



**Foundation** for a  
**Healthy St. Petersburg**

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# **SOUTH ST. PETE HEALTH EQUITY STUDY**

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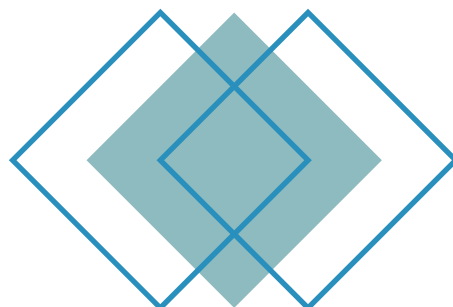
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Writing and Analysis  
by The Dawn Lab

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## Executive Summary

This report provides an in-depth analysis of the health, economic, and social status of residents in South St. Pete, focusing on three zip codes: 33705, 33711, and 33712. Developed to inform strategic planning for the Foundation for a Healthy St. Petersburg, the report identifies key challenges and opportunities and emphasizes the importance of community engagement and systemic change to address health inequities.

The report is organized by providing the Key Takeaways upfront, followed by three sections addressing:

- The health, economic, and social status of South St. Pete residents.
- Effective strategies for creating healthy, resilient communities.
- Residents' perceptions of their health and their community's health.

Each of these sections is intended to contribute to a comprehensive understanding of factors influencing health and wellbeing for residents of South St. Pete, using a mixture of numerical and descriptive data from a variety of sources, including past reports commissioned by the Foundation. The report is intended to be action-oriented, with practical takeaways and summaries that can inform next steps. Key elements of the report include:

**Exploration of Health Disparities.** There continue to be stark disparities in health outcomes for Black and Hispanic residents, with significant differences in life expectancy, premature death, and infant mortality rates, among other outcomes. Detailed health and social data are provided at the census tract, city, and county level, where available.

**Community Engagement.** Research for this report involved key partner interviews, focus groups, surveys, and community mapping to gather resident perspectives on health and social priorities. Resident perspectives from past reports and assessments are also highlighted.

**Key Findings.** Major themes include the need for access to quality healthcare, affordable housing, transportation, and healthy food, along with concerns about gentrification and persistent economic challenges. These themes are consistent with those identified in eleven past reports also aimed at understanding health equity in Pinellas County, the city of St. Petersburg, or South St. Pete, specifically.

**Action Items.** Action items identified include improving food security, strengthening community ties, supporting economic development, and enhancing health services. There is also a table of strengths and opportunities with specific examples organized according to the social determinants of health framework.

**Policy Recommendations.** The report identifies seven key policy recommendations to address systemic issues, such as strengthening cross-sector partnerships, expanding access to affordable healthcare, and promoting equitable development. Importantly, these recommendations are drawn from the extensive work of community leaders, subject matter experts, and health-related organizations who developed the past reports reviewed for this project.

This report uses a community power building framework to emphasize the need for community-led solutions, enhanced coordination among stakeholders, and systemic change to address health inequities, with specific focus areas including economic stability, food security, access to care, and housing affordability. While intended to inform the Foundation’s strategic planning process, this report can be used by a wide range of partners and community members to drive conversation, develop shared goals, and develop a plan for collective action.

One overarching takeaway? Health equity can be achieved through improved **coordination, communication, and collaboration** on **comprehensive** strategies that center **community**.

## Key Takeaways

1	<b>Center community</b> Adopting a community power building framework can help to foster collective action, shift narratives about what creates health, and shift power to residents. This means ongoing community member involvement in research, design, creation, implementation, and oversight of decisions that impact them.
2	<b>Build on past efforts</b> This report looks at eleven (11) past reports going back to 2019, all addressing similar questions related to how to improve individual and community health. Acknowledging and building on those past efforts is a way to shift power and demonstrate accountability by following through on past recommendations.
3	<b>Focus on systems-level change</b> The data tells us that disparities are not universal, and that geographic mobility is shifting neighborhood demographics. Efforts should be made to invest in both localized or targeted interventions and systems-level changes that change infrastructure, institutional practices, and the policy environment.
4	<b>Improve communication &amp; outreach</b> It is clear that there are a lot of resources available to address health, economic, and social needs in Pinellas County and in South St. Pete specifically, and it is also clear that there is a knowledge and awareness gap for residents who don’t know about resources or don’t know how or if the resources are available to them.
5	<b>Facilitate &amp; leverage partnerships</b> A key role that the Foundation can play is as a facilitator or convener. Creating safe and inclusive spaces for residents to share their voices (while being conscious of power dynamics), going out into the community, and coordinating with partners who share similar values and goals can strengthen collaborative efforts and increase collective impact.
6	<b>Invest in economic stability</b> If one thing is clear from the past reports and analyses, key informant interviews, and focus groups, it is that investing in workforce development, access to higher-wage jobs, and inclusive economic policies is a priority in South St. Pete that is foundational to improving overall health and wellbeing.

## Introduction and Purpose

In February 2024, The Dawn Lab was contracted by the Foundation for a Healthy St. Petersburg (Foundation) to develop an updated health equity profile of South St. Petersburg, Florida (identified as South St. Pete throughout this report), assessing health, social, and economic factors in three zip codes: 33705, 33711, and 33712. The purpose of this project was to develop a comprehensive understanding of factors influencing health and wellbeing for residents of South St. Pete using a mixture of numerical and descriptive data (or quantitative and qualitative data). The findings are intended to inform the Foundation’s strategic direction for 2025–2028.

This scope of the project was defined by the following questions:

- *What can we learn about the health, economic, and social status of residents of South St. Pete?*
- *What works to create healthy, resilient communities?*
- *How do residents perceive their own health and the health of their neighborhood or community?*

In addition to Dawn Hunter, JD, MPH, founder of The Dawn Lab, the research team included Dr. Susie Paterson and Dr. Stephanie Rosado on the Foundation’s Research and Evaluation team. The research team was intentional in designing the analysis to include ways for community members to share their feedback and perspectives and to evaluate prior contributions through previous community outreach, listening sessions, and community engagement activities, either through the Foundation or other partners. This part was important because a lot of work has been done to identify and understand both what is needed and what is working in South St. Pete, and intentionally incorporating this prior work into the process is a way to recognize that work, build on the existing foundation of knowledge, and engage with residents without being duplicative of other efforts.

Making community perspectives a central part of this research project is a way to build community power. **Community power** is the ability of systemically marginalized communities, most impacted by racism and other oppressive systems, to develop and sustain an organized base of people, including leaders who:

- ◆ **Act collectively** through democratic and other structures to set agendas.
- ◆ **Shift narratives** to uplift power and break down systems that perpetuate inequity.
- ◆ **Influence who makes decisions**, shifting power to those closest to the issues.
- ◆ **Cultivate ongoing relationships** of shared accountability with decision makers that change systems and advance health equity.<sup>1</sup>

At the start of the project, the primary objective was to identify the greatest health disparities in South St. Pete and, in doing so, to identify the greatest opportunities to advance health equity. However, it became clear that disparities vary significantly at every level – within and across neighborhoods, zip codes, and populations – and that what the data might indicate as a priority is not always consistent with resident priorities. This report takes the approach that a greater impact can be had by addressing the root causes of inequities rather than their downstream manifestation.

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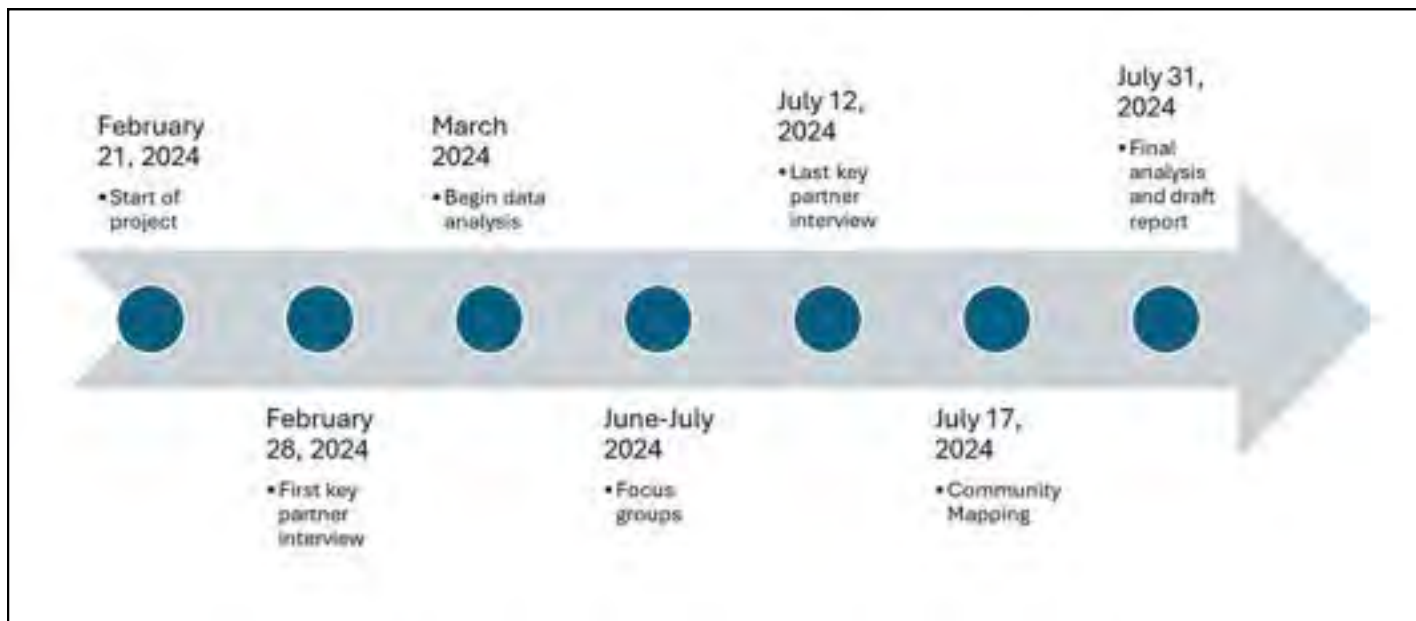
1 Definition adapted by Health Resources in Action, from Lead Local Glossary, available at <<https://www.lead-local.org/glossary>> (last visited July 30, 2024).

For example, rather than focus on programs that address the consequences of poverty, like food distribution, utility assistance, or transportation assistance, a more effective approach would be to address the structural factors that lead to poverty, like the lack of quality jobs and education or training programs, poor health, and lack of infrastructure (like broadband access and public transit). Indeed, these are some of the structural issues explored throughout this report, largely based on resident perspectives. Making decisions about resources or programs aligned with these perspectives is one way to address disparities and build community power.

In the following sections, this report explores each of the three research questions noted above, starting with data on health and wellbeing in South St. Pete, followed by an analysis of past reports and studies, and concluding with an assessment of qualitative data obtained through key partner interviews, focus groups, surveys, and community mapping. It is the culmination of a five-month long process (**Figure 1**) that started with identifying the research questions, followed by exploring those questions through key partner interviews, data analysis, and resident conversations, and then developing a comprehensive account of health equity in South St. Pete. Throughout this report there is a focus on resilience, inspired by the words of late Adrian Dominguez, who was the Scientific Director for the Urban Indian Health Institute,

“ Do not come to us because you think we have all the problems, come to us because you think we have the answers. ”

**Figure 1. Project timeline**



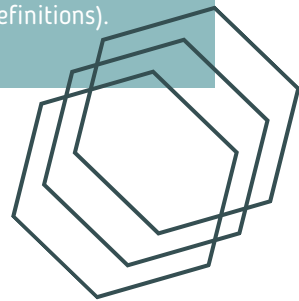
# What can we learn about the health, economic, and social status of residents of South St. Pete?

The first section in this report is an exploration of the health, economic, and social status of South St. Pete residents using quantitative data at the county, city, and census tract levels. For the purposes of this report, the only subgroups analyzed were race and ethnicity because of the Foundation’s focus on racial equity. However, it is important to note that our experience of health is impacted by every aspect of our identity, including things like sexual orientation and gender identity, religion, language, and national origin, and a deeper analysis can and should be conducted using an intersectional lens.

The analysis conducted for this project included developing a profile of South St. Pete at as granular a level as possible to identify areas of strength or resilience along with areas of opportunity. This was done at the census tract level (more detail provided below), in addition to identification of key indicators at the city and county level. The three primary data sources accessed for this part of the analysis include County Health Rankings and Roadmaps, FLHealthCHARTS County & State Reports,<sup>2</sup> and City Health Dashboard.<sup>3</sup> These are recognized sources for city, county, and state level data, which draw from other established sources, like the American Community Survey (ACS).<sup>4</sup>

The research team also looked at three key sources of health-related data, including the Pinellas County Community Health Assessment (CHA, 2023),<sup>5</sup> the Pinellas County Community Health Improvement Plan (CHIP, 2023),<sup>6</sup> and the All4HealthFL Collaborative Community Health Needs Assessment (CHNA, 2022).<sup>7</sup> Additional data was reviewed from BayCare Health System’s social determinants of health screening data. This report is not intended to replace or duplicate any of the comprehensive assessments and analyses that already exist and that identify key racial and ethnic health disparities. Rather, this report is intended to highlight some key findings and potential priorities and inform the Foundation’s future strategic efforts.

**NOTE:** In the tables and figures in this report, you may see terms like three- and five-year estimates and rates per 1,000 population or 100,000 population. Multi-year estimates (the ACS uses five-year estimates) provide increased statistical reliability and smoother trends, although a downside is that the data are less current. Rates are the measure of an event, disease, or condition occurring in a unit of population during a given time, and the standard is per 1,000 population for births and per 100,000 population for deaths (see Centers for Disease Control and Prevention, National Center for Health Statistics, Sources and Definitions).



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2 FLHealthCHARTS County & State Reports, available at < <https://www.flhealthcharts.gov/charts/QaSpecial.aspx>> (last visited August 8, 2024).

3 City Health Dashboard, available at <https://www.cityhealthdashboard.com/> (last visited August 8, 2024).

4 United States Census Bureau, American Community Survey (ACS), available at < <https://www.census.gov/programs-surveys/acs/>> (last visited August 8, 2024).

5 Florida Department of Health in Pinellas County, Division of Community Health and Performance Management, *Community Health Assessment 2023* (January 2023).

6 Florida Department of Health in Pinellas County, Division of Community Health and Performance Management, *Community Health Improvement Plan 2023-2028* (January 2023).

7 Conduent Healthy Communities Institute for All4HealthFL, *Community Health Needs Assessment, Pinellas County Appendix*, unpublished (March 2023).

## Pinellas County

According to County Health Rankings & Roadmaps, Pinellas County ranks 17 out of 67 counties in Florida.<sup>8</sup> But what does that mean? Part of data analysis for public health is exploring what informs the values for any given indicator, and that means taking a closer look at disaggregated data, or data that is broken down into smaller subgroups to reveal patterns and trends. When we take this approach, we can see that some parts of Pinellas County (and St. Petersburg) are doing well while others are struggling. This matches national trends. The Commonwealth Fund’s 2024 State Health Disparities Report highlights deeply entrenched racial and ethnic health disparities, even in the healthiest states, and notes that these disparities vary by context and are not universal.<sup>9</sup>

Pinellas County is home to more than 960,000 people, with nearly 60% of the population being between the ages of 18 and 64 and skewing slightly older than other counties in Florida (almost 27% of the population is over age 65). It has a much higher population of White residents than the statewide average, and consequently, much lower numbers of Black and Hispanic residents. For comparison, neighboring Hillsborough County is 30.5% Hispanic or Latino and 16.3% Black. The first caretakers of the land now known as St. Pete/Clearwater were the Manasota and Weedon archaeological cultures, and later, the Safety Harbor culture, which include the Tocobaga people. Today, the Florida Seminole and Miccosukee Nations are descendants of the people to first call what we know as Pinellas County home.<sup>10</sup>

While Pinellas County is one of the healthier counties in Florida, stark disparities exist for Black and Hispanic or Latino residents, and those residents who are multi-racial. Let’s look at life expectancy as an example. Life expectancy is an important indicator of population health because it tells us about mortality in a population and the conditions in which people live (for example, high-income countries have longer life expectancies, but this can be affected by death rates and the age of the population).<sup>11</sup> Life expectancy for Floridians is 78.5 years, for Pinellas County residents is 77.9 years, and for residents of St. Petersburg, it’s 76.9 years. Why such a stark difference? The lower life expectancy in St. Petersburg is driven by a disparity for Black residents, at 72.8 years.

**Table 1.** Demographics of Pinellas County and the State of Florida. Data from County Health Rankings & Roadmaps (2024).

Demographics	Pinellas	Florida
Population	961,739	22,244,823
Percent under 18 years old	15.2	19.3
Percent over 65	26.6	21.6
Percent Non-Hispanic Black	10.3	15.4
Percent American Indian or Alaskan Native	0.4	0.5
Percent Asian American	3.7	3.1
Percent Native Hawaiian or Other Pacific Islander	0.1	0.1
Percent Hispanic or Latino	10.9	27.1
Percent Non-Hispanic White	72.8	52.3
Percent Not proficient in English	2	6
Percent Female	51.6	50.8
Percent Rural	0.2	8.5



8 County Health Rankings & Roadmaps, Pinellas County, available at <<https://www.countyhealthrankings.org/health-data/florida/pinellas?year=2024>> (last visited August 8, 2024).

9 D.C. Radley, A. Shah, S.R. Collins, N.R. Powe, and L.C. Zephyrin, Advancing Racial Equity in U.S. Health Care, THE COMMONWEALTH FUND 2024 STATE HEALTH DISPARITIES REPORT, (April 18, 2024).

10 University of South Florida, Nelson Poynter Memorial Library, Native American Land Acknowledgment Research Guide, available at <<https://lib.stpetersburg.usf.edu/c.php?g=1029907&p=7583417>> (last viewed August 8, 2024).

11 S.R. Johnson, “Q&A: What Is ‘Life Expectancy,’ and Why Does It Matter?”, U.S. News & World Report, March 27, 2024.



The overall “health” of the county disguises other disparities as well. Black residents of St. Petersburg experience higher premature death, with 13,500 years of potential life lost versus 9,100 for the county. Black (38), Hispanic or Latino (18), and multi-racial people (19) have a higher percentage of teen births than the county average (15). Looking at another key indicator of population health – infant mortality – Black residents and multi-racial residents have an infant mortality rate of 12 and 20, respectively, compared to a rate of 6 for the county.

Perceptions of physical and mental health are worse for Pinellas County residents than the U.S. and Florida averages (self-rated health of fair or poor – 14%, poor physical health days in the previous 30 days – 3.3, and poor mental health days in the previous 30 days – 4.9). Data from the CHNA shows that mental health perceptions are impacted by high anxiety, alcohol use, and opiate dependence.

More data can be explored using the County Health Rankings & Roadmaps interactive tool to explore county-level data that shows “areas to explore”, “areas of strength”, trends, and disaggregated data, where available.

## City of St. Petersburg

At the city level, data was collected from the City Health Dashboard, which is a key resource to view data on cities across the U.S. evaluated on over 40 measures of health and factors affecting health, including health behaviors, social and economic factors, physical environment, health outcomes, and clinical care. These measures are aligned with many of the same measures in County Health Rankings & Roadmaps.

In reviewing measures for St. Petersburg, among the 10 **health factors** for which there are data, St. Petersburg is generally **worse** than the Dashboard-City average (there are more than 970 cities across the U.S. included in the Dashboard). The greatest disparities between St. Pete and Dashboard cities are in

- **Life expectancy** (76.9 vs. 78.9 years)
- **Firearm suicides** (10.7 vs. 7.8 per 100,000 population)
- **Premature deaths** (11,224 vs. 8,233 Years of Potential Life Lost)
- **Low birthweight** (9.3% vs. 8.7% births that were below 2500 g).



Source: stpeterising.com

Among the 13 social and economic factors for which there are data, while St. Petersburg is worse on measures like children in poverty, rent burden, neighborhood racial/ethnic segregation, and chronic absenteeism, there are a few **bright spots** compared to Dashboard cities, including:

- **Broadband connection** (80% vs. 77% households with high-speed broadband internet)
- **High school completion** (93.8% vs. 89.3%)
- **Income inequality** (-1.8 vs. 3.3)
- **Racial and ethnic diversity** (65.9 vs. 62.6 out of 100)
- **Unemployment** (4.6% vs. 5.7% at the neighborhood level)
- **Voter turnout** (69.2% vs. 64.9% in 2020).



Finally, there are several sources that collect and analyze data on racial equity. One is the Racial Equity Index, which looks at nine indicators in the National Equity Atlas and scores them based on inclusion and prosperity.<sup>12</sup> St. Petersburg ranks #5 overall among the cities included in the Index, with its best scores coming from educational attainment and unemployment. However, even though the overall score for St. Petersburg is 68, disparities exist here as well, with Black and Hispanic or Latino residents having prosperity scores of 35 and 54, respectively. One finding that aligns with the body of work on economic stability for Black residents in St. Petersburg is that the lowest prosperity score by race/ethnicity and indicator category is for the Black population in economic vitality (which includes unemployment, poverty, and median wage) at 31. The highest score for economic vitality by race/ethnicity is 67 for White residents.

**Table 2** provides a comparison of key indicators at the city and county level. The worse trends for St. Petersburg relative to Pinellas County are driven by significant disparities among Black, Hispanic or Latino, and multi-racial residents. A full list of indicators showing the disparities in South St. Pete, specifically, to the rest of the county is available in Appendix A, in the “Comparison of Pinellas County to South St. Pete.” These numbers may differ slightly from the numbers in Table 2 because of differences in the underlying data (for example, 5-year vs. 1-year estimates).

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12 National Equity Atlas, Racial Equity Index, available at < [https://nationalequityatlas.org/research/racial\\_equity\\_index/index](https://nationalequityatlas.org/research/racial_equity_index/index)> (last visited August 8, 2024).

**Table 2. Comparison of key indicators at the county and city level for Pinellas County and St. Petersburg, FL.**

Indicator	County Health Rankings & Roadmaps, Pinellas County (2023)	City Health Dashboard, St. Petersburg (2021)	City Trend Relative to County
Premature death (years of potential life lost)	9,100	11,224	
Life expectancy (years)	77.9	76.9	
Low birthweight (percent)	8	9.3	
Children in poverty (percent)	16	17.6	
High school completion (percent)	93	93.8	
Income inequality (Index, -100 to +100)	4.7	-1.8	
Unemployment (percent)	2.6	4.6	
Teen births (births per 1,000 females under age 20)	15	21.8	
Uninsured (percent)	14	12.8	
Broadband access (percent)	88	80	

One other helpful source of health data is patient electronic medical records. While these generally tell us more about individual health, when aggregated, they can also help us to identify population level issues. For example, if a significant number of patients present in the emergency department for issues related to asthma, and they all come from a similar geographic area (e.g. the same neighborhood or zip code), as public health professionals we would ask what it is about the environment that might be the cause for the higher number of visits. BayCare Health System shared aggregated patient information for South St. Pete with the research team, including a rollup of screening status for food, housing, utility, and transportation insecurity. **See Table 3.** What we can see from this table is the disparities that exist for Black residents of South St. Pete across key determinants of health.

**Table 3. Screening status for food, housing, utility, and transportation insecurity among residents of South St. Pete, for White and Black residents.** These numbers reflect the percentage of respondents to the screening tool by race or ethnicity who indicated they experienced insecurity in these areas. Numbers were small for other racial and ethnic groups and are not included here.

