

2019 Hillsborough County Community Needs Assessment

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Prepared for
Hillsborough County Social Services Department

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Executive Summary

Local county governments all over the United States face increasing pressure and needs for conducting diligent community needs assessments to set priorities to help meet the most important needs for some of their most vulnerable residents and community.¹ Hillsborough County in 2017 had a population of 1,408,566, with 15 percent of the population living below the poverty line, 8.1 percent being disabled and a median household monthly rent of \$992/month.

Since the last Hillsborough County community needs assessment was completed in 2016, the county has continued to experience a growing population, lower unemployment, continued challenges in transportation, rising housing costs that disproportionately affects minority and economically disadvantaged populations, and escalating need for access to behavioral health services.² All of these issues are disproportionately affecting Black and Hispanic populations at the poverty level across the county.³ For the disadvantaged populations in the eight neighborhoods studied, challenges are often magnified in light of having fewer resources to navigate social, career, education, health/behavioral health challenges.

In light of such challenges to improving quality of life for Hillsborough County's vulnerable resident populations, the importance of the county's social services support system has become even more vital to help meet essential needs for these residents.

In 2018 a collaborative effort commenced between the Hillsborough County Social Services Department and the University of South Florida's College of Public Health to prepare the required community needs assessment for Hillsborough County. The effort would focus on surveys with residents and stakeholders along with focus groups in eight of Hillsborough County's most disadvantaged neighborhoods. governance of the project would rest with HCSS and reporting to the Hillsborough County Community Action Board (CAB) who played an important role in oversight of the effort.

Highlights from Data Collection

Efforts were made to strengthen the data collection from what was accomplished in past years by engaging a community-based participatory approach. A few key highlights include:

1. Data collection exceeded goals on resident surveys (794 collected; goal of 500), stakeholders surveys (110 collected; goal of 50) and for focus groups (five planned and eight completed);
2. Captured 169 Spanish language survey responses (163) out of the total 794 survey responses;
3. Top priorities from resident surveys included: utility/rent assistance, food/clothing assistance, college scholarships, employment/job placement, and childcare services;
4. Top priorities from focus group sessions included: transportation, healthcare/behavioral health services, education, and affordable housing; and
5. Gap analysis of the results from resident and stakeholder surveys established that utility assistance, college scholarships, homeownership programs, employment/job placement services, tutoring programs were some of the greatest needs cited that are unmet.

¹ Feldhaus, H. S., & Deppen, P. (2018). Community Needs Assessments Handbook of Community Movements and Local Organizations in the 21st Century (pp. 497-510): Springer.

² Irwin, J. (June 13, 2018). Global study shows economic growth in Tampa Bay. Tampa Bay Business Journal. Retrieved from <https://www.bizjournals.com/tampabay/news/2018/06/13/global-study-shows-economic-growth-in-tampa-bay.html>

³ Robert Wood Johnson Foundation. (2018). Culture of Health- Tampa, FL Overview. Retrieved from <https://www.rwjf.org/en/cultureofhealth/what-were-learning/sentinel-communities/tampa-florida.html>

Concluding Observations on Key Challenges

A number of general observations emerged from both the surveys and focus group sessions with all the community stakeholders. A summary of these observations includes:

1. *Communication Breakdowns*. Stakeholders identified the lack in communication and information sharing among social service providers.
2. *Disenfranchisement*. Residents felt that they have been left behind and forgotten, that their voices are not heard, and that community leaders do not view their needs as important.
3. *Education*. Residents desire to attend college but a high proportion found no scholarships available and no stakeholders offered college scholarships.
4. *Transportation*. Challenges with public transportation inhibiting accessibility to essential services was a theme in all eight focus groups across the county.
5. *Mental Health Services*. Persistent citing of the lack of needed mental health services came from across the county.
6. *Affordable Housing*. Community focus groups and surveys indicated the shortage of affordable housing for our low-income residents across the county.

Recommendations

County social services cannot address all of the challenges that emerged from this assessment alone. They can work with community stakeholders on the resulting gap analysis targeting priorities for social services, but additional efforts will be needed involving other local government and stakeholder collaborations and partnerships to address these challenges. Public-private-academic collaboration may be a path to finding new solutions to these systemic challenges for our underserved communities faced with gentrification, growth, resource constraints, and the need for cross-sectoral innovation to help level the playing field for all residents in the years to come.

Chapter 1

Community Needs Assessment Process

The collaborative engagement that unfolded over a 13-month period involved teaming between the county social services department staff and management with the College of Public Health led team. The need for resident and stakeholder engagement was a high priority to obtain the fullest understanding possible of the needs of each community area given the challenges they face and to capture the voice of the community in this assessment process qualitatively as well as quantitatively.⁴ Targets and goals were set for data collection based on both past experience of the county management team along with consensus from the Hillsborough County Social Services Community Action Board (CAB).

It is important to recognize the role of CAB's, not only in Hillsborough County, but also in counties throughout the US. CAB's are part of the governance structure for social services administration at the local level and help provide oversight of community services block grants. An excerpt from a 2019 newsletter of the National Community Action Foundation summarizes the important role of the CAB for each county:

“[CABs are] governed by a broadly representative ‘tripartite’ board, with mandatory representation from the low-income community, local elected officials and a wide array of public and private stakeholders. These include businesses, schools, faith-based organizations, and numerous others with the capacity to create jobs and opportunities for low-income individuals and families.”

“[CABs] ...conduct a comprehensive assessment of needs in its local community; which guide decisions about programs and services. The assessment identifies local causes of poverty and barriers to self-sufficiency, and effectiveness and innovative ways to address these issues.”⁵

This collaboration between the university, Hillsborough County Social Services, and the CAB, resulted in a substantive data collection effort that exceeded the goals of the county executives and the CAB. This was only possible through the collective diligence of county government team members, USF faculty, and graduate students. This also included an innovative effort to embed a photovoice methodology-based class in a summer 2018 undergraduate public health class to support visual and descriptive data collection that proved to be both enriching and a substantive contribution to the community statistical profiles included in this report.

Figure 1 provides an illustration of the overall process; a community-based participatory approach that was used to conduct the community needs assessment for Hillsborough County.

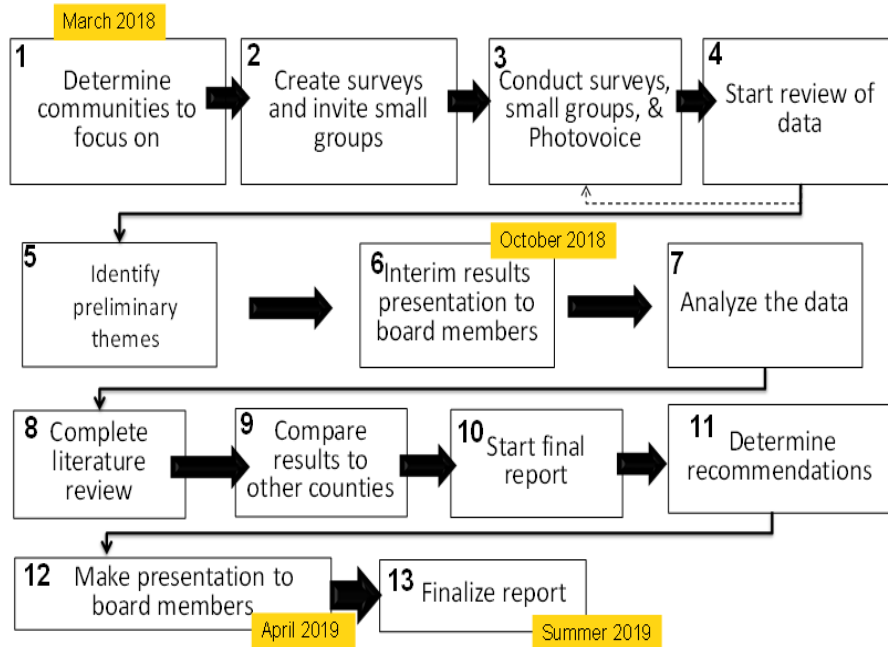
Process Description

There were 13 overall steps in this collaborative project that started in March 2018. The effort started with collaboration in determining the priority communities to focus on in the project. Next the teams assessed what questions to ask of residents and stakeholders. This step included consideration of the previous community needs assessment completed in 2016. The county social services professionals provided insight on what was missing or new issues they wanted to account for in the new surveys. The university team then collaborated with county social services in setting the final question sets for residents and stakeholders. Results of these surveys will be discussed in Chapter 5. Involvement of members of the Community Action Board early in the planning process and in the early data collection period helped identify key issues and geographic areas to ensure were covered in the small groups and the surveys.

⁴ Lynch, J. M. (1993). Community participation in community needs assessments. *Journal of Applied Sociology*, 125-136.

⁵ National Community Action Foundation (NCAF) Newsletter. Introductions to Community Action and the Community Service Block Grant. What is Community Action? What makes it unique? (n.d.)

Figure 1. Project Steps in the Community Needs Assessment



The data collection effort on the project involved a) surveys of residents and stakeholders (results to be discussed in Chapter 5), b) eight small group sessions (results discussed in Chapter 5), and c) a photovoice project. This third element of data collection will be described in detail in Chapter 3 but the effort involved leadership from university faculty guiding student teams on efforts to capture images in each community to describe elements of the community. After all data collection was completed in the fall 2018, analysis of all three data collection efforts led to an interim results presentation to the county's CAB in October 2018. After this, additional data analysis (qualitative and quantitative) was conducted yielding results described in chapters 4-6. Concluding the analysis and results, findings are compared to two comparable counties in the state of Florida (Orange and Duval).

Last, the team developed and presented preliminary findings to the CAB in October 2018 and April 2019. Extensive data analysis was conducted between those presentations leading to the contents of this report.

Chapter 2

County Comparisons

Hillsborough County is the fourth-most populous county in the state of Florida. The largest metropolitan area within Hillsborough County is the city of Tampa, with a population of 335,709. Hillsborough County is a diverse region with 50.3% of the population being White, 15.5% being Black, and 27.4% being Hispanic. Hillsborough County's population is relatively younger than the rest of the state, with a median age of 36.6 years compared to the state median age of 41.6 years. Furthermore, 13.5% of the residents of Hillsborough County are aged 65 or older whereas 19.4% of the state are 65 years of age or older. While the median income for Hillsborough County residents is slightly higher than that of the state, the percentage of residents living below the poverty line is higher. Hillsborough County has a disabled population that is comparable to the rest of the state at 8.1% and 8.6% respectively. Housing costs are also slightly higher, with the median monthly rent for Hillsborough county residents being \$992, \$43 higher than that of the state.⁶

Table 1. Hillsborough County Demographics

Demographics	Hillsborough	Florida ⁷
Population ⁸	1,408,566	20,278,447
White (non-Hispanic)	61.3%	54.9%
Black (non-Hispanic)	14.3%	15.4%
Hispanic or Latino of any race	21.4%	24.7%
Median age	36.6 years	41.6 years
Population – Age 18+	1,039,380 (76.9%)	16,166,865 (79.7%)
Population – Age 65+	182,025 (13.5%)	3,926,889 (19.4%)
Median household income	\$51,681	\$50,860
% of population below poverty line	15%	12.7%
Unemployment rate	3.2%	3.9%
% of population disabled	8.1%	8.6%
Median monthly household rent	\$992	\$949

County Comparison

While the majority of Hillsborough county residents are white (61.3%), the burden of poverty rests heavily on racial minorities as shown in Figure 2. Approximately 24% of the Black residents and 26% of Hispanics living in Hillsborough county live at or below the Federal Poverty Line compared to 14% of White residents.

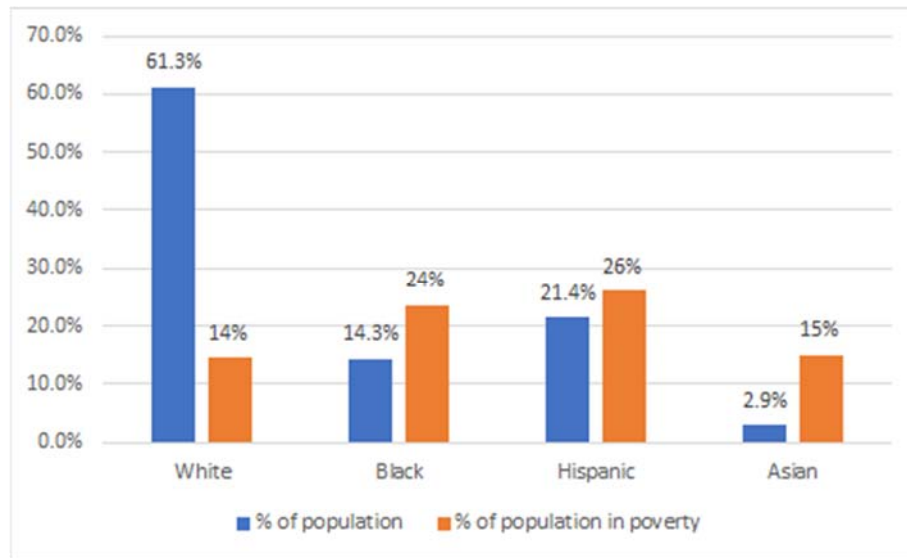
Hillsborough County, in the course of this report development, was compared to other comparable counties in the state of Florida. The two closest counties for comparison were with Orange (Orlando area) and Duval (Jacksonville area) counties. Table 2 highlights key comparative statistics between the three counties. Each county is home to a major metropolitan area, with Tampa being housed within Hillsborough County, Orlando being inside of Orange County, and Jacksonville being inside of Duval County.

⁶ United States Census Bureau / American FactFinder. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk

⁷ United States Census Bureau / American FactFinder. "B11001: Household Type (Including Living Alone)." 2013 – 2016 American Community Survey. U.S. Census Bureau's American Community Survey Office, 2011. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B21001&prodType=table

⁸ Census info for population and race, HC and FL. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_CP05&prodType=table

Figure 2. Hillsborough County Poverty and Ethnicity/Race



Each county also receives a significant amount of funding through the Community Services Block Grant (CSBG) program. According to the US Office of Community Services, the CSBG program provides funding to “support services and activities for individuals with low-incomes that alleviate the causes and conditions of poverty in communities.”⁹ These funds are typically distributed to local governments and can be used to provide services that include education, health care, financial management, nutrition, and housing. These funds can also be used to provide citizens with assistance maintaining active utility status, employment training and placement, transportation, and emergency services.

Table 2. County Metric Comparison

Metric	Hillsborough	Orange	Duval
Population	1,408,566	1,348,975	937,934
Amount of CSBG funding	\$2,617,219	\$1,316,183	\$2,761,840
% of population in poverty	15.0%	16.3%	14.5%
Unemployment rate	3.4%	3.2%	3.6%
Underemployment Rate	11.5%	11.5	11.5%
HUD Rec for housing costs for average median household income (county average monthly rent)	\$1,292.03 (\$992)	\$1,234.78 (\$1,064)	\$1,229.90 (\$962)
High school graduation rate	87.8%	87.7%	88.9%
Number of Households	503,154	457,736	343,467
% of Households in ALICE ¹⁰	42%	43%	37%
% of Homeowners paying 30% or more of income on housing	25%	27%	26%
% of renters paying 30% or more on housing	54%	57%	52%

Hillsborough County has an unemployment rate lower than Duval County and the wider state of Florida but has a higher percentage of people living in poverty compared to Duval or the state of Florida. Hillsborough County receives a larger amount of CSBG funding than Orange County, but a slightly lower amount compared to Duval. Hillsborough

⁹ U.S. Department of Health and Human Services. (November 2018). Administration for Children and Families. CSBG Fact Sheet. Retrieved from <https://www.acf.hhs.gov/ocs/resource/csb-g-fact-sheet>.

¹⁰ United Way of Florida. (2017). Asset Limited Income Constrained Employed: ALICE Report for Florida 2017 update. United Way. Retrieved from www.unitedwayalice.org/florida.

County has a large Hispanic community, with 28.6% of individuals living in the county identifying as Hispanic.¹¹

Hillsborough County is very similar to Duval and Orange County with regards to high school graduation rates and housing costs. Each county is also home to a major metropolitan area, with Tampa, Jacksonville, and Orlando being the city centers for Hillsborough, Duval, and Orange County respectively.

ALICE is an acronym for Asset, Limited, Income Constrained, Employed – households that earn more than the federal poverty line, but less than the basic cost of living for the country. This demographic of the population also represents people who may not qualify as being “in poverty” but are at the highest risk of falling into poverty in the case of an emergency. This threshold for a single adult would be approximately \$19,176 while for a two-adult family with one child and one preschooler would have an ALICE threshold of \$53,856. In the state of Florida, approximately 29.5% of households live below the ALICE threshold. In Hillsborough County, home to 40% of the 503,154 households live below the ALICE threshold. In Duval County, 37% of the 343,467 households live below the ALICE threshold. In Orange County, 43% of the 457,736 households live below ALICE threshold.

