



CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT

2015



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Executive Summary

THE CITRUS COMMUNITY HEALTH ASSESSMENT (CHA) PROCESS

The Citrus County Community Health Assessment process was launched in April of 2015 when eight (8) community partners came together to form the Citrus County Community Health Advisory Partnership, known as C-CHAP. The Florida Department of Health in Citrus County organized and identified key community leaders to be a part of the C-CHAP team, representing different geographical and professional areas of Citrus County. Members of the C-CHAP steering committee included individuals from the following organizations:

- Florida Department of Health in Citrus County
- Citrus County Commissioners
- Citrus County School District
- Citrus County Habitat for Humanity
- Citrus 95.3 Radio
- Nature Coast Bank
- Citrus County local business owners, consultants, and citizens.

The 2015 CHA process is the continuation in Citrus County of a long tradition of community health assessment work that has informed the development of substantial programmatic and policy enhancements and improvements throughout the years.

The C-CHAP engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Citrus County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The C-CHAP team and WellFlorida based the 2015 needs assessment effort on a nationally recognized model and best practice for completing needs assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."



At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

These three MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These three MAPP assessments are fully integrated into the 2015 Citrus County CHA. Note that this document is a health needs assessment and that its purpose is to uncover or substantiate the health needs and health issues in Citrus County.

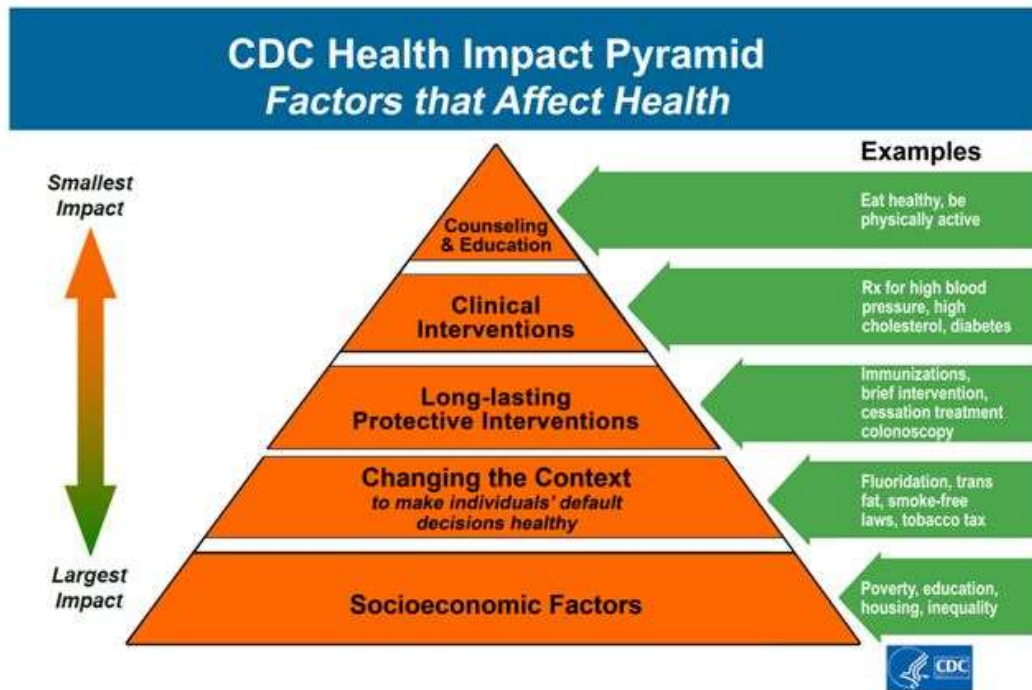
COMMUNITY HEALTH IMPROVEMENT STRUCTURE

There are many models of community health improvement structures. These structures model how community health improvement actually occurs. Despite the model, there must be a collaborative or partnership infrastructure in place to coordinate these efforts. The model of note for this CHA is the Health Impact Pyramid.

The Health Impact Pyramid (HIP) is a noteworthy model of community health improvement, as seen in Figure 1. The Health Impact Pyramid asserts that there is greater community-wide health improvement as we move from the more individually focused intervention tiers at the top of the pyramid to the more community-focused tiers at the base of the intervention. Of course, the greatest community impact on health improvement is thus increasing as we move from the top of the tier to the bottom.



FIGURE 1: HEALTH IMPACT PYRAMID



Source: Frieden, T. R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4), 590–595. <http://doi.org/10.2105/AJPH.2009.185652>

ORGANIZATION OF THE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT

The 2015 Citrus County CHA is comprised of the following main sections:

- **Executive Summary.** This section includes an overview of the CHA process, description of the organization of the CHA report, and insights on using the CHA.
- **Community Health Status Assessment.** This section is one of the core MAPP assessments. Detailed in this section are various mortality and morbidity indicators, health factor and health behaviors that describe the overall health status of Citrus County and compare that status (for most data) to Florida. Essentially, this is a technical overview of highlights found in the existing data for Citrus County and the state, and discusses highlights in the data based on the information compiled in the Citrus County Technical Appendix.
- **Community Themes and Strengths Assessment.** While the previous section—The Community Health Status Assessment—is largely based on in-depth quantitative analysis of existing community and health system administrative data sets, this section provides a qualitative perspective on health issues and the



health system from the community at-large, and fulfills the MAPP requirement by providing the following assessments:

- **Community Issues and Practices Survey.** This survey was administered to:
 - Residents (Citrus County Citizen Survey)
 - Business Leaders (Citrus County Business Leader Survey)
 - Health Providers (Citrus County Provider Survey)
- **Community Focus Groups.** Four focus groups were conducted throughout the Citrus County Community. They were held at four distinct library locations throughout the County in order to capture a diverse pool of participants and collect the most meaningful data possible.
- **Forces of Change Assessment.** C-CHAP members identified and assembled a diverse gathering of community leaders to participate in a strategic Forces of Change meeting to identify Events, Trends, and Factors in the Citrus County Community that have an impact on public health in Citrus County.
- **Identification of Strategic Priorities and Recommendations for Next Steps.** This section begins with a brief summary of the intersecting themes that cut across all sections of the CHA and some of the key considerations generated from those common themes. Following the summary of these themes and considerations, this section details some general suggestions, or promising practices, about how to move forward with the identified needs; provides some specific examples of approaches to address these needs; and discusses some community organization principles that will need to be addressed to ensure that true community health improvement is realized.

USING THE COMMUNITY HEALTH ASSESSMENT

The 2015 Citrus County Health Assessment is designed to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of the global health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHA are the following:

- To accurately depict Citrus County's key health issues based on common themes from the core MAPP assessments;
- To identify potential strategic issues and some potential approaches to addressing those issues;
- To provide insight and input to the next phase of the MAPP assessment/improvement process (i.e. development of the Community Health Improvement Plan [CHIP]);
- To provide the community with a rich data resource not only for the next phase of CHIP creation but also for ongoing resource and program development and implementation as well as evaluation of community health improvement.

TECHNICAL APPENDIX

While the 2015 Citrus County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with an accompanying Technical Appendix. While the CHA



presents data and issues at a higher more global level for the community, all of the data in the CHA that has identified these global health issues for the community are addressed in granular level detail in the Technical Appendix. Thus, for most data that are briefly addressed in the main CHA, the Technical Appendix presents these data in very fine level of detail breaking data sets down, for example, by ZIP code, race, ethnicity, gender, etc., where appropriate and when available. The Technical Appendix is an invaluable companion resource to the CHA, as it will allow the community to dig deeper into the issues in order to more readily understand the community health needs of Citrus County.

The Technical Appendix is comprised of more than 200 tables, graphs, maps and supporting material across over 400 pages. The Technical Appendix is organized into the following major data sections:

- Demographics and Socioeconomics
- Mortality
- Mental Health
- Birth Data
- Health Behaviors
- Infectious Disease
- Healthcare Access and Utilization
- Issues of State Concern for 2015 (Substance Abuse, Cancer and Trauma)
- Geographic Information System (GIS) Maps of County Health Rankings, Poverty, Uninsured and Deaths
- Community Health Survey Full Responses – Residents
- Community Health Survey Full Responses – Business Leaders
- Community Health Survey Full Responses - Physicians

Note that many of the data tables in this CHA report and in the Technical Appendix report contain standardized rates for the purpose of comparing Citrus County to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus small variations from year to year can result in substantial shifts in the standardized rates.



Community Health Status Assessment

INTRODUCTION

This portion of the Community Health Assessment provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. Data for the Technical Appendix were compiled and tabulated from multiple sources including the United States Census Bureau, the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), the American Community Survey (ACS), the Florida Department of Health's Office of Vital Statistics, and Florida's Agency for Health Care Administration (AHCA). When data are available, a comparison is provided with the state of Florida.

Data from this report can be used to explore and understand the health needs of Citrus County and its various communities and sub-populations in order to plan interventions and apply for continuing and new program funding. The written organization of this needs assessment is in alignment with the growing national focus on County Health Rankings by the Robert Wood Johnson Foundation and the University of Wisconsin. The County Health Rankings provide a snapshot of a community's health, which identifies a starting point for discussing and investigating the health of the community. The Technical Appendix serves to supplement data used to determine the County Health Rankings; a narrative summary of the Technical Appendix is presented in this document.

The Health Impact Pyramid (see Figure 1) is used as a framework to determine the types of factors where, if an intervention took place, would have a larger or smaller impact on health. When necessary, the levels of the Health Impact Pyramid are referenced when aligning factors are discussed in this analysis.

The following summary of the Technical Appendix data is broken down into several components:

- Population and Expected Growth
- County Health Rankings
- Health Factors
 - Socioeconomics
 - Health Behaviors
 - Healthcare Access
- Health Outcomes
 - Life Expectancy
 - Mortality
 - Morbidity
- Key Insights



The data presented in this summary include references to specific tables in the Technical Appendix so that users can see the numbers and the rates in context.

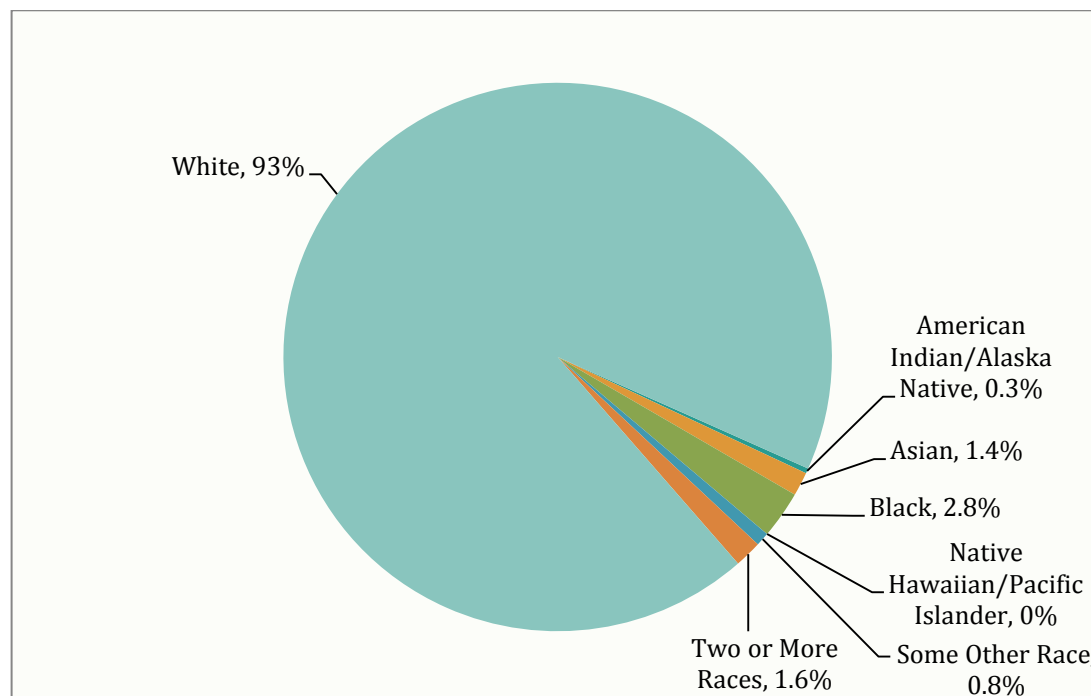
POPULATION AND EXPECTED GROWTH

The demographic characteristics of Citrus County residents are reviewed in this section. Data in this section is presented for Citrus County and compared to Florida. Data indicators include population breakdown by age, race, gender and population growth projections.

Citrus County has a population of 141,236 according to the 2010 U.S. Census Bureau (Table 7, Technical Appendix). Citrus County is located on the Nature Coast. The county shares borders with Levy and Marion Counties to the north, Sumter County to the east, and Hernando County to the south.

Inverness is the largest incorporated municipality in the county and has a population of 7,210 according to the U.S. Census Bureau (Table 6, Technical Appendix). It is projected that the Citrus County population will increase to 153,097 by 2020 according to the Bureau of Economic Business Research at the University of Florida (Table 5, Technical Appendix). The following figure provides a visual representation of Citrus County population by race.

FIGURE 2: POPULATION BY RACE IN CITRUS COUNTY



Source: Table 7, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

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As seen in Figure 2, the majority of Citrus County residents are White (93%). In Citrus County, 48.4% of the population are males and 51.6% are females (Table 9, Technical Appendix).

The following table provides information regarding the population by selected age groups in Citrus County as compared to the state of Florida as a whole.

TABLE 1: POPULATION BY AGE GROUPS

Age Group	Percent of Citrus County Population	Percent of Florida Population
0-4	3.9	5.7
5-9	4.1	5.7
10-14	4.7	6
15-24	8.9	13.1
25-34	7	12.2
35-44	9.3	12.9
45-54	13.7	14.6
55-64	16.6	12.4
65-74	17.4	9.2
75-84	10.7	5.8
85+	3.7	2.3

Source: Table 10, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

As seen in the table above, population by age group in Citrus County varies greatly from the trends for the state of Florida, with the greatest differences existing in the 65-74 age group (17.4 percent in Citrus County; 9.2 percent in Florida) and 75-84 age group (10.7 percent in Citrus County; 5.8 percent in Florida).

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Health is viewed as a multi-factorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- II. Health Factors--rankings are based on weighted scores of four types of factors:
 - a. Health behaviors (7 measures)
 - b. Clinical care (5 measures)
 - c. Social and economic (7 measures)

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d. Physical environment (5 measures)

The most recent Rankings available are for 2015. In 2015, Citrus County ranked 30th for health factors and 50th for health outcomes, out of Florida's 67 counties.

TABLE 2: TRENDS IN MEASURES FOR HEALTH OUTCOMES AND HEALTH FACTORS FOR CITRUS COUNTY, 2010-2015

Measures	2010	2011	2012	2013	2014	2015
HEALTH OUTCOMES	40	42	39	50	44	50
<i>Mortality</i>	45	47	47	58	58	62
<i>Morbidity</i>	42	40	34	35	21	18
HEALTH FACTORS	29	37	33	34	36	30
<i>Health Behavior</i>	25	39	35	34	42	35
<i>Clinical Care</i>	40	23	24	14	16	16
<i>Social & Economic Factors</i>	39	46	47	44	47	46
<i>Physical Environment</i>	21	37	8	45	31	21

Source: Table 1, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Since 2010, Citrus County's rankings for Clinical Care and Physical Environment have been improving. The overall County Health Rankings for Citrus County have been in the mid-range of rankings for the state. Health Outcomes in Citrus County (such as length of life and quality of life) receive less optimal rankings in Citrus County than Health Factors (such as health behaviors and clinical care) throughout the years.

In regards to individual Health Outcomes or individual Health Factors for 2015, it is notable that Citrus County fares worse than the state on poor mental health days, poor physical health days, adult obesity, physical inactivity, access to exercise opportunities, teen birth rate, primary care physicians, dentists, mental health providers, and injury death rate as seen in Table 3 below. Citrus County fares better than the state of Florida for sexually transmitted infections rate, preventable hospital stays, and violent crime rate as seen in Table 3.

**TABLE 3: CITRUS COUNTY HEALTH RANKINGS, 2015**

Measure	Citrus County	Florida
Poor Mental Health Days	5.6%	3.8%
Poor Physical Health Days	4.4%	3.7%
Adult Obesity (percent of adults that report a BMI > or =30)	27.0%	25.8%
Physical Inactivity	26.0%	23.2%
Access to Exercise Opportunities	87.1%	92.8%
Sexually Transmitted Infections Rate	261.2	401.9
Teen Birth Rate (per 1,000 females ages 15-19)	42.4	36.1
Primary Care Physicians (per 1,000 population)	1883:1	1423:1
Dentists (per 1,000 population)	3571:1	1874:1
Mental Health Providers (per 1,000 population)	2176:1	744:1
Preventable Hospital Stay Rate (per 1,000 population)	50.9	59.3
Violent Crime Rate	325.8	514.3
Injury Death Rate	109.1	69.3

Source: Table 2, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

The concept of Health Factors and Health Outcomes are a useful method for analyzing and understanding the current state and needs of the community. To further explore Health Factors and Health Outcomes affecting Citrus County residents, additional data was gathered and tabulated in the Technical Appendix. The following sections explore and provide analysis of data within the Technical Appendix.

HEALTH FACTORS

Health factors influence the health of a community and include socioeconomic factors, health behaviors and clinical care. The Technical Appendix includes data on current statistics on education, employment, income and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access and heightened risk of acute and/or chronic illness.

SOCIOECONOMICS

Socioeconomic factors lend to the base level of the Health Impact Pyramid (see Figure 1). Base level factors are factors that, if an intervention was made to drastically change these data points in Citrus County, the result would have the largest impact on the health of citizens. Not surprisingly, socioeconomic factors are the



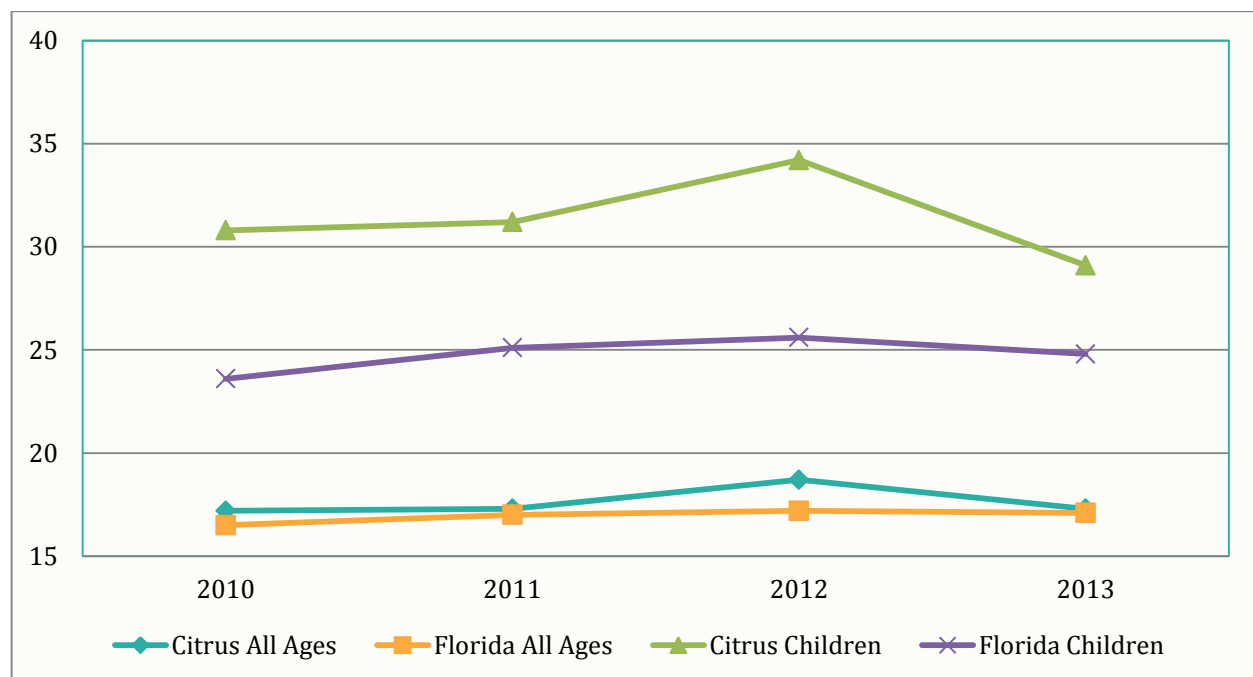
most difficult to change and move the needle in the positive direction, as they are mainly the result of larger-scale societal factors that take very long periods of time to cycle. Because of this, it is important to keep these factors in mind when developing plans for a community's health in order to address these disparities whenever possible.

Poverty

For the years 2010-2013, the percent of Citrus County's population for all ages who live in poverty has been similar to the percent for the state of Florida. 17.3 percent of Citrus County's population for all ages was estimated to live at or below the poverty threshold in 2013, compared to the Florida percent of 17.1 for 2013 (Table 36, Technical Appendix).

The percent of Citrus County's children (under the age of 18) remains consistently higher than Florida every year since 2010, though it has decreased slightly in recent years, as seen in Figure 3. In 2013, 29.1 percent of Citrus County residents under the age of 18 are in poverty, compared to Florida at 24.8 percent (Table 36, Technical Appendix). Additionally, 15.1 percent of households in Citrus County are in poverty (14.9 percent in Florida) (Table 37, Technical Appendix).

FIGURE 3: PERCENT OF PERSONS IN POVERTY BY SELECTED AGES, CITRUS COUNTY AND FLORIDA, 2010-2013



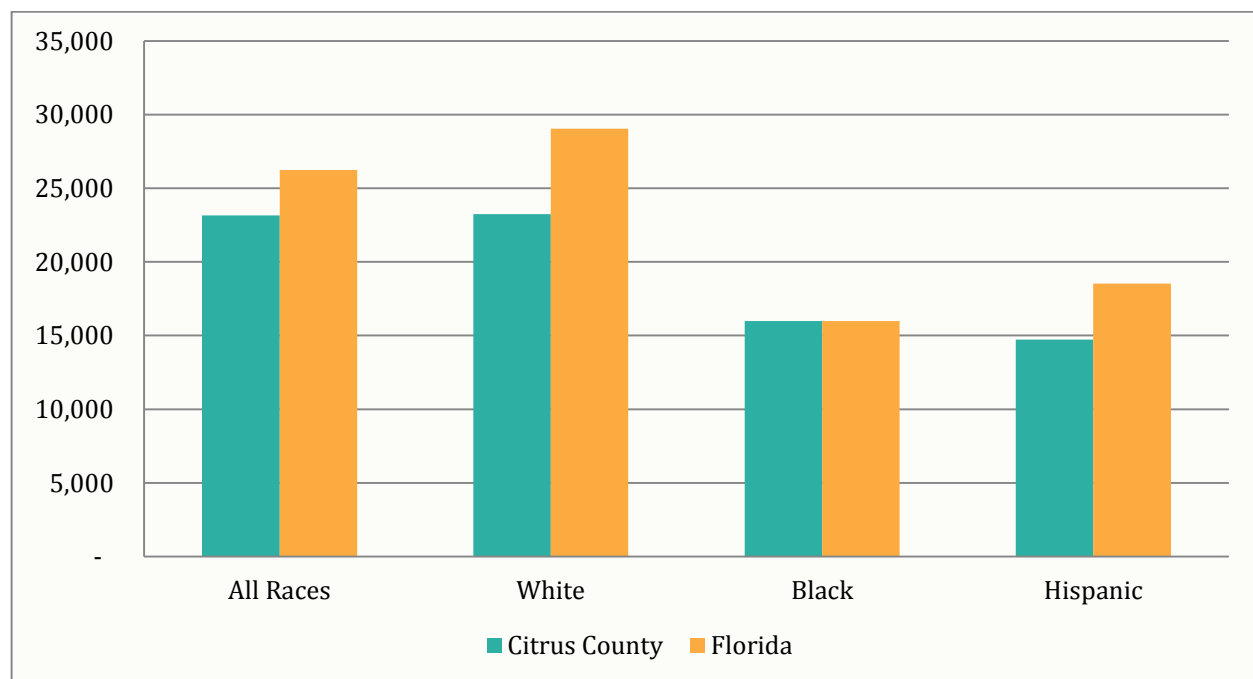
Source: Table 36, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.