Patient Race	Transportation	Housing	Utility	Food
Black	64	60	43	66
White	34	37	57	31

## Census Tract Analysis

The foregoing analysis led to the idea of creating a data profile based on the priority health, social, and economic factors for residents of South St. Pete identified in the data. With the Foundation’s interest in as granular an analysis as possible and with a focus on resilience, we arrived at using census tract level data to create the profiles. We used two key data sources. The first is the Community Resilience Estimates for Equity Profiles, a product of the U.S. Census Bureau.<sup>13</sup> It combines data from the Community Resilience Estimates (a measure of the capacity of individuals and households within a community to absorb the external stress of a disaster, emergency, or other stressor, like the COVID-19 pandemic) with data from the American Community Survey, the 2020 Census, and the Census Bureau’s Planning Database. It is intended to provide a complete picture of social vulnerability and equity for neighborhoods across the U.S. The second data source is the FLHealthCHARTS Community Dashboard, which is an interactive tool that allows exploration of health-related data at the county, zip code, and census tract levels.<sup>14</sup>

13 United States Census Bureau, Community Resilience Estimates for Equity Profiles, available at < <https://www.census.gov/library/visualizations/interactive/community-resilience-estimates-for-equity.html>> (last visited August 8, 2024).

14 FLHealthCHARTS Community Dashboard, available at < <https://www.flhealthcharts.gov/ChartsDashboards/>> (last visited August 8, 2024).

Census tracts were identified using ProximityOne’s ZIP Code to Census Tract Equivalence Table<sup>15</sup>. Then, a master spreadsheet was created collecting all data available for each census tract. To understand the context of health in South St. Pete, a “within zip code” analysis was conducted to identify areas of strength and areas of opportunity just in these zip codes (i.e. not relative to the rest of the city or to the county). The average of values across all census tracts was determined, and anything above or below one standard deviation from the mean was highlighted in either **red** or **green**. The purpose is to be able to quickly identify hot spots in either direction.

Each profile is constructed in the same manner. The census tract is indicated at the top of the profile as well as its associated zip code(s). It’s important to note that multiple census tracts cross two zip codes, and where that occurs, this is also indicated at the top of the profile. Each profile also contains landmarks, like neighborhoods and parks, as well as adjacent tracts for easy comparison. An image of the census tract is also included, generated using PolicyMap.<sup>16</sup> The first page of the profile is compiled from the Community Resilience Estimates for Equity, with a breakdown by race and ethnicity. The second page is compiled from the FLHealthCHARTS Community Dashboard and contains data from the following priority areas: Injury and Violence, Transportation, Housing, Chronic Disease, and Maternal and Child Health. All profiles and a table showing the correlation of census tracts to zip codes are available in *Appendix A*.



As you go through the census tract profiles in *Appendix A*, keep the following points in mind:

1. **Red** and **green** fonts indicate values that are greater than one standard deviation above or below the mean for all census tracts in 33705, 33711, and 33712. They can help to quickly visualize where disparities exist, but also the strengths in measures of resilience.
2. While data are not available for every indicator by race and ethnicity, we do know the demographics of each census tract, and that can help provide insight into disparities that may exist.
3. What makes a census tract vulnerable varies. This is important because it allows for more targeted interventions, but also it tells us that systems-level interventions are necessary to have an impact at the population level.
4. There are limitations to the data. Census tracts are a preferred unit of analysis compared to zip codes because they are designed to have a homogenous population with an average of 4,000 people, and are stable over a 10-year period, since they are tied to the U.S. Census.<sup>17</sup> However, caution must be exercised when interpreting the significance of rates based on small numbers.<sup>18</sup> There is also variation in total population numbers. For example, census tract 202.01 had a population of 567 in 2020. Because of this, data should be viewed as providing insight into factors shaping health equity rather than leading to strong conclusions about trends or patterns.
5. Each census tract may contain only a small proportion of the population within a zip code. This is a reason to use caution in rolling up census tract data into zip code profiles, and instead to use zip code level data from verified sources.

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15 ProximityOne, ZIP Code to Census Tract Interactive & Equivalence Table, available at < <https://proximityone.com/ziptractequiv.htm> > (last visited August 8, 2024).

16 PolicyMap, available at < <https://www.policymap.com/> > (last visited August 8, 2024).

17 See note 15.

18 Census tracts 201.09, 201.01, and 286.01 were established after the 2020 Census and there may be some limitations to the significance of any data that is available for them, since the 5-year estimate for 2018-2022 necessarily will not include all five years.

**Table 4** shares key findings about the most resilient and most vulnerable census tracts in South St. Pete. It illustrates some of the challenges and benefits of using census tract level data. You can see that disparities vary by context, as previously noted. For example, Census Tract 202.02 in Pinellas Point is one of the most vulnerable, but also has a much higher life expectancy than most census tracts in South St. Pete. Why? When you dig into the profile, you can see that vulnerability is driven by disparities in insurance coverage and disability status, and that this census tract is significantly impacted by chronic disease deaths.

As another example, Census Tract 203.02 in Coquina Key is one of the most resilient (or least vulnerable) census tracts. However, life expectancy is lower than the county average of 78.7, and there are disparities in poverty and educational attainment for Hispanic residents, along with a high infant mortality rate. In addition, the community mapping exercise (described in a later section) revealed that this is an area that lacks access to a grocery store, which can impact food security and nutrition.

**Table 4. List of the most resilient and most vulnerable census tracts in South St. Pete, with percentage vulnerable population, and corresponding neighborhood.** For the purposes of this analysis, these census tracts were identified based on whether the percent vulnerable population was at least one standard deviation outside the mean for South St. Pete. If blank, data was not available.

Most Resilient			Most Vulnerable		
Census Tract	Vulnerable Population	Life Expectancy	Census Tract	Vulnerable Population	Life Expectancy
<b>201.1</b> - Parts of Gulfport, Childs Park	15.1%		<b>201.09</b> - Bayview	36.2%	
<b>203.01</b> - Lakewood Terrace	13.7%		<b>202.02</b> - Pinellas Point, Bay Vista	36.3%	80
<b>203.02</b> - Coquina Key	15.7%	74.3	<b>216</b> - Methodist Town, Edge District	32.3%	72
<b>204</b> - Old Southeast	13%	75.9	<b>219</b> - Seminole Park, Historic Kenwood	37.7%	71.6
<b>218</b> - Palmetto Park, Historic Kenwood	10.3%	73	<b>234</b> - Euclid-St. Paul	31.1%	70.1
<b>233</b> - Euclid-St. Paul	13.8%	75.5	<b>286.01</b> - Roser Park	36.7%	





## Summary

Census tracts are not discrete, disconnected entities. They represent neighborhoods that are part of the fabric of St. Pete, and it is important to think of the ways that these neighborhoods shape and are shaped by each other. One key lesson from this census tract analysis is that it is important to build relationships within and across neighborhoods to create more equitable outcomes. For example, multiple neighborhood associations serve the same census tracts, and are also located near resources like recreation centers, health systems, and schools. How can they better coordinate to serve surrounding communities?

As just one example, poverty and high unemployment have a significant impact on health and wellbeing, and there are noticeable disparities in these and other economic factors for Black and Hispanic or Latino residents in South St. Pete. There is a large body of research about the effects of poverty on long-term outcomes and the effects of intergenerational poverty in historically marginalized communities. One way to begin to address these disparities is by facilitating connections between high- and low-income residents, which fosters what's known as economic connectedness, or the rate at which low-income people form cross-class friendships.<sup>19</sup> Higher economic connectedness is associated with greater economic mobility. This research reveals the importance of fostering relationships, learning, and collective action as a strategy to reduce health disparities. More strategies and key findings from past research are explored in the next section.

**Facilitate economic connectedness by creating opportunities to form cross-class relationships.**



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19 C.C. Miller, J. Katz, F. Paris, and A. Bhatia, "Vast New Study Shows a Key to Reducing Poverty: More Friendships between Rich and Poor," *New York Times*, August 1, 2022.

## What works to create healthy, resilient communities?

Building strong, resilient communities requires understanding the historical and current context of systemic disparities. To effectively address these challenges, it is essential to review key reports and research that highlight the specific barriers faced by Black residents in St. Petersburg and Pinellas County.

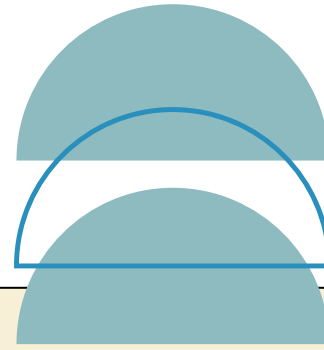


### Historical Context – A Review of Key Reports, Research, and Findings

To lay the foundation for this analysis, it was important to look at recent reports and assessments that identify and address disparities faced by Black residents of St. Petersburg, Florida or Pinellas County, more broadly. While eleven (11) reports were reviewed for this project, there are countless others out there that share a common objective of identifying the barriers to racial health equity as well as institutional and structural interventions to address those barriers. All of these reports are extensive, and the summary provided here is just that – a brief overview of findings and recommendations. Readers should dive into the full reports for detailed recommendations, references, and research.

It is also important to acknowledge and uplift the work of local experts, including members of the Black community who are researchers, residents, leaders, and advocates, who have contributed their time, expertise, and resources to understanding and addressing inequities facing the Black community in St. Petersburg. Using this prior work to identify common goals and take informed action in partnership with those involved is one way to build community power.





The reports reviewed for this analysis include, in chronological order:

- An Equity Profile of Pinellas County (2019)<sup>20</sup>
- St. Petersburg Civic Health Study (2020)<sup>21</sup>
- Building Bridges & Supporting Racial Equity in St. Petersburg, Florida (Structural Racism Study, 2021)<sup>22</sup>
- Pinellas County Community Health Assessment (January 2023)
- Pinellas County Community Health Improvement Plan (January 2023)
- Listen St. Pete: CRA Listening Project, Project Summary (February 2023)<sup>23</sup>
- City of St. Petersburg, Community Redevelopment Agency, FY2022 Annual Report (March 31, 2023)<sup>24</sup>
- Addressing Inequities in Chronic Disease: Community Conversation (May 2023)<sup>25</sup>
- BIPOC Mental Health Landscape Scan, Pinellas County (May 2023)<sup>26</sup>
- Economic Gains, Roadblock & Gaps for Black Residents of Pinellas County, Florida (August 2023)<sup>27</sup>
- New Census Data Show St. Petersburg's Black Population Shrinking as African Americans Leave in Record Numbers (Migration Assessment, December 2023)<sup>28</sup>

These reports differ in the topic, population, and geographic area of focus, and these differences may provide the basis for targeted interventions like specific funding or collaborative projects. However, there are several commonalities, and these can provide the basis for collective action on shared goals. The commonalities include alignment on the importance of equity and inclusion, a focus on economic inequality, data-driven approaches, and a call for community-centered decision making.

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20 M. Huang, *An Equity Profile of Pinellas County*, PolicyLink (2019).

21 L. Grove, A. Keith, S. Paterson, J. Vaquero, and J. Kessel, *St. Petersburg Civic Health Study*, League of Women Voters of the St. Petersburg Area (2020).

22 City of St. Petersburg, *Structural Racism Study*, available at <[https://www.stpete.org/residents/current\\_projects/planning\\_projects/structural\\_racism\\_study.php](https://www.stpete.org/residents/current_projects/planning_projects/structural_racism_study.php)> (last visited August 8, 2024).

23 Foundation for a Healthy St. Petersburg, unpublished report, (February 2023).

24 City of St. Petersburg, Economic and Workforce Development Department, *City of St. Petersburg Community Redevelopment Agency FY 2022 Annual Report*, (March 31, 2023).

25 Foundation for a Healthy St. Petersburg, unpublished presentation, courtesy of S. Edwards, (May 2023).

26 K. Benson and S. Reed, *BIPOC Mental Health Landscape Scan, Pinellas County 2023*, Foundation for a Healthy St. Petersburg (2023).

27 G. Gallardo and L. Bowles, *Economic Gains, Roadblocks & Gaps for Black Residents of Pinellas County, Florida*, Urban Market Analytics for the Foundation for a Healthy St. Petersburg, (August 2023).

28 Urban Market Analytics, *New Census Data Show St. Petersburg's Black Population Shrinking as African Americans Leave in Record Numbers*, (December 2023).

There are also several key points from these reports that future efforts should consider and align with, including:

1

**Historical and Systemic Racism:** The Structural Racism Study provides a detailed analysis of the historical and ongoing impacts of systemic racism in St. Petersburg. This report emphasizes the need for long-term structural changes to address deeply rooted inequities. As noted in the work of Dr. Camara Jones, achieving health equity requires valuing all populations equally, recognizing and rectifying historical injustices, and providing resources according to need.<sup>29</sup> The Structural Racism Study, and some of the other reports reviewed here, populate this roadmap to health equity.

2

**Economic Impact of Equity:** The Pinellas Equity Profile's estimate that eliminating racial income gaps could have added \$3.6 billion to the regional economy in 2016 is a striking highlight, underscoring the economic benefits of addressing inequities. Future research could update this analysis, particularly with the major economic shifts that have occurred during the COVID-19 pandemic.

3

**Migration Trends:** The Migration Assessment's finding that St. Petersburg is experiencing a significant outmigration of Black residents, while the rest of Pinellas County and Florida see growth, is a critical and unique issue. This trend has broad implications for the city's social, economic, and cultural landscape, and is clearly a concern identified by residents (detailed in the last section of this report).

4

**Community Health Improvement Strategies:** The CHIP's comprehensive approach to health improvement, including clear goals, strategies, and an evaluation framework, provides a robust model for addressing public health priorities in a systematic and inclusive manner.

5

**Cultural Competence in Mental Health:** The BIPOC Mental Health Landscape Scan's emphasis on the need for culturally competent care stands out as a key area for improving mental health outcomes among BIPOC communities.

The rest of this section will explore strengths and opportunities as well as policy recommendations identified in these past reports. At a high level, these reports coalesce around the 5 C's: improved **coordination, communication, and collaboration** on **comprehensive** strategies that center **community**.

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29 C.P. Jones, "Systems of Power, Axes of Inequality: Parallels, Intersections, Braiding the Strands," *Medical Care* 52 (2014): S71-S75.

## Strengths and Opportunities

**Table 5** provides a deeper dive into the strengths and opportunities identified across the reports reviewed for this analysis, organized into six categories:

- Collaboration
- Community Health
- Economic Stability
- Education Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

These categories are aligned with the Social Determinants of Health framework,<sup>30</sup> with specific attention to the important role of collaboration in improving health, social, and economic outcomes. This table is intended to provide actionable information about existing assets and potential areas for strategic investments and interventions to enhance overall community health and equity. As important as it is to direct resources and attention to areas of opportunity, it is just as important to continue to invest in and strengthen what is already working to sustain and maximize impact.

**Table 5. A summary of strengths and opportunities for racial health equity as identified in the prior research reviewed for this analysis.**

Focus Area	Strengths	Opportunities
<p><b>Collaboration</b></p>	<ul style="list-style-type: none"> <li>• High level of civic engagement and community involvement, demonstrated through voting, volunteering, and participation in community activities.</li> <li>• Existing initiatives like the Community Health Action Team (CHAT) and the CRA Community Advisory Committee (CAC).</li> <li>• Successful local summits and events, such as the Healing While Black Summit, promoting mental health awareness and community resilience.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen partnerships and collaboration between local organizations, healthcare providers, and community leaders to create a unified approach to health and economic challenges.</li> <li>• Foster continuous community engagement in identifying needs and priorities by conducting regular outreach and provide spaces for resident feedback.</li> <li>• Increase collaboration for economic development and health equity initiatives by creating more cross-sector partnerships.</li> </ul>

30 Centers for Disease Control and Prevention, Social Determinants of Health (SDOH), *available at* <<https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>> (last visited August 8, 2024).

<p><b>Community Health</b></p>	<ul style="list-style-type: none"> <li>• Strong community health programs and initiatives, such as community health centers, mobile clinics, local health fairs, and screenings.</li> <li>• Community-based health support systems, including family and faith-based organizations.</li> <li>• Local initiatives focused on reducing health disparities and promoting wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance access to affordable healthcare and culturally competent care by increasing funding for community health centers and training providers in cultural competence.</li> <li>• Expand mental health services, including trauma-informed care, and integrate these services into primary care settings.</li> <li>• Address food insecurity and improve access to healthy foods by establishing more community gardens and incentivizing grocery stores in food deserts.</li> <li>• Increase community outreach and education on nutrition, physical activity, and chronic disease prevention.</li> </ul>
<p><b>Economic Stability</b></p>	<ul style="list-style-type: none"> <li>• The growing number of workforce development programs and job training initiatives, targeting high-demand sectors like healthcare and technology.</li> <li>• Strong presence of community organizations supporting economic stability through financial literacy programs and small business support.</li> <li>• Local government initiatives focused on economic revitalization and job creation.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement inclusive economic policies to address economic inequities and support minority-owned businesses through grants, low-interest loans, and business incubators.</li> <li>• Enhance economic inclusion and workforce development efforts by providing targeted job training and career development programs for marginalized communities.</li> <li>• Develop retention strategies for younger, educated, and entrepreneurial Black residents by creating incentives for homeownership and business development.</li> <li>• Increase access to capital and resources for minority-owned businesses to stimulate economic growth and job creation within the community.</li> </ul>
<p><b>Neighborhood and Built Environment</b></p>	<ul style="list-style-type: none"> <li>• Existing support for affordable housing projects and rental assistance programs aimed at reducing housing cost burdens and providing safe and affordable living options for low-income residents.</li> <li>• The presence of green spaces and community gardens, promoting physical activity and access to fresh produce.</li> <li>• Community-driven redevelopment projects, such as the Historic Gas Plant redevelopment, aimed at revitalizing neighborhoods while preserving community culture.</li> <li>• Local efforts to improve environmental health and reduce pollution in low-income neighborhoods.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase investment in affordable housing and address housing affordability by expanding rental assistance programs and developing new affordable housing units.</li> <li>• Improve access to neighborhood resources and infrastructure, such as public transportation, parks, and community centers, to enhance quality of life.</li> <li>• Promote equitable development and prevent displacement by implementing policies that ensure new developments benefit existing residents and preserve affordable housing.</li> <li>• Increase investment in green infrastructure and sustainable development practices to create healthier living environments.</li> </ul>

### Education Access and Quality

- Significant improvements in high school graduation rates and college enrollment for Black residents.
- Community-based educational support systems, including tutoring and mentoring programs.
- Local initiatives focused on improving educational outcomes and reducing dropout rates.
- Strong presence of community colleges and vocational training programs.

- Increase investment in educational programs and workforce development initiatives to support Black residents, ensuring they have the skills and opportunities to succeed in high-growth industries.
- Address educational disparities through targeted interventions and policies that ensure equal access to quality education.
- Enhance partnerships between schools, local businesses, and community organizations to provide comprehensive support for students.
- Expand access to higher education and vocational training through scholarships, grants, and outreach programs targeting marginalized communities.

### Social and Community Context

- High levels of community engagement in decision-making processes, ensuring that diverse voices are heard and considered.
- Strong sense of community cohesion and support systems, with residents actively participating in neighborhood associations and support groups.
- Effective use of community feedback in policy development, ensuring that policies reflect the needs and priorities of residents.
- Robust network of local organizations and leaders dedicated to promoting social justice and equity.

- Leverage community wisdom and ensure community-led initiatives by involving residents in the planning and implementation of projects and policies.
- Strengthen community-informed decision-making and participatory governance by establishing permanent resident advisory boards and committees.
- Enhance community outreach and education efforts by utilizing multiple communication channels and providing information in accessible formats.
- Foster a culture of continuous improvement by regularly evaluating and adjusting policies and programs based on community feedback and data.



## Policy Recommendations

As all these past reports recognize, systemic problems require systemic solutions, and there are seven key policy recommendations that these reports support, outlined in **Table 6**. Policy as used here is intended to encompass laws, policies, practices, and collective norms that promote health and equity. “Policy” can include:

- Requirements or prohibitions on action through statutes, regulations, ordinances, administrative actions, and organizational policies.
- Processes and procedures for making decisions, creating new policies, and interpreting existing policies.
- Programs and services, like health promotion and outreach, vaccination campaigns, and chronic disease self-management classes.
- Norms and expectations that can influence behavior, even in the absence of a prohibition or requirement, like wearing masks in public spaces.

These policy recommendations can be tied to the strengths and opportunities in **Table 5**, with specific examples of potential actions in the “opportunities” column.

**Table 6. Policy recommendations by focus area based on a review of prior research.**

Focus Area	Recommendation
<b>Collaboration</b>	Strengthen cross-sector partnerships and establish collaborative frameworks to ensure continuous community engagement and effective resource sharing among local partners.
<b>Community Health</b>	Implement a comprehensive health equity strategy that includes expanding access to affordable healthcare, enhancing mental health services, and addressing food insecurity through community-based initiatives and partnerships.
<b>Economic Stability</b>	Develop inclusive economic policies that promote workforce development, support minority-owned businesses, and provide targeted economic incentives to retain and attract young, educated, and entrepreneurial Black residents.
<b>Neighborhood and Built Environment</b>	Increase investment in affordable housing and green infrastructure projects, ensuring equitable development that enhances neighborhood resources, prevents displacement, and promotes environmental sustainability.
<b>Education Access and Quality</b>	Invest in educational programs and workforce development initiatives that address educational disparities, improve graduation rates, and expand access to higher education and vocational training for marginalized communities.
<b>Social and Community Context</b>	Foster community-led initiatives and participatory governance by establishing permanent resident advisory boards, enhancing community outreach, and leveraging community wisdom in decision-making processes.

## How do residents perceive their own health and the health of their neighborhood or community?

One of the research questions for this project was “what works to create healthy, resilient communities?” Extensive research and analysis conducted in the past few years helps to answer this question, centering the importance of recognizing and rectifying historical injustices as one step in achieving health equity. These reports contribute to a comprehensive picture of strengths and opportunities in South St. Pete and provide detailed policy recommendations that can be adopted in a policy and advocacy agenda. The final question explored in the next question will explore the question of what creates healthy, resilient communities from the perspective of community members.

This final section of the report explores resident perspectives on what makes their community healthy, identified in the Pinellas County Community Health Needs Assessment (CHNA) from 2022 (an extensive community engagement effort) and through key partner interviews, focus groups, surveys, and community mapping sessions designed specifically for this project.

### Resident Perspectives on What Makes South St. Pete Healthy

Many of the reports in the previous section involved extensive community engagement and participation. It was important in this current project to recognize these past efforts – and add to rather than duplicate engagement with residents, organizations, and other partners to understand current priorities with an asset-based perspective. To that end, the research team designed a qualitative approach involving one-on-one interviews, focus groups, surveys, and community mapping to identify perceptions of and insights into what makes South St. Pete healthy. In this section, each of these activities is described, with a summary of key themes, action items, and general observations.

Qualitative analysis is an important part of the work of public health. As described in an article exploring why qualitative analysis is so essential, “**The success or failure of public health interventions and policies depends on how much we understand about all the factors impacting people’s decision-making; how deeply we understand social, political, economic, environmental, cultural, historical, and personal factors depends on [qualitative health research].**”<sup>31</sup>

Qualitative analysis is also important because it provides one path to building community power. Engaging with residents to understand their perspectives allow us to:



**Act collectively** to identify shared priorities.



**Shift narratives** by providing key context to the reasons behind observed disparities.



**Shift power** by supporting community-identified and community-led solutions.



**Cultivate** relationships to ensure partnerships are relational and not transactional.

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31 L.P. Allen, C. Kelly, and A.R. Hatala, “Answering tough questions: Why is qualitative research essential for public health?”, Australian and New Zealand Journal of Public Health, 48(3) (June 2024): 100157.

