MOFFITT CANCER CENTER

2025 Community Health Needs Assessment

Adopted on June 10th, 2025

Moffitt Cancer Center Office of Community Outreach and Engagement

Community Outreach & Engagement

An initiative of

TABLE OF CONTENTS

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Moffitt Cancer Center Overview

Moffitt Cancer Center ("Moffitt") is a free-standing National Cancer Institute (NCI) designated Comprehensive Cancer Center located in Tampa, Florida, which provides a full continuum of support and infrastructure to foster impactful transdisciplinary, translational science. In 1981, the Florida Legislature established MCC by statute s.1004.43 as an "instrumentality of the state" to "perform a statewide function." Proceeds of the state's cigarette taxes were used to construct the original $70M, 380,000-ft2 hospital, which opened in October 1986. Moffitt is named in honor of H. Lee Moffitt, former Speaker of the House of Representatives of the State of Florida, who spearheaded the effort to create a Cancer Center whose sole mission is to "contribute to the prevention and cure of cancer." Moffitt initiated research activities and investments in 1993. In 1998, Moffitt achieved designation as an NCI Clinical Cancer Center, followed by designation as a Comprehensive Cancer Center in 2001. Moffitt remains the only NCI Designated Comprehensive Cancer Center based in the State of Florida (Moffitt Cancer Center, 2025). Over the years, Moffitt has continued to provide outstanding patient care and advance science through research and clinical trials. Moffitt is comprised of over 8,864 team members, 374 clinicians, 192 researchers, and over 500 research trainees. In a single year, the Moffitt team members serve 89,846 unique patients for several types of cancer (Moffitt Cancer Center, 2023). Patients come from all 67 Florida counties, across all states, and over 133 countries, globally. Moffitt also has a wide range of outreach and community service activities and community hospital and academic partner networks throughout Florida, the nation, and the world (Community Outreach Engagement & Equity, 2023).

A. CHNA Process and Methodology

CHNA Background

As a free-standing cancer center and tax-exempt corporation, 501 (c)(3), Moffitt conducts a community health needs assessment (CHNA) every three years and adopts an implementation strategy plan to meet needs identified in the assessment. The CHNA is a crucial step for understanding and addressing the health needs of Moffitt's catchment area communities.

The Office of Community Outreach and Engagement (COE) is led by Susan Vadaparampil, PhD (Associate Center Director, COE) in collaboration with the COE Leadership team consisting of Kedar Kirtane, MD (Physician Director for Engagement of Special Populations for Clinical Trials), Vani Simmons, PhD (Assistant Center Director, COE), Jennifer I. Vidrine, PhD (Assistant Center Director, Research Community Partnerships), and Kenisha Avery, MPH (Manager, Office of COE) (). COE is supported by multicultural and multilingual team members across four cross-functional teams including the; the Community Outreach and Education Team; the Prevention, Navigation, and Screening Linkage Team, the Research Engagement & Evaluation Team; and the Policy & State Cancer Control Team. The teams work together to maximize the impact of Moffitt's research through engagement and equity in our Cancer Center's 23-county catchment area and beyond.

This cycle, the CHNA process was led by the COE team, who created a report based on primary and secondary data and informed by robust engagement from Moffitt patient and community advisors. This report assessed healthcare and public health issues in our catchment area community and the community's access to related

services. Based on the findings of the 2025 CHNA, an implementation strategy for Moffitt addressing the community health needs will be developed and adopted no later than October 15, 2025.

501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act (PPACA), enacted on March 23, 2010, requires not-for profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3) (Internal Revenue Service, 2024).

In compliance with the guidelines from the Treasury Department and the Internal Revenue Service (IRS), this CHNA report includes the following sections:

- ✓ A description of the community served.
- ✓ A description of the process and methods used to conduct CHNA, including:
  - A description of the sources and dates of the data and the other information used in the assessment; and,
  - A detailed description of the qualitative methods used to identify community health needs.
- ✓ A description of how Moffitt considered input from persons who represented the broad interests of the community served by Moffitt, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by Moffitt; and,
  A prioritized description of all the community health needs identified through CHNA and the process used to prioritize those needs.

Advisory Groups

Two advisory groups were involved in the CHNA process and contributed to the prioritization of health needs.

The first advisory group, the **Tampa Bay Community Cancer Network (TBCCN),** is a long-standing community-academic network of community advisors who represent various partner organizations (i.e., social service, faith-based, adult education, community clinics, federally qualified health centers) established to address critical access, prevention, and control issues among populations with limited access to health care and/or who experience differential outcomes across the cancer continuum. Since its founding in 2005, TBCCN members (n= 33, as of 2025) have provided input on research and outreach priorities and initiatives for Moffitt.

The second advisory group, the **Patient and Family Advisory Council (PFAC)**, was established in 2005 to incorporate a patient and caregiver perspective on activities to improve overall patient care experience at Moffitt. PFAC is comprised of patient and family advisors, clinicians, and key administrators who collectively aim to impact patient-centered decisions in patient care and patient-related programs and policies across

Moffitt. The PFAC also strives to strengthen collaboration between patients, family members and their healthcare team, as well as scientists conducting research at Moffitt.

Throughout the CHNA process, these groups were informed of the ongoing activities with periodic updates. Each group participated in separate n sessions to prioritize health needs and priorities based on analysis of primary and secondary data.

Overview of CHNA Process

The CHNA used achieving health for all as a guiding principle as Moffitt stives to provide high quality care and services to all its patients. In recent years, community health factors have become a central focus throughout the organization. Understanding the context of the environment where individuals reside can help to inform and address differential health outcomes experienced by some groups. Key factors related to where an individual that characterize where individuals Leveraging existing public health research and practice literature, there are five different domains of particular importance: 1) Economic stability, 2) Education access and quality, 3) Healthcare access and quality, 4) Neighborhood and build environment, and 5) Social and community context. The CHNA process used these domains to characterize the catchment area communities, sample participants for the qualitative key informant interviews ("qualitative interviews") and contextualize needs and priorities (Healthy People 2030).

The CHNA was carried out with input from two advisory groups: TBCCN and PFAC. These advisory groups contributed to the development of a strategy for primary and secondary data collection as well as the prioritization process. Secondary data were gathered from publicly available sources and included information on cancer screening uptake, incidence, mortality, and environmental and behavioral risk factors affecting cancer rates in each of the 23 counties included in Moffitt's catchment area. Simultaneously, primary data were collected through semi-structured qualitative interviews conducted with leaders and representatives from community organizations focused on addressing community health factors.

Primary and secondary data were collected and analyzed separately and systematically integrated to identify needs and priorities across the catchment area. The CHNA process was completed over the course of 18 months.

Primary Data Collection Strategy

A total of 64 qualitative interviews were conducted with leaders and representatives from organizations addressing key community health factors within the catchment area to explore community representatives' understanding of cancer-related needs, risk factors, and health disparities in their communities. Individuals from local organizations were eligible to participate if they: 1) were a leader or representative from a community organization that provided services addressing community health factors in the 23-county catchment area or were representatives at local departments of health in the catchment area; 2) were familiar with their organization's activities, programs, services and the needs of the communities served by their organization; 3) were employed at the organization for at least 12 months; 4) were able to read, write, and understand English or Spanish; and 5) were 18 years of age or older.

Procedures. Participants were recruited from community organizations that provided services or addressed community health factors and local department of health offices (Table 1). Initially, a repository of potential organizations across the 23-county catchment area was compiled and categorized into the 6 areas outlined in Table 1. The study sample was drawn from this repository by identifying persons of contact at each organization and determining their eligibility via phone or email. Potential participants were contacted via email and/or phone to gauge their interest in participating or to nominate another representative from their organization that would be suitable to participate in a one-time qualitative interview. Individuals who expressed interest were scheduled for an interview and were sent an email describing the project's objective and procedures, as well as the link to a brief online survey about their organization's characteristics. Participants were asked to complete the survey prior to their scheduled interview. The survey was programmed and distributed in Research Electronic Data Capture (REDCap) (Harris et al., 2009), a secure, web-based application for building and managing online surveys and databases. Qualitative interviews were conducted by a team of trained qualitative researchers from the Participant Research Intervention and Measurement (PRISM) core at Moffitt.

Neighborhood and Built Environment	Organizations that increase access to healthy, safe, and affordable food (e.g., food support programs); address environmental conditions (e.g., transportation); ensure quality of housing; address crime and violence
Healthcare Access & Quality	Organizations that increase access/provide health services (e.g., primary, dental, mental, and behavioral care) that are affordable, high-quality, and convenient
Social and Community Context	Organizations that address discrimination, incarceration, civic participation (e.g., voting), and social cohesion (e.g., grassroot organizations, spec target populations, disaster relief, emergency assistance, community-based programs)
Education Access and Quality	Organizations that address enrollment in higher education, vocational training, early childhood development/education, language and literacy
Economic Stability	Organizations that provide or address issues such as housing instability, poverty, employment (e.g., access to jobs, work-related injury prevention, employee health programs), food security (e.g., promoting healthy eating and making nutritious foods available, food markets, community gardens, employee nutrition programs).
Department of Health	Local government divisions which oversee public health issues, promote and protect health of communities

Table 1 - Examples of organizations that provide services addressing Community Health Factors

A total of 64 qualitative interviews were conducted across 23 counties (Table 2), with intentional oversampling in priority counties (i.e., newly added to the catchment area, those with a high cancer burden, and those with high rural populations). A structured sampling strategy was utilized (Guest et al., 2013), which is a non-probability sampling technique to select participants, whereby participants were selected across four blocks, as described in Table 2. Counties meeting all 3 priority criteria had a quota of 5 interviews (Block 1), those meeting 2 criteria had a quota of 4 interviews (Block 2), those that met 1 criterion had a quota of 3 interviews (Block 3), and counties that did not meet any sampling priorities had a quota of 2 interviews per county (Block 4).

Block	a. # counties	b. # participants from DOH	c. # participants from CHF organizations	d. # of participants per county (b+c)	e. Total # interviews (a*d)
Block 1: meet 3 priority criteria	2	1	4	5	10
Block 2: meet 2 priority criteria	5	1	3	4	20
Block 3: meet 1 priority criterion	7	1	2	3	21
Block 4: meet 0 priorities	9	1	1	2	18
Total	23				69

**CHF=Community Health Factors; DOH=Department of Health*

Table 2 - Ranking system to determine number of qualitative interviews needed in each county across the catchment area

Data Collection Instruments. A semi-structured interview guide was developed and pilot tested to assess four domains: 1) general and cancer-related health needs, 2) engagement with Moffitt, 3) Partnerships and potential solutions, and 4) top health needs and priorities. Additionally, a brief survey assessing the organization's characteristics (e.g., organization type, activities conducted, populations served, counties served) and participant demographics was distributed to participants prior to each interview. The interview guide and pre-interview survey were available in English and Spanish language, depending on participant's communication preferences. All interviews were audio recorded and expected to last about 45 minutes. Participants who completed an interview received a $50 electronic gift card, in recognition of their time, with the exception of representatives from government or other organizations who declined receipt.

Analysis. All interviews were audio-recorded and transcribed verbatim. Rapid analyses (Lewinski et al., 2021) were used to summarize trends and highlight key findings in a timely manner so that findings could be used during the prioritization sessions.

Secondary Data Collection Strategy

Secondary data sources from publicly available and reliable sources were reviewed. Information regarding prevalence of cancer screening uptake, incidence, mortality, and environmental and behavioral risk factors affecting cancer rates in the catchment area communities were extracted and summarized. Additional publicly available data sources were considered for inclusion if they met the following criteria : 1) provided recent data (e.g., within the past 5 years), 2) reported data at the county level, 3) were generated by reputable sources, and/or 4) included information on groups by demographic characteristics (e.g., race, ethnicity, age, rurality, gender, income, language, etc.).

Special attention was given to data regarding the prevalence of cancer screening uptake, incidence, mortality, and environmental and behavioral risk factors affecting cancer rates in the catchment area communities. There was a particular focus placed on populations who experience differential outcomes across the cancer continuum within Moffitt's catchment area. Existing data sources that were utilized include the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), Florida Health CHARTS, Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings, and Existing County Health Improvement Plans (CHIP) from the Florida Department of Health.

Analysis and visualization. Secondary data analysis involved retrieving data from these sources and creating data visualizations of characteristics at the county level or by characteristic (e.g., race, ethnicity, age, gender), where available. A summary interpretation of each characteristic or graphic is included in the secondary data section of this report.

Prioritization Process

The prioritization process involved synthesizing and summarizing both primary and secondary data. Subsequently, key issues were presented to the advisory groups to facilitate discussions regarding top priorities, overall impact on special populations, and potential actions to address the selected priorities.

Data from qualitative interviews with community leaders, along with secondary data sources regarding prevalence of cancer screening uptake, incidence, mortality, and environmental and behavioral risk factors affecting cancer rates in the catchment area communities were integrated to identify the most impactful issues across communities across the 23-county catchment area.

Once top priorities and needs across the catchment area were identified from the primary and secondary data, a PowerPoint presentation of findings was created to facilitate discussion with patient and community advisors. Separate prioritization meetings were conducted with the two advisory groups (i.e. TBCCN and PFAC); each meeting gauged the importance of health topics to catchment area communities, health needs, and Moffitt's ability to impact health issues and related disparities among high priority communities. During prioritization meetings a variety of methods to foster engagement were used ranging from real-time Audience Response Systems (ARS) methods (e.g., live polls) and group discussions. Final priorities were selected based on the responses and discussions from the prioritization sessions.

B. Community Definition

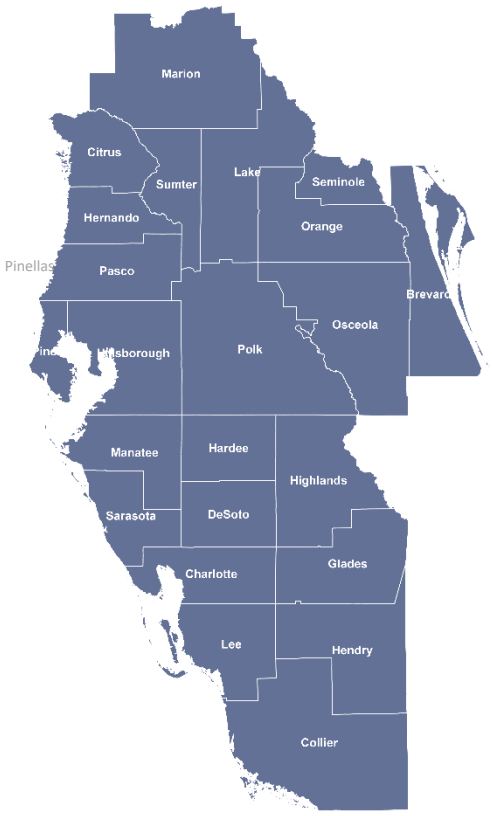
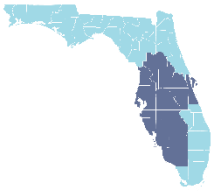


Figure 1 - Community Definition Map, Source: COE

Moffitt's catchment area is defined as a 23-county area in west and central Florida including the counties highlighted in the map below.



Demographic data are analyzed by MCC to ensure that areas all communities from which the hospital draws patients are included.

EXECUTIVE SUMMARY

As a free-standing cancer center and tax-exempt corporation, Moffitt conducts a (CHNA) every three years and adopts an implementation strategy plan to meet needs identified in the assessment. The purpose of this requirement has been to maximize efforts related to providing a benefit to the health of the community ("Community Benefit") and improving population health (Internal Revenue Service, 2024). The 2025 CHNA used data from two different sources: 1) publicly available data on social, economic, and health issues; and 2) qualitative interviews with 64 leaders and/or representatives from community organizations addressing community health factors and representatives from local departments of health. Two advisory boards assisted in finalizing the top needs and priorities identified from the data findings. The following sections provide a summary of prioritized community health needs, key findings from primary and secondary data collection, impact evaluation, and available community resources.

A. Summary of Prioritized Community Health Needs

The main purpose of the CHNA is to identify top health needs in the communities served by Moffitt. With that in mind, the COE team collected primary data collection via qualitative interviews and used reliable, publicly available data sources to inform the selection of the top health needs. Top health need areas were identified via rapid analysis of qualitative interviews, and alignment with secondary data from multiple national and state-based datasets. The team integrated the findings and presented them to two community advisory boards who assisted in establishing priorities. Then, the COE team identified potential resources available to address those health needs and included them in later sections of this report (See Community Resources Section).

The prioritized community health needs identified during the 2025 CHNA are as follows:

- *Prevention, Education, and Outreach*
- *Access to Screening and Early Detection*
- *Health for All*
- *Survivorship*

Prevention, Education, and Outreach

Based on findings from primary data collected via qualitative interviews and assessment of secondary data sources, *prevention, education, and outreach* continued to be a top priority across our catchment area communities. Over half (62.5%, n=40) of community leaders and/or representatives mentioned prevention, education and outreach as a top priority area for cancer care. Additionally, 40% (n=26) of participants highlighted screening and early detection as a top concern, emphasizing the need for education on the importance of cancer screening for early detection. Cancers of particular concern among catchment area communities include breast, colorectal, cervical, lung, prostate, esophageal, leukemia, cutaneous (skin), gastrointestinal, Hodgkin's lymphoma, and uterine cancers.

County-level data from communities in the catchment area reveal high rates of risk behaviors and environmental health needs that present opportunities for prevention, education, and outreach activities. For example, in all 23 counties in the catchment area, cigarette smoking rates exceed the rates for Florida overall and the United States (14.2 vs. 10.5 and 12.1, respectively).

Secondary data sources also revealed a need to promote health behaviors that support wellness and healthy lifestyles in catchment area communities. For example, obesity rates are higher in 21 of the catchment area counties, compared to the overall Florida rate. Similarly, food insecurity rates are higher in 18 counties of the catchment area, compared to Florida overall.

Environmental conditions such as exposure to toxins or other hazards in agricultural farms, industrial plants, and phosphate mining were also mentioned by interview participants. Interview participants noted that populations in the catchment area experiencing health professional shortages such as agricultural farmworkers, construction workers, and individuals with other outdoor occupations have an elevated risk of sun exposure due to the nature of their work. Secondary data sources revealed that average ultraviolet (UV) exposure at noon (230.1 $mW.m^{2f}$ vs. 230.1 and 177.8, respectively) and rates of not using sun protection were higher in the catchment area than in Florida and the US (65.2 vs. 58.0 and 57.6, respectively), and the annual exposure to UV radiation was higher in 19 catchment area counties than Florida overall. Another topic that was mentioned by participants was medical mistrust and lack of awareness of clinical trials among some communities in the catchment area. These findings highlight potential targets that could be improved with intervention, education, and outreach.

These priorities are in line with the following Healthy People 2030 goals (US Department of Health and Human Services, 2025)

- Help people get recommended preventive health care services
- Improve health communication
- Reduce new cases of cancer and cancer-related illness, disability and death
- Reduce illness, disability, and death related to tobacco use and secondary smoke
- Improve respiratory health
- Reduce overweight and obesity by helping people eat healthy and get physical activity
- Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors
- Promote patient discussions about interventions to prevent cancer with healthcare providers
- Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes
- Reduce sexually transmitted infections and their complications and improve access to quality care

2020-2025 Florida State Cancer Plan priority of prevention and risk reduction

- Reduce the incidence and mortality from tobacco-related cancers in all Floridians
- Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening
- Decrease the incidence of skin cancer in all Floridians by reducing exposure to natural and artificial sources of ultraviolet (UV) light
- Increase the use genomic cancer risk assessment, including genetic counseling and appropriate genetic testing
- Decrease heavy alcohol use and binge drinking by Florida youth and adults
- Reduce the risk of cancer in all Floridians through maintenance of healthy body weight, physicals activity, and healthful diets
- Reduce radon gas exposure in all Florida households, workplaces, and other buildings

Access to Screening and Early Detection

About three-quarters of participants (76.6%) identified *access to care* as a top priority, with 34.4% of them specifically noting cancer screening as a missing service in their community and other participants stated that late cancer diagnoses are a problem in their respective communities. Half of the participants (50%) mentioned a need to increase the availability of mobile breast cancer screenings, followed by skin cancer (39.1%), and colorectal cancer screenings (2.5%).

The importance of cancer screenings among individuals who are uninsured, underinsured, and from low socio-economic backgrounds was mentioned frequently by interview participants. Some participants noted the need for mobile cancer screening services to reach individuals in areas experiencing health professional shortages. Screenings for breast cancer and mobile mammography were mentioned as a top need across communities.

Based on secondary data sources, compared to rates in Florida, cancer screening rates are lower in 13 counties in the catchment area for breast, 14 counties for colorectal, 21 counties for cervical, and 17 counties for prostate. Many counties across Moffitt's catchment area have barriers to screening access and early detection, particularly inadequate insurance coverage. Particularly, 11 counties in the catchment area have a higher proportion of adults without health insurance, compared to Florida; all counties in the catchment area have high population proportions reporting no social or emotional support, and it is estimated that between 2019-2023 approximately 355,307 people moved from out of state and into one of the 23 counties in our catchment area.

Interview participants also highlighted the need for support services to help new Florida residents navigate the healthcare system. They noted that guidance on understanding health insurance and accessing financial assistance programs is especially lacking—particularly for those who are uninsured. Another important group mentioned by interview participants were young adults who may experience financial barriers when seeking preventive care.

Within the Healthy People 2030 framework, goals related to this priority need include:

- Increase access to comprehensive, high-quality health care services
- Increase health insurance coverage
- Improve health care
- Promote safe and active transportation reduce new cases of cancer and cancer-related illness, disability, and death
- Improve health and well-being for men
- Promote health and well-being for women
- Improve respiratory health
- Increase uptake of breast cancer screenings
- Increase uptake of cervical cancer screenings
- Increase uptake of colorectal cancer screenings

2020-2025 Florida State Cancer Plan priority of screening and early detection

- Reduce lung cancer mortality through early detection of lung cancer in Floridians
- Reduce breast cancer mortality through early detection of breast cancer in Floridians
- Reduce colorectal cancer mortality through early detection of colorectal cancer in Floridians
- Reduce prostate cancer mortality in Florida men through early detection of advanced disease
- Eliminate hepatitis C virus (HCV) as a public health problem in Florida by increasing screening and linkages to care
- Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

Health for All

Community leaders and representatives from community organizations who participated in the qualitative interviews demonstrated strong awareness of the needs within their communities, and in particular needs of populations in areas experiencing health professional shortages. Many of the identified barriers focused on challenges related to language, culture, technology, income, and geography (e.g., rurality).

Based on county-level data from the catchment area, communities across the 23 counties are highly diverse. For example, 8 counties have a larger Hispanic/Latino population than Florida, and 2 counties have a larger Haitian Creole population than Florida. Additionally, 4 counties in the catchment have a higher foreign-born population than Florida, and 5 counties have larger numbers of individuals who report living in non-English speaking households, compared to Florida. Interview participants mentioned language barriers, lack of trust in the medical community, and refugee and migrant populations in their communities.

Interview participants noted low technology literacy among rural and individuals older than 65 years in their communities, as well as limited reliable internet access or access to computer devices in rural and low-income communities. Based on county-level data from the catchment area, 17 counties are defined by the Health Resources and Services Administration (HRSA) as a medically underserved area, and another 6 counties have some areas that are defined as medically underserved. In terms of rurality, 5 counties are designated as rural. In addition, 8 counties have lower access to the internet, compared to Florida.

Rurality contributes to special needs in communities across the catchment area. Interview participants mentioned "healthcare deserts" where no or few hospitals or clinics are available to their communities. Often times, individuals need to travel long distances to receive healthcare in larger cities with even greater travel time to receive specialty care or imaging services. High cost of treatment and limited affordable options for health care, lack of transportation, long driving distances, and cancer-specific care are barriers across many of the counties in our catchment area, but particularly those in rural areas.

Additionally, county-level data from communities in the catchment area show that there is a shortage of health professionals, limited treatment options for cancer patients and survivors – particularly in rural counties, and a limited number of specialists. Lack of specialty services was mentioned by 28% of interview participants, and about 2% particularly mentioned lack of oncology specialists in their communities.

Survivorship

Services for patients and survivors were frequently identified by interview participants as a top priority across catchment area communities. This need was discussed in relation to access to care, unique health needs, participation in research, and the broader goal of achieving health for all. Additionally, interview participants frequently emphasized the need for wraparound services to support patients, caregivers, and survivors, highlighting gaps in patient support and navigation. Participants also stressed the importance of assistance from patient navigators and case managers, and access to information about treatment and survivorship.

Specifically for cancer survivors and caregivers, interview participants mentioned the need for services related to quality of life (e.g., living tobacco free, sleep management, pain and side effects management, information about nutrition, physical activity and exercise). Participants also expressed survivors and caregiver needs regarding opportunities for social connection and networking (e.g., support groups, book clubs, and entertainment activities). Lastly, issues concerning mental health of both survivors and caregivers were

mentioned by interview participants, particularly addressing how a cancer diagnosis can take a toll in survivors' and caregivers' health, and how this may result in isolation, grief, and/or stress.

Providing broader social support resources for patients, survivors, and the community as a whole was also reported as a strategy to address community health factors and overall well-being. Suggested services included case management, patient advocacy, mental health support, and transportation assistance. Participants also voiced a need for expanded supportive resources individuals diagnosed with cancer who are not able to receive care at Moffitt. Additional noted areas of interest included nutrition-focused prevention programs, support for overall health, and financial assistance.

Interview participants noted that there are populations in their communities that require more assistance to access health care. For instance, one group with unique needs is senior populations (i.e., those aged 65 and over) who often experience unique barriers such as isolation, limited social support, and limited mobility. Thus, participants noted the need for services targeted to senior communities across the catchment.

Within the Healthy People 2030 framework, goals related to this priority need include:

- Increase quality of life for cancer survivors
- Increase patient discussions about interventions to prevent cancer with healthcare providers

2020-2025 Florida State Cancer Plan priority related to quality of life and survivorship

- Achieve excelled quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment
- Achieve high quality survival of all Floridians with history of cancer

A. Population Demographics

Population Growth

The projected population growth for the community for 2024-2029 (1.3%) is lower than the growth observed 2020-2024 (1.8%). Between 2024-2029, the greatest projected growth is expected in Sumter, Osceola, and Polk counties. In contrast, counties with estimated population decline include Hardee, Pinellas, and Glades.

Location	2020-2024 Growth Rate: Population	2024-2029 Projected Growth Rate: Population
Brevard County	1.35%	0.89%
Charlotte County	2.51%	1.78%
Citrus County	1.56%	1.01%
Collier County	1.76%	1.11%
DeSoto County	0.70%	0.38%
Glades County	0.18%	-0.08%
Hardee County	-0.19%	-0.12%
Hendry County	1.06%	0.64%
Hernando County	1.78%	1.26%
Highlands County	0.90%	0.52%
Hillsborough County	1.46%	0.97%
Lake County	2.62%	1.88%
Lee County	2.38%	1.57%
Manatee County	2.51%	1.78%
Marion County	1.73%	1.09%
Orange County	1.38%	1.18%
Osceola County	3.82%	2.75%
Pasco County	2.61%	1.87%
Pinellas County	0.21%	-0.04%
Polk County	2.72%	1.93%
Sarasota County	1.90%	1.26%
Seminole County	0.68%	0.36%
Sumter County	3.67%	2.75%
Moffitt Catchment Area	1.78%	1.25%
Florida	1.33%	0.93%
USA	0.49%	0.38%

Table 3 - Population growth, county. Source: ESRI, 2024

Median Age

The average median age across the catchment area is **46.8 years**, which is notably higher than both the state of Florida **42.6 years** and the United States overall **38.7 years**.

