

JULY 2018

HEALTH EQUITY

AN INITIAL HEALTH EQUITY BRIEF FOR
PINELLAS COUNTY, FLORIDA

RESEARCH AND DATA

FOR HEALTH EQUITY



Foundation for a
Healthy St. Petersburg



Introduction

The Foundation for a Healthy St. Petersburg believes health is personal, familial and communal. Physical, mental, environmental and emotional health outcomes that differ among any groups based on factors such as race, age, gender or geography are the place to intervene to advance our mission: *to end differences in health due to social or structural disadvantages to improve population health.*

To intervene in an unacceptable outcome, such as homicides impacting African Americans or blacks at more than 5 times the rate of whites, we can focus on the 'dis'-ease of our population health and improve it more readily once we identify the issues driven by the data. Our health equity focus requires an understanding of differences.

The Foundation values evidence-based approaches centered on data. The release of the Florida Department of Health in Pinellas County Community Health Assessment provides much-needed data and information to help focus this approach. We are beginning to see across our county a range of inequities in a number of areas identified in the county's report, this report and other data sources.

We present this report to reflect existing data that illustrate disparate health outcomes that are the legacy of historic racism, systemic discrimination and poverty. With such knowledge, we can make different and better choices and dramatically change the trajectory of the lives of those who have been too often left out, thereby lifting our moral spirit, our economy and the quality of our civic and political expression.

This report is a beginning. It is not the most complete report on health equity possible, but rather a science-based, reasoned look at the results of the Florida Department of Health in Pinellas County's 2017 Community Health Assessment in the context of additional data about surrounding Florida counties and the state at large. There is a great deal more to learn. We hope this work inspires you to guide us in conducting deeper research and raising ideas on how to improve some of the conditions and disparities identified. We encourage you to participate in ongoing convening sessions that respond to community interests.

Ultimately, this Foundation seeks to fuel a deeper collective knowledge and community understanding of how we can move from existing outcomes that mean 'less than' results for some of us, to aligning our commonalities to achieve equitable life outcomes. We will begin deep listening and engagement on these issues in the coming months. Please be sure you are on our email list to learn more.

Thanks to the Florida Department of Health in Pinellas County for their leadership and focus on achieving an outstanding picture of our county's health to enable us to join together and increase population health through health equity.

*Randall H. Russell, President and CEO
Foundation for a Healthy St. Petersburg
July 2018*

A LOOK AT HEALTH EQUITY IN PINELLAS COUNTY

While Pinellas County has made great strides in improving the health of the community, not everyone in our community has had the same health opportunities, experiences or outcomes. When people have a disadvantage in attaining their full health potential due to social, economic, demographic or other differences, this is a lack of **health equity**.^{1,25} Differences in income, education, housing, transportation and employment across the lifespan can lead to health disparities.

Social determinants of health, or “conditions in which people are born, grow, live, work, and age,” are “mostly responsible for health inequities.”²⁶ Certain factors are fixed, such as genetics, gender, and race, but other factors can be modified, such as individual health behaviors, neighborhood safety, and community health access.¹⁷ Addressing these changeable factors can mean the difference between a high quality of life and a premature death for Pinellas County residents.

County Health Rankings rank Pinellas County 26th out of 67 Florida counties for health outcomes, behind Hillsborough, Orange and Sarasota counties.² A closer look at Pinellas County reveals important differences in social determinants across socioeconomic factors, physical environment, clinical care, and health behaviors, in addition to clear differences in health outcomes.²³ These differences can tell us where to target our efforts to create a healthier Pinellas.^{18,19,24}



METHODOLOGY

To better contextualize and understand issues of health equity in Pinellas County, raw and compiled data were extracted and analyzed from the United States Census Bureau, the U.S. Department of Health and Human Services and the Florida Department of Health, covering a breadth of information from the American Community Survey, the Behavioral Risk Factor Surveillance System (BRFSS) and the Centers for Disease Control and Prevention, among other resources. Additional compilations such as County Health Rankings were utilized as appropriate. The 2017 Pinellas County Community Health Assessment Survey (“CHA Survey”) data, collected analyzed and reported by the Florida Department of Health in Pinellas County, was reviewed using SPSS Statistics software.

This report was researched and written by Tamara Demko, JD, MPH, ABD, using these data sources to highlight health disparities in Pinellas County. The Foundation thanks the Florida Department of Health in Pinellas County for providing access to the 2017 County Health Assessment data.



SOCIODEMOGRAPHIC/SOCIOECONOMIC DISPARITIES

Pinellas County, Florida’s most densely populated and sixth most populous county,¹⁶ has more income inequality, violent crime, domestic violence and injury deaths than has the state.²¹ Social and economic factors such as education, employment, income, family and social supports, community safety and crime have a significant impact on health.

Disparities are observed across race and ethnicity for many socioeconomic factors. Blacks or African Americans experienced poverty, unemployment, and homicide at greater rates than whites in Pinellas County.

Poverty: In 2016, 14.1% of Pinellas County had lived below poverty level in the preceding year.²¹ Racial and ethnic minorities experience poverty at greater rates than whites.

	Blacks/ African Americans	Hispanics	American Indians/ Alaska Natives	Whites
Living Below Poverty Level (2012-16)	29.3%	21.4%	21.1%	12.0%

Poverty Level Disparities in Pinellas County^{7,9,10}

Unemployment:^{9,10} As of 2016, 12.2% of blacks or African Americans were unemployed in Pinellas County, compared to 8.3% of Hispanics and 6.7% of whites.

Violent Death:^{9,10} Blacks or African Americans in Pinellas County had a higher age-adjusted firearm-related death rate per 100,000 population (15.5) than whites (12.4), or Hispanics (6.5), and a higher age-adjusted motor vehicle crash death rate per 100,000 population (19.4) than whites (12.7) or Hispanics (12.0).

Blacks or African Americans are affected by homicide more than whites, at a ratio of 5.32:1.⁹

Suicide & Traumatic Brain Injury:^{9,10} In contrast, **the age-adjusted suicide rate per 100,000 population in Pinellas County was higher for whites** (20.5) and Hispanics (11.0) than for blacks or African Americans (3.5). Whites also had higher rates of traumatic brain injury death per 100,000 population (19.1) than Hispanics (12.5), or blacks or African Americans (11.4).



