



2019



HERNANDO COUNTY

COMMUNITY HEALTH ASSESSMENT



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Introduction to Community Health Assessments

HERNANDO COUNTY COMMUNITY HEALTH ASSESSMENT PROCESS

The Hernando County Community Health Assessment process launched in February of 2019, continuing a long history and strong commitment to better understanding the health status and health needs of the community. The purpose of the community health assessment is to uncover or substantiate the health needs and health issues in Hernando County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Hernando County has historically played the lead role in the development of the community health assessments. As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Hernando 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 2019 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives, examination of pertinent local data on health behaviors and outcomes, healthcare seeking practices, vulnerable populations, and environmental concerns along with direct involvement of key community partners and residents. The Hernando County Community Health Assessment Steering Committee members (Steering Committee) were recruited by the Health Officer of the Florida Department of Health in Hernando County. The Steering Committee participated in all elements of the community health 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 Hernando County. A list of Steering Committee members is included in the Appendix.

The Florida Department of Health in Hernando 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 Hernando 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 assessment effort is based on a nationally recognized model and best practice for completing community health 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 of the 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 Hernando County MAPP process. Use of the MAPP tools and process helped Hernando County assure that a collaborative and participatory process with a focus on wellness, quality of life and

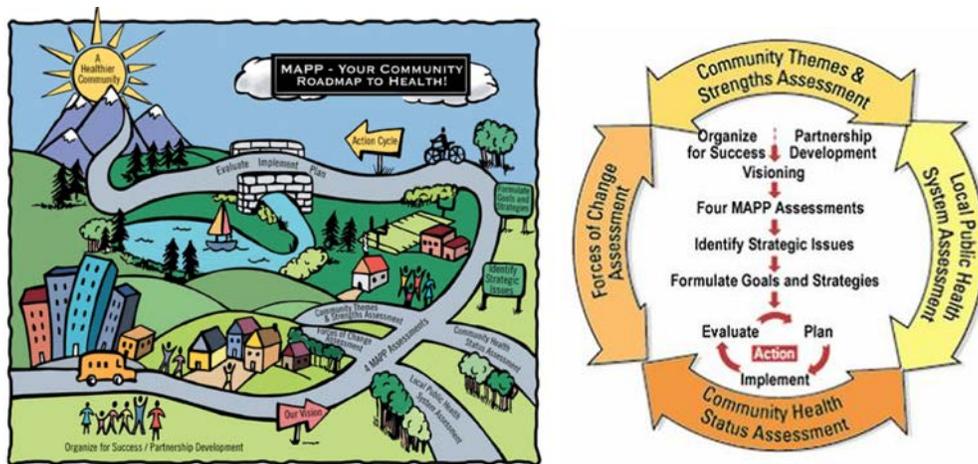
health equity would lead to the identification of shared, actionable strategic health priorities for the community.

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

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment (LPHSA)

These four MAPP assessments work in concert to reveal common themes and considerations in order to hone in on the key community health needs. The findings from MAPP assessments are integrated into the 2019 Hernando County Community Health Assessment.

FIGURE 1: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP).



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved August 8, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Hernando County Community Health Assessment Steering Committee took several actions to organize the 2019 MAPP process. At their kick-off meeting on February 19, the Steering Committee reviewed and approved the MAPP process timeline, inventoried a current list of community partner agencies and stakeholders to identify unrepresented or underrepresented groups or populations in the community health assessment process, and participated in a visioning exercise. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors and attributes are needed for a healthy Hernando County?, 2) what does having a healthy community mean?, and 3) what are the policies, environments, actions and behaviors needed to support a healthy community? Table 1 below lists the factors and attributes that Hernando County partners felt are the key determinants of health,

healthy outcomes and a health community. The discussion resulted in the formulation of the vision statement: *Hernando County—Where Your Health Matters.*

TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, HERNANDO COUNTY, 2019.

Social Determinants of Health-related Factors and Attributes	Behavior and Environment-related Factors and Attributes
Economic development	Low rates of substance abuse (drugs, alcohol, tobacco)
Rising employment rates	Early prenatal care
Strong schools	Social and recreational opportunities
Access to education (technical schools, college, vocational education)	Outdoor activities in safe settings
Affordable housing	Faith-based communities and activities
Accessible, affordable, nutritious foods	Knowledge within and by community members about existing services and resources
Accessible, affordable healthcare services	Elected officials committed to “Health in All Policies”
Accessible, affordable mental health services	“Sunshine Law” applied appropriately to benefit all
Safe neighborhoods with low crime	Widely used health education including Public Service Announcements (PSAs)
Transportation	Well-trained first responders
Clean air and water	Sufficient numbers of healthcare providers
Resource centers	

Source: Hernando County Community Health Assessment Steering Committee Meeting notes, February 19, 2019

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 assessment is driven by quantitative and qualitative data collection 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
- 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 *2019 Hernando County Community Health Assessment Technical Appendix* and includes analysis of social determinants of health, community health status, and healthcare system resources and utilization. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The healthcare 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 problems and 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 healthcare professionals and community partners. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

The Forces of Change Assessment component summarizes the findings from that assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events—that are or will influence 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 June 13, 2019 with the Hernando County Community Health Assessment Steering Committee and other invited community leaders.

The LPHSA was completed in two sessions with one on April 16, 2019 with Steering Committee members and community partners and one with Florida Department of Health in Hernando County staff on May 16, 2019. 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 presents a summary of the results from each of the above components. Recommendations for addressing the identified needs are listed in the Key Findings section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The Executive Summary: Community Health Status Assessment highlights key findings from the *2019 Hernando County Community Health Assessment Technical Appendix*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health 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 community health 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 Hernando County as a whole, as well as for 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
- Health Disparities and Health Equity

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Hernando 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 *Technical Appendix* so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

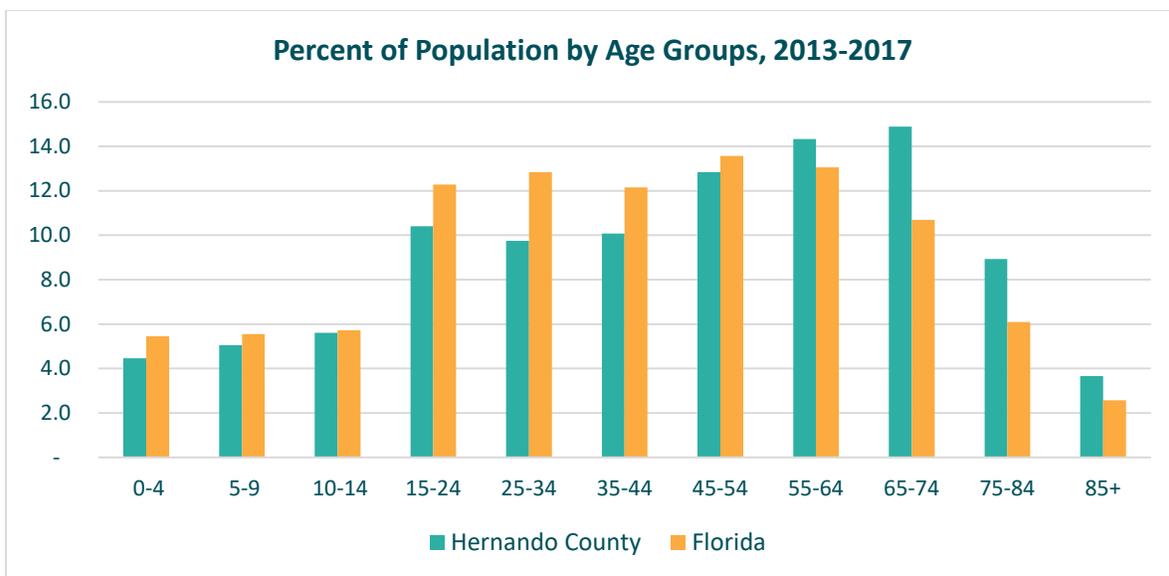
As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *2019 Hernando County Community Health Assessment 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 Hernando County demographic and socioeconomic profile.

POPULATION

In 2010 the U. S. Census Bureau reported the total population of Hernando County as 172,778 (Table 8 in the *2019 Hernando County Community Health Assessment Technical Appendix*; for brevity this resource is referred to as the Technical Appendix in subsequent table citations). According to the U.S. Census Bureau’s American Community Survey (ACS) estimates for 2013-2017, Hernando County’s population numbered 179,144 with males representing 47.9 percent of the population and females at 52.1 percent (Table 23, Technical Appendix), 89.7 percent White, 5.2 percent Black and 12.2 percent Hispanic (Tables 21 and 22, Technical Appendix). About 1.2 percent of the population, or 2,111 individuals, were housed in group quarters; group quarters include correctional institutions, nursing and group homes, military quarters and college dormitories (Table 29, Technical Appendix). The urban population accounted for 80.6 percent of the population (Table 20, Technical Appendix; 2010 U.S. Census data).

According to 2010 U. S. Census data, Hernando County had an older population than the state of Florida as a whole (Table 11, Technical Appendix). This is also seen in 2013-2017 U.S. Census estimates and in particular starting with the age group of 55 to 64 years. In these estimates, those aged 55 and older constituted 41.8 percent of the Hernando County population compared to 32.4 percent for Florida. This statistic is important to note because the healthcare needs of middle-aged and older adults tend to require a broad spectrum of services, including secondary and tertiary care for emerging chronic health conditions as well as more intensive and expensive healthcare services frequently needed by senior adults. The figure below draws data from Table 24 in the Technical Appendix and illustrates the age distribution of Hernando County residents compared to the state of Florida.

FIGURE 2: POPULATION BY AGE GROUPS, 2013-2017.

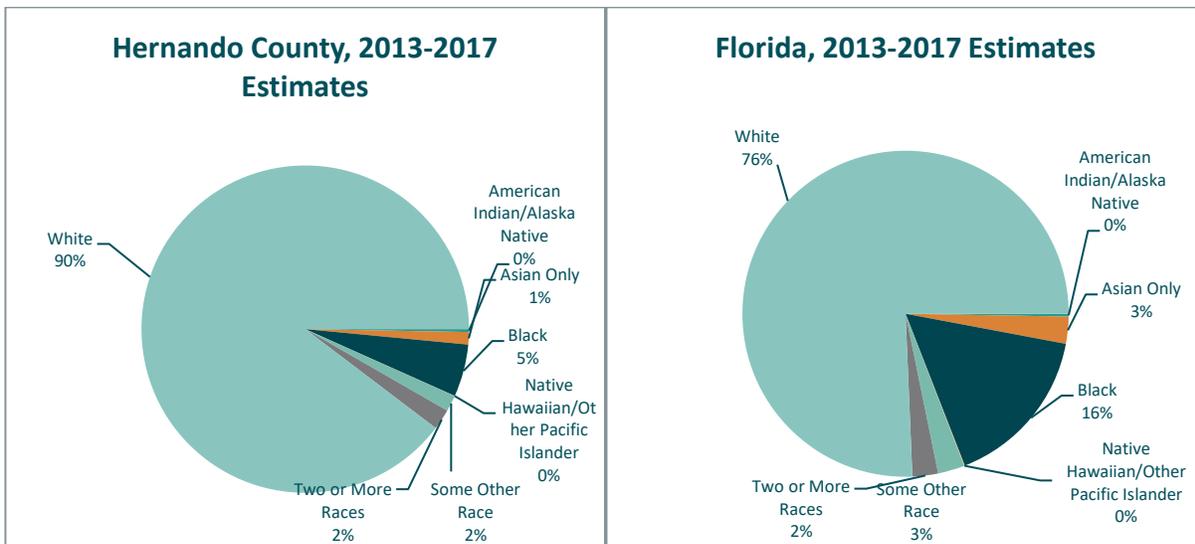


Source: Table 24 *2019 Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

GENDER, RACE AND ETHNICITY

The U.S. Census Bureau 2013-2017 estimates showed about 89.7 percent of the Hernando County population was White, 5.2 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 (Table 21, Technical Appendix). About 12.2 percent of Hernando County residents identified themselves as Hispanic or Latino. In Florida as a whole, about 24.7 percent of the population identifies as Hispanic or Latino (Table 22, Technical Appendix). These estimates of Hernando County’s racial makeup are shown in Figure 3 below.