The three tables on the page illustrate the number of households in various municipalities and the percentage of those households either living below the federal poverty line or living below the ALICE threshold. Many of the areas that were focused on during this community needs assessment (Temple Terrace, University area, Ruskin/Wimauma, Plant City, Town ‘N Country, Tampa Heights, Progress Village) have ALICE percentages above 40%, and all of the areas of focus have ALICE percentages above the overall state percentage.¹²

Town	Total HH	% ALICE & Poverty
Atlantic Beach	5,477	24%
Baldwin	597	53%
Baldwin CCD	2,340	39%
Jacksonville	323,488	39%
Jacksonville Beach	10,303	27%
Jacksonville Beaches CCD	22,553	30%
Jacksonville East CCD	168,890	35%
Jacksonville North CCD	27,351	38%
Jacksonville West CCD	116,768	49%
Neptune Beach	2,948	22%

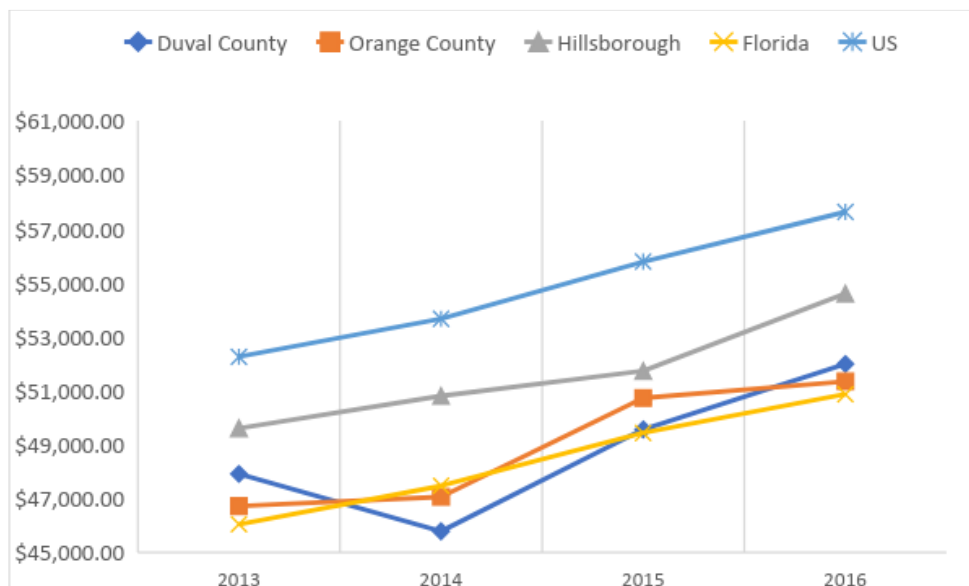
Town	Total HH	% ALICE & Poverty
Apollo Beach CDP	6,269	26%
Balm CDP	593	39%
Bloomington CDP	7,899	23%
Brandon CCD	63,831	36%
Brandon CDP	41,955	36%
Carrollwood CDP	13,926	33%
Cheval CDP	4,268	34%
Citrus Park CDP	9,177	36%
Dover CDP	971	61%
East Lake-Orient Park CDP	9,550	56%
Egypt Lake-Leto CDP	13,545	60%
Fish Hawk CDP	4,940	18%
Gibson CDP	5,286	49%
Keystone CDP	7,937	11%
Keystone-Citrus Park CCD	49,635	28%
Lake Magdalene CDP	11,798	43%
Lutz CDP	7,511	33%
Mango CDP	4,264	58%
Northdale CDP	8,400	29%
Palm River-Clair Mel CDP	7,676	56%
Palm River-Gibson CDP	16,022	50%
Pebble Creek CDP	2,760	22%
Plant City	12,774	48%
Plant City CCD	28,933	46%
Progress Village CDP	2,434	38%
Riverview CDP	27,869	27%
Ruskin CCD	26,993	38%
Ruskin CDP	6,383	46%
Seffner CDP	2,616	41%
Sun City Center CDP	11,910	39%
Tampa	144,582	48%
Tampa CCD	256,445	49%
Temple Terrace	9,815	41%
Thonotosassa CDP	4,802	49%
Town 'n' Country CDP	30,176	45%
University CDP (Hillsborough County)	17,057	76%
Valrico CDP	12,799	25%
Westchase CDP	8,685	20%
Wimauma CDP	1,791	66%
Wimauma-Riverview CCD	44,219	29%

Town	Total HH	% ALICE & Poverty
Alafaya CDP	28,286	34%
Apopka	15,688	39%
Apopka CCD	31,695	41%
Azalea Park CDP	4,545	62%
Bay Hill CDP	1,864	30%
Belle Isle	2,388	23%
Bithlo CDP	2,735	43%
Christmas CDP	859	51%
Clarcona CDP	1,158	65%
Conway CDP	5,457	33%
Doctor Phillips CDP	4,101	20%
East Orange CCD	13,119	33%
Eatonville	581	71%
Edgewood	1,037	30%
Fairview Shores CDP	4,207	54%
Gotha CDP	566	14%
Holden Heights CDP	1,405	58%
Horizon West CDP	6,485	20%
Hunters Creek CDP	7,784	32%
Lake Butler CDP	5,562	16%
Lake Mary Jane CDP	506	37%
Lockhart CDP	5,145	46%
Maitland	7,049	31%
Meadow Woods CDP	8,710	45%
Oak Ridge CDP	7,540	68%
Oakland	831	26%
Ocoee	12,964	35%
Orlando	111,100	50%
Orlando CCD	216,173	53%
Orlovista CDP	2,053	64%
Pine Castle CDP	3,630	65%
Pine Hills CDP	23,027	58%
Rio Pinar CDP	1,822	20%
Sky Lake CDP	1,916	59%
South Apopka CDP	1,586	60%
Southchase CDP	4,612	37%
Southwest Orange CCD	65,488	33%
Taft CDP	685	66%
Tangelo Park CDP	773	55%
Tangerine CDP	920	40%
Tildenville CDP	616	60%
Union Park CCD	75,352	43%
Union Park CDP	3,614	51%
University CDP (Orange County)	6,198	61%
Wedgefield CDP	2,525	34%
Williamsburg CDP	3,462	40%
Windermere	1,132	20%
Winter Garden	12,318	36%
Winter Garden-Ocoee CCD	32,492	45%
Winter Park	11,793	38%
Zellwood CDP	1,461	55%

Median Household Income

While Hillsborough County has consistently enjoyed a median income that is higher than other counties and the state of Florida, median income has remained consistently below national levels as shown in Figure 3. Growth in median household incomes within Hillsborough County has been comparable to growth in other areas of the state. (US Census, 2018)

Figure 3. Median Household Income 2013-16



Over the 4-year period shown in Figure 3, Hillsborough County's median household income while still below that of the United States is higher than that of Orange and Duval Counties and higher than the average for the state of Florida as a whole. The socioeconomic disparities and needs discussed in later chapters of this report, contribute to the narrative of cost of living factors such as housing and transportation coupled with the status of median household income presented here in Figure 3.

¹¹ United States Census Bureau. (2018) Fact Finder. Reported measures are based off of the National Census and most recent estimates. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

¹² United Way of Florida. (2017). Asset Limited Income Constrained Employed: ALICE Report for Florida 2017 update. United Way. Retrieved from www.unitedwayalice.org/florida.

Figure 4. Hillsborough County ALICE Household by Income, 2007 to 2015¹³



Figure 4 demonstrates findings from the 2017 update to the ALICE report. It shows that the percentage of families living in poverty and under the ALICE threshold has increased from 2007 - 2015 in parallel to the overall increase in the total number of households. The largest increase was seen from 2007 to 2010, with a 4% increase in the percentage of households living in poverty and a 5% increase in the percentage of families living under the ALICE threshold. These distributions have remained relatively constant from 2010 through 2015.

Despite having annual incomes over the federal poverty line, many residents still do not earn enough to cover basic living expenses. This correlates with the highest needs for services identified later in the qualitative and quantitative analysis chapters in this report. Table 3 above shows the cost of various costs of living, including housing, healthcare, and childcare, across Hillsborough, Duval and Orange County. This table is also broken down to demonstrate how these costs compare between a single adult household and family with two parents and two young children.

Health

15% of Hillsborough County Residents are uninsured. Based on most recent data available, as many as 566 people die from drug overdose every year in Hillsborough County, or 14 per 100,000 people.¹⁴ No individually identifiable health information was gathered in the course of this assessment. However, feedback in the qualitative and quantitative analysis chapters provides limited insights to the need for better access to behavioral health services. One of the county's primary federally qualified health centers (FQHC) was represented at all small group sessions and noted that healthcare services are made affordable and available to any residents. The lack of behavioral health services was apparent, as it was an issue of note in several of the small group sessions throughout the county and in the resident surveys. Detailed comparisons on this issue with Orange and Duval Counties were not explored as part of this assessment.

¹³ United Way of Florida. (2017). Asset Limited Income Constrained Employed: ALICE Report for Florida 2017 update. United Way. Retrieved from www.unitedwayalice.org/florida.

¹⁴ University of Wisconsin Population Health Institute (2018). County Health Rankings and Roadmaps: Florida. Retrieved from <http://www.countyhealthrankings.org/app/florida/2018/measure/factors/138/data>.

Table 3. County Comparison of Cost of Living Factors for 2015-2017

	Hillsborough		Duval		Orange	
Factors	Single Adult	Two Adults, One Infant, One Preschooler	Single Adult	Two Adults, One Infant, One Preschooler	Single Adult	Two Adults, One Infant, One Preschooler
Housing	\$610	\$959	\$628	\$931	\$707	\$997
Childcare	\$ -	\$1,013	\$-	\$960	\$ -	\$1,040
Food	\$165	\$547	\$165	\$547	\$165	\$547
Transportation	\$332	\$644	\$322	\$644	\$322	\$644
Healthcare	\$165	\$634	\$165	\$634	\$165	\$634
Miscellaneous	\$145	\$410	\$147	\$399	\$157	\$418
Taxes	\$187	\$300	\$191	\$276	\$212	\$320
Monthly Total	\$1,594	\$4,507	\$1,618	\$4,391	\$1,728	\$4,600
Annual Total	\$19,128	\$54,084	\$19,416	\$52,692	\$20,736	\$55,200
Poverty Annual Total	\$11,770	\$24,250	\$11,770	\$24,250	\$11,770	\$24,250

Homelessness

On any given night in Hillsborough County, there can be as many as 1,549 homeless people, or 11.3 per 10,000 people in the general population,¹⁵ which is lower than the national rate of 17.0 per 10,000 people and the state rate 15.6 per 10,000 people.

¹⁵ National Alliance to End Homelessness. Homelessness statistics for the State of Florida. Retrieved from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/florida>

Chapter 3

Community Statistical Profiles

In the course of beginning this assessment for Hillsborough County one of the unique changes incorporated from the prior community needs assessment was the use of an image driven methodology to capture the essence of the major themes that were being lived out in each of the underserved community areas included in this assessment. This chapter details the photovoice methodology applied in the data collection effort and precedes the summary community statistical profiles.

A priority for this assessment project was to ensure community participation. As such a community-based participatory research (CBPR) approach was applied in the effort. CBPR is an engaging and dynamic approach to solving complex problems in the community while developing a deeper understanding of the community through the process.¹⁶ This collaborative approach to research employs community action and social change to communities affected by poverty and health disparities that affect the overall well-being of community residents.¹⁷

Photovoice Methodology

Photovoice is one of several qualitative methods that engage the community by blending both narratives to tell a story with photography that allow researchers to explore community issues that are a matter of importance to both residents and stakeholders.¹⁸

This photovoice project was a component of the broader community needs assessment for Hillsborough County Social Services. The purpose of this component of the study was twofold: (1) to build an inclusive understanding of the role of place when exploring interventions for poverty reduction; and (2) to help facilitate the identification of environmental factors that may foster, inhibit or prevent the implementation and success of community interventions that aim to improve access to services and combat poverty. The design of the photovoice project was aimed to engage the community, strengthen community action, gain trust, and connect with residents and stakeholders. Spending time in each community provides insight to challenges, barriers, strengths and existing resources in the community.

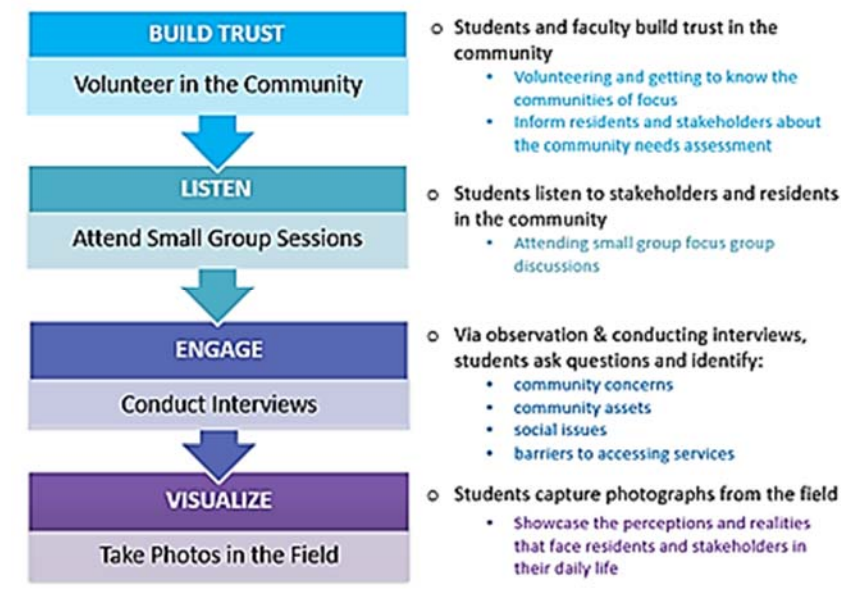
The photovoice project occurred over the course of a three-month time period across the eight communities included in this assessment: University Area, Temple Terrace, East Tampa, Plant City, Wimauma, Tampa Heights, and Town N County. The photovoice project focused on existing services and the general population within their respective communities, rather than on a specific sub-group. Twelve undergraduate students were selected from the USF College of Public Health to serve on the research team for the photovoice project. Teams utilized volunteer opportunities in the communities, small group sessions to gather information from participants through facilitated discussions, and one-on-one discussions with stakeholders and residents in each community to understand individual and community concerns and opportunities. Following this process, the participants presented the outcomes of their photovoice stories with leadership across Hillsborough County government to provide meaningful context of experiences from the respective communities that the research team engaged with specifically. The photovoice project was conducted in four distinct phases, occurring sequentially over the course of three months in the summer of 2018. Figure 5 illustrates and describes the process in the methodology.

¹⁶ Horowitz, C.R., Robinson, M. & Seifer, S. (2009). Community-based participatory research from the margin to the mainstream: Are researchers prepared? *Circulation*, 119: 2633–2642.

¹⁷ Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach to health research. *Education for Health*, 14(2):182-197, Doi: 10.1080/13576280110051055.

¹⁸ Wang, C., & Burris, M. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behaviour*, 24: 369–387, Doi:10.1177/109019819702400309.

Figure 5. Detailed Steps for Photovoice Methodology



Phase 1: Build Trust

Relationship building and trust were developed in the communities by engaging a team of students and faculty from the university through acts of volunteerism before each of the small group sessions. This provided an opportunity to speak with residents and engage with stakeholders to acquire additional knowledge from each of the communities while capturing images that helped to visually depict an issue of importance in the community. This allowed the research team to learn more about various organizations in the community and the impact poverty has on their residents.

Phase 2: Continuing to Listen

The researcher team partnered with key community stakeholders (i.e., decision-makers, social services, not-for-profit organizations, the general public, faith-based organizations, local health service providers) to form community-engaged small groups in each of these eight communities. Small group sessions were conducted at a central location in each community that was easily accessible and provided enough space for participants, social services employees, students and faculty to engage in facilitated discussions (i.e., local library, community center).

The small group sessions were further utilized to identify issues of interest collaboratively and to evaluate community-specific interventions already in existence, barriers to accessing services, and perceived needs within the community that could be captured through the photovoice project. This provided students with an opportunity to design targeted questions in the next phase of the process. This collaborative approach helped to inform students about essential community attributes, concerns in the geographic locations, and provided an opportunity to explore community perceptions of both the built and social environment.

Phase 3: Engage with Residents and Stakeholders

Following each small group session, the students leading the photovoice project sat with each of the stakeholders and residents that participated in the session for a one-on-one interview. Students first conducted the resident or stakeholder survey to gather additional information for the community needs assessment data collection process. Then they would initiate an informal interview to help understand the stakeholders' perceptions of the community by identifying community concerns, assets, social issues, and barriers to accessing services. Students were trained to take notes during these interviews to capture stories and points of interest that would help inform their photovoice narratives. Interviews revealed valuable information about the stakeholders' perspectives on the community in general before students began taking photographs in the field.

This information complemented the data already collected through the small group sessions. Interviews proved to be a valuable model for photovoice data collection, as this method allowed each of the stakeholders and/or residents to open up about their perceptions of the community. After the interview, students asked participants if there were any key locations that would be ideal to visit to capture images from the community that would be impactful.

Phase 4: Story Visualization

These photography missions aimed to take photos of places or things that either helped or hindered residents from overcoming poverty in the community. Students were then given four hours to go out in teams to take photographs around the community that were suggestions provided by community stakeholders to link with the information provided when conducting their interviews and the stakeholder survey. The participants took the time while they were in the community to then interview residents that were willing to speak with the teams. Participants took a range of 15 – 20 photographs accompanied by narratives for each community. Following the volunteer activities, small group sessions, interviews, and photography missions, a summary was then written to accompany each photograph. Examples of participants' photo stories are provided in Appendix A.

In addition to the personal learning opportunity afforded to the students through the project, their photos and narratives contribute to local decision-making and community change aimed to combat poverty. In many circumstances, the photos and narratives provided perceptions from the community and how they perceive the environments in which they live that either pose a barrier or risk to residents, as well as those that serve as a positive impact or opportunity. This process provides a stakeholder, resident and outsider perceptions of both the built and social environments.

Employing the use of photovoice to capture both community knowledge and information gained from participation in the small group sessions and conducting one-on-one interviews provided a framework for understanding the communities that were engaged in Hillsborough County. This allows those who are unfamiliar with the communities to identify more effective and comprehensive strategies designed to address complex problems and social issues in a way that is also meaningful for the community involved. This approach draws attention to important community issues that may be difficult to gather from surveys and small group sessions alone. These visual stories are aimed to influence decisions and policies at the community level.

Chapter 4

Qualitative Data- Small Group Sessions

In conducting the Hillsborough County Community Needs Assessment, a qualitative data collection and analysis process contributed to the validation of the needs and priorities Hillsborough County communities. The importance of these sessions (traditionally known as small groups but titled “small group sessions” for the purpose of this assessment) was to capture the views and experiences of a group of residents and stakeholders from each community in a shared interactive dialogue on a common set of questions.¹⁹ This chapter provides an overview of the methods used, sampling for participant engagement, and an analysis of the data collected from the eight small groups.

Methods

A total of eight small groups were conducted throughout Hillsborough County over the course of this needs assessment. They began on May 25th, 2018 and ended on July 30th, 2018. They took place in the following communities in chronological order of the small groups: Tampa Heights, Temple Terrace, University Area, Town N’ Country, Ruskin, East Tampa, Plant City, and Progress Village. The small groups were conducted at Community Resource Centers run by Social Services with the exception of Progress Village, where it was held at a local church.

Sample Selection

To secure a sufficient number of participants in the eight small groups, a snowball sampling approach was utilized where an invitation to participate was sent to a sample of community stakeholders working within Hillsborough County in each of the eight communities. They registered to attend through a social media tool called Eventbrite, though not all who RSVP’d actually attended. Upon arriving at the small group site, stakeholders were not asked to sign in using their names or places of work so that they felt comfortable in sharing honest opinions about the needs of their community and to safeguard anonymity and confidentiality of participants. Each participant signed an informed consent for participating in the small group and were explicitly told that they could stop participating at any point without consequence for any reason.

All small groups were led by the principal and co-principal investigator except for one small group session where the co-investigator led the small group with one graduate student from USF. The duration of each small group session was approximately two hours. At the end of the session, each participant was asked to fill out a copy of the stakeholder survey if they hadn’t already. Mind maps were drawn for each of the questions, and every small group was transcribed by a court reporter. The mind maps were turned into digital images that can be found in Appendix A of this document. Below is a list of questions that were asked at each of the eight small groups.

1. What conditions are causing and/or contributing to poverty in your community, or the community you serve?
2. What are the most important overall needs facing people in your community, or the community you serve?
3. Are you aware of any efforts being discussed or implemented to address these needs?
4. Do you think the needs being addressed and/or those being planned to addressed will make a positive difference?
5. What are the most significant programs related to and/or addressing healthcare needs in your community, or the community you serve?
6. What programs, strategies and initiatives have been successful in reducing poverty in your community, or the community you serve?
7. What are some barriers for residents in accessing service?

¹⁹ Kitzinger, J. (1994). The methodology of small groups: the importance of interaction between research participants. *Sociology of health & illness*, 16(1), 103-121.

Results

Question 1. Conditions Causing and / or Contributing to Poverty in Your Community

The first questions asked participants to identify the drivers of poverty in their community. The top three factors that were considered to cause or contribute to poverty in the participants' communities were Transportation (8/8), Education (6/8), and Affordable Housing (5/8). Other factors mentioned include in descending order of how many times they appeared in the sessions: mental health (4/8), health/healthcare (4/8), drugs (addiction/use) (4/8), incarceration/reintegration (3/8), child care (affordability and availability) (3/8), generational poverty (3/8), job options (3/8), food insecurity (2/8), lack of knowledge of resources (2/8), lack of job skills and training (2/8), and elder care (2/8).

