

HILLSBOROUGH COUNTY HEALTH DEPARTMENT 2010/2011 COMMUNITY HEALTH PROFILE



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Summary

The Community Health Profile presents primary data from assessments completed locally in addition to secondary health and demographic data from a variety of sources.

Our review of the data indicates that Hillsborough County has a diverse population in terms of race and ethnicity, age, and income. A large segment of our population is well educated with an estimated 86% of those 25 years and older having, at minimum, a high school diploma.

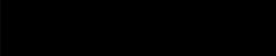
The leading cause of death for Hillsborough County residents is heart disease. While the heart disease death rate has shown some improvement, it has remained the leading cause of death for years, mimicking national data. Chronic diseases continue to be a concern in terms of their incidence, prevalence, and the impact they have on the quality of life of individuals, families, and communities. Risk factors associated with heart disease, such as diabetes, obesity, and other chronic conditions, remain a challenge due to the high incidence. The level, for example, of diabetes death rates in Hillsborough County has far exceeded that of the state since 1990. Injury-related deaths are the third leading cause of death and remain a concern with an age-adjusted rate of 68.46 compared to the state rate of 64.56. One health disparity area that continues to be a challenge is poor birth outcomes, specifically mortality and birth weight which remain at alarming levels in our county, especially for African American residents.

A number of healthcare challenges were separately addressed in this report. They included health disparities and the physical environment. Various health conditions continue to disproportionately impact minority populations. Additionally breastfeeding, known to provide positive benefits to infants and their mothers, is practiced less by African American women. Hillsborough County ranked 60 out of 67 counties, almost at the bottom for physical environment, based on the Robert Wood Johnson Foundation, County Health Rankings. Contributors to physical environment include access to healthy foods, access to recreational facilities and air quality. In terms of health outcomes and mortality we were at the midpoint in the County Health Ranking.

In our assessment of community perceptions of health through utilization of a survey tool, respondents selected overweight as the most important health issue, drug abuse as one of the riskiest behaviors, and the majority of respondents perceived their personal health status to be healthy or very healthy. Residents felt a little less confident about the health status of the community. Few residents expressed concern about infant deaths, with only 3.3% of the 1,733 respondents selecting this as an important health problem.

The Forces of Change Assessment allowed providers and partners to discuss occurrences, threats, opportunities, changes, and varied factors that may affect the health of the community and the public health system. Health reform, budget, and legislative issues generated the greatest focus and concern.

Although included at the end of the profile document, the National Public Health Performance Standard Program was the process initiated prior to the other assessments. The tool was implemented with involvement from a large group of public health system partners. Scoring was



Summary

generated after submitting a report to the CDC. Results for Hillsborough indicate that we are doing well overall in providing the 10 Essential Public Health Services. Opportunities for improvement exist in Essential Services number 4 (mobilize partners) and 9 (evaluate services) with scores for these below 50%. We received our highest performance scores for Essential Service 2 (diagnose and investigate health problems and health hazards) with a score of 85% and a score of 84% for number 6 (enforce laws and regulations that protect health and ensure safety).

Current efforts are now directed toward working with partners to establish community health improvement plans for priority areas as well as working internally to assess readiness for public health accreditation.



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Introduction

The availability of local level data continues to be important for the work of our health department and our partners. Information on health status and trends assists us in planning appropriately and in efficiently using our resources to achieve our mission. Additionally, when members of the community and partners are kept informed, they too are able to be responsive to opportunities and needs in the community.

Background:

The 2010-2011 Hillsborough County Health Department Community Health Profile report has resulted from several months of implementing in-depth and broad-ranging assessment processes that are used nationally by state and local public health departments.

Steps for this included:

- Initiation of the **National Public Health Performance Standards Program (NPHSP)** utilizing the Local Public Health System Performance Assessment instrument. This instrument provided assistance in evaluating the activities and capabilities of our public health system, not only our local health department. We were also able to determine how well we, as a local health department, are providing the Essential Public Health Services.
- The **Mobilizing for Action through Planning and Partnership (MAPP)** process was utilized as the next step. This is a community-driven strategic planning process that helps to prioritize public health issues and identify resources to address them, anticipate and manage change, improve public health infrastructure, and engage the community. During this phase more than 80 partners and 1,700 residents of the community provided feedback that allowed us to assess what is important in our community and what perceptions exist related to health and quality of life. Providers also explored forces of change, those external factors such as funding, policy, and technology, which impact the context in which we provide public health services.
- Health statistics data and the information from our assessment processes were then reviewed by the health department and a large group of systems partners in a day-long endeavor to identify local public health priorities. Current efforts are now focused toward evaluating a number of priorities and creating Community Health Improvement Plans to strategically address relevant issues.

The entire process allows us to not only understand the health of our community but also to evaluate our resources, strengths, weaknesses, and opportunities for improvements.

How to Use:

This report has been shared with partners and is made available to citizens in this county. It is anticipated that this information will be useful in raising awareness and promoting dialogue for ongoing strategic planning and action. Therefore, this report, along with data from the MAPP process, was provided to local partners on December 8, 2010 in a day-long strategic planning meeting. The report will also be available at our website. Readers are encouraged to use this information for community priority-setting, as well as grant writing, to sustain existing programs or establish new initiatives to address specific health concerns. This report will also assist the local health department in taking appropriate action. Planned ongoing future discussions with

Introduction

community residents, faith-based and other organizations will further enhance our efforts to understand opportunities, resources, trends, and other factors that may impact the public's health. The report first provides details on our population demographics and various relevant characteristics. Data related to a variety of health indicators that assist us in understanding the county, including some selected health care challenges, are then provided. The sections on Community Health Perceptions and Themes, Forces of Change Assessment, and the National Public Health Performance Standards includes the information that resulted from our local efforts to survey and gain feedback from stakeholders.

Rates and Ratios:

At times, the data in this report will refer to a number known as the "Age-Adjusted Death Rate." Since each county or region has different sized populations, one way to compare rates of specific diseases or behaviors is to use a ratio. Ratios and percentages are both used to discuss population trends; however, a ratio can be used to reflect disease rates that are too small for a percentage. For example, if there are 120 cases of malaria in a county with a population of 100,000, the *rate* is 120 out of 100,000. If you tried to use a percentage to describe malaria in this situation, the percentage would be 0.12% which would be more difficult to compare. Rates are usually calculated per 100,000 people, although some data sources calculate rates per 1,000 people.

Age-Adjusted Rate is a measure that controls for the effects of differences in population age distributions. Across different geographic areas, there will be different sized age groups (example: college town vs. retirement community). When comparing across geographic areas, some method of age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Limitations:

In implementing MAPP, listening to the community is essential for identifying the important issues and formulating possible solutions. Surveys and group discussions were used to gain feedback from members of the community, policy makers, and providers. While this was an assessment for planning purposes and not a research project, we must consider some limitations in reviewing the feedback. These included:

1. Having a relatively small sample. Therefore, while we can make some assumptions related to these results, we must be mindful that the sample cannot be generalized to the entire population of the county.
2. The number of discussion groups provided opportunities to more deeply explore issues, probe, and follow-up discussion points. Initial plans included more focus groups. Due to a variety of challenges, this was not possible.

For further information and to respond to questions on the health profile document, please contact the Community Health Division of the Hillsborough County Health Department, Florida Department of Health at (813) 307-8071, or email us through our website www.hillscountyhealth.org

A copy of the 2006/2007 Community Health Report can be found at: www.hillscountyhealth.org/community/community_health_profile.pdf

Demographic and Socio-Economic Characteristics

Population overview

Hillsborough County is located midway along the west coast of Florida in the Tampa-St. Petersburg metropolitan area (Figure 1). One of 67 counties in Florida, with its 1,050.9 square miles in land area and a population density of 1,047.9 per square mile, Hillsborough County is the fourth largest county in the state. The estimated population reported by the United States Census Bureau in 2009 was 1,195,317, an increase of 19.7% from the 2000 census and 43.3% from the 1990 census. The population in Hillsborough County is projected to reach 1,537,290 by the year 2025. The city of Tampa, the county seat, has a population of 343,890 and is one of three municipalities in the county, the other two being Plant City and Temple Terrace.

Figure 1. Hillsborough County, Florida



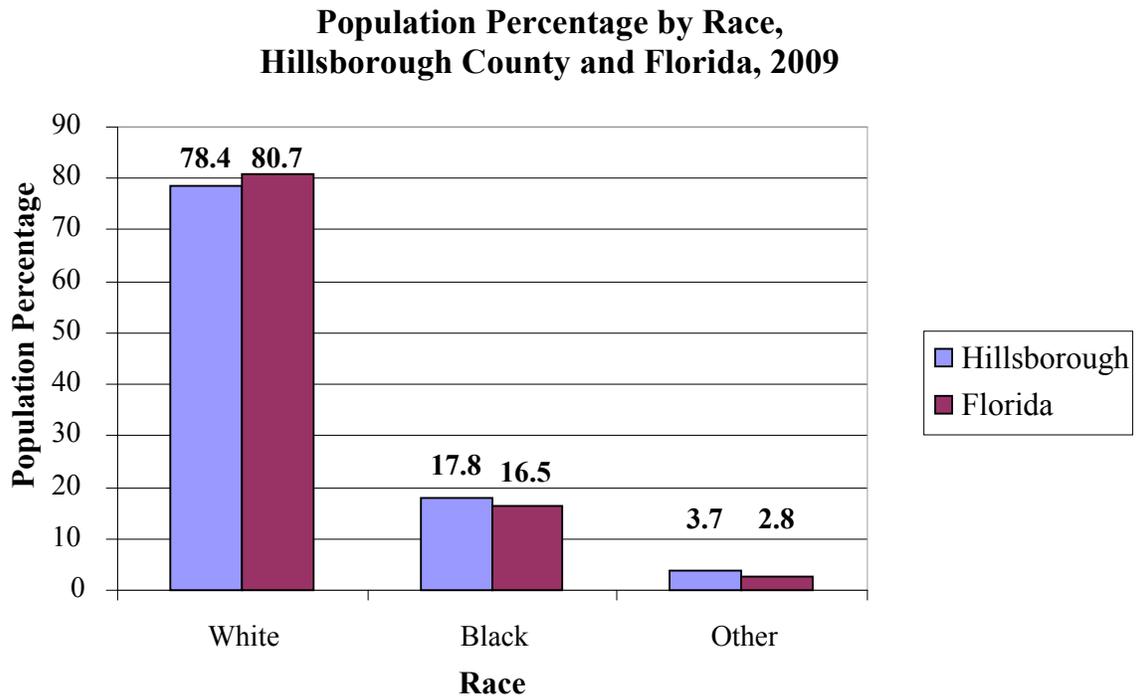
Population by Race and Ethnicity

Hillsborough County has a predominately White population as illustrated by the racial breakdown in Figure 2. According to current data from the Florida Community Health Assessment Resource Tool Set (CHARTS), of residents who reported being of one race, about 78% were White and about 17% were Black or African American (Figure 2). Collectively, Asian, Native American Indian, Native Alaskan, Native Hawaiian, and Pacific Islander accounted for 3.7% of the population. About 23.4% of the population also reported being of Hispanic or Latino origin (Figure 3).

*Note: The following terms may be used interchangeably throughout the report: Black and African American; White and Caucasian; American Indian and Native American; Hispanic or Latino. This is done to remain consistent with the terminology used throughout the literature and various data sources.

Source: <http://www.floridacharts.com/charts/chart.aspx>

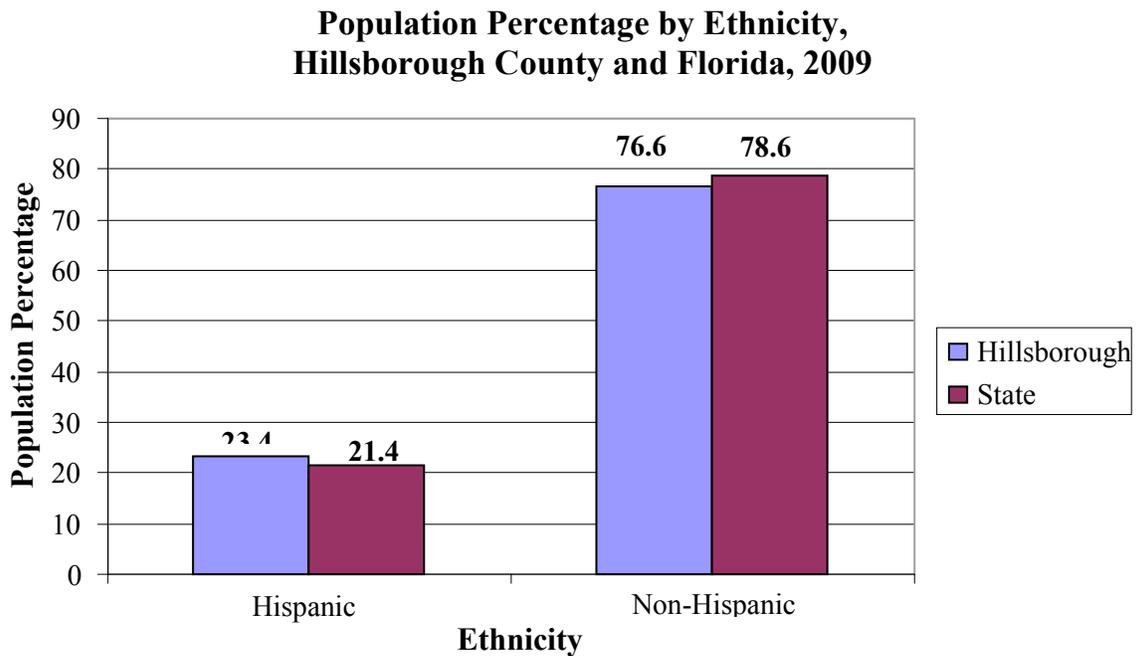
Figure 2.



Source: Florida CHARTS.

Note: These figures may include those individuals who also reported being Hispanic or Latino.

Figure 3.



Source: Florida CHARTS, 2009

Demographics

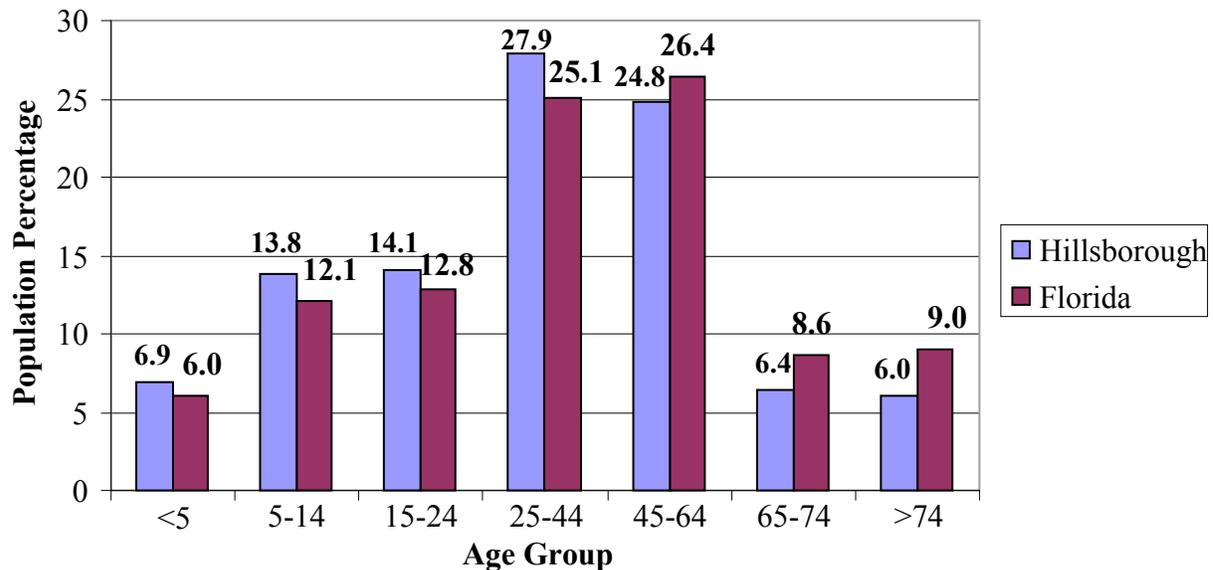
Population by Age and Gender

Hillsborough County has a slightly younger age distribution than the rest of the state. About 28% of the population falls within the 25-44 age group (Figure 4). The median age is 36.6 years.

Notably, 75% of the county's population is 18 years and older, with 12% being age 65 years and older. The ratio of females (51%) to males (49%) is nearly equal.

Figure 4.

**Population Percentage by Age Group,
Hillsborough County and Florida, 2009**



Source: Florida CHARTS

Socio-Economic Characteristics

Households and Families

In 2005-2009, there were 456,000 households reported in Hillsborough County with an average household size of 2.5 persons. Families made up 64% of the households in Hillsborough County. This percentage includes both married-couple families (45%) and other families (18%). Non-family households made up 36% of all households in the county. Most of the non-family households were people living alone, with 7.8% of those being age 65 years or older. Female-headed family households accounted for 13.5% of the total households.

Source: <http://factfinder.census.gov>

To see a document on household trends, please visit:

<http://www.hillsboroughcounty.org/transtaskforce/resources/publications/info/MPOLandUsesuppttrans.pdf>

Demographics

Place of Birth and Language Spoken at Home

Approximately 14.5% of people residing in Hillsborough County in 2005-2009 were foreign born; 85.5% were native, including 39.0% who were born in Florida. Among those, 24.2% spoke a language other than English in the home (Table 1).

Table 1.
Place of Birth and Language Spoken at Home, Hillsborough County and Florida, 2005-2009

	Hillsborough County	Florida
Native born	85.5%	81.3%
Born in Florida	39.0%	34.2%
Foreign born	14.5%	18.7%
Speak a language other than English at home	24.2%	25.8%
Spanish	18.5%	18.9%
Other language	5.7%	7.0%
Reported not speaking English “very well”	9.7%	11.6%

Source: United States Census Bureau
<http://factfinder.census.gov>

Income

The median household income in 2005-2009 was reported at \$49,594, which is higher than the state’s (\$47,450). Data compiled from the census indicated 82% of the households received earnings, while 15% received retirement income other than Social Security. Twenty-four percent of the households received Social Security benefits which averaged approximately \$14,665. About 2% of the population received cash public assistance, and another 7% received food stamp benefits in the past 12 months (Table 2). Additional information about income levels are shown in Tables 3 and 4.

Table 2.
Income, Hillsborough County and Florida, 2005-2009

	Hillsborough County	Florida
Median Household Income	\$49,594	\$47,450
% Households receiving earnings	82%	75.5%
% Households receiving retirement income other than Social Security	15%	19.1%
% Households receiving Social Security benefits	24%	32.7 %
Average amount of Social Security benefits	\$14,665	\$15,418
% Population receiving cash assistance	1.9%	1.4%
% Population receiving food stamp benefits in past 12 months	7%	7.5%

Source: United States Census Bureau
<http://factfinder.census.gov>

Table 3.
Income, Hillsborough County and Florida State 2005-2009

Household Income	Hillsborough County	Florida
Less than \$10,000	7.0%	7.2%
\$10,000 to \$14,999	5.2%	5.7%
\$15,000 to \$24,999	10.9%	11.8%
\$25,000 to \$34,999	11.7%	11.9%
\$35,000 to \$49,999	15.5%	15.7%
\$50,000 to \$74,999	19.1%	19.0%
\$75,000 to \$99,999	11.7%	11.4%
\$100,000 to \$149,999	11.2%	10.3%
\$150,000 to \$199,999	3.8%	3.3%
\$200,000 or more	3.8%	3.5%

Source: United States Census Bureau
<http://factfinder.census.gov>

Household income data from the U.S. Census Bureau 2008 indicates that 13.9% of individuals fall below the Federal Poverty Level. This is slightly higher than the percentage for Florida state overall which is 13.3%. The Federal Poverty guidelines for the 48 contiguous states and District of Columbia are listed in Table 4.

Table 4.
The 2010 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010
For families with more than 8 persons, add \$3,740 for each additional person	

Source: Health and Human Services Federal Poverty Guidelines
<http://aspe.hhs.gov/poverty/10poverty.shtml>

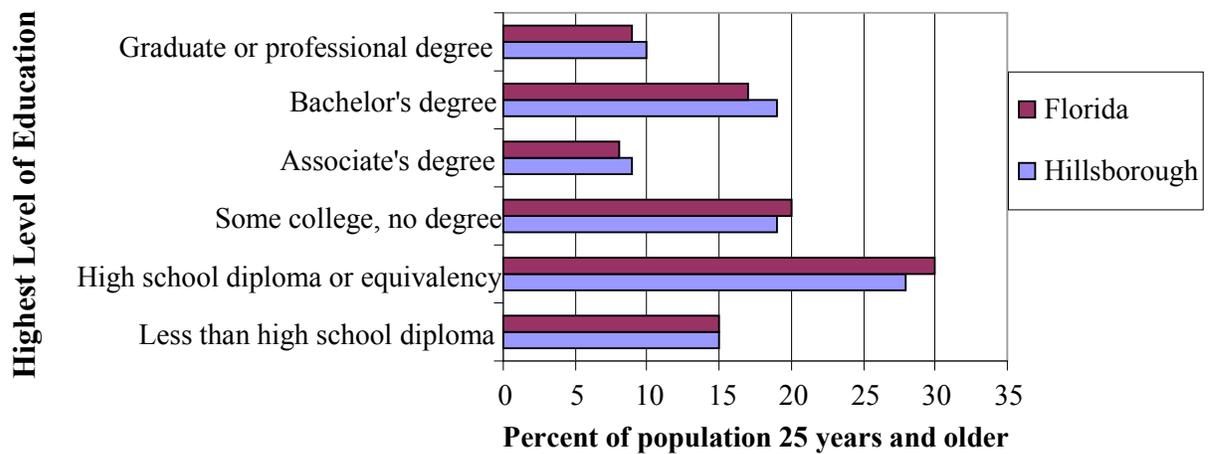
Demographics

Education

In 2005-2009, an estimated 86% of the Hillsborough County population 25 years and older had at least a high school diploma, and 29% had a bachelor's degree or higher, which are slightly higher than the state (85% and 26%, respectively) (Figure 5). Fifteen percent were dropouts; they were not enrolled in school and had not graduated from high school. The total school enrollment in Hillsborough County was 306,000 in 2005-2009. Nursery school and kindergarten enrollment was 35,000. Elementary or high school enrollment was 191,000 children. College or graduate school enrollment was 81,000 (Table 5).

Figure 5.

**Educational Attainment of Persons 25 Years and Older,
Hillsborough County and Florida, 2005-2009**



Source: U.S. Census Bureau
<http://factfinder.census.gov>

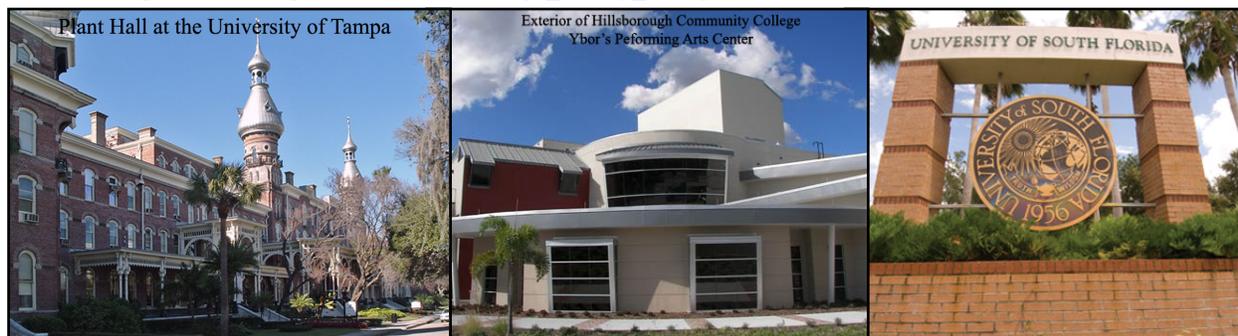


Demographics

Table 5.
List of Colleges and Technical Schools in Hillsborough County, FL, 2007

College/University	Student Population	Institution Type
University of South Florida – Main Campus	46,189	4-year, Public
Hillsborough Community College	24,037	2-year, Public
Everest University - Brandon	7,251	4-year, primarily associate's, Private for-profit
The University of Tampa	5,800	4-year, Private not-for-profit
International Academy of Design and Technology - Tampa	2,590	4-year, Private for-profit
Everest University - Tampa	1,730	4-year, primarily associate's, Private for-profit
University of Phoenix - West Florida Campus	983	4-year, Private for-profit
Ultimate Medical Academy - Tampa	884	< 2-year, Private for-profit
Sanford-Brown Institute	868	2-year, Private for-profit
Argosy University - Tampa	771	4-year, Private for-profit
D. G. Erwin Technical Center	736	2-year, Public
ITT Technical Institute - Tampa	719	4-year, primarily associate's, Private for-profit
Manhattan Hairstyling Academy	588	< 2-year, Private for-profit
Concorde Career Institute	575	< 2-year, Private for-profit
Florida College	506	4-year, primarily associate's, Private not-for-profit
South University - Tampa	426	4-year, Private for-profit
Remington College - Tampa Campus	314	4-year, primarily associate's, Private for-profit
Brewster Technical Center	273	2-year, Public
Artistic Nails and Beauty Academy	218	< 2-year, Private for-profit
Paul Mitchell the School - Tampa	177	< 2-year, Private for-profit

Source: http://education-portal.com/hillsborough_county_college.html



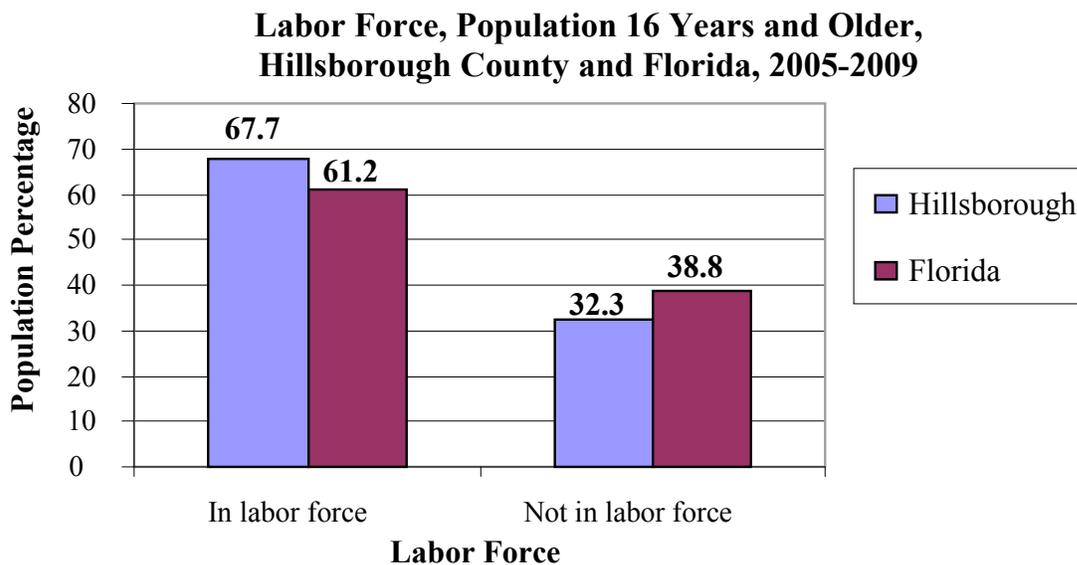
Demographics

Employment

According to the U.S. Census Bureau, in 2005-2009 67.7% of the population 16 years and older were estimated to be in the labor force, which is more than the state average (Figure 6). In May 2010, the Hillsborough County unemployment rate was estimated to be 11.5%, which is slightly lower than the September 2010 estimate for Florida of 11.9%.

Sources: <http://www.tampaedc.com/site-selection/workforce.aspx>,
<http://www.bls.gov/lau/>,
<http://factfinder.census.gov>

Figure 6.



Source: U.S. Census Bureau
<http://factfinder.census.gov>

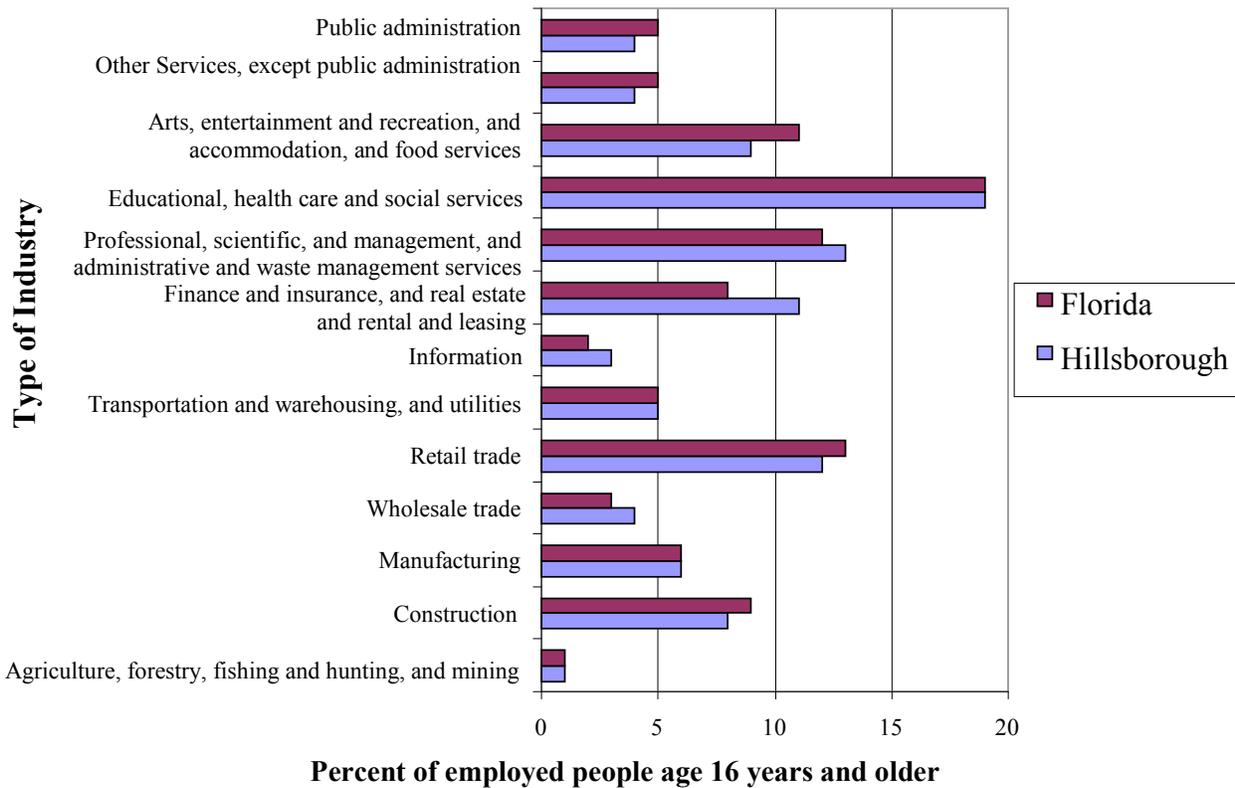
In the county, 80% of those employed in the civilian sector are in professional or business services. This is slightly higher than the state, 78%. The leading industries in the county for the employed population 16 years and older were health, educational, and social services (19%), which is the same as the state (Figure 7).



Demographics

Figure 7.

Employment by Industry, Hillsborough County and Florida, 2005-2009



Source: U.S. Census Bureau
<http://factfinder.census.gov>

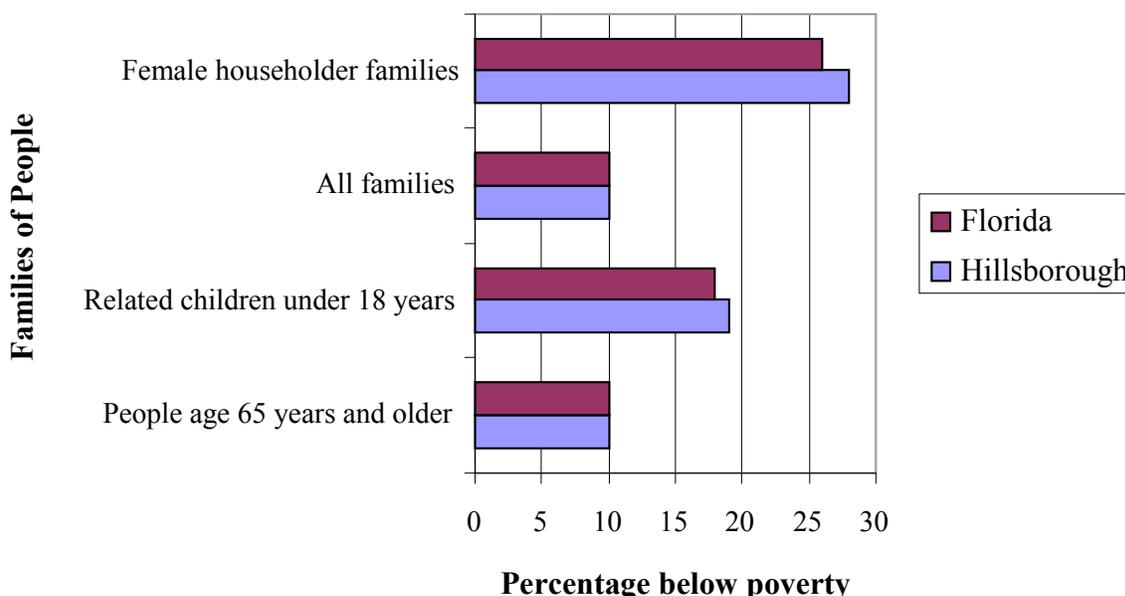
Poverty

In 2009, an estimated 15.2% of the population in the county reported income in the past 12 months below the poverty level (Office of Economic and Demographic Research). From 2005-2009, a larger percentage of Hillsborough County families were living below the poverty level when compared to the state (Figure 8).



Figure 8.

Poverty in Hillsborough County and Florida, 2005-2009



Source: U.S. Census Bureau
<http://factfinder.census.gov>

Crime in Hillsborough County

A major source of cost in the criminal justice system at all levels is the effect on behavior caused by mental disorder. According to the Florida Department of Law Enforcement, approximately 660,000 individuals are arrested in Florida in any given year. A recent study of jails found that nearly 15% of incarcerated men and more than 30% of women had symptoms of acute, serious mental illness (Steadman, Osher, Robbins, et al, 2009).

In 2008-2009, 49,522 individuals were arrested in the county for a total of 115,932 arrests. Demographic breakdown of arrestees within the county can be seen in (Table 6).

Table 6. Demographics of Arrestees, Hillsborough County vs. Florida, 2008-2009

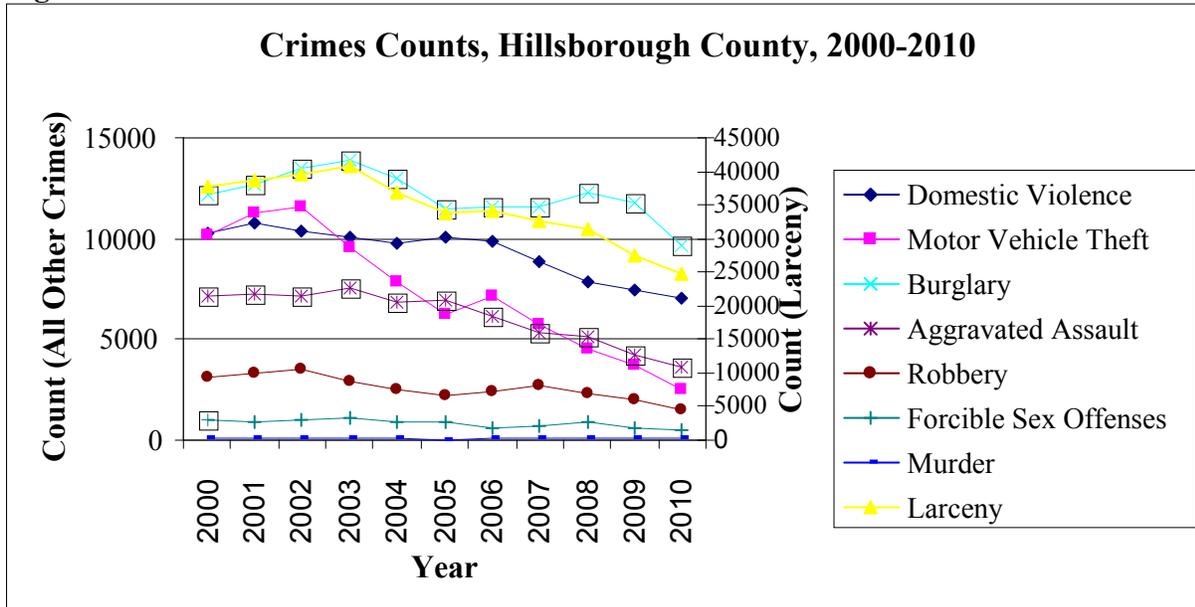
	Hillsborough County	Florida
% of Medicaid Enrolled Individuals	22.08%	19.93%
Male (%)	75.88%	75.90%
Female (%)	24.12%	24.10%
African American (%)	36.64%	34.04%
White (%)	62.70%	65.26%
Other ethnicity (%)	0.66%	0.69%

Source: Mental Health and Substance Abuse Technical Assistance Center
<http://www.floridatac.org/county-data.aspx?type=county&cid=28>

Demographics

From 2000-2010, the majority of major crimes decreased (Figure 9). In 2010, the leading type of crime in the county was larceny with an average count of 24,758, or a rate of 2,061.9 per 100,000, lower than the state's rate of 2,438.6 per 100,000. Burglary and domestic violence ranked second and third in number of acts committed, respectively (Figure 10).

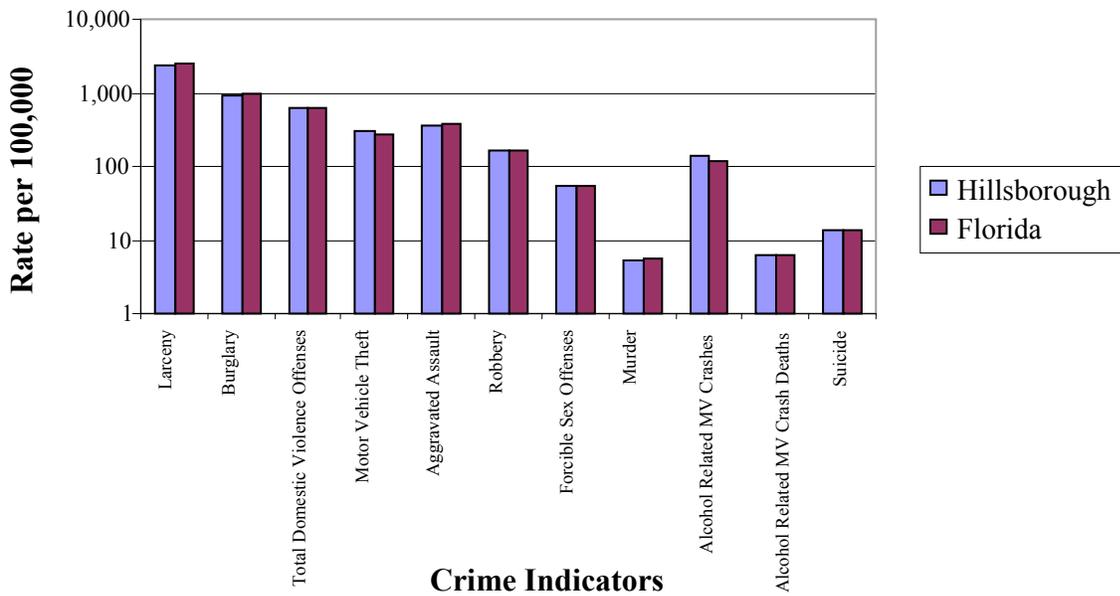
Figure 9.