FIGURE 3: ESTIMATED POPULATION BY RACE, 2013-2017.



Source: Table 21, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

LANGUAGES SPOKEN

The U.S. Census Bureau ACS estimates for 2013-2017 indicated that 89.1 percent of Hernando County residents over the age of five (5) years speak only English, a rate notably higher than the state’s 71.3 percent. In Hernando County, an additional 10.9 percent, or an estimated 18,732 individuals, speak other languages. About 68.9 percent of residents speak English “very well” (Table 58, Technical Appendix).

LIFE EXPECTANCY

Data from University of Washington, Institute for Health Metrics and Evaluation for 2010, showed male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Hernando County, the average life expectancy for males is 73.7 years. Life expectancy for females in Hernando County was calculated to be 80 years whereas for females in Florida as a whole that figure was

81.6 years. In 2009, the latest year for which complete data are available, disparities among races were evident. Life expectancy for Hernando County's Black males was 68.3 years compared to 74 years for White males and 76.5 years for Black females compared to 80.7 years for Hernando County White females. Hernando County life expectancies for males and females of both White and Black races were shorter than state life expectancies (Table 4 and 5, Technical Appendix).

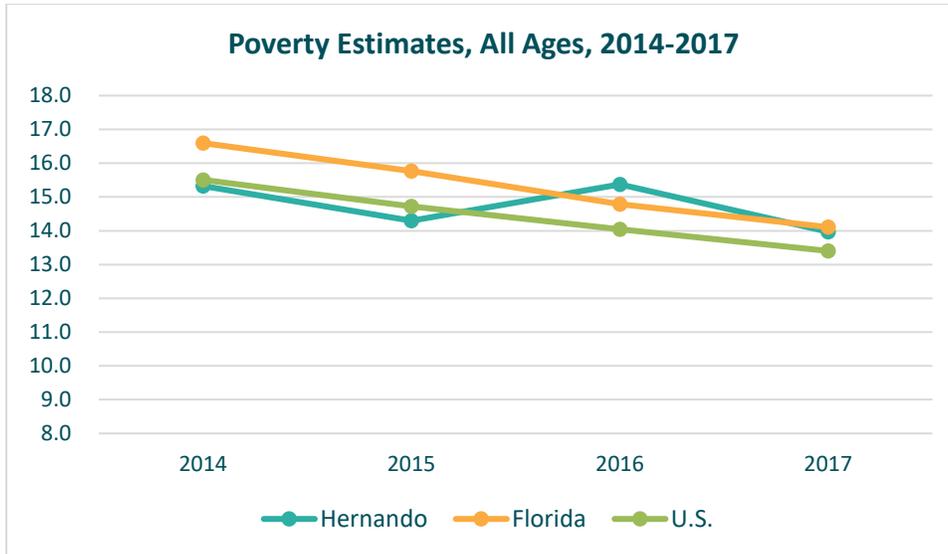
ECONOMIC CHARACTERISTICS

Poverty

According to data from the U. S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals in 2017 for Hernando County at 14.0 percent was almost equal to the state of Florida (14.1 percent). With regard to children under the age of 18 years living in poverty, the 2017 rates for Hernando County were again near the state rate at 20.8 and 20.6 percent, respectively (Table 35, Technical Appendix). The figures below depict changes in the poverty rates for Hernando County, Florida and the U.S. from 2014 to 2017 (Table 35, Technical Appendix).

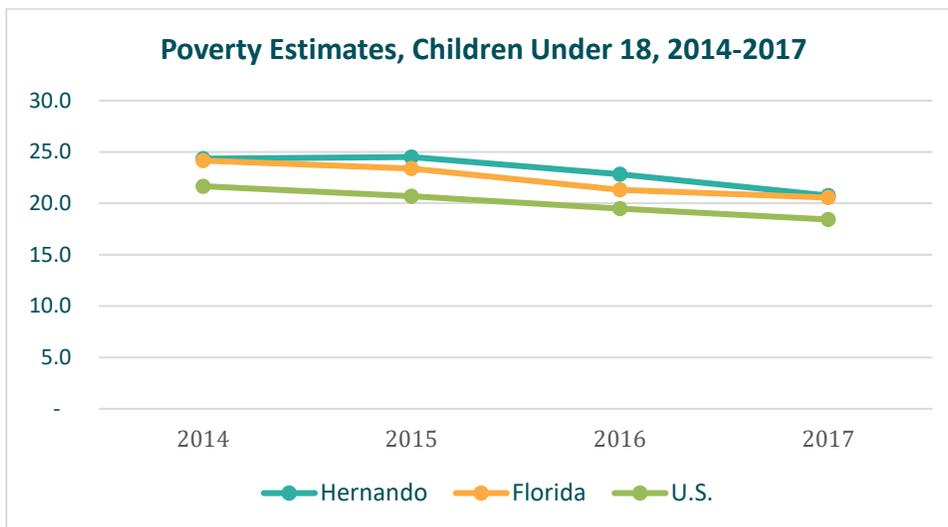
Poverty rates vary by geography in Hernando County. The *2019 Hernando County Community Health Assessment Technical Appendix* includes information about poverty by zip code tabulation areas (ZCTA; Table 36), by select age groups (Tables 37, 38, 39), levels of poverty (Table 38), gender (Table 40), race (Table 41) and household (Tables 42 and 43). According to data from the ACS for 2013-2017, the largest percentages of individuals having lived at 200 to 299 percent of the Federal Poverty Level (FPL) in the past 12 months were found in Brooksville (ZCTA 34614) at 27.5 percent and Spring Hill (34609) at 25.5 percent; both rates exceeded the Florida rate of 18.1 percent (Table 38, Technical Appendix). Data from 2013-2017 show that 68.8 percent of children 0 to 17 years of age in the Spring Hill ZCTA 34607 lived at the 200 percent and above FPL poverty level. In Brooksville (34614) 64.5 percent of children also lived at the same poverty level, followed closely by the Spring Hill ZCTA 34609 where 61.8 percent of children lived at that FPL. By comparison, in Florida as a whole 52.3 percent of children were categorized as living at the same FPL (Table 39, Technical Appendix).

FIGURE 4: POVERTY ESTIMATES BY PERCENT, ALL AGES, 2014-2017.



Source: Table 35, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

FIGURE 5: POVERTY ESTIMATES BY PERCENT, CHILDREN UNDER 18 YEARS OF AGE, 2014-2017.



Source: Table 35, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

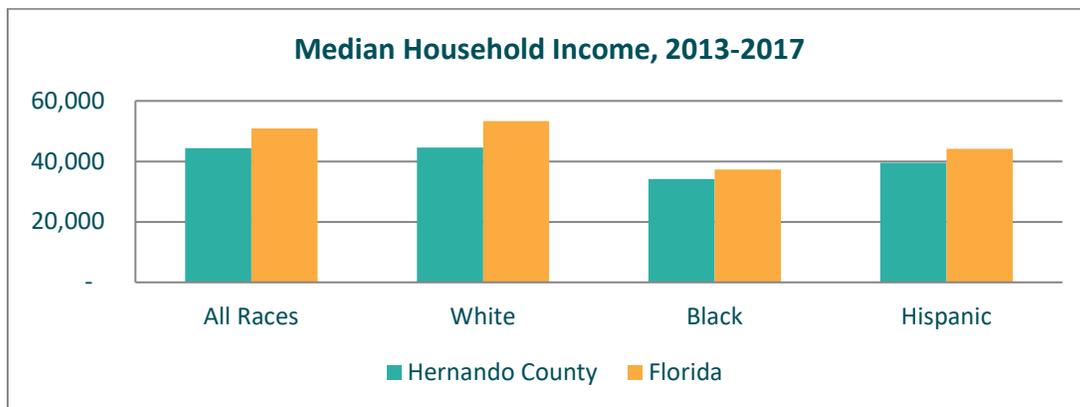
Poverty affects females and people of color disproportionately throughout the state of Florida and in Hernando County. The ACS data for 2013-2017 indicate that 13.7 percent of males in Hernando County had lived in poverty in the past 12 months compared to 15 percent of females. However, these percentages were lower than state level percentages at 14.4 percent and 16.5 percent, respectively (Table 40, Technical Appendix). For the same time period, there was a much larger disparity between racial and ethnic categories in Hernando County with an estimated 13.5 percent of Whites having lived in poverty in the past 12 months, 24.7 percent of Blacks, and 19.8 percent of Hispanics. Similarly, for Florida as a whole an estimated 13.3 percent of Whites, 24.8 percent of Blacks and 19.8 percent of Hispanics lived in poverty during that period (Table 41, Technical Appendix).

United Way’s Asset Limited, Income Constrained, Employed (ALICE) Report describes populations who are working, but due to day-to-day financial challenges such as childcare costs, transportation, and the high cost of living are existing paycheck to paycheck. The 2018 ALICE Report for Hernando County showed that 30 percent of households in Hernando County were considered ALICE households; statewide 32 percent of households fell into this category. According to ALICE data, the survival budget for a family of two adults and two preschool-age children in Hernando required a full-time, hourly wage of 28.76 dollars to meet annual expenses of 57,528 dollars (Table 44, Technical Appendix).

Income

Income levels in Hernando County were lower than for the state of Florida. Looking at the latest ACS data, the median household income for all races in Hernando County was estimated to be 44,324 dollars in comparison to Florida’s 50,883 dollars. There were differences in median household income among racial and ethnic groups at the county and state levels. The median income for Whites in Hernando County was 44,606 dollars, 34,180 dollars for Blacks, and 39,492 dollars for Hispanics. These median incomes lagged behind the state median incomes for those groups at 53,357 dollars, 37,280 dollars and 44,196 dollars, respectively (Table 46, Technical Appendix).

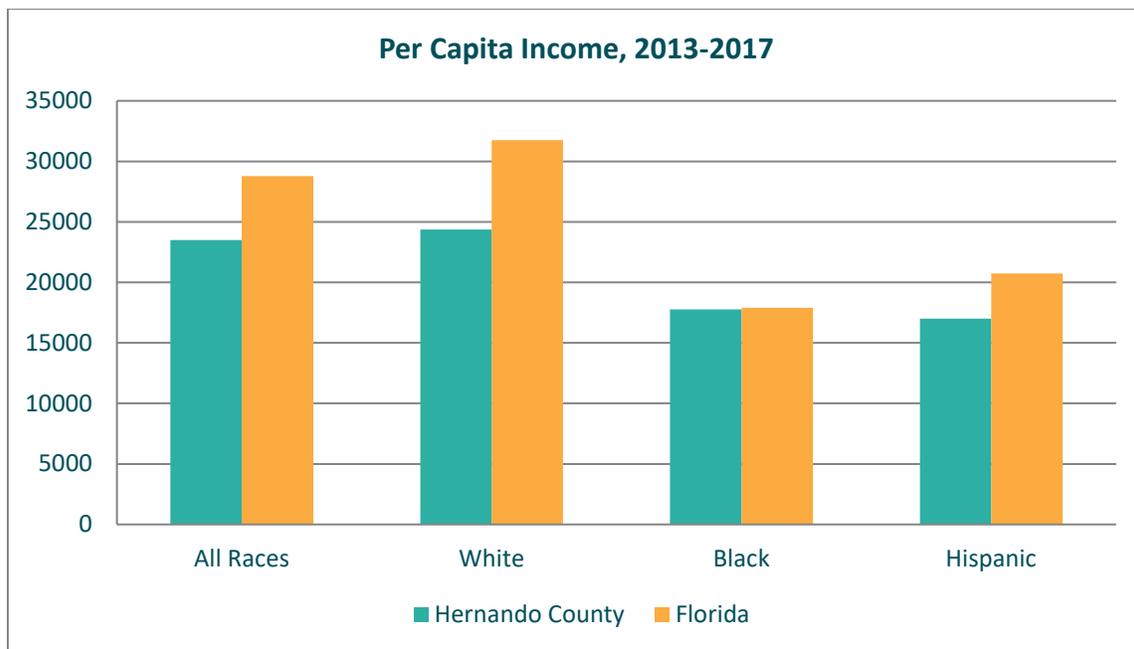
FIGURE 6: MEDIAN HOUSEHOLD INCOME, BY RACE AND ETHNICITY, 2013-2017.



