



CITRUS COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT 2018

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Introduction to Community Health Needs Assessments

THE CITRUS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Citrus County Community Health Assessment process was launched in March of 2018, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health needs assessment is to uncover or substantiate the health needs and health issues in Citrus County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Citrus County has historically played the lead role in the development of the community health needs assessments. As an accredited health department, the Florida Department of Health in Citrus County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2018 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health care seeking costs, vulnerable populations, and environmental concerns; and direct involvement of key community partners and citizens. The Citrus County Community Health Assessment Steering Committee members (steering committee) were recruited by the Health Officer of the Florida Department of Health in Citrus County. The steering committee participated in all elements of the Community Health Needs Assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Citrus County. A list of steering committee members can be found in the Appendix.

The Florida Department of Health in Citrus County 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 comprehensive health needs assessment effort is based 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." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Citrus County MAPP process. Use of the MAPP tools and process helped Citrus County assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

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 (FOCA)
- Local Public Health System Assessment (LPHSA)

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These MAPP assessments are fully integrated into the 2018 Citrus County Community Health Needs Assessment.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
 - Community Member Survey Analysis
 - Community Partner/Provider Survey Analysis
 - Summary of Focus Group Discussions
- Forces of Change Assessment
- Local Public Health System Assessment
- Key Findings
- Appendix
 - Steering Committee Members List
 - Forces of Change Materials
 - Survey Materials

The Executive Summary 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. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health needs of the community. In order to determine the community's

perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large and health care providers. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses are included in the Community Themes and Strengths Assessment component.

The Forces of Change Assessment component summarizes the findings from the Forces of Change Assessment. The purpose of the Forces of Change Assessment is to identify 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. The Forces of Change Assessment was completed on August 24, 2018 with the Citrus County Community Health Needs Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) was completed in two sessions with one on May 15, 2018 with steering committee members and community partners and one with Florida Department of Health in Citrus County staff on June 19, 2018. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

The Key Findings component serves as a summary of the results from each of the above components. Recommendations for addressing the identified needs are summarized in the Key Findings section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Citrus County Technical Appendix*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health needs assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Citrus County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Geographic and Racial and Ethnic Disparities

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Citrus County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

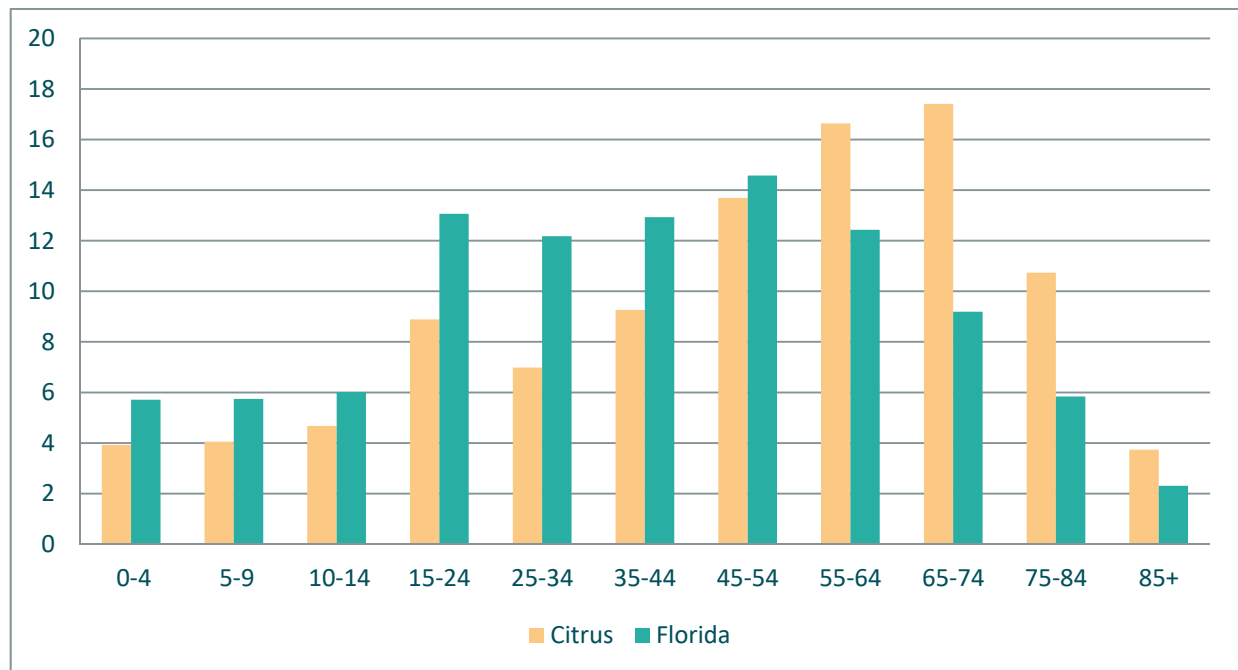
As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *Citrus County Technical Appendix* includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, 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 the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Citrus County demographic and socioeconomic profile.

POPULATION

In 2010 the U. S. Census Bureau reported the population of Citrus County as 141,236 (Table 7 in the Technical Appendix; please note that all subsequent tables referenced here can be found in the Technical Appendix). According to the U.S. Census Bureau's American Community Survey (ACS) estimates for 2012-2016, Citrus County's population numbers 140,453 with males representing 48.3 percent of the population and females at 51.7 percent (Table 20), 93.3 percent White, 3 percent Black and 5.1 percent Hispanic (Tables 21 and 22). About 1.7 percent of the population, or 2,338 individuals, were housed in group quarters; group quarters include correctional institutions (Table 29). The urban population was counted at 65.5 percent of the population (Table 19).

According to the most recent U. S. Census data, Citrus County has a larger proportion of older residents than the state of Florida as a whole. In Florida, 31.2 percent of the total population were aged 55 and older whereas in Citrus County that age group constituted 48.4 percent of the population (Table 10). This is important to note because the healthcare needs of working and aging residents tend to require a broad spectrum of services, in areas of primary prevention as well as secondary and tertiary care for emerging chronic health conditions. Also of note are the percentages of residents in the 75 and older age groups since the healthcare needs of older residents tend to be more intensive and more expensive than they are for younger residents. The figure below draws on data from Table 10 and illustrates the age distribution of Citrus County residents to the state of Florida.

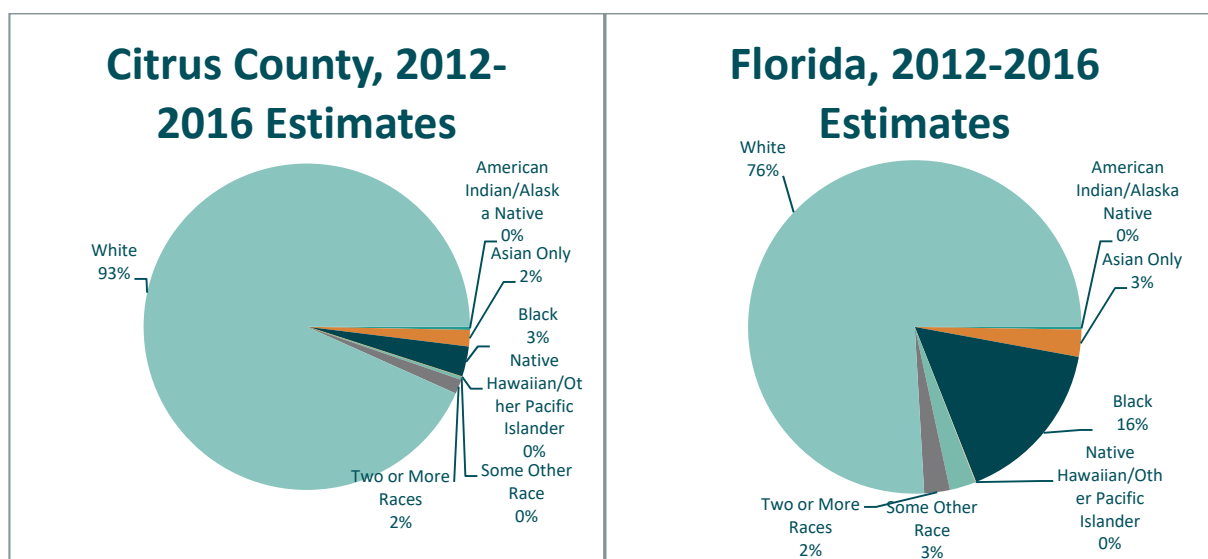
FIGURE 1: POPULATION BY AGE GROUPS, 2010



GENDER, RACE AND ETHNICITY

The U.S. Census Bureau 2012-2016 estimates show about 93 percent of the Citrus County population was White, 3 percent Black, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race or two or more races. About 5.1 percent of Citrus County residents identified themselves as Hispanic or Latino (Table 22). These estimates of Citrus County's racial and ethnic makeup are shown in Figure 2 below (Table 21).

FIGURE 2: ESTIMATED POPULATION BY RACE, 2012-2016



LIFE EXPECTANCY

Overall, life expectancy in Citrus County is lower than for the state of Florida. Data from University of Washington, Institute for Health Metrics and Evaluation for 1987-2010, show male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Citrus County, the average life expectancy for males is 72.9 years. Life expectancy for females in Citrus County was calculated to be 80.0 years whereas for females in Florida as a whole that figure was 81.6 years. Because of small numbers, data are not available by race and ethnicity (Table 3).

ECONOMIC CHARACTERISTICS

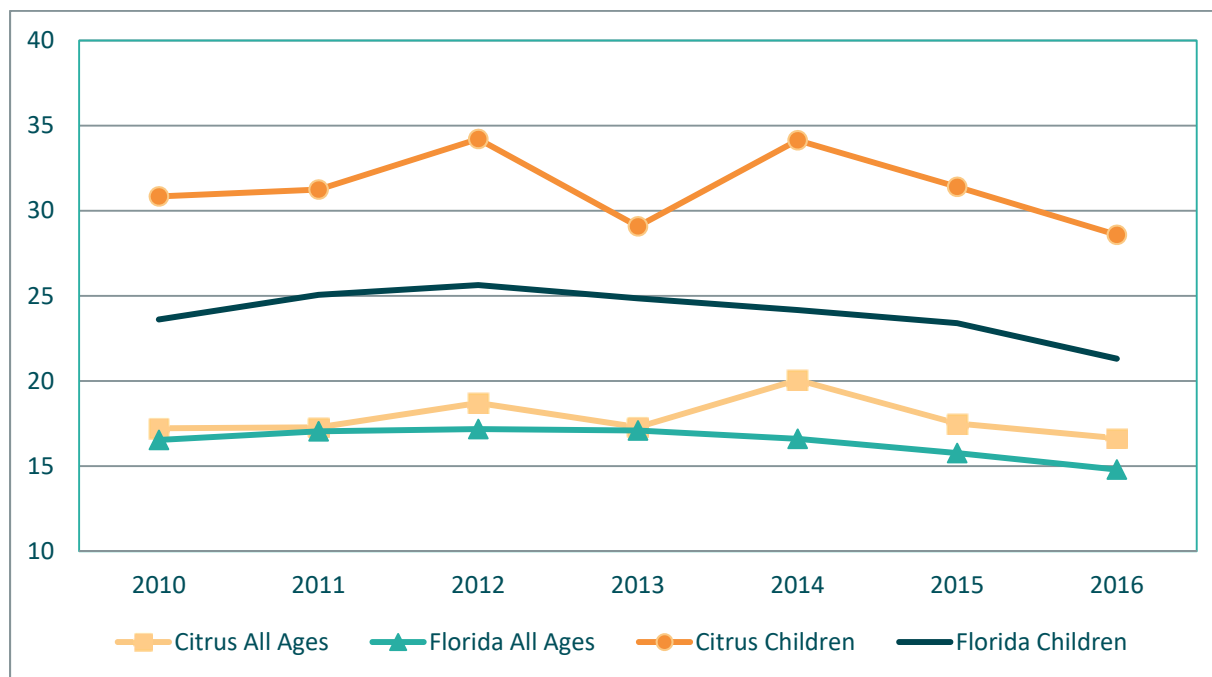
Poverty

According to data from the U. S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Citrus County than the state of Florida in 2016. While the state rate was 14.8 percent, the rate in the county was 16.6 percent. With regard to children living in poverty, the rates for Citrus County were higher than the state rate at 28.6 and 21.3 percent, respectively (Table 36). The figure

below uses data from Table 36 and depicts changes in the poverty rate for Citrus County and the state from 2011 to 2016 (Table 36).

As with other demographic and socioeconomic variables, poverty rates vary geographically in Citrus County. The Citrus County Technical Appendix includes information about poverty by zip code tabulation areas (ZCTA; Table 37) and by ZCTA for levels of poverty (Table 38). According to data from the ACS for 2012-2016, the largest percentages of people living at 100 percent of the Federal Poverty Level are found in Homosassa (34448) at 27.2 percent and Inverness (34453) at 22.1 percent. Citrus County's lowest poverty rate by ZCTA was found in Dunnellon (34433) at 9.7 percent.

FIGURE 3: POVERTY ESTIMATES BY PERCENT, 2010-2016

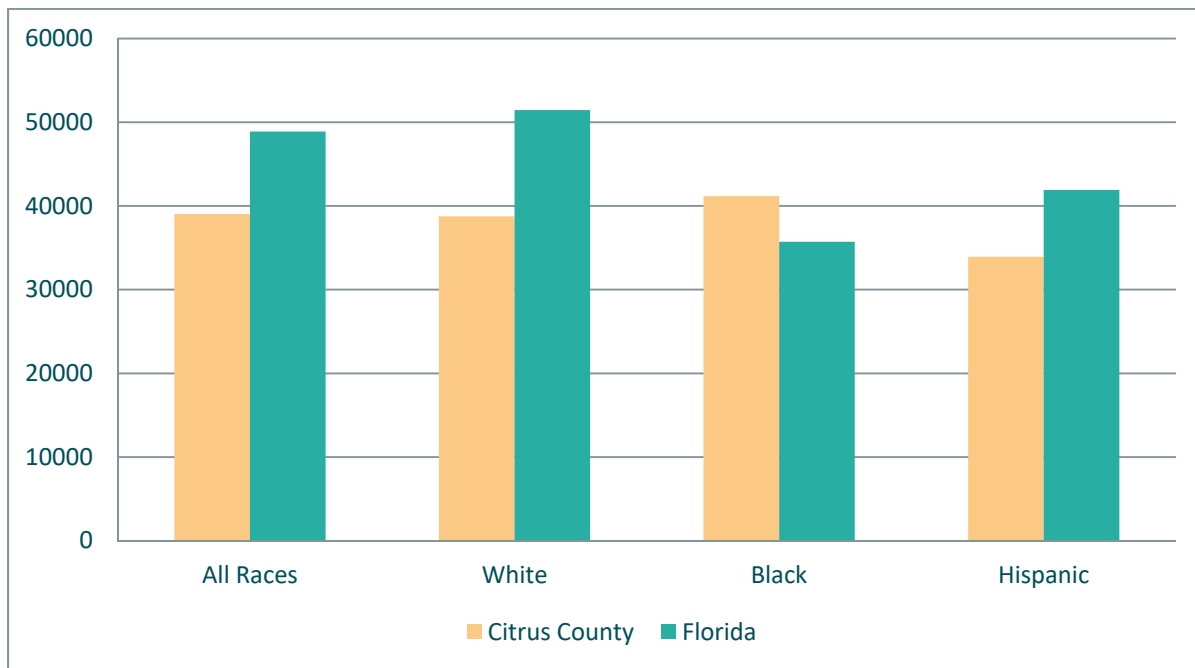


Poverty affects females and people of color disproportionately throughout the state of Florida and in Citrus County. While the ACS data indicate that 16.0 percent of males in the county were living in poverty, 19.3 percent of females were living in poverty. These percentages are higher than state level percentages at 15.0 percent and 17.1 percent, respectively (Table 40). At the same time, there is a much larger disparity between racial and ethnic categories with an estimated 17.5 percent of Whites living in poverty, 25.2 percent of Blacks living in poverty, and 24.6 percent of Hispanics living in poverty (Table 41) in Citrus County; for Florida as a whole an estimated 13.7 percent of Whites, 26.2 percent of Blacks and 20.9 percent of Hispanics live in poverty.

Income

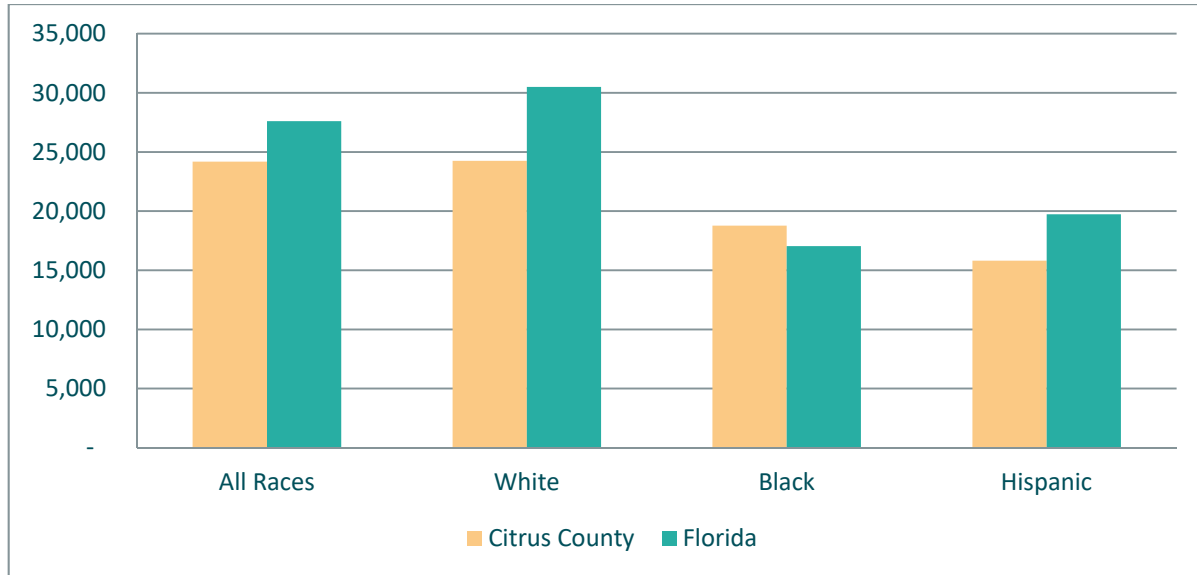
Income levels in Citrus County are lower than the state of Florida. Looking again at ACS data, the median household income for all races in Citrus County is estimated to be 39,054 dollars in comparison to Florida's 48,900 dollars. There are differences in median household income within racial groups at the county and state levels. The median income for Whites in Citrus County is 38,769 dollars and 41,168 dollars for Blacks. Hispanic median income in Citrus County is 33,919 dollars. The median incomes for Whites and Hispanics are lower than for the state (51,444 and 41,909 dollars, respectively) with median income for Citrus County Blacks higher than for the state (35,722 dollars). These differences are depicted in the figure below using data from (Table 44).

FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2012-2016



The pattern in the distribution of per capita income in Citrus County and the state is similar to that of median household income for all races with a Citrus County estimate of 24,188 dollars in comparison to 27,598 dollars at the state level. Similar racial and ethnic differences exist in per capita income at the county and state levels as can be seen in the figure below (Table 46). Once again, per capita incomes for Whites (24,256 dollars) and Hispanics (15,805 dollars) are below the state figures (30,505 and 19,727 dollars, respectively) while per capita income for Citrus County Blacks (18,774 dollars) is slightly above the state per capita income for Blacks (17,044 dollars).