Income

For years 2009 – 2013, the estimated median household income (all races) in Citrus County was \$39,100 compared to \$46,956 in Florida as a whole. Median household income for White Citrus County residents was \$38,967 compared to the median household income for Black Citrus County residents of \$39,358 (Table 46, Technical Appendix). See Figure 4 for details regarding the per capita incomes in Citrus County compared to Florida as a whole.

FIGURE 4: PER CAPITA INCOME, 2009-2013 ESTIMATES



Source: Table 49, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Employment

Unemployment rates in Citrus County tend to track slightly higher than Florida unemployment rates, though in recent years, unemployment rates in Citrus County have gone down slightly. In 2014, the unemployment rate in Citrus County was 7.4 compared to 6.1 in Florida as a whole (Table 53, Technical Appendix).

Educational Attainment

Estimates for the years 2009 – 2013 suggest 14.0 percent of the adult population in Citrus County has less than a high school diploma, 61.2 percent has completed high school, and 24.8 percent has completed a college degree. In Florida, 13.9 percent of the adult population has less than a high school diploma, 50.8 percent has completed high school and 35.3 percent have completed a college degree. (Table 58, Technical Appendix).



Environmental Health

Changing the Context

The second-largest level of the Health Impact Pyramid is titled “Changing the Context” (see Figure 1). The factors in this level lend to a community’s environment and surroundings that influence their decisions to be healthy. The implication of this level of the Pyramid is: if a community’s environment is healthy, it makes the community’s default decisions to be healthy, as well. Interventions made at this level will have the second-largest impact on the health of the citizens in the community. Interventions at this level can also include large, sweeping health policy decisions that affect an individual’s environment, as smoke-free laws and bans on trans fat (see Figure 1).

Water

A community water supply is defined as a system that provides water to the public for human consumption. The percent of Citrus County residents with a community water supply is much lower than the Florida percent. In 2012, 56.9 percent of the Citrus County population had a community water supply compared to 91.3 percent in Florida. Also lower when compared to Florida, 17.5 percent of Citrus County residents have a fluoridated water supply compared to 76.6 percent of Florida in 2012 (Table 142, Technical Appendix).

Healthy Food

When it comes to healthy food access, it is estimated that approximately 15 percent of the low income population in Citrus County has low healthy food access. This is a stark comparison to the state of Florida, where only 7.6 percent of the low income population has low healthy food access. Conversely, approximately 67.3 percent of the total population in Citrus County lives in Census Tracts with moderately healthy food access, compared to Florida at 48.4 percent of the population (Table 143, Technical Appendix).

Exercise

The rate of recreation and fitness center facility access per 100,000 population in Citrus County has remained lower than the Florida rate every year from 2008-2013. In 2013, the rate of recreation and fitness center facility access per 100,000 population in Citrus County was 4.25 compared to Florida at 9.41.

HEALTH BEHAVIORS

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Citrus County is for 2013.

Long-lasting Protective Interventions

The third level from the base of the Health Impact Pyramid is titled *Long-lasting Protective Interventions* (see Figure 1). Interventions made at this level will have a mid-range impact on affecting the health of the community, but this level is much more reasonable to conquer than the larger base levels, Socioeconomic



Factors and Changing the Context. Factors at the Long-Lasting Protective Interventions level include health screenings and tobacco cessation treatment. Partnering with organizations in order to achieve interventions at this level is feasible, so it is important to keep health behavior and screening data in mind when determining programs that would be most effective for impacting the health of the community.

Below are some highlights from the BRFSS data in regards to health behaviors. These data points can be found in Table 137 of the Technical Appendix.

Health Screenings

- The percentage of adults 50 years of age and older who reported receiving a sigmoidoscopy or colonoscopy in the past five years has gone down 11.5 percent in Citrus County from 2010-2013 (54.0 percent in 2010; 47.8 percent in 2013). In 2013, the percent of Citrus County adults who reported receiving a sigmoidoscopy or colonoscopy in the past five years is lower than the Florida percent (47.8 percent in Citrus County; 55.3 percent in Florida).
- Benchmarks for women's health screenings in Citrus County continue to be worse off than the state percentages each year from 2010-2013.
 - The percentage of women 40 years of age and older who reported having a clinical breast exam in the past year in Citrus County has gone down by 25 percent from 2010-2013, and remains lower than the Florida percent (46.6 percent in Citrus County; 58.8 percent in Florida).
 - The percentage of women 18 years of age and older who reported receiving a Pap test in the past year in Citrus County has gone down by nearly 36 percent from 2010-2013, and remains lower than Florida in 2013 (31.2 percent in Citrus County; 51.4 percent in Florida).
- The percentage of adults under 65 years of age who had an HIV test in the past 12 months has increased almost 37 percent from 2010-2013.

Chronic Illness

- The percentage of adults who have ever been told they had coronary heart disease, heart attack or stroke is much higher in Citrus County when compared to percentages for the state in 2013 (18.9 percent in Citrus County; 10.3 percent in Florida).
- The percentage of adults who have ever been told they had diabetes in Citrus County has increased by 52 percent from 2010-2013. The percentage of adults who have ever been told they had diabetes in Citrus County in 2013 is higher than the percentage for the state of Florida (15.2 percent in Citrus County; 11.2 percent in Florida).
- The percentage of adults with diabetes who ever had diabetes self-management education has increased from 2010-2013, and is slightly higher than the state percent. In 2013, the percentage of adults with diabetes who ever had diabetes self-management education in Citrus County was 51.2, compared to Florida at 49.6 percent.



- The percentage of adults who have ever been told they had hypertension has increased by 23 percent in Citrus County from 2010-2013. In 2013, the percentage of adults who have ever been told they had hypertension in Citrus County remains higher than the Florida percent (47.7 percent in Citrus County; 34.6 percent in Florida).

Insurance Coverage

- The percentage of adults with any type of health insurance coverage in Citrus County is similar to that of Florida in 2013, with Citrus County at 78.1 percent compared to Florida at 77.1 percent.
- The percentage of adults in Citrus County who could not see a doctor at least once in the past year due to cost has increased from 19.4 percent to 23.7 percent from 2010-2013. This is similar to Florida at 20.8 percent in 2013.

Overweight & Obese

- The percentage of adults who are overweight in Citrus County has decreased from 37.8 percent to 34.2 percent in the years 2010-2013. Citrus County's percent of overweight adults is slightly less than that of Florida's in 2013 (34.2 percent in Citrus County; 36.4 percent in Florida).
- The percentage of adults who are obese in Citrus County has increased from 2010-2013, and is similar to Florida's percentage of obese adults in 2013 (28.5 percent in Citrus County; 26.4 percent in Florida).
- The percentage of adults who are overweight or obese in Citrus County has remained steady around 62 percent in the years 2010-2013. Citrus County's percent of adults who are overweight or obese mirrors that of the state percent in 2013 (62.6 percent in Citrus County; 62.8 percent in Florida).

Tobacco Use

- The percent of adults who are current smokers in Citrus County has increased by 36.5 percent from 2010-2013; from 21.8 percent in 2010 to 28.8 percent in 2013. The percent of adults who are current smokers in Citrus County remains much higher than the state percent in 2013 (28.8 percent in Citrus County; 16.8 percent in Florida).
- The percent of adults who are current smokers who tried to quit smoking at least once in the past year in Citrus County has decreased from 69.7 percent in 2010 to 54.9 percent in 2013. The percent of adults who are current smokers who tried to quit smoking at least once in the past year in Citrus County is lower than the Florida percent in 2013 (54.9 percent in Citrus County; 61.1 percent in Florida).

Infectious Disease

- The rate per 100,000 population of STDs (Gonorrhea, Chlamydia, and Infectious Syphilis) in Citrus County has remained lower than Florida every year since 2005. In 2014, the rate per 100,000 population of STDs in Citrus County was 302.5, compared to the Florida rate of 539.5.



HEALTHCARE ACCESS

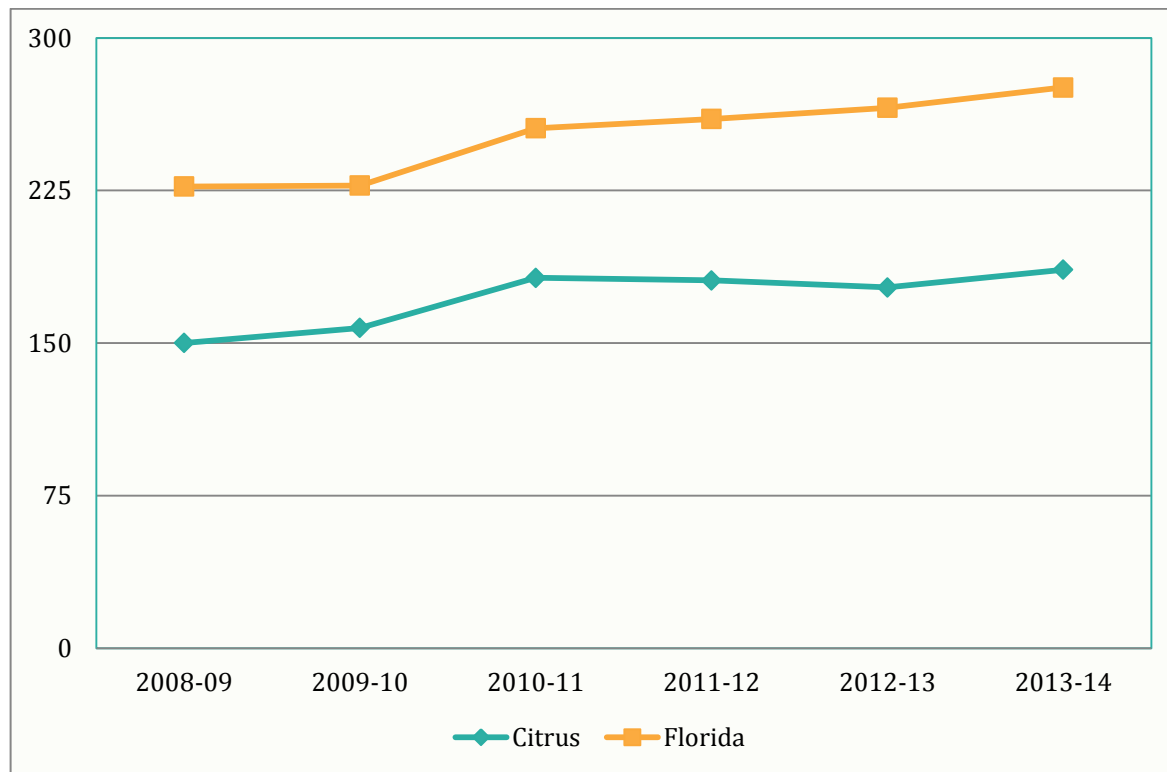
Although health insurance and access to healthcare do not necessarily prevent illness, early intervention and long term management of resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and healthcare access in a community health needs assessment. The Technical Appendix includes data on public and private insurance coverage, Medicaid eligibility and healthcare expenditures by payor source. Key findings from these data sets are presented below.

Medicaid

- The percent of population that is Medicaid eligible in Citrus County has been similar to and slightly lower than Florida every year since 2009. In 2014, the percent of the population that was Medicaid eligible in Citrus County was 18.0 percent compared to Florida at 19.3 percent (Table 149, Technical Appendix).
- From 2009-2014, the percent of Citrus County residents 0-18 years of age who are Medicaid eligible has remained higher than the Florida percent. In 2014, 56.4 percent of Citrus County residents 0-18 years of age were Medicaid eligible compared to 47.8 percent of 0-18-year-olds for the state (Table 150, Technical Appendix).
- The percent of Citrus County residents 19-64 years of age who are Medicaid eligible has remained slightly higher than the state percent from 2009-2014. In 2014, 12.9 percent of Citrus County residents 19-64 years of age were Medicaid eligible compared to 10.0 percent of 19-64 year-olds for the state (Table 150, Technical Appendix).

Access to Physicians

- From 2013-2014, the rate of total physicians per 100,000 population in Citrus County was 186.1 compared to Florida at 275.7 (Table 154, Technical Appendix).
 - The rate of physicians per 100,000 population in Citrus County remains lower than Florida every year from 2008-2014, as seen in Figure 5.
- Additionally, the rate per 100,000 population for OB/GYNs and Pediatricians has remained in low numbers every year from 2008-2014.
 - From 2013-2014, the rate of OB/GYNs in Citrus County was 4.9 per 100,000 population, which is much lower when compared to Florida at 9.9 per 100,000 population (Table 154, Technical Appendix).
 - From 2013-2014, the rate of Pediatricians in Citrus County was 7.8 per 100,000 population, compared to Florida at 23.0 per 100,000 population (Table 154, Technical Appendix).

**FIGURE 5: SELECTED TOTAL PHYSICIANS RATE PER 100,000 POPULATION IN CITRUS COUNTY AND FLORIDA, 2008-2014**

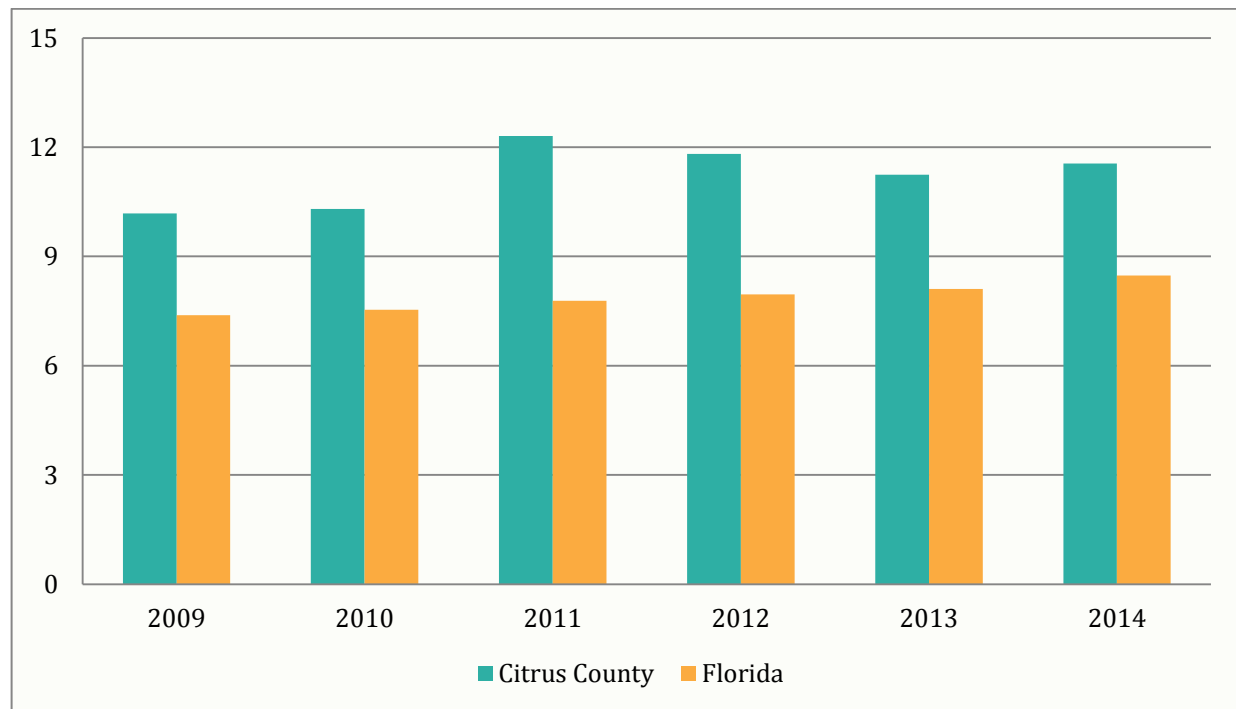
Source: Table 154, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Access to Dentists

- The rate of dentists per 100,000 population in Citrus County is 28.2 compared to Florida at 53.8 from 2008-2014 (Table 157, Technical Appendix).
- As seen in Figure 6, the total preventable oral health ED visit rate per 100,000 population in Citrus County has remained higher than the Florida rate every year from 2009-2014. In 2014, the total preventable oral health ED visit rate per 100,000 population in Citrus County was 11.5 compared to Florida at 8.1 (Table 155, Technical Appendix).



FIGURE 6: PREVENTABLE ORAL HEALTH ED VISITS RATE PER 1,000 POPULATION IN CITRUS COUNTY, 2009 - 2014



Source: Table 155, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Hospital Utilization

Clinical Interventions

The *Clinical Interventions* level of the Health Impact Pyramid is second-highest from the top (see Figure 1). Interventions at this level include providing prescriptions for certain chronic health conditions, such as high blood pressure and diabetes. Intervening with consumers at the clinical level does have some impact in affecting change in a community according to the Health Impact Pyramid, but is not the strongest level where a change can push a community to be healthy. However, it is important to keep in mind the level at which Citrus County citizens are currently utilizing facilities in order to identify possible areas where a clinical intervention could take place.

The following Technical Appendix data examines hospital utilization in Citrus County.

Hospital and ED Visits

- The rate of hospitalizations per 100,000 population in Citrus County continues to be higher than for Florida every year from 2009-2014. In 2014, the rate of hospitalizations per 100,000 in Citrus County was 167.0 compared to Florida at 135.9 (Table 160, Technical Appendix).



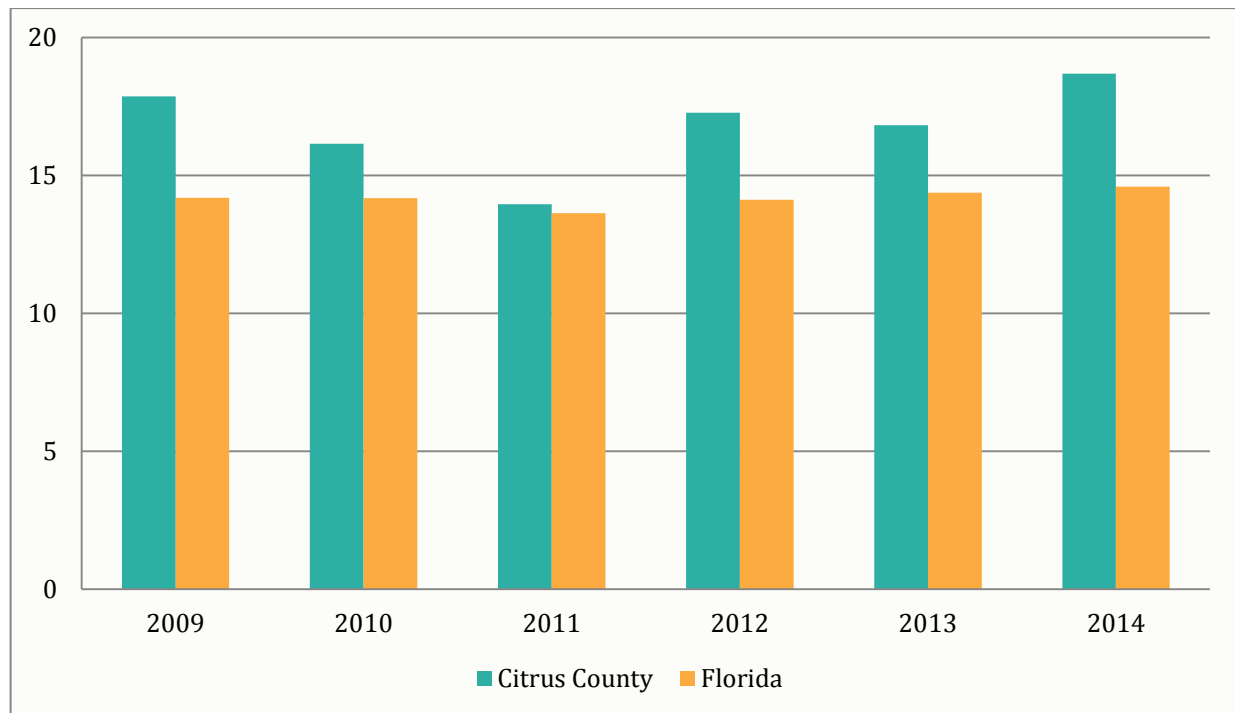
- The rate of emergency department visits per 100,000 population in Citrus County is slightly lower than and similar to the state every year from 2009-2014. In 2014, the rate of emergency department visits per 100,000 in Citrus County was 364.9 compared to Florida at 396.7 (Table 160, Technical Appendix).
- The rate of mental health emergency department visits per 100,000 population in Citrus County is higher than the state every year from 2009-2014. In 2014, the rate of mental health emergency department visits per 100,000 in Citrus County was 79.3 compared to Florida at 67.3 (Table 100, Technical Appendix).

Avoidable Hospital and ED Visits

- As seen in Figure 7, the rate of avoidable hospitalizations per 100,000 population in Citrus County continues to be higher than for Florida every year from 2009-2014. In 2014, the rate of avoidable hospitalizations per 100,000 in Citrus County was 18.7 compared to Florida at 14.6 (Table 164, Technical Appendix).
- The rate of avoidable emergency department visits per 100,000 population in Citrus County is lower than the state every year from 2009-2014. In 2014, the rate of avoidable emergency department visits per 100,000 in Citrus County was 169.9 compared to Florida at 199.9 (Table 164, Technical Appendix).



FIGURE 7: AVOIDABLE HOSPITALIZATIONS RATE PER 100,000 POPULATION, CITRUS COUNTY AND FLORIDA, 2009-2014.