# Pinellas County Community Health Needs Assessment

The CHNA process is a key public health tool involving qualitative analysis by engaging communities to identify and prioritize their health needs. The 2022 CHNA led by the All4HealthFL Collaborative identified **three priority health needs**:

- Access to health & social services
- Behavioral health (mental health & substance misuse)
- Exercise, nutrition, and weight

The associated CHNA Implementation Strategy<sup>32</sup> identified three objectives for each of these priority health needs:

- Increase health literacy and health navigation through education and awareness
- Reduce stigma by increasing access to education, awareness, training, and navigation to equitable behavioral health services
- Support local policies and programs that address the built environment and impact obesity, inadequate access to healthy food, and physical activity disparities

A re-analysis of the community feedback sessions (found in the CHNA Appendix) affirmed the following themes:

**Community Strengths & Assets:** Communities value togetherness, walkability, access to healthcare, good communication, and resources available through churches and schools. There is also a strong sense of diversity, and support from local businesses and organizations.

**Top Health Problems:** The most pressing health issues include limited healthcare services, mental health problems, substance misuse, affordable housing, chronic diseases, and food insecurity. There is also a need for better infrastructure and education on health matters.

**Access to Health:** Access to healthcare is hindered by high costs, insurance barriers, language barriers, and lack of trust in providers. Economic status and availability of resources also play significant roles in access to health services.

**Factors Shaping Health:** External factors shaping health include racism, economic status, fear, stigma, and cultural beliefs. These factors contribute to stress, delayed care, and inadequate access to necessary services.

The CHNA results and analysis are included in this report in part because they align with the findings from the key partner interviews, focus groups, and community mapping exercise conducted for this project and described in more detail below.

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32 Conduent Healthy Communities Institute for All4HealthFL, *All4HealthFL Implementation Strategy 2022-2024*, (2022).



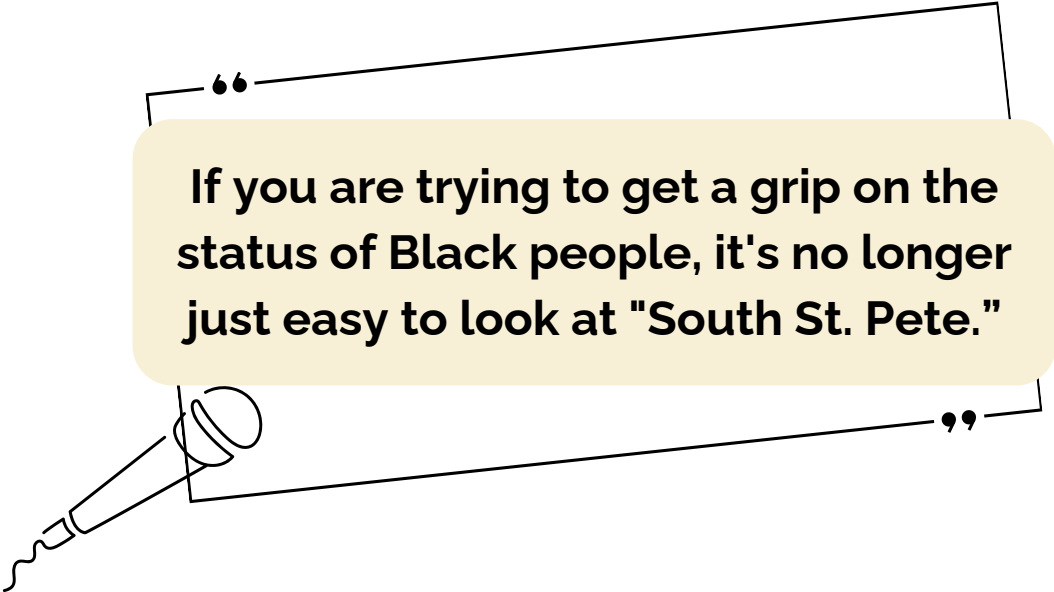
## Key Partner Interviews & Themes

Interviews with key partners were planned at the beginning of this project with the intention of refining the study objectives and identifying initial priorities, data sources, other key partners, and strategies to engage with residents. Over the course of the project, these one-on-one interviews provided valuable insights into the health and wellbeing of South St. Pete and were conducted from February 2024 to July 2024. In all, 26 interviews were conducted with partners representing city and county government, non-profits and foundations, elected officials, public health consultants, faith leaders, residents, business owners, researchers, and advocates.

Each conversation started with a review of the study approach and identification of whether the partner lives, works, or provides services in 33705, 33711, or 33712. While the conversations were informal, the research team developed the following list of questions to prompt conversation:

- What is your feedback on the study design?
- What do you think are the priorities in these zip codes?
- Who do you think we should have a conversation with?
- Are there any data sources you think we should look at (local, state, national)?
- What kind of data or program information do you have?
- What are your thoughts on the best way to engage with residents?
- Is there any way to collaborate with something you are doing?
- Is there a burning question that you would want an answer to?

Answering these questions was completely voluntary and findings are aggregated here. **Key themes** from these interviews are aligned with findings from past reports, and include the need for **access to quality healthcare**, **affordable housing**, **nutritional food availability**, and **transportation**. Across conversations, there was a significant focus on **advocacy** and **community engagement**, with an emphasis on volunteer-driven work and the importance of **relationships** and **trust**. Many of the conversations highlighted the **demographic shifts** in the community, particularly in Campbell Park, where new homeowners are predominantly White, leading to concerns about gentrification and its impact on long-term residents. One suggestion was to look at migration data (much like the Migration Assessment detailed earlier) to understand who is moving into and out of these zip codes and why, and to develop an understanding of how this migration impacts the health, social, and economic environment.



**If you are trying to get a grip on the status of Black people, it's no longer just easy to look at "South St. Pete."**

**Action items** identified include the need for collaboration among various organizations to align goals and resources, strengthening follow-up on projects and programs to ensure continued support for the community, and empowering individuals through technology and education to improve their economic status. Additionally, there is a call for narrative shifts to foster community power building and to address stigma associated with mental health and substance use.

The conversations also suggested engaging with residents in a multifaceted manner, respecting their spaces and contributions, and promoting events and resources effectively to ensure they are accessible to all community members. There is a clear indication that the community feels a lack of equitable funding and action from funders, with a desire for more proactive participation and investment in community events.

Overall, the conversations call for a holistic approach to addressing health disparities and inequities, considering the social determinants of health and the unique needs of the community in South St. Pete.

From the perspectives of the people interviewed, the **greatest strengths** highlighted include:

- The presence of organizations doing work in South St. Pete that share similar goals and values, although there is a need for better **alignment and coordination** among them.
- The community members in various neighborhoods are described as extremely engaged and motivated, indicating a strong sense of **community involvement**.
- The **relationships** and social capital within the community, emphasizing the importance of **boots on the ground** and direct knowledge and information through lived experience.
- The **volunteer-driven** work in neighborhoods, which, despite financial and organizational barriers, contributes to the community's strength.
- The **tech sector** as a focus for workforce development, which is seen as a tool to empower residents and provide accessible, well-paying jobs.
- The **narrative shift** in community power building, which involves understanding the needs of all residents and fostering a sense of compassion.



These strengths reflect the community's potential for growth, the importance of community-driven initiatives, and the need for strategic collaborations to enhance the impact of resources and programs available. The interviews also suggested a desire for more proactive involvement from foundations and organizations to support and build upon these strengths. Importantly, these findings are aligned with the strengths and opportunities identified in **Table 5**.

One key finding that surfaced in multiple conversations was the idea of **surviving versus thriving**. This is the idea that it is difficult to put time and attention toward higher level needs and the dreams you may have for yourself, your family, and your community when you are trying to ensure that your basic needs are met. These basic needs include physical needs like healthy food and safe housing, as well as safety needs, like health, employment, and neighborhood safety. Investing in systemic solutions that ensure basic needs are met can provide an opportunity for expansive thinking for individuals and the entire community.

From those who were willing to share, the following is a list of burning questions that are beyond the scope of this project but that may provide opportunities for future research.

**“ Advocacy is the area with the greatest potential for growth and common good. ”**

**Table 7. Key Partner Burning Questions**

- Why do people avoid medical care?
- Are investments addressing historical neighborhood demographics not taking into account the shift that is occurring due to the economy, housing market, and new development?
- Is there an assessment of housing costs and affordability post-COVID? How have pandemic shifts affected homeownership?
- What are the indicators of success regarding investments in these zip codes?
- Is it possible to implement "third places" - a place other than home or work - where people can socialize and connect with each other.
- How do you make sure your strategic investments are actually strategic?
- How are grant funds being used to enhance community health, and how does this align with the tangible benefits experienced by residents? Specifically, how do you ensure that increased spending results in a proportionate increase in positive outcomes for the community? AND how is this impact being measured?
- What is the juvenile homelessness rate?
- How do we have healthier people in the CRA, mentally and physically?
- What is the barrier for people or organizations to being involved in issues they see? Is it structural? Geographical? Narrative? Gaps in knowledge or assessment of priorities?
- Are there trainings for doctors that would help them to understand the different racial groups that they are working with?
- What do you need to thrive?

These key partner conversations helped to shape the focus groups by informing both the list of questions to guide focus group discussions and the ranking tool designed to capture resident feedback on health and social priorities.

## Focus Groups & Themes

Focus groups were conducted in June and July 2024, with the intent to identify resilience factors and community priorities. There was a total of four (4) focus groups including 61 participants who live or work in one of the zip codes of interest. These focus groups focused on youth, older adults, Black men, and members of the business community who work in the zip codes of interest. Questions were inspired by one of the “burning questions” from one-on-one interviews that several people raised – **what do you need to thrive?** See Appendix B for the list of questions. The questions aimed to engage community members in a dialogue about the health and wellbeing of their neighborhood, exploring perceptions of what makes a healthy community, desired improvements, valued features, supportive resources, and community aspirations. Each session ran for 60-90 minutes and included time to complete a ranking activity (described in the next section).

**BURNING QUESTION:**

**WHAT DO YOU NEED TO THRIVE?**



As with the key partner interviews, key themes from the focus groups aligned with findings from prior reports. These themes include:

- **Food Access:** Participants described parts of South St. Pete as a food desert with limited access to healthy foods, exacerbated by transportation barriers. There is a need for education about healthy foods and the importance of nutrition. Participants expressed a desire for more opportunities to grow their own food and for better nutritional options within the neighborhood. As one participant stated: “Whatever you put in your mouth will heal you or kill you.”
- **Community Strength:** A strong sense of community was highlighted, with a call for maintaining community engagement and cohesion and a deep desire for more platforms to bring people together for discussions like this.
- **Economic Stability:** Financial health, including the average income and cost of housing, was a concern. Participants discussed the stress on families due to economic constraints and the need for more job opportunities, especially for youth.
- **Health Services:** There is a need for more accessible health services, including mental health facilities and health screenings, particularly for prostate and colon cancer among men.
- **Gentrification:** Similar to key partner interviews, focus group participants expressed concern about the changing demographics of their neighborhoods and how that is impacting the culture, economic opportunities, and relationships for families and within the community. There was also some discussion of migration and how to both keep residents in their neighborhoods and bring people back who have been displaced.

Several **action items** arose from these focus groups, **including**:

- **Improving food security** through community gardens, education on nutrition, and increased access to healthy food retailers.
- **Strengthening community ties** by encouraging more neighborhood meetings and focus groups that can foster a sense of unity and collective problem-solving.
- **Supporting economic development** by creating job opportunities and providing financial literacy training to help alleviate economic stress and improve overall community health.
- **Enhancing health services** by expanding access to health screenings and mental health support to address some of the critical health disparities in South St. Pete.

**The community is aware of the health challenges they face and is eager for solutions that address both personal responsibility and systemic issues.** There was consensus on the need for more local resources, including grocery stores, healthcare facilities, opportunities for economic advancement, and affordable housing. All focus groups discussed the importance of clean and safe neighborhoods, aligned with prior findings that creating neighborhoods and environments that promote health and safety is critical for both individual and community health. There was some discussion of trash and litter, loud music, firearm use, violent crimes, and air quality.

It is worth noting that several participants across the focus groups stated that they wouldn't change anything about their neighborhood. The reasons varied, but the sentiment was strong, suggesting that a worthwhile investment would be helping to sustain what residents think are good things in their neighborhoods and growing them so that everyone in the community benefits. At the same time, several participants struggled to identify what they would want to keep the same in their neighborhood, suggesting that it would also be good to invest in neighborhood and community improvements that are visible and impactful, like improved cleanliness and safety.

### What are your dreams for your community?

- "That it would be a bright, nice, kind, respectful, humble, and great place."
- "My dream would be that everyone is thriving."
- "Elevate to action - close the gap between ideas, strategies, and activations."
- "To come back and still feel like the neighborhood is home."
- "Everyone to be able to live comfortably with each other and be able to respect each other without causing conflict."
- "To be safe."
- "Get back to loving one another, caring for one another, that would be a good thing."
- "Right now, there is a diversity in the community. That's the piece I like."
- "Mental rest - being able to rest and not being worried about something every day."

## Ranking Health and Social Factors

For the ranking activity conducted as part of the focus groups, a list of health and social factors was developed based on early data analysis and findings from key partner interviews. See *Appendix C* for the handout that was used for this exercise. Participants were given unlimited time to rank health and social factors from 1 (highest priority) to 7 (lowest priority).

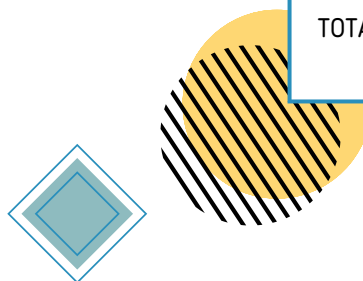
There were 56 total responses to the demographic questions. There were 31 females and 25 males, ranging in age from 15 to 83, with a median age of 44. A majority of participants (44) were Black, with seven White participants and five participants identifying as either Hispanic or Latino, Asian, or Other. See **Table 8** for an additional breakdown of participants by race/ethnicity and gender. There was a total of 46 respondents who live in 33705, 33711, and 33712. Several participants in the business focus group shared residential zip codes outside of the three zip codes of interest, although all work or own businesses in those zip codes.

Across all focus groups, the top health factors were **mental health**, **health insurance**, and **early death**, and the top social factors were **employment**, **building wealth**, and **neighborhood safety**. Every group identified health insurance and neighborhood safety as their top priorities. Health insurance was important in these focus groups because it directly impacts the community's ability to access necessary medical care and maintain overall health. Participants highlighted that without health insurance, people often delay seeking medical attention, which can lead to more severe health issues and higher costs in the long run. Neighborhood safety was important in these focus groups because it directly affects residents' quality of life and their sense of security. Participants emphasized that a safe neighborhood allows for more community engagement, reduces stress, and fosters a healthier living environment.

By far, internet access (35) and access to health info/resources (27) had the most sevens (lowest priority ranking), which may suggest a disconnect between a perceived need (identified in both prior reports and key partner interviews) and a resident priority. It may be worth exploring further. At the same time, for both internet access and access to health info/resources, nearly the same number of people indicated it was in their top three. There were variations by group, captured in **Table 9**.

**Table 8. Number of participants in focus groups by race/ethnicity and gender.**

Race/Ethnicity and Gender	Count
Black male	22
Black female	22
White female	5
White male	2
Asian, Hispanic female	1
Hispanic female	1
Other male	1
Hispanic/Latino Female	2
TOTAL	56



**Table 9. Priorities among health and social factors by focus group.**

Group	Health Priorities	Social Priorities
Youth	Early death, mental health, health insurance	Neighborhood safety, accidental injury, disability resources
Older adults	Health insurance, healthy aging, mental health	Neighborhood safety, accidental injury, substance use
Black men	Mental health, health insurance, early death, access to health info	Employment, building wealth, neighborhood safety
Business	Access to health info, health insurance, healthy aging	Building wealth, employment, neighborhood safety

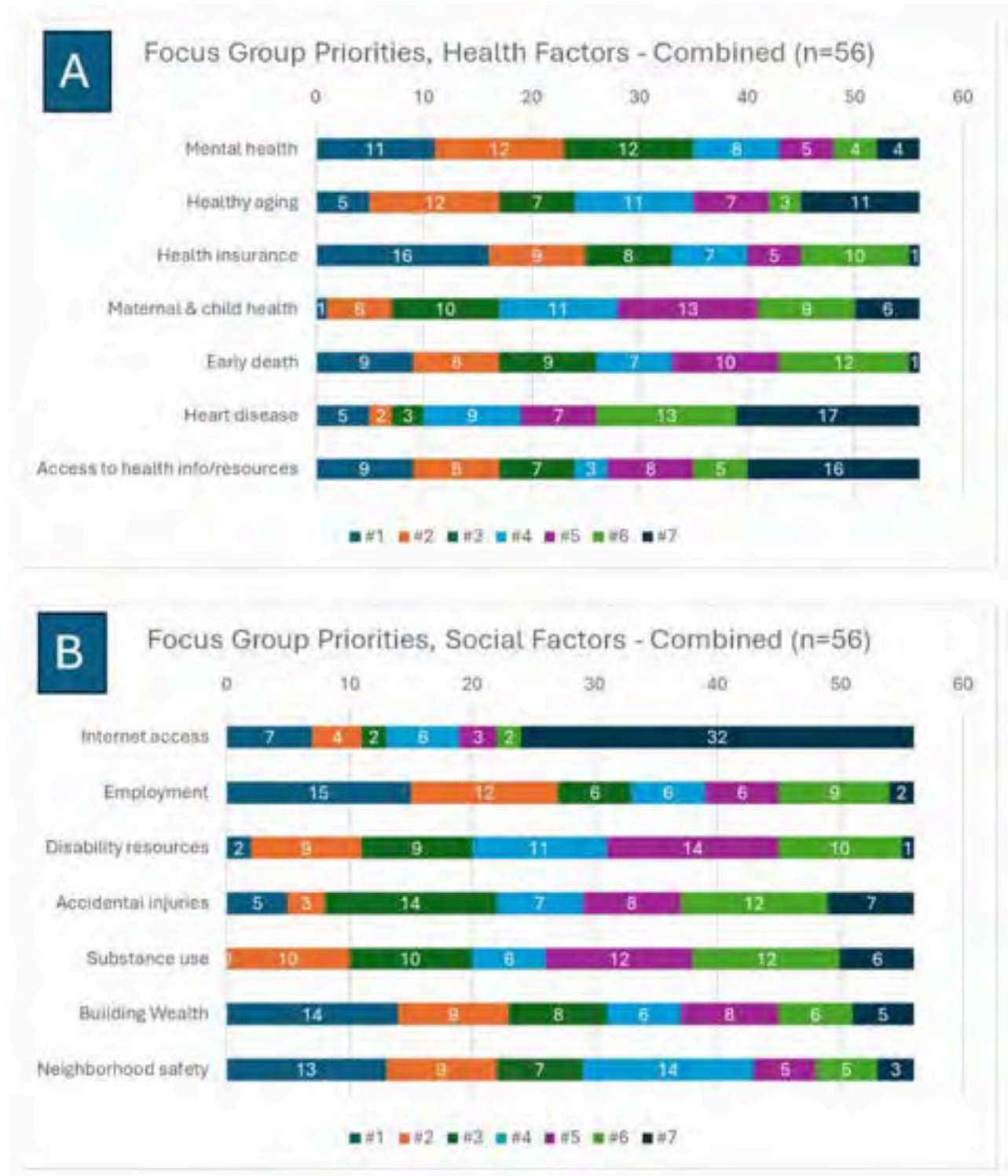
It is important to note that food security and food access are not included in the list of priorities. While access to healthy food affects heart disease, diabetes, and other chronic diseases as well as the need for health care, it was not explicitly captured in this exercise. However, food security and food access are clearly identified priorities in both past reports and analyses and in the focus groups and community mapping exercise conducted for this project. This omission may have been a limitation to participants in this exercise, who might not have associated access to healthy food with other health factors, like healthy aging, early death, and heart disease.

Finally, these findings can be used in two ways. The first is for funders and partners to prioritize the same issues that residents have identified and to develop a shared agenda and action plan to address them. The second is to use these findings as a basis for further conversation with community power building in mind by engaging in deeper conversations about the narratives that inform these priorities. For example, if the data indicate that maternal and child health are priority areas from a health equity perspective (see Table 2 for examples), but this is not a top priority identified by residents, there is an opportunity to explore definitions, attitudes, perceptions, and experiences among residents to better understand what these findings may represent.





Figure 2. Focus group priorities for (A) health factors and (B) social factors.





## Juneteenth Surveys

**Table 10. Residential zip codes for Juneteenth survey participants.**

Zip Code of Residence	Count
33705	14
33712	10
33711	7
Other (33701)	1

Prior to the focus groups, a version of the ranking activity was administered as an electronic survey during a Juneteenth event. See *Appendix D*. There was a total of 33 participants, with 32 participants residing in the zip codes of interest (See **Table 10**). There were 18 Black females and 9 Black males who responded, with the remainder of participants selecting multiple races or ethnicities or indicating “other.”



In this survey, participants were asked to rank the health of their neighborhood on a scale from one star (poor health) to five stars (excellent health). **The average ranking was 3.36**, with an average of 3.71 for 33711, 3.5 for 33712, and 3.29 for 33705. Participants were also asked to rank health and social factors using the same list provided to the focus groups. The priority health factors were **health insurance coverage**, **healthy aging**, and **mental health**, while the priority social factors were **employment**, **internet access**, and **neighborhood safety**. These results are consistent with findings from the focus groups, including the top priorities of health insurance and neighborhood safety.

Participants were also asked the open-ended question: “What is the greatest hope you have for your neighborhood in the next few years?” Overall, hopes center on safety, prosperity, accessibility, and community development. Specific examples include crime reduction, improved public transportation, better neighborhood upkeep and home maintenance, development of community infrastructure like grocery stores and malls, healthcare access for all and affordable housing. One word that showed up more than once was “**prosperity**.”

◆◆◆ Prosperity ◆◆◆



# Community Mapping

As the final activity on this project, participants in focus groups were invited back to participate in a community mapping session. Two 90-minute sessions were held on July 17, 2024 at the Center for Health Equity, with a total of 16 participants. As part of this session, participants worked with printed maps of the zip codes 33705, 33711, and 33712, and worked together to identify points of interest using the instructions provided.

**Community mapping** is an activity where residents use maps and apply their own experience in their neighborhoods to identify assets, resources, and potential issues. The mapping process helps to identify what works and where more support is needed. The maps can be used to increase awareness of community resources and advocate for change.

Participants were given a brief overview of the process and emerging health and social priorities, and then were provided with the following instructions for mapping:

- Identify and mark assets with **green** dots (e.g., parks, schools, community centers).
- Identify and mark resources with **blue** dots (e.g., health clinics, food banks).
- Identify and mark potential issues with **red** dots (e.g., unsafe streets, abandoned buildings).
- Use **yellow** sticky dots to note anything personally considered important.

Presentation slides and maps are available in *Appendix E*.