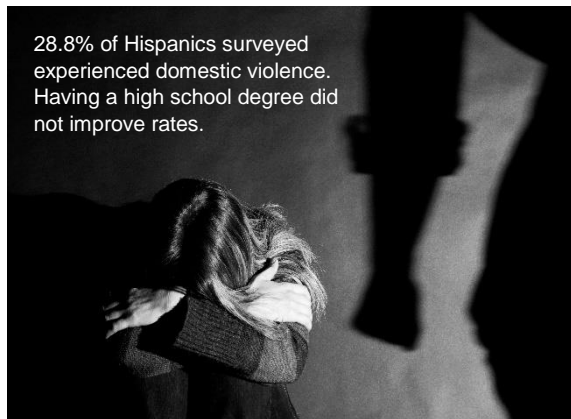
Less Money, Less Safety:¹⁵ Individuals with low socioeconomic status are less likely to feel safe where they live. Of blacks or African Americans surveyed in the Pinellas County Health Assessment Survey, 28.6% “somewhat” or “strongly” agreed that there was a high crime rate in their neighborhood compared to 18.2% of whites. In addition, 46.2% of individuals with incomes less than \$25,000 strongly agreed that most drivers exceed the

speed limit in their neighborhood compared to 24.1% of individuals with incomes greater than \$50,000.

30.7% of individuals surveyed with incomes less than \$25,000, somewhat or strongly agreed that there was a high crime rate in their neighborhood compared to 13.6% of those with incomes greater than \$50,000.¹⁵



Domestic Violence: Pinellas County has a higher rate of domestic violence than Hillsborough, Orange, and Sarasota Counties, and the state of Florida.² More than 1 out of 4 women and 1 out of 6 men surveyed in Pinellas County CHA had experienced domestic violence.¹⁵

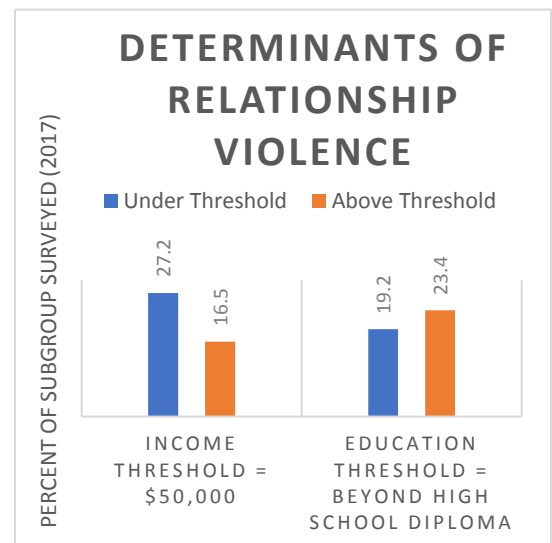


28.8% of Hispanics surveyed experienced domestic violence. Having a high school degree did not improve rates.

The rate of Hispanics surveyed who experienced domestic violence/intimate partner violence was higher than the rate of whites (23.1%) and of blacks or African Americans (19.0%).¹⁵

Relationship violence was more common among 35-44-year-olds (31.2% of those surveyed) and 45-54-year-olds (26.1% of those surveyed).¹⁵

Surprisingly, relationship violence was experienced more frequently among those surveyed who had attained education beyond that of a high school diploma than among those who had a high school degree or less education.¹⁵



These socioeconomic factors, which have a disparate impact on group and individuals in Pinellas County, create barriers to good health. Most of these factors require community partnerships and community intervention to improve.



PHYSICAL ENVIRONMENT

Physical environment factors consider conditions such as housing, transportation and air and water quality, which have a significant impact on health outcomes and quality of life.

Pinellas County fares well in certain environmental measures. For example, all of Pinellas County’s population has optimally fluoridated water supplies.¹³ However, a higher percentage of people in Pinellas County are homeless than in Hillsborough, Orange or Sarasota counties and in the state.^{3,22}



Of the 2017 homeless population in Pinellas, 6.5% were Hispanic, 34.3% were black or African American and 60.6% were white.²⁰ For every homeless female, there were 2.47 homeless males, and 9.2% of the homeless population were children under age 18.²⁰



Stable Housing:¹⁵ Approximately 7.8% of Survey participants had concerns that in the next two months they may not have stable housing that they own, rent, or stay in as part of a household. More men (10.3% of men) than women (6.0% of women) were concerned to a statistically significant level.

Pinellas CHA Survey Population (2017)	% of Blacks/ African Americans	% of Hispanics	% of Whites
Stable Housing Concerns for the Next Two Months	9.5	13.5	7.5

Pinellas CHA Survey Results: Disparities in Stable Housing¹⁵

Education and income play a substantial role in concerns regarding stable housing. For example, 16.1% of individuals surveyed with income less than \$25,000 expressed stable housing concerns compared to only 2.5% of those with income greater than \$50,000. In addition, 17.6% of individuals surveyed with less than a high school degree had stable housing concerns, in comparison to merely 3.8% of those who earned a college degree or higher.

Sick Homes:¹³ Even when housing can be found, the housing may provide an unhealthy environment. In Pinellas County, 57.8% of housing units were built between 1950 and 1979,

compared to 35.18% for the state. Older housing may signal poor indoor air quality or other environmental health concerns. Housing may use dangerous heating fuels or have inadequate plumbing, leading to both air and water quality concerns. In addition, housing may be located by busy roadways or at a distance from healthy food choices.

Home Ownership:^{9,10} Home ownership allows for additional control over the immediate environment and enables the owner to address housing issues quickly and independently. Home ownership in Pinellas County varied across race and ethnicity, with 35.4% of blacks or African Americans, 42.6% of Hispanics, and 68% of whites residing in owner-occupied housing units. While these percentages were comparable for whites at the state level, they were below those for Hispanics and blacks or African Americans.



CLINICAL CARE

Clinical care factors include access to care, utilization of care and quality of care. Clinical care spans all aspects of health, including physical, mental and oral health. Access to quality care when needed is critical to achieving good health outcomes.