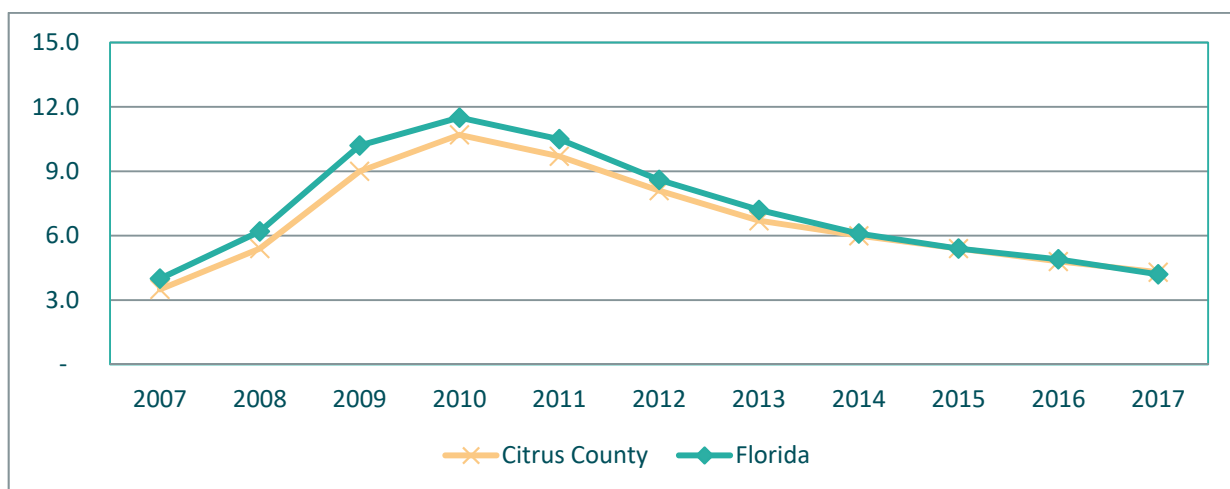
FIGURE 5: PER CAPITA INCOME, 2012-2016



EMPLOYMENT

Recent data on employment in Citrus County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Citrus County has been similar to the state rate and it follows the same path as the state in its decline for a number of years. In 2017, the unemployment rate in Citrus County was 4.3 percent; the state rate was 4.2 percent. Recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment Citrus County and the state can be seen in the figure below (Table 56).

FIGURE 6: UNEMPLOYMENT RATES, 2007 – 2017



EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. From 2011-2017 Citrus County has seen slight gains and a few small setbacks in high school graduation rates and dropout rates. The high school graduation rate for 2016-2017 was 78.9 percent, compared to the state rate of 82.3 percent (Table 61). From a 1.2 percent low in 2010-2011 the dropout rate in 2014-2015 was recorded at 1.5 percent which is slightly lower than the state rate of 1.8 percent for that same period. Citrus County lags in the estimated percentage of the population aged 25 and older that hold college degrees (Associate, Bachelor's, Master's, Doctorate and professional school degrees) at 26.2 percent compared with 37.4 percent for Florida as a whole (Table 60).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Citrus County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Citrus County is similar to Florida in many health indicators, some differences exist. Noted below are some key facts and trends of the mortality and morbidity rates in Citrus County.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a 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 multifactorial 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 (9 measures)
 - b. Clinical care (7 measures)
 - c. Social and economic (9 measures)
 - d. Physical environment (5 measures)

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2018. In the latest rankings, out of 67 counties in the state, Citrus County ranked 40th for health factors and 54th for health outcomes for an overall ranking of 54th. Contributing to Citrus County's ranking in the category of health factors are solid scores in the areas of health behaviors, clinical care and physical environment (Table 1).

FIGURE 7: COUNTY HEALTH RANKINGS BY CATEGORY FOR CITRUS COUNTY, 2010 - 2018

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018
Citrus County									
HEALTH OUTCOMES	48	53	56	54	53	49	56	54	54
<i>Mortality/Length of Life</i>	55	57	60	56	56	54	53	51	61
<i>Morbidity/Quality of Life</i>	38	45	44	52	50	48	53	49	36
HEALTH FACTORS	58	56	54	55	54	55	54	55	40
<i>Health Behavior</i>	64	62	56	58	52	53	58	51	27
<i>Clinical Care</i>	57	56	59	50	49	58	48	56	14
<i>Social & Economic Factors</i>	53	51	52	53	57	52	52	54	59
<i>Physical Environment</i>	6	38	15	41	13	14	13	12	37

CAUSES OF DEATH

Data in the Technical Appendix are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most commonly utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes in 2016 was higher in Citrus County than it was at the state level, 845.3 as compared to 686.2 per 100,000, respectively (Table 75). The figure below shows the trends in the age-adjusted mortality rate for all causes for Citrus County and Florida over time.

The top five (5) leading causes of death, for all races and ethnicities, in Citrus County for 2012-2016 were 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Disease (CLRD), 4) Stroke, and 5) Unintentional Injuries. These leading causes are the same for Florida as a whole although the percent of total deaths in Citrus County exceed the state rate for Heart Disease, CLRD, and Stroke. Other causes of death in Citrus County for all races and ethnicities that exceed state rates include Hypertension and Liver Disease (Table 74). Figures 8 through 13 below show the age-adjusted death rate trends in the five leading causes of death for Citrus County and for Florida (Table 75).

FIGURE 8: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2012 – 2016

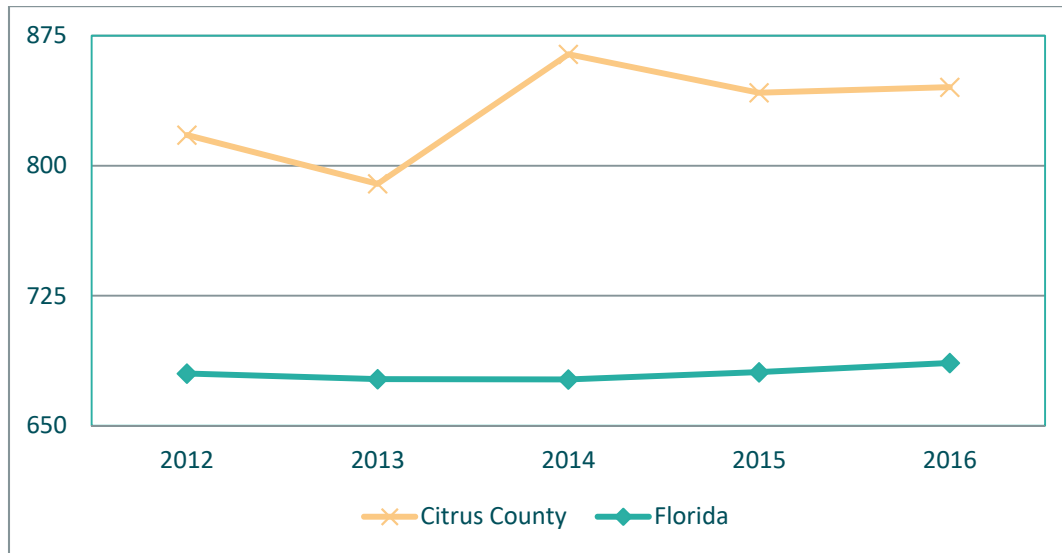


FIGURE 9: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2012 - 2016

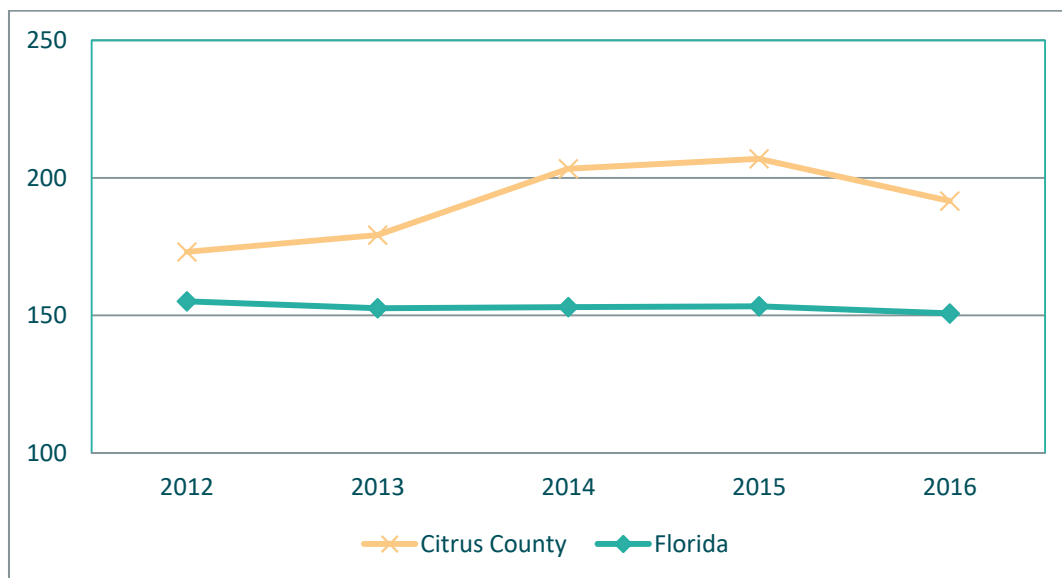


FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2012 – 2016

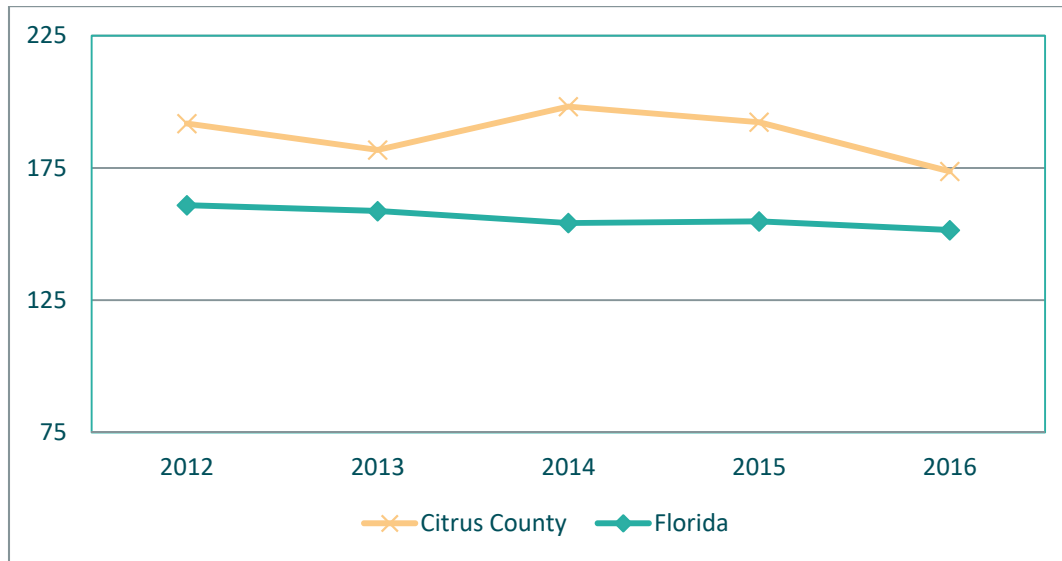


FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2012 – 2016

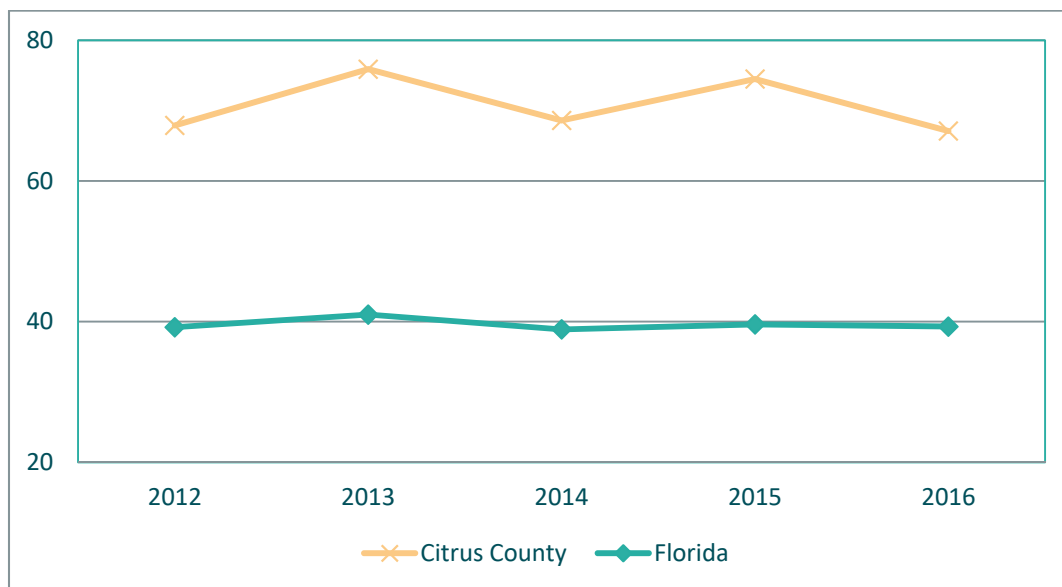


FIGURE 12: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2011 – 2015

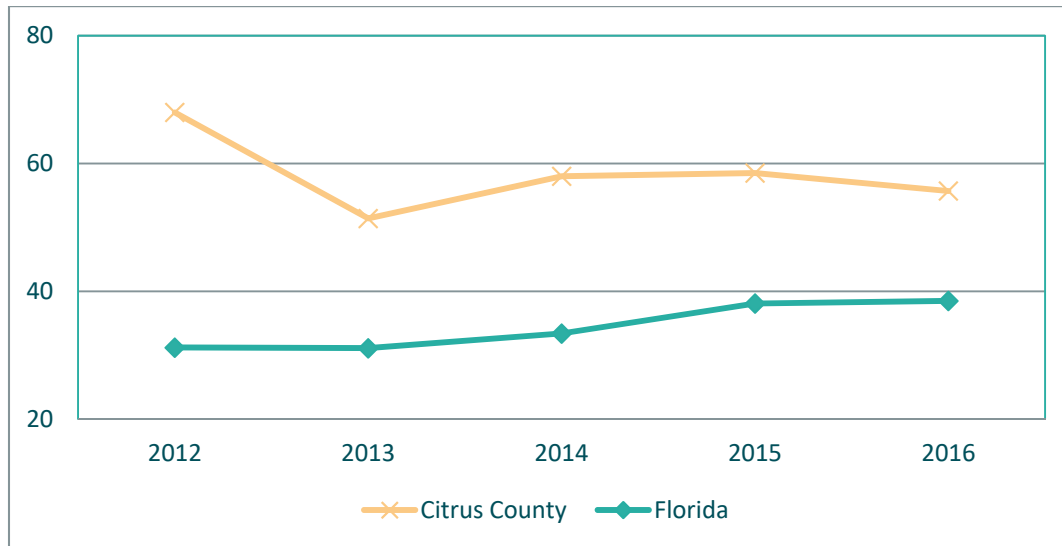
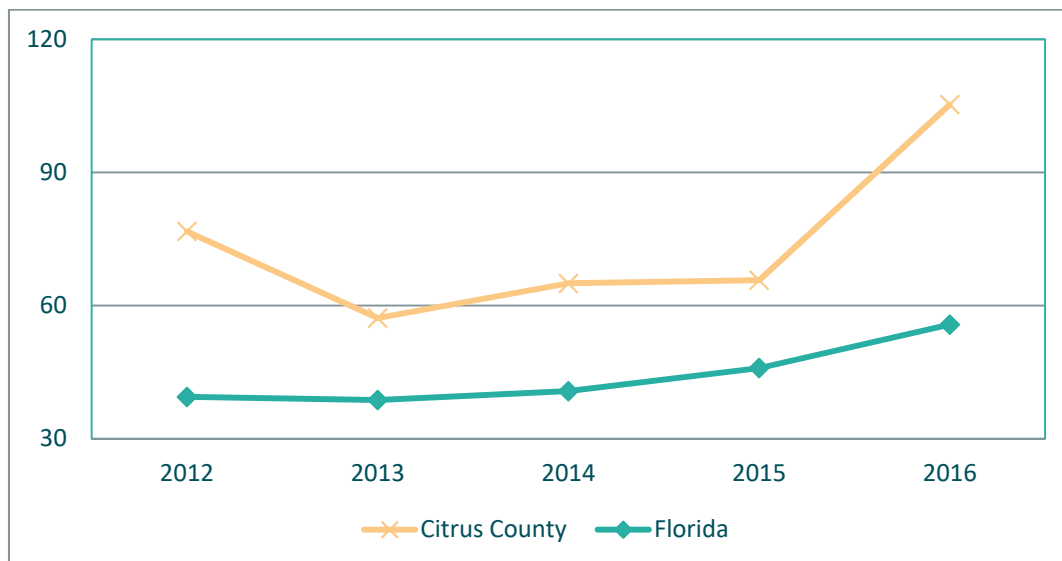


FIGURE 13: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000 ALL RACES, CITRUS COUNTY AND FLORIDA, 2012 – 2016



Disparities can be seen in age-adjusted death rates by racial and ethnic classification in Citrus County and Florida. The all-cause death rate per 100,000 population in 2016 for Whites was 856.8, compared to 694.0 for Blacks and 653.6 for Hispanics. In 2016 the age-adjusted mortality rates for Heart Disease for Whites was 195.8 per 100,000 with 181.7 for Blacks and 140.0 for Hispanics; all three rates are higher than state rates at 148.4, 172.1, and 129.6, respectively. Cancer rates were also higher for Whites at 175.9 compared to 136.0 for Blacks and 121.2 for Hispanics. For that same year, Whites had much higher mortality rates than Blacks and Hispanics for CLRD at 69.5 per 100,000 compared to 13.8 and 21.7, respectively. The same holds true for unintentional injury deaths with 110.6 per 100,000 for Whites compared to 74.2 for Hispanics and 33.6 for Blacks. Higher mortality rates for Blacks were seen in Diabetes deaths at 42.4 compared to 29.4 per 100,000 for Whites and 10.5 for Hispanics (Tables 76, 77, 78).

BEHAVIORAL RISK FACTORS

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 self-reported 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 county-level data available for Citrus County is for 2016.

Below are some highlights from the BRFSS data (See Table 125 for full details):

Overweight and Obesity: The data for Citrus County indicate that the percentages of adults who are overweight (40.6 percent) and adults who are overweight or obese (64.7 percent) exceed rates for Florida (35.8 and 63.2 percent, respectively). Adults in Citrus County report having a healthy weight at 34.2 percent which is on par with the state rate of 34.5. Relatedly, more Citrus County adults report being sedentary (32.2 percent) and inactive or insufficiently active (57.3 percent) compared to state rates of 29.8 and 56.7 percent, respectively. Fewer Citrus County adults meet muscle strengthening recommendations (36.3 percent) or aerobic recommendations (43.9 percent) when compared to 38.2 and 44.8 percent, respectively, for Florida.

Tobacco Use: About 21.4 percent of Citrus County adults reported being current smokers while in the state as a whole the percentage of adult smokers was shown at 15.5. The percentage of Citrus County adults who reported never being a smoker was near 39.6 percent compared to 58 percent for Florida adults. Fewer Citrus County adults who smoke attempted to quit smoking in the past year (53.7 percent) compared to for Florida as a whole (62.1 percent). More Citrus County adults reporting being current e-cigarette users (5.2 percent) compared to 4.7 for Florida as a whole.

Health Status: About 40.2 percent of Citrus County adults reported having some form of arthritis which is higher than the state rate of 24.8 percent. Likewise, asthma was more reported to be more prevalent at 9.5 percent of Citrus County adults currently having asthma; the state rate was 6.7 percent. At almost double the state rates, Citrus County adults reported ever having had a heart attack, angina, coronary heart disease or stroke at 18.4 percent, ever having had angina or coronary heart disease at 9.2 percent and ever having had a heart attack at 11.6 percent compared to 9.8, 4.7

and 5.2 percent, respectively for Florida. Many more Citrus County adults report being limited in any way because of physical, mental or emotional problems at 34.6 percent compared to 21.2 percent for the state. This is related to the higher percentage of Citrus County adults who reported a higher number of average days where poor mental or physical health interfered with activities of daily living at 8.3 percent versus 5.7 percent for Florida as a whole.

Health Care Access: Citrus County adults reported higher rates of health insurance coverage at 87.7 percent compared to 83.7 percent for the state. More Citrus County adults have a personal doctor at 81 percent while the state rate was 72 percent. Fewer adults in Citrus County report that cost was a barrier to seeing a doctor for care in the past year at 12.2 percent when contrasted with the state rate of 16.6 percent. About 81.7 percent of Citrus County adults reported having had a medical checkup in the past year; the state rate is 76.5 percent. Medicare coverage was reported at 63.9 percent among Citrus County adults whereas the state coverage rate was shown at 37.9 percent.

INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. Data from 2006-2016 show that STD rates in Citrus County have been lower than state rates for many years (Table 126). Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. From 2006-2015 enteric disease rates in Citrus County were generally lower than state rates with spikes in 2007, 2012, and 2014 when rates far exceeded the state. In 2016, Citrus County's enteric disease rate of 66.2 per 100,000 population was higher than the state rate of 56.9 (Table 126). Zoonotic disease, or infectious diseases of animals that can cause disease when transmitted to humans, was reported at considerably higher than state rates from 2006-2013. Citrus County's 2016 rate of 11.9 per 100,000 is lower than the state rate of 18.1 (Table 126). Human immunodeficiency virus (HIV) infection case rates and Acquired Immune Deficiency Syndrome (AIDS) case rates from 2006-2016 in Citrus County are well below state rates at 4.9 per 100,000 population and 2.8 for HIV infection and AIDS cases, respectively as compared to the state rates of 24.6 and 10.5 per 100,000 (Table 128). Vaccine-preventable diseases have sporadically been public health challenges in Citrus County. In 2012 Citrus County's rate of 10.7 per 100,000 population was twice the state rate of 4.6. Most recently in 2016 the case rate of 7.0 per 100,000 population is higher than the 5.3 rate for the state as a whole. Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio (Table 127).