Note: Larceny is listed on the right axis as these crime counts are significantly higher than other crime types.
Source: Florida CHARTS

Figure 10.

Crime Indicators, Hillsborough County and Florida, 2008-2010



Note: Alcohol-related motor vehicle crashes and deaths reflect data only up to 2009.
Source: Florida CHARTS

Demographics

Hillsborough County Schools

Demographics

The Hillsborough County School District consists of 254 schools, 82 of which provide adult education programs. There are a total of 194,737 students in grades PreK-12. Hillsborough County is the 8th largest school system in the nation.

Source: Hillsborough County School District

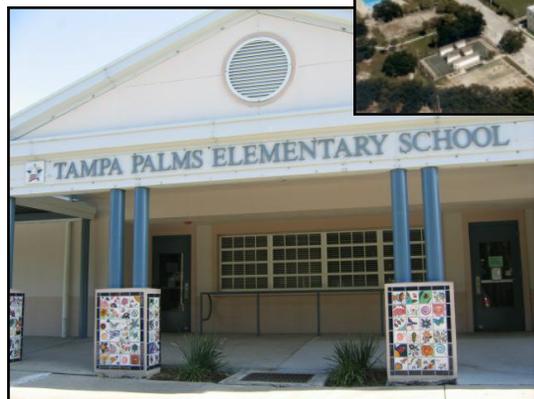
<http://www.sdhc.k12.fl.us/>

Title 1 Schools

Title 1 is a federally funded education program that provides supplemental funds to school districts to assist eligible schools with the highest student concentration of poverty to meet school educational goals. For academic year 2010-2011, 53%, or 136 of schools in the county, are considered Title 1 schools. This includes 89 elementary schools, 24 middle schools, 10 high schools, 6 charter schools, and 7 exceptional centers.

Source: Hillsborough County School Board

<http://www.sdhc.k12.fl.us/board/>



Health Status Indicators: Mortality and Morbidity

Health Status Among Hillsborough County Adults

How people rate their own health is a good indication of the overall perception of the health of a community. According to the Behavioral Risk Factor Surveillance Survey (BRFSS) report generated from CHARTS, approximately 19% of the county's population perceived their health status as "fair" or "poor", which is slightly higher than the state total (17%) (Table 7).

Table 7.
Percent of population that perceive health status as "fair" or "poor"

Population	Percent that perceive health status as fair or poor
Males	21%
Females	17%
Whites	12%
Blacks	25%
Hispanics	36%
18-44 years of age	18%
45-64 years	20%
65 years and older	18%
No High School Diploma	42%
High School Diploma	25%
4 or more years of college	11%
Total Population	19%

Source: Behavioral Risk Factor Surveillance Survey (BRFSS).

Mortality

Leading Causes of Death

In 2009, there were 9,197 deaths among Hillsborough County residents, which translated to an overall age-adjusted mortality rate of 727.7 deaths per 100,000. This was a 2.5% increase in the number of cases reported in 2005. Statewide, the estimated age-adjusted mortality rate for 2009 was 656.2 per 100,000.

Of the 9,197 deaths in 2009, males accounted for 51% (4,715) of the deaths and females accounted for 49% (4,482). Whites accounted for 85% (7,784) of all deaths, while Blacks (1,236) and other (169) accounted for 13% and 1.8%, respectively. Age group 55 years and older accounted for the greatest number of deaths in the county, 7,507 (82%) during 2009.

In Hillsborough County, the top 3 disease-related leading causes of death in 2009 were cancer, heart disease, and chronic lower respiratory disease (Tables 8 and 9). Unintentional injury was within the top three of all causes of death.

Source: Florida CHARTS.

Notable Trend
Hillsborough County's death rate is higher than Florida's (727.7 vs. 656.2 per 100,000).

Health Status Indicators

Table 8.
Leading Causes of Death by Age Group, Hillsborough County, 2009

Age Group	Cause of Death	Count
Ages <1	Perinatal Period Conditions	90
	Congenital Malformations	23
	Unintentional Injury	15
	Homicide	3
Ages 1-9	Unintentional Injury	12
	Benign Neoplasms	3
	Congenital Malformations	2
	Cancer	1
Ages 10-19	Unintentional Injury	19
	Cancer	8
	Suicide	8
	Homicide	5
Ages 20-24	Unintentional Injury	43
	Homicide	16
	Suicide	12
	Chronic Lower Respiratory Disease	7
Age 25-34	Unintentional Injury	99
	Suicide	22
	Heart Disease	16
	Cancers	14
Ages 35-44	Unintentional Injury	74
	Chronic Lower Respiratory Disease Heart Disease	54
	Disease	44
	Suicide	39
Ages 45-54	Chronic Lower Respiratory Disease Cancer	224
	Unintentional Injury	158
	Suicide	122
		32
Ages 55-64	Cancer	479
	Heart Disease	245
	Unintentional Injury	73
	Chronic Lower Respiratory Disease	73
Ages 65-74	Cancer	515
	Heart Disease	349
	Chronic Lower Respiratory Disease	125
	Diabetes	71
Ages 75-84	Heart Disease	569
	Cancer	554
	Chronic Lower Respiratory Disease	188
	Stroke	111
Ages 85+	Heart Disease	767
	Cancer	323
	Alzheimer's Disease	223
	Stroke	163

Source: Florida Vital Statistics Annual Report, 2009
<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

Table 9.
Top 10 Leading Causes of Death for All Age Groups, Hillsborough County, 2009

Cause of Death	Total Count
Cancer	2,179
Heart Disease	2,152
Unintentional Injury	603
Chronic Lower Respiratory Disease	556
Stroke	421
Alzheimer's Disease	339
Suicide	180
Nephritis	133
Influenza/Pneumonia	126

Source: Florida Vital Statistics Annual Report, 2009
<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

Injury-Related Deaths

Injury-related deaths include unintentional injuries (events such as fires, falls, motor vehicle crashes, pedestrians injured by motor vehicles, and unintentional poisonings), homicide, suicide, and deaths by undetermined intent (Table 10). In 2009, there were 846 injury-related deaths reported in the county which translate to an age-adjusted injury-mortality rate of 68.5 per 100,000, which was higher than the state (64.6 per 100,000).

Notable Trend
 Hillsborough County's age-adjusted rate for unintentional deaths is higher than the state rate.

Table 10.
Injury-related deaths by type, Hillsborough County, 2009

Intent	Total Count	County Age Adj. Rate	State Age Adj. Rate
Unintentional (e.g., falls, fires, motor vehicle crashes, unintentional poisonings)	603	48.48	42.60
Suicide	180	14.79	14.36
Homicide	56	4.60	6.39
Undetermined	6	0.50	1.08
Other	1	0.08	0.13
Total	846	68.46	64.56

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

In 2009 alone, there were 603 fatalities due to unintentional injury. Notably, suicides accounted for twice the number of deaths as homicide (Table 11).

Suicide

Suicide is the act of taking one's own life by intentional self-harm or self-inflicted injury. Non-fatal self-inflicted injuries are more common and not all self-injury attempts are suicide attempts. In 2009, the state of Florida had 2,854 suicides and another 9,840 hospitalizations from non-fatal self-inflicted injuries. These numbers have steadily increased since 2005. The economic and emotional costs of these attempts are significant. The median admission charge for non-fatal self-inflicted injury hospitalization was \$16,120, and total charges exceeded \$278 million. In

Health Status Indicators

Hillsborough County, the total number of deaths from suicide in 2009 was 180, and the age-adjusted death rate was 14.8/100,000. Whites had higher numbers of deaths from suicide (160 out of 180), and a larger number of men died from suicide than women (132 out of 180).

Source: Florida Charts, Florida Department of Health Office of Injury Prevention

Table 11.
Injury-related deaths by intent and age, Hillsborough County, 2009

Age	Unintentional	Suicide	Homicide	Undetermined	Other	Total
<1	15	0	3	0	0	8
1-4	6	0	1	0	0	9
5-14	8	1	1	0	0	5
15-24	60	19	20	1	0	125
25-34	99	22	11	1	1	137
35-44	74	39	8	1	0	146
45-54	122	32	7	2	0	181
55-64	73	37	1	0	0	92
65-74	32	14	0	1	0	40
75-84	40	12	0	0	0	69
85+	73	4	0	0	0	60
Total Count	603	180	56	6	1	846

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

Morbidity and Disease Prevalence

Communicable Diseases

Communicable diseases are illnesses such as enteric infections, hepatitis A, tuberculosis, sexually transmitted diseases (STD's), and vaccine-preventable illnesses caused by various organisms, including viruses, protozoa, bacteria, fungi, parasites, and others. They can be transmitted directly from person-to-person, from animal to person, through vectors such as contaminated water, food, insects, or infected objects. Prevention of communicable diseases depends on the particular disease and its mode of transmission.

Sexually Transmitted Diseases (STD's)

More than 25 diseases can be transmitted sexually. Gonorrhea, chlamydia, and syphilis are the most common sexually transmitted diseases (Centers for Disease Control and Prevention), and almost half occur among young people between the ages of 15 and 24 years. In 2010, there were a total of 9,308 STD reported cases. Between 2008-2010, an average of 8,753 cases (728.6 per 100,000) of these common STD's was reported annually in Hillsborough County (Figure 11).

Chlamydia is a bacterial disease caused by the bacterium *chlamydia trachomatis* which can cause significant reproductive complications, including infertility, if left untreated. In 2008, there were 6,127 new cases of chlamydia reported, a rate of 507.6 per 100,000 persons. This was an increase of 106% from the 2004 total (2,964). Chlamydia accounted for 71% of the total STD cases.

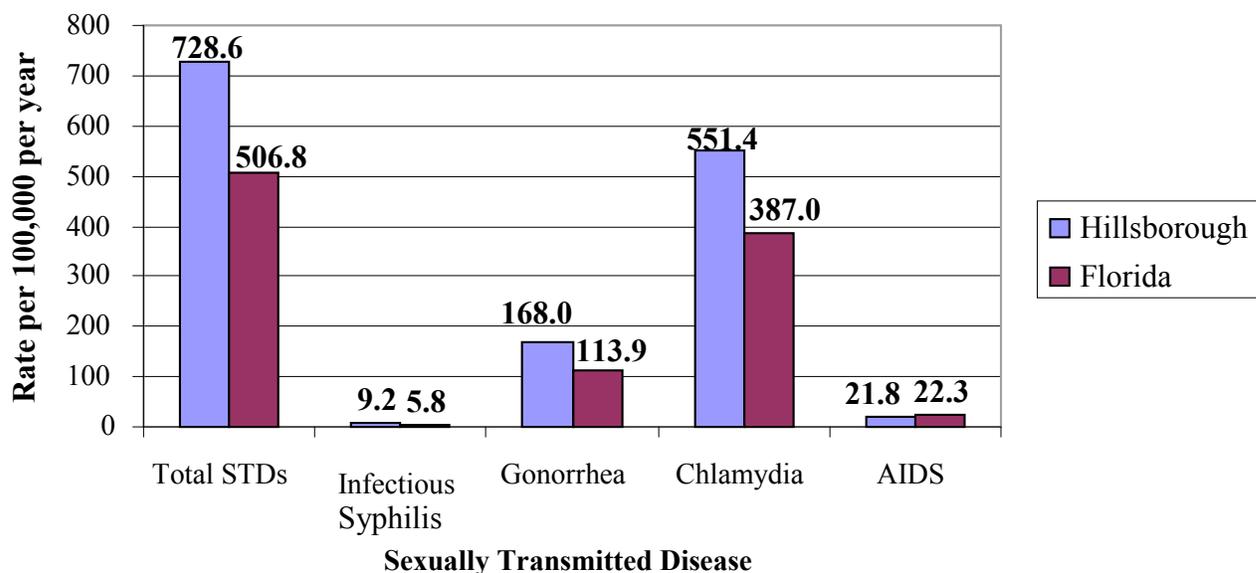
Health Status Indicators

Gonorrhea is a common cause of pelvic inflammatory disease (PID) and ectopic (tubal) pregnancies in women. The rate of reported cases of gonorrhea was 1,197 in 2004. In 2010, 1,951 new cases of gonorrhea were reported in Hillsborough County, a rate of 162.5 cases per 100,000 persons, which is an increase of 72% in six years.

Syphilis is also a bacterial disease that, if left untreated, can have serious health complications. Pregnant women can transmit the disease to their newborns resulting in infant death, low birth weight, preterm delivery, deafness, and seizures. In 2010, 118 cases, or a rate of 9.8 per 100,000, of infectious syphilis were reported. This is higher than the state rate of 6.3 per 100,000 and about a 15% increase from 2009. From 2005 to 2008, Hillsborough County saw a dramatic increase in the number of cases from 41 in 2005 to 115 in 2008. This may be due to an increase in infectious syphilis among the MSM (men who have sex with men) population (Figure 12).

Figure 11.

Average Yearly Rate of Reported Sexually Transmitted Disease Cases per 100,000 residents, Hillsborough County and Florida, 2008-2010

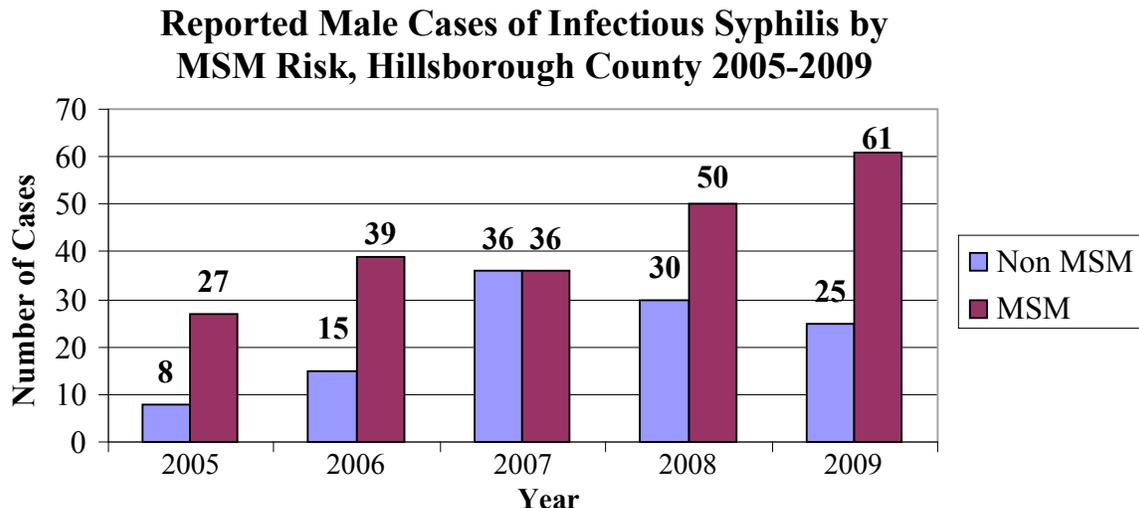


Source: Florida CHARTS



Notable Trend
STD rates in Hillsborough County continue to exceed state rates.

Figure 12.



Source: Florida Department of Health, Division of Disease Control, Bureau of STDs

HIV/AIDS

HIV (Human Immunodeficiency Virus) is a retrovirus that causes the immune system to fail, increasing the susceptibility of opportunistic infections such as tuberculosis, pneumonia, and other serious infections. The virus is spread through direct contact (intravenous drug use, sexually, or other ways) with body fluids. In 2010, 347 total cases of HIV were reported, a rate of 28.9 per 100,000, which is a 24% decrease from 2008.

AIDS (Acquired Immune Deficiency Syndrome) is the most serious stage of HIV disease. People at this stage of the HIV disease have severely damaged immune systems and are at high risk for other infections. In 2010, there were a total of 193 AIDS cases reported, a rate of 16.1 per 100,000. This was a 28% decrease from 2009. Figure 13 highlights the HIV/AIDS trends from 2000-2009 in Hillsborough County.

HILLSBOROUGH COUNTY HEALTH DEPARTMENT

6th Annual
WORLD AIDS DAY

Friday, December 3, 2010
7 :00 am to 3:30 pm
Free HIV and STD testing
Incentives for those
that get tested
Educational classes
Community Partners

LET'S TALK

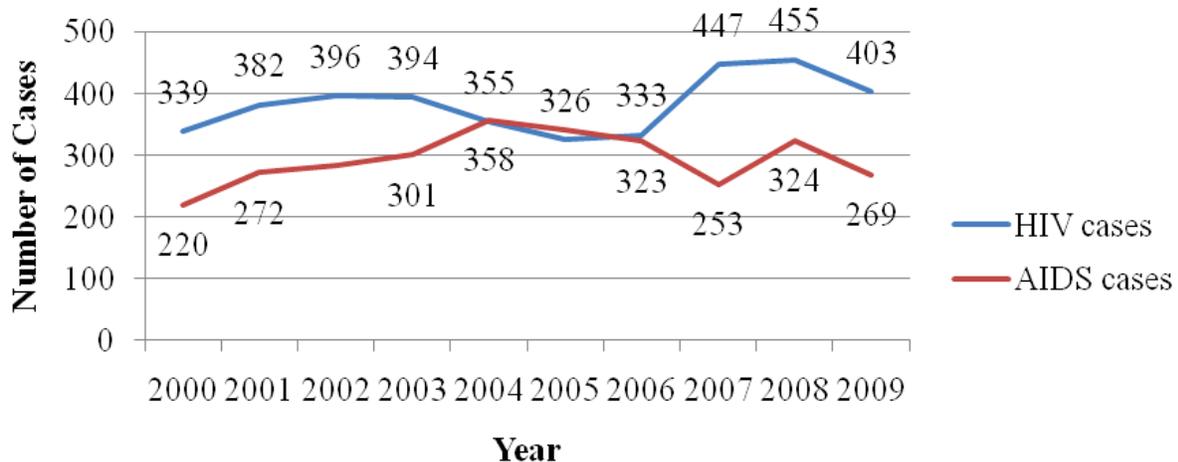


FLORIDA
DEPARTMENT OF HEALTH
HILLSBOROUGH COUNTY HEALTH DEPARTMENT
DEDICATED TO HEALTH. DEVOTED TO YOU.

Specialty Care Center
1105 E. Kennedy Blvd
Tampa, FL 33602
Tel. (813)307-8064
Website: <http://hillscountyhealth.org/std/>

Figure 13.

HIV/AIDS Case Trends, Hillsborough County, 2000-2009



Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS

HIV Testing Rates

In 2010, a total of 29,016 HIV tests were conducted at Hillsborough County publically funded tests sites. Of these, a total of 412 had positive results. More women (14,963) had an HIV test compared to men (14,262) of which 300 men and 111 women tested positive. Among the age groups, more people in the age group 20-29 had an HIV test while those aged 40-49 had the highest number of positive test results (Table 12). Table 13 lists test results for race and ethnic groups.

Table 12.
HIV Test Results by Age Group, Hillsborough County, 2010

Age Group	Negative	Positive
<2	6	0
2-4	2	0
5-12	35	0
13-19	3,896	18
20-29	12,614	103
30-39	5,703	81
40-49	3,938	127
50+	2,536	82
Missing Data	286	1
Grand Total	29,016	412

Source: Florida Department of Health, Bureau of HIV/AIDS and Hepatitis

http://www.doh.state.fl.us/disease_ctrl/aids/trends/ct/2010Data/Hillsborough_2010.pdf

Health Status Indicators

Table 13.
HIV Test Results by Race/Ethnicity, Hillsborough County, 2010

Race/Ethnicity	Negative	Positive
Asian	233	1
Black	13,520	220
Hispanic	7,471	79
American Indian/ Alaskan	55	4
Native Hawaiian/ Pac Islander	27	0
White	6,825	97
Mixed	281	2
Refused	32	0
Missing Data	572	9
Grand Total	29,016	499

Source: Florida Department of Health, Bureau of HIV/AIDS and Hepatitis

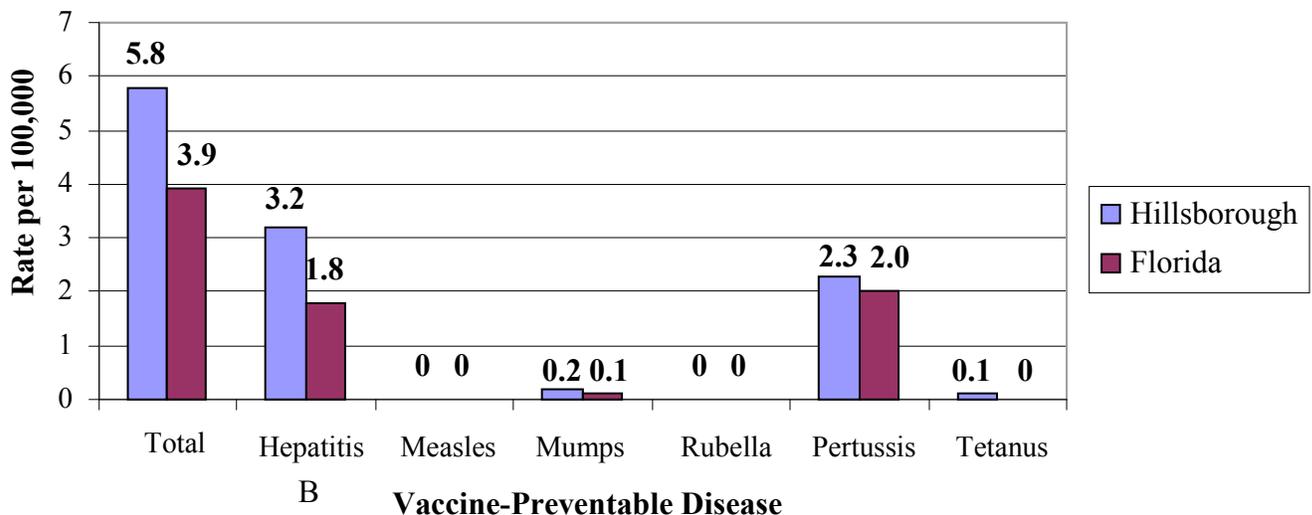
http://www.doh.state.fl.us/disease_ctrl/aids/trends/ct/2010Data/Hillsborough_2010.pdf

Vaccine-Preventable Diseases

Vaccine-preventable diseases are those which can be prevented through immunization. Examples of vaccine-preventable diseases include hepatitis, polio, measles, mumps, pertussis, and influenza (Figure 14). Transmission depends on the specific disease and may include airborne transmission via direct contact with an infected individual, through his/her body fluids (such as blood), or through ingestion.

Figure 14.

Average Yearly Rate of Vaccine- Preventable Disease Cases per 100,000, Hillsborough County vs. Florida, 2008-2010



Source: Florida CHARTS

Health Status Indicators

Hepatitis

-Hepatitis A (HAV)

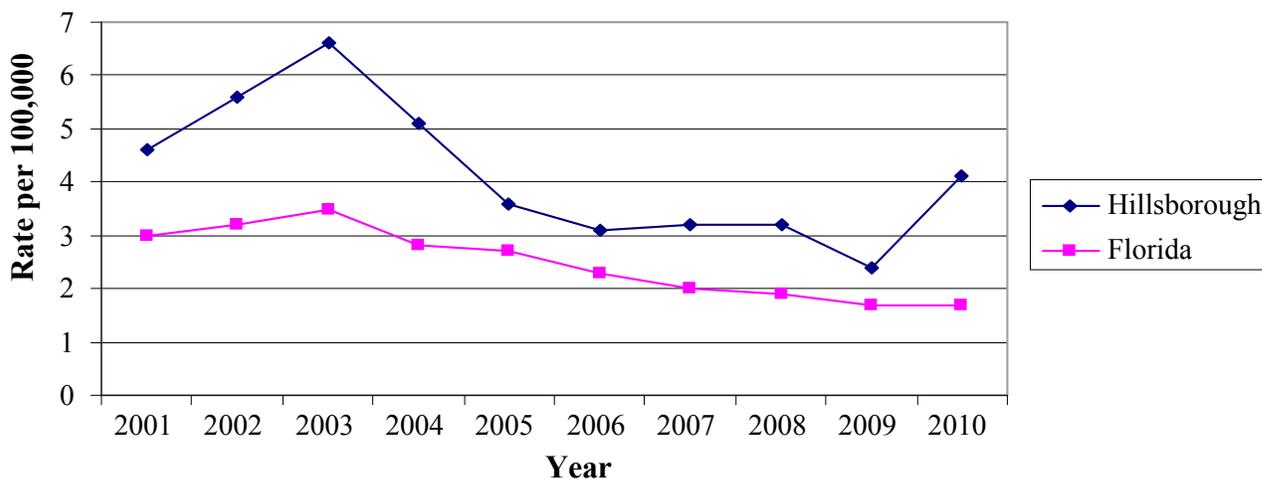
Hepatitis A is a liver disease caused by the hepatitis A virus (HAV) and causes only acute (short term) infection. HAV infection is primarily spread person-to-person by the fecal-oral route. Individuals at greatest risk include household and sexual contacts of infected persons, people traveling to areas where HAV infections are common, and men who have sex with men. A vaccine to prevent HAV infection was introduced in the late 1990's. In 2010, there were 6 total cases reported in the county, which was a decrease from the previous year.

-Hepatitis B (HBV)

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV) and causes both acute and chronic infection. HBV is primarily spread through unprotected sex with an infected person, sharing needles for injection drug use, or from an infected mother to her baby during birth. In 1982, a vaccine was introduced for the prevention of HBV infection. In 2010, there were 49 acute hepatitis B cases reported, which increased from the previous year, and is a rate higher than the state average (Figure 15). There was 1 case of hepatitis B reported in infants under the age of one.

Figure 15.

Hepatitis B Single-year rates per 100,000 residents, Hillsborough County and Florida, 2001 - 2010



Source: Florida CHARTS

Measles, Mumps, and Rubella

Measles, mumps and rubella are highly contagious respiratory diseases that are spread from person-to-person through the air.

-Measles

Symptoms for measles typically begin with a fever that lasts for a couple of days, followed by a cough, runny nose, and conjunctivitis (pink eye). A rash starts on the face and upper neck, spreads down the back and trunk, then extends to the arms and hands as well as the legs and feet.

Health Status Indicators

After about 5 days, the rash fades in the same order it appeared. In 2004, there was only 1 case of measles reported in the county; however, since then there have been no reported cases of measles.

-Mumps

Mumps is an acute viral illness that causes fever, headache, muscle aches, loss of appetite, and tiredness followed by swelling of salivary glands. In 2008, there were 3 reported cases of mumps in the county. However, in 2010, there was only one reported case of mumps.

-Rubella (German measles)

The symptoms for rubella are usually a rash and fever for 2 to 3 days. Rubella can cause serious birth defects when acquired by pregnant women. In 2010, there were no reported cases of rubella.

Tetanus (Lockjaw)

Tetanus is caused by a toxin or poison produced by a bacteria that enters the body through a cut or wound. Tetanus causes serious, painful spasms and stiffness of all muscles in the body and can lead to “locking” of the jaw so that a person is unable to open his or her mouth, swallow, or breathe. In Hillsborough County, there have been 2 total cases reported since 2007. In 2010, one case was reported in the county.

Pertussis

Also known as “whooping cough,” pertussis is an acute bacterial disease involving the respiratory tract. It is transmitted from person-to-person through direct contact with airborne droplets from mucous membranes. A characteristic symptom of pertussis is prolonged and severe coughing spasms which may persist for weeks. From 2005 to 2008, there has been an average of 20 cases annually. This is a significant increase from the average annual number reported from 2000-2004 (2 cases). Since our last report, greater attention has been paid to pertussis in our county. Since 2008, the Hillsborough County Health Department clinics have been offering the pertussis vaccine to women of child bearing age and to postpartum women. Our county has shown a higher rate of pertussis since 2005 when compared to the state (Figure 16). In 2010, there were 31 cases reported in the county.

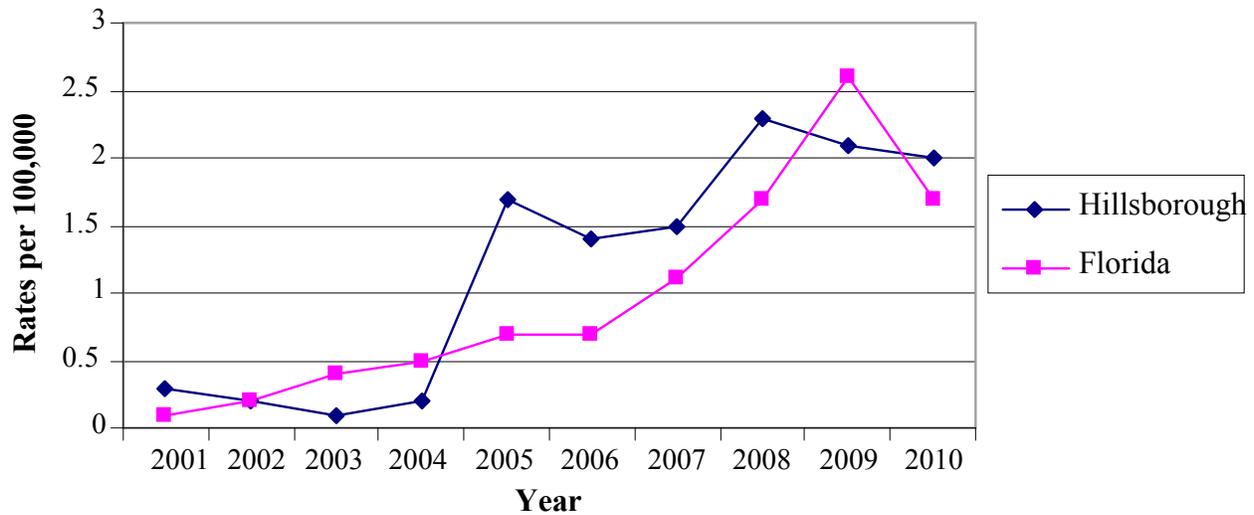


Notable Trend

Hillsborough County has observed a higher rate of pertussis since 2005 when compared to the state. This may be attributed to better diagnosis and reporting.

Figure 16.

Pertussis Single-year rates per 100,000 residents, Hillsborough County and Florida, 2001-2010



Source: Florida CHARTS

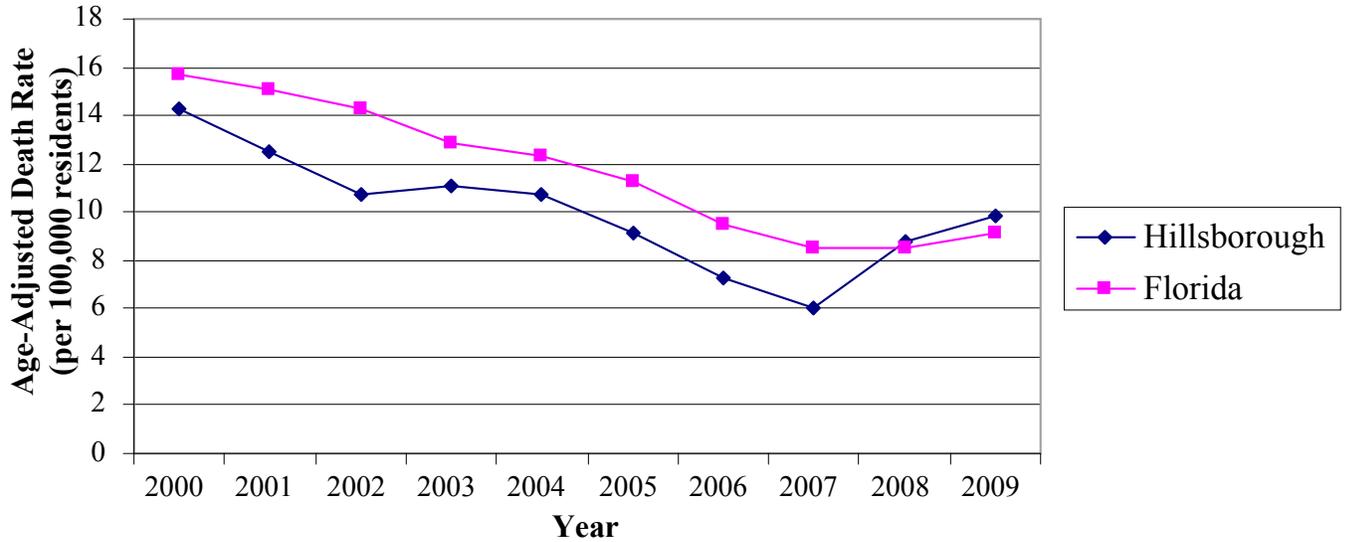
Influenza and Pneumonia

Seasonal influenza, commonly called “the flu,” is caused by viruses which infect the respiratory tract (i.e., the lungs, throat, and nose). Unlike many other viral respiratory infections, such as the common cold, the flu can cause severe illness and sometimes life-threatening complications. Pneumonia is an infection of the lungs that can cause mild to severe illness. Signs of pneumonia can include coughing, fever, nausea, vomiting, fatigue, shortness of breath, chills, or chest pain. Adults 65 years or older and children younger than 5 years are more likely to become ill with pneumonia. There has been a general decrease in influenza and pneumonia deaths (Figure 17). The county has typically had lower age-adjusted rates than the state.



Figure 17.

Age-Adjusted Influenza and Pneumonia Death Rates, Hillsborough County and Florida, 2000-2009



Source: Florida CHARTS

Meningitis

Meningitis is an infection of the tissues surrounding the brain and spinal cord and can be caused by bacteria, viruses, fungi, or parasites. Meningitis can range from mild illness that resolves without specific treatment to a very severe illness that may result in brain damage, hearing loss, or learning disability. A major cause of bacterial meningitis is *Neisseria meningitidis*, which causes both sporadic disease and outbreaks. Persons at risk for infection include infants and young children, household contacts of persons with infection, and college freshmen who live in dormitories. From 2008-2010, there was one reported case, which represents a significant decrease.

Source: Florida CHARTS



Health Status Indicators

Other Communicable Diseases

Tuberculosis

Tuberculosis is a bacterial infection which primarily affects the lungs. It is transmitted through airborne droplets created by activities such as sneezing, coughing, or spitting. Some people develop “active tuberculosis” (TB disease) which is usually associated with symptoms such as prolonged cough, chest pain, fatigue, fever, and weight loss. TB disease can be transmitted from person-to-person. Other people with TB have latent infection, which does not cause symptoms and cannot be transmitted. In 2009, there were 83 reported cases of tuberculosis in the county.

Source: http://www.doh.state.fl.us/Disease_ctrl/tb/Trends-Stats/trends.html

Hepatitis C

Hepatitis C virus is the most common chronic bloodborne infection in the United States with approximately 3.2 million people chronically infected. It is transmitted primarily through repeated percutaneous (i.e., transmitted through the skin) exposure to infectious blood. It can also be spread through sex with an infected person or sharing personal items contaminated with infectious blood. Those who are at increased risk for infection include current or former injection drug users, persons with HIV, children born to mothers who are infected, chronic kidney dialysis patients, and persons with known exposures to the virus, such as healthcare workers or recipients of blood or organs from a hepatitis C positive donor. Long term effects of hepatitis C infection can lead to chronic liver disease, cirrhosis, and death.

Hepatitis C becomes chronic in about 75% - 85% of cases with the remaining 15% - 25% clearing the virus from their bodies without treatment. Reasons for this are unknown. In 2009, there were 14 acute and 1,391 chronic cases reported in the county. From January to September 2010, there were 10 acute and 1,351 chronic cases reported.

Source: Centers for Disease Control and Prevention
<http://www.cdc.gov/hepatitis/HCV/HCVfaq.htm#section1>
Hillsborough County Health Department EpiNotes, October 2010
http://www.hillscountyhealth.org/epi/epi_main.htm
Florida CHARTS

Varicella

Varicella, or chickenpox, is caused by infection with the *varicella zoster* virus. Varicella causes a skin rash of blister-like lesions that are primarily concentrated on the trunk, scalp, and face. Most infected individuals have a fever which develops just before or when the rash appears. There is currently a vaccination against varicella. Vaccinated individuals who are exposed to the virus may develop a milder illness with a less severe rash and mild or no fever. From January to September 2010, there were 36 cases reported in the county, an increase from 2009 which saw a total of 28 cases.

Source: Centers for Disease Control
<http://www.cdc.gov/vaccines/vpd-vac/varicella/in-short-adult.htm>
Hillsborough County Health Department EpiNotes, October 2010
http://www.hillscountyhealth.org/epi/epi_main.htm

Maternal and Child Health

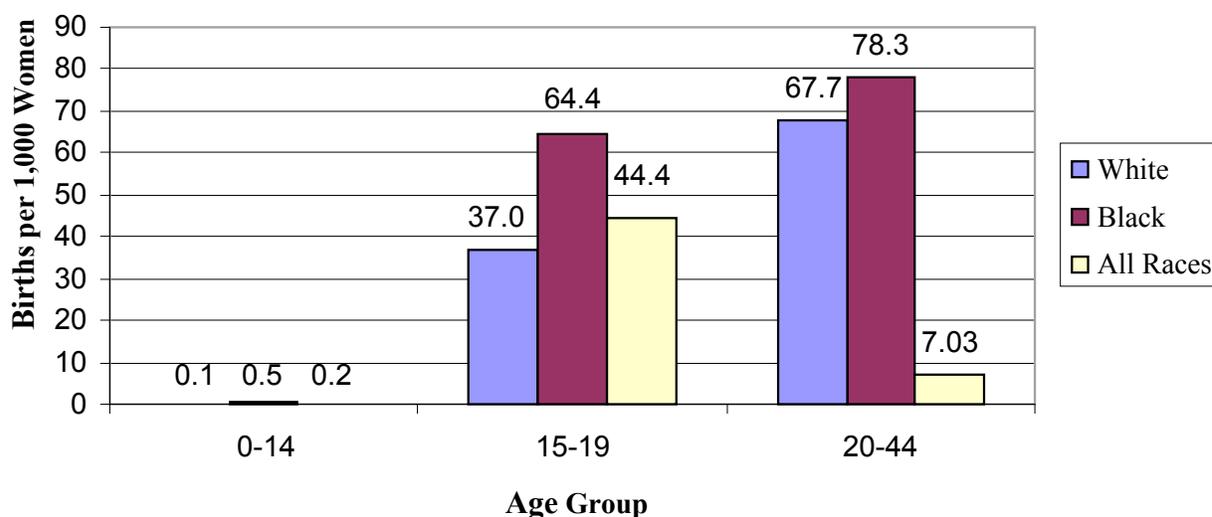
Birth Rate

In 2009, there were 16,729 live births in Hillsborough County, which translates to an overall birth rate of 13.9 per 1,000 for all races, higher than the state's rate of 11.8 births per 1,000. Births to White mothers accounted for 72% of the total births. Births to Black mothers accounted for 22% (3,720) of the total births. Births to adolescents age 15-19 year olds accounted for about 11% (1,823) of the total births in the county, with Black adolescents accounting for the highest number of births in this age group (Figure 18). The 2009 county rate of 44.4 births per 1,000 for the 15-19 years age group is higher than the state rate of 37.4 and the U.S. rate of 39.1 per 1,000.

Source: <http://www.cdc.gov/nchs/data/databriefs/db58.htm>
Florida CHARTS

Figure 18.

**Births per 1,000 Women by Age and Race of Mother,
Hillsborough County, 2009**



Source: Florida CHARTS

Of the 16,729 live births reported in the county in 2009, approximately 49% were to unmarried mothers. This was slightly higher than the state's rate (48%) (Figure 19).

