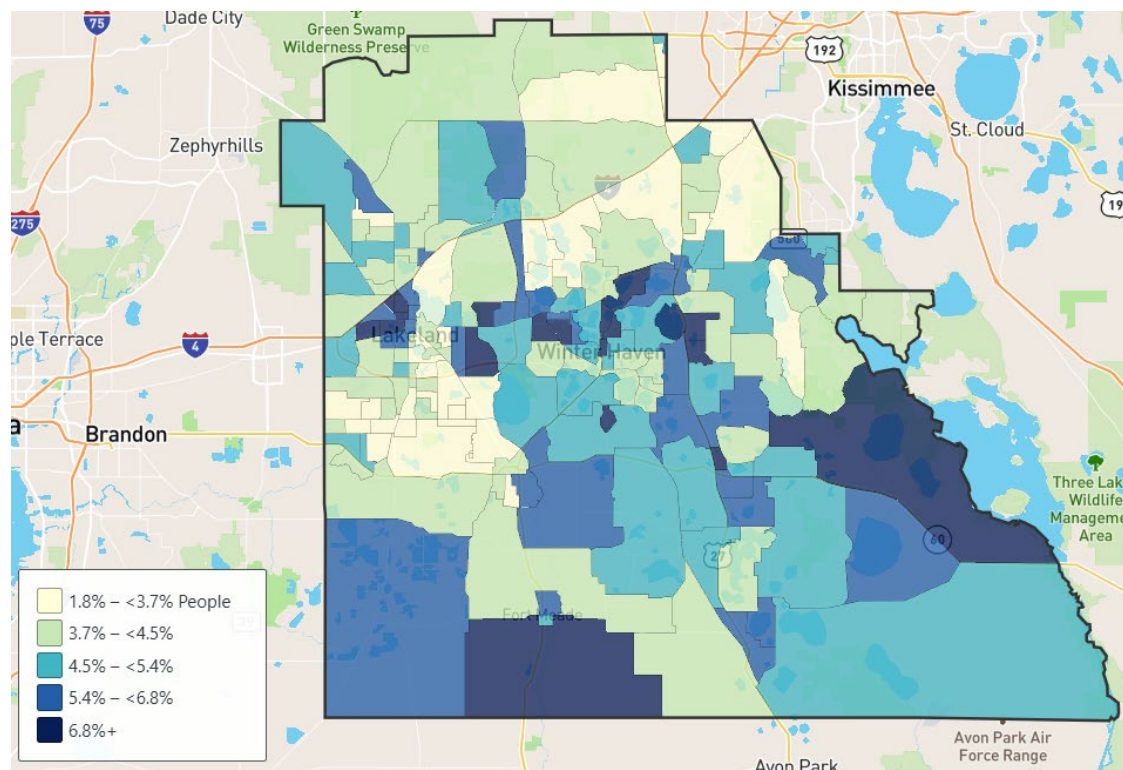
Source: CDC, n.d. BRFSS, 2022.

Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community. Exhibit 47 shows death rates from heart attacks (acute myocardial infarction) by race and ethnicity. In Polk County, non-Hispanics had the highest rate of deaths at 19.6 per 100,000 people. The lowest rates were seen among Black residents at a rate of 17.0 deaths per 100,000 people.

EXHIBIT 47: DEATHS FROM ACUTE MYOCARDIAL INFARCTION (HEART ATTACK), RATE PER 100,000 BY RACE 2021-2023

	White	Black	Hispanic	Non-Hispanic
Polk County	19.3	17.0	18.0	19.6
Florida	20.4	23.8	21.3	20.8
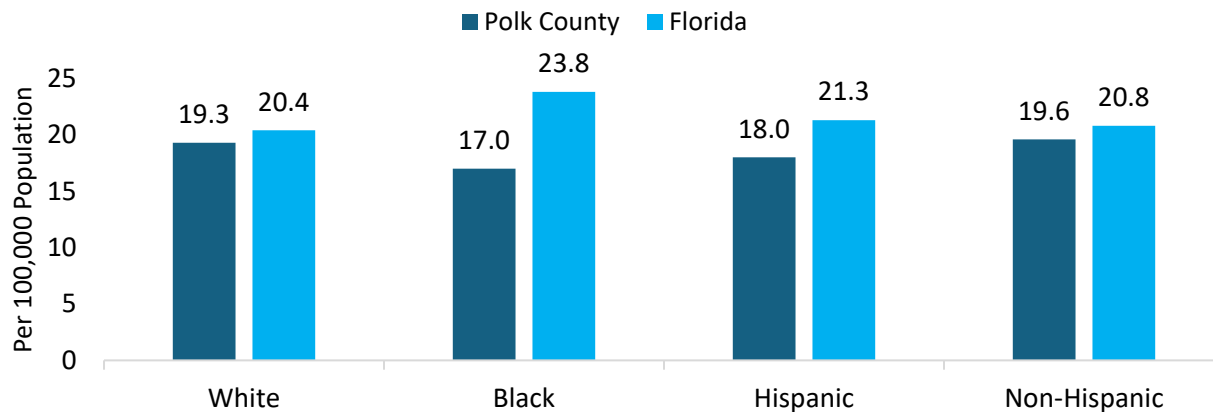
Source: FloridaHealthCHARTS, n.d.

In Polk County, the age-adjusted death rate from heart disease was highest among non-Hispanic residents (161.5 per 100,000 people), followed by Black 160.8 and White residents (152.3).

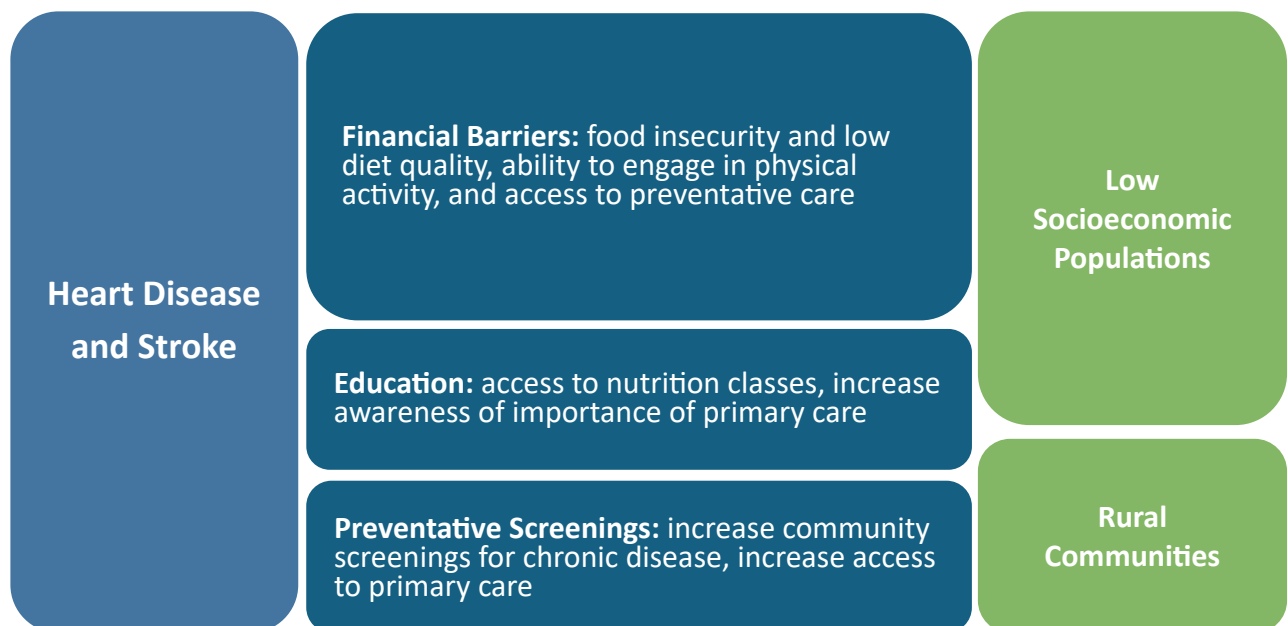**EXHIBIT 48: AGE-ADJUSTED DEATHS FROM HEART DISEASE, RATE PER 100,000 PEOPLE, 2021-2023**
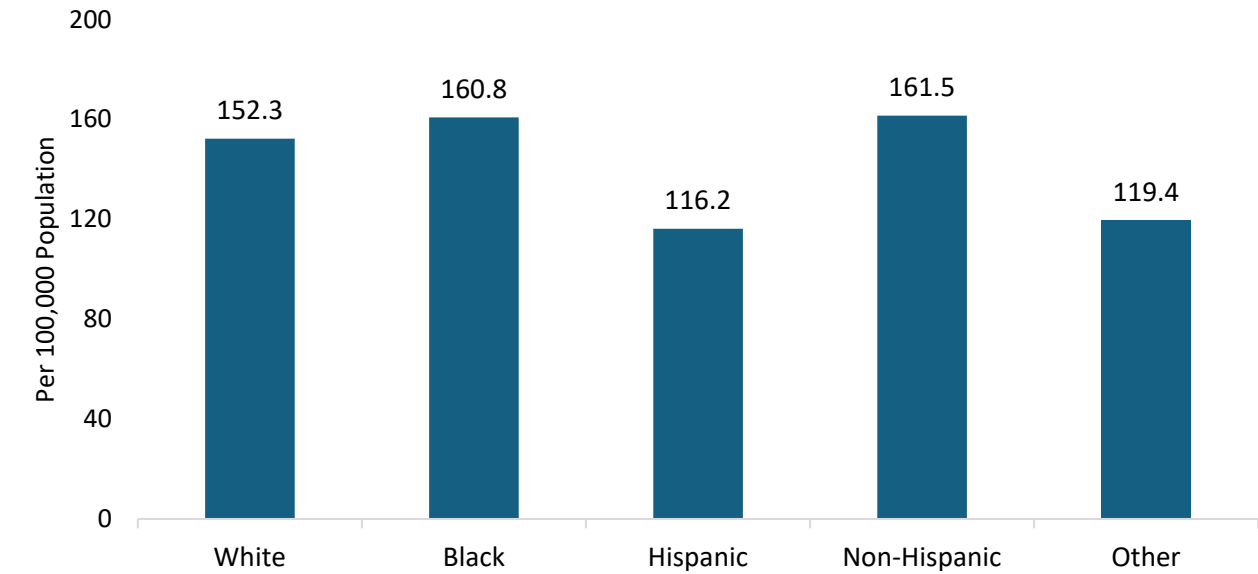
Source: FloridaHealthCHARTS, n.d.