Healthcare Providers:² Pinellas County has a high ratio of primary care physicians, at 1,090:1 in comparison to Florida's ratio of 1,380:1, and a good ratio of mental health providers at 570:1, which is better than Florida's ratio of 700:1.

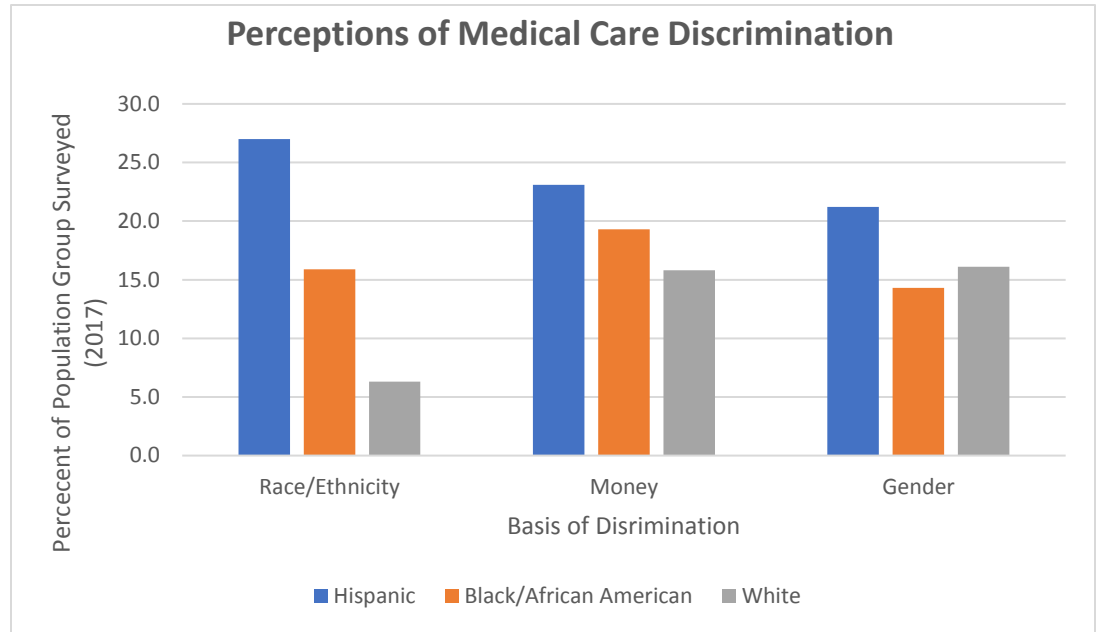
However, it is not enough for Pinellas County to have an adequate number of health care professionals. As noted in the Community Health Assessment,¹⁵ the number of health providers is not indicative of whether those providers are culturally competent, affordable, or serve populations with the greatest needs.

Access to Care: Despite many providers, access to care may be experienced very differently by individuals. Florida CHARTS shows that 17.2% of adults in Pinellas County could not see a doctor in the past year due to cost.⁶ This percentage was different from the 2017 Survey (14.7% of adults surveyed).¹⁵

Among those surveyed, 15.5% of women experienced this in comparison to 13.6% of men. In addition, 13.3% of whites, 20.6% of blacks or African Americans, and 21.2% of Hispanics surveyed could not see a doctor in the last 12 months when they needed to due to costs. A greater percentage of individuals surveyed in the 35-44-year-old age group (20.8% of that group) and those with less than \$25,000 income were impacted than in other age and income groups.

Disparate Treatment:¹⁵ The CHA Survey suggests that perceptions of discrimination for both the Hispanic and Black communities may present barriers to utilization of care. The percentage of individuals who answered that they had been treated worse, hassled, or made to feel inferior in medical care "sometimes," "often" or "all or most of the time" was **consistently greater among Hispanics** whether based on race/ethnicity, money, and gender.

The income group most impacted by medical care discrimination made <\$25,000, and the age groups most impacted were 45-54-year-olds for race and gender, and 35-44-year-olds for money.¹⁵



Mental Health Access & Cost:¹⁵ Mental health is an important part of overall health for individuals and the community. The CHA Survey showed that 14.4% of individuals surveyed do not have access to mental health services when they need them. Cost also acts as a barrier to accessing mental health services. Out of the total CHA Survey population, 18.1% of individuals surveyed said that the cost of mental health services is a barrier to accessing mental health services. Young adults most wanted mental health services but found cost to be a barrier at 27.5% of 18-34-year-olds surveyed.

Pinellas CHA Survey Population (2017)	% of Blacks/African Americans	% of Hispanics	% of Whites
Mental Health			
No Access to Mental Health Services When Needed	23.8	21.2	12.4
Cost Was A Barrier to Accessing Mental Health Services	19.0	23.1	16.8
Dental Health			
Could Not Obtain Needed Dental Care in the Last 12 Months	38.1	34.6	19.6

Pinellas CHA Survey Results: Disparities in Mental Health & Dental Health¹⁵



Dental Care:¹⁵ Dental care has been linked to heart health. Among those surveyed, 21.5% of individuals said that there was a time during the past 12 months when they needed dental care but could not get it at that time, including 24.3% of women and 17.9% of men. The two age groups that most wanted dental services but did not have timely access were young adults (31.4% of 18-34-year-olds surveyed), and 55-64-year-olds (34.9% of 55-64-year-olds).