Source: Table 164, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Discharges and Patient Days

- In 2014, there were 23,582 total hospital discharges in Citrus County (Table 160, Technical Appendix). 1,732 of these were considered avoidable discharges.
- In 2014, Medicare and Medicaid was the payor source for nearly two-thirds of the avoidable discharges which is similar to Florida's payor source distribution (Table 165, Technical Appendix). Table 4 shows the percent of avoidable discharges by payor source in Citrus County and Florida in 2014.

TABLE 4: PERCENT OF AVOIDABLE DISCHARGES BY PAYOR SOURCE IN CITRUS COUNTY AND FLORIDA, 2014.

Payor Source	Citrus County	Florida
Medicare	28.6	21.6
Medicaid	29.4	31.1
Private Insurance	21.9	25.6
VA/Tri-Care	2.4	2.3

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



Self-Pay/Non Payment	16.9	17.1
All Others	0.7	2.3

Source: Table 165, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

- In 2014, there were 109,581 total patient days for Citrus County (Table 161, Technical Appendix). Table 5 shows the percent of patient days by payor source in Citrus County and Florida in 2014.

TABLE 5: PERCENT OF PATIENT DAYS BY PAYOR SOURCE IN CITRUS COUNTY AND FLORIDA, 2014.

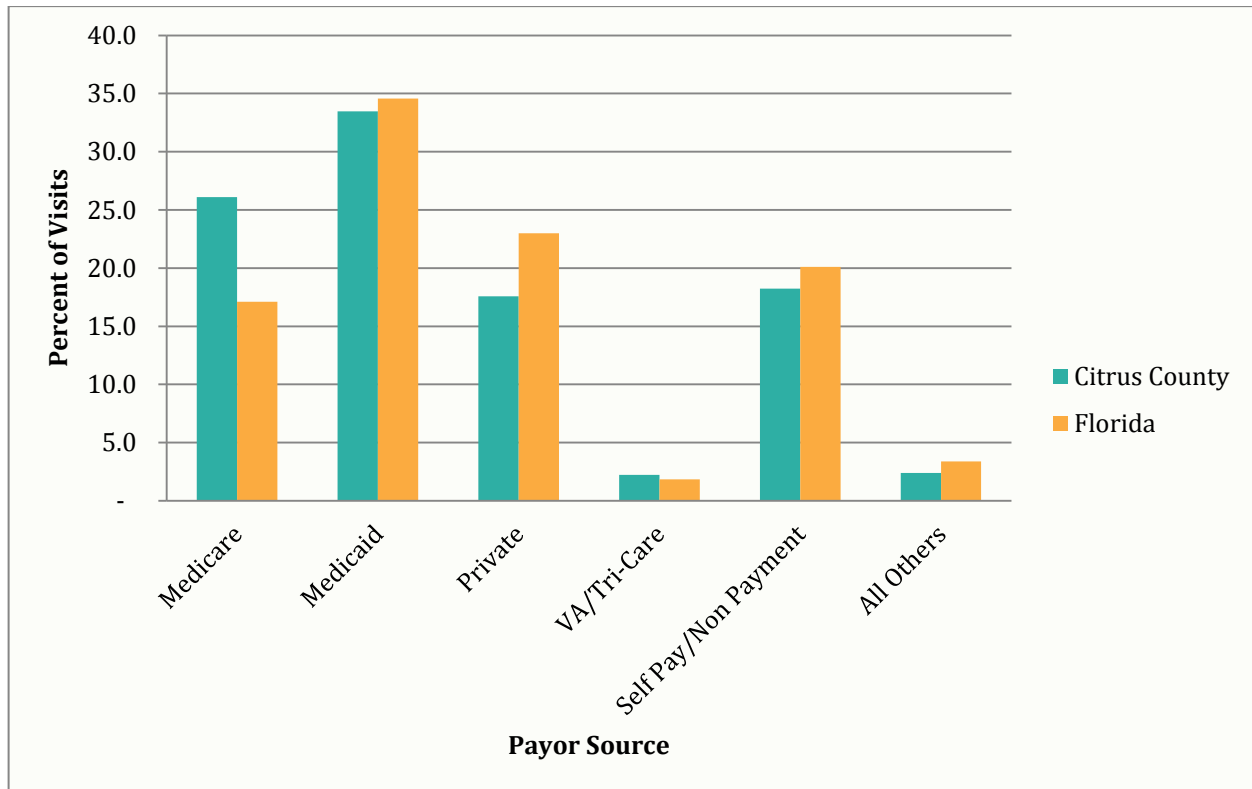
Payor Source	Citrus County	Florida
Medicare	65.2	51.1
Medicaid	13.9	20.0
Private Insurance	13.2	18.9
VA/Tri-Care	1.6	1.7
Self-Pay/Non Payment	5.4	6.2
All Others	0.7	2.0

Source: Table 162, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

- The top leading reasons for avoidable discharges for >65 years of age for 2009 – 2014 are: Dehydration, Chronic Obstructive Pulmonary Disease, Cellulitis, Asthma, Congestive Heart Failure, Kidney/Urinary Infection, Grand mal status and other epileptic convulsion, Gastroenteritis, Diabetes “A” and Hypertension (Table 166, Technical Appendix).
- In 2014, there were 51,525 emergency department visits by Citrus County residents for all ages (Table 167, Technical Appendix).
- In 2014, the most common reasons for emergency department visits for all ages were: abdominal pain (unspecified site), cough, pain in limb, fever (unspecified), abdominal pain (other specified site), and chest pain (Table 168, Technical Appendix).
- In 2014, 33.5 percent of emergency department visits in Citrus County had Medicaid as the payor source (Table 167, Technical Appendix). Figure 8 shows the percent of emergency department visits by payor source for Citrus County and Florida in 2014.



FIGURE 8: PERCENT OF EMERGENCY DEPARTMENT VISITS BY PAYOR SOURCE, CITRUS COUNTY AND FLORIDA, 2014



Source: Table 167, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.



HEALTH OUTCOMES

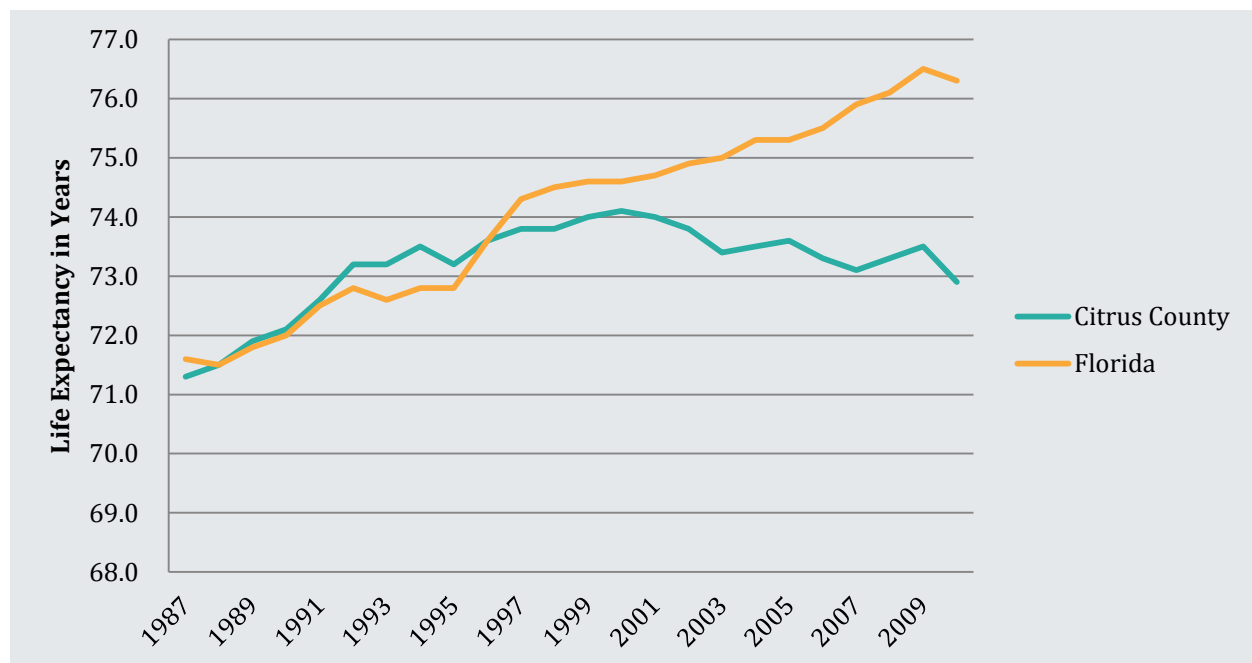
One of the best strategies for measuring health and well-being is by examining a community's rates of disease and death. In Citrus County—as well as in Florida and the rest of the United States—premature disease and death are primarily attributable to chronic health issues. Chronic health issues typically develop throughout the course of life and often require careful management for prolonged periods of time. This section focuses on the health outcomes (morbidity and mortality) of Citrus County residents. Citrus County data will be compared to state of Florida data when possible.

LIFE EXPECTANCY

The University of Washington, Institute for Health Metrics and Evaluation, released a complete time series for life expectancy for all U.S. counties from 1987 to 2010 for each sex, for all races combined, for Whites and for Blacks. Life Expectancy data can be found in Tables 3 and 4 of the Technical Appendix.

The life expectancy for Citrus County males is 72.9 years of age, which is 3.4 years lower than the Florida life expectancy of 76.3 (For 2010 - Table 3, Technical Appendix). Life expectancy for Citrus County males is also lower than their Florida counterparts when it comes to race: the life expectancy for Citrus County White males is 3.2 years lower than the Florida life expectancy for White males (73.7 Citrus vs. 76.9 Florida for 2009). Data is not available for the life expectancy of Black males in Citrus County. Figure 9 shows the life expectancy for males by race and year, Citrus County and Florida, 1987-2010.

FIGURE 9: LIFE EXPECTANCY FOR MALES BY RACE AND YEAR, CITRUS COUNTY AND FLORIDA, 1987-2010.



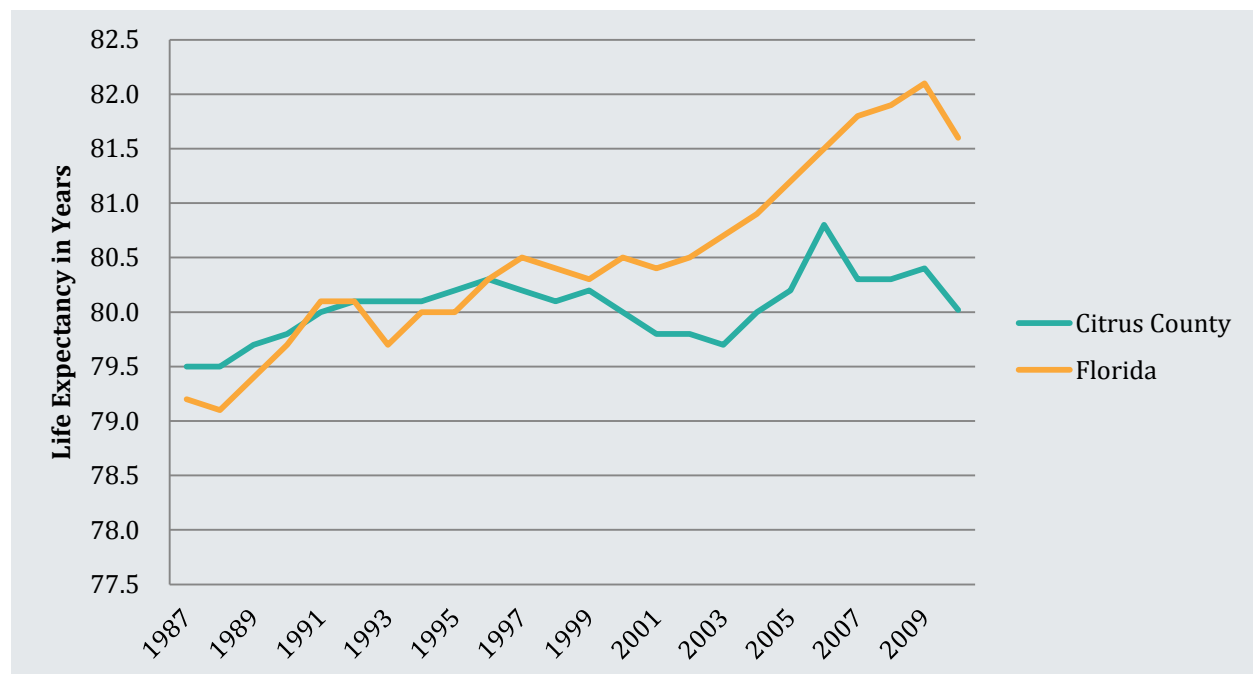
Source: Table 3, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.



The life expectancy for Citrus County females is more than only 1.6 years shorter than Florida females, with 80.0 years in Citrus County compared to 81.6 years in Florida (For 2010 - Table 4, Technical Appendix). Citrus County females also have a slightly lower life expectancy within the county than their Florida counterparts when it comes to race: life expectancy for Citrus County White females is 80.5, which is only 2.6 years lower than the Florida life expectancy of 82.6 (For 2009 - Table 4, Technical Appendix); and life expectancy for Citrus County Black females is 76.0, which is 2.8 years lower than the Florida life expectancy of 78.8 (For 2009 - Table 4, Technical Appendix).

Within the county, there is a disparity between the life expectancy of White and Black females. The life expectancy of White Citrus County females is 80.5 years, 4.5 years longer than the life expectancy of Black Citrus County females which is 76.0 years (For 2009 - Table 4, Technical Appendix). Figure 10 shows the life expectancy for females by race and year, Citrus County and Florida, 1987-2010.

FIGURE 10: LIFE EXPECTANCY FOR FEMALES BY RACE AND YEAR, CITRUS COUNTY AND FLORIDA, 1987-2010.



Source: Table 4, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Years of potential life lost (YPLL) under the age of 75 in Citrus County is 11,382.3 per 100,000 population compared to Florida at 7,315.0 per 100,000 population. (For 2014 - Table 90, Technical Appendix).

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



MORTALITY

The Top Ten Causes of Death in Citrus County from 2010-2014 are below. The Florida rank is bracketed. Please note Citrus County's small total population (28,520 people in 2010; US Census Bureau - Table 7, Technical Appendix) when reviewing mortality statistics. The data for Top Causes of Death in Citrus County can be referenced in Table 68 of the Technical Appendix.

All races in Citrus County [Florida Rank]

1. Heart Disease [1]
2. Malignant Neoplasm(Cancer) [2]
3. Chronic Lower Respiratory Disease (CLRD) [3]
4. Cerebrovascular Diseases (Stroke) [5]
5. Unintentional Injury [4]
6. Diabetes Mellitus (Diabetes) [6]
7. Chronic Liver Disease & Cirrhosis (Liver Disease) [10]
8. Essen Hypertension & Hypertensive Renal Disease (Hypertension) [13]
9. Suicide [9]
10. Alzheimer's Disease [7]

The overall age-adjusted mortality rate for Citrus County is 860.4 per 100,000 population while the state age-adjusted mortality rate is 683.5 per 100,000 population (For 2014 - Table 70, Technical Appendix). This indicator has historically compared unfavorable to the state, and the trend continues to hold true. Table 6 shows the percent of total deaths for Citrus County and Florida for top causes, based on the 2010-2014 ranking for all races for Citrus County.

TABLE 6: PERCENT OF TOTAL DEATHS IN CITRUS COUNTY AND FLORIDA FOR TOP CAUSES, 2010-2014.

Cause of Death	Citrus County	Florida
Heart Disease	28.6	28.5
Malignant Neoplasm (Cancer)	26.9	28.3
Chronic Lower Respiratory Disease (CLRD)	10.6	7.3
Cerebrovascular Diseases (Stroke)	10.2	5.9
Unintentional Injury	5.4	5.9
Diabetes Mellitus (Diabetes)	3.3	3.5
Chronic Liver Disease & Cirrhosis (Liver Disease)	2.5	1.8
Essen Hypertension & Hypertensive Renal Disease (Hypertension)	2.1	1.3
Suicide	1.8	1.9
Alzheimer's Disease	1.6	3.3

Source: Table 69, Citrus County Technical Appendix 2015, prepared by WellFlorida Council



As seen in Table 6, Citrus County residents fare similar to Florida residents in heart disease and cancer deaths; Citrus County residents are slightly worse than Florida for CLRD and stroke (Table 69, Technical Appendix). For trend data, see Table 70 in the Technical Appendix.

MORBIDITY AND QUALITY OF LIFE

To better understand the current health of the Citrus County population, it is important to analyze the prevalence of disease and quality of life. Quality of life refers to how healthy people feel while alive. The Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Citrus County is for 2013.

Counseling and Education

The top and smallest level of the Health Impact Pyramid is *Counseling and Education* (see Figure 1). Interventions made at this level have the smallest impact on a community's health. Though this level is the smallest, it is also the easiest to implement. Interventions at this level include education and training to individuals and the community on what it means to be healthy and how to be more physically active. Personal motivation, efficacy, and access are major factors affecting the success of interventions at this level, which is why it has the smallest impact. Quality of life factors can be addressed through interventions at this level, so it is important to keep in mind the state of Citrus County citizens when planning interventions at this level.

Below are some highlights from the BRFSS data as they relate to disease and quality of life. These data points can be found in Table 137 of the Technical Appendix.

- 81.4 percent of adults report being in good physical health and 81.8 percent of adults being in good mental health in Citrus County in 2013 (Florida: 85.9 percent report good physical health; 87.3 percent report good mental health for 2013).
- 42.7 percent of adults in Citrus County have reported they have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia (2013). This is much higher than the state percent of 26.0 in 2013.
- Nearly 29 percent of Citrus County residents said their overall health was “fair” or “poor” compared to 19.5 percent in Florida in 2013.
- 30.4 percent of Citrus County adults stated that their poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health) compared to 16.4 percent of adults in Florida in 2013.
- 30 percent of Citrus County adults reported that they are limited in any way in any activities because of physical, mental or emotional problems compared to 21.2 percent for the state of Florida as a whole in 2013.



- 13.8 percent of adults in Citrus County have ever been told they have had asthma, which is similar to the state percent of 13.5 in 2013.

BIRTHS, INFANT DEATHS AND LOW BIRTHWEIGHT

In 2014, there were 1,016 total births in Citrus County (Table 105, Technical Appendix). In 2014, total birth rates per 1,000 population was 7.1 for all races, 8.0 for Black, 7.2 for White and 9.6 for Hispanic (Table 106, Technical Appendix). In 2014, there were 7 total infant deaths (1 Black, 6 White), (Table 107, Technical Appendix).

As seen in Table 7, percent low birthweight in Citrus County tracks similar with Florida in 2014.

TABLE 7: PERCENT LOW BIRTHWEIGHT IN CITRUS COUNTY AND FLORIDA, 2014

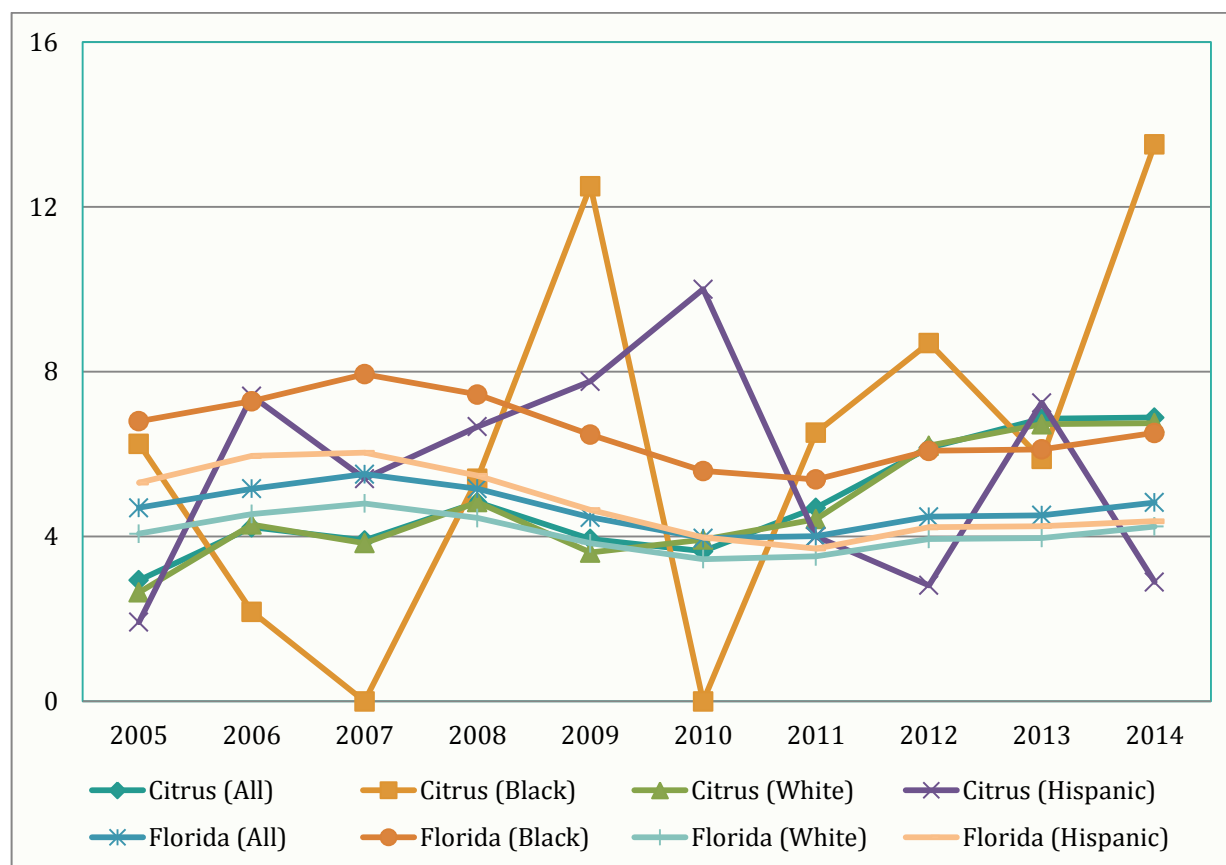
Area	All Races	White	Black	Hispanic
Citrus County	9.0	13.5	9.0	10.1
Florida	8.7	13.3	7.3	7.4

Source: Table 109, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

In 2014, 69 percent of the births in Citrus County received care in the first trimester (Table 114, Technical Appendix). In contrast, 6.9 percent of the births in Citrus County in 2014 received late (3rd trimester) or no prenatal care, compared to 4.8 percent of births for the state (Table 116, Technical Appendix). For African Americans in Citrus County, 13.5 percent of births received late or no prenatal care in 2014. Figure 11 displays the percent of total births that received late or no prenatal care in Citrus County and Florida when broken down by race and ethnicity from 2005-2014.



FIGURE 11: PERCENT OF BIRTHS THAT RECEIVED CARE IN THE THIRD TRIMESTER OR NO CARE BY RACE, CITRUS COUNTY AND FLORIDA, 2005-2014.

