

PINELLAS COUNTY COMMUNITY HEALTH ASSESSMENT

EXECUTIVE SUMMARY

FEBRUARY 2013



PINELLAS COUNTY
COMMUNITY HEALTH ASSESSMENT 2012

Executive Summary

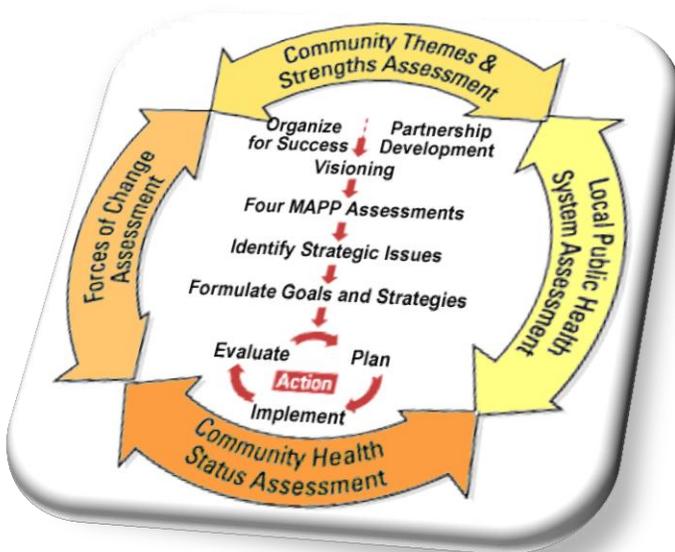
Produced by: Pinellas County Health Department

Complete Community Health Assessment Report and Supplemental Materials Available at: www.pinellashealth.com

To Provide Feedback or Request Additional Information: contact the Pinellas County Health Department, Office of Performance and Quality Improvement at (727)820-4214

Introduction

A Community Health Assessment is a systematic approach to collecting, analyzing, and using information to educate and mobilize communities, develop priorities, gather resources, and plan actions to impact health. In 2011-2012, the Pinellas County Health Department brought together the diverse entities and interests of the Local Public Health System in Pinellas to conduct a comprehensive Community Health Assessment. The Assessment and report is the result of more than a year of in-depth planning and assessment utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a community driven strategic approach to community health improvement planning developed collaboratively by the National Association of County and City Health Officials and Centers for Disease Control and Prevention.



PINELLAS COUNTY

Pinellas County is located on Florida's west-central coast. With a population of 916,542 in 2010ⁱ, it is Florida's sixth most and the nation's 53rd most populous countyⁱⁱ. Despite its large population, Pinellas is Florida's second smallest county in land mass at 273 square miles. It is the most densely populated county in Florida with 3,347 persons per square mile, nearly ten times the state averageⁱⁱⁱ. Pinellas County is a peninsula bounded by the Gulf of Mexico on the west and Tampa Bay on the south and east^{iv}. Pinellas is part of the Tampa-St. Petersburg-Clearwater Metropolitan Statistical Area (MSA) along with neighboring Hillsborough, Hernando, and Pasco counties. The county is comprised of nearly 50 zip codes spanning 24 distinct municipalities.

MAPP is comprised of four assessments that provide a complete understanding of the factors that affect the local public health system and, ultimately, the health of Pinellas County:

1. COMMUNITY THEMES AND STRENGTHS ASSESSMENT
2. LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT
3. FORCES OF CHANGE ASSESSMENT
4. COMMUNITY HEALTH STATUS ASSESSMENT

Acknowledgements

Community ownership is a fundamental component of community health improvement planning and the MAPP process to ensure effective, sustainable solutions. Broad participation is essential given the wide range of organizations and individuals who contribute to the public's health. The Pinellas County Health Department would like to acknowledge the organizations and the numerous individuals from these organizations who supported the Pinellas County Community Health Assessment. A complete list of community partners is available in the full Pinellas County Community Health Assessment report.

Community Themes and Strengths Assessment

COLLABORATIVE ENGAGEMENT

METHODOLOGY

Utilizing the 10 Essential Public Health Services as a framework, participants at the collaborative engagement worked in teams to identify themes and strengths related to Pinellas County and the local public health system. The top identified themes and strengths within each essential service area were discussed with the larger group of participants for consensus building.