Catchment Area	Brevard	Charlotte	Citrus	Collier	DeSoto	Glades	Hardee	Hendry	Hernando	Highlands	Hillsborough	Lake	Lee	Manatee	Marion	Orange	Osceola	Pasco	Pinellas	Polk	Sarasota	Seminole	Sumter	Florida	United States
46.8	46.8	60.0	56.9	53.1	42.8	45.8	35.9	35.7	48.1	54.2	37.8	46.7	49.3	49.4	48.2	36.4	37.0	43.7	48.9	39.6	57.3	39.8	68.4	42.6	38.7

Figure 2 - Median age, source: U.S. Census Bureau ACS 2019-2023

Sex Ratio

In Moffitt's catchment area, for every 96.1 males there are 100 females, meaning there is a 0.9:1 ratio of males to females. There are 4 counties in Moffitt's Catchment Area where men outnumber women (DeSoto, Glades, Hardee, Hendry), which are all rural counties.

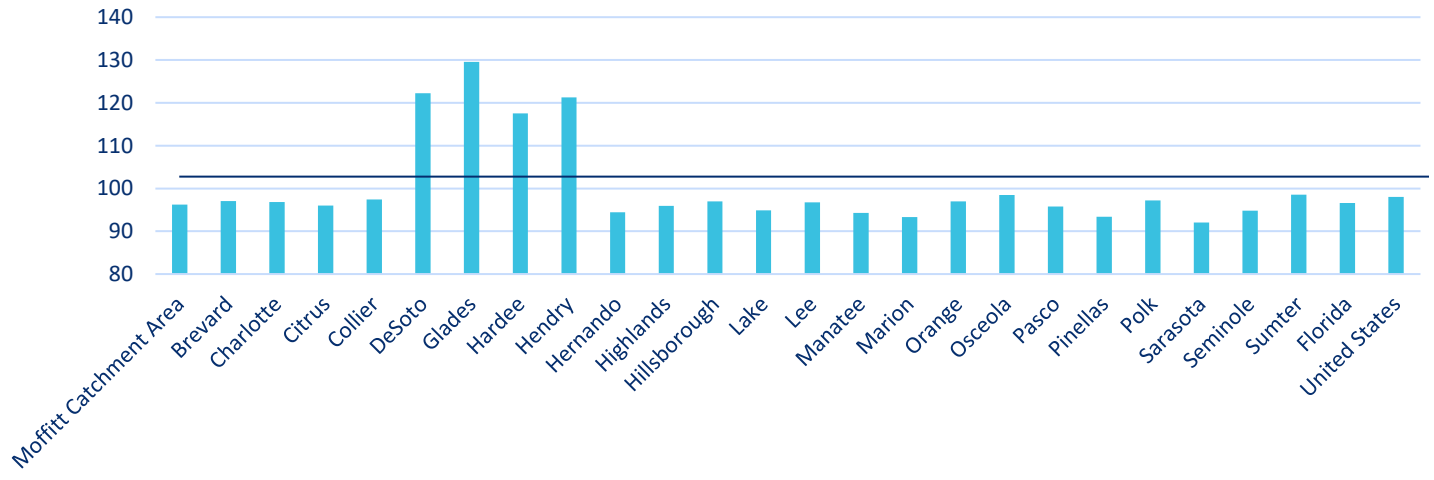


Figure 3 – Sex Ratio (male to female): U.S. Census Bureau ACS 2019-2023; Blue line is the catchment area ratio
Sex ratio = (male population/female population) *100. 100= equal male to female, > 100 = more males; <100 = more females

Population by Sex and Age Group

In Moffitt's Catchment Area, women outnumber men and have a higher median age. The population 65+ is the largest age group in Moffitt's Catchment Area.

Age Group	Total population	Male	Female
Total Population	10,484,555	5,140,579	5,343,976
% male/female		49.0%	51.0%
under 5	508,023	5.0%	4.7%
5-9	543,575	5.4%	5.0%
10-14	593,399	5.9%	5.4%
15-19	589,283	5.9%	5.4%
20-24	576,123	5.6%	5.4%
25-29	635,497	6.2%	5.9%
30-24	668,388	6.5%	6.2%
35-39	648,506	6.3%	6.1%
40-44	628,329	6.1%	5.9%
45-49	613,446	5.9%	5.8%
50-54	653,269	6.3%	6.2%
55-59	701,359	6.6%	6.8%
60-64	720,486	6.7%	7.0%
65-69	692,099	6.3%	6.9%
70-74	629,108	5.7%	6.3%
75-79	491,196	4.5%	4.8%
80-84	309,901	2.7%	3.2%
85+	282,568	2.3%	3.1%
18-24	806,078	7.9%	7.5%
65+	2,404,872	21.5%	24.3%
Median age (years)	46.8	45.4	48.7

Table 4 - Population by sex and age group: U.S. Census Bureau ACS 2019-2023

Rural Population

The rural population in Moffitt's catchment area increased by 4.2% from 2010 to 2020. There were 11 counties (47.8% of catchment area) that experienced decreases in rural populations.

Area	2010 Rural Population	2020 Rural Population	Change from 2010-2020 (%)	2020 Rural Population (%)
Moffitt Catchment Area	718,058	748,049	4.2	7.3%
Seminole	13,348	15,277	14.5	3.2%
Sumter	32,664	27,997	-14.3	21.6%
Sarasota	16,394	10,462	-36.2	2.4%
Polk	81,346	78,919	-3.0	10.9%
Pinellas	2,603	1,827	-29.8	0.2%
Pasco	43,990	40,708	-7.5	7.2%
Marion	102,796	110,311	7.3	29.4%
Orange	23,402	33,570	43.4	2.4%
Osceola	21,014	24,507	16.6	6.3%
Manatee	18,693	18,752	0.3	4.7%
Lee	36,013	29,885	-17.0	3.9%
Lake	57,194	68,850	20.4	17.9%
Hillsborough	43,181	53,607	24.1	3.7%
Highlands	20,810	20,122	-3.3	19.9%
Hernando	33,476	39,016	16.5	20.1%
DeSoto	16,121	16,634	3.2	49.0%
Glades	9,101	10,027	10.2	82.7%
Hardee	13,258	15,537	17.2	61.4%
Hendry	14,836	14,263	-3.9	36.0%
Collier	27,279	43,673	60.1	11.6%
Citrus	48,753	38,421	-21.2	25.0%
Charlotte	14,213	12,145	-14.6	6.5%
Brevard	27,573	23,539	-14.6	3.9%
Florida	1,661,466	1,823,381	9.7	8.5%
USA	59,492,267	66,300,254	11.4	20.0%

Table 5 - Population by sex and age group: U.S. Census Bureau ACS 2023 5yr

Population by Race/Ethnicity

Between 2019 and 2023, the 2+ race and "Other" race groups within the catchment area experienced the highest population growth. The overall population grew by 1.8%. The American Indian and Alaska Native population saw a decline in population. Aside from the White population, Hispanic and Black populations are the largest racial groups in the catchment area.

Race and Ethnicity	Catchment Area	Growth Rate 2019-2023
Total Population	10,484,555	1.77%
White	6,122,695	0.41%
Hispanic or Latino	2,430,108	4.04%
Black/African American	1,169,351	1.34%
Two or more races	363,874	14.57%
Asian	316,461	3.18%
Other race	65,230	13.33%
American Indian and Alaska Native	10,930	-12.16%
Native Hawaiian and Other Pacific Islander	5,906	2.49%

Table 6 - Population by Race/Ethnicity, compound annual growth rate: U.S. Census Bureau ACS 2018 5yr, ACS 2023 5yr

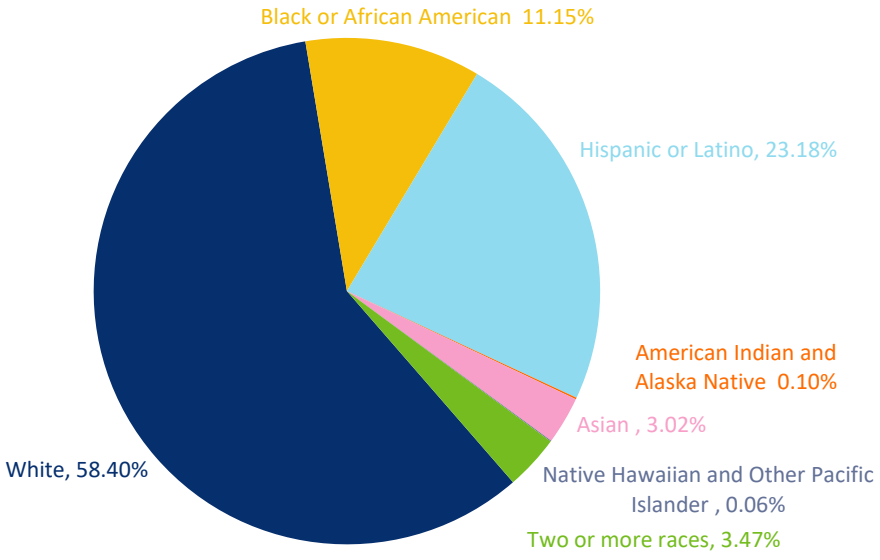


Figure 4 – Catchment area population by race/ethnicity, source: US Census Bureau ACS 2023 5yr

Hispanic Origin

The most common origins of Hispanic populations in Moffitt's catchment area are Puerto Rico (7.8%), Mexico (4.1%), and Cuba (3.1%). Moffitt's catchment area has a larger Puerto Rican population than Florida and the United States.

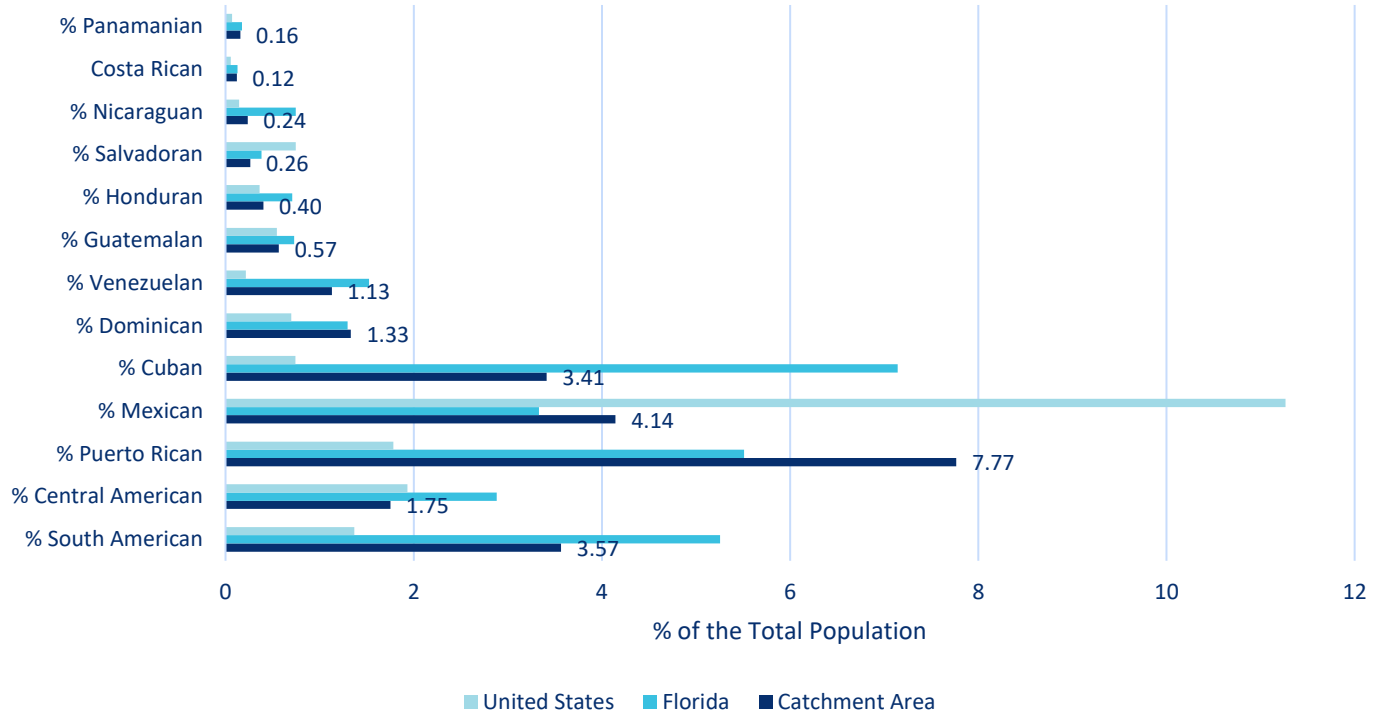


Figure 5 – Catchment area Hispanic Origin: U.S. Census Bureau ACS 2023 5yr

Language Spoken

Within Moffitt's catchment area, 17.5% of the population age 5+ speaks Spanish, higher than the United States. Hendry, Osceola, and Hardee have the highest Spanish-speaking populations, and the highest populations of people who speak Spanish but do not speak English well.

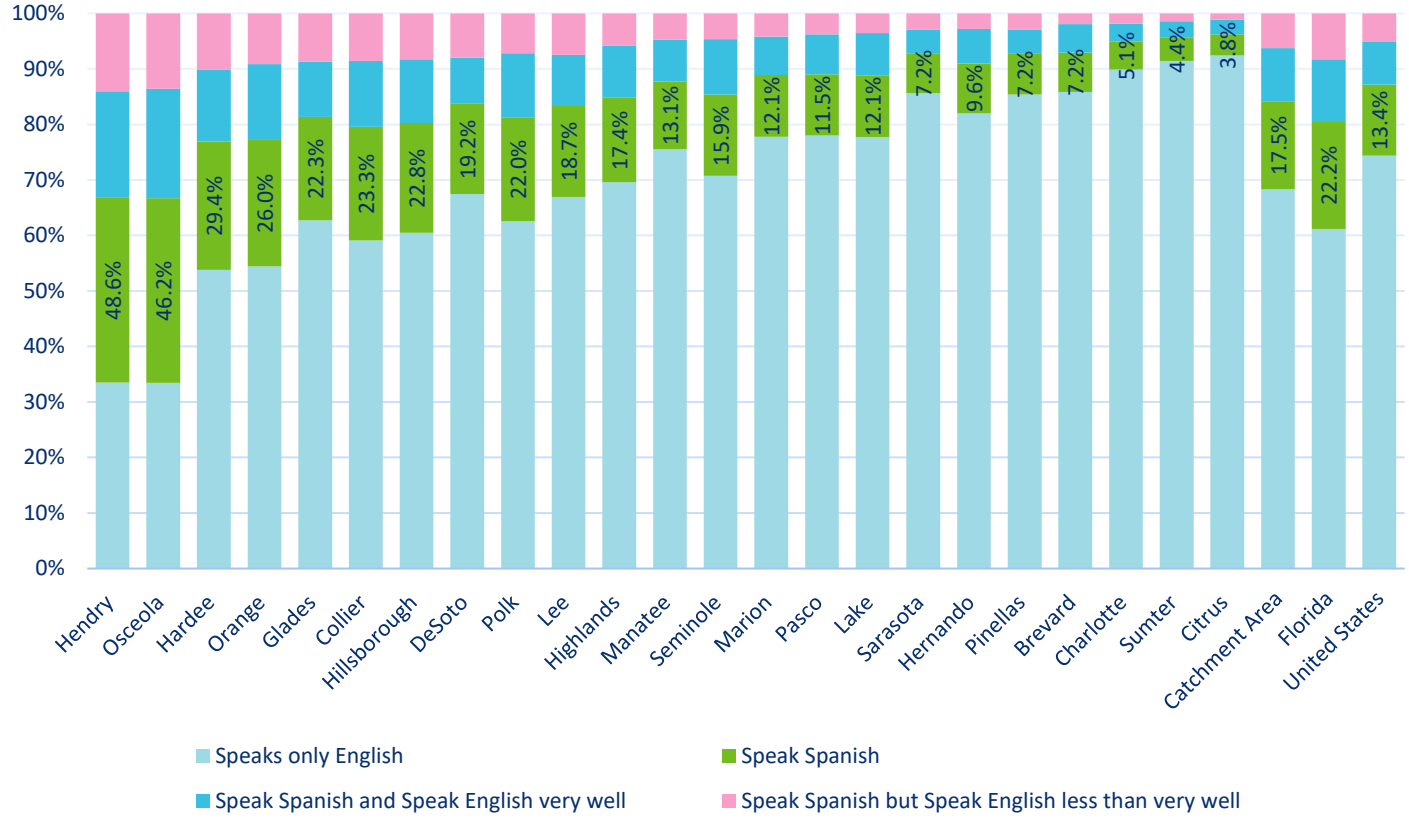


Figure 6 - Language spoken, Spanish and Level of English, Age 5+, source: U.S. Census Bureau ACS 2023 5yr

Among those who speak a language other than English or Spanish, the highest languages spoken among those age 5+ are Indo-European languages (1.9%) and French, Haitian, or Cajun (1.6%).

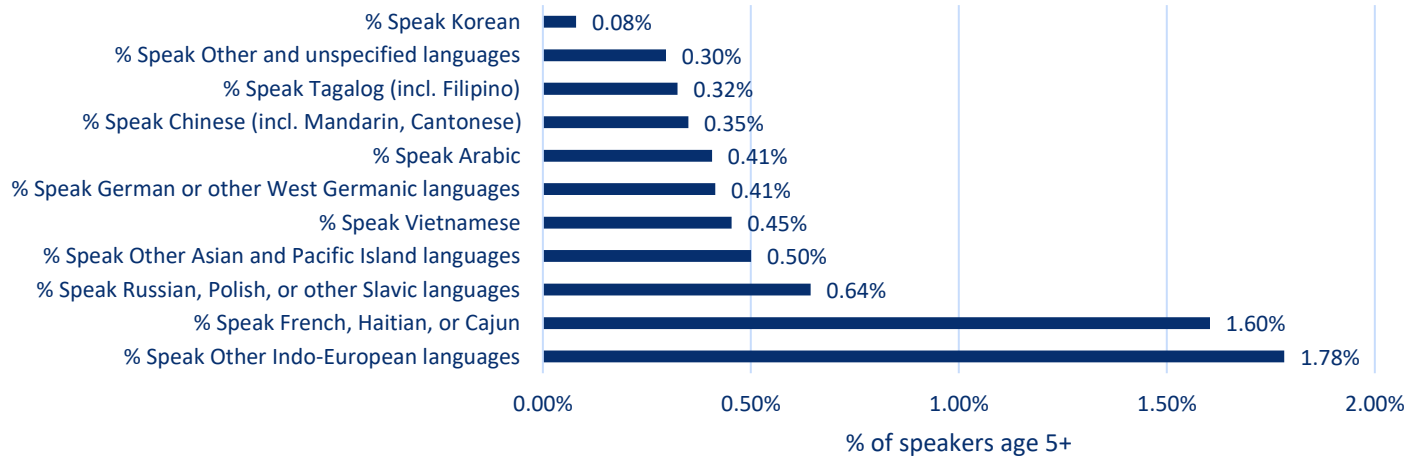


Figure 7 - Language spoken, Age 5+, source: U.S. Census Bureau ACS 2023 5yr; Catchment area

Foreign-Born Population

From 2019 to 2023 the catchment area had a smaller portion of foreign-born individuals than Florida, but higher than the United States. Hendry has the largest foreign-born population among the counties in Moffitt's catchment area. Counties with the Top 10% for each area are shaded Blue (e.g. Seminole and Pinellas counties have the top 10% of the foreign-born populations from Asia)

Area	Native Born	Foreign Born	Europe	Asia	Africa	Oceania	Latin America	Northern America
Hendry	69.8%	28.3%	1.6%	3.6%	0.0%	0.2%	94.0%	0.6%
Osceola	59.3%	25.0%	6.4%	8.6%	2.1%	0.0%	81.8%	1.2%
Collier	73.6%	24.2%	16.7%	5.4%	0.9%	0.1%	72.6%	4.3%
Orange	67.4%	23.5%	6.2%	15.5%	2.7%	0.2%	74.2%	1.2%
Hillsborough	75.8%	19.2%	7.6%	18.5%	3.1%	0.3%	68.7%	1.8%
Lee	79.5%	17.9%	10.8%	8.0%	1.0%	0.1%	74.7%	5.3%
Seminole	79.5%	15.0%	12.0%	24.7%	4.1%	0.3%	56.4%	2.4%
Manatee	84.1%	13.4%	20.5%	13.4%	1.5%	0.2%	58.1%	6.3%
DeSoto	85.7%	12.7%	3.3%	0.6%	2.1%	0.0%	90.8%	3.1%
Sarasota	85.8%	12.4%	34.1%	13.1%	2.2%	0.6%	42.4%	7.7%
Pinellas	85.5%	12.2%	28.9%	22.3%	3.4%	1.2%	36.2%	8.0%
Pasco	84.9%	11.7%	16.2%	20.7%	5.2%	0.3%	51.1%	6.6%
Polk	80.4%	11.5%	7.1%	10.9%	2.3%	0.1%	76.2%	3.4%
Glades	86.5%	11.5%	3.8%	1.7%	0.0%	0.0%	92.6%	1.9%
Highlands	85.1%	10.8%	9.8%	11.6%	1.0%	0.0%	72.0%	5.7%
Hardee	86.4%	10.7%	1.4%	7.7%	0.0%	0.3%	88.7%	1.9%
Lake	85.4%	10.5%	14.4%	11.6%	3.1%	0.2%	66.4%	4.3%
Charlotte	88.7%	9.8%	28.6%	13.0%	1.2%	0.8%	45.2%	11.3%
Brevard	87.0%	9.5%	19.4%	20.2%	2.8%	0.7%	53.3%	3.6%
Marion	86.6%	8.9%	14.1%	13.9%	1.6%	0.6%	66.9%	2.8%
Hernando	88.6%	7.8%	24.8%	12.8%	2.6%	0.1%	49.7%	9.9%
Sumter	92.3%	5.9%	22.0%	15.9%	0.1%	1.0%	43.5%	17.5%
Citrus	93.3%	5.7%	22.2%	21.0%	9.3%	0.0%	39.7%	7.7%
Catchment Area	79.4%	15.6%	**12.7%**	14.9%	2.6%	0.3%	65.8%	**3.7%**
Florida	74.7%	21.4%	9.3%	10.6%	1.8%	0.2%	75.8%	2.3%
United States	84.4%	13.9%	10.4%	30.9%	5.8%	0.6%	50.5%	1.8%

Table 7 – Foreign-born population, source: U.S. Census Bureau ACS 2023 5yr. Sorted by foreign born population from largest to smallest

Computer and Internet Access

Within the catchment area, all 23 counties have at least 75% of households with a broadband internet subscription, ranging from 78.4% - 93.9%. 18 counties have above 85% of households with internet, and 5 counties have between 78% - 84% of households with internet.

Area	With a computer	With a broadband Internet subscription
Seminole	97.7%	93.9%
Orange	97.4%	93.0%
Collier	97.1%	91.7%
Hillsborough	96.9%	93.1%
Osceola	96.9%	91.8%
Lee	96.5%	91.3%
Manatee	96.4%	90.8%
Brevard	96.3%	92.1%
Sarasota	96.0%	91.7%
Lake	95.9%	91.3%
Hernando	95.8%	91.1%
Pasco	95.6%	89.8%
Sumter	95.4%	90.6%
Pinellas	95.3%	89.4%
Polk	95.1%	88.2%
Hardee	94.9%	81.2%
Charlotte	94.7%	90.9%
Marion	94.3%	90.3%
Citrus	93.7%	89.3%
Highlands	93.3%	84.7%
Glades	92.9%	78.4%
DeSoto	92.4%	81.8%
Hendry	91.2%	83.0%
Catchment Area	96.2%	91.2%
Florida	96.0%	90.2%
United States	94.8%	89.7%

Figure 8 - Computer and internet access, source: U.S. Census Bureau ACS 2023 5yr, Counties are arranged from highest to lowest by "With a computer", showing that not all households in counties with high computer access have high broadband access.

Veteran Population

According to the U.S. Census Bureau, an estimated 8.5% of catchment area residents age 18+ are veterans, compared to only 7.7% of Florida residents and 6.4% of the U.S. population.

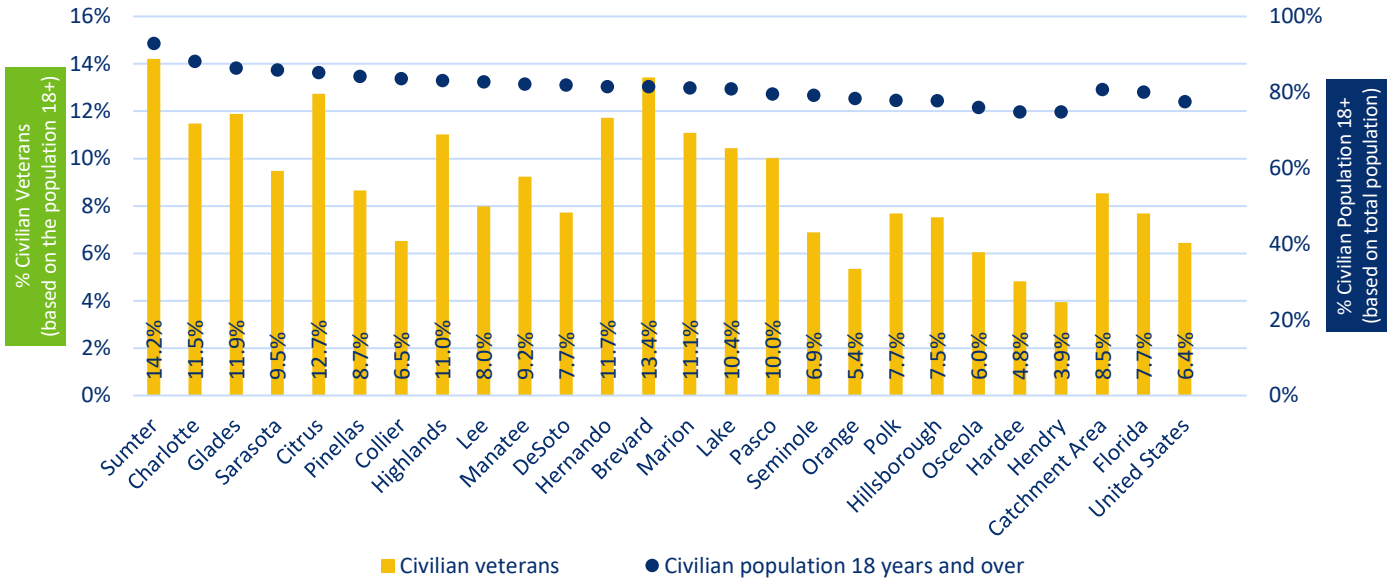


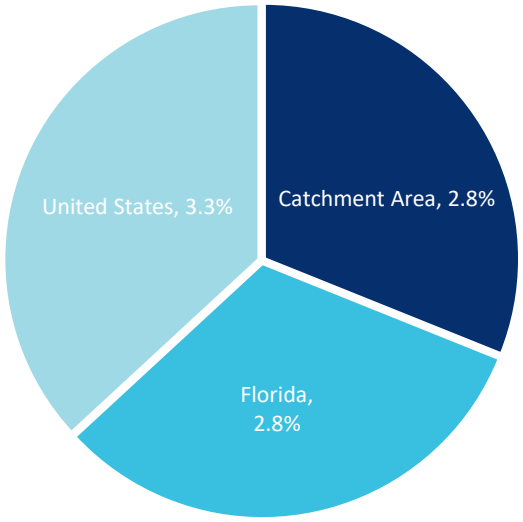
Figure 9 - Veterans as a percentage of the population age 18 and over, source: U.S. Census Bureau ACS 2023 5yr; Data are sorted by % of the civilian population 18+ who are veterans.