In regard to resident live births by mother's education, data shows that mothers with a high school diploma or higher accounted for approximately 78% of the total births (13,098).

In 2009, 1.7% of all live births weighed less than 1500 grams (very low birth weight) compared to 8.6% with a birth weight of less than 2500 grams (low birth weight). These rates are comparable to those of the state.

Notable Trend

Black mothers are more likely to give birth to low birth weight and very low birth weight babies when compared to White mothers.

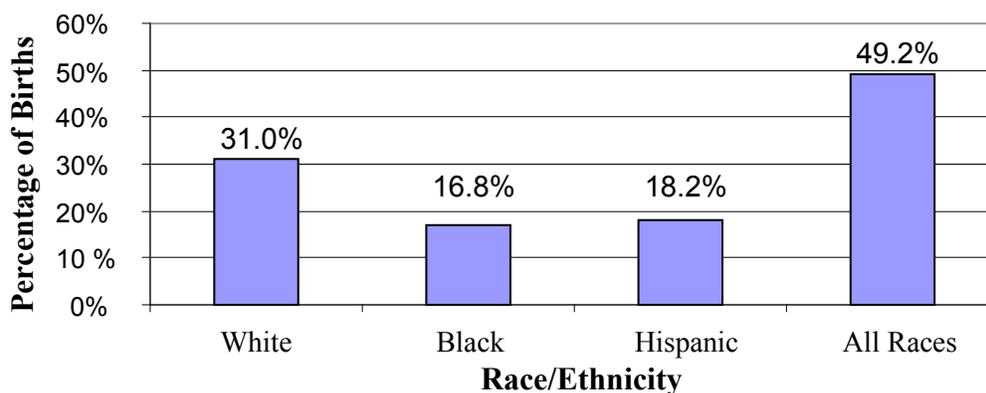
Health Status Indicators

Of the 3,720 births to Black mothers, 3.1% of the babies weighed less than 1500 grams and 9.8% weighed less than 2500 grams (Figure 20). In comparison, of the 12,006 births to White mothers, 1.3% were very low birth weight, and 5.9% were low birth weight. Low birth weight and very low birth weight may be contributing factors to the higher infant mortality rates among Black mothers even though 79.7% of Black mothers received prenatal care during the 1st trimester (Figure 21).

Of all births in 2009, 47% were paid by Medicaid, 43% were paid by private insurance, and 9% were self-pay. The remaining percentage of payments were either unknown or from another source of payment.

Figure 19.

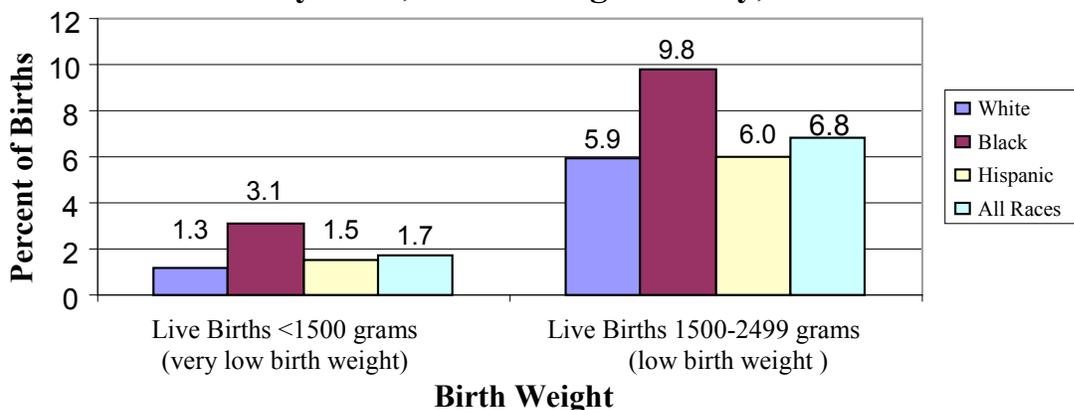
Percentage of Births to Unwed Mothers by Race/Ethnicity, Hillsborough County, 2009



Source: Florida CHARTS

Figure 20.

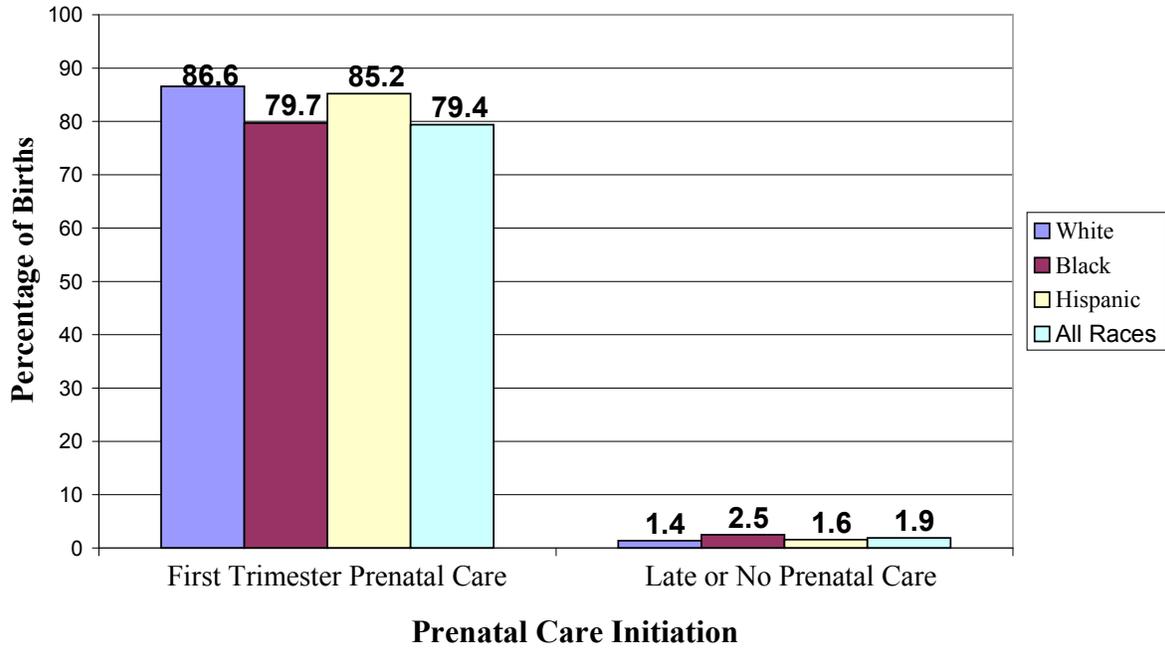
Percentage of Low and Very Low Birth Weights to Mothers by Race, Hillsborough County, 2009



Source: Florida CHARTS

Figure 21.

Percentage of Births to Mothers Initiating Prenatal Care in the First Trimester vs. No Prenatal Care, Hillsborough County, 2009



Source: Florida CHARTS



Health Status Indicators

Infant and Fetal Deaths

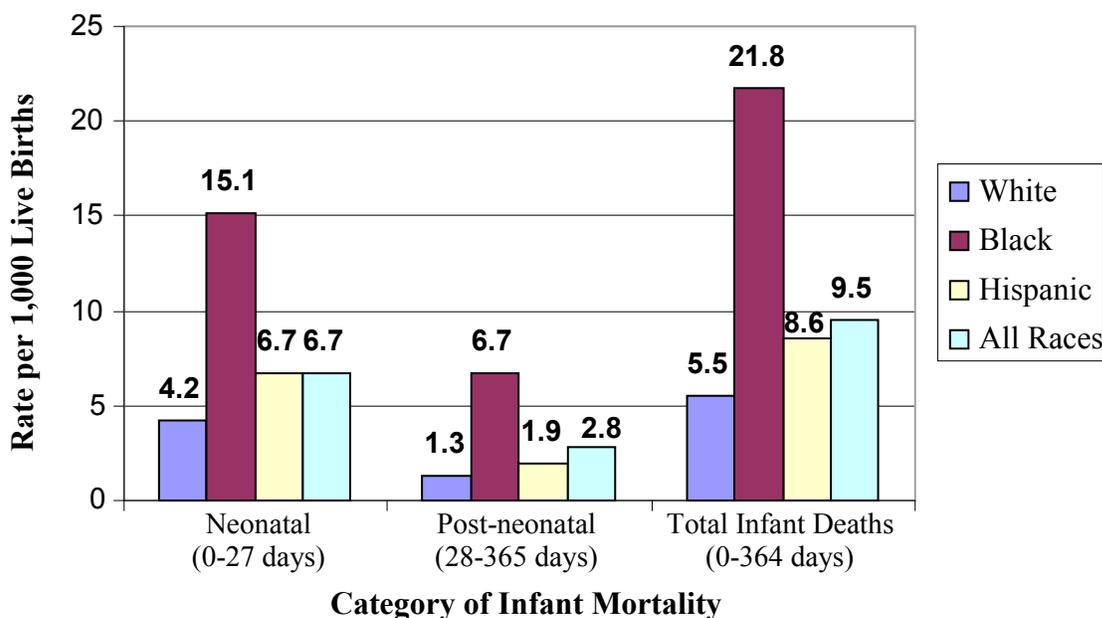
In 2009, the overall infant mortality rate was 9.5 per 1,000 births, higher than the state's 6.9 deaths per 1,000 births. The county's Black infants had the highest infant mortality rate among all race/ethnicity groups. The infant mortality rate for Blacks was 21.8 deaths per 1,000 live births, substantially higher than the overall county and state rates and nearly three times the rate for Whites. This large disparity has been consistent over the past 10 years (Figure 22).

Notable Trend

The infant mortality for Black infants is nearly three times the rate for White infants in Hillsborough County.

Figure 22.

Infant Mortality by Race, Hillsborough County, 2009



Source: Florida CHARTS

Fetal Deaths

The number of resident fetal deaths (stillbirth occurring at 20 or more weeks of gestation) in 2009 was 6.8 per 1,000 live births. The rate for the non-White population was 9.3 per 1,000 compared to 5.8 per 1,000 for the White population. The highest numbers of fetal deaths were to mothers between the ages of 25-34 years.

Breastfeeding

Breastfeeding has been found to be beneficial to both mothers and their babies. Breast milk contains nutrients and antibodies that protect babies from illness. Breastfed babies are at lower risk of developing:

- Obesity
- Asthma
- Type 1 and 2 diabetes

Health Status Indicators

- Lower respiratory infections
- Atopic dermatitis, a type of skin rash
- Childhood leukemia

Breastfeeding has also been shown to lower the risk of sudden infant death syndrome (SIDS). In addition, children who are breastfed are less likely to suffer from diarrhea, ear infections, urinary tract infections, and bacterial meningitis.

Furthermore, breastfeeding provides positive health benefits for the mother and is linked to lower risk of:

- Type 2 diabetes
- Breast Cancer
- Ovarian Cancer
- Postpartum Depression

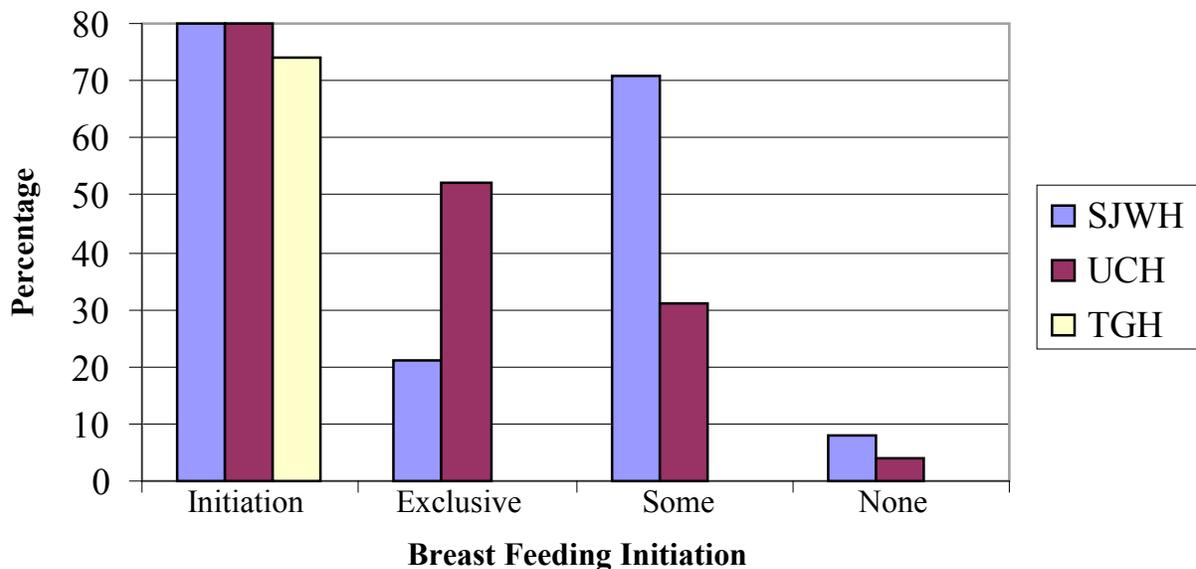
Source: www.womenshealth.gov

Longer durations of breastfeeding have greater effects on health. Therefore, exclusive breastfeeding is recommended for the first six months of life.

Breastfeeding rates at three local hospitals (St. Joseph's Women's Hospital, University Community Hospital, and Tampa General Hospital) and WIC clients are noted in Figures 23 and 24. As shown in the charts, initiation rates are high; however, there are dramatic decreases after that point. Some data was not available for comparison.

Figure 23.

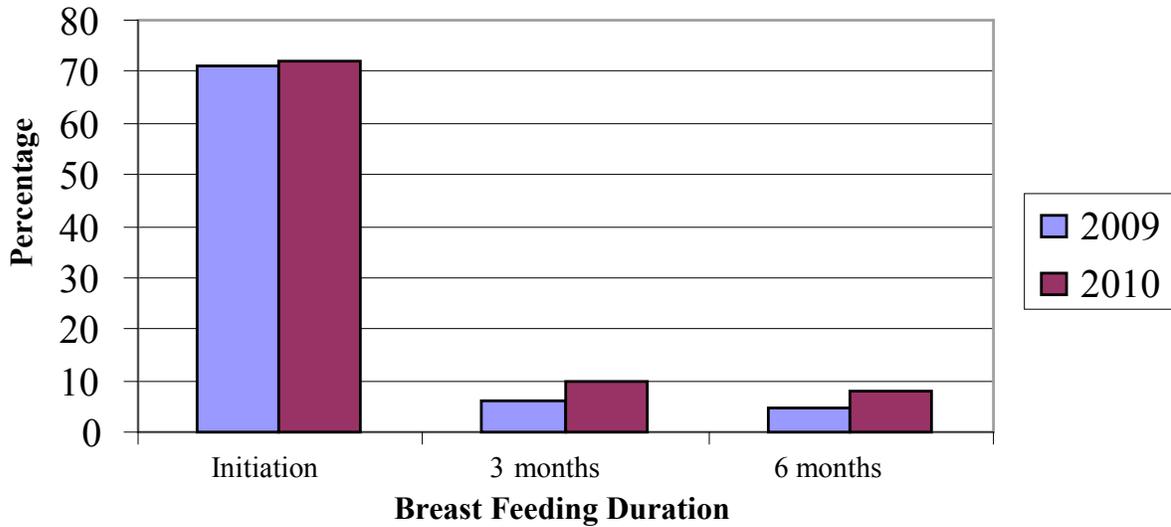
2010 Hospital Initiation and Discharge Rates



Source: Hillsborough County Breastfeeding Task Force

Figure 24.

WIC Initiation and Breastfeeding Duration



Source: Hillsborough County Breastfeeding Task Force

Cesarean Sections

According to Florida CHARTS, in 2007-2009 the cesarean section rate in Hillsborough County was 37.4%. Florida’s rate was 37.6%. Both of these rates are higher than the national Healthy People 2010 goal of 15%. In addition, these rates are also higher than the new Healthy People 2020 goal of 23.9% cesarean section rates among women who give birth for the first time. In 2006, the national cesarean section rate was 31.7%.

Chronic Disease and Behavioral Risk Factors

Cardiovascular Diseases

Cardiovascular disease refers to a wide variety of heart and blood vessel diseases including coronary heart disease, hypertension, and stroke. The two major forms of cardiovascular disease that make the greatest contribution to mortality are stroke and coronary heart disease. Although cardiovascular disease usually manifests itself clinically in middle age, the disease process begins in childhood and is associated with several modifiable risk factors including physical inactivity, tobacco use, diabetes, overweight, obesity, high blood pressure, and high cholesterol (American Heart Association).

In 2009, 2,756 average annual deaths from cardiovascular disease occurred in Hillsborough County, with 1,517 people who died of coronary heart disease, and 421 who died from stroke. There was an annual average of 5,574 hospitalizations for coronary heart disease between 2007 and 2009. Primary and secondary prevention efforts have focused on reducing the risk factors for heart disease and stroke, especially for women because they are disproportionately affected.

Health Status Indicators

Diabetes

Diabetes (mellitus) is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can be associated with serious complications that may include kidney damage, nervous system disease, amputation, blindness, stroke, heart disease, complications in pregnancy, and even premature death. However, people with diabetes can take steps to control the disease and lower the risk for complications.

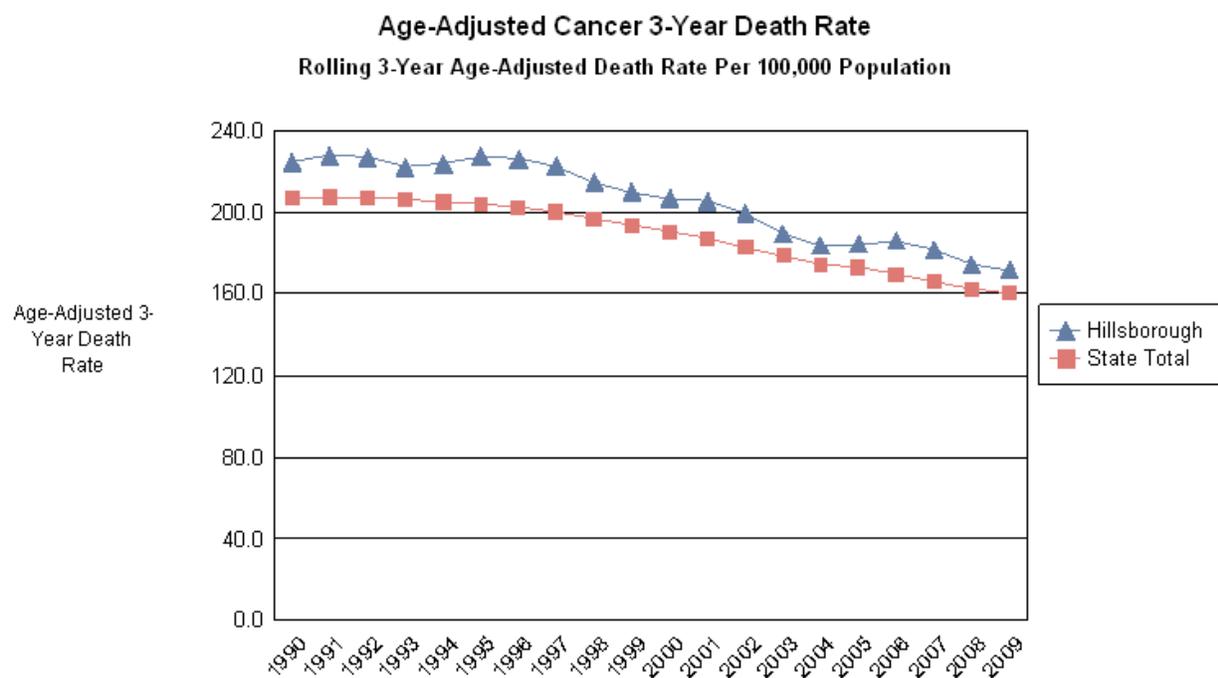
In 2007, the overall Florida population percentage with diabetes was 8.7% and 7.0% for the population in Hillsborough County. The number of diabetes-related hospitalizations in the county (2,455 per 100,000) is higher than the statewide level (2,130 per 100,000).

Cancers

Approximately 1 out of every 2 American men and 1 out of every 3 American women will have some type of cancer at some point during their lifetime. Cancer involves a combination of environmental, genetic, and behavioral factors. Adopting a healthy lifestyle, in addition to regular cancer screenings, is strongly recommended to reduce risk and impact of disease.

The most recent data from the Florida Department of Health shows that death rates from cancer in Hillsborough County and Florida have been falling (Figure 25).

Figure 25.



Source: Florida CHARTS; American Cancer Society

Health Status Indicators

The overall age-adjusted cancer incidence in Hillsborough County in 2006-2008 was lower than the state (482.5 vs. 567.5 per 100,000, respectively). According to the CHARTS Minority Health Profile 2007-2009 data, Blacks have an age-adjusted death rate of 7.9 per 100,000 for cancer, and Whites have a rate of 6.8. Statewide, Blacks have an age-adjusted death rate of 9.4, and Whites have a rate of 7.4.

Notable Trend
Black males had the highest incidence of cancer from 2003-2007.

Behavioral Risk Factors, County and State, 2007

The prevalence of several acute and/or chronic health conditions in the county can also give a picture of the health status of the population. In 2007, the County Behavioral Risk Factors Survey (BRFSS) was used to assess the various risk factors prevalent in the community that may contribute to certain adverse health outcomes. Some behavioral risk factors that contribute to chronic diseases are physical inactivity, being overweight/obese, high cholesterol, and high blood pressure. The findings from the 2007 BRFSS survey indicate that 71% of resident adults had no regular vigorous activity, 74% consumed less than 5 servings of fruits and vegetables each day, 39% were overweight, and 25% were obese. In addition, 20% engaged in heavy or binge drinking, and 22% were current smokers. Thirty-six percent of those who had their blood cholesterol checked reported it being high. Twenty-eight percent had high blood pressure, 7% had diabetes, and 7% had asthma.

Hypertension

Hypertension, or high blood pressure, substantially contributes to the risks of stroke and coronary heart disease. In many cases, the cause of high blood pressure is unknown; however, for some people this condition can be controlled or prevented by modifying their unhealthy habits, including their exercise routine and diet. In Hillsborough County, 28% of adults in 2007 were told they had high blood pressure, of which 74% were taking medication.

Notable Trend
People with higher education, higher incomes, and women were more likely to report being physically active.

Physical Activity

Regular physical activity improves health by reducing the risk of dying prior to reaching average life expectancy, developing diabetes, developing high blood pressure, and dying from heart disease. Regular physical activity also reduces feelings of anxiety, depression, and helps with weight control.

In Hillsborough County, 66% of adults do not achieve the recommended amount of regular physical activity, defined as a cumulative 30 minutes of moderate activity per day on most days of the week. The report showed that physical inactivity decreased with age, but only slightly. Physical inactivity was more common among men than women (70% vs. 63%) as well as among those with less education and lower incomes compared to those with higher education and incomes.

Overweight/Obesity

Being overweight and obese are functions of nutrition, physical activity, environment, and genetics. Many diseases are associated with overweight and obesity. People who are overweight or obese are at increased risk for type 2 diabetes, high blood pressure, coronary heart disease,

Health Status Indicators

gallbladder disease, stroke, sleep apnea, respiratory problems, osteoarthritis, and some types of cancer.

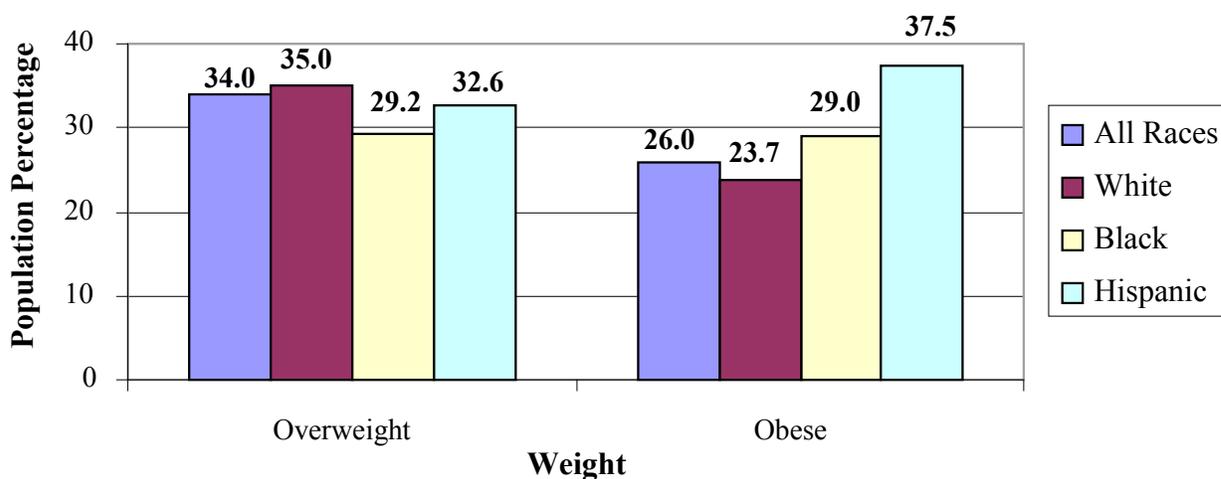
In Hillsborough County, 39% of the population is overweight, and 25% is obese. Interestingly, more men than women were overweight (45% vs. 34%), and more women than men were obese (26% vs. 23%). A higher percentage of White females were overweight (35%) while more Hispanic females were obese (37.5%) (Figure 26). Data on males is missing due to low number of responses.

Notable Trend

Hispanic women have the highest reports of obesity among all racial/ethnic groups.

Figure 26.

Percentage of Female Residents by Overweight and Obese Status and Race/Ethnicity, Hillsborough County, 2007



Source: County Behavioral Risk Factors Survey (BRFSS)

Injury and Violence

For information on injury related deaths see page 22.

Non-fatal injuries (Tables 14 and 15)

In 2009, Hillsborough County's injury-related hospitalization rate was higher than the state, 587 vs. 561 per 100,000. There were a total of 5,756 unintentional injury-related hospitalizations, the leading cause of hospitalization among all age groups. Self-inflicted injuries and assault were the second and third leading causes of injury, 799 and 357, respectively.

Interestingly, of the 799 cases of non-fatal self-inflicted injury hospitalizations, age group 35-44 years had the highest number 196, (table 14). This age group also indicated high numbers of hospitalizations due to unintentional assault.

Table 14.
Non-Fatal Injury Hospitalizations, Hillsborough County Residents, 2009

	Unintentional	Self-inflicted	Assault	Undetermined	Not E Coded	Other	Total
<1	54	0	9	1	2	0	66
1-4	164	0	5	0	1	0	170
5-14	215	15	7	1	6	0	244
15-24	419	157	91	27	13	0	707
25-34	432	157	98	37	10	1	735
35-44	510	196	64	26	13	0	809
45-54	745	162	56	42	12	1	1,018
55-64	687	79	19	24	19	1	829
65-74	566	20	5	5	28	0	624
75-84	978	6	1	1	25	0	1,011
85+	986	7	2	0	18	0	1,013
Total count	5,756	799	357	164	147	3	7,226
County Age Adj Rate	465.24	66.73	29.72	13.36	12.04	0.23	587.32
State Age Adj Rate	448.85	54.09	30.52	16.18	11.14	0.49	561.28

Source: Florida Department of Health

Emergency Department Visits

In 2009, there were a total of 95,710 non-fatal injury emergency department visits, with an age-adjusted rate of 7,982.66 per 100,000, which is lower than the state (8,445.85 per 100,000) (Table 15). Unintentional injuries accounted for the highest number of visits (86,482). Age group 15-24 years had the highest number of emergency department visits (15,185).



Table 15.
Non-Fatal Injury Emergency Department Visits, Hillsborough County Residents, 2009

	Unintentional	Self-inflicted	Assault	Undetermined	Not E Coded	Other	Total
<1	1,150	0	4	12	15	0	1,181
1-4	7,118	3	32	74	68	0	7,295
5-14	10,927	42	242	114	112	4	11,441
15-24	15,186	360	1,753	329	232	51	17,911
25-34	13,988	268	1,251	295	291	45	16,138
35-44	11,859	221	787	289	267	28	13,451
45-54	10,876	140	593	255	227	27	12,118
55-64	6,171	37	148	140	129	7	6,632
65-74	3,543	2	49	66	72	1	3,733
75-84	3,308	7	11	25	54	0	3,405
85+	2,356	0	6	13	30	0	2,405
Total count	86,482	1,080	4,876	1,612	1,497	163	95,710
County Age Adj Rate	7,211.58	90.80	407.41	134.40	124.91	13.57	7,982.66
State Age Adj Rate	7,785.06	68.85	370.18	52.44	152.22	17.10	8,445.85

Source: Florida Department of Health

Environmentally-Related Diseases

Enteric diseases, which cause symptoms of diarrhea and vomiting, are a very significant problem everywhere. Florida and Hillsborough County rank extremely high in rates of many of these diseases, with the county generally having lower rates than the state (Figure 27). Enteric diseases are a leading cause of absenteeism in schools and workplaces and occasionally result in death. These diseases are caused by a variety of organisms, including bacteria, viruses, and parasites, and may be transmitted person-to-person, from contaminated food, or from recreational or drinking water. Some of these include salmonella, shigella, E. coli, hepatitis A, giardia, and norovirus. Public Health initiatives to reduce the incidence of these illnesses include proper hand washing campaigns, source evaluation for confirmed cases, encouraging separation of sick people from those who are well, and a variety of regulatory programs including drinking water disinfection and testing, public pool inspection, weekly testing of public beaches, and inspection of food facilities. Monitoring and education must go hand-in-hand to reduce the burden of illnesses in our community.

One particular enteric disease of concern is salmonellosis. An infection with the bacteria *Salmonella*, salmonellosis causes diarrhea, fever, and abdominal cramps and can last for up to 7 days. In some individuals, diarrhea can be so severe that it requires hospitalization. In these patients, the bacteria can travel from the intestines to the blood stream and then to other sites in the body. If not promptly treated with antibiotics, the individual can die. Infants, the elderly, and those with impaired immune systems are at increased risk for developing the illness. From January to September 2010, 217 cases were reported in Hillsborough County.

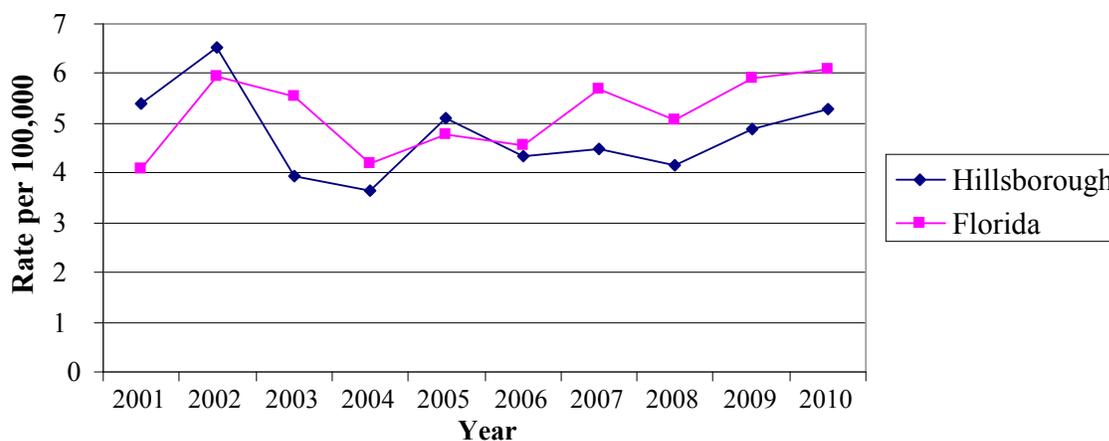
Enteric Disease

In October 2010, Hillsborough County, along with seven other Central Florida counties, began participating in a *Salmonella* case-control study. The study is designed to identify risk factors that cause illness. The primary focus of the study is sporadic *Salmonella* illness in children under the age of five and whether risk factors vary in this group based on age, county of residence, and/or serotype/serogroup. The study will use information from cases diagnosed from October 4, 2010 to March 31, 2011. The knowledge gained will be applied to future educational messages and prevention efforts in Florida.

Sources: Centers for Disease Control and Prevention,
<http://www.cdc.gov/salmonella/general/index.html>
 Hillsborough County Health Department, EpiNotes, October 2010
http://www.hillscountyhealth.org/epi/epi_main.htm

Figure 27.

Enteric Disease Rates in Hillsborough County and Florida, 2001-2010



Source: Florida CHARTS

Asthma and Allergies

Asthma and allergies are a large and rapidly increasing health problem in our community and elsewhere. Asthma is a leading cause of absences and hospitalization, especially among children. Although the causes and reasons for the increase in incidence are not fully understood, there are several known environmental triggers for asthma and allergies including ozone and particulates, mold, dust mites, roaches, and pets. Reducing exposure to these triggers can greatly improve the health of those affected.

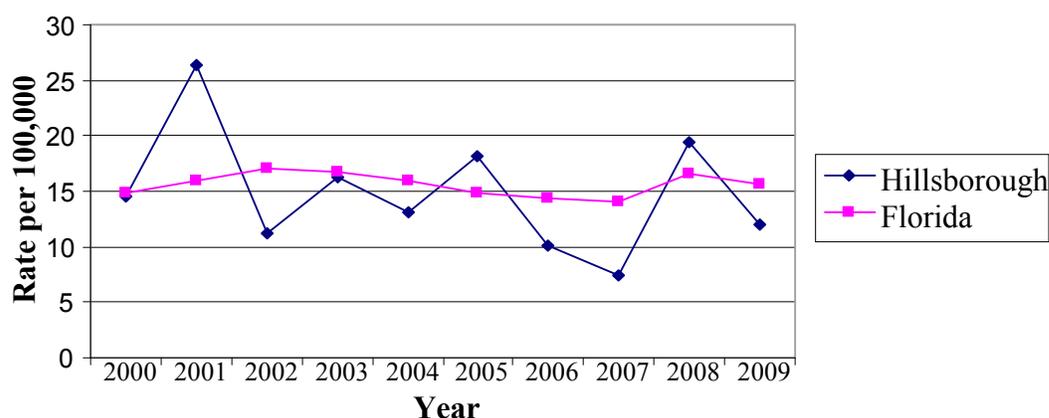
In 2007, 7% of adults in Hillsborough County had asthma, compared to 6.2% in the state. In 2008, 21.7% of middle school students and 17.5% of high school students in the county were known to have asthma. According to CHARTS, in 2007-2009 the rate of asthma-related hospitalizations among children ages 1-5 years was 1,002.7 per 100,000. This is higher than the state rate of 832.1 per 100,000. The age-adjusted death rate from asthma has declined over the last 10 years, from 2.0 in 1999 to 1.2 in 2009.

Accidental drowning

Accidental drownings occur in Florida and Hillsborough County at a much higher rate than most of the U.S. due to the climate and the accessibility to public and private pools as well as natural water bodies. Children and the elderly are both at a greatly increased risk of drowning. In 2008, Hillsborough County had an increase in hospitalizations for ages 1-5 years for near drowning, from 7.5 per 100,000 in 2007 to nearly 19.5 per 100,000. However, in 2009, the rate decreased to 12 per 100,000 (Figure 28). In 2009, the county had a lower age-adjusted rate than the state for unintentional drowning deaths (Figure 29). Community initiatives to reduce these risks include enforcement of requirements for securing pools to reduce access and providing swimming lessons to reduce risk.

Figure 28.

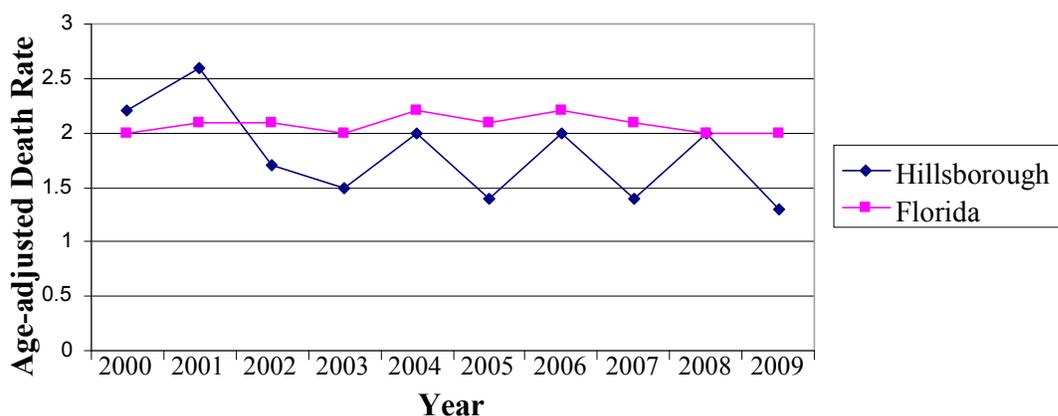
**Hospitalizations in Children Aged 1-5 for Drowning,
Hillsborough County and Florida, 2000 - 2009**



Source: Florida CHARTS

Figure 29.

**Age-adjusted Unintentional Drowning Death Rate,
Hillsborough County vs. State, 2000 - 2009**



Health Status Indicators

Source: Florida CHARTS

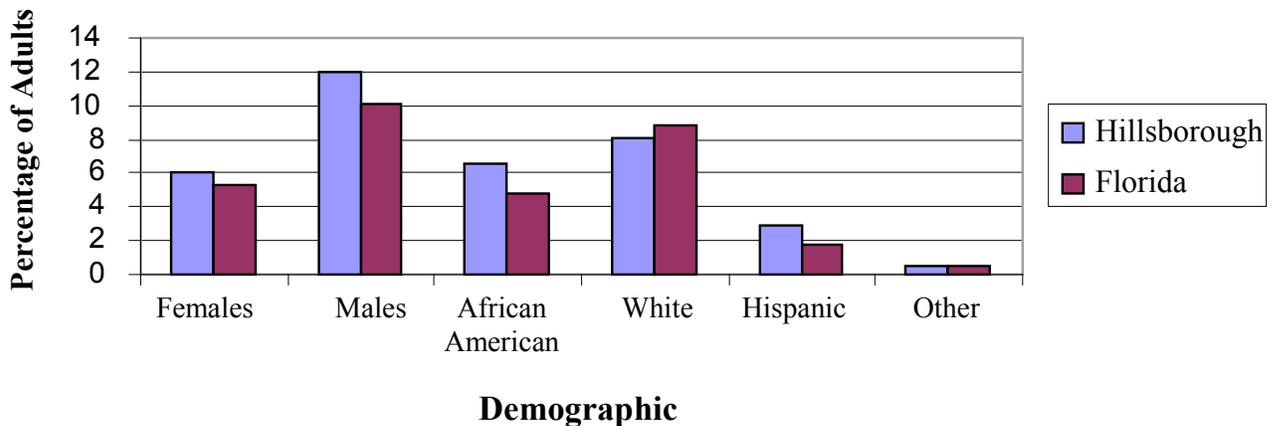
Social and Mental Health

Service Utilization

Overall, the percent of Hillsborough County adults utilizing mental health and/or substance abuse services is higher than the state (Figure 30). Notably, Hillsborough County has higher percentages of Hispanics and African Americans utilizing mental health, substance abuse, or Dual Diagnosis services when compared to the state. In addition, the county also has a higher percentage of arrestees who are utilizing these services. However, more Whites seem to be utilizing these services across the state rather than those in Hillsborough County (Table 16). The same trends are seen among those arrestees with severe mental illness (Table 17).

Figure 30.