MATERNAL HEALTH

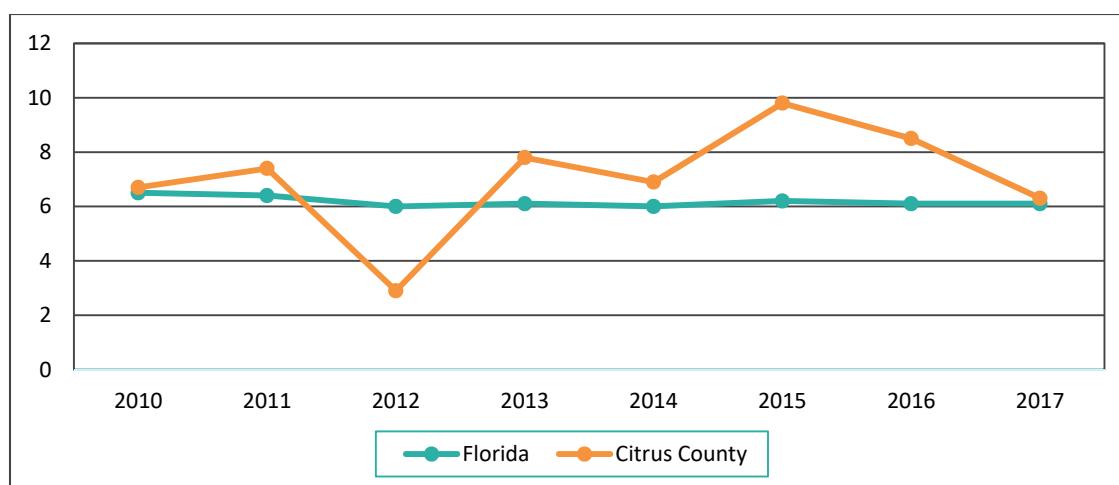
Births

In 2017 for all races there were 1,108 births in Citrus County for a birth rate of 7.6 per 1,000 live births which is lower than the state rate of 10.9 per 1,000 (Table 107). For 2010 through 2017 birth rates for Whites, Blacks and Hispanics in Citrus County tended to remain steady. Citrus County birth rates for all races, Whites, Blacks and Hispanics were lower than state rates for those eight years (Table 107).

Infant Deaths

In 2017 there were seven (7) infant deaths for all races in Citrus County resulting in an infant mortality rate of 6.3 per 1,000 live births which was slightly higher than the 6.1 state rate. For the period of 2010-2017 there were a total of 59 infant deaths. For this period the highest number of infant deaths occurred in 2015 when there were ten (10) infant deaths followed closely by nine (9) infant deaths in 2016 resulting in infant mortality rates of 9.8 and 8.5 per 1,000 live births that exceeded state rates of 6.2 and 6.1, respectively. For 2010-2017 there were five (5) Black infant deaths and eight (8) Hispanic infant deaths in Citrus County. For comparison purposes, in 2017 in Citrus County the infant death rate for Whites was 5.9, zero (0.0) for Blacks and 24.4 per 1,000 births for Hispanics. State rates for the same period were 4.4, 10.8 and 5.2 per 1,000 live births resulting in Citrus County performing worse among Whites and Hispanics and better for Blacks (Table 108). It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. When raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem. Infant mortality rates for all races for Citrus County and Florida can be seen in Figure 14 below.

FIGURE 14: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, ALL RACES, CITRUS COUNTY AND FLORIDA 2010 - 2017



Low Birthweight (LBW)

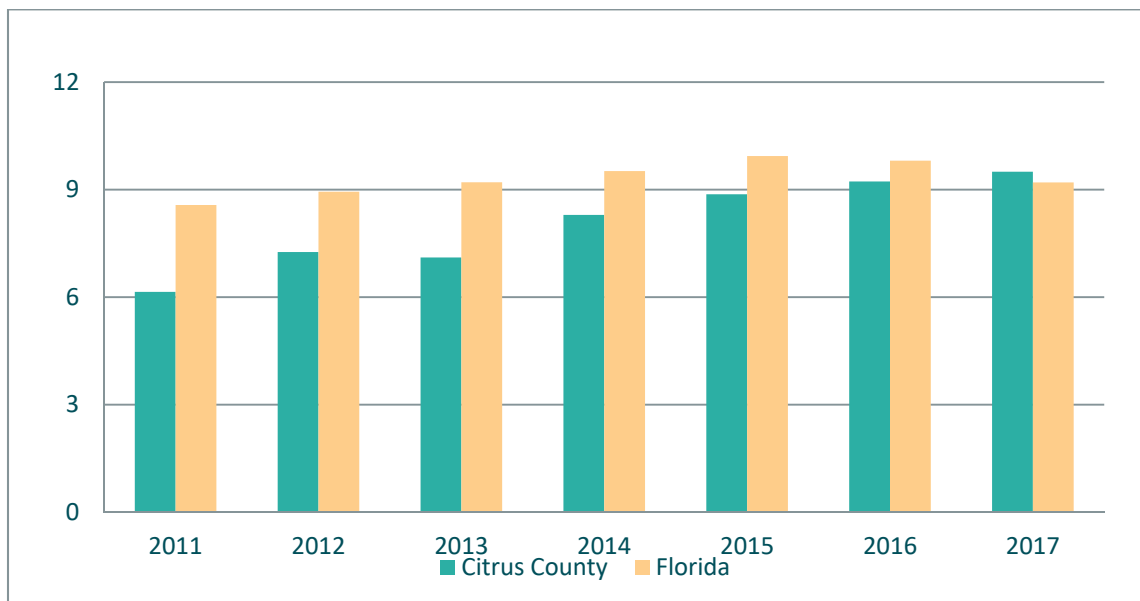
Closely related to infant deaths are Low Birth Weight (LBW) births. In 2017, there were 86 LBW births for all races in Citrus County, representing 7.8 percent of total births which is lower than the 8.8 percent state rate. In Citrus County in 2017 the percentage of LBW births was highest among Blacks at 12.2 percent with Whites at 7.9 percent and Hispanics at 3.7 percent of births. The Citrus County LBW birth rates are all lower than the state rates of 13.8, 8.8 and 7.3 percent of live births, respectively. (Table 109).

MENTAL HEALTH

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

For 2011-September 2017 the rates of hospitalizations for mental health reasons for Citrus County residents of all ages and those from 0 to 17 years of age have remained below state rates with the exception of the latest data reporting period of January through September 2017 when the Citrus County rate for all ages was recorded at 7.1 in contrast to the state rate of 6.9 (Table 101). The data for Citrus County and Florida can be observed in the figure below. These data include an estimate for 2017.

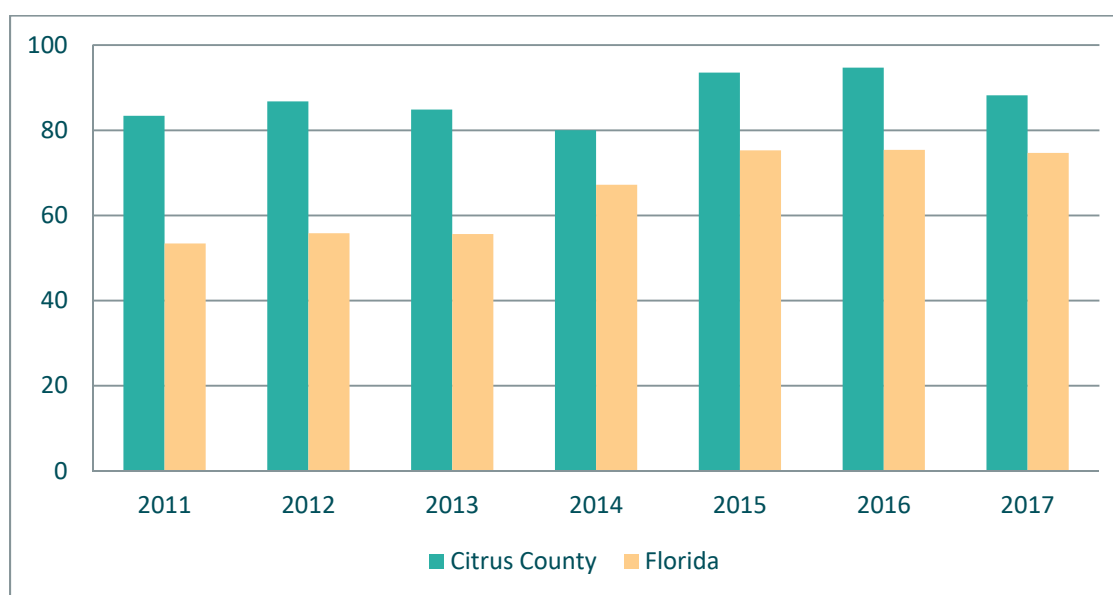
FIGURE 15: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, CITRUS COUNTY, 2011 – 2017



In Citrus County and the state of Florida the numbers and rates of emergency department (ED) visits for mental health reasons have increased in recent years. From 2011-2016 and for the January through September 2017 reporting period, the Citrus County rates of ED visits per 1,000 population for mental health reasons have exceeded state rates. This is also applies to Citrus County rates of ED visits for those 0 to 17 years of age and 18 year of age and older. In 2016 Citrus County rates for all ages, 0-17 and 18 and older were 94.7, 16.4, and 108.5 per 1,000 population, respectively, compared to state rates of 75.4, 13.0, and 91.3 per 1,000 population respectively (Table 102). These data are shown in Figure 16 for Citrus County and for Florida and include estimated data for 2017. The trend in these data may indicate an emerging or changing need in Citrus County.

The rates and numbers of involuntary exam initiations, commonly referred to as Baker Act initiations, have fluctuated over the most recent reporting period of 2009 – 2015. From 2009 – 2012, Citrus County rates exceeded state rates; for example, the Citrus County rate in 2012 for Baker Act initiations was 885.7 per 100,000 compared to the state rate of 826.3. The year 2013 marked the beginning of a reduction in the numbers and rates for Citrus County to 760.8 in 2015 compared to 973.8 per 100,000 for the state (Table 104).

FIGURE 16: MENTAL HEALTH ED VISITS, RATE PER 1,000 POPULATION, CITRUS COUNTY, 2011 - 2017



HEALTH CARE ACCESS AND UTILIZATION

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

SHORTAGE AREAS

Health professional shortage areas (HPSAs) and Medically Underserved Areas (MUAs) are designations based on Federal standards that indicate health care provider shortages in three (3) categories: primary care, dental health, and mental health. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant

mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. The score is applied to a geographic area to determine the MUA index score (Table 152). Citrus County HPSA and MUA scores are provided in Figure 17.

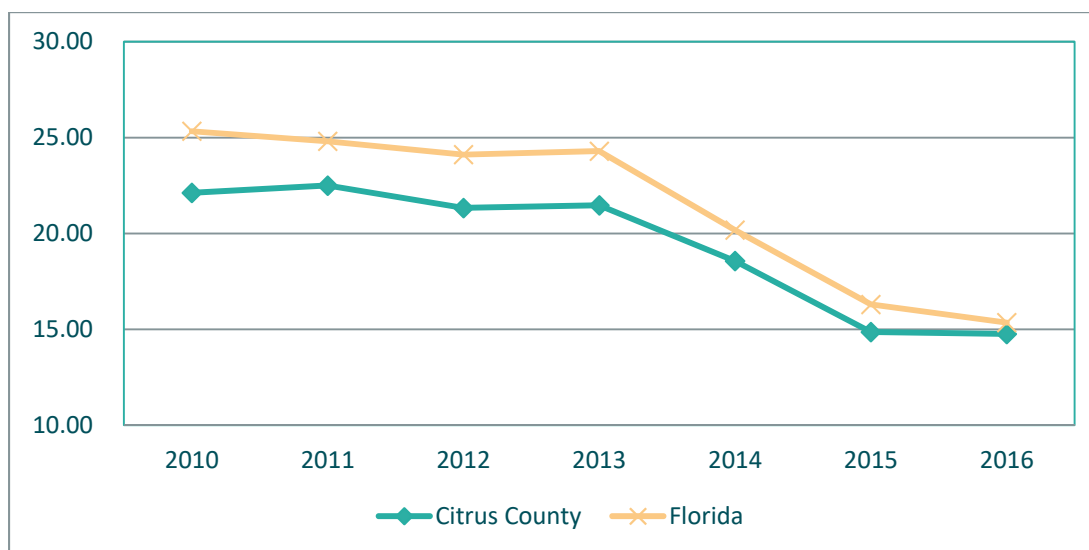
FIGURE 17: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, CITRUS COUNTY 2018

Type	Name	HPSA Designation Last Updated Date	Score
Primary Medical Care			
Rural Health Clinic	Crystal River Primary Care	11/24/2003	0
Comprehensive Health Center	Citrus County Health Department	3/1/2009	0
HPSA Population	Low Income - Citrus County	10/28/2017	17
Single County		10/28/2017	
Mental Health			
HPSA Population	Low Income - Citrus County	10/28/2017	17
Comprehensive Health Center	Citrus County Health Department	3/1/2009	0
Single County		10/28/2017	
Dental			
HPSA Population	Low Income - Citrus County	10/28/2017	17
Comprehensive Health Center	Citrus County Health Department	3/1/2009	0
Single County		10/28/2017	
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Low Income - Citrus County	2/5/2001- 12/12/2005	47.5

UNINSURED

In 2016 in Citrus County, individuals under the age of 65 without health insurance constituted 14.8 percent of the total county population. This is lower than the state rate of 15.4 percent. The uninsured rate for those under the age of 19 years in Citrus County was 7.2 percent which was slightly higher than the state rate of 6.6 percent. Since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009 uninsured rates in Citrus County have taken a similar path to the state rates in their decline. The figure below shows the trends in health insurance coverage for the Citrus County and Florida populations under the age of 65 (Table 50).

FIGURE 18: PERCENT UNINSURED UNDER 65 POPULATION, CITRUS COUNTY AND FLORIDA 2010 - 2016



MEDICAID

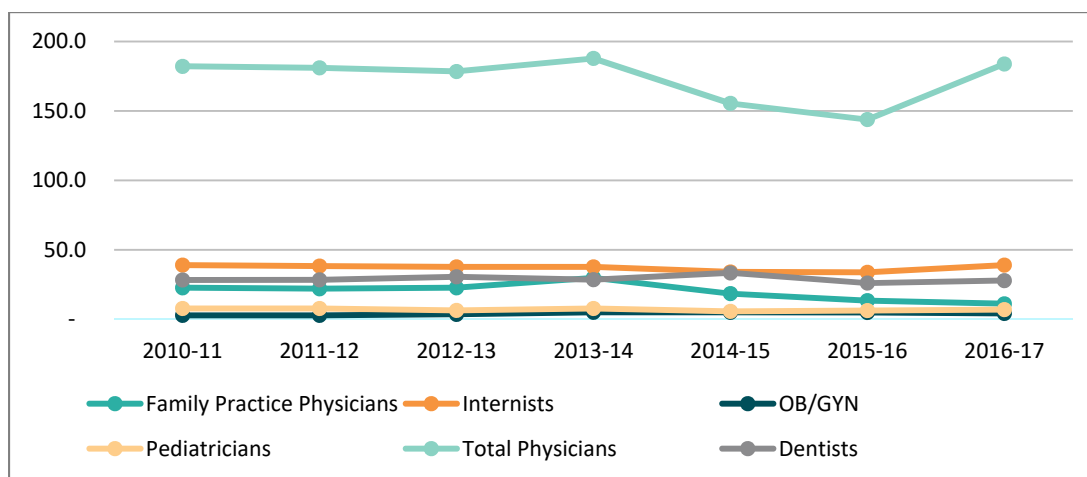
In 2017 approximately 18.9 percent of Citrus County residents of all ages received Medicaid benefits (also termed being Medicaid eligible), which is lower than the state at 19.4 percent. When segmented by age, however, in 2017 Citrus County exceeded state percentages for Medicaid eligibles among those 0 to 18 years of age at 60.7 percent and 14.2 percent for those 19 to 64 years of age; comparable state rates were 51.1 and 9.7 percent, respectively. Of further interest is Citrus County's much lower rate of Medicaid eligibles for those 65 years of age and older at 7.3 compared to 14.5 percent for the state (Table 156). By geography, in 2014 the Citrus County zip codes with the highest percentage of Medicaid eligibles were Homosassa (34448) at 23.8 percent, Crystal River (34428) at 20.0 percent and Dunnellon (34434) (Table 155).

PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2016-2017 the rate of total physicians in Citrus County was 183.8 per 100,000 population, which was higher than the two prior years' rates of 155.4 and 143.8 but significantly lower than the state rates of 315.5, 248.6, and 258.8 for 2014-2015, 2015-2016 and 2016-2017. Total physician types includes family practice physicians, internists, obstetrics/gynecology, and pediatricians. However, as Figure 19 below demonstrates the rates for various types of physicians in the county have been relatively steady in recent years and consistently well below state rates (Table 160).

There were 40 dentists in Citrus County in fiscal year 2016-2017 for a rate of 27.9 per 100,000 population; the state rate is 57.5 per 100,000. Between 2007 and 2017, the number of dentists in the county remained relatively steady. Even at its highest rate in 2014-15 of 33.4 per 100,000 population, the rate of dentists in Citrus County was significantly below the state rate of 59.4 (Table 161).

FIGURE 19: PHYSICIAN AND DENTIST RATE PER 100,000 POPULATION, CITRUS COUNTY 2010 - 2017



HEALTH CARE FACILITIES

Citrus County has a variety of licensed health care facilities. Each year from 2007 to 2017 Citrus County has exceeded the state rate for nursing home beds. The 2017 rate per 100,000 of nursing home beds in Citrus County was 761.1 compared to 407.6 for the state. Although hospital beds have been available in Citrus County for the reporting period of 2007 to 2017, the rates of total hospital beds have been consistently lower than state rates. For comparison purposes, the 2017 Citrus County rate for total hospital beds was 229.1 while the state rate was 312.3 per 100,000 (Table 159). Additional facility types that are available in Citrus County at rates that exceed state rates include adult family care homes, ambulatory surgical centers, assisted living facilities, home medical equipment providers, hospice, rehabilitation agencies, and rural health clinics. Citrus County lags in the availability of clinical laboratories, home health agencies and homemaker/companion service providers (Table 158).

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention (CDC) potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. In Citrus County in 2016, there were 1,725 avoidable discharges among the population aged 0-64 years of age for a rate of 18.6 per 1,000. This is higher than the state rate of 14.2 and on par with the projected rates for 2017 (Table 164). In 2016 Citrus County also saw 150 preventable dental hospitalizations, or 84.3 percent of all dental hospitalizations which is somewhat higher than the state rate of 83.2 percent (Table 163). Citrus County residents made numerous ED visits from 2015 through September 2017. The main reasons for the ED visits by Citrus County residents include unspecified abdominal pain, chest pain, cough, low back pain, headache; more than 79 percent of reasons are classified as “other” (Table 172).

The ten leading causes of avoidable discharges in Citrus County in 2017 for those under the age of 65 were as follows (Table 169):

1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Grand Mal Status or other Epileptic Convulsions
4. Congestive Heart Failure
5. Cellulitis
6. Diabetes “B”
7. Nutritional Deficiencies
8. Diabetes “A”
9. Gastroenteritis
10. Asthma

GEOGRAPHIC AND RACIAL AND ETHNIC DISPARITIES

When health outcomes are found to a greater or lesser extent between populations, a health disparity exists. Health disparities are preventable differences and include many factors. The disparities described below were found in the course of Citrus County’s community health assessment process.

Poverty. Geographic pockets of poverty among children are evident in the 2012-2016 ACS data. Rates were highest for children who lived in Floral City (zip code tabulated area (ZCTA), 34436) with 54.1 percent living between 100-200 percent poverty guidelines, followed by children in Dunnellon (34433) at 50.9 percent. These rates exceeded those in all other ZCTAs in Citrus County as well as the state rate of 25.4 percent. Likewise, adults aged 18 – 64 years of age in Floral City (34436) had the highest poverty rate at 30.3 percent, exceeding all other Citrus County ZCTAs and the state rate of 19.7 percent for those living at or between 100-200 percent poverty guidelines. For the same poverty measure, senior citizens aged 65 and above who lived in the 34448 ZCTA of Homosassa had the highest poverty rates at 32.0 percent compared to the state rate of 21.4 percent (Table 39). Striking differences in poverty among Whites and Blacks by geographic location are also noted for 2012-2016. In Inverness (34452) 20.6 percent of Whites compared to 76.7 percent of Blacks and 43.4 of Hispanics lived in poverty. During that timeframe 42.8 percent of Hispanics residing in Dunnellon (34433) lived in poverty as compared to 8.1 percent of Whites and zero (0) percent of Blacks. For comparison, the state poverty rates were 13.7, 26.2 and 20.9 for Whites, Blacks and Hispanics, respectively for the 2012-2016 reporting period (Table 41).