B. Socioeconomic Status

Unemployment

Brevard	Charlotte	Citrus	Collier	DeSoto	Glades	Hardee	Hendry	Hernando	Highlands	Hillsborough	Lake	Lee	Manatee	Marion	Orange	Osceola	Pasco	Pinellas	Polk	Sarasota	Seminole	Sumter
2.7 %	2.4 %	2.7 %	2.1 %	4.1 %	2.4 %	3.5 %	2.7 %	3.0 %	2.5 %	2.9 %	2.7 %	2.2 %	2.7 %	2.5 %	3.7 %	3.4 %	2.8 %	2.7 %	2.5 %	1.8 %	2.7 %	1.4 %

Figure 10 – Unemployment by county, source: U.S. Bureau of Labor Statistics, 2021 averages, highlighted (blue) data points exceed the state benchmark



Between 2019-2023, the annual unemployment rate in Moffitt's catchment area was 2.8%, which is the same as Florida, and lower than the United States (3.3%). Within catchment area counties, unemployment rates ranged from 1.8% in Lee County to 3.5% in Hardee County.

Figure 11 – Unemployment in catchment area, Florida, USA, source: U.S. Bureau of Labor Statistics, 2021 averages

Poverty

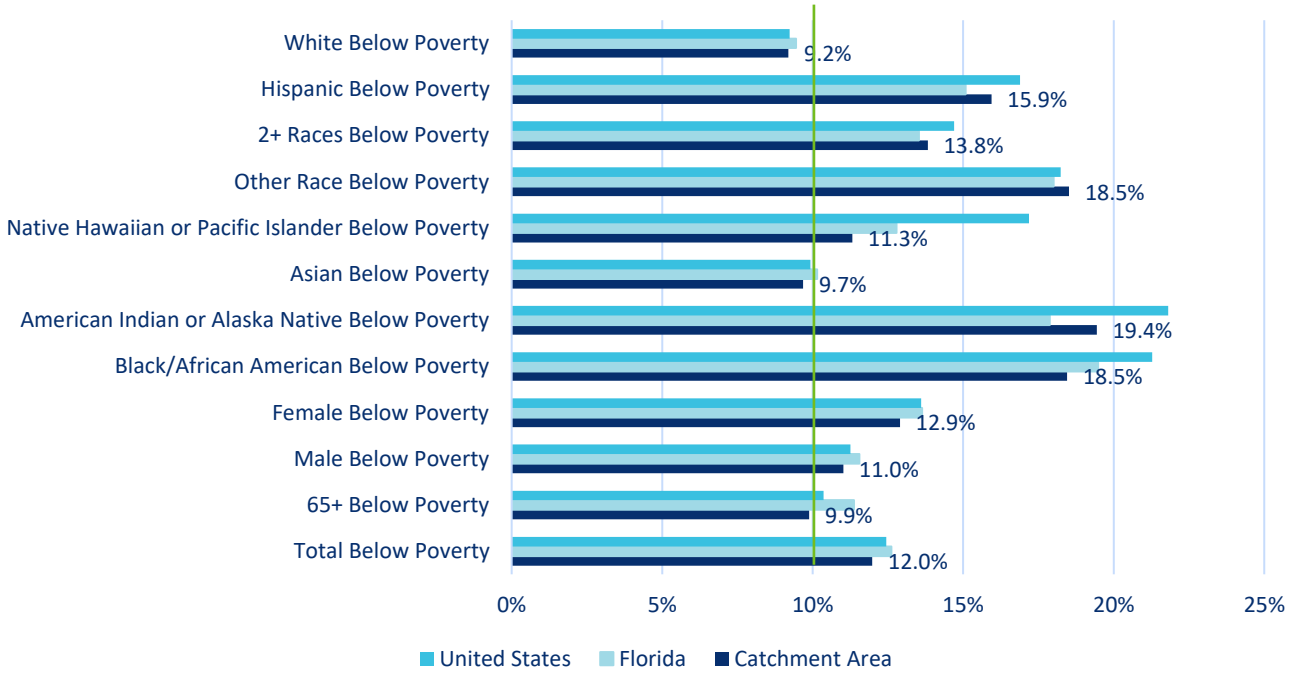


Figure 12 - Percent of population below 100% of Federal Poverty Level, source: U.S. Census Bureau ACS 2023 5yr; Green line represents the catchment area 12.0% poverty level.

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. As of May 21, 2025, the 2025 federal poverty threshold for a family of four was $32,150 annually. From 2019 – 2023 the average percentage of individuals living below the poverty level in the catchment area was lower than the national benchmark (12.4%) and lower than the state benchmark of 12.6% for the same period. Women experience poverty greater than men. American Indian/Alaska Native (19.4%), Black/African American (18.5%), and “Other” (18.5%) populations in the catchment area bear the greatest poverty burden among all race groups. “Other” race group experience a higher poverty level than Florida and the United States.

Median Household Income

Area	Median household income (dollars)	Mean household income (dollars)
Catchment Area	$ 75,266	$ 92,352
Florida	$ 71,711	$ 102,130
United States	$ 78,538	$ 110,491

Table 8 – Median and mean household income. Source: ACS 2023 5yr

According to ACS 2023 5yr estimates, median household income at the census tract level in Moffitt's catchment area ranged from $13,804 – $250,001, with an average median income of $75,266.19.

The map illustrates, at the census tract level, areas with a median household income above $119,300 and below $37,800, which represent standard deviations above and below the average median household income.

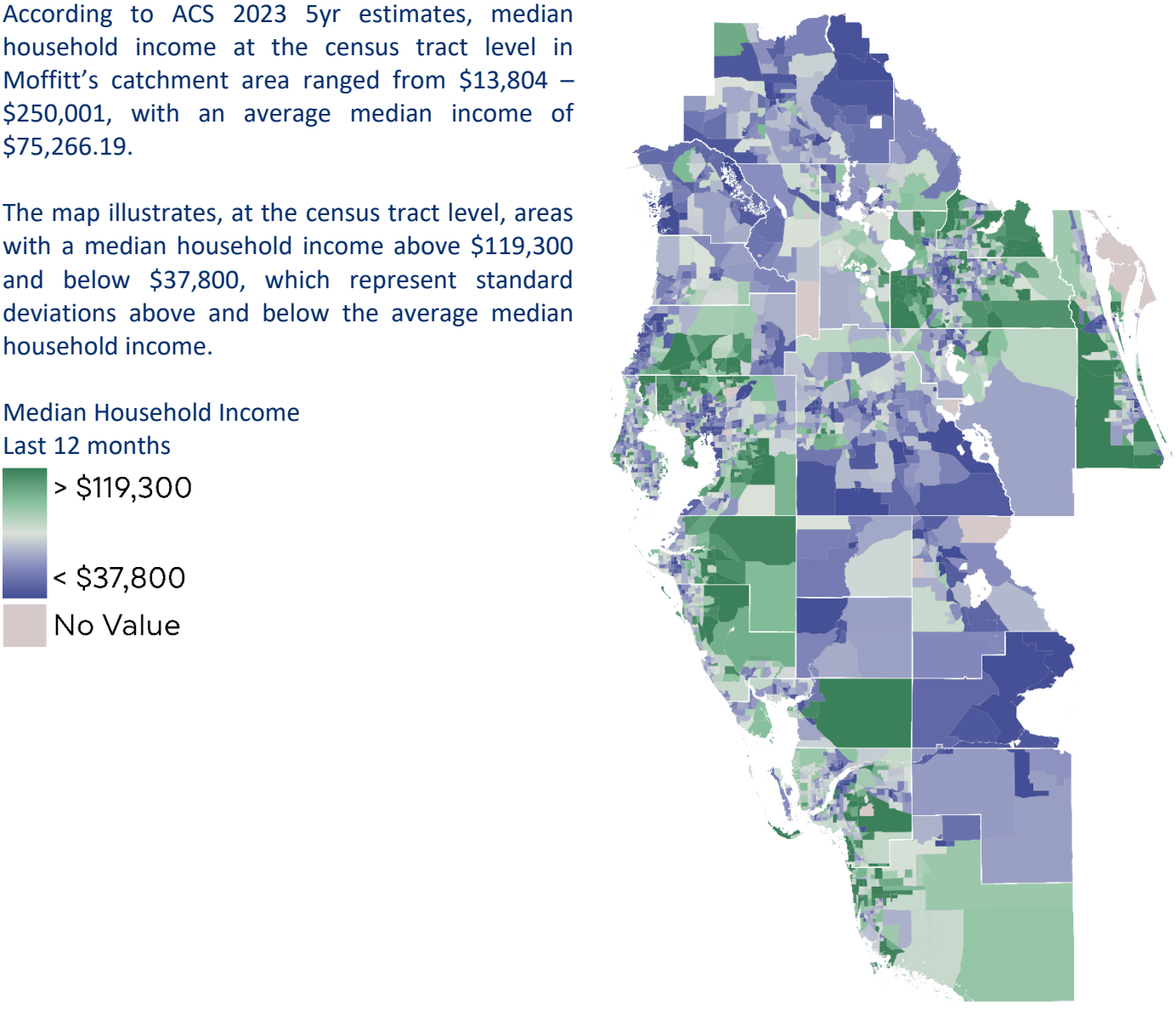


Figure 13 - Map of average household income by census tract, Source: ACS 2023 5yr, inflation-adjusted dollars to the last year of 5-year range)

C. Access to Care

Health Insurance Coverage

From 2019 – 2023, the percentage of uninsured individuals in Moffitt's catchment area (11.4%) was higher than the United States (8.6%), and slightly lower than the overall rate for Florida.

Thirteen counties in the catchment area have a higher uninsured population than the United States.

Men have higher uninsured rates than women. The White population has a lower uninsured rate than all other race groups.

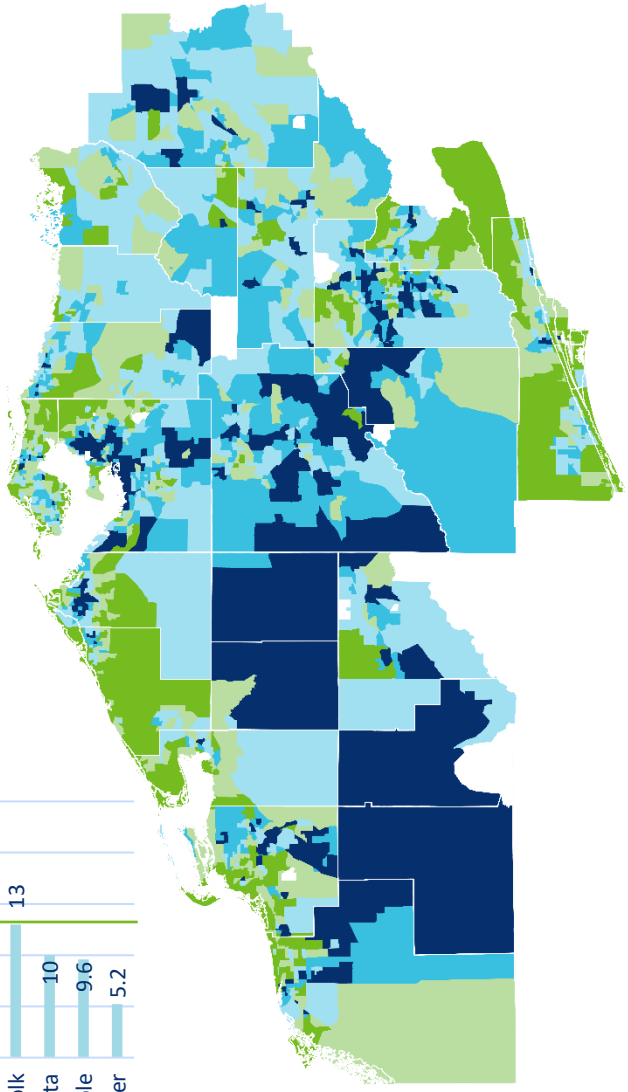


Figure 14 - Uninsured population by census tract, source: CDC PLACES, 2023

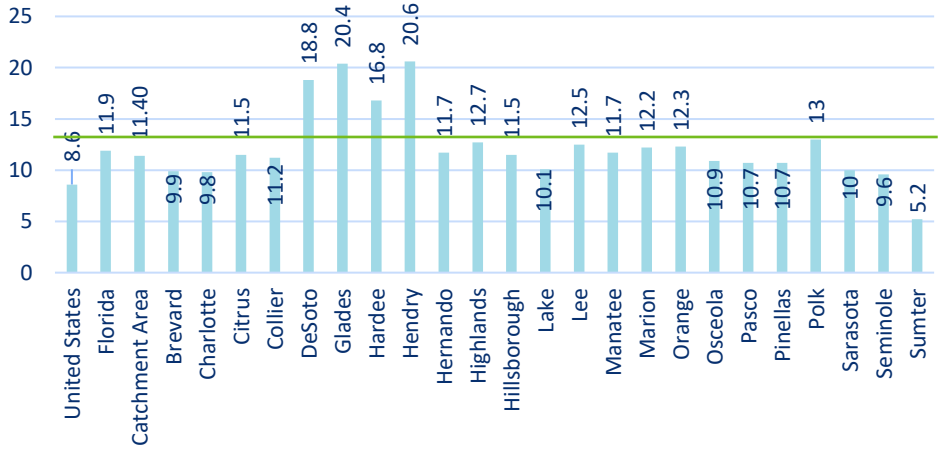


Figure 15 - Uninsured population by county, source: U.S. Census Bureau ACS 2023 yr. The green line represents the catchment area rate

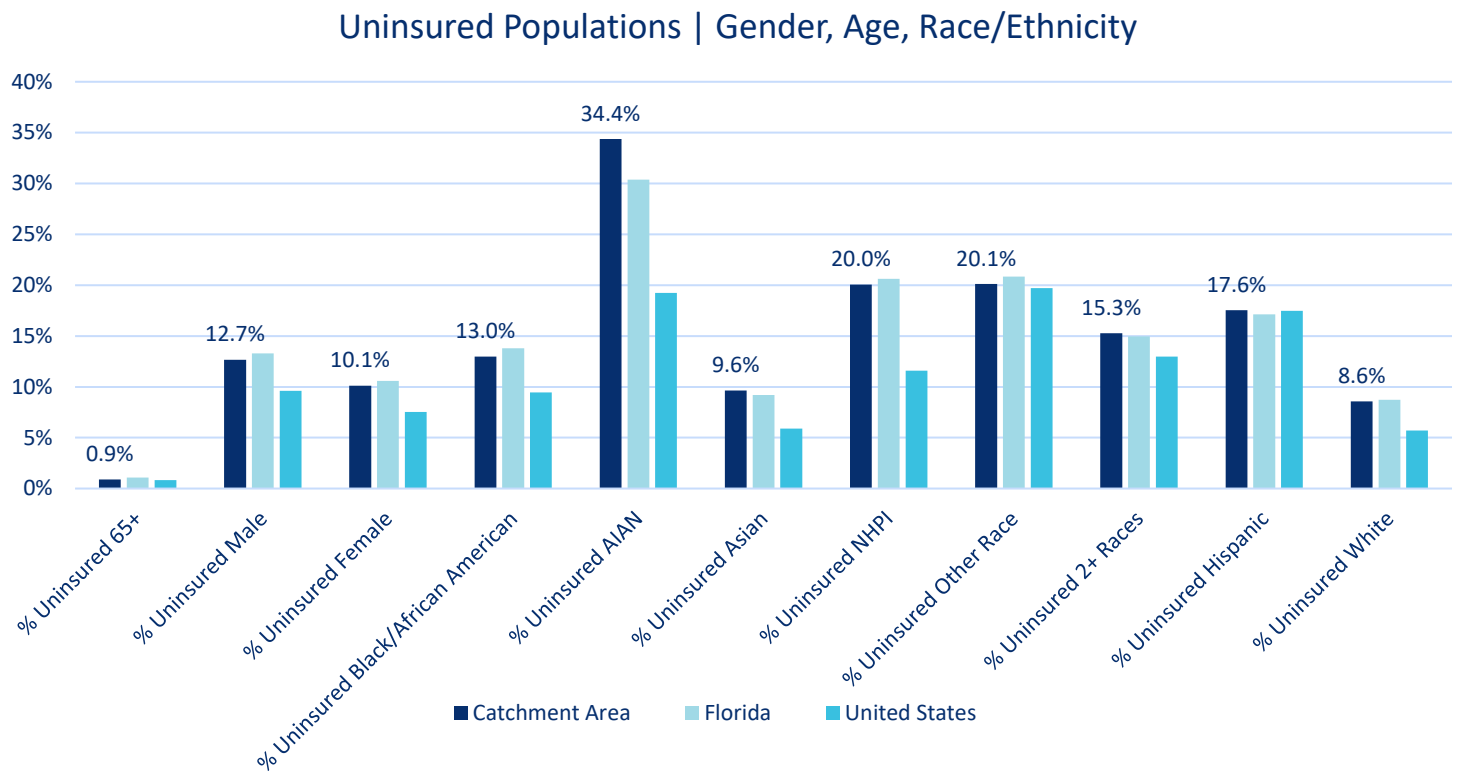


Figure 16 - Uninsured population by age, gender, race and ethnicity, source: U.S. Census Bureau ACS 2023 5yr

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care and mental health. Shortages may be geographic or population-based:

- Geographic Area - a shortage of providers for the entire population within a defined geographic area.
- Population Groups - a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, agricultural farmworkers, and other groups)

The following areas are characterized as Health Professional Shortage Areas (HPSAs) within the community:

County	Primary Care HPSA	Mental Health HPSA
Brevard	County-wide	County-wide
Charlotte	County-wide	County-wide
Citrus	County-wide	County-wide
Collier	Partial Geography Only	County-wide
Desoto	County-wide	County-wide
Glades	County-wide	County-wide
Hardee	County-wide	County-wide
Hendry	County-wide	County-wide
Hernando	County-wide	County-wide
Highlands	County-wide	County-wide
Hillsborough	Partial Geography Only	Partial Geography Only
Lake	County-wide	County-wide
Lee	County-wide	County-wide
Manatee	Partial Geography Only	Partial Geography Only
Marion	County-wide	County-wide
Orange	Partial Geography Only	County-wide
Osceola	County-wide	County-wide
Pasco	County-wide	County-wide
Pinellas		
Polk	Partial Geography Only	Partial Geography Only
Sarasota	Partial Geography Only	
Seminole	County-wide	County-wide
Sumter	Partial Geography Only	Partial Geography Only

Figure 17 – Health Professional Shortage Areas, source: Health Resources and Services Administration

Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice (IMU). In our catchment area 17 counties are defined by HRSA as medically underserved areas.

The IMU is calculated based on four criteria:

- the population to provider ratio
- the percent of the population below the federal poverty level
- the percent of the population over age 65
- the infant mortality rate

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as a MUA/P.

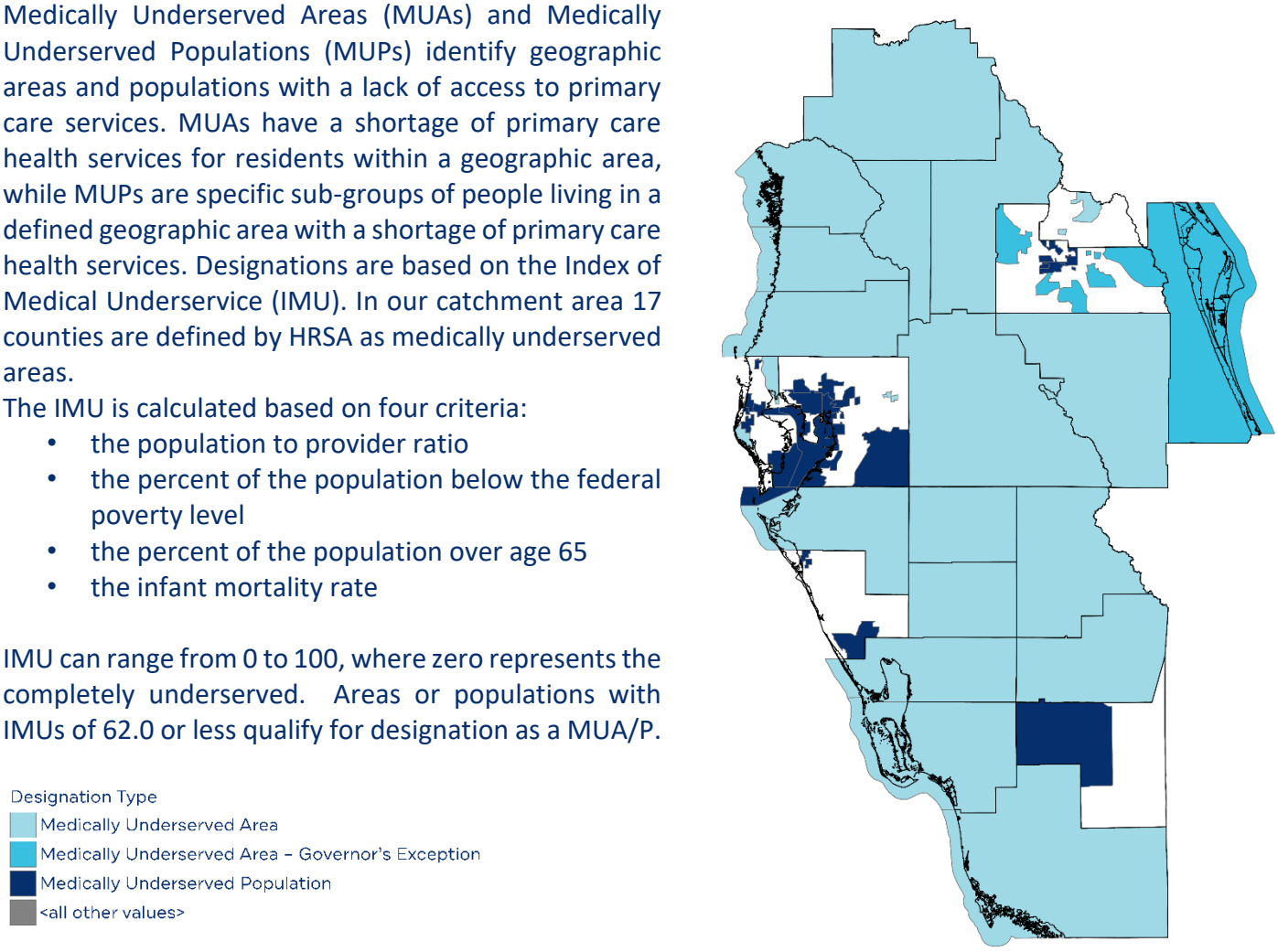


Figure 18 - Medically Underserved Areas, source: Health Resources and Services Administration

D. Housing

The Census Bureau's American Community Survey provides an estimate of severe housing cost burden and severe housing problems. Housing cost burden is measured by the percentage of households that spend 50% or more of their household income on housing. Within catchment area counties, 10 counties exceeded the catchment area average for housing cost burden. Osceola county experiences the most severe housing cost burden.

Severe housing problems measures things like overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 10 counties in Moffitt's catchment area exceeded the catchment area average for serve housing problems. Osceola county also experiences the most severe housing problems.

Severe Housing Cost Burden and Housing Problems

Figure 19 - Severe housing cost burden and severe housing problems, source: County Health Rankings, U.S. Census Bureau ACS 2023 5yr; Counties are ranked largest to smallest by Severe Housing Cost Burden. Green lines represent the catchment area average

Individuals Living Alone

The U.S. Census Bureau's 2019-2023 American Community Survey (ACS) estimates indicated that 28.2% of households across the catchment area have individuals living alone, which was identical to the state value and slightly lower than the national value. More females than males live alone in 19 of the counties, and overall in Moffitt's catchment area.