On the maps, you can see where residents identified both heavily resourced and under-resourced areas, public spaces like schools, recreation centers and libraries, and where they struggled to identify any resources (lack of dots). It was interesting to observe how pleasantly surprised some residents were to realize how many resources or assets are in South St. Pete. At the same time, there was a lack of familiarity with resources, assets, or needs in neighborhoods outside of their own. This indicates that there is an opportunity to foster more connection across neighborhoods in South St. Pete and to increase awareness about what is available to support a healthy community. Images of participant maps are in *Appendix F*.

Participants also reflected on their mapping experience, discussing what stood out, what they learned, and possible next steps. The identified themes align with findings from the key partner interviews, focus groups, and CHNA, and include:

- **Community Engagement:** Participants valued the opportunity to connect with others and share perspectives, indicating a strong sense of community involvement and collaboration.
- **Environmental Concerns:** Issues such as environmental hazards, air quality, and the need for clean-up were highlighted, showing a community that is environmentally conscious and invested in what makes their neighborhood and built environment healthy.
- **Resource Identification:** The mapping sessions helped identify areas with abundant resources as well as those in need, emphasizing the importance of equitable resource distribution.
- **Advocacy for Improvement:** There is a desire to advocate for change and improvements, with discussions on how to get the city involved and create an action plan for addressing critical issues.
- **Future Planning:** The community expressed a commitment to making a difference and keeping the community safe for future generations, showing a forward-thinking approach to community development.

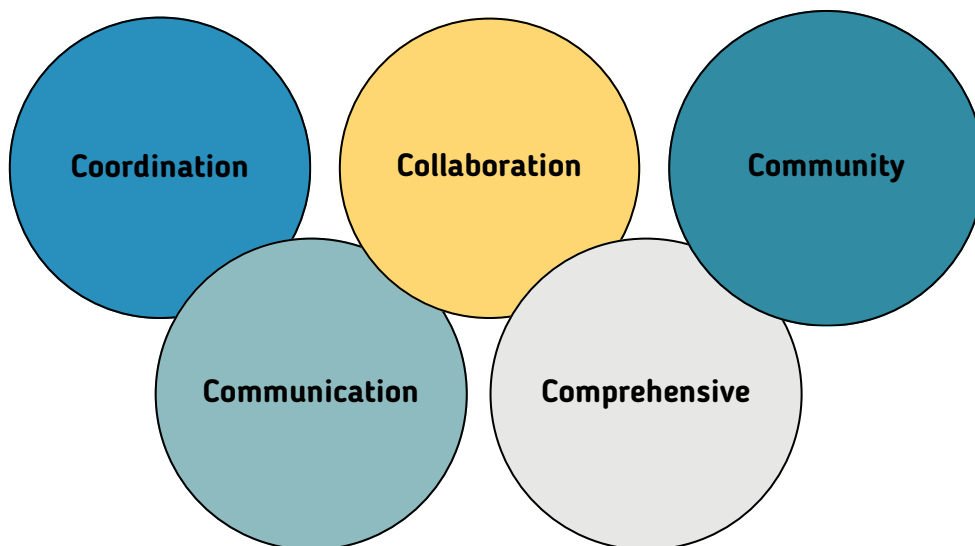
These themes reflect a community that is engaged, connected, and invested. This activity reinforced one of the **Key Takeaways**: that **community must be centered** in identifying both problems and solutions, and that improved awareness combined with more effective collaboration can lead to informed action. As with the focus groups, one idea that was lifted up is the importance of activities like this to create space for residents to share their experiences and perspectives.

### Quotes from Community Mapping Participants

- “The problems have always existed – when does it change”?
- “If we know the problems, we can fix them.”
- “I would like to see some progress in fitting the resources that’s needed. Stores, better streets, and clinics.”
- “I think that coming here to air out a lot of problems is very helpful.”
- “It mattered to try and come to some sort of solution to the problems faced in the community. Sometimes it’s easier to get things done if voices are heard.”

## Summary

The one-on-one interviews, focus groups, surveys, and community mapping activity make it clear that a frame shift is necessary for future engagement, going to communities not because they have the problems, but because they have the solutions. There is alignment across a number of priorities identified in prior research with the priorities among participants in the qualitative part of this project. Examples include economic stability, affordable housing, access to care, food access, and again, the 5 C’s: improved **coordination**, **communication**, and **collaboration** on **comprehensive** strategies that center **community**. While limited in size and scope, the findings here suggest that further exploration of community-led solutions to those identified priorities will be an important path forward, and that this engagement must have a bias toward action.



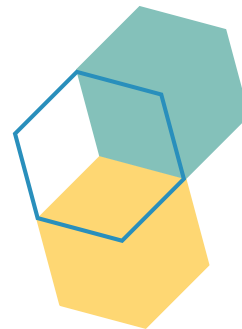
## Conclusion

The purpose of this project was to explore three key questions to better understand the perspectives and priorities of residents of South St. Pete across a host of factors influencing health:

- *What can we learn about the health, economic, and social status of residents in South St. Pete?*
- *What works to create healthy, resilient communities?*
- *How do residents perceive their own health and the health of their neighborhood or community?*

To answer these questions, this report draws on multiple sources of data, including quantitative data at the city and county level, past research reports, key partner interviews, focus groups, surveys, and community mapping. The goal was to identify the challenges and opportunities for improving health outcomes and reducing health disparities among Black residents in South St. Pete.

The key findings highlight the importance of shifting the frame of engagement from a problem-oriented approach to a solution-oriented approach, where communities are recognized as experts and partners in addressing their own needs and aspirations. The report also emphasizes the need for systemic change, in addition to targeted interventions, to address the root causes of health inequities, such as economic instability, housing insecurity, food insecurity, and lack of access to care. While the report identifies some potential next steps for further research and action, there are many areas of opportunity that the Foundation will have to assess for strategic planning, with the following specific areas rising to the surface:



With such a wealth of data, one strategy for prioritization is to identify where you can have the greatest systemic impact and then drill down into the data. For example, if you are invested in creating or supporting more inclusive economic policies, you might then look at the data to see that you should address access to higher paying jobs and training to build the capacity of the workforce. Real change happens when you change the policies and systems that create and perpetuate inequities, along with more targeted interventions.

Overall, this report makes it clear that it is necessary to explore community-led solutions, enhance coordination and communication among stakeholders, and implement policy recommendations based on community input and evidence. There is a clear desire from the body of research reviewed and analysis completed for this project to have researchers, organizations, funders, and other partners share back information and research findings and using those findings to create a collective action plan. This is an important part of the community power building framework.

**Table 11. Crosswalk of Community Power Building and the Foundation’s Roles**

Community Power Building	Foundation Role
<p><b>Act Collectively</b> ... through democratic and other structures to set agendas.</p>	<p><b>Fund</b> Together with our community, we invest in opportunities to positively influence practices, programs, and policies, that when collectively combined, accelerate our mission and the ability to achieve racially equitable health outcomes</p>
<p><b>Shift Narratives</b> ... to uplift power and break down systems that perpetuate inequity.</p>	<p><b>Advocate</b> Together with our partners, we identify and build long-term strategic policy solutions that support systemic equity that enables all people in our communities to thrive</p>
<p><b>Shift Power</b> ... shifting power to those closest to the issues</p>	<p><b>Lead</b> Together with our community, we offer and develop leadership that:</p> <ul style="list-style-type: none"> <li>• prioritizes racially equitable health outcomes.</li> <li>• co-owns the issues leading to inequitable health outcomes and co-creates solutions that allow all people to thrive</li> </ul>
<p><b>Cultivate Relationships</b> ... of shared accountability with decision makers that change systems and advance health equity</p>	<p><b>Partner</b> Together with our community, we identify strategic relationships that leverage resources, prioritize the advancement of equity, and create the conditions for systemic change in health outcomes.</p>

In the course of this project, three roles for the Foundation began to emerge from the analysis: to **Convene**, to **Resource**, and to **Advocate**. The idea behind these roles is that the Foundation is positioned to support collective action, provide resources for programs, organizations, and interventions, and to advocate for systems-level change to advance health equity. Advocacy in public health is not just about getting laws passed. At its core, advocacy is about engaging communities and building political will, which can happen through establishing priorities, educating communities, mobilizing for action, evaluating impact, and ensuring accountability. The Foundation’s self-identified roles reflect what was emerging and are aligned with the community power building framework described in the beginning of this report. Addressing any of the identified health, social, and economic priorities must be framed with community power building in mind to create meaningful, sustainable solutions. Finally, while this report was prepared for the Foundation, one overarching message is that these findings can be used by a wide range of partners and community members to drive conversation, develop shared goals, and develop a plan for collective action.

## Limitations

This report has some limitations that should be acknowledged and addressed in future work. First, the time frame of the study was relatively short, with most of the work taking place over five months (March–July). This can limit the depth of the analysis and the opportunity to engage more partners or residents in qualitative analysis, specifically. Second, the focus groups and community mapping sessions may not have had adequate representation from some stakeholders, including young women, parents, and faith leaders, who may have valuable insights and suggestions for improving health equity. However, some of these perspectives were captured in the key partner interviews. Third, as already noted, analysis at the census tract level should be undertaken with caution regarding the interpretation of small numbers. Finally, this report is, in a way, a meta-analysis of existing research and data. While this allows us to paint a more comprehensive picture of health, it is important to note that each of the sources reviewed has its own methodology and limitations.

## Appendices

- Appendix A – Census Tract Profiles
- Appendix B – Focus Group Questions
- Appendix C – Health and Social Factors Ranking Questions
- Appendix D – Juneteenth Survey Instrument
- Appendix E – Community Mapping: Presentation and Maps
- Appendix F – Community Mapping: Participant Maps

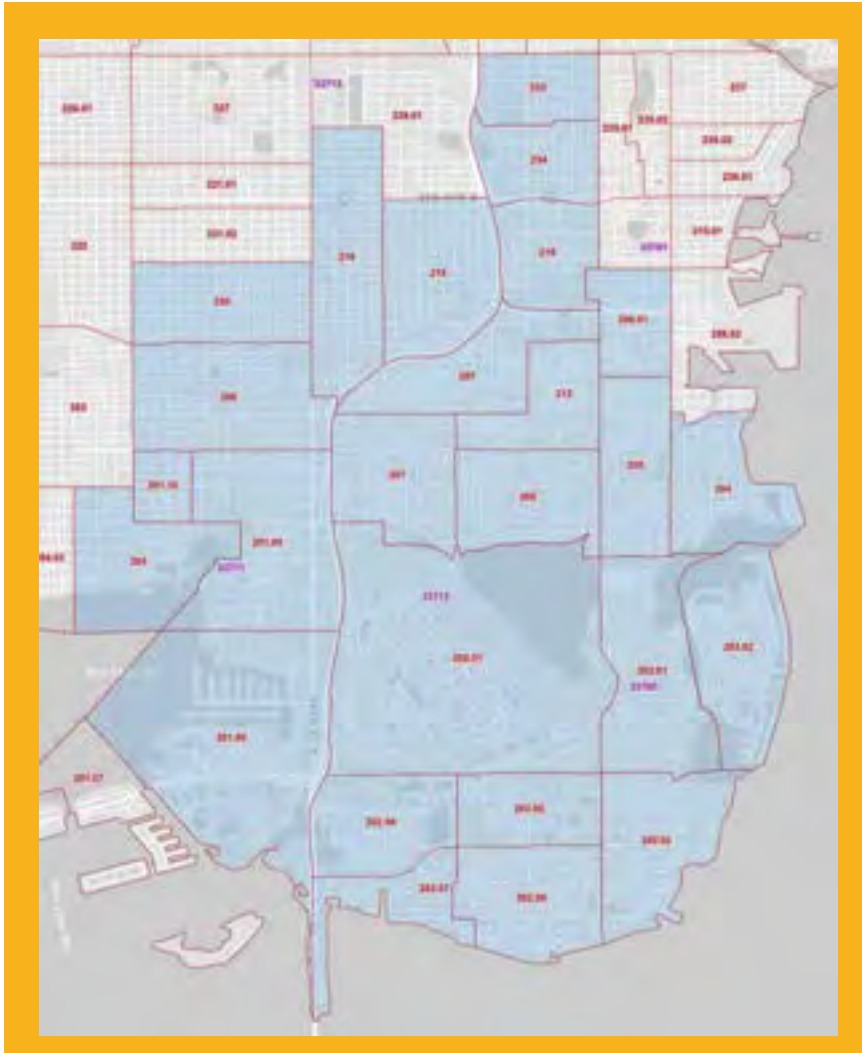
## Suggested Citation

Hunter, Dawn M. (2024). South St. Pete Health Equity Study. The Dawn Lab and the Foundation for a Healthy St. Petersburg.

**Appendix A**  
**Census Tract Profiles**

This Appendix contains profiles of Pinellas County and the Census Tracts in South St. Pete zip codes 33705, 33711, and 33712 in numerical order. The image below is a map of the neighborhoods of interest, and the table to the right indicates which census tracts fall in which zip codes. Census tracts highlighted in **gold** extend across two zip codes (indicated at the top of each profile, if applicable).

**Map of South St. Pete by Zip Code and Census Tract  
Generated using United States Census Bureau Maps**



33705	33711	33712
202.01	201.05	201.05
202.02	201.09	201.09
202.08	201.10	202.01
202.09	202.07	202.06
203.01	208	202.07
203.02	220	202.08
204	285	202.09
205		206
206		207
212		208
216		212
233		216
234		218
286.01		219
287		287



Comparison of Pinellas County to South St. Pete



**Pinellas County**  
Population: 959,918



**South St. Pete**  
Population: 82,901

**Key Indicators of Resilience**

Indicator	Pinellas	South St. Pete	Indicator	Pinellas	South St. Pete
High School Graduate or Higher	92.5%	92.8%	Gini Index	0.4901	0.4597
Has a Disability	15.5%	14.1%	Has a Broadband Internet Subscription	87.9%	87.0%
Below Poverty	11.5%	18.0%	No Vehicles Available	6.9%	10.1%
Employed Full-Time, Year-Round	54.6%	53.0%	1.51 or More Occupants Per Room	0.7%	0.6%
Uninsured	10.8%	12.2%	Unemployment Rate	4.6%	7.3%

**23.5% vs. 24%**

In Pinellas County, 23.5% of the population is considered vulnerable, while 24% of the population is considered vulnerable in South St. Pete.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	10.4%	34.8	\$58,085	16.5%	5.1%	85.6%	18.6%	11.9%
White non-Hispanic	72.4%	53.0	\$69,179	9.7%	4.3%	93.9%	9.6%	16.6%
Black non-Hispanic	9.8%	35.3	\$48,481	21.0%	7.2%	88.8%	13.0%	13.4%
American Indian/Alaska Native	0.1%	37.1	\$48,994	23.7%	11.9%	80.7%	23.0%	24.2%
Asian American	3.5%	42.1	\$81,427	9.3%	3.2%	81.5%	13.5%	10.2%
Other	0.4%	30.6	\$62,348	15.3%	5.7%	89.1%	13.9%	11.3%
Two or more races	3.3%	54.0	\$69,741	9.4%	4.2%	94.3%	9.2%	16.8%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018–2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016–2020 5-year estimate.

Comparison of Pinellas County to South St. Pete

**78.7 years vs.  
73.3 years**

Residents of Pinellas County, FL have a life expectancy of 78.7 years compared to 73.3 years for South St. Pete.

<b>Injury and Violence</b>	<b>Pinellas</b>	<b>South St. Pete</b>	<b>Transportation</b>	<b>Pinellas</b>	<b>South St. Pete</b>
Unintentional Injury Deaths (rate)	98.2	19.4	Percentage of workers who use public transportation	1.2	3.0
Homicide deaths (rate)	5.2	40.8	Percentage of workers who walked	1.4	2.8
Firearm related deaths (rate)	13.4	50.8	Mean travel time to work (minutes)	24.7	24.0
Drug poisoning deaths (rate)	46.3	132.4			
<b>Housing</b>			<b>Chronic Disease</b>		
Percentage of renter-occupied units	31.0	41.6	Female Breast Cancer Deaths per 100K (rate)	34.2	41.9
Percentage of owner-occupied units	69.0	58.4	Liver Cancer Deaths (rate)	12.3	28.3
Percentage of vacant units	18.9	26.0	Heart disease deaths per 100K (rate)	262.6	498.2
			Diabetes deaths per 100K (rate)	37.5	94.2
<b>Maternal and Child Health</b>					
Infant deaths per 1000 births before 1 year of age (rate)	5.7	7.9			
Low birth weight births, less than 2500 g (percent)	8.3	11.5			
Births to mothers under 20 years old (percent)	3.9	6.6			

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate.

Census Tract **201.05** Data Summary

Zip Code: 33711, 33712



**Population:** 5557

**Landmarks:**

- Skyway Marina District
- Maximo Park
- Broadwater Civic Association
- Maximo Civic Association
- Maximo Elementary School (in an adjacent tract)
- St. Petersburg 31st St. Sports Complex (in an adjacent tract)

**Adjacent tracts:**

201.09, 202.01, 202.06, 202.07, 285

201.07, 281.02 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>98.3%</b>	Gini Index	0.4556
Has a Disability	16.2%	Has a Broadband Internet Subscription	91.1%
Below Poverty	<b>4.0%</b>	No Vehicles Available	7.5%
Employed Full-Time, Year-Round	<b>27.1%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>4.5%</b>	Unemployment Rate	5.8%

**25.7%**

In this census tract 25.7% of the population is considered vulnerable. This is **better** than 201.09 and 202.06, but **worse** than 202.01, 202.07, and 285.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	7.4%	21.3		<b>0.0%</b>	7.3%	<b>100.0%</b>	7.3%	11.7%
White non-Hispanic	75.6%	38.8	\$91,442	<b>0.0%</b>	5.0%	<b>97.8%</b>	<b>4.2%</b>	16.0%
Black non-Hispanic	12.1%	23.4	\$104,219	<b>0.0%</b>	11.2%	<b>100.0%</b>	6.3%	16.7%
American Indian/Alaska Native	0.0%				<b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>
Asian American	1.7%	20.2			<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.6%	4.6					<b>0.0%</b>	<b>41.9%</b>
Two or more races	2.6%	21.9		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	9.0%	<b>25.2%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**82 years**

In this census tract, life expectancy is 82 years. This is **better** than surrounding tracts and one of the best across all census tracts in 33705, 33711, and 33712.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	20	Percentage of workers who use public transportation	0.7
Homicide deaths (rate)	18	Percentage of workers who walked	<b>20.3</b>
Firearm related deaths (rate)	35.9	Mean travel time to work (minutes)	<b>19.8</b>
Drug poisoning deaths (rate)	44.9		
Housing		Chronic Disease	
Percentage of renter-occupied units	18.1	Female Breast Cancer Deaths per 100K (rate)	53.9
Percentage of owner-occupied units	81.9	Liver Cancer Deaths (rate)	<b>71.9</b>
Percentage of vacant units	24.7	Heart disease deaths per 100K (rate)	584
		Diabetes deaths per 100K (rate)	62.9
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	8		
Births to mothers under 20 years old (percent)	<b>0</b>		

**Summary observations**

This is a majority White population census tract. It is a young population across racial and ethnic groups, and there is a higher percentage of owner-occupied housing units than other census tracts. Black residents experience disparities in employment and health insurance coverage. There is a high percentage of workers who walk to work, and this census tract is impacted by deaths due to chronic disease.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **201.09** Data Summary

Zip Code: 33711, 33712



**Population:** 2921

**Landmarks:**

- Perry Bayview Neighborhood Association
- Clam Bayou Nature Preserve
- Twin Brooks Golf Course
- Skyway Trail

**Adjacent tracts:**

2201.1, 201.05, 202.01, 207, 208, 285

**Key Indicators of Resilience**

High School Graduate or Higher	94.7%	Gini Index	0.4136
Has a Disability	18.6%	Has a Broadband Internet Subscription	80.7%
Below Poverty	21.0%	No Vehicles Available	8.8%
Employed Full-Time, Year-Round	44.1%	1.51 or More Occupants Per Room	0.0%
Uninsured	12.1%	Unemployment Rate	9.5%

**36.2%**

In this census tract, 36.2% of the population is considered vulnerable. This is **worse** than surrounding tracts, and among the most vulnerable in 33705, 33711, and 33712.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	7.8%	31.3		20.5%	<b>0.0%</b>	90.8%	<b>0.0%</b>	<b>55.5%</b>
White non-Hispanic	38.8%	61.4	\$56,157	17.0%	4.3%	97.1%	7.5%	<b>28.3%</b>
Black non-Hispanic	51.7%	29.2	\$55,678	24.9%	<b>12.8%</b>	92.7%	16.6%	9.1%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.0%							
Two or more races	1.8%	31.1		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>60.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**Unavailable**

Life expectancy is unavailable for this census tract.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>33</b>	Percentage of workers who use public transportation	4
Homicide deaths (rate)	<b>0</b>	Percentage of workers who walked	0
Firearm related deaths (rate)	<b>0</b>	Mean travel time to work (minutes)	<b>34.1</b>
Drug poisoning deaths (rate)	<b>0</b>		
Housing		Chronic Disease	
Percentage of renter-occupied units	46.3	Female Breast Cancer Deaths per 100K (rate)	<b>0</b>
Percentage of owner-occupied units	53.7	Liver Cancer Deaths (rate)	<b>0</b>
Percentage of vacant units	32.9	Heart disease deaths per 100K (rate)	<b>0</b>
		Diabetes deaths per 100K (rate)	<b>0</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	11		
Low birth weight births, less than 2500 g (percent)	13.9		
Births to mothers under 20 years old (percent)	8.1		

**Summary observations**

This is a predominantly Black population census tract. It is one of the most vulnerable census tracts in 33705, 33711, and 33712, which is likely driven by the high percentage of residents with a disability. There is also a disparity in employment for Black residents, and overall in maternal and child health outcomes. This census tract was established after the 2020 Census, which may be a limitation in the data available.

Census Tract **201.10** Data Summary

Zip Code: 33711



**Population:** 1547

**Landmarks:**

- Adjacent to Gulfport
- Childs Park Neighborhood Association (in an adjacent tract)
- Skyway Trail (in an adjacent tract)
- Thurgood Marshall Fundamental Middle (in an adjacent tract)
- Twin Brooks Golf Course (in an adjacent tract)

**Adjacent tracts:**

201.09, 208, 285

283 (this tract is outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>99.0%</b>	Gini Index	0.4345
Has a Disability	7.2%	Has a Broadband Internet Subscription	83.7%
Below Poverty	<b>7.5%</b>	No Vehicles Available	7.0%
Employed Full-Time, Year-Round	57.9%	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>19.1%</b>	Unemployment Rate	9.3%

**15.1%**

In this census tract, 15.1% of the population is considered vulnerable. This is **better** than surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	3.6%	12.7		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>40.0%</b>	12.7%
White non-Hispanic	33.8%	42.7	\$105,813	<b>0.0%</b>	8.7%	<b>100.0%</b>	<b>48.9%</b>	<b>5.7%</b>
Black non-Hispanic	60.8%	31.8		<b>12.3%</b>	10.2%	<b>98.3%</b>	<b>1.9%</b>	8.0%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.0%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>63.6%</b>	<b>0.0%</b>
Two or more races	1.8%	16.6		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	13.1%	11.5%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018–2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016–2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.