Source: Table 46, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

The pattern in the distribution of per capita income for 2013-2017 in Hernando County and the state was similar to that of median household income for all races with the Hernando County estimate of 23,495 dollars in comparison to 28,774 dollars at the state level. Similar racial and ethnic differences existed in per capita income at the county and state levels as can be seen in the figure below. Per capita incomes for Whites (24,357 dollars), Blacks (17,765 dollars) and Hispanics (17,009 dollars) were below the state figures (31,765; 17,901; and 20,748 dollars, respectively; Table 47, Technical Appendix). By geography, the highest per capita income for Whites was found in Spring Hill (ZCTA 34607) at 32,926 dollars. For Hernando County Blacks, the Brooksville ZCTA 34613 had the highest per capita income at 25,607 dollars and for Hispanics it was found in the Spring Hill ZCTA 34609 at 19,365 dollars (Table 47, Technical Appendix).

FIGURE 7: PER CAPITA INCOME, BY RACE AND ETHNICITY, 2013-2017.



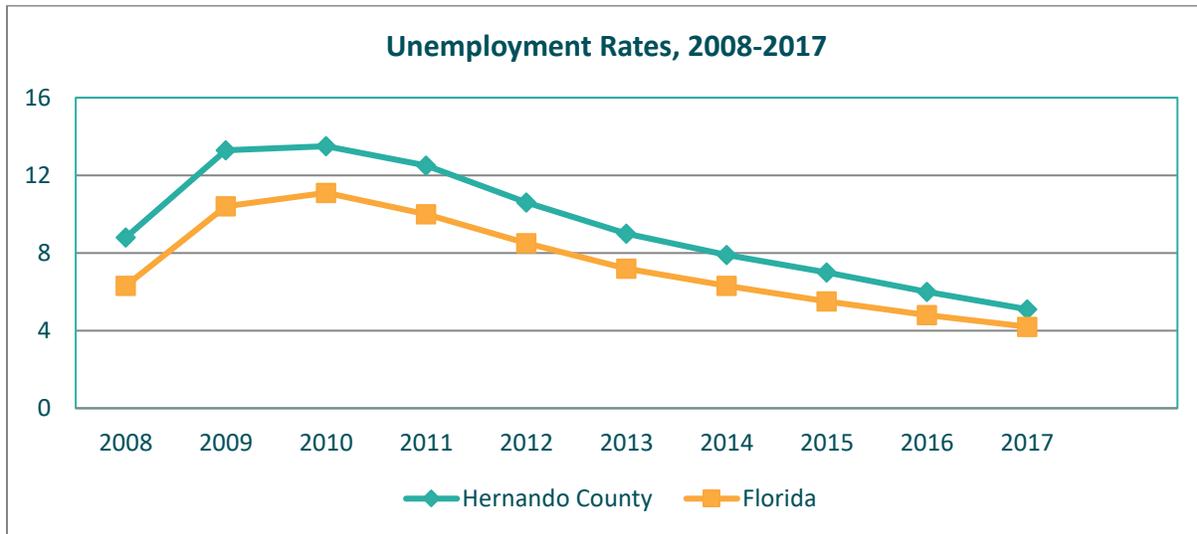
Source: Table 47, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019

EMPLOYMENT

Recent data on employment in Hernando County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Hernando County has been similar to the state rate and it followed the same path as the state in its decline for a number of years. In 2017, the unemployment rate in Hernando County was 5.1 percent which was almost a full percentage point higher than the state rate of 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 in Hernando County and the state can be seen in the figure below (Table 53, Technical Appendix).

FIGURE 8: UNEMPLOYMENT RATES, 2008-2017.



Source: Table 53, *2019 Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019

EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. From 2013-2018, high school graduation rates in Hernando County climbed and remained slightly higher than state rates. The Hernando County high school graduation rate for 2017-2018 was 87.6 percent, which was slightly higher than the state rate of 86.1 percent. For the five most recent academic years for which data are available, Hernando County high school dropout rates have exceeded state rates. Notably, the 2017-2018 dropout rate was 9.0 percent which was twice the state rate of 4.0 percent (Table 56, Technical Appendix). Of Hernando County’s population 25 years of age and older, 60.4 percent had a high school diploma as their highest level of education compared to 49.4 percent for the state of Florida. Hernando County lagged 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 27.4 percent compared with 38.2 percent for Florida as a whole (Table 57, Technical Appendix).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Hernando 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 Hernando County is similar to Florida in many health indicators, some differences exist. Noted below are some key facts and trends in Hernando County mortality and morbidity rates.

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 2019. In the latest rankings, out of 67 counties in the state, Hernando County ranked 40th for health outcomes and 29th for health factors for an overall ranking of 40th. Hernando County’s highest score was in the area of the physical environment at 21st out of 67. Factors considered in the physical environment included drinking water violations, severe housing problems and commuting alone to work. Next highest, at 23rd and in the top third among Florida counties, was the category of health behaviors that examined adult smoking and obesity, physical inactivity and access to exercise opportunities, the food environment, excessive drinking and alcohol-related driving deaths, as well as teen births and sexually transmitted infections. Hernando County’s quality of life ranking was its lowest score at 42nd out of 67 for poor physical and mental health days and low birthweight births. Following closely at 41st out of 67 was the social and economic factor category which examined many indicators related to the social determinants of health such as rates of high school graduation, unemployment, poverty and crime in addition to scores for inequality and social associations (Table 2, Technical Appendix).

TABLE 2: COUNTY HEALTH RANKINGS BY CATEGORY FOR HERNANDO COUNTY, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
HEALTH OUTCOMES	39	41	43	48	50	52	43	40	45	40
<i>Mortality/Length of Life</i>	34	33	39	47	47	52	51	47	45	39
<i>Morbidity/Quality of Life</i>	43	52	47	51	54	55	36	35	42	42
HEALTH FACTORS	27	29	34	33	35	33	36	29	31	29
<i>Health Behavior</i>	28	26	28	25	29	27	27	20	22	23
<i>Clinical Care</i>	18	22	28	26	27	27	27	30	31	31
<i>Social & Economic Factors</i>	43	40	45	49	48	47	44	41	42	41
<i>Physical Environment</i>	40	21	39	33	27	32	51	52	26	21

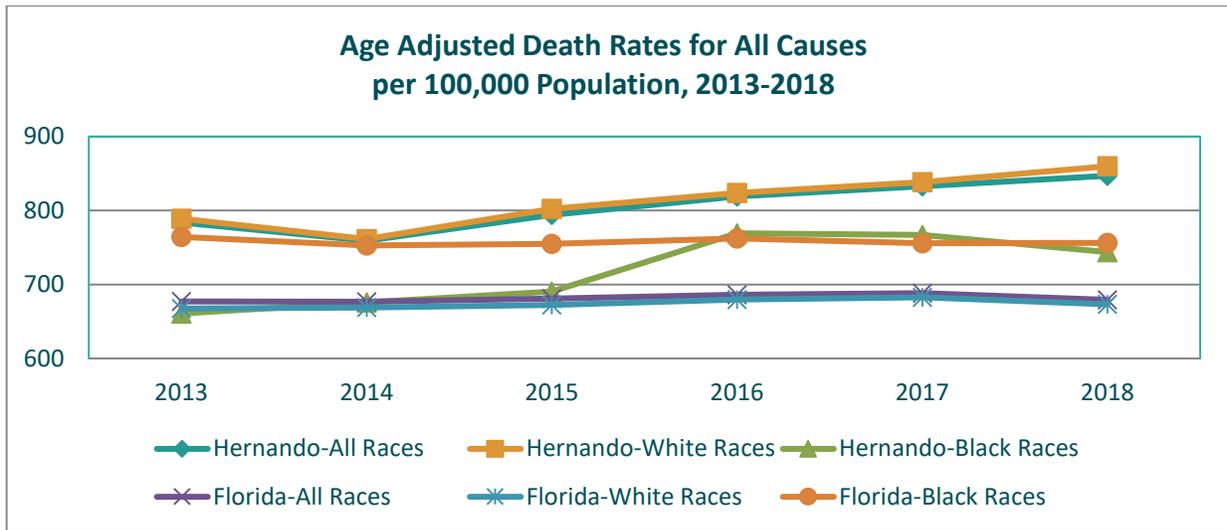
Source: Table 2, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

CAUSES OF DEATH

Data in the 2019 Hernando County Community Health Assessment 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.

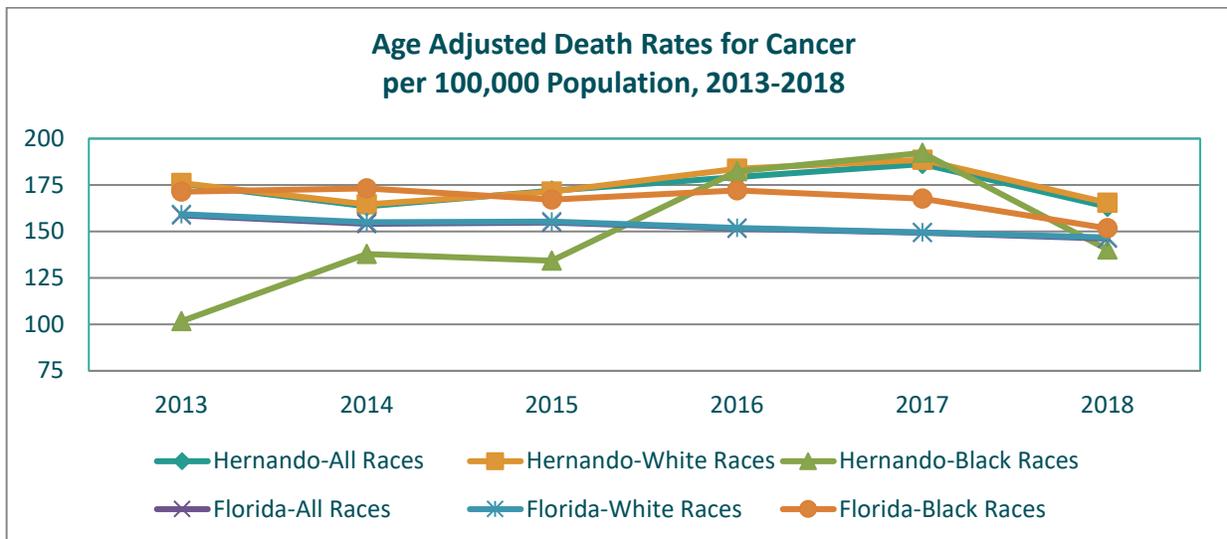
Looking at overall mortality, the age-adjusted death rate from all causes for all races in 2018 was higher in Hernando County at 847.0 than it was at the state level at 679.4 per 100,000, respectively (Table 66, Technical Appendix). The figure below shows the trends in the age-adjusted mortality rate for all causes by race for Hernando and Florida over time. The top five (5) leading causes of death, for all races and ethnicities, in Hernando County for 2013-2018 were 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injury, and 5) Stroke. These leading causes differ slightly in ranking from Florida as a whole (Heart Disease, Cancer, CLRD, Stroke, and Unintentional Injury; Table 64, Technical Appendix). While the leading cause of death rankings may be similar, age-adjusted death rates for Hernando County residents differed from state rates (Table 67). Figures 9 through 17 below show the age-adjusted death rate trends in the leading causes of death for Hernando County and for Florida (Table 68, Technical Appendix).