RESULTS: COMMON THEMES AND STRENGTHS

The top themes and strengths identified by teams across essential service areas are highlighted below.

Key Themes

- Link program performance measures to community indicators
- Develop health registries
- Improve useful distribution of surveillance information to providers
- Enhance and integrate the use of technology, social media
- Find champions for education on health issues
- Identify and address barriers to access
- Address sustainability of funding streams and programs; educate policymakers on this issue
- Diversify health/public health work force
- Engage patients and consumers in assessment and planning
- Coordinate resources among municipalities
- Involve community-based organizations in research

Key Strengths

- Substantial electronic data access
- Local and regional collaboration and linkage between partners
- Willingness to share information
- Use of technology, electronic health records, and social media in education, care, disease investigation, etc.
- Robust system of health, public health, and social service providers
- Private and public partnerships and collaboration
- Active and pervasive media
- Local decision makers who are willing to support policies and regulations
- Innovative and evidence based programs and services

The Community Themes & Strengths Assessment collects information directly from the community to provide an understanding of the issues residents feel are important. Understanding the experiences, perceptions, and priorities of residents is a critical part of the MAPP process and offers valuable information when identifying priorities for community health improvement. The Pinellas County Health Department used two approaches to invite community input as part of the Community Themes and Strengths Assessment:

1. **Collaborative engagement of partner organizations**
2. **Community health survey of Pinellas residents.**

On May 8, 2012, Pinellas County Health Department sponsored a collaborative engagement using the Collaborative Labs at the St. Petersburg College EpiCenter. The collaborative engagement was attended by nearly 70 people from more than 30 organizations who came together to develop a shared community vision and assess the 10 Essential Public Health Services including themes, strengths, and forces of change that affect Pinellas County and the local public health system.

COMMUNITY SURVEY

METHODOLOGY

The survey questions were designed to collect demographic information and assess perceived community health, individual health, and quality of life issues. Survey collection spanned five weeks in June and July 2012, utilizing both paper and electronic surveys collected via the health department website, clinics, home visiting services, and numerous partner organizations - amounting to 841 collected surveys.

RESULTS

Demographics

- The demographics of survey respondents were similar to those of Pinellas County, with the exception of an increased representation of females and underrepresentation of respondents 65 and older compared to county demographics.
- The majority of respondents reported having private health insurance (55.1%), followed by Medicaid (19%). 20% of respondents reported having no insurance or being unable to afford health care.

Individual and Community Health

- The majority of respondents rated both their individual health and the health of the community as “Healthy.” However, respondents were more likely to rate themselves and *healthy* or *very healthy* than they were to rate their community the same.
- The rate respondents chose *healthy* or *very healthy* varied dependent upon race/ethnicity and education.

General Community

- The majority of respondents think that their community is safe (85.5%) and a good place to raise children (83.3%). However, this response varied based on geographic area of residence within the county- rating highest in North Pinellas and lowest in South Pinellas.
- Survey respondents were asked to select up to three the factors they think are most important for a healthy community. The top factors included access to care, healthy behaviors, and a clean environment.
- Survey respondents were asked to select up to three health problems they think are of greatest concern in their community. Addiction was the top response, followed by obesity and chronic diseases.
- Survey respondents were asked to select up to three behaviors they think are of greatest concern in their community. The top responses were alcohol and drug abuse, followed by poor nutrition and lack of physical activity.

Building on the findings from the collaborative engagement, the Pinellas County Health Department launched a community survey to better understand the experiences, perceptions, and priorities of residents related to community health and quality of life.