48.4% of blacks or African Americans had seen a dentist in the last year, compared with 64.7% of whites and 57.9% of Hispanics.^{9,10}

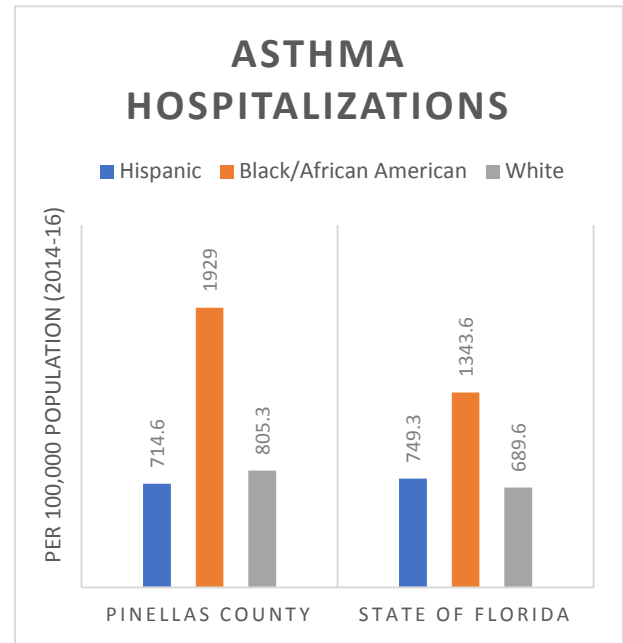
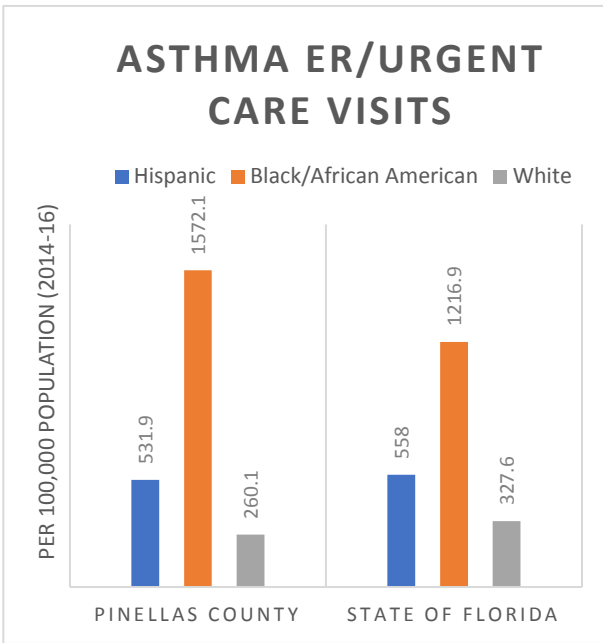
Asthma - A Case of Hidden Health Inequity: Health equity issues are not always obvious. As a chronic medical condition, asthma management can be an indicator of clinical care. Asthma-related hospitalizations and emergency room visits may signal poorly-managed asthma and indicate a lack of access to quality care and/or timely care.

A comparison of asthma metrics in Pinellas County to select counties and the state suggests that Pinellas County is less impacted by asthma than are other counties. Overall, Pinellas has lower age-adjusted rates than Orange County, Hillsborough County and the state for both asthma hospitalizations and emergency department visits.¹⁴

	FL	Pinellas	Orange	Sarasota	Hillsborough
Age-adjusted rate of Asthma Hospitalizations per 10,000 (2016)	7.47	5.44	9.92	3.39	8.74
Age-adjusted rate of Asthma Emergency Department Visits per 10,000 (2016)	56.22	50.01	66.33	32.67	52.78

Asthma Complications in Pinellas County Compared to Select FL Counties¹⁴

However, within Pinellas County residents are impacted differently based on race and ethnicity. **The black or African American to white ratio of emergency room visits due to asthma is 6:1, compared to the state black/African American to white ratio of 3.7:1.^{9,10}**



**Falling Behind in the Clinical Management of Asthma:^{9,10}
For blacks and African Americans, it is disproportionately
harder to breathe in Pinellas County**

Among the 17.5% of CHA Survey participants that had been diagnosed with asthma,¹⁵ no Hispanics had to go to an emergency room for asthma care, unlike 9.4% of whites and 18.2% of blacks or African Americans. In addition, no 18-35-year-olds or 45-54-year-olds surveyed needed to visit the emergency room, in contrast to the most affected group (25.9% of 55-64-year-olds surveyed). Of individuals surveyed with incomes less than \$15,000, 33.3% needed to visit an emergency room or urgent care.

Timely access to appropriate, quality clinical care is needed for physical, mental, and oral health. Some Pinellas County residents disproportionately face barriers to care. Addressing health inequities in clinical care will require individual and community education across demographic lines. Community collaborations across all sectors can further improve clinical care factors.



HEALTH BEHAVIORS

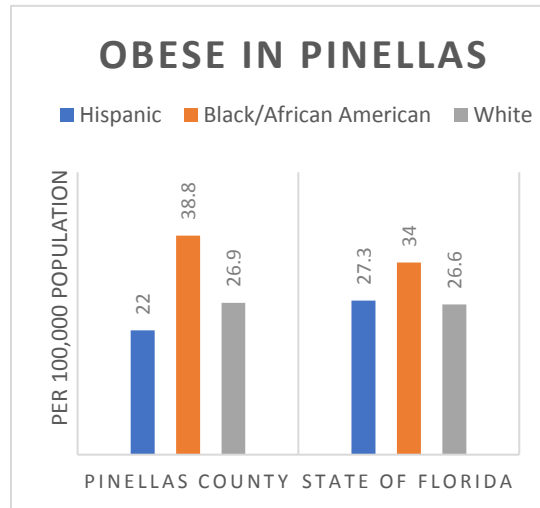
Health behavior factors include diet and exercise, alcohol and drug use, tobacco use and sexual activity. Health behaviors play a significant role in health outcomes, and many health behaviors can be modified at the individual level.

Obese & Overweight: Pinellas County surpasses Hillsborough County, Orange County, Sarasota County, and Florida in adult obesity.⁸

	FL	Pinellas	Orange	Sarasota	Hillsborough
Adults who are obese (2016)	27.4%	28.1%	27.5%	20.6%	26.7%

Obesity in Pinellas County Compared to Select FL Counties⁸

Within Pinellas County, blacks or African Americans have higher rates of obesity than whites or Hispanics.^{9,10}



Rates of adults who are overweight but not obese are similar for blacks or African Americans or whites (34-35%).⁹ Hispanics are more overweight and at higher risk of obesity and related health issues (44.2%).¹⁰



Food Insecurity: Pinellas County surpasses Hillsborough County, Orange County, Sarasota County, and Florida in food insecurity.²

	FL	Pinellas	Orange	Sarasota	Hillsborough
Food Insecurity (2015)	15%	16%	15%	14%	15%

Food Insecurity in Pinellas County Compared to Select FL Counties²

Having access to healthy food choices greatly impacts diet and weight. The Survey¹⁵ revealed that 13.5% of individuals surveyed ate less than they felt they should in the last 12 months because there was not enough money for food, including 15.0% of women and 11.6% of men. The two age groups most impacted were 18-34-year-olds (21.6% of all 18-34-year-olds surveyed), and 55-64-year-olds (21.2% of 55-64-year-olds surveyed).