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



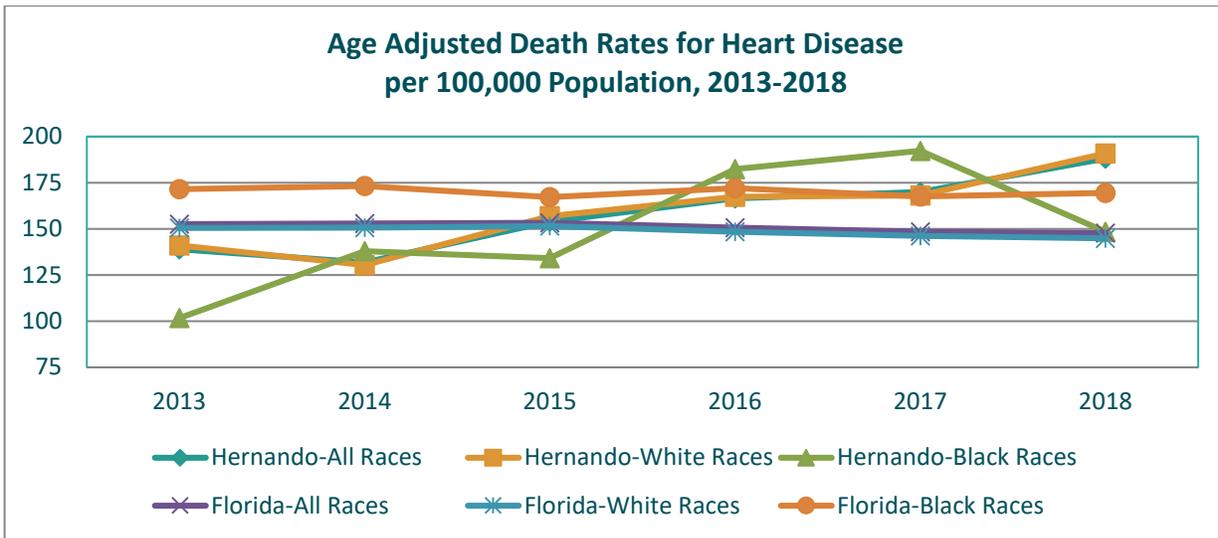
Source: Table 66, 67, 68, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



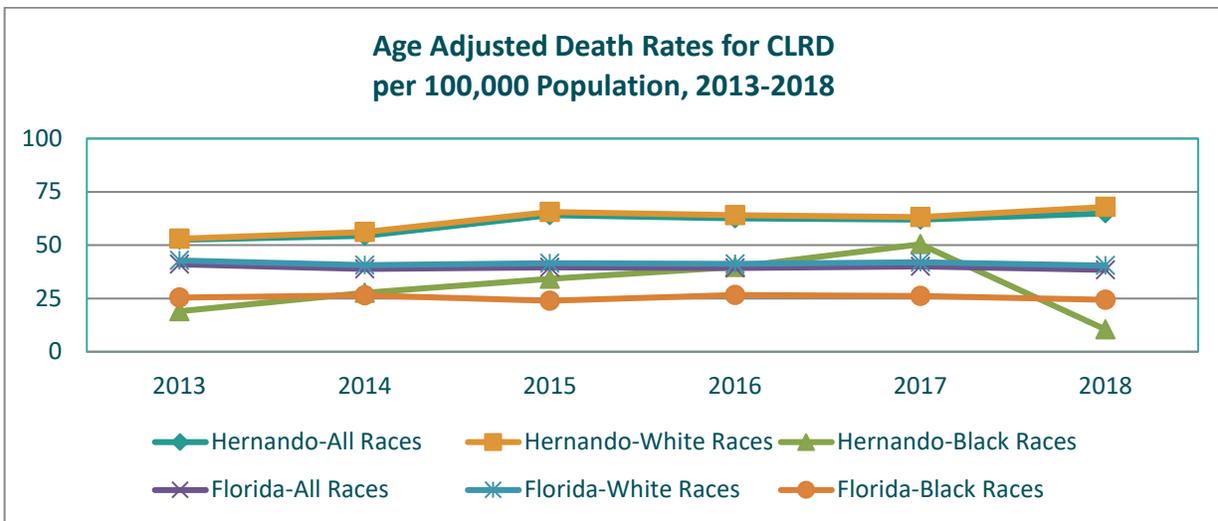
Source: Table 66, 67, 68, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

FIGURE 11: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



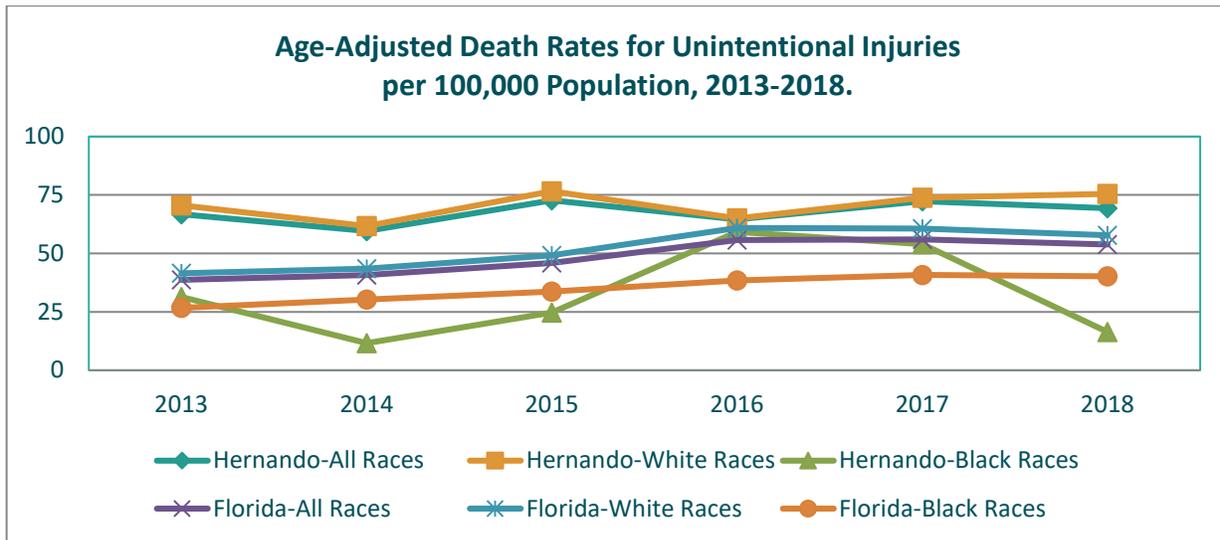
Source: Table 66, 67, 68, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

FIGURE 12: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



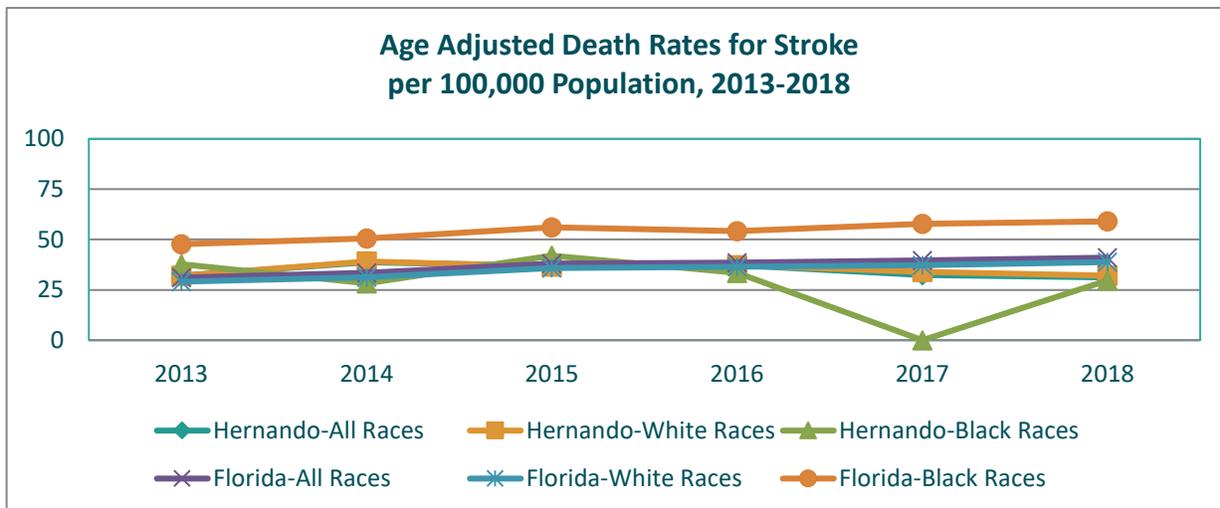
Source: Table 66, 67, 68, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

FIGURE 13: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



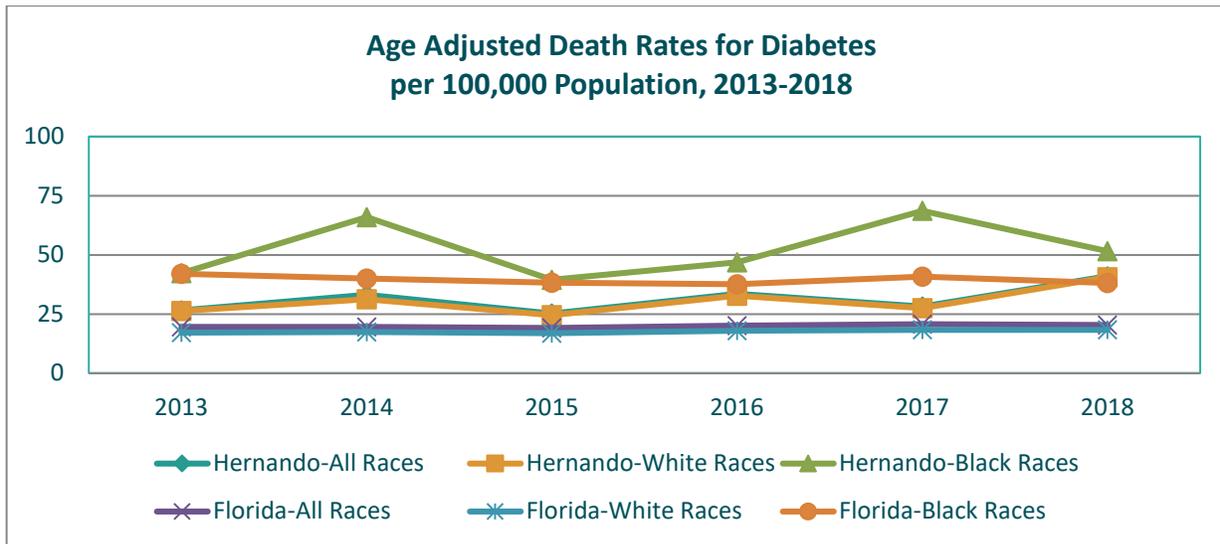
Source: Table 66, 67, 68, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 14: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