COMMUNITY SURVEY RESULTS

Top Factors for a Healthy Community

1. Access to Healthcare (59%)
2. Healthy Behaviors (43%)
3. Clean Environment (42%)
4. Safe Neighborhoods (40%)
5. Good Jobs (31%)

Top Health Problems of Concern

1. Addiction (54%)
2. Obesity (36%)
3. Chronic Diseases (31%)
4. Child Abuse/Neglect (25%)
5. Aging Problems (22%)

Top Behaviors of Concern

1. Alcohol and Drug Abuse (55%)
2. Poor Nutrition (40%)
3. Lack of Physical Activity (34%)
4. Being Overweight (33%)
5. Smoking (31%)

Local Public Health System Performance Assessment

The Local Public Health System Performance Assessment is a broad assessment involving the organizations and entities that contribute to the public's health in the community. The Local Public Health System (LPHS) is assessed using the National Public Health Performance Standards Program (NPHPSP). The NPHPSP assessment is intended to evaluate performance against a set of optimal standards to help identify strengths and weaknesses and determine opportunities for improvement in the LPHS.

METHODOLOGY

The Pinellas assessment was sponsored by the Pinellas County Health Department and facilitated by the Suncoast Health Council, the local health planning council for Pinellas and Pasco counties. Two half day collaborative sessions were held on July 28 and August 11, 2011. The sessions were conducted using a self-assessment of the LPHS based on the NPHPSP Program described above.

RESULTS

- Response options were: No Activity, Minimal Activity, Moderate Activity, Significant Activity, or Optimal Activity
- Pinellas did not score below moderate activity for any essential public health service.
- When compared to 2005 performance assessment results, Pinellas improved overall and in all essential services except for EPHS 3 and EPHS 4 in 2011.
- The rank ordered performance scores by level of activity for 2011 can be seen in greater detail below.

Essential Public Health Services (EPHS)

EPHS 1: Monitor Health Status to Identify Community Health Problems

EPHS 2: Diagnose and Investigate Health Problems and Hazards

EPHS 3: Inform/Educate/Empower People about Health Issues

EPHS 4: Mobilize Community Partnerships to Identify/Solve Health Problems

EPHS 5: Develop Policies/Plans that Support Individual & Community Health

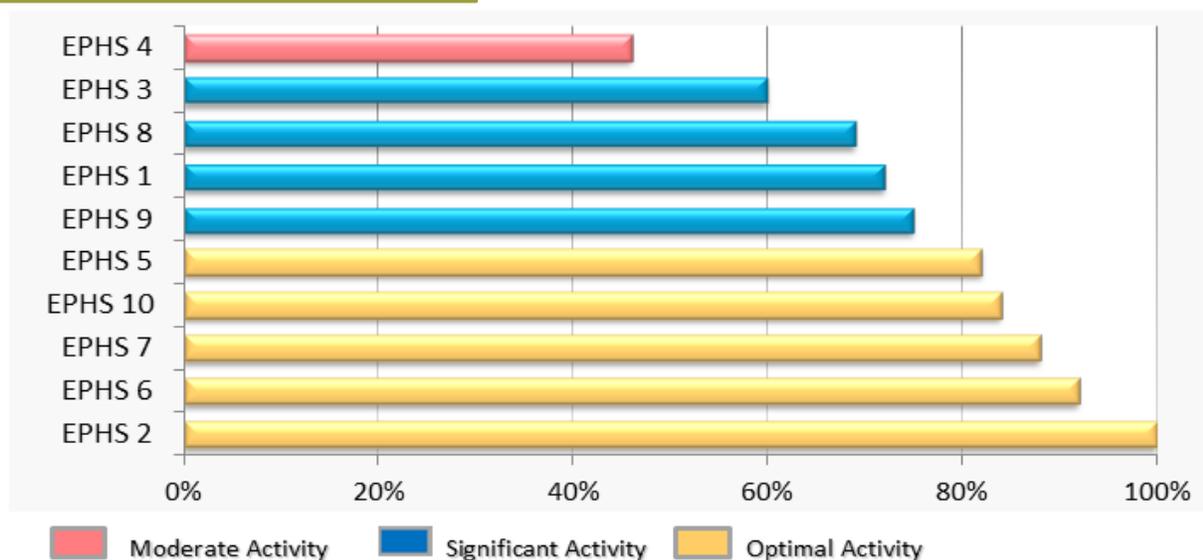
EPHS 6: Enforce Laws and Regulations that Protect Health & Ensure Safety

EPHS 7: Link People to Needed Health Services/Assure the Provision of Care

EPHS 8: Assure a Competent Public Health Workforce

EPHS 9: Evaluate Effectiveness/Accessibility/Quality of Health Services

EPHS 10: Research for New Insights/Innovative Solutions to Health Problems



Forces of Change Assessment

METHODOLOGY

The Pinellas Forces of Change Assessment was sponsored by the Pinellas County Health Department and conducted as part of the May 8, 2012 collaborative engagement previously described. Utilizing the 10 Essential Public Health Services as a framework, participants at the collaborative engagement identified the forces of change and the threats and opportunities generated by these forces.

