INTRODUCTION

A Community Health Assessment (CHA) is a systematic approach to collecting data to inform communities and develop goals to improve health outcomes. This CHA used community input and strengthened data collection methods to measure the health of Pinellas County in 2017/2018. This assessment was created by the Florida Department of Health in Pinellas County (DOH-Pinellas) in collaboration with many governmental and nongovernmental partners, including community-based organizations, nonprofits, elected officials, and residents.

The 2018 CHA built upon priorities identified in the 2012 assessment and outcomes of the 2012 – 2017 Community Health Improvement Plan (CHIP). It utilized a variety of data collection methods for identifying health risk factors, length and quality of life, and the social determinants of health. Data were collected through a phone survey, a community meeting, Photovoice sessions, and by reviewing national and state reports. The 2018 CHA supplements data collected in 2016 from local non-profit hospitals through their Community Health Needs Assessments.

COMMUNITY HEALTH PRIORITIES

In July 2017, over 85 community partners representing more than 30 sectors of the local public health system in Pinellas County attended a community meeting to discuss the health needs of the community. The overall goals of the meeting were to develop a shared vision and identify the community’s health priorities and forces of change that affect Pinellas County.

Participants worked in teams to identify and select external forces that influence health improvement activities. While these forces cannot always be modified locally, it is important to recognize the context in which health improvement work exists and understand the impact on health equity.

Though there may be several significant health needs in a population, the public health system must identify and prioritize those needs. As most communities have limited resources, prioritizing needs assists in identifying those that need to be addressed first. The community identified the following priorities as being the most important to Pinellas County in 2018:

- Improved access to care
- Mental health and substance abuse
- Built environment / access to transportation
- Socioeconomic factors
- Collaborative partnerships

PINELLAS FAST FACTS

- 2nd smallest county in land mass (274 mi²).
- Most densely populated county in FL, according to the most recent U.S. Census.
- 916,542 people currently live in Pinellas County.
- 24 incorporated municipalities (St. Petersburg and Clearwater are the biggest).
- Clearwater is the county seat.
- About 189,895 people live in unincorporated areas of Pinellas.

Selected Demographics:

- Age: Fewer young people (<5, 5-14, and 15-24 years old) and more older people (45-59 and 60+) in Pinellas compared to FL as a whole.
- Sex: 52% female, 48% male.
- Race: 85% White, 11% Black/African American, 3% Asian, and 1% other.
- Ethnicity: 8% identify as Hispanic or Latino.
- Income: The median household income for Pinellas residents is $47,090.
- Poverty: 14% of Pinellas residents (about 130,000 people) live in poverty.
- Unemployment: the unemployment rate was 7.3% in 2016, slightly below the FL rate (8.4%).
- Education: 90% of adults have at least a high school education; 30% are college educated.
- Veterans: 88,359 Pinellas adults are veterans.
- Health Insurance: 86% have health insurance (of those who are insured, 62% are covered by a private plan, 38% by a public plan).
METHODS USED IN THE PINELLAS CHA

Information Collected by DOH-Pinellas

A multi-sector team developed a community survey which was implemented from May – July, 2017. The study, which used cell and landline phones to contact residents, sampled 702 adults ages 18 years or older living in Pinellas.

The survey and methodology drew from a mixture of instruments whose content ranged from measuring health behaviors like what people eat and how much exercise they get, to items related to mental health, social support, perceived discrimination in healthcare settings, and thoughts about the built environment. Additional subgroup analysis was completed by Professional Data Analysts, Inc.

Information Collected by Others

Some information from other sources is presented here next to data collected by DOH-Pinellas for comparison. These sources include: U.S. Census Bureau (American Community Survey), the U.S. Centers for Disease Control and Prevention (specifically, the Behavioral Risk Factor Surveillance System), Florida Department of Health, Florida Agency for Health Care Administration, Florida Department of Highway Safety and Motor Vehicles, and the Substance Abuse and Mental Health Services Administration. All rates presented are per 100,000 people.

PINELLAS COMMUNITY HEALTH ASSESSMENT RESULTS

LEADING CAUSES OF DEATH

In Pinellas County, the leading causes of death are heart disease and cancer. Together, heart disease and cancer make up more than half of all causes of death in Pinellas County in 2016.