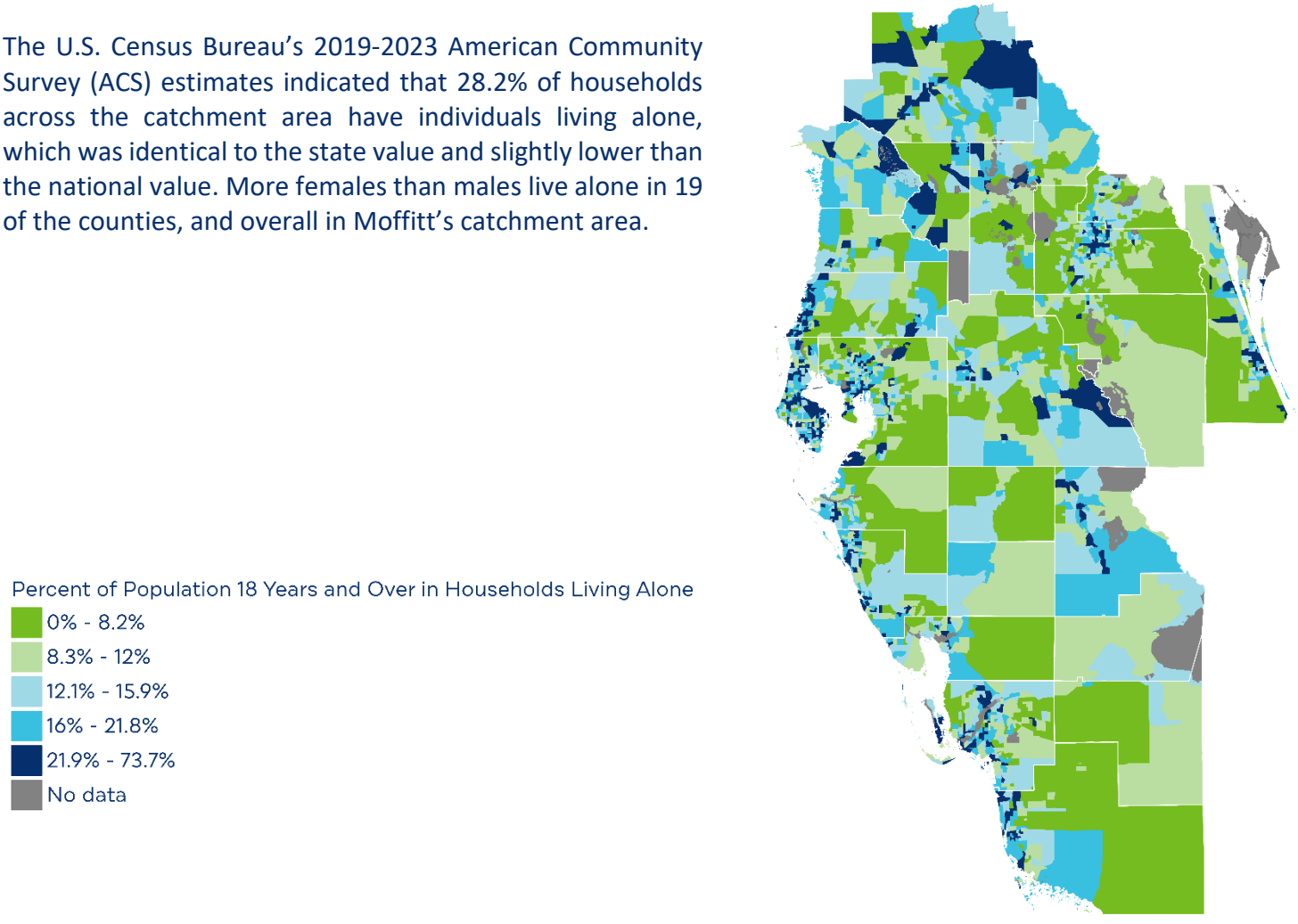


Figure 20 – Percent of households with individuals living alone, percent of male and female householders living alone, source: U.S. ACS 2023 5yr

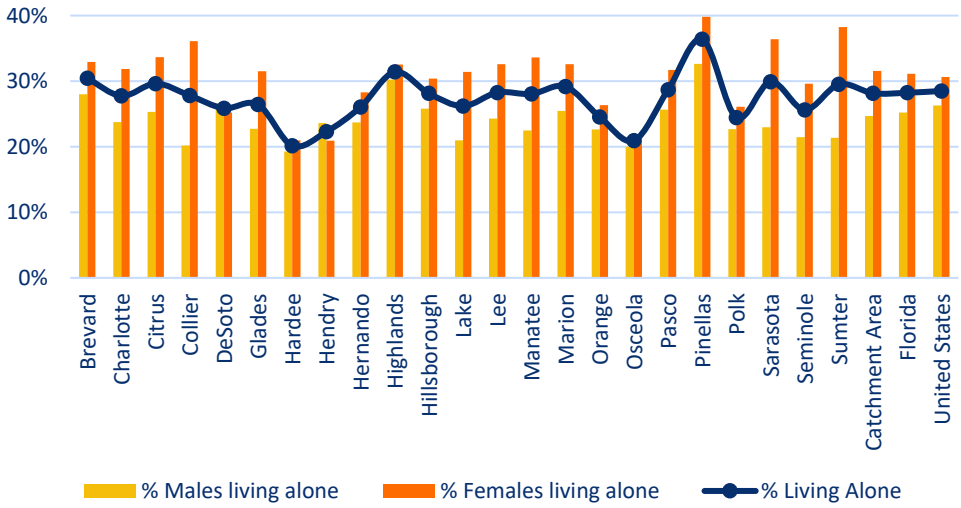


Figure 21 – Percent of the population 18+ in households living alone, ACS 2023 5yr, census tract

E. Education

Highest Level of Education Completed

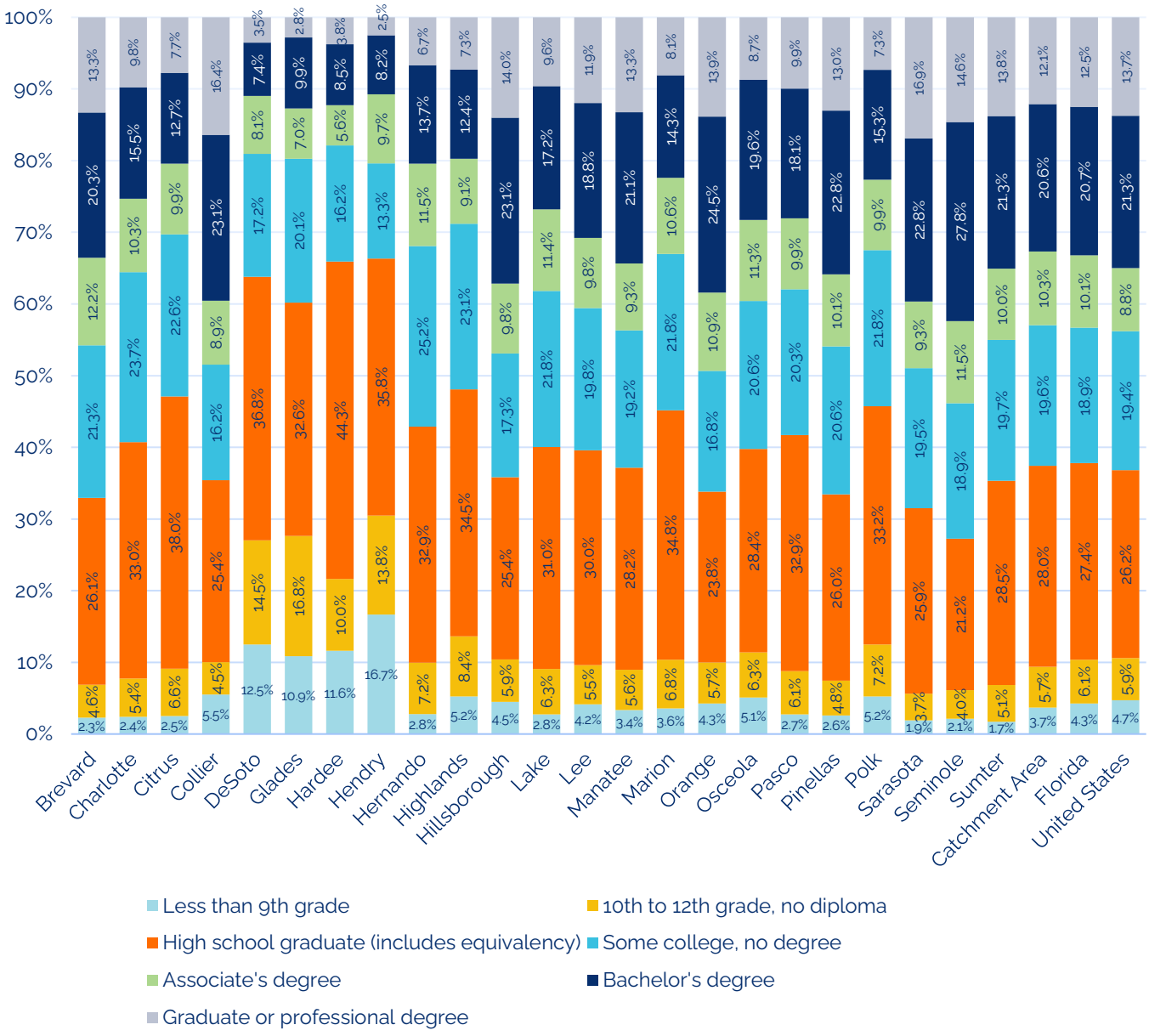


Figure 22 - Highest level of education completed by persons 25 years and older, Source: U.S. Census Bureau ACS 2023 5yr

In Moffitt's catchment area, 11 counties had a greater proportion of individuals with a less than 9th grade education, compared to the overall catchment area rate. Considering the portion of individuals with a graduate or professional degree, only five catchment area counties had a higher level of education than the state or national averages.

F. Disability

Percent of Individuals with a Disability

Approximately 30.8% of individuals in Moffitt's catchment area were living with a disability from 2019 to 2023. Of the 23 total catchment area counties, 17 had a greater proportion of individuals with a disability than the state catchment area rate of 30.8%.

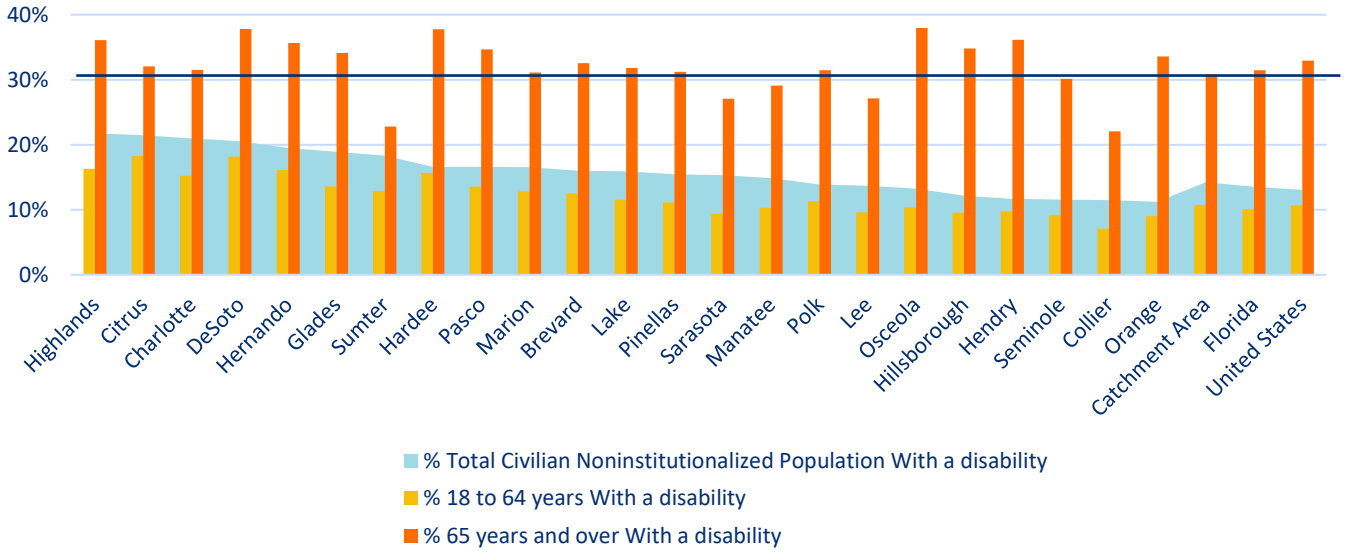


Figure 23 - Percentage of individuals with a disability, source: U.S. Census Bureau ACS, 2023 5yr. Dark blue line indicates the catchment area rate

G. Morbidity

Average Number of Physically and Mentally Unhealthy Days

The average number of physically unhealthy and mentally unhealthy days per month in Moffitt's catchment area was greater than the state benchmark (5.1 vs. 3.7, respectively). 11 counties had more physically unhealthy days, and 9 had more mentally unhealthy days compared to the catchment area average.

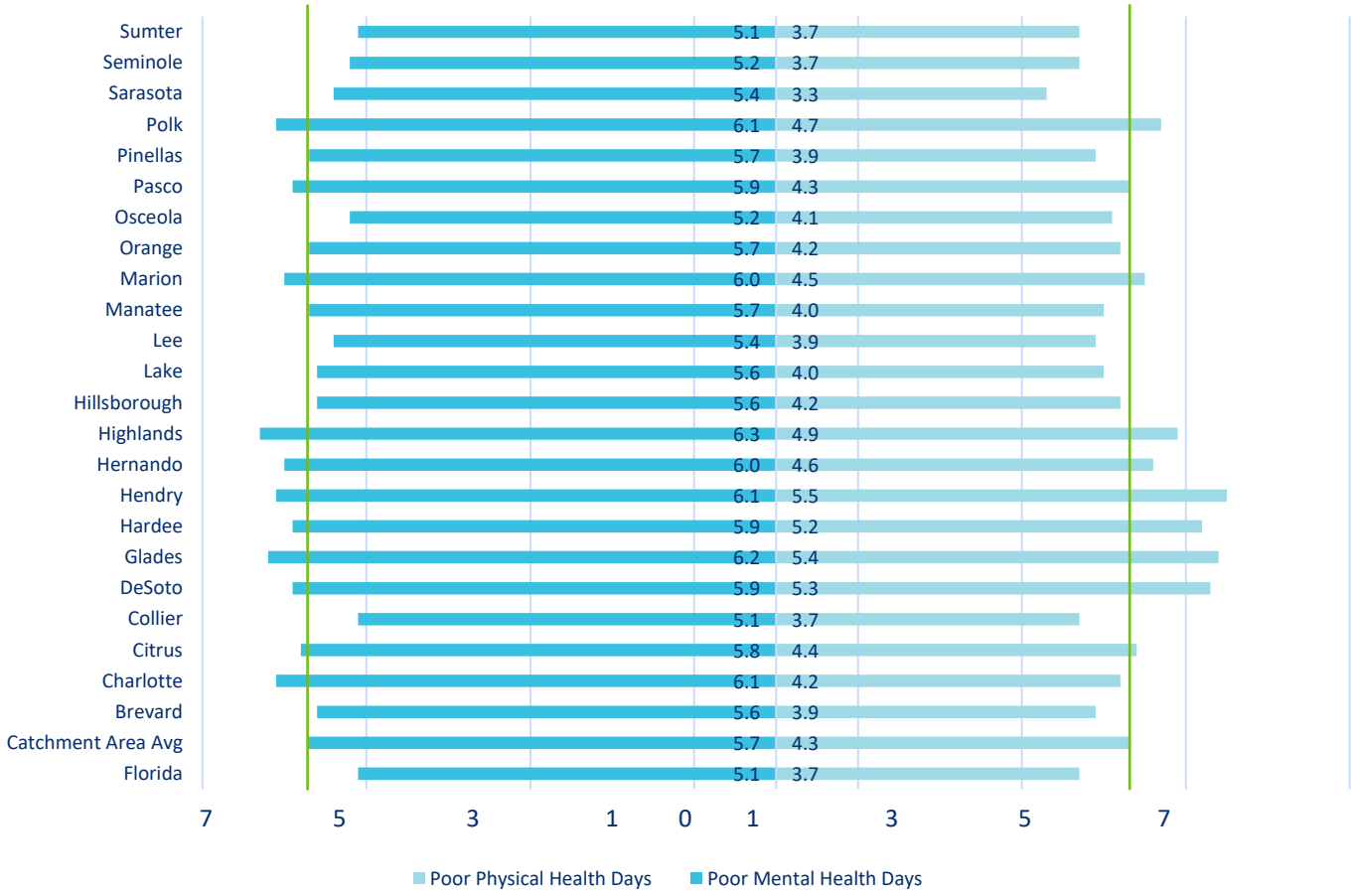


Figure 24 – Average number of physically unhealthy days and mentally unhealthy days, source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2020, Green lines indicate the catchment area average.

Percent of Individuals Experiencing Fair or Poor Health

The percentage of individuals in catchment area counties experiencing fair or poor health ranged from 14% in Sarasota County to 28% in Hardee County according to Behavioral Risk Factor Surveillance System data from 2020.

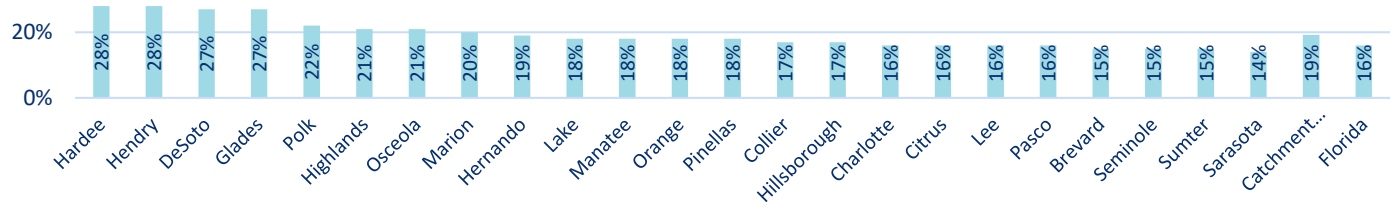


Figure 25 - Percentage of adults reporting fair or poor health (age-adjusted), source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2020, darker blue indicates a greater percentage

H. Mortality

Premature Death (Years of Potential Life Lost) and Life Expectancy

The average premature death rate (measured as years of potential life lost before age 75) per 100,000 population in Moffitt's catchment area (9,887) was greater than the state rate (8,600). 16 catchment area counties have a higher YPPL than Florida.

Area	Total YPPL	Hispanic (all races) YPPL	Non-Hispanic Asian YPPL	Non-Hispanic Black YPPL	Non-Hispanic White YPPL
Citrus	14,600	10,500		21,400	15,100
Highlands	13,000	9,600		15,800	14,500
Marion	12,600	8,700		14,500	13,700
DeSoto	11,800	7,700		16,000	14,000
Hardee	11,800	10,600			13,000
Hernando	11,300	6,800		12,800	12,600
Glades	11,000				
Brevard	10,700	7,100	4,000	15,600	10,800
Hendry	10,600	7,800		17,800	12,300
Sumter	10,400	5,800		12,200	12,100
Pasco	9,900	6,500	3,100	9,500	11,300
Polk	9,800	6,800	3,800	13,200	10,500
Charlotte	9,600	5,500		8,100	10,700
Pinellas	9,400	6,200	4,000	14,400	9,400
Lake	9,200	6,200	3,200	11,100	10,000
Manatee	8,800	7,900		13,600	8,600
Lee	8,500	6,200	2,500	11,900	9,300
Sarasota	8,400	5,700	3,800	14,200	8,700
Hillsborough	8,000	6,400	3,600	12,200	8,100
Osceola	7,400	6,200	5,100	9,400	9,100
Orange	7,000	5,800	3,400	10,600	6,800
Seminole	7,000	5,400	3,200	11,600	7,200
Collier	6,600	5,300		8,400	7,400
Catchment Area Avg	9,887	7,032	3,609	13,062	235,200
Florida	8,600				

Table 9 - Premature death measured as years of potential life lost (YPLL). Source: County Health Rankings, National Center for Health Statistics 2022. Counties are ordered from largest to smallest based on Total YPPL. For other columns, the darker the color, the greater the number of years lost.

Mortality Rates for Top 15 Leading Causes of Death 2020

Heart disease, cancer, accidents, COVID-19, and stroke were the top causes of death within the catchment area in 2023. The mortality rates for malignant neoplasms, accidents, chronic lower respiratory disease, diabetes, Alzheimer's, liver disease, suicide, hypertension, Parkinson's, influenza, and septicemia exceeded the state benchmark rates.

15 Leading Causes of Death	Catchment Area Rate	Florida Rate
Diseases of heart	231.25	223.86
Malignant neoplasms	**223.63**	212.12
Accidents	**81.66**	73.91
Cerebrovascular diseases	65.41	70.85
COVID-19	61.46	63.39
Chronic lower respiratory diseases	**56.43**	52.06
Diabetes mellitus	**34.54**	33.33
Alzheimer disease	**30.68**	30.01
Chronic liver disease and cirrhosis	**18.18**	16.61
Intentional self-harm	**16.43**	15.66
Essential hypertension and hypertensive renal disease	**15.01**	15.49
Nephritis, nephrotic syndrome and nephrosis	14.64	14.65
Parkinson disease	**14.61**	14.08
Influenza and pneumonia	**13.77**	13.21
Septicemia	**13.25**	12.41

Figure 26 – Mortality rates for leading causes of death, source: CDC Wonder 2023

I. Cancer Screening and Prevention

Breast, Cervical, Colorectal, Prostate Cancer Screenings

County	Had a Mammogram in Past 2 Years, Age 40+	Had a Mammogram in Past 2 Years, 50-74	Pap Test in Past 3 Years, No Hysterectomy, Age 21-65	Had Colonoscopy in Past 10 Years, 50-75*	PSA screening within the past year, ages 55-69
Brevard	**62.5**	**67.5**	73.8	72.1	66.1
Charlotte	**67.2**	**69.2**	**64.9**	61.3	47.6
Citrus	**65.8**	**73.3**	74.7	**59.6**	41.1
Collier	73.7	78.9	76.9	65.2	43.5
DeSoto	**64**	**75.8**	**64.3**	**55**	33.1
Glades	70	76.5	73.5	**50.6**	31.7
Hardee	**60.4**	**65.9**	72	**50.9**	33.3
Hendry	**65.5**	77	74.3	**48.4**	39
Hernando	70.8	80.4	**62.6**	69.5	38
Highlands	71	80.6	**71.8**	**56.4**	38
Hillsborough	69	**75.1**	73.3	**58.7**	31.6
Lake	**64.7**	79.3	**65.9**	63.8	38.5
Lee	**64**	**74.8**	74	62.1	50.7
Manatee	72	80.6	**70.2**	68.1	45.4
Marion	71.9	79.1	**70.7**	66.8	45
Orange	**65.9**	**67.5**	75.1	**52.1**	39
Osceola	70.6	84.9	**69.2**	**59.9**	41.8
Pasco	70.9	77.8	72.9	**57.8**	40.4
Pinellas	**63.6**	**69.3**	**66.9**	64.2	38.4
Polk	68.7	**72.9**	85	**56.2**	34.6
Sarasota	70.2	78.1	**69.9**	66.2	44.3
Seminole	74.4	79.5	78.6	68.4	32
Sumter	81.2	87.3	76.4	76.2	45.4
Catchment Area Average	68.6	76.1	72.0	61.3	40.8
Florida	71.1	78.0	76.7	71.7	36.4

*Florida rate: FOBT in last year and/or flex sigmoidoscopy in last 5 years and FOBT in last 3 years and/or colonoscopy in last 10 years, Age 50-75

Table 10 - Cancer screening rates for mammography, pap test, colonoscopy and FOBT, source: 2017-2019 County Level Modeled Estimates Combining BRFSS & NHIS; 2018-2019 County Level Modeled Estimates Combining BRFSS & NHIS; 2012–2020 Florida Behavioral Risk Factor Surveillance System. Highlighted rates are the bottom 10% of cancer screening rates for that screening type (column). PSA = prostate specific antigen screening

Compared to the catchment area average, there are 10 counties with lower mammography screening for women aged 40+, and 10 counties with lower mammography screening for women aged 50-74. There are also 10 counties with lower Pap test use compared to the catchment area average. 11 counties have a lower rate of colonoscopy use in the past 10 years.

HPV Vaccination

In 2023, HPV vaccination completion rates in Moffitt's catchment area (35.7%) were slightly lower than the Florida completion rate (36.3%). 12 counties had lower completion rates than the catchment area overall. Women had higher completion rates compared to men in every county except for Glades, where the male completion rate was slightly higher – which also has the lowest completion rates in the catchment area.

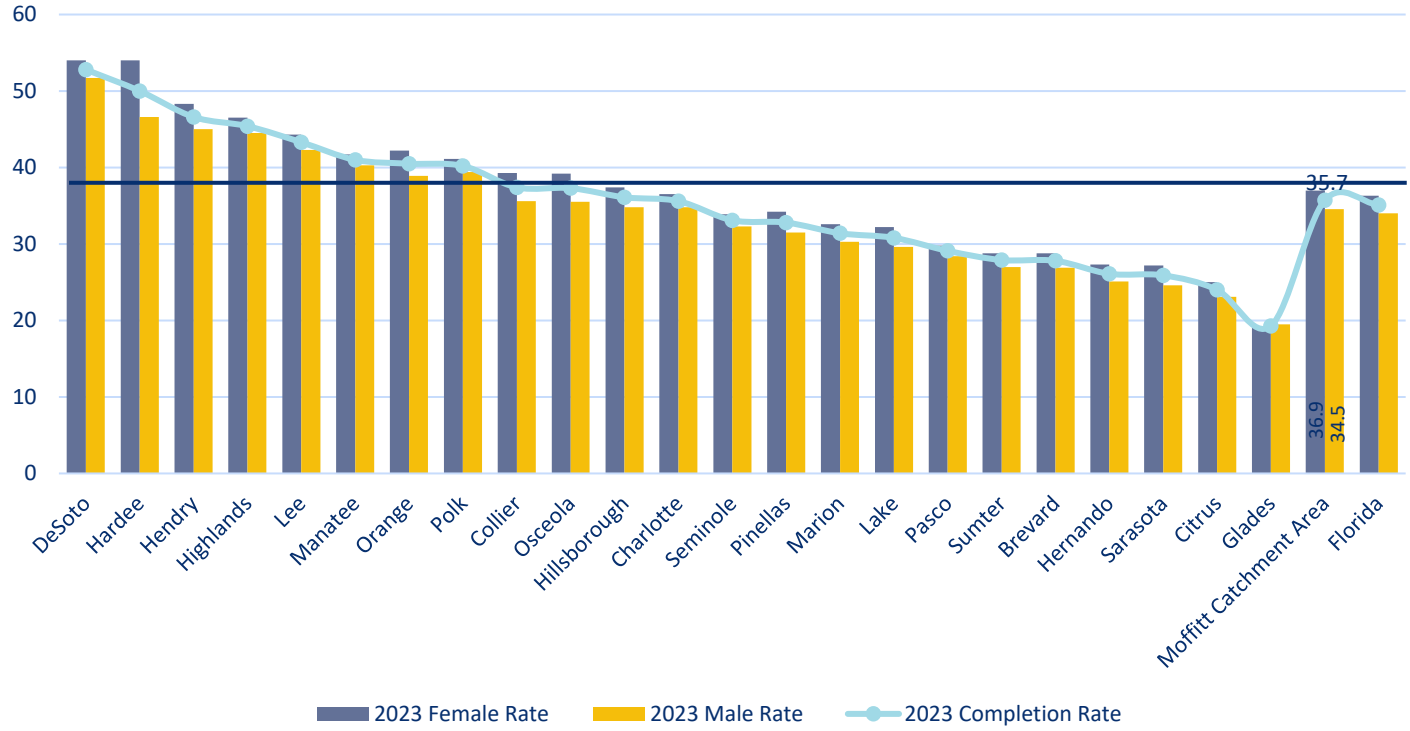


Figure 27 – HPV vaccination completion rates. Source: FLHealthCharts, 2023. Blue line represents the catchment area rate

Sunscreen Use

Used suntan or sunscreen products in the last 12 months

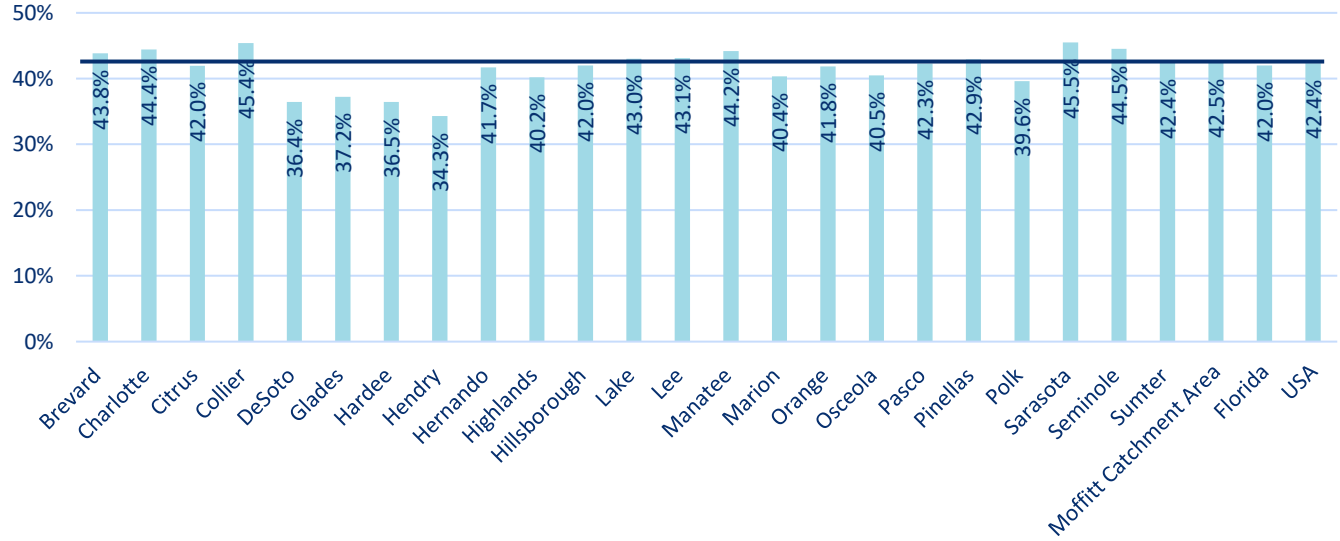


Figure 28 – Sunscreen use in the last 12 months. Source: ESRI, MRI Simmons, 2024. Blue line represents the catchment area rate

J. Cancer Incidence and Mortality

Cancer Incidence Rates for All Invasive Cancers

The incidence rate for all invasive cancers within the catchment area was greater in 11 catchment area counties compared to the Florida rate, and 16 catchment area counties had higher rates than the U.S. There were 10 counties with higher incidence rates among males, and 13 counties with higher incidence rates among females compared to Florida. Glades County had the lowest overall cancer incidence, as well as the lowest rates for both males and females.