Utilization of Mental Health and/or Substance Abuse Services by Sex and Race/Ethnicity, Hillsborough County and State, 2001-2009



Source: Florida Mental Health and Substance Abuse Technical Assistance Center



Health Status Indicators

Table 16.
Utilization of Mental Health, Substance Abuse, and/or Dual Diagnosis*
Services of Arrestees within County from July 1, 2001 to Year of Arrest (2008-2009)

	Hillsborough County	Florida
% of Individuals Utilizing Mental Health (MH) Services	3.81%	5.29%
% of Individuals Utilizing Substance Abuse (SA) Services	2.11%	4.46%
% of Individuals Utilizing Dual Diagnosis Disorders (DD) Services	12.11%	5.65%
% of Individuals Utilizing Services for MH, SA, and/or DDs Disorders	18.03%	15.40%
% of Females Utilizing MH and/or SA Services	6.06%	5.27%
% of Males Utilizing MH and/or SA Services	11.97%	10.13%
% of African Americans Utilizing MA and/or SA Services	6.53%	4.75%
% of Whites Utilizing MH and/or SA Services	8.10%	8.83%
% of Others Utilizing MH and/or SA Services	0.54%	0.56%
% of Hispanics Utilizing MH and/or SA Services	2.87%	1.71%
*Dual Diagnosis is when an individual has been diagnosed with both a mental illness and a substance abuse problem.		

Source: Florida Mental Health and Substance Abuse Technical Assistance Center.
<http://www.floridatac.org/county-data.aspx?type=county&cid=28>

Table 17.
Utilization of Mental Health, Substance Abuse, and/or Dual Diagnosis*
Services of Arrestees within County from July 1, 2001 to Year of Arrest (2008-2009)

	Hillsborough County	Florida	Percent Difference
Number of individuals utilizing Mental Health (MH) Services	864	13,489	---
% of Medicaid Enrolled Individuals	61.04%	60.59%	.45%
% of Individuals Utilizing Dual Diagnosis Disorders (DD) Services	54.45%	47.57%	6.8%
% of Females Utilizing MH and/or SA Services	40.12%	39.99%	.13%
% of Males Utilizing MH and/or SA Services	59.88%	60.01%	.13%
% of African Americans utilizing MH and/or SA services	30.36%	28.51%	1.85%
% of Whites utilizing MH and/or SA services	52.40%	55.94%	3.54%
% of Others utilizing MH and/or SA Services	3.27%	3.75%	.48%
% of Hispanics utilizing MH and/or SA Services	13.97%	11.79%	2.18%

Source: Florida Mental Health and Substance Abuse Technical Assistance Center.
<http://www.floridatac.org/county-data.aspx?type=county&cid=28>

Access to Health Care and Coverage

Health Resources Availability

The amount of health resources available is a proxy measure for access to health care. Hillsborough County residents can access a variety of health care resources and services provided by hospitals, nursing homes, licensed physicians, federally qualified health centers, and the county health department. Table 18 provides a breakdown of the various health resources available to the residents in the county.

Table 18.
Health Resources Availability

	COUNTY		STATE	
	Number	Number per 100,000 pop.	Number	Number per 100,000 pop.
	2010	2010	2010	2010
Providers*				
Total Licensed Dentists	679	52.5	11,647	61.9
Total Licensed Physicians	3,445	280.1	56,561	300.6
Total Licensed Family Practice Physicians	163	13.6	3,704	19.1
Total Licensed Internists	493	41.0	7,862	41.8
Total Licensed OB/GYN	99	8.2	1,480	7.9
Total Licensed Pediatricians	206	17.1	2,795	14.9
Facilities				
Total Hospital Beds	3,961	32.9.9	60,241	320.6
Total Acute Care Beds	3,397	282.9	49,875	265.5
Total Specialty Beds	582	48.5	10,409	55.4
Total Skilled Nursing Unit Beds	15	1.2	384	2.0
County Health Department				
Full-Time Employees	526	43.8	12570	66.9
Expenditures	47,166,912	3,928,107.8	879,895,221	4,683,084.9

*Data for providers is for a fiscal year 2009-2010, not a calendar year

Source: Division of Medical Quality Assurance and Office of Planning, Evaluation and Data Analysis, Florida Dept. of Health; Florida Agency for Health Care Administration.

Notable Trend

Hillsborough County has a lower number of licensed dentists, physicians, internists, and family practice physicians per 100,000 residents. The county also has a lower rate of nursing home beds and county public health department full-time employees as compared to the state rate.

Notable Trend

Hispanic women are more likely to report an inability to access medical care when compared to White and Black women in the county.

Despite the number of health care resources in the county, 28% of adults surveyed in 2007 had no personal health care provider, which is higher than the state (23%). Those who were between the ages of 18 and 44, had less than a high school education, income less than \$25,000, Hispanic, and never married were more likely to report not having a personal health care provider. In addition, nearly 16% of the adults surveyed were unable to get medical care in the last 12 months. Hispanic women (22%) were the most likely to report the inability to access medical care when compared to White and Black women (15% and 19%).

Access to Health Care and Coverage

According to data from the Florida Department of Health, there are several areas in the county classified as “Health Professional Shortage Areas (HPSA)” and “Medically Underserved Areas (MUA).” The following locations in the county have been designated as HPSAs and MUAs:

- East Tampa/Ybor City
- Gibsonton/Palm River
- Lithia/Wimauma
- Mango
- Plant City/Dover/Seffner
- Port Tampa
- Suitcase City
- Ruskin
- West Tampa

Health Insurance Coverage

According to the survey, 23% of adults reported being uninsured, which is more than the state percentage (19%) and is an increase from 2002 (17%). Half of those reporting no health care coverage were Hispanic (52%) compared to Whites (11%) and Blacks (43%). This trend is comparable to that of the state. In addition, approximately 46% of Hispanic women reported no health care coverage. Insurance coverage rates increased with age, income, and education level. Table 19 provides a profile of the uninsured in the county.

Notable Trend

Those who are Black or Hispanic, have less than a high school diploma, or less than \$25,000 annual income are more likely to report not having health insurance.

Resources Available to Uninsured

The HPSA and MUA locations are served by Federally Qualified Health Centers (FQHC). FQHCs receive grants under the Public Health Service Act and qualify for reimbursement from Medicare and Medicaid as well as other benefits. FQHCs serve an underserved area or population, provide comprehensive services, offer a sliding fee scale, have an ongoing quality assurance program, and have a governing board of directors.

Source: http://www.raconline.org/info_guides/clinics/fqhc.php

Hillsborough County has 2 FQHCs

- Tampa Family Health Centers
- Suncoast Health Centers

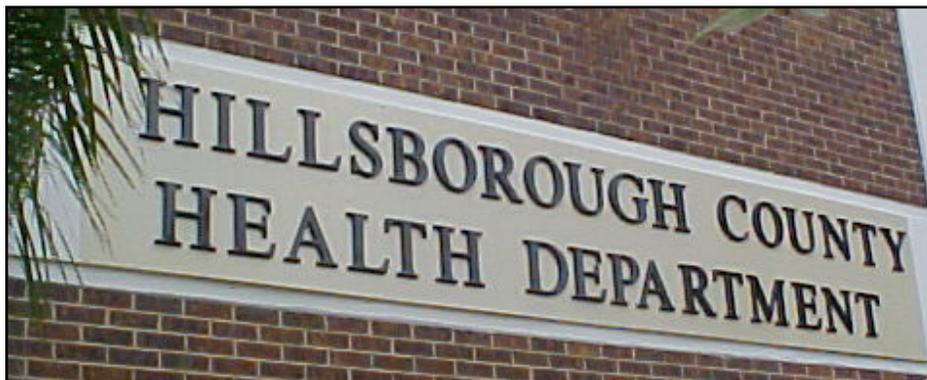


Table 19.
Profile of the Uninsured in Hillsborough County, 2007

Health Care Access and Coverage, County BRFSS 2007			
Characteristics	No Health Coverage	No Personal healthcare provider	Unable to get medical care in past 12 months
	%	%	%
All	23.0	27.8	15.6
Sex:			
Males	22.7	34.8	14.1
Females	23.2	21.2	17.1
Race/ethnicity:			
Non-Hispanic White	11.9	21.7	13.0
Non-Hispanic Black	42.6	32.8	22.8
Hispanic	51.6	46.4	17.7
Race/ethnicity–Sex:			
Non-Hispanic White males	9.1	27.9	11.3
Non-Hispanic White females	12.8	15.4	14.8
Non-Hispanic Black males	-		
Non-Hispanic Black females	36.5	31.4	18.9
Hispanic males	-		
Hispanic females	45.8	32.6	22.4
Age:			
18-44	35.4	43.1	17.6
45-64	14.9	25.2	18.0
65+	1.0	6.5	4.8
Marital Status:			
Married couple	15.2	20.4	10.8
Not Married couple	36.4	41.9	24.1
Education:			
0-11 years	53.6	45.8	23.7
HS Grad/Some college	34.4	37.4	23.5
4+ years of college	11.9	19.3	10.7
Household income:			
\$24,999 or less	46.9	44.2	27.5
\$25,000 - \$49,999	18.6	26.1	16.9
\$50,000 or more	5.2	17.7	6.7

Source: Florida CHARTS, Behavioral Risk Factor Surveillance System, 2007

Hillsborough County Health Care Plan

The Hillsborough County Health Care Plan (HCHCP) ensures access to quality health care for low-income, uninsured residents of the county. It is funded by a one-half cent sales tax that is used solely and specifically to provide health care for poor and underserved residents. The HCHCP is comprised of four main service components: Hillsborough County Health Care Program, Medicaid Match, Level 1 Trauma Center Payment, and Health Care Responsibility

Access to Health Care and Coverage

Act. In 2008/2009, the program served 27,433 unduplicated individuals, which was an 8.7% increase from the previous year.

Source: <http://www.hillsboroughcounty.org/hss/healthcare/>

Cover Florida

Cover Florida provides affordable health insurance to Floridians who have been without health insurance for at least six months or are recently unemployed, even if they have pre-existing conditions. Cover Florida benefit options include a variety of benefits, such as coverage for diabetic supplies, prescription drugs, urgent care, office surgery, preventive services, screenings, office visits, and durable medical equipment. As such, Cover Florida gives Floridians the opportunity to choose preventive and primary care instead of costly emergency room visits.

Source: <http://www.coverfloridahealthcare.com/>

KidCare

The state of Florida offers health insurance for children from birth to age 18 through the KidCare program even if one or both parents are working. The program covers doctor visits, hospital stays, check-ups and shots, surgery, prescriptions, vision and hearing, emergency care, dental, and mental health services. KidCare consists of four different parts in which children qualify based on their age and family income.

- Medikids: Children ages 1 through 4
- Healthy Kids: Children ages 5 through 18
- Children's Medical Services Network: Children birth through 18 with special health care needs
- KidCare Medicaid: Children birth through 18

Source: www.floridakidcare.org



Selected Health Care Challenges

Health Disparities

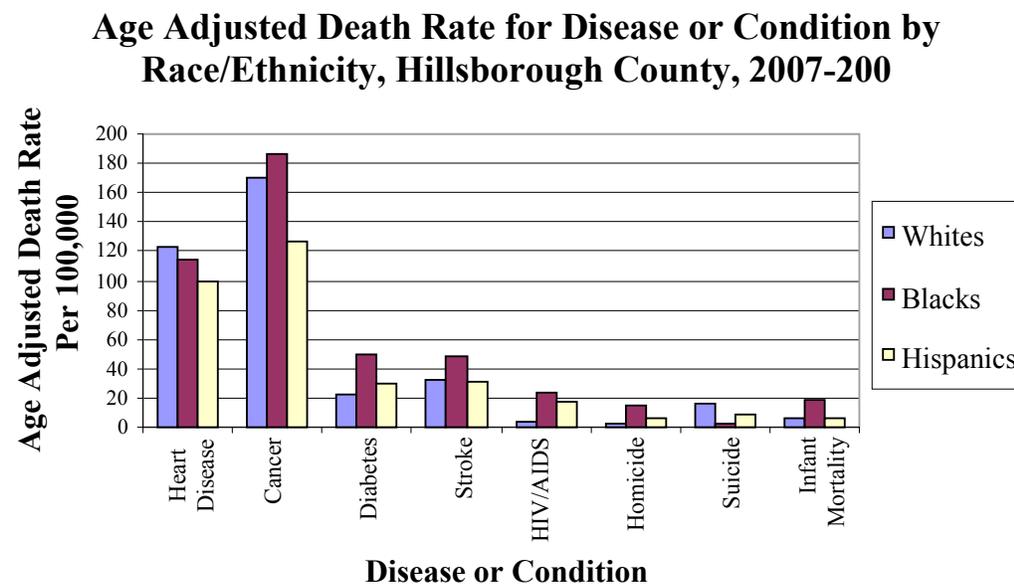
Health disparities are differences in the prevalence, incidence, mortality, burden of disease, and other adverse health conditions that exist among specific population groups. These differences exist due to underlying causes which include:

- Socio-economic factors, such as income, education, poverty
- Occupational conditions, such as underemployment
- Individual health behaviors, such as high-risk behavior
- Living conditions, such as inadequate transportation and housing
- Discriminatory treatment based on gender, sexual orientation, race, disability, etc.
- Differential use of health services based on patient preferences, health insurance status, provider bias, or the limited availability of providers

Data compiled by the Florida Department of Health indicates that mortality rates (Figure 31) for White and Black groups in Hillsborough County are different in regard to certain diseases including:

- Heart Disease – Blacks have a lower mortality rate than Whites
- Diabetes – Blacks have twice the mortality rate than Whites
- HIV/AIDS – Blacks & Hispanics are disproportionately affected compared to Whites
- Stroke – Blacks have a higher mortality rate than Whites
- Infant Mortality – Blacks have a higher mortality than Whites
- Homicide – Blacks have a higher mortality rate than Whites
- Suicide – Whites have a higher mortality rate than Blacks

Figure 31.



Source: Florida CHARTS Minority Health Profile

Selected Health Care Challenges

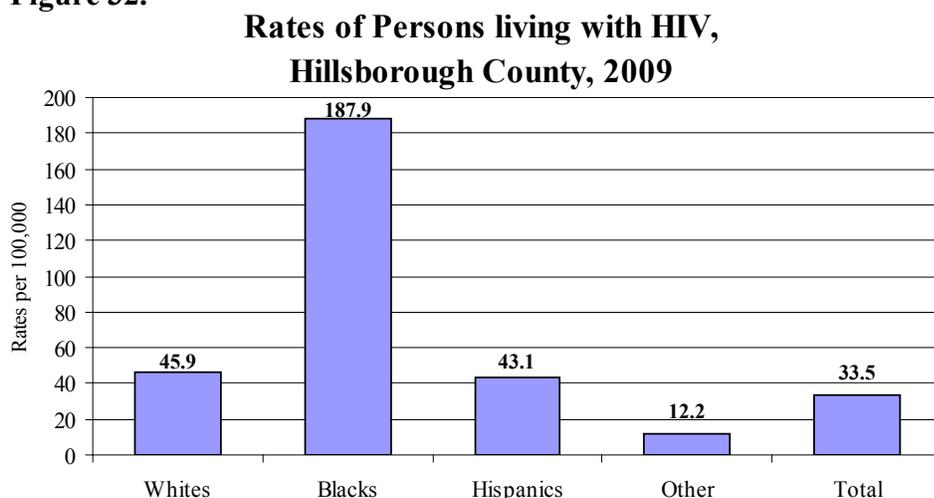
Chronic Diseases

Heart disease and cancer are the top two leading causes of death in Hillsborough County. Blacks have consistently higher rates of cancer, diabetes, and stroke. The death rate from cancer is 185.9 for Blacks compared to 170.1 for Whites and 126.6 for Hispanics. The death rate for Whites with diabetes is 22.9 compared to the Blacks which is 49.8. Age-adjusted death rates for stroke is also significantly higher with 49 for Blacks and 32.9 for Whites. Looking at the mortality rates, the county fares worse than the state on the leading causes of death due to chronic disease – heart disease, cancer, stroke, and diabetes. Notably, Blacks were twice as likely to die from diabetes when compared to their White counterparts.

HIV/AIDS

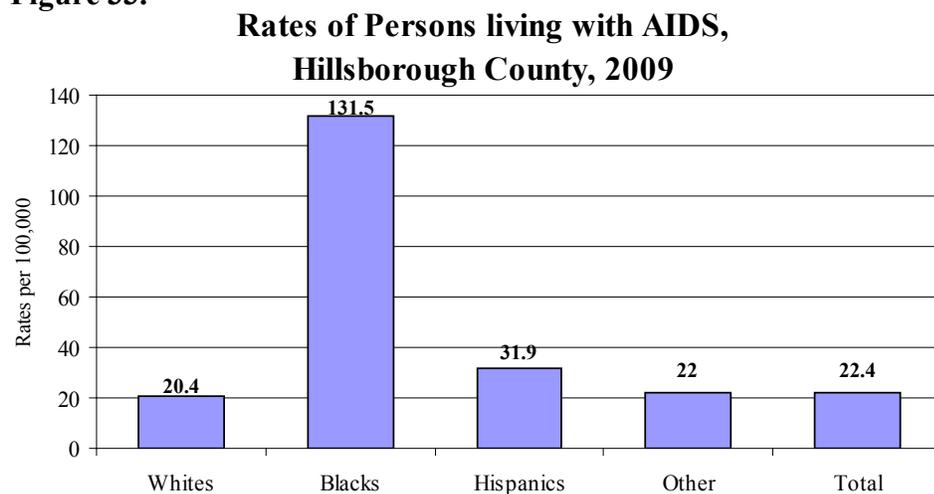
In 2009, there were significant HIV/AIDS disparities between Blacks and all other race/ethnic groups (Figures 32 and 33). Blacks account for significantly higher rates of HIV and AIDS when compared to Whites, Hispanics, and other groups.

Figure 32.



Source: Florida Department of Health

Figure 33.



Source: Florida Department of Health

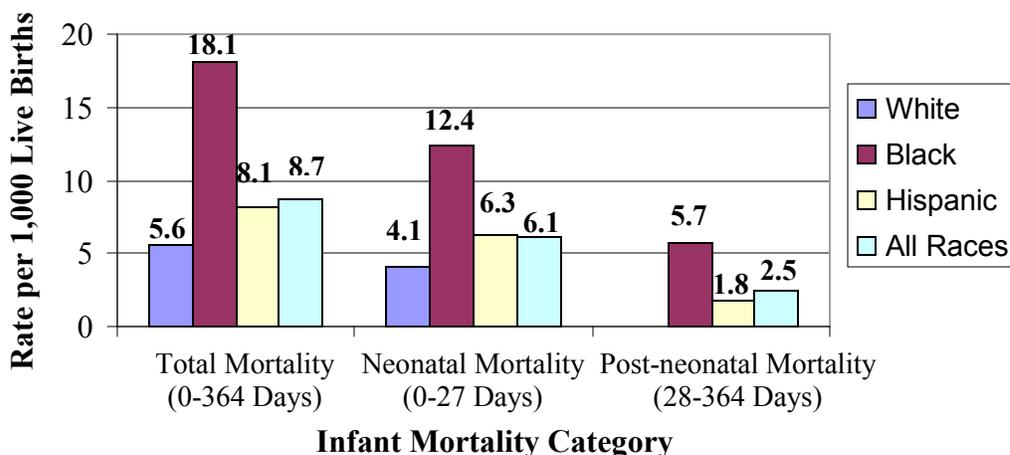
Selected Health Care Challenges

Maternal and Child Health

There also appears to be significant disparities in maternal and child health indicators. In 2007-2009, the overall infant mortality rate was 8.7 per 1,000 births, slightly higher than the state's rate of 7.1 deaths per 1,000 births. Notably, the county's Black infants have the highest infant mortality rate among all race/ethnicity groups (Figure 34). The infant mortality rate for Black infants was 18.1 deaths per 1,000 births which was twice as high as the overall rates in the state and county and more than three times the rate for the county's White infants.

Figure 34.

Infant Mortality per 1,000 Live Births, Hillsborough County, 2007-2009



Source: Florida CHARTS

In terms of low birth rate, Blacks had the highest percentage of low birth weight and very low birth weight babies compared to Hispanics and Whites, even though 80% of Black mothers had prenatal care beginning in their first trimester.

Breastfeeding Disparities

According to Florida CHARTS Minority Health Profile Data, for years 2007-2009, 62.8% of Black mothers initiated breastfeeding compared to 80.7% of White and 82.8% of Hispanic mothers; however, breastfeeding rates drop significantly from the early postpartum period to three months of age. In 2010 there was an increase from the previous year in the percent of mothers who breastfeed their infants at three and six months of age (Figure 24 on page 38).

Selected Health Care Challenges

Physical Environment

County Health Rankings

The Robert Wood Johnson Foundation has developed a County Health Rankings Report for each county in every state. Each county is ranked within the state according to its health outcomes and multiple health factors that influence a county's health. The report is broken down into health outcomes and four different types of health factors: physical environment, clinical care, social and economic factors, and health behaviors. For the 2011 ranking, Hillsborough County ranked 60 out of 67 counties in Florida for Physical Environment (Table 20) for the second year, one of the lowest rankings in the state. Contributors to this category include access to healthy foods, air quality, and access to recreational facilities.

Source: <http://www.countyhealthrankings.org/florida/hillsborough>

Table 20. Robert Wood Johnson Foundation County Health Rankings Report, Hillsborough County, 2011

	Hillsborough County	National Benchmark*	Florida	Rank (of 67)
Health Outcomes				30
Mortality				20
Premature Death	7,912	5564	7896	
Morbidity				41
Poor or Fair health	18%	10%	16%	
Poor physical health days	4.1	2.6	3.5	
Poor mental health days	3.9	2.3	3.5	
Low birth weight	8.7%	6.0%	8.5%	
Health Factors				31
Health Behaviors				31
Adult smoking	23%	15%	20%	
Adult obesity	26%	25%	24%	
Excessive drinking	18%	8%	16%	
Motor Vehicle crash death rate	18	12	19	
Sexually transmitted infections	531	83	389	
Teen birth rate	51	22	45	
Clinical Care				19
Uninsured Adults	24%	13%	27%	
Primary Care Providers	899:1	631:1	983:1	
Preventable hospital stays	67	52	65	
Diabetic screening	81%	89%	82%	
Mammography screening	63%	74%	67%	
Social and Economic Factors				30
High school graduation	70%	92%	65%	
Some college	62%	68%	58%	
Unemployment	10.7%	5.3%	10.5%	
Children in poverty	19%	11%	18%	
Inadequate social support	23%	14%	21%	
Single-parent households	37%	20%	35%	
Violent crime rate	751	100	706	
Physical Environment				60
Air-pollution particulate matter days	0	0	0	
Air-pollution ozone days	18	0	5	
Access to healthy foods	90%	92%	82%	
Access to recreational facilities	9	17	9	

*90th percentile, i.e., only 10% are better

Selected Health Care Challenges

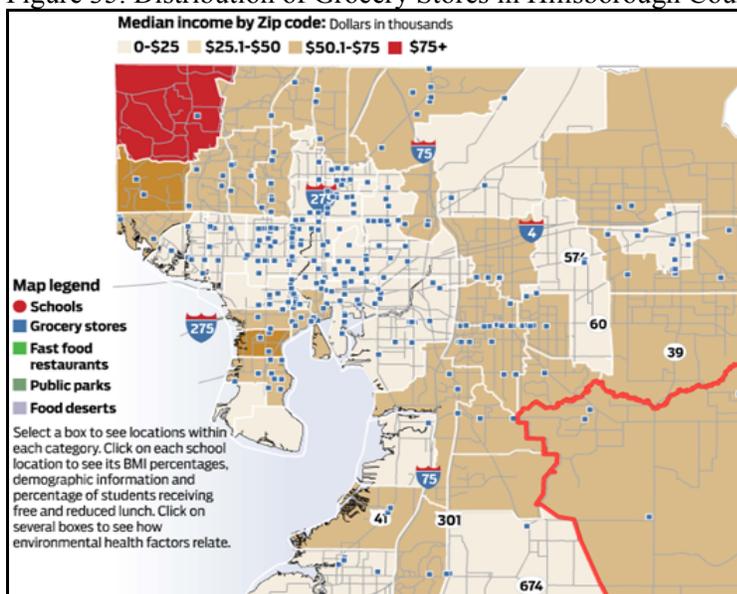
Access to Healthy Foods

Studies have suggested that some areas and households have easier access to fast food restaurants and convenience stores yet limited access to supermarkets. Limited access to nutritious food and relatively easier access to less nutritious food may be linked to poor diets and, ultimately, to obesity and diet-related diseases. This is especially important in low income areas where convenience stores have higher prices, and transportation to larger grocery stores is a barrier. The term “Food Desert” has been used to categorize such communities. There are many definitions for food desert. “The Healthy Food Financing Initiative (HFFI) Working Group considers a food desert as a *low-income tract* where substantial number or share of residents has *low access* to a supermarket or large grocery store. To qualify as low-income, census tracts must meet the Treasury Department’s New Markets Tax Credit (NMTC) program eligibility criteria. Furthermore, to qualify as a food desert tract, at least 33 percent of the tract’s population or minimum of 500 people in the tract must have low access to a supermarket or large grocery store.”

Source: <http://www.ers.usda.gov/data/fooddesert/documentation.html>

Access to healthy foods is measured as the percentage of zip codes in a county with a healthy food outlet. A healthy food outlet is defined as a grocery store with more than four employees and produce/farmers markets as defined by the North American Industrial Classification System codes. The measure is based on data from the U.S. Bureau’s Zip Code Business Patterns of 2008. Studies have linked the food environment to consumption of healthy foods and overall health outcomes. In 2009 only 44% of the zip codes in Hillsborough County (43 out of 98) had access to a healthy food outlet. The range for Florida counties is 20%-67%, and the target value is 60%. The overall value for Florida is 50%. This number significantly improved in 2010 where 90% of zip codes had access to healthy foods. Tampa Bay Online (www.tbo.com) recently compiled a map of grocery store locations, food deserts, and fast food restaurant distribution in Hillsborough County (Figure 35).

Figure 35. Distribution of Grocery Stores in Hillsborough County



Source: TBO.com

Notable Trend
Less than half (44%) of zip codes in Hillsborough County had access to healthy foods in 2009. Inability to access affordable nutritious foods may lead to poor diets and, ultimately, obesity and

Selected Health Care Challenges

Walkability

One way of measuring the health of a community is how walkable their neighborhoods are; fewer safe and pedestrian friendly walkways can impact the amount of physical activity residents get. In 2007, a survey of 30 major metropolitan areas was performed and the Tampa Bay metropolitan area ranks *dead last* in walkability. The study looked at two types of walkable areas:

1. Local-serving places, which are residential in nature and serve everyday needs (grocery, pharmacy, etc.)
2. Regional-serving places, which have regional significance such as employment, medical, entertainment, retail, higher education, and cultural events that integrate residential areas as well. These bring in people who do not live in the area.

The researcher noted Tampa as having zero of these walkable areas.

Source: <http://www2.tbo.com/content/2007/dec/04/tampa-area-trails-pack-us-walkability-ranking/>
http://www.brookings.edu/~media/Files/rc/papers/2007/1128_walkableurbanism_leinberg/1128_walkableurbanism_leinberger.pdf

For more information on the walkability of specific neighborhoods in Hillsborough County, use the website WalkScore (www.walkscore.com).

Pedestrian Accidents

Closely linked to a city's walkability is the number of accidents involving pedestrians that occur each year. When people have unsafe places to walk, they are at increased risk of being injured or killed by traffic accidents. In 2007-2008, Tampa ranked second in the most dangerous U.S. cities for walking. Tampa averages an annual pedestrian death rate of 3.52 per 100,000 with 98 pedestrian deaths in 2007 and 94 in 2008. These deaths accounted for 22.4% of all traffic deaths for those years.

Source: http://t4america.org/docs/dangerousbydesign/dangerous_by_design.pdf

Community Health Perceptions and Themes

Community Themes and Strengths Survey

Aside from the numerous types of data sources available, it is also necessary to gather community opinions on health. A mixed method approach was used to gather data from respondents. This included self-administered surveys, online discussions with community partners, and focus groups.

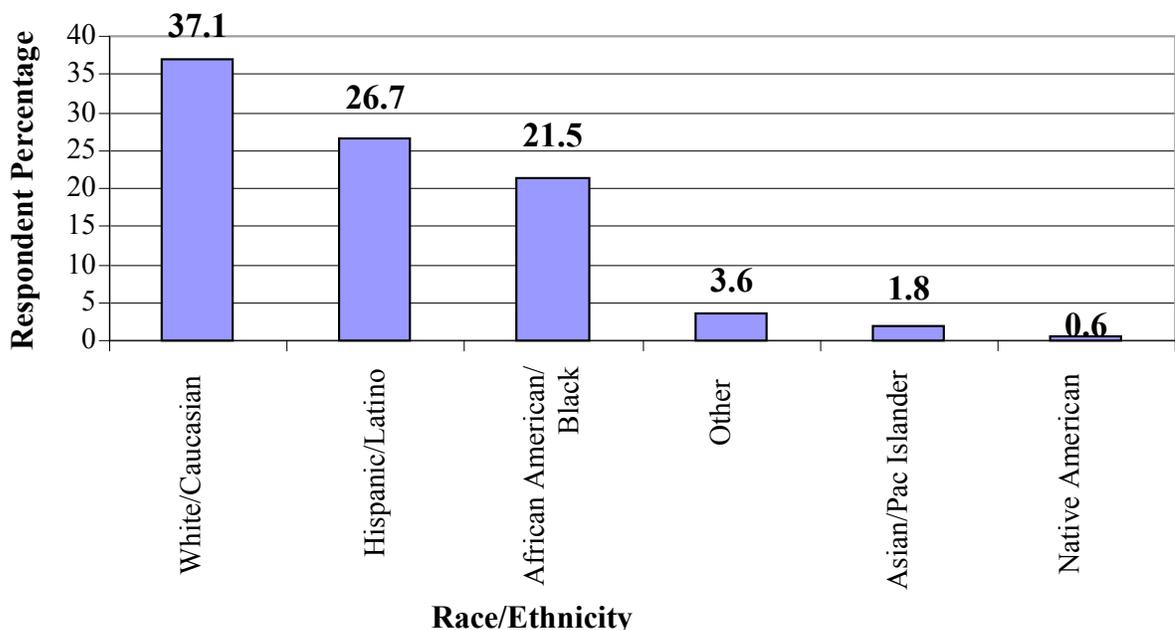
Surveys

Minor changes were made to the standard instrument (Appendix 1). There were additional questions that sought feedback on how best to communicate with residents. In 2010, 1,733 county residents responded to surveys distributed through health department clinics, colleges, WIC, all Hillsborough County libraries, neighborhood service centers, programs of various community partners, health fairs, and online. This is an increase from the 1,068 surveys collected in 2006. Surveys were administered to adults 18 years and older. Individuals completed the surveys which were then returned to the health department.

The demographics of respondents covered a wide range of race/ethnic groups, ages, levels of education, and economic groups. Females made up the majority of respondents. Only 18.1% of survey respondents did not have some form of health insurance (FIGURES 36 - 43).

Figure 36.

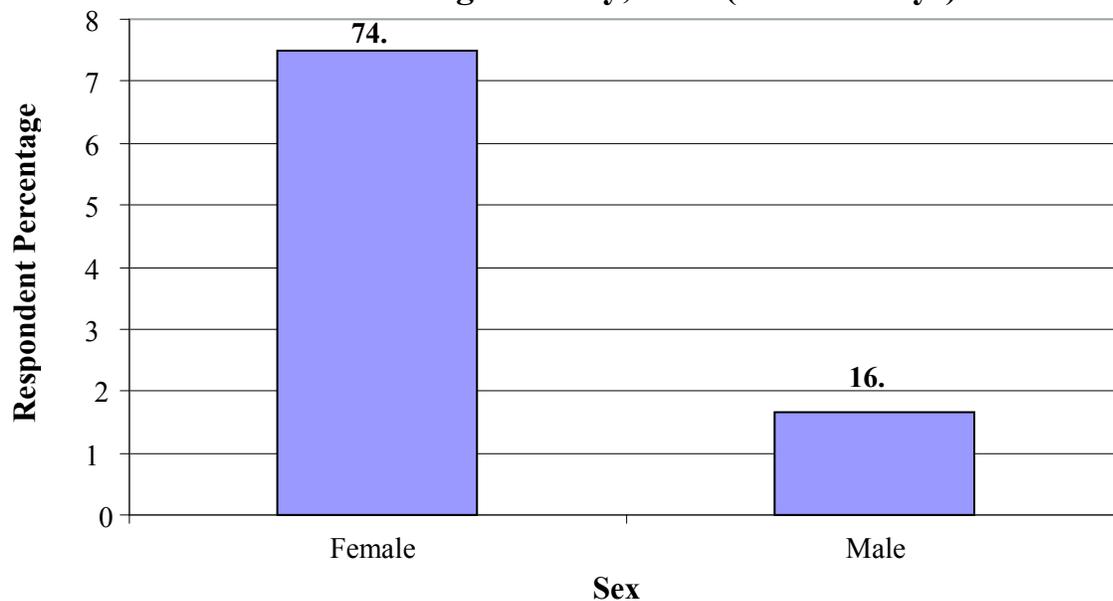
Distribution of MAPP Survey Respondents by Race/Ethnicity, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 37.

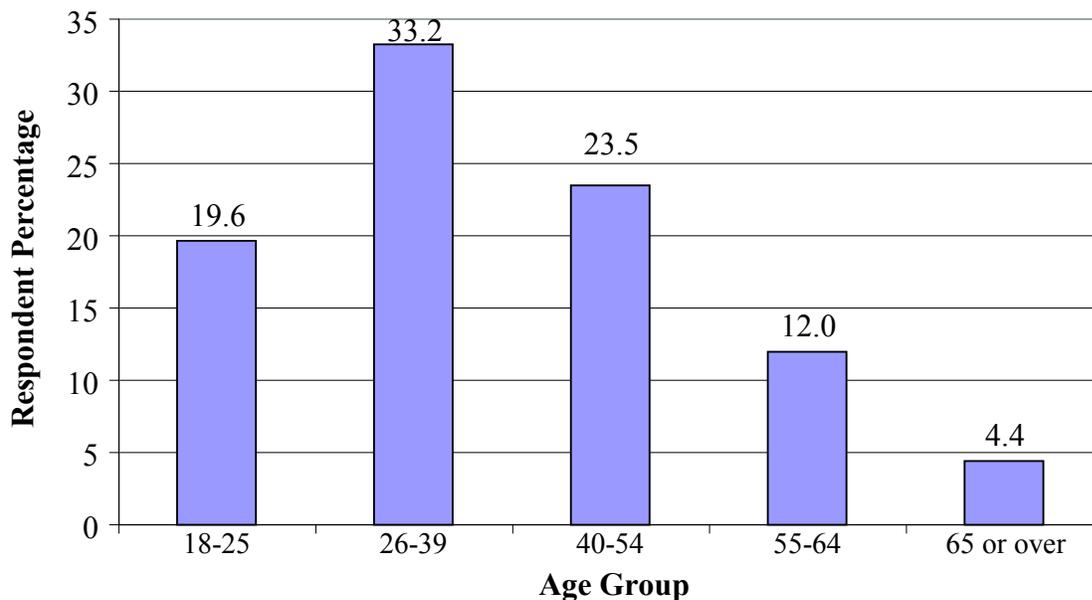
Distribution of MAPP Survey Respondents by Sex, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 38.

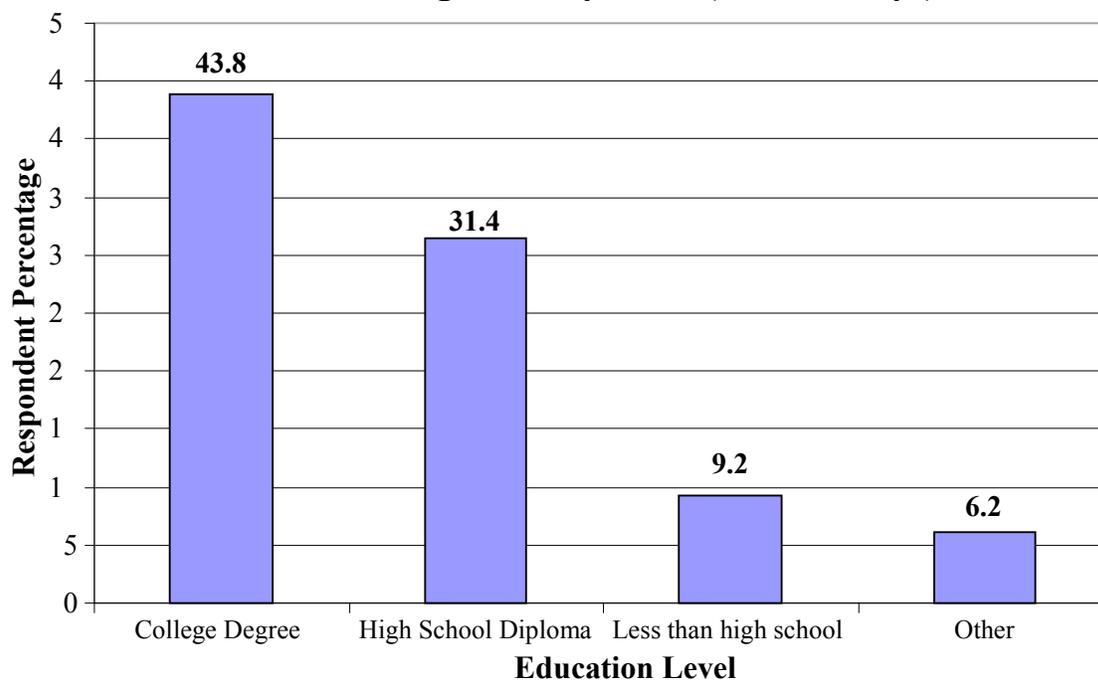
Distribution of MAPP Survey Respondents by Age Group, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 39.

Distribution of MAPP Survey Respondents by Education Level, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 40.

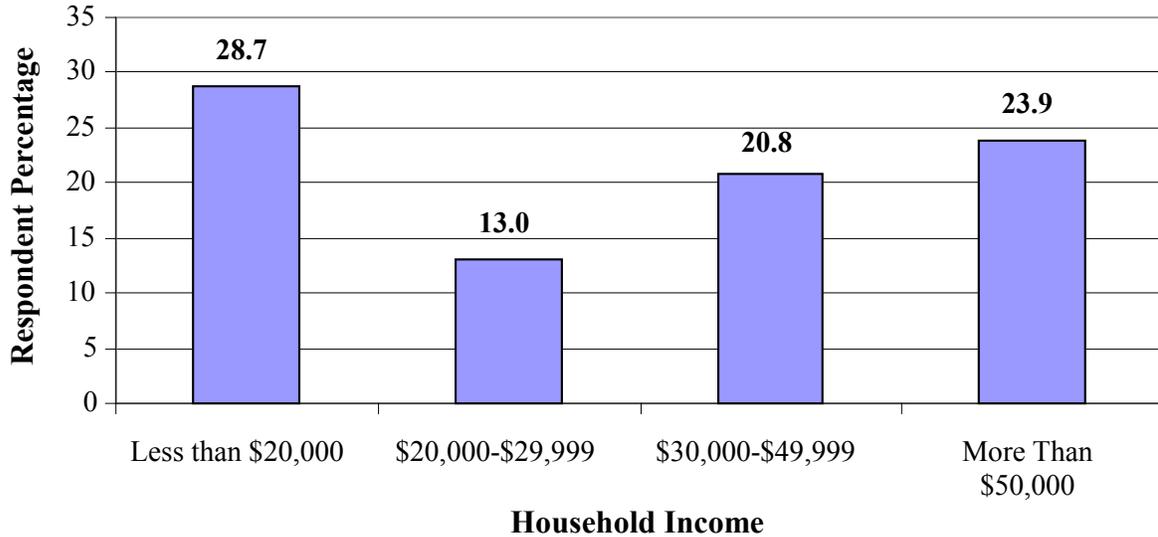
Distribution of MAPP Survey Respondents by Marital Status, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 41.