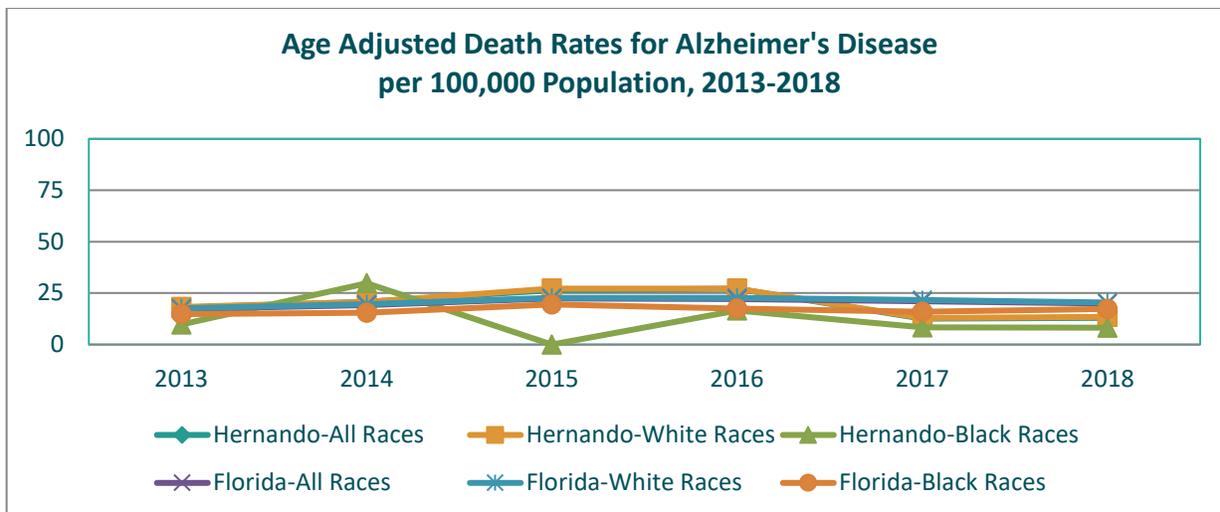
Source: Table 66, 67, 68, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 15: AGE-ADJUSTED DEATH RATES FOR DIABETES PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



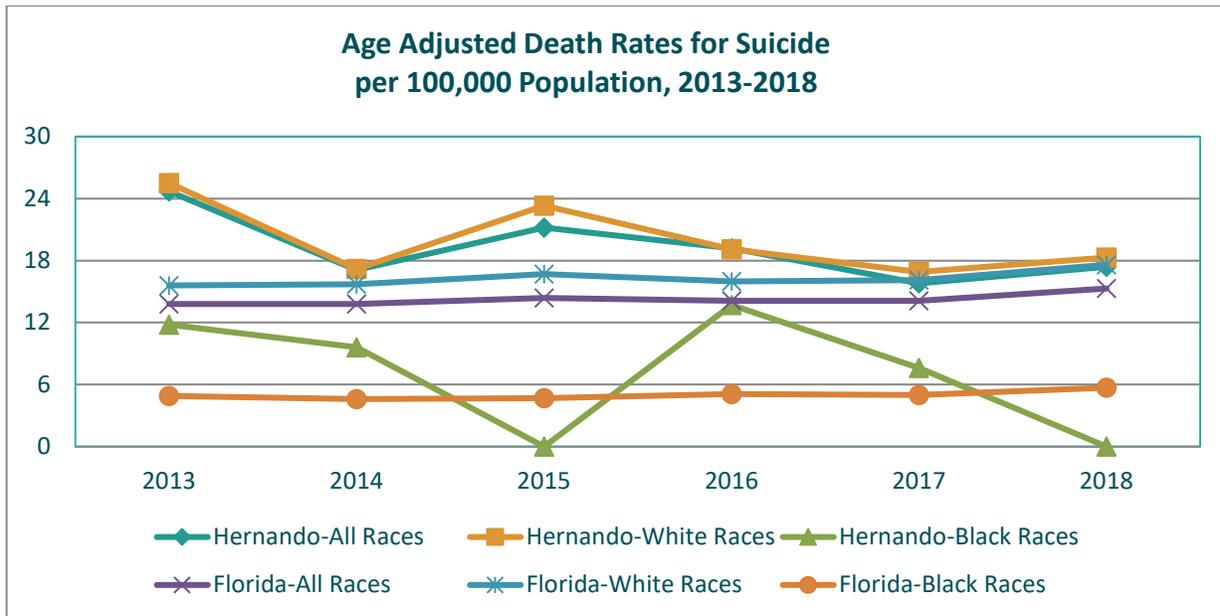
Source: Table 66, 67, 68, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 16: AGE-ADJUSTED DEATH RATES FOR ALZHEIMER'S DISEASE PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



Source: Table 66, 67, 68, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 17: AGE-ADJUSTED DEATH RATES FOR SUICIDE PER 100,000, BY RACE, HERNANDO COUNTY AND FLORIDA, 2013-2018.



Source: Table 66, 67, 68, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

As the leading cause of death in Hernando County, it is important to study Cancer death and incidence (i.e., new cases) rates overall as well as deaths and incidence of specific types of Cancer and any populations disproportionately impacted by Cancer. The age-adjusted death rate for Hernando County residents from all Cancers for 2015-2017 at 179.2 per 100,000 population was higher than the state’s rate of 151.9. Several types of Cancer had higher death rates for Hernando County residents than for the state as a whole. These included Hernando County’s death rate for Trachea, Bronchus and Lung Cancer at 52.3 per 100,000 compared to 38.6; Kidney, Renal and Pelvic Cancer at 5.6 per 100,000 compared to 3.4; and Brain and Other Central Nervous System Cancers at 6.3 per 100,000 compared to the state rate of 4.3 (Table 128, Technical Appendix). In 2016, the latest year for which complete data were available, age-adjusted incidence rates for all Cancers for both Hernando County Whites and Blacks at 468.9 and 456.7 per 100,000 population, respectively, exceeded the state rates of 432.8 and 403.2 per 100,000 population. The Cancer incidence rate in 2016 for Hernando County Hispanics at 330.2 was near the state rate of 328.8 per 100,000 population. From 2011-2016, age-adjusted incidence rates for Lung Cancer for Hernando County Whites at 75.4 per 100,000 population exceeded the state rate of 59.1 per 100,000 population. Although the numbers for Lung Cancer incidence among Hernando County Blacks were too low to report for 2016, the calculated rate was 55.0 per 100,000 population, exceeding the state incidence rate for Lung Cancer among Blacks at 43.9 per 100,000 population. Ovarian Cancer age-adjusted incidence rates among Whites in Hernando County at 20.7

per 100,000 population was also notably higher than the state rate of 11.6 per 100,000 population (Table 135, Technical Appendix). The female Breast Cancer age-adjusted incidence rate in 2016 for Hernando County Hispanics at 114.3 per 100,000 population was higher than the comparable state rate of 92 per 100,000 population. Although higher than the state rate for Hispanics, this incidence rate was lower than the female Breast Cancer incidence rate for Hernando County Whites at 120.5 per 100,000 population (Table 134 and 135, Technical Appendix).

TABLE 3: TOP RANKINGS OF CAUSES OF DEATH BY RACE, ETHNICITY AND GENDER FOR HERNANDO COUNTY AND FLORIDA, 2014-2018.

Cause of Death	Hernando County Ranking						Florida Ranking					
	AR	WR	BR	H	F	M	AR	WR	BR	H	F	M
Malignant Neoplasm (Cancer)	1	1	2	2	1	2	2	2	2	2	2	2
Heart Disease	2	2	1	1	2	1	1	1	1	1	1	1
Chronic Lower Respiratory Disease (CLRD)	3	3	4	4	3	3	3	3	6	6	4	4
Unintentional Injury	4	4	6	3	5	4	5	4	4	4	6	3
Cerebrovascular Diseases (Stroke)	5	5	5	5	4	6	4	5	3	3	3	5
Diabetes Mellitus (Diabetes)	6	6	3	6	7	5	7	7	5	7	7	6
Alzheimer's Disease	7	7	9t	7	6	7t	6	6	11	5	5	8
Chronic Liver Disease & Cirrhosis (Liver Disease)	8	8	14	11t	9	9	9	9	15	8	12	9
Essential Hypertension (Hypertension)	9	9	9t	11t	8	10	12	14	10	14	10	13
Suicide	10	10	15t	9t	14	7t	8	8	16	10	10	7
Homicide	18	18	7t	14t	17t	18	16	18	7	15	18	15
Influenza & Pneumonia	13	14	7t	14t	10t	14	11	10	13	11	9	12
Nephritis	11	11	11t	9t	10t	11	10	11	8	9	8	10
Parkinson's Disease	12	12	11t	8	15	12	14	12	19	12	13	11

AR = All Races, WH = White Races, BR = Black Races, H = Hispanic, F = Female, M = Male, t = tie in ranking; Rankings are based on the total number of deaths for the time period of 2014-2018.

Source: Table 64, 2019 Hernando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

From 2014-2018 there were some differences in the rankings of leading causes of death when examined by race, ethnicity and gender for Hernando County residents. Notably, Diabetes ranked as the third leading cause of death among Blacks in Hernando County while for Whites and Hispanics it ranked sixth. Heart Disease was the leading cause of death among Hernando County Blacks while Cancer led the rankings for Whites and Hispanics. For Hernando County residents unintentional injury deaths ranked third among Hispanics, fourth among Whites, and tied at fifth for Blacks. Suicide was the ninth leading cause of death among Whites compared to 13th and 12th for Blacks and Hispanics, respectively, in Hernando County. For Hernando County males, suicide ranked as the eighth leading cause of death; for females that ranking was 12th (Table 64, Technical Appendix).

Disparities in health outcomes were seen in the age-adjusted death rates for some causes of death for Hernando County residents. In 2018, the age-adjusted death rate per 100,000 population for Whites in Hernando County for Cancer was 165.4 compared to 140.2 for Blacks and 114.4 for Hispanics, also exceeding the state rate for Whites of 146.8 per 100,000 population (Tables 67, 68, 69, Technical Appendix). Similarly, the age-adjusted death rate for Hernando County Whites for Heart Disease at 190.9 in 2018 was higher than the state rate for Whites and county rates for Blacks at 140.2 and Hispanics at 140.1 per 100,000 population (Tables 67, 68, 69, Technical Appendix).

In Hernando County, differences in age-adjusted death rates by geography could be seen for 2014-2018. For Cancer, Hernando County's rate of 170.1 per 100,000 exceeded the 151.9 state rate while the Brooksville (ZCTA 34602) rate of 199.0 is the county's highest followed closely by another Brooksville area (ZCTA 34613) at 194.2 per 100,000 population (Table 73, Technical Appendix). Similarly for Heart Disease deaths, the Hernando County rate of 158.0 per 100,000 exceeds the 152.4 state rate with a rate of 205.5 in a section of Brooksville (ZCTA 34602; Table 74, Technical Appendix). Chronic Lower Respiratory Disease death rates for 2014-2018 were highest in Brooksville (ZCTA 34601) at 88.2 per 100,000 population (Table 75, Technical Appendix). For 2014-2018, data showed that age-adjusted Unintentional Injury death rates were highest in Brooksville (ZCTA 34601 and 34602) at 81.3 and 79.9 per 100,000 population compared to the county rate of 66.8 and state rate of 48.5 per 100,000 population (Table 76, Technical Appendix). Note that age-adjusted rates for several causes of death in Nobleton (ZCTA 34661) exceeded county and state rates. However, because of the low numbers of deaths use caution when comparing these rates (Tables 72-82, Technical Appendix).

BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) survey 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 Hernando County were generated in 2016.

Below are some highlights from the BRFSS data (See Table 136 in the Technical Appendix for full details):

Health Status: About 32.1 percent of Hernando County adults reported having some form of arthritis which was higher than the state rate of 24.8 percent. Likewise, asthma was more reported to be more prevalent with 7.0 percent of Hernando County adults currently having asthma; the state rate was 6.7 percent. Hernando County adults reported higher Cancer prevalence with 9.7 percent indicating that they have ever had a type of Cancer other than Skin Cancer compared to only 7.5 percent at the state level. Cardiovascular Disease was reported at nearly twice the state rate for several indicators. About 18.3 percent of Hernando County adults reported ever having had a heart attack, angina, Coronary Heart Disease or stroke while the state rate was 9.8 percent. Seven (7.0) percent of Hernando County adults report ever having had a stroke compared to 3.5 percent statewide and 10.1 percent of Hernando County adults said they had ever had a heart attack compared to 5.2 percent for Florida. Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis was reported for 10.1 percent of Hernando County adults compared to 7.1 percent for Florida as a whole. More Hernando County adults said (16.9 percent) they currently have a depressive disorder which was slightly higher than the state rate of 14.2 percent. More Hernando County adults report being limited in any way because of physical, mental or emotional problems at 28.1 percent compared to 21.2 percent for the state. This is related to the higher percentage of Hernando County adults who reported using special equipment because of a health problem at 16.5 percent while only 9.9 percent report such use at the state level. Higher than state percentages of Hernando County adults said they had poor mental health on 14 or more of the past 30 days (14.4 percent compared to 11.4 percent statewide), poor physical health on 14 or more of the past 30 days (17.9 percent compared to 12.9 percent), and whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (27.6 percent compared to 18.6 percent; Table 136, Technical Appendix).