20.6% of blacks or African Americans, 23.1% of Hispanics, and 11.9% of whites surveyed did not eat when hungry in the last 12 months due to financial concerns.¹⁵



Exercise: Exercise is an important part of maintaining a healthy lifestyle. Pinellas County residents have widespread access to parks, and 59% live within one-half mile of a park.¹³ However, 15.7% of those surveyed were not physically active for at least 60 minutes on at least one (1) day of the week, including 17.0% of women and 13.9% of men.¹⁵ In addition, 22.2% of blacks or African Americans, 15.6% of whites, and 15.4% of Hispanics surveyed were not active for at least one hour one day of the week.



17.6% of 45-54-year-olds surveyed, and 19% of 65+ surveyed were not physically active for at least 60 minutes on at least 1 day of the week.¹⁵ Inactivity in older years can increase the risk of health issues and disability.

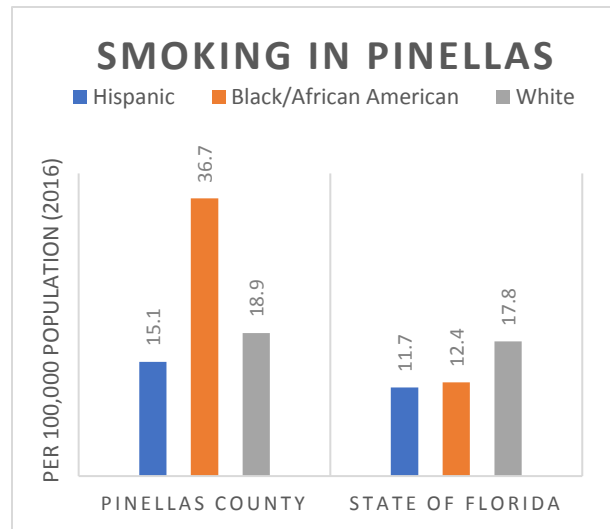


Tobacco Use: Pinellas County outpaces Orange County, Sarasota County and Florida when it comes to adult smoking.²

	FL	Pinellas	Orange	Sarasota	Hillsborough
Adult Smoking (2016)	15%	17%	15%	13%	17%

Adult Smoking in Pinellas County Compared to Select FL Counties²

Within Pinellas County, blacks or African Americans have higher rates of smoking than whites or Hispanics. Notably, the black to white rate ratio for smoking is 1.94:1 in Pinellas County, while it is only 0.70:1 for Florida.^{9,10}



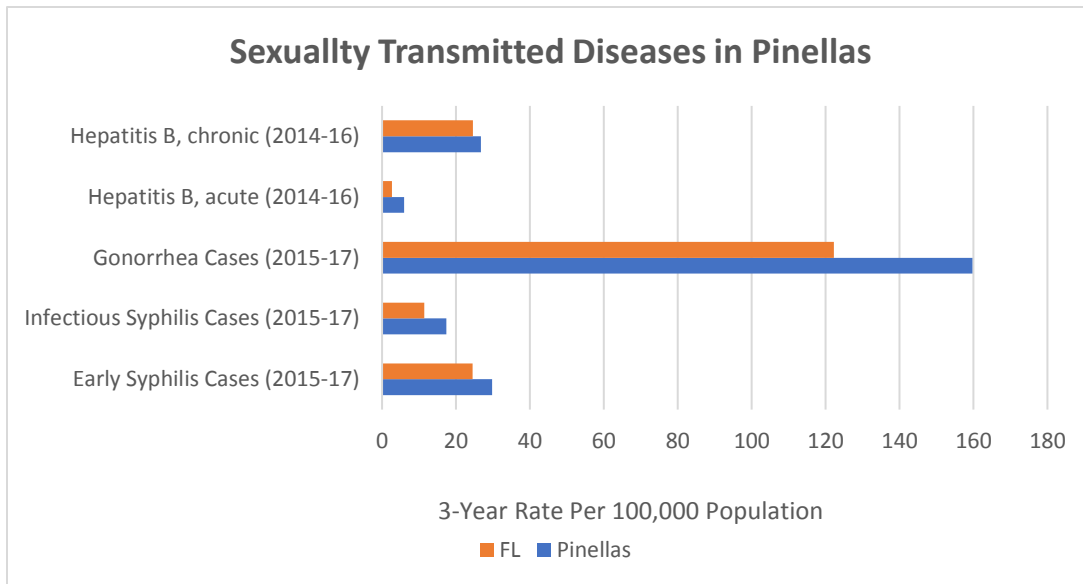
Pinellas County has many active smokers. Of the 522 CHA Survey participants¹⁵ who had ever smoked, 26.6% had smoked cigarettes on at least one day in the last 30 days. Adjusted for smoker sample size, 30.0% of men and 23.9% of women, and 34.3% of Hispanics, 25.9% of whites, and 22.5% of blacks or African Americans smoked in the last 30 days. The two age groups most impacted were 18-34-year-olds (37.7% of 18-34-year-olds smokers), and 55-64-year-olds (37.0% of 55-64-year-old smokers).

Alcohol & Drug Use: Pinellas County ranked in the least favorable quartiles for high school students who used alcohol in the last 30 days (29.5% county to 25.5% state), and high school students who used marijuana/hashish in the past 30 days (22.1% county to 17% state) in 2016.¹²

Survey: 23.5% of 45-54-year-olds had used cocaine, crack, heroin, methamphetamine, or synthetic versions.

Of the full CHA Survey population (702 adults),¹⁵ 16.1% had used cocaine, crack cocaine, heroin, methamphetamine, or synthetic versions of those drugs at some point in their lives, including 22.2% of men and 11.5% of women. In addition, 19.2% of Hispanics, 17.3% of whites, and 6.3% of blacks or African Americans surveyed had tried cocaine or similar drugs. Only 16.7% of 18-34-year-olds surveyed had used these drugs.