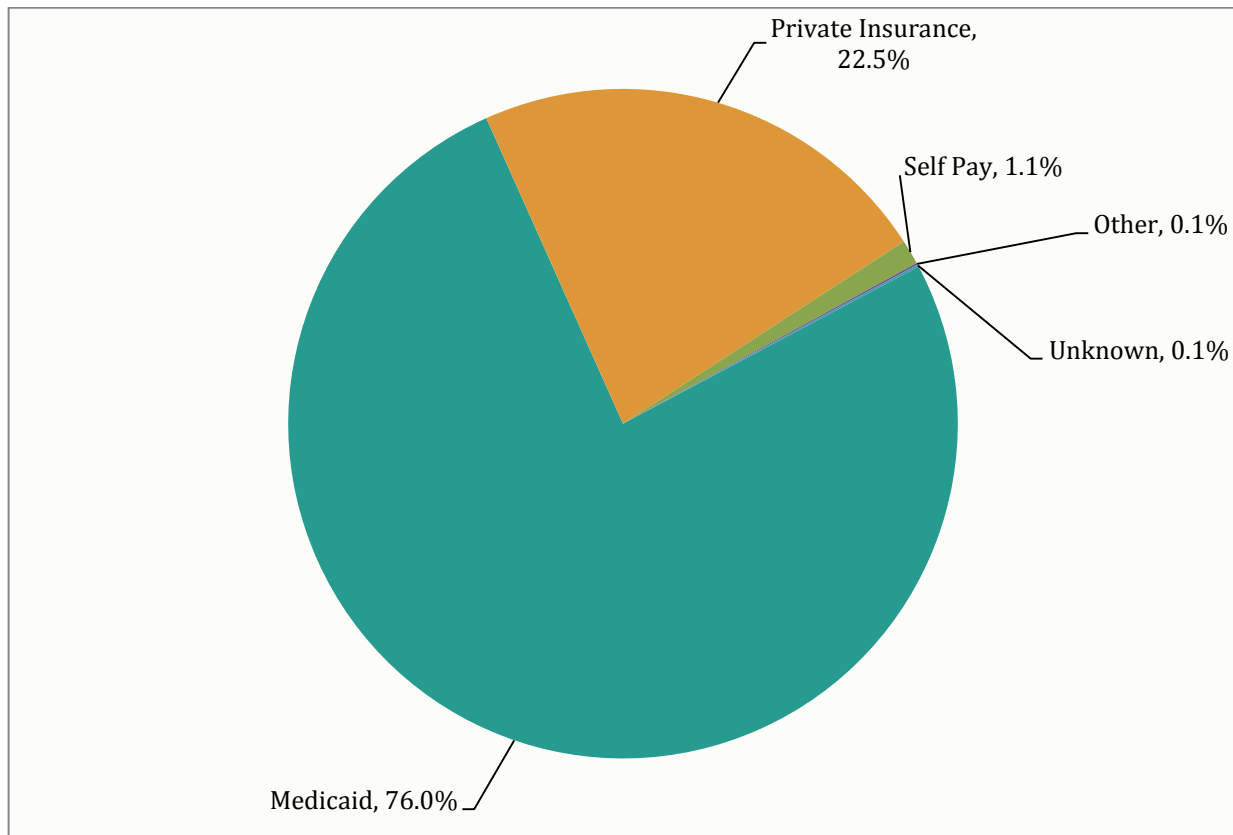


Source: Table 116, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Teen birth rates per 1,000 population in Citrus County have remained consistently higher than the Florida rates every year from 2005-2014. In 2014, the teen birth rate per 1,000 population in Citrus County was 11.5 compared to Florida at 9.1 (Table 118, Technical Appendix).

Percent of repeat births to moms 15-19 years of age in Citrus County also remains similar to yet slightly lower than the state percent. However, the percent of repeat births to moms 15-19 years of age in Citrus County was higher than the state in 2014 (20.2 percent in Citrus County compared to 16.5 percent in Florida) (Table 124, Technical Appendix).

For all births in Citrus County in 2014, Medicaid was the main payment source in 2014 (as seen in Figure 12 below).

**FIGURE 12: PAYMENT SOURCE FOR BIRTHS IN CITRUS COUNTY, 2014.**

Source: Table 128, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

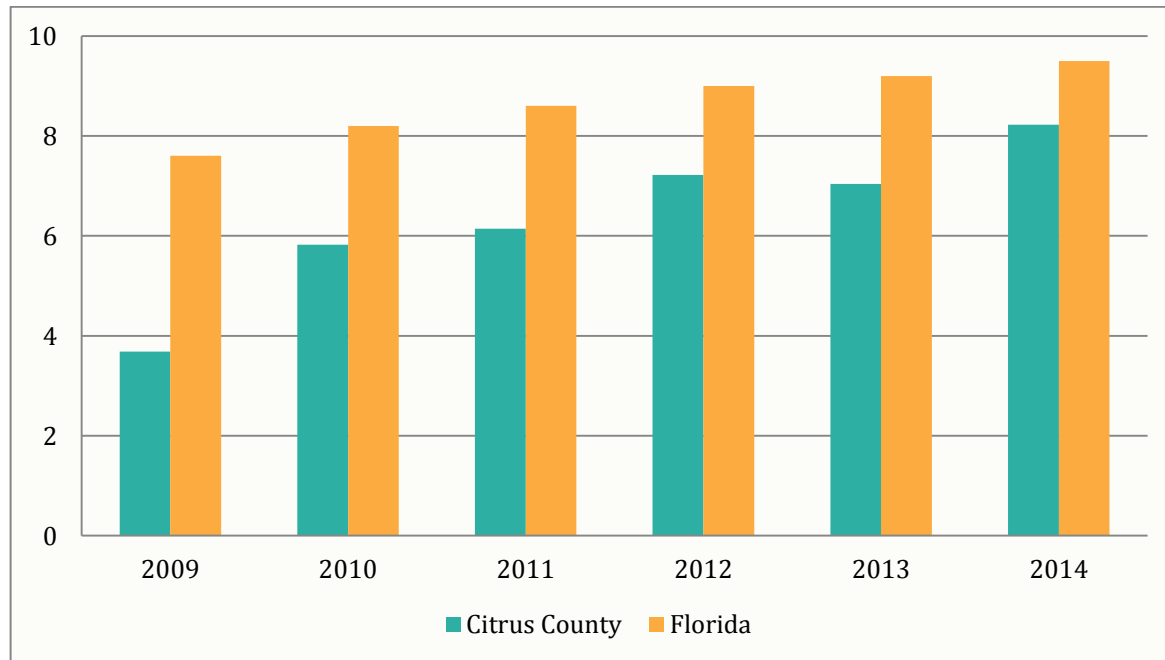
MENTAL HEALTH

Mental Health Hospitalizations

In 2014, 1,169 Citrus County residents were hospitalized due to mental health reasons; of those, 67 were between the ages of 0 – 17 and 1,102 were 18 years and older. The rate of hospitalizations per 1,000 population for mental health reasons for all ages in 2014 was 8.2 for Citrus County residents, which fares better than the Florida rate of 9.5 (Table 99, Technical Appendix). Historically, Citrus County has fared better than Florida for mental health hospitalization rate per 100,000 population, as seen in Figure 13.



FIGURE 13: MENTAL HEALTH HOSPITALIZATION RATE PER 100,000 POPULATION, CITRUS COUNTY AND FLORIDA, 2009-2014.



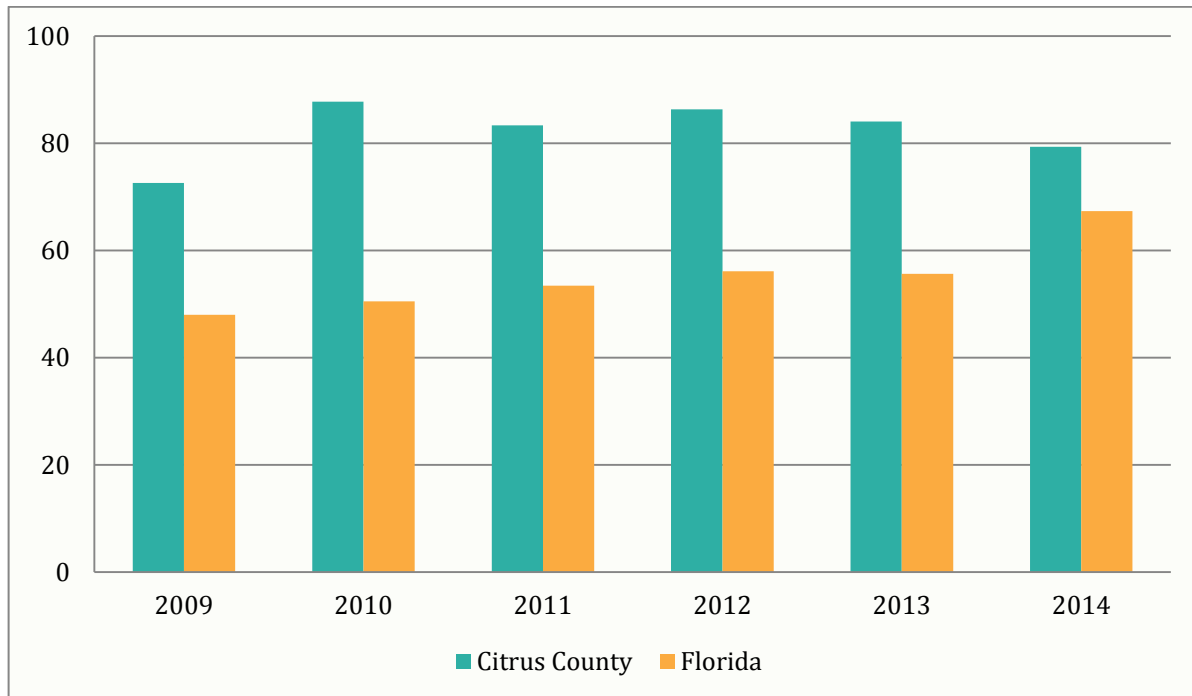
Source: Table 99, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Mental Health ED Visits

In 2014, Citrus County residents fared worse than their Florida resident counterparts on the rate of Emergency Department visits for mental health reasons per 1,000 population (Citrus County 79.3, Florida 67.3) (Table 100, Technical Appendix). In 2013, there were 1,171 involuntary exam initiations (Baker Acts) of Citrus County residents (Table 102, Technical Appendix). Figure 14 displays the rate per 100,000 population of mental health ED visits in Citrus County and Florida from 2009-2014.



FIGURE 14: MENTAL HEALTH ED VISITS RATE PER 100,000 POPULATION, CITRUS COUNTY AND FLORIDA, 2009-2014.



Source: Table 100, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.

Suicide

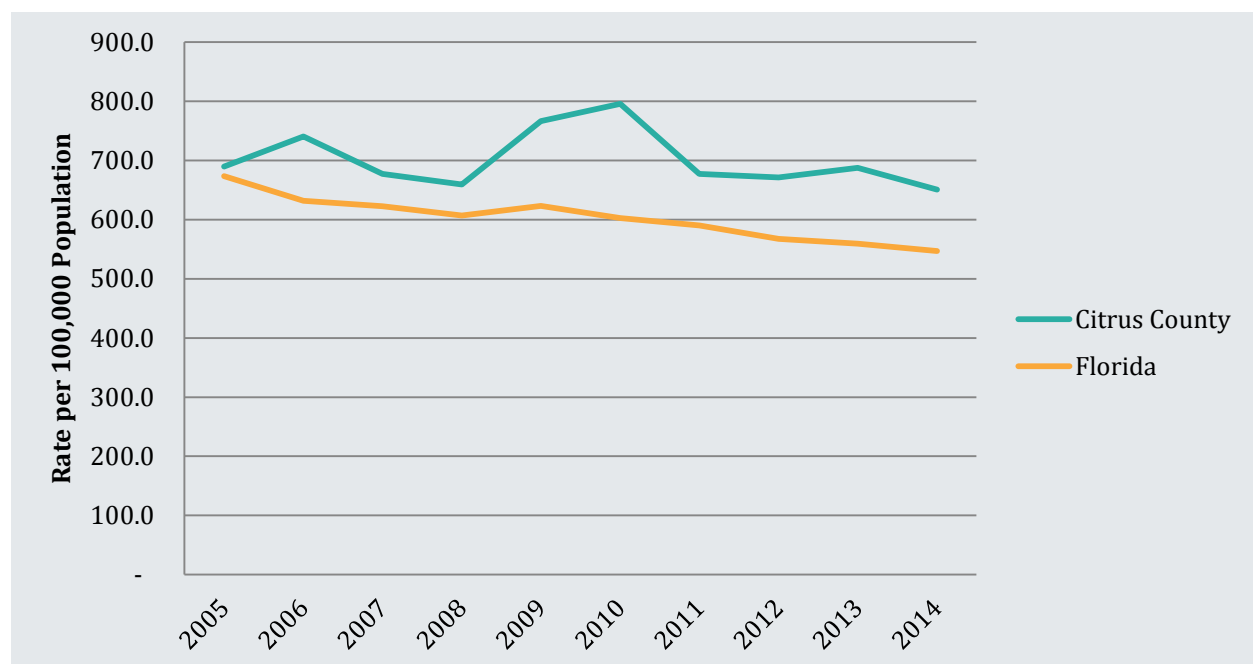
The age-adjusted suicide death rate per 100,000 population in Citrus County is similar to Florida's rate each year from 2004-2014. From 2012-2014, the age-adjusted suicide death rate per 100,000 population in Citrus County was 14.1 compared to Florida at 14.0 (Table 97, Technical Appendix).



Domestic Violence

The rate per 100,000 population for domestic violence offenses have fluctuated every year since 2005 in Citrus County when compared to Florida. In 2014, the rate per 100,000 population for domestic violence offenses in Citrus County was 650.6 compared to 546.8 in Florida (Table 103, Technical Appendix). The trend for domestic violence offenses in Citrus County and Florida from 2005-2014 can be seen in Figure 15.

FIGURE 15: RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES, CITRUS COUNTY AND FLORIDA, 2005-2014.



Source: Table 103, Citrus County Technical Appendix 2015, prepared by WellFlorida Council.



KEY INSIGHTS

The following key insights were compiled as a result of the data highlights of the Citrus County Technical Appendix.

- Similar to the state of Florida and the county, heart disease and cancer are the leading causes of death for citizens in Citrus County. The percent of total deaths for heart disease in Citrus County almost mirrors that of the state, with Citrus County at 28.6 percent and Florida at 28.5 percent from 2010-2014 (Table 69, Technical Appendix). From 2010-2014, cancer contributes to 26.9 percent of total deaths for Citrus County residents, compared to Florida at 28.3 percent (Table 69, Technical Appendix).
- Environmental health along with Quality of Life is continuously seen to be in high regards with Citrus County citizens. 81.4 percent of adults report being in good physical health and 81.8 percent of adults being in good mental health in Citrus County in 2013 (Table 137, Technical Appendix). Additionally, the Physical Environment in Citrus County was ranked 21st in the state out of the 67 counties of Florida in 2015.
- Tobacco use is still higher in Citrus County than in Florida and has increased recently. The percent of adults who are current smokers in Citrus County has increased by 36.5 percent from 2010-2013 (Table 136, Technical Appendix).
- 15 percent of the low income population in Citrus County has low healthy food access (Table 143, Technical Appendix). More effort is needed to make affordable, healthy food available to individuals who need it the most.
- Similar to the state of Florida as well as the national landscape, adult obesity in Citrus County is a major problem. The amount of overweight individuals in Citrus County has decreased, but this may be due to the increase of obese individuals. The percentage of adults who are obese in Citrus County has increased from 2010-2013, and is similar to Florida's percentage of obese adults in 2013 (28.5 percent in Citrus County; 26.4 percent in Florida – Table 137, Technical Appendix).
- Chronic disease management in the form of diabetes self-management education is improving in Citrus County. The percentage of adults with diabetes who ever have had diabetes self-management education has increased from 2010-2013, and is slightly higher than the state percent. In 2013, the percentage of adults with diabetes who ever have had diabetes self-management education in Citrus County was 51.2, compared to Florida at 49.6 percent (Table 136, Technical Appendix).
- Dental care access has been a resounding issue for Citrus County citizens. The rate of dentists per 100,000 population in Citrus County is 28.2 from 2004-2014 (Table 157, Technical Appendix). Additionally, the total preventable oral health ED visit rate per 100,000 population in Citrus County has remained higher than the Florida rate every year from 2009-2014. In 2014, the total preventable oral health ED visit rate per 100,000 population in Citrus County was 11.5 compared to Florida at 8.1 (Table 155, Technical Appendix).



- Healthcare access due to issues of poverty as well as availability of physicians is a major issue in Citrus County. In 2014, 56.4 percent of Citrus County residents 0-18 years of age were Medicaid eligible (Table 150, Technical Appendix). Additionally, the rate of OB/GYNs in Citrus County is 4.9 per 100,000 population and the rate of Pediatricians in Citrus County is 7.8 per 100,000 population (Table 154, Technical Appendix).



Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community perspective of health and the healthcare experience are essential to fully understanding a community's health.

The Citrus County CHA has utilized several approaches to generate community perspectives on health and the healthcare system in Citrus County. First, a community survey of citizens, business leaders and physicians was conducted. The observations from these surveys basically comprise NACCHO's Community Themes and Strengths Assessment (CTSA) which is one of the core assessments of the MAPP needs assessment process.

To further enhance community input and continuously observe community perspectives, four Community Focus Groups were conducted. These focus groups took place at four geographically unique areas of Citrus County throughout the duration of the project in order to capture a diverse pool of participants and collect the most meaningful data possible.

The results of the Community Issues and Practices Surveys and the Community Focus Groups are outlined in the section that follows. The survey tools utilized for each of the three groups can be found in Appendix A.

COMMUNITY ISSUES AND PRACTICES SURVEY

METHODS

The C-CHAP team worked to develop three similar though slightly different surveys to query individuals about community health issues and healthcare system perspectives: citizen's survey; business leader's and physician's survey. The Citrus County Citizens Survey was aimed at the general public, and contained questions aimed at discovering the general health needs and issues based on the attitude of the Citrus County Community. The Business Leader Survey was similar to the citizen's survey in discussing health attitudes, but also reviewed questions of workplace wellness and health insurance offerings by employers. The Provider Survey was aimed at physicians and health care providers in Citrus County. The provider survey included questions about disease management programs and main population served.

As representative random sampling procedures would have been quite costly given the limited budget, a convenience sampling approach (basically distributing the surveys widely wherever you can) was utilized for all three surveys. The C-CHAP members assisted with the distribution of the citizen survey both through their organizations and by helping WellFlorida link with key community partners.

There were 1,017 total respondents to the various surveys: 921 Citrus County residents responded to the Citizen Survey; 45 Citrus County business leaders responded to the business leader survey; and 51 Citrus County health providers responded to the provider survey. Due to the length of the surveys, not all respondents completed the entire survey. Participant drop off in each survey accounts for lower numbers



than the total surveys that were initiated. Each survey analysis section in this document highlights the results of the surveys that were completed in their entirety by citizens, business leaders, and health providers.

Even with convenience sampling, it is often desired to try and approximate the community population as best as possible. In general, the survey respondents are not entirely representative of the Citrus County population as a whole as women, senior adults and White residents are overrepresented in the respondent group. However, while the insights obtained from the citizen and the other two surveys are extremely valuable to the CHA process, they cannot be generalizable to all Citrus County residents, to all business leaders or to all physicians.

CITRUS COUNTY CITIZEN SURVEY

The Citrus County Citizen Survey was aimed at the general public to uncover attitudes and issues about health in Citrus County. A summary of demographics and responses is found in the following section.

Demographics

- More than a quarter (26.3%) of respondents resided in Inverness. Respondents residing in Homosassa and Crystal River were also frequently represented. Various cities and towns were also represented but less frequent. Survey participants represented a total of 33 zip codes in Florida. The zip code with the highest frequency was 34452 (11.7%) followed by 34465 (11.2%) and 34442 (9.8%).
- More than two-thirds (69.3%) of survey respondents were 50 or older. Additionally, nearly 31 percent of survey respondents were under the age of 49.
- The majority of respondents identified as White (non-Hispanic), while less than 1% identified as Black or African-American (non-Hispanic), Asian/Pacific Islander, American Indian, Eskimo or Aleut, or Multiracial/Multiethnic. The remaining participants identified as Hispanic/Latino.
- The majority of survey respondents were females. Nearly a quarter (24.1%) was male. Less than 1% identified as Other.
- Over a quarter (25.3%) of survey participants obtained a Bachelor's degree, followed by Master's degrees (21.2%), some college (19.3%), high school diploma (11.6%), Associate's degrees (10.3%), technical or trade school certificate (6.1%), graduate degree/professional degrees (4.1%) and 12th grade or less education (2.0%).