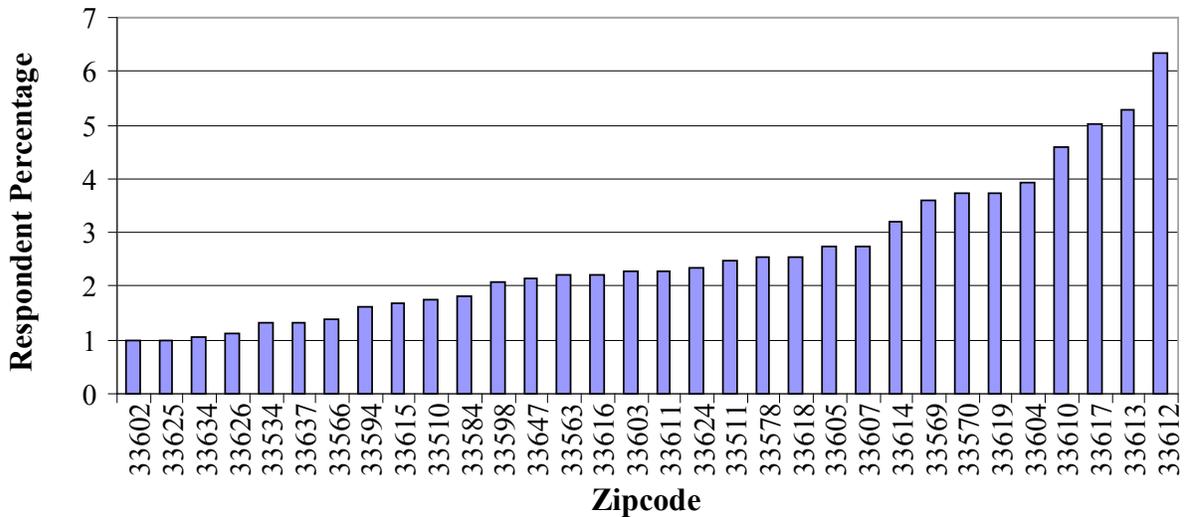
Distribution of MAPP Survey Respondents by Household Income, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 42.

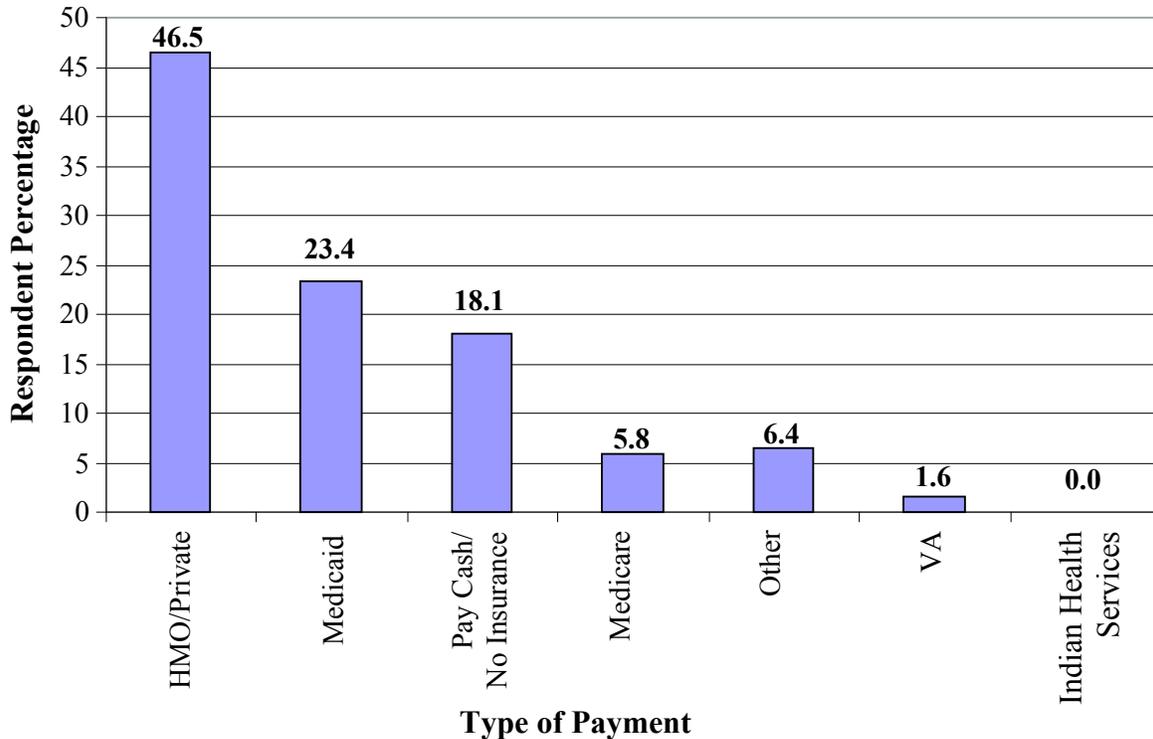
Distribution of MAPP Survey Respondents by Zip Code, Hillsborough County, 2010 (1733 Surveys)



Note: Only zip codes with 1% or more shown above.
 Source: Hillsborough County Health Department MAPP, 2010

Figure 43.

**Responses to “How do you Pay for Health Care?”
Hillsborough County, 2010 (1733 Surveys)**



Source: Hillsborough County Health Department MAPP, 2010

Key Findings

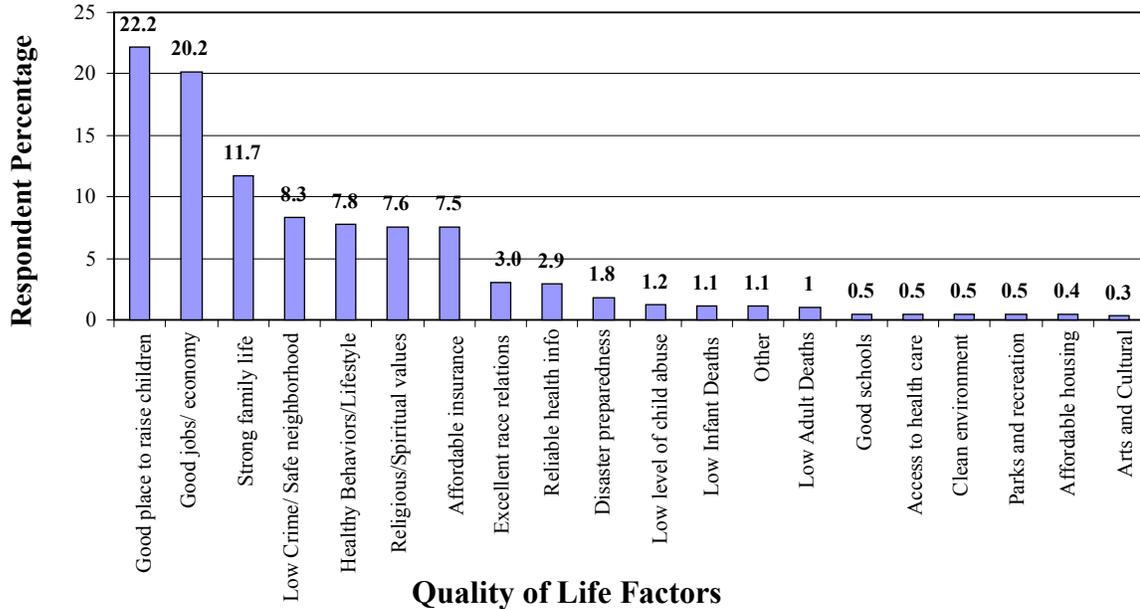
Factors that Improve the Quality of Life of a Community

Question 1 of the community survey asked respondents what they thought were the 3 most important factors that improve the quality of life in a community. For most respondents, factors that were important related to the economy and family life. Factors such as access to health care and clean environment were not considered to be great influences on the quality of life of a community (Figure 44).

Notable Trend
Similar to our 2006 survey, safety, security, and family are given higher priority for quality of life.

Figure 44.

Three Most Important Factors that Influence the Quality of Life in a Community as Identified by Survey Respondents, Hillsborough County, 2010 (1340 Surveys)



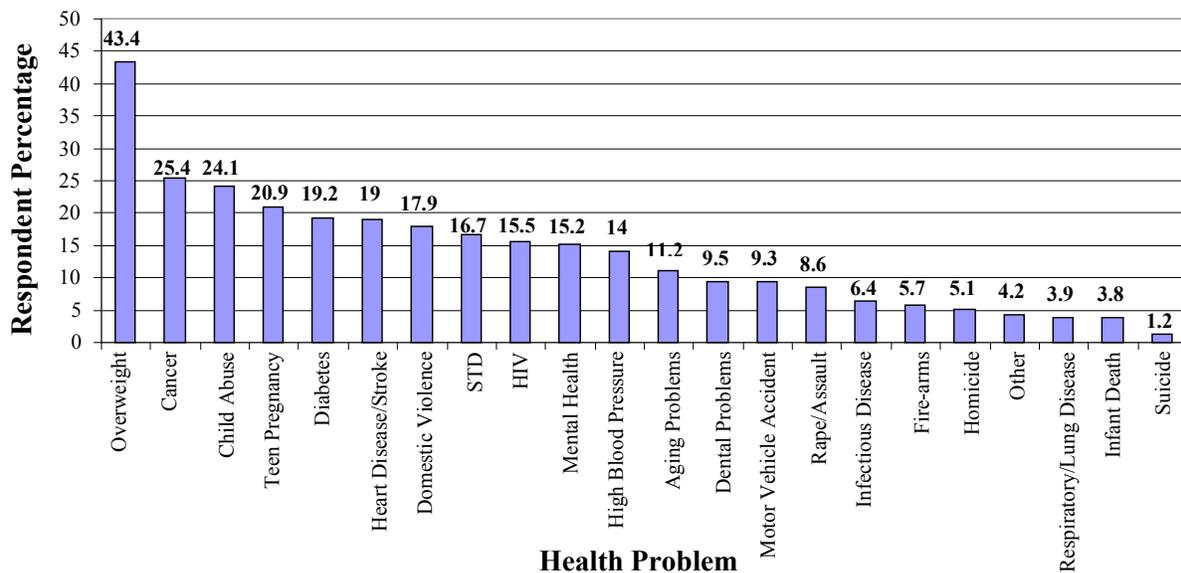
Source: Hillsborough County Health Department MAPP, 2010

Most Important Health Problems

The second question of the survey asked respondents to choose what they felt were the three most important health problems in the community. This was further defined as those problems which have the greatest impact on overall community health. Overweight received the greatest percent of responses, followed by cancer, child abuse, and teen pregnancy (Figure 45).

Figure 45.

The Three Most Important Health Problems as Identified by Survey Respondents.



Source: Hillsborough County Health Department MAPP, 2010

Most Risky Behaviors

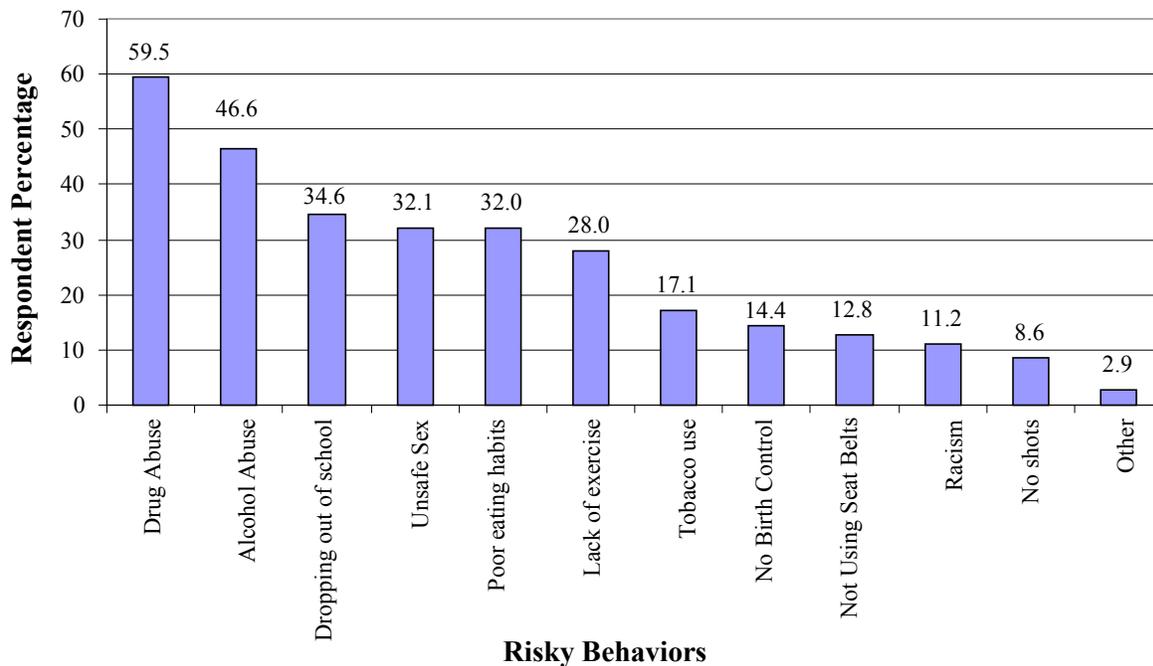
Drug abuse, alcohol abuse, and dropping out of school received the most responses from survey respondents (Figure 46). Unsafe sex, lack of exercise, and poor eating habits also received many responses. These responses appear to be inconsistent with what was selected as the most important health problem. Being overweight or obese, which were selected as the primary health problem, are clearly linked to behaviors such as poor eating habits and lack of exercise, yet these were not selected as the leading risky behaviors. Respondents may have taken a very broad view of this question, selecting behaviors like drug and alcohol abuse which have obvious and dramatic negative impact. Or it is possible that individuals are not making the connection between the problem and the behavior changes required to address this problem.

Notable Trend

Being overweight ranked again as the number one health concern for residents. There also continues to be concern about child abuse and neglect, which was the number two concern in

Figure 46.

The Three Most Risky Behaviors as Identified by Survey Respondents, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

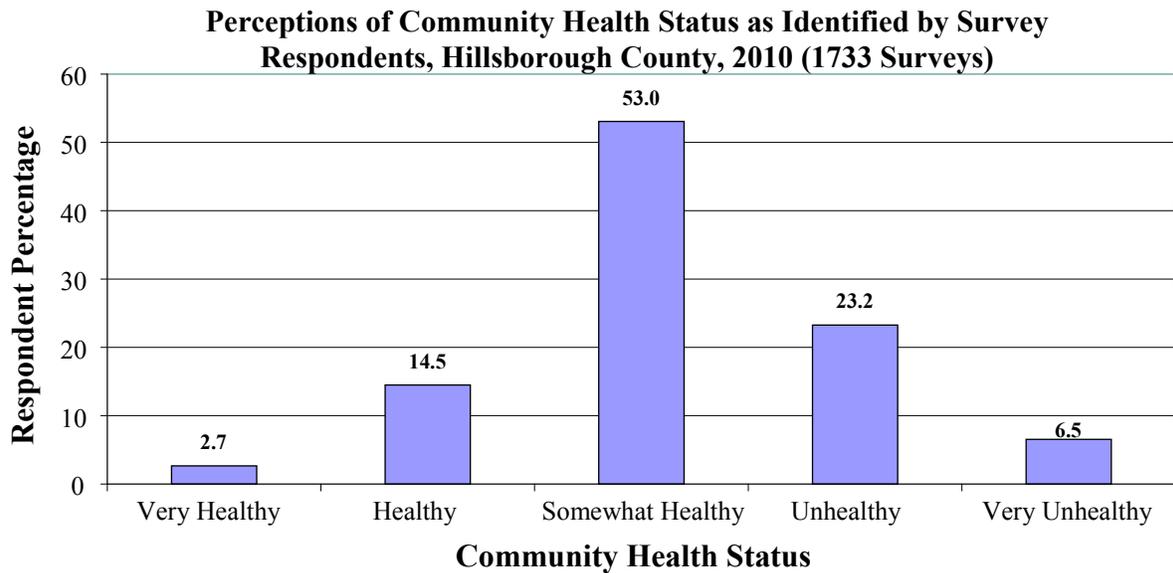
Perceptions of Community and Personal Health Status

Based on the feedback, respondents had positive perceptions of their community's health status and even more so about their own personal health (Figures 47 and 48). This is consistent with other data which indicates that only 19% of Hillsborough residents feel that their health is fair or poor. The majority are very positive about their health status.

Source: BRFSS, 2007.

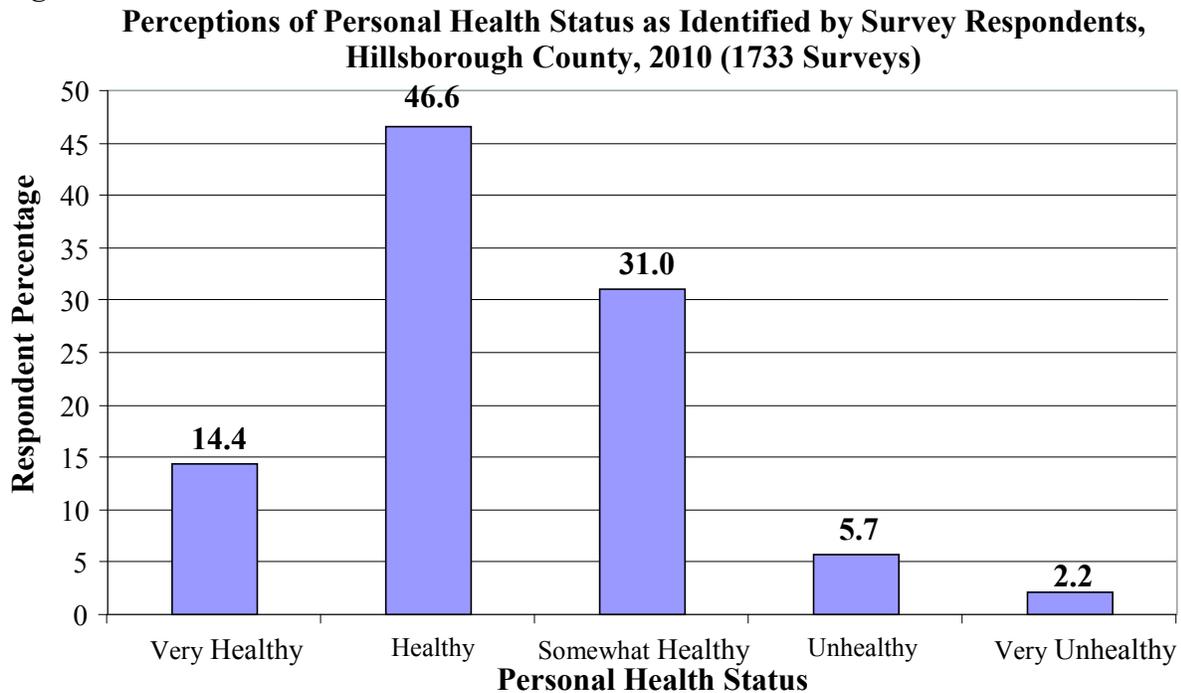
http://www.doh.state.fl.us/Disease_ctrl/epi/BRFSS_Reports/2007BRFSS/Hillsborough.pdf

Figure 47.



Source: Hillsborough County Health Department MAPP, 2010

Figure 48.



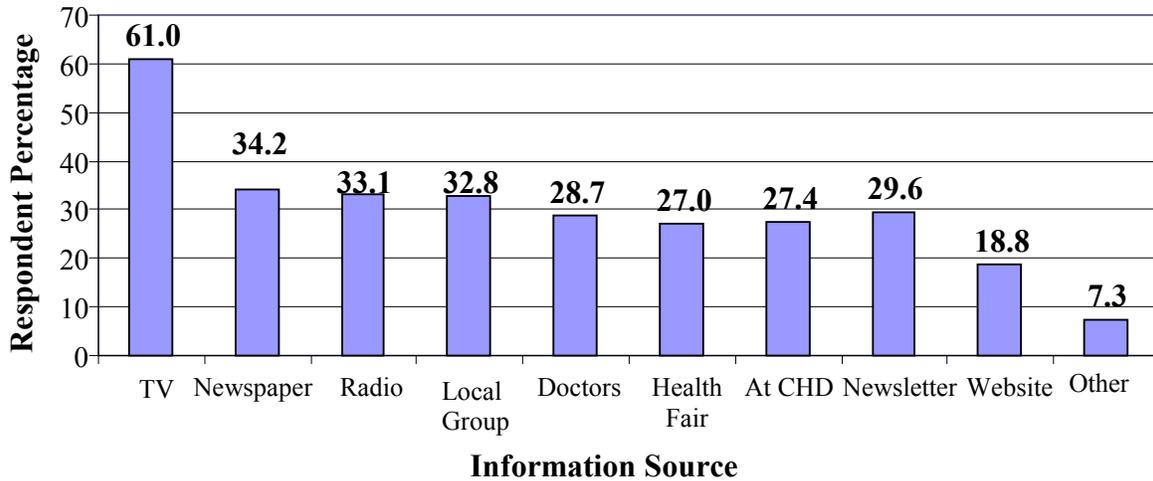
Source: Hillsborough County Health Department MAPP, 2010

Communicating With Our Community

The majority of respondents felt the best way to share information with them was through the media via television, newspapers, and radio, with television selected most often (Figure 49). This included educational as well as event information (Figure 50). Providing information via groups in the community, such as church groups, was also seen as useful.

Figure 49.

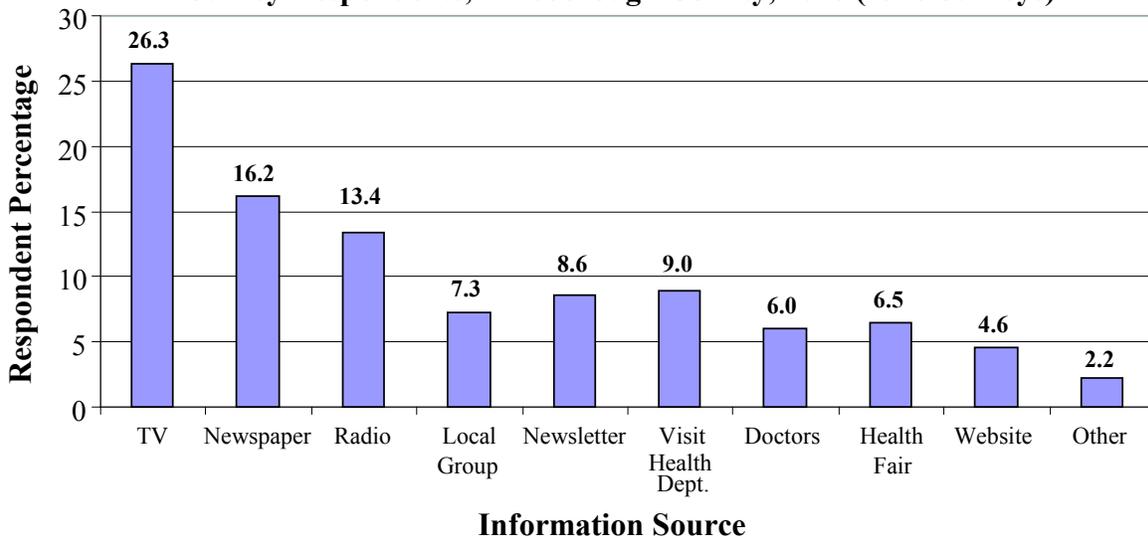
Best Ways to Regularly Share Health Information as Identified by Survey Respondents, Hillsborough County, 2010 (1733 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Figure 50.

Best Ways to Share Information about Special Events as Identified by Survey Respondents, Hillsborough County, 2010 (1340 Surveys)



Source: Hillsborough County Health Department MAPP, 2010

Notable Trend

Convenient and lower cost communication methods such as health fairs, newsletters, and websites are not selected as the best way for sharing information with the community, which is similar to previous survey results.

Forces of Change Assessment

The Forces of Change assessment is designed to help MAPP participants answer the following questions:

- “What is occurring or might occur that affects the health of our community or the local public health system?”
- “What specific threats or opportunities are generated by these occurrences?”

A broader contextual environment is constantly affecting communities and local public health systems (examples include state and federal legislation, rapid technological advances, changes in the organization of healthcare services, shifts in economic and employment forces, and changing family structures and gender roles). All of these qualities affect the life in a community and the effectiveness of the local public health system. Therefore, identifying these changes will assist in strategizing and developing a community action plan.

Hillsborough County Health Department chose to offer the Forces of Change Assessment online. The benefit to this method was convenience. No travel or time away from the office was required of our partners, and they were able to respond to surveys and emails from the comfort of their home, office, or mobile devices. Data was collected electronically which conserved resources and ensured that partners’ ideas were expressed in their own terms. A drawback to this method was the lack of interpersonal face to face discussions. In addition, online participation declined toward the end of the process. In order to provide an appropriate time frame for discussions online, the overall assessment process took much longer than a group gathering.

An online survey with six questions was provided to partners who had committed to assisting with the MAPP process during our NPHPSP event as well as the Program Management Team at Hillsborough County Health Department. The questions may be viewed in Appendix 2.

After the survey was completed, responses were categorized based on topic and question. Six broad themes were identified and distributed for email discussion. These themes were budgets, assets, attitudes, natural disasters, economy, and healthcare reform. An email request was sent to respondents to participate in an email discussion of the threats posed and opportunities created for each question.

The following are the discussion topics and the number of responses per topic:

Topic	No. of Responses
Healthcare Reform	32
Budget	31
Legislation	29
Economy	27
Attitudes	21
Politics	21
Services	17
Miscellaneous	17
Health Care Facilities	14
Immigration	11

Forces of Change Assessment

Topic	No. of Responses
Built Environment	10
Natural Disasters	9
Health Problems	8
Funding	8
Infectious Diseases	7
Environment/Agriculture	7
Coordination/Collaboration	7
Children	5
Climate/Natural Resources	5
Education	5
Health Department	4
Workforce	3
Unemployment	3
Nutrition	3
Cultural Barriers	3
Local Coordination	3
Immunizations	3
Healthcare Professionals/Services	2
Transportation	2
Trends	2
Parks	2
Schools	2
Food	1

Summary of topic responses and discussions:

Healthcare reform received the greatest number of responses and was viewed as both a threat and an opportunity. One respondent felt that the reform poses an opportunity since everyone will have health insurance while another felt it is a “threat to quality, availability, and cost of health care” to the community. While the respondents were split as to their views about the topic, it is clear that healthcare reform is something that will affect both the local public health system and the community. One respondent pointed out that the full effects of the reform will not be implemented for a few years. Therefore, in order to better serve the community, it is important that we prepare now for the changes that will occur.

Budget received the second highest number of responses and was viewed as an overall threat to the local public health system and community. Respondents expressed their concerns that budgetary constraints and decreased funding opportunities will have a negative effect on all aspects of society, including education, county programs, parks and recreation, and programs offered by the public health system. However, one respondent noted that Hillsborough County schools recently received a Gates Foundation Grant in hopes of improving education outcomes and increasing teacher effectiveness.

The majority of respondents felt negatively about current and future legislation in both the county and the state. One noted that “out of touch actions and reactions from legislature” make it nearly impossible to provide the tools necessary to serve and protect the public. Education and health efforts were identified as being negatively impacted by several of the legislative actions.

Another consideration is that this year is an election year, and many respondents feel this puts many programs at risk of being cut if a shift in political power occurs.

Economic uncertainty and unemployment were two major topics of discussion. One respondent wrote: “Increased homelessness, loss of insurance, loss of income in population means more demand for free health services or delay of getting services.” Generally, respondents expressed a feeling that the economic downturn will continue to “spiral downward” putting further strain on the system, thereby affecting the quality of life of the community.

Due to the recent BP Oil spill in the Gulf of Mexico, Florida’s tourism industry and economy were negatively affected. Although the subject of natural disasters did not have a high response rate, further discussion about the threats and opportunities posed by natural disasters is necessary, especially since Florida is particularly vulnerable to hurricanes and tropical storms. Respondents mentioned that opportunities included collaboration among different community/childcare centers for disaster preparedness education. Threats included threats to tourism, infectious diseases, hurricanes, and tornadoes which lead to property damage and other related problems.



National Public Health Performance Standards Program

Before completing the MAPP assessment, the Hillsborough County Health Department participated in the National Public Health Performance Standards Program (NPHPSP). This program has three different tools that assess state and local public health systems and local public health governance.

Since Hillsborough County best met the qualifications for the local tool, we used a Local Public Health System Assessment Instrument. This is a broad assessment and involves all the organizations and entities that contribute to public health in the community.

The goal of this assessment is to answer the questions “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”

The fundamental framework that guides this assessment is the 10 Essential Public Health Services which describe public health activities that should be undertaken in all communities. Organizations were invited to attend a meeting where the Local Public Health System Assessment tool was used to examine each of these ten services in depth. The 10 Essential Services are as follows:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research new insights and innovative solutions to health problems

Each Essential Service has several Model Standards (as defined by NACCHO) that define the “ideal public health service delivery” associated with them. At the meeting, each model standard was examined, and a set of questions were asked to determine whether or not an activity was performed to meet the Model Standard. Partners were asked to comment and vote. Qualitative results were recorded by note takers in breakout sessions, and quantitative results were submitted to the NPHPSP scoring tool to generate a report. Results, copied directly from the report can be viewed in the following pages. The results were, in general, good and reflect what we do as a system, not just the health department. Deficiencies will, therefore, need to be addressed through collaborative efforts.

For more information about the NPHPSP and the Local Public Health System Performance Assessment Instrument please visit: <http://www.cdc.gov/od/ocphp/nphpsp/>

NPHPSP List of Attendees by Organization

- ✓ Hillsborough County Human Services
- ✓ Hillsborough County Mosquito and Aquatic Weed Control
- ✓ Florida Poison Information Center
- ✓ Crisis Center of Tampa Bay
- ✓ Take Charge Lifestyle Management
- ✓ University Area Community Development Corporation
- ✓ HealthPoint Pediatrics
- ✓ St. Joseph's Hospital
- ✓ School Board of Hillsborough County
- ✓ USF College of Public Health
- ✓ Hillsborough County Health Department – Program Management Team and Administration
- ✓ Tampa Fire Rescue
- ✓ University of Florida Hillsborough County Extension
- ✓ St. Joseph Children's Hospital
- ✓ Family Support and Resource Centers
- ✓ Suncoast Health Councils
- ✓ Sanofi Pasteur Pharmaceuticals
- ✓ Reach Up/ Healthy Start
- ✓ Hillsborough County Health and Social Services
- ✓ City of Tampa Code Enforcement
- ✓ Suncoast Community Health Centers
- ✓ Moffitt Cancer Center
- ✓ USF Student Health Services
- ✓ YMCA
- ✓ United Way
- ✓ Tampa General Hospital
- ✓ Gulfcoast North Area Health Education Centers
- ✓ Children's Board of Hillsborough County
- ✓ Hillsborough County Child Care Licensing
- ✓ Environmental Protection Commission of Hillsborough County
- ✓ Hillsborough County School District
- ✓ Children's Medical Services
- ✓ Tampa Family Health Centers
- ✓ Catholic Charities
- ✓ Redlands Christian Migrant Association

Other organizations were invited but were unable to attend.

Table 1.
Summary of Performance Scores by Essential Public Health Services (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	70
2	Diagnose and Investigate Health Problems and Health Hazards	85
3	Inform, Educate, and Empower People about Health Issues	78
4	Mobilize Community Partnerships to Identify and Solve Health Problems	44
5	Develop Policies and Plans that Support Individual and Community Health Efforts	64
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	84
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
8	Assure a Competent Public and Personal Health Care Workforce	53
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	47
10	Research for New Insights and Innovative Solutions to Health Problems	63
Overall Performance Score		65

Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1.
Summary of EPHS/Performance Scores and Overall Score (with range)

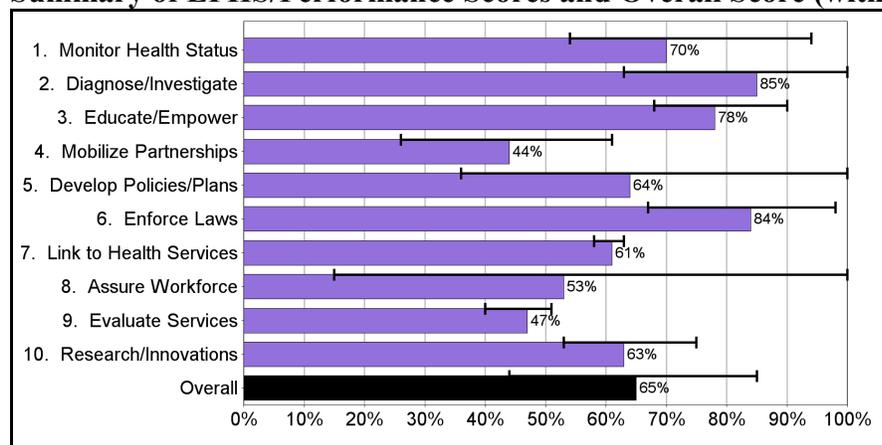


Figure 1 displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2.
Rank ordered performance scores for each Essential Service

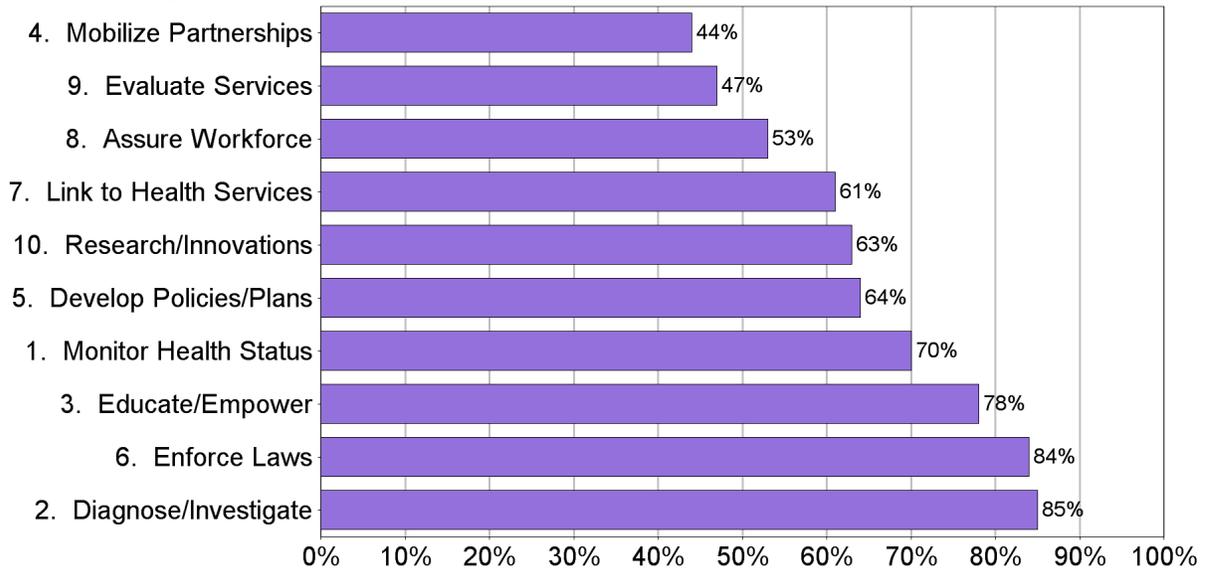
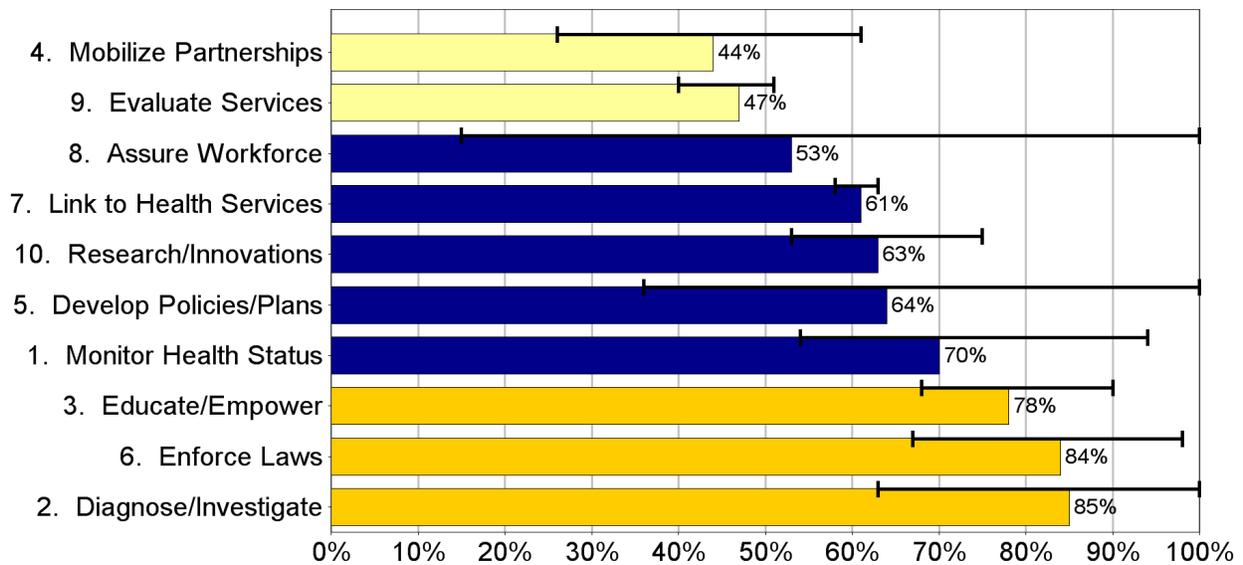


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

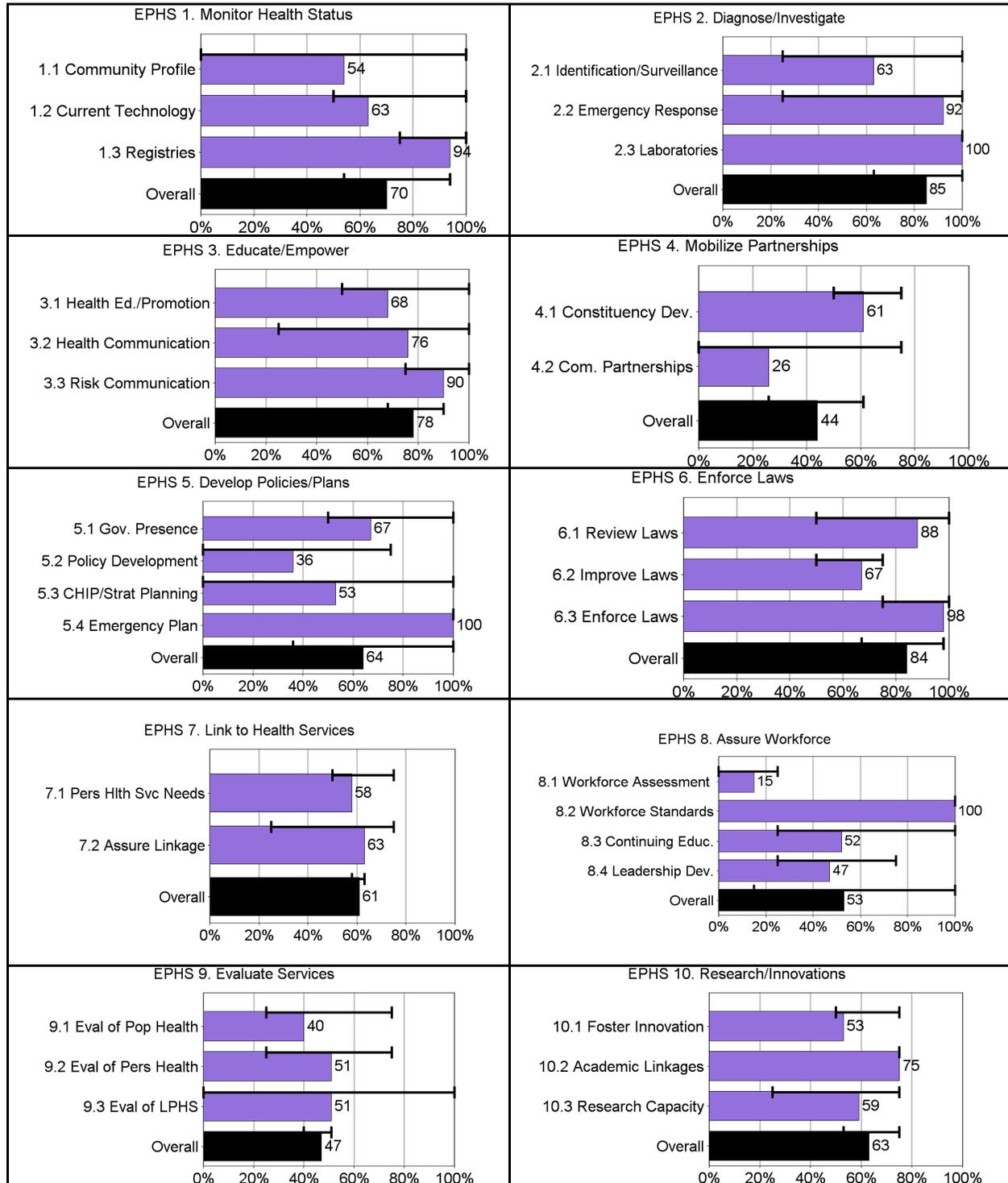
Figure 3.
Rank ordered performance scores for each Essential Service, by level of activity



National Public Health Performance Standards

Figure 4 shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

Figure 4.
Performance scores for each model standard, by Essential Service



National Public Health Performance Standards

Table 2.