Sexual Activity:⁶ Three-year rates for chlamydia and HIV in Pinellas County are below those for Florida. However, the rates of early and infectious syphilis, gonorrhea, chronic Hepatitis B, and AIDS in Pinellas County exceed the state rate. In comparison to counties of similar population and demographic features, Pinellas has a higher rate of acute Hepatitis B.



In 2016, Pinellas County ranked in the least favorable quartiles for bacterial STDs in teens ages 15-19 (3075.4 county versus 2265.4 state per 100,000 population).¹²

Condom Use:¹⁵ Sexually active Survey participants who use birth control were asked how often they had vaginal or anal sex without using a condom in the past 12 months. Of the 443 in this sample, 56.9% responded “never,” while 36.8% did not use a condom for sexual intercourse at least once (from less than half the time non-usage to always non-usage). Adjusted for reduced sample size, 44.1% of men and 32.2% of women, and 44.1% of blacks or African Americans, 41.4% of Hispanics, and 36.7% of whites did not practice safe sex at some point in the last year.

Survey: 61.4% of sexually active 18-34-year-olds who use birth control had vaginal or anal sex without using a condom in the past 12 months.

From the CHA Survey and county-level data, it is evident that health choices and behaviors vary greatly based on age, gender, race/ethnicity, and income. Pinellas faces both long-standing health behavior issues such as smoking and weight, and newer issues such as prescription opioid and synthetic opioid (e.g., fentanyl) abuse. As further discussed in the Pinellas County Community Health Assessment,¹⁵ poor health choices and behaviors may lead to an increase in disease and premature death.

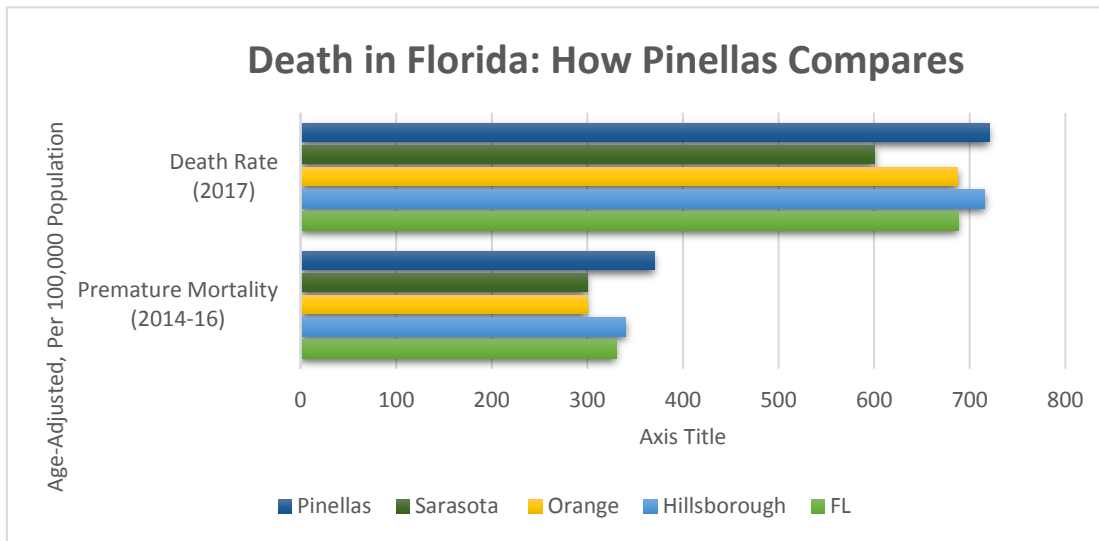
Additional research is needed to understand why these disparities in health behaviors exist to better educate high-risk groups and encourage healthy choices. These health inequities can be reduced by individual changes in the context of community-based support.



HEALTH OUTCOMES

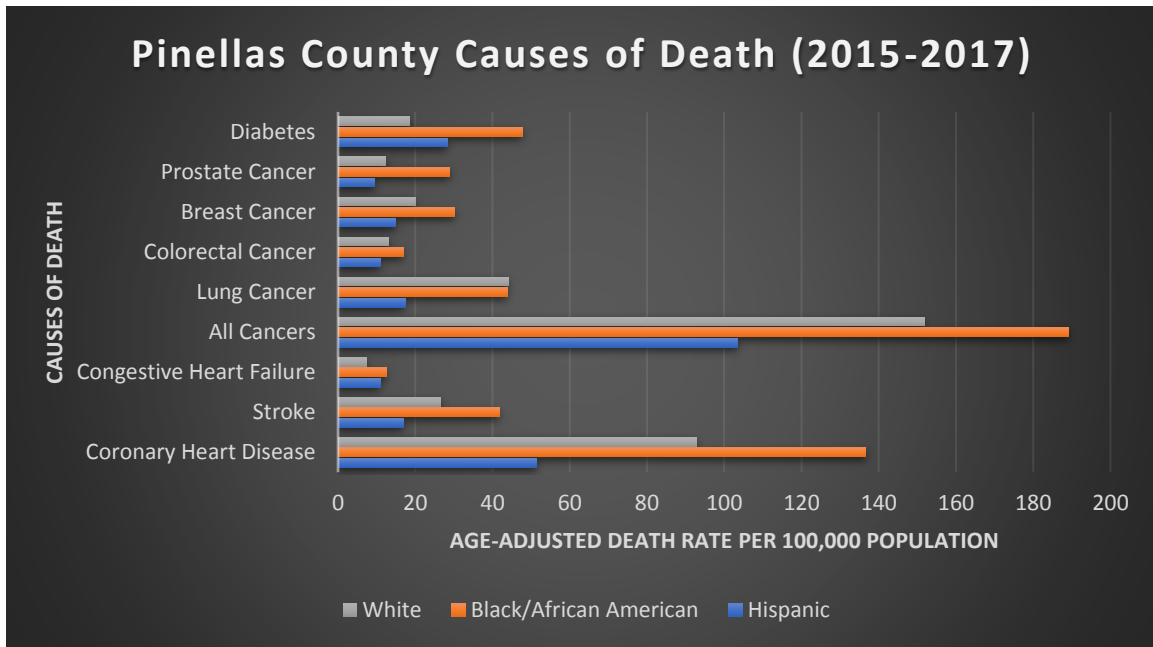
Out of 67 counties in Florida, County Health Rankings place Pinellas County 26th for health outcomes.²