Mortality. Some racial and ethnic disparities were noted in Citrus County’s mortality rates. From 2012-2016 the leading causes of death among Citrus County Whites, Blacks and Hispanics were Heart Disease and Cancer. Chronic Lower Respiratory Disease, Stroke, and Unintentional Injury were ranked as third, fourth and fifth leading causes but in slightly different order for the three racial and ethnic groups. Diabetes was ranked as the sixth leading cause of death for Whites, Blacks and Hispanics (Tables 70 and 73). Despite these commonalities in leading causes of death ranking,

differences in mortality rates for specific conditions can be seen. In 2016 the age-adjusted death rate for Diabetes for Blacks was 42.3 compared to 29.4 for Whites and 10.5 for Hispanics; the Citrus County rate for Blacks also exceeded the state rate of 37.6 (Tables 76, 77, 78). The age-adjusted death rate in 2016 for Stroke among Hispanics was 95.2 which is more than twice the state rate of 38.0 and higher for both the rate for Citrus County Blacks at 54.8 and Whites at 55.9 (Tables 76, 77, 78). Chronic Lower Respiratory Disease deaths and Suicide deaths ranked higher for Whites at third and ninth in the top ten causes of death while ranking eighth and not appearing in the top ten causes for Blacks (Table 73).

Maternal and Child Health. In Citrus County in 2017 there were seven (7) infant deaths two (2) of which were among Hispanics for an infant mortality rate of 24.4 per 1,000 live births which exceeds the state rate of 5.2 for Hispanics as well as the Citrus County infant mortality rate for Whites at 6.3. There were zero (0) infant deaths among Blacks for 2017 in Citrus County. In that same year data show the percentage of Citrus County births for all races that received first trimester care lagged behind the state rate. Disparities can be seen in the first trimester care rate for Citrus County Black births at 56.1 percent, for Hispanic births at 54.9 percent, and White births at 60.8 percent, all of which are below state rates of 60.8, 69.8, and 71.4 percent, respectively (Table 114). In 2017 Citrus County saw disparities in the rates of repeat births for mothers aged 15-19 years of age. The rate for Hispanics was 33.3 percent, nearly twice the state rate of 15.0 percent and half the Citrus County White rate of 17.9 percent which also exceeds the state rate of 14.8 percent (Table 117).

SUMMARY

In summary, the Citrus County Health Needs Assessment and its companion Citrus County Technical Appendix provide rich data resources to better understand the social, environmental, behavioral and health care factors that contribute to health status and health outcomes in Citrus County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. There are health challenges in the areas of maternal and infant health as manifested in infant mortality, timely entry into prenatal care and births to mothers who smoke. Data point to oral health as a health issue of significance in Citrus County. From the scarcity of dentists to the availability of fluoridated community water, oral health outcomes for many in Citrus County suffer. Also of note, is Citrus County's high rate of tobacco use that can be linked to many serious health issues such as Asthma, Chronic Obstructive Pulmonary Disease, and Cancer. Unintentional injuries, including the many sustained in motor vehicle crashes, are preventable but continue to be leading causes of death and disability. Lower incomes and barriers to health care resources contribute to rising overweight and obesity and prevalence of Cardiovascular Disease and Diabetes. The impacts of barriers to primary care, mental health care and dental care can be seen in steady rises in physical, mental and oral health problems, and are manifested in Emergency Department visits and avoidable hospitalizations. The demographics of Citrus County's population with its larger proportion of older adults present challenges and opportunities for primary prevention while assuring sufficient and quality health care resources.

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's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" "What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

A survey was developed to query individuals about community health issues and the healthcare systems perspectives of Citrus County residents. For the purpose of this assessment, community members were defined as any person 18 years of age or older who resides in Citrus County. Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis. A similar survey was developed to collect input specifically from health care providers and community partners who provide health care and social services in Citrus County. Health care providers included professionals such as physicians, dentists, and advanced registered nurse practitioners; community partners include social service workers and counselors.

For the community survey, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on May 7, 2018 and remained available through July 9, 2018. The surveys were available electronically on WellFlorida's web site with the link shared by some community agencies. A Spanish language version was available in the electronic format. At the time the survey closed there were 377 community surveys in the electronic database with respondents classified as follows: 36 incomplete and ineligible, 16 ineligible due to nonresidence in the county, 7 seasonal residents, 318 Citrus County residents. The eligible, completed surveys from 325 Citrus County residents and seasonal residents were analyzed. The general demographic factors collected on those survey respondents are presented in Figure 20. Descriptive analysis identified emerging themes from each county's perspective of health and the healthcare experience are presented in Figures 21 - 32. The health care provider and community partner survey was disseminated in electronic format to providers and partners in the county. Of the 32 providers and partners who logged in to the survey, 22 completed the survey. Those results are presented in Figures 33 - 44.

FIGURE 20: DEMOGRAPHICS OF CITRUS COUNTY SURVEY RESPONDENTS

Demographics	N = 325	
	Number	Percent
0-17	0	0
18-24	4	1.3
25-29	10	3.0
30-39	29	8.9
40-49	45	13.8
50-59	65	20.0
60-69	99	30.5
70-79	51	15.8
80 or older	16	4.9
Preferred not to answer	6	1.8
Male	78	23.9
Female	242	74.5
Transgender	0	0
Other	0	0
Preferred not to answer	5	1.6
Asian Pacific Islander	2	0.6
Black or African American (Non-Hispanic)	5	1.5
American Indian/ Alaskan Native	3	1.0
White (Non-Hispanic)	279	85.9
Hispanic/ Latino	13	4.0
Multiracial/ Multiethnic	6	1.8
Other	2	.6
Preferred not to answer	15	4.6

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching survey questions. In general, the top five responses for each question are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community

- Confidence in community's ability to make a substantial impact on health related issues
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health

Each figure shows the percentage of respondents who completed the survey who indicated the given response for a question. The number of completed surveys included in the analysis was 325.

“What do you think are the three most important factors that define a “Healthy Community” (that is, those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.”

FIGURE 21: TOP 5 RANKED MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, CITRUS COUNTY, 2018

Ranking	Factor (Percent)
1	Access to health care (60.0)
2	Job opportunities for all levels of education (34.5)
3	Healthy behaviors and healthy lifestyles (31.7)
4	Low crime/safe neighborhoods (29.5)
5	Affordable housing (22.8)

Source: Citrus Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“From the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in Citrus County. Please select three (3) choices.”

FIGURE 22: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, BY PERCENT OF RESPONSES, 2018

Ranking	Behavior (Percent)
1	Drug abuse (67.7)
2	Alcohol abuse (41.8)
3	Lack of personal responsibility (37.2)
4	Distracted driving (23.7)
5	Unhealthy eating (23.0)
6	No physical activity (14.2)
7	Not using health care services appropriately (12.6)
8	Tobacco use (12.3)
9	Violence (11.7)
10	Overeating (11.0)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“From the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in your Citrus County? Please select five (5) choices.”

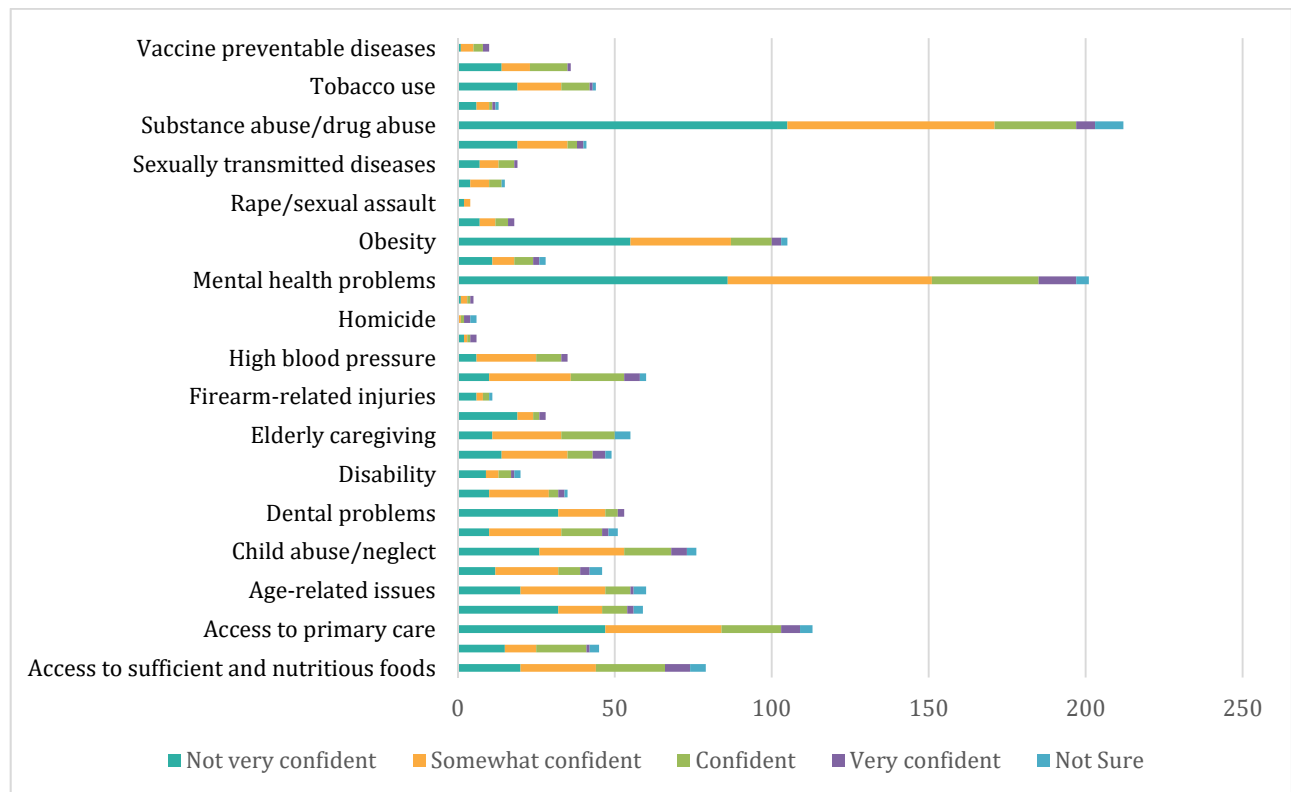
FIGURE 23: TOP 5 RANKED MOST IMPORTANT HEALTH PROBLEMS IN CITRUS COUNTY, 2018

Ranking	Health Problem (Percent)
1	Substance abuse (65.2)
2	Mental health problems (61.8)
3	Access to primary care (34.7)
4	Obesity (32.3)
5	Access to sufficient and nutritious foods (24.3)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”

FIGURE 24: CONFIDENCE THAT THE COMMUNITY CAN MAKE A SUBSTANTIAL IMPACT IN THE NEXT 1-3 YEARS ON THESE HEALTH-RELATED ISSUES, BY COUNT, CITRUS COUNTY, 2018



“During the past 12 months, was there a time you needed dental care, including checkups, but didn't get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months?”

FIGURE 25: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CITRUS COUNTY, 2018

Dental Care	Percent
Received needed care	67.8
Did not receive needed care	32.2
Reasons dental care was not received	Percent
1	Cost (62.7)
2	No appointments available/long wait time (14.8)
3	Other (10.0; 2.0 each) No insurance, caregiver, in between insurance, fear, no providers on insurance
4	No dentists available (9.9)
5	Transportation (2.1)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“During the past 12 months, was there a time you needed to see a primary care doctor for health care but couldn't? AND “What were the reasons you could not get the primary care you needed during the past 12 months?”

FIGURE 26: PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CITRUS COUNTY, 2018

Primary Care	Percent
Received needed care	76.8

Did not receive needed care	23.2
Reasons primary care was not received	Percent
1	Cost (41.3)
2	No appointments available/long wait time (27.5)
3	Other (16.5) No insurance (9.9), did not take my insurance (3.3), my doctor left area (3.3)
4	No primary care providers available (11.9)
5	Transportation (2.8)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“During the past 12 months, was there a time when you needed mental health care but couldn't get it?” AND “What were the reasons you could not get the mental health care you needed during the past 12 months?”

FIGURE 27: MENTAL HEALTH CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CITRUS COUNTY, 2018

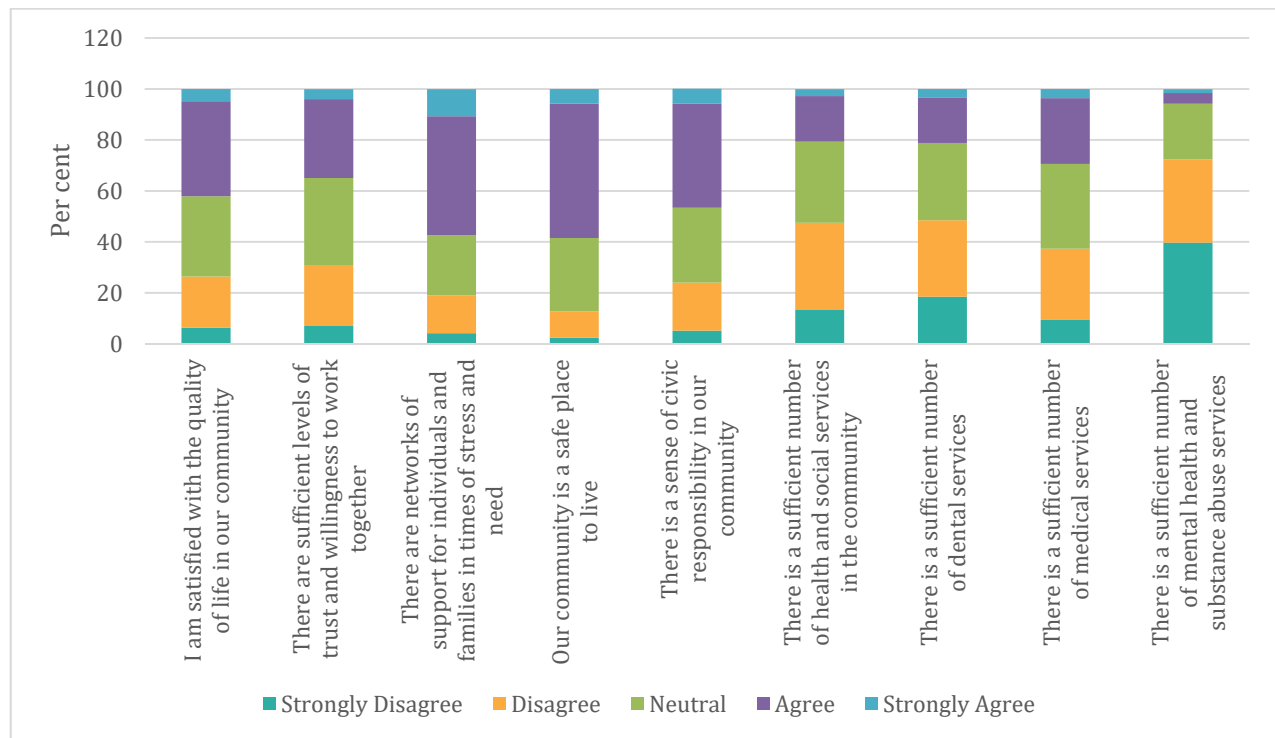
Mental Health Care	Percent
Received needed care	84.5
Did not receive needed care	15.5
Reasons mental health care was not received	Percent
1 and 2 (tie)	No appointments available/long wait time (27.5)
1 and 2 (tie)	No mental health care providers available (27.5)
3	Cost (26.3)

4	Other (11.3; 1.4 each) Caregiver for other, none take Medicaid, lack of good doctors, can't afford insurance, not aware of support group, didn't know how to get care, office hours only during my work hours, didn't know who to get care from
5	Transportation (7.5)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For each of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.”

FIGURE 28: LEVELS OF AGREEMENT WITH STATEMENTS ABOUT HEALTH-RELATED FACTORS BY PERCENT, CITRUS COUNTY, 2018



Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“How would you rate the overall health of your county residents?” AND “How would you rate your personal health?”

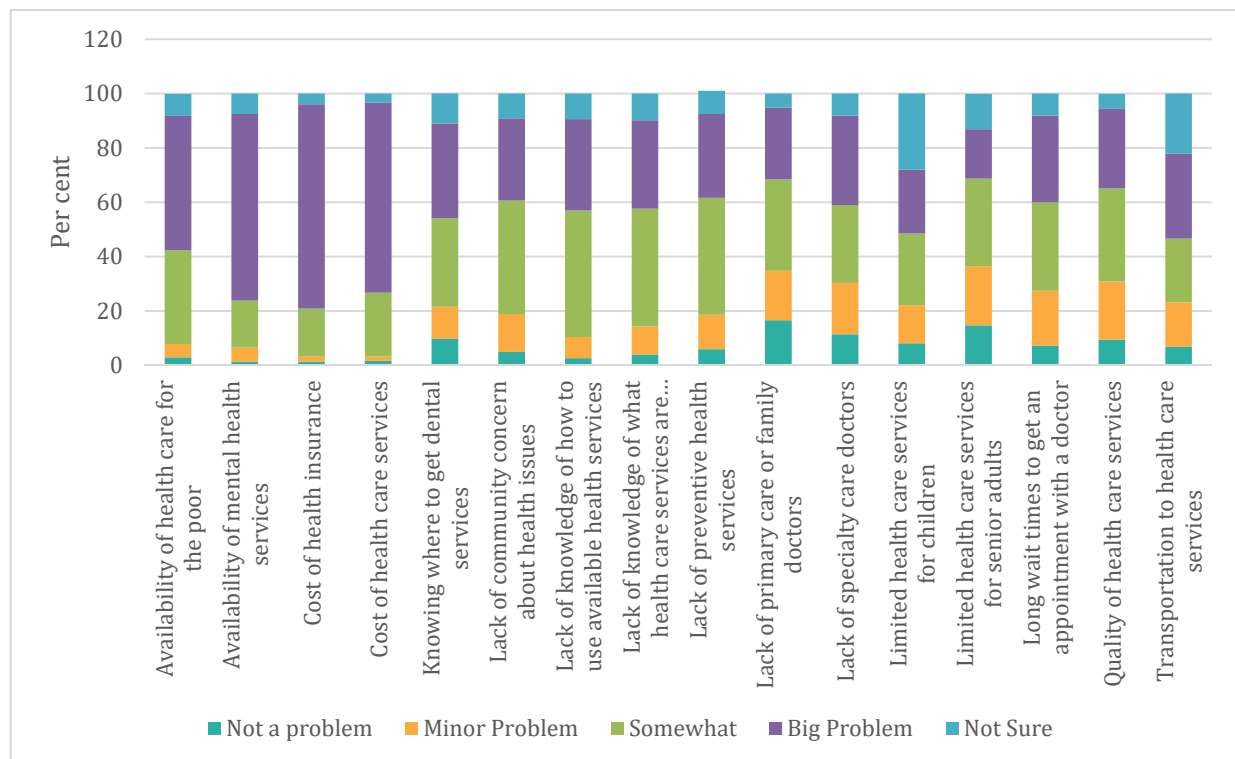
FIGURE 29: RATING OF OVERALL HEALTH OF CITRUS COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY PERCENT, 2018

Rating	Community (%)	Individual (%)
Very unhealthy	6.2	1.3
Unhealthy	32.7	6.2
Somewhat healthy	54.6	42.8
Healthy	5.9	40.5
Very healthy	.6	9.2

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For each of the following issues, please indicate how much of a problem you believe the issue is in your county.”