Key Qualitative Findings

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

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

Heart Disease and Stroke

Financial Barriers: food insecurity and low diet quality, ability to engage in physical activity, and access to preventative care

Education: access to nutrition classes, increase awareness of importance of primary care

Preventative Screenings: increase community screenings for chronic disease, increase access to primary care

Low Socioeconomic Populations

Rural Communities

Participants' discussions regarding heart disease and stroke centered on preventive efforts and the barriers that inhibit engaging in preventative behaviors. Participants often connected economic instability with food insecurity and chronic disease prevention or management. They also noted the need for nutrition and chronic disease-related education, along with the importance of having a trusted primary care provider.

"**We need chronic disease management like diabetes or hypertension. After the pandemic, mental health became the focus, but obesity and chronic disease are bubbling up to the top again. There are higher rates of ER visits for diabetes. Healthy eating education is vital for preventing diabetes and getting back to healthy blood sugar. […] We need free chronic disease management and prevention.**" – Stakeholder Interview

Key Community Survey Findings

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

Nearly one in three (33.2%) respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.
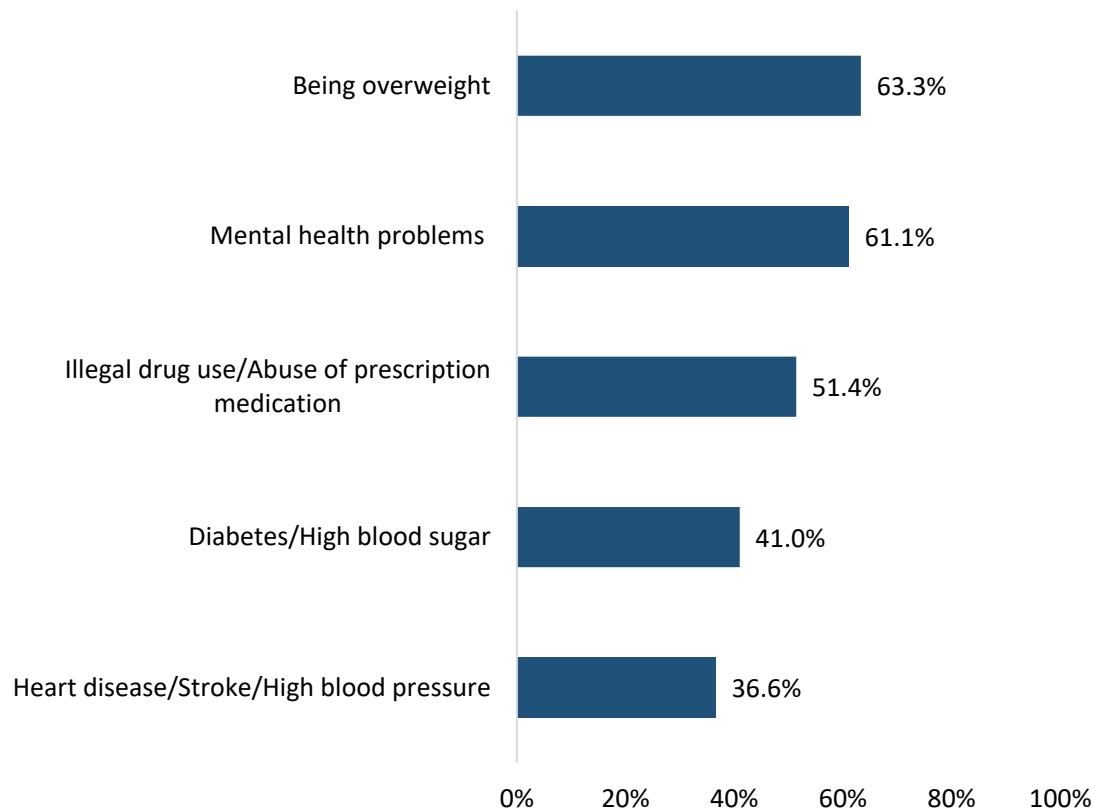
EXHIBIT 49: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?[48]

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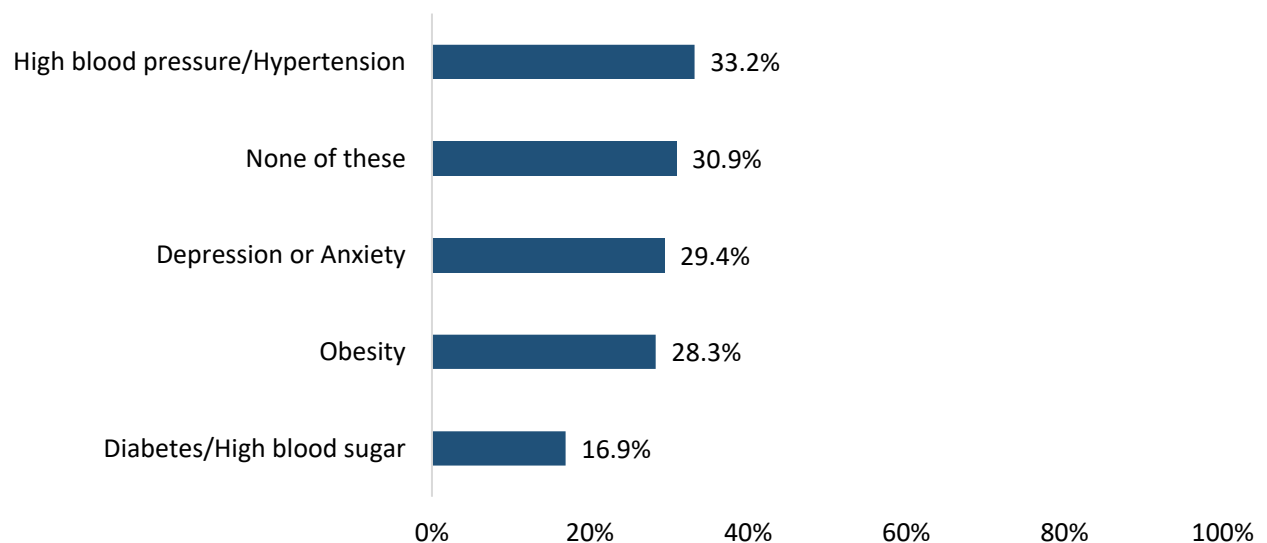
[48] For complete list, please refer to the appendix.