County	Incidence: All cancer sites	Male Incidence: All cancer sites	Female Incidence: All cancer sites
Brevard	**497.8**	**530.8**	**473.0**
Charlotte	450.8	487.9	419.4
Citrus	**524.9**	**571.2**	**484.6**
Collier	402.0	437.2	372.8
DeSoto	414.4	415.7	433.6
Glades	355.8	414.9	302.0
Hardee	453.0	452.2	**464.0**
Hendry	385.9	407.8	369.4
Hernando	**539.6**	**582.2**	**505.0**
Highlands	**471.9**	486.9	**462.6**
Hillsborough	**478.1**	**520.6**	**449.3**
Lake	**508.0**	**547.3**	**476.8**
Lee	423.9	445.1	406.2
Manatee	434.8	462.6	413.5
Marion	**520.8**	**556.3**	**492.5**
Orange	420.6	449.9	402.4
Osceola	450.2	492.0	421.5
Pasco	**499.9**	**532.5**	**475.9**
Pinellas	**476.9**	**504.2**	**457.9**
Polk	**473.1**	**504.5**	**450.0**
Sarasota	**475.5**	**513.9**	**445.1**
Seminole	456.9	487.3	440.1
Sumter	444.8	461.7	**451.7**
Florida	464.0	498.1	441.0
USA	444.4	481.1	421.1

Table 11 – Age-adjusted cancer incidence rates for all invasive cancers for adults aged 20 and over, 2017-2021, source: State Cancer Profiles

Cancer Mortality Rates for All Invasive Cancers

There are 14 counties in Moffitt's catchment area with a higher mortality rate than Florida. In men, 12 counties have a higher male mortality rate, and 17 counties have a higher female mortality rate. Collier County has the lowest overall cancer mortality as well as male and female cancer mortality rates.

County	Mortality: All cancer sites	Male Mortality: All cancer sites	Female Mortality: All cancer sites
Brevard	**156.0**	**183.6**	**133.5**
Charlotte	135.3	156.9	115.9
Citrus	**172.2**	**200.1**	**147.7**
Collier	102.6	115.3	91.3
DeSoto	**155.7**	**167.5**	**147.3**
Glades	124.3	117.2	**132.8**
Hardee	138.9	154.2	**127.1**
Hendry	137.7	155.1	**122.4**
Hernando	**168.4**	**199.4**	**142.4**
Highlands	**143.7**	155.8	**133.7**
Hillsborough	**146.7**	**177.7**	**123.5**
Lake	**152.4**	**181.6**	**127.6**
Lee	122.8	139.7	107.7
Manatee	122.8	141.5	106.9
Marion	**163.6**	**196.0**	**136.0**
Orange	**143.2**	**173.5**	**120.9**
Osceola	**151.6**	**187.6**	**123.6**
Pasco	**161.6**	**189.4**	**138.5**
Pinellas	**143.4**	**166.8**	**124.8**
Polk	**146.0**	163.4	**132.0**
Sarasota	132.8	157.0	112.2
Seminole	**145.0**	**171.6**	**126.6**
Sumter	129.9	156.0	109.0
Florida	139.3	163.6	120.2
USA	146	173.2	126.4

Table 12 – Age adjusted cancer incidence rate for all invasive cancers for adults aged 20 and over, 2017-2021, Source State Cancer Profile

Cancer Incidence Rates by Site, by County

Breast cancer has the highest mortality rates in the catchment area, followed by prostate and lung cancers.

County	Breast (female)	Prostate (male)	Lung	Colorectal	Corpus Uteri & Uterus, NOS (female)	Skin	Non-Hodgkin's Lymphoma	Kidney	Cervical (female)
Brevard	129.9	97.7	65.4	37.5	28.7	32.7	23.4	10.9	8.8
Charlotte	115.6	76	61	31.4	21.5	33.1	19.9	8	6.4
Citrus	111.7	104.8	73.8	35.4	27.9	31.6	20.3	11.1	13.4
Collier	110.8	93.9	34.8	26	20.6	32.3	24.4	8.9	7.8
DeSoto	88.7	65.5	62.1	45.7	29.3	19.2	19.1	*	*
Glades	82.8	54.3	52.6	31.9	*	17.8	24.3	*	*
Hardee	97.9	86.2	59.2	46.9	36	17.5	19.8	24.7	*
Hendry	92.8	67.5	55	31.2	40.1	14.6	17.3	*	*
Hernando	122.3	92.7	72.5	38.6	33	30.5	24.7	14.3	10.2
Highlands	129.1	84.8	60.7	35.4	34.7	28.2	23.6	12.8	16.7
Hillsborough	124.6	106.6	56.7	39.9	29.1	24.7	23	12.4	9.4
Lake	136.5	110.8	61.6	37.5	31.8	23.5	22.3	11.6	8
Lee	112.1	75.9	49.9	30	25	32.8	23.2	8.7	9.5
Manatee	118.6	92	49.7	29.9	24.7	36.9	21.5	9.6	6.1
Marion	134	108.2	71	36.7	30.5	26	24.3	12.4	12.2
Orange	118.2	97	45.9	36.7	28	16.3	18.2	11.5	9.4
Osceola	122.7	103.4	47.7	39.2	33.2	14.7	18.2	11.6	11.8
Pasco	124.8	95.7	68.2	37.8	31.7	32.7	23.1	13.3	9.6
Pinellas	133.1	95.1	59.7	35	27.1	31.3	21.8	11.2	8.6
Polk	119.1	103.1	61.6	37.5	33.9	30.4	21.3	12.2	12.1
Sarasota	126.1	98.8	54	31.6	23.2	36.5	25.7	8	9.9
Seminole	131.6	90.6	51.4	35.5	25.9	22.9	22.4	10.8	7.7
Sumter	138.8	87.8	53.1	27.3	26.8	23.4	21.4	13	12.7

Figure 29 - Age-adjusted cancer incidence rates for adults aged 20 and over, 2017-2021, source: State Cancer Data System, shading (darker blue) indicates a higher incidence rate; * = suppressed rate. A **suppressed rate** is a data value **not reported** to protect privacy or because the **case count is too small** to be reliable.

Cancer Mortality Rates by Site, by County

Lung cancer had the highest mortality rates across all counties in Moffitt's catchment area. Breast cancer had the next highest mortality, followed by prostate cancer.

County	Lung	Breast (female)	Prostate (male)	Colorectal	Non-Hodgkin's Lymphoma	Corpus Uteri & Uterus, NOS (female)	Cervical (female)	Skin	Kidney
Brevard	41.2	20.2	16.4	13	5	4.3	2.8	2.9	2.1
Charlotte	35.5	18.5	15.6	11.8	4.5	2.7	1.6	2.2	2.1
Citrus	49.9	19.5	13.5	15.9	6	4.6	4.5	1.9	2.8
Collier	21.5	15.4	10	8	4.1	3.3	2.4	2.3	1
DeSoto	48.4	22.2	14.7	13.8	*	*			*
Glades	34.5	33.2		15.4	*	*			*
Hardee	44.2				*	*			*
Hendry	33.5			17.4	*	*			*
Hernando	46.7	20.5	15.3	13.2	5	4.4	2.5	2.6	2.6
Highlands	36.4	21.3	10.8	12.8	4.3	4.3	7	1.3	2.5
Hillsborough	35.8	18.4	16.2	14	4.4	5.3	2.6	1.9	1.8
Lake	38.5	17.2	16.1	13.8	4.7	5.7	2.6	2	2.2
Lee	30.2	16.4	11.9	10.1	3.7	4.3	2.6	1.9	1.5
Manatee	31.7	15.3	12.1	9.6	3.3	4	1.9	2.2	1.2
Marion	39.9	20.9	16	14.1	5.3	5.4	3.4	3.1	2
Orange	30.6	19.4	20.8	12.9	4.4	5.4	2.5	1.6	1.9
Osceola	31.4	21.8	22.2	13.7	5	5.7	3.8	1.3	1.5
Pasco	45.2	20.8	13.8	12.8	4.3	5.1	3	2.8	2.8
Pinellas	37.6	19.4	14.3	11.7	3.9	4	2.4	2.8	1.6
Polk	37.3	20.1	15.1	13	5.2	4.6	3.5	2.6	2.1
Sarasota	30.9	17.4	14.1	10.9	4.6	4	2.1	2	1.5
Seminole	33.5	20.3	18.2	12.8	4.8	5	2.5	2.5	1.7
Sumter	32.7	19	13.2	8.4	5	5.4		2.8	*

Figure 30 - Age-adjusted cancer mortality rates for adults aged 20 and over, 2018-2021, source: State Cancer Profiles, highlighting (blue) indicates a higher mortality rate. * = suppressed rate. A **suppressed rate** is a data value **not reported** to protect privacy or because the **case count is too small** to be reliable.

K. Chronic Conditions Contributing to Cancer Risk

Diabetes Prevalence

The percentage of adults aged 20 and above with diagnosed diabetes was greater than the catchment area rate in 10 counties across the catchment area.

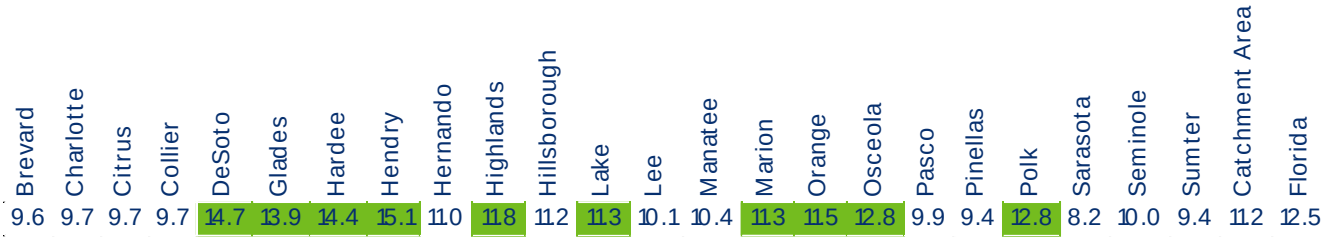


Figure 31 - Diabetes prevalence, source: BRFSS, 2023; County Health Rankings, 2023, green shading indicates a rate higher than the catchment area

Obesity

The percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted) was higher than the catchment area rate (34.8%) in DeSoto, Polk, Hardee, Marion, Glades, Marion, and Sumter counties.

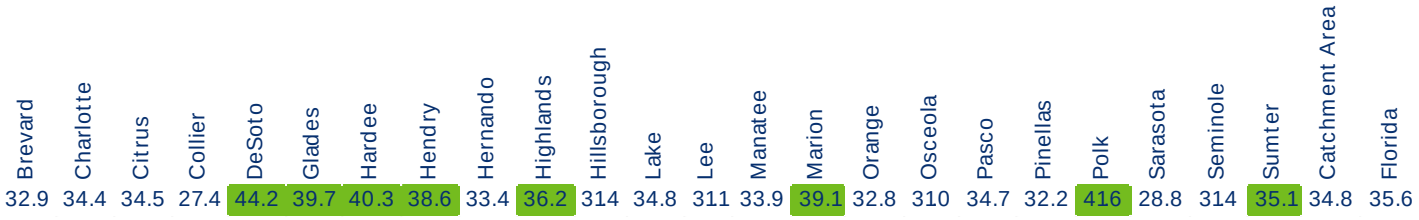


Figure 32 - Adult obesity rate for adults aged 20 and over, source: BRFSS, 2023; County Health Rankings, U.S., green shading indicates a rate higher than the catchment area

Physical Inactivity

The percentage of adults reporting physical inactivity was highest among rural counties, including Hardee, Hendry, Glades, DeSoto, and Highlands.

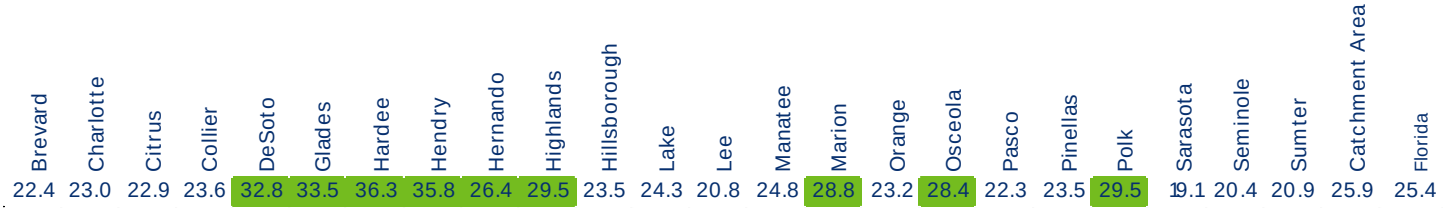


Figure 33 – Adult aged 20 and over reporting low physical activity or sedentary lifestyles, source: BRFSS, 2023; County Health Rankings, U.S., green shading indicates a rate higher than the catchment area

Current Smokers and Trying to Quit Smoking

Nearly half of current smokers in Moffitt's catchment area tried to stop smoking at least once in 2022. There are 11 counties in Moffitt's catchment area with a higher rate of people trying to quit smoking compared to the catchment area average (54.9%). The highest smoking rate, in DeSoto County (20.4%), also had among the lowest percentage of smokers who tried to stop smoking (36.1%). Quitting attempt data were not available for Glades, Hardee, and Seminole Counties.

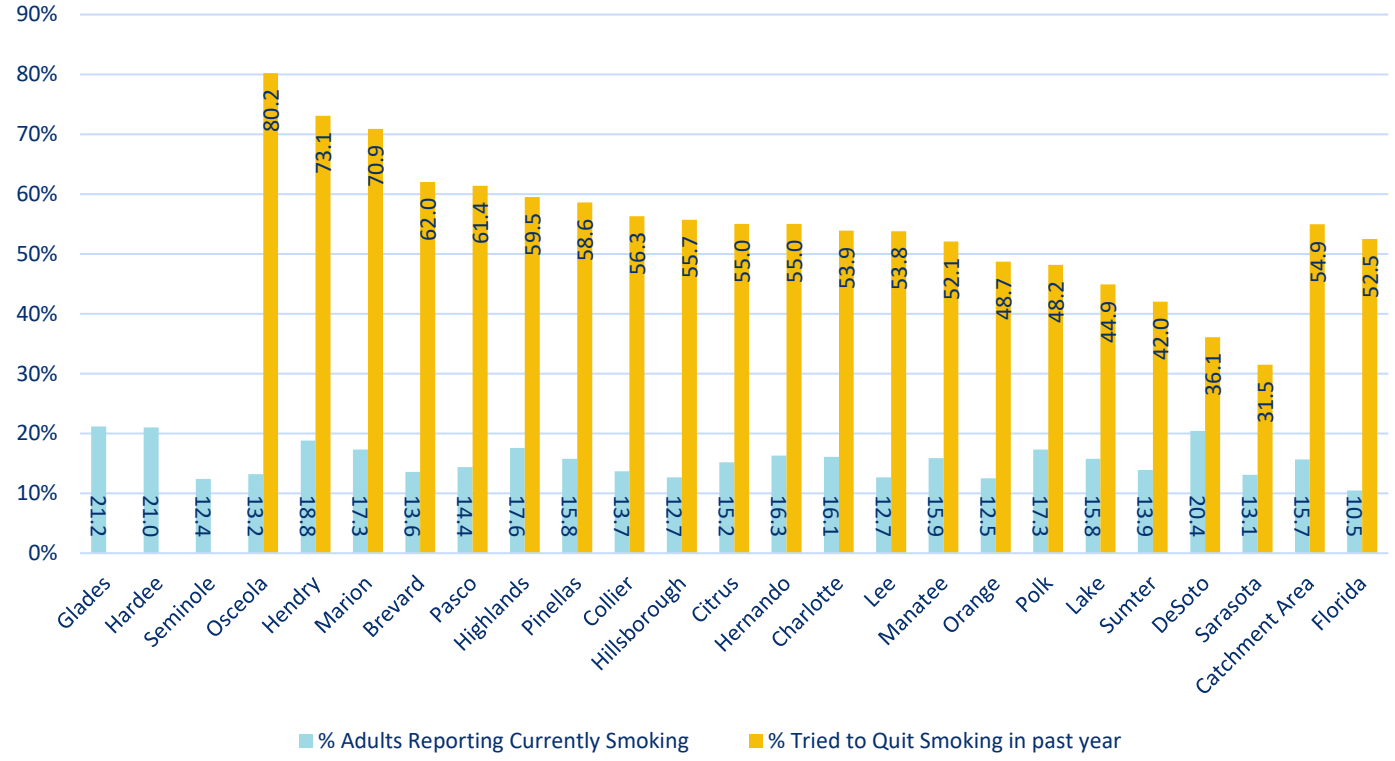


Figure 34 - Adults who are current smokers, source BRFSS, 2023; County Health Rankings

L. Sexually Transmitted Infections

HIV Incidence – Diagnosis Rate

In 2023, the HIV diagnosis rate for the cancer center's catchment area was 17.0 per 100,000, and the rate of people living with HIV (PLWH) was 415.0 per 100,000. The three counties with the highest HIV diagnosis rates were Orange (30.5), Hillsborough (24.3), and Polk (20.0). The three counties with the lowest HIV diagnosis rates were Glades (0.0), Hardee (3.9), and Sumter (4.0). For PLWH rates, the three highest counties were Glades (865.5), Orange (687.4), and Pinellas (537.8), while the three lowest were Citrus (173.3), Charlotte (192.8), and Sumter (241.4).

County	HIV Diagnoses Rate, 2023 Rate	PLW HIV 2023 Rate
Brevard	8.5	299.9
Charlotte	4.5	192.8
Citrus	7.5	173.3
Collier	16.0	288.5
DeSoto	11.4	394.8
Glades	0.0	865.5
Hardee	3.9	245.2
Hendry	12.2	364.9
Hernando	7.9	258.3
Highlands	16.3	306.7
Hillsborough	24.3	531.8
Lake	8.0	295.1
Lee	12.6	317.7
Manatee	13.6	302.7
Marion	12.4	334.2
Orange	30.5	687.4
Osceola	19.8	426.3
Pasco	10.3	257.9
Pinellas	16.7	537.8
Polk	20.0	408.2
Sarasota	7.3	256.3
Seminole	14.1	301.4
Sumter	4.0	241.4
Catchment Area	17.0	415.0
Florida	20.8	566.4

Figure 35 – HIV incidence rate by county and race/ethnicity, source: Florida Department of Health, Bureau of Communicable Diseases 2020. Blue shading indicates the rate among the top 10% of diagnosis rates or PLWH rate.

Ryan White Grant Recipients – Facilities

Of the 253 facilities that are Ryan White recipients in Florida, 74 (29.2%) are in Moffitt's catchment area. Of the counties that received funding, 36.5% (n=27) received Part A funding, 59.5% (n=44) received Part B funding, 18.9% (n=14) received Part C funding, and 10.8% (n=8) received Part D funding. The four counties without a Ryan White recipient facility in the catchment area are Hardee, Glades, Charlotte, and Highlands. 28% of the sites are in Orange County.

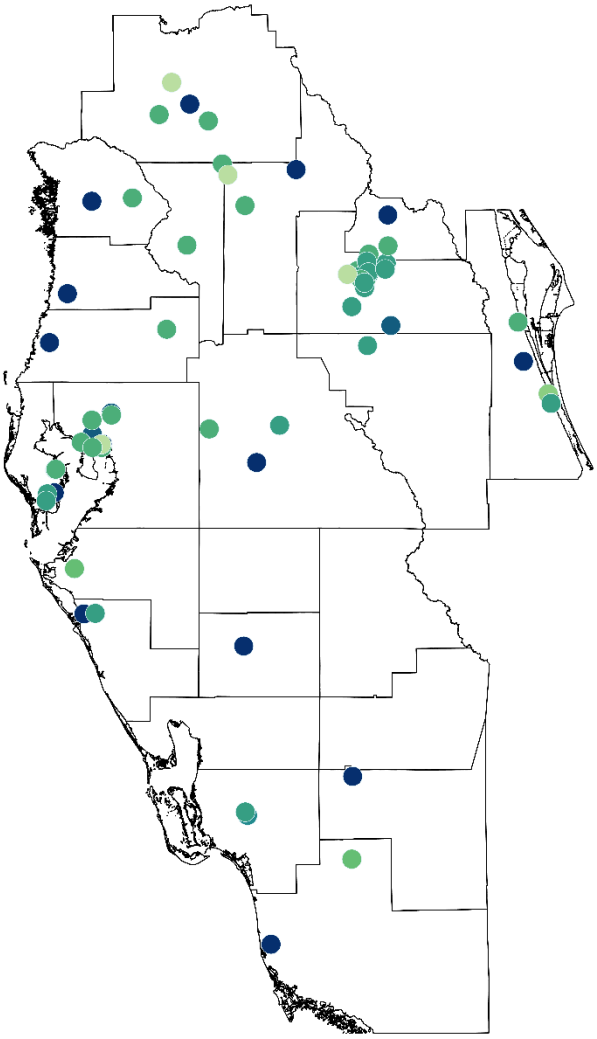


Figure 36 – Ryan White recipient sites, HRSA, 2025

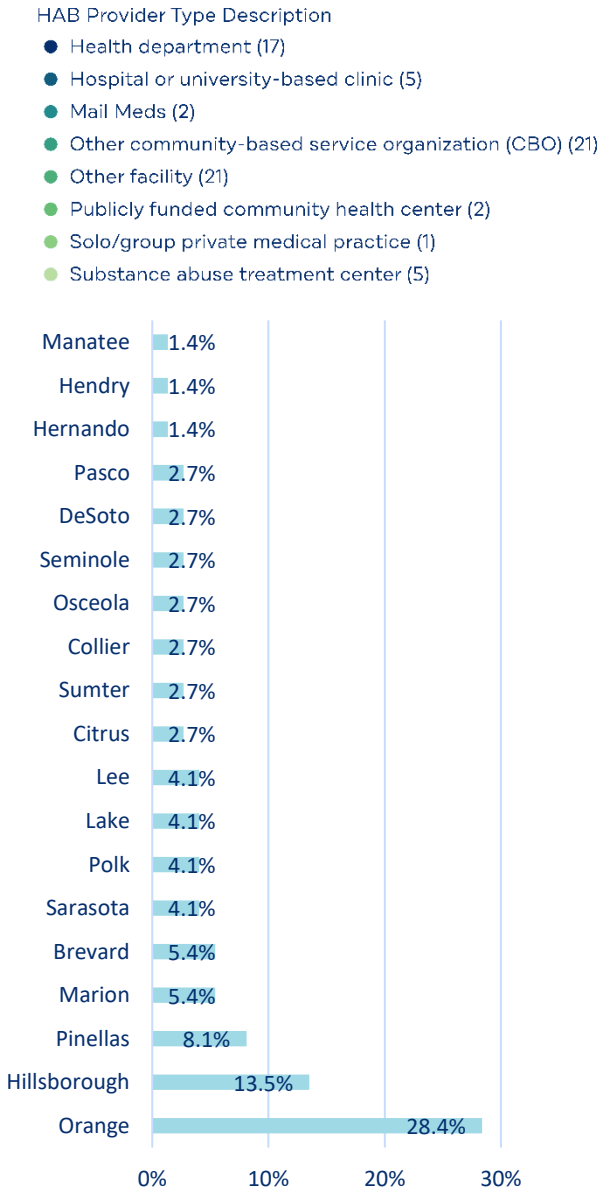


Figure 37 – Ryan White recipient sites by county, HRSA, 2025

UV Radiation – Monthly Average Daily Dose

UV radiation is highest between April and August. Sumter County experienced the highest average UV irradiance in May (7,258 J/m^2) followed by Lake County (7,233 J/m^2). UV irradiance is one component of the total solar irradiance and includes the ultraviolet wavelengths of solar energy. The variable used to calculate the measures is called EDD, erythemally weighted daily dose, which represents the amount of UV irradiance that can cause sunburn measured in an area over the course of the day. Data were obtained from the Environmental Remote Sensing Group at the Rollins School of Public Health at Emory University. The UV irradiance data was originally received from the University of Iowa's OMI Level 2 Surface UV Irradiance Product.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Brevard	3,109	3,610	4,638	5,712	6,170	7,089	6,074	6,570	5,177	4,033	3,157	2,611
Charlotte	3,257	3,676	5,370	5,554	6,433	6,541	6,270	6,760	5,038	4,100	3,274	2,823
Citrus	3,173	3,148	5,081	5,997	6,441	6,231	5,852	5,568	5,316	3,689	3,161	2,351
Collier	3,517	3,753	5,257	6,445	6,267	6,438	6,401	6,588	5,365	4,100	3,409	2,843
DeSoto	3,193	3,733	5,338	5,369	6,717	6,389	6,142	6,497	4,903	4,001	3,188	2,777
Glades	3,317	3,705	5,004	5,027	6,381	6,745	6,816	6,958	5,198	3,960	3,540	2,929
Hardee	3,206	3,513	5,006	5,008	7,137	6,339	5,921	6,386	4,922	4,112	3,101	2,695
Hendry	3,438	3,463	4,942	5,528	6,578	6,002	6,411	6,839	5,220	3,987	3,489	2,870
Hernando	3,193	3,098	4,864	5,789	6,327	6,206	5,634	5,038	5,046	3,701	3,124	2,498
Highlands	3,068	3,838	5,127	5,366	6,590	6,815	6,629	6,975	5,066	4,032	3,234	2,759
Hillsborough	3,186	3,173	4,956	5,282	6,094	5,992	5,711	5,268	5,102	3,638	3,316	2,596
Lake	2,858	3,304	4,305	5,614	7,233	6,530	6,134	5,965	5,125	3,900	3,207	2,424
Lee	3,436	3,614	5,366	5,761	6,706	6,457	5,972	6,741	5,130	4,136	3,246	2,885
Manatee	3,326	3,408	5,095	4,974	5,783	6,049	5,811	6,213	5,141	3,533	3,300	2,689
Marion	2,916	3,416	4,402	5,638	7,077	6,537	5,991	6,187	5,294	3,722	3,100	2,291
Orange	2,858	3,482	4,309	5,536	6,593	6,388	5,974	6,060	4,835	3,754	3,172	2,475
Osceola	3,020	3,609	4,511	5,375	6,126	6,529	5,883	6,181	5,078	3,702	3,125	2,623
Pasco	3,084	3,144	4,942	5,787	6,236	6,279	5,579	5,185	5,193	3,824	3,124	2,548
Pinellas	3,286	3,126	5,062	5,111	5,864	6,288	6,117	5,947	5,260	3,485	3,359	2,653
Polk	3,009	3,435	4,782	5,146	7,112	6,356	6,053	5,928	5,628	4,083	3,157	2,611
Sarasota	3,201	3,591	5,263	5,139	5,863	6,318	5,937	6,547	5,009	3,643	3,303	2,710
Seminole	2,825	3,288	4,254	5,142	6,007	5,861	5,942	6,141	4,367	3,568	3,256	2,556
Sumter	2,990	3,157	4,719	5,641	7,258	6,485	5,501	5,587	5,477	3,955	3,174	2,376

Table 13 - Monthly average daily dose of UV irradiance, measured in Joules per square meter (J/m2) for average daily dose of UV irradiance.
Source: Environmental Public Health Tracking Network, 2020, https://ephtracking.cdc.gov/DataExplorer

Toxins and Cancer Risk

The Environmental Protection Agency (EPA) tracks environmental exposure to various toxins known to cause cancer or increases cancer risk. These toxins include formaldehyde, carbon tetrachloride, benzene, acetaldehyde, naphthalene, ethylene oxide, and 1,3-butadiene.