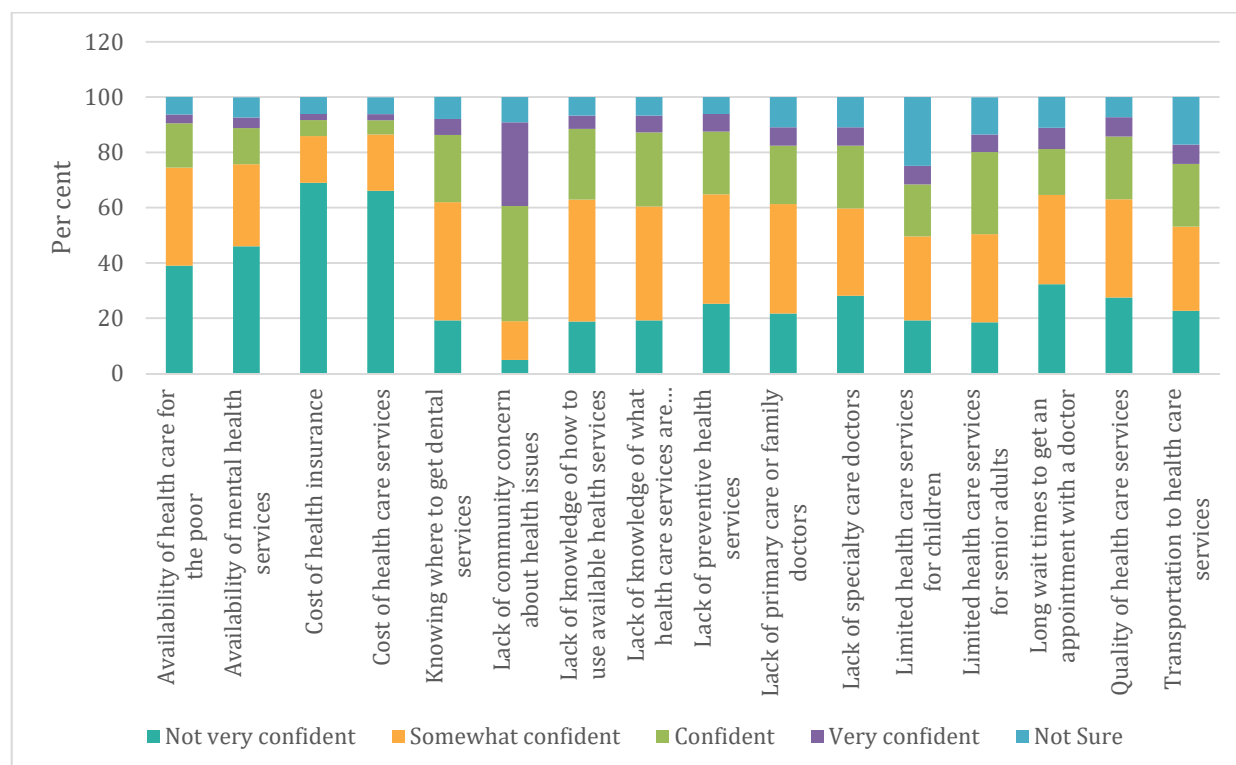
FIGURE 30: RATING OF SCALE OF SELECT HEALTH PROBLEMS IN CITRUS COUNTY, BY PERCENT, 2018



Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For each of the following issues, please indicate how confident you are that the community can make a substantial impact on the issue within the next 1-3 years.”

FIGURE 31: RATING OF CONFIDENCE THAT THE COMMUNITY CAN MAKE A SUBSTANTIAL IMPACT ON SELECT HEALTH ISSUES IN CITRUS COUNTY, BY PERCENT, 2018



Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

“What is the most important health issue in your own life? Please select one (1) response.”

FIGURE 32: TOP 5 MOST IMPORTANT PERSONAL HEALTH ISSUES OF SURVEY RESPONDENTS, CITRUS COUNTY, 2018

Ranking	Personal Health Issue (Percent)
1	Cost of medical/dental care (13.8)
2	Lack of exercise (13.5)
3	Overweight (11.2)

4	Stress (5.4)
5	Lack of health insurance (5.1)

Source: Citrus County Community Health Survey, 2018. Prepared by: WellFlorida Council, 2018.

KEY FINDINGS FROM COMMUNITY SURVEY

The demographic data on Citrus County survey respondents showed some correlation with recent U.S. Census data for the county. About 86 percent of survey respondents identified themselves as White Non-Hispanic and four (4) percent Hispanic or Latino compared to 93 percent White and five (5) percent Hispanic according to U.S. Census data. Fewer Black or African American residents completed the survey; specifically, only 1.5 percent of respondents identified as Black or African American compared to the total population which is about three (3) percent Black or African American. Many more survey respondents in Citrus County were female (75 percent). Wide geographic representation of survey respondents was seen with 20 percent from Beverly Hills (34465) where about 11 percent of the population resides, 13.5 percent from Hernando (34442) with 10 percent of Citrus County residents, and at 10 percent each of survey respondents Inverness (34452) and Lecanto (34461) are home to eight (8) and seven (7) percent of residents, respectively. Citrus County respondents felt the most important factors for a healthy community were access to health care, job opportunities, healthy behaviors and lifestyles, low crime and safe neighborhoods, and affordable housing. For their county, Citrus County respondents ranked the behaviors with the greatest negative impact on overall health as alcohol use, lack of personal responsibility, distracted driving, eating unhealthy foods and drinks, and lack of physical activity. Consistent with those rankings was the selection of Citrus County's five most important health problems. These were substance abuse, mental health problems, access to primary care, overweight and obesity, and access to sufficient and nutritious foods. Respondents also expressed very little confidence in the community's ability to make a substantial impact on those problems. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. Almost one-third of Citrus County survey respondents said they did not get the dental care they needed and of those, 63 percent said cost was a barrier. About 23 percent said they did not receive the primary care they needed in the past year with cost being the leading barrier for 41 percent of those who did not get care. Citrus County respondents rated overall health of county residents as somewhat healthy (54.6 percent) to unhealthy (32.7 percent) while they rated their own health status as somewhat healthy (42.8 percent) to healthy (40.5 percent). Most often rated as the biggest problems for Citrus County were cost of health insurance (75 percent of survey respondents), cost of health care services (70 percent), availability of mental health care services (69 percent) and availability of health care for the poor (50 percent). Citrus County community survey respondents consistently expressed concerns about access to health care, behaviors and decisions that negatively impact health, and meeting the basic needs of food, housing and employment.

OBSERVATIONS FROM PROVIDER SURVEY

Figures below summarize the responses to the overarching questions that were asked of health care providers and community partners serving the residents of Citrus County. There were 22 completed surveys included in the analysis. In general, the top four responses for each question are presented. Each figure

shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Magnitude of health problems and confidence in community's ability to make a substantial impact
- Strategies to help improve the health of patients and the community
- Rating of overall community health, health-related quality of life, and accessibility of health care

FIGURE 33: DEMOGRAPHICS OF CITRUS COUNTY PROVIDER/PARTNER SURVEY RESPONDENTS, 2018

Demographics	Providers and Partners	
Age	Number	Percent
Less than 30	0	0
30-39	3	13.6
40-49	5	22.7
50-59	10	45.5
60-69	3	13.6
70-79	1	4.6
80 or older	0	0
Prefer not to answer	0	0
Gender		
Male	4	18.2
Female	18	81.8
Transgender	0	0
Other	0	0
Prefer not to answer	0	0
Race/Ethnicity		
Asian Pacific Islander	0	0
Black or African American (Non-Hispanic)	0	0
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	18	81.8
Hispanic/ Latino	2	9.0
Multiracial/ Multiethnic	0	0
Other	1	4.6
Prefer not to answer	1	4.6
Length of Time in Profession		
Less than 5 years	1	4.6
5-9 years	0	0

10-14 years	5	22.7
15-19 years	4	18.2
More than 20 years	12	54.5
Prefer not to answer	0	0
Type of Provider/Partner		
ARNP (all specialties and certifications)	1	4.6
Dentist	0	0
Dietitian/Nutritionist	0	0
Mental Health/Substance Use counselor	1	4.6
Nurse	13	59.0
Occupational Therapist	0	0
Pharmacist	1	4.6
Physician	3	13.6
Specialties (1 each): General Practice, Oncology, Psychiatry		
Physician Assistant	0	0
Physical Therapist	0	0
Speech/Language Pathologist	0	0
Other (1 each): EMS, Physicist, Health Support Worker, Crisis Pregnancy Counselor	4	18.2

Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“In the following list, what do you think are the three most important factors that define a “Healthy Community” (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

FIGURE 34: TOP 5 MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Factors (Percent)
1	Access to health care (77.3)
2	Healthy behaviors and healthy lifestyles (63.6)
3	Job opportunities for all education levels (36.4)
4	Strong family life (23.7)
5	Affordable housing (18.2)

Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in Citrus County. Please select three (3) choices.”

FIGURE 35: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Behaviors (Percent)
1	Drug abuse (77.3)
2	Eating unhealthy food/drinking sweetened beverages (40.9)
3	Lack of personal responsibility (31.8)
4	Tobacco use (27.3)
5 (tie)	Alcohol abuse (22.7) and Not using health care services appropriately (22.7)

Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in Citrus County? Please select five (5) choices.”

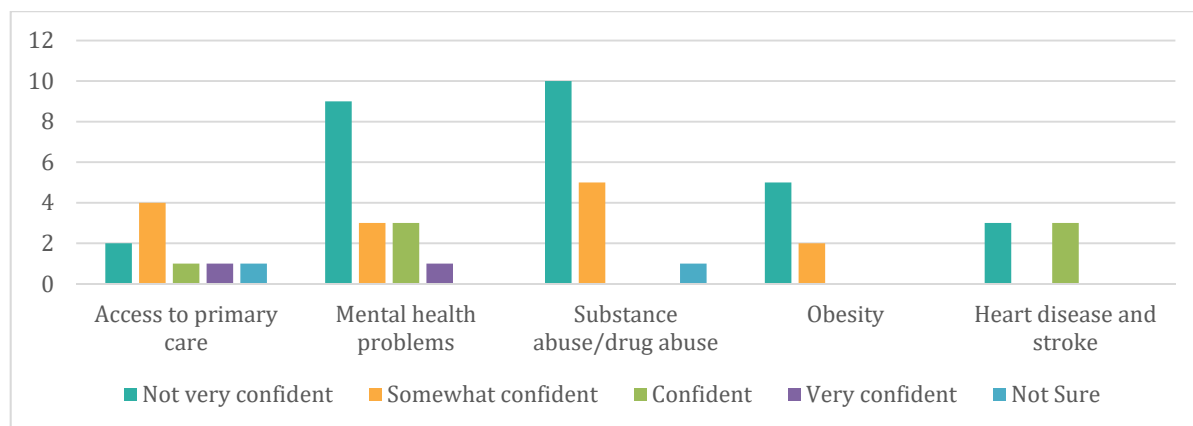
FIGURE 36: TOP 5 MOST IMPORTANT HEALTH PROBLEMS, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Health Problem (Percent)
1	Mental health problems (81.8)
2	Substance abuse/Drug abuse (72.7)
3	Access to primary care (45.5)
4	Obesity (36.4)
5	Heart disease and stroke (31.8)

Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”

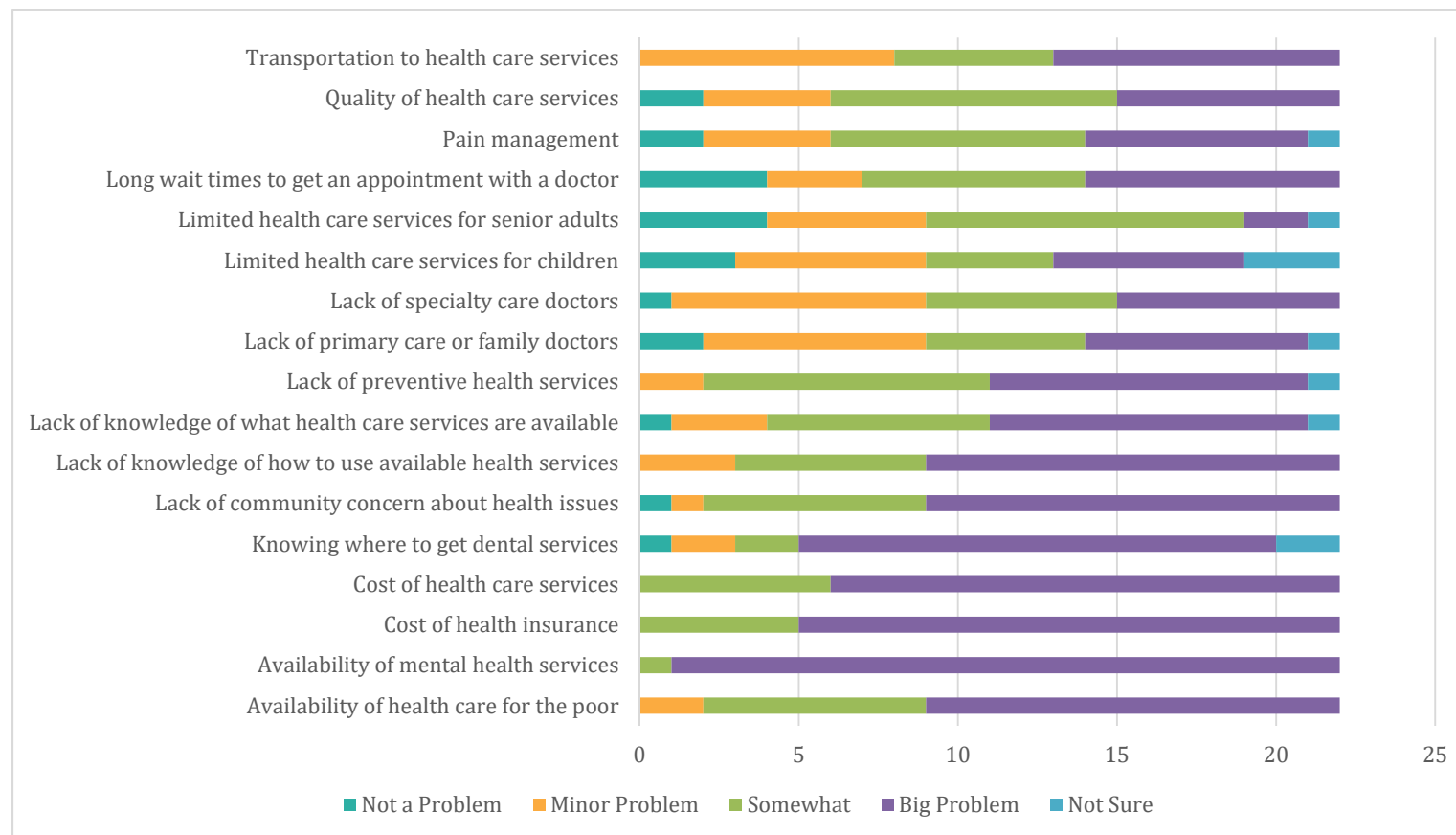
FIGURE 37: RATING OF CONFIDENCE THAT THE COMMUNITY CAN MAKE A SUBSTANTIAL IMPACT WITHIN THE NEXT 1-3 YEARS, TOP 5 MOST IMPORTANT ISSUES, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018



Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For each of the following issues, please indicate how much of a problem you believe the issue is in Citrus County.”

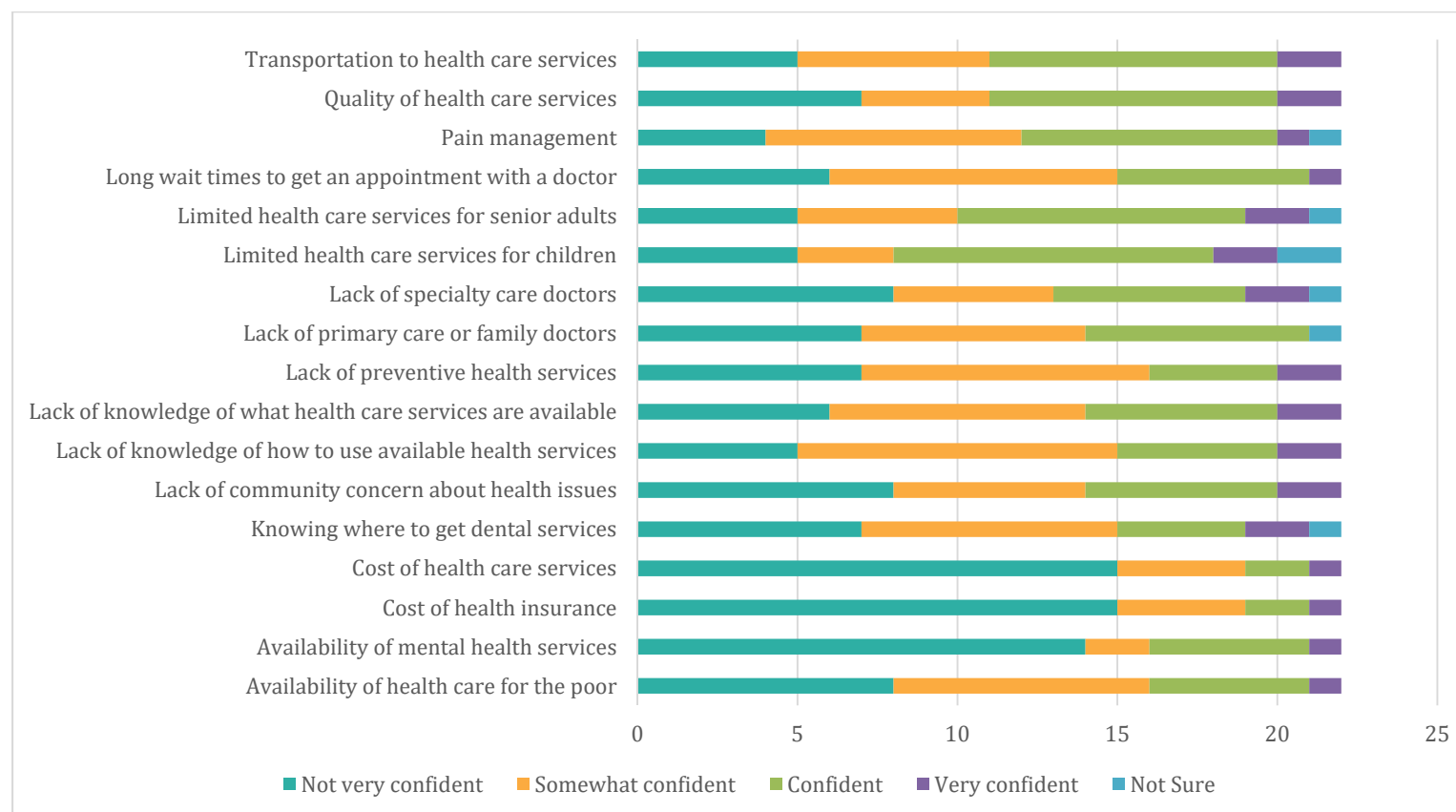
FIGURE 38: RATING OF SCALE OF ISSUES, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, BY COUNT, 2018



Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For each of the following issues, please indicate how confident you are that Citrus County can make a substantial impact on this issue within the next 1-3 years.”

FIGURE 39: RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ISSUES, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, BY COUNT, 2018



Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“For your clients in Citrus County with chronic diseases or conditions, what do you feel are the biggest barriers to a patient being able to manage his or her own chronic disease or condition? Please select two (2) responses.”

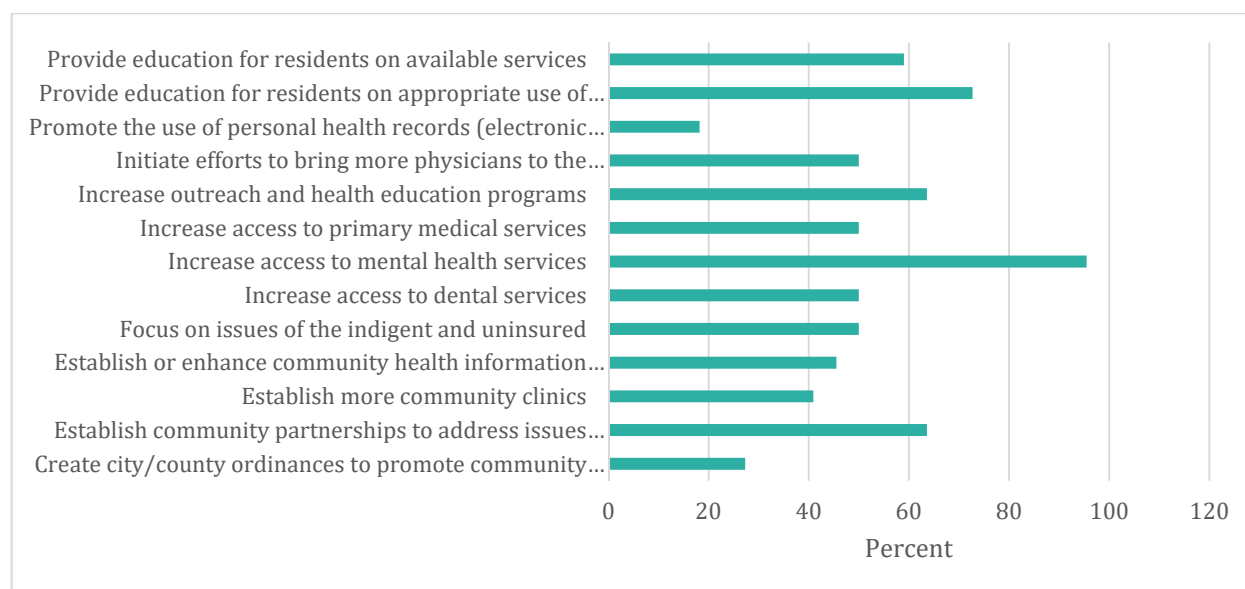
FIGURE 40: FOR CLIENTS IN CITRUS COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Barriers (Percent)
1	Cost (63.6)
2	Self-discipline/motivation (50.0)
3 and 4 (tie)	Lack of education (31.8) Lack of insurance coverage (31.8)
All others (tie)	Inability to use technology (4.5) Lack of access of sufficient time with provider (4.5) Transportation (4.5) Lack of specialty doctors and nurses (4.5) Non-compliance with medical instructions (4.5)

Source: Citrus County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2018.