When asking respondents about the most important health issue to address to improve the health of the community, 36.6% of respondents said heart disease, stroke or high blood pressure is an important issue which ranks fifth among the priority health issues.

EXHIBIT 50: READ THE LIST THAT CONTRIBUTES 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?[49]

Category	Percentage
Being overweight	63.3%
Mental health problems	61.1%
Illegal drug use/Abuse of prescription medication	51.4%
Diabetes/High blood sugar	41.0%
Heart disease/Stroke/High blood pressure	36.6%

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[49] The top five factors are presented in the exhibit. For complete list, please refer to the appendix.
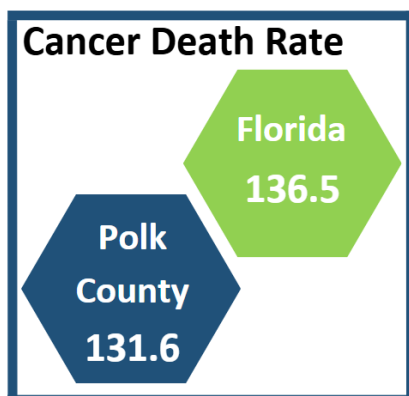
Cancer

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

CDC, 2024.

Key Secondary Data Findings

Cancer continues to be a significant and persistent health concern in Polk 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.[50]

According to the Florida Department of Health, Bureau of Vital Statistics, the age-adjusted cancer death rate in 2021-23 in Polk County was 131.6 per 100,000 people, lower than the statewide rate of 136.5.[51]

Cancer Death Rate

Florida 136.5

Polk County 131.6

Cancer affects men and women differently in Polk County. From 2020 to 2022, men had a significantly higher death rate (173.7 per 100,000) than women (131.6 100,000).[52] This may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.


173.7   131.6

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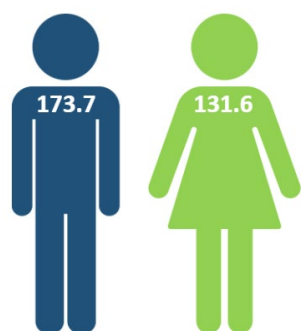
[50] CDC WONDER, n.d. Causes of Death, 2021.
[51] FLHealthCHARTS, n.d. Deaths from Cancer, 2023.
[52] FLHealthCHARTS, n.d. Cancer Deaths, by Sex, 2022.

Cancer incidence reflects how often different types of cancer are diagnosed. In Polk County, rates for female breast cancer (122.4 per 100,000 females) and lung cancer (59.8 per 100,000) are close to the state averages. Prostate cancer incidence is also elevated, with 110.1 cases per 100,000 males, compared to 98.8 statewide. These cancers are among the most common in the county and highlight the importance of continued education and access to early detection services.

EXHIBIT 51: CANCER INCIDENCE RATE, PER 100,000 PEOPLE, 2020-2022
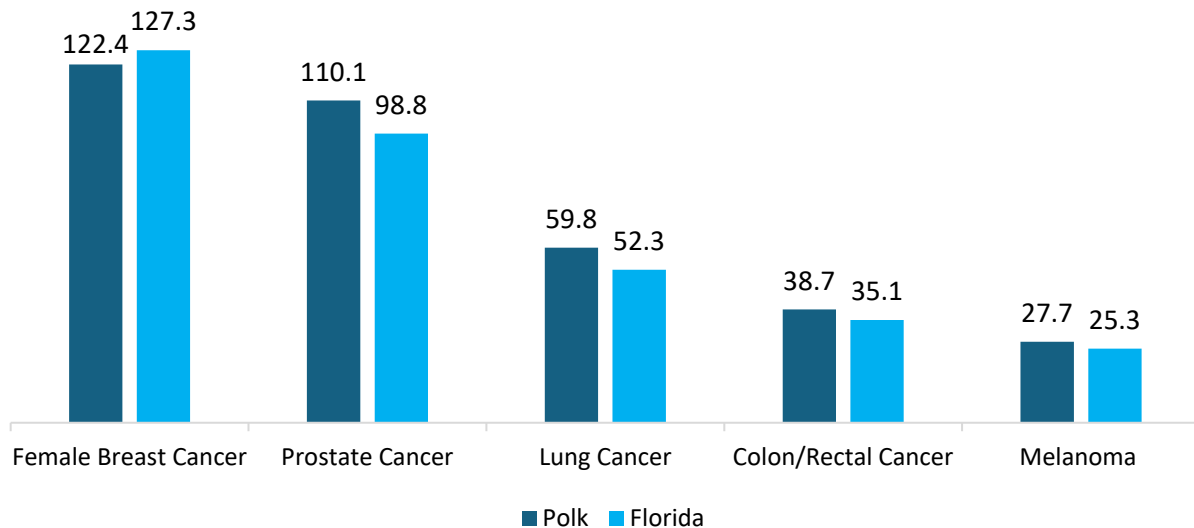
Source: FloridaHealthCHARTS, n.d.

Although some cancers are highly treatable when caught early, Polk County reports higher death rates than the state for lung, prostate, breast, and colorectal cancers. The lung cancer death rate is 35.8 per 100,000 people, compared to Florida's 29.6, and breast cancer deaths are slightly higher as well. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

EXHIBIT 52: CANCER DEATH RATES BY TYPE, AGE ADJUSTED PER 100,000 PEOPLE, 2021-2023

	Polk County	Florida
Female Breast Cancer	19.6	18.4
Prostate Cancer	17.2	16.6
Lung Cancer	35.8	29.6
Colon/Rectal Cancer	14.1	12.3

Source: FloridaHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among non-Hispanic residents, 157.8, and White residents, 153.6, followed by Black residents, 140.8. Hispanic residents had the lowest rate at 113.7 per 100,000 people.

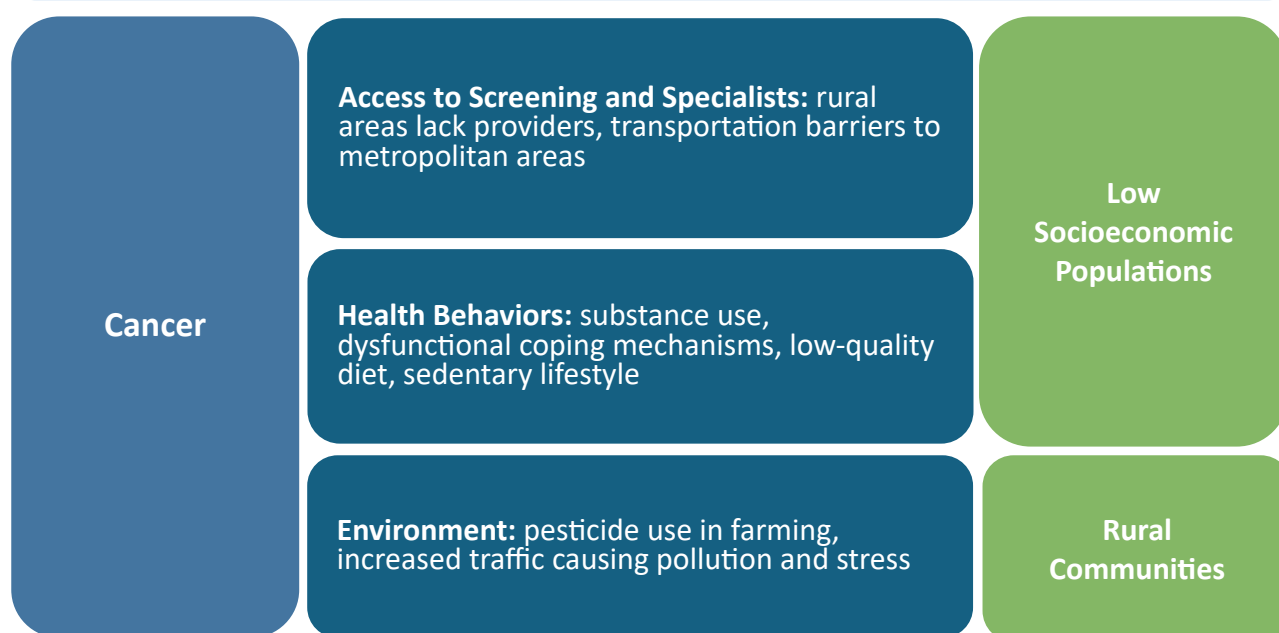**EXHIBIT 53: CANCER DEATH RATE, BY RACE / ETHNICITY, 2021-2023**