In terms of trends, the rates of death due to heart disease and cancer are decreasing, while the rates of unintentional injury, Alzheimer's disease, and suicide are increasing.

Pinellas County Resident Death Counts, 2016

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>1,500</td>
</tr>
<tr>
<td>Cancer</td>
<td>1,500</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>1,000</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>750</td>
</tr>
<tr>
<td>Stroke</td>
<td>750</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>750</td>
</tr>
<tr>
<td>Diabetes</td>
<td>500</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>500</td>
</tr>
<tr>
<td>Suicide</td>
<td>250</td>
</tr>
<tr>
<td>Nephritis (Kidney Inflammation)</td>
<td>250</td>
</tr>
<tr>
<td>Chronic Liver Disease &amp; Cirrhosis</td>
<td>250</td>
</tr>
<tr>
<td>Septicemia</td>
<td>250</td>
</tr>
<tr>
<td>Hypertension &amp; Hypertensive Renal Disease</td>
<td>250</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>250</td>
</tr>
</tbody>
</table>
CHRONIC DISEASE

Chronic disease refers to a collection of long-term conditions, such as heart disease, stroke, cancer, asthma, type 2 diabetes, and arthritis. Chronic diseases are among the most common, costly, and preventable of all health problems. Pinellas County experiences higher than average rates of heart disease (6.0%) and heart attack (5.3%), and also has a death rate from diabetes (20.5 per 100,000) higher than the state average (19.6 per 100,000). Also, the rate of hospitalizations due to asthma (923.8) is above the state average.

- In the survey, 17.5% said they had asthma, compared to 8.7% reported in BRFSS for Pinellas in 2016.
- 2016 BRFSS data indicate that approximately 10.5% of Pinellas County adults have been told they have diabetes. In this survey, 11.0% of respondents said they have been told they have diabetes.
- The survey also indicated that non-Hispanic black women, Hispanic men, and those who make less than $25,000 may have higher rates of diabetes than the general population.

CANCER

Cancer is responsible for 1 out of every 5 deaths in Pinellas County. Incidence rates of breast cancer (125.9 per 100,000), lung cancer (64.9), and skin cancer (28.0) are higher than the Florida averages (118.6, 58.9, and 24.0, respectively) according to 2014-2016 data. However, Pinellas is better than the state average in rates of prostate cancer (13.2 vs 16.9 per 100,000), colorectal cancer (36.0 vs 36.6), and cervical cancer (7.2 vs 8.5).

- 14.8% said that a health professional had told them they had skin cancer, compared to the 2013 BRFSS-reported percentage of 10.3%, indicating the rate may be higher than expected.
- When asked if they had ever been told they had any other type of cancer (not skin cancer), 12.5% of respondents said yes. This is also higher than the 2016 BRFSS-reported estimate of 7.4%.

OBESITY

Overweight and obesity are conditions defined by excessive fat in the body that presents a risk to health. Survey respondents were asked to estimate their weight and height to calculate their Body Mass Index, a typical measurement tool in public health. Overall, 61.4% of reported being in a height and weight category in the overweight or obese range. According to BRFSS, 64.0% of Pinellas adults and 63.2% of Florida adults are overweight or obese.

It is a goal of the Florida Department of Health to help Floridians get more active and eat healthier; for more information about the Healthiest Weight initiative, visit www.healthiestweightflorida.com.

COMMUNICABLE DISEASE

Communicable disease refers to a collection of conditions that can be spread from person to person either by contact with germs or indirectly through a vector. Preventing and controlling the spread of communicable disease is at the heart of public health work because outbreaks can have a major impact on health. Vaccinations, hand-washing, and practicing safe sex are all good ways to prevent the spread of infectious disease.