Overweight and Obesity: The data for Hernando County indicated that the percentages of adults who are obese (35.2 percent), and adults who are overweight or obese (68.4 percent) exceeded rates for Florida (27.4 and 63.2 percent, respectively). The percent of adults in Hernando County who reported having a healthy weight at 29.9 percent was below the state rate of 34.5 percent. Relatedly, more Hernando County adults reported being sedentary (33.3 percent) and inactive or insufficiently active (59.8 percent) compared to state rates of 29.8 and 56.7 percent, respectively. Fewer Hernando County adults met muscle strengthening recommendations (34.0 percent) or aerobic recommendations (41.0 percent) when compared to 38.2 and 44.8 percent, respectively, for Florida (Table 136, Technical Appendix).

Tobacco Use: About 18 percent of Hernando 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 Hernando County adults who reported never being a smoker was 47.2 percent compared to 58 percent for Florida adults. Many fewer Hernando County adults who smoke attempted to quit smoking in the past year (49.8 percent) compared to for Florida as a whole (62.1 percent). The percentage of adults in Hernando County who are current e-cigarette users (4.3 percent) was near the state rate (4.7 percent) as was the percentage of Hernando County adults who said they had

never used e-cigarettes at 79.7 percent compared to the state rate of 79.8 percent; Table 136, Technical Appendix).

Health Care Access: According to BRFSS indicators, Hernando County adults were on par with or performed better than state rates for certain measures of healthcare access. Hernando County adults reported slightly rates of health insurance coverage at 85.3 percent compared to 83.7 percent for the state. About 79.8 percent of adults said they had a medical checkup in the past year, which was slightly higher than the state rate of 76.5 percent. More Hernando County adults reported that they had a personal doctor at 79.1 percent while the state rate was 72 percent and Medicare coverage was reported at 48.8 percent among Hernando County adults whereas the state coverage rate was shown at 37.9 percent. Slightly more adults in Hernando County reported having received a flu shot in the past year at 35.9 percent compared to 35.0 percent statewide while a notably higher percentage of Hernando County adults have ever received a pneumococcal vaccine at 40.3 percent compared to 34.6 percent for Florida as a whole. Hernando County adults aged 50 years and older outperformed their counterparts across the state on accessing several Colorectal Cancer screening tests. These include the percentage of Hernando County adults aged 50 to 75 years who had colorectal screening based on current clinical guidelines at 77.7 percent compared to 67.3 percent in Florida and 50.2 percent of Hernando County adults 50 years of age and older who reported ever having had a blood stool test compared to 36.0 percent statewide (Table 136, Technical Appendix).

There were also challenges in healthcare access for Hernando County adults. More adults in Hernando County reported that cost was a barrier to seeing a doctor for care in the past year at 17.6 percent when contrasted with the state rate of 16.6 percent. Only 55.1 percent of Hernando County adults reported having seen a dentist in the past year; the state rate was 63.0 percent. Lower percentages of Hernando County adults reported receiving Cancer screening procedures such as Pap tests in the past year for women 18 years of age and older at 37.3 percent compared to the 48.4 percent state rate and Human Papilloma Virus (HPV) testing among women 18 years of age and older at 30.0 percent lagged behind the state rate of 36.7 percent (Table 136, Technical Appendix).

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 Hernando County have been lower than state rates (Table 137, Technical Appendix). However, Hernando County and state STD rates have been steadily rising, a trend that may warrant attention. Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. The 2016 enteric disease rate for Hernando County was 61.1 per 100,000 compared to the state rate of 56.9. From 2006-2016 enteric disease rates in Hernando County fluctuated, exceeding state rates for eight of those years (Table 137, Technical Appendix). Human immunodeficiency virus (HIV) infection case rates and Acquired Immune Deficiency Syndrome (AIDS) case rates from 2006-2017 in Hernando County were well below state rates. In 2017, Hernando County's HIV

infection case rate was 10.6 per 100,000 population and 6.0 for AIDS infection cases as compared to the state rates of 24.1 and 9.9 per 100,000, respectively (Table 138). Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus, and Polio. High rates of vaccine-preventable diseases have been sporadic public health challenges in Hernando County. In 2016, Hernando County's vaccine-preventable disease rate of 23.3 per 100,000 population was almost four times higher than the state rate of 5.8 cases per 100,000 population (Table 139, Technical Appendix).

IMMUNIZATIONS

Timely vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. The U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) assure vaccines are tested for safety and effectiveness. From 2010-2018, immunization rates for Hernando County kindergarteners were near or exceeded state rates. In 2018, 94.7 percent of Hernando County kindergarteners were fully immunized which slightly exceeded the state rate of 93.7 percent. Seventh grade immunization rates in Hernando County have been somewhat higher than state rates from 2013 to 2018. In 2018, Hernando County's seventh grade immunization rate was the same as the state rate at 96.2 percent (Table 140, Technical Appendix).

MATERNAL HEALTH

Births

For the period of 2016-2018 for all races there were 4,755 births in Hernando County. Of those, 4,082 were births to White mothers, 371 to Black mothers and 699 to Hispanic mothers (Table 105, Technical Appendix). In Florida as a whole, 33.6 percent of births to all races from 2016-2018 had Medicaid as a payment source for labor and delivery services. For Hernando County residents of all races, 58.4 percent were Medicaid-covered births for that same timeframe. Several geographic areas in Hernando County had higher rates including Brooksville (ZCTA 34601) at 65.8 percent, Spring Hill (ZCTA 34606) at 64.4 percent, and Nobleton (ZCTA 34661) at 62.5 percent (Table 115, Technical Appendix).

From 2016-2018 there was a total of 57 Hernando County teen (15 to 17 years of age) births (Table 118, Technical Appendix). Those 57 births to teens of all races represented 1.2 percent of all births to Hernando County residents. The state percent of teen births for all races was also 1.2 percent for that time period. The percentages of Hernando County Hispanic and White teen births at 1.7 and 1.2 percent, respectively, were slightly higher than state rates of 1.4 and 1.0 percent, respectively. For the same period, the percent of Black teen births for Hernando County residents at 1.7 percent was lower than the state rate of 1.9 percent (Table 119, Technical Appendix). Hernando County's rate of repeat births to teens (15 to 17 years of age) of all races for 2016-2018 at 1.2 percent was well below the state rate of 7.2 percent. Notably, from 2014-2018 the rates of repeat births to Hernando County Hispanic and Black teens were zero (0.0) percent (Table 121, Technical Appendix).

Infant Deaths

From 2016-2018 there were 32 infant deaths for all races in Hernando County resulting in an infant mortality rate of 6.7 per 1,000 live births. The comparable state rate for all races was 6.1 per 1,000 live

births. The infant death rate for Hernando County Hispanics for that period at 11.4 per 1,000 live births was twice the state rate for Hispanic infant deaths (5.3 per 1,000 live births). The infant death rates for both Hernando County Whites at 6.1 and Blacks at 10.8 per 1,000 live births exceeded state rates of 4.3 and 11.2 per 1,000 live births, respectively. The highest infant death rates from 2016-2018 for Hispanics occurred in Spring Hill (ZCTA 34607) at 66.7 per 1,000 live births. For Whites the highest rate occurred in Brooksville (ZCTA 34614) at 10.6 per 1,000 live births and for Blacks the 2016-2018 rate was highest in Spring Hill (ZCTA 34606) at 25.0 per 1,000 live births (Table 107, Technical Appendix). 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.

Low Birthweight (LBW)

Closely related to infant deaths are Low Birth Weight (LBW) births. From 2016-2018, there were 417 LBW births for all races in Hernando County (Table 108, Technical Appendix). For all races, the percent of LBW births from 2016-2018 in Hernando County was 8.8 percent, nearly the same as the state rate of 8.7 percent. Both Hernando County Whites and Hispanics had higher percentages of LBW births at 8.6 percent and 8.4 percent, respectively, compared to state rates of 7.2 for both Whites and Hispanics. At 11.6 percent, Blacks in Hernando County had a lower rate of LBW births than the state rate for Blacks at 13.8 percent (Table 109, Technical Appendix).

Prenatal Care

The timing of entry into prenatal care can be an important marker of maternal and infant health. From 2016-2018 in Hernando County the percentage of total births that received care in the first trimester was lower than the state rate for all races, Whites, Blacks and Hispanics at 63.9, 65.7, 53.9, and 63.5 percent, respectively. Comparable state rates were 69.2, 71.7, 61.5, and 69.7 percent, respectively. However, for that same period, the percentages of births to Hernando County women that received late (considered third trimester) or no prenatal care were lower than state rates for all races at 3.6 percent, Whites at 3.5 percent, Blacks at 4.9 percent and Hispanics at 3.7 percent compared to 6.0, 5.3, 7.9, and 5.5 percent, respectively (Table 113, Technical Appendix).

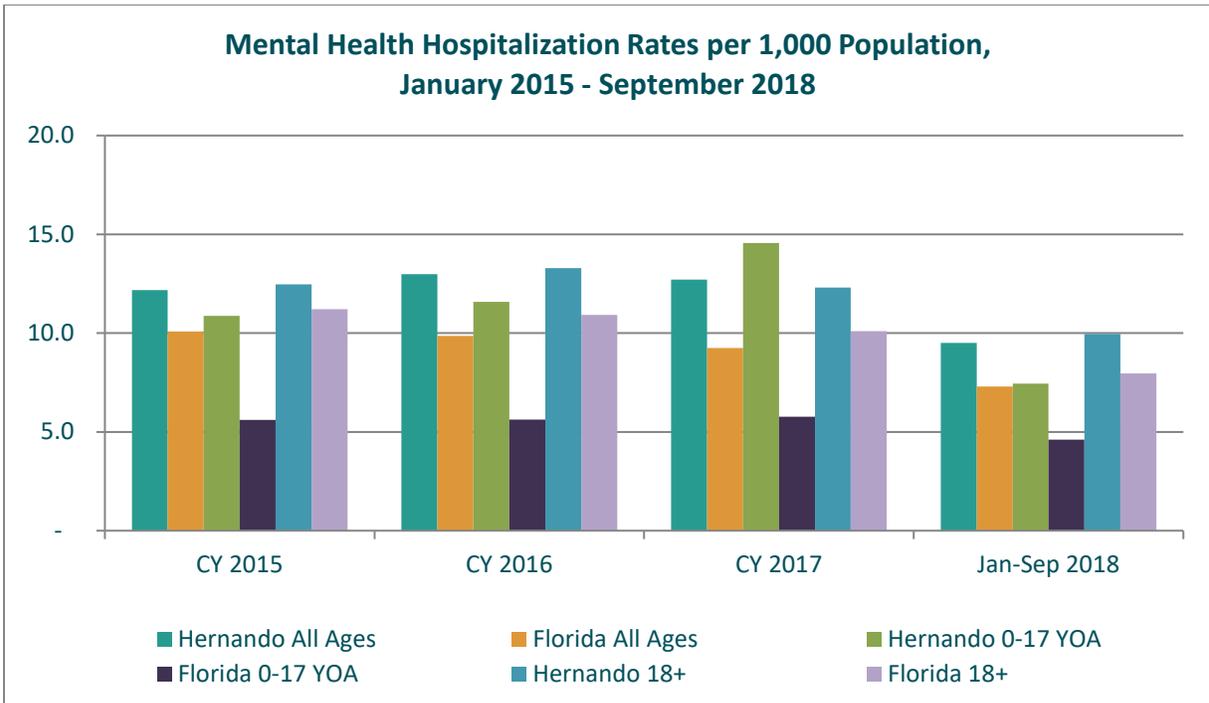
MENTAL HEALTH

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 calendar years 2015 through September 2018, the rates of hospitalizations for mental health reasons for Hernando County residents of all ages, those from 0 to 17 years of age, and those aged 18 years and older exceeded state rates. Most recently for January through September 2018, the rates were 9.5 per 1,000

population for all ages, 7.4 for 0 to 17 years of age, and 9.9 for 18 years and older compared to 7.3, 4.6 and 8.0 per 1,000 for the state, respectively (Table 94, Technical Appendix). The figure below displays these data for Hernando County and Florida.