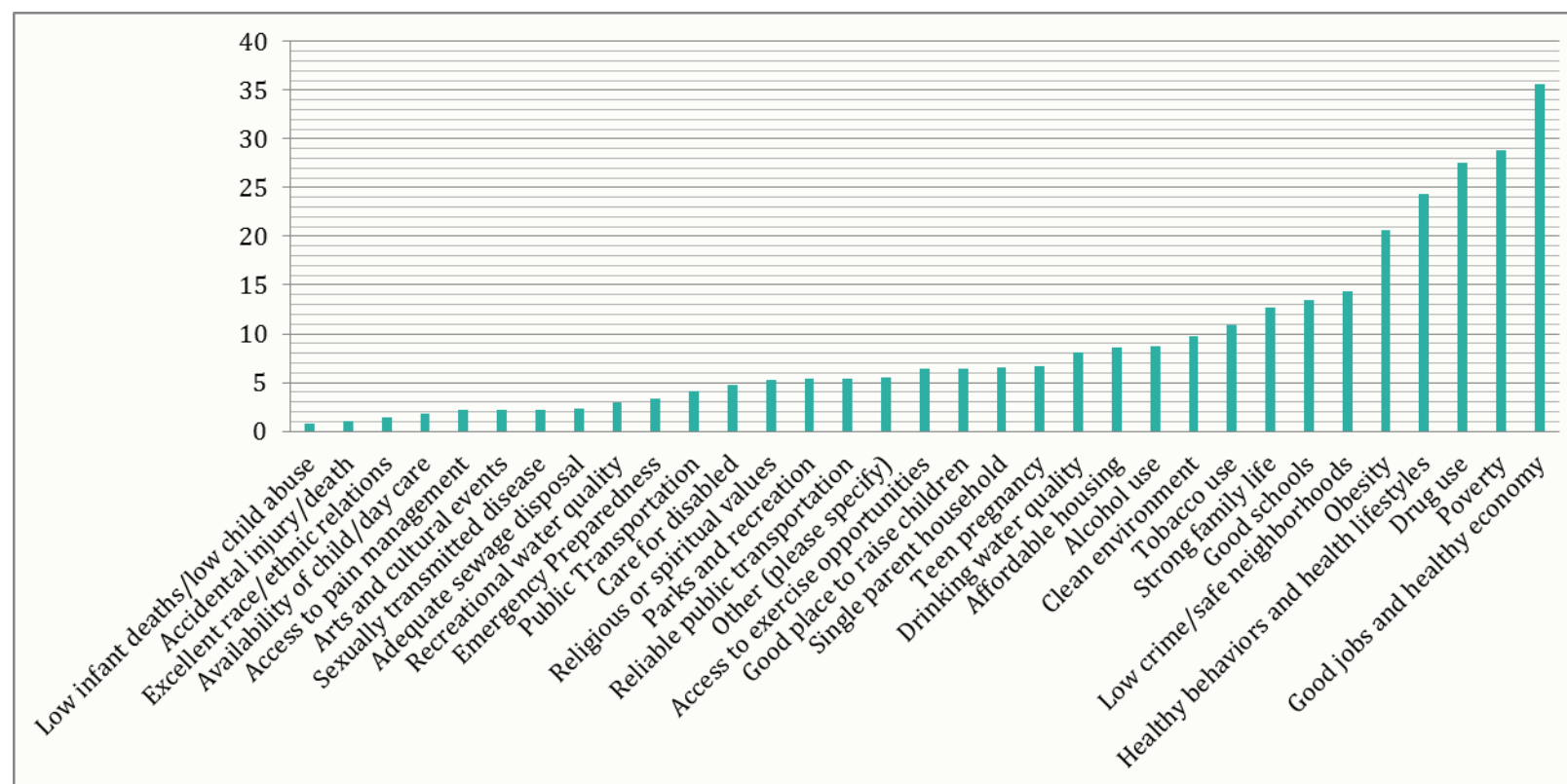
CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



Citizen Survey Respondent Results

- As seen in Figure 17, good jobs and healthy economy (35.6%) was commonly cited as the most important factor that affects the health of Citrus County, followed by poverty (28.9%) and drug use (27.6%).

FIGURE 17: CITIZEN SURVEY RESPONSES – Q: “In the following list, what do you think are the three (3) most important factors that affect the health of our community?”



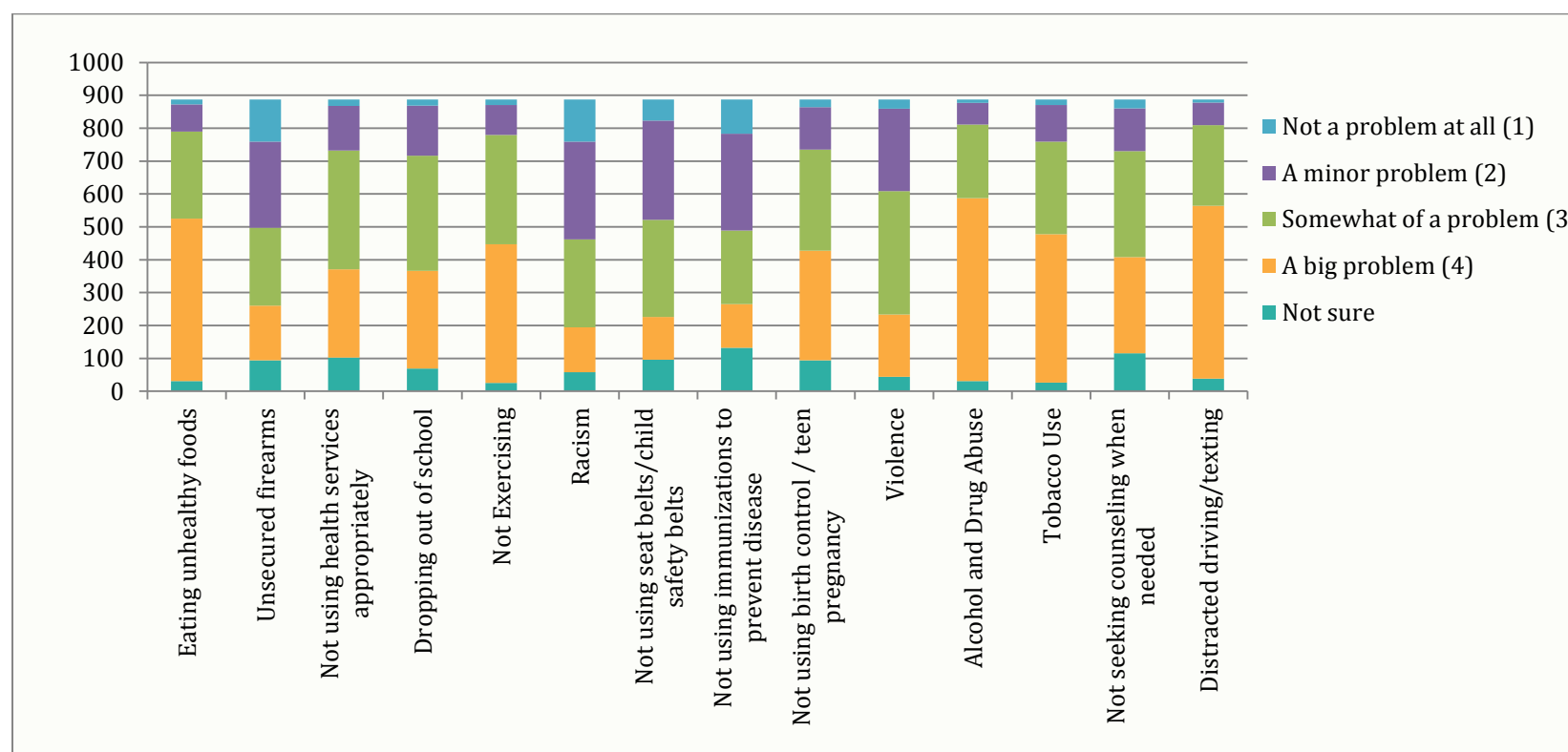
Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Alcohol and drug abuse was the most common health behavioral issue that citizens felt was a major problem in their community (62.7%). Other health behaviors frequently reported as being seen as a big health problem were distracted driving/texting (59.3%), eating unhealthy foods (55.7%) and tobacco use (50.9%) (See Figure 18).

FIGURE 18: CITIZEN SURVEY RESPONSES – Q: “For each of the following health behaviors, indicate how much of a problem you believe the health behavior is in our community?”



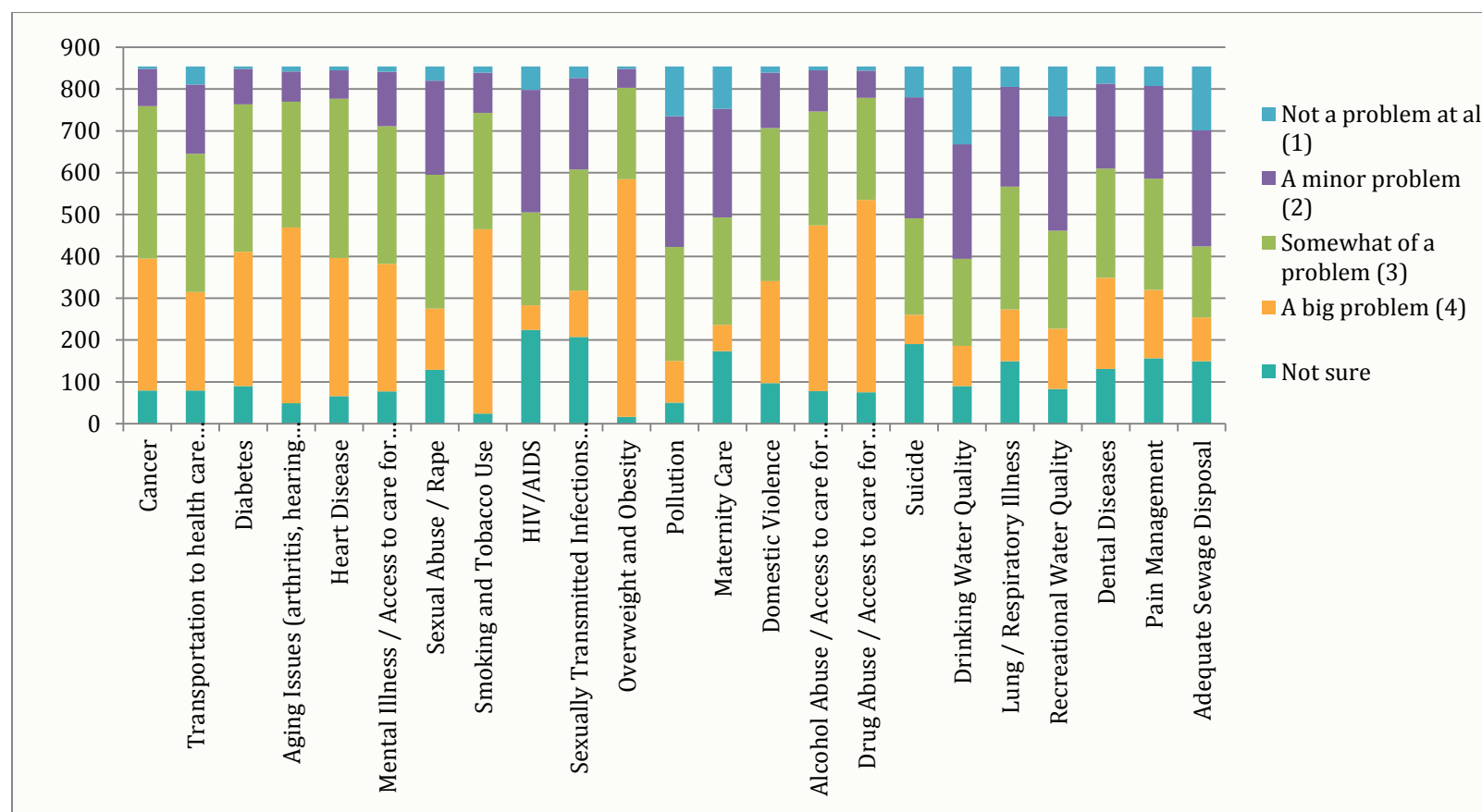
Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Considering certain health issues, overweight/obesity (66.5%) was the most pressing health issue identified by respondents, as seen in Figure 19. Respondents further defined drug abuse/access to care for drug abuse (53.9%), smoking and tobacco use (51.6%) and aging issues (49.2%) as a big health problem in their respective community.

FIGURE 19: CITIZEN SURVEY RESPONSES – Q: “For each of the following health issues, indicate how much of a problem you believe the health issue is in our community?”



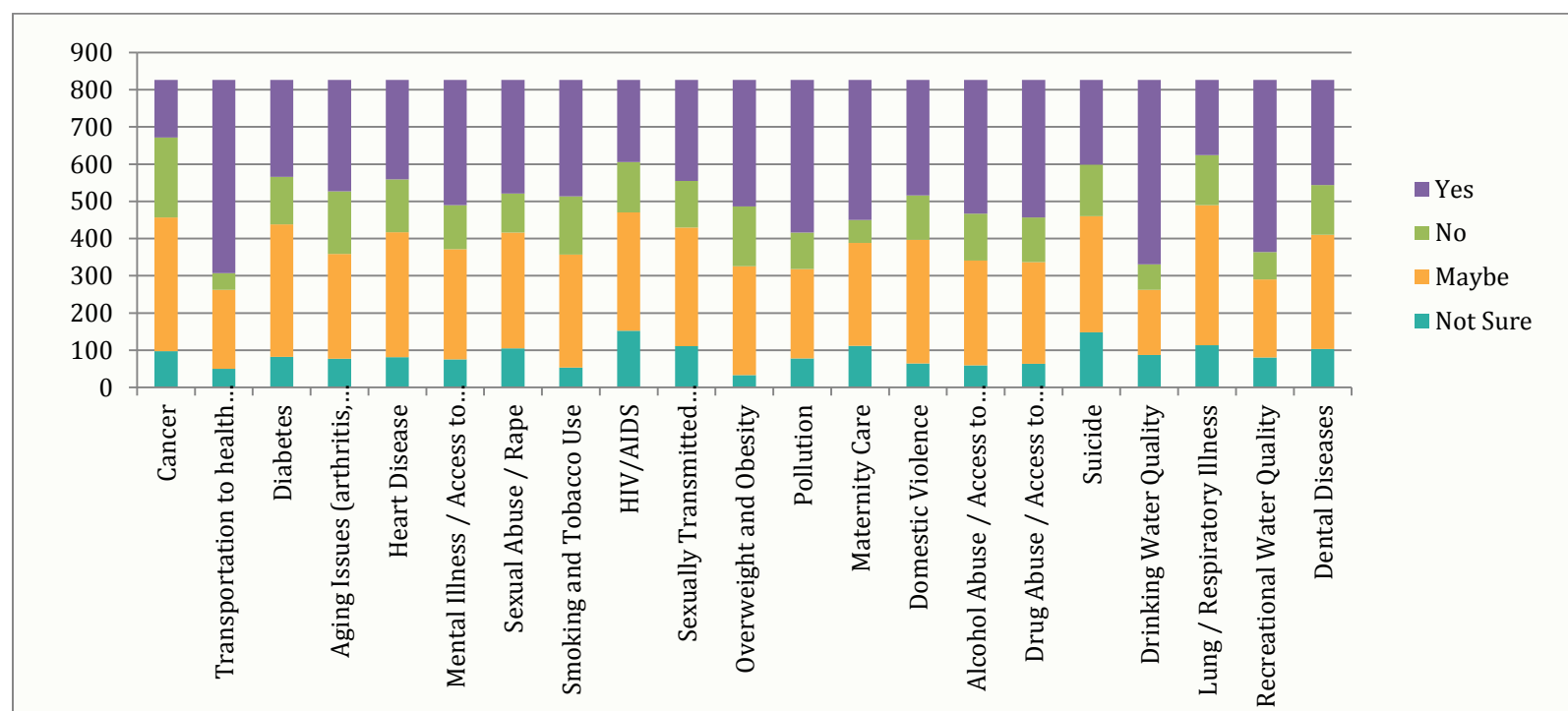
Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Respondents identified key areas in which they confidently feel their community can make a substantial impact in regards to certain health issues. These areas included: transportation to healthcare services (62.8%), drinking water quality (59.9%), recreational water quality (55.9%) and pollution (49.6%). In contrast, cancer (26.0%), aging issues (arthritis, hearing loss, etc.) (20.3%) and overweight/obesity (19.4%) were frequently reported as areas in which respondents don't feel a substantial impact can be made, as seen in Figure 20.

FIGURE 20: CITIZEN SURVEY RESPONSES – Q: “For each of the following health issues, indicate how confident you are that the community can make a substantial impact on this issue?”



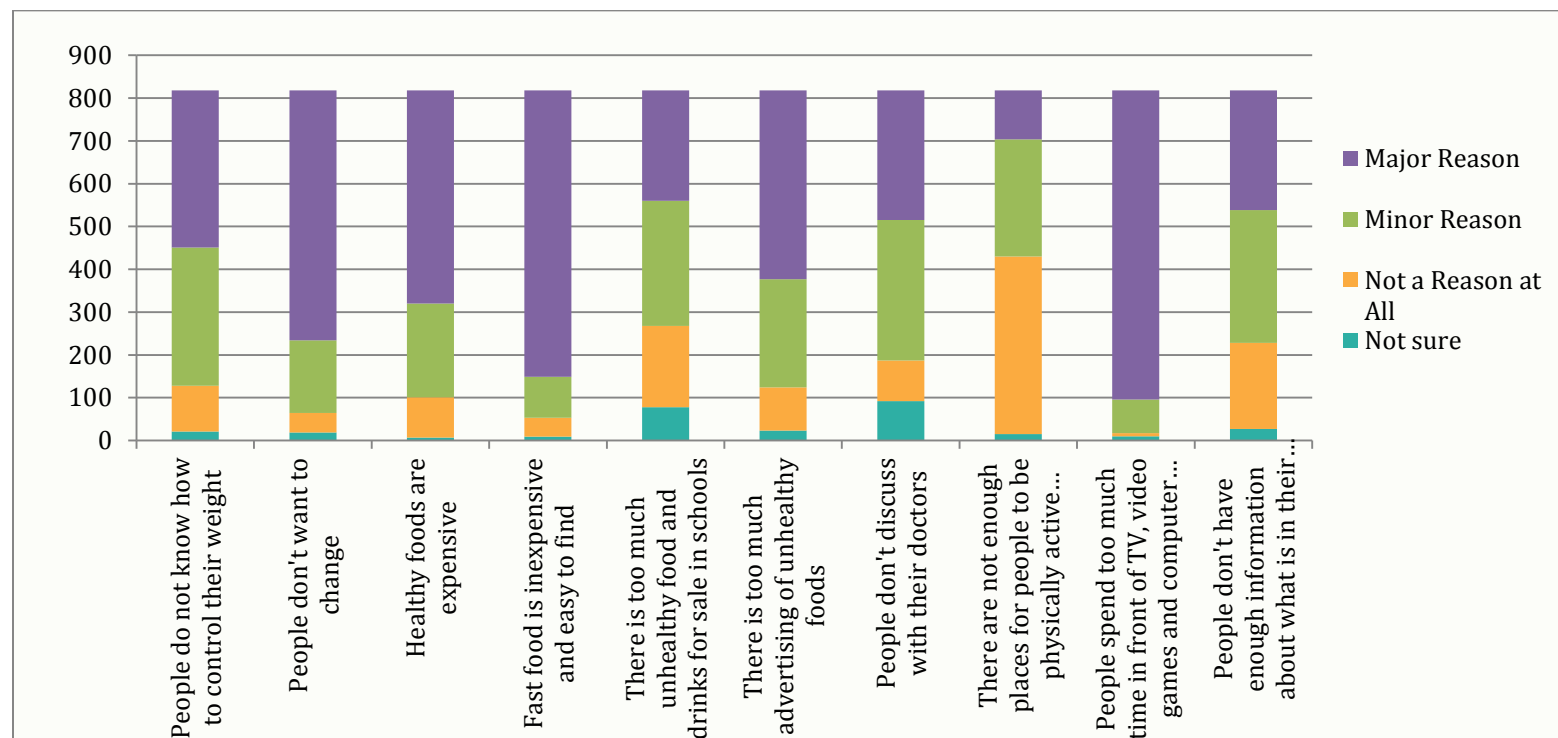
Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Obesity was identified as a major public health issue among many citizens. Various respondents frequently reported that the time spent in front of TVs, video games and computer screens (88.3%) play a significant role in the increasing rates of obesity. Access/availability of fast foods (81.8%) and the belief that individuals don't want to change (71.4%) were also commonly reported as reasons why obesity is a problem (Figure 21).

FIGURE 21: CITIZEN SURVEY RESPONSES – Q: “Health organizations say that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.”

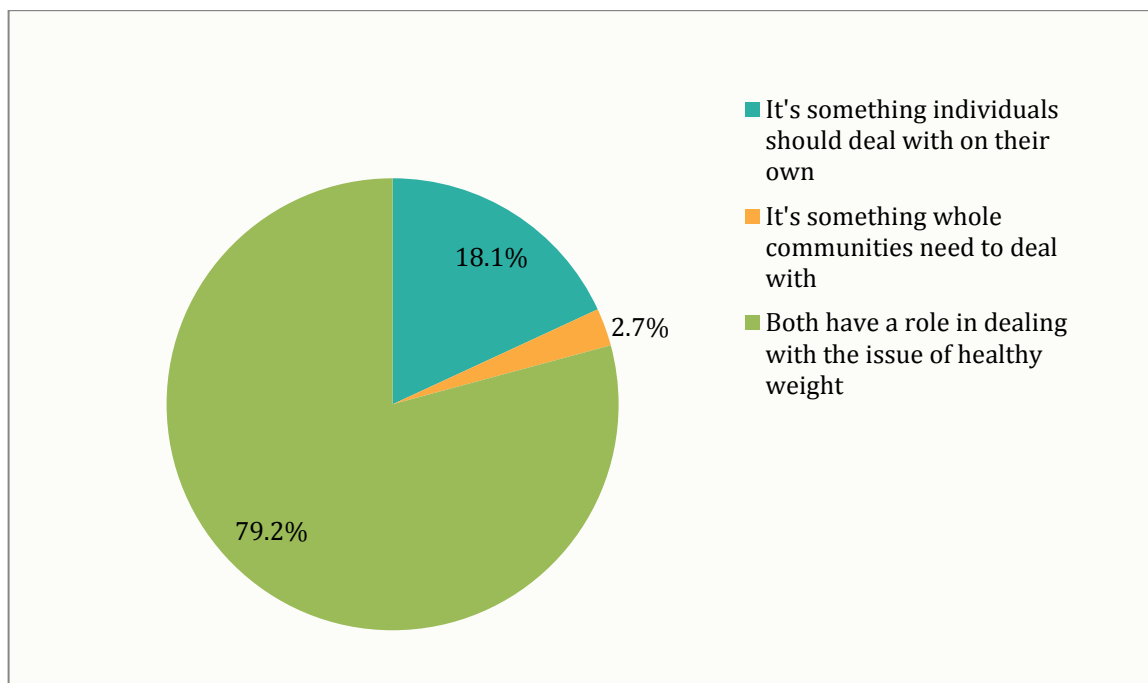


Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.



- As seen in Figure 22 below, over three-quarters (79.2%) of survey participants reported that healthy weight management depends on both individuals and their family. Approximately 18% of respondents feel that healthy weight management solely depends on the individual.

FIGURE 22: CITIZEN SURVEY RESPONSES – Q: “Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue?”