In 2019, the highest average county-level exposure rates to these toxins were observed in Osceola County for 1,3-butadiene, benzene, and naphthalene; and in Hillsborough County for acetaldehyde, ethylene oxide, and formaldehyde.

All counties shared the same exposure level to carbon tetrachloride (3.0), matching the Florida average. The lowest exposure levels were found in Glades for 1,3-butadiene, benzene, ethylene oxide, and naphthalene, and in Brevard for acetaldehyde, formaldehyde, and also carbon tetrachloride. The total estimated cancer risk due to combined exposure was highest in Hillsborough County at 29.9, and lowest in Brevard County at 19.4.

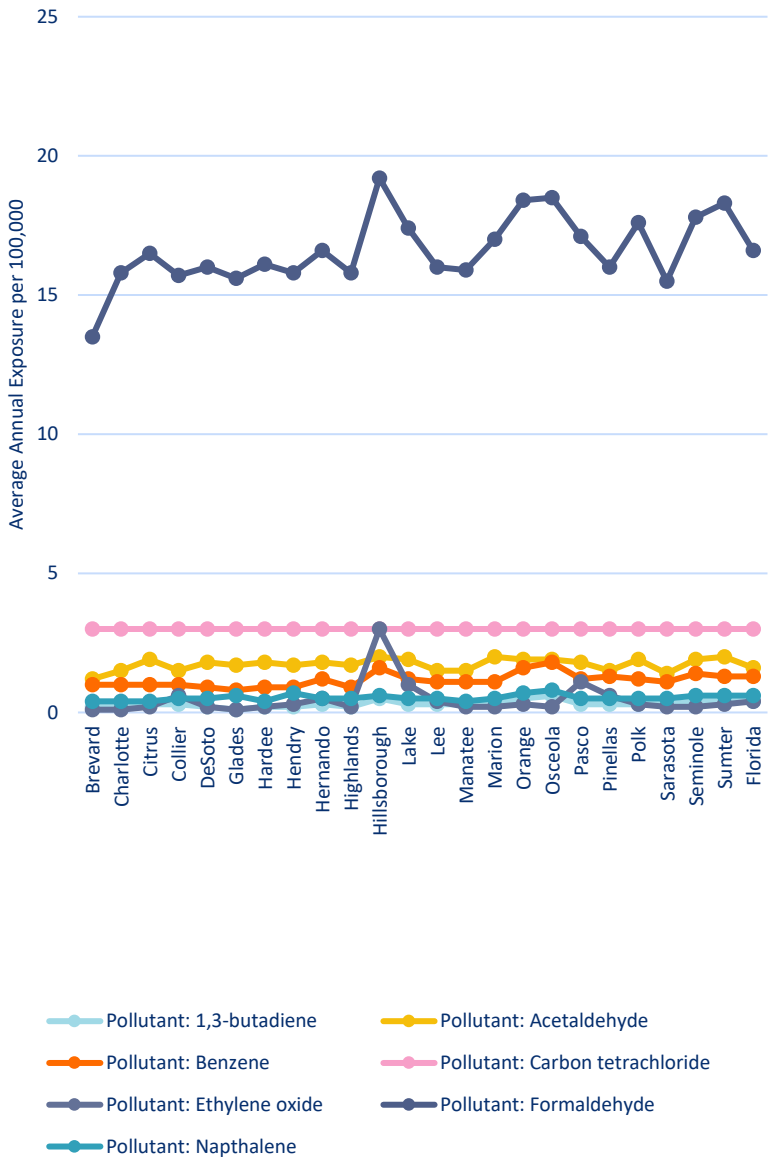


Figure 38 - Air Toxics, Annual Average Cancer Risk Estimates, 2019. Data obtained from the U.S. Environmental Protection Agency (EPA)'s National Air Toxics assessment (NATA) and Air Toxics Screening Assessment (AirToxScreen). Percent of cancer risk estimates by source were calculated by dividing source-specific annual average cancer risk estimates for a selected pollutant by the cancer risk estimate from all sources for a selected pollutant and multiplying by 100.

Air Pollution, Access to Exercise Opportunities, and Access to Parks

County Health Rankings compiles indicators related to environmental health and the physical environment. Air pollution, measured as the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5), was greater than the Florida benchmark (7.0) in 21 catchment area counties. Only Glades had a lower rate of access to exercise opportunities compared to Florida overall, which is much lower than both the catchment area average and most counties in the catchment area. Five counties had higher access to parks than the state rate.

County	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	% With Access to Exercise Opportunities	% with access to parks
Brevard	8.5	82.8	12.0
Charlotte	7.6	83.4	37.1
Citrus	8.3	77.4	31.7
Collier	8.6	91.6	28.6
DeSoto	7.9	63.7	5.7
Glades	7.9	10.5	5.0
Hardee	8.2	30.9	19.5
Hendry	7.5	56.9	2.1
Hernando	7.9	80.5	22.2
Highlands	7.8	70.3	16.0
Hillsborough	8.9	91.4	59.1
Lake	6.8	83.8	18.9
Lee	8.7	85.3	45.5
Manatee	7.3	89.0	21.2
Marion	7.3	68.2	16.4
Orange	8.5	91.3	22.1
Osceola	8.4	73.7	16.0
Pasco	8.3	85.4	19.5
Pinellas	8.9	98.3	61.3
Polk	7.7	69.9	10.9
Sarasota	7.9	89.0	53.0
Seminole	7.9	92.9	41.1
Sumter	7.3	89.3	8.1
Catchment Area	8.0	76.3	24.9
Florida	7.0	23.0	40.0

Figure 39 – Air pollution, access to exercise opportunities, and access to parks source: County Health Rankings, Environmental Public Health Tracking Network, 2022.

Food Insecurity and Access to Healthy Foods

The USDA Food Environment Atlas includes an estimate of the population who are low-income and do not live close to a grocery store. In the most recent data available, 10 catchment area counties had worse access than the Florida average. Nearly one-third of Glades County residents lacked sufficient access to grocery stores.

Food insecurity rate, measured as the percentage of the population who lacked adequate access to food, was greater than the Florida benchmark (13.0%) in 11 catchment area counties.

County	% Limited Access to Healthy Foods	% Food Insecure
Brevard	12.1	12.1
Charlotte	13.8	13.8
Citrus	15.7	15.7
Collier	7.0	11.7
DeSoto	7.0	18.6
Glades	23.9	16.6
Hardee	13.0	19.6
Hendry	7.2	16.9
Hernando	12.3	14.2
Highlands	17.7	15.6
Hillsborough	8.2	12.7
Lake	11.8	12.0
Lee	12.0	12.7
Manatee	6.1	12.2
Marion	11.9	13.8
Orange	7.2	12.4
Osceola	14.9	13.7
Pasco	12.1	13.3
Pinellas	5.1	12.8
Polk	13.4	13.7
Sarasota	7.1	11.8
Seminole	6.1	11.2
Sumter	6.0	12.7
Catchment Area	10.95	13.90
Florida	8.0	13.0

Figure 40 – Access to healthy foods, source: County Health Rankings, USDA Food Environment Atlas 2019

M. County and State Health Improvement Plans

County Health Improvement Plans for Catchment Area Counties

The most recent County Health Improvement Plan (CHIP) for each catchment area county was reviewed as of April 2025. Individual health priorities within the CHIP reports were identified and categorized in the table below. A summary of the topics included in CHIP reports is provided in the table below. The most common topic was Access to Care, followed by Mental Health and Substance Abuse. Moffitt Cancer Center's identified priority areas closely aligned with several focus areas addressed in the Department of Health's CHIP. These overlapping priorities include access to care, health equity, health communication, chronic disease prevention, substance use, community redevelopment and community partnerships. This alignment highlights key opportunities for collaboration between Moffitt and local public health initiatives

County	Hillsborough	Pinellas	Pasco	Osceola	Orange	Hernando	Brevard	Polk	Collier	Hendry	Lee	Charlotte	Glades	Highlands	DeSoto	Sarasota	Manatee	Hardee	Marion	Citrus	Sumter	Lake	Seminole	Total
Access to Care	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	21
Behavioral Health	✓	✓	✓	✓	✓	✓	✓	✓				✓										✓		10
Exercise/Nutrition	✓	✓						✓			✓													4
Social Services		✓	✓																					2
Mental Health	✓		✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	18
Substance Use	✓		✓						✓		✓	✓		✓	✓		✓	✓	✓	✓	✓			12
Housing												✓		✓	✓		✓	✓	✓	✓	✓		✓	9
Chronic Disease Prevention				✓	✓		✓		✓		✓											✓		6
Child health and safety										✓			✓											2
Communicable disease																	✓							1
Health Equity						✓	✓	✓												✓				4
Health Finance							✓																	1
Community redevelopment and partnership							✓		✓															2
Senior Health												✓												1
Infant Mortality										✓														1
Unintentional Injuries										✓														1
Environment												✓				✓								2
Health Communication														✓	✓		✓	✓	✓	✓	✓			7

Figure 41 - County Health Improvement Plan (CHIP) priorities for catchment area counties, Source: Florida Department of Health

Florida SHIP 2022-2026

Florida's most recent State Health Improvement Plan (SHIP) includes the seven priority areas below:

1. Alzheimer's Disease and Related Dementias
2. Chronic Diseases and Conditions
3. Injury, Safety, and Violence
4. Maternal and Child Health
5. Mental Well-being and Substance Abuse Prevention
6. Social and Economic Conditions Impacting Health
7. Transmissible and Emerging Diseases

A. Prioritization Methodology

Refined List of Significant Health Needs

The combined analysis of primary and secondary data resulted in a prioritized list of key health needs. A theme was elevated if it was identified in both data sources, frequently mentioned by community leaders, appeared in multiple Community Health Improvement Plan (CHIP) reports, or demonstrated significantly worse indicators compared to Florida state-level data.

Key stakeholders were provided with the following list of significant health needs for their review and prioritization (see below):

- Cancer prevention
- Caregiver needs, support groups
- Clinical trials
- Community navigation
- Environmental exposure to toxins
- Health insurance, cost of healthcare
- Language barrier
- Low physical activity
- Medical mistrust, cultural differences
- Mental health services
- Poor nutrition
- Special needs for rural populations
- Sun exposure
- Tech-literacy and access to internet
- Tobacco, vaping

Organizations Providing Input for Prioritization

Moffitt sought input from internal and external stakeholders to determine whether previously identified health needs remain significant. This feedback was gathered during 30-minute virtual meetings held on April 24, 2025, and May 5, 2025, with members of the Tampa Bay Community Cancer Network (TBCCN), and the Patient and Family Advisory Council (PFAC).

Virtual Prioritization Sessions

Each virtual prioritization session began with an introduction to the CHNA (CHNA) process, followed by a brief overview of the significant health needs that participants would evaluate for prioritization. An example is provided in the figure below. Then, community advisory board members were asked to complete a poll (see questions below).

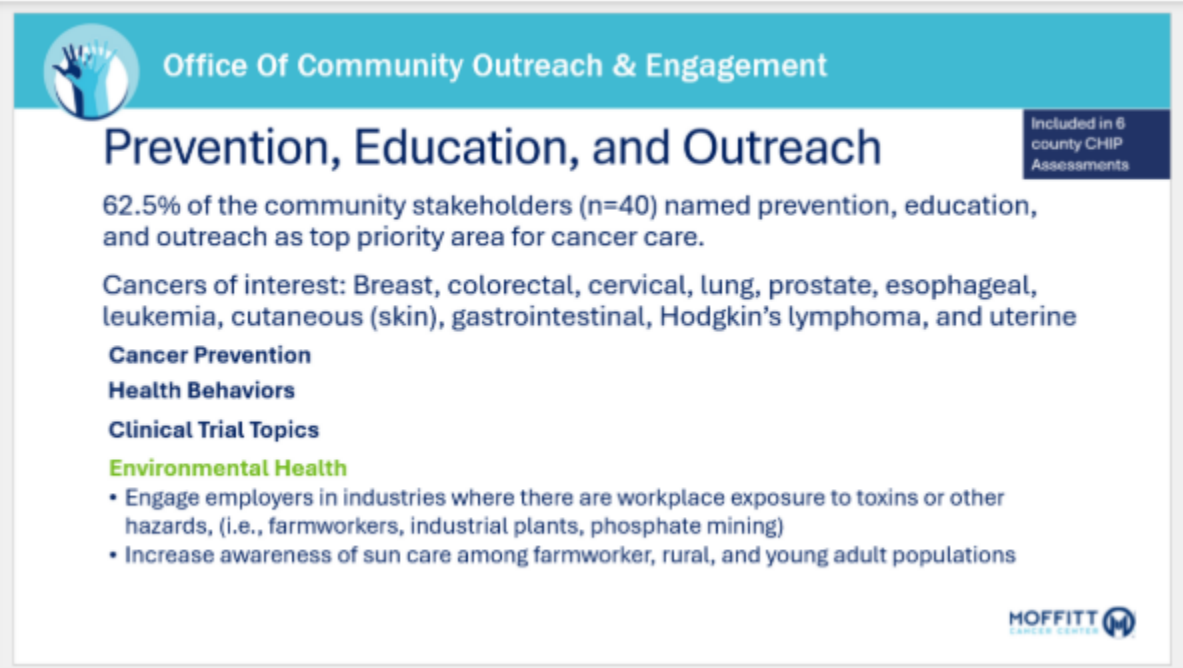


Figure 42 - Example of information shared with key stakeholders during prioritization sessions

Poll Question Related to Importance and Feasibility (Yes/No)

1. Do you agree that Prevention, Education, and Outreach should remain a top priority?
2. Do you agree that Access to Screening and Early Detection should remain a top priority?
3. Do you agree that Health for All should remain a top priority?
4. Should we add a new priority related to Survivorship?

For patient advisors, they preferred to have a discussion rather than a formal poll following the overview provided.

B. Prioritization Session Results

TBCCN Prioritization

During the sessions, we reviewed previously identified health needs with participants and used polling questions to assess whether these needs remain top priorities. Survivorship, which emerged as a key theme during stakeholder interviews, was also discussed and rated by members for its importance. In addition, we introduced new subtopics within each health priority area and conducted polls to gauge the importance of each subtopic.

Patient and Family Advisory Council Prioritization

During the session, we focused the discussion on the new priority area of Survivorship, which had been identified as a key theme during stakeholder interviews. Given PFAC's unique perspective as a group of patients and family members, we sought their feedback on this topic. PFAC members voted to include Survivorship as a health priority and provided input on the relevant subtopics associated with it.

C. Final Prioritized List of Significant Needs

COE leadership and key team members reviewed the rankings and discussion feedback from the prioritization sessions.

The following areas were selected as the top prioritized health needs for the community:

1. Prevention, Education, and Outreach
2. Access to Screening and Early Detection
3. Health for All
4. Survivorship

COMMUNITY RESOURCES

A. Resources Related to CHNA Priorities

The following is a select list of resources related to each of the selected priority needs.

Prevention, Education, and Outreach Resources

- Abe Brown Ministries
- Allegany Franciscan Ministries
- Alliance for Community Health
- American Diabetes Association
- Aunt Bertha
- Beth-El Farmworker Ministry
- Centers for Disease Control & Prevention Inside Knowledge Campaign
- Community Aging & Retirement Services – Crescent Center
- Council on Aging
- Enterprising Latinas
- Faces of Courage Foundation
- Farmworkers Self-Help, Inc.
- Florida Nonprofit Alliance
- FORCE: Facing Our Risk of Cancer Empowered
- Foundation for a Healthy St. Petersburg
- Front Porch Community Development Association
- Haitian American Foundation of Tampa Bay
- Health Council of East Central Florida
- Healthiest Weight Florida
- Latinos Unidos Por Un Nuevo Amanecer
- Lee Davis Community Center
- Metropolitan Ministries
- Moffitt Men's Health Forum
- National Lymphedema Network
- REACHUP, Inc
- Redlands Christian Migrant Association
- Sisters Network, Inc.
- Sisters Surviving Breast cancer
- SouthShore Community Resource Center
- Space Coast Health Foundation
- Tampa Bay Community Cancer Network Center
- Tampa Bay Healthcare Collaborative
- Tampa Caribbean Cancer Health Initiative
- The Department of Elder Affairs
- The Salvation Army
- Tobacco-Free Florida
- United Way – 211
- Veterans Affairs Services
- West Central Florida Agency on Aging

- YMCA

Access to Screening and Early Detection Resources

- American Breast Cancer Foundation – Key to Life Program
- American Cancer Society
- American Red Cross
- Angels Care Center of Eloise
- Brevard Prevention Coalition
- CAN Community Health
- Cancer Alliance of Naples
- CancerCare
- Center for Change
- Circle of Parents
- Community Health Centers of Polk County
- David Lawrence Centers for Behavioral Health
- Doctors Free Clinic of Citrus County
- Early Steps
- Florida Breast and Cervical Cancer Early Detection Program
- Florida Breast Cancer Foundation
- Florida Department of Health
- Good Samaritan Health Clinic
- Gracepoint
- H. Lee Moffitt Cancer Center & Research Institute
- Hillsborough Healthcare
- Jewish Community Center Clinic
- Judeo Christian Health Clinic
- Life Stream
- Manatee Healthcare Alliance
- Mental Health Funding District
- National Alliance on Mental Illness (NAMI)
- National Cancer Institute (NCI)
- Orange County Health Services
- Partners in Breast Care
- Peace River Center
- Pinellas County Integrated Care
- Plant City Family Care
- Premier Community Healthcare
- Shepherd's Hope Health Center
- Suncoast Community Health Centers
- Susan G. Komen for the Cure
- Tampa Bay Thrives
- Tampa Family Health Centers
- The Federal Health Program for American Indians and Alaska Natives
- University of South Florida – Free Clinics
- Virginia B. Andes Volunteer Community Clinic

Health for All Resources

- Center for Health Equity
- Federally Qualified Healthcare Centers (FQHCs)
- Feeding Tampa Bay
- Florida Discount Prescription Drug Card
- Florida Health - Office of Health Equity
- Hart Bus Line
- Health Start Coalition
- Hill-Burton Free or Reduced-Cost Care
- Hillsborough County's Sunshine Line
- InterCultural Advocacy Institute
- Key Training Center
- Meals on Wheels
- Mid Florida Community Services, Inc.
- Mid-Florida Homeless Coalition
- National Complete Streets Coalition
- Second Harvest Food Bank
- STREAM Public Transportation
- Tampa/Hillsborough Homeless Initiative
- The Patient Advocate Foundation
- Thousand Days
- United Way
- University Area Community Development Corporation, Inc.

Survivorship Resources

- AdventHealth Cancer Institute
- American Cancer Society- Florida Chapter
- Cancer Support Community Greater Tampa Bay
- CancerCare
- Cure on Wheels Inc.
- East Central Florida Cancer Control Collaborative
- Florida Breast Cancer Foundation
- Florida Cancer Control and Research Advisory Council (CCRAB)
- Gilda's Club South Florida
- Lakeland Regional Health Hollis Cancer Center
- Lee Health- Regional Cancer Center
- Living Beyond Breast Cancer (LBBC)
- Moffitt Cancer Center – Survivorship Clinic
- National Coalition for Cancer Survivorship (NCCS)
- National LGBT Cancer Network
- Oral Cancer Foundation
- Orlando Health Cancer Institute
- Sharsheet
- Tampa General Cancer Center
- Tampa Metropolitan Area YMCA – Survivorship Program

- Team Tony Cancer Foundation
- YMCA of the Suncoast – Survivorship Program Powered by Moffitt

A. Actions Taken Since Previous CHNA

Moffitt's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2022 CHNA: 1) Prevention, Education, and Outreach, 2) Access to Screening and Early Detection, 3) Healthy Equity. The strategies completed and modifications made to the Implementation Plan for each health priority area are outlined below.

Previous Priority 1: Prevention, Education, and Outreach

Objective 1: Improve data on cancer prevention knowledge, attitudes, and related areas of interest

Activity 1A: Collaborate with Florida Cancer Data System (FCDS) on improving access to cancer data (Obj 2.3, 2.4)

By 2025, the Florida State Cancer Plan outlines two key initiatives aimed at enhancing the state's cancer data and surveillance efforts. Under Objective 2.3, the plan proposes piloting the inclusion of SDOH and additional patient demographic data—such as occupation and country of origin—into the statewide cancer data collection system. Objective 2.4 focuses on piloting the integration of cancer screening data into the same surveillance program. Pilots for both initiatives have already been developed, laying the groundwork for implementation; however, full-scale execution remains contingent on the availability of funding. Together, these efforts aim to improve the depth and relevance of cancer data, supporting more effective prevention, early detection, and equity-focused strategies.

Objective 2: Conduct health education to improve knowledge and attitudes related to cancer risk and protective factors

Activity 2A: Host and participate in community-based health education events

Community-based health education events
FY23: Events 234 – Served 8,062
FY24: Events 314 – Served 19,810
FY25: Events 138 – Served 22,399

As a cancer center dedicated to community outreach and prevention, Moffitt's COE hosted and participated in a series of health education events focused on cancer awareness, early detection, and risk reduction. These community-based events included educational workshops, health fairs, support groups, Meet the Experts, and screening events that targeted high-risk populations and underserved communities.

Topics addressed included behavioral health, breast, cervical, colorectal, general patient education, Lung and Thoracic Tumor Education (LATTE) lung, prostate, and skin cancer prevention, the importance of routine screenings, tobacco cessation, healthy lifestyle choices, and survivorship support. Our clinical staff, nurse navigators, community outreach workers, and community health educators collaborated with local organizations to deliver presentations and distribute evidence-based educational materials.

We also facilitated support group sessions for cancer survivors and their families, providing a safe space for sharing resources and emotional support.

Activity 2B: Provide subject matter expertise and clinical speakers to support partner initiatives

Moffitt provided 30 faculty/staff subject matter with subject matter expertise to support community events throughout our catchment-area counties (topics: Healthy Lifestyles, Cancer Prevention & Awareness, Clinical Trials, Cancer Research).

Activity 2C: Expand partnerships with community organizations to increase health education in catchment area and priority populations

Between FY23 and FY25, Moffitt significantly broadened its outreach and education efforts in cancer prevention, expanding partnerships beyond the core five counties (Hillsborough, Pasco, Pinellas, Polk, and Manatee) to include 35 new organizations with whom we conducted outreach and education efforts across additional regions. Through activities such as health fairs and workshops, outreach and health education efforts extended to Citrus, Collier, Hardee, Lake, Lee, Marion, Orange, Osceola, Sarasota, Seminole, and Sumter Counties.

In addition, Moffitt's COE team conducted site visits to Glades and Hendry Counties. These visits led to the formation of new partnerships and highlighted the urgent need for cancer education and access to care in these rural communities, where healthcare resources are limited.

Objective 3: Develop capacity to carry-out evidence-based interventions to address individual-level cancer risk factors

Activity 3A: Provide seed funding to community groups and Cancer Control Collaboratives to address cancer needs in priority populations

Community Implementation Grants are a collaborative funding initiative led by the COE teams at Sylvester Comprehensive Cancer Center, Moffitt Cancer Center, the University of Florida Health Cancer Center, and Mayo Clinic Jacksonville. This partnership aims to implement evidence-based cancer control interventions across Florida through the state's Regional Cancer Control Collaboratives. Each cancer center supports two collaboratives, helping deploy resources and programs tailored to local needs. To date, 6 grants have been funded by Moffitt, and have contributed $97,600, with a total of $261,800 provided collectively by all four cancer centers. This funding model underscores a unified commitment to reducing Florida's cancer burden and advancing health equity through regional collaboration.

Activity 3B: Increase provider knowledge about individual-level cancer risk factors

The 2024 HELPS (HPV Elimination Leading Progress Statewide) Summit, held at Nemours Children's Hospital in Orlando, brought together 79 attendees to advance HPV vaccination and screening efforts across Florida. Experts and advocates highlighted missed prevention opportunities, innovations (e.g., self-sampling), and the need for community engagement and health equity to eliminate HPV-related cancers. In 2025, we co-hosted the HELPS Summit with Lakeland Regional Health in support of HPV Awareness Day. With the theme "Navigating a Changing Landscape," the summit brought together 74 attendees—including healthcare professionals, researchers, advocates, and insurers—to discuss advances in HPV-related cancer prevention, including self-sampling, service financing, and cervical cancer strategies. The event fostered collaboration, raised awareness, and motivated statewide action toward eliminating HPV-related cancers in Florida.

Objective 4: Share resources, subject-matter, and technical expertise to strengthen the catchment area's cancer care system/network

Activity 4A: Participate in health promotion coalitions, workgroups, and committees

Florida's cancer and community health efforts are supported by a network of collaborative groups and committees focused on improving health outcomes across the state. The Florida State Cancer Workgroups, operating under the Cancer Control and Research Advisory Council (CCRAB), are specialized teams that guide implementation of the Florida Cancer Plan, addressing areas such as prevention, treatment, and health equity. Complementing these efforts, the state is divided into Cancer Control Collaborative Regions, which localize cancer prevention and control strategies to better meet community-specific needs. In west-central Florida, All4HealthFL serves as a regional collaborative covering Hillsborough, Pasco, Pinellas, and Polk Counties. All4HealthFL conducts CHNA and develops Community Health Improvement Plans to guide shared health priorities. Within Hillsborough County, the Healthy Hillsborough Steering Committee leads the charge in aligning local health strategies, bringing together government, healthcare, and community organizations to address pressing health challenges. Together, these entities form a coordinated system aimed at reducing the cancer burden and improving overall community health.

Activity 4B: Expand geographic involvement in coalitions, workgroups, and committees across the catchment area

Between FY23 and FY25, Moffitt actively participated in the Regional Cancer Control Collaboratives across three regions: Southwest Florida, North Central Florida, and East Central Florida. These collaboratives span the following counties: Marion, Citrus, Sumter, Lake, Seminole, Orange, Brevard, Osceola, Polk, Hillsborough, Pasco, Hernando, Pinellas, Manatee, Sarasota, Charlotte, Collier, Lee, Hendry, Glades, Highlands, DeSoto, and Hardee.