**Unavailable**

Life expectancy is unavailable for this census tract.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	6	Percentage of workers who use public transportation	0
Homicide deaths (rate)	0	Percentage of workers who walked	0
Firearm related deaths (rate)	0	Mean travel time to work (minutes)	24
Drug poisoning deaths (rate)	0		
Housing		Chronic Disease	
Percentage of renter-occupied units	26.4	Female Breast Cancer Deaths per 100K (rate)	0
Percentage of owner-occupied units	73.6	Liver Cancer Deaths (rate)	0
Percentage of vacant units	14.9	Heart disease deaths per 100K (rate)	0
		Diabetes deaths per 100K (rate)	0
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	0		
Low birth weight births, less than 2500 g (percent)	10.6		
Births to mothers under 20 years old (percent)	16		

**Summary observations**

This is a majority Black population census tract. The primary disparity of note is in health insurance coverage for all but Black residents. There is also a higher rate of low birth weight births and births to mothers under 20 years old. This census tract was established after the 2020 Census, which may be a limitation in the data.

Census Tract **202.01** Data Summary

Zip Code: 33705, 33712



**Population:** 5049

**Landmarks:**

- Lake Maggiore
- Lakewood Estates Civic Association
- Lakewood Sports Complex
- Boyd Hill Nature Preserve
- Lakewood Estates
- Maximo Elementary School
- St. Petersburg 31st St. Sports Complex

**Adjacent tracts:**

201.05, 201.09, 202.06, 202.08, 203.01, 206, 207

**Key Indicators of Resilience**

High School Graduate or Higher	94.0%	Gini Index	0.4316
Has a Disability	14.5%	Has a Broadband Internet Subscription	94.7%
Below Poverty	9.6%	No Vehicles Available	3.6%
Employed Full-Time, Year-Round	59.9%	1.51 or More Occupants Per Room	0.0%
Uninsured	8.4%	Unemployment Rate	4.5%

**24.5%**

In this census tract, 24.5% of the population is considered vulnerable. This is **about the same** as surrounding tracts, except 201.09 (which is worse), and 203.01 (which is better).

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	4.5%	37.3		<b>8.9%</b>	<b>0.0%</b>	<b>100.0%</b>	8.9%	<b>4.7%</b>
White non-Hispanic	30.7%	49.7	\$94,375	<b>7.2%</b>	<b>0.0%</b>	<b>97.9%</b>	9.8%	13.8%
Black non-Hispanic	61.1%	49.2	\$62,394	<b>10.7%</b>	7.7%	91.6%	8.0%	16.1%
American Indian/Alaska Native	0.0%							
Asian American								
Other	0.0%			<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Two or more races	3.7%	15.0	\$140,000	<b>4.8%</b>	<b>0.0%</b>	94.1%	<b>0.0%</b>	<b>3.7%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**73.6 years**

In this census tract, life expectancy is 73.6. This is **about the same** as surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	23	Percentage of workers who use public transportation	<b>0</b>
Homicide deaths (rate)	68.3	Percentage of workers who walked	0
Firearm related deaths (rate)	58.5	Mean travel time to work (minutes)	24
Drug poisoning deaths (rate)	58.5		
Housing		Chronic Disease	
Percentage of renter-occupied units	14.6	Female Breast Cancer Deaths per 100K (rate)	48.8
Percentage of owner-occupied units	85.4	Liver Cancer Deaths per 100K (rate)	29.3
Percentage of vacant units	<b>12.2</b>	Heart disease deaths per 100K (rate)	575.6
		Diabetes deaths per 100K (rate)	<b>195.1</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	8		
Births to mothers under 20 years old (percent)	6.9		

### Summary observations

This is a majority Black population census tract. There are disparities for Black residents in median income, poverty, unemployment, educational attainment, and disability status. This tract is also impacted by deaths due to chronic disease and has a higher rate of births to mothers under 20 than the county average.

Census Tract **202.02** Data Summary

Zip Code: 33705



**Population:** 3,918

**Landmarks:**

- Bahama Shores
- Bahama Shores Homeowners Association
- Forrest Bluff Park
- Greater Pinellas Point Civic Association
- Bay Vista Park
- Bay Vista Fundamental Elementary

**Adjacent tracts:**

202.01, 202.08, 202.09, 203.01, 203.02

**Key Indicators of Resilience**

High School Graduate or Higher	94.5%	Gini Index	<b>0.3900</b>
Has a Disability	14.6%	Has a Broadband Internet Subscription	88.0%
Below Poverty	<b>7.1%</b>	No Vehicles Available	5.8%
Employed Full-Time, Year-Round	50.7%	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>5.6%</b>	Unemployment Rate	2.3%

**36.3%**

In this census tract 36.3% of the population is considered vulnerable. This is **worse** than surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	2.2%	52.0		<b>0.0%</b>	<b>0.0%</b>	<b>98.2%</b>	<b>34.1%</b>	<b>1.2%</b>
White non-Hispanic	36.3%	57.5	\$89,615	<b>5.6%</b>	<b>2.1%</b>	95.9%	7.0%	<b>31.2%</b>
Black non-Hispanic	49.2%	54.4	\$84,709	<b>7.9%</b>	3.3%	91.6%	<b>2.2%</b>	<b>4.3%</b>
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	7.2%	59.4		<b>8.1%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>5.8%</b>	<b>0.0%</b>
Two or more races	5.1%	50.0	\$42,208	<b>11.5%</b>	<b>0.0%</b>	<b>98.7%</b>	15.5%	<b>22.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**80 years**

In this census tract, life expectancy is 80 years. This is **better** than surrounding tracts, except 202.09, which has a life expectancy of 83.7 years.

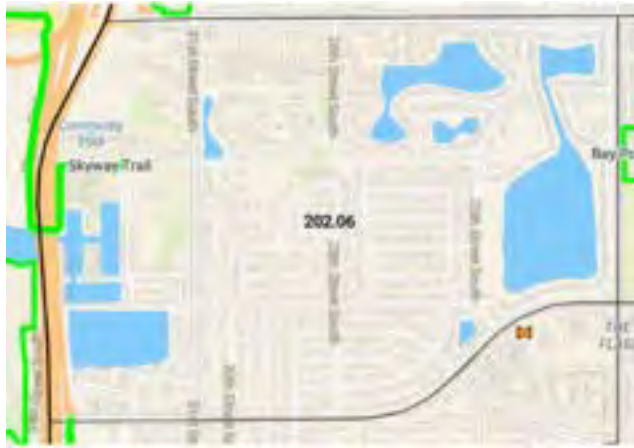
Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	12	Percentage of workers who use public transportation	<b>0</b>
Homicide deaths (rate)	15.9	Percentage of workers who walked	0
Firearm related deaths (rate)	15.9	Mean travel time to work (minutes)	27.9
Drug poisoning deaths (rate)	63.4		
Housing		Chronic Disease	
Percentage of renter-occupied units	20.3	Female Breast Cancer Deaths per 100K (rate)	<b>95.1</b>
Percentage of owner-occupied units	79.7	Liver Cancer Deaths (rate)	<b>63.4</b>
Percentage of vacant units	17.4	Heart disease deaths per 100K (rate)	<b>760.8</b>
		Diabetes deaths per 100K (rate)	47.6
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	9.4		
Low birth weight births, less than 2500 g (percent)	<b>16.8</b>		
Births to mothers under 20 years old (percent)	<b>0.9</b>		

**Summary observations**

This is a predominantly Black population census tract. There are disparities for Hispanic or Latino residents in health insurance coverage, and for White residents and those reporting two or more races in disability status. This census tract is also significantly impacted by chronic disease deaths and has a high rate of low birth weight infants. These factors are likely why this census tract is considered highly vulnerable.

Census Tract **202.06** Data Summary

Zip Code: 33712



**Population:** 5,029

**Landmarks:**

- Skyway Trail
- Greater Pinellas Point Civic Association
- Ahali Place Homeowners Association
- Maximo Park (in an adjacent tract)
- South Branch Library (in an adjacent tract)
- Bay Point Elementary School (in an adjacent tract)
- Maximo Elementary School (in an adjacent tract)

**Adjacent tracts:**

201.05, 202.01, 202.07, 202.08, 202.09

**Key Indicators of Resilience**

High School Graduate or Higher	94.8%	Gini Index	0.5143
Has a Disability	<b>4.8%</b>	Has a Broadband Internet Subscription	93.5%
Below Poverty	20.5%	No Vehicles Available	7.4%
Employed Full-Time, Year-Round	61.9%	1.51 or More Occupants Per Room	0.0%
Uninsured	10.2%	Unemployment Rate	4.5%

**28.3%**

In this census tract, 28.3% of the population is considered vulnerable. This is **worse** than all other surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	2.9%	63.2		<b>0.0%</b>	<b>0.0%</b>	90.3%	<b>0.0%</b>	<b>0.0%</b>
White non-Hispanic	29.7%	39.7	\$78,316	<b>12.2%</b>	<b>0.0%</b>	95.3%	<b>0.6%</b>	8.6%
Black non-Hispanic	65.9%	23.8	\$34,185	25.0%	7.6%	94.6%	14.7%	<b>3.1%</b>
American Indian/Alaska Native	0.2%			<b>33.3%</b>		<b>100.0%</b>	<b>0.0%</b>	<b>33.3%</b>
Asian American	0.3%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%	63.3		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races	1.0%	58.3		<b>14.2%</b>	<b>0.0%</b>	<b>83.9%</b>	14.2%	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**72.7 years**

In this census tract, life expectancy is 72.7 years. This is **worse** than surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	18	Percentage of workers who use public transportation	5.2
Homicide deaths (rate)	23.3	Percentage of workers who walked	0.6
Firearm related deaths (rate)	35	Mean travel time to work (minutes)	25.3
Drug poisoning deaths (rate)	128.2		
Housing		Chronic Disease	
Percentage of renter-occupied units	73.7	Female Breast Cancer Deaths per 100K (rate)	35
Percentage of owner-occupied units	26.3	Liver Cancer Deaths (rate)	35
Percentage of vacant units	17.4	Heart disease deaths per 100K (rate)	594.4
		Diabetes deaths per 100K (rate)	104.9
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	11.4		
Births to mothers under 20 years old (percent)	6.4		

### Summary observations

This is a majority Black population census tract. There are disparities for Black residents in median income, poverty, unemployment, and health insurance coverage. There are also disparities for American Indian/Alaska Native residents in poverty and disability status. This census tract is impacted by deaths due to heart disease and diabetes. Although not shown, this census tract has a significantly higher percentage of households led by a female householder, no spouse/partner present with their own children (24.6%).



Census Tract **202.07** Data Summary

Zip Code: 33711, 33712



**Population:** 2823

**Landmarks:**

- Greater Pinellas Point Civic Association
- Skyway Trail
- South Branch Library
- Pinellas Point Park (in an adjacent tract)
- Maximo Park (in an adjacent tract)
- NOTE: Only the land-based portion of the tract is shown, but it extends down to the Skyway Bridge.

**Adjacent tracts:**

201.05, 202.06, 202.08, 202.09,  
201.06, 201.07 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>98.4%</b>	Gini Index	0.4561
Has a Disability	8.6%	Has a Broadband Internet Subscription	91.1%
Below Poverty	<b>6.9%</b>	No Vehicles Available	<b>1.1%</b>
Employed Full-Time, Year-Round	56.2%	1.51 or More Occupants Per Room	<b>2.0%</b>
Uninsured	8.4%	Unemployment Rate	5.7%

**18.6%**

In this census tract, 18.6% of the population is considered vulnerable. This is **better** than surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	3.6%	21.8	\$62,500	<b>7.8%</b>	<b>0.0%</b>	<b>78.1%</b>	<b>75.7%</b>	<b>26.2%</b>
White non-Hispanic	61.1%	55.8	\$73,000	<b>7.2%</b>	6.2%	<b>100.0%</b>	7.4%	8.9%
Black non-Hispanic	31.5%	52.8	\$86,034	<b>7.0%</b>	4.4%	96.1%	<b>1.2%</b>	<b>5.0%</b>
American Indian/Alaska Native	0.0%							
Asian American	1.5%	60.1		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>23.3%</b>
Other	0.4%	21.5		<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>86.1%</b>	<b>37.5%</b>
Two or more races	1.9%	36.6		<b>0.0%</b>	<b>20.0%</b>	<b>100.0%</b>	<b>32.3%</b>	12.3%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

NA

In this census tract, there was insufficient data to estimate life expectancy. Life Expectancy is computed when there are at least 50 deaths, a population of at least 5,000, and a standard error less than 2.

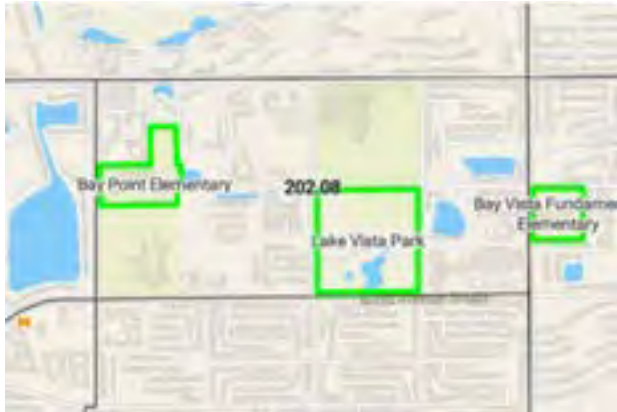
Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	16	Percentage of workers who use public transportation	1.6
Homicide deaths (rate)	0	Percentage of workers who walked	0.7
Firearm related deaths (rate)	19.2	Mean travel time to work (minutes)	23.6
Drug poisoning deaths (rate)	76.9		
Housing		Chronic Disease	
Percentage of renter-occupied units	34.2	Female Breast Cancer Deaths per 100K (rate)	19.2
Percentage of owner-occupied units	65.8	Liver Cancer Deaths (rate)	38.4
Percentage of vacant units	17.2	Heart disease deaths per 100K (rate)	576.7
		Diabetes deaths per 100K (rate)	134.6
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	24.7		
Low birth weight births, less than 2500 g (percent)	8.6		
Births to mothers under 20 years old (percent)	1.2		

**Summary observations**

This is a majority White population census tract. There are disparities for Hispanic or Latino residents and those indicating “Other” as their race in educational attainment, health insurance coverage, and disability status. There is also a disparity in disability status for Asian American residents. This census tract is impacted by deaths due to chronic disease and infant mortality.

Census Tract **202.08** Data Summary

Zip Code: 33705, 33712



**Population:** 2486

**Landmarks:**

- Lake Vista Park
- Bay Point Elementary School
- Greater Pinellas Point Civic Association

**Adjacent tracts:**

202.01, 202.02, 202.06, 202.07, 202.09, 203.01

**Key Indicators of Resilience**

High School Graduate or Higher	94.3%	Gini Index	0.3956
Has a Disability	14.2%	Has a Broadband Internet Subscription	86.0%
Below Poverty	12.4%	No Vehicles Available	9.0%
Employed Full-Time, Year-Round	<b>67.7%</b>	1.51 or More Occupants Per Room	0.8%
Uninsured	10.4%	Unemployment Rate	4.6%

**20%**

In this census tract 20% of the population is considered vulnerable. This is **better** than surrounding tracts, except 202.07 and 203.01 (which are better than 202.08).

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	5.2%	30.8	\$56,250	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	16.9%
White non-Hispanic	26.5%	46.4	\$65,781	<b>4.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>3.2%</b>	13.4%
Black non-Hispanic	67.3%	32.5	\$47,807	16.8%	7.4%	91.0%	14.2%	13.4%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.7%	30.3		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	21.2%
Two or more races	0.2%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**75.2 years**

In this census tract, life expectancy is 75.2 years. This is **about the same** as surrounding tracts, except 202.02 and 202.09 (which are better).

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>6</b>	Percentage of workers who use public transportation	<b>8.1</b>
Homicide deaths (rate)	39.8	Percentage of workers who walked	1.1
Firearm related deaths (rate)	59.7	Mean travel time to work (minutes)	<b>31.8</b>
Drug poisoning deaths (rate)	79.6		
Housing		Chronic Disease	
Percentage of renter-occupied units	57.5	Female Breast Cancer Deaths per 100K (rate)	59.7
Percentage of owner-occupied units	42.5	Liver Cancer Deaths (rate)	19.9
Percentage of vacant units	22.8	Heart disease deaths per 100K (rate)	557
		Diabetes deaths per 100K (rate)	39.8
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	9.2		
Births to mothers under 20 years old (percent)	7.6		

### Summary observations

This is a majority Black population census tract. There are disparities for Black residents in median income, poverty, unemployment, educational attainment, health insurance coverage, and disability status. Residents in this census tract may also face more transportation barriers. Although not shown, this census tract has a significantly higher percentage of households led by a female householder, no spouse/partner present with their own children (13.9%). There is also more than double the rate of births to mothers under 20 years old than the county average.

Census Tract **202.09** Data Summary

Zip Code: 33705, 33712



**Population:** 4630

**Landmarks:**

- Pinellas Point Park
- Indian Mound Park
- Greater Pinellas Point Civic Association
- South Branch Library (in an adjacent tract)

**Adjacent tracts:**

202.02, 202.06, 202.07, 202.08

**Key Indicators of Resilience**

High School Graduate or Higher	95.7%	Gini Index	0.5194
Has a Disability	9.6%	Has a Broadband Internet Subscription	95.5%
Below Poverty	16.5%	No Vehicles Available	4.1%
Employed Full-Time, Year-Round	59.2%	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>3.5%</b>	Unemployment Rate	<b>1.80%</b>

**22.9%**

In this census tract, 22.9% of the population is considered vulnerable. This is in the middle compared to surrounding tracts. Census tracts 202.02 and 202.06 are **worse**, while census tracts 202.07 and 202.08 are **better**.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	11.9%	16.5		<b>60.1%</b>	8.2%	95.6%	<b>0.0%</b>	11.8%
White non-Hispanic	41.6%	55.0	\$63,382	<b>6.2%</b>	<b>0.8%</b>	94.8%	<b>3.0%</b>	14.6%
Black non-Hispanic	42.1%	45.3	\$61,071	<b>15.6%</b>	3.2%	96.1%	<b>5.2%</b>	<b>4.4%</b>
American Indian/Alaska Native	0.3%			<b>51.9%</b>		<b>100.0%</b>	<b>0.0%</b>	<b>48.1%</b>
Asian American	0.6%	48.6		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%	23.9		<b>11.6%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races		23.2		<b>56.5%</b>	<b>0.0%</b>	96.3%	<b>0.0%</b>	12.8%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**83.7 years**

In this census tract, life expectancy is 83.7 years. This census tract has the highest life expectancy of any census tract in 33705, 33711, or 33712, for which data are available.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>28</b>	Percentage of workers who use public transportation	0.6
Homicide deaths (rate)	30	Percentage of workers who walked	0
Firearm related deaths (rate)	60	Mean travel time to work (minutes)	25
Drug poisoning deaths (rate)	60		
Housing		Chronic Disease	
Percentage of renter-occupied units	35.7	Female Breast Cancer Deaths per 100K (rate)	60
Percentage of owner-occupied units	64.3	Liver Cancer Deaths (rate)	10
Percentage of vacant units	<b>15</b>	Heart disease deaths per 100K (rate)	620
		Diabetes deaths per 100K (rate)	<b>30</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	5		
Low birth weight births, less than 2500 g (percent)	<b>6.9</b>		
Births to mothers under 20 years old (percent)	4		

**Summary observations**

There are disparities in poverty rates for residents of this census tract who are Hispanic or Latino and American Indian/Alaska Native, and residents reporting two or more races. A high percentage of American Indian/Alaska Native residents also have a disability. This census tract has the highest life expectancy among tracts in 33705, 33711, and 33712 for which data are available. However, it also has a high unintentional injury death rate and heart disease death rate.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **203.01** Data Summary

Zip Code: 33705



**Population:** 4055

**Landmarks:**

- Lakewood Elementary School
- Lakewood Terrace Neighborhood Park
- Lakewood Terrace Neighborhood Association
- Bayou Highlands
- Bayou Highlands Neighborhood Association
- Lake Maggiore (in an adjacent tract)
- Boyd Hill Nature Preserve (in an adjacent tract)

**Adjacent tracts:**

202.01, 202.02, 202.08, 203.02, 204, 205, 206

**Key Indicators of Resilience**

High School Graduate or Higher	92.6%	Gini Index	<b>0.5629</b>
Has a Disability	7.7%	Has a Broadband Internet Subscription	85.8%
Below Poverty	16.8%	No Vehicles Available	8.6%
Employed Full-Time, Year-Round	57.7%	1.51 or More Occupants Per Room	0.0%
Uninsured	17.7%	Unemployment Rate	3.5%

**13.7%**

In this census tract, 13.7% of the population is considered vulnerable. This is **about the same** as census tract 203.02, and better than the other surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	10.0%	31.1	\$78,883	<b>0.0%</b>	<b>0.0%</b>	92.5%	<b>3.3%</b>	<b>0.0%</b>
White non-Hispanic	34.5%	61.2	\$83,542	16.4%	4.3%	91.6%	<b>5.9%</b>	<b>5.4%</b>
Black non-Hispanic	51.9%	29.8	\$48,676	19.0%	2.9%	95.1%	<b>27.2%</b>	10.6%
American Indian/Alaska Native	0.0%							
Asian American	0.2%			<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Other	1.0%			<b>64.3%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>64.3%</b>	<b>0.0%</b>
Two or more races	2.5%	39.5	\$78,117	<b>3.1%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>2.2%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.



NA

In this census tract, there was insufficient data to estimate life expectancy. Life Expectancy is computed when there are at least 50 deaths, a population of at least 5,000, and a standard error less than 2.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	8	Percentage of workers who use public transportation	0.9
Homicide deaths (rate)	37.9	Percentage of workers who walked	0.9
Firearm related deaths (rate)	63.1	Mean travel time to work (minutes)	22.9
Drug poisoning deaths (rate)	63.1		
Housing		Chronic Disease	
Percentage of renter-occupied units	22.4	Female Breast Cancer Deaths per 100K (rate)	37.9
Percentage of owner-occupied units	77.6	Liver Cancer Deaths (rate)	12.6
Percentage of vacant units	24.5	Heart disease deaths per 100K (rate)	403.7
		Diabetes deaths per 100K (rate)	50.5
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	9.9		
Low birth weight births, less than 2500 g (percent)	11.9		
Births to mothers under 20 years old (percent)	7.4		

**Summary observations**

This is a majority Black population census tract. The median age is young for all groups except White residents. This census tract has higher income inequality, as indicated by the Gini Index and which can also be seen in the median income. There is also a significantly higher percentage of Black and Asian American residents and residents indicating “Other” as their race who lack health insurance. This census tract is impacted by poorer maternal and child health outcomes. However, overall, this is one of the least vulnerable census tracts.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **203.02** Data Summary

Zip Code: 33705



**Population:** 3984

**Landmarks:**

- Coquina Key Park
- Coquina Key Property Owners Association

**Adjacent tracts:**

203.01, 202.02, 204

**Key Indicators of Resilience**

High School Graduate or Higher	<b>97.5%</b>	Gini Index	0.4121
Has a Disability	13.0%	Has a Broadband Internet Subscription	<b>97.3%</b>
Below Poverty	11.3%	No Vehicles Available	3.6%
Employed Full-Time, Year-Round	56.6%	1.51 or More Occupants Per Room	0.0%
Uninsured	7.2%	Unemployment Rate	

**15.7%**

In this census tract, 15.7% of the population is considered vulnerable. This is **about the same** as surrounding tracts, except 202.02 (which is worse).