Questions 2 and 7. Most important overall needs facing people in your community, and barriers to accessing services.

The next question inquired about the needs in the community the participants lived in. The answers were similar to the conversation held around the first question about the drivers of poverty. However, it did illicit more specific responses than in Question one. Like before, almost all small groups listed transportation as a need (7/8). Specifically, the need for expanded bus services and increased frequency of buses were mentioned several times at multiple small groups.

Table 4. Needs in the Communities

Needs	Tampa Heights	Temple Terrace	Plant City	Ruskin	University Area	East Tampa	Progress Village	Town N Country	Frequency of Needs Noted
Transportation	X	X	X	X		X	X	X	7
Affordable + Safe Housing	X	X	X		X	X	X		6
Access To Healthy Foods	X				X	X	X	X	5
Mentorship To Help Children Succeed	X	X					X	X	4
Early Childhood Education	X			X		X			3
Homeless Services		X			X			X	3
Drug Addiction Services			X		X		X		3
Livable Wages/Job Opportunities				X			X	X	3
Childcare	X				X				2
To Feel Safe		X			X				2
Knowledge Of Resources		X					X		2
Dentist In Area				X	X				2
Mental Health Services				X				X	2
Walkable Communities/Active Transportation				X		X			2
Jobs/Programs For Teenagers (E.G Focus On Trade Schools)			X			X			2

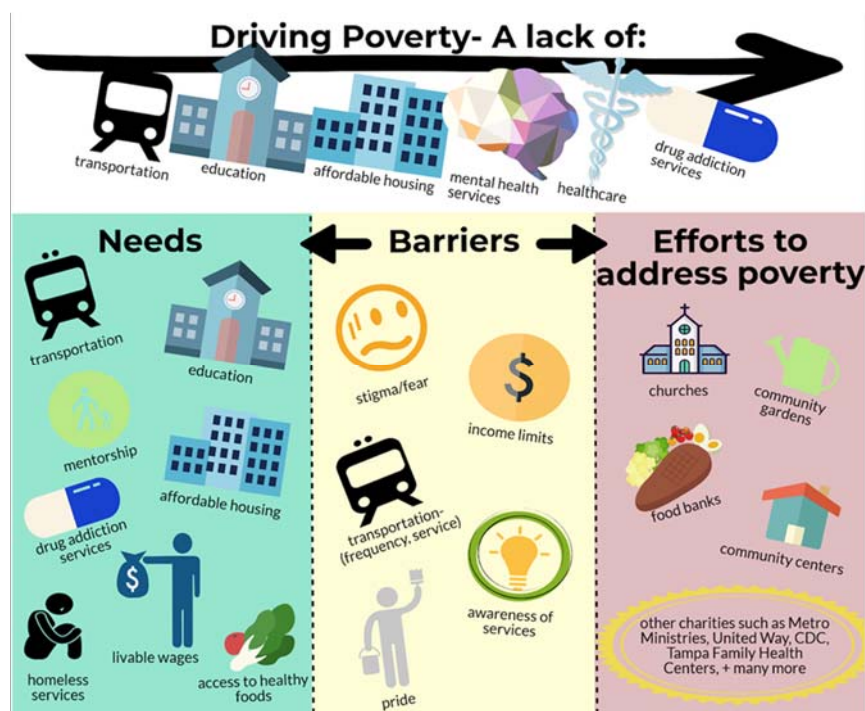
In addition, the need for more infrastructure to facilitate active transportation was identified as a need. Active transportation refers to the transport of people through physical activity alone- such as biking and walking. Other needs identified were affordable and safe housing (6/8), access to healthy foods (5/8), and the need for early childhood education (3/8). Many also identified the need for drug addiction services (3/8), citing the lack of availability and long wait lists for the services that were affordable. Along the underlying theme from each group about the need for more financial resources, 3/8 small groups explicitly mentioned the need for a livable wage as well as more job opportunities that could offer a livable wage in Hillsborough County. The next most listed need from the eight communities was the need for more homeless services. The conversations centered around eligibility requirements of emergency shelters for certain homeless populations and the need for more transitional housing for those experiencing homelessness. There were 24 other needs identified by asking Question Two. They will be listed below along with their frequency in each small group in Table 4.

The first two questions helped discover the drivers of poverty as well as the needs in each community as told by the small group participants. Question #7 asked participants to list the barriers community members face when trying to access services to combat needs and drivers of poverty. There were six barriers that were the most persistent throughout the small group discussions and listed by order of frequency: Awareness of services (7/8), lack of transportation (6/8), stigma (5/8), fear (4/8), pride (4/8), and income limits (4/8). The 26 other barriers are listed below in Table 5.

Questions 3-6. Knowledge of Efforts and Programs to Address Needs

Questions 3-6 were asked to elicit responses centered around the efforts and programs that are being implemented that address the social service needs and healthcare needs of the community. Over 150 programs and organizations were mentioned throughout the eight small groups. These included churches, community centers, community gardens, food banks, Tampa Family Health Centers, drug rehabilitation facilities, and many other charities and non-profit organizations. With so many organizations listed, most small group participants still made sure to mention that while there are many programs being implemented to address needs, those overarching drivers of poverty (lack of transportation, lack of affordable housing, lack of education, mental health needs, lack of health care, drug addictions) still override many of these efforts as illustrated in Figure 6.

Figure 6. Barriers to Bridging Community Needs to Poverty Reducing Interventions



Analysis

Drivers of Poverty

(Q1) Relating back to the first question asked in the small groups, what exactly is a driver of poverty? According to the Governance and Social Development Resource Center (GSDRC), drivers of poverty revolve around a *lack* of resources: a lack of economic growth, opportunities, jobs, equality, and respect for human rights.²⁰ The lack of these features of a resilient community can create poverty that transcends generations. Poor governance will sustain this poverty.²¹ The three top causes listed in the small groups overall were Transportation (8/8), Education (6/8), and Affordable Housing (5/8). These all relate to a lack of resources, a lack of being able to get from one place to another, a lack of being able to attain required skills and knowledge, and the lack of living in a home a family can afford.

There were some drivers that were only mentioned in one community. Crime was discussed in Tampa Heights, unemployment in Temple Terrace, legal status and language barrier in Plant City, transient community in University Area, and perceived government exclusion in East Tampa. One goal of the small groups was to ensure the unique voice of each community shine through the same seven questions that were asked. For example, in Plant City, 30.3% of the population is Hispanic (U.S Census, 2017), therefore the unique answers of poverty drivers of legal status and language barrier are justified due to the demographic makeup of the community.

Other needs of the community were brought up in the remaining discussions around the last six questions. It is also important to note that small groups can be nerve-racking for participants. It may take some time for them to warm up and feel like they can trust the persons leading the small group before they speak up. Therefore, some needs might have been identified later on in the discussions depending on the participants' comfort levels.

Table 5. Barriers to Services

Barriers to Services	Tampa Heights	Temple Terrace	Plant City	Ruskin	University Area	East Tampa	Progress Village	Town N Country	Frequency of Barriers Noted
Awareness of services	X		X	X	X	X	X	X	7
Transportation	X		X	X	X	X	X		6
Stigma		X	X	X		X		X	5
Fear (e.g. documentation status)			X	X	X			X	4
Pride		X		X	X			X	4
Income limits			X		X	X		X	4
Lack of trust in government			X			X	X		3
Criminal charges	X					X			2
Computer literacy					X	X			2
Government application processes				X	X				2
Lack of mental health services			X					X	2
Lack of money in general						X		X	2
Lack of economic development		X					X		2

²⁰ GSDRC. (2016). Poverty and inequality. Retrieved from [https://gsdrc.org/wp-content/uploads/2016/06/Poverty InequalityTG.pdf](https://gsdrc.org/wp-content/uploads/2016/06/Poverty%20InequalityTG.pdf)

²¹ Handley, G., Higgins, K., & Sharma, B. (2009). Poverty and poverty reduction in Sub-Saharan Africa: An overview of key issues (Working Paper 299). London: ODI

Affordable Housing

Affordable housing was discussed in over 28 separate moments throughout the small group process. It was categorized by participants as a need of their communities as well as a driver of poverty. HUD defines affordable housing as, “In general, housing for which the occupant(s) is/are paying no more than 30 percent of his or her income for gross housing costs, including utilities.”²² The median household income in Hillsborough County is \$4,306.75, which means HUD’s recommended highest rental price per month would be \$1,292.03. There seems to be many places where you can rent or have a mortgage for that amount. However, if you look at those living in poverty, the story changes. The income for a one-person household at 100% of the federal poverty line is \$1,011.67. This would mean that the highest rental price for a person at this poverty level would be \$303.50/month. For a 4-person household at 100% poverty making \$2,091.67 each month, they should not be paying over \$627.50 for rent. The amount of “affordable housing” stock sharply decreases when you consider incomes for those who live at or around the poverty level.

Many issues in community members acquiring affordable housing were revealed throughout the small groups. Many participants mentioned how difficult it was for seniors to live in affordable housing. One participant stated that,

“...elderly come to our mission which we talk to, they're making 650 bucks a month, but the rent is \$800, plus electricity. So they have to compensate by either having other relatives come in to help them or have roommates to help them just to get through.”

The houses this participant mentioned were mobile homes. Another issue related to the many other costs that comes with moving that inhibits their communities from having homes. They talked about a mother of two they are currently working with where the mother and children “...lives in her car. If she had a home she can afford to pay her rent. She cannot afford the deposits and everything.” In addition, the waiting list prevents many from acquiring affordable housing, because the “...waitlist for Section 8 and affordable housing can be for years.” The impression of many is that the stock of affordable housing has decreased over the years, and where “...we used to have affordable housing or housing that poor people could live in, it's not [there isn't any], there being displaced by investors.”

These narratives all address the issue and driver of poverty of affordable housing. The right to shelter is a basic human right. It is a requirement on Maslow’s hierarchy of needs before one can continue to self-actualization.²³ One participant described affordable housing as part of the essential infrastructure that drives poverty.

“If there is more affordable housing, better transportation options, then the programs would look very different, but without the infrastructure- adequate infrastructure of affordable housing, adequate transportation, and maybe adequate jobs- then I think the whole system around addressing poverty is more crisis driven, more of a self-serve.”

Without the government and other programs effectively addressing the affordable housing crisis, organizations like Social Services are left to address the crises that come from not having affordable housing. Addressing these are crucial, but they also do not address the root problem that many people in Hillsborough County cannot find housing that they can afford.

Transportation

Another essential infrastructure element that can facilitate or eliminate poverty is access to transportation. While Social Services does not deal directly with transportation, transportation affects the every-day life activities of their clients. Aspects of transportation were mentioned over 58 times throughout the duration of the small groups in the eight communities. Transportation is a hot button issue in Hillsborough County. We rank 29th out of 30 of the biggest metro areas in the United States for transportation.²⁴ This statistic was validated through the conversations that transpired

²² Yglesias, M. (May 11, 2015). Everything you need to know about the affordable housing debate. *Vox*. Retrieved online at <https://www.vox.com/2014/4/10/18076868/affordable-housing-explained>

²³ Fisher, E. A. (2009). Motivation and leadership in social work management: A review of theories and related studies. *Administration in Social Work*, 33(4), 347-367.

²⁴ Johnston C and Zhang E. (February 16, 2017). Tampa Bay has one of the worst public transit systems in America. Here’s why.

during these small groups. There are many aspects of transportation that the discussions centered around. Transportation is a key player that helps lift someone out of poverty. Transportation is how we get to the doctor, to our jobs, and to our friends and families. When transportation does not meet the needs of the people it sets out to serve, a cascading set of effects takes place. When asked, “What are some of the barriers for residents in accessing services,” many responses were immediate. For example, the response to this question from one community was:

“PANEL MEMBER 1: Transportation.

PANEL MEMBER 2: Transportation.

PANEL MEMBER 3: Mind went there first.”

One discussion centered around how important having public transportation in the Florida heat is. While a service needed may only be a five to ten-minute walk, heat stress and stroke are serious and need to be taken into consideration. As one community member pointed out:

“Transportation is a big piece... because... there's an HCC campus, but for somebody living five, ten miles down the road, nobody is walking in this weather. This is Florida, so it could be like this any time of year. So not only is it too far for a reasonable walk, also, it's not safe to walk. So I think in transportation, it's a lack of not just vehicular transportation, but also not enough good transportation systems for walkable communities out where we are.”

Like it was mentioned, it is hard to expect people to get jobs and go to college if their basic needs of transportation are not met. In addition to limiting where community members can live and work, the lack of transportation in a community can affect a person's health,

“Psychiatrists in this area, very difficult to find and get one in a timely way. In Tampa you might wait a bit, but here it's almost impossible. You have to go to Bradenton. You have to go out of the area. Anybody who doesn't have a car, again, that's the whole transportation issue.”

Public transportation is a bridge for community members from underserved neighborhoods to access to social and health services. It can foster connections and social mobility, but when it is deficient in a community, it becomes a barrier to receiving services and a contributing determinant of health and social disparities.²⁵ Ultimately, it can be a main driver of poverty, as each community in the small groups agreed that this seems to be the case in Hillsborough County. Increasing the frequency and the variety of transportation options would go a long way in addressing several barriers to accessing services. Not only does transportation affect how people can receive services they need, but it adds to this loosening of our societal fabric many in the small groups once felt:

“...over the 60 years we have cut up their communities and divided our neighborhood and taken away our social Fabric and provided the basis that you are all trying to fix now so transportation is a key that permeates all of those issues that if we get transportation right then we could go back and really affect all of the other things that we talked about...”

Community members offered recommendations such as increasing the frequency of when the buses do come, expanding services into actual neighborhoods, and addressing the physical barriers that exist due to Hillsborough County's road system, even though many “don't think of the interstate system [as] a giant wall divider.” Different modes of transportation were discussed and thought to all be part of solving the problem of the lack of accessible and effective transportation.

Tampa Bay Times. Retrieved online from <http://www.tampabay.com/projects/2017/data/public-transportation-worst/>

²⁵ Woolf, S. H., & Braveman, P. (2011). Where health disparities begin: the role of social and economic determinants—and why current policies may make matters worse. *Health Affairs*, 30(10), 1852-1859; Gilderbloom, J. I., & Rosentraub, M. S. (1990). Creating the accessible city: Proposals for providing housing and transportation for low income, elderly and disabled people. *American Journal of Economics and Sociology*, 49(3), 271-282.

“And it's all modes of transportation, so, you know, we're not just talking about having a car and using the road. There are a tremendous number of bicyclists in East Tampa, and some of it is out of necessity because they can't afford a car. It's not like other areas of the city where, you know, they're biking for recreation and pleasure. Here they're biking because they have to, and the roads here are no conducive to riding a bike.”

Overall, the lack of transportation affects the most poor and vulnerable in a community. For example, one member mentioned that, “A lot of disabled folks can't get to the doctors because, you know, they stopped that [bus stops on 143rd and 142nd] busing.”

These quotes reveal salient issues that not only affect how people travel to and fro, but how they are able to care for themselves and their family. And again, while Social Services is not in charge of public transportation, many of the services they or stakeholders do provide, rely upon how effectively people can get to service locations and return home.

Barriers to Accessing Services

There were six barriers that were the most persistent throughout the small group discussions: *awareness of services, lack of transportation, stigma, fear, pride, and income limits*. These were the main things stakeholders thought that prevented people in their respective communities from accessing and receiving services. *Awareness of services* was mentioned in seven out of the eight communities. This refers both to the awareness of services from community members in general, but also the awareness of services among the stakeholders who work in providing needed services. The sentiment of one stakeholder rang true through each of the seven groups, “I haven't heard of half of the resources that have been mentioned here today, and I work with this industry.” Maybe it is possible that all of the services people need exist, but a theme that emerged from this assessment was that communication breakdowns amongst residents and with stakeholders are leading to breakdowns in the continuum of care resulting in some resident's unawareness of services.

Stigma and fear were another barrier to accessing services. The discussions centered around fear among those who are experiencing homelessness or those who are undocumented. A significant amount of fear exists among people right now as one participant noted because of “...political situations, so a lot of people are afraid to go for social services because they feel like it may impact [their status in this country].”

Some families (e.g., undocumented) are frightened of the authorities and this leads to a lack of trust and makes it very difficult for people to “reach out” to receive services they or their family members need. Some stakeholders mentioned that due to this, it is incredibly important for services to not require I.Ds where possible, and to communicate that identification is not required to access the service. Trust is a crucial element in underserved neighborhoods as it is the foundation of formal and informal networks between residents-residents, residents-private organizations and residents-government agencies.²⁶ It is a connective factor that can strengthen or weaken efforts to provide services or meet social determinant challenges in urban and rural communities in Hillsborough County.

Another barrier to accessing services was *pride*. Pride in this context refers to not having pride in one's self or in one's community. Participants of small group sessions discussed that many people do not reach out for help because they feel asking for help is damaging to their pride. They also felt having pride in one's community makes a person more likely to get more involved and utilize nearby resources.

“I think when you can do that, then everybody starts having pride in their location and it starts taking care of their part of it, and so it's not run down. It really begins to give that feel of being on a neighborhood block.”

²⁶ Bohn, J. (2016). Leveling the playing field through partnerships and collaboration: neighborhood revitalizations and the influence of social determinants of health and institutional logics. Doctoral dissertation. University of Louisville. Louisville, KY. Retrieved online at <https://ir.library.louisville.edu/etd/2384/>

Income limits were another extensive topic of discussion throughout the eight small group sessions. Many participants felt that disincentives exist for people to try to make more money at a job--indicating that if they earn slightly more money, they will become ineligible for crucial services provided at lower income levels. One example by a small group participant is explained below.

“So if I’m making \$10 an hour but I’m getting \$30,000 in benefits and my employer wants to give me an increase and it’s only a \$2 increase, my \$2 increase is not going to equate to \$30,000 of affordable housing, day care and all of those things. So ‘No. I’m good where I’m at.’”

The term ‘working poor’ arose often when discussing income limits. This refers to the idea that by working a job that does not pay well, a person is punished for trying to better their environment and the livelihoods they have. Even children of working poor are not exempt. One participant describes this as:

“Everybody is \$5 over the cap. I work primarily with youth, and they're punished because their parents are working poor, and that's sad. But if their parents were not working, then they would be eligible.”

Conclusions

Throughout the process of the small group sessions, it was evident how much the participants cared about their respective communities. There was strong consensus on what aspects of a community create barriers to needs for residents in Hillsborough County. One quote sums up much of the feelings felt beyond the transcripts of the small group sessions made by one participant early on in the small groups session,

“It's frustrating in this field, too, because to wake up every day and try to break barriers and integrate other services, but you're really busy just with band-aids.”

The purpose of these small group sessions was to bring stakeholders together to identify ways Social Services can work to bridge that gap. To provide meaningful assistance instead of band-aids to the problems. The following chapter will analyze the results of the surveys that residents and stakeholders completed, and discuss further the needs and barriers that were revealed throughout the small group sessions.

Chapter 5

Quantitative Data Analysis Results

In addition to the qualitative data collection and analysis, a quantitative data collection and analysis process was engaged through two surveys that captured quantifiable input from the community on their needs, needs that are being met, and data to support setting priorities for future actions to help the residents served by Hillsborough County Social Services in the future. This chapter provides an overview of the methods used, sampling for participant engagement in the surveys and an overview of the results from stakeholder and resident surveys alike.