Using data from 2014-2016 and presented in descending order from most to least prevalent, here is how Pinellas is doing compared to state rates for select diseases:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Pinellas (rate per 100,000)</th>
<th>FL (rate per 100,000)</th>
<th>Disease</th>
<th>Pinellas (rate per 100,000)</th>
<th>FL (rate per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>426.3</td>
<td>449.6</td>
<td>Gonorrhea</td>
<td>151.4</td>
<td>122.2</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>21.1</td>
<td>29.4</td>
<td>Campylobacteriosis</td>
<td>15.6</td>
<td>14.8</td>
</tr>
<tr>
<td>HIV</td>
<td>18.5</td>
<td>23.9</td>
<td>Syphilis</td>
<td>18.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>7.5</td>
<td>8.2</td>
<td>Cryptosporidiosis</td>
<td>2.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>4.0</td>
<td>5.6</td>
<td>AIDS</td>
<td>10.0</td>
<td>10.7</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2.5</td>
<td>3.1</td>
<td>Hepatitis B</td>
<td>6.0</td>
<td>2.7</td>
</tr>
</tbody>
</table>
Sexually transmitted diseases (STDs) can complicate pregnancy and may have serious consequences for women and their developing babies. One way to prevent the spread of STDs is through sex education.

- 80% of respondents believe sex education should be taught in schools by age 13.
- 75% feel that comprehensive sex education should be taught in schools.

MENTAL HEALTH

Mental health is a major area of concern for Pinellas County in 2018. Those with less education and income report higher rates of depression than those with higher education and income. In addition, the suicide rate in Pinellas County (18.3 per 100,000) is higher than the state average (14.1), with rates among Pinellas males nearly three times higher than females.

- 24.1% reported being diagnosed with a depressive disorder.
- 21.1% indicated they almost or fairly never felt confident in their ability to handle personal problems in the past month.
- 24.7% said they sometimes, often, or very often felt difficulties piling up so high they could not overcome them.
- A strong social support network can be critical for mental health, yet only about half (49.3%) reported having someone to confide in or talk about themselves and problems.
- Those who make less than $25,000 were less likely to say they have access to mental health services when they need them compared to higher income groups.
- 18-34 year olds were more likely to say that the cost of mental health services is a barrier to accessing those services.

Pinellas Suicide Rates by Age (2016)
SUBSTANCE USE AND ABUSE

In Pinellas County, the percent of adults who are current smokers is 20.4%, which is higher than the state rate of 15.5%. Within different racial/ethnic groups, higher rates are observed (36.7% of black adults vs 18.9% of white adults). The rate of adults engaging in heavy or binge drinking increased from 12.8% in 2007 to 20.9% in 2016, surpassing the 2016 state average (17.5%). Pinellas is also experiencing more deaths where opioids and heroin are present.

- 28.3% live in a home with at least one person who smokes.
- 16.1% reported having ever used cocaine, heroin, or methamphetamine
- 24.1% report using some form of prescription pain reliever. Also, about one in ten adults have either used a prescription pain reliever without a prescription, in greater amounts than prescribed, or in any other way not directed by a doctor.

MATERNAL AND CHILD HEALTH

In Pinellas, the infant mortality rate (6.8 per 1,000 live births) is higher than the state rate (6.1), and the rate at which black infants die during their first year of life (12.9) is more than double that for white infants (5.3). This disparity is an area of great concern for public health.

Breastfeeding is the best source of nutrition for most infants and can serve as a protective factor against infant mortality. The initiation rate among black infants is 21.0% lower than for white infants, though the gap is shrinking. Most women in Pinellas initiate breastfeeding, but not many are still breastfeeding after 6 months, suggesting that knowledge may not be enough for continued breastfeeding success.

- 50.9% of DOH-Pinellas survey respondents stated that formula was not the best choice for feeding an infant, while 20.0% don’t know whether formula or breastmilk is the best choice.
- 82.1% felt all infants should be fed breastmilk if possible, and 84.8% were in favor of women being encouraged to breastfeed.
- Those who make less than $25k were more likely to report formula as the best choice for feeding an infant.

INJURY AND VIOLENCE

Pinellas has had a rate of motor vehicle accidents higher than the state rate in 12 of the past 20 years, with 2011 being the last year the county rate was lower than the state. There was a dramatic increase in the number of crashes involving drivers 15-19, which went from 1,616 to 3,128 (a 63% increase) from 2011-2015.

Domestic violence also affects individual and community health. The rate of domestic violence offenses in Pinellas is decreasing (716.1 per 100,000), but is still higher than the state rate (536.2).