“What can Citrus County do to help improve the health of your patients and others in the community? Check all that apply.”

FIGURE 41: STRATEGIES TO IMPROVE THE HEALTH OF PATIENTS AND COMMUNITY, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT, 2018



Source: Citrus County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2018.

“What would you say the overall accessibility to health care for residents of Citrus County is? Please select one (1) choice.”

FIGURE 42: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rating	Percent
Poor	22.7
Fair	59.1
Good	9.1
Very Good	9.1
Excellent	0
Don't Know	0

Source: Citrus County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2018.

“Would you say the overall health-related quality of life in Citrus County is: (please select one (1) response.”

FIGURE 43: RATING OF OVERALL HEALTH-RELATED QUALITY OF LIFE, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Overall Health-related Quality of Life in Citrus County is:	Percent
Poor	22.7
Fair	54.6
Good	18.2
Very Good	4.5
Excellent	0
Don't Know	0

Source: Citrus County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2018.

“How would you rate your own personal health?”

FIGURE 44: RATING OF PERSONAL HEALTH, CITRUS COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rating	Percent
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Very unhealthy	0
Unhealthy	0
Somewhat healthy	31.8
Healthy	31.8
Very healthy	36.4
Prefer not to answer	0

Source: Citrus County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2018.

KEY FINDINGS FROM PROVIDER SURVEY

An array of health care providers and community partners responded to the survey. Nurses represented the largest segment of survey respondents at almost 60 percent, followed by physicians at 14 percent. More than half of those who completed the survey had been in their profession for more than 20 years. Similar to the community at large, providers and partners felt the most important factors for a healthy community were access to health care and healthy behaviors and lifestyles. They also ranked job opportunities, strong family life and affordable housing as top in importance. Providers and partners ranked drug abuse, lack of personal responsibility, alcohol abuse, unhealthy eating and (tie) tobacco use and not using health care services appropriately as behaviors with greatest negative impact on health in Citrus County. Providers and partners agreed with the general community in ranking the lack of personal responsibility and alcohol use among behaviors that negatively impact health. Providers and partners, however, elevated drug and tobacco use and an aspect of health literacy related to accessing health services. Mental health problems, substance abuse, access to care, obesity and heart disease were ranked by providers and partners as Citrus County's five (5) most important health problems. The community ranked the health issues almost the same with the exception of access to sufficient and nutritious food in place of heart disease. Health-related quality of life is rated as poor by 22.7 percent and fair by 54.6 percent of providers and partners. Overall accessibility to health care services is deemed as fair by 59.1 percent and poor by 22.7 percent of providers and partners. Challenges to receiving health care are heard repeatedly. According to providers and partners, the issues that present the biggest problems in Citrus County center around access to care such as the lack of availability of mental health services, cost of health insurance and health care, and the community's lack of knowledge of how and where to receive dental care. Another compelling example is in the providers' list of barriers to self-management of chronic diseases and conditions where cost, self-discipline and motivation, education about the health issue, and lack of insurance coverage top the list. The needed strategies ranked highest by providers to improve health outcomes include increased access to mental health services, education on the appropriate use of services, providing outreach and health education, and establishing community partnerships to address problems collaboratively.

FOCUS GROUPS

METHODOLOGY

The Florida Department of Health in Citrus County assessment planning team selected the focus group process as an effective and efficient strategy for primary data collection to inform the broader community health assessment effort. The purpose of convening focus groups was to better comprehend the community member views on health, health care, quality of life, and health-related priorities in Citrus County. The focus group script and questions were designed by WellFlorida Council in collaboration with the Florida Department of Health in Citrus County team. Implementation began upon securing final approval of the process and related documentation. The Florida Department of Health in Citrus County made concerted efforts to include historically underrepresented groups guided by demographic data and the team's considerable knowledge and experience serving Citrus County communities. Marketing of the focus groups took place throughout the process in order to attract and involve diverse segments of the community.

Three (3) focus groups were conducted by trained facilitators following best practices. Focus group participant eligibility criteria included being 18 years of age or older and residency in Citrus County. Participants were screened for eligibility upon pre-registration and on site. All participants read and signed an informed consent form and completed a demographic survey. The 90 minute focus group sessions were limited to no more than 12 participants. The Florida Department of Health in Citrus County team identified the focus group host sites and conducted marketing efforts to recruit focus group participants. Focus group sessions were publicized via local newspaper ads, Facebook and Twitter posts, flyer distribution and direct contact through community partner organizations. Participants were offered \$20 cash stipends as incentives for participation. Facilitators took handwritten notes and also audio recorded the sessions. Upon transcription of notes, recordings were destroyed to protect anonymity of participants. Please see the Appendix for the script, informed consent forms, and demographic data collection tool.

FOCUS GROUP LIMITATIONS

Using focus groups in the community health assessment process, has its advantages, disadvantages and limitations. Through the facilitated discussion, participants are encouraged to provide candid responses to a set of questions (see Appendix). Follow-up questions can be asked and participants can interact. Focus group sessions can yield rich qualitative data for assessment and planning in a cost efficient manner. Among the disadvantages of collecting assessment data via focus group are the limits on the group size, time constraints, and the resulting volume of qualitative data that must be synthesized and analyzed. Focus group methodology has its limitations including dependence on moderator skill to elicit frank responses and the potential for moderator bias. In Citrus County focus group participants were self-selected which introduced selection bias. As such and due to small numbers the results are not generalizable to the entire population. Even with these limitations, valuable insights and perspectives, opinions and attitudes about health issues were generated and will contribute to assessing and identifying priority health concerns in Citrus County.

FOCUS GROUP SESSIONS

The following focus group sessions were facilitated in Citrus County:

Date (2018)	Location	Target Audience	Number of Participants
June 22	Homosassa Public Library, Homosassa	Community at large	6
July 6	The Path of Citrus County, Beverly Hills	Community at large	9
August 23	Citrus County Government Center, Lecanto	Business leaders	7

PARTICIPANT PROFILE

Using the data collected from the 22 focus group participants, the table below shows the demographics of those who contributed to the focus group findings. Those aged 65 years and older represented the largest group at 22.4 percent of total participants; this age group also represents the largest segment of the general population at 31.8 percent. The racial and ethnic composition of focus group participants was 91 percent White, 0 percent Black or African American, 4.5 percent Asian and 4.5 percent two or more races and 4.5 percent Hispanic as compared to 94 percent, 3 percent, 2.3 percent, 0.8 percent and 5 percent, respectively in Citrus County's total population. The majority of participants reside in Beverly Hills and Homosassa.

Citrus County Focus Group Participants, 2018, n= 22		
Demographic Factor	Percent	Number
Age		
18 – 29	18.2	4
30-39	18.2	4
40-49	18.2	4
50-59	4.5	1
60-64	18.2	4
65+	22.7	5
Race and Ethnicity		
White	91.0	20
Black or African American	0	0
Asian	4.5	1
Native Hawaiian and other Pacific Islanders	0	0
Native American/Native Alaskan	0	0
Two or More Races	4.5	1
Other	0	0
Hispanic or Latino		
Yes	4.5	1

Citrus County Focus Group Participants, 2018, n= 22		
Demographic Factor	Percent	Number
No	95.5	21
Gender		
Male	77.3	17
Female	22.7	5
Transgender	0	0
Highest Level of Education Completed		
Less than high school completed	4.5	1
High school graduate (includes GED)	22.7	5
Some college	36.6	8
Associate's Degree (2 year degree)	4.5	1
Bachelor's Degree (4 year degree)	9.0	2
Graduate or professional degree	22.7	5
Current Health Insurance		
Private insurance through work or retirement	31.8	7
Private insurance through Affordable Care Act/Health Insurance Marketplace	4.5	1
Medicaid	0	0
Medicare	18.2	4
Veterans Administration (Tri-Care)	0	0
No health insurance	45.5	10
Other	0	0
Geographic Representation by Zip Code of Residence		
34446 (Homosassa)	27.3	6
34448 (Homosassa)	4.5	1
34450 (Inverness)	18.2	4
34452 (Inverness)	4.5	1
34461 (Lecanto)	4.5	1
34465 (Beverly Hills)	41.0	9
Business Leaders Only, n = 7		
Health Insurance Offered by your Business		
Business/employer does not offer health insurance	0	0

Citrus County Focus Group Participants, 2018, n= 22		
Demographic Factor	Percent	Number
Business/employer offers health insurance but does not subsidize employee premiums	0	0
Business/employer offers health insurance and subsidizes employee premiums	42.9	3
I am a sole proprietor and purchase my own health insurance	57.1	4
I am a sole proprietor and do not have health insurance	0	0
Type of Business/Employment		
Professional/Finance/Insurance/Real Estate	42.9	3
Health Care	28.55	2
Contractor	28.55	2

FOCUS GROUP RESPONSES AND FINDINGS

Across ages, gender, race, education level and geography focus group participants had visions for a healthy Citrus County that is a safe place to live with a strong economy and job opportunities, has a clean natural environment, good educational system and equal access to health and social services. Towards achieving that vision the strengths and resources most frequently cited included the people themselves who are generous and willing volunteers, food banks, homeless shelters, community churches and the county's natural resources. Numerous organizations (e.g., Blessings Food Bank, The Path Rescue Mission, Citrus Memorial Hospital, school system, Meals on Wheels) and factors (e.g., volunteerism) were given a single mention. Please see the Key Responses by Focus Group, question 8, in the Appendix for the full list. Focus group participants identified areas of high importance that need attention as health care resources, health conditions and health behaviors, leadership, community culture and environment, and specific populations in most need. Each of these is described in the subsequent section on key themes. The Appendix includes the detailed responses by focus group location which may further enlighten issues that surfaced among those particular groups.

Factors for A Healthy Community

- Access to health care services and resources
- Safe place to live
- Strong economy and job opportunities
- Good education system
- Clean environment

Strengths and Resources in Citrus County

- Natural resources
- Community churches
- Volunteerism

KEY THEMES

Five (5) key theme areas emerged from the focus group data and are summarized below. Themes represent common issues and their supporting factors as articulated by focus group participants, across the three (3) sessions. These include community attributes and physical environment, community leadership, health care access and resources, health conditions and behaviors, and populations in most need. The themes are presented below in alphabetical order. Supporting factors are listed below each theme, in descending order of the most frequently cited factors; all factors were cited at least twice across the sessions. Detailed responses of the focus groups by location can be found in the Appendix. These summaries by location may further illuminate issues that could impact Citrus County residents as a whole and certain target population groups in particular. It is important to note that while these focus group findings are not generalizable to the entire population of Citrus County, the information provides valuable insights into and indications of community perceptions, opinions and attitudes about health behaviors, issues and resources, quality of life factors and Citrus County's ability to address problems and improve health outcomes.

Theme: Community Attributes and Physical Environment

Concerns:

- Encroachment on and changes to the coastal and rural settings and lifestyle in Citrus County
- Preservation of the natural resources and ecosystem in Citrus County
- Changes in social integration and connectedness among residents
- Underutilization of volunteers and the expertise and resources they could provide
- Geographic and economic divisions that may foster competition for resources and contribute to disparate health outcomes and quality of life

Pride in Citrus County's natural resources and coastal and rural setting came through in many of the focus group discussions. Participants expressed their lifelong love of the coastal and rural surroundings in the county and concern for the degradation and disappearance of its natural beauty. The erosion of the "small town" feel in Citrus County was an area of concern for several reasons. This included changes to the county's appeal to retirees, social disconnection and isolation for all groups, and an unwanted culture change. Concern was expressed for groups such as the poor and working poor whose access to resources, ability to advance, and quality of life was deemed as disparately diminished. On a positive note, all focus groups acknowledged and recognized the importance and value of volunteers in Citrus County. From food banks, to homeless shelters, to churches it was agreed that Citrus County has a wealth of people with generous spirits. It was noted that there is still untapped human capital in the many of the retirees could be willing and able to volunteer in various capacities and disciplines that would improve health and social conditions.

Theme: Community Leadership

Need for:

- Economic strategies to address jobs, fair wages, affordable housing and career opportunities
- Prioritization of health and health issues by community leaders
- County infrastructure including transportation and high speed Internet
- Lack of organized activities and advancement opportunities for youth and young adults
- Long-term strategic business plan for Citrus County that endures beyond elected officials' term

Focus group participants in all sessions expressed concern for the lack of leadership in general and specifically on health issues in Citrus County. Leadership deficits were characterized in several ways. First, being unable to identify the specific individuals or organizations that should take the lead in improving health; secondly, the lack of interest and investments in priority health issues; and third, the absence of a meaningful county strategic plan that could contribute to improved health, well-being and quality of life. It was noted that there is no evidence that health and quality of life for the entire county is a priority, and further, that these issues might be addressed for some groups and in certain geographic areas but not in others. Participants pointed out that there is a lack of activities that engage youth in productive use of their time, foster physical activity and learning, and keep and attract families to Citrus County.

Theme: Health Care Access and Resources

Needs:

- Health care services including
 - Urgent care
 - Specialty care
 - Dental care
 - Mental health care
 - No cost health care
- Physicians and dentists who accept Medicaid
- Affordable and meaningful health insurance

Another area of agreement among focus group participants was Citrus County's challenges with health care access. This included barriers such as cost, insurance coverage and transportation; preventive measures including health education, and screenings; and institutional barriers that result in funding decisions that do not support health care. The needs for urgent care facilities, specialty care professionals, and medical and dental providers who accept Medicaid were often cited. Focus group participants felt that routine medical care is available in Citrus County for the majority of residents. It was noted that there are some residents who cannot afford even a nominal charge at the Langley Federally Qualified Health Center. This includes low income senior citizens throughout the county. Mental health care including services for those with drug and alcohol use problems were listed as much needed resources. Service cut-backs, lack of preventive care and rising costs were discussed. Participants expressed concerns about the viability and value of some health insurance coverage with high deductibles, high premiums, and limited services complicated by the consumers' struggles to understand how to navigate the health care system.

Theme: Health Conditions and Health Behaviors

Concerns:

- Lower physical health rating of 5 to 6 out of 10, somewhat higher for those in higher income brackets and even lower if mental health is included
- Substance use including drug and alcohol
- Mental health issues and mental illness
- Chronic diseases and unhealthy behaviors

- Heart Disease
- Cancer
- Poor nutrition
- Lack of physical activity

Topping the list of specific health conditions of highest concerns in Citrus County were substance and alcohol use and mental illness and mental health problems. Focus group participants recognized the close relationship among these issues and also the impact poverty, lack of education and jobs, and generational influences have on these issues. Chronic diseases were of concern not only for their toll on quality of life but the substantial resources needed and economic impact to the county because of its aging population. Participants discussed the impact poor nutrition has on Citrus County's health outcomes. All focus group sessions discussed their observations that income is an important factor in health behaviors and outcomes. It was also noted that education and parenting also influence health behaviors.

Theme: Populations in Most Need

Health equity concerns for:

- Poor and working poor
- Young adults and young families
- Low income senior citizens
- Homeless

Focus group participants uniformly expressed concern for Citrus County youth and working poor as populations that experience disproportionate challenges and barriers to good health and quality of life. Among the factors cited as obstacles for youth are poverty, lack of youth activities in Citrus County, stressful family and school environments, and poor economic and job opportunities. The working poor and young adults and families face similar challenges along with lack of affordable housing and health care. Low income senior citizens, in particular those who are isolated, were listed as a forgotten and overlooked group.

Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FOCA). 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.

On August 24, 2018, the Citrus County Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary data review so that participants would be familiar with Citrus County demographics, health conditions and behaviors and health care resources. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The tool used to conduct this activity can be found in the Appendix. 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.

Forces Of Change For Citrus County - FACTORS <i>(Prepared by WellFlorida Council – August 2018)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/Behavioral	Aging of population	Increasing demands on health care and services for older population; diminishing work force	Expansion of health care sector; demand for specialty housing and services for seniors; job opportunities to replace older workers
	Lack of foster parents and foster homes	Children without stable homes; disrupted education; potential emotional/mental health problems	Collaborative solutions involving government, community groups such as churches, health care, schools
	Grandparents raising grandchildren	Economic and health burden to those raising grandchildren; preservation of cultural and family values	Address generational poverty and health issues; intergenerational approach to family integrity
Social/Economic	Changes to Medicaid	Benefits unused due to complicated processes; delayed care and services may impact outcomes	Improve health literacy so that everyone can manage their health care, health insurance and health benefits for better outcomes and system efficiency
	Limited employment opportunities, job availability for all levels of education and skills	Youth move away, increased crime, substance abuse, poverty, homelessness, increased domestic violence and child abuse	Promote staying in or return to school, scholarship programs, child care provisions; education in trades
	Lack of mental health care services	Poor health outcomes, premature deaths, increased cost associated with late diagnosis and treatment	Mobile services, telemedicine, partner with larger regional health systems
	Divide among those who want to preserve Citrus County as is and those who desire county growth and expansion	Widening gap hinders quality of life for both groups; no advancement on either side of issue; missed economic opportunities	Create long-term vision for Citrus County
Economic	Weak economic system that doesn't support	Prolonged under- or unemployment, poverty	Economic development, long-term plan for

Forces Of Change For Citrus County - FACTORS <i>(Prepared by WellFlorida Council – August 2018)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
	employment opportunities		business and economic growth
	Substandard housing stock and lack of affordable housing including rentals	Homelessness, unhealthy/unsafe housing used	Government and business partners look for solutions, review and change of building codes
Economic/Gov't	Lack of community vision, Strategic plan, economic/business for Citrus County	Haphazard growth and expansion; missed opportunities for government and private funding of projects	Create community vision, address social determinants of health, institute health in all policies, identify community leaders

Forces Of Change For Citrus County - TRENDS <i>(Prepared by WellFlorida Council – August 2018)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increasing overweight and obesity rates	Comorbidities, increased health care cost, pre-term birth, premature death	More health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education
	Increasing emphasis on mental health and child safety	Assure focus incorporates mental health as an aspect of overall health, overtaxing of mental health care system and services for children	Collaboration among health care, schools, law enforcement, judicial, social services to address co-existing issues; promote use of community health assessment and community health improvement plan (CHIP) to identify causes and find solutions; demonstrates the political will to change systems
	Increasing drug abuse, prescription drug misuse, opioid use	Community safety, crime and violence, drug overdose and addiction, deaths/injuries from drugs, lack of mental health and substance abuse services	Drug and alcohol abuse prevention programs, treatment programs, pain management services, collaboration between law enforcement and health care, activities for youth
	Increase in numbers of younger, more active retirees	Increases in senior citizen population puts strain on health care services including specialty care	Embrace more active lifestyle of the population, follow positive examples for physical activity and healthy eating, positive economic impact; political support of health in all policies
	Increase in Hispanic population	Strains on health care, educational system, and housing	Cultural diversity, availability of workers/employees for businesses, economic impact
Social/ Economic	Demand for housing to accommodate those who wish to “age in place”	Unavailable housing stock and amenities force people to move elsewhere; senior citizens live in substandard housing without safety and	Growth in construction of housing, expanding market share as retirement community; increase tax base

Forces Of Change For Citrus County - TRENDS <i>(Prepared by WellFlorida Council – August 2018)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
		accessibility features; increases in falls, fires and injuries among seniors; more development impacts environment	
Economic	Business leaders have impact on health	Decreased productivity due to less fit and able workforce; worker absenteeism for health reasons; increased potential for workers' health and safety to get worse	Employers invest in health of workers through health benefits including health insurance, safety measures; support of local policies that promote health
	Citrus is one of 12 Challenge Counties for affordable housing	Acquiring and sustaining support for non-senior housing; school system must be able to accommodate growth	Economic impact for construction and building trades; stable housing supports families and promotes ability to continue education and long-term employment;
Environment	Changes in coastal water levels	Floods, agriculture negatively impacted; economic threat; changing real estate values, cost of insurance	Create mitigation plan, pursue federal money for county; support policies that preserve ecosystem
	Increased number of wells with arsenic in well water	Negative health impacts; negative impact on ecosystem; land and housing value changes	Review county and cities' utility structures and conditions; seek financial support for infrastructure updates