While Pinellas County ranks in the top third of counties for quality of life, it falls behind many counties for length of life.² People are dying at a higher rate (age-adjusted) in Pinellas County, both overall⁵ and prematurely,² than in Orange, Sarasota, and Hillsborough counties or in the state of Florida. Years of potential life lost before age 75, a measure of premature death, was 7,400 per 100,000 population in Pinellas County, compared to 6,000 per 100,000 population in Orange County.²



Causes of Death: Most leading causes of death are based in chronic disease, which often can be prevented or managed through choosing healthy behaviors. Chronic diseases impact people differently across race and ethnicity in Pinellas County.

Except for lung cancer, the black or African American rates exceed the rates of both whites and Hispanics for all leading causes of death listed in the table below, with the largest disparity in diabetes (a black/white ratio of 2.6:1) followed by prostate cancer (a black/white ratio of 2.3:1).^{9,10} Black or African American rates also exceed state rates for every measure except stroke and prostate cancer.⁹



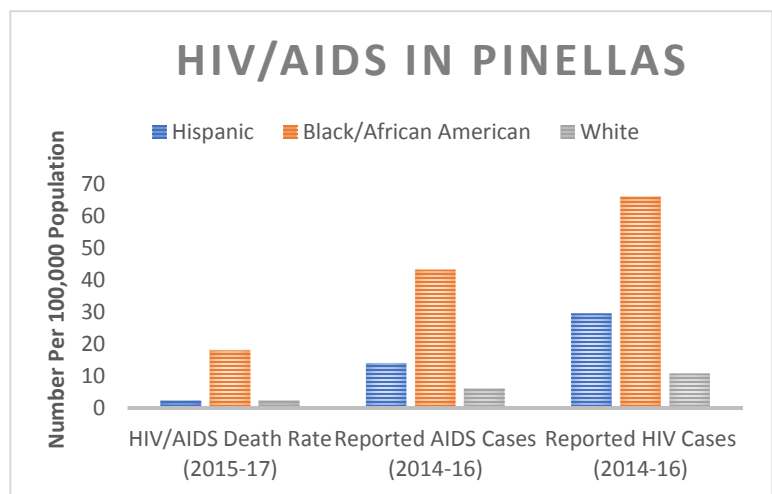
The CHA Survey lends additional insight.¹⁵ For both diagnosed diabetes (non-gestational) and cancers (other than skin cancer) among those surveyed, women were impacted more than men. For coronary heart disease, incidence of condition among those surveyed began to decrease at the \$50,000 income level. However, there was a spike in the incidence of cancers among those surveyed at the \$75,000 and higher income level (13.2% of that income bracket, an increase from 8.1% of the \$50,000 to \$75,000 income bracket).

The black/white rate ratios for age-adjusted hospitalization rates exceed those of age-adjusted death rates in stroke and congestive heart failure (1.9:1 and 2.8:1, respectively), all of which exceed state ratios.^{9,10} Notably, the black/white ratio is 2.6:1 for age-adjusted mortality and 1.5:1 for years of potential life lost.^{9,10}

HIV & AIDS - A Growing Disparity: Despite the clearly disparate health outcomes for causes of death, this is perhaps most quantifiable in HIV and AIDS.

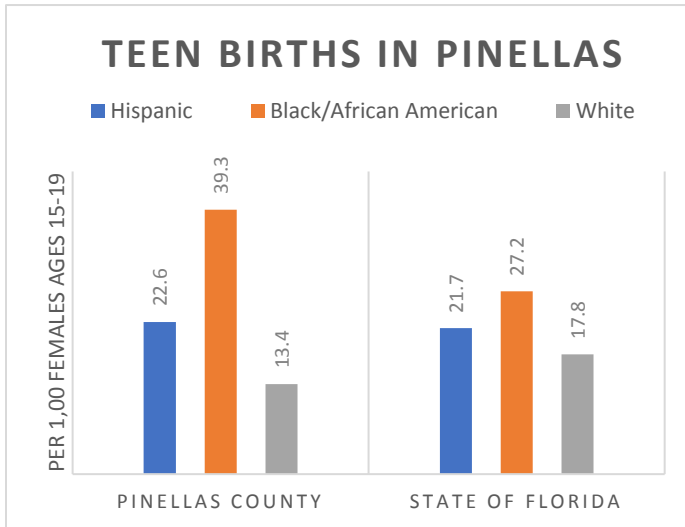
In Pinellas County, the black or African American rate is 7.8 times the white rate for age-adjusted HIV/AIDS deaths, 7.1 times the white rate for reported HIV cases, and 6.1 times the white rate for reported AIDS cases.^{9,10}

While the county rates have decreased among blacks or African Americans and whites since 2011-2013,⁹ the black/white ratio has increased,⁹



suggesting that HIV/AIDS efforts in Pinellas County should place additional focus on health equity to reduce this growing disparity.