Methods

Two surveys were distributed over the course of this Community Needs Assessment. The first survey was resident focused and addressed resident demographics and aimed to gauge the social services needs of people living in Hillsborough County. The second survey was stakeholder focused and evaluated the types of service providers in the area and what the community social service needs were from their perspective. Both surveys were distributed through paper and electronic formats. Most questions included a “None of the above” response, which was not including in data reporting. Questions that included an “Other - Please specify” option were only included in the analysis if the inserted text provided significant information.

Sample Selection

Resident surveys were primarily collected through community events and stakeholder surveys were primarily collected through emails sent directly to contacts within stakeholder organizations. Additional surveys were collected through paper formats following participation in small group sessions. Surveys that were collected during community events or small groups had the benefit of having research team members and affiliated staff to assist participants and answer any questions regarding the nature and content of the survey.

Surveys were collected starting April 5th, 2018 and continued until August 8th, 2018. Resident surveys were provided in English and Spanish while stakeholder surveys were only provided in English. Surveys were created and distributed through Qualtrics, a web-based survey and analytics software. Data screening, wrangling and visualization were primarily done within Qualtrics or Microsoft Excel. A total of 625 English resident surveys, 169 Spanish resident surveys (794 total resident surveys), and 111 Stakeholder surveys were collected. Skip logic was programmed into the survey which ensured that only questions relevant to survey participants would be asked. As such, totals for certain questions may be less than the 794 total participant level.

Respondents had to be residents of Hillsborough County to complete the survey. Any non-Hillsborough county residents completing the survey were not included in analysis.

Demographics

Participants were more likely to be female (68% of English respondents, 60% of Spanish) than male (26% English, 20% Spanish). Most English respondents were between 25 and 44 years of age (38.10%), followed by 45 – 64 (34.94%), 65+ (20.13%) and 18 – 24 (6.32%). Most Spanish respondents were between 45 and 64 years of age (35.80%), followed by 25 – 44 (35.19%), 65+ (26.54%), and 18 – 24 (2.47%). Most respondents had at least a High School Diploma or GED (24.63% of English, 20.37% of Spanish) and a smaller proportion had some college experience, but no degree (21.46% of English, 10.49% of Spanish). The majority of English respondents identified as “Black or African American” (39.43%) while the majority of Spanish respondents identified as “White” (45.68%). 23.96% of English survey respondents and 87.04% of Spanish respondents identified themselves as being “Hispanic”. Approximately one third of respondents stated that they lived with their spouse or partner (31.33% of English, 34.27% of Spanish), and almost half live with children (47.12% of English, 46.48% of Spanish).

A small, but significant proportion of both populations live with elderly parents (9.15% of English, 7.51% of Spanish) or Siblings (6.39% of English, 7.51% of Spanish). The majority of respondents have lived in their current neighborhood or community for 3 years or less (39.53% for English, 52.76% for Spanish), followed by those who have been residents for over 10 years (34.88% for English, 19.02% for Spanish), 4 – 6 years (17.94% for English, 15.34 for Spanish), and finally 7 – 10 years (7.64 for English, 12.88% for Spanish).

Figure 7. Highest Level of Education

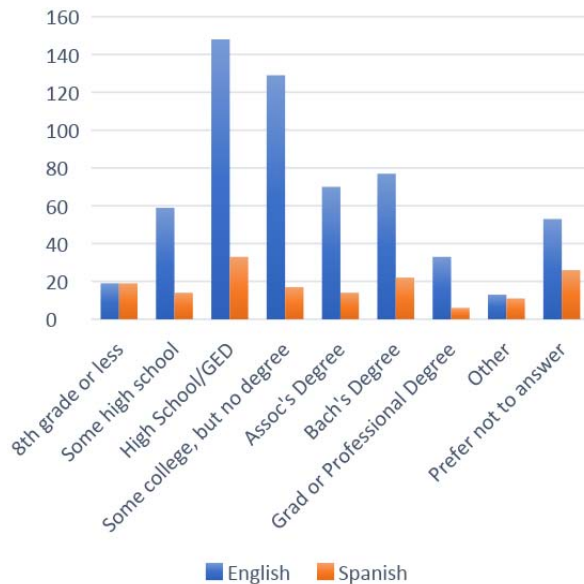
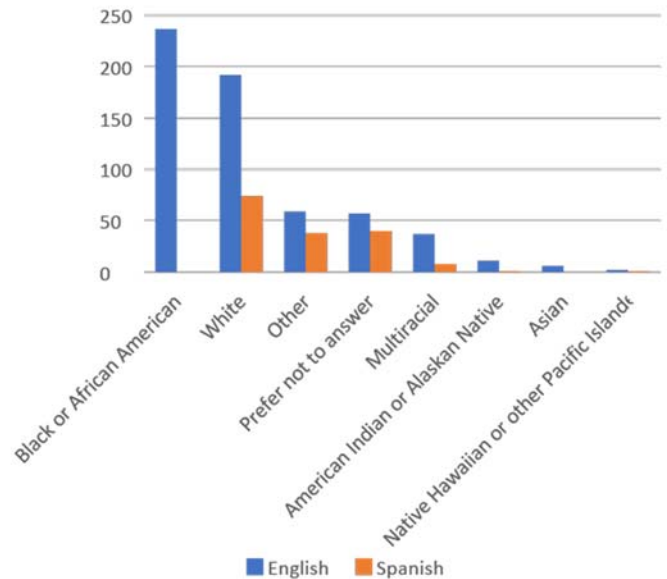


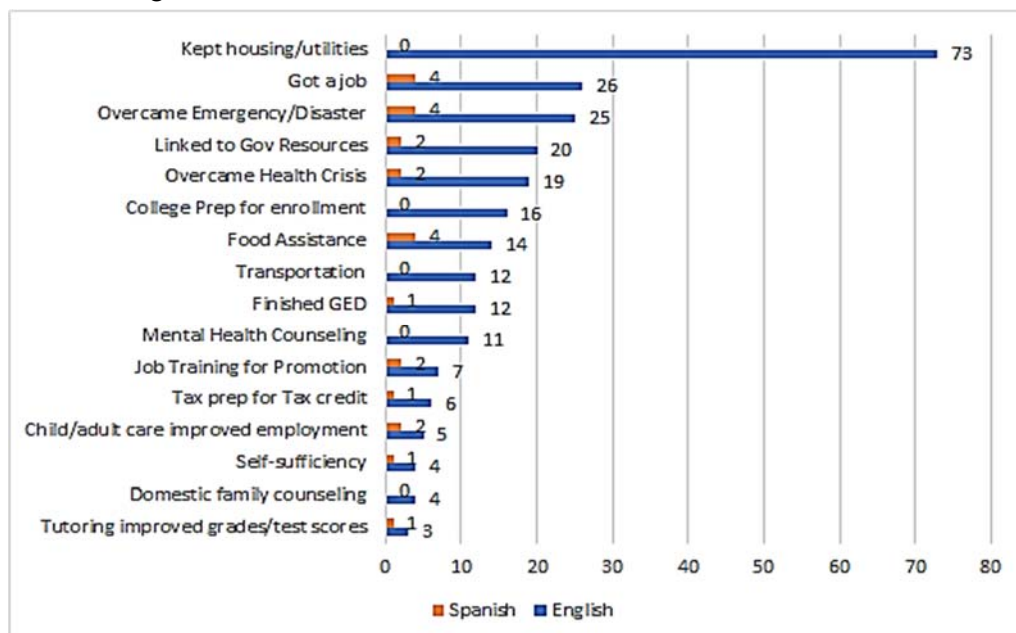
Figure 8. Survey Respondents Race



Assistance for Household

One of the central areas of interest for this community needs assessments was assistance for households, with a special focus on families in need. Two central questions aimed to address this question in the survey. On one question, participants were asked if they received any assistance in the last twelve months. Figure 9.

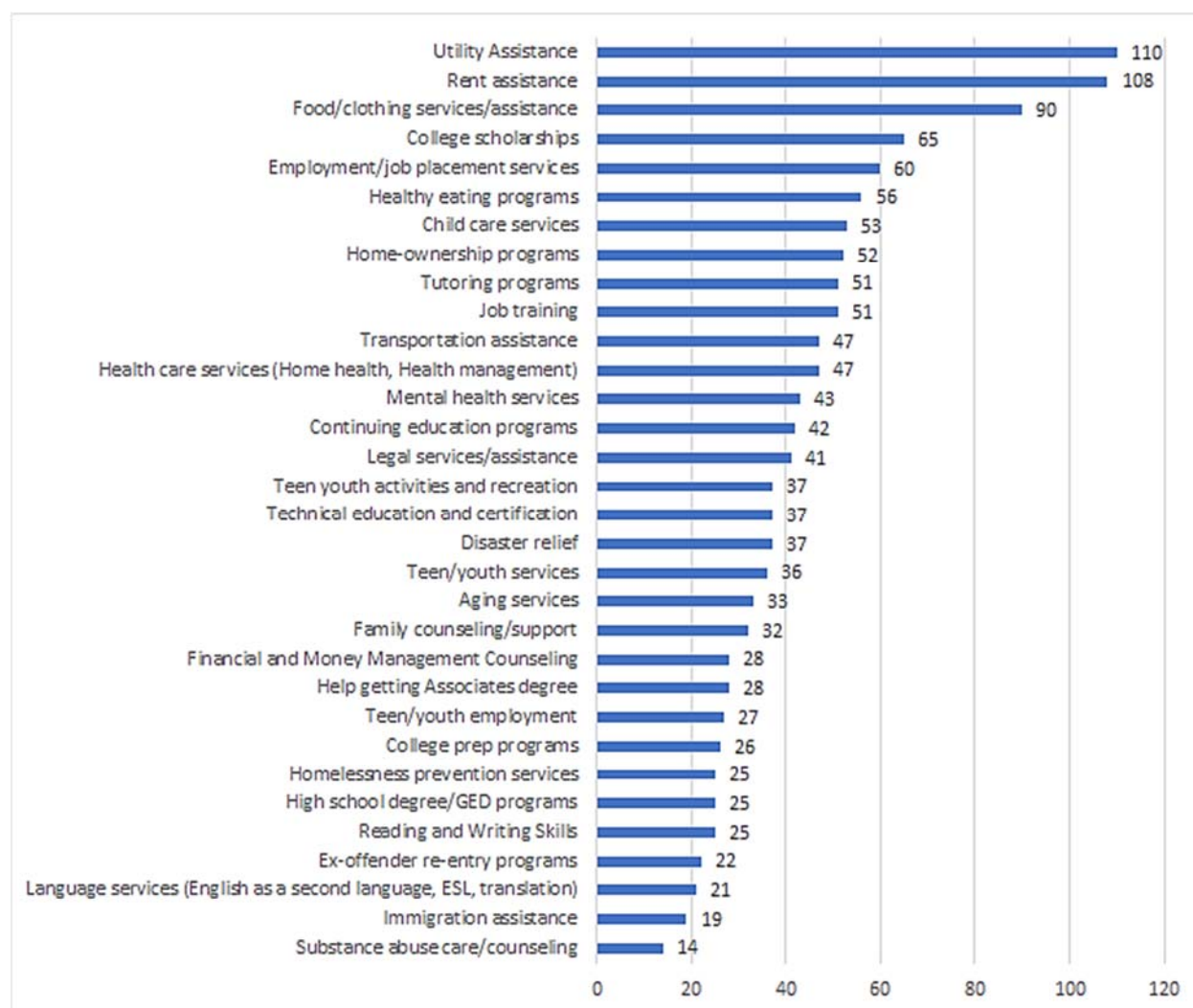
Figure 9. Greatest Amount of Assistance Received in Past 12 Months



Out of the 613 English respondents who answered this question, 262 (43%) answered “Yes”. Out of the 167 Spanish respondents who answered this question, 47 (28%) answered “Yes”. Respondents who answered “Yes” were then asked if the assistance helped their family in a number of ways. Participants were allowed to choose as many answered as applied to them. The primary benefit that respondents received was keeping their housing or their utilities (73 responses). Other major benefits families experienced included becoming employed (26), overcoming an emergency or disaster (25), being linked to government resources (20), and overcoming a health crisis (19). Respondents were asked later in the survey if there were any services that they needed within the past 12 months but were unavailable. The top five answers for this question were utility assistance, rent assistance, food/clothing assistance, college scholarships, and childcare services.

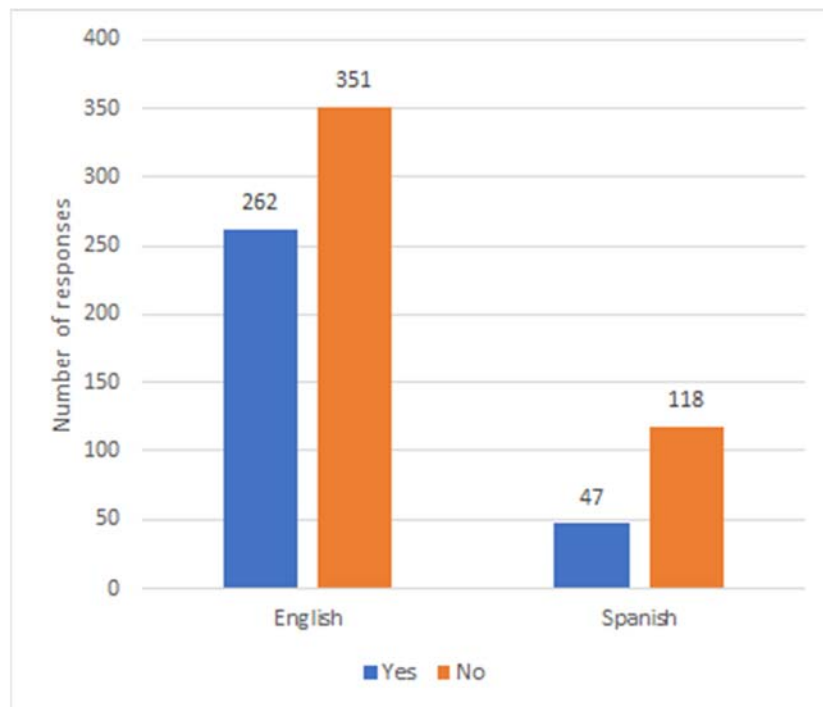
Next, Figure 10 shows the results of the question assessing what services were needed by residents but were unavailable.

Figure 10. Services Needed but Unavailable



Figures 9 and 10 point to the greatest amount of services provided but also the most needed services based on respondents from the survey. Figure 11 illustrates where the household assistance went based on English vs. Spanish characterization.

Figure 11. Households of Survey Respondents Receiving Assistance in Past 12 Months- English vs. Spanish



Housing

Housing and housing assistance is one of the greatest needs for residents responding to the community needs assessment for Hillsborough County. There is a shortage of affordable housing options in Hillsborough County especially for the population living below or near the federal poverty threshold (including the ALICE population). The 2018 Community Needs Assessment captured insights on housing status for both the English and Spanish speaking populations. Figures 12 and 13 show the responses from both populations in the resident survey signaling and reinforcing the evidence of a lack of affordable housing for this population.

Results summarized in Figure 12, highlight that the majority of English survey respondents stated that they rented either a house or apartment with the second largest category being those who own their home without government assistance. 8% of respondents stated that they stay with friends or family members, 5% rent with government assistance, and 2% own their home with government assistance. Approximately 2% of respondents were currently experiencing homelessness. Figure 13 shows that the disparity in being able to attain affordable housing is even greater for the Spanish-speaking residents that completed this survey.

Figure 12. Housing Status of English-Speaking Resident Survey Respondents

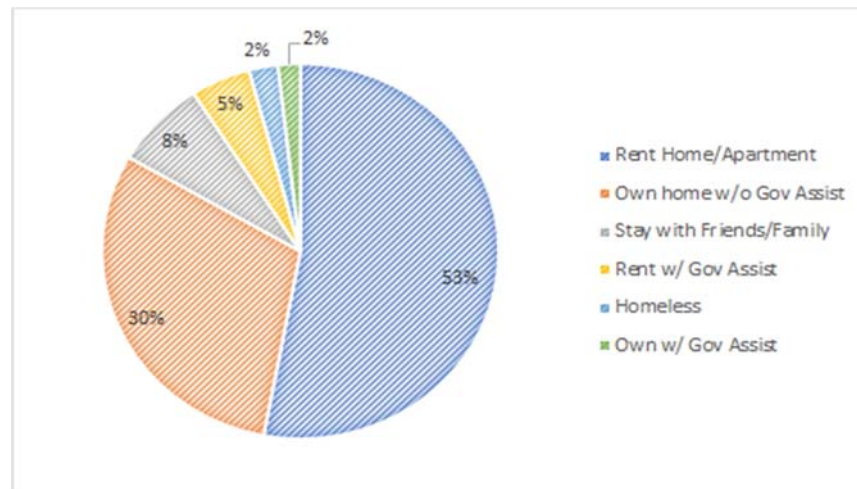
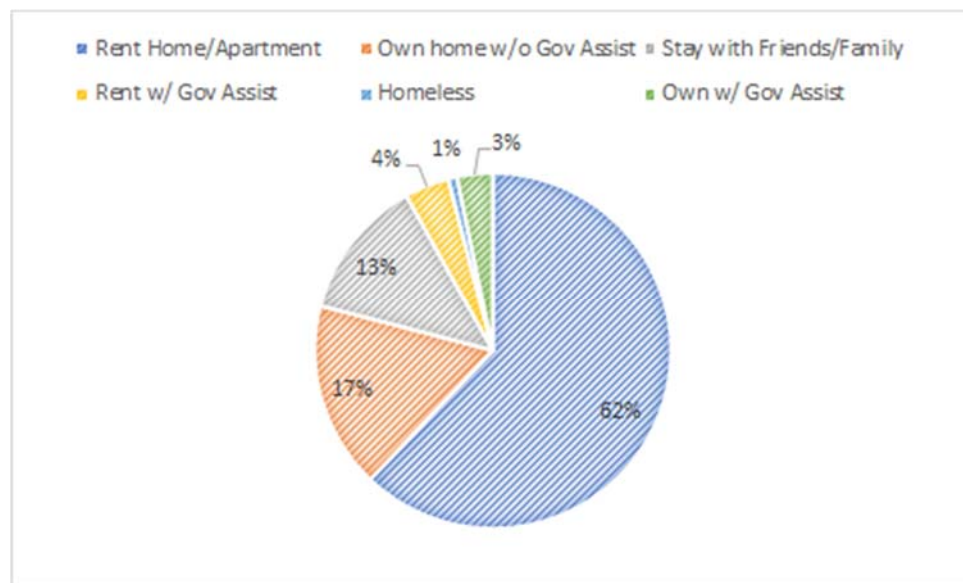
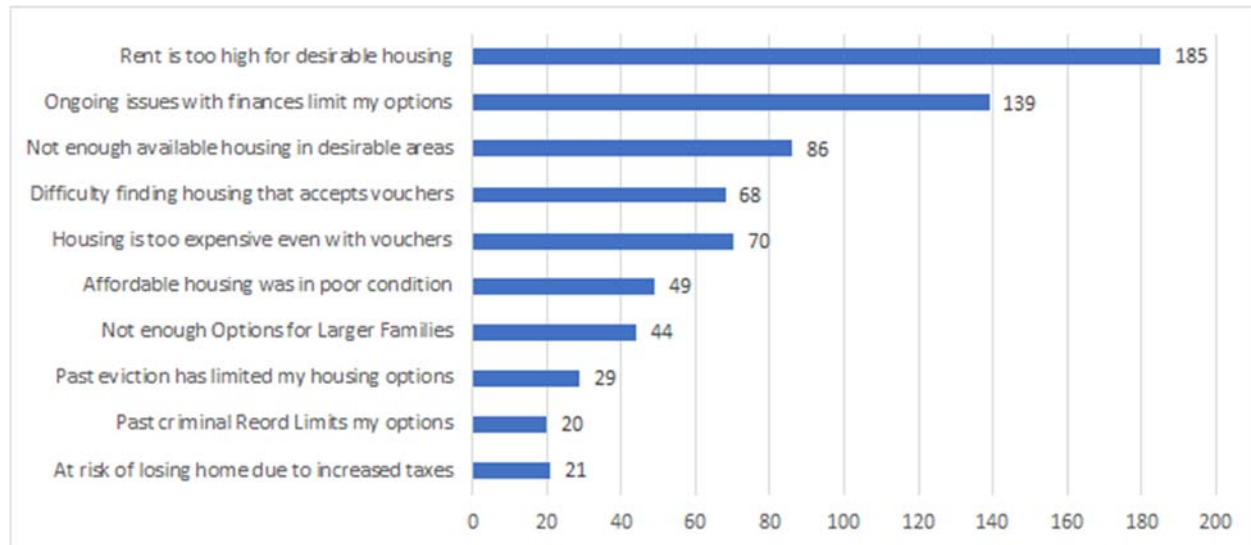


Figure 13. Housing Status of Spanish-Speaking Resident Survey Respondents



These distributions varied among those who took the survey in Spanish. 62% of Spanish respondents rented their home and only 17% owned their home without government assistance. 13% stated that they stayed with friends and families and 3% owned their home with government assistance. These figures offer evidence of the gap that exists in affordable housing between these two segments of the population separated by language. Next, residents were asked what factors were keeping them from attaining affordable housing. Figure 14 provides a summary of those responses for both English and Spanish speaking population segments.