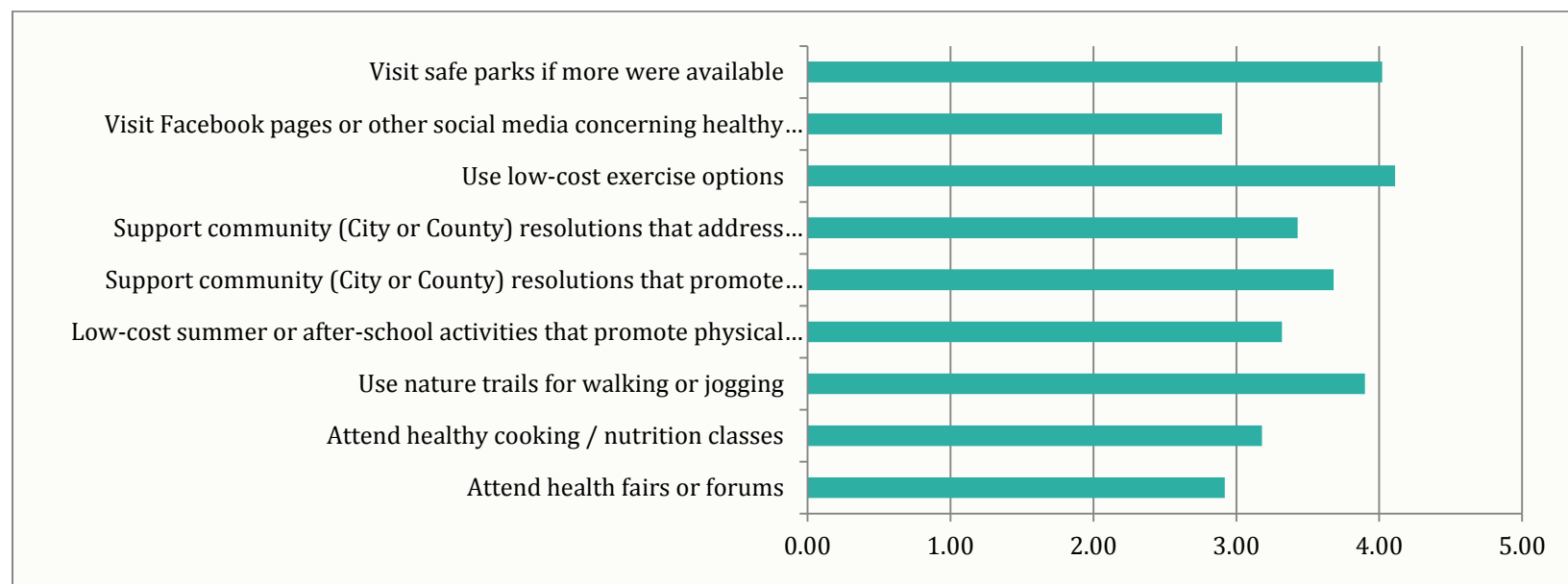
Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Most survey respondents reported “highly likely” to visit safe parks if available (4.02*), using low-cost exercise options (4.11*) and using nature trails for walking or jogging (3.90*). In contrast, most respondents reported “highly unlikely” participation in visiting Facebook and other social media, as seen in Figure 23 below.

FIGURE 23: CITIZEN SURVEY RESPONSES – Q: “For each of the following activities, please rate your likelihood to participate on a scale from ‘1’ meaning HIGHLY UNLIKELY to ‘5’ meaning HIGHLY LIKELY.”



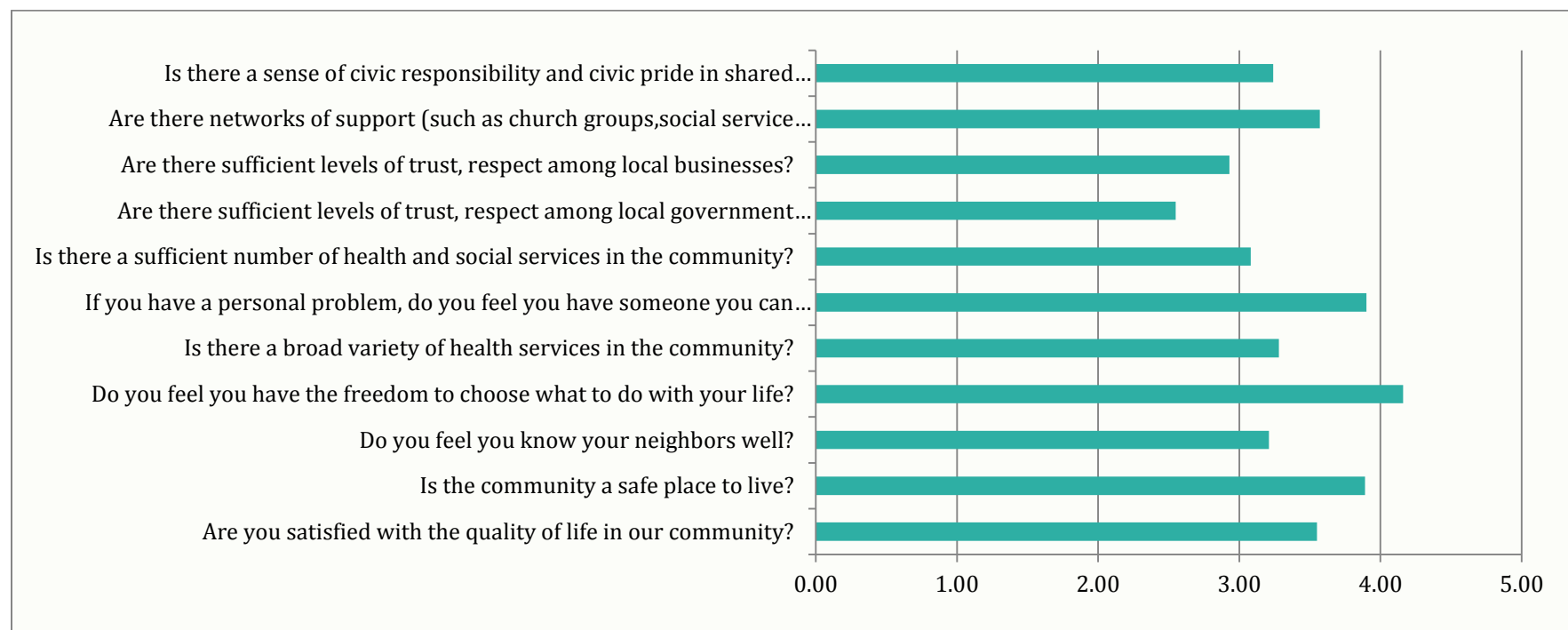
*denotes rating average. Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Most respondents strongly agreed that they have the freedom to choose what to do with their life (4.15*). Respondents also strongly agreed that their community was a safe place to live (3.89*) and if a problem occurred, they have someone they can count on for help (3.90*) (see Figure 24 for details).

FIGURE 24: CITIZEN SURVEY RESPONSES – Q: “For each of the questions below, please answer by responding between 1 and 5 with ‘1’ meaning strongly no to ‘5’ meaning strongly yes.”



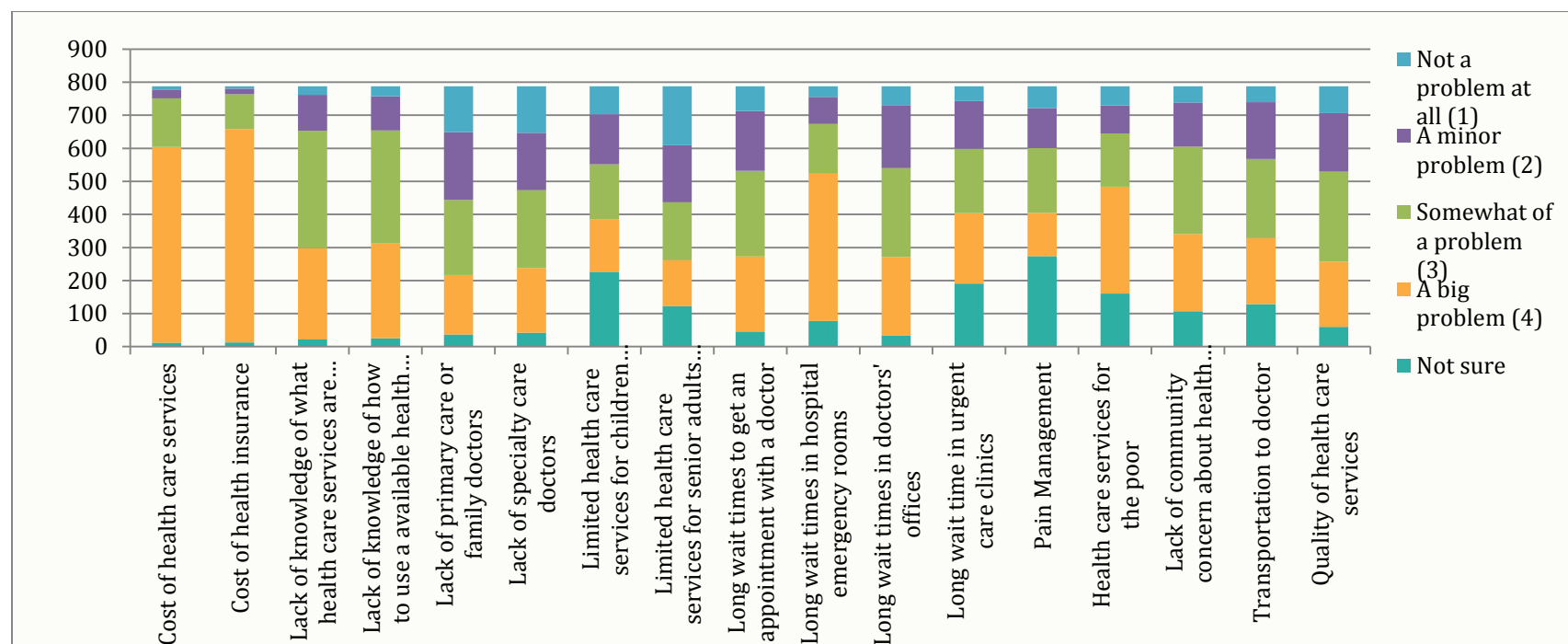
*denotes rating average. Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- More than half (58.9%) of respondents rated the overall health of their community as “somewhat healthy.” Nearly 26% rated their community as “unhealthy.”
- The cost of health insurance was the most frequently reported healthcare issue by respondents (81.9%). The cost of healthcare services (75.1%), long wait times in hospital emergency rooms (56.5%) and healthcare services for the indigent (41.0%) were also frequently reported as pressing healthcare issues, as seen in Figure 25 below.

FIGURE 25: CITIZEN SURVEY RESPONSES – Q: “For EACH of the following health care issues, please indicate how much of a problem you believe the health care issue is in our community?”

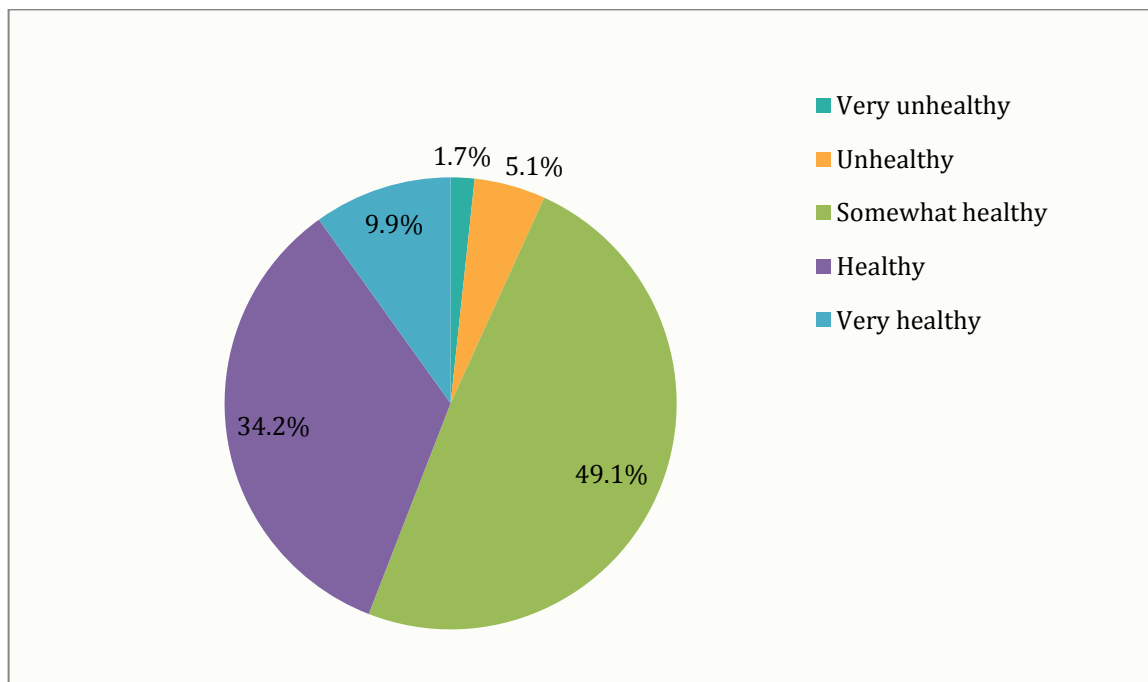


Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.



- Healthcare issues that respondents confidently feel the community can make a substantial impact on include, knowledge of what health care services are available (60.2%), knowledge on how to use available health services (60.2%) and transportation to the doctor (53.4%). Areas in which citizens feel less confident that their community can make a substantial impact include: cost of health insurance (53.7%), cost of healthcare services (43.3%) and long wait times in doctors' offices (42.6%).
- 34% of respondents reported that they live a "Healthy" life, while nearly half (49.1%) reported living a "Somewhat Healthy" life, as seen in Figure 26 below.

FIGURE 26: CITIZEN SURVEY RESPONSES – Q: "Please complete the following statement (choose only one). I feel that I live a ____ life."



Source: Citrus County Citizen Health Survey 2015, prepared by WellFlorida Council.

- Of the population surveyed, most respondents that are diagnosed with hypertension or high blood pressure also report that they are linked to a management program and seek help from a doctor or healthcare provider (30.7%). While the frequency of those seeking medical attention or participating in a management program for other illnesses varies significantly, a great percentage of respondents reported they would participate in obesity, stroke and arthritis management programs if those services were available.
- Generally, more than half (55.9%) of respondents expect to live a life about as long as most people do. Additionally, 38 percent of respondents expect to live a longer life than most people do on average.



CITRUS COUNTY BUSINESS LEADER SURVEY

The Citrus County Business Leader Survey was aimed at business leaders rather than the general public, delving into questions on insurance offerings and workplace wellness initiatives. A summary of demographics and responses is found in the following section.

Demographics

- The majority (17.5%) of employers' businesses are located in the 34461 zip code. Employers located in zip code areas 34450 (10.0%), 34448 (10.0%), 34442 (10.0%) and 34429 (10.0%) were also frequently represented.
- Most employers (35.0%) were between the age of 50 and 59, while around 33 percent were between the ages of 60 and 64. Business leaders between the ages of 30 and 39 only comprised 10.0% of the sample surveyed, while those ages 65 and over comprised 7.5% of the sample.
- Approximately 60 percent of business leaders surveyed identified as female, the remaining identified as male.
- Similar to citizens surveyed, the majority (92.5%) of business leaders/employers surveyed identified as White (non-Hispanic). Asian/Pacific Islanders, Multiracial/Multiethnic and Other racial categories represented 2.5% of the sample. No one identified as Black or African American, Hispanic/Latino, American Indian, Eskimo or Aleut.
- The highest level of education completed that was frequently reported by employers was some college, no degree (30.0%), followed by Bachelor's degree (27.5%), Master's degree (17.5%), Associate's degree (10.0%), High school diploma (10.0%), technical or trade school (2.5%) and graduate degree or professional degree (2.5%).

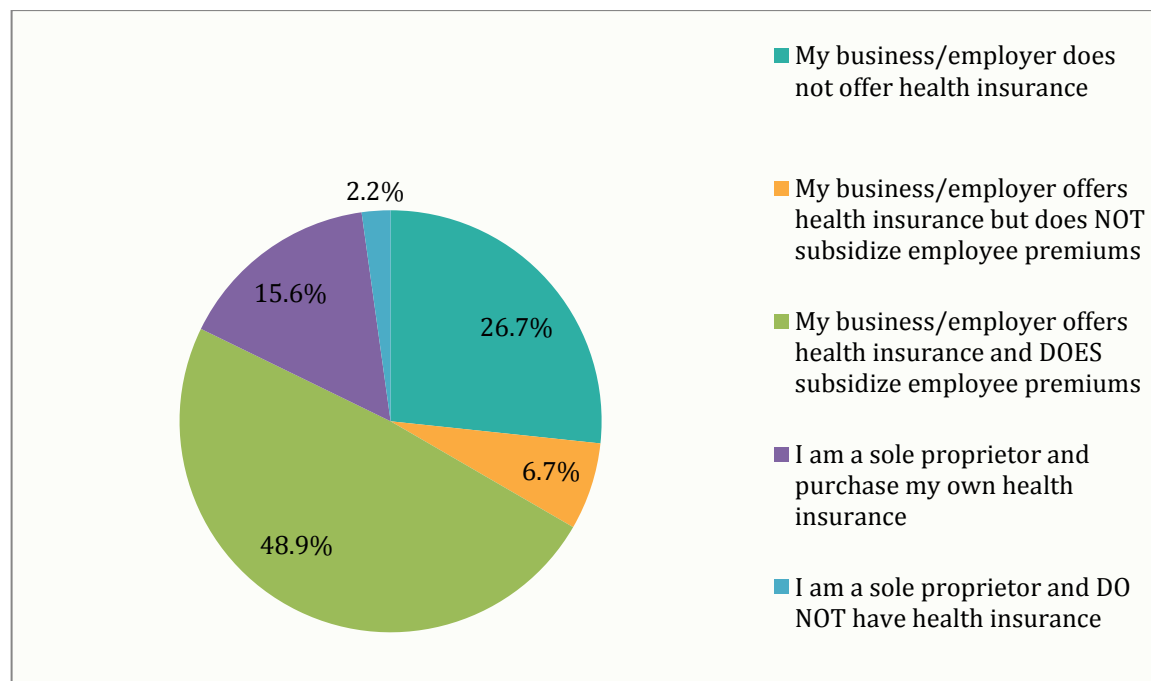


Business Leader Survey Respondent Results

A total of 45 business leaders responses were collected and analyzed.

- Of business leaders surveyed, most employers have between 2 and 9 employees (26.8%), followed by 500 or more (19.5%)
- Although health insurance was commonly reported as a pressing health issue among citizens, only 48.9% of business leader respondents offer health insurance and subsidies to their employees; while more than a quarter (26.7%) do not. See Figure 27 for a breakdown of health insurance offerings by business leaders surveyed.

FIGURE 27: BUSINESS SURVEY RESPONSES – Q: “Which of the following BEST describes the offering of health insurance by your business/employer?”



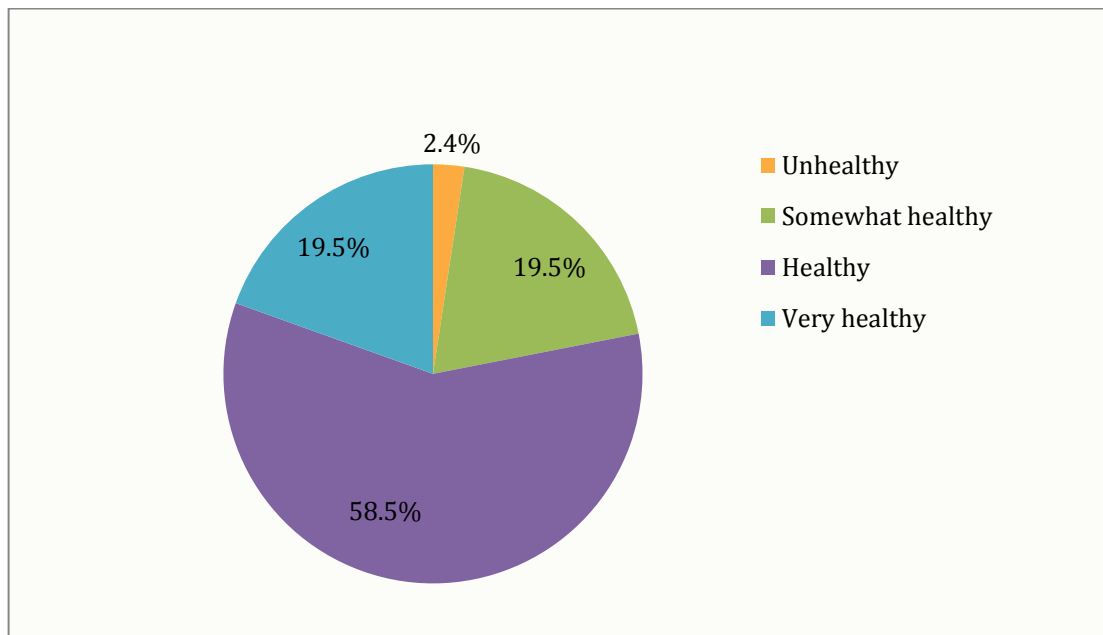
Source: Citrus County Business Leader Health Survey 2015, prepared by WellFlorida Council.

- Flu shots/other immunizations (44.7%) and web-based resources for healthy living (42.1%) were frequently reported as the most common wellness benefits offered by employers. Conversely, weight loss (77.1%) and employee assistance programs (72.2%), lifestyle/behavior coaching (75.0%) and discounted gym memberships or on-site exercise facilities (81.1%) were less likely to be reported as wellness benefits employers offered.
- While incentives are increasingly becoming a motivational approach to encourage employee participation in wellness activities, the majority (73.17%) of employers do not incentivize their employees for participating in wellness initiatives and programs.



- Unlike Citrus County citizens, most (58.54%) business leaders rated their personal health as “Healthy.” Although, citizens were more likely to rate their personal health as “Somewhat Healthy” less than a quarter (19.51%) of business leaders rated their personal health as “Somewhat healthy” and “Very healthy” respectively, as seen in Figure 28 below.

FIGURE 28: BUSINESS SURVEY RESPONSES – Q: “How would you rate your own personal health?”

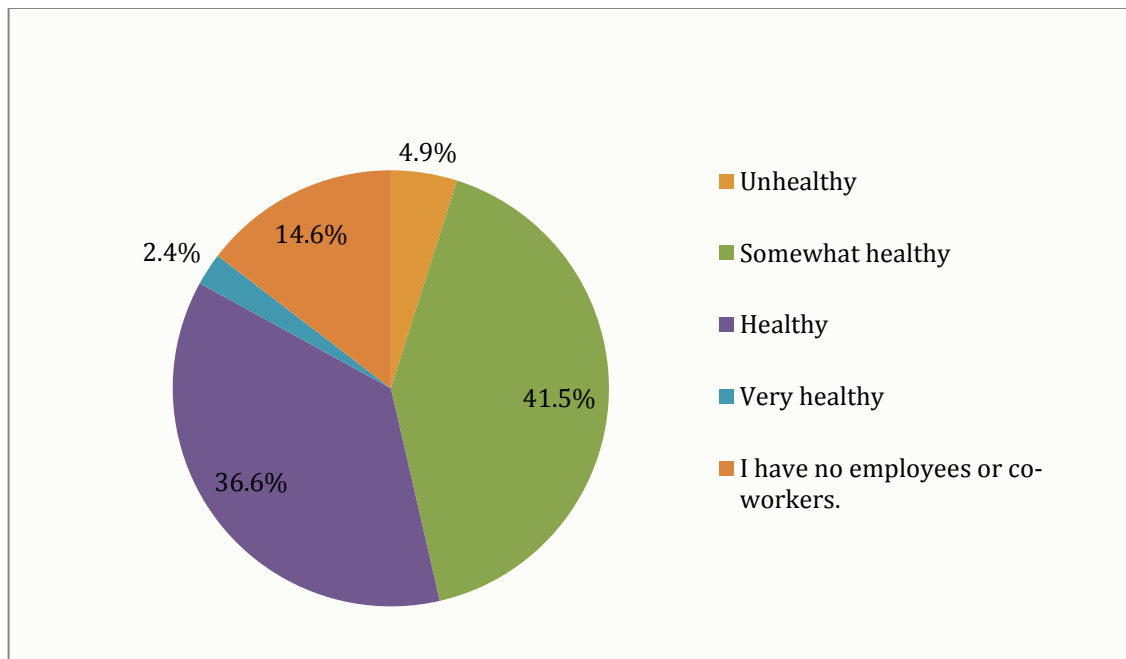


Source: Citrus County Business Leader Health Survey 2015, prepared by WellFlorida Council.