Per 100,000 Population

Race / Ethnicity	Rate
Non-Hispanic	157.8
White	153.6
Black	140.8
Hispanic	113.7
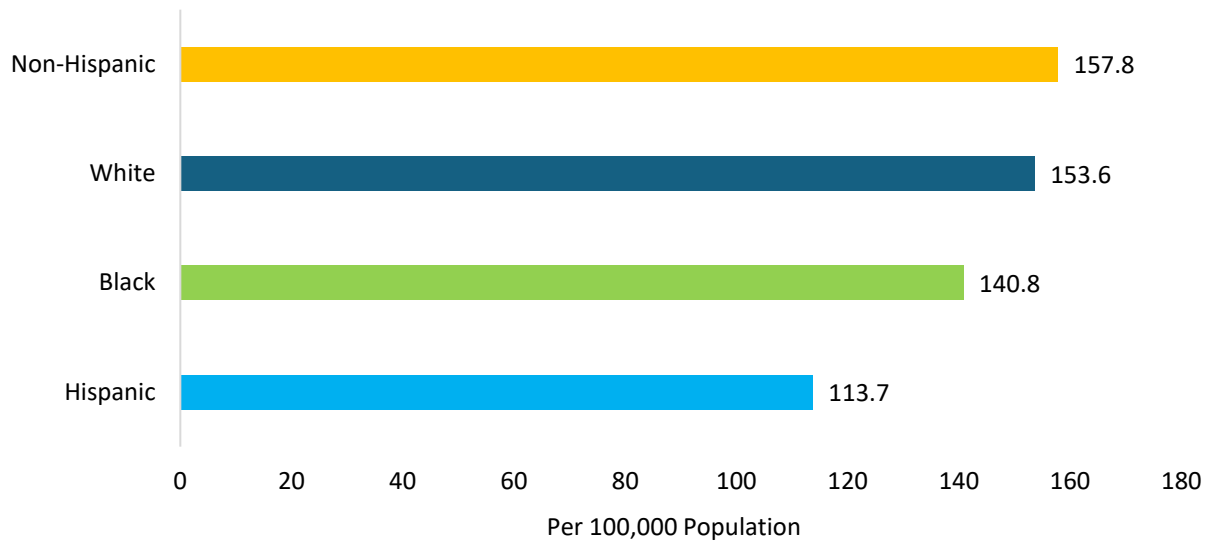
Source: FloridaHealthCHARTS, n.d.

Key Qualitative Findings

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

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

Cancer	**Access to Screening and Specialists:** rural areas lack providers, transportation barriers to metropolitan areas	**Low Socioeconomic Populations**
	Health Behaviors: substance use, dysfunctional coping mechanisms, low-quality diet, sedentary lifestyle	
	Environment: pesticide use in farming, increased traffic causing pollution and stress	**Rural Communities**

Participants shared concerns about limited physical access to healthcare specialists. They also noted that those who lack financial resources, struggle with health literacy, or live in rural areas experience increased risk and face barriers to healthcare access, including primary care screenings and tertiary care specialists. Lastly, participants worry that the environmental factors related to the local farming industry and increased traffic can increase cancer risk.

"We have access in the Lakeland area if you have transportation to all of the specialties. [...] Polk County is the fourth largest county in the state of Florida land-wise, so it is very, very difficult if someone lives in the southeast corner to access appropriate healthcare services if they don't have transportation services. ." – 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.[53]

Approximately 78.9% of respondents do not eat at least five cups of fruit or vegetables every day.

EXHIBIT 54: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

21.1%

78.9%

■ Yes ■ No

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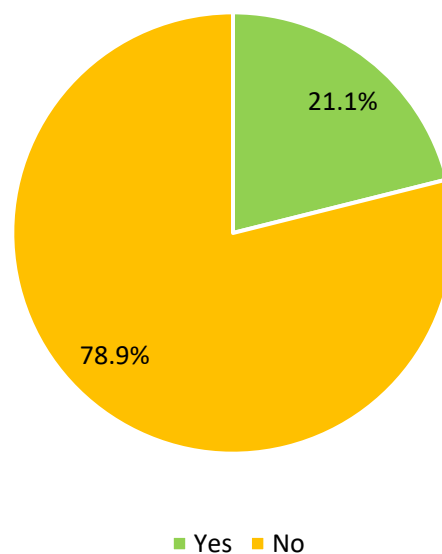
[53] Brunet et al., 2013.

Approximately 14.6% of respondents exercise five or more times a week, more than half of the respondents (62.7%) exercise between one to four times a week. More than 22.0% of respondents do not exercise at all.

EXHIBIT 55: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY?

A bar chart showing:
- 5 or more times a week: 14.6%
- 3-4 times a week: 25.1%
- 1-2 times a week: 37.6%
- None: 22.7%
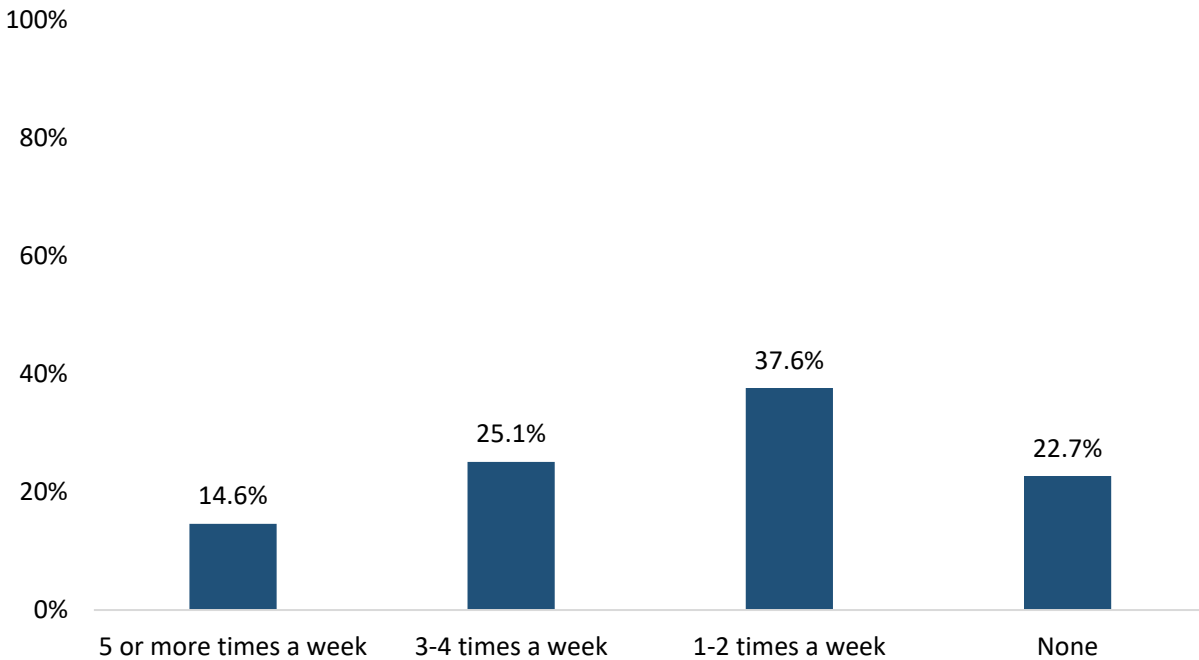
Dental

Oral health is an essential part of overall health and well-being, yet many individuals in Polk 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

In 2022, an estimated 52.0% of adults in Polk County had a dental visit. In some census tracts, fewer than 30.0% of adults reported seeing a dentist as shown in the lighter shaded regions, while other areas approached 60.0% as shown in the blue shaded regions. These differences may reflect a variety of barriers, including cost, transportation, limited provider availability, and lack of dental insurance.[54]