Forces Of Change For Citrus County - EVENTS <i>(Prepared by WellFlorida Council – August 2018)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/Behavioral	Change in contracted mental health provider	Break in continuity of care for some, need to educate community where to get services	Enhanced access to care for mental health problems, increased funding for care
Environmental/ Economic	Change in rules for septic tanks	Costs to citizens, enforcement costs, ongoing financial impact to government and citizens	Protection of springs, natural resources
	Suncoast Parkway extension	Negative impact on ecosystem, destruction of rural areas, noise and air pollution	Infrastructure improvement, potential economic growth along road
Economic	Completion of building of gas plant	Unemployment, loss of benefits including health insurance, workers and families move out of county	Skilled workers available for local businesses
	Breaking ground for new affordable housing units	Insufficient number of housing units to meet needs, long waiting lists	Stable, affordable housing available for those with mental health issues, create model for future projects
Economic/ Governmental	Creation of economic development planner position in county government	Additional expense for county if not successful	Short- and long-term strategic economic planning followed by plan implementation and economic growth
	Homestead Exemption rate change	Reduction in taxes collected by local government, reduction in services	Improved housing market, homeownership more accessible
	Gubernatorial election, local elections	Change in leadership in the Office of the State Surgeon General, change in state's health priorities	Focus on different or new health priority issues for the state, institute "health in all policies" approach

Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer such questions as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our jurisdiction?” The dialogue that occurs in answering these questions can help identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments give guidance to state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private, and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

All NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 Essential Public Health Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

Within the local instrument, each ES includes between two and five model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well

the model standard is being met. The model standard portrays the highest level of performance or “gold standard.” During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

- No Activity: 0% or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25% of the activity described within the question is met within the local public health system
- Moderate Activity: Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system
- Significant Activity: Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system
- Optimal Activity: Greater than 75% of the activity described within the question is met within the local public health system

The Citrus County LPHSA took place on May 15 and June 19, 2018. The first LPHSA session focused on the Essential Services that typically involve and require the participation of the broader community. These Essential Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Citrus County Steering Committee identified key community sectors to be represented and convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

The June 19th LPHSA session focused on the Essential Services that are typically under the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

The Florida Department of Health in Citrus County convened a group of local public health department professionals to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

OBSERVATIONS FROM THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Based on the self-assessment of the cross-sectional group representing the local public health system partners, Citrus County achieved an overall score of 58.4 (out of a potential 100) which reflects significant activity towards optimal performance. The Essential Services that received the highest scores included ES 2 (diagnose and investigate health problems) at 97.2, ES 6 (enforce laws and regulations that protect health and safety) at 79.7, and ES 8 (assure a competent public health workforce) at 65.9. In the Citrus County public health system, Essential Services 2 and 6 were rated as being provided at an optimal level having received assessment scores higher than 75% followed closely by Essential Service 8 which was rated at the high end of the significant activity category. It is important to note that strong performance in disease surveillance, public health regulation and code enforcement and workforce competency protects individual and population health in Citrus County and contributes to impactful prevention efforts. The Essential Services that received the lowest scores were ES 3 (inform, education and empower about health issues) at 41.7, ES 7 (link people to needed personal health services and assure the provision of health care when otherwise unavailable) at 43.8, and ES 10 (research for innovative solution) at 44.4. Although these were ranked lower relative to the other services, scores still show reasonable performance and place Citrus County's public health system capacity at the moderate level in these areas. Results point to opportunities for improvement in the Citrus County public health system's efforts to engage the broader community in health improvement planning and program implementation as well as defining roles and responsibilities among partners to address unmet needs for health care. For this system capacity assessment Citrus County partners did not complete the two optional LPHSA assessment components (i.e., rating the local health department's contribution to scores and assigning priority ratings) but rather opted to include those factors in the broader community health assessment prioritization process. As a public health system that strives for improvement and enhanced service to the community, Citrus County partners welcome opportunities to address these and other issues through the community health improvement planning process.

The figures below provide a snapshot of scores from the Citrus County LPHSA. Figure 45 summarizes the composite performance measures for all ten Essential Services and shows, by percentage, Citrus County's scores in the five activity level categories. According to these scores, 60 percent of the system activity was rated as significant to optimal. The Essential Service scores seen below in Figure 46 are the calculated average of model standard question scores. The range of scores for each Essential Service is represented by a horizontal bracketed line through the middle of each bar. Shorter lines indicate closer agreement on the scores by participants in response to the questions posed in the LPHSA. For a more detailed examination of the LPHSA scores, please review the full report found in the Addendum to the Technical Appendix. The full report includes scores for each model standard question related to each Essential Service.

FIGURE 45: PERCENTAGE OF THE CITRUS COUNTY PUBLIC HEALTH SYSTEM'S ESSENTIAL SERVICE SCORES THAT FALL WITHIN THE FIVE ACTIVITY CATEGORIES, 2018

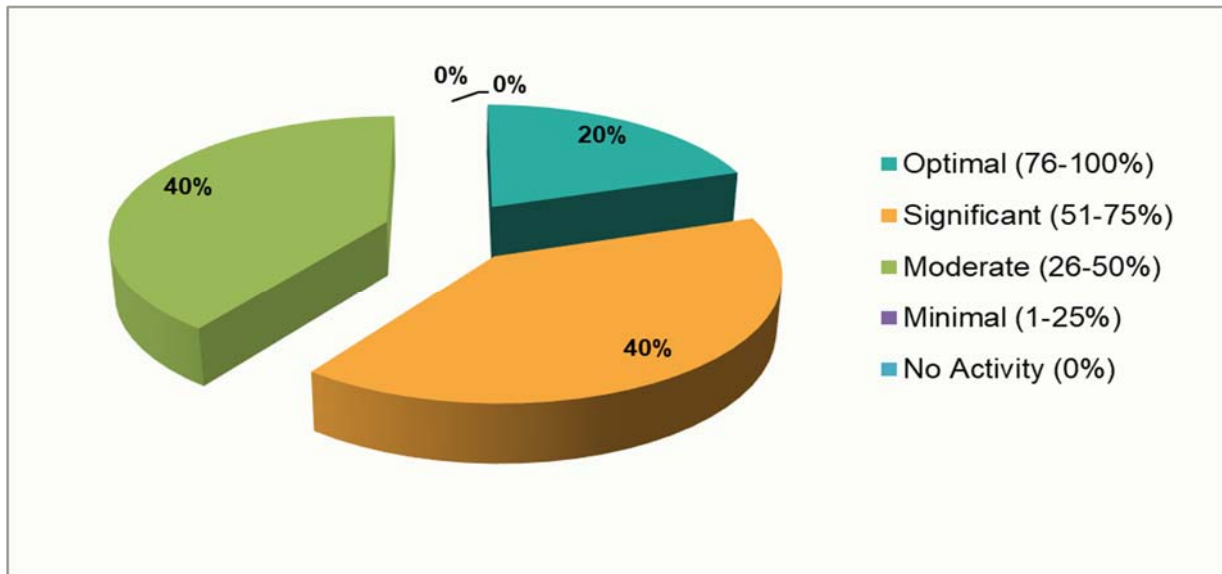
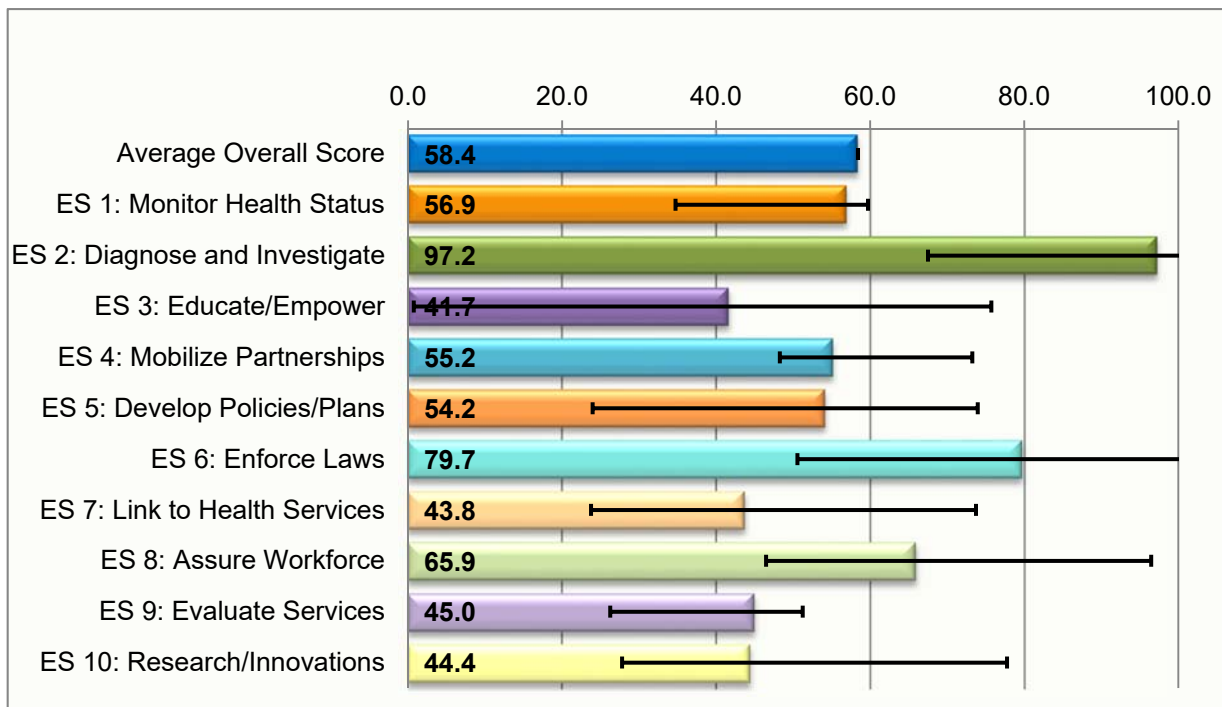


FIGURE 46: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES, CITRUS COUNTY LOCAL PUBLIC HEALTH SYSTEM, 2018



Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Citrus County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Citrus County. Third, is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources for identifying proven effective programs and interventions that could be implemented in Citrus County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which comprise an overview of the major health needs and issues in Citrus County as identified through the community health assessment process. The themes described below emerged from the four assessments conducted as part of Citrus County's MAPP process. That process included the Health Status assessment through a comprehensive secondary data review, the Local Public Health System capacity assessment using the CDC assessment tool, the Forces of Change process of identifying opportunities and threats that currently impact and pose potential future threats and opportunities to health, and lastly the Community Themes and Strengths Assessment conducted through primary data collection to hear community opinions and perspectives on health issues. These intersecting themes were also considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health; health status, health behaviors, and health resources; and community infrastructure. Many of the key issues emerged as concerns across the three intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants of Health
 - Poverty
 - Limited employment opportunities
 - Lack of affordable housing
 - Lower high school graduation rates
 - Low health literacy
 - Social connectedness and family stability
- Health Status, Health Behaviors and Health Resources
 - Top causes of death
 - Heart Disease
 - Cancer

- Diabetes
- Unintentional Injuries
- Chronic Lower Respiratory Disease
- Health disparities
- Infant mortality
- Child health and safety
- Mental health problems
- Dental and oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Drug and substance abuse
- Tobacco use
- Poor nutrition and food choices
- Inappropriate use of Emergency Departments for routine primary, dental and mental health care
- Lack of health care providers and services, specialty care physicians, and dentists
- Lack of affordable health insurance and sufficient health insurance coverage
- Community Infrastructure and Environment
 - Challenges in mobilizing partners and the community to address health problems
 - Countywide strategic plans for long-range economic development
 - Elections at state and local levels
 - Threats to natural resources and the environment
 - Need for better community health education and health information dissemination

STRATEGIC PRIORITY ISSUE AREAS

The September 26th meeting of the Citrus County CHA Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review or Health Status Assessment, Forces of Change and Local Public Health System Assessments, and Community Themes and Strengths primary data collection via the community and provider surveys and focus groups. The committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization considerations included issue importance, urgency, impact, feasibility and resource availability. A facilitated consensus workshop moved the discussion from creating the list of issues (shown above) to identifying the intersecting themes. Through the consensus process the intersecting themes converged into seven broad topic areas. Steering Committee members then used a multi-voting process to arrive at five strategic priority issue areas for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Mental Health Issues including
 - Substance and drug use
 - Access to mental health care and related services
- Healthy Behaviors Supported by Culturally Appropriate Health Education to address
 - Overweight and obesity
 - Access to sufficient and nutritious foods and healthy food choices
 - Tobacco use
 - Lack of physical activity
 - Personal responsibility in health decision-making
- Child Health and Safety including
 - Healthy family life, effective parenting, and social connections
 - Activities for youth
 - Educational, social and employment opportunities for young adults
 - Primary prevention of chronic diseases and mental health problems in children and young adults
- Access to Health Care including
 - Affordable health insurance
 - Enhancing access to primary care, mental health services, dental care and specialty care
 - Linking people to needed health and social services
 - Health literacy on appropriate use of health care services and resources
- Promoting Health Through Policy and Infrastructure Investments via a Health In All Policies Approach to address
 - Changing demographics including the aging population and increasing Hispanic population
 - Need for countywide strategic economic plan
 - Economic issues including job training, jobs, wages and affordable housing
 - Health equity

Thoughtful consideration was also given to issues that were ultimately set aside. It was decided that the problem of unintentional injuries was being addressed by local, county and state law enforcement and safety advocacy groups. Likewise, preservation of Citrus County's natural resources and ecosystem currently receives support from local and state private and governmental environmental agencies and groups.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously.

As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Citrus County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes (social determinants of health)

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Citrus County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification or prioritization with the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

- Center for Disease Control and Prevention Community Health Improvement Navigator
<http://wwwn.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

<http://www.countyhealthrankings.org/policies/>

- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
<https://www.samhsa.gov/ebp-web-guide>
- Community Tool Box – The University of Kansas KU Work Group for Community Health and Development
<http://ctb.ku.edu/en/databases-best-practices>

One key feature of each of these resources is to qualify the quality of the evidence upon which these practices are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

Evidence-Based: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low”, “moderate” or “strong” depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these 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.

FIGURE 42: PROMISING INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it-ems/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs	Evidence-Based	The Community Guide:

Issue	Practice or Intervention	Effectiveness	Source
	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).		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
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program	Evidence-Based	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	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.		http://wwwn.cdc.gov/CHDatabase/it-ems/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” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
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/CHDatabase/it-ems/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/CHDatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
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	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHDatabase/it-ems/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

Issue	Practice or Intervention	Effectiveness	Source
	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.		
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/CHDatabase/it-ems/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/CHDatabase/it-ems/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (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.	Promising Practice/Good Idea	Healthy Communities Institute: 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 adolescence 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,	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html

Issue	Practice or Intervention	Effectiveness	Source
	behavioral and social, and policy and environmental strategies.		
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce 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>	Systematic Review	<p>Healthy People 2020:</p> <p>http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions</p>
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>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:</p> <p>http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>
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	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.	Systematic Review	<p>Healthy People 2020:</p> <p>http://www.healthypeople.gov/2020/tools-resources/evidence-based-</p>

Issue	Practice or Intervention	Effectiveness	Source
	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 the safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.		resource/the-effectiveness-of-urban-design-and-land-use-and-3
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) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide	Evidence-Based	<p>National Institute of Health:</p> <p>https://www.drugabuse.gov/publications/principles-</p>

Issue	Practice or Intervention	Effectiveness	Source
	This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.		drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Poverty	<p>Policies to Address Poverty in America:</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Systemic Review	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/assets/files/policies-to-address-poverty-in-america-summary-of-highlights.pdf</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Poverty	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	Evidence-Based	<p>University of Toronto, School of Public Policy & Governance:</p> <p>https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</p>

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials: Community Survey and Provider/Partner Survey
- Focus Group Materials: Script, Informed Consent Forms, Demographic Survey

STEERING COMMITTEE MEMBERS

- Ralph Aleman, Citrus Memorial Hospital
- Doug Alexander, The New Church Without Walls
- Sunshine Arnold, Citrus Abuse Shelter Association, Inc.
- John Autry, Community Food Bank
- Michael Bays, State Farm Insurance Agency
- Jane Bedford, Nature Coast Emergency Medical Services
- Steve Blank, The Centers
- Melissa Bowermaster, Jessie's Place
- Robert Brockett, DMD, Oral and Maxillofacial Surgery
- Austin Brown, Seven Rivers Hospital
- Dave Burnell, City of Crystal River
- Scott Cook, Devereux Advanced Behavioral Health
- John W. Grace, MD, PA, Citrus County Community Charitable Foundation
- Scott Hebert, Citrus County School District
- Fred Hiers, *Citrus County Chronicle*
- Rev. Greg Kell, Cornerstone Baptist Church
- Kristy Lindke, MidFlorida Homeless Coalition
- Rebecca Martin, Community Partner
- Sondra Moylan, Community Partner
- Mike Prendergast, Citrus County Sheriff's Office
- Tobey Phillips, Elderly Services, Citrus County Government
- Dennis Reiland, Rails-to-Trails
- Bradley Ruben, Community Partner
- Renea Teaster, Anti-Drug Coalition
- Josh Wooten, Chamber of Commerce
- Vicki Wynns, Langley Health Services

FORCES OF CHANGE MATERIALS

Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Citrus County CHA Steering Committee and invited guests for the Forces of Change brainstorming session. In small groups or individually, please complete this Forces of Change Brainstorming Worksheet in preparation for the discussion that will follow.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **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 a 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.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change - outside of Citrus County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Citrus County's ability to improve community health outcomes.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?



Forces of Change Brainstorming Worksheet

Using the information from the previous page, brainstorm a list of the Forces of Change that you believe will be the most important **within the next three (3) years**, including **factors**, **events**, and **trends** (see definitions of these terms on previous page). Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

Worksheet Example: Factors, events and trends affecting Citrus County:

Example 1: Stagnant economy

Example 2: Changes to Affordable Care Act

Example 3: Rise in opioid use and other substance abuse issues

Factors, events and trends affecting Citrus County:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org



SURVEY MATERIALS

COMMUNITY MEMBER SURVEY

2018 Citrus County Community Survey

Dear Community Member,

The Florida Department of Health in Citrus County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by September 30, 2018. We request your input, as a community member, on the most pressing health and health care issues facing our communities now and beyond 2018. Your responses will inform local community health improvement planning and guide efforts to build healthier communities. Your individual responses to this survey will remain confidential. This survey consists of 19 questions and should take approximately 10-15 minutes to complete.

At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the three (3) \$20 gift cards that will be given away. If you are interested, please provide a telephone number and/or e-mail address so that we may contact you for mailing information if your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential and only be used for this stated purpose.

Please note, you must be 18 years of age or older and a resident of Citrus County to participate in this survey and to be eligible for the random drawing.

This survey is being distributed throughout Citrus County. This survey will be available from Monday, May 7, 2018 through Friday, June 15, 2018. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a gift card.

If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council (www.wellflorida.org). The phone number is 352-727-3767 and her e-mail address is cabarca@wellflorida.org.

1. Please select one response.

- ☐ I live in Citrus County.
- ☐ I am a seasonal resident of Citrus County.
- ☐ I do not live in Citrus County. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Citrus County.*

2. I am 18 years of age or older.

- ☐ Yes, I am 18 years of age or older
- ☐ No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Citrus County.*

3. In which zip

code do you live?

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 34423 | <input type="radio"/> 34442 | <input type="radio"/> 34453 |
| <input type="radio"/> 34428 | <input type="radio"/> 34445 | <input type="radio"/> 34460 |
| <input type="radio"/> 34429 | <input type="radio"/> 34446 | <input type="radio"/> 34461 |
| <input type="radio"/> 34433 | <input type="radio"/> 34447 | <input type="radio"/> 34464 |
| <input type="radio"/> 34434 | <input type="radio"/> 34448 | <input type="radio"/> 34465 |
| <input type="radio"/> 34436 | <input type="radio"/> 34450 | <input type="radio"/> 34487 |
| <input type="radio"/> 34441 | <input type="radio"/> 34452 | |

☐ Other, please specify _____

4. What do you think are the **three** most important factors that define a "Healthy Community" (that is, those factors that most contribute to a healthy community and good quality of life)? Please select **three** (3) choices from the list below.