- Business leaders and employers frequently rated their employees and co-workers overall health as “Somewhat healthy” (41.46%) and “Healthy” (36.59%). “Unhealthy” and “Very healthy” health statuses were less likely to be reported by employers (see Figure 29 below).

FIGURE 29: BUSINESS SURVEY RESPONSES – Q: “How would you rate the overall health of your employees or fellow co-workers?”



Source: Citrus County Business Leader Health Survey 2015, prepared by WellFlorida Council.



CITRUS COUNTY HEALTH PROVIDER SURVEY

The Citrus County Health Provider survey was aimed at physicians and health providers in Citrus County. Though it included questions regarding general health attitudes, it also delves into questions about disease management programs and main population served. A summary of demographics and responses is found in the following section.

Demographics

- The majority (27.8%) of providers' primary practice was located in zip code 34461. Likewise, zip code areas 34429 (22.2%) and 34452 (16.7%) were frequently represented.
- Providers ages 50-59 and 60-64 equally represented 27.8% of the sample surveyed respectively. Providers ages 40-49 accounted for 22.2% of the sample, while providers ages 30-39 comprised 11.1% of the population. Providers ages 30 or less and 65 or over accounted for 5.6% of the population surveyed.
- Regarding gender, there was equal representation for both males and females (50%).
- The majority of providers identified as White (non-Hispanic) (88.9%), followed by Asian/Pacific Islander (5.6%) and Other (5.6%). East Indian was the only specified racial/ethnic category respondents provided.

Citrus County Health Provider Survey Respondent Results

Overall, a total of fifty one (51) provider responses were collected and analyzed.

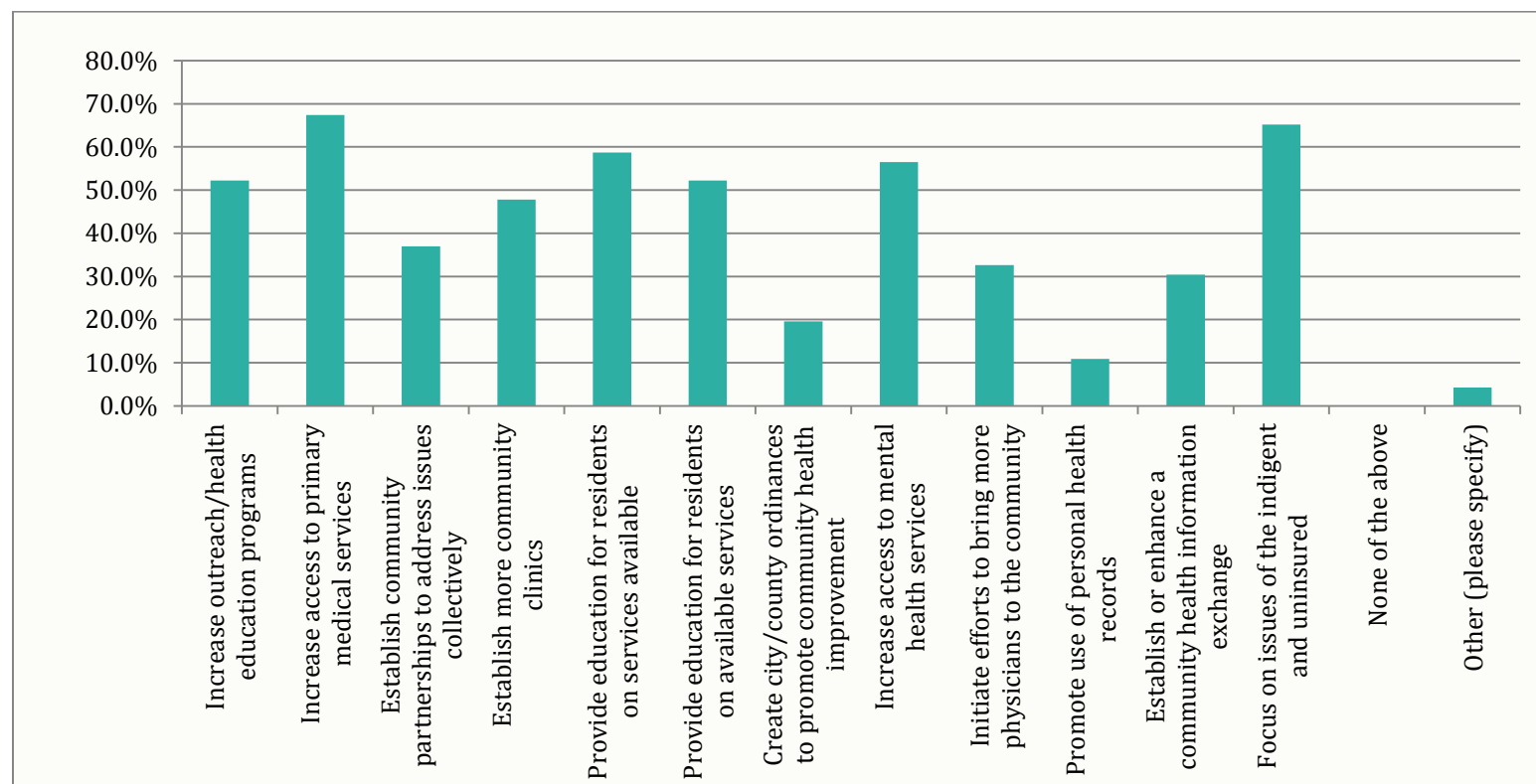
- Parallel to the findings from the citizens surveys, many (40%) of providers reported cost as the biggest barrier to a patient being able to manage her/his own chronic disease or condition; followed by self-discipline/motivation (21.6%) and lack of coverage by insurance companies (21.6%).

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



- Increasing access to primary medical services (67.4%) and focusing on issues of the indigent and uninsured (65.2%) were commonly reported as key areas the community can help to improve the health of patients and others in the community, as seen in Figure 30 below.

FIGURE 30: PROVIDER SURVEY RESPONSES – Q: “What can the community do to help improve the health of your patients and others in the community?”

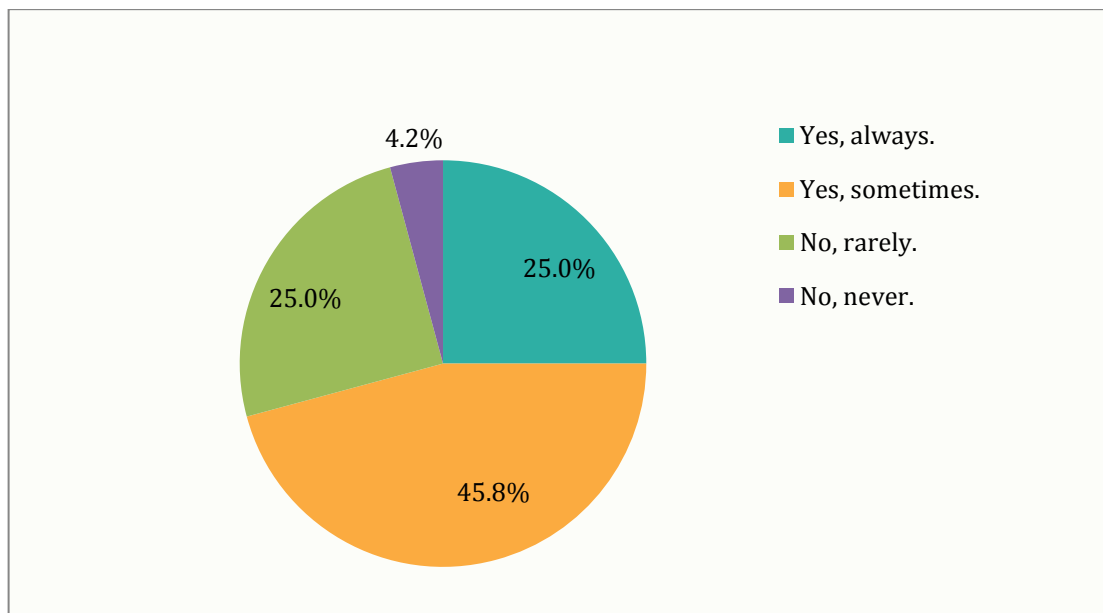


Source: Citrus County Health Provider Survey 2015, prepared by WellFlorida Council



- The most common chronic disease management program providers offer to their patients are for diabetes (48.5%) and hypertension (42.4%). Nearly 75% of providers do not provide in disease management programs for mental illnesses and arthritis.
- The availability of alcohol abuse treatment (53.3%), other substance abuse treatment (60.0%) and behavioral health interventions (63.3%) were perceived as “Poor” among most providers. However, exactly 50 percent of providers perceived hospice care as “Excellent,” while the availability of hospice (46.7%) and quality of oral healthcare (33.3%) were available interventions that were most frequently perceived as “Good.”
- Overwhelmingly, the majority (88.9%) of providers primary medical practice is located in Citrus County; approximately 11% are located elsewhere.
- Nearly 46 percent of providers responded, “Yes, sometimes” when asked do they have adequate time to spend with patients during their office visits. Interestingly, one-quarter (25.0%) of providers reported always having adequate time with their patients, as seen in Figure 31 below.

FIGURE 31: PROVIDER SURVEY RESPONSES – Q: “Do you have adequate time to spend with your patients during their office visits?”



Source: Citrus County Health Provider Survey 2015, prepared by WellFlorida Council.

- Although the majority of business leaders reported that they do not offer incentives, roughly 46 percent of providers reported expanding services to their clients as a financial incentive in which their practice favors.



- Comparable to business leaders, most providers (45.8%) self-rated their personal health as “Healthy.” Exactly one-quarter (25.0%) of providers rated their health as “Somewhat healthy” and “Very healthy” respectively.
- The main specialty service areas offered in Citrus County are family practice (21.7%), gastroenterology (21.7%) and other (21.7%). Written in responses included physical therapy and urology.



COMMUNITY FOCUS GROUPS

Members of the Citrus County Community were informed about upcoming focus groups via press release distributed in the Citrus County Chronicle, radio advertisements, announcement at community meets, chamber and community group list serves, and via flyers posted at various Citrus County locations, including but not limited to community centers, senior centers, libraries and the health department.

RSVP was required for each participant to attend and participants could only attend one time. Before each of the focus groups officially began, participants were required to fill out a brief demographic survey and sign an Informed Consent form in order to participate. Focus Groups began upon the collection of all Informed Consent forms. Upon conclusion of the focus group, participants received a \$20 incentive for taking part. No personally identifying information was collected from any of the focus group participants in order to preserve their privacy. Focus Group questions and script can be found in Appendix B.

Community Focus Groups were held at the following locations and dates:

- Coastal Region Library – 8619 W. Crystal St., Crystal River, FL 34428
August 13, 2015; 4 – 6 pm
Number of participants: 6
- Homosassa Library – 4100 S. Grandmarch Ave., Homosassa, FL 34446
August 17, 2015; 4 – 6 pm
Number of participants: 10
- Central Ridge Library - 425 W. Roosevelt Blvd., Beverly Hills, FL 34465
August 20, 2015; 4 – 6 pm
Number of participants: 14
- Lakes Region Library - 1511 Druid Rd., Inverness, FL 34452
August 26, 2015; 4 – 6 pm
Number of participants: 12

METHODS

Once all focus groups were conducted, audio tape recordings were transcribed verbatim and uploaded to the qualitative data analysis software, MaxQDA. MaxQDA was then utilized to analyze, organize and code the transcripts. Coding methodology included coding from general to more specific. Structural themes were coded according to key topic areas (substance abuse, community resources, barriers, etc.) and subthemes were coded for the themes with more distinct themes (structural code: obesity; subthemes for obesity: healthy eating and physical activity).

FOCUS GROUP ANALYSIS RESULTS

It was determined, through focus group analysis utilizing the MaxQDA qualitative data analysis software that the following nine domains were present in the citizen focus group, fourteen subthemes were also identified



and most were present in each of the four citizen focus groups. Numbers in parentheses refer to the number of coded text related to each theme or subtheme.

1. Big Health Problem (9)
2. Community Resources (44)
3. Needed Services (25)
4. Obesity (19)
 - a. Physical Activity (24)
 - b. Healthy Eating (12)
5. Substance Abuse (11)
 - a. Resources (13)
6. Overall Health and Quality of Life (28)
7. Healthy Community (26)
 - a. Factors (14)
8. Barriers
 - a. Wait Times (6)
 - b. Issues with Providers (7)
 - c. Communication (8)
 - d. Affordable Care Act/Obamacare (10)
 - e. Knowledge (14)
 - f. Insurance (19)
 - g. Transportation (19)
 - h. Lack of Resources (29)
 - i. Availability/Access (40)
 - j. Cost/Affordability (65)
9. Health Related Suggestions/Solutions (21)

In total, 463 portions of text were coded into one or more themes. A brief summary is provided for each theme; please note quotes are verbatim and have been edited in cases of coarse language and identifiable information.

1. **Big Health Problems**

Participants were asked, “What do you think are the biggest health problems in Citrus County? Why do you think these problems exist?” Participants provided various responses including dental care, infectious diseases and mental health.

“I know so many people that have terrible problems in teeth. And like you discovered it wasn’t even the teeth as much as something else. And I think that’s what happens is the teeth get infected, the gums get infected, there’s something else wrong but there’s no real service there.”

“Infectious diseases is one and I think that there’s only one person in the county that’s recognized as an infectious disease person. And two? Okay, but nevertheless, just a few specialties.”



"Mental health is an issue."

2. **Community Resources**

Participants identified a wide range of available resources that have a commitment to improving the health of their community. Community resources that were commonly referenced included food banks, churches, mental healthcare centers, farmers markets and community gardens.

"The Lighthouse is a great program. They take mentally... People that have mental concerns and they're diagnosed at different levels. But it's kind of a hidden gem and with what is interesting about that program, it's a clubhouse so members come there and they have just like a social hour, they have a lunch and they get guidance on how to become employable. And then they try to reach out to the companies throughout the district and try to match and share with the employer that this employee is ready and will be monitored and will be trained."

"But there are a lot of resources. You have a homeless program here, several... The Path, I don't know if you guys know what The Path does. They actually teach the homeless people to grow their own food which is organic and they house them and they give them drug counseling, employment counseling."

"Health-wise, we have all kinds of programs at our church in Inverness and [NAME] belongs to Rotary and they're always sponsoring different things for the underprivileged and for the homeless and the hungry."

3. **Needed Services**

While unexpected teenage pregnancies were identified as a common problem, various participants encouraged the integration of comprehensive sex education models in secondary schools. Also, many participants agreed that dental care was an essential aspect of healthcare that was absent in their community. Overwhelmingly, the majority of participants also discussed an increasing need for more primary care physicians and specialty care.

"You need a few specialists that aren't around but for the most part any kind of doctor you need is here in the county. You may need a good infectious disease doctor but that... And a couple of specialties but overall there's a lot of medical services in the county."

"Dental. Better dental care."

"My focus is on teen pregnancy and STDs and HIV/AIDS and what I think needs to be fixed, there are many things that need to be done to stem the tide that we have now but since we're talking about health department, the health department's focus is on you know smoking and other areas, they are not focused on helping teens get the proper sex health information."

4. **Obesity**

As a national concern, obesity has also become a public health issue in Florida; and for the majority of participants, obesity was acknowledged as a problem in their respective community. The subthemes, healthy eating and physical activity were frequently discussed as factors that play a significant role in



unhealthy weight status. Many participants classified their environment as a barrier to achieving a healthy weight, as fast food is readily available and the purchase of unhealthy foods is more convenient and cost-effective when compared to healthy food alternatives. Considering physical activity, the lack of low-cost exercise options and the expensive cost associated with gym memberships were commonly cited as barriers to healthy weight management.

"But in order to make the food stamps last for the month, the main things that we have to get are potatoes, pastas, all starches. All carbs. They all contribute to obesity. Me and my son we know, you know..."

"Well I think one of the problems is that when you don't have a lot of money to spend on food you go to McDonalds. That is not a great meal but it sure is cheap. And so you're pumping in all this fat, all this what I call non-healthy foods because you've got it. You're going to pay one dollar for an apple or you're going to pay one dollar for a McDonalds for your child, what do you think he's going to do? Forget the apple, I'm going to give him a McDonalds. The child's got to be fed. I mean I think that's a big problem."

"And I'm curious about this because when four apples cost \$10 but a bag of chips is buy one get one free for \$1.99, how can if you're on a budget, how can you have the apple?"

5. **Substance Abuse**

The theme substance abuse was frequently discussed throughout the focus groups conducted. Many participants expressed concerns related to the lack of available resources provided, such as treatment and recovery centers and counseling services.

But you've got so many people out there who are making outrageous incomes producing these illegal drugs and meth and labs and all they're blowing up and people are getting arrested but it's usually not the most responsible who are getting caught. And yeah, here again you know the smiles when you come into Citrus County, a lot of these are from drug abuse. And it is a major issue in this county but I thought it was bad in South Florida but...

"So there's multiple Baker Acts, there's no one that's a Baker Act receiving facility in Citrus County so they end up going either to The Centers in Ocala or to..."

6. **Overall Healthy and Quality of Life**

As a multifactorial concept that is inclusive of different domains related to physical, emotional and social functioning, participants were asked a series of questions related to their quality of life. For the focus groups conducted, a Likert scale (1-10) was designed to elicit information in regards to participants perceived quality of life in Citrus County. Generally, participants rated the quality of life as moderately high; participants felt that Citrus County was a safe place to live, with infrequent crime, but lacks opportunities and culture for young adults and professionals.

"This is the first place I've lived where I didn't have a security system."

"When I look at what's happening in all the other communities that I feel very safe in Citrus County."



"But I think what we're hearing here is the quality of life is fine except when it comes to healthcare."

7. **Healthy Community**

Focus group participants were asked, "What does a healthy community mean to you?" Responses varied from accessibility to doctors and hospitals, clean water and the availability of a wide range of doctors. Furthermore, participants defined a healthy community as one that can appropriately respond to the needs of the aging and young adult population simultaneously. Participants also identified factors that play a valuable role in constructing a healthy community, such as food, affordable healthcare and security.

"For me I guess healthcare, community healthcare would be access. And the fact that you can make the needs or meet the requirements of most people in Citrus County no matter what their income."

"I think a healthy community is one that has adequate medical help. Enough doctors, enough specialists and services for the poor and indigent."

"And I think it's good that if the county can't provide services for the individual that they can suggest where you may go to acquire them."

8. **Barriers**

Barriers identified by participants included the subthemes, wait times, issues with providers, communication, Obamacare, knowledge, insurance, transportation, lack of resources, availability/access and cost/affordability.

Wait Times

Prolonged wait times in medical settings have become a growing issue for various participants. While participants acknowledge modest improvements, extended wait periods remain a barrier to receiving proper and adequate care, especially for persons with chronic illnesses.

"My son went to the emergency room in Citrus three months ago. I had to go about a month ago. He had to wait nine hours. After nine hours he was admitted to the hospital because he had acute diverticulitis or something but he was sitting in the emergency room for nine hours until we got seen. I went and mine was less, it was just I couldn't get to the doctor so I only had to wait six hours but I went with the idea that I knew I was going to wait up to nine hours."

"So you know I was just kind of there and like I said I was seen after six hours which I thought was pretty lucky. I mean I thought I was pretty lucky. But the idea is that both times was that there were really elderly people who were in distress and after about five hours, you know, unless you're having a heart attack you're going to wait. After about five hours some of them had to leave. They were just I think one's catheter had come loose or something or I mean it was just things that I was overhearing. Because I would think twice about going to the E.R. The people were very nice to us. I don't know what the problem is but that is a barrier."



"Well that was one of those things HCA took it over you know several months ago and that's one of their biggest things that they're doing is they're decreasing the wait times at the hospital to the point where they're doable. Just like in other big cities it says how many minutes you have as a wait time. That actually is improving. Not fast enough, but it is improving."

Issues with Providers

Throughout the focus groups, participants communicated issues they have with their primary provider. Participants discussed experiencing a lack of personalized care, shortened office visits and misdiagnoses.

"Yes, the other thing I found is some of the doctor offices are more like a corporate entity and not a personal relationship with the physician"

"That's one of the problems with that is, is that under Obamacare and the other things that have come from the federal government, these doctors have so much stuff that they have to do to treat you that it's taken away a lot of the opportunity for them to be one-on-one with you."

"Right and you know this last doctor after I'd been going there and I'm having issues and of all things and then he says so have you ever had cancer and like that's the main thing that was on my chart and I'm thinking you're going to ask me this after I've been coming here for over a year and that's just the level of care I'm feeling it's not a one-on-one with the doctor anymore, you're seeing a PA."

Communication

Effective communication is an important component across the continuum of healthcare; yet many participants discussed how miscommunication and/or lack of communication are increasingly becoming a problem in their community. Issues such as, messages not being publicly available in newspapers and public concerns not adequately addressed with community members were commonly expressed by focus group participants.

"But you don't always hear about that when you go to places volunteers are at and they do put a list of every organization in each bag of food but then again if you are illiterate and you can't, you know, if you don't state to the person helping you to take advantage of the volunteer in front of you then you do not get help. But those things are here it's just it's a matter of communication. There's a lot of miscommunication in this county and being here as long as I have that is the main thing that I see."

"Well I was just going to say if there are there's not enough communication to let us know because I had no clue of what center so I think that's an issue. There's no communication to let us know if [OVERLAP] you know if there is any."

"This county needs better communication and we only have one newspaper and it just doesn't cut it. I'm sorry, it doesn't."



Affordable Care Act/Obamacare

Participants discussed how the recent implementation of Affordable Care Act, or Obamacare, hasn't resolved healthcare issues or disparities in their community; instead, it has created more for them. For many participants, Obamacare has resulted in the loss of doctors and the reduced opportunity to create a meaningful patient-provider relationship.

"That's one of the problems with that is, is that under Obamacare and the other things that have come from the federal government, these doctors have so much stuff that they have to do to treat you that it's taken away a lot of the opportunity for them to be one-on-one with you."

"We've also lost a lot of good doctors because of Obamacare, they just left."

"We're losing too many doctors. We do have some quality doctors here but not enough of them and a lot of the quality doctors are leaving here primarily because of Obamacare and they're not afraid to tell you that, too. Well what is the incentive for a good doctor to come here versus somewhere else? There's not a lot of incentive."