EXHIBIT 56: DENTAL VISITS AMONG ADULTS, 2022

Legend:
- 28.3% – <37.9% People
- 37.9% – <46.1%
- 46.1% – <53.5%
- 53.5% – <60.9%
- 60.9%+
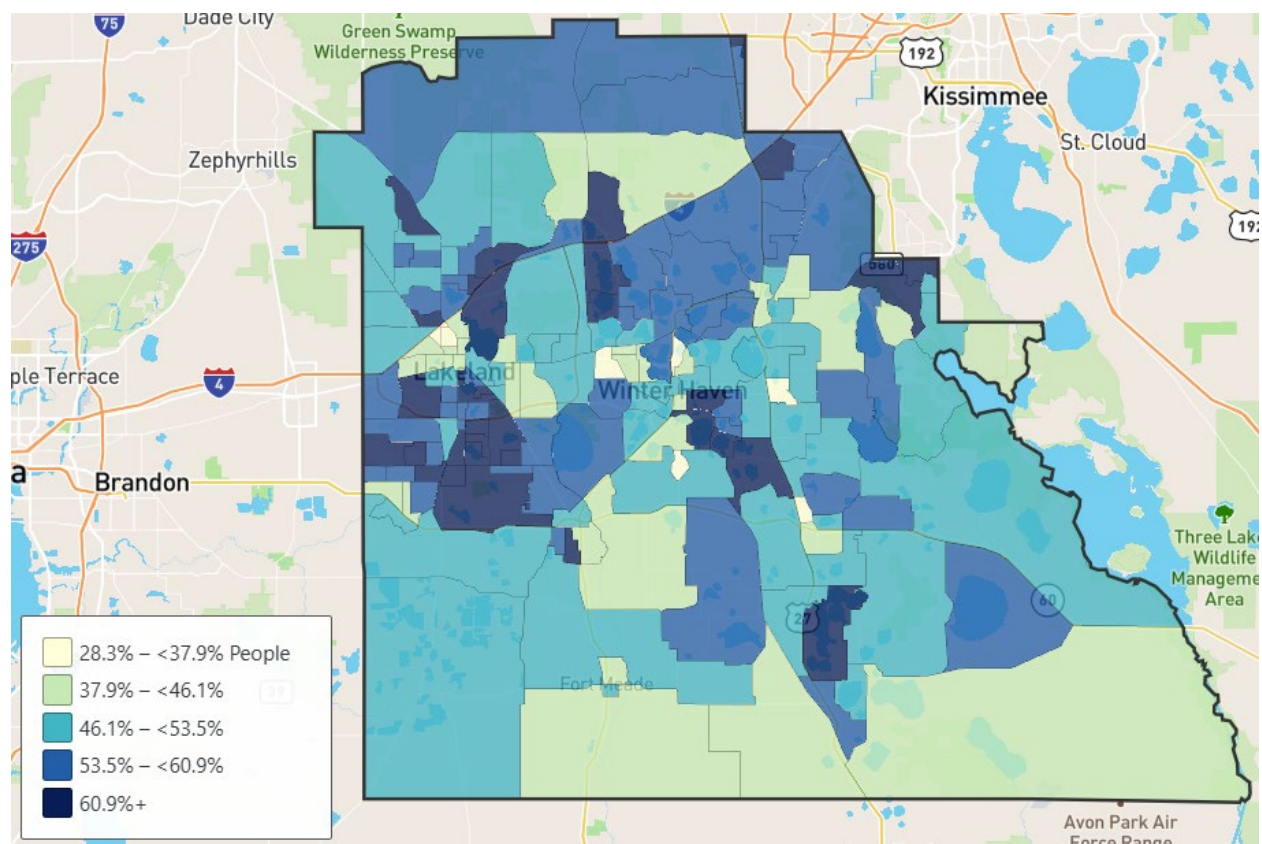
Source: CDC, n.d. BRFSS, 2022.

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[54] Gupta & Vujicic (ADA HPI), 2019.

Low rates of dental visits are concerning given Polk County's shortage of dental professionals. As of 2024, there is approximately one dentist for every 2,747 residents. This means that residents have less access to dental providers compared to the Florida and national average.

EXHIBIT 57: DENTAL CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	Polk County	Florida	United States
Dentist	2,747:1	1,686:1	1,532:1

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

The county also has fewer dental hygienists, with a rate of 34.8 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 58: DENTAL HYGIENISTS PER 100,000 PEOPLE, 2024

	Polk County	Florida
Dental Hygienists	34.8	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 Polk County for dental-related conditions among individuals under age 65 was 9.4 hospitalizations per 100,000 residents, slightly above the statewide rate of 9.3 per 100,000 during the same period.

EXHIBIT 59: PREVENTABLE HOSPITALIZATIONS, RATE PER 100,000 PEOPLE UNDER 65 FROM DENTAL CONDITIONS, 3-YEAR ROLLING, 2020-2022

	Polk County	Florida
Preventable hospitalizations under 65 from dental conditions	9.4	9.3

Source: FLHealthCHARTS, n.d.

From 2018 to 2023, Polk County consistently reported rates of hospitalizations for dental conditions that were close to equal or slightly higher than the state average. The rate decreased from 12.1 per 100,000 people in 2018–2020 to 9.3 per 100,000 in 2021–2023. During the same period, the Florida rate declined from 11.2 to 9.5 per 100,000. While these numbers show some improvement, they suggest that access to timely and preventive dental care remains limited for many residents under the age of 65.

EXHIBIT 60: AMBULATORY CARE SENSITIVE HOSPITALIZATIONS FROM DENTAL CONDITIONS PER 100,000 PEOPLE UNDER 65
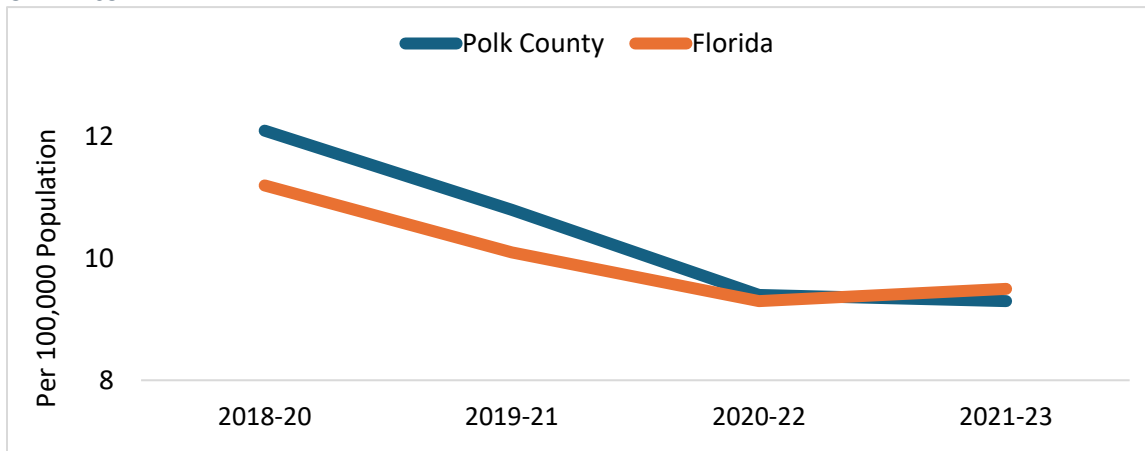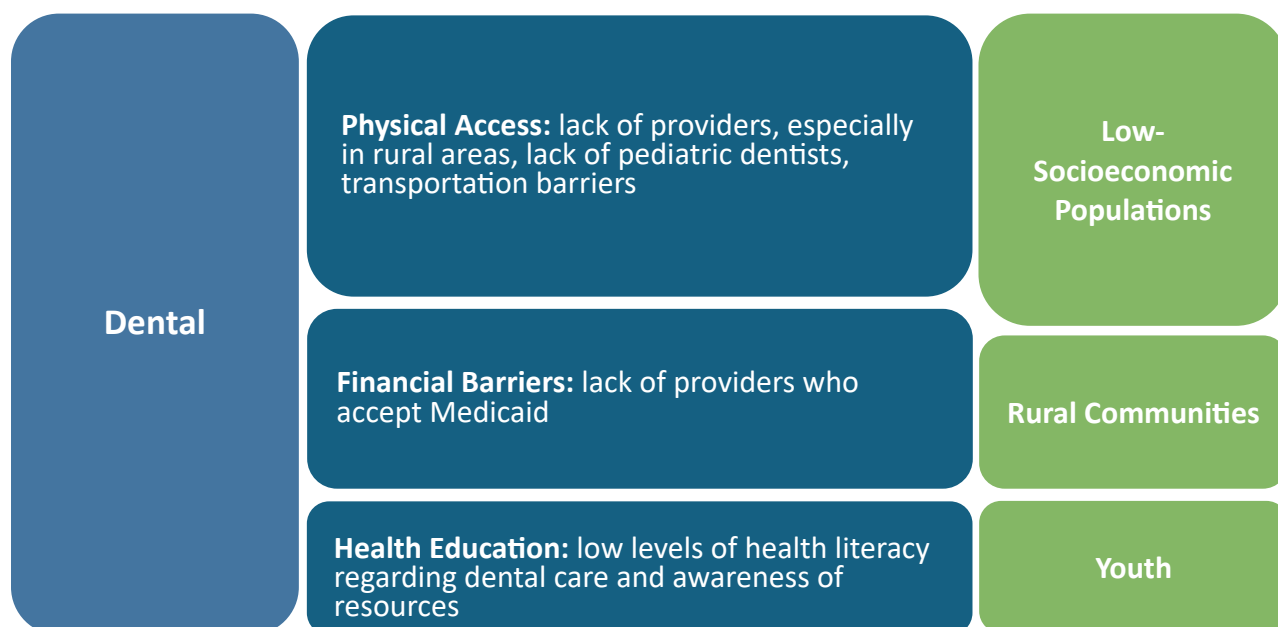