The Tobacco Free Florida Coalition is a statewide network of community-based partnerships dedicated to reducing tobacco use and exposure across Florida. Operating under the Florida Department of Health's Bureau of Tobacco Free Florida, the coalition works to promote cessation, prevent youth initiation, and eliminate secondhand smoke exposure. Moffitt has participated in Brevard, Charlotte, Citrus, DeSoto, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Lake, Lee, Manatee, Marion, Orange, Osceola, Pinellas, Polk, Seminole, and Sumter Tobacco Free Coalition meetings.

Previous Priority 2: Access to Screening and Early Detection

Objective 1: Improve community awareness of screening recommendations and signs and symptoms of cancer

Activity 1A: Conduct outreach to medically underserved individuals and groups

Mole Patrol FY23-FY25
30 events – 2,933 screened

Head and Neck FY23-FY25
20 events – 1,600 screened

To conduct outreach, Moffitt Cancer Center offers education programming along with no cost cancer screenings throughout the catchment area and beyond to serve the community. Under the leadership of Dr. J. Trad Wadsworth, the Head and Neck Cancer Screening Program provides non-invasive, comprehensive exams for head, neck, and oral cancers at various community venues in the Tampa Bay area. Similarly, the Mole Patrol, led by Dr. Jane Messina, is Moffitt's first mobile, community-wide initiative dedicated to early detection and prevention of

skin cancer. This program travels to multiple locations to offer free skin cancer screenings and raise public awareness about sun safety and skin cancer prevention.

Activity 1B: Develop digital communication channels for health information messaging

Digital Media Content FY23-FY25
127 posts – 52,180 impressions

In social media reporting, an impression refers to the number of times content is displayed on a user's screen, regardless of whether the user engages with it or not. Each time a post appears in someone's feed or timeline, it counts as one impression, even if it's shown multiple times to the same person. In contrast, a reaction involves a user interacting with the content to express an emotional response such as liking, loving, or feeling angry about a post depending on the platform's available options (e.g., Facebook or LinkedIn).

Activity 1C: Develop public service announcements (PSA) and health information messaging

Mammogram Screening
Facebook/Instagram had 223,540 impressions

Digital Display
Nfluence Campaign
215,000 impressions

Google Ads
121,358 impressions

To support outreach efforts, Moffitt implemented a multi-channel marketing strategy that included paid digital media such as social media ads, digital display, and pay-per-click (PPC) campaigns. During Breast Cancer Awareness Month, Moffitt launched a billboard campaign to raise public visibility. Additionally, Moffitt developed a variety of print materials distributed in clinics and at community practices through the physician liaison team to ensure consistent messaging and engagement across both digital and in-person touchpoints.

Activity 1D: Host community-based cancer screening events

The Migrant and Farmworkers Health and Wellness Expo was held in partnership with the Tampa Bay Buccaneers and Beth-El Farmworker Ministry. Moffitt provided both skin cancer screenings and head and neck cancer screenings for the farmworker community. The event reached a total of 250 individuals, with 102 receiving free skin cancer screenings and 99 receiving free head and neck cancer screenings.

Activity 1E: Offer continuing education to providers

Grand Rounds, FY23-FY25
50 events – 3,339 attendees

Puerto Rico Lunch and Learn FY23-FY25
2 events – 328 attendees

Moffitt's Grand Rounds play a vital role in its continuing education mission, spotlighting key developments in cancer research and clinical practice. Led by prominent experts from across the globe, these sessions keep healthcare professionals up to date on new therapies, shifting clinical standards, and cutting-edge scientific discoveries. Sponsored by USF Health and Moffitt, Grand Rounds are open to the public and provided at no cost.

Moffitt hosts Lunch and Learn events in Puerto Rico as part of its ongoing outreach to promote cancer education and prevention. These sessions provide community members with information on cancer risks, screening guidelines, and treatment options, aiming to foster early detection and informed health decisions. The events are conducted in Spanish to ensure accessibility and cultural relevance for the local population. Topics included: Breast Cancer, Colorectal Cancer, and Prostate Cancer.

Objective 2: Reduce barriers to cancer screening

Activity 2A: Provide no-cost screenings to qualifying uninsured and underinsured community members

Through FY23-FY25, 42 lung cancer screening vouchers were redeemed. Patients who were screened were referred to Moffitt through (Evera Health, Evera Health (in Pinellas, Tarpon, Largo), Catholic Charities Free Clinics, USF Bridge Healthcare Clinic, and ELL Integrative Wellness Center).

Lung Screening Vouchers FY23-FY25
42 served

Breast Cancer Vouchers FY23-FY25
1,157 served

Moffitt continues to provide free cancer screenings to uninsured people. Moffitt can provide mammography, and lung every year. Moffitt also continue efforts to acquire several grants each year to help offset the cost and to continue to offer as much assistance to the uninsured patient community as possible. The grants Moffitt applies for mammography screenings include NBCF (i.e., National Breast Cancer Foundation) and ABCF (i.e., American Breast Cancer Foundation).

Activity 2B: Expand mobile screening initiatives to include distant and rural areas inside the catchment area and beyond

Through FY23-FY25 The Head and Neck department had 4 screening events outside of the Tampa Bay counties serving 275 community members: Hardee and Polk, and beyond: Leon.

Under the leadership of Jhanelle Gray, MD, Moffitt's Thoracic Oncology Program secured funding to support Florida's first mobile lung screening unit, which was deployed in 2024. The mobile unit has attended 12 events and screened 67 people in Hillsborough and Pasco Counties. The Thoracic team is partnering up with COE to advise catchment area counties of high incidence and mortality rates. COE's Community Tobacco Treatment Specialist is also providing tobacco cessation education alongside the mobile unit.

Activity 2C: Improve access to genetic testing for cancer risk

Moffitt's Genetic Counselors Participate in Community Outreach and Education Activities: In July 2023, 3 of Moffitt's Genetic Counselors attended the 86th Annual Kappa Alpha Psi Fraternity Grand Chapter Meeting and provided education on the basic risk factors for inherited cancer risk. Over ten thousand (10,000+) people from across Hillsborough County and beyond attended the national meeting and participated in many activities and events over the course of the week and received the information. Additionally, genetic counselors have reviewed and edited educational materials focused on genetic counseling and testing to be distributed in community as subject matter experts to ensure the information is accurate and current.

New Grant Increases Staffing Specialization, Community Education Focused on Genetic Risk Factors, and Access to Genetic Counseling and Testing: Moffitt received a gift from the Gail L. Baird Family Foundation in 2025. Under the direction of Dr. Susan Vadaparampil, the gift is being used to plan and implement an ovarian cancer community outreach program, Community Ovarian Cancer Understanding through Risk Assessment and Genetic Education (COURAGE) project. The initiative will be implemented over a 2-year period in Sarasota and Manatee counties. Project components include the hiring and onboarding of a Genetic Risk Community Education and Access Coordinator to provide health education in communities focused on genetic risk factors, testing and resources; offering of genetic counseling to identified high-risk individuals and referrals to resources; offering genetic tests, counseling and cascade testing of qualified individuals.

Activity 2D: Transportation vouchers or ride share app funding
Moffitt supports patients during treatment by providing transportation assistance to help them access care. In total, 677 gas cards, and 528 Uber/Lyft or ambulance vouchers were used across FY23 and FY24. These resources helped reduce barriers to treatment by offering reliable transportation options for patients in need.

Objective 3: Improve access to cancer screening through health policy and payor initiatives

Activity 3A: Educate local government officials and policymakers

Moffitt Day Tallahassee: Moffitt Day in Tallahassee is an annual event that provides us with the opportunity to educate state representatives and senators about Moffitt's mission, work, and impact. Moffitt Day participants, including patients, caregivers and team members, travel to the State Capitol to meet with members of the Florida Legislature. The purpose of these meetings is to thank lawmakers for their continued collaboration and to advocate for continued state support for lifesaving cancer research and treatment at Moffitt. By sharing personal stories and experiences to fight cancer, advocates on Moffitt Day have had the opportunity to educate state lawmakers in a unique way.

Moffitt Day DC: Moffitt Day in Washington DC is an annual event to raise awareness among federal policymakers of Moffitt's service to American families and our specialized capabilities in cancer care, prevention, and research. Participants include Moffitt executive leadership and faculty.

Legislator Tours of Moffitt: The Government Relations team coordinates tours for local, state and federal elected officials to visit Moffitt to learn more about the work happening in research and clinical practice by spending time with our experts. To date, elected officials have had the opportunity to visit labs and meet with faculty members and executive leadership.

Events with Legislators at Moffitt: The Government Relations team hosted an annual event at Moffitt that included local, state, and federally elected officials and their staff to help them learn more about the work being done at the cancer center and engage with our leadership, faculty, team members, and patients/caregivers. Event timing varied based on legislative calendars, and the format was adjusted depending on availability and with the intention of making it appealing to elected officials who had previously attended.

Moffitt-led Community Town Halls: Moffitt hosted two community town halls in anticipation of the opening of their new campuses, June 2024 for South Shore (opened January 2025) and June 2025 for SPEROS FL (anticipated opening January 2026) with 200 and 140 community members in attendance, respectively. The Government Relations team coordinated the participation of local and state elected officials and their staff to make opening remarks to express their support for Moffitt's mission to expand world-class cancer care and ensure a growing number of Florida residents have access to quality cancer care and research. Importantly, the elected officials were able to engage and gain insight into the community's perspective of Moffitt (clinical care and research) and their experience as a patient, survivor and/or caregiver.

Activity 3B: Support the adoption of local, state, and federal policies that aim to increase access to cancer screening and diagnostic testing

During the FY23–FY25 period, Moffitt representatives participated in 123 congressional outreach meetings to support cancer-related policy and funding initiatives. Additionally, 20 faculty and staff members represented

Moffitt at official proclamation meetings, reinforcing the institution's commitment to advocacy and community engagement.

Objective 4: Increase the proportion of individuals screened who receive follow-up care and diagnostic testing

Activity 4A: Collaborate with FQHCs and other community clinics to improve screening referral processes across multiple health systems or provider organizations

The Screening Access Program is a partnership between Moffitt, federally qualified health center (FQHCs) and free clinics that refer eligible patients to no-cost cancer screenings for community members, as referred by a healthcare provider, who are uninsured and meet specific criteria. The program offers cancer screenings for breast (mammogram) and lung cancer (low dose CT scan). In 2024, 1,177 no cost screenings were offered.

CAN is a nationwide, non-profit health system headquartered in Tampa, Florida that provides comprehensive health services to approximately 25,000 people at risk for or living with HIV (PAWH), including 21,000 in Florida. The mission of CAN Community Health is to "inspire and contribute to the health and well-being of those affected by HIV, hepatitis C, and other sexually transmitted diseases by providing the best care through outreach, integrated clinical practice, advocacy, education, and research." Core CAN services include HIV testing and care, HIV pre-exposure prophylaxis (PrEP), and testing and treatment for other sexually transmitted infections. CAN shared with Moffitt that they have a pressing need for anal cancer screening services for their patients. Julian Sanchez, MD, is a colorectal surgeon in the Department of Gastrointestinal Oncology at Moffitt who has expertise in this screening approach, and an agreement between Moffitt and CAN was recently executed which will allow Dr. Sanchez to deliver this cancer screening service at two CAN clinic locations. Additionally, CAN expressed a desire to better understand the unique cancer-relevant history and needs of their patients, and several Moffitt faculty (N = 9) with research interests in this area worked with them to develop and implement a system-wide survey to assess the cancer prevention needs of their patients. The overarching focus of the survey was on examining cancer risk and preventive behaviors, knowledge, attitudes, and perceptions among patients with and without HIV served by CAN. Patients from all CAN clinic locations were invited to participate and 987 unique patients from 24 clinic locations in all 7 states completed the survey.

Activity 4B: Conduct provider education related to follow-up care

Grand Rounds held during FY23–FY25 did not include educational content specifically focused on follow-up care.

Previous Priority 3: Health Equity

Objective 1: Increase access to disaggregated cancer data

Activity 1A: Improve researcher access to local, disaggregated cancer data.
To enhance faculty members' understanding of the needs and cancer burden within our catchment area, we partnered with the BBSR Shared Resource to adapt the Cancer InFocus visualization tool developed by the Markey Cancer Center. Together, we customized the tool to reflect Moffitt's catchment area, incorporating local cancer rates using Florida Cancer Data System registry data, Moffitt specific locations, and community partner sites . We also expanded the tool to include a statewide Florida population tab.

Objective 2.2. By 2025, test the feasibility of cancer biology data such as somatic gene mutations or National Cancer Institute/North American Association of Central Cancer Registries defined site-specific data items as data collected and archived by Florida's statewide cancer data and surveillance program.

An updated pilot was developed, and an application was submitted to the innovation fund. Efforts are ongoing to identify alternative funding sources.

Objective 2.6. By 2025, increase access to and utilization of cancer-related data archived in the state cancer registry (FCDS) by diverse stakeholder groups across Florida.

A pilot was developed and implemented to engage Certified Tumor Registrars (CTRs) in the data request process. Phase 1 of the Oncology Data Specialist (ODS) Support Program has been updated, and the ODS Team continues to collaborate with interested researchers to support their data request applications.

Objective 2: Improve awareness of cancer health disparities and understanding of underlying causes

Activity 2A: Support research projects related to health disparities

ACT WONDER^{2}S

ACT WONDER^{2}S is a National Cancer Institute (NCI)-funded initiative (U01CA274971) aimed at increasing the referral and enrollment of Black/African American and Hispanic individuals into Moffitt clinical trials. The project employs both community/education-based and digital interventions to address barriers to clinical trial participation at the patient, provider, systems, and community levels.

These interventions target cancer center physicians, patients, clinical trial coordinators, community physicians, and community residents. Implementation of the interventions began in September 2024 within the cancer center and in communities located in the study's geographic priority zones.

Since implementation, research community health educators have hosted 15 in-person clinical trial education sessions for community residents, including:

- 5 sessions in the Tampa/St. Petersburg area
- 6 in the Orlando/Kissimmee area
- 2 in the Ocala/Villages
- 2 in the Fort Myers/Naples area

These sessions collectively reached over 200 attendees. Additionally, two virtual continuing medical education (CME) sessions were conducted for community physicians in the Tampa/St. Petersburg and Orlando/Kissimmee areas.

To support and expand the impact of these interventions, the study developed and deployed six integrated digital tools designed to address key barriers to clinical trial participation:

1. Precision Engagement Tool – for research community health educators to enhance patient engagement.
2. CHOICES Decision Aid – to support patient education and decision-making for Moffitt patients.

3. Trial Connect Portal – to facilitate patient referral by community providers and Moffitt clinical trial staff.
4. Portfolio Profiler – to assist Moffitt physicians and leadership in evaluating the clinical trial portfolio.
5. Eligibility Criteria Calculator – for Moffitt physicians and coordinators to assess trial eligibility.
6. Recruitment Dashboard – for physicians and coordinators to monitor trial enrollment rates and patient demographics.

To date, over 300 individuals across all targeted intervention populations have accessed at least one of these digital tools.

COE-SCORE

Support for Community Organization Research Engagement (SCORE) is an initiative within the Office of COE, founded in 2022 and directed by Jennifer I. Vidrine, PhD (Assistant Center Director, Research Community Partnerships). The focus of this initiative is to improve health by fostering community–academic partnerships in external settings—such as clinics, healthcare systems, and social service agencies—to support scientifically rigorous and impactful cancer research. COE-SCORE provides scientific and operational support to Moffitt investigators conducting randomized clinical trials, multi-level interventions, and observational studies with nonprofit community organizations and also supports the dissemination and implementation of evidence-based interventions in real-world settings. In collaboration with researchers, COE-SCORE engages community partners in planning and conducting research across basic, clinical (non-therapeutic), translational, population, and quantitative sciences, while also coordinating with clinical and operational leaders to support aligned infrastructure.

10 community partners are currently engaged in health disparities research as co-leads. The Community partners include: Feeding Tampa Bay, Health Choice Network, Redlands Christian Migrant Association, Can Community Health, Tampa Metropolitan Area YMCA, YMCA of the Suncoast, Hillsborough Community College, Metropolitan Ministries, Pasco Hernando State College, and the University of South Florida.

M-CARES

Moffitt Catchment Area Research Engagement Support (M-CARES) was established in 2022 and it is an internal mechanism which awards pilot grants that support projects involving mutually beneficial partnerships between Moffitt faculty and community organizations.

6 M-CARES grants awarded to Faculty

Project RALLY: Pilot of a YMCA-based Pickleball Program for Cancer Survivors Results: • Successfully completed a 6-month pilot at one Suncoast YMCA location. • Enrolled 28 participants (21 cancer survivors, 7 caregivers). • Findings were published in the journal *Healthcare*.	**NOURISH: Nutritious Fruits and Veggies to improve Health** Status/Results: • Project is currently in progress. • Designed to evaluate the feasibility, acceptability, and preliminary efficacy of integrating nutrition and culinary education within Moffitt's Survivorship Program.	**Primary Care Providers as the First Line of Defense Against Pancreatic Cancer in Underserved Communities** Status/Results: • Project is in the implementation phase. • Working with 9 Health Choice Network (HCN) FQHCs across Florida. • Aim: to develop and deliver educational

• Application for expansion received a fundable score from the American Cancer Society (ACS) in April 2025, awaiting funding decision.	• The targeted enrollment is 24 cancer survivors at 2 Suncoast YMCA locations. • No published results yet provided.	content to improve PCPs' confidence and knowledge in identifying high-risk individuals. • No reported outcomes or publications yet.
ProSalud: A Health Promotion Project to Reduce Cancer Risk in Latinos Results: • Previously tested and demonstrated feasibility and acceptability of a multi-family behavioral lifestyle intervention promoting healthy eating and physical activity. • Current phase: testing the feasibility and acceptability of adding skin cancer prevention education. • No new results or publications yet provided for this phase.	**Evaluating the Safety, Reliability, and Utility of AI Chatbots in Providing Cancer-Related Information** Status/Results: • Conducting qualitative interviews with cancer survivors to gather questions for AI chatbots. • Working with Moffitt Library and a medical doctor to evaluate medical accuracy of chatbot responses. • Project appears to be in the data collection and evaluation phase, no published results yet.	**Beyond Smoking: Using Augmented Reality to Address Vaping and Dual Use in Emerging Adulthood** Results/Status: • Previously developed and tested an AR smartphone app for smoking cessation (prior study). • Current work will expand the app to include e-cigarette cues. • Partnering with HCC, PHSC, and USF. • The prior intervention has shown effectiveness, but no results yet available for the expanded vaping-focused version.

George Edgecomb Society Grants

George Edgecomb Society Pilot Grants were established in 2018 and support research projects addressing differential outcomes in the Black community.

6 George Edgecomb Society Grants were awarded to Moffitt faculty.

Keiran Smalley, PhD and Ann Chen, PhD: "Defining the Immune and Signaling Landscape of Acral Melanoma in African American Patients"	Bruna Pellini, MD: "Minority Patient-centered Education Initiative to Increase Knowledge about Clinical Trials in Thoracic Oncology."	Yi Luo, PhD and Margaret Byrne: "Identifying Tailored Interventions to Eliminate Racial Disparities of Florida Eligible African Americans and White Patients' Participation in and Adherence to Lung Cancer Screening in a Specific Community"
Tiffany Carson, PhD: "Breast Cancer Survivors RESET (Reducing Weight and Elevated Stress Levels using Educational and Behavioral Tools): A Pilot, Feasibility Study."	Balagurunathan Yoganand, PhD; Co-PI Park Jong, PhD; Co-Investigators: Pow-Sang Julio, PhD & Choi Jung, PhD: Imaging and Protein Biomarkers in	Islam Jessica, PhD; Co-PI: Coghill Anna, PhD; Co-Investigator: Vadaparampil Susan, PhD: Evaluating the role of structural racism on cancer

	African American Men with Prostate Cancer	outcomes among People Living with HIV and Cancer

Objective 3: Support the implementation of health equity-oriented actions in the workplace

Activity 3A: Collaborate on delivery of the Train the Trainer Health Equity Program

Health Equity FY23-FY25
113 Moffitt staff trained

The Moffitt Health Equity Train-the-Trainer Program is a six-week initiative that trains healthcare professionals to address health disparities and promote culturally sensitive care. Participants become site champions and can apply for micro-grants to support local health equity projects, helping improve outcomes for underserved communities. Moffitt's Health Equity Train the Trainer partners with Orlando Health, United Way of Broward County, The Florida Blue Foundation, and QQ Research.

Objective 4: Support diversity within the healthcare provider and community health workforces

Activity 4A: Create opportunities for job shadowing and link participants to pathways to workforce entry with accompanying resources and supports

VolunTeen Program FY23-FY25
64 teens have volunteered in the VolunTeen program

Radiology Externship FY23-FY25
26 Radiology Externs

The VolunTeen program is for students ages 15-17, who have completed their first year of high school, and is designed to expose teens to healthcare careers while receiving hands-on volunteer experience. Moffitt's Radiology Externships are experience-based opportunities that students in medical professions degree programs must obtain to complete their program. Students gain hands-on learning in clinical settings, shadowing, and participating in activities across different radiology clinics at different Moffitt locations.

Activity 4B: Provide translation and medical interpretation for languages other than Spanish and American Sign Language

Language
74 of translation by language
22 medical interpretations by topic

The IRS considers language services to be a standard operational function for hospitals. However, if a hospital provides language services for rare languages—defined as those spoken by fewer than 1,000 residents in the hospital's catchment area—these services can be reported as a community benefit. This distinction allows hospitals to account for the additional resources required to serve linguistically isolated populations not commonly represented in their service region.

B. Comments Received on Previous CHNA

MCC solicited comments within the 2022 CHNA Report. No written comments were received regarding MCC's 2022 CHNA or Implementation Strategy.

APPENDICES

A. References

Centers for Disease Control and Prevention. (2025). National Environmental Public Health Tracking Network. https://www.cdc.gov/nceh/tracking/

Centers for Disease Control and Prevention, Division of Population Health. (2022). Behavioral Risk Factor Surveillance System. https://www.cdc.gov/brfss/brfssprevalence/index.html

Centers for Disease Control and Prevention, National Center for Health Statistics. (2022). Multiple cause of death 1999–2020 on CDC WONDER online database. https://wonder.cdc.gov/mcd.html

Community Outreach Engagement & Equity. (2023). Catchment area profile. https://www.moffitt.org/research-science/community-outreach-engagement-and-equity/catchment-area-cancer-data/

Department of Health and Human Services, Health Resources and Services Administration. (2025). Find shortage areas tools. https://data.hrsa.gov/tools/shortage-area

Esri. (2025). Population demographic data. Intellimed IntelliClient Software and ArcGIS Business Analyst.

Florida Department of Health, Community Health Improvement Planning Unit. (2021). Community Health Improvement Plan (for all catchment area counties). https://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/index.html

Florida Department of Health, COVID-19 Response. (2025). COVID-19 data and surveillance dashboard. https://floridahealthcovid19.gov/

Florida Department of Health, Division of Community Health Promotion. (2024). Florida Behavioral Risk Factor Surveillance System. https://www.flhealthcharts.gov/charts/default.aspx

Florida Department of Health, Division of Public Health Statistics & Performance Management. (2025). FLHealthCHARTS. https://www.flhealthcharts.gov/charts/default.aspx

Florida Department of Health, Health Improvement Planning Team. (2014). 2022–2026 State Health Improvement Plan. http://www.floridahealth.gov/about/state-and-community-health-assessment/ship-process/index.html

Florida Department of Health, HIV/AIDS Section. (2024). Epidemiologic profile. https://www.flhealthcharts.gov/

Guest, G., Namey, E. E., & Mitchell, M. L. (2013). Collecting qualitative data: A field manual for applied research. SAGE Publications, Ltd. https://doi.org/10.4135/9781506374680

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. Journal of Biomedical Informatics, 42(2), 377–381.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health. Retrieved July 30 from https://health.gov/healthypeople/priority-areas/social-determinants-health

Internal Revenue Service. (2024). Requirements for 501(c)(3) hospitals under the Affordable Care Act – Section 501(r). Retrieved July 14 from https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r

Lewinski, A. A., Crowley, M. J., Miller, C., Bosworth, H. B., Jackson, G. L., Steinhauser, K., White-Clark, C., McCant, F., & Zullig, L. L. (2021). Applied rapid qualitative analysis to develop a contextually appropriate intervention and increase the likelihood of uptake. Medical Care, 59, S242–S251. https://doi.org/10.1097/mlr.0000000000001553

Moffitt Cancer Center. (2021). Annual report 2021. https://moffitt.org/

Moffitt Cancer Center. (2022). Annual report 2022. https://moffitt.org/

Moffitt Cancer Center. (2023). Annual report 2023. https://moffitt.org/

Moffitt Cancer Center. (2023). 2023 annual report. https://www.moffitt.org/publications/annual-report-2023/

Moffitt Cancer Center. (2024). Annual report 2024. https://moffitt.org/

Moffitt Cancer Center. (2024). Cancer registry [Data set].

Moffitt Cancer Center. (2025). Florida's first NCI-designated Comprehensive Cancer Center. Retrieved July 25 from https://www.moffitt.org/about-moffitt/nci-designation/

MRI-Simmons. (2025). National Consumer Study [Data set]. https://www.mrisimmons.com/

U.S. Census Bureau. (2025). 2019–2023 American Community Survey, 5-year estimates. Explore Census Data. https://data.census.gov

University of Wisconsin Population Health Institute. (2025). County health rankings. https://www.countyhealthrankings.org/

US Department of Health and Human Services. (2025). Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data

B. Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Community Health Factors	Organization	Community Leader Title
Florida Department of Health	DOH - Brevard	Government Analyst II
	DOH – DeSoto	Administrator / Health Officer
	DOH – Hardee	Operations Manager
	DOH – Hernando	Administrator / Health Officer
	DOH – Hillsborough	Administrator / Health Officer
	DOH – Lee	Director of Planning and Performance Management
	DOH – Manatee	Community Health Director
	DOH – Marion	Administrator / Health Officer
	DOH – Orange	Administrator / Health Officer
	DOH – Pasco	Administrator / Health Officer
	DOH – Pinellas	CHNA/CHIP Program Lead
	DOH – Polk	CHD Director
	DOH – Sarasota	Administrator / Health Officer
	DOH – Seminole	Administrator / Health Officer
Healthcare	DeSoto Memorial Hospital	Case Manager / Social Worker
	Florida Community Health Centers	Administrator
	Hendry Regional Hospital	Nurse Case Manager / Utilization Review
	Lakeland Volunteers in Medicine	Director of Patient Services
	Lee Health	Director of Community Health & Benefit
	Marion County Hospital	VP of Community Health Programs
	Orlando Health	Sr Director of Community Benefits
	Osceola Health Care	Director of Community Outreach & Public Affairs
	Primary Care Access Network	Senior Navigator
	RCMA	Health Advocate
	Robert Boissoneault Oncology Institute	Oncology Social Work
	Soni Family Practice	Director of Operations
Social / Community	Aging Matters Brevard	Outreach Coordinator
	Catholic Charities	Regional Director
	Citrus County Blessings	Executive Director
	CivCom	Tobacco Policy Manager
	DeSoto County BOCC	Director of Social Services
	Heart of Florida United Way	Sr VP of Community Impact
	Hispanic Federation in Orange County	State Director

	Hispanic Outreach Center	Chief Executive Officer
	Seniors Connections	Bilingual Health Educator
	Southeast Region American Lung	Executive Director
	Waterman Village	Executive Director
	Well Florida Council	Executive Director
	Woman's Resource Center	Director of Client Services
	YMCA of The Suncoast	Director of Community Health Programs
	Your Prostate Cancer	President / CEO
Education	Eastern Florida State College	VP External Affairs
	Gulfcoast South AHEC	Tobacco Cessation Specialist
	Osceola Library System	Adult Services Manager
	Regional Board of Hendry County	Board Member / Former Public Health Officer
	Seminole State College	Associate Vice President
	South Florida State College	Dean of Health Science
Economic Stability	All Faiths Food Bank (DeSoto)	Director of Strategic Initiatives
	All Faiths Food Bank (Sarasota)	President & CEO
	Collier County Homeless and Hungar Coalition	Executive Director
	Collier Senior Center	Program/Volunteer Coordinator
	ECHO	Director of Advocacy
	Guadalupe Center	Senior Early Learning Director
	Hardee Help Center	Executive Director
	Home and Community Based Services	Executive Director
	Mid Florida Homeless Coalition	Executive Director
	Osceola Council on Aging: Food Pantry	Chief of Staff
	Second Harvest Food Bank of Central Florida	Director
	Senior Friendship Centers	President & CEO
	Turning Points in Manatee	Director of Clinical Services
Neighborhood & Built Environment	Citrus Connections	Director of Strategic Planning and Innovation
	Citrus County Parks & Rec	Director
	Glades County Sheriff	Sheriff
	Glades County Supervisor of Elections	Supervisor of Elections

Table B.1 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

C. Qualitative Key Informant Interviews (KII) with Community Leaders and Representatives

This section of the report describes results from the qualitative interviews conducted with community leaders and representatives from organizations addressing community health factors and representatives from local department of health within Moffitt's 23-county catchment area. The interviews were conducted by qualitative experts from the Participant Research Interventions and Measurement (PRISM) core, and rapid analyses were completed to inform this report. Results from a brief demographic survey completed by participants prior to each interview are also summarized in this section.