Figure 14. Limiters for Attaining Affordable Housing



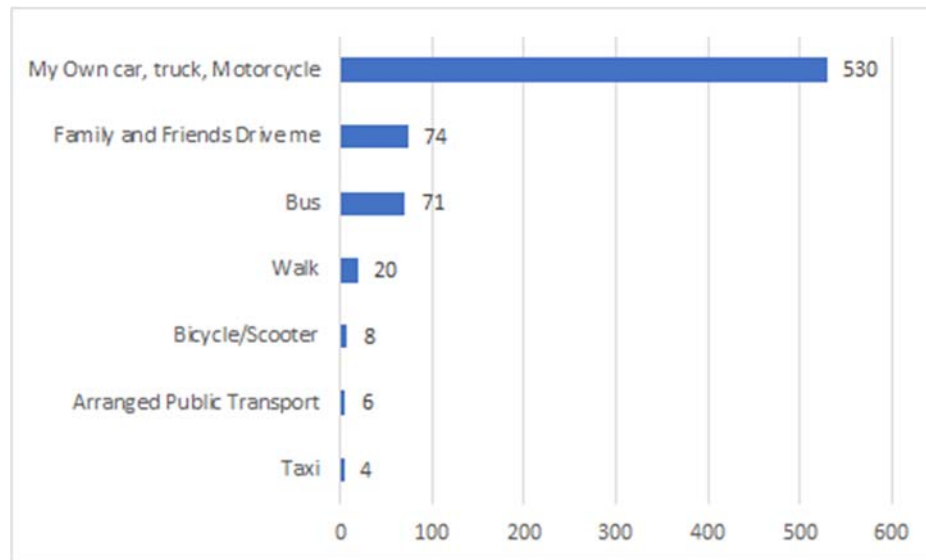
One of the most common elements that limited Hillsborough County residents' ability to find desirable housing was the high cost of rent, with 185 (150 English, 35 Spanish) respondents stating that they experienced this. 139 (117 English, 22 Spanish) respondents stated that they had ongoing financial issues that limited their housing options. Many other respondents reported that there was not enough housing available in desirable areas, that it was difficult to find housing that accepts vouchers, or that housing was too expensive even with vouchers. A higher proportion of Spanish respondents found cost of housing too high even with vouchers compared to English respondents.

Overall, these and other housing limiters have placed significant burdens on the residents of Hillsborough County. Increased property values throughout Hillsborough County over the last decade along with significant property development have reduced the inventory of available affordable residences for low-income residents throughout the county.

Transportation

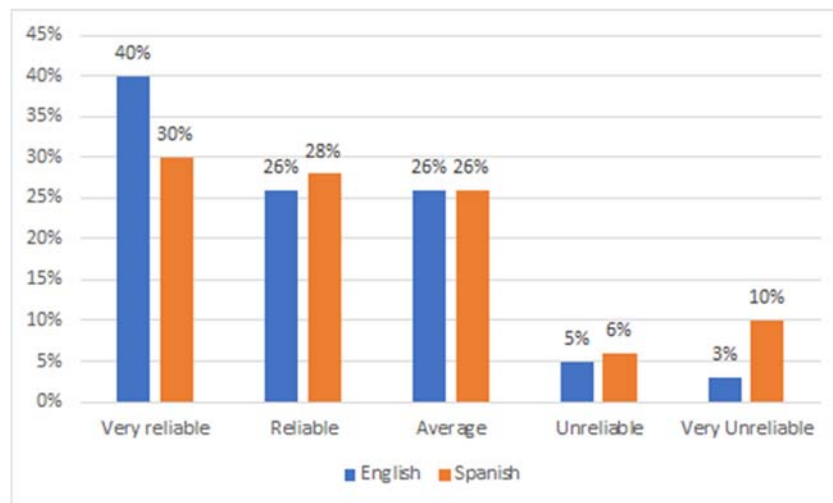
Transportation is a significant challenge for many residents at all income levels across Hillsborough County. For the low-income population in the county and those included in this community needs assessment, the lack of public transportation options, as discussed in the earlier chapters, impacts access to jobs, education, healthy food options, healthcare and mental health services. Given this background the results of the resident survey first identify the types of transportation used most often in Figure 15.

Figure 15. Transportation Most Often Used by Survey Respondents



The majority of respondents stated that their primary form of transportation was using their own car, truck, or motorcycle. The second most common mode of transportation was using the bus followed by having friends and family drive them. A higher proportion of Spanish speaking respondents had friends and family drive them compared to English respondents. Figure 16 addresses the reliability of the transportation used by the residents who responded in the survey.

Figure 16. Transportation Reliability by Survey Respondents



A higher proportion of Spanish respondents stated that their mode of transportation was either unreliable (6%) or very unreliable (10%) compared to English respondents (5% and 3% respectively). Among those who stated that the bus was their primary mode of transportation, approximately half stated that the bus was “average” with regards to reliability (47% of English and 54% of Spanish).

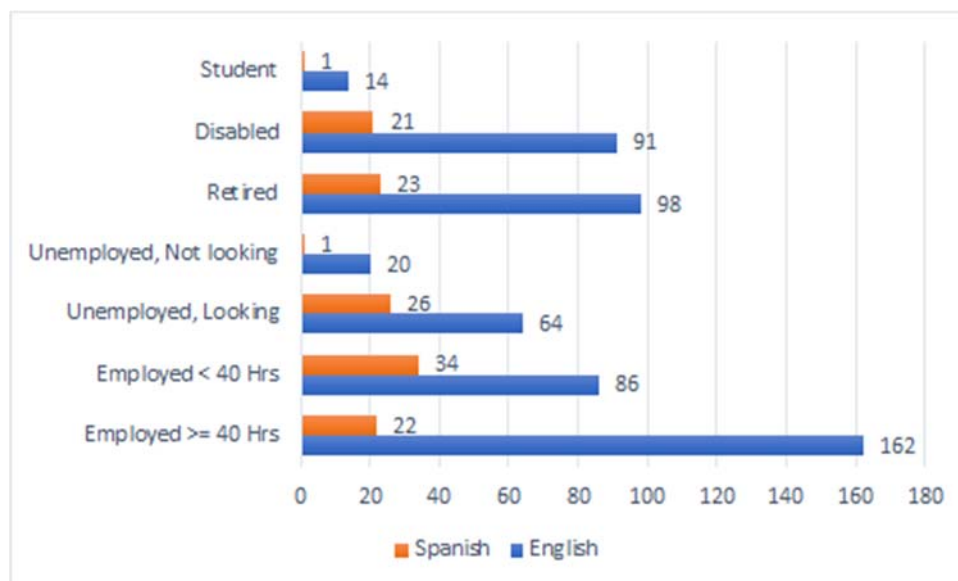
Transportation is a significant challenge for many people across all household income levels in this region. While this report does not comment on its details, a significant county referendum was passed in 2018 (Hillsborough County Referendum 2) that will allocate new resources to improving transit options and existing transportation systems over the coming years. Given the importance of transportation choices and the impact on the population serviced by

Hillsborough County Social Services it is an issue of note in the concluding recommendations to further assess its impact on this population in the county's next community needs assessment.

Employment

Employment and being able to maintain a job to afford basic costs of living is a critical issue for the population served by Hillsborough County Social Services. Understanding the demographic breakdown of this population, what their challenges and barriers are to finding and staying employed, along with what services could be provided to help them overcome these barriers offers insights to consider for the population living below or near the poverty threshold. Figure 17 shows a breakdown of the employment status of those participants in the resident survey.

Figure 17. Employment Status of Residents Participating in Survey



The majority of English respondents (27%) worked full time while the majority of Spanish respondents (21%) worked part time. Similarly, a higher percentage of Spanish respondents stated that they were unemployed a looking for work (16%) compared to English respondents (11%). Another interesting comparison was the higher proportion of English speakers who were unemployed and not looking for work (3% English, <1% Spanish).

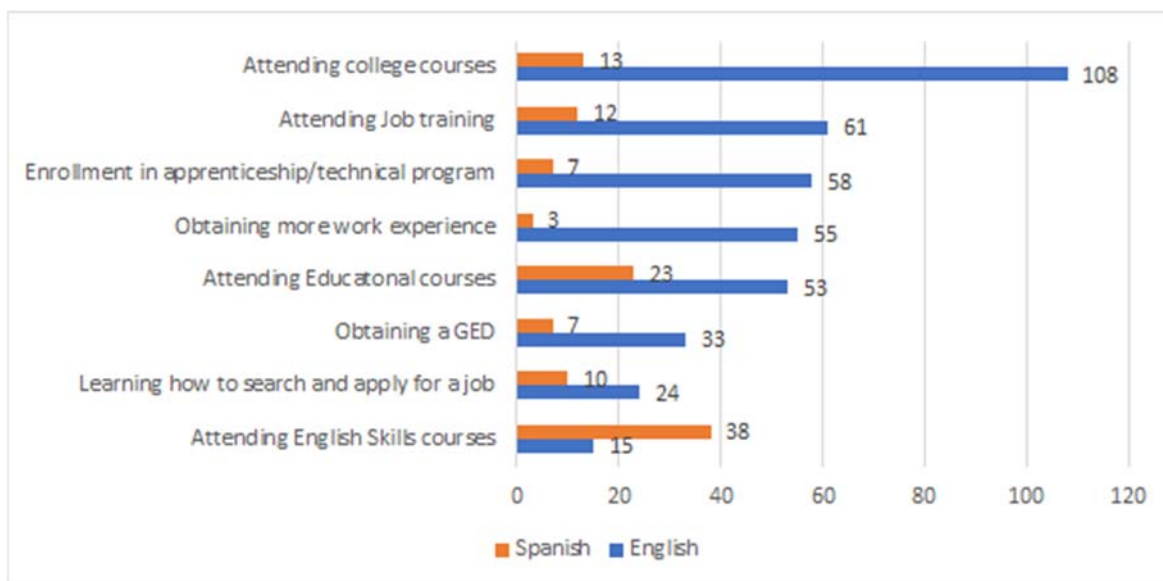
One of the questions asked residents what factors limit their ability to find or keep employment. This question was of interest to the research team because we wanted to investigate if there were certain barriers to employment that were more prevalent among those who took the survey in Spanish compared to those who took it in English. Table 4 highlights that the largest difference between the two groups was found in “having a language barrier,” which was cited as a barrier in 17.11% of respondents who took the Spanish survey compared to only 2.05% of those who took the English survey. Following this difference was “having a disability” which was 11.43% higher among those who took the English survey, “having a criminal record” which was 6.51% higher among those who took the English survey, and “not having enough education” which was 5.78% higher among those who took the English survey. All other factors had less than a 5% difference. One of the most limiting factors for both groups was “not having child care” which was found in 12.83% of those who took the Spanish survey and 11.64% of those who took the English survey.

Table 4. Summary of Most Limiting Factors for Finding and Keeping Employment

Q14 - Which of the following factors limit your ability to keep/find employment?					
Answer	% For Spanish	# for Spanish	% for English	# for English	Difference
Having language barriers	17.11%	32	2.05%	6	15.06%
Having a disability	5.35%	10	16.78%	49	-11.43%
Having a criminal record	0.00%	0	6.51%	19	-6.51%
Not having enough education	1.07%	2	6.85%	20	-5.78%
Not enough experience	9.09%	17	4.45%	13	4.64%
Having to care for a dependent adult	0.00%	0	3.42%	10	-3.42%
Being a student	0.53%	1	2.05%	6	-1.52%
Not having child care	12.83%	24	11.64%	34	1.19%
Having a child with a disability	1.60%	3	2.40%	7	-0.80%
Discrimination	1.07%	2	1.71%	5	-0.64%
Not having transportation	6.95%	13	7.19%	21	-0.24%
Lack of available jobs	4.81%	9	4.79%	14	0.02%
Total	100%	187	100%	292	0.00%

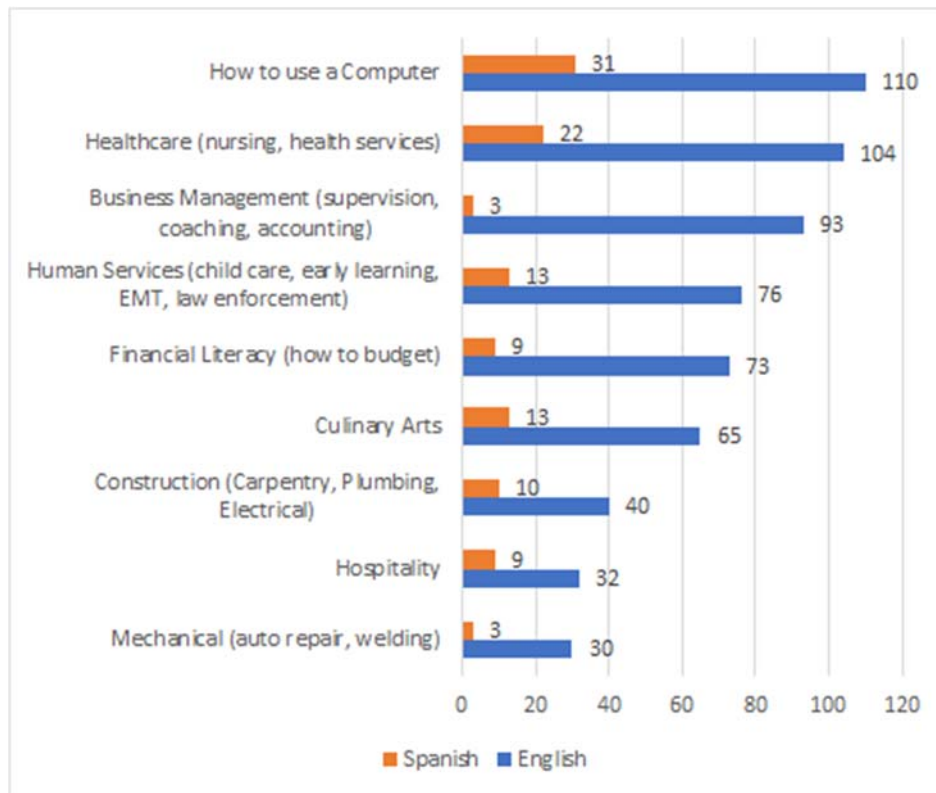
Given these factors, another question was asked to assess what would help improve your employment? Figure 18 provides a summary of what the eight most highly selected options were that would help their employability.

Figure 18. Most Referenced Options that Could Help Improve Employment Status



When asked what residents would like to do to improve their employment, the most popular answer among English respondents was “attending college courses” while the most popular answer among Spanish respondents was “Attending English Skills courses.” A significant number of respondents said they would like to attend job training, participate in a technical program, or attend educational courses.

Figure 19. Training courses that residents are interested in to improve employment

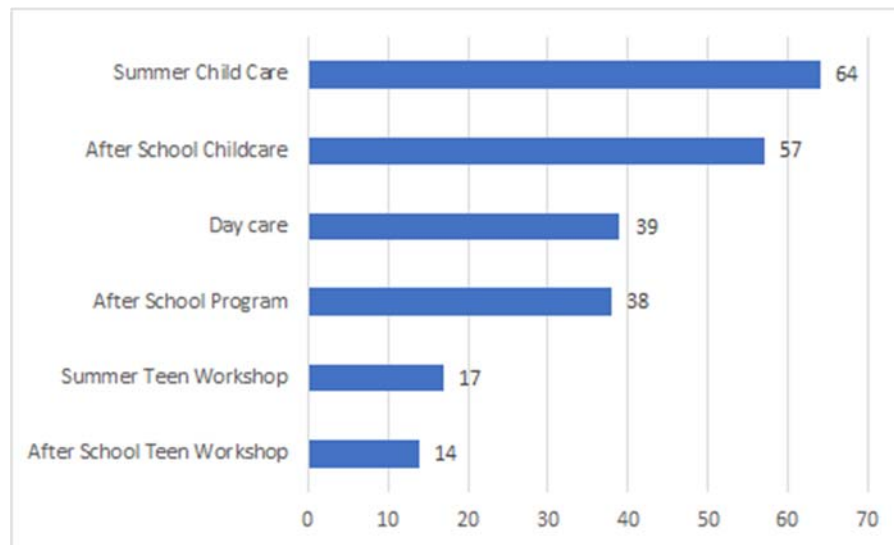


The most popular training course of interest among English and Spanish respondents was a class in computer skills, followed by health care services, business management, and human services work.

Childcare

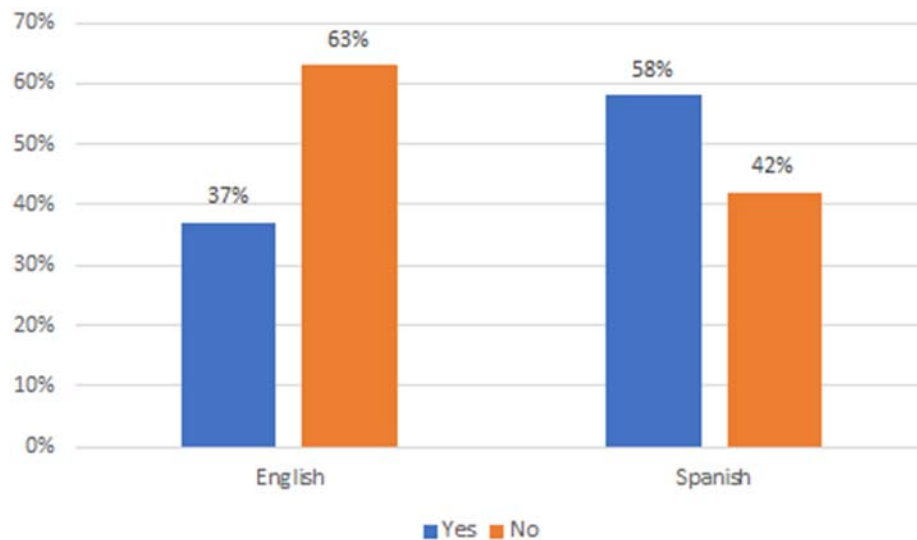
The need for financial assistance with childcare was one of the most significant needs from the resident participants in the survey per Figure 10. The next few figures provide deeper insights from the resident survey responses on the percentage of residents who have children less than 18 years old still living with them and then what childcare services have been used.