Source: FLHealthCHARTS, n.d.

Key Qualitative Findings

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

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

Dental

Physical Access: lack of providers, especially in rural areas, lack of pediatric dentists, transportation barriers

Low-Socioeconomic Populations

Financial Barriers: lack of providers who accept Medicaid

Rural Communities

Health Education: low levels of health literacy regarding dental care and awareness of resources

Youth

Participants highlighted the barriers that community members experience when accessing dental care, including a lack of dentists who accept Medicaid, a lack of local dentists, especially pediatric dentists, and a general lack of awareness of the importance of dental care.

"There is one pediatric dentist in Lake Wales, but they weren't taking new patients with [Medicaid-funded] insurance."

**"I had to pay $1,100 for a deep cleaning at the dentist."**

– Focus Group Participants

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. It focuses on individuals who needed dental care but were unable to receive it, highlighting the factors that prevented access. Understanding these challenges is essential for identifying gaps in dental care services and addressing unmet needs in the community.

Nearly 26.0% of respondents said they did not get dental care when they needed it.

EXHIBIT 61: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?
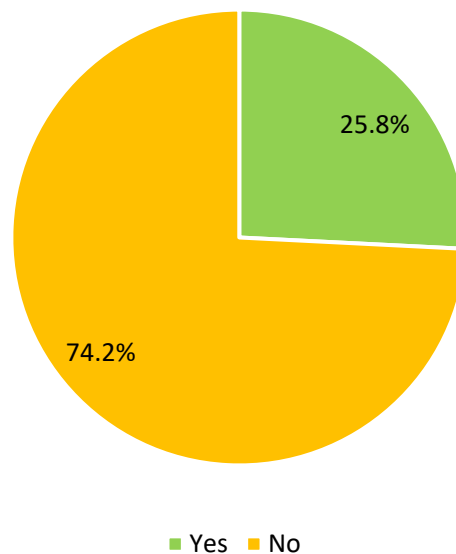
The top barriers preventing respondents from receiving dental care they needed include being unable to afford pay for care (65.9%), followed by unable to find a doctor who takes my insurance (30.3%), unable to schedule an appointment when needed (28.2%), do not have insurance to cover the care (15.7%), and cannot take time off work (14.6%).
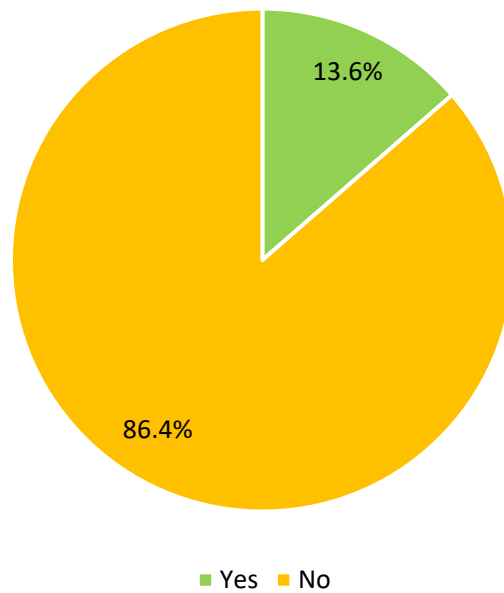
EXHIBIT 62: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?[55]
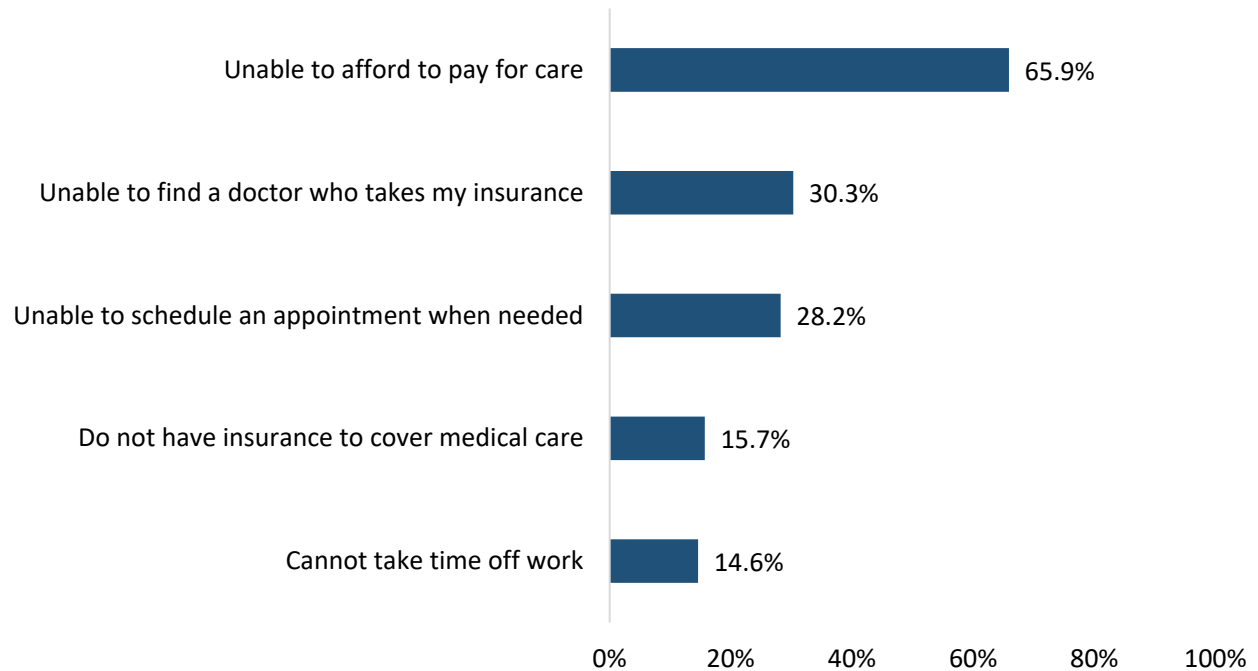
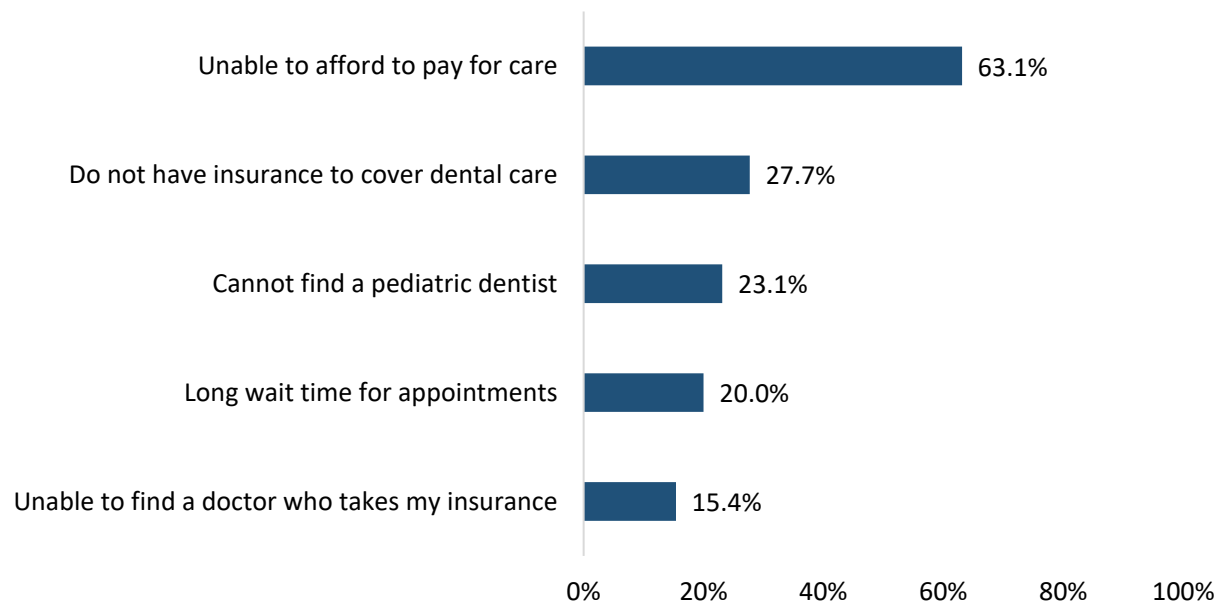[55] For complete list, please refer to the appendix.