- 22.4% reported having a someone hurt, hit, or threaten them.
- Nearly half (45.3%) reported ever having witnessed domestic violence.
- 81.9% of respondents indicated they know where to get help for themselves or someone they know who may be a victim of domestic violence.

ACCESS TO CARE

Disparities in health care access are often linked to disparities in health outcomes. When routine medical care is difficult to access due to cost, transportation, or language barriers, preventable problems can turn costly and life-threatening.

- 14.4% said there is no place to go if they get sick.
- 14.7% said there was at least one time in the past year when they needed to see a doctor but could not due to cost.
- There was a significant relationship between income and insurance status, with those who make less than $25,000 being less likely to have health insurance versus those who make more than $25,000.
BUILT ENVIRONMENT

Pinellas has many people who live within a half-mile of a healthy food source (41.4%) compared to the state (30.9%), there are also more people living within a half-mile of a fast food restaurant (41.3%) than the state (33.9%). Over half of those in Pinellas (59.4%) live within a half-mile of a park, and about a quarter of residents live within a half-mile of a trail system (23.3%).

- 7.0% said crime holds them back from walking during the day; at night: 20.0%.
- There was a difference between people who believe their neighborhood is generally free from litter the higher their reported income; 73.1% of those who make less than $25k said their neighborhood was free from litter, vs 90.0% for those who make $50k or more.
- There was a significant association between geographic area and those who felt their neighborhood was free from litter; while between 84% - 88% of Clearwater, Largo, and North St. Petersburg residents agreed, only 59% of South St. Petersburg residents agreed.
- Non-Hispanic Black adults were five times more likely to report drinking bottled water more often than regular tap water as compared to Non-Hispanic White adults.
- There was a relationship between age and walkability in neighborhoods, with older adults being much more likely to say there are not enough crosswalks and pedestrian signals to help walkers cross busy streets compared to younger adults.

ORAL HEALTH

In 2016, 49.1% of adults said they have had at least one permanent tooth removed because of tooth decay or gum disease. Monitoring access to dental care by low-income individuals helps bring awareness of oral health disparities and where they may exist. The rate of access to dental care by low-income persons has fluctuated greatly over the past 20 years, and is trending downward (less access).

- 62.5% of survey respondents said they have visited a dentist within the last year.
- 14.0% said it has been more than 5 years since their last visit.
- 21.5% of survey respondents said there has been at least one time in the past year when they needed dental care but could not get it at that time.
- When asked to rate the health of their teeth and gums, 28.3% said very good, but 10.3% said poor.
- 43.9% of those who live in the Largo area rated the health of their teeth and gums as fair or poor, as opposed to 27.5% for Clearwater and 27.7% for St. Petersburg.
- Adults ages 45-54 years old were more likely to rate the health of their teeth and gums as fair or poor.

CONCLUSIONS AND NEXT STEPS

DOH-Pinellas believes it can address the areas of greatest need identified in this report with the help of community partners, leaders, and residents. When partners met and discussed priorities in July 2017, the areas that emerged for improvement were access to care, mental health and substance abuse, and the built environment. These, along with other key issues identified in this Pinellas CHA, will form the basis of the Community Health Improvement Plan.

This report initiates the next step in extending the community health improvement planning process for Pinellas County. The report and the results of the community's effort to elevate health priorities will be used for creating the awareness and partnerships needed to strategize actions and recommendations by the Community Health Action Team as it develops the new Community Health Improvement Plan (CHIP). New goals, strategies, and objectives will be formed to address the health priorities identified by this community collaboration.

In 2019-2020, DOH-Pinellas will work with nonprofit hospital groups to plan, conduct, and evaluate the health status of the county as one unified group. This innovative pooling of resources and subject matter expertise will reduce duplication and enhance Pinellas County's ability to measure and respond to the health needs of the community.
ACKNOWLEDGMENTS

DOH-Pinellas would like to thank the Foundation for a Healthy St. Petersburg for making this Community Health Assessment (especially the enhanced phone survey) possible through their inaugural grant award, “Healthy Beginnings.” Thanks also go to the Florida Prevention Research Center at USF Tampa and Dr. Kerry Littlewood for their work on developing this assessment and analyzing its data.