Figure 20. Most Commonly Used Childcare Services for Resident Survey Respondents



Of those who stated that they had children living with them, the most common service that they used were summer child care services (19% of English and 15% of Spanish) followed by after school child care (18% of English, 6% of Spanish). Summer teen and after school teen workshops were the least used. Given the requests for college preparatory assistance for high school teens this lack of use of these workshops may be a point of interest for further study. Next in Figure 21 resident survey respondents were asked if county childcare services were affordable.

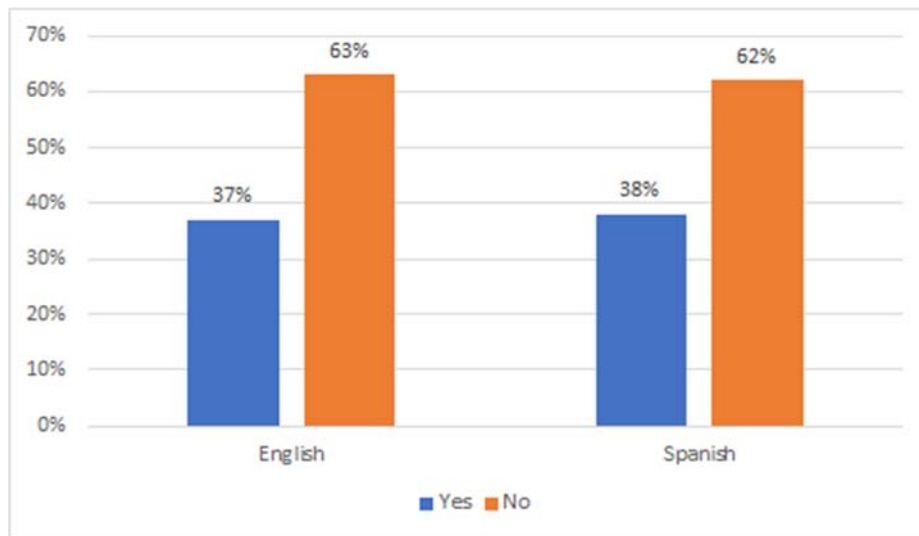
Figure 21. Feedback on Affordability of Childcare Services



When asked if participants found the childcare services that they used were affordable, the majority of English respondents said “No” (63%) while the majority of Spanish respondents said “Yes” (58%). This also aligns with the feedback from Figure 9.

Survey respondents within this section were informed that Hillsborough county offers free and low-cost services for children, teens, and seniors at many of our parks, libraries, and senior center locations and asked if they were aware of these services. The majority of respondents for both English and Spanish survey respondents stated that they did not know about these programs. These responses are shown in Figure 22 below.

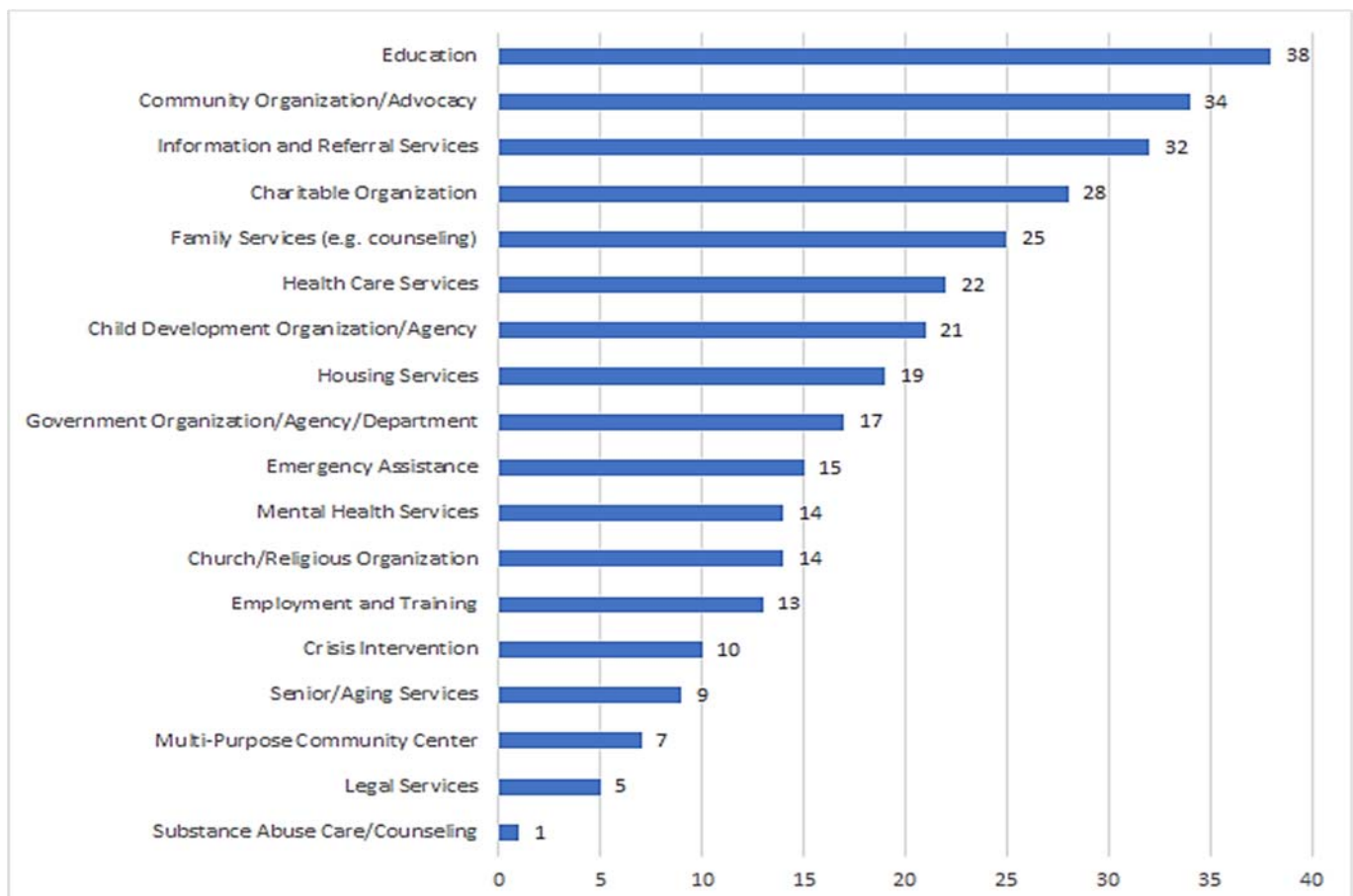
Figure 22. Percent of Survey Respondents with Knowledge of Free/Low Cost Child & Senior Care



Stakeholder Survey Results

The stakeholder surveys for the 2018 Hillsborough County Community Needs Assessment provided insights on who is providing services, funding sources, services being provided and barriers to providing additionally needed services in the communities. Figure 23 provides a snapshot of the number and types of stakeholders that participated in this survey.

Figure 23. Types of Stakeholders That Participated in Stakeholder Survey



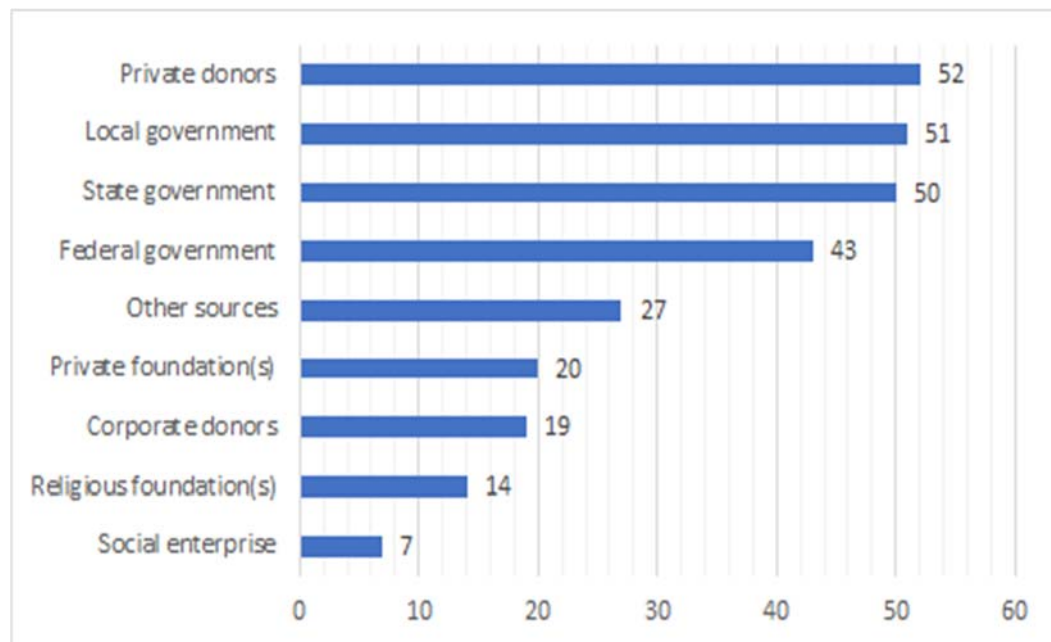
The majority of stakeholders best described themselves as education, community organization/advocacy, information and referral services, charitable organizations, and family organizations. The least common organizations surveyed were crisis intervention, senior/aging services, multi-purpose community centers, legal services, and substance abuse care/counseling. Organizations selecting “Other please specify” mentioned providing domestic violence prevention, community development, clothing/hygiene, homeless services, food administration, child abuse prevention, and law enforcement.

Out of the 111 organizations that participated in the survey, 23% stated they have a waiting list for services.

Most of the organizations surveyed (55%) stated the majority of their clients would be considered “low-income”, while 27% stated that they primarily serve middle-income residents and 14% serve “upper-income” residents.

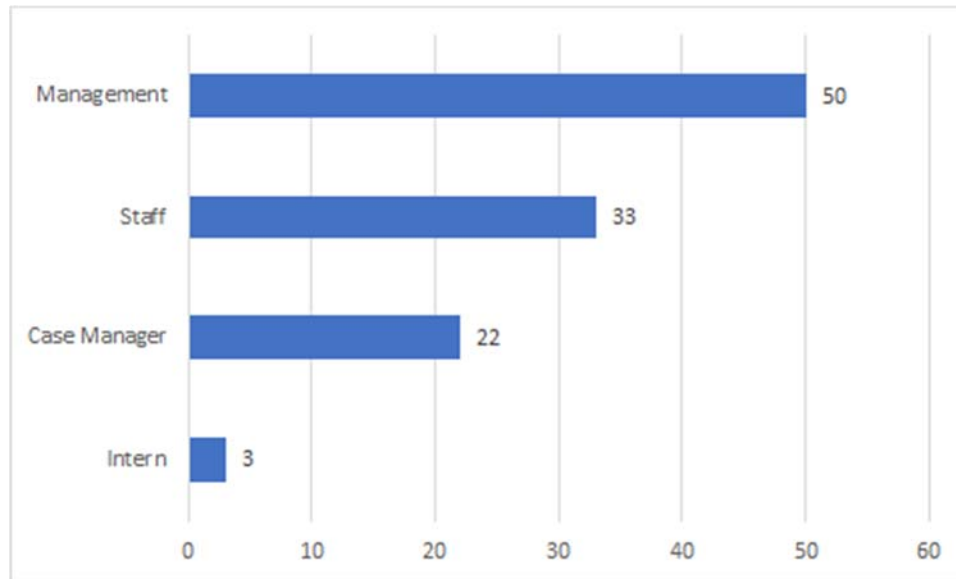
Stakeholders were asked to list all the sources that they received funding from. The most common source of funding was from private donors, followed by government support (local, state, and federal). Several stated that private foundations, corporate donors or religious foundations funded them. A small percentage cited “social enterprise” as a key source of funding.

Figure 24. Funding Sources for Stakeholders



Most of the respondents to the stakeholder survey were managers or leaders within their organization (50 participants). The next largest category of respondents were general staff of the organization (33), followed by case managers (22) and interns (3).

Figure 25. Position of stakeholder respondent within organization



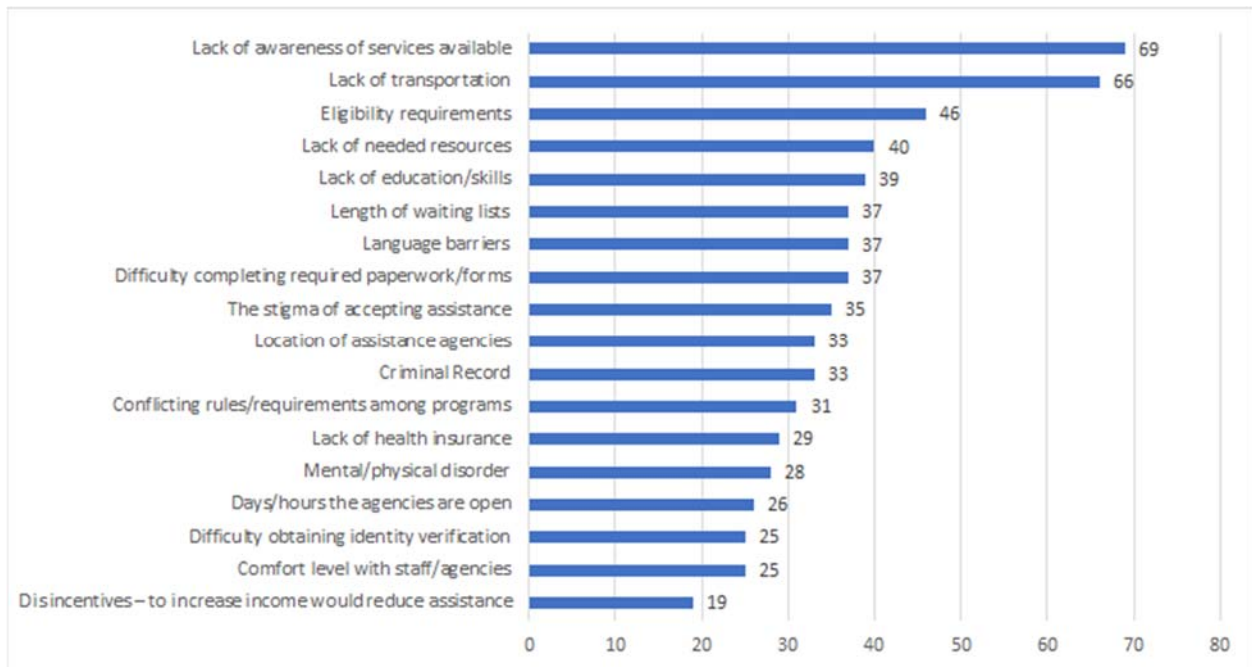
Stakeholders were asked “if you had the opportunity to provide one service that is urgently needed in the community you serve, what would it be.” Responses to these questions were text based and an informal content analysis was used to summarize the results from this question. Answers that were mentioned 3 or more times are shown in Table 6. The most commonly cited service that stakeholders would provide were affordable housing, transportation, mental health services, and “one-stop-shopping for service”.

Table 6. What services stakeholders would provide and feel is urgently needed in community

Answer	Number
Affordable Housing	15
Transportation	11
Mental Health Services	8
Education	5
One Stop Shop	4
Senior Services	4
Financial Support	3
Employment Referrals	3
Childcare	3
Youth Services	3

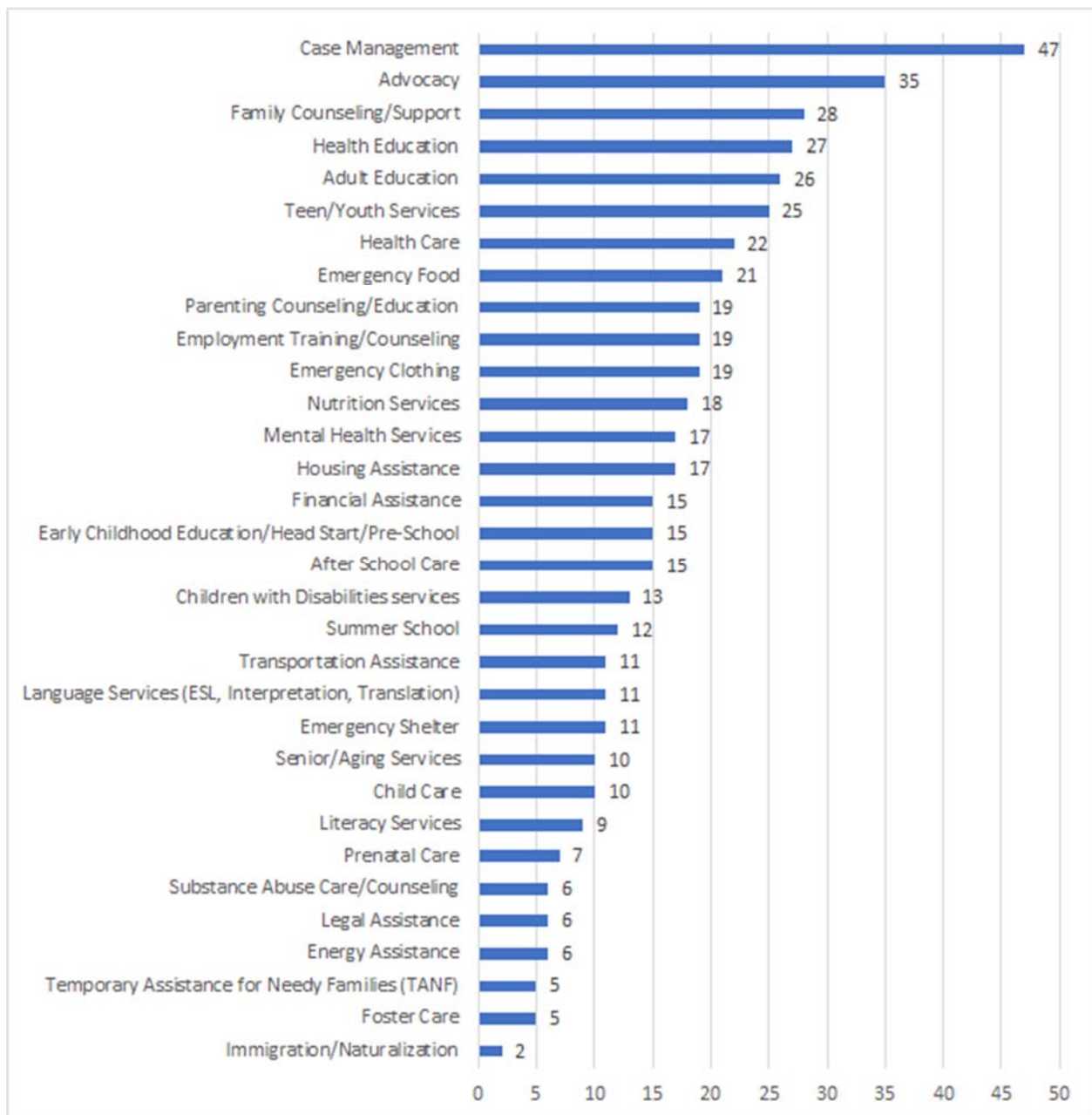
Given these recognized needs for the community residents by the stakeholders there were a number of barriers identified by the stakeholders to providing these services. Figure 26 highlights the ranked order of these barriers.