RESULTS

The identified forces across all 10 Essential Public Health Services can be grouped into five common types: Social, Economic, Political, Technological, and Legal/Ethical. A summary of the key forces are listed in the table below.

The Forces of Change Assessment focuses on identifying forces such as trends, factors, events, and other impending changes that affect the context in which our community and local public health system operate. Forces are often social, economic, political, technological, environmental, scientific, legal, or ethical. Forces influence the health and quality of life of our community and local public health system.

Forces	Threats Generated	Opportunities Created
SOCIAL: <ul style="list-style-type: none"> • Aging Population • Rise in chronic diseases • Increase in addiction • Increase in Hispanic population 	<ul style="list-style-type: none"> • Aging workforce • Increase in patients • Insufficient providers to meet demand • Rise in health care/insurance costs • Language and health literacy barriers 	<ul style="list-style-type: none"> • Diversify workforce • Better collaboration with school system and local colleges/universities • Enhanced employee wellness programs • Training and education
ECONOMIC: <ul style="list-style-type: none"> • Decreasing budgets • Declining reimbursement • Outcomes driven funding 	<ul style="list-style-type: none"> • Sustainability of programs and services; Defunding of programs • Uninsured and underinsured population; increasing costs • Use of emergency rooms for primary care • Disproportionate impact on disadvantaged populations 	<ul style="list-style-type: none"> • Impetus for collaboration and grassroots activism • Shift to prevention focused care • More public-private partnership • Increase in provider accountability • Decreased duplication
POLITICAL: <ul style="list-style-type: none"> • Pending elections • Health Care Reform • Medicaid Reform 	<ul style="list-style-type: none"> • Misinformation among elected officials • Cost of implementing reform • Difficult to plan for changes and understand ramifications of reform • Loss of public health funding • Loss of personal choice in health care decisions 	<ul style="list-style-type: none"> • Community engagement in health • Opportunity to educate elected officials and refocus priorities • Increase in access to coverage • Increase in access to care • Increase in personal accountability
TECHNOLOGICAL: <ul style="list-style-type: none"> • Electronic Health Records • Social media • Common eligibility systems 	<ul style="list-style-type: none"> • Barriers to sharing data • HIPAA and privacy concerns • Liability concerns • Misinformation due to media bias • Barriers created for those without access to technology 	<ul style="list-style-type: none"> • Increased opportunities for data and information exchange • Quick and uniform dissemination of information • Decrease in duplication
LEGAL/ETHICAL: <ul style="list-style-type: none"> • Increasing regulations 	<ul style="list-style-type: none"> • Limits local ordinances, control, and decision making • Hampers effective business practices • Barriers to implementation of programs/services • Barriers to conducting research 	<ul style="list-style-type: none"> • Better regulations • Putting better practices into place • Increased accountability • Increased advocacy

Community Health Status Assessment

METHODOLOGY

The Community Health Status Assessment identifies priority community health and quality of life issues. It provides an understanding of the health of the community through a synthesized review of data related to health, disease, and quality of life. The Pinellas Community Health Status Assessment was sponsored by the Pinellas County Health Department. Key data sources include the US Census Bureau and Florida CHARTS. When appropriate, 3-year age-adjusted rolling rates were used to report health outcome data to provide greater accuracy.

RESULTS

Demographic and Population Characteristics

- According to the 2010 Census, there were 916,542 people living in Pinellas County in 2010^v.
- Compared to Florida, Pinellas has a smaller proportion of children under 18 and a larger proportion of adults older than 65 years of age^{vi}.
- In 2010, Pinellas County had a greater percentage of White persons and a smaller percentage of Black persons compared to state figures^{vii}.
- Although on the rise, the percentage of persons who identify as Hispanic or Latino in Pinellas County is lower than in Florida^{viii}.