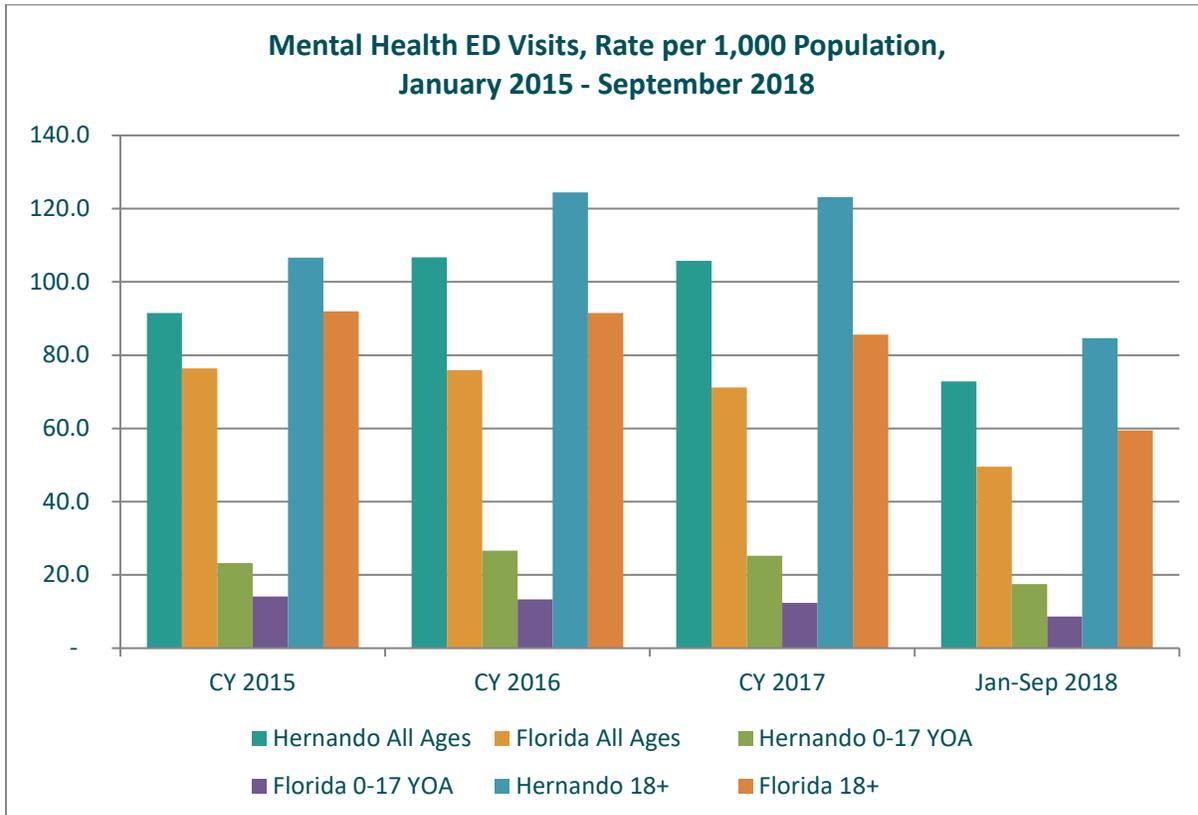
FIGURE 18: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, 0-17 YEARS OF AGE, AND 18 YEARS AND OLDER, HERNANDO COUNTY AND FLORIDA, CALENDAR YEARS 2015 – SEPTEMBER 2018.



Source: Table 93, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

In Hernando County and the state of Florida the numbers and rates of emergency department (ED) visits for mental health reasons have increased in recent years. For the calendar year 2015 through September 2018 reporting period, Hernando County rates of ED visits per 1,000 population for mental health reasons have exceeded state rates for all ages, those 0 to 17 years of age, and 18 year of age and older. The latest data available for January through September 2018 showed Hernando County rates of 72.8 for all ages, 17.5 for those aged 0-17, and 84.6 for people 18 years and older compared to state rates of 49.6, 8.7, and 59.5 per 1,000 population, respectively, (Table 94, Technical Appendix). These data are shown in Figure 19 below for Hernando County and Florida.

FIGURE 19: MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS, RATE PER 1,000 POPULATION, FOR ALL AGES, 0-17 YEARS OF AGE, AND 18 YEARS AND OLDER, HERNANDO COUNTY AND FLORIDA, JANUARY 2015 – SEPTEMBER 2018.



Source: Table 94, 2019 *Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

Baker Act Initiations

The percent of involuntary exam initiations, commonly referred to as Baker Act initiations, has exceeded state rates for select age groups in Hernando County for the entire reporting period of 2007-2008 through 2016-2017. Most recently in 2016-2017 there were 1,346 Baker Act initiations in Hernando County, 27.9 percent of which were among children under the age of 18 years and 8.5 percent among adults 65 years of age and older. By comparison statewide, children under the age of 18 years accounted for 16.4 percent and older adults for 7.2 percent of such actions (Table 97, Technical Appendix). The rates and numbers of Baker Act initiations for the general population in Hernando County have fluctuated over the reporting period of 2010-2015. Most recently in calendar year 2015, the Hernando County rate of 589.0 per 100,000 population was well below the state rate of 972.0 per 100,000 population (Table 96, Technical Appendix).

Opioid and Drug Use

Hernando County had 18 opioid overdose deaths in 2017 resulting in the age-adjusted death rate of 12.1 per 100,000 population. While this rate was lower than the state rate of 21.8 per 100,000 population, it is cause for community concern. Drug overdose deaths in Hernando County numbered 28 for the same period resulting in the rate of 16.6 per 100,000. Again, although lower than the state rate of 27.2 it is no less concerning for health and quality of life in Hernando County (Table 102, Technical Appendix). For Hernando County residents in 2017 there were 91 suspected non-fatal opioid-involved overdoses, 70 opioid-involved non-fatal emergency department visits, and 92 opioid-involved non-fatal overdose hospitalizations. Also in 2017 all drug non-fatal overdose emergency department visits numbered 284 and there were 313 all drug non-fatal overdose hospitalizations of Hernando County residents. Relatedly, there were 1,252 adult and 40 juvenile drug arrests of Hernando County residents in 2017 (Table 103, Technical Appendix),

Data from the Florida Birth Defects Registry point to an alarming rise in the number and rate of Neonatal Abstinence Syndrome births among Hernando County mothers. In 2015 the number of such births was eight (8) or a rate of 50.0 per 10,000 live births. The 2016 number was 20 Neonatal Abstinence Syndrome births for a rate of 126.1 per 10,000 live births. By comparison, state rates were 67.3 and 65.8 per 10,000 live births for 2015 and 2016, respectively (Table 102, Technical Appendix).

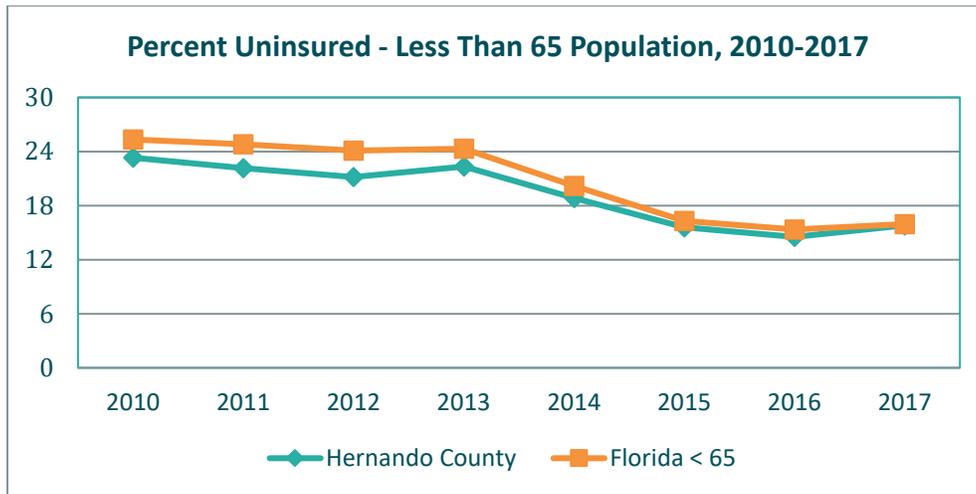
HEALTH CARE ACCESS AND UTILIZATION

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 assessment. The *2019 Hernando County Community Health Assessment 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.

UNINSURED

In 2017 in Hernando County, individuals under the age of 65 without health insurance constituted 15.8 percent of the total county population which was somewhat lower than the state rate of 16.0 percent. For the reporting period of 2010-2017 in Hernando County, the percent of the uninsured population under the age of 65 has been lower than state rates. From 2010-2017, the percent of the uninsured among those under 19 years of age in Hernando County has decreased notably from 14.1 percent in 2010 to 6.8 percent in 2017. Since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009 uninsured rates in Hernando County have taken a similar path to the state rates in their decline (Tables 51 and 52, Technical Appendix). Figure 20 below presents the trends in uninsured rates in the population less than 65 years of age in both Hernando County and the state.

FIGURE 20: PERCENT OF UNINSURED POPULATION LESS THAN 65 YEARS OF AGE, HERNANDO COUNTY AND FLORIDA, 2010-2017.



Source: Table 51, 2019 Herando County Community Health Assessment Technical Appendix, prepared by WellFlorida Council, 2019.

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 HPSA 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 which can range from 0 to 100. (Table 144, Technical Appendix). Herando County HPSA and MUA scores are provided in Table 4 below.

TABLE 4: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, HERNANDO COUNTY, 2019.

Type	Name	Rural Status	Designated Date-Update Date	Score *
Dental				
Low Income Population HPSA	Low Income - Hernando County	Partially Rural	12/20/1996-08/02/2018	18
Correctional Facility	Hernando Correctional Institution	Non-Rural	01/13/2004-07/06/2018	6
Federally Qualified Health Center	Nature Coast Community Health Center**	Non-Rural	09/30/2005-09/30/2005	2
Mental Health				
Low Income Population HPSA	Low Income - Hernando County	Partially Rural	07/25/2002-10/28/2017	17
Federally Qualified Health Center	Nature Coast Community Health Center**	Non-Rural	09/30/2005-09/30/2005	15
Primary Medical Care				
Low Income Population HPSA	Low Income - Hernando County	Partially Rural	02/26/2002-10/25/2018	17
Federally Qualified Health Center	Nature Coast Community Health Center**	Non-Rural	09/30/2007-05/13/2014	5
Medically Underserved Area				
MUA	Low Income - Hernando County	Partially Rural	02/26/2002-03/12/2007	47.1

*The score represents the HPSA score developed for use by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score the greater the priority. MUA scores can range from 0 to 100 where the higher score indicates greater need. **Premier HealthCare since 2017.