Figure 26. Barriers to Services for Clients



The most common types of barriers for clients to receive assistance from stakeholders were lack of awareness of services, available, lack of transportation options, eligibility requirements, lack of needed resources, and lack of education/skills. Given the barriers, respondents addressed what service they are providing which is summarized in Figure 27 below.

Figure 27. Most Common Services Provided by Stakeholder Survey Respondents



The most prominent services provided by surveyed stakeholders were case management, advocacy, family counseling/support, health education and adult education. The least popular services included legal assistance, energy assistance, temporary assistance for needy families, foster care, and immigration/naturalization services. “Other, please specify” responses included mental health referrals, public school services, food administration, land management, life skills/relationship education, transportation assistance, environmental, training for community action agencies, tutoring, home repairs and improvements, recreation and community development.

Given the scope of the services provided respondents were next asked what services they felt were still most needed by the residents they serve. Figure 28 shows a summary of those responses.

Figure 28. Services/Resources Needed Per Stakeholder Survey Responses

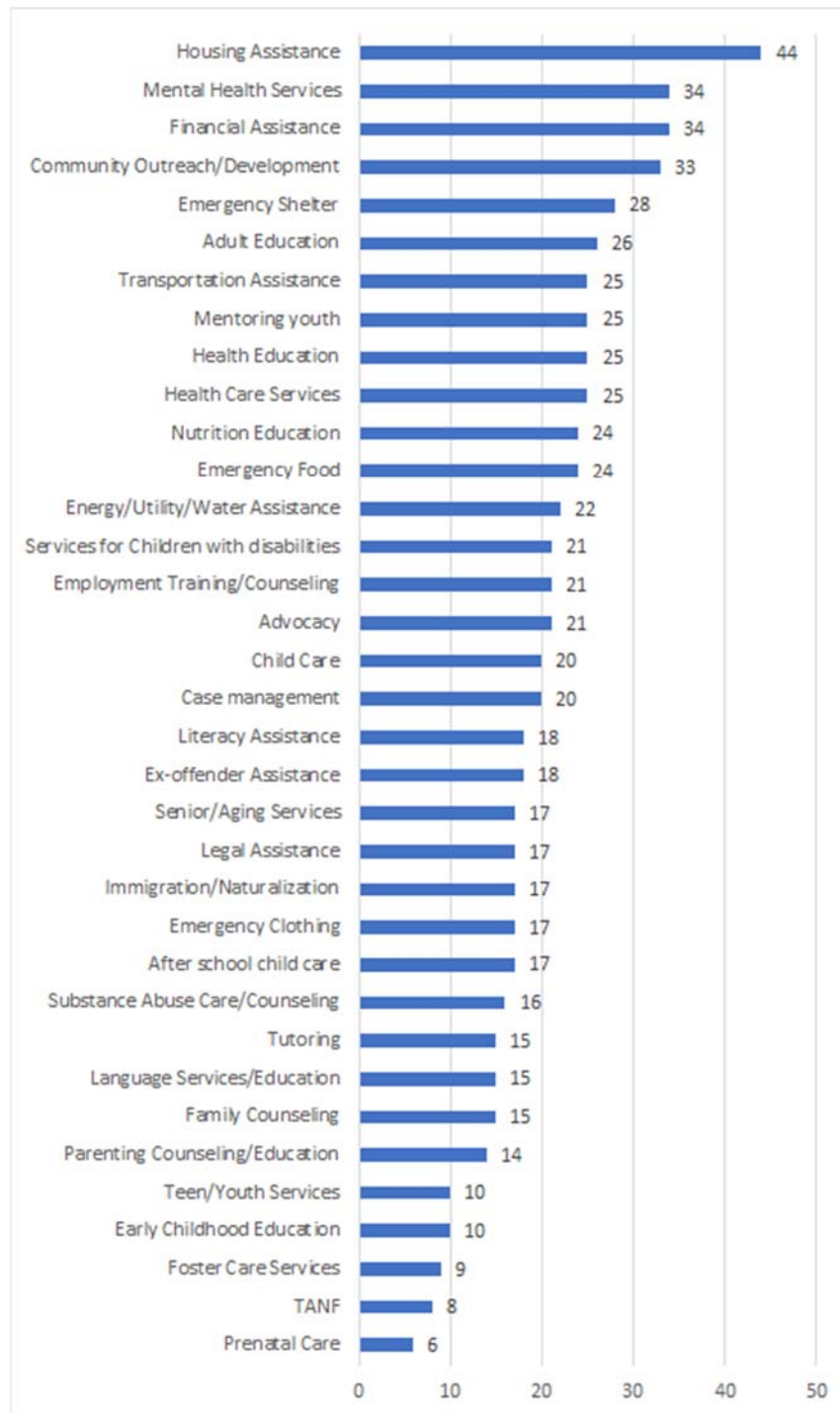
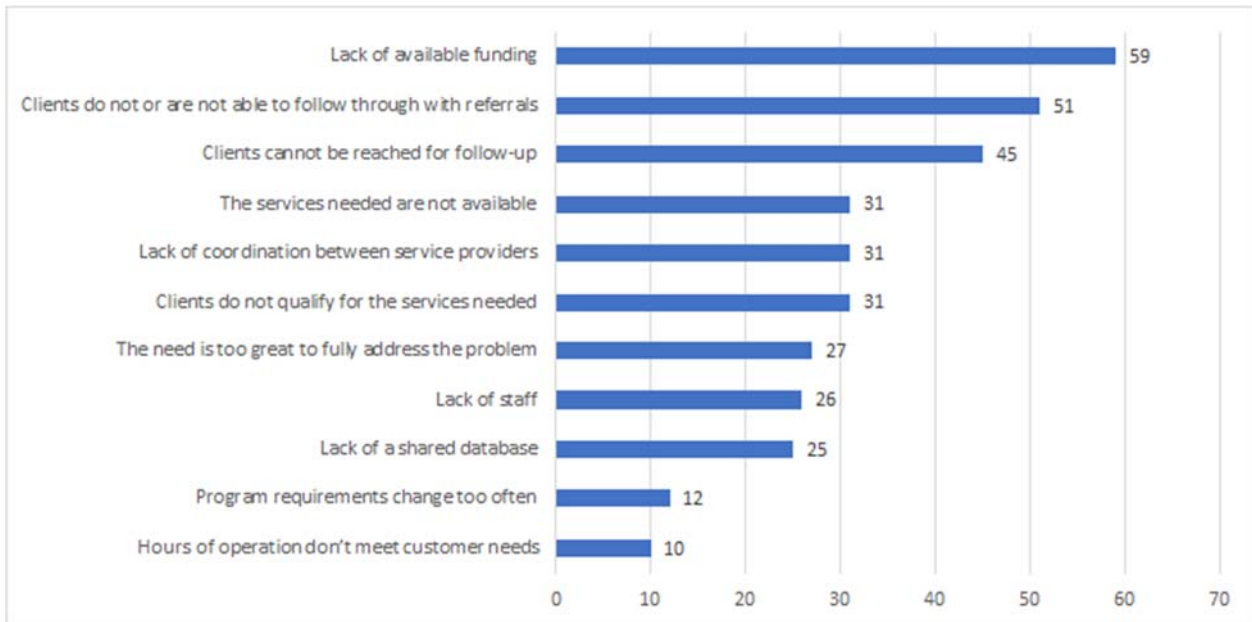


Figure 29 provides insight on what the stakeholders felt were the greatest challenges in providing services. The services and resources that stakeholders felt were needed the most were housing assistance, mental health services, financial assistance, community outreach/development, and emergency shelter. These needs align with some of the results from the small group sessions where the lack of mental health services and lack of affordable housing options in Hillsborough County were also noted. The issues of community outreach/development and emergency shelters did not arise in the small group sessions but are of importance. Both will be addressed in the concluding chapter of this report.

Figure 29. Greatest Challenges in Administering Services for Residents



The most prominent challenges to administering services were lack of available funding, lack of follow through from clients, inability to reach clients for follow up, services needed are unavailable, and lack of coordination between service providers.

Gap Analysis and Key Findings

Following the data analysis effort to assess the results of the resident and stakeholder surveys, a gap analysis was conducted. This section is based on the evidence presented in the preceding sections. The gap analysis is provided as a set of findings to help support decision making and discussion by county social service leaders and their advisory board in determination of setting priorities for asset and resource allocations to help some of the county's residents who are in the greatest need of assistance. Three tables were developed to help highlight the key issues in this gap analysis. Table 7 provides data insights on that stakeholders provide. Table 8 shows the services that are needed, but were found to be unavailable. Table 9 illustrates the result of overlaying these two tables to identify the services that residents found were unavailable and stakeholders did not explicitly state that they provide. This demonstrates areas where awareness of services is most likely not the greatest barrier to services. Instead, the results of this analysis show where new programs and policies may be needed.

Table 7. Services provided by stakeholders

Answer	Percent (%)	Count
Case Management	8.82%	47
Advocacy	6.57%	35
Family Counseling/Support	5.25%	28
Health Education	5.07%	27
Adult Education	4.88%	26
Teen/Youth Services	4.69%	25
Health Care	4.13%	22
Emergency Food	3.94%	21
Emergency Clothing	3.56%	19
Employment Training/Counseling	3.56%	19

As mentioned previously in the report, participants in the resident survey were asked if there were any services that were needed but were unavailable within the last 12 months. The table above shows the top 10 responses for this question. Percentages displayed are percentages of the respondents who selected that answer (601 respondents for English, 162 for Spanish). Below this table are the top 10 answers for the stakeholder survey when stakeholders were asked what services they provided. Several stakeholders mention providing services that residents cited as being “unavailable”, including providing employment training & counseling, teen/youth services, and emergency food & clothing). This may be representative of a lack of public awareness of these organizations and the services that they provide. It may also be the case that these stakeholders provide these services and residents were aware of them but found they did not meet eligibility criteria for the services (such as by having too high of a family income or not living in a targeted area), or there may have been a waiting list for the services that the resident was requesting. However, there were some needs that residents had that were not mentioned as services that were provided by stakeholders. A gap analysis was conducted in order to evaluate if there were any services that were mentioned by residents as services that were “needed but unavailable,” and did not appear on the stakeholder survey as a “service that the organization provided”.

Table 8. Services that residents needed in the last 12 months but were unavailable

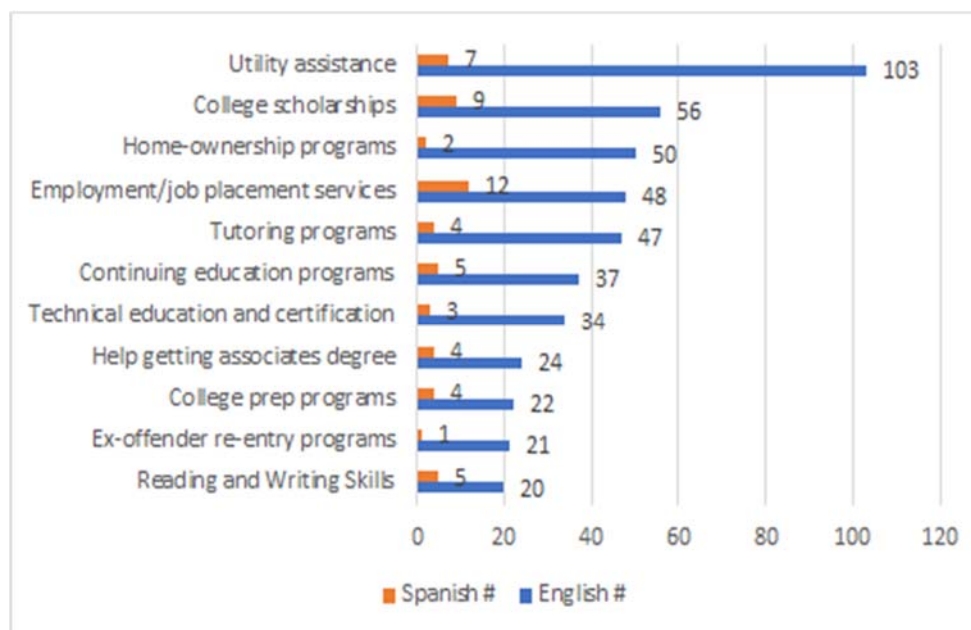
Services Needed	%	#	%	#
Utility Assistance	17.14%	103	4.32%	7
Rent assistance	15.97%	96	7.41%	12
Food/clothing services/assistance	14.14%	85	3.09%	5
College scholarships	9.32%	56	5.56%	9
Home-ownership programs	8.32%	50	1.23%	2
Child care services	8.32%	50	1.85%	3
Employment/job placement services	7.99%	48	7.41%	12
Tutoring programs	7.82%	47	2.47%	4
Healthy eating programs	7.82%	47	5.56%	9
Transportation assistance	7.65%	46	0.62%	1

The analysis yielded the third table of this section. This table demonstrates that local stakeholders are not meeting many of the most essential services that residents need. Five out of the top ten services needed by residents (utility assistance, college scholarships, home-ownership programs, employment job placement, and tutoring programs) are not met by local stakeholders. Six other needs (Continuing education programs, technical education and certification, teen/youth services, help getting an associate's degree, college prep programs, ex-offender reentry programs, and reading and writing skills) were mentioned as being needed by between 20 to 37 people. As such, it is critical that stakeholders and local governments have the resources to meet the needs of residents.

Table 9. Gap Analysis results - Services that residents needed but were unavailable and were not explicitly provided by stakeholders

Services Needed	English %	English #	Spanish %	Spanish #
Utility Assistance	17.14%	103	4.32%	7
College Scholarships	9.32%	56	5.56%	9
Home-Ownership Programs	8.32%	50	1.23%	2
Employment/Job Placement Services	7.99%	48	7.41%	12
Tutoring Programs	7.82%	47	2.47%	4
Continuing Education Programs	6.16%	37	3.09%	5
Technical Education and Certification	5.66%	34	1.85%	3
Help Getting Associate's Degree	3.99%	24	2.47%	4
College Prep Programs	3.66%	22	2.47%	4
Ex-Offender Re-entry Programs	3.49%	21	0.62%	1
Reading and Writing Skills	3.33%	20	3.09%	5

Figure 30. Gap analysis results - Services that residents needed but were unavailable and were not explicitly provided by stakeholders.



Gap Analysis Limitations

While the gap analysis demonstrates potentially missing service that Hillsborough County residents need, there are several limitations that may affect interpretations of these findings.

- Firstly, the gap analysis looked for verbatim or exact definition matches to evaluate if a stakeholder provided a service. As such, it may be the case that a stakeholder that says they offer “Energy Assistance” also provides “utility assistance,” but the gap analysis would not demonstrate this since “Utility assistance” implies services in addition to “energy assistance.”
- Similarly, there may be other interpretive differences between “early childhood education” and “tutoring programs”, or “rent assistance” and “housing assistance.”
- Another important limitation involves the way in which the two questions were asked.
- The survey items were formatted as “select all that apply” with the option to select “other, please specify”.
 - However, the answer banks for these two questions were not identical and several possible selections that appear on one (such as college scholarships, ex-offender/reentry programs, college prep courses, etc.) did not appear on the other. These missing potential answers were also not listed as “other, please specify selections.” As such, it may be that stakeholders offer these services but were not prompted properly enough to disclose this service. As such, further investigation may be required to fully understand what services are severely lacking in Hillsborough County.
- It is also important to note that the items that are not included in the gap analysis results had at least one mention in both survey results. As such, it is possible that a multitude of residents need a service and felt it was unavailable and only a few organizations provide those services.
- In these cases, the perceived unavailability of services may be because the service providers that are in the county are geographically too far away, or may not have the resources to provide for all of the people who need services. Overall, it is important to weigh the results of the gap analysis with the results of other sections discussing barriers to service administration.

Chapter 6

Conclusions and Recommendations

Summary

Social services is one element of the Hillsborough County government that strives to improve the quality of life and health for its population. Large counties such as Hillsborough County are complex ecosystems comprised of urban and rural communities with varying resources, populations, and challenges that multiple institutions strive to collaborate and meet the needs of its underserved residents.²⁷ The 2019 Hillsborough County Community Needs Assessment, which ran from April 2018-July 2018, offers a detailed analysis of the needs of residents in the County's underserved communities and also of the perceptions from stakeholders on the impact of their services to help these populations. In the opening chapters the overarching process undertaken in this assessment was described including three main components: survey data collection, small group sessions in eight communities, and a photovoice methodology subproject that brought to life all the data points on each community in Appendix A. In the last chapter a gap analysis from the results of the surveys (resident and stakeholders) yielded insights of unmet needs of residents in these communities.

The University of South Florida's College of Public Health team engaged undergraduate and graduate level students in the collaborative process for planning, participant sampling, data collection, designing presentations for the community action board [CAB], and preparation of this final report. The community-based participatory approach of this collaboration was a key focal point from the project's inception, and helped ensure that all principal interests and concerns of the county officials were addressed.

Here in the final chapter, concluding statements are provided along with takeaways and recommendations from the data collection processes. The intent of the recommendations is to support possible follow-up actions as a result of this assessment and planning for the county's next community needs assessment.

Quantitative Data Conclusions

There were a number of salient insights from the quantitative data collection and analysis effort. First, from the resident survey responses, there was a desire for residents to attend college and how there were not enough resources to meet this demand. A high proportion of residents said they wanted college scholarships but found they were unavailable and no community stakeholders stated they offered college scholarships. Similarly, a large number of residents said that they would take college courses to improve their employment situation. The findings of this survey topic may inform discussions on education and the role college plays in combating poverty and the perspectives of stakeholders and governments on whether investing in college programs for the poor offers a significant return on investment or significant reduction in poverty.

In regards to the stakeholder surveys, many stakeholders identified themselves as being "jacks-of-all-trades", providing, case management, education, referral, advocacy, and support services. However, these terms can be interpreted in a number of ways and may lead to confusion as to what kinds of direct assistance an organization provides. For example, a substance abuse counseling center may provide pamphlets on addiction in their waiting room that contain contact information about a local health clinic. By doing this, the organization can claim that they provide education, referral and adult education, even though the primary service provided is substance abuse counseling. Similarly, the bar for what qualifies as "advocacy" can be set at many places. Some organizations may believe advocacy requires hosting public events to raise awareness in the community or attending public government meetings to ensure that the people they represent are properly heard, whereas other organizations may state that by simply existing and providing services, they are advocating for the needs of the people they serve. While these are primarily findings based off of survey methodology, they can illustrate different dynamics and organizational characteristics exemplified by local community stakeholders.

²⁷ Bohn HJ. Chapter 7. Improving the Health of Communities. A Systems Perspective for the Next Generation. Esterhay RJ, Nesbitt LS, Taylor JH, Bohn HJ. (2017). *Population Health. Management, Policy and Innovation. Second Edition*. Virginia Beach, VA: Convurgent Publishing; pp. 173-197.