Socio-Economic Characteristics

- In 2011, the Pinellas County unemployment rate was the same as that of the state (10.5%)^{ix} and greater than the national unemployment rate (8.9%)^x.
- The percentage of Pinellas families living in poverty is less than the state rate^{xi}, but the percentage of Pinellas families with children under five living in poverty rose above state figures in 2010 for the first time^{xii}.
- The 2010 Pinellas high school graduation rate was approximately the same as the state rate (81.1% and 81.2%)^{xiii}.

Access to Care

- Pinellas County has five medically underserved populations, or groups of people who face economic, cultural, or linguistic barriers to health care: St. Petersburg, central Clearwater, Tarpon Springs, Bayview, and the Largo Service areas^{xiv}.
- 16.1% of adults were unable to access a health care provider in the past year due to costs^{xv}.
- 74% of adults had health insurance coverage in 2010^{xvi}.
- 90% of children had health insurance coverage in 2010^{xvii}.

Pinellas County Demographics (2010)

Population: 916,542

Race and Ethnicity:

Pinellas:

White-82.1%
Black- 10.7%
Hispanic/Latino- 8.3%

Florida:

White- 78.5%
Black- 16.5%
Hispanic/Latino- 22.9%

Age:

Pinellas: Under five (4.6%), Under 18 (17.5%), Older than 65 (21.4%)

Florida: Under five (5.6%), Under 18 (21.0%), Older than 65 (17.6%)

Unemployment:

Pinellas: 10.5%
Florida: 10.5%

Families Living in Poverty:

Pinellas: 8.1%
Florida: 9.9%

Families with Children under Five Living in Poverty:

Pinellas: 22.7%
Florida: 22.5%

High School Graduation Rate:

Pinellas: 81.1%
Florida: 81.2%

Leading Causes of Death

- Cancer and heart disease were the leading causes of death in Pinellas in 2011^{xviii}.

Tobacco Use

- In Pinellas County, 19.3% of the adult population smoked tobacco in 2010, higher than the state rate of 17.1%^{xix}. Moreover, this rate is higher than the Healthy People 2020 goal of not more than 12% of adults smoking tobacco by 2020.

Obesity

- Although Pinellas County has fewer obese adults than the nation and the state, the combined percentage of adults who were either obese or overweight was higher than both the nation and the state at 65.6%^{xx}.

Chronic Disease

- The 2009 - 2011 age-adjusted heart disease death rate in Pinellas was similar to that of the state. This rate has declined in Pinellas in the past decade, however, at a much slower rate in persons who are Black than persons who are White^{xxi}.
- The 2009 - 2011 age-adjusted hospitalization rate for diabetic related complications was 1,973.7 per 100,000 population in Pinellas County (2,260.3 per 100,000 population Florida)^{xxii}.
- The 2009 - 2011 age-adjusted chronic lower respiratory disease death rate was 40.0 per 100,000 population in Pinellas^{xxiii}. In Florida, there were 38.6 chronic lower respiratory disease deaths per 100,000 population.
- The 2009 - 2011 rate of asthma-related hospitalizations was higher in Pinellas County than Florida^{xxiv}.
- Lung cancer causes the greatest number of cancer deaths in Pinellas County, followed by breast cancer and prostate cancer. Although the gap has narrowed, persons who are Black are still more likely than their White counterparts to die of cancer^{xxv}.
- Between 2000 and 2011, several cancers saw an increase in death rates, including breast cancer, melanoma, cervical cancer and lung cancer^{xxvi}.