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	8.6%	37.6	\$58,207	<b>38.9%</b>	<b>0.0%</b>	<b>83.3%</b>	8.5%	9.1%
White non-Hispanic	49.9%	53.1	\$100,089	<b>5.9%</b>	11.8%	<b>98.6%</b>	11.2%	14.6%
Black non-Hispanic	33.4%	31.1	\$88,594	<b>11.5%</b>	4.7%	96.4%	<b>1.8%</b>	15.2%
American Indian/Alaska Native	0.0%							
Asian American	2.1%	69.4		<b>0.0%</b>	<b>0.0%</b>	94.0%	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races	6.0%	13.6	\$96,250	<b>14.7%</b>	<b>0.0%</b>	<b>100.0%</b>	12.0%	<b>6.7%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**74.3 years**

In this census tract, life expectancy is 74.3 years. This is **about the same** as surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>7</b>	Percentage of workers who use public transportation	3.3
Homicide deaths (rate)	42.6	Percentage of workers who walked	0.3
Firearm related deaths (rate)	42.6	Mean travel time to work (minutes)	25.7
Drug poisoning deaths (rate)	<b>42.6</b>		

Housing		Chronic Disease	
Percentage of renter-occupied units	30.2	Female Breast Cancer Deaths per 100K (rate)	14.2
Percentage of owner-occupied units	69.8	Liver Cancer Deaths (rate)	28.4
Percentage of vacant units	25.5	Heart disease deaths per 100K (rate)	355.4
		Diabetes deaths per 100K (rate)	42.6

Maternal and Child Health	
Infant deaths per 1000 births before 1 year of age (rate)	<b>18.4</b>
Low birth weight births, less than 2500 g (percent)	11.7
Births to mothers under 20 years old (percent)	5.5

**Summary observations**

This is one of the least vulnerable census tracts in 33705, 33711, and 33712. Residents fare well across a broad range of measures. However, Hispanic or Latino residents have a higher percentage of poverty and a lower educational attainment than other residents in this tract. This census tract also has one of the worst infant mortality rates in addition to higher-than-average low birth weight births and births to mothers under 20 years old.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **204** Data Summary

Zip Code: 33705



**Population:** 2306

**Landmarks:**

- Old Southeast
- Old Southeast Neighborhood Association
- Lassing Park
- South Shore Park
- Driftwood Property Owners Association
- Tropical Shores Neighborhood Association

**Adjacent tracts:**

203.01, 203.02, 205,  
286.02 (this tract is outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	94.2%	Gini Index	0.4739
Has a Disability	10.5%	Has a Broadband Internet Subscription	93.9%
Below Poverty	9.3%	No Vehicles Available	9.3%
Employed Full-Time, Year-Round	<b>67.8%</b>	1.51 or More Occupants Per Room	0.8%
Uninsured	11.1%	Unemployment Rate	7.5%

**13%**

In this census tract, 13% of the population is considered vulnerable. This is **better** than surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	4.5%	28.8		<b>35.0%</b>	<b>0.0%</b>	<b>62.9%</b>	<b>0.0%</b>	<b>0.0%</b>
White non-Hispanic	63.3%	51.3	\$86,034	<b>8.9%</b>	10.9%	<b>99.3%</b>	6.2%	10.1%
Black non-Hispanic	24.2%	60.0	\$143,977	<b>4.6%</b>	2.7%	89.8%	<b>29.7%</b>	8.8%
American Indian/Alaska Native	0.0%							
Asian American	3.6%	31.9		<b>0.0%</b>	<b>0.0%</b>	<b>76.1%</b>	<b>0.0%</b>	7.7%
Other	0.8%			<b>0.0%</b>		<b>100.0%</b>	<b>0.0%</b>	<b>47.4%</b>
Two or more races	3.6%	28.5		<b>33.9%</b>	<b>0.0%</b>	<b>70.2%</b>	<b>0.0%</b>	18.1%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**75.9 years**

In this census tract, life expectancy is 75.9 years. This is **about the same** as 203.02 and better than 205. There is insufficient data for 203.01.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	11	Percentage of workers who use public transportation	<b>0</b>
Homicide deaths (rate)	<b>0</b>	Percentage of workers who walked	0
Firearm related deaths (rate)	20.6	Mean travel time to work (minutes)	<b>18.2</b>
Drug poisoning deaths (rate)	185.4		
Housing		Chronic Disease	
Percentage of renter-occupied units	27.3	Female Breast Cancer Deaths per 100K (rate)	<b>123.6</b>
Percentage of owner-occupied units	72.7	Liver Cancer Deaths (rate)	<b>61.8</b>
Percentage of vacant units	26.7	Heart disease deaths per 100K (rate)	350.1
		Diabetes deaths per 100K (rate)	61.8
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	10.3		
Low birth weight births, less than 2500 g (percent)	10.3		
Births to mothers under 20 years old (percent)	4.1		

**Summary observations**

This is a majority White population census tract. It is one of the least vulnerable tracts in 33705, 33711, and 33712. However, there are significant disparities for Hispanic or Latino residents in poverty and educational attainment, for Black residents in health insurance coverage, and for Asian American residents or those who indicated “Other” or “Two or More Races” in poverty, educational attainment, and disability status. There are also significantly higher death rates due to female breast cancer and liver cancer.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

# Census Tract 205 Data Summary

Zip Code: 33705



**Population:** 3608

**Landmarks:**

- Bartlett Park
- Bartlett Park Neighborhood Association
- Harbordale Neighborhood Association
- Frank W. Pierce Center
- Enoch Davis Center (in an adjacent tract)
- Johnson Branch Library (in an adjacent tract)

**Adjacent tracts:**

203.01, 204, 206, 212, 286.01

**Key Indicators of Resilience**

High School Graduate or Higher	<b>86.0%</b>	Gini Index	<b>0.5449</b>
Has a Disability	11.6%	Has a Broadband Internet Subscription	82.1%
Below Poverty	<b>36.2%</b>	No Vehicles Available	15.8%
Employed Full-Time, Year-Round	<b>39.9%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	13.9%	Unemployment Rate	<b>17.50%</b>

**25.5%**

In this census tract, 25.5% of the population is considered vulnerable. This is **worse** than 203.01 and 204, but **better** than 206, 212, and 286.01.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	2.0%	25.4		<b>73.6%</b>	<b>0.0%</b>	<b>100.0%</b>	8.3%	<b>0.0%</b>
White non-Hispanic	26.0%	34.1		<b>15.5%</b>	3.8%	93.6%	12.4%	10.4%
Black non-Hispanic	63.9%	32.5	\$27,411	<b>40.6%</b>	<b>25.5%</b>	<b>81.3%</b>	10.8%	11.8%
American Indian/Alaska Native	0.0%							
Asian American	5.3%	20.1		<b>65.1%</b>	<b>0.0%</b>	<b>85.5%</b>	<b>53.6%</b>	9.9%
Other	0.9%	25.8		<b>36.7%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races	1.9%	33.8		<b>44.9%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>25.5%</b>	<b>25.5%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**67.7 years**

In this census tract, life expectancy is 67.7 years. This is **worse** all than surrounding tracts except 212 (which is about the same), and among the lowest across all census tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	27	Percentage of workers who use public transportation	4.5
Homicide deaths (rate)	<b>90.2</b>	Percentage of workers who walked	0.7
Firearm related deaths (rate)	<b>115.9</b>	Mean travel time to work (minutes)	26
Drug poisoning deaths (rate)	193.2		
Housing		Chronic Disease	
Percentage of renter-occupied units	50.2	Female Breast Cancer Deaths per 100K (rate)	38.6
Percentage of owner-occupied units	49.8	Liver Cancer Deaths (rate)	25.8
Percentage of vacant units	36.8	Heart disease deaths per 100K (rate)	579.6
		Diabetes deaths per 100K (rate)	90.2
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	12		
Low birth weight births, less than 2500 g (percent)	<b>16.5</b>		
Births to mothers under 20 years old (percent)	<b>12</b>		

**Summary observations**

This is a majority Black population census tract and overall young across racial and ethnic groups. There are significant disparities in poverty for all but White residents, there is greater income inequality as indicated by the Gini Index, and the high unemployment rate is largely driven by a significant disparity among Black residents. On the other hand, there are good graduation rates overall, and while lower for Black and Asian American residents, this can be a resilience factor. This community is also impacted by homicide and firearm related deaths, infant mortality, low birth weight births, births to mothers under 20 years old, and transportation barriers.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.



Census Tract **206** Data Summary

Zip Code: 33705, 33712



**Population:** 4350

**Landmarks:**

- Dell Holmes Park
- Lake Maggiore Shores
- Lake Maggiore Shores Neighborhood Association
- Enoch Davis Center (in an adjacent tract)
- Johnson Branch Library (in an adjacent tract)

**Adjacent tracts:**

202.01, 205, 207, 212

**Key Indicators of Resilience**

High School Graduate or Higher	92.9%	Gini Index	<b>0.3328</b>
Has a Disability	11.9%	Has a Broadband Internet Subscription	88.0%
Below Poverty	13.5%	No Vehicles Available	9.0%
Employed Full-Time, Year-Round	<b>40.9%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>23.0%</b>	Unemployment Rate	7.4%

**25.5%**

In this census tract, 25.5% of the population is considered vulnerable. This is **about the same** as surrounding tracts.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	6.6%	24.5		17.2%	<b>0.0%</b>	<b>100.0%</b>	<b>44.6%</b>	<b>0.0%</b>
White non-Hispanic	10.9%	44.0	\$35,469	<b>36.6%</b>	11.1%	<b>98.8%</b>	9.8%	9.8%
Black non-Hispanic	78.0%	46.1	\$79,261	<b>10.1%</b>	5.0%	91.8%	<b>22.0%</b>	13.3%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.0%							
Two or more races	4.6%	9.9		<b>9.6%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>36.4%</b>	<b>6.6%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**70.2 years**

In this census tract, life expectancy is 70.2 years. This **is in the middle** for life expectancy among this group, but also note that two of the lowest life expectancy values are in census tracts 205 and 212.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>36</b>	Percentage of workers who use public transportation	<b>6.2</b>
Homicide deaths (rate)	47	Percentage of workers who walked	0
Firearm related deaths (rate)	82.2	Mean travel time to work (minutes)	27.1
Drug poisoning deaths (rate)	<b>281.9</b>		
Housing		Chronic Disease	
Percentage of renter-occupied units	27.4	Female Breast Cancer Deaths per 100K (rate)	11.8
Percentage of owner-occupied units	72.6	Liver Cancer Deaths (rate)	11.8
Percentage of vacant units	27.4	Heart disease deaths per 100K (rate)	716.5
		Diabetes deaths per 100K (rate)	<b>176.2</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	11		
Low birth weight births, less than 2500 g (percent)	<b>18</b>		
Births to mothers under 20 years old (percent)	10.3		

**Summary observations**

This is a majority Black population census tract. A high percentage of residents who are Black, Hispanic or Latino, or who identified “Two or more races” lack health insurance. The poverty rate is much higher for White residents and is at the low end for Black residents compared to other census tracts in 33705, 33711, and 33712. This census tract is impacted by unintentional injury deaths and specifically, drug poisoning deaths, as well as deaths due to diabetes, and poorer maternal and child health outcomes.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **207** Data Summary

Zip Code: 33712



**Population:** 3146

**Landmarks:**

- Highland Oaks
- Highland Oaks Neighborhood Association
- Auburn Street Park
- Dell Holmes Park
- I-275
- Boyd Hill Nature Preserve (in an adjacent tract)

**Adjacent tracts:**

201.09, 202.01, 206, 208, 212, 287

**Key Indicators of Resilience**

High School Graduate or Higher	91.8%	Gini Index	0.3953
Has a Disability	15.9%	Has a Broadband Internet Subscription	79.9%
Below Poverty	18.0%	No Vehicles Available	10.7%
Employed Full-Time, Year-Round	49.3%	1.51 or More Occupants Per Room	0.0%
Uninsured	8.7%	Unemployment Rate	4.1%

21.4%

In this census tract, 21.4% of the population is considered vulnerable. This is **better** than surrounding tracts, except for 287.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	0.3%			100.0%		100.0%	0.0%	0.0%
White non-Hispanic	10.6%	46.0		18.6%	0.0%	84.1%	9.0%	6.9%
Black non-Hispanic	77.6%	47.8	\$59,674	17.7%	5.4%	92.4%	9.9%	19.6%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.5%			100.0%	0.0%		0.0%	0.0%
Two or more races	10.6%	14.0		12.0%	0.0%	100.0%	0.0%	0.0%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**71.5 years**

In this census tract, life expectancy is 71.5 years. This is **better** than surrounding tracts, except 202.01.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	23	Percentage of workers who use public transportation	3
Homicide deaths (rate)	<b>92.7</b>	Percentage of workers who walked	0
Firearm related deaths (rate)	<b>106</b>	Mean travel time to work (minutes)	21
Drug poisoning deaths (rate)	198.7		
Housing		Chronic Disease	
Percentage of renter-occupied units	24.2	Female Breast Cancer Deaths per 100K (rate)	53
Percentage of owner-occupied units	75.8	Liver Cancer Deaths (rate)	13.3
Percentage of vacant units	32.7	Heart disease deaths per 100K (rate)	<b>834.5</b>
		Diabetes deaths per 100K (rate)	<b>172.2</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	7.5		
Low birth weight births, less than 2500 g (percent)	<b>17.6</b>		
Births to mothers under 20 years old (percent)	9.7		

**Summary observations**

This is a majority Black population census tract. Vulnerability is impacted by disparities in poverty and educational attainment for multiple racial and ethnic groups. Black residents also have disparities in unemployment, educational attainment, and disability status. This census tract is impacted by firearm related deaths and deaths due to homicide, heart disease, and diabetes, as well as poorer maternal and child health outcomes.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **208** Data Summary

Zip Code: 33711, 33712



**Population:** 4147

**Landmarks:**

- Childs Park
- Childs Park Neighborhood Association
- Childs Park Branch Library (in an adjacent tract)
- Skyway Trail
- Pinellas Trail

**Adjacent tracts:**

2201.09, 201.10, 219, 220, 287

222, 283 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	89.9%	Gini Index	0.4620
Has a Disability	10.5%	Has a Broadband Internet Subscription	85.3%
Below Poverty	21.2%	No Vehicles Available	<b>18.3%</b>
Employed Full-Time, Year-Round	47.0%	1.51 or More Occupants Per Room	0.0%
Uninsured	13.2%	Unemployment Rate	6.5%

**23.5%**

In this census tract, 23.5% of the population is considered vulnerable. This is **better** than 201.09, 219, and 220, and **worse** than 201.10 and 287.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	0.4%					<b>100.0%</b>		
White non-Hispanic	10.6%	28.4	\$68,421	<b>12.6%</b>	<b>0.0%</b>	94.3%	9.8%	<b>2.6%</b>
Black non-Hispanic	87.8%	32.8	\$39,583	22.5%	7.3%	89.1%	13.5%	11.6%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.3%			<b>0.0%</b>			<b>100.0%</b>	<b>0.0%</b>
Two or more races	0.9%	29.7		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**67.7 years**

In this census tract, life expectancy is 67.7 years. This is **worse** than surrounding tracts, and among the lowest for all census tracts in 33705, 33711, and 33712.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	24	Percentage of workers who use public transportation	<b>8.7</b>
Homicide deaths (rate)	72	Percentage of workers who walked	0
Firearm related deaths (rate)	<b>102.8</b>	Mean travel time to work (minutes)	<b>28.6</b>
Drug poisoning deaths (rate)	164.5		
Housing		Chronic Disease	
Percentage of renter-occupied units	55.4	Female Breast Cancer Deaths per 100K (rate)	51.4
Percentage of owner-occupied units	44.6	Liver Cancer Deaths (rate)	51.4
Percentage of vacant units	<b>43.1</b>	Heart disease deaths per 100K (rate)	616.8
		Diabetes deaths per 100K (rate)	113.1
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	14		
Low birth weight births, less than 2500 g (percent)	<b>15.9</b>		
Births to mothers under 20 years old (percent)	10.7		

**Summary observations**

This is a majority Black population census tract. There are disparities for Black residents across all measures. There are also barriers to transportation. This census tract is impacted by deaths due to injury and violence as well as chronic disease and has poorer maternal and child health outcomes. There is a high percentage of vacant housing units. Although not shown, this census tract has a significantly higher percentage of households led by a female householder, no spouse/partner present with their own children (21.7%).

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **212** Data Summary

Zip Code: 33705, 33712



**Population:** 2537

**Landmarks:**

- Thirteenth Street Heights
- Thirteenth Street Heights Neighborhood Association
- Melrose Mercy Neighborhood Association (partial)
- Enoch Davis Center
- Johnson Branch Library
- St. Pete Youth Farm
- Campbell Park Recreation Center (in an adjacent tract)
- Campbell Park Neighborhood Association (partial)

**Adjacent tracts:**

205, 206, 207, 286.01, 287

**Key Indicators of Resilience**

High School Graduate or Higher	<b>82.4%</b>	Gini Index	<b>0.5828</b>
Has a Disability	17.6%	Has a Broadband Internet Subscription	<b>68.5%</b>
Below Poverty	<b>43.7%</b>	No Vehicles Available	<b>23.1%</b>
Employed Full-Time, Year-Round	45.3%	1.51 or More Occupants Per Room	<b>3.0%</b>
Uninsured	16.7%	Unemployment Rate	<b>15.8%</b>

**28.5%**

In this census tract, 28.5% of the population is considered vulnerable. This is **worse** than surrounding tracts, except for 286.01 (which is among the most vulnerable census tracts).

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	3.5%	28.4		<b>66.3%</b>	<b>0.0%</b>	<b>82.8%</b>	<b>40.4%</b>	<b>0.0%</b>
White non-Hispanic	14.0%	48.2		<b>56.2%</b>	<b>16.9%</b>	93.2%	<b>48.5%</b>	<b>39.1%</b>
Black non-Hispanic	76.0%	32.5	\$26,719	<b>43.0%</b>	<b>16.2%</b>	<b>77.9%</b>	10.7%	14.5%
American Indian/Alaska Native	0.5%			<b>100.0%</b>		<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Asian American	0.0%							
Other	0.0%			<b>100.0%</b>	<b>0.0%</b>		<b>0.0%</b>	<b>0.0%</b>
Two or more races	6.0%	30.9		<b>5.9%</b>	<b>12.6%</b>	<b>100.0%</b>	15.7%	<b>22.2%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.



**67 years**

In this census tract, life expectancy is 67 years. This is **worse** than surrounding tracts, and one of the lowest across all census tracts in 33705, 33711, and 33712.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	26	Percentage of workers who use public transportation	<b>6.8</b>
Homicide deaths (rate)	<b>111.4</b>	Percentage of workers who walked	1.2
Firearm related deaths (rate)	<b>139.3</b>	Mean travel time to work (minutes)	20.2
Drug poisoning deaths (rate)	195		
Housing		Chronic Disease	
Percentage of renter-occupied units	45.3	Female Breast Cancer Deaths per 100K (rate)	<b>0</b>
Percentage of owner-occupied units	54.7	Liver Cancer Deaths (rate)	<b>69.6</b>
Percentage of vacant units	<b>47.7</b>	Heart disease deaths per 100K (rate)	<b>738.1</b>
		Diabetes deaths per 100K (rate)	<b>195</b>
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>21.1</b>		
Low birth weight births, less than 2500 g (percent)	14.2		
Births to mothers under 20 years old (percent)	<b>13.3</b>		

**Summary observations**

This is a majority Black population census tract and is relatively young. This tract is one of the most vulnerable tracts in 33705, 33711, and 33712. There is a much lower percentage of educational attainment, driven by disparities for Black and Hispanic or Latino residents. This census tract has a significantly higher percentage of poverty affecting all racial and ethnic groups and there is higher income inequality, as indicated by the Gini Index. There are a number of other disparities across all of the social determinants of health and affecting all racial and ethnic groups.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **216** Data Summary

Zip Code: 33705, 33712



**Population:** 1957

**Landmarks:**

- Edge District
- Jamestown Park
- Unity Park
- Pinellas Trail
- Tropicana Field
- Downtown Neighborhood Association (partial)

**Adjacent tracts:**

218, 234, 286.01, 287

215.02, 235.01 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>87.2%</b>	Gini Index	0.4032
Has a Disability	<b>41.0%</b>	Has a Broadband Internet Subscription	<b>67.3%</b>
Below Poverty	25.5%	No Vehicles Available	<b>32.4%</b>
Employed Full-Time, Year-Round	46.2%	1.51 or More Occupants Per Room	<b>4.8%</b>
Uninsured	7.2%	Unemployment Rate	<b>15.0%</b>

**32.3%**

In this census tract, 32.3% of the population is considered vulnerable. This is **about the same** as 234 and 286.01, and among the most vulnerable across all census tracts in 33705, 33711, 33712. Incidentally, census tract 218 is the least vulnerable across all census tracts at 10.3%.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	8.0%	36.5	\$78,942	<b>32.7%</b>	<b>0.0%</b>	90.4%	<b>5.7%</b>	<b>21.7%</b>
White non-Hispanic	60.4%	55.7	\$63,318	<b>14.8%</b>	<b>17.4%</b>	92.3%	6.6%	<b>42.4%</b>
Black non-Hispanic	28.0%	53.5	\$16,701	<b>46.7%</b>	<b>16.0%</b>	<b>74.4%</b>	9.7%	<b>42.7%</b>
American Indian/Alaska Native	0.0%							
Asian American	1.3%	28.9		23.1%	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.4%			<b>61.5%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races	1.8%	36.8	\$77,328	23.1%	<b>0.0%</b>	<b>86.7%</b>	<b>5.8%</b>	<b>29.9%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**72 years**

In this census tract, life expectancy is 72 years. This is **about the same** as surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	17	Percentage of workers who use public transportation	2.4
Homicide deaths (rate)	<b>0</b>	Percentage of workers who walked	7.2
Firearm related deaths (rate)	17.3	Mean travel time to work (minutes)	25.5
Drug poisoning deaths (rate)	<b>259.3</b>		
Housing		Chronic Disease	
Percentage of renter-occupied units	84.3	Female Breast Cancer Deaths per 100K (rate)	51.9
Percentage of owner-occupied units	15.7	Liver Cancer Deaths (rate)	<b>69.2</b>
Percentage of vacant units	26.6	Heart disease deaths per 100K (rate)	605.1
		Diabetes deaths per 100K (rate)	103.7
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	<b>15.6</b>		
Births to mothers under 20 years old (percent)	6.4		

**Summary observations**

This is a majority White population census tract. This tract is one of the most vulnerable tracts in 33705, 33711, and 33712. There is a lower percentage of educational attainment overall, driven by a significant disparity for Black residents. There is also a higher percentage of the population with a disability, affecting multiple racial and ethnic groups. Other significant disparities include drug poisoning deaths and deaths due to liver cancer, as well as certain housing characteristics, like percentage of renter-occupied units, broadband internet subscription, access to a vehicle, and number of occupants per room.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **218** Data Summary  
Zip Code: 33712



**Population:** 2290

**Landmarks:**

- Grand Central District
- Historic Kenwood
- Historic Kenwood Neighborhood Association
- Palmetto Park
- Palmetto Park Neighborhood Association
- Pinellas Trail
- Kenwood Dog Park

**Adjacent tracts:**

216, 219, 287

229.01 (this tract is outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	93.9%	Gini Index	0.5058
Has a Disability	11.6%	Has a Broadband Internet Subscription	94.7%
Below Poverty	15.1%	No Vehicles Available	11.0%
Employed Full-Time, Year-Round	57.9%	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>5.3%</b>	Unemployment Rate	<b>1.5%</b>

**10.1%**

In this census tract, 10.1% of the population is considered vulnerable. This is **better** than surrounding tracts, and it is the least vulnerable tract in 33705, 33711, and 33712.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	8.5%	23.0	\$51,815	27.2%	<b>0.0%</b>	<b>85.4%</b>	9.4%	<b>23.3%</b>
White non-Hispanic	67.8%	40.3	\$69,952	<b>4.4%</b>	<b>1.3%</b>	<b>97.7%</b>	<b>5.4%</b>	<b>6.0%</b>
Black non-Hispanic	18.7%	51.7		<b>52.8%</b>	7.8%	<b>78.6%</b>	<b>4.6%</b>	<b>29.9%</b>
American Indian/Alaska Native	0.0%							
Asian American	0.5%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%							
Two or more races	4.5%	37.1	\$93,462	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	10.8%	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018–2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016–2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**73 years**

In this census tract, life expectancy is 73 years. This is **better** than surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	18	Percentage of workers who use public transportation	0.2
Homicide deaths (rate)	61.1	Percentage of workers who walked	2.1
Firearm related deaths (rate)	61.1	Mean travel time to work (minutes)	21.8
Drug poisoning deaths (rate)	203.7		
Housing		Chronic Disease	
Percentage of renter-occupied units	47.8	Female Breast Cancer Deaths per 100K (rate)	40.7
Percentage of owner-occupied units	52.2	Liver Cancer Deaths (rate)	20.4
Percentage of vacant units	25	Heart disease deaths per 100K (rate)	305.5
		Diabetes deaths per 100K (rate)	101.8
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	6.9		
Low birth weight births, less than 2500 g (percent)	14.4		
Births to mothers under 20 years old (percent)	6.2		

**Summary observations**

This is a majority White population census tract. There are disparities for Black residents in poverty, unemployment, educational attainment, and disability status. There are disparities for Hispanic residents in poverty, educational attainment, health insurance coverage, and disability status. This census tract is above average on deaths due to injury and violence, and also has poorer maternal and child health outcomes.