Interview Methodology

As described earlier, qualitative interview participants were leaders and representatives from local departments of health and organizations providing services that address community health factors across Moffitt's catchment area (See Table 1, page 8).

Eligibility. Participants were eligible if: 1) they were a leader or representative from a community organization that provided services addressing community health factors in the catchment area or a representative from a department of health within the catchment area; 2) indicated being familiar with their organization's activities, programs, services and their community needs; 3) had been employed by the organization for at least 12 months; 4) were able to read, write, and understand English or Spanish; and 4) were 18 years of age or older.

Sampling. The sampling strategy consisted of a ranking system which determined the number of interviews needed for each county based on three different criteria: 1) new to our catchment area, 2) presence of high cancer incidence, mortality, or both, and 3) rurality. Representatives from all departments of health across Moffitt's catchment area were invited to participate. Based on the ranking system described above, 5 interviews were planned for counties which met 3 criteria, 4 interviews for counties which met 2 criteria, 3 interviews for counties which met 1 criterion, and 2 interviews in counties which met 0 criterion.

Interview Guide. A semi-structured interview guide was developed and pilot tested to assess four domains: 1) general and cancer-related health needs, 2) engagement with MCC, 3) Partnerships and potential solutions, and 4) top health needs and priorities.

Pre-interview survey. A brief 9-item survey assessing the organization's characteristics (e.g., organization type, activities conducted, populations served, essential public health service activities, and counties served) and participant demographics was programmed in REDCap and distributed to participants prior to each interview.

Procedures. COE team members contacted potential participants via phone, email, and in-person visits to community organizations to explain the purpose of the CHNA. Interviews were conducted by personnel trained in qualitative methods from the PRISM core. All interviews were audio recorded and lasted about 45 minutes. Participants who completed an interview received a $50 electronic gift card, as a token of our appreciation for their time. All representatives from the Department of Health declined the gift card.

Analysis. Qualitative analyses were conducted by doctoral-level PRISM staff trained in qualitative research. A rapid analyses approach was selected to generate timely results and key findings that were used for the prioritization of top needs and priorities (Lewinski et al., 2021). High level summaries were provided to the

team to understand relevant findings from the qualitative interview data and allow integration of qualitative and quantitative data that was used in the prioritization process.

Results

A total of 64 qualitative interviews were conducted across 23 counties. As shown in Figure C.1 below, each county had representation of at least one participant. The desired number of interviews was reached in 11 counties, exceeded in 4 counties, and not met in 8 counties. The type of organizations that participated in the CHNA are illustrated in Figure C.2, which shows that 24% of participants were representatives from local departments of health, 23% of participants represented social/community organizations, 17% healthcare organizations, 19% economic stability organizations, 11% education sector institutions, and 6% represented organizations in the neighborhood and built environment sector.

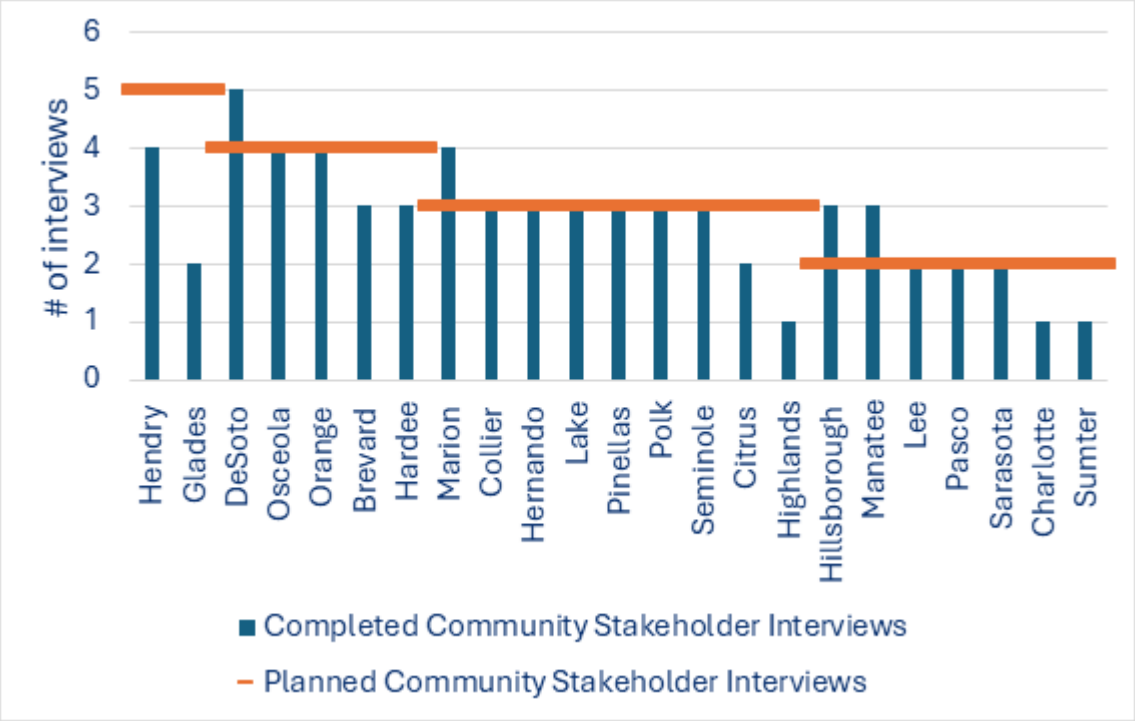


Figure C.1 - Number of interviews per county: Planned vs Completed (N=64)

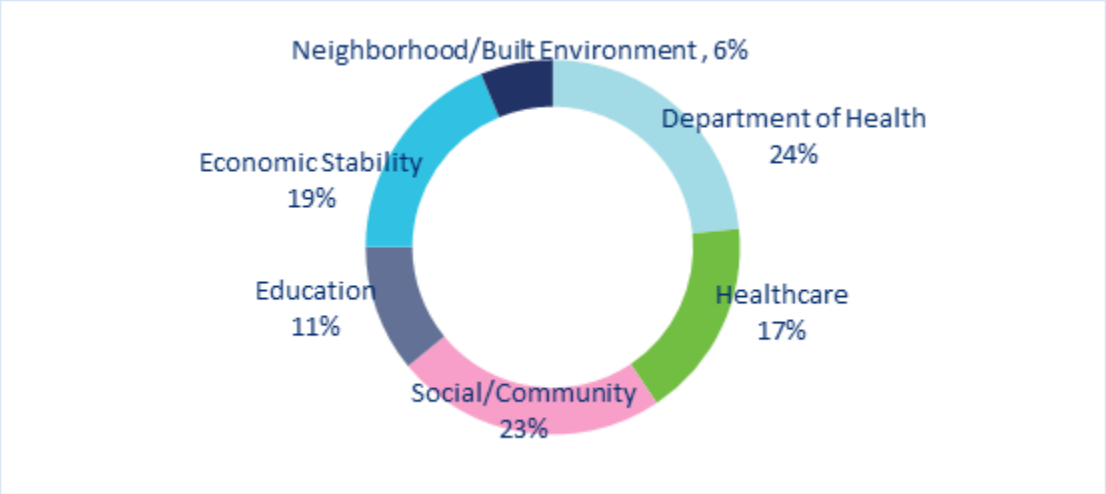


Figure C.2 - Type of organization represented in CHNA interviews (N=64)

Survey Results

Sample Characteristics. A total of 62 individuals completed a survey prior to their scheduled interview for the CHNA. Table 22 shows survey results. In brief, participants were primarily female (76%, n=47), white (76%, n=47), non-Hispanic (82%, n=51) and between the ages of 40-64 (69%, n=43). Nearly half of participants (48%, n=30) reported working with their current organization for more than 10 years (Table C.1).

Organization characteristics. Participants characterized their organization as a government organization (24%, n=15), a social service agency (19%, n=12), or 'other' type of organization (26%, n=16), which were primarily non-profit organizations (31%, n=5).

Essential Public Health Services. Participants were asked about the public health services conducted by their organization to protect and promote health for all people in their community. Results are shown in Figure C.3. The most common activities reported were 'communicating effectively to inform and educate community members' (77%, n=52) and 'strengthening, supporting, and mobilizing communities and partnerships' (75%, n=51). When asked about the target populations served by their organization, most participants reported that their organization does not target specific populations (44%, n=30), meaning that they offer care for all. Many participants reported that the primarily target populations of their organization was the senior (65+) community (40%, n=27), or the Hispanic/Latino community (38%, n=26; Figure C.4). Participants also reported serving a variety of counties within Florida. Some organizations served multiple counties but provided insights on communities for a specific county.

Community Health Factors category addressed by participating organizations. As planned, organizations included in the CHNA belong to all community health factors domains, with the most common type of organization being those providing services related to community and social context (23%, n=15), healthcare sector (17%, n=11), education sector (11%, n=7), economic stability (19%, n=12), and neighborhood and built environment (6%, n = 4). Of those who completed the survey, there were 15 representatives from the department of health (See Table C.1).

Characteristic	n (%)	N
Gender		62
Female	47 (76%)	
Male	15 (24%)	
Race		62
Black/African American	9 (15%)	
Asian	1 (2%)	
White	47 (76%)	
More than 1 race	3 (5%)	
Other	1 (2%)	
Prefer not to answer	1 (2%)	
Ethnicity		62
Hispanic/Latino	10 (16%)	
Non-Hispanic/Latino	51 (82%)	
Prefer not to answer	1 (2%)	
Age		62
18-39	12 (19%)	
40-64	43 (69%)	
65+	7 (11.3%)	
Years at organization		62
Less than 1 year	2 (3%)	
1-5 years	16 (26%)	
5-10 years	14 (23%)	
More than 10 years	30 (48%)	
Organization type		62
Hospital/health system	6 (10%)	
Community clinic	5 (8%)	
School/university	4 (7%)	
Faith-based	2 (3%)	
Social service agency	12 (19%)	
Community center	2 (3%)	
Government organization	15 (24%)	
Other	16 (26%)	
Community Health Factors component represented		64
Social & community context	15 (23%)	
Healthcare	11 (17%)	
Education	7 (11%)	
Economic stability	12 (19%)	
Neighborhood & Built environment	4 (6%)	
Department of Health	15 (23%)	
Florida counties represented by participants*		624
Brevard	5 (7%)	
Charlotte	4 (6%)	

Citrus	5 (7%)	
Collier	5 (7%)	
DeSoto	9 (13%)	
Glades	6 (9%)	
Hardee	5 (7%)	
Hendry	6 (9%)	
Hernando	5 (7%)	
Highlands	3 (4%)	
Hillsborough	4 (6%)	
Lake	8 (12%)	
Lee	7 (10%)	
Manatee	6 (9%)	
Marion	5 (7%)	
Orange	6 (9%)	
Osceola	9 (13%)	
Pasco	2 (3%)	
Pinellas	5 (7%)	
Polk	6 (9%)	
Sarasota	9 (13%)	
Seminole	7 (10%)	
Sumter	4 (6%)	
Other	2 (3%)	
Entire state of Florida	2 (3%)	
**Participants could select more than 1 option*		

Table C.1 - Community Health Needs Assessment (CHNA) Pre-Interview Survey Results (n=62)

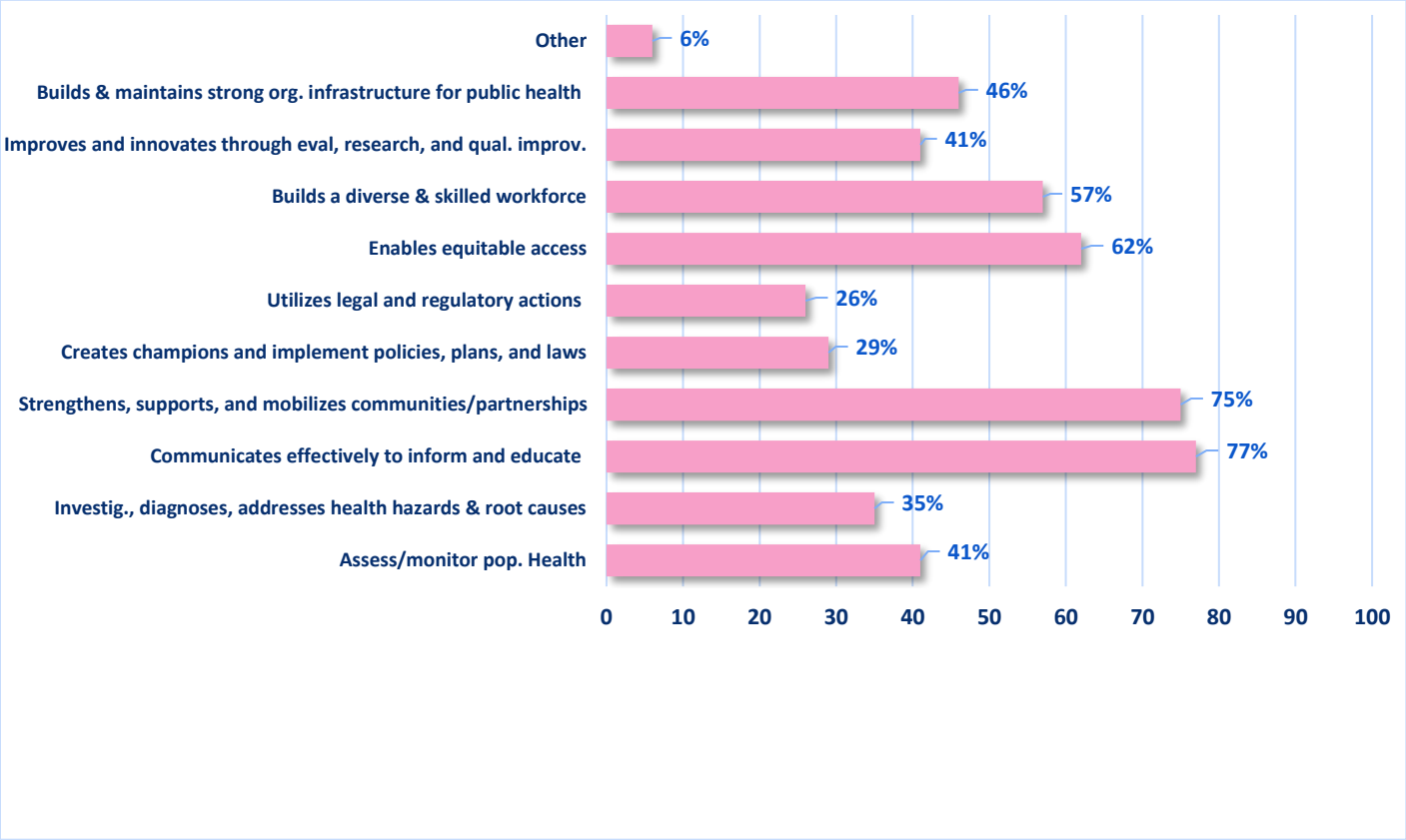


Figure C.3 - Essential Public Health Services engaged by participating organizations, as reported by pre-interview survey participants (N=62)

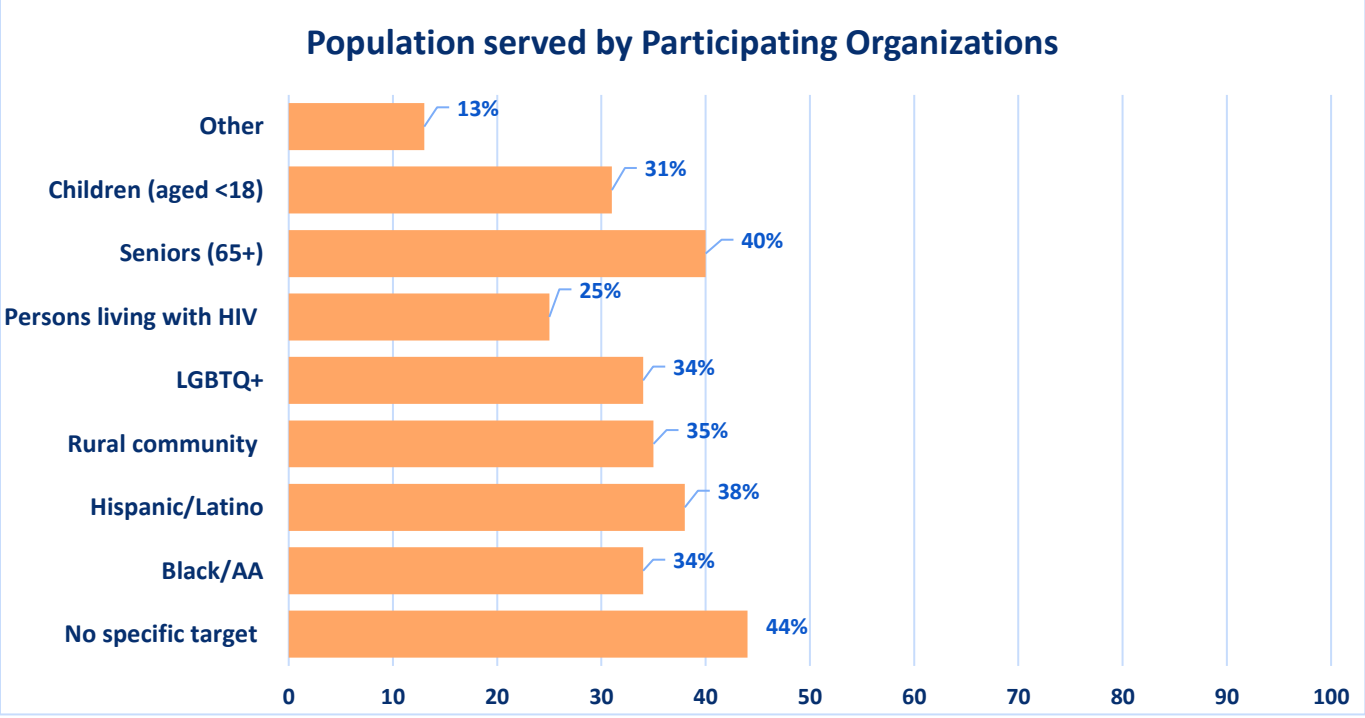


Figure C.4 - Populations that CHNA participants serve within their community (N=62)

Key Findings from Qualitative Interviews (N=64)

The following section provides a high-level summary of the rapid analysis which helped identify the most salient and key health needs mentioned by community leaders and representatives during the qualitative interviews. Findings are presented by most important cancer needs and unique healthcare needs of areas experiencing health professional shortages in Moffitt's catchment area.

Most important cancer needs

When asked to describe the most important cancer-related needs in their community, participants provided feedback in three main domains: (1) prevention, education, and outreach, (2) early detection and screening, and (3) access to care. In relation to these three areas, some participants reported specific cancer types as top priority areas, including: breast, colorectal, cervical, lung, prostate, esophageal, leukemia, cutaneous, gastrointestinal, Hodgkin's lymphoma, and uterine.

Prevention, education, and outreach

Over half of qualitative interview participants (62.5%, n=40) named prevention, education, and outreach as top cancer related needs. Some participants named specific cancer types that require enhanced education, including lung cancer, colon cancer, and breast cancer specifically. Health for all was also mentioned as an opportunity for education and outreach efforts. Participants reported the need to raise awareness on prevention, early detection, and the importance of screenings in healthcare needs of areas experiencing health professional shortages (including low SES) communities, as well as Black and Hispanic communities. The need to educate young adults was also reported.

Participants identified specific education and prevention topics as high priority. Nutrition was mentioned as a top cancer-related need – with participants describing a need for both education on and access to health food as a form of cancer prevention. Smoking prevention efforts (including education and cessation) were also mentioned as high priority, as well as the need to promote overall health, wellness, and healthy lifestyles.

Early detection and screening

Early detection was frequently reported (40.6%, n=26) as a high priority need, often discussed in conjunction with prevention and education (i.e., educating communities on the importance of early detection and screenings). Some participants stated that late-stage diagnoses are a problem in their communities, which can result from lack of consistent, preventive care.

The importance of screenings was frequently emphasized, particularly the need to improve access; particularly for un/underinsured, and low SES individuals. Access to screenings was reported as a top priority issue, with some participants specifically highlighting the need for mobile services, particularly for under/uninsured and low SES members of the community. Screenings for breast cancer and mobile mammography were specifically mentioned as critical needs.

Access to care

Three-quarters of participants indicated that access to care was a top priority (76.6%, n=49), citing common barriers such as insurance, high treatment costs, limited affordable care options, and transportation to preventive and cancer-specific care, particularly in rural areas. In addition to limited access for low SES and un/underinsured populations, some participants reported high need for health for all related to access for non-English speakers and providers who reflect the unique characteristics of the population.

Participants reported limited local treatment options, with few or no specialists or oncologists in their communities and a lack of available treatment facilities, with a high priority need for satellite centers and mobile screening options. Some participants reported need for education on how to access care, including raising awareness of available services.

Survivorship

Services for patients and survivors were mentioned by some as a top priority area. Specific suggestions included clearer information on how to navigate care following a diagnosis, case management and patient navigators, patient assistance during treatment and recovery, and wellness classes/programs for survivors (e.g., mental health, nutrition).

Participants specifically mentioned the need for services that contribute to survivors' quality of life such as programs focused on living tobacco free, management of sleep, pain, and other side effects, physical activity, nutrition, and opportunities for networking and entertainment such as book clubs. Others emphasized the importance of available and accessible counseling and support groups that address the emotional toll of cancer (e.g., isolation, grief, stress) not only for patients but also for caregivers and family members.

Participants suggested integrating physical, emotional, and social services, including health literacy programs, mental health counseling, lifestyle and symptom management, and caregiver support. Participants called attention to the need for continuity of care, financial aid, and free or low-cost health care, while emphasizing the need for services that are responsive to the unique needs of the population and support for navigating healthcare.

Unique healthcare needs in Moffitt's Catchment area

Participants were asked about any specific groups served by their organizations that have unique healthcare needs or challenges. Participants named racial and ethnic minorities, low-income individuals, seniors, rural populations, among others.

Racial and ethnic minorities

Racial and ethnic minorities were commonly mentioned as populations with unique healthcare needs. Language barriers to education and care were commonly reported for Spanish and Haitian Creole speaking community members. Participants reported that undocumented immigrants and refugees face unique barriers to care, as they are often unable and/or afraid to access insurance, screening, and treatment. Some participants reported populations of migrant workers in more rural and agricultural areas of their communities that face unique challenges such as limited resources, outreach and education needs, and transportation/access to care. Low

receptivity towards screening and prevention was described as a unique challenge for African American and Hispanic men.

Cultural barriers were reported in specific populations, such as Muslim women experiencing a lack of comfort in clinics (i.e., most physicians in the area are men), Hispanic community members, and non-English speakers and refugees. Other topics included distrust of medicine that is a barrier to preventative care in Black and Hispanic communities, as well as stigma and low health literacy in Hispanic communities.

Differences in cancer risk and mortality were mentioned as a problem for Black and Hispanic populations, with participants reporting higher risk for cancer, higher cancer rates, higher rates of comorbidities, and lower life expectancy among these racial/ethnic minority groups.

Low-income, Uninsured, and Underinsured Populations

Participants commonly reported that low-income populations in their communities have limited access to health care, cancer screenings and treatment, particularly due to high costs of services. Homeless/unhoused populations were mentioned as uniquely in need of access to preventative care, screening, and treatment, and as a population that would benefit from mobile health services, education, and outreach. Uninsured and underinsured populations were understood as in need of support for screenings, care, education (e.g., how to access insurance/Medicaid) and affordable care options. Other unique challenges for low-income populations included low health literacy, limited access to technology, increased sun exposure (i.e., sun exposure for farmworkers and construction workers), lack of access to healthy foods, food insecurity, and limited time available to seek care due to multiple jobs and childcare responsibilities.

Seniors (adults 65+)

Senior populations were described as having unique healthcare needs and challenges. Interview participants often described how isolation, limited support, and limited mobility and transportation are barriers to care for this population and how barriers can limit access preventative care and/or cancer screenings as well. High incidence of comorbidities and disabilities, lack of insurance, limited income, low technology use, distrust of large organizations, and problems related to treatment adherence were also mentioned as challenges. Within this population, veterans, “snowbirds” (i.e., people who migrate from northern states) with primary care providers in other states, and racial/ethnic minorities with limited trust were mentioned as in need of unique support.

Other Populations with Unique Needs

Participants reported unique healthcare needs and challenges for people with chronic health conditions including HIV, disabilities (including mental illness), diabetes, hypertension, obesity, drug addiction, and tuberculosis. Another population with unique needs mentioned by interview participants was young adults. Participants mentioned that young adults are often unable to afford the cost of health care, may not be focused on preventive care and regular recommended screenings for their age, and there is a need for targeted health education for this group. Participants also mentioned that young adults are nicotine/vaping users and may benefit from targeted interventions and health education centered around risks and cessation. Young adults with disabilities were mentioned as in need of additional support, particularly when transitioning into adulthood.

Unique barriers for rural populations were reported, with participants specifically mentioning limited local resources, low health literacy, transportation needs, mistrust of science, and cultural barriers to outreach. Others reported barriers related to accessing care and new Florida residents' limited knowledge on navigating a new healthcare system.

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