In the past 12 months, 13.6% of children needed dental care but were unable to get the care they needed.

EXHIBIT 63: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

13.6%

86.4%

■ Yes ■ No

Top reasons preventing children from getting the dental care they needed include being unable to afford to pay for care (63.1%), do not have insurance to cover the care (27.7%), cannot find a pediatric dentist (23.1%), long wait time for appointments (20.0%), and unable to find a doctor who takes my insurance (15.4%). For both adults and children, the top barriers consist of affordability and accessibility to care.

EXHIBIT 64: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE CARE THEY NEEDED?[56]

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[56] For complete list, please refer to the appendix.

Neighborhood and Built Environment

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

ODPHP, n.d.

Key Secondary Data Findings

Most people in Polk County rely on a car to get where they need to go. About 78.0% of workers drive alone to work, more than the state or national average. Only 0.2% of people use public transportation, which is far lower than the rest of Florida (1.7%).[57]

The average commute in Polk County is 30 minutes longer than most areas. And although only 5.3% of households don't have a vehicle, those without cars face big challenges in getting to jobs, stores, and healthcare—especially with so few using public transit.[58]

EXHIBIT 65: MEANS OF TRANSPORTATION TO WORK, 2019-2023

|	Polk County	Florida
Worked at Home	10.3%	13.3%
Walked	1.0%	1.3%
Bicycle	0.3%	0.5%
Carpooled	8.2%	8.7%
Drove Alone	78.4%	73.3%
Public Transport	0.2%	1.2%
Other	1.7%	1.7%

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

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[57] U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
[58] U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Walkability – how easy it is to walk around in a community – plays an important role in promoting physical activity, access to daily needs, and reducing reliance on vehicles. In Polk County, higher walkability scores (seen in the dark blue areas on the map in Exhibit 66) are concentrated on the western side of the county, however, most of the county shows low walkability scores. These areas may lack sidewalks, pedestrian crossings, or destinations within walking distance – limiting residents' ability to walk for errands, exercise, or commuting.

EXHIBIT 66: WALKABILITY INDEX, 2021
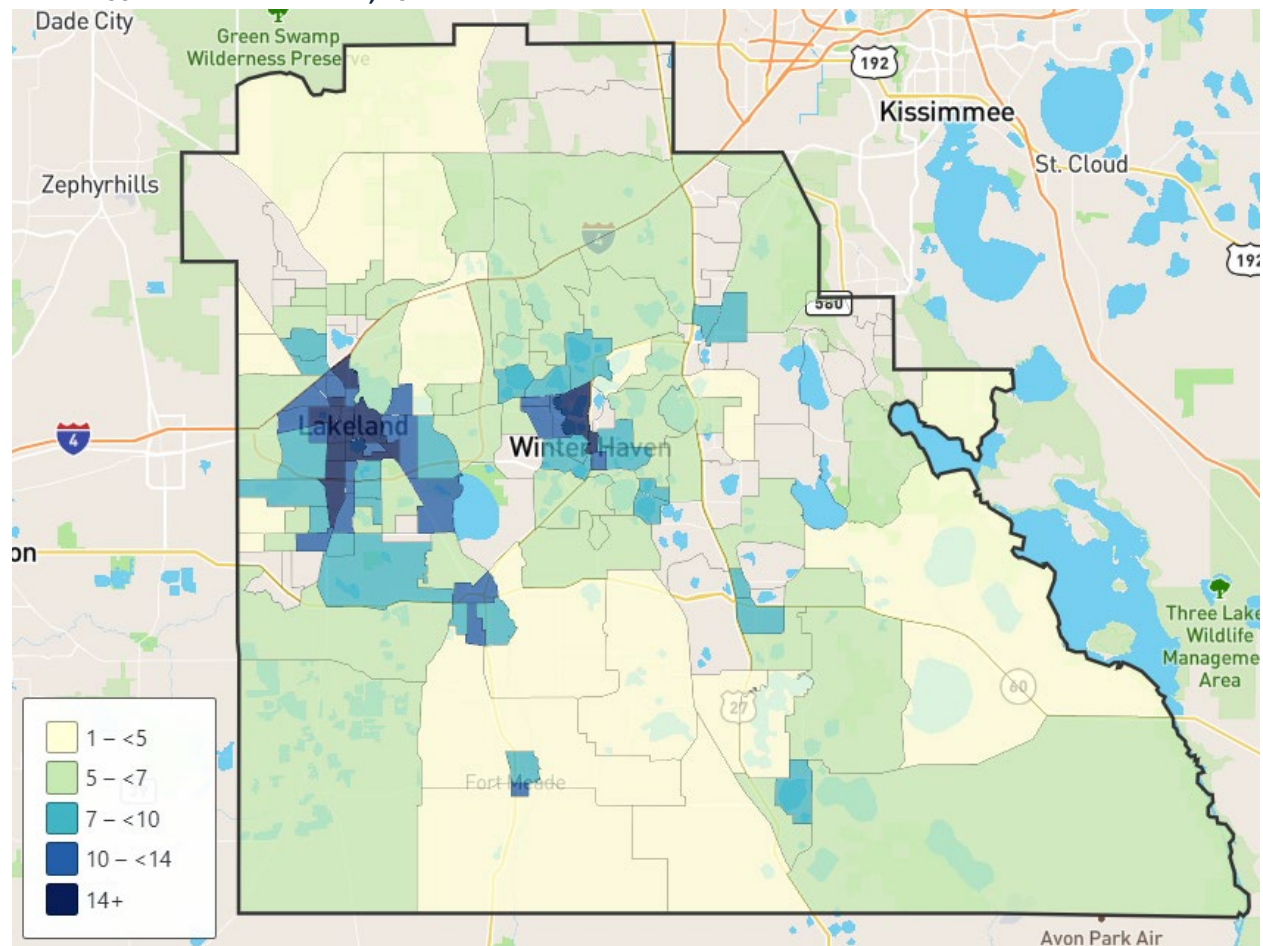
Source: EPA, n.d.