# Census Tract 219 Data Summary

Zip Code: 33712



**Population:** 3027

**Landmarks:**

- Seminole Park
- Historic Kenwood Neighborhood Association (partial)
- Palmetto Park Neighborhood Association (partial)
- Pinellas Trail
- Jim & Heather Gills YMCA
- St. Petersburg Public Library (in an adjacent tract)
- Central Oak Park (in an adjacent tract)

**Adjacent tracts:**

208, 218, 220, 287

221.01, 221.02, 227, 229.01 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>87.4%</b>	Gini Index	<b>0.3724</b>
Has a Disability	9.3%	Has a Broadband Internet Subscription	89.7%
Below Poverty	19.1%	No Vehicles Available	7.1%
Employed Full-Time, Year-Round	<b>68.8%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	14.1%	Unemployment Rate	2.5%

37.7%

In this census tract, 37.7% of the population is considered vulnerable. This is **worse** than surrounding tracts. This is the most vulnerable census tract in 33705, 33711, and 33712.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	5.8%	30.4		<b>48.9%</b>	3.7%	<b>100.0%</b>	<b>1.7%</b>	<b>6.8%</b>
White non-Hispanic	57.1%	38.7	\$89,625	<b>9.4%</b>	<b>1.4%</b>	93.5%	8.1%	7.2%
Black non-Hispanic	35.1%	24.7	\$54,808	30.9%	5.5%	<b>69.2%</b>	<b>26.4%</b>	12.8%
American Indian/Alaska Native	0.0%							
Asian American	1.2%	53.4		<b>0.0%</b>	<b>0.0%</b>	<b>75.7%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%							
Two or more races	0.7%	30.2		<b>50.9%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	11.2%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**71.6 years**

In this census tract, life expectancy is 71.6 years. This is **better** than 208 and 287, but **worse** than 218 and 220.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	16	Percentage of workers who use public transportation	0.7
Homicide deaths (rate)	<b>130.6</b>	Percentage of workers who walked	4.1
Firearm related deaths (rate)	<b>93.3</b>	Mean travel time to work (minutes)	<b>18.7</b>
Drug poisoning deaths (rate)	205.2		
Housing		Chronic Disease	
Percentage of renter-occupied units	37.9	Female Breast Cancer Deaths per 100K (rate)	18.7
Percentage of owner-occupied units	62.1	Liver Cancer Deaths (rate)	37.3
Percentage of vacant units	<b>11.7</b>	Heart disease deaths per 100K (rate)	578.2
		Diabetes deaths per 100K (rate)	149.2
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	9.2		
Births to mothers under 20 years old (percent)	9.7		

**Summary observations**

This is a predominantly White and relatively young population census tract. Vulnerability is impacted by significant disparities for Black residents in poverty, educational attainment, health insurance coverage, and disability status. There are also disparities for Hispanic or Latino residents in poverty. This census tract is impacted by deaths due to homicide, firearm related deaths, and deaths due to female breast cancer, heart disease, and diabetes. Areas of resilience include full-time employment and transportation.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.



Census Tract **220** Data Summary

Zip Code: 33711



**Population:** 3114

**Landmarks:**

- Childs Park Branch Library
- Childs Park Neighborhood Association
- Central Oak Park Neighborhood Association (partial)
- Childs Park Sports Complex
- Pinellas Trail

**Adjacent tracts:**

208, 219

221.02, 222, 283 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	95.7%	Gini Index	0.4470
Has a Disability	14.3%	Has a Broadband Internet Subscription	92.1%
Below Poverty	25.7%	No Vehicles Available	<b>2.3%</b>
Employed Full-Time, Year-Round	<b>41.6%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	10.5%	Unemployment Rate	<b>22.3%</b>

**26.2%**

In this census tract, 26.2% of the population is considered vulnerable. This is **better** than 219, but **worse** than 208.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	1.0%	31.0		<b>50.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>20.0%</b>	<b>0.0%</b>
White non-Hispanic	27.4%	44.3	\$58,438	<b>5.8%</b>	5.5%	95.7%	12.8%	15.7%
Black non-Hispanic	70.1%	32.8	\$45,819	<b>33.3%</b>	<b>28.5%</b>	95.5%	9.4%	14.2%
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.0%							
Two or more races	1.6%	32.5		<b>35.1%</b>	11.9%	<b>100.0%</b>	9.5%	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**72.4 years**

In this census tract, life expectancy is 72.4 years. This is **better** than surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	21	Percentage of workers who use public transportation	3.3
Homicide deaths (rate)	54.9	Percentage of workers who walked	0
Firearm related deaths (rate)	68.6	Mean travel time to work (minutes)	<b>19.8</b>
Drug poisoning deaths (rate)	192.1		
Housing		Chronic Disease	
Percentage of renter-occupied units	26.4	Female Breast Cancer Deaths per 100K (rate)	41.2
Percentage of owner-occupied units	73.6	Liver Cancer Deaths (rate)	13.7
Percentage of vacant units	27.5	Heart disease deaths per 100K (rate)	548.7
		Diabetes deaths per 100K (rate)	137.2
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	9.4		
Low birth weight births, less than 2500 g (percent)	13.6		
Births to mothers under 20 years old (percent)	8.9		

**Summary observations**

This is a majority Black population census tract that is relatively young. There are disparities for Black residents in poverty and unemployment, and for Hispanic or Latino residents in poverty and health insurance coverage. One resilience factor for this tract is educational attainment for all races and ethnicities. This census tract is impacted by deaths due to drug poisoning, heart disease, and diabetes as well as poorer maternal and child health outcomes.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

# Census Tract 233 Data Summary

Zip Code: 33705



**Population:** 2231

**Landmarks:**

- Euclid-St. Paul
- Woodlawn Park
- NOTE - only a small portion of the southern part of this tract falls in 33705

**Adjacent tracts:**

234

229.01, 230, 231, 232, 235.01, 238 (these tracts are outside of the zip codes of interest and not included in this analysis)

## Key Indicators of Resilience

High School Graduate or Higher	93.6%	Gini Index	0.4467
Has a Disability	13.0%	Has a Broadband Internet Subscription	<b>97.4%</b>
Below Poverty	13.5%	No Vehicles Available	10.8%
Employed Full-Time, Year-Round	<b>65.8%</b>	1.51 or More Occupants Per Room	1.0%
Uninsured	15.6%	Unemployment Rate	2.9%

**13.8%**

In this census tract, 13.8% of the population is considered vulnerable. This is **better** than surrounding tracts included in this analysis, and among the least vulnerable overall.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	8.8%	35.7		<b>5.6%</b>	<b>0.0%</b>	93.2%	11.2%	7.7%
White non-Hispanic	77.6%	45.2	\$89,438	<b>13.7%</b>	3.6%	95.3%	16.4%	13.9%
Black non-Hispanic	8.1%	28.3	\$43,988	29.2%	<b>0.0%</b>	<b>99.1%</b>	<b>0.0%</b>	19.3%
American Indian/Alaska Native	0.0%							
Asian American	1.6%	61.3	\$115,667	<b>0.0%</b>	<b>0.0%</b>	<b>66.7%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Two or more races	3.9%	37.3	\$165,390	<b>0.5%</b>	<b>0.7%</b>	<b>85.5%</b>	<b>23.5%</b>	7.0%

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**75.5 years**

In this census tract, life expectancy is 75.5 years. This is **better** than surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	<b>8</b>	Percentage of workers who use public transportation	5.3
Homicide deaths (rate)	<b>0</b>	Percentage of workers who walked	1.1
Firearm related deaths (rate)	20.7	Mean travel time to work (minutes)	24.5
Drug poisoning deaths (rate)	82.7		
Housing		Chronic Disease	
Percentage of renter-occupied units	45.3	Female Breast Cancer Deaths per 100K (rate)	20.7
Percentage of owner-occupied units	54.7	Liver Cancer Deaths (rate)	<b>0</b>
Percentage of vacant units	<b>14</b>	Heart disease deaths per 100K (rate)	351.4
		Diabetes deaths per 100K (rate)	103.4
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	8.6		
Low birth weight births, less than 2500 g (percent)	<b>5.1</b>		
Births to mothers under 20 years old (percent)	4.3		

**Summary observations**

This is a majority White population census tract. It is one of the least vulnerable among all the census tracts in 33705, 33711, and 33712. While it is important to note that only a small portion of the southern part of this tract falls in 33705, it can be useful to identify what factors might make it more resilient, which include low unemployment and a higher percentage of educational attainment. While this tract fares well overall, there are some disparities, like poverty and disability status for Black residents, and health insurance coverage for White and Hispanic or Latino residents.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

Census Tract **234** Data Summary

Zip Code: 33705



**Population:** 1947

**Landmarks:**

- 9th Ave. N. (bisects the tract East-West)
- Kenwood Dog Park
- St. Anthony’s Hospital
- Historic Uptown Neighborhoods
- Woodlawn Oaks Neighborhood Association (partial)

**Adjacent tracts:**

216, 218, 233

215.02, 229.01, 235.01 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	<b>87.7%</b>	Gini Index	0.4496
Has a Disability	11.4%	Has a Broadband Internet Subscription	92.4%
Below Poverty	27.1%	No Vehicles Available	14.2%
Employed Full-Time, Year-Round	44.8%	1.51 or More Occupants Per Room	<b>2.4%</b>
Uninsured	<b>28.7%</b>	Unemployment Rate	3.2%

**32.1%**

In this census tract, 32.1% of the population is considered vulnerable. This is **worse** than 218 and 233, but **about the same** as 216.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	14.6%	33.5		<b>69.5%</b>	<b>0.0%</b>	<b>38.2%</b>	<b>67.0%</b>	<b>2.5%</b>
White non-Hispanic	67.7%	41.7	\$80,250	20.5%	4.7%	91.9%	13.5%	14.1%
Black non-Hispanic	6.2%	43.0		<b>32.2%</b>	<b>0.0%</b>	95.0%	<b>19.1%</b>	<b>23.5%</b>
American Indian/Alaska Native	0.0%							
Asian American	0.8%	44.5		<b>33.3%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>33.3%</b>	<b>0.0%</b>
Other	1.6%	32.2		<b>84.2%</b>	<b>0.0%</b>	<b>28.3%</b>	<b>86.7%</b>	<b>0.0%</b>
Two or more races	9.1%	29.5		<b>10.5%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>75.4%</b>	<b>1.6%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018–2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016–2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**70.1 years**

In this census tract, life expectancy is 70.1 years. This is **worse** than surrounding tracts.

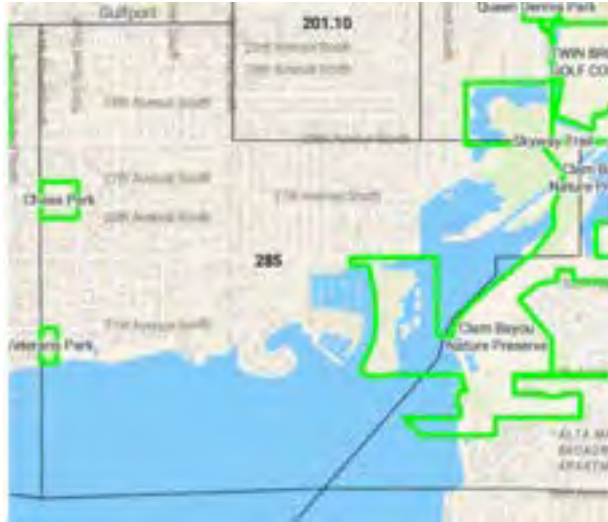
Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	11	Percentage of workers who use public transportation	1.4
Homicide deaths (rate)	56	Percentage of workers who walked	2.1
Firearm related deaths (rate)	56	Mean travel time to work (minutes)	24.8
Drug poisoning deaths (rate)	<b>251.8</b>		
Housing		Chronic Disease	
Percentage of renter-occupied units	54.7	Female Breast Cancer Deaths per 100K (rate)	56
Percentage of owner-occupied units	45.3	Liver Cancer Deaths (rate)	28
Percentage of vacant units	20.3	Heart disease deaths per 100K (rate)	643.4
		Diabetes deaths per 100K (rate)	83.9
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>0</b>		
Low birth weight births, less than 2500 g (percent)	<b>4.7</b>		
Births to mothers under 20 years old (percent)	3.5		

**Summary observations**

This is a majority White population census tract. It is one of the most vulnerable census tracts, largely driven by high poverty rates and lack of health insurance, affecting all racial and ethnic groups. There are also disparities in educational attainment for Hispanic or Latino residents and in disability status for Black residents. This census tract is also impacted by deaths due to drug poisoning and heart disease.

Census Tract **285** Data Summary

Zip Code: 33711



**Population:** 1772

**Landmarks:**

- Gulfport
- Chase Park
- Veterans Park
- Clam Bayou Nature Preserve

**Adjacent tracts:**

201.05, 201.09, 201.10

281.02, 283, 284.03 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	96.4%	Gini Index	0.4294
Has a Disability	<b>28.7%</b>	Has a Broadband Internet Subscription	94.4%
Below Poverty	15.7%	No Vehicles Available	<b>1.1%</b>
Employed Full-Time, Year-Round	46.3%	1.51 or More Occupants Per Room	0.0%
Uninsured	13.8%	Unemployment Rate	3.9%

**22.6%**

In this census tract, 22.6% of the population is considered vulnerable. This is **better** than 201.05 and 201.09, but **worse** than 201.10.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	8.0%	52.8	\$66,473	27.5%	<b>0.0%</b>	<b>65.5%</b>	<b>32.4%</b>	<b>33.1%</b>
White non-Hispanic	79.0%	63.5	\$68,125	<b>8.3%</b>	<b>1.6%</b>	<b>99.9%</b>	<b>4.6%</b>	<b>25.9%</b>
Black non-Hispanic	2.6%	38.7		<b>2.2%</b>	<b>0.0%</b>	<b>97.8%</b>	<b>97.8%</b>	<b>2.2%</b>
American Indian/Alaska Native	0.0%							
Asian American	0.0%							
Other	0.0%	54.6		18.1%	<b>0.0%</b>	<b>33.3%</b>	<b>0.0%</b>	<b>45.8%</b>
Two or more races	10.4%	53.2	\$84,808	<b>56.4%</b>	12.0%	95.4%	<b>50.6%</b>	<b>46.1%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018–2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016–2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis. 89



NA

In this census tract, there was insufficient data to estimate life expectancy. Life Expectancy is computed when there are at least 50 deaths, a population of at least 5,000, and a standard error less than 2.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	15	Percentage of workers who use public transportation	0
Homicide deaths (rate)	0	Percentage of workers who walked	17.3
Firearm related deaths (rate)	0	Mean travel time to work (minutes)	19.4
Drug poisoning deaths (rate)	271		
Housing		Chronic Disease	
Percentage of renter-occupied units	32.1	Female Breast Cancer Deaths per 100K (rate)	123.2
Percentage of owner-occupied units	67.9	Liver Cancer Deaths (rate)	24.6
Percentage of vacant units	31.5	Heart disease deaths per 100K (rate)	591.2
		Diabetes deaths per 100K (rate)	147.8
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	0		
Low birth weight births, less than 2500 g (percent)	8.3		
Births to mothers under 20 years old (percent)	0		

### Summary observations

This is a majority White population census tract. Vulnerability is impacted by a high percentage of residents with a disability, affecting all races and ethnicities except Black residents. There are disparities for Hispanic or Latino residents in educational attainment and health insurance coverage. This census tract is also impacted by deaths due to drug poisoning, female breast cancer, heart disease, and diabetes.

Census Tract **286.01** Data Summary

Zip Code: 33705



**Population:** 2937

**Landmarks:**

- Roser Park
- Historic Roser Park Neighborhood Association
- Woodbrook Park
- Bayfront Health (Orlando Health) St. Petersburg
- Johns Hopkins All Children’s Hospital
- I-175

**Adjacent tracts:**

205, 212, 216, 287

215.01, 215.02, 286.02 (these tracts are outside of the zip codes of interest and not included in this analysis)

**Key Indicators of Resilience**

High School Graduate or Higher	93.4%	Gini Index	<b>0.5359</b>
Has a Disability	13.5%	Has a Broadband Internet Subscription	87.1%
Below Poverty	14.6%	No Vehicles Available	<b>25.4%</b>
Employed Full-Time, Year-Round	<b>69.9%</b>	1.51 or More Occupants Per Room	0.0%
Uninsured	6.7%	Unemployment Rate	5.0%

**36.7%**

In this census tract, 36.7% of the population is considered vulnerable. This is **worse** than surrounding tracts, and one of the most vulnerable tracts in 33705, 33711, and 33712.

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	13.3%	34.2		<b>12.0%</b>	8.9%	<b>86.6%</b>	13.2%	15.7%
White non-Hispanic	66.5%	46.4	\$51,297	<b>11.6%</b>	4.5%	<b>97.6%</b>	6.1%	12.9%
Black non-Hispanic	9.4%	63.7		<b>47.3%</b>	<b>0.0%</b>	<b>63.8%</b>	<b>0.0%</b>	<b>30.8%</b>
American Indian/Alaska Native	0.0%			<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Asian American	1.8%	34.0		<b>7.4%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Other	0.0%							
Two or more races	8.9%	41.7		<b>6.8%</b>	<b>0.0%</b>	<b>84.3%</b>	7.3%	<b>0.0%</b>

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**Unavailable**

Life expectancy is unavailable for this census tract.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	21	Percentage of workers who use public transportation	2.8
Homicide deaths (rate)	0	Percentage of workers who walked	11.4
Firearm related deaths (rate)	0	Mean travel time to work (minutes)	21.3
Drug poisoning deaths (rate)	0		
Housing		Chronic Disease	
Percentage of renter-occupied units	92.1	Female Breast Cancer Deaths per 100K (rate)	0
Percentage of owner-occupied units	7.9	Liver Cancer Deaths (rate)	0
Percentage of vacant units	24.9	Heart disease deaths per 100K (rate)	0
		Diabetes deaths per 100K (rate)	0
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	8.8		
Low birth weight births, less than 2500 g (percent)	7.9		
Births to mothers under 20 years old (percent)	0.9		

**Summary observations**

This is a majority White population census tract with a young population, but the median age of Black residents is older. This is one of the most vulnerable populations in 33705, 33711, and 33712. Vulnerability may be impacted by high income inequality as indicated by the Gini Index, transportation barriers, and significant disparities for the Black population in poverty, educational attainment, and disability status. This census tract was established after the 2020 Census, which may be a limitation in the data available.

Census Tract **287** Data Summary

Zip Code: 33705, 33712



**Population:** 1533

**Landmarks:**

- Campbell Park
- Campbell Park Neighborhood Association
- Melrose Mercy Neighborhood Association
- Jordan Park Resident Management & Council
- I-175 and I-275
- Wildwood Park

**Adjacent tracts:**

207, 208, 212, 216, 218, 219, 286.01

**Key Indicators of Resilience**

High School Graduate or Higher	<b>86.8%</b>	Gini Index	<b>0.5844</b>
Has a Disability	16.9%	Has a Broadband Internet Subscription	<b>61.8%</b>
Below Poverty	<b>36.1%</b>	No Vehicles Available	5.6%
Employed Full-Time, Year-Round	47.7%	1.51 or More Occupants Per Room	0.0%
Uninsured	<b>22.4%</b>	Unemployment Rate	11.3%

**20.3%**

In this census tract, 20.3% of the population is considered vulnerable. This is **better** than all surrounding tracts, except 218 (which is the best).

	Distribution	Median Age (Years)	Median Household Income (Dollars)	Below Poverty (%)	Unemployment rate (%)	High School Graduate or Higher (%)	Uninsured (%)	Has a disability (%)
Hispanic or Latino	0.8%			<b>0.0%</b>			<b>0.0%</b>	<b>0.0%</b>
White non-Hispanic	13.1%	33.2		<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>32.5%</b>	9.0%
Black non-Hispanic	85.1%	26.6	\$47,614	<b>41.2%</b>	<b>15.4%</b>	<b>84.0%</b>	<b>21.4%</b>	18.4%
American Indian/Alaska Native	1.0%			<b>100.0%</b>			<b>0.0%</b>	<b>0.0%</b>
Asian American	0.0%							
Other	0.0%							
Two or more races	0.0%							

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

**70.1 years**

In this census tract, life expectancy is 70.1 years. This is **better** than 208 and 212, but **worse** than the other surrounding tracts.

Injury and Violence		Transportation	
Unintentional Injury Deaths (rate)	20	Percentage of workers who use public transportation	<b>8.1</b>
Homicide deaths (rate)	70.1	Percentage of workers who walked	1.4
Firearm related deaths (rate)	46.8	Mean travel time to work (minutes)	23.9
Drug poisoning deaths (rate)	140.3		
Housing		Chronic Disease	
Percentage of renter-occupied units	51.4	Female Breast Cancer Deaths per 100K (rate)	35.1
Percentage of owner-occupied units	48.6	Liver Cancer Deaths (rate)	<b>0</b>
Percentage of vacant units	<b>56.7</b>	Heart disease deaths per 100K (rate)	467.6
		Diabetes deaths per 100K (rate)	105.2
Maternal and Child Health			
Infant deaths per 1000 births before 1 year of age (rate)	<b>17</b>		
Low birth weight births, less than 2500 g (percent)	9.8		
Births to mothers under 20 years old (percent)	7.2		

**Summary observations**

This is a majority Black population census tract. There are disparities for Black residents in poverty, unemployment, educational attainment, and health insurance coverage. There are also significant disparities in household factors like broadband internet subscription, percentage of vacant units, and percentage of workers who use public transportation. This census tract is impacted by deaths due to chronic disease and infant mortality and has a higher percentage of births to mothers under 20 years old than the county average.