Summary of performance scores by Essential Public Health Service (EPHS) and model Standard

EPHS	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	70
1.1 Population-Based Community Health Profile (CHP)	54
1.1.1 Community health assessment	72
1.1.2 Community health profile (CHP)	53
1.1.3 Community-wide use of community health assessment or CHP data	38
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze, and Communicate Population Health Data	63
1.2.1 State-of-the-art technology to support health profile databases	50
1.2.2 Access to geocoded health data	88
1.2.3 Use of computer-generated graphics	50
1.3 Maintenance of Population Health Registries	94
1.3.1 Maintenance of and/or contribution to population health registries	88
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	85
2.1 Identification and Surveillance of Health Threats	63
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	25
2.1.3 Resources to support surveillance and investigation activities	63
2.2 Investigation and Response to Public Health Threats and Emergencies	92
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	97
2.2.2 Current epidemiological case investigation protocols	93
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	97
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, and Empower People about Health Issues	78
3.1 Health Education and Promotion	68
3.1.1 Provision of community health information	56
3.1.2 Health education and/or health promotion campaigns	98
3.1.3 Collaboration on health communication plans	50
3.2 Health Communication	76
3.2.1 Development of health communication plans	58
3.2.2 Relationships with media	71
3.2.3 Designation of public information officers	100
3.3 Risk Communication	90
3.3.1 Emergency communications plan(s)	84
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	100

National Public Health Performance Standards

EPHS	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	44
4.1 Constituency Development	61
4.1.1 Identification of key constituents or stakeholders	69
4.1.2 Participation of constituents in improving community health	63
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	26
4.2.1 Partnerships for public health improvement activities	67
4.2.2 Community health improvement committee	13
4.2.3 Review of community partnerships and strategic alliances	0
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	64
5.1 Government Presence at the Local Level	67
5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	55
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	36
5.2.1 Contribution to development of public health policies	58
5.2.2 Alert policymakers / public of public health impacts from policies	50
5.2.3 Review of public health policies	0
5.3 Community Health Improvement Process	53
5.3.1 Community health improvement process	71
5.3.2 Strategies to address community health objectives	63
5.3.3 Local health department (LHD) strategic planning process	25
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	84
6.1 Review and Evaluate Laws, Regulations, and Ordinances	88
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	75
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	67
6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations, and Ordinances	98
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	88
6.3.5 Assessment of compliance	100

National Public Health Performance Standards

EPHS	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
7.1 Identification of Populations with Barriers to Personal Health Services	58
7.1.1 Identification of populations who experience barriers to care	50
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	63
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	58
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	44
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	53
8.1 Workforce Assessment, Planning, and Development	15
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	20
8.1.3 Dissemination of results of the workforce assessment / gap analysis	0
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure / certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	52
8.3.1 Identification of education and training needs for workforce development	65
8.3.2 Opportunities for developing core public health competencies	29
8.3.3 Educational and training incentives	63
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	47
8.4.1 Development of leadership skills	38
8.4.2 Collaborative leadership	63
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	38

Figure 5.
Percentage of Essential Services scored in each level of activity

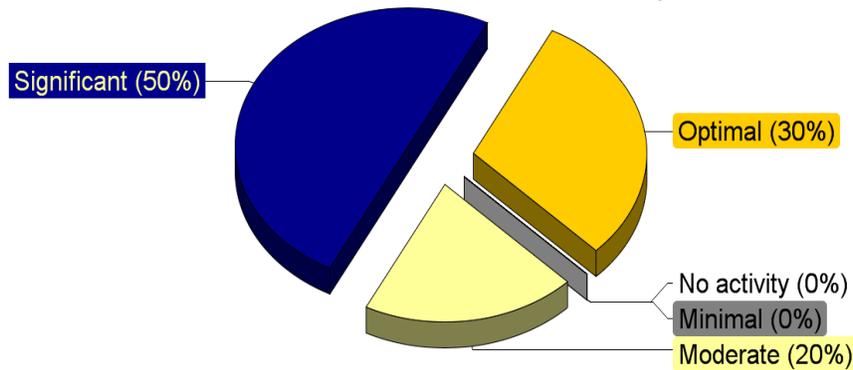


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6.
Percentage of model standards scored in each level of activity

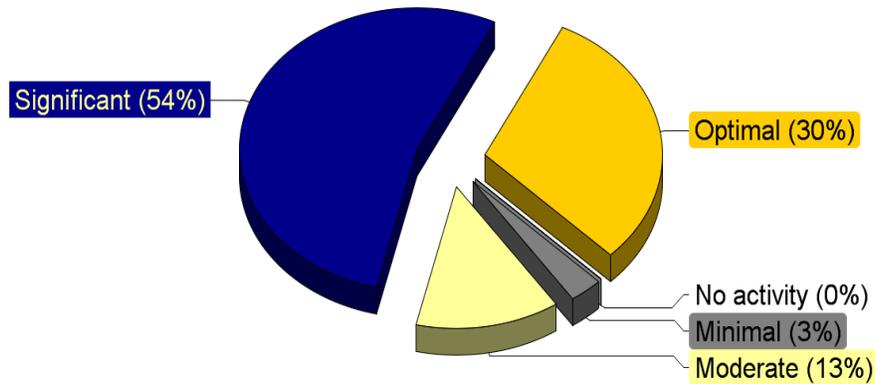


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7.
Percentage of all questions scored in each level of activity

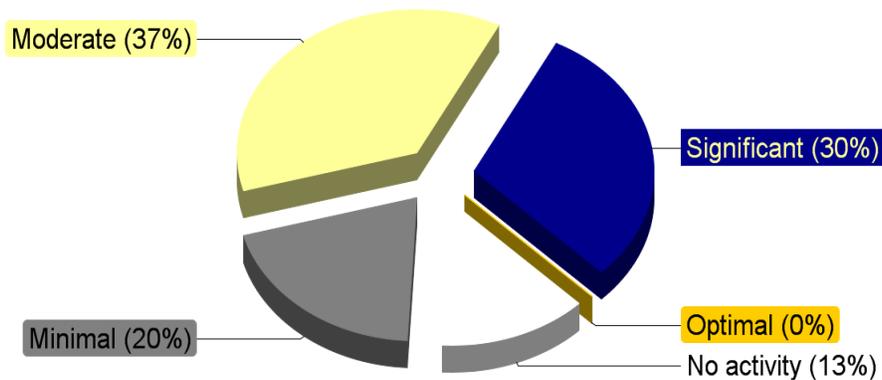


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

Comparison to Peer Counties

State values for health indicators are valuable comparisons but do not compare similar populations. Therefore, much of the variance could be explained by differences in race, age, and poverty level. A comparison to other counties whose demographics and socio-economic indicators closely match Hillsborough County will be most valuable (Tables 21, 22, and 23).

Table 21. County Health Status Comparison for 2007-2009

	Hillsborough	Duval	Orange	Polk	State	U.S. Healthy People 2020 Goal 3
Coronary Heart Disease						
Deaths	121.8	117.3	111.2	130.2	108.5	100.8
Hospitalizations	454.5	419.5	501.2	565.7	440.4	
Stroke						
Deaths	34.9	39.4	36.9	33.1	31.6	33.8
Hospitalizations	294.2	336.5	339.0	311.0	268.6	
Heart Failure						
Deaths	6.9	9.6	12.9	8.5	7.6	
Hospitalizations from congestive heart failure	151.0	256.0	242.0	237.5	185.3	
Lung Cancer						
Deaths	49.3	56.4	48.5	57.4	46.9	45.5
Incidence	74.9	82.2	71.9	84.7	70.2	
Percentage of adults who are current smokers	22.1%	21.6%	14.6%	19.0%	19.3%	12%
Colorectal Cancer						
Deaths	17.6	15.8	16.6	15.1	14.7	14.5
Incidence	46.4	46.8	50.5	51.0	43.0	
Percentage of adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	50.1%	56.9%	46.9%	57.7%	53.7%	
Percentage of adults 50 years of age and older who received a blood stool test in the past year	21.6%	17.4%	16.5%	18.2%	21.2%	
Breast Cancer						
Deaths	23.5	24.5	23.8	18.6	20.4	20.6
Incidence	112.5	124.1	117.4	104.2	109.3	
Prostate Cancer						
Deaths	21.2	22.3	25.4	18.3	18.3	21.2
Incidence	135.3	157.1	139.4	143.1	130.6	

Comparison to Peer Counties

	Hillsborough	Duval	Orange	Polk	State	U.S. Healthy People 2020 Goal 3
Cervical Cancer						
Deaths	2.1	3.5	2.0	3.8	2.5	2.2
Incidence	8.3	10.0	10.2	11.1	9.1	
Percentage of women 18 years and older who received a Pap test in the past year	64.4%	73.3%	68.4%	62.3%	64.8%	93%
Skin Cancer						
Deaths	2.3	3.1	3.1	3.1	2.9	2.4
Incidence	16.9	16.0	14.9	25.9	17.4	
Chronic Lower Respiratory Diseases (CLRD)						
Deaths	44.7	47.6	42.5	47.0	37.1	50.1
CLRD Hospitalizations	366.9	394.5	438.2	561.0	339.9	
Percentage of adults who currently have asthma	6.9%	7.1%	5.1%	7.9%	6.2%	
Asthma Hospitalizations	978.0	857.3	877.8	1,018.2	729.9	
Diabetes						
Deaths	26.0	29.9	22.8	19.7	20.0	65.8
Hospitalizations	2,455.0	2,922.6	3,124.5	2,824.5	2,130.8	
Hospitalizations from amputation due to diabetes	22.4	32.7	31.9	24.9	23.8	
Percentage of adults with diagnosed diabetes	7.0%	9.2%	8.0%	9.3%	8.7%	
Behavioral Risk Factors (BRFSS) Data (Percent of Adults...)						
Percentage of adults with diagnosed hypertension	28.3%	27.3%	25.6%	31.7%	28.2%	
Percentage of adults who have diagnosed high blood cholesterol	35.8%	35.5%	31.1%	40.1%	37.1%	13.5%
Percentage of adults who had their cholesterol checked in the past five years	78.0%	79.1%	79.1%	77.3%	78.5%	
Percentage of adults who meet moderate physical activity recommendations	33.7%	32.0%	30.5%	30.2%	34.6%	
Percentage of adults who meet vigorous physical activity recommendations	28.6%	26.9%	27.5%	22.6%	26.0%	
Who engage in no leisure-time physical activity	27.4%	22.5%	30.6%	31.5%	26.4%	32.6%
Percentage of adults who eat least 5 servings of fruits and vegetables a day	26.1%	23.9%	30.5%	21.3%	26.2%	
Percentage of adults who are overweight	39.4%	36.4%	38.3%	32.6%	38.0%	
Percentage of adults who are obese	24.8%	25.8%	23.7%	33.2%	24.1%	30.6%

Comparison to Peer Counties

Heath Status Indicators	Hillsborough	Duval	Orange	Polk	State
Mid-Year Population	1,200,986	905,177	1,115,248	585,752	18,812,155
Resident Live Births	17,401	13,449	16,568	7,904	231,417
Percent of Births Under 2500 Grams	9.3	9.3	9.4	8.1	8.8
Percent of Births Under 1500 Grams	1.8	1.8	1.9	1.5	1.7
Neonatal Deaths	103	86	99	39	1,061
Infant Mortality Rate per 1,000 Live Births	8	9.7	9.1	7.5	7.2
Births per 1,000 Females 10-14 (SE)	0.8	0.9	0.9	0.8	0.6
Births per 1,000 Females 15-19	48.8	47.6	41.3	58	40.7
Percent of Repeat Births to Mothers 15-19	0	0	0	0	0
Enteric Diseases Rate per 100,000	41.7	86	41.7	43.4	50.7
Enteric Diseases Rate per 1,000 Children Under 6	1.9	4	1.5	2.3	2.5
AIDS Cases per 100,000	27	31.4	23.2	22.7	25
Chlamydia Rate per 100,000	520.3	676.3	515	398.3	376
Congenital Syphilis Cases (SE)	2	2	0	0	18
Tuberculosis Rate per 100,000	5.7	11.3	7.8	3.6	5.1
Percent of Low Income Persons With Access to Preventive and Restorative Dental Care	25.5	33	27.1	27.8	28.7
Smoking Attributable Mortality Over Age 35, per 100,000	0	0	0	0	0
Years of Potential Life Lost per 100,000 Under 75 Years of Age	8,027.90	9,174.20	7,061.20	8,620.50	7,825.60
Coronary Heart Disease Age-Adjusted Death Rate per 100,000	120.9	116.1	113.1	129.7	108.8

Source: Florida CHARTS

Comparison to Peer Counties

Table 22.
County Death Data Comparison for 2009

Death Indicators	Hillsborough	Duval	Orange	Polk	State
Size / Population of County	1,202,309	908,562	1,115,169	584,978	18,819,000
Deaths from All Causes	9,197	7,102	6,501	5,621	169,854
Age-Adjusted Death Rate Per 100,000	727.7	795	702.3	703.4	656.2
Total Deaths Under 65	2,985	2,544	2,159	1,546	43,905
Percent of Deaths Under 65	32.5	35.8	33.2	27.5	25.8
Infant Deaths	159	111	94	62	1,525
Infant Mortality Rate Per 1,000 live Births	9.5	8.4	6.1	8	6.9
HIV/AIDS Deaths	72	100	62	20	1,232
HIV/AIDS Age-Adjusted Death Rate	5.9	11	5.7	3.9	6.5
Pneumonia/Influenza Deaths	126	169	112	109	2,405
Pneumonia/Influenza Age-Adjusted Death Rate	9.8	19	12.2	13.2	9.1
Cancer Deaths	2,179	1,625	1,605	1,368	40,817
Cancer Age-Adjusted Death Rate	174.3	182.1	172.7	170.8	160.1
Chronic Liver Disease and Cirrhosis Deaths	125	101	74	74	2,361
Chronic Liver Disease and Cirrhosis Age-Adjusted Death Rate	10	10.6	7.3	10	10.2
Chronic Lower Respiratory Disease Deaths	556	418	383	409	10,163
Chronic Lower Respiratory Disease Age-Adjusted Death Rate	44.5	48	43.9	48.3	37.5
Diabetes Deaths	276	251	183	154	4,899
Diabetes Age-Adjusted Death Rate	22.2	28.4	20	19.9	19.1
Heart Disease Deaths	2,152	1,576	1,446	1,446	41,202
Heart Disease Age-Adjusted Death Rate	168.6	177	160.9	170.6	149.8
Stroke Deaths	421	327	293	253	8,385
Stroke Age-Adjusted Death Rate	32.9	36.9	32.7	29.5	30.3
Homicide Deaths	56	117	85	31	1,135
Homicide Age-Adjusted Death Rate	4.6	12.9	7.3	5.8	6.4
Suicide Deaths	180	147	113	81	2,854
Suicide Age-Adjusted Death Rate	14.8	16	10	13.5	14.4
Unintentional Injuries Deaths	603	378	356	295	8,779
Unintentional Injuries Age-Adjusted Death Rate	48.5	41.2	33.4	49.2	42.6
Motor Vehicle Crash Deaths	142	122	124	104	2,601
Motor Vehicle Crash Age-Adjusted Death Rate	11.5	13.1	11.2	17.8	13.6
Alzheimer's Deaths	339	114	182	80	4,613
Alzheimer's Age-Adjusted Death Rate	25.6	13.2	21.3	8.7	15.1

Comparison to Peer Counties

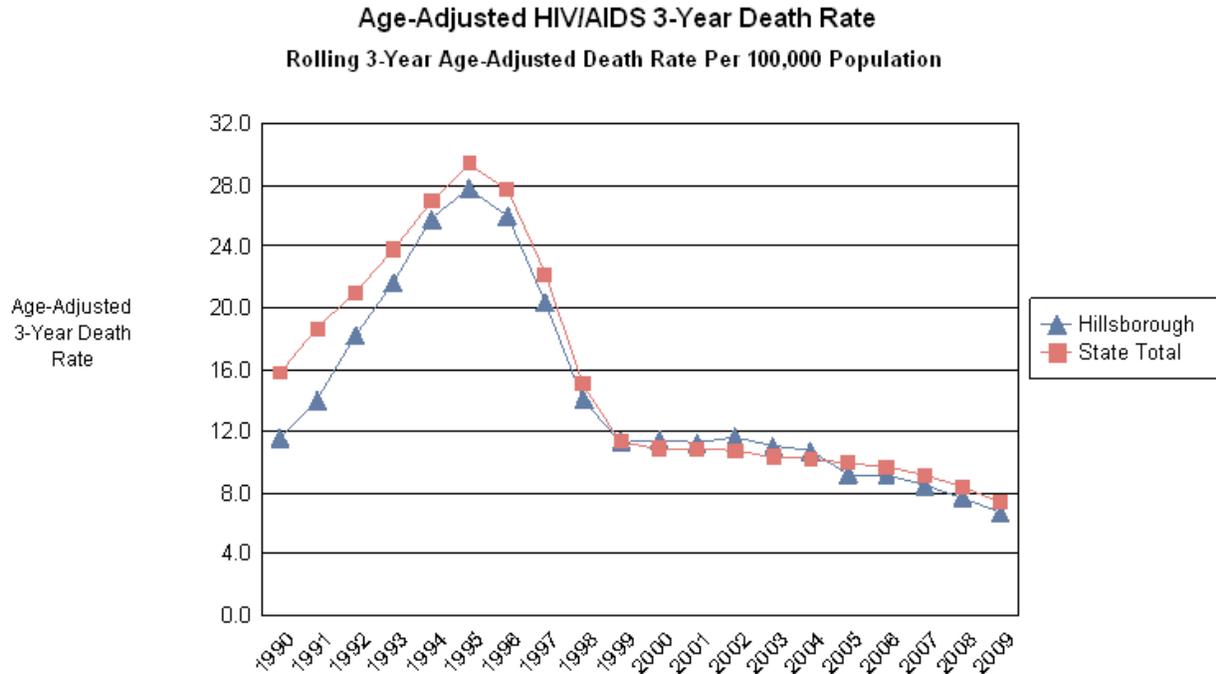
Table 23.
County Births Data Comparison, 2007-2009

Indicators	Measure	Hillsboro.	Duval	Orange	Polk	State
Total Births						
Total Live Births	Per 100,000 Total Population	1,447.8	1,488.5	1,461.6	1,378.6	1,227.6
White Live Births	Per 100,000 White Population	1,342.8	1,333.0	1,319.8	1,273.9	1,103.0
NonWhite Live Births	Per 100,000 NonWhite Population	1,825.9	1,758.8	1,833.4	1,886.1	1,732.1
Births By Age of Mother						
Births to Mothers 15-44	Per 1,000 Females 15-44	68.1	69.2	64.2	76.1	64.9
Births to Mothers 10-18	Per 1,000 Females 10-18	16.6	15.6	14.4	20.1	13.8
Births to Mothers 10-14	Per 1,000 Females 10-14	.8	.7	.8	.8	.6
Births to Mothers 15-19	Per 1,000 Females 15-19	47.9	47.9	40.6	60.7	40.4
Repeat Births to Mothers 15-19	Percent of Teens with Prev. Birth	24.3%	23.8%	22.3%	23.2%	22.7%
Births By Marital Status						
Births to Unwed Mothers	Percent of Total Births	48.3%	47.6%	46.7%	51.1%	46.9%
Low Birth Weight						
Total Live Births Under 2500 Grams	Percent of Total Births	8.9%	9.6%	9.2%	8.4%	8.7%
White Live Births Under 2500 Grams	Percent of White Births	7.4%	7.4%	7.4%	7.2%	7.3%
NonWhite Live Births Under 2500 Grams	Percent of NonWhite Births	13.0%	12.5%	12.6%	12.2%	12.6%
Total Live Births Under 1500 Grams	Percent of Total Births	1.7%	1.9%	1.8%	1.6%	1.6%
White Live Births Under 1500 Grams	Percent of White Births	1.3%	1.2%	1.1%	1.3%	1.2%
NonWhite Live Births Under 1500 Grams	Percent of NonWhite Births	3.0%	2.9%	2.9%	2.5%	2.8%
Prenatal Care						
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	83.7%	72.4%	81.3%	63.5%	77.0%
Births With Late or No Prenatal Care	Percent of Births With Known PNC Status	3.7%	7.4%	5.5%	9.8%	5.6%
Infant Mortality						
Infant Deaths	Per 1,000 Live Births	8.7	9.1	7.5	8.1	7.1
White Infant Deaths	Per 1,000 White Live Births	5.6	6.4	4.7	6.7	5.2
NonWhite Infant Deaths	Per 1,000 NonWhite Live Births	16.7	12.6	12.5	12.7	12.0
Total Neonatal Infant Deaths	Per 1,000 Live Births	6.1	6.0	5.0	4.7	4.5
White Neonatal Infant Deaths	Per 1,000 White Live Births	4.1	4.2	2.9	3.9	3.3
NonWhite Neonatal Infant Deaths	Per 1,000 NonWhite Live Births	11.4	8.4	8.9	7.4	7.6

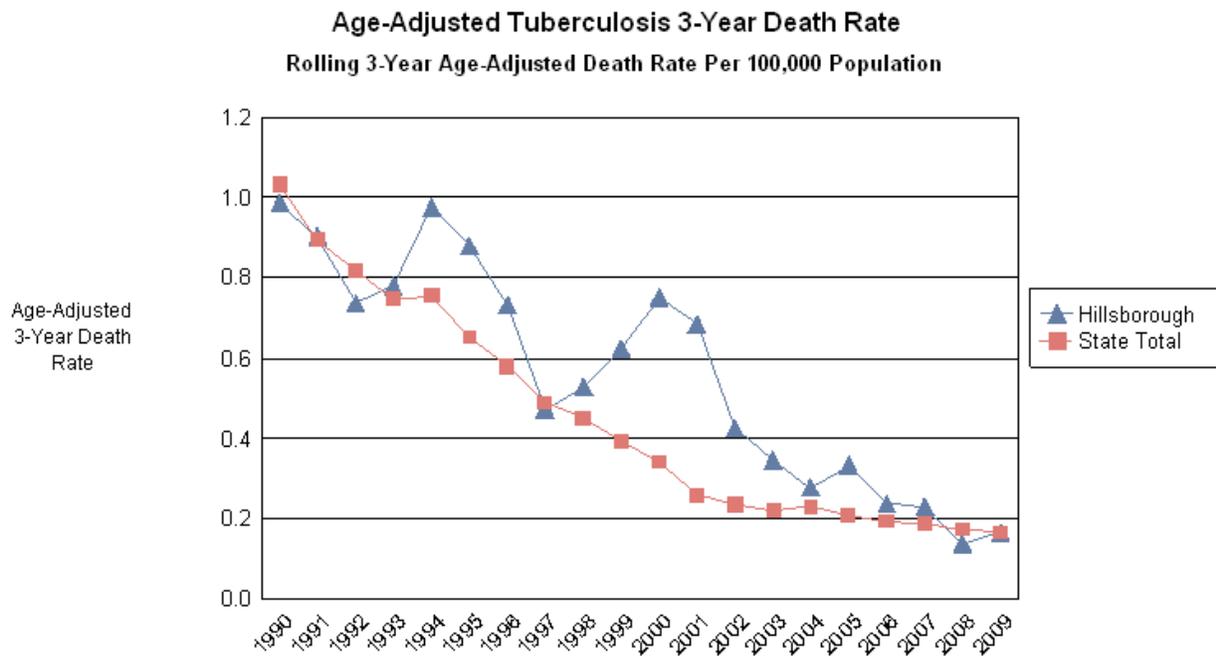
Source: Florida CHARTS

Mortality Trends in Hillsborough County

A number of selected mortality trends have been included to highlight some areas of great improvement, and those areas that need continued vigilance and increased intervention efforts.



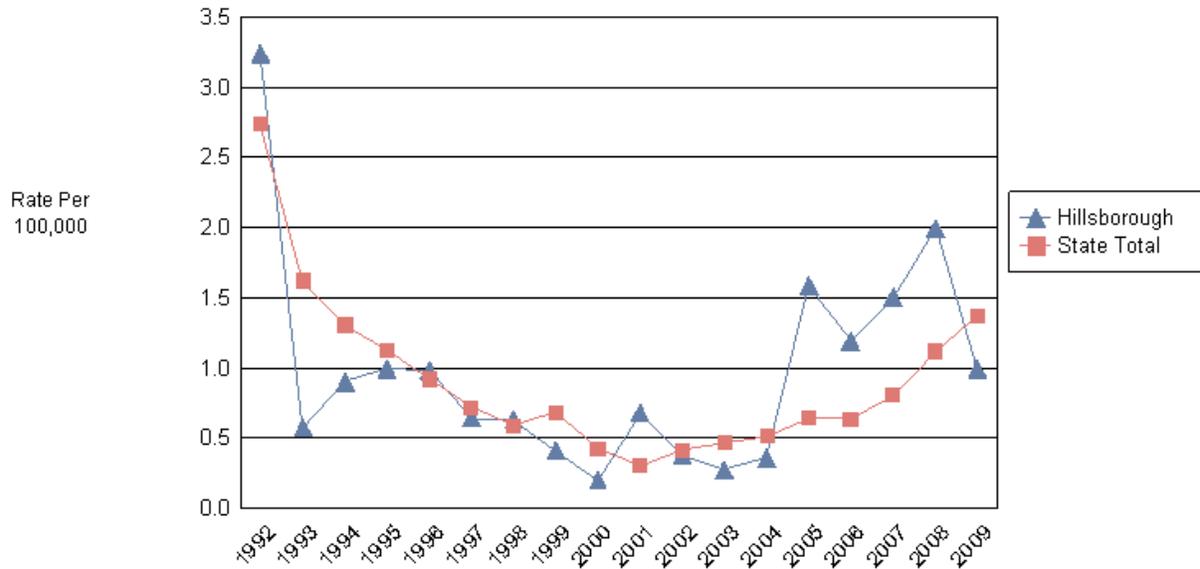
Source: Florida CHARTS



Source: Florida CHARTS

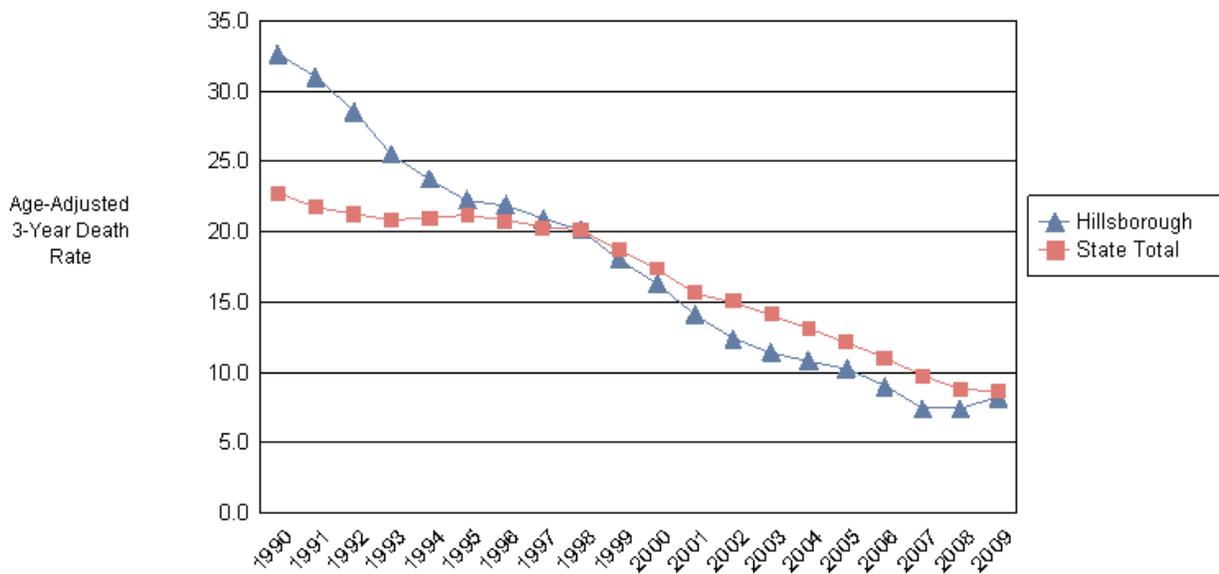
Mortality Trends in Hillsborough County

Vaccine Preventable Disease Rate For Vaccine-targeted Age Groups
Single-Year Rate Per 100,000 Population



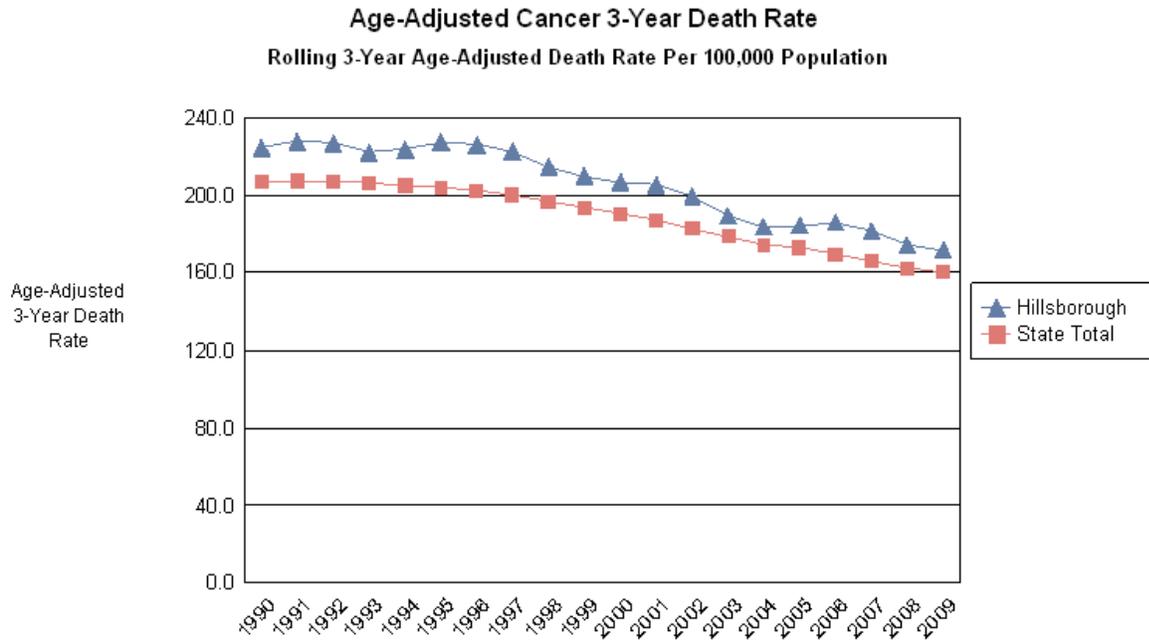
Source: Florida CHARTS

Age-Adjusted Influenza & Pneumonia 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population

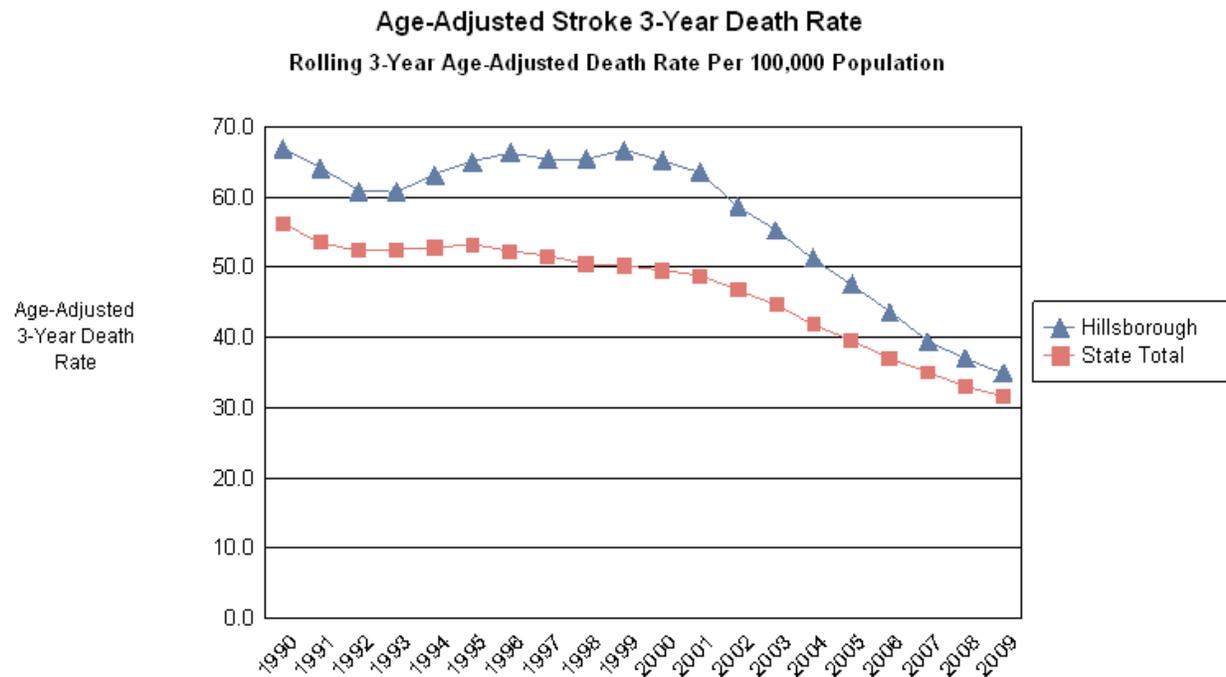


Source: Florida CHARTS

Mortality Trends in Hillsborough County



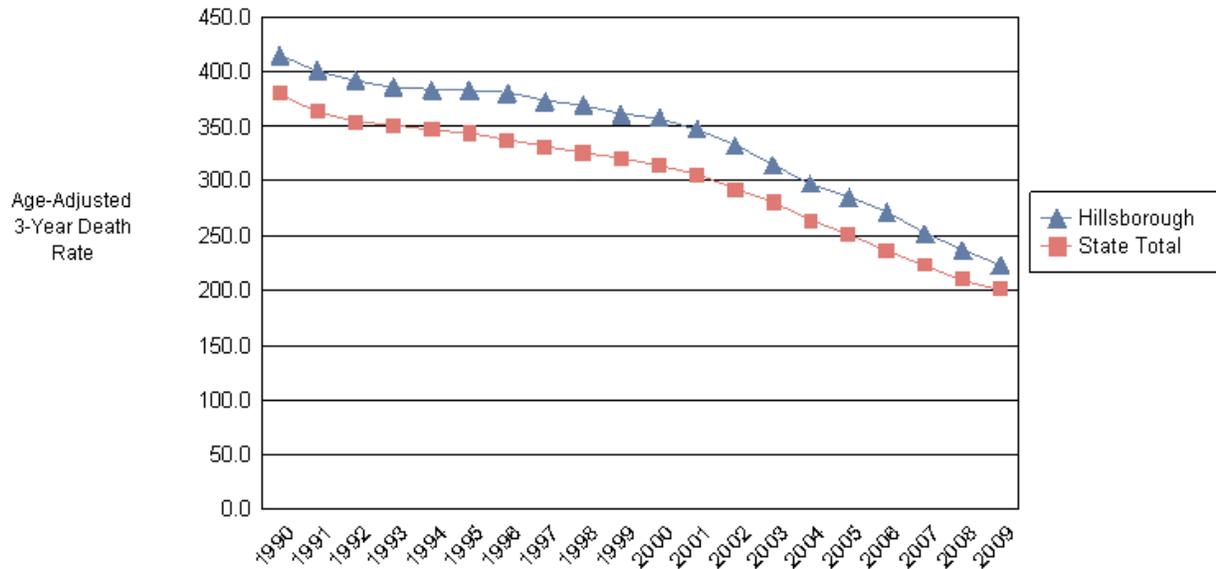
Source: Florida CHARTS



Source: Florida CHARTS

Mortality Trends in Hillsborough County

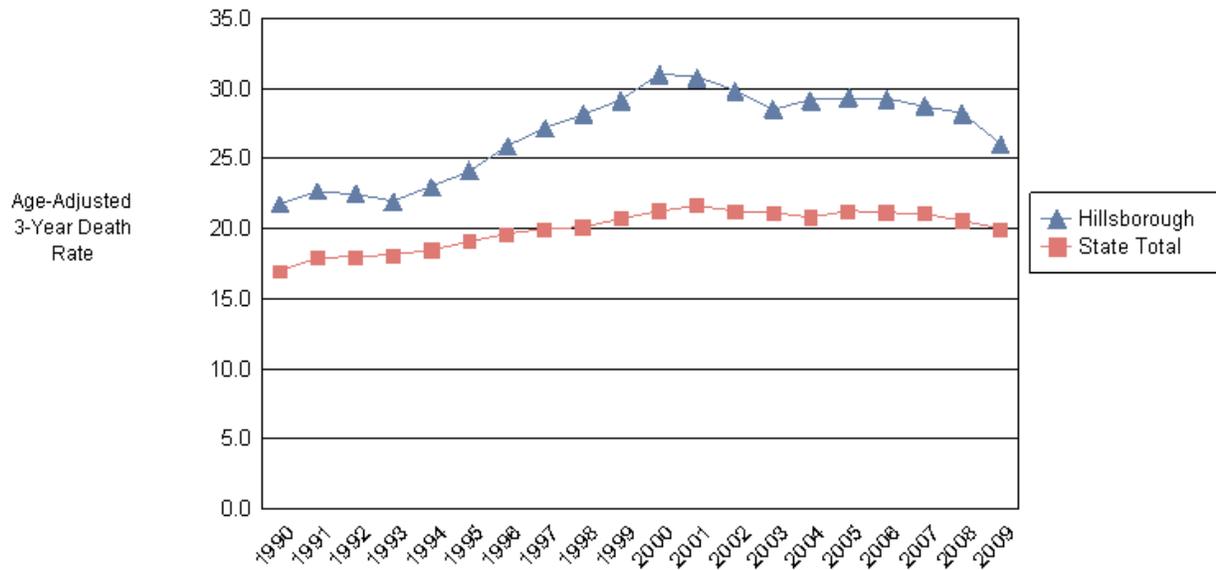
Age-Adjusted Major Cardiovascular Diseases 3-Year Death Rate
 Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