Knowledge

Lack of knowledge was perceived as a barrier among many participants. Primarily, participants discussed a lack of awareness for services offered in their community. As a proposition, participants discussed transmitting information through different avenues, such as billboards, newspapers and other forms of traditional media to make more community members cognizant and mindful of services provided.

"There's many programs that are available that people don't know about. You know I think this is a problem and it should be forthright that there's some sort of advertising program or something in the effect of what's there they could use."

"But also qualifying need, back to having all of these different resources here that so many people are unaware of."

Insurance

Insurance affordability is increasingly becoming a financial nuisance for numerous participants. Many participants described their coverage plan as costly and unaffordable. Various participants suggested adopting low-cost alternatives, such as a single-payer system, which participants expressed was more affordable and inclusive of all persons regardless of financial or social status.

"And we had a doctor there that would go and if you did not have insurance you may be walking out with a \$100 bill and that's it. But now you have to go to the emergency room and you face a \$650 bill just for being in there then you might see a doctor versus a PA and you might stumble upon the person that can pinpoint what is really wrong with you and then you have to go somewhere else for an X-Ray because they don't even have an X-Ray tech working that day."



"Your insurances change also with different doctors so you have to find a different doctor almost every year. They drop them out of the system."

"Basically a lot of the doctors will not take a lot of insurances."

Transportation

As a geographically remote community, transportation was frequently identified as a barrier to healthcare. With transportation being a key element of healthcare access, many participants reported a lack of reliable, adequate and timely transit services. Although various participants discussed being satisfied with their healthcare, many discussed being dissatisfied with the transportation system in Citrus County. As a community primarily comprised of an aging population, transportation was also identified as a barrier due to physical and capacity limitations.

"And one of the things that's not accessible, particularly for young families, there is no transportation out there other than a private car."

"Me? I'm very satisfied with my healthcare physicians and everything but if I could get a ride there'd be my... What I'd like to have."

"How are you going to get around because I mean I'll tell you honestly the transportation's a little bit difficult here."

Lack of resources

Lack of available resources was a common theme among focus group participants. Generally, participants reported traveling greater distances to access different healthcare services that are largely unavailable in their community. Resources participants often expressed there being a lack thereof included, but were not limited to specialty and dental care.

"And so this is an area that concerns me. Why should a parent have to drive out of the county for a child to receive these types of benefits?"

"I also know, when something big hits a family here like cancer or Alzheimer's or even a long-term illness, it is almost automatic in Citrus County that you have to go somewhere else. And it should not be. We have so many empty physician offices that went out of business and closed or came up with an idea to reopen and that did not happen."

"The county has no specialty pediatric anything. They only have your general pediatrics. And I'm amazed at the people that move, their disabled, ventilated child to our community and go bring them into the ER and go well where's the nearest pulmonologist and they tell them Tampa and Shands."

Availability/Access

The availability and access to comprehensive quality care was identified as a barrier. Many participants reported traveling to neighboring counties and cities to access quality healthcare. As a potential solution,



participants highly recommended developing more healthcare services that are both economically accessible and physically available.

"And as far as the health, I believe I would go mid on that, like to five because a lot of people don't have access to you know the health department or even knowing about it or programs being open for that."

"I've had four major surgeries in the last 20 years since living here and none of them were able to be performed within this county. I had to go out of county to get the specialists to do it. Now my local doctors were very capable of referring me to those specialists but those surgeries for the most part were not available here. A couple of them are now but they weren't at the time."

Cost/Affordability

Among the various barriers aforementioned, cost/affordability was the most frequently discussed barrier. With a growing demand for healthcare, the cost of healthcare services is increasingly becoming problematic and challenging for both the insured and uninsured populations. As a result, various participants discussed utilizing emergency rooms as a primary source for healthcare needs.

"For me and it's not unique to Citrus County, it's nationally, affordability. People are making choices, you know, do I want to risk going for this minor ailment that may develop but I've got to buy food or I've got to do this for my kid and it's about choices financially. And you know just the costs are just outrageous nowadays for healthcare even when you have insurance. It's just ridiculous and there's got to be something done but I don't know what the answer is but affordability is a key issue for me."

"Yeah, affordability is a huge issue. I mean I have an excellent insurance plan but still it's not affordable for me to go to the doctor because of the high rates of deductible."

9. Health Related Suggestions/Solutions

Each focus group concluded with participants providing suggestions and solutions to issues they believed affected the health of their community. Many participants agreed that there is a pressing need for an effective method to disseminate health-related information and messages. Furthermore, participants also recommend creating more opportunities for health education and outreach, especially for adolescents and young adults, as participants viewed them to be a vulnerable population for teenage pregnancy, substance abuse and other unhealthy behaviors.

"Public service announcements are free on the radio and why couldn't that be utilized to put more information out there?"

"I would like to see comprehensive sex education in the public schools."

"I think it would be wonderful if we created, the county took it on and if the county... With the Meadowcrest building that they're complaining about not having rent and they paid for this humongous \$3 million building and they don't know what to do with it, make that a central health



center and they can put all of these programs under one roof and the busses should be going there, shouldn't they?"

KEY INSIGHTS

The following key insights were compiled as a result of the feedback received from the Community Issues and Practices Survey as well as the data from the Community Focus Groups.

Obesity

- Obesity was highlighted as a major public health issue among citizens and community stakeholders. It was discussed at length in the Community Focus Groups and was identified as a major public health issue by Community Survey Participants.
- In the focus groups in particular, participants frequently expressed their desire to eat healthy foods and participate in physical activity. However, the cost associated with the purchase of healthy foods and gym memberships were identified as major barriers to managing obesity as a chronic health condition.
- The shared theme of obesity being a major issue in community focus groups as well as in community surveys highlights the need for obesity interventions and management to be done in Citrus County.

Needed Services

- In the focus groups, it was identified that the number of unwanted teenage pregnancies is increasing. Participants suggested the need to migrate from an abstinence-only model to a comprehensive sex education model in secondary schools; as it is more appropriate and effective.
- Specialty care, dental care and substance abuse recovery centers were arguably the most frequently reported needed services from Citrus County residents. Participants discussed traveling to neighboring cities to seek care at these aforementioned services. Additionally, health providers surveyed stated that the availability of alcohol abuse treatment (53.3%), other substance abuse treatment (60.0%) and behavioral health interventions (63.3%) were perceived as "Poor" in Citrus County.
- The lack of substance abuse treatment and mental health facilities highlighted by both the community focus groups as well as the provider survey outlines a need to expand these services in Citrus County.

Barriers to Care

- As mentioned at length in the focus groups, the availability of adequate and reliable transportation impacts individuals' ability to access well-coordinated healthcare. While transportation is an important social determinant of health, access to reliable transportation was perceived as difficult and challenging for many focus group participants and survey respondents.
- Participants expressed traveling long distances to access different healthcare services. This disparity was often referenced as problematic, especially among persons with chronic illness conditions. Access to health services was also mentioned as a major issue by health providers surveyed. Appropriate solutions to rectify this issue needs to be addressed, as increased distances between residents and healthcare providers could potentially result in decreased healthcare utilization.



- Provider-patient relationships are the core of the healthcare industry and are necessary for the delivery of quality care. However, many community focus group participants expressed concerns, such as an increasing loss of physicians, provider issues, including misdiagnoses and limited interaction with primary providers as barriers to achieving a complete state of well-being. Discussions related to gravitating towards a patient-centered model in healthcare settings were proposed by many participants.
- Affordability and cost were highlighted as barriers among citizens surveyed, community focus groups and providers. Despite recent expansions in insurance coverage and improved access to healthcare, cost was viewed as an economic burden among the insured and uninsured. More efforts to subsidize healthcare is needed. Health providers expressed that this is especially needed among the medically underserved.



Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FCA). The Citrus County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

- *Trends* are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- *Factors* are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- *Events* are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues. In August 2015, the C-CHAP team convened a group of several community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for community health improvement. The tool used to conduct this activity can be found in Appendix C. The *Forces of Change for Citrus County* table on the following pages summarizes the forces of change identified for Citrus County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



FORCES OF CHANGE FOR CITRUS COUNTY (Prepared by WellFlorida Council – 9/30/15)			
TRENDS		THREATS POSED	OPPORTUNITIES CREATED
Social	Increasing obesity rates	<ul style="list-style-type: none"> Heart disease Diabetes Shortened life expectancy Hypertension 	<ul style="list-style-type: none"> Implementation of nutrition and physical activity policies Expansion of fresh food markets Prevention Education
	Increase use of substances (tobacco, vaping, synthetic drugs, energy drinks, smokeless tobacco)	<ul style="list-style-type: none"> Readily accessible Carcinogenic Increased dependency 	<ul style="list-style-type: none"> Increased education, awareness, and outreach Increased media campaigns
Economic	Consolidation of hospitals	<ul style="list-style-type: none"> Healthcare cost and expenditures increase Reduced charitable opportunities for the community 	<ul style="list-style-type: none"> Hospital partnerships Services are readily available Integrated care Reduced administrative cost
	Increase in “snowbirds”	<ul style="list-style-type: none"> Increase in motor vehicle accidents Creates services Competition for jobs 	<ul style="list-style-type: none"> Creates services Knowledge base can be utilized Diversity
	Increasing transition of young adults	<ul style="list-style-type: none"> Increased unmet needs for young adults (i.e., jobs) 	<ul style="list-style-type: none"> Greater focus on older population
Governmental/Political	Elections	<ul style="list-style-type: none"> Public health issues not adequately addressed 	<ul style="list-style-type: none"> Public awareness of pressing issues
Scientific/Technology	Increasing use of telemedicine	<ul style="list-style-type: none"> Job elimination Privacy concerns Ethical considerations Provider-patient relationship not established 	<ul style="list-style-type: none"> Increased services/access Increased specialty services More efficient and convenient

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



FORCES OF CHANGE FOR CITRUS COUNTY

(Prepared by WellFlorida Council – 9/30/15) cont.

TRENDS		THREATS POSED	OPPORTUNITIES CREATED
	Increasing use of technology	<ul style="list-style-type: none"> • A potential distraction • Advanced technology is potentially overwhelming • Cost 	<ul style="list-style-type: none"> • Increased awareness • Cross-communication between institutions • Opportunity for integrated learning
	Increasing use of social media	<ul style="list-style-type: none"> • Potentially results in decreased productivity • A distraction • Not reaching populations that don't have social media 	<ul style="list-style-type: none"> • Increased education • Increased connectivity • Targeting a wide audience • Increasing dissemination avenues
Environmental	Degradation of water quality	<ul style="list-style-type: none"> • Impacts economy • Positive change takes a long time 	<ul style="list-style-type: none"> • Grassroots organizations are addressing the issue • Government opportunities—the Base and Management Plan (making policies and implementing plans)
	Springs preservationist trend	<ul style="list-style-type: none"> • A potential distraction from larger-scale health and environmental issues 	<ul style="list-style-type: none"> • Increased education • Community uniting on common issue • Brings local and statewide attention to Citrus' natural resources
	Increasing prevalence of community gardens	<ul style="list-style-type: none"> • Not sustainable • Coordinated efforts needed • True partnerships are needed 	<ul style="list-style-type: none"> • Percentage available for recreational use • Collaboration with community partners to make more sustainable • Education • IFAS
FACTORS		THREATS POSED	OPPORTUNITIES CREATED
Citrus County is geographically remote		<ul style="list-style-type: none"> • Limited efficiency • Need specialty services 	<ul style="list-style-type: none"> • More available services

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



FORCES OF CHANGE FOR CITRUS COUNTY

(Prepared by WellFlorida Council – 9/30/15) cont.

FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Citrus County has limited opportunities (education and work)	<ul style="list-style-type: none"> Potentially become a bedroom community Increasing unmet needs Funding 	<ul style="list-style-type: none"> Centrally located to cities with more services Increased demand for specific professions Entrepreneurship
Citrus County's corporations are evolving	<ul style="list-style-type: none"> Sustainability concerns 	<ul style="list-style-type: none"> Increased job development
Citrus County is rural and widespread	<ul style="list-style-type: none"> Increased demand for better transportation Access to care issues Cost-effectiveness issues 	<ul style="list-style-type: none"> 491 corridor providing more connectivity which will be conducive to population growth
Citrus County has a large older population	<ul style="list-style-type: none"> No desire to invest in infrastructure and schools A large percentage of income is unearned Increased stagnation 	<ul style="list-style-type: none"> Marketing opportunities for physicians More advantages of skills and knowledge in older population
EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Sun Coast Parkway construction	<ul style="list-style-type: none"> Changes in traffic pattern Changes in landscape Infrastructure cannot support the traffic Increased crime Increased opportunity to become a bedroom community 	<ul style="list-style-type: none"> No more isolation Economic development Job creation More housing
Large plant closed	<ul style="list-style-type: none"> Economic stability concerns Job market concerns Schools affected 	<ul style="list-style-type: none"> Segue into different fields and career pathways

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



FORCES OF CHANGE FOR CITRUS COUNTY

(Prepared by WellFlorida Council – 9/30/15) cont.

EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Affordable Care Act	<ul style="list-style-type: none"> • Increased taxes • Small businesses have to pay individual healthcare prices • Financial devastation if uninsured 	<ul style="list-style-type: none"> • Subsidies for low-income persons to receive coverage • Uninsured will have access to affordable and quality health insurance • Medicaid expansion a possibility • Young adults can stay on parents coverage longer
Not-for-profit county hospitals	<ul style="list-style-type: none"> • Providers not accepting BCBS • Modified billing structure • Requirement to pay up-front • Hospitals evolving into a private corporate structure • No resources for patients • Loss of partnership programs (We Care Program) 	<ul style="list-style-type: none"> • Hospitals are paying taxes • Continual quality improvement of hospitals • Increased completion among health providers



Recommendations

This section is divided into two parts. First, the Intersecting Themes and Key Considerations are summarized in order to identify the key health needs and issues in Citrus County. Second, the Promising Practices section provides links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in Citrus County. These national databases have been used to specify some of the most promising practices in some of the key issue areas identified for Citrus County in the 2015 CHA.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes from the three MAPP assessments—the Community Health Status Assessment (CHSA), the Community Themes and Strengths Assessment (CTSA), and the Forces of Change Assessment (FCA)—that were done as part of the Citrus County CHA. These themes, in essence, comprise an overview of the major health needs/issues in Citrus County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of this Community Health Assessment.

OBESITY

- Similar to the state of Florida as well as the national landscape, adult obesity in Citrus County is a major problem. The percentage of adults who are obese in Citrus County has increased from 2010-2013, and is similar to Florida's percentage of obese adults in 2013 (for 2013, 28.5 percent obese in Citrus County; 26.4 percent obese in Florida – Table 137, Technical Appendix).
- Contributing to the factor of access as well, citizens in Citrus County frequently expressed their desire to eat healthy foods and participate in physical activity. However, the cost associated with the purchase of healthy foods and gym memberships were identified as major barriers to managing. Access to healthy food is also a major barrier to obtaining a healthy lifestyle in Citrus County. 15 percent of the low income population in Citrus County has low healthy food access (Table 143, Technical Appendix). More effort is needed to make affordable, healthy food available to individuals who need it the most.
- Interventions are needed to address obesity and access to healthy foods in Citrus County. These type of healthy food, healthy lifestyle interventions can be done at multiple levels of the Health Impact Pyramid (see Figure 1). The simplest intervention can be done at the top of the Pyramid – through counseling and education – though it has the smallest impact on changing the health of Citrus County residents.

ACCESS TO CARE

- Healthcare access is an issue due to multiple factors in Citrus County, namely poverty and availability of physicians. In 2014, 56.4 percent of Citrus County residents 0-18 years of age were Medicaid eligible (Table 150, Technical Appendix). Additionally, the rate of OB/GYNs in Citrus County is 4.9 per 100,000 population and the rate of Pediatricians in Citrus County is 7.8 per 100,000 population (Table 154, Technical Appendix).



- Citizens in Citrus County expressed traveling long distances to access different healthcare services. This disparity was often referenced as problematic, especially among persons with chronic illness conditions. Appropriate solutions to rectify this issue needs to be addressed, as increased distances between residents and healthcare providers could potentially result in decreased healthcare utilization.
- Access issues may be one of the most difficult factors to address via interventions through the Health Impact Pyramid (see Figure 1). Many access issues are derived from socioeconomic factors, which are the most difficult and take the longest to change, but have the largest impact in moving the needle toward better health for Citrus County residents.

MENTAL HEALTH AND SUBSTANCE ABUSE

- Similar to the access to care issue, mental health and substance abuse was often uncovered as a major health issue among Citrus County residents. Participants spoke at length in focus groups about the dire need for expanded services for mental health and substance abuse in Citrus County.
- Data reveals that though mental health hospitalizations are lower in Citrus County than the state (Table 99, Technical Appendix), Emergency Department use for mental health reasons is much higher than it should be. In 2014, Citrus County residents fared worse than their Florida resident counterparts on the rate of Emergency Department visits for mental health reasons per 1,000 population, with Citrus County at 79.3 and Florida at 67.3 (Table 100, Technical Appendix). In 2013, there were 1,171 involuntary exam initiations (Baker Acts) of Citrus County residents (Table 102, Technical Appendix).
- To make an impact on improving mental health and substance issues in Citrus County, an intervention can be made at the policy-level, *Changing the Context* level of the Health Impact Pyramid (see Figure 1). This is a difficult level at which to intervene; however, if community partners are able to come together to make sweeping changes toward better mental health and substance abuse care in Citrus County, it will have a considerably large impact on the health and well-being of Citrus County citizens.

DENTAL CARE

- Dental care has been a resounding issue throughout Citrus County. The rate of dentists per 100,000 population in Citrus County is 28.2 from 2004-2014 (Table 157, Technical Appendix). Additionally, the total preventable oral health ED visit rate per 100,000 population in Citrus County has remained higher than the Florida rate every year from 2009-2014. In 2014, the total preventable oral health ED visit rate per 100,000 population in Citrus County was 11.5 compared to Florida at 8.1 (Table 155, Technical Appendix).
- Dental care was arguably one of the most frequently reported needed services from Citrus County residents. Participants discussed traveling to neighboring cities to seek care for these services.
- Improving dental care in Citrus County is related to the issue of access to care. Healthcare access is related to socioeconomic factors in the Health Impact Pyramid (see Figure 1), which are the most difficult to change but have the largest impact.



CHRONIC DISEASE MANAGEMENT PROGRAMS

- Chronic disease management in the form of diabetes self-management education is improving in Citrus County. The percentage of adults with diabetes who ever had diabetes self-management education has increased from 2010-2013, and is slightly higher than the state percent. In 2013, the percentage of adults with diabetes who ever had diabetes self-management education in Citrus County was 51.2, compared to Florida at 49.6 percent (Table 137, Technical Appendix).
- Healthcare providers in Citrus County reported that the most common chronic disease management program they offer to their patients is for diabetes (Citrus County Provider Survey). Additionally, of the citizen population surveyed, most respondents who reported that they were diagnosed with hypertension or high blood pressure also reported that they are linked to a management program and seek help from a doctor or healthcare provider (Citrus County Citizen Survey). This can be tied with the amount of providers who discussed having self-management education available. These linkages show that Citrus County is doing good work and is continuously improving in the realm of chronic disease management programs, namely diabetes management.
- The continued success of chronic disease management programs in Citrus County lend to the *Clinical Interventions* level of the Health Impact Pyramid (see Figure 1). While this level may not have the strongest impact for affecting change, it is not the weakest level, and the intervention level appears to be working to the satisfaction of the residents in Citrus County in terms of diabetes management.

QUALITY OF LIFE

- Overall health and Quality of Life is generally rated well among Citrus County citizens. Many citizens express their ample access to parks and opportunities for nature contact, and that there is not much for Citrus County to improve upon that area. Citrus County Citizens feel that Citrus County is a safe place to live, with infrequent crime, and beautiful natural resources.
- 81.4 percent of adults report being in good physical health and 81.8 percent of adults being in good mental health in Citrus County in 2013 (Table 137, Technical Appendix). Additionally, the Physical Environment in Citrus County was ranked 21st in the state out of Florida's 67 counties.
- The Quality of Life and the elements which give Citrus County residents increased Quality of life lend to the *Changing the Context* level of the Health Impact Pyramid (see Figure 1). Access to public parks and opportunities to be outside are policy-level factors allowing the default decisions of Citrus County residents to be healthy decisions, which lead to positive Quality of Life for its residents.

PROMISING PRACTICES FOR NEXT STEPS

The *Promising Practices and Interventions for Citrus County Health Issues/Needs* Table on the following pages present results of a query of best practices for some of the key health issue/needs areas in Citrus County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Citrus County and need enhancement, while others represent new opportunities.

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space"	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
	(Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.		
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity	Promising	Healthy Communities Institute:

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
	(HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Practice/Good Idea	http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
	<p>Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>		and-control-behavioral-interventions
Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	<p>Evidence-Based (Moderate)</p>	<p>CDC Community Health Improvement Navigator:</p> <p>http://www.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:</p> <p>http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
Physical Activity	<p>The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.</p> <p>Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street</p>	Systematic Review	<p>Healthy People 2020:</p> <p>http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3</p>

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
	crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) 	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>

CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



PROMISING PRACTICES AND INTERVENTIONS FOR CITRUS COUNTY HEALTH ISSUES/NEEDS			
Issue	Practice or Intervention	Effectiveness	Source
	•Physical education lesson plans that incorporate fitness and circuit training activities		



Acknowledgements

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- Aaron Kissler – Interim Administrator, Florida Department of Health in Citrus County
- Merton Rashley – Assistant Director, Florida Department of Health in Citrus County
- Dr. Thomas Poirier – Medical Director, Florida Department of Health in Citrus County
- Carmen Hernandez – Community Health Education Program Manager, Florida Department of Health in Citrus County
- Janora Wade – Director of Nursing, Florida Department of Health in Citrus County
- Nancy Witty – Government Operations Consultant, Florida Department of Health in Citrus County
- Amy Engelken – Community Services Director, Board of County Commissioners
- Chuck Dixon – Planning and Growth Management Director, Citrus County School District
- George Rusaw – President, Citrus County Habitat for Humanity
- Jim Anderson, Local Business Owner
- Laura Grady – General Manager, Citrus 95.3 Radio
- Theodora Rusnak – Past President/Chairman Membership Committee/Citizen, Citrus County Council
- Rebecca Martin, Citizen
- Rhonda Lestinsky – First Vice President & Secondary Market; Residential Mortgage Director, Nature Coast Bank



APPENDIX A – Community Health Surveys

Citizen Survey Instrument

Citizen Survey Instrument (Spanish)

Business Leader Survey Instrument

Physician Survey Instrument



APPENDIX B – Focus Group Script Tool



APPENDIX C – Forces of Change Assessment Instrument