Furthermore, stakeholder survey responses revealed the need for more efforts of community outreach/development as well as emergency shelters in times of disaster.

A central limitation that stakeholders identified in surveys and small groups was the lack of communication and information sharing between providers. Community organizations found it difficult to know if a client ever followed through with a referral and what the outcomes of the referral were. Community members also felt that there was not a central database that answered the questions of who is being served and who provides services. Many stakeholders learned about services by attending the small groups and would have never known about certain providers had they not attended. This means that service outcomes could be potentially improved if a shared database was created that catered to the local community stakeholders and assisted in referrals.

One of the themes that ran through the survey and small group findings was an overall feeling of disenfranchisement. Many residents felt that they have been left behind and forgotten, that their voices are not heard, and that community leaders do not view their needs as being important. This reveals the need for local leaders to make more of an effort to further connect with and communicate more efficiently the services they have the capacity to provide to community members.

Small Group Sessions Conclusions

After the primary data collection concluded, a preliminary results presentation was made to the CAB in early October 2018. At that time four overarching insights were given primarily based on results of the eight small group sessions conducted across the county. Those insights included:

1. Public transportation challenges were a theme in every community,
2. Communications breakdowns about services and collaborations were significant,
3. There was a persistent claim of a lack of mental health services, and
4. Affordable housing was consistently cited as being limited

Concluding Observations on Key Challenges

A number of general observations emerged from both the surveys and small group sessions with all the community stakeholders. A summary of these observations includes:

1. *Communication Breakdowns.* Stakeholders identified the lack in communication and information sharing among social service providers.
2. *Disenfranchisement.* Residents felt that they have been left behind and forgotten, that their voices are not heard, and that community leaders do not view their needs as important.
3. *Education.* Residents desire to attend college but a high proportion found no scholarships available and no stakeholders offered college scholarships.
4. *Transportation.* Challenges with public transportation inhibit accessibility to essential services was a theme in all eight small groups across the county.
5. *Mental Health Services.* Persistent citing of the lack of needed mental health services came from across the county. The shortage in services is a national dilemma for underserved communities.²⁸

²⁸ Cohen D. (May 19, 2017). Poor Communities Have Fewer Options for Mental Health Care. *Psychiatry Online*. Retrieved online at <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2017.5a10>; Weiner S. (February 13, 2018). Addressing the escalating psychiatrist shortage. *AAMC News*. Retrieved online at <https://news.aamc.org/patient-care/article/addressing-escalating-psychiatrist-shortage/>.

6. *Affordable Housing*. Community small groups and surveys indicated the shortage of affordable housing for our low-income residents across the county.

Recommendations

County social services cannot address all of the challenges that emerged from this assessment alone. They can work with community stakeholders on the resulting gap analysis targeting priorities for social services, but additional efforts will be needed involving other local government and stakeholder collaborations and partnerships to address these challenges. Some specific recommended actions (not specifically for Hillsborough Social Services) include:

1. *Public-Private-Academic Collaboration*. Explore creating a new collaborative to evaluate the cross-sectoral challenges noted in this report. One composed of decision makers and subject matter experts who can seek pathways to finding new solutions to these systemic challenges for our underserved communities faced with gentrification, growth, resource constraints, and the need for cross-sectoral innovation to help level the playing field for all residents in the years to come. Examples of interdisciplinary collaboration can be found across the country that addresses a wide array of social determinant challenges in underserved communities.²⁹
2. *Education*. Explore the education issue further to see what factors are preventing the county's population from pursuing further adult education and or what incentives are needed to increase the number of residents from these disadvantaged communities in attending some type of postsecondary education (past high school).
3. *Communications*. Seek a solution to the communications breakdown that was noted to be plaguing all of the communities included in the study. This could be explored under Recommendation #1. Strengthening community social networks, continue to build resident leadership programs, grow civic engagement, and bolstering community capacity building can collectively help mitigate some of the communication challenges in these communities.³⁰
4. *Public Transportation*. As public transportation was one of the top challenges and barriers, set a baseline of how this factor is inhibiting access to services and plan to address this issue in the next community needs assessment (starting in 2021) to understand what has changed since this time of this report.
5. *Behavioral Health*. As one of the key healthcare related issues addressed by residents and stakeholders, and one of the top priorities in community health needs assessments in Hillsborough County explore innovative changes in local and state policies related to increasing access to behavioral health services for our underserved population.

Closing

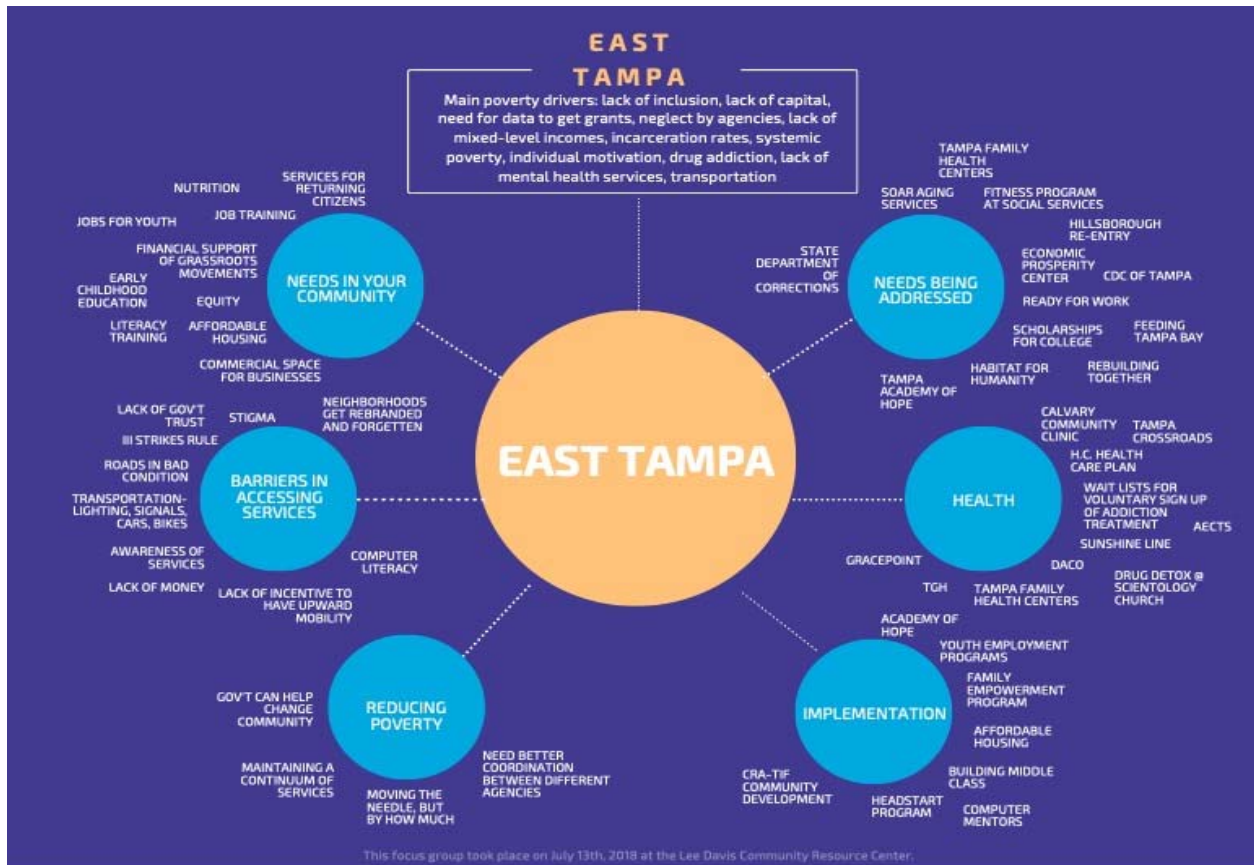
This concludes the 2019 Hillsborough County Community Needs Assessment. While conducted for Hillsborough County Social Services, the elevated engagement with the county's Community Action Board increased the visibility of the effort and the depth of community engaged stakeholders throughout the process. It is our team's hope that the data, analysis, findings, and recommendations lead to actions through policies and programs to help better the wellbeing, health, and social stability of our residents in the communities included in this assessment.

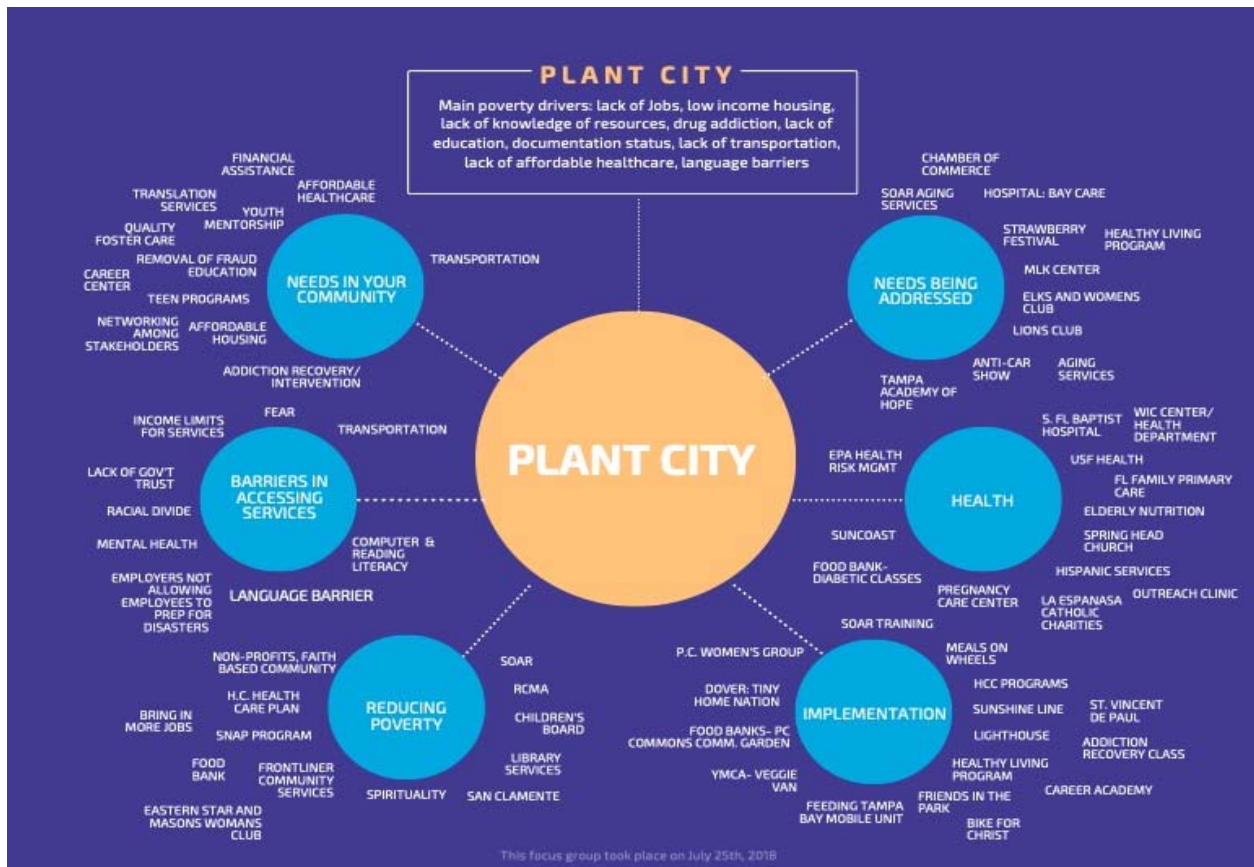
²⁹ Pastor, M., & Morello-Frosch, R. (2014). Integrating public health and community development to tackle neighborhood distress and promote well-being. *Health Affairs*, 33(11), 1890-1896.

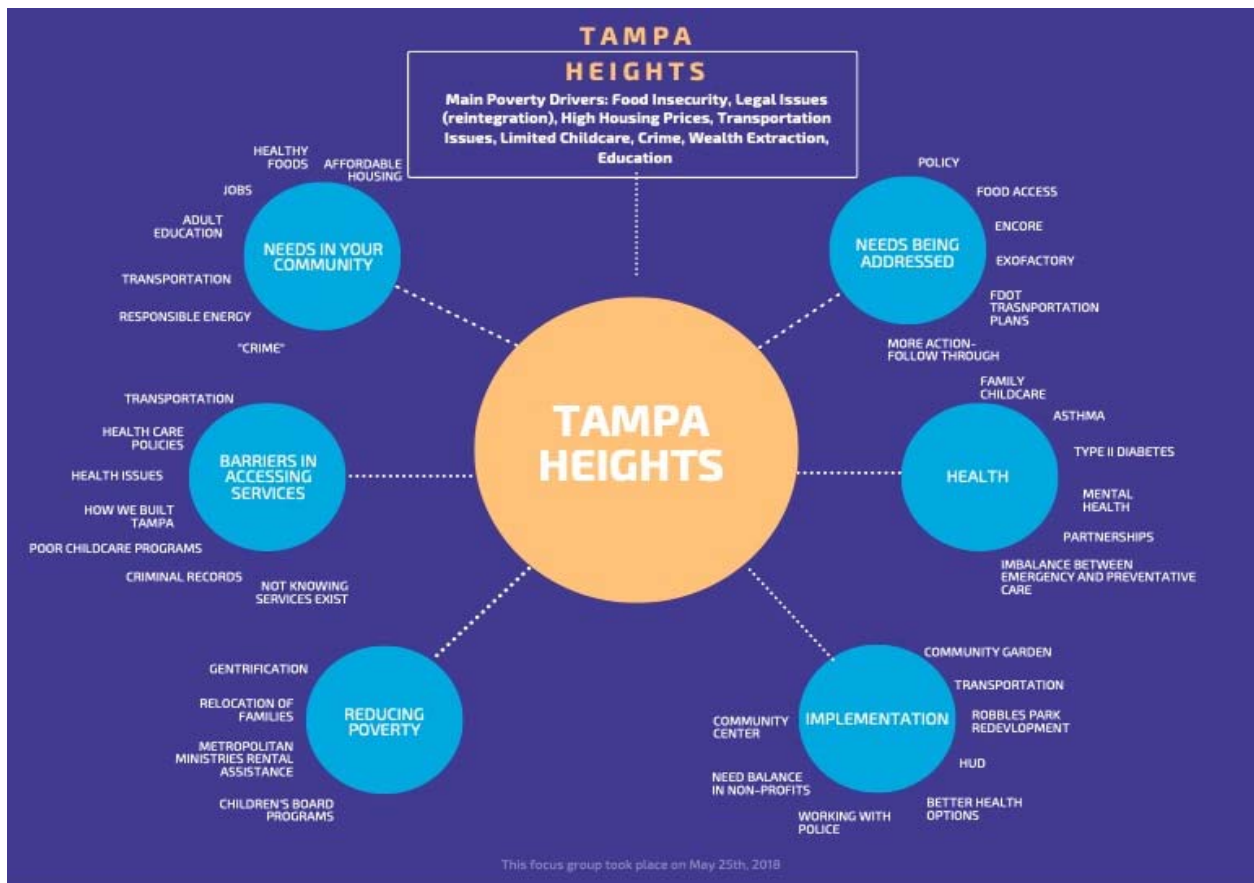
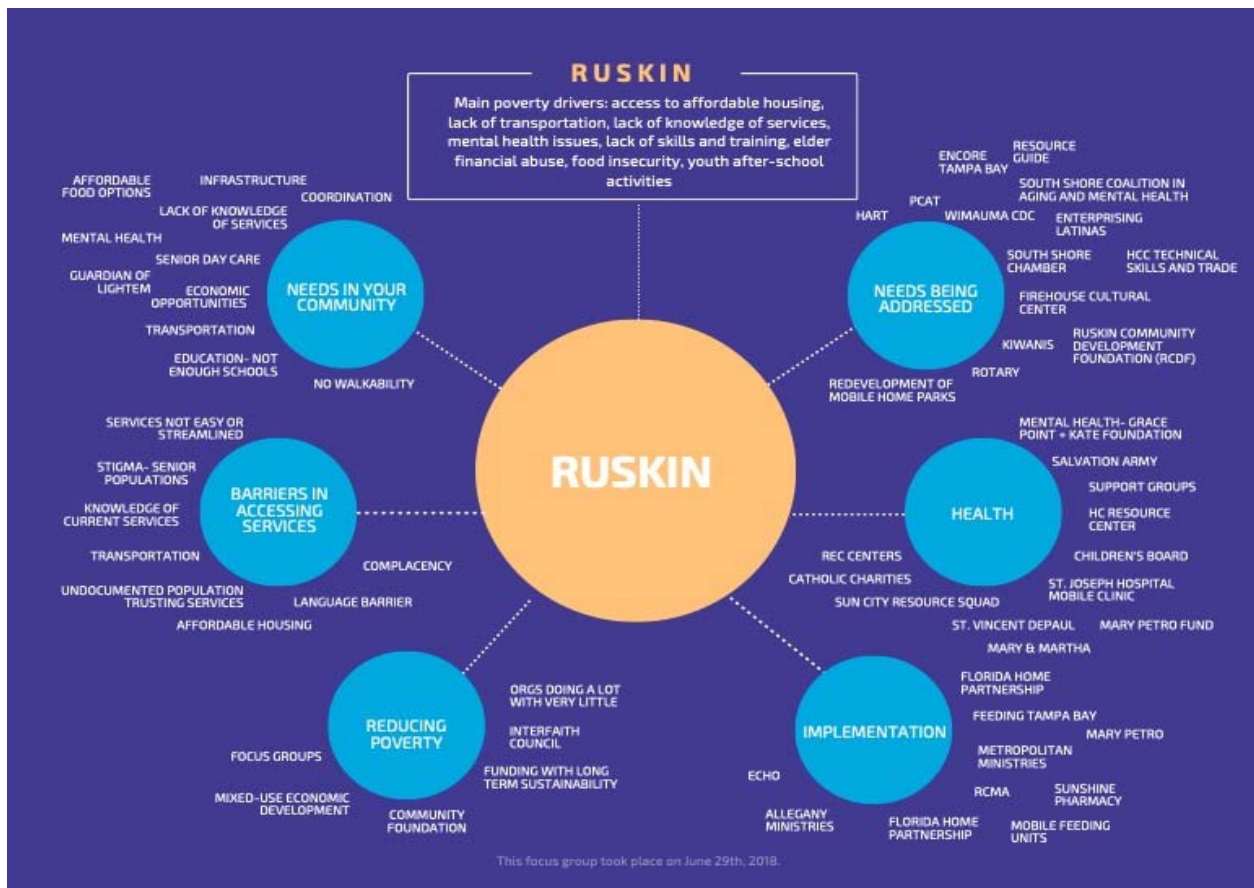
³⁰ Ahsan, N. (2008). Sustaining Neighborhood Change: The Power of Resident Leadership, Social Networks, and Community Mobilization. Making Connections--An Initiative of the Annie E. Casey Foundation. *Annie E. Casey Foundation*.

Appendix A

Neighborhood Models of Focus Group Outputs







TOWN N' COUNTRY

Main poverty drivers: cost of child care, cost of housing, transportation, subsidized daycare limitations, drug use, lack of jobs that support a family, unmet mental health needs, cost of higher education