Age-Adjusted Diabetes 3-Year Death Rate

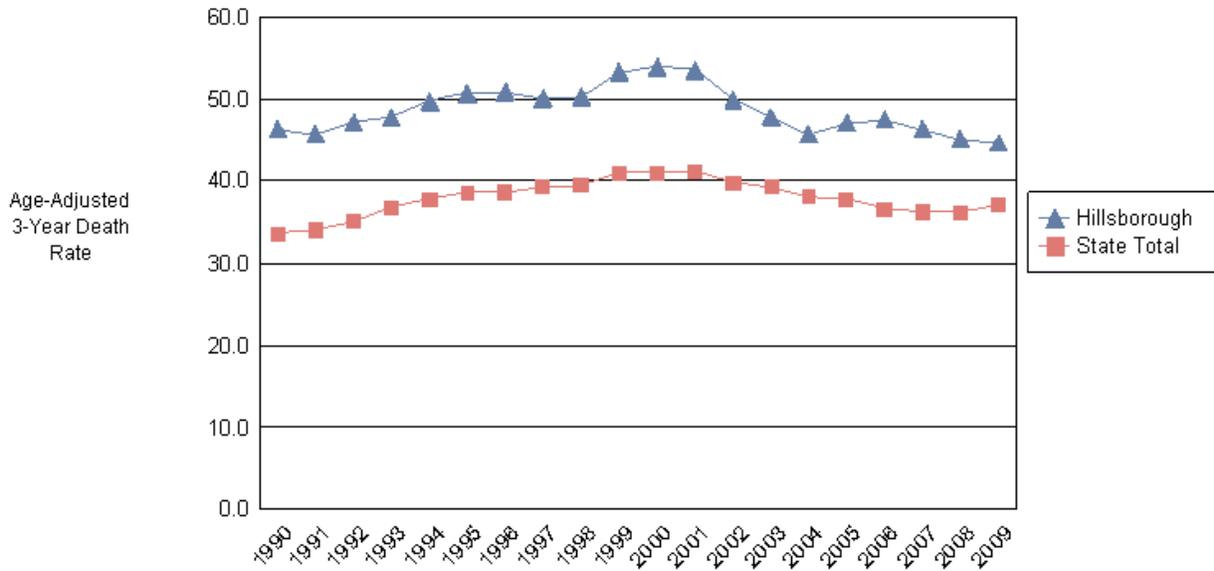
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

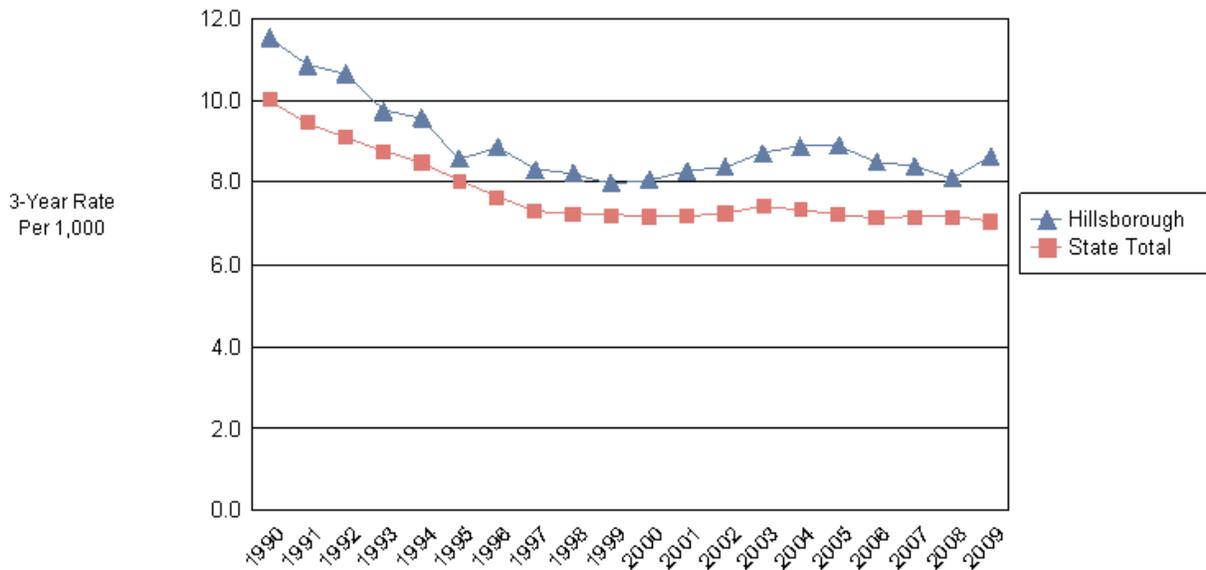
Mortality Trends in Hillsborough County

Age-Adjusted C.L.R.D. (including Asthma) 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

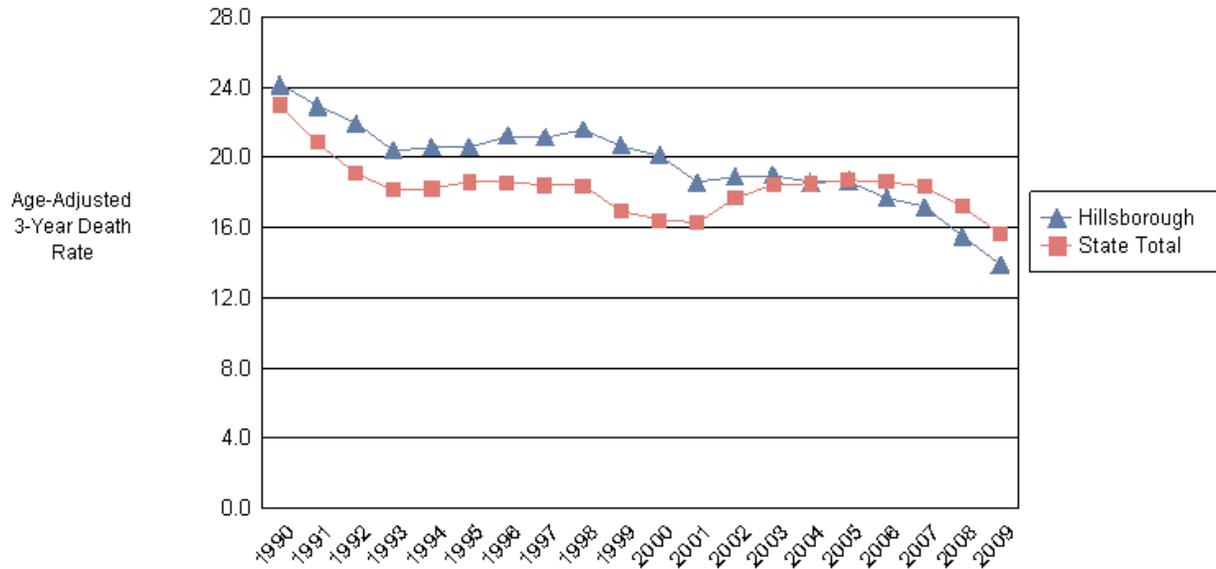
Total Infant Mortality
Rolling 3-Year Rate Per 1,000 Live Births



Source: Florida CHARTS

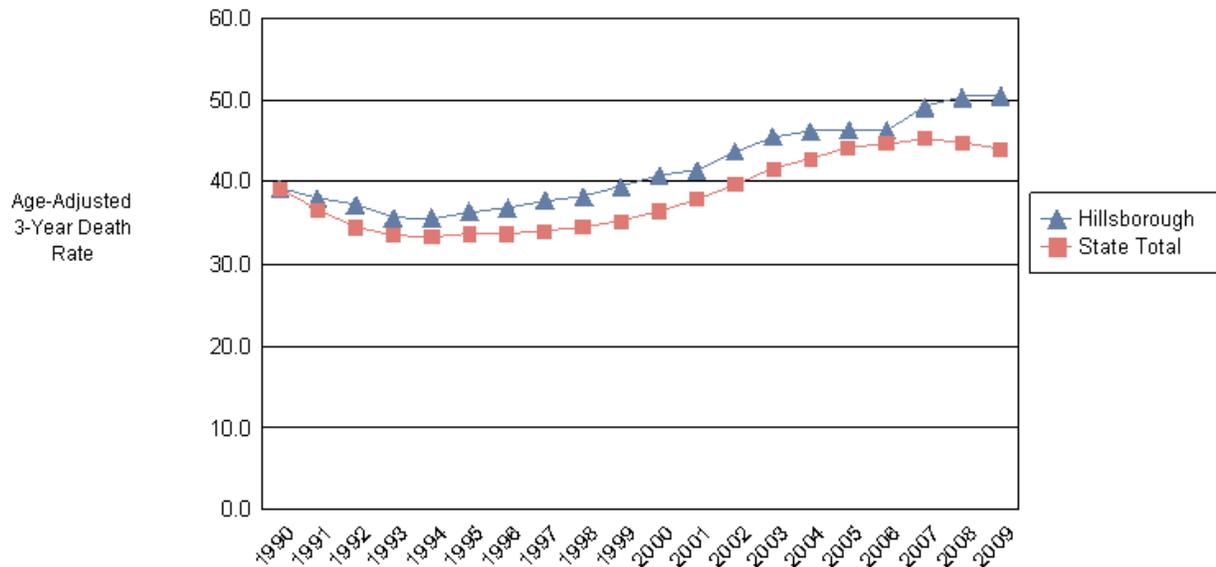
Mortality Trends in Hillsborough County

Age-Adjusted Motor Vehicle Traffic Crashes 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



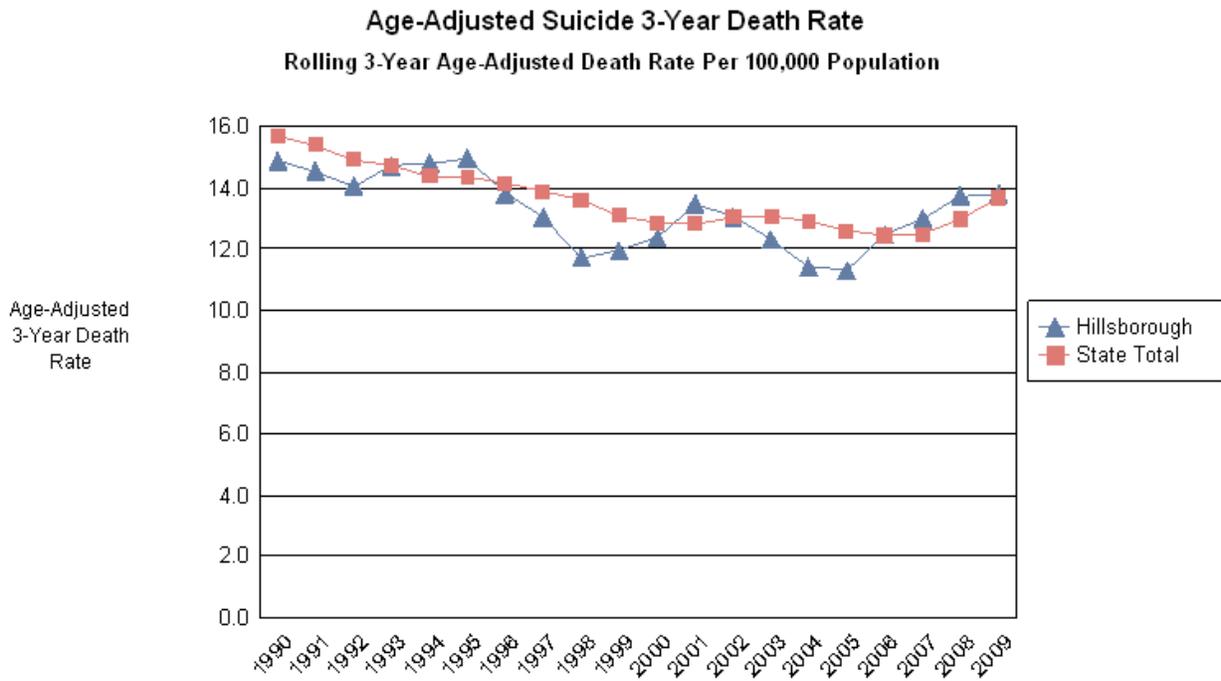
Source: Florida CHARTS

Age-Adjusted Unintentional Injury (Accident) 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population

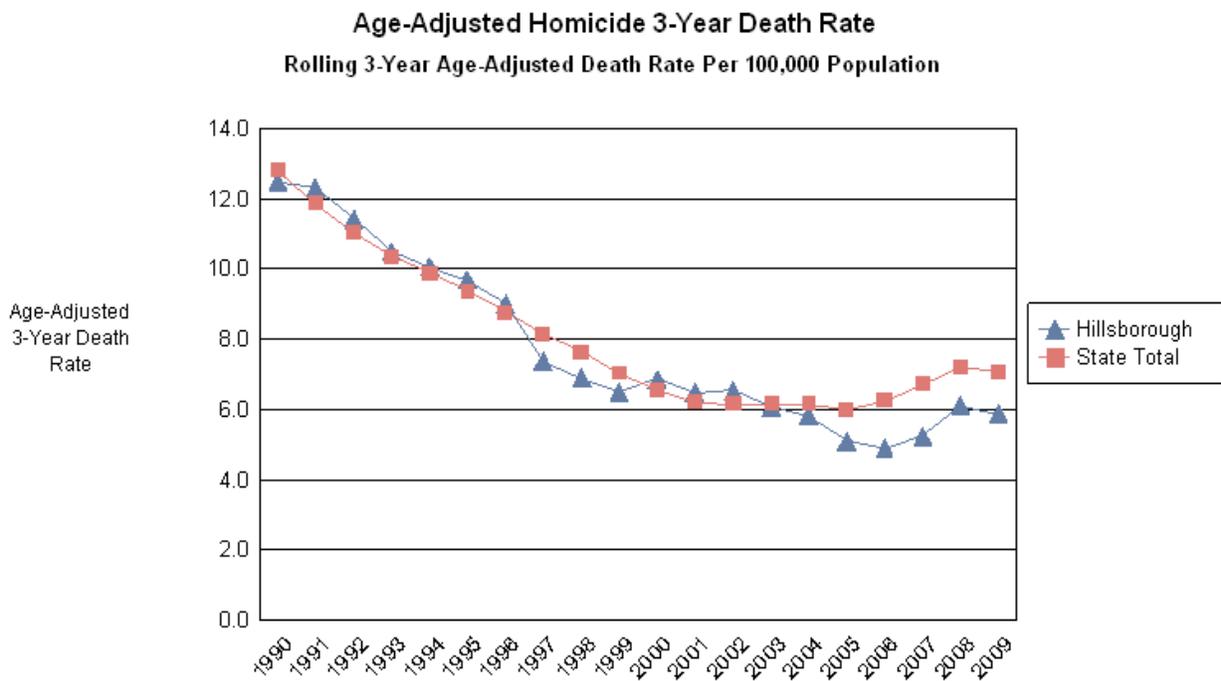


Source: Florida CHARTS

Mortality Trends in Hillsborough County



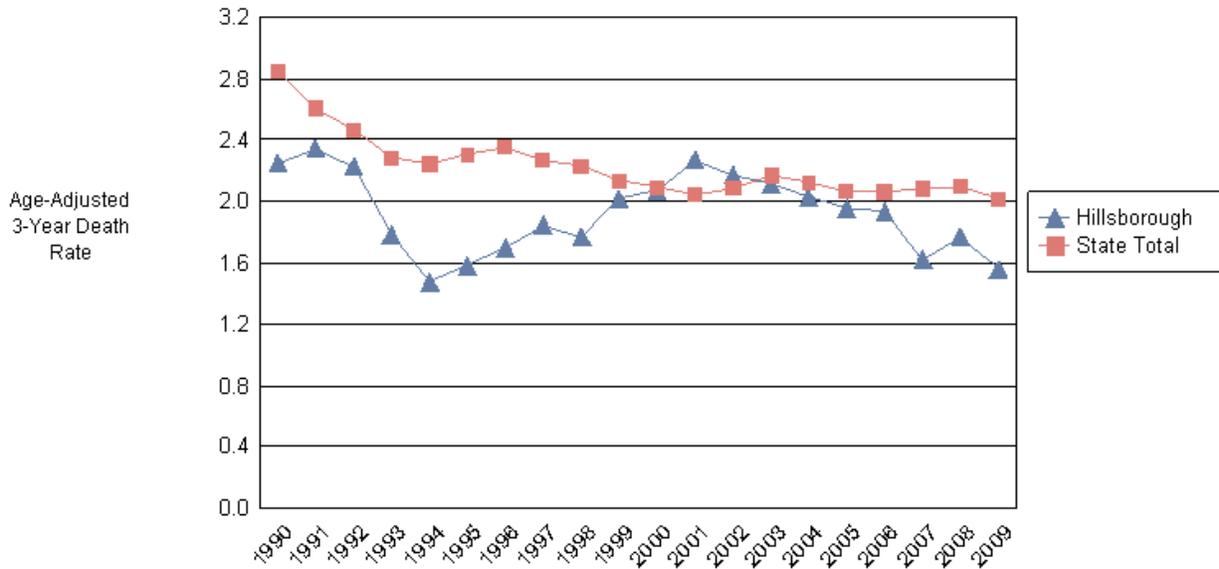
Source: Florida CHARTS



Source: Florida CHARTS

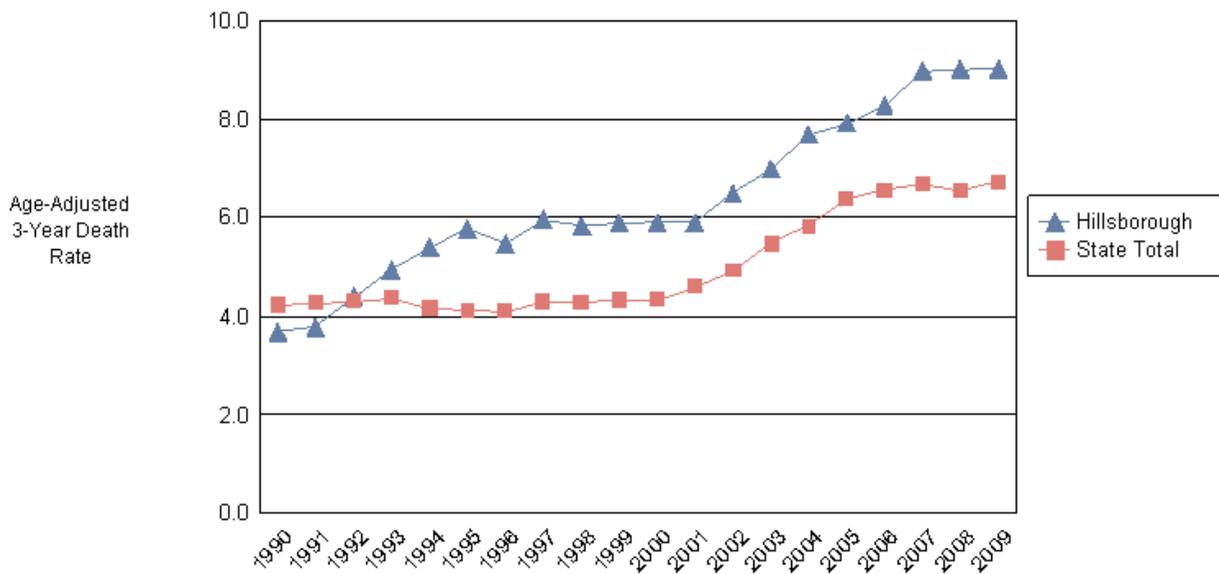
Mortality Trends in Hillsborough County

Age-Adjusted Unintentional Drowning 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

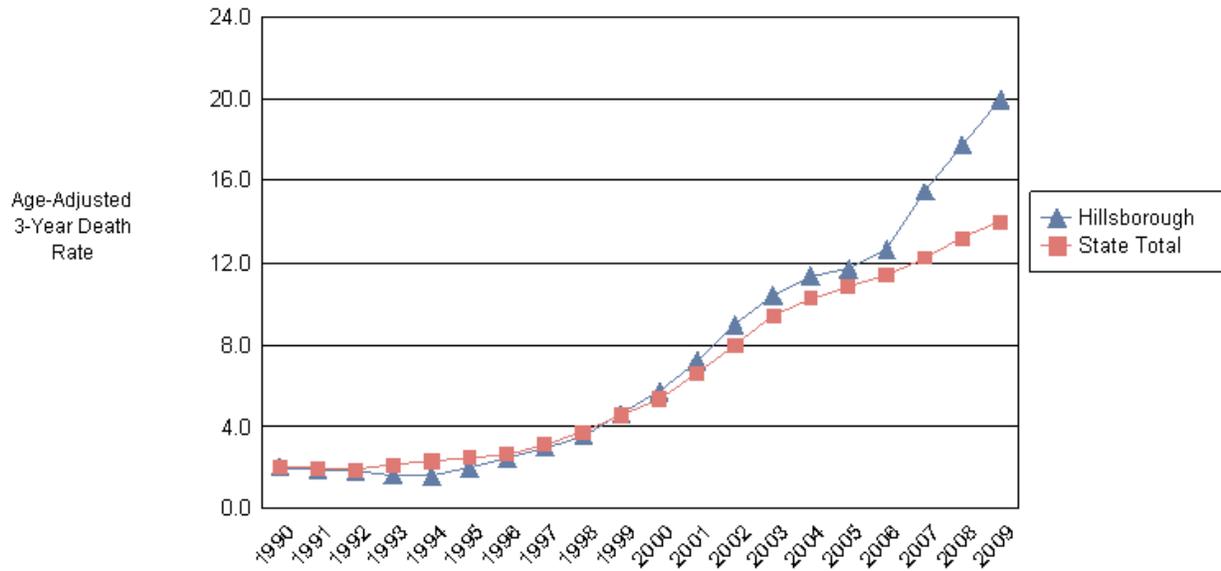
Age-Adjusted Unintentional Falls 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

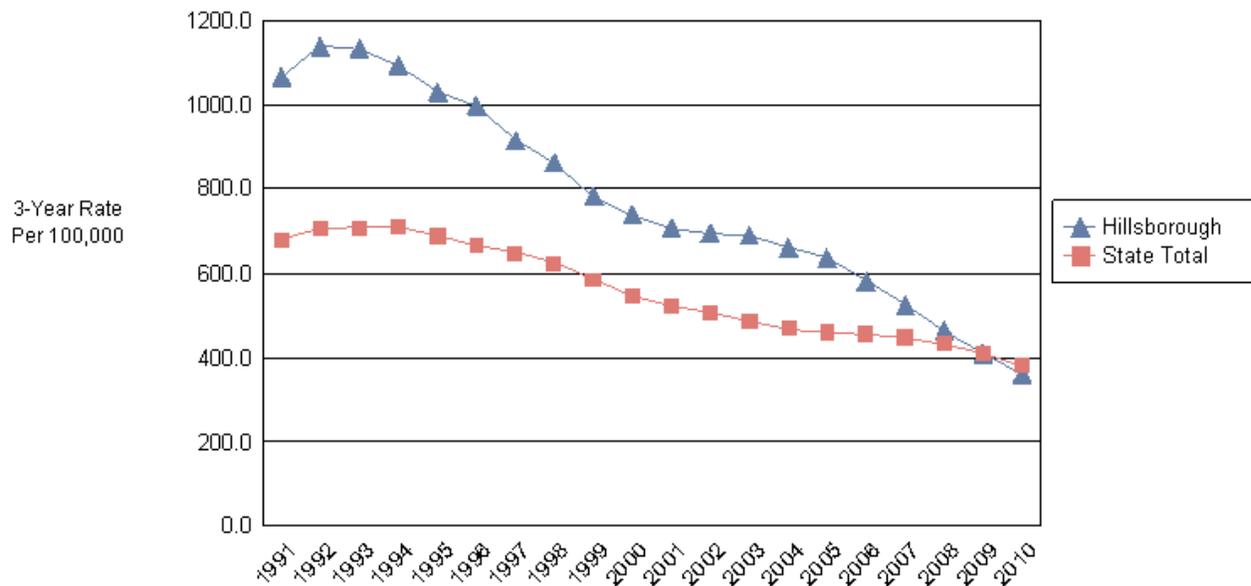
Mortality Trends in Hillsborough County

Age-Adjusted Unintentional Poisoning 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS

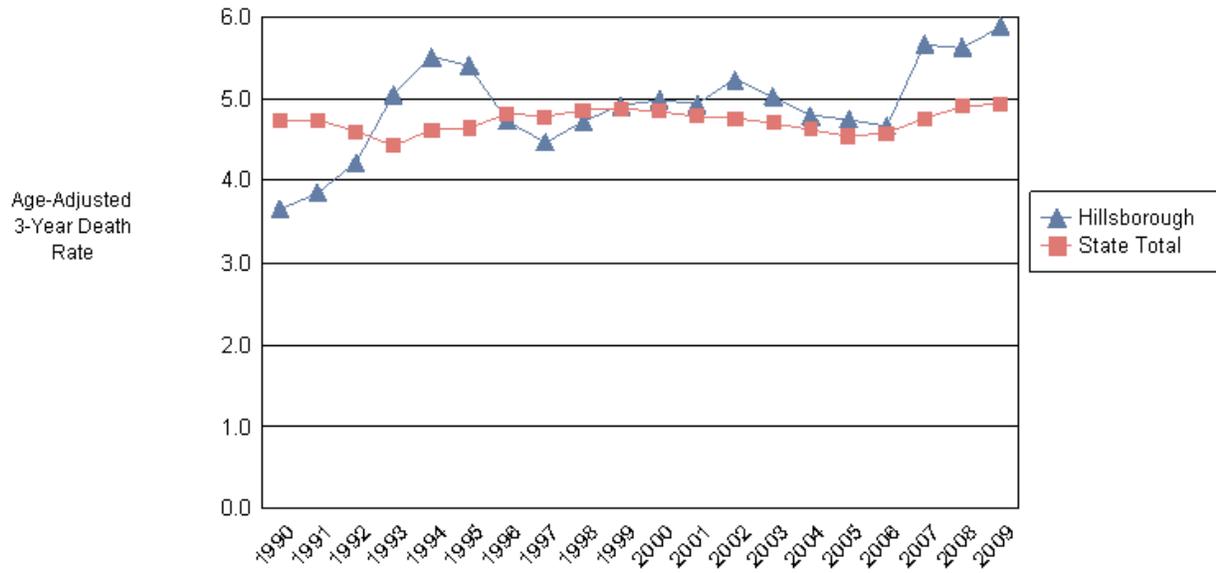
Aggravated Assault
Rolling 3-Year Rate Per 100,000 Population



Source: Florida CHARTS

Mortality Trends in Hillsborough County

Age-Adjusted Alcoholic Liver Disease 3-Year Death Rate
Rolling 3-Year Age-Adjusted Death Rate Per 100,000 Population



Source: Florida CHARTS



Community Health Improvement Plan

Following implementation of the National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP) assessments, the Hillsborough County Health Department convened a broad group of system partners in a day long session to:

- Inform stakeholders
- Engage stakeholders in setting priorities
- Gain collaboration in initiating steps towards a community health improvement plan

The morning session was focused on presenting health indicator data and discussing health, social, and economic issues in the county. A presentation on the regional perspective was provided by One Bay Healthy Communities. This allowed attendees to view Hillsborough County in the context of our regional setting and compare the indicators of neighboring counties.

The afternoon was focused on identifying priorities. Broad priority areas included:

- Obesity
- Chronic diseases
- Communicable diseases
- Injury and violence
- Access to healthcare
- Social and mental health
- Physical environment
- Maternal and child health

Six work groups were later established and the priorities were narrowed down based on feedback from partners. Each work group met a number of times in person and by conference calls to develop a community health improvement plan for the area of focus. All work groups in their initial meetings had an opportunity to thoroughly explore relevant data, and discuss assets and gaps before preparing a plan.

The Hillsborough County Health Department is grateful to the organizations and individuals (Appendices) who donated their time to make this planning process a success. Partners were committed to the process and to the future work that needs to be done to ensure that county residents will benefit from this initiative.

Community Health Improvement Plan

Priority Area: Maternal and Child Health					
Community Status:					
<ul style="list-style-type: none"> ● Highest 3-yr rate of nonwhite live births under 1500, 2500 grams. ● Highest 3-yr rate of nonwhite infant deaths. ● Highest 3-yr rate of births with first trimester prenatal care. ● Teen pregnancy rates higher than Florida and US rates 					
Goal: Raise awareness on infant mortality and morbidity as important health issues in Hillsborough County					
Objective: Results from the next MAPP Community Health Survey (2015), will demonstrate that > than 3.8% of residents understand and have awareness on the incidence and impact of poor birth outcomes and the link between birth outcomes and the general health & wellbeing of the community and its residents.					
Baseline: In the HCHD 2010 Community Themes and Strengths survey only 3.8 % of respondents selected infant death as an important health problem. It was not in the top 10 but at the bottom, 20 th of 21 in a list of important health issues.					
Target: Increase percentage					
Strategy: Social Marketing, Advocacy, Education					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Support system partners in their efforts to implement evidence-based interventions to reduce poor birth outcomes.	HCHD	Leadership and staff time	Healthy Start Reach Up CMS Children's Board, Early Steps, March of Dimes	-Participation in Healthy Start, Reach up and other partner meetings. -Provide RFP letters of support for partners as appropriate. -Provide financial support when available from HCHD grant efforts.	2011 – 2015
Conduct focus groups with community	HCHD	Staff, interns, preceptors	USF & UT Community Health Nursing Program COPH	Perceptions and how to target message to the community	Aug 2011 - Aug 2012
Use results from focus group to identify priority issues	HCHD	Staff, Students, interns, preceptor	USF, Maternal & Child Health MAPP Partners	Identified list of specific issues that need to be targeted	Dec 2012
Determine if resources are available to develop and implement a social marketing campaign	HCHD	TBD	TBD	Funding for social marketing campaign	Dec 2012
Develop and implement a social marketing campaign	HCHD	TBD	TBD	Social marketing campaign	TBD

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop resource guide for partners? Check to see if this is available first	HCHD	TBD	TBD	Website with list of all resources available to residents of the community and it's impact on community	TBD
Evaluation & Review results for pertinent issues to address in a new CHIP	HCHD	Staff		Survey results from 2015 MAPP	2015

Community Health Improvement Plan

Priority Area: Obesity					
Community Status: <ul style="list-style-type: none"> 34.7% of Hillsborough County Residents are obese in 2009 which is a significant increase from 24.9% in 2007. Source: BRFSS 2007-2009					
Goal: Reduce prevalence of obesity in Hillsborough County					
Objective: Create and implement a social marketing campaign that increases self awareness of negative consequences of being overweight/obese among a selected population of Hillsborough County residents by December 2012					
Strategy: Social Marketing					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Select target group	Obesity Committee	School district area data with highest numbers of obese children, committee time	Obesity Committee, HC School District	Target group identified	May 2011
Identify and partner with social marketing expert	Obesity Committee	Committee Time	USF, UT, HCC, Arts School Bay News 9 Channel 32	Partnership with social marketing expert	Jun 2011
Develop a message	Social marketing expert, Evaluation Expert	Data, Community Feedback, Committee Time, Social Marketing Expert	Community Organizations, Social Marketing Expert	Message	May 2012
Create pre/post test for message	Social marketing expert and team, Evaluation Expert	Message, Social Marketing Expert	Community Organizations, Social Marketing Expert, Evaluation Expert	Evaluation tool (pre/post test)	Jun 2012
Implement Campaign	All stakeholders	List of community resources, Funding, Media Partners, Print or other media partners	Community Organizations, Print or other media partners, Evaluation Expert	Social Marketing Campaign/Materials	Dec 2012
Evaluate social marketing campaign	Social Marketing Expert, Evaluation Expert, Obesity Committee	Target group, Evaluation Tool Results,	Community Organizations	Results from Evaluation	Mar 2013

Community Health Improvement Plan

Priority Area: Communicable Diseases					
Community Status:					
<ul style="list-style-type: none"> Inadequate reporting by providers 					
Goal: Improve surveillance of communicable diseases in Hillsborough County					
Objective: Improve provider reporting by 25% among clinical practices for all reportable infectious diseases by 2015					
Current Measure/Level of Reporting: TBD					
Strategy: Promote					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Identify doctors who are routinely testing for reportable diseases	HCHD Epidemiology, Disease Control	Time, data	None	List of doctors needing updates on disease reporting	Aug 2011
Prepare packet & train staff and/or volunteers	Epidemiology & Disease Control	Epidemiology/Disease Control staff time	Volunteer healthcare professionals, Crisis Center	Staff and volunteers ready to deploy	Nov 2011
Provide information necessary to clinical practices on disease reporting through multiple types of avenues	Epidemiology & Disease Control Possibly LDO	Copies of Reportable Disease posters, documents, disease codes etc.	Community Partners for Beta Testing, Volunteer healthcare professionals, Crisis Center (link to Health Professions Students), USF Student Health Services	Clinical practices are educated Clinical practices are reporting	Ongoing until 2015 (Evaluate annually in Jan-Feb)
Provide information to healthcare providers about HCHD follow up protocol	Epidemiology & Disease Control Possibly LDO	Time, staff, volunteers, in-county travel	Volunteer healthcare professionals, Crisis Center, USF Student Health Services	Clinical practices understand HCHD follow up protocol	Ongoing until 2015 (Evaluate annually in Jan-Feb)
Evaluation	Epidemiology & Disease Control	Time and personnel for evaluation	Community Partners (for Beta Testing), LDO	Feedback	Annual Evaluation & Ongoing Qualitative Evaluation of Educational Component

Community Health Improvement Plan

Priority Area: Chronic Diseases					
	Hillsborough County		Florida State		
Population affected by diabetes	11.8%		10.7%		
Diabetes related hospitalizations	2401 per 10,000		2083 per 10,000		
<i>Blacks have twice the mortality rates of whites when it comes to Diabetes</i>					
Goal: Reduce disparities in Diabetes Hospitalizations and Deaths among vulnerable populations by first understanding community needs and assets.					
Objective: Determine availability of diabetes management/education for those at risk or diagnosed with the disease and initiate plans to improve access and availability by December 2013.					
Strategy: Research					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop project requirements for an internship	HCHD	Local academic institutions staff time	USF, UT, VA Dietetic Internship, Pasco/State Dietetic Internship	Student project requirements developed	Sep 2011
Interview and select student to evaluate diabetes management/education availability and capacity Hillsborough County	HCHD	Staff time	USF, UT, VA Dietetic Internship, Pasco/State Dietetic Internship	Student intern is selected	
Monitor student progress and provide guidance on project	HCHD	Staff time, student time, preceptor	Student's academic institution	Student produces final report with recommendations on diabetes management capacity	Dec 2012
Student presents results to Chronic Disease Committee	Student, HCHD	Staff time, student time, meeting space, presentation tools	Chronic Disease Committee	Presentation	Dec 2012
Chronic Disease Committee develops CHIP based on results and needs identified that will impact hospitalization and deaths.	Chronic Disease Committee	Committee time, meeting space	Chronic Disease Committee, Community Leaders	CHIP developed based on results	Dec 2013

Community Health Improvement Plan

Priority Area: Injury and Violence					
<p>Community Status:</p> <ul style="list-style-type: none"> Hillsborough County suffers disproportionately from unintentional injuries, with a County Adjusted Death rate of 50.74 compared to the state rate of only 44.17, putting it as third leading cause of death countywide and the number one cause of death for those 15-54 (Vital Statistics, 2011 for 2008 data) Hillsborough County's number of suicides is double (N=168) that of homicide (N=80) for all ages (Data Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database, 2011) 					
<p>Goal 1: Support and further the work of the Hillsborough Prevention Collaborative in addressing common root problems leading to disparities in injury and violence in our county.</p>					
<p>Objective: A. Integrate the Hillsborough County Health Department as a member agency in the Hillsborough Prevention Collaborative by having a Health Department representative actively participate by December 2011.</p>					
<p>Strategy:</p> <ol style="list-style-type: none"> Share the data and Stakeholder priorities that emerged from the CHIP process with the Hillsborough Prevention Collaborative members. Assist the Hillsborough Prevention Collaborative with their on-going Needs Assessment process, reflecting the high priority given to injury and violence prevention across the life-span as a priority in public health. 					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
1. Meet with the Hillsborough Prevention Collaborative and present on the CHIP, looking for points of common interest	Laura Chan, DOH Consultant Alayne Unterberger	Handouts: 1. Data gathered to date 2. Working document and minutes from CHIP meetings to date	Stakeholders already identified and new stakeholders from Sherriff's Office, School System, domestic violence service providers, elder abuse providers, substance abuse providers, etc.	Begin a working relationship with the Hillsborough Prevention Collaborative Set a meeting between CHIP and Needs Assessment Committee of the Hillsborough Prevention Collaborative	Jul 2011
2. Meet with the Needs Assessment Committee of the Hillsborough Prevention Collaborative	Consultant Alayne Unterberger DOH Representative	Handouts: Data gathered to date Working document and minutes from CHIP meetings to date Professional: Expertise on needs assessment and data collection	Stakeholders already identified and new stakeholders from Sherriff's Office, School System, domestic violence service providers, elder abuse providers, substance abuse providers, etc.	Meet with Needs Assessment Committee of the Hillsborough Prevention Collaborative * Data sharing * Priority setting by group, age, vulnerability * Completion of Needs Assessment Phase * Planning Document as a blueprint for prevention of injury and violence	August 2011 and on-going

Community Health Improvement Plan

Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *					
Strategy 1: Build capacity of medical personnel to address issues of injury and violence and make necessary referrals to community agencies, including 2-1-1, beginning in 2012 and continuing through 2016.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
1. Recommend and advocate for a comprehensive “clearinghouse” of services for referrals for intentional (suicide, domestic violence, rape, elder abuse, child abuse) and unintentional (poisonings, falls) injuries that includes 2-1-1 and key stakeholders	Hillsborough Prevention Collaborative	Time to review and update 2-1-1, including establishing new linkages as needed Personnel to work on the process Funding to publish compendium	Crisis Center 2-1-1 Staff will need to be involved in this step Domestic violence agencies and other agencies who should be included as partners (Spring, Elder Affairs, Child Abuse Council, MHC, Poison Center)	Updated compendium: Online: 2-1-1 and links 2-1-1 (phone) Print (for medical personnel)	Aug 2011 – Mar 2012
2. Assemble all existing trainings on topics of injury and violence that agencies already provide in Hillsborough County and create a list of “Social Injury Education and Training” Resources * indicate CEUs * indicate cost	Prevention Collaborative Trainers from Spring, BayCare, ElderAbuse, CAC, Crisis Center Hillsborough Prevention Collaborative CHIP Members	Time Trainers Printing and mailing resources	Health care systems that are either private or public, including hospitals, federally funded health centers and clinics	Social Injury Education Program that can be used for CEUs and delivered in one or two sessions, depending upon the audience	Pilot in March 2012 Revise as needed, roll out by May 2012