Teen Births: While the Survey only included adults (18 years and older), pregnancy in teens ages 15-19 should remain a priority for Pinellas County. In 2017, there were 8,228 total births, at a rate of 8.6 births per 1,000 population in Pinellas County.¹¹ This is lower than the state birth rate of 10.9 births per 1,000 population.¹¹



County birth comparison data (from 2015-2017) shows a rate of 18.3 births per 1,000 teenage females ages 15-19.⁴ While this is below the state rate of 19.7 births per 1,000 teenage females ages 15-19, Pinellas County has higher teen birth rates than Orange County (17.6) and Sarasota County (15.9).⁴ A closer examination further reveals that the black/white ratio for Pinellas County is 2.93:1, compared to a black/white ratio for Florida at 1.53:1.⁹



Maternal & Child Health: The differences in reproductive health outcome across race and ethnicity extend beyond teen births. Preterm births, low and very low birthweight births, fetal death, infant death and sudden infant death occurred more among blacks or African Americans than whites or Hispanics.^{9,10}

	Pinellas County			State of Florida		
	Black Rate	White Rate	Hispanic Rate	Black Rate	White Rate	Hispanic Rate
Preterm & Low Birth Weight						
Births <37 Weeks of Gestation (2015-2017)	13.1%	8.1%	8.3%	13.8%	9.0%	9.1%
Births <1500 grams (very low birth weight) (2015-2017)	2.8%	1.2%	1.2%	3.0%	1.1%	1.2%
Births <2500 grams (low birth weight) (2015-2017)	13.6%	6.9%	7.3%	13.6%	7.2%	7.3%
Infant Death						
Infant Deaths (0-364 days) per 1,000 births (2015-2017)	11.5	5.2	8.3	11.3	4.4	5.2
Sudden Unexpected Infant Deaths (SUID) per 1,000 births (2015-2017)	2.7	0.9	1.2	1.8	0.7	0.6

Maternal and Child Health Disparities in Pinellas County^{9,10}



CONCLUSION

The social determinants of health impact individuals and groups differently in Pinellas County. Gender, age, education, socioeconomic status, access to clinical care and health behaviors play key roles in achieving positive or negative outcomes. Some individuals or groups may experience greater barriers to care and health than others.

Addressing health inequities is essential for the health and well-being of all individuals in Pinellas County. In comparison to the state of Florida and select counties, Pinellas County scored poorly on several key measures, but did well in others. However, breaking the data down into racial and ethnic groups shows that for several key health indicators, black or African Americans and sometimes, Hispanics, have very different opportunities and health outcomes than whites.

Pinellas County needs to prioritize *health equity* in all programs and policies. Additional research is needed to further analyze factors of health inequity and the underlying social determinants that can be incrementally impacted for better health outcomes. Through research, education, community discussions, and dedicated collaboration across sectors and demographics, Pinellas County can become a healthier place to live, for this generation and all the generations to come.

REFERENCES

1. Centers for Disease Control and Prevention. (n.d.). *Chronic disease prevention and health promotion: Health equity*. Retrieved from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>
2. County Health Rankings. (2018). *Pinellas county*. Retrieved from <http://www.countyhealthrankings.org/app/florida/2018/rankings/pinellas/county/outcomes/overall/snapshot>
3. Florida Council on Homelessness. (2017). *2017 annual report*. Retrieved from <http://www.dcf.state.fl.us/programs/homelessness/docs/Homelessness%20Report%202017.pdf>.
4. Florida Department of Health. (2018). *CHARTS: County birth data comparison 2015-17*. [Data file]. Available from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyBirthDataComparison>
5. Florida Department of Health. (2018). *CHARTS: County death data comparison-2017*. [Data file]. Available from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyDeathDataComparison>
6. Florida Department of Health. (2018). *CHARTS: County health profile & Status summary profile - 2017 (Pinellas)*. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthProfile> & <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CountyHealthSummary>
7. Florida Department of Health. (2018). *CHARTS: Florida's American Indian state profile-2016*. Retrieved from (<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-AI>).
8. Florida Department of Health. (2018). *CHARTS: Healthiest weight profile, Pinellas county, Florida – 2017*. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.HealthiestWeightCountyProfile>.
9. Florida Department of Health. (2018). *CHARTS: Minority health profile – black, Pinellas county, Florida -2013 & 2017*. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Black>).
10. Florida Department of Health. (2018). *CHARTS: Minority health profile – Hispanic, Pinellas county, Florida - 2017*. Retrieved from (<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.MinorityHealthProfile-Hispanic>).
11. Florida Department of Health. (2018). *CHARTS: Pregnancy and young child profile, Pinellas county, Florida – 2017*. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.PregnancyandYoungChild>
12. Florida Department of Health. (2018). *CHARTS: School-aged child and adolescent profile, Pinellas county, Florida – 2017*. Retrieved from <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.School-agedChildandAdolProfile>.
13. Florida Department of Health. (2018). *Community environmental health report, Pinellas*. Retrieved from <https://www.floridatracking.com/healthtracking/Report.htm>.

14. Florida Department of Health. (2016). *Environmental public health tracking*. [Data set]. Available from <http://www.floridatracking.com/>
15. Florida Department of Health – Pinellas County. (2018). *Pinellas county community health assessment (& survey) 2017*.
16. Florida Legislature Office of Economic and Demographic Research. (2018). *County profiles: All counties*. Retrieved from <http://edr.state.fl.us/Content/area-profiles/county/allcounties.pdf>
17. Koh, H. K., Piotrowski, J. J., Kumanyika, S., & Fielding, J. E. (2011). Healthy people: A 2020 vision for the social determinants approach. *Health Education & Behavior*, 38(6), 551-557.
doi:10.1177/1090198111428646
18. Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.
doi:10.1016/S0140-6736(05)71146-6
19. Marmot, M., Prof, Friel, S., PhD, Bell, R., PhD, Houweling, T. A., PhD, Taylor, S., PhD, Commission Social Determinants Hlth, & Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *Lancet, the*, 372(9650), 1661-1669.
20. Santa Lucia, R.C. (2017). *Analysis of Pinellas county point in time (PIT) data from 2015 through 2017*. Retrieved from <http://www.pinellashomeless.org/Portals/0/FINAL%20PIT%203%20YEAR%20REPORT%20R%207%2025%2017.pdf>.
21. United States Census Bureau. (2018). *2012-2016 American community survey 5-year estimates*. [Data file]. Available from <https://factfinder.census.gov/>.
22. United States Census Bureau. (2018). *2017 Population estimates*. [Data file]. Available from <https://factfinder.census.gov/>
23. University of Wisconsin Population Health Institute. (n.d.). *County health rankings model*. Retrieved from <http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank>.
24. World Health Organization. (n.d.). *Commission on the Social Determinants of Health, 2005-2008*. Retrieved from http://www.who.int/social_determinants/thecommission/en/
25. World Health Organization. (n.d.). *Health equity*. Retrieved from http://www.who.int/topics/health_equity/en/
26. World Health Organization. (n.d.). *Social determinants of health*. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/