- | | |
|---|---|
| <input type="radio"/> Access to health care | <input type="radio"/> Strong economy |
| <input type="radio"/> Affordable goods/services | <input type="radio"/> Job opportunities for all levels of education |

- | | |
|--|--|
| <input type="radio"/> Affordable housing | <input type="radio"/> Low preventable death and disease rates |
| <input type="radio"/> Affordable utilities | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of child abuse |
| <input type="radio"/> Clean environment | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Emergency preparedness | <input type="radio"/> Low rates of infant and childhood deaths |
| <input type="radio"/> Good place to raise children | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Good race/ethnic relations | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good schools | <input type="radio"/> Strong family ties |
| <input type="radio"/> Healthy behaviors | <input type="radio"/> Other, please specify |

5. From the list below, please identify the **three behaviors** that you believe have the greatest negative impact on the overall health of people in Citrus County. Please select **three (3)** choices.

- | | |
|--|--|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Not using seat belts/child safety seats |
| <input type="radio"/> Distracted driving (e.g., texting while driving) | <input type="radio"/> Overeating |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Racial/ethnic relations |
| <input type="radio"/> Drug abuse | <input type="radio"/> Starting prenatal care late in pregnancy |
| <input type="radio"/> Eating unhealthy foods/drinking sugar sweetened beverages | <input type="radio"/> Stress management |
| <input type="radio"/> Lack of personal responsibility | <input type="radio"/> Tobacco use |
| <input type="radio"/> Lack of sleep | <input type="radio"/> Unsafe sex |
| <input type="radio"/> No physical activity | <input type="radio"/> Unsecured firearms |
| <input type="radio"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="radio"/> Violence |
| <input type="radio"/> Not using birth control | <input type="radio"/> Other, please specify |
| <input type="radio"/> Not using health care services appropriately | |

6. From the following list, what do you think are the **five** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Citrus County? Please select **five** (5) choices. (List continues on next page.) Note: You will be asked a follow-up question about your five choices.

- | | |
|---|--|
| <input type="radio"/> Access to sufficient and nutritious foods | <input type="radio"/> HIV/AIDS |
| <input type="radio"/> Access to long-term care | <input type="radio"/> Homicide |
| <input type="radio"/> Access to primary care | <input type="radio"/> Infant death |
| <input type="radio"/> Affordable assisted living facilities | <input type="radio"/> Mental health problems |
| <input type="radio"/> Age-related issues (e.g., arthritis, hearing loss) | <input type="radio"/> Motor vehicle crash injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Obesity |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Pollution (e.g., water, air, soil quality) |
| <input type="radio"/> Dementia | <input type="radio"/> Rape/sexual assault |
| <input type="radio"/> Dental problems | <input type="radio"/> Respiratory/lung disease |
| <input type="radio"/> Diabetes | <input type="radio"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) |
| <input type="radio"/> Disability | <input type="radio"/> Stress |
| <input type="radio"/> Domestic violence | <input type="radio"/> Substance abuse/drug abuse |
| <input type="radio"/> Elderly caregiving | <input type="radio"/> Suicide |
| <input type="radio"/> Exposure to excessive and/or negative media and advertising | <input type="radio"/> Tobacco use |
| <input type="radio"/> Firearm-related injuries | <input type="radio"/> Teenage pregnancy |
| <input type="radio"/> Heart disease and stroke | <input type="radio"/> Vaccine preventable diseases (e.g., flu, measles) |
| <input type="radio"/> High blood pressure | <input type="radio"/> Other, please specify |

7. Please write the five (5) issues you selected in Question 6 in the spaces below. Then for each issue please rate how confident you are that the community can make a substantial impact on each of those issues within the next 1-3 years.

Five (5) Most Important Health Issues Selected in Question 6	Not very confident	Somewhat confident	Confident	Very confident	Not sure
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. During the past 12 months, was there a time you needed **dental care**, including check ups, but didn't get it?

- ☐ Yes. Please go to Question 9.
- ☐ No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

9. What were the reasons you could not get the **dental care** you needed during the past 12 months? Select all that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No dentists available
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

10. During the past 12 months, was there a time when you needed to see a **primary care** doctor for health care but couldn't?

- ☐ Yes. Please go to Question 11
- ☐ No. I got the health care I needed or didn't need care. Please go to Question 12

11. What were the reasons you could not get the **primary care** you needed during the past 12 months? Select all that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No primary care providers (doctors, nurses) available
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

12. During the past 12 months, was there a time when you needed **mental health care** but couldn't get it?

- ☐ Yes. Please go to Question 13.
- ☐ No. I got the mental health care I needed or didn't need mental health care. Please go to Question 14.

13. What were the reasons you could not get the **mental health care** you needed during the past 12 months? Select all that apply.

- ☐ Cost
- ☐ No appointments available or long waits for appointments
- ☐ No mental health care providers available
- ☐ Transportation, couldn't get there
- ☐ Other, please specify _____

14. For **each** of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sufficient levels of trust and willingness to work together to achieve community goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are networks of support (e.g., church groups, social service agencies) for individuals and families during times of stress and need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our community is a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sense of civic responsibility in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of health and social services in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of dental services in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of medical services in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of mental health/substance abuse treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How would you rate the overall health of residents in Citrus County? Please select **one** (1) choice.

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy

16. For each of the following issues, please indicate how much of a problem you believe the issue is in Citrus County. (Note: the table continues on page 9.)

Issues	Not a problem at all	A minor problem	Somewhat a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of preventive health services (e.g., wellness, health education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (under age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. For **each** of the following issues, please indicate how confident you are that the community can make a substantial impact on the issue within the next 1-3 years.

Issues	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Issues	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of preventive health services (e.g., wellness, health education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (under age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How would you rate your own personal health?

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy

19. What is the **most** important health issue in your own life? Please select **one** (1) response.

- | | |
|--|---|
| <input type="radio"/> Access to sufficient and healthy foods | <input type="radio"/> Lack of exercise |
| <input type="radio"/> Alcohol use | <input type="radio"/> Liver disease |
| <input type="radio"/> Allergies | <input type="radio"/> Mental illness |
| <input type="radio"/> Alzheimer's Disease or Dementia | <input type="radio"/> My child(ren)'s health |
| <input type="radio"/> Brain injury | <input type="radio"/> Orthopedic issues |
| <input type="radio"/> Cancer | <input type="radio"/> Overweight |
| <input type="radio"/> Caregiving for another | <input type="radio"/> Physical disability |
| <input type="radio"/> Cost of medical/dental care | <input type="radio"/> Poor eyesight |
| <input type="radio"/> Developmental disability | <input type="radio"/> Poor hearing |
| <input type="radio"/> Diabetes | <input type="radio"/> Poor nutrition |
| <input type="radio"/> Dental issues | <input type="radio"/> Pregnancy complications |
| <input type="radio"/> Domestic violence | <input type="radio"/> Stress |
| <input type="radio"/> Eating choices | <input type="radio"/> Stroke |
| <input type="radio"/> Heart disease | <input type="radio"/> Substance abuse/drug abuse |
| <input type="radio"/> HIV/AIDS | <input type="radio"/> Tobacco use |
| <input type="radio"/> Injuries | <input type="radio"/> Unwanted/unintended pregnancy |
| <input type="radio"/> Kidney disease | <input type="radio"/> Other, please specify |
| | _____ |
| <input type="radio"/> Lack of health insurance | |

Now we need to find out a little about you.

20. Which of the following best describes your current employment status?

- ☐ Employed (Full-Time)
- ☐ Employed (Part-Time)
- ☐ Full-Time Student
- ☐ Part-Time Student
- ☐ Retired
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Work two or more jobs
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

21. What is your age?

- ☐ 0-17
- ☐ 18-24
- ☐ 25-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80 or older
- ☐ I prefer not to answer

22. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

23. What racial/ethnic group do you most identify with?

- ☐ American Indian or Alaskan Native
- ☐ Asian Pacific Islander
- ☐ Black or African American (Non-Hispanic)
- ☐ Hispanic or Latino
- ☐ Multiracial/Multiethnic
- ☐ White (Non-Hispanic)
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

24. What is the highest level of school you have completed? Please select **one** (1) response.

- ☐ 12th grade or less, no diploma
- ☐ High school diploma or GED
- ☐ Some college, no degree
- ☐ Technical or trade school certificate
- ☐ Associate's degree (e.g., AA or AS)
- ☐ Bachelor's degree (e.g., BA or BS)
- ☐ Master's degree (e.g., MA or MS) and above including professional degree (e.g., PhD, MD, JD)
- ☐ I prefer not to answer

25. What type of health insurance do you currently have? Please select **one** (1) response.

- ☐ Medicaid
- ☐ Medicare
- ☐ Medicare + Supplement
- ☐ Private insurance
- ☐ VA/Tri-Care
- ☐ I have no health insurance
- ☐ I prefer not to answer
- ☐ Other (please specify) _____



If you want to be entered in the drawing to win a \$20 gift card, please provide your email address or phone number. If your survey is drawn as the winner, you will be contacted by phone or email, whichever you prefer.

Email address: _____

Phone number: _____

Please return your completed survey to the agency/organization that provided it to you. You may also return the survey to:

- Florida Department of Health in Citrus County, 3650 West Sovereign Path, Lecanto, FL 34461
- Florida Department of Health in Citrus County, 120 N. Montgomery Avenue, Inverness, FL 34450

Thank you for taking the time to complete the survey. Your input is important and will help inform improvements to health and health care in Citrus County.



PROVIDER SURVEY

2018 Citrus County Provider and Partner Survey

Dear Provider and Community Partner,

The Florida Department of Health in Citrus County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by September 2018. As a provider and community partner, we are requesting your input on the most pressing health and health care issues facing our community in 2018 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 12 questions and should take approximately 10-15 minutes to complete.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Christine Abarca of WellFlorida Council, who is coordinating the needs assessment on our behalf, at cabarca@wellflorida.org or 352-727-3767.

1. Do you provide healthcare and/or social services to Citrus County residents?

- ☐ Yes
- ☐ No

2. What type of health care provider are you?

- ☐ Advanced Registered Nurse Practitioner (including all specialties and certification types)
- ☐ Dentist
- ☐ Dietitian/Nutritionist
- ☐ Mental Health Counselor/Substance Abuse Counselor
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Physical Therapist
- ☐ Speech Language Pathologist
- ☐ Other (please specify) _____

2a. If physician is selected in Question 2, what is/are your specialties?

<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Allergy/Immunology	<input type="checkbox"/> Neonatology
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Neurology
<input type="checkbox"/> Cosmetic/Plastic Surgery	<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Chiropractic Medicine	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Oncology
<input type="checkbox"/> ENT/Otolaryngology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Family Practice	<input type="checkbox"/> Orthopedic Medicine
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Osteopathic Medicine
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Palliative Care
<input type="checkbox"/> General Practice	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Physical Therapy and Rehabilitation
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Gynecology	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Hematology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Hospitalist	<input type="checkbox"/> Specialized Surgery
<input type="checkbox"/> Immunology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Other, please specify

3. In the following list, what do you think are the **three** (3) most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- ☐ Access to health care
- ☐ Affordable housing
- ☐ Affordable utilities
- ☐ Affordable goods/services
- ☐ Arts and cultural events
- ☐ Clean environment
- ☐ Emergency preparedness
- ☐ Good race/ethnic relations
- ☐ Good place to raise children
- ☐ Good schools
- ☐ Healthy behaviors and healthy lifestyles
- ☐ Healthy economy
- ☐ Job opportunities for all education levels

- ☐ Low adult death and disease rates
- ☐ Low crime/safe neighborhoods
- ☐ Low level of child abuse
- ☐ Low level of domestic violence
- ☐ Low rates of infant and childhood deaths
- ☐ Parks and recreation
- ☐ Religious or spiritual values
- ☐ Strong family life
- ☐ Other (please specify) _____

4. In the list below, please identify the **three (3)** behaviors that you believe have the greatest negative impact on the overall health of people in Citrus County. Please select three (3) choices.

- ☐ Alcohol abuse
- ☐ Distracted driving (e.g. texting and driving)
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Eating unhealthy foods/drinking sweetened beverages
- ☐ Exposure to excessive and/or negative media and advertising
- ☐ Lack of personal responsibility
- ☐ Lack of sleep
- ☐ Not exercising
- ☐ Not getting immunizations to prevent disease (e.g. flu shots)
- ☐ Not using birth control
- ☐ Not using health care services appropriately
- ☐ Not using seat belts/child safety seats
- ☐ Overeating
- ☐ Racism
- ☐ Starting prenatal care late in pregnancy
- ☐ Stress management
- ☐ Tobacco use
- ☐ Unsafe sex
- ☐ Unsecured firearms
- ☐ Violence
- ☐ Other (please specify) _____

5. In the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Citrus County? Please select five (5) choices. You will be asked a follow-up question on the five problems you select.

<input type="checkbox"/> Access to sufficient and nutritious foods	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Access to long-term care	<input type="checkbox"/> Homicide
<input type="checkbox"/> Access to primary care	<input type="checkbox"/> Infant death
<input type="checkbox"/> Affordable assisted living	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss)	<input type="checkbox"/> Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Pollution (e.g., water and air quality)
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Dementia	<input type="checkbox"/> Respiratory/lung disease
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)
<input type="checkbox"/> Disability	<input type="checkbox"/> Stress
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Substance abuse/drug abuse
<input type="checkbox"/> Exposure to excessive and/or negative media and advertising	<input type="checkbox"/> Suicide
<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Vaccine-preventable disease (e.g., flu, measles)
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Other, please specify

6. How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years? Please answer only for the five issues you selected in Question 5.

Five (5) Most Important Health Issues Selected in Question 6	Not very confident	Somewhat confident	Confident	Very confident	Not sure
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Would you say the overall health-related quality of life in Citrus County is? Please select **one** (1) response.

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent
- ☐ Don't Know

8. For each of the following issues, please indicate how much of a problem you believe the issue is in Citrus County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. For each of the following issues, please indicate how confident you are that Citrus County can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of where to receive dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. For your patients in Citrus County with chronic diseases or conditions, what do you feel are the biggest barriers to a patient being able to manage his or her own chronic disease or condition? Please select **two (2)** responses.

- ☐ Cost
- ☐ Inability to use technology effectively
- ☐ Lack of access to sufficient time with me or my staff
- ☐ Lack of coverage by insurance company
- ☐ Lack of education
- ☐ Self-discipline/motivation
- ☐ Other (please specify) _____

11. What can Citrus County do to help improve the health of your patients and others in the community?

Please check all that apply.

- ☐ Create city/county ordinances to promote community health improvement
- ☐ Establish community partnerships to address issues collectively
- ☐ Establish more community clinics
- ☐ Establish or enhance a community health information exchange
- ☐ Focus on issues of the indigent and uninsured
- ☐ Increase access to dental services
- ☐ Increase access to mental health services
- ☐ Increase access to primary medical services
- ☐ Increase outreach/health education programs
- ☐ Initiate efforts to bring more physicians to the community
- ☐ Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
- ☐ Provide education for residents on appropriate use of available services
- ☐ Provide education for residents on services available
- ☐ Other (please specify) _____

12. Would you say the overall accessibility to health care for residents of Citrus County is? Please select **one** (1) choice.

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent
- ☐ Don't Know

The next series of questions are general demographic questions.

13. What is your age?

- ☐ Less than 30
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80 or older
- ☐ I prefer not to answer

14. How would you rate your own personal health?

- ☐ Very unhealthy
- ☐ Unhealthy
- ☐ Somewhat healthy
- ☐ Healthy
- ☐ Very healthy
- ☐ I prefer not to answer

15. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

16. What racial/ethnic group do you most identify with?

- ☐ American Indian or Alaskan Native
- ☐ Asian Pacific Islander
- ☐ Black or African American (Non-Hispanic)
- ☐ Hispanic or Latino
- ☐ Multiracial/Multiethnic
- ☐ White (Non-Hispanic)
- ☐ I prefer not to answer
- ☐ Other (please specify) _____

17. How long have you practiced your profession?

- ☐ Less than 5 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ More than 20 years
- ☐ I prefer not to answer

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the needs assessment process, please do not hesitate to contact Christine Abarca of WellFlorida Council at cabarca@wellflorida.org or 352-727-3767.



FOCUS GROUP MATERIALS

Citrus County Community Health Assessment Focus Groups

Script and Questions

June 22 and 26, 2018

Hello and welcome to our focus group. A focus group essentially just gives you an opportunity to talk with people who have something in common. I'd like to thank you for joining our *discussion* group as we talk about health, wellness, safety, health care and quality of life in Citrus County.

My name is _____ and I work with the WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties in the center of the state. We work on many projects related to improving health and health care services in this region. You may be familiar with some of these including Healthy Start Coalitions, HIV screening and testing services, health care facility certificate of need, rural health care partnerships, regional trauma planning, and emergency preparedness.

Today, in the 90 minutes we have together, we will discuss your views on aspects of and issues related to health and quality of life in the communities where you live, work, play and worship here in Citrus County.

The information you give us may become part of the Citrus County Community Health Assessment and inform the Community Health Improvement Plan.

I want to tell you a few rules before we get started. The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice a tape recorder that is recording what we are saying. I will be audio recording as well as taking notes today to help make the written report of our talk. As stated in the informed consent that you all read and agreed to before we started, your identities will be kept confidential and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

As a second group rule, please do not repeat what we talk about today outside of this room. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to respect is to speak only one person at a time. We don't want to miss anything anyone says, so it is important not to talk over one another or break into separate conversations.

I have some questions that are designed to make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you think of along the way if they related to health, health care, quality of life and wellness in Citrus County.

Are there any questions about the focus group or what we are going to do today?

12 Focus Group Questions with Cues/Probes

- 1. What does a healthy community mean to you?**
 - Facilitator: Understanding of the concept of health and quality of life
- 2. What are the most important factors for creating a healthy community?**
 - Facilitator: Population health factors and priorities
- 3. Why is living in a healthy community important to you?**
 - Facilitator: Personal health and quality of life factors and priorities
- 4. In general, how would you rate the health and quality of life in Citrus County?**
 - Facilitator: Gauging community's knowledge of and perceptions about health issues

5. **What are the pressing health related problems in Citrus County?**
 - Facilitator: Health priorities
6. **Are there people or groups of people in the county whose health and quality of life are not as good as others? Who are those people and why is their quality of life worse in comparison to other members of Citrus County?**
 - Facilitator: Health equity, disparities, underserved populations
7. **What strengths and resources do you have in your community to address these problems?**
8. **What barriers, if any, exist to improving the health and quality of life in Citrus County?**
 - Facilitator: Identify barriers to health improvement
9. **Do you think your county provides enough places to receive routine medical care? Or is it necessary to receive care outside of Citrus County?**
 - Facilitator: Perceptions about access to health care and services
10. **What healthcare services, including prevention, do you think are missing Citrus County?**
 - Facilitator: Solutions for improving health and health care
11. **What should be done to address these issues?**
 - Facilitator: Solutions and ideas for improving health, health care access
12. **Let's suppose I am new to the community and needed some health information, where do you suggest I go to find that information?**
 - Facilitator: Knowledge, familiarity with public health system

Statement of Informed Consent

I, _____, agree to participate in this focus group being conducted by WellFlorida Council regarding the Citrus County Health Needs Assessment.

I understand that this focus group interview will last no more than 2 hours and will be audio taped.

I understand that my participation in this focus group is entirely voluntary, and that if I wish to withdraw from the focus group or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do wish to withdraw from the focus group, I understand that this will have no effect on my relationship with the WellFlorida Council or any other organization or agency.

I understand that to prevent violations of my own or other's privacy, I have been asked not to talk about any of my own or other's private experiences that may be too personal to share in a group setting. I also understand that I have an obligation to respect the privacy of other members of the group. Therefore, I will not discuss any personal information that is shared during this focus group outside of this group.

I understand that all the information I give will be kept confidential, and that the names of all people in the focus group will be kept confidential. The recording of this focus group will only be heard by approved WellFlorida staff and will be destroyed upon completion of the final report.

I understand that I will receive a \$20 stipend from participating in this study and that my participation may help others in the future.

The facilitators of the focus group have offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information, and I agree to take part in the focus group.

Signature

Date

Focus Group Demographic Survey – Citrus County Community Health Assessment

Age:

- ☐ 18 - 29
- ☐ 30 - 39
- ☐ 40 - 49
- ☐ 50 - 59
- ☐ 60 – 64
- ☐ 65+

Race:

- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Native Hawaiian and other Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Two or More Races
- ☐ Other _____

I am Hispanic

- ☐ Yes
- ☐ No

Type of Insurance:

- ☐ Private Insurance through work or retired from work
- ☐ Private Insurance through Obamacare/Health Insurance Marketplace
- ☐ Medicaid
- ☐ Medicare
- ☐ VA/Tri-Care
- ☐ No Health Insurance
- ☐ Other _____

I am:

- ☐ Male
- ☐ Female
- ☐ Transgender

Highest Level of Education I completed

- ☐ Less than high school graduate
- ☐ High School graduate (includes GED)
- ☐ Some College No Degree
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Graduate or professional degree

Zip Code of Residence: _____