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>3. Develop brief training that can be done by members to medical facilities as an overview of the Social Injury Resources and Awareness Training to include:</p> <p>* Resource Cards (provider tools for easier referrals) * How to Recognize and be an “Effective By-Stander” * Guide on where to get more training</p>	<p>Trainers from Injury and Violence Workgroup</p> <p>Hillsborough Prevention Collaborative</p>	<p>Time</p> <p>Personnel with expertise in training</p> <p>Personnel with expertise in “Effective By-Stander” training</p> <p>Printing and copying of Resource Cards and handouts</p>	<p>Hospital/medical facility trainers and continuing education specialists</p> <p>Crisis Center 2-1-1 Staff will need to be involved in this step</p> <p>Domestic violence agencies and other agencies who should be included as partners (Spring, Elder Affairs, Child Abuse Council, MHC, Poison Center)</p>	<p>Social Injury Resources and Awareness Training Program that could or could not grant CEUs</p>	<p>March 2012</p>
<p>Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *</p>					
<p>Strategy 2: Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained</p>					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>1. Outreach various entities and enter into MOUs for four health care systems to participate in a year-long Social Injury Resource and Awareness Training which will: a) empower providers to better address issues of social injury and b) increase medical centers’ effectiveness</p>	<p>Hillsborough Prevention Collaborative</p> <p>CHIP members</p>	<p>Personnel</p> <p>Marketing materials</p> <p>Time to meet and explain to appropriate health care executives the ROI aspects of the Social Injury Resource and Awareness</p>	<p>Donors and sponsors for food to be served at the training: Panera, Chipotle, etc.</p> <p>Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF</p>	<p>MOU and agreement to participate</p> <p>One system per year: 2012-13 2013-14 2014-15 2015-16</p>	<p>May 2012 – May 2015</p>

Community Health Improvement Plan

Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *					
Strategy 2: Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
2. Sign MOUs with four health care provider networks that allows for us to conduct training, pre/post (as applicable) and data tracking	Hillsborough Prevention Collaborative CHIP members	Provider Agency Personnel authorized to enter into MOUs Trainers Marketing materials	Decision-makers at: Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF	Set schedules per MOU for training for FY 2012-13 FY 2013-14 FY 2014-15 FY 2015-16	May 2012 – May 2015
3. Establish tracking and evaluation systems that are integrated into the Crisis Center’s 2-1-1 and overall program design	Crisis Center 2-1-1 personnel Hillsborough Prevention Collaborative Providers	Point person to enter & manage data Survey Monkey or other on-line survey program Inclusion of tracking on the 2-1-1 site and telephone triage that will reflect that the call was generated by the Social Injury and Violence Program Evaluate through Hillsborough Prevention Collaborative Trainers: Process Measures # Trainings Type of trainings # Providers reached Satisfaction surveys: Optional but recommended * Evaluate trainers * Evaluate content * Evaluate approach * Evaluate decision-makers’ and providers’ perceptions of the value of the training (ROI) Outcome Measures: • Number of 2-1-1 calls • Change via Pre-/Post Test as applicable	Decision-makers at: Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF	Evaluation of the effectiveness of the Social Injury Resource and Awareness Program over five years: Final Report: How well did it work? What parts worked the best? Lessons Learned Recommendations for future?	Tracking system piloted in 2012 Finalized at year 1 Data collected and analyzed by December 2016
* Note: Objective B is a proposed intervention, based on participant feedback to be shared with the collaborative. Implementation is pending acceptance by the Prevention Collaborative					

Community Health Improvement Plan

Priority Area: Social and Mental Health of children aged 0-5					
Goal: Every child living in Hillsborough County, by the time they are entering Kindergarten, will achieve and maintain a sense of worth, connection and the ability to contribute.					
Objective: Organize working committee of mental health stakeholders to address social mental health needs					
Strategy: Advocacy					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Meet with leadership of key organizations, as well as community members and parents in Hillsborough County to determine legislative, policy, and funding issues needed to create and implement a system for early childhood mental wellness.	Children's Board of Hillsborough County Parents Family Organizations	Coordinated review of access to local, state, and federal support services for children 0-5	Healthy Start, Head Start/Early Head Start, Children's Board of Hillsborough County (Children's Services Council), Child Abuse Council, Early Childhood Council, Dept. of Children and Families, Hillsborough County Public Schools, Hillsborough County Child Care Licensing, parents, all local hospitals, Early learning Coalition of Hillsborough County	Buy-in from the Hillsborough County community stakeholders. Widespread <i>involvement</i> of organizations, agencies, and community members in this effort; Implementation of <i>resource assessment</i> ; Development of legislative, policy, and funding <i>action plan</i> for Hillsborough County.	1 year

Community Health Improvement Plan

Objective: Develop social marketing campaigns to raise the public awareness of the mental health needs of children birth to age 5 and the consequences of poor social-emotional development.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Promote the infant mental health message to local policy makers.	Children's Board of Hillsborough County Hillsborough County Health Department Parents Family Organizations	Agency Staff Coordinator/ Director of Media Campaign	Appropriate government Public officers	Educate local policy makers about the importance of infant mental health and the importance of early emotional and social development for success in school, adult life and citizenship. Invite local policy makers to visit early childhood programs. Meet with heads of local various government agencies and departments regarding importance of infant mental health services for children and their families. Infuse concepts of infant mental health into existing public awareness campaigns.	1 year

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop public awareness campaigns with a clear, concise and consistent message for Hillsborough County residents (in English and Spanish or other languages) regarding the importance of infant mental health and prevention; and early social/emotional development.	Children's Board of Hillsborough County Hillsborough County Health Department Parents Family Organizations	Agency Staff Coordinator/ Director of Media Campaign	Appropriate Government/Public Officials English and Spanish Public Radio/TV/print/electronic media Community-based agencies Family organizations Local Businesses/Chambers of Commerce Hillsborough County Public Schools teen parenting services Hillsborough County Breastfeeding Task Force Hillsborough County Prevention Collaborative Faith-Based Institutions and Associations	Collaboration with English and Spanish child advocacy programs, press organizations, press clubs, media companies, television and radio station personnel and others to help organize and conduct the media campaigns throughout the Tampa Bay Area. Utilization of culturally and linguistically competent social marketing materials developed through statewide organizations and other reputable organizations. Incorporation of the subject of social and emotional development and healthy relationships into K-12 curricula. Development of print/electronic material in English and Spanish which includes ways to promote early emotional, social and behavioral development. Disseminate materials in appropriate locations to reach targeted group Development of family-centered business practices and strategies to promote the value of family, strong parent-child relationships such as on-site childcare, time for breastfeeding, and providing family leave.	2 years

Community Health Improvement Plan

Objective: Create and support a health care service system that integrates children’s mental health and social development					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Integrate early childhood mental health principles and practices into all programs serving children birth to age 5	<p>Early Childhood Council of Hillsborough County</p> <p>Child Abuse Council</p> <p>Infant Mental Health Committee</p> <p>Early Learning Coalition of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Training of staff and other personnel and community members	<p>Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, subsidized and other early child care and education programs, Pre-Kindergarten, Early Steps (Part C), teen parent programs and other school programs.</p>	<p>Best practice guidelines will be developed to help ensure that social, emotional and behavioral development is promoted.</p> <p>Explore use of “Bright Futures” curriculum and materials; and “EQUIPO” or similar family focused education and training materials</p> <p>Cultural and linguistic competence education and training</p> <p>Providers will use culturally and linguistically competent materials in their screenings and treatment.</p>	3 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Make primary care settings more aware and knowledgeable about the need to identify social, emotional, and behavioral issues in young children (birth to 5) and their families and should be prepared to make referrals for services	Early Childhood Council Parents Family Organizations	Training of medical personnel	Dr. Offices Public Medical Facilities	Best practice guidelines for implementing good infant mental health practices in healthcare will be established. Include infant mental health in continuing education and mandatory training for healthcare professionals. Primary health care settings will use appropriate screenings, assessments and make appropriate referrals for young children and or family members in need of mental health services. Continuing education and mandatory training for healthcare professionals on culturally and linguistically competent care and services.	2 -3 years

Community Health Improvement Plan

Objective: Improve and expand mental health services for children under age 5 with risks, delays or disabilities.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>Improve mental health services provided for children birth to age 5 with special needs. These are typically served by the Department of Health Children's Medical Services (CMS) Early Steps (Part C) service system and the Department of Education Part B service system.</p>	<p>Children's Board of Hillsborough County</p> <p>S Gilyard (Center for Autism and Related Disorder)</p> <p>CMS</p> <p>Infants and Young Children (IYC)/Early Steps</p> <p>FDLRS</p> <p>Parents</p> <p>Family Organizations</p>	<p>Coordinated Training/Resource Review</p> <p>Funding</p> <p>Improved clinic customer service</p>	<p>Funding Agencies</p> <p>Early Childhood Council of Hillsborough County</p> <p>Baby Bungalow (Child Abuse Council)</p> <p>Parents as Teachers (Child Abuse Council)</p> <p>Program Wide Positive Behavior Support (USF)</p>	<p>Increased awareness of how social emotional functioning impacts other areas of functioning and ensure that this area is addressed in evaluation and treatment.</p> <p>Focused therapies and treatment on fostering developmental gains through strengthening the parent/child dyad and the other relationships that the child has with caregivers.</p> <p>Dissemination of best practices and model programs that infuse infant mental health into services for children with delays or disabilities.</p> <p>Continuing education and other infant mental health training opportunities for practicing therapists, teachers and early interventionists.</p> <p>Strategies for improving early identification, referral, and treatment of social, emotional, and behavioral development in children in the Part B program.</p> <p>Provision of mental health consultation to special education teachers working with young children with disabilities and the provision of mental health services to children with disabilities who are experiencing emotional/behavioral problems in the classroom.</p> <p>Continuing education and mandatory training for healthcare professionals on linguistically competent care and services</p>	<p>3 years</p>

Community Health Improvement Plan

Objective: Develop a coordinated system to screen and assess mental health needs for children birth to age 5.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Maintain and expand Hillsborough County's system for developmental screenings, assessments and linkages to appropriate services.	<p>S Gilyard (Center for Autism and Related Disorder)</p> <p>Greg Van Pelt (Early Childhood Council -ECC)</p> <p>Membership of Community Screening Initiative (CSI)</p> <p>Family Support and Resource Centers</p> <p>Early Childhood Council of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Expand ECC/Child Find developmental screening and case management	Early Learning Coalition of Hillsborough County, Hillsborough County Head Start/Early Head Start	<p>Coordinated eligibility requirements and referral procedures for each of the early childhood mental health programs should be understood by community practitioners and stakeholders.</p> <p>Pregnant women and mothers routinely screened for mental health and substance abuse issues and a system should be in place to refer them to services.</p> <p>All pregnant women and mothers who make contact with any child-serving organizations or agencies, or programs should be provided with information and materials on the importance of addressing social and mental health needs</p>	2 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ensure that emotional, behavioral and social development domains are included in screening/assessment tools used in Hillsborough County.	<p>S Gilyard (Center for Autism and Related Disorder)</p> <p>Greg Van Pelt (Early Childhood Council -ECC)</p> <p>Membership of Community Screening Initiative (CSI)</p> <p>Family Support and Resource Centers</p> <p>Early Childhood Council of Hillsborough County</p> <p>Early Learning Coalition of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Review existing instruments employed in the community	Medicaid providers, Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, schools, and other early care and education programs.	Screening/assessment instruments and evaluation procedures include social, emotional and behavioral development. Work with pediatric health care practitioners to improve their ability to identify emotional, behavioral, and social issues in well-child visits and other encounters with the child and family	2 years
<p>Challenges</p> <p>Professionalism in reaching the families</p> <p>Ensuring that services that respond to family needs are culturally and linguistically competent</p> <p>Include social services (e.g. homeless population – families and children)</p> <p>Educate society about the vulnerable population/address the indifference</p> <p>Accessing primary care physicians, networks and associations</p> <p>Involving Planning and family organizations in the all activities</p> <p>Marketing communication must be linguistically competent Spanish/Creole and other languages</p>					

Community Health Improvement Plan

Priority Area: Social and Mental Health					
Goal: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County.					
Objectives: Create a systems approach to improve child/youth social well-being.					
Strategy: Integration of services along the continuum of prevention and intervention					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ongoing integration of training and service awareness for multiple agencies	Children's Committee Hillsborough Local Planning Team	Agency staff Agency technology Agency space	Children's Board of Hillsborough County Crisis Center: 211 Family Justice Center Hillsborough Prevention Collaborative Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Cross agency integration of Children's Mental Health services to include Juvenile Justice and Florida Department of Health	Juvenile Justice Advisory Board Florida Department of Health Hillsborough Local Planning Team	Agency staff Agency technology Agency space	Members of the Juvenile Justice Advisory Board Florida Department of Health Members of the Local Planning Team Hillsborough Prevention Collaborative Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ongoing integration of all youth services to include Juvenile Justice and Florida Department of Health	Juvenile Justice Advisory Board Florida Department of Health Children's Committee	Agency staff Agency technology	Members of the Juvenile Justice Advisory Board Children's Board of Hillsborough County Crisis Center: 211 Family Justice Center Hillsborough Prevention Collaborative Public School	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Defining data to determine impact of social and mental well-being services for youth	Children's Board Department of Juvenile Justice Florida Department of Health Public Schools	Agency staff Agency technology	Florida Futures Hillsborough County: Atlas Hillsborough County School System Public Schools Hillsborough Prevention Collaborative	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Serving families by increasing outreach	Florida Department of Health: WIC outreach representative TANIF-outreach Children's Committee	Agency staff Agency technology	Neighborhood Resource Centers City and County: Parks and Recreation Tampa Housing Authority Parent Teachers Association (PTA) Family and School Support Team (FASST) Federation of Families Neighborhood Associations Churches Young Men Christian Association (YMCA) Hillsborough County Parenting Coalition For the Family Inc. Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Include families at all levels of program services to include Juvenile Justice and Florida Department of Health	Department of Juvenile Justice Florida Department of Health Children's Committee	Agency staff Agency technology	Federation of Families PTA FASST Hillsborough County Parenting Coalition For the Family Inc. Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
<p>Challenges</p> <p>Ensuring that services that respond to family needs are culturally and linguistically competent</p> <p>Ensuring that caregivers and families are engaged and involved throughout service delivery</p> <p>Ensuring that comprehensive family based supports are responsive to identified family needs</p>					

Community Health Improvement Plan

<u>Priority Area: Social and Mental Health</u>					
Goal: To Improve the social and mental health of adults in Hillsborough County.					
Objectives: Integration of behavioral healthcare with primary healthcare by 2014					
Strategy: Form key stakeholders workgroup to identify assets and resources for recommendations for objective and goal					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Create key stakeholder group (CFBHN)	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	Data on Hillsborough County behavioral healthcare providers Data on Hillsborough County primary healthcare providers	Hillsborough County providers of Adult Behavioral and Co-Occurring SA - MH care Hillsborough County federally qualified healthcare Centers Health Dept. Central FL. Behavioral Network HMO's/AHCA	Meetings and forums to obtain community and provider engagement and buy-in	On-going 1 year 2 years 3 years 4 years 5 years
Mapping current resources	-Building collaboration with existing partners. -Substance Abuse and Domestic Violence	Determine what resource mapping has already occurred. Geographic Information System software	Contact local agencies and those that are part of CHIP and determine what is out there. Tampa Family Healthcare Centers Suncoast Community Health Centers Adult Behavioral Healthcare providers	Electronic referral system to 'flag' those needing further referral and assessment	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Key recommendations	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	State and Federal Confidentiality Guidelines and Requirements	State Division of Medical Quality Assurance Key stakeholders	Acceptable guidelines for assessment and referral linkages	On-going 1 year 2 years 3 years 4 years 5 years
Memorandum of Agreement to include public and private providers of primary and behavioral healthcare	County Commissioner Murman Regional Council Chair (Currently, Mary Lunn Urley for Hillsborough County)	Hillsborough County behavioral healthcare providers Hillsborough County primary healthcare providers	Health Dept./CFBHN/ USF/Public Providers/ Private Providers/C 13 Consortium/Acute Care Comm/City, County, State Government	Enhanced and supportive collaborative communication system between behavioral healthcare and primary healthcare	On-going 1 year 2 years 3 years 4 years 5 years
Identify "Champion" to function as legislative liaison	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	Hillsborough County behavioral healthcare providers Hillsborough County primary healthcare providers	Hillsborough County providers of Adult Behavioral and Co-Occurring SA - MH care Hillsborough County federally qualified healthcare Centers Health Dept. Central FL. Behavioral Network HMO's/AHCA	List of Champions that include county commissioners, state legislatures, professional organizations, associations and grassroots agencies	On-going 1 year 2 years 3 years 4 years 5 years
<p>Challenges</p> <p>Need to include/collaborate with agencies that provide Substance Abuse and Domestic Violence</p> <p>Need to find existing structures (word of mouth network to build awareness)</p> <p>Building collaborations with new and existing partners and creating a database of partnerships.</p> <p>Need to find other effective local and national service models</p> <p>Need mechanism to identify new stakeholders due to the fluidity of partners</p>					

Community Health Improvement Plan

<u>Priority Area: Social and Mental Health</u>					
Goal: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County.					
Objectives: Within five years, integrate evidence-based mental health and substance abuse services for older adults into primary care settings					
Strategy: To educate older adults and the primary care system concerning opportunities for integrating care. Develop workgroup of stakeholders to explore implementation of integrated care – mental health, social service, primary care, older adults.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Identify Work Group Members	Representative of Hillsborough County Health Department	Time to contact potential partners and network Written overview to educate potential partners	Adult Protective Services AARP Area Agency on Aging Division of Aging Services Florida Coalition for Optimal Mental Health and Aging Family Nurse Practitioners Physician Assistants Primary Care Physicians DCF-SAMH Florida Council for Community Mental Health Centers Florida Alcohol and Addiction Association FMHI/USF AHCA/Managed Healthcare Central Florida Behavioral Network Attorneys – that work with the elderly Guardianship Assn. Sun City Assn/Professional Organization Grassroots agencies Circuit 6 Regional Council representative (need partners with significant influence e.g. county commissioner/state legislature)	List of committed partners First meeting scheduled and convened by Health Department representative	Months 1-2 On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Work Group Convenes	Health Dept representative Co-facilitator	Meeting space, equipment, supplies Knowledgeable expert on integrated care to provide overview	Previous Potential Partner Listing	Meeting convened, minutes, action plan	Month 3 On-going 1 year 2 years 3 years 4 years 5 years
Explore the models of Behavioral Health and Primary Care Integration	Health Dept representative Co-facilitator	Time to conduct thorough literature review and prepare summaries for group	Previous Potential Partner Listing	Written summary comparing different models of integrated care	Month 4 On-going 1 year 2 years 3 years 4 years 5 years
Develop an Implementation Plan with ongoing Updates and Revisions	Health Dept representative Co-facilitator	Regular meetings with committed partners Identified resources to fund training, implementation, evaluation	Previous Potential Partner Listing	Implementation and evaluation plan	Months 5-12 On-going 1 year 2 years 3 years 4 years 5 years
<p>Assets Identified (List Resources in the community):</p> <p>Local aging service infrastructure and services:</p> <ul style="list-style-type: none"> - West Central Florida Area Agency on Aging - Hillsborough County Division of Aging Services - Florida Coalition for Optimal Mental Health and Aging (Suncoast chapter) - YMCA Silver Sneakers (exercise program for older adults) <p>Local medical associations:</p> <ul style="list-style-type: none"> - Hillsborough County Medical Association (main network for doctors) - Bay Area Medical Association-Dr. Emile Commedore - Hispanic Medical Association (relationship to Tampa Bay Latin American Medical Society?) - Large primary care groups: Florida Medical Clinic, Prime Medical Clinic, Access Medical Centers <p>Existing evidence-based models of integrated care (i.e., collocation of mental health services in primary care), such as IMPACT (http://impact-uw.org/)</p> <p>Major Challenges:</p> <ul style="list-style-type: none"> - Unfamiliar with primary care networks or associations in Hillsborough County (listed above) - Time and resource demands on primary care providers - Acceptance of mental health care by older adults (branding mental health and using other friendly terminology say emotional well being) - Time needed to explore appropriate models of integrated care and develop an implementation and evaluation plan - Upfront resources to train personnel and implement integrated care, including system changes - Impact of funders/partners and other influential entities on CHIP program goals and objectives - Ensuring that identified CHIP goals and objectives are compatible with managed healthcare mission and goals - Finding a common ground between for profit and not for profit providers - Integrating a system of care with older adult services 					

Appendices

Survey Instrument:

Charlie Crist Governor 712	 HEALTH	Ana M. Viamonte Ros, M.D., M.P.H. State Surgeon General
Community Health Survey		
<p>Please take a few minutes to complete the survey below. You must be 18 years or older to complete this survey. The purpose of this survey is to get your opinions about community health problems in Hillsborough County. The Hillsborough County Health Department will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, you do not have to complete another. Remember... your opinion is important! Thank you and if you have any questions, please contact Hillsborough County Health Department, Community Health, (813) 307-8015, ext 7104.</p>		
1. In the following list, what do you think are the three factors that improve the quality of life in a community?		
Check only three (3):		
<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Strong family life	
<input type="checkbox"/> Low crime / safe neighborhoods	<input type="checkbox"/> Healthy behaviors and lifestyles	
<input type="checkbox"/> Low level of child abuse	<input type="checkbox"/> Low adult death and disease rates	
<input type="checkbox"/> Good schools	<input type="checkbox"/> Low infant deaths	
<input type="checkbox"/> Access to health care	<input type="checkbox"/> Religious or spiritual values	
<input type="checkbox"/> Parks and recreation	<input type="checkbox"/> Access to good or reliable health information	
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Disaster Preparedness (example; natural disasters, epidemic)	
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Other: (please specify)	_____
<input type="checkbox"/> Arts and cultural events	_____	_____
<input type="checkbox"/> Affordable Health Insurance		
<input type="checkbox"/> Excellent race relations		
<input type="checkbox"/> Good jobs and healthy economy		
2. In the following list, what do you think are the three important "health problems" in our community? (Those problems which have the greatest impact on overall community health.)		
Check only three (3):		
<input type="checkbox"/> Aging problems (example; hearing/vision loss, arthritis)	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Infant Death
<input type="checkbox"/> Cancers	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Rape / sexual assault
<input type="checkbox"/> Child abuse / neglect	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS)	<input type="checkbox"/> Respiratory / lung disease
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sexually Transmitted Disease (STD)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infectious Diseases (example; hepatitis, TB)	<input type="checkbox"/> Suicide
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Motor vehicle crash injuries	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Firearm-related injuries		<input type="checkbox"/> Other: (please specify)
<input type="checkbox"/> Being Overweight		_____
<input type="checkbox"/> Mental health problems		_____
Which of the three health problems you selected above do you think is the most important?		

What do you think should be done to address this health problem in our community?		

What barriers do you see, if any, in implementing your solution?		

Who in our community needs to be involved in the solution?		

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Appendices



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

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3. In the following list, what do you think are **the three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three (3):

- | | |
|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> Not getting “shots” to prevent disease | _____ |
| <input type="checkbox"/> Racism | _____ |

4. How would you rate our community as a “Healthy Community?”

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

5. How would rate your own personal health?

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

6. What do you think are the three best ways for the Health Department to regularly share health information (e.g. Information on controlling high blood pressure etc)?

Check only three (3):

- | | |
|---|---|
| <input type="checkbox"/> When you visit the health department | <input type="checkbox"/> In a newsletter |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Group in your community (church or social) |
| <input type="checkbox"/> At a health fair | <input type="checkbox"/> At your doctors office |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> On the health department website | <input type="checkbox"/> Other: (please specify) _____ |

7. What do you think is the best way for the Health Department to share information on special events occurring in your community with you?

Check only one (1):

- | | |
|---|---|
| <input type="checkbox"/> When you visit the health department | <input type="checkbox"/> In a newsletter |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Group in your community (church or social) |
| <input type="checkbox"/> At a health fair | <input type="checkbox"/> At your doctors office |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> On the health department website | <input type="checkbox"/> Other: (please specify) _____ |

These last few questions tell us about you. They will be used only to help us understand our population and target information effectively. This information will not be used to identify you.

8. Zip code where you live: _____

11. Ethnic group which you most identify with:

9. Age: 18 - 25

African American / Black

26 - 39

Asian / Pacific Islander

40 - 54

Hispanic / Latino

55 - 64

Native American

65 or over

White / Caucasian

Other _____

10. Sex: Male Female

14. Marital Status: Married Single

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Forces of Change Worksheet:

Florida MAPP Field Guide, Nov. 2008 update

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad, all-encompassing category that includes trends, events and factors.

Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.

Events are one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation.

What Kind of Areas or Categories are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How to Identify Forces of Change

Think about forces of change — outside of your control— that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What factors/characteristics of our jurisdiction or state may pose an opportunity or threat? Please identify several forces you feel are occurring.
6. What may occur or has occurred that may pose a barrier to achieving the cooperative/community wide action?

Also, consider whether or not forces identified were unearthed in previous discussions.

7. What assets in our community do you feel improve our health/keep us healthy?

Using this information, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

Appendices

Focus Group Questions:

Outline for Focus Group

Goal: Answer these questions:

1. What is important in our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?

- I. Introduction
 - a. Overview of the goals of the focus group
 - b. Overview of MAPP process
 - c. Description of community health vs personal health
 - d. Ensure confidentiality of participants
- II. Rapport Building Stage
 - a. Introduction of participants
 - i. Tell us 3 interesting facts about yourself
- III. In – depth discussion
 - a. See below
- IV. Closure
 - a. Summarize conclusions gathered and participants clarify, confirm or elaborate on the information – Laura and Jennifer

In-Depth Discussion Questions

1. What do you believe are the 2-3 most important characteristics of a healthy community? What issues need to be addressed to improve the health and quality of life in our community?
2. What makes you most proud of our community?
3. Are you satisfied with the quality of life in our community?
 - a. Are you satisfied with the health care system?
 - b. Is it a good place to raise children? To grow old?
 - c. Do you feel there is good economic opportunity?
 - d. Is the community a safe place to live?
 - e. Do you feel there are support networks for individuals and families during times of need and stress?
 - f. Does everyone have the opportunity to contribute to and participate in the community's quality of life?
 - g. Do all residents perceive that they can make the community a better place to live?
4. What assets does the community have that can help to improve the health and quality of life? What do you believe is keeping the community from doing what needs to be done?
5. What actions, policy, or funding priorities would you support to build a healthier community? (this might come out in earlier questions)
6. What would excite you enough to become more involved in improving our community? (this might come out in earlier questions)

Appendices

Partner Meetings

National Public Health Performance Standard Program					
Program Manager – 02/15/10 All System Partners – 02/14/10					
Focus Groups					
Abundant Life Church - 09/05/10 Hillsborough County Health Department – 11/02/10					
Forces of Change					
Electronic Brainstorming – 09/08/10 thru 09/27/10					
MAPP Summit					
December 8, 2010					
CHIP Meetings					
<i>Obesity</i>	<i>Commutable Disease</i>	<i>Maternal and Child Health</i>	<i>Injury and violence</i>	<i>Social and Mental Health</i>	<i>Chronic Disease</i>
03/02/11	03/02/11	03/03/11	07/15/11	06/06/11	03/03/11
04/14/11		04/18/11	07/26/11	08/11/11	
07/14/11					



Appendices

MAPP Summit Participants

Vicki Adelson, Hillsborough County Department of Family & Aging Services; Allen E. Mae, Community Advocate; Phil Amuso, FL DOH Bureau of Laboratories; Dr. Deborah Austin, REACHUP, Inc.; Beitia Oriana, Head Start; Berry Lo; Reach Up Incorporated; Bottoms Charles, Tampa Family Health Centers; Denise Box, Amerigroup; Pamela Bradford, UF IFAS Extension; Todd Brushwood, HCHD; Conchita Burpee, Intermix Multicultural Marketing; Sonja Bussell, HCHD; Steve Castonguay, HCHD; Maureen Chiodini, Tampa YMCA; Pamela Church, Amerigroup; Christina Ciereck, HCHD; Faye Coe, HCHD; Lisa Colen, Healthy Start; Lashonda Coulbertson, Moffitt Cancer Center; Blanca Crespo, HCMA Alliance; Bobbie Crowe, CMS/DOH; Sean Dickerson, Moffitt; Martine Dorvil, University Area Community Development Center; Dr. Faith Felder, Tampa Heights Medical Center; Khaliah Fleming, Center of Equal Health - USF; Sonia Franklin, Sisters Network Tampa Bay; Peter Gorski, Children's Board; Dottie Groover-Skipper, Take Charge, Inc.; Cindy Hardy, HCHD; Sophia Hector, HCHD; Lilly Ho-Pehling, Crisis Center of Tampa Bay; Susanne Horn, HCHD; Cindy Hoskings, HCHD; Steve Huard, HCHD; Jacqueline Hunter, UF IFAS Extension; Melody Johnson, Schools; Geraldine Kelly, GK Consulting Services; Robert Kowalczyk, HCHD; Edward Kucher, Tampa Family Health Centers; Linda Lacombe-Williams, HCHD Volunteer; Lynda Leedy, One Bay; Ladonna Lowrey, GK Consulting Services; Deborah Lyublanovits, Crisis Center of Tampa Bay; Andrew Maldonado, HCHD; Christina Mathis, Gulfcoast North AHEC; Anne Maynard, USF Area Health Education Center Program Office; Bevin Maynard, Baycare; Warren McDougale, HCHD; Bonnie McDougale, Tampa General Hospital; Sean McGinnis, Environmental Protection Commission; Charlotte McHenry, West Central Florida Area Agency on Aging; Carlos Mercado, HCHD; Idalin Navejar, Head Start; Walter Niles, Office of Health Equity; Robert Nixon, Shalewa Noel-Thomas, Moffitt; Emily Novicki, HCHD; Lisa Nugent, Healthy Start; Michelle Ogilvie, Hillsborough MPO; Rebecca Olsen, University of Tampa; Linda Paige Linda, Moffitt Cancer Center; Ryan Pedigo, HCHD; Dr. Donna Petersen, USF College of Public Health; Carol Pliska, Suncoast Community Health Centers; Holly Rayko, Holly Wellness – USF; Viviana Reyes, HCHD; Carolyn Riggins, Feeding America Tampa Bay; Dr. Desiree Rivers, Center of Equal Health – USF; Barbara Roberts, HCHD; Kimberly Rogers, HCHD; Dr. Maria Russ, Hillsborough County School District; Crystal Russell, Hillsborough County School District; Lani Steffens, USF; Stephanie Theaker, Tampa Family Health Centers; Sigrid Tidmore, Healthy Together; Geraldine Twine, African American Professional Health Teachers; Daniela Velazquez, The Tampa Tribune; Cone Williams, Center of Equal Health – USF; Maxine Woodside, Tampa Bay Community & Family Development Corp; Mary Yeargan, Environmental Protection Commission; Allison Yeh, Hillsborough County Planning Commission; Cynthia Younger-Lewis; Tampa General Hospital - Florida Poison Information Center; Diane Zanto, USF Student Health Services.

Appendices

Community Health Improvement Plan (CHIP) Work Groups Participants

Chronic Disease Work Group

Dr. Jaime Corvin, USF Health COPH, Professor, Sherry Hoback Tampa Family Health DoN, Walter Niles HCHD OHE Program Director, Christina Mathis GNAHEC Director, Leslene Gordon HCHD, Laura Chan HCHD, Sonja Bussell HCHD LDO (Facilitator), Dr. Richard Rhoetzheim, Professor of Family Medicine, Director of Research – USF, Roberto Ramos Diversity and Inclusion Specialist Moffitt Diversity @ the Moffitt Cancer Center

Communicable Disease Work Group

Michele Wykes (mwykes@crisiscenter.com), Jim Roth, Janet Ashmore, Kimberly Rogers, Warren McDougle, Leslene Gordon

Maternal Child Health Work Group

Anne Maynard USF AHEC, Laura Chan HCHD, Mellita Mills REACHUP, Bobbie Crowe CMS, Maria Russ HC School District, Linda LaComb Williams UT, Neekan Aeini Perinatal Hep B Program HCHD, Dr. Ringenburg HCHD Physician Peds, Lauren Vose Women's Healthcare of Tampa/Hillsborough County Health Department, Suzanne Horne HCHD HCA, John Livingstone Program Director WIC

Obesity Work Group

Dr. Leslene Gordon, HCHD; Cindy Hardy, HCHD; Barbara Roberts, HCHD; Maureen Chiodini (YMCA); Katie Jones, USF Student Health Services; Alicia Rossiter, School Health Services, HC School District; Anne Maynard, USF - AHEC); Blanca Crespo, Hillsborough County Medical Association Alliance.

Social and Mental Health

Walter Niles (Florida Department of Health-Hillsborough County); Ruby Joseph (USF); Brian McEwen (Child Abuse Council); Luz Garay (Familias Latinas dejando huellas); Greg VanPelt (The Early Childhood Council); Shelton Gilyard (Center for Autism and Related Disorder – USF); Laura Rice (Hillsborough County Head Start); Michael Stanislaus (Hillsborough County Head Start; Clarissa Harrington (parent); Peter Gorski (Children's Board of Hillsborough

Appendices

County); Michelle Schumacker (HICI Capp Coordinator); Lisa Tackus (Camelot); Eddie Santiago (Hillsborough County BOCC); Dr. Francine Odio; Ken Gaughan (Hillsborough County School District); Mary Ann Kershaw (Tampa YMCA); Jessie Rogers (Hillsborough Kids); Felicia Wells (Youth Advocate Program, Inc.); Larry English (Federation of Families); Angela Smith; Renee Anderson (Parent/FMHI/USF); Rich Rolfes (Central Florida Behavioral Health Network); Robin Ragan (DCF-SAMH); Gwendolyn Hinson; Ann Doyle (Devereux); Hillary Shaughnessy (Hillsborough Kids); Glorie Singleton (Agency for Persons with Disabilities Suncoast Area 23); Marsha Lewis-Brown (Northside Mental Health); Mary Lynn Ulrey (DACCO); Joan Boles (Bay Area Legal); W. Ward Cox (For The Family); Jenine LaCoe (MHC); Vicki Adelson (Hillsborough County BOCC); Sandra Sroka (Hillsborough County); Michael Brown (Integration Value Options, Inc.); Stephanie Johns (The Centre); Nikki Daniels (Florida Justice Center); Neal Dwyer (Central Florida Behavioral Health Network); Denise Klein (Florida Department of Health-Hillsborough County); Group Members: Amber Gum, Ph.D., Aging and Mental Health Disparities, FMHI, USF; Susan Lang, NAMI, Central Florida Behavioral Health Network; Richard Briscoe, Ph.D. , University of South Florida, College of Behavioral & Community Sciences

Injury and Violence Work Group

Jesse Collins, PhD, Master Deputy, Hillsborough County Sheriff's Office, Community Outreach Division; Martine Dorvil, University Area Community Development Center, Peter Gorski, MD, Children's Board; Cindy Grant, Hillsborough County Anti-Drug Alliance (HCADA), Debra Harris, Crisis Center, Patricia Henderson, West Central Florida Area Agency on Aging; Marlene Lowenthal, Child Abuse Council; Bevin Maynard, St. Joseph's Children's Advocacy Center; Stephen Roggenbaum USF FMHI; Brenda Rouse, The Spring of Tampa Bay; Eddie Santiago, Criminal Justice, Hillsborough County BOCC; Keely Smith, Child Advocate, BayCare and St. Joseph's Hospital, Angelica Socias Hillsborough County Children's Services; Alayne Unterberger, PhD, Florida Institute for Community Studies (FICS).



References

US Census Bureau, State and County Quickfacts:

<http://www.census.gov>

Accessed on August 18, 2010

The Planning Commission:

<http://www.theplanningcommission.org/library/bluebook/2005-blue-book>

<http://projects.nytimes.com/immigration/enrollment/florida/hillsborough/hillsborough-county-school-district>

Accessed on 9/7/2010

Hillsborough County School Board:

<http://www.sdhc.k12.fl.us/board>

Hillsborough County School district:

<http://www.sdhc.k12.fl.us/>

Florida CHARTS :

<http://www.floridacharts.com/charts/chart.aspx>

<http://www.hillsboroughcounty.org/transtaskforce/resources/publications/info/MPOLandUse/supprans.pdf>

Florida Vital Statistics:

<http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>

Mental Health and Substance Abuse Technical Assistance Center:

<http://www.floridatac.org/county-data.aspx?type=county&cid=28>

American Cancer Society:

<http://www.cancer.org/>

American Heart Association:

<http://www.heart.org/>

Transportation for America:

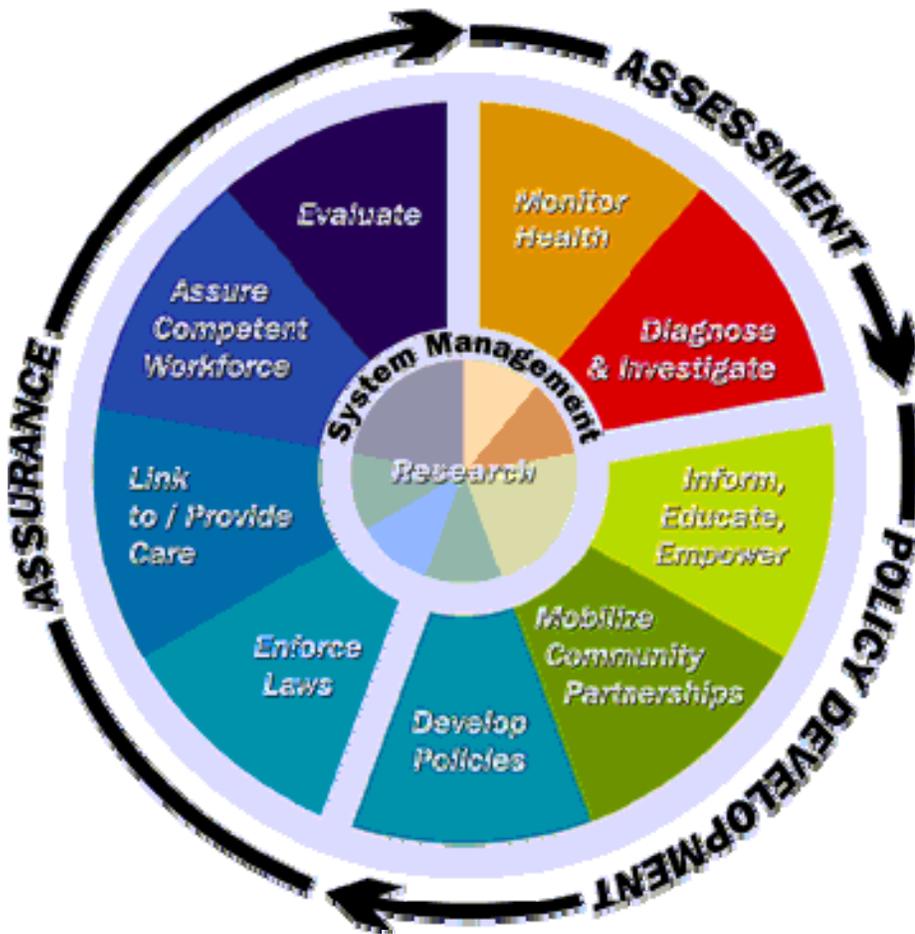
http://t4america.org/docs/dangerousbydesign/dangerous_by_design.pdf

Steadman, Osher, Clark Robbins, Case and Samuels. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60: 761-765.

Centers for Disease Control and Prevention:

<http://www.cdc.gov>

<http://www.cdc.gov/od/ocphp/nphpsp/>



The Essential Public Health Services and Core Functions
 Source: Public Health Function Steering Committee Members (July 1995)