Key Qualitative Findings

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

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

Neighborhood and Built Environment	**Affordable Housing:** lack of low-income and affordable housing, housing shortage to meet growing need	**Rural Communities**
	Transportation: lack of quality public transit, especially in rural areas	**Unhoused Populations**
	Employment Opportunities: lack of jobs with a livable wage	**Older Adults**

Participants shared that the rapid population growth has impacted affordable housing options in Polk County. Some noted a correlation between the rising cost of housing and an increased number of unhoused individuals in the area, particularly among older individuals that are on fixed incomes. Participants shared that community members in Polk County, especially in more rural communities, are also experiencing transportation barriers that can limit access to healthcare.
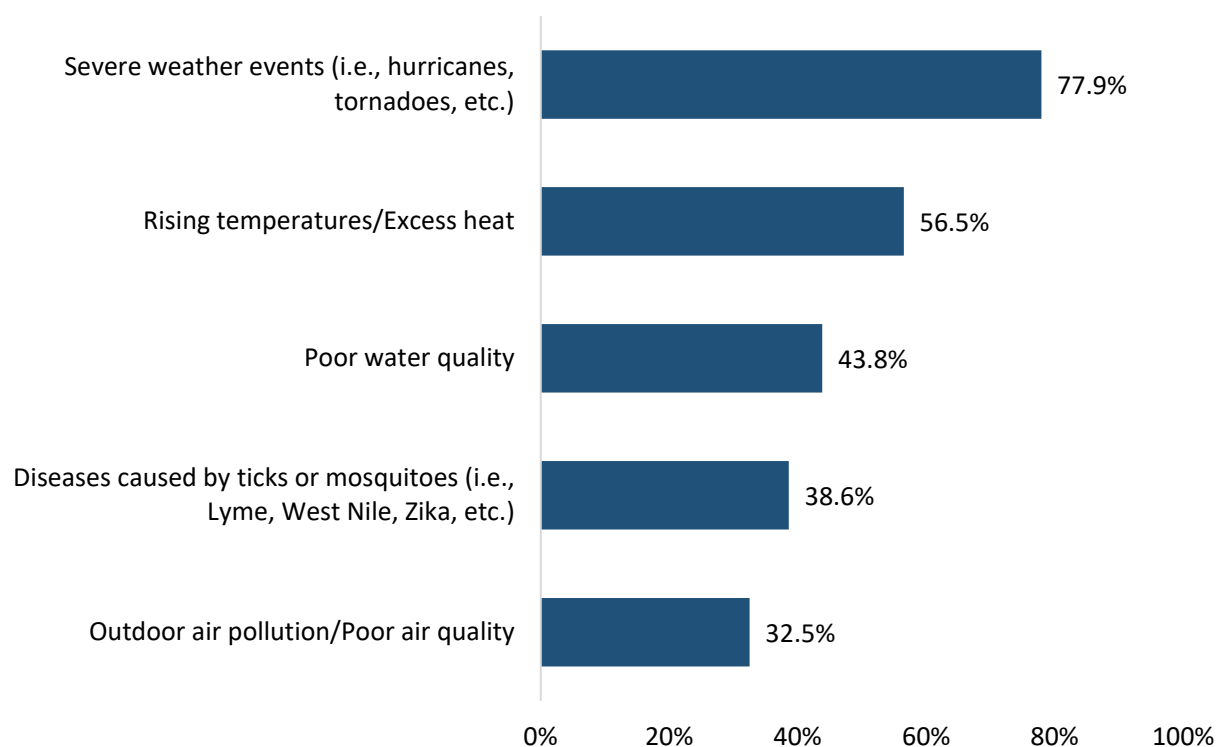
"I just see [affordable and safe housing] as such a key thing because when a person doesn't have a safe place to, like, lay their head at night, you can't expect them to be successful in behavioral health services. They're not going to engage in healthcare. Their kids aren't going to be able to be successful in school and go to school. I mean, there's so many things that are directly and indirectly tied to a person being in a safe environment." - 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 80.0% of survey respondents expressed concern about severe weather events, such as hurricanes or tornadoes impacting their health. This was followed by 56.5% 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 43.8% of respondents worried about its potential effects on their health.

EXHIBIT 67: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMETNAL OR CLIMATE RELATED CONCERNS IMPACTING YOUR HEALTH?[59]

Category	Percentage
Severe weather events (i.e., hurricanes, tornadoes, etc.)	77.9%
Rising temperatures/Excess heat	56.5%
Poor water quality	43.8%
Diseases caused by ticks or mosquitoes (i.e., Lyme, West Nile, Zika, etc.)	38.6%
Outdoor air pollution/Poor air quality	32.5%

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[59] For complete list, please refer to the appendix.

Exhibits 68 and 71 present a series of questions exploring community insights on neighborhood and environmental conditions. Responses were mixed regarding crime in the community, with 43.2% of respondents agreeing and 33.4% disagreeing that it is a problem. More than 40.0% of the respondents agreed that their neighborhoods have good sidewalks. While 49.3% of respondents disagreed that air pollution is a problem in their community, a majority (54.1%) agreed that extreme heat is a concern.

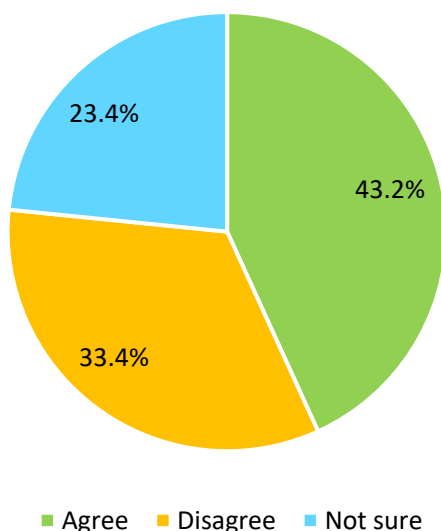**EXHIBIT 68: CRIME IS A PROBLEM IN MY COMMUNITY**

43.2%
33.4%
23.4%

■ Agree ■ Disagree ■ Not sure

EXHIBIT 69: THERE ARE GOOD SIDEWALKS FOR WALKING SAFELY

43.9%
45.3%
10.8%

■ Agree ■ Disagree ■ Not sure
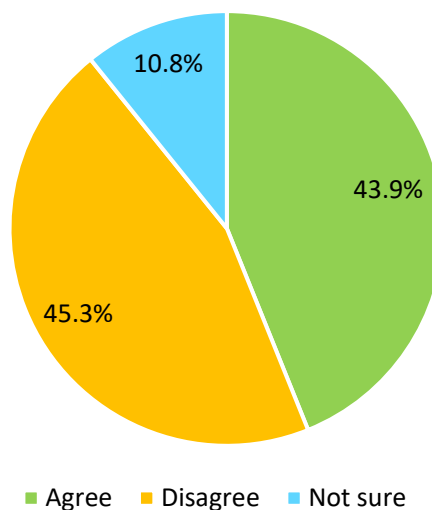
EXHIBIT 70: AIR POLLUTION IS A PROBLEM IN MY COMMUNITY

22.7%
49.3%
28.1%

■ Agree ■ Disagree ■ Not sure
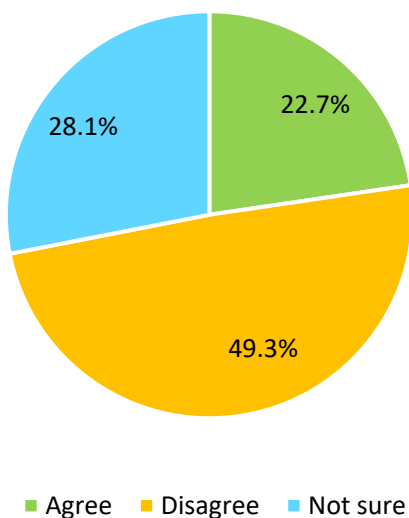
EXHIBIT 71: EXTREME HEAT IS A PROBLEM IN MY COMMUNITY

54.1%
32.5%
13.5%

■ Agree ■ Disagree ■ Not sure
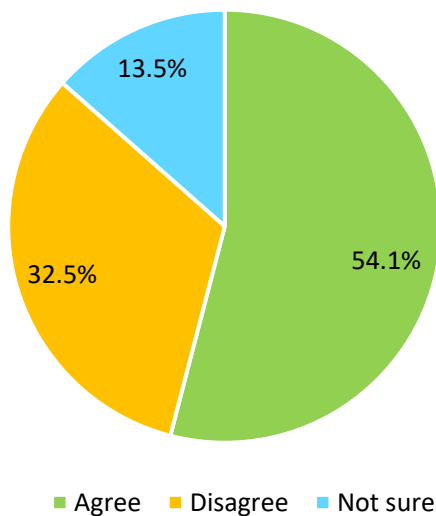
Conclusion

The next three years will harbor a lot of unknowns, but what is known about Polk County is that it is a growing community. Situated between both the Greater Tampa Bay and Greater Orlando metro areas, Polk County residents have a variety of options when it comes to their health and social service needs.

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

Appendices Summary

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

A. Secondary Data
- a. Additional Secondary Data Tables

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

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

D. Maps

E. Access Audit

F. Needs Prioritization
- a. Needs Prioritization Presentation
- b. Data Placemats

G. Community Partners and Committee Members

H. Partner Achievements

I. Bibliography