Leading Causes of Death

1. Cancer (22.8%)
2. Heart disease (22.7%)
3. Chronic lower respiratory disease (CLRD) (5.7%)
4. Unintentional injuries (5.1%)
5. Stroke (3.7%)
6. Diabetes mellitus (3%)
7. Alzheimer's disease (2.5%)
8. Chronic liver disease (1.6%)
9. Suicide (1.5%)
10. Pneumonia/influenza (1.3%)

Overweight or Obese:

Pinellas: 65.6%

Florida: 65.0%

United States: 63.9%

Heart Disease Death Rates:

Pinellas: 153.4 per 100,000

Florida: 154.3 per 100,000

Asthma Related Hospitalizations:

Pinellas: 783.9 per 100,000

Florida: 775.1 per 100,000

Cancer Death Rates (All Types):

Pinellas: 167.9 per 100,000

Florida: 161.1 per 100,000

Kindergarteners Fully Immunized:

Pinellas: 89.9%

Florida: 91.7%

Sexually Transmitted Disease Rates (Women, ages 15 – 34):

Pinellas: 3,327 per 100,000

Florida: 2,603 per 100,000

Low Birth Weight Rates:

Pinellas: 8.6%

Florida: 8.7%

HP 2020 Goal: 7.8%

Infant Death Rates:

Pinellas: 7.9 per 1,000 live births

Florida: 6.6 per 1,000 live births

HP 2020 Goal: 6.0 per 1,000 live births

First Trimester Prenatal Care:

Pinellas: 78.0%

Florida: 79.3%

HP 2020 Goal: 77.9%

Domestic Violence Rates:

Pinellas: 772.8 per 100,000

Florida: 605.0 per 100,000

Child Abuse Rates:

Pinellas: 1,876.1 per 100,000

Florida: 1,145.4 per 100,000

Suicide Rates:

Pinellas: 17.7 per 100,000

Florida: 13.8 per 100,000

HP 2020 Goal: 10.2 per 100,000

Communicable Diseases

- In 2009 - 2011, Pinellas County's rate of vaccine-preventable diseases was 2.6 per 100,000 population (3.7 per 100,000 population Florida)^{xxvii}.
- In 2009 – 2011, Pinellas County fell in the fourth quartile of Florida counties for Kindergarteners fully immunized^{xxviii}.
- The rate of sexually transmitted diseases is higher in Pinellas County than Florida, especially among women ages 15 to 34^{xxix}.
- In 2009 – 2011, the rate of HIV/AIDS deaths within the county was 4.9 per 100,000 population (5.6 per 100,000 Florida)^{xxx}.

Maternal and Child Health

- The 2009 - 2011 rate of premature births in Pinellas was 12.9%, compared to 13.7% in Florida^{xxxi}.
- In 2009 – 2011, there were 32.5 births per 1,000 females ages 15 to 19 in Pinellas (32.9 births per 1,000 females 15-19 Florida)^{xxxii}.
- In 2009 – 2011, 78.0% of mothers in Pinellas received prenatal care beginning in the 1st trimester (79.3% Florida)^{xxxiii}. Among Black mothers, 66.2% received first trimester care, compared to 74.8% of Hispanic mothers and 81.0% of White mothers^{xxxiv}.
- The 2009 - 2011 infant death rate was higher in Pinellas County than both the state rate and the national objective. Further, Black infants in Pinellas were three times more likely than White infants to die within the first year of life^{xxxv}.

Injury and Violence

- The 2009-2011 death rate due to unintentional injury was 55.3 per 100,000 population in Pinellas, compared to 41.6 per 100,000 population in Florida^{xxxvi}.
- The rate of children ages 5 to 11 experiencing child abuse in 2009 – 2011 was higher in Pinellas than the state^{xxxvii}.
- In 2009 – 2011, Pinellas had a higher rate of domestic violence than Florida^{xxxviii}.

Behavioral Health

- Not including alcohol withdrawal, there were 153 cases of newborn withdrawal in 2010, up from 22 cases in 2005^{xxxix}.
- Approximately one-third of Pinellas children removed from their homes between September 2010 and February 2012 were removed due to prescription drug abuse^{xl}.
- Middle and high school students in Pinellas are more likely than students in the state to have used alcohol and marijuana^{xli}.
- 2009 – 2011 suicide rates in Pinellas County exceeded both the state rate and the Healthy People 2020 goal^{xlii}. These rates were highest in those who are White, male, and ages 45 – 60.

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