Data sources: Community Resilience Estimates for Equity Profiles (U.S. Census Bureau) and the FLHealthCHARTS Community Dashboard (Florida Department of Health). Both sources use 2018-2022 5-year estimates from the American Community Survey. The exception is Life Expectancy, which is a 2016-2020 5-year estimate. Values in **RED** or **GREEN** are one standard deviation above or below the average. **RED** is worse, **GREEN** is better. If there are no values, there were not sufficient observations for statistical analysis.

## **Appendix B**

### **Focus Group Questions**

## **Health Disparities Study Focus Groups**

Welcome everyone! We are from the Foundation for a Healthy St. Petersburg, an organization that supports and funds groups looking to make our communities in South St. Pete healthier. We are interested in talking with you about your community and what you believe makes it healthy. We have a few questions that we want to ask you about things you want to improve in your neighborhood, what you want to stay the same, resources that are or should be available, and your opinion on the most important health factors for your community. You don't have to answer any question that you don't want to or if you feel uncomfortable about sharing your opinions, you can stop sharing at any time. This is meant to be a safe space for you to share, and though we will put a report together about the information that comes out of our conversations, your personal information won't be shared. We will only be sharing common themes across the groups we talk to. Before we begin, does anyone have any questions for us?

### **Questions**

1. When you think about what makes your neighborhood healthy or gives you an opportunity to be healthy, what comes to mind?
2. What are three things you'd like to improve in your neighborhood?
3. What are three things you'd like to stay the same about your neighborhood?
4. When you think about resources in your community that can support you/your family/your friends/your neighbors to live your best, healthiest life, what comes to mind?
5. WORKSHEET - Provide a list of 5-8 health topics and ask the group to prioritize.
6. What are your dreams for your community/neighborhood/city?



## **Appendix C**

### **Health and Social Factors Ranking Questions**

# Ranking Health Factors

Please rank the following **health** areas from **most** important (1) to **least** important (7).

Rank	Health Factors
	Addressing mental health (depression, anxiety, etc.)
	Resources that help people age in a healthy way
	Being able to have health insurance
	Improving health for pregnant women and their babies
	Preventing death that happens at a "young" age
	Preventing heart disease
	Improving access to information about health or health resources

# Ranking Social Factors

Please rank the following **social** factors from **most** important (1) to **least** important (7).

<b>Rank</b>	<b>Social Factors</b>
	Being able to have and use internet
	Being able to have a job/employment
	Resources for those with a disability
	Reducing accidental injuries (suicide, car accidents, etc.)
	Reducing substance use (alcohol, drugs, etc.)
	Building wealth/making enough money to be financially secure in the future.
	Having a safe neighborhood (crime rates, sidewalks, bike lanes, etc.)

# Demographics

## What zip code do you live in?

- 33705
- 33711
- 33712
- Other \_\_\_\_\_

## Please let us know how you identify:

### 1) Race/ethnicity

- Black/African American
- White
- Asian
- Hispanic/Latino
- Native American
- Other
- Prefer not to answer

### 2) Gender

- Male
- Female
- Self-describe \_\_\_\_\_
- Prefer not to answer

### 3) Age \_\_\_\_\_

## **Appendix D**

### **Juneteenth Survey Instrument**



## Intro

**As part of our research on local health disparities,  
we'd like to know about your health experiences in  
your neighborhood and community.**

**Please share your perspective about the questions  
and topics below:**

What zip code do you reside in?

- 33705
- 33711
- 33712
- Other (type in zip code below)

How long have you lived in this zip code?

- Less than one year
- 1-3 years
- 4-6 years
- 7-9 years
- 10-12 years
- 13-15 years
- More than 15 years
- More than 20 years

What 33705 neighborhood do you live in?

- Bahama Shores
- Bayou Heights & Shores
- Campbell Park
- Coquina Key
- Cromwell Heights
- Downtown
- Driftwood
- Greater Pinellas Point
- Harbordale
- Historic Uptown
- Lakewood Terrace
- Old Southeast
- Thirteenth St. Heights
- Tropical Shores
- Other



I don't know

What 33711 neighborhood do you live in?

Bayview

Broadwater

Central Oak Park

Childs Park

Marina Bay

Maximo Moorings

Other

I don't know

What 33712 neighborhood do you live in?

Ahali Place

Greater Pinellas Point

Highland Oaks

Lakewood Estates

Lake Maggiore

Jordan Park

Palmetto Park

Other



I don't know

What neighborhood do you live in?

How would you rank the health of your neighborhood?

Rank here:

Please rank the following health areas from most important (1) to least important (7).

***\*Press and hold to drag options into place***

Healthy aging (resources and support that helps people age in a healthy way)

Health insurance coverage

Maternal & Infant Health

Premature death (death that occurs before the average age of death in a population)

Heart disease

Mental health (anxiety, depression, etc.)

Access to health information (useful information about health or information about resources that address health needs).

Please rank the following social factors from most important (1) to least important (7).

***\*Press and hold to drag options into place***

Internet access and use

Access to employment

Disability status

Unintentional injury (suicide, motor vehicles, poisonings)

Substance use (alcohol, opiates, other)

Building wealth (economic mobility, generational wealth, etc.)

Neighborhood safety (parks, sidewalks, crime, etc.)

Are there any other things important to you that you would prioritize in your neighborhood?

What is the greatest hope you have for your neighborhood in the next few years?

***\*You can record your response via audio, video, or typed response.***

If you would rather type your response you can do so here:

**Block 1**

**Please answer the final three demographic questions.**

Race/Ethnicity: How do you identify?

- Black/African American
- White
- Asian
- Hispanic/Latino
- Native American
- Other
- Prefer not to answer

Gender: How do you identify?

- Male
- Female
- Self-describe
- Prefer not to answer

How old are you?

- Under 18
- 18 - 24
- 25 - 34

- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85 or older
- Prefer not to answer

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## **Appendix E**

### **Community Mapping: Presentation and Maps**

# COMMUNITY MAPPING

Led by Dawn Hunter, JD, MPH in partnership with  
Dr. Susie Patterson and Dr. Stephanie Rosado at the Foundation for a Healthy St. Pete  
July 27, 2024



1

## What is Community Mapping?

Community mapping is an activity where residents use maps and apply their own experience in their neighborhoods to identify assets, resources, and potential issues.

The mapping process is a way to identify what works and where more support is needed. The maps can be used to help increase awareness of community resources and to advocate for change.



2



## Goals for the Day

- Share some initial priorities identified through focus groups
- As a group, map the community and identify important places and resources, or where more resources are needed
- Share what we've learned and identify some next steps



3

## Introductions

Share your **name**

Share what **neighborhood** you live in

Share one thing you hope to **take away** from your time today



4





5

What makes some neighborhoods healthier?



- Education and income (high quality jobs and schools)
- Healthy and safe housing
- Safe and accessible outdoor spaces
- Distance from environmental hazards
- Access to primary and behavioral health care professionals
- Reliable and accessible public transportation
- Social connection

6

## Emerging Priorities

### Health Factors

- Mental health
- Healthy aging
- Health insurance
- Maternal & child health
- Early death
- Heart disease
- Access to health info/resources

### Social Factors

- Internet access
- Employment
- Disability resources
- Accidental injuries
- Substance use
- Build wealth
- Neighborhood safety

7

## Emerging Priorities

Group	Health Priorities	Social Priorities
Youth	Early death, mental health, health insurance	Neighborhood safety, accidental injury, disability resources
Seniors	Health insurance, healthy aging, mental health	Neighborhood safety, accidental injury, substance use
Black Men	Mental health, health insurance, early death, access to health info	Employment, building wealth, neighborhood safety
Business		

8

## Instructions

- You have TWO maps at your table
- You will identify and mark ASSETS with **green dots**
  - Parks, schools, community centers, childcare centers, training programs
- You will identify and mark RESOURCES with **blue dots**
  - Health clinics, food banks, libraries, grocery stores, shops
- You will identify and mark POTENTIAL ISSUES with **red dots**
  - Unsafe streets, abandoned buildings, no sidewalks, lack of services
- You will use yellow sticky dots to make note of anything you personally consider important

9

## Instructions

- Dots can overlap!
- You can use post-it notes to write descriptions that might be helpful
- You can use markers to circle anything you think is important, write notes, or draw connections
- You have **45 minutes**
- When about 10 minutes are left, you will discuss with your group and write out what you think are the most valuable assets, crucial resources, and urgent issues
- Then we'll share with each group!

10





11



12

# SHARING BACK

Reflections on Your Mapping Experience  
& What You Mapped

13

## Closing Activity

**What?**

Describe what we did today

**So What?**

Discuss the impact

**Now What?**

Identify possible next steps

14



## What?

- What did we do today as a group?
- What did you do as an individual?
- What stood out to you?
- What did you notice (hear, observe) about the experience?

15



## So What?

- What did you learn?
- What feelings or thoughts were raised for you?
- What was important about today's activity?
- How did participants work together?

16



## Now What?

- What would you do the same?
- What would you do differently?
- How will you use insights from today's activity?
- What would you like to see happen next?

17

## Next Steps

- Finalizing a report that includes analysis of health, social, and economic data, focus group insights, and this mapping activity
- Report will be shared with Foundation staff as they work on their strategic plan for next year
- We will have opportunities for all participants in this process to hear an overview of the findings and recommendations

18

## Thank you!

Dawn Hunter

[create@thedawnlab.com](mailto:create@thedawnlab.com)

Twitter/X: @dawnmariehunter

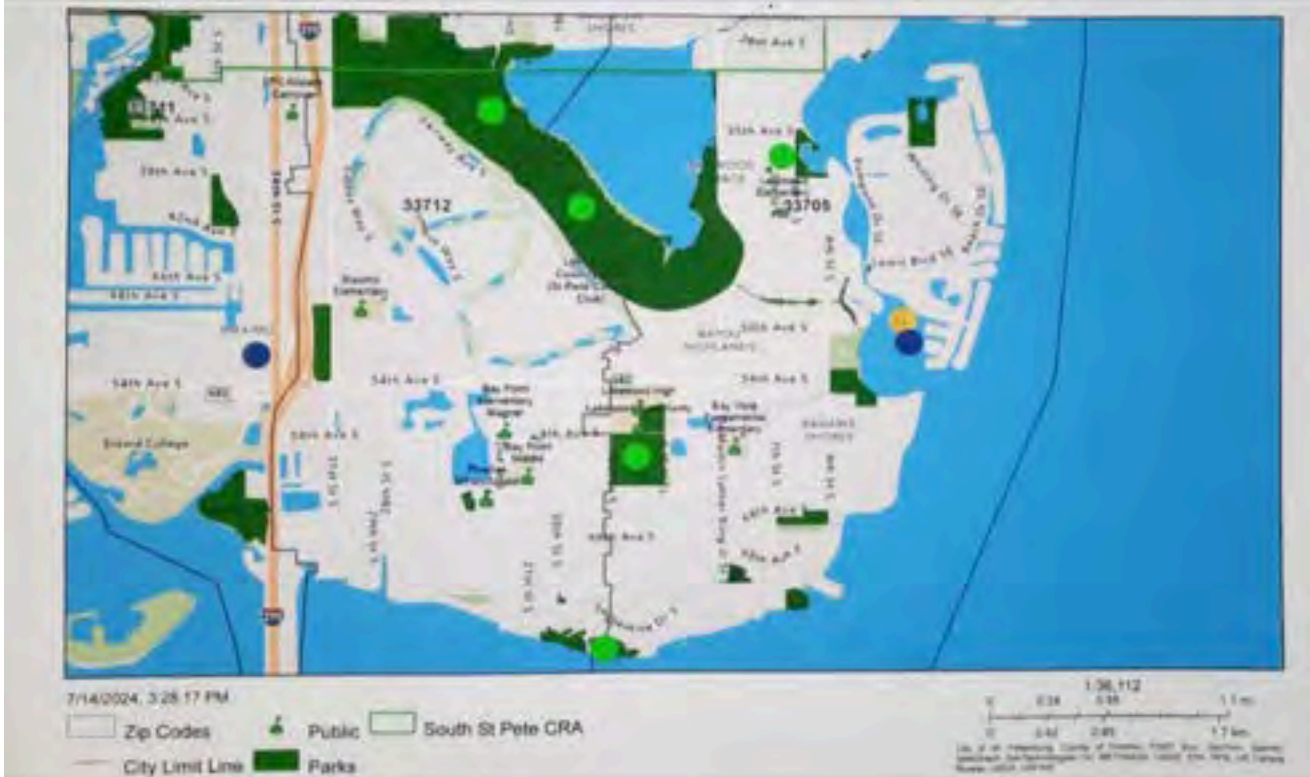
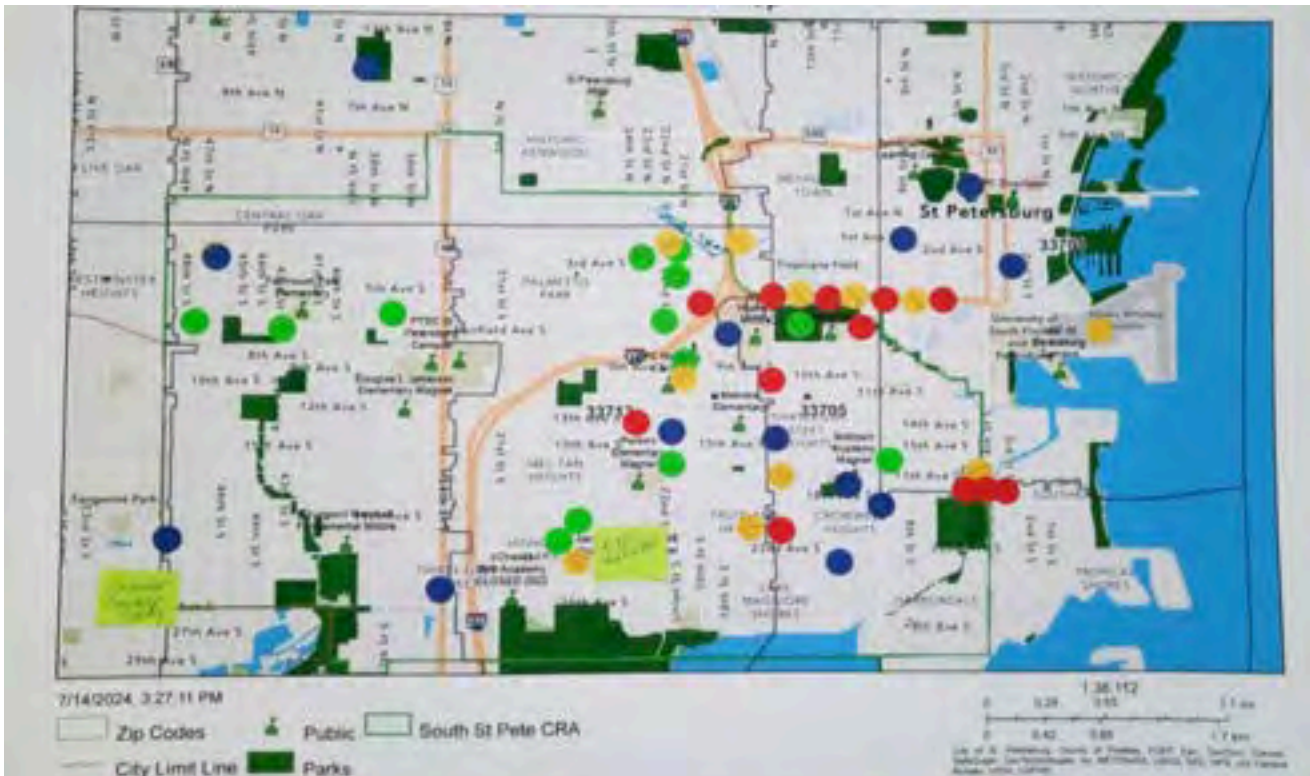
LinkedIn: Dawn M. Hunter



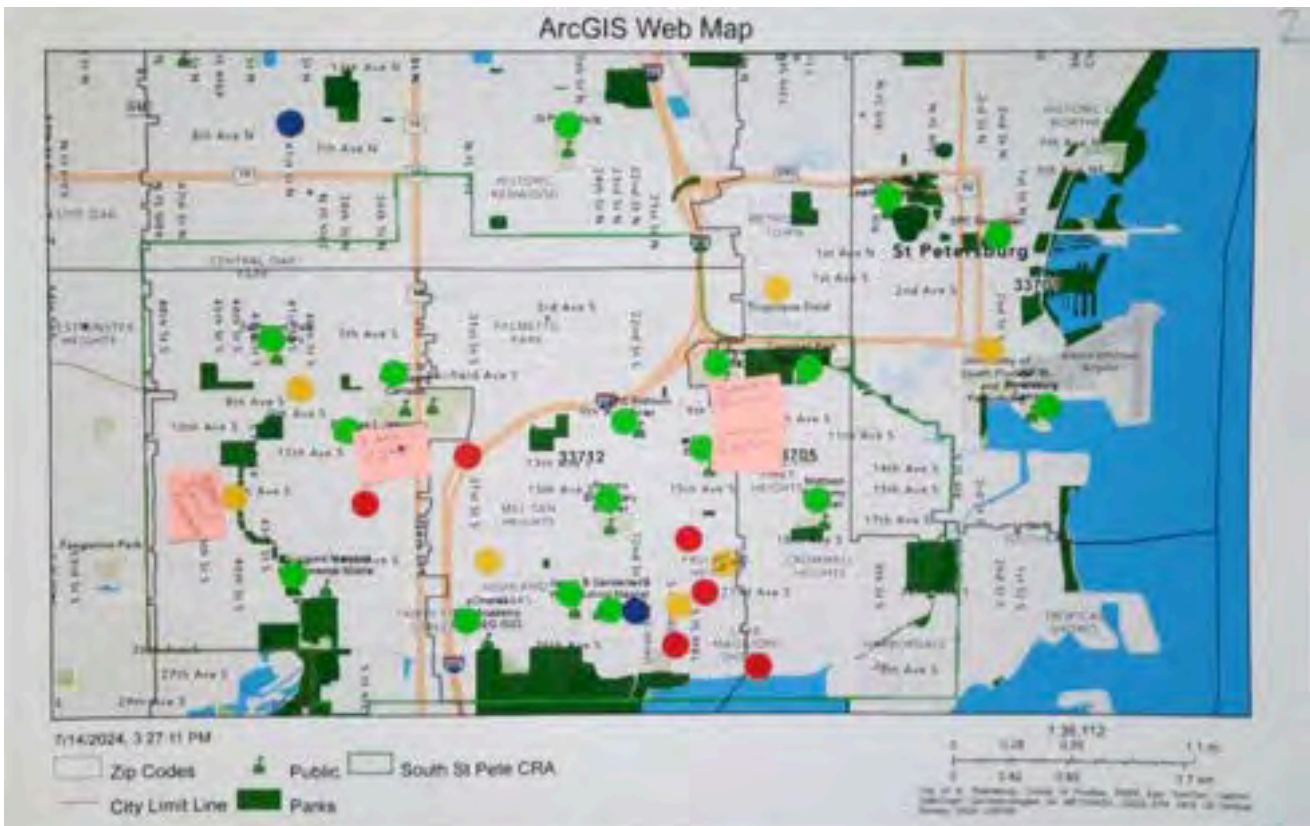


**Appendix F**  
**Community Mapping: Participant Maps**

Community Mapping - Group 1

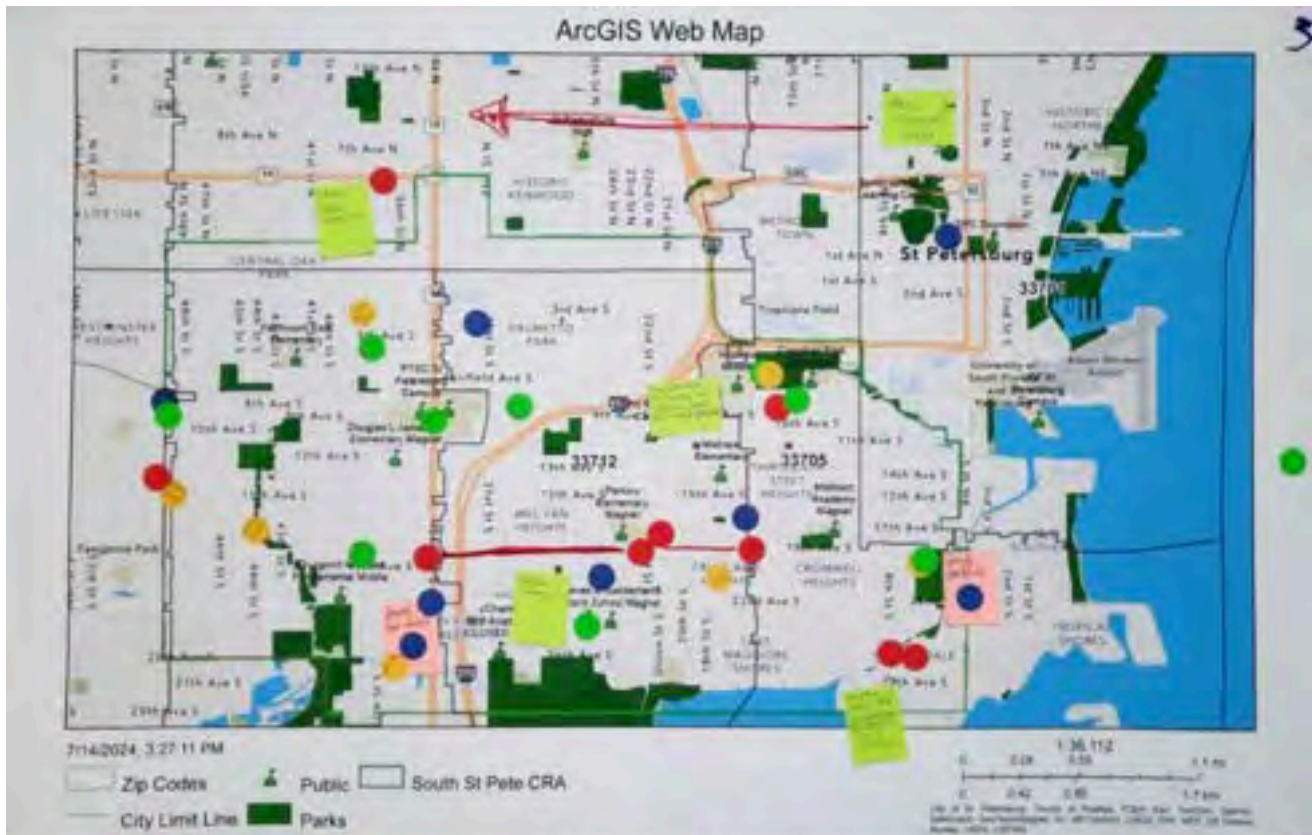


Community Mapping - Group 2





Community Mapping - Group 3





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**Healthy St. Petersburg**

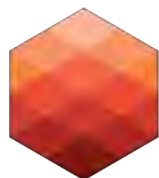
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