Source: Table 144, *2019 Hernando County Community Health Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

MEDICAID

In 2018, approximately 20.5 percent of Hernando County residents of all ages received Medicaid benefits (also termed being Medicaid eligible), which was higher than the state at 18.5 percent. When segmented by age, Hernando County also exceeded state percentages for Medicaid eligibles among those 0 to 18 years of age at 56.1 percent and 13.6 percent for those 19 to 64 years of age. The comparable state rates were 48.5 percent and 9.0 percent, respectively. In Hernando County in 2018 about 8.5 percent of those aged 65 years

and older received Medicaid benefits which was a notably lower proportion than the state rate of 14.5 percent (Table 146, Technical Appendix). By geography, in 2014 the Hernando County zip codes with the highest percentage of people receiving Medicaid benefits were in Brooksville (ZCTA 34601) at 24.9 percent and in Spring Hill (34606 and 34608) at 23.9 and 20.5 percent, respectively (Table 145, Technical Appendix). In 2017 Hernando County's rate of median monthly Medicaid enrollment rate of 20,513.5 per 100,000 population was higher than the state rate of 19,607.4 (Table 147, Technical Appendix).

PHYSICIAN, DENTIST AND OTHER HEALTHCARE PROFESSIONAL AVAILABILITY

In fiscal year 2017-2018, the rate of total physicians in Hernando County was 146.4 per 100,000 population which was significantly lower than the state rate of 310.6. Total physician types includes family practice physicians, internists, obstetrics/gynecology, and pediatricians. Rates for individual physical types fluctuated over the period examined (2010-2011 through 2017-2018). Hernando County's rate of family practice physicians increased over the past three years from a low of 7.3 to its most recent rate of 10.9 per 100,000. While this represents a gain for Hernando County, the rate remained nearly half that for Florida as a whole (19.2; Table 150, Technical Appendix).

As of June 2019 in Hernando County, the rate of registered nurses at 1,487.7 per 100,000 population exceeded the state rate of 1,288.7. It is important to note that there continues to be a shortage of nurses at both the state and county levels. Hernando County's rate of licensed practical nurses at 512.7 per 100,000 population also exceeded the state's rate of 306.0. Hernando County fell short of state rates of advanced practice registered nurses (92.5 per 100,000) and physician assistants (21.8 per 100,000) at 133.7 and 40.5 per 100,000, respectively. In the area of mental and behavioral health care, rates of professionals in Hernando County were markedly lower than state rates. At 28.7 per 100,000 the rate of licensed mental health counselors was near half that of the state rate of 53.8 and the Hernando County rate of psychologists at 3.2 was more than seven times lower than the state rate of 23.1 per 100,000 (Table 151, Technical Appendix).

There were 56 dentists in Hernando County in fiscal year 2017-2018 for a rate of 30.0 per 100,000 population; the state rate was 55.8 per 100,000. Between 2008 and 2018, the number of dentists in the county remained relatively steady. Even at its highest rate in 2013-2014 of 39.1 per 100,000 population, the rate of dentists in Hernando County was significantly below the state rate of 53.8 (Table 152, Technical Appendix).

HEALTH CARE FACILITIES

There are numerous licensed health care facilities in Hernando County, although some types are limited. Each year from 2007 to 2018 Hernando County had 660 nursing home beds. Most recently this resulted in the rate of 355.9 per 100,000 population which was lower than the state rate of 399.8 per 100,000 population. Hospital bed rates in Hernando County have exceeded state rates since 2007. In 2018 in Hernando County, there were 670 hospital beds for a rate of 361.3 per 100,000 population; the comparable state rate was 308.2 per 100,000 population (Table 149, Technical Appendix). Some facility types that were available in Hernando County at rates that exceeded state rates include adult family care homes, home health agencies, home medical equipment providers, and hospitals. Hernando County falls short of the state

rate for adult day care centers, health care clinics, homemaker and companion services and nursing homes (Table 148, Technical Appendix).

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention, 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. For the reporting period of January through September 2018 for Hernando County residents, there were 2,032 avoidable discharges among the population aged 0-64 years of age for a rate of 15.4 per 1,000 population. This was higher than the state rate of 9.9 per 1,000 population (Table 158, Technical Appendix). Residents of Spring Hill (ZCTA 34609) accounted for 19.4 percent of those avoidable discharges followed by residents of Brooksville (34601) who accounted for 18.5 percent. For that same reporting period, private insurance was the payor source for 27.3 percent of avoidable discharges for Hernando County residents with Medicare covering another 27.0 percent followed closely by Medicaid at 26.5 percent (Table 159, Technical Appendix).

The ten leading causes of avoidable discharge for Hernando County residents under the age of 65 years for the most recent reporting period of January through September 2018 were as follows (Table 161, Technical Appendix):

1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Diabetes “B”
4. Nutritional deficiencies
5. Cellulitis
6. Grand mal status and other epileptic convulsions
7. Gastroenteritis
8. Congestive Heart Failure
9. Asthma
10. Diabetes “A”

From January through September 2018 for Hernando County residents there were 159 preventable dental hospitalizations. This represented 90.9 percent of all dental hospitalizations and was higher than the state rate of 83.1 percent (Table 154). Relatedly, for the same period data show that 94.8 percent of Emergency Department (ED) visits for dental issues by Hernando County residents were preventable. The Hernando County rate was near the state rate of 94.5 percent (Table 154, Technical Appendix).

In 2016, 2017 and for the reporting period of January through September 2018, Hernando County residents made emergency departments (EDs) visits for health care at rates near state rates. For the most recent period, the rate of ED visits by Hernando County residents was 306.9 per 1,000 population while the state rate was 308.9 per 1,000 population (Table 161, Technical Appendix). Medicaid was the payor source for 33.5 percent of those ED visits while Medicare covered 24.6 percent of ED visits by Hernando County

residents for that period, both rates were higher than state rates of 31.3 and 19.2 percent, respectively (Table 162, Technical Appendix). The main reasons for the ED visits by Hernando County residents during the most recent reporting period included cough, unspecified abdominal pain, fever, headache, chest pain, low back pain, nausea, rash, shortness of breath, and head injuries; about 68.7 percent of reasons are classified as “all others” (Table 163, Technical Appendix).

HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” (<https://www.cdc.gov/healthyouth/disparities/index.htm> accessed, accessed August 16, 2019). Health equity is described as “the attainment of the highest level of health for all people.” (https://www.cdc.gov/minorityhealth/publications/health_equity/index.html, accessed August 16, 2019). The World Health Organization states that the social determinants of health—those conditions in which people are born, grow, live, work and age—are principally responsible for health inequities. (https://www.who.int/social_determinants/en/ accessed August 16, 2019)

Some notable health disparities, or differences in health status, were found in the course of the Hernando County community health assessment and are described below. The assessment also examined available indicators of structural drivers and community determinants of health inequity as identified by the Prevention Institute in their recent publication (https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf, accessed August 16, 2019). Those potential drivers of health inequity in Hernando County are also highlighted below.

HEALTH DISPARITIES

Mortality. As described earlier in this assessment report, data pointed to some racial and ethnic disparities in mortality rates among Hernando County residents. Diabetes ranked as the third leading cause of death among Blacks in Hernando County while for Whites and Hispanics it ranked sixth. Heart Disease was the leading cause of death among Hernando County Blacks while Cancer led the rankings for Whites and Hispanics. For Hernando County residents unintentional injury deaths ranked third among Hispanics, fourth among Whites, and tied at fifth for Blacks. Suicide was the ninth leading cause of death among Whites compared to 13th and 12th for Blacks and Hispanics, respectively, in Hernando County. For Hernando County males, suicide ranked as the eighth leading cause of death; for females that ranking was 12th (Table 64, Technical Appendix).

Age-adjusted death rates for some causes of death for Hernando County residents point to disparate health outcomes. In 2018, the age-adjusted death rate per 100,000 population for Whites in Hernando County for Cancer was 165.4 compared to 140.2 for Blacks and 114.4 for Hispanics, also exceeding the state rate for Whites of 146.8 per 100,000 population (Tables 67, 68, 69, Technical Appendix). Similarly, the age-adjusted

death rate for Hernando County Whites for Heart Disease at 190.9 in 2018 was higher than the state rate for Whites and county rates for Blacks at 140.2 and Hispanics at 140.1 per 100,000 population.

Maternal and Infant Health. Infant mortality rates for all races, Whites, Blacks, and Hispanics were higher than state rates in Hernando County from 2016-2018. There were 32 infant deaths for all races in Hernando County resulting in an infant mortality rate of 6.7 per 1,000 live births. The comparable state rate for all races was 6.1 per 1,000 live births (Table 107, Technical Appendix). The infant death rate for Hernando County Hispanics for that period at 11.4 per 1,000 live births was twice the state rate for Hispanic infant deaths (5.3 per 1,000 live births). The infant death rates for both Hernando County Whites at 6.1 and Blacks at 10.8 per 1,000 live births exceeded state rates of 4.3 and 11.2 per 1,000 live births, respectively. From 2016-2018 in Hernando County the percentage of total births that received care in the first trimester was lower than the state rate for all races, Whites, Blacks and Hispanics at 63.9, 65.7, 53.9, and 63.5 percent, respectively. Comparable state rates were 69.2, 71.7, 61.5, and 69.7 percent, respectively (Table 110, Technical Appendix).

HEALTH INEQUITIES

Life expectancy by geography. Life expectancy in Hernando County was shorter than for the state of Florida. Data showed that male Floridians, without regard for racial classification, had an average life expectancy of 76.3 years, whereas in Hernando County, the average life expectancy for males was 73.7 years. Life expectancy for females in Hernando County was calculated to be 80.0 years whereas for females in Florida as a whole that figure was 81.6 years. In 2009, the latest year for which complete data by county by race were available, differences among races were evident. Life expectancy for Hernando County's Black males was 68.3 years compared to 74.3 years for White males and 76.5 years for Black females compared to 80.9 years for White females in Hernando County (Table 5, Technical Appendix).

Poverty. Geographic pockets of poverty were evident in the 2013-2017 ACS data. The highest rates for individuals of all ages living at 100-200 percent of poverty in the past 12 months were found in Nobleton (ZCTA 34661) at 32.8 percent and Brooksville (34602 and 34601) at 28.7 and 27.6 percent, respectively (Table 39, Technical Appendix). Rates for children 0 to 17 years of age living at 100-200 percent of poverty were highest in the same areas although the highest rate was found in Brooksville (34602) at 48.7 percent followed by Nobleton (34661) at 41.8 percent and Brooksville (34601) at 37.1 percent. The comparable county-wide rate for children living at 100-200 percent of poverty was 29.5 percent while the state rate was 25.4 percent (Table 39, Technical Appendix). For those aged 65 years and older, the 2013-2017 estimates showed that 29.7 percent had lived at 100-200 percent of poverty in the past 12 months in Brooksville (34602), 28.3 percent in the 34604 ZCTA, and 28.0 percent in the 34601 ZCTA. The county and state rates were 23.8 and 21.0 percent, respectively (Table 39, Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Hernando County. The ACS data for 2013-2017 indicate that 13.7 percent of males in Hernando County had lived in poverty in the past 12 months compared to 15.0 percent of females (Table 40, Technical Appendix). At the same time among Hernando County residents, there was a much larger disparity between racial and ethnic categories with an estimated 13.5 percent of Whites having lived in poverty, 25.0 percent of Blacks,

and 19.8 percent of Hispanics. As a further illustration of differences, in the Brooksville ZCTA 34601, 41.9 percent of Blacks, 25.6 percent of Hispanics, and 14.7 percent of Whites had lived in poverty in the past 12 during the reporting period (Table 41, Technical Appendix).

SUMMARY

In summary, the Hernando County Community Health Assessment and its companion *2019 Hernando County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral and healthcare factors that contribute to health status and health outcomes in Hernando 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 and community concerns in the areas of child health and safety as manifested in rates of infant mortality and unintentional injuries and indicators of problems with homelessness, abuse, neglect and primary prevention of diseases. Data point to a continuing issue with access to health care in Hernando County. Assessment findings signal that barriers to primary, dental and mental health care impede the effective use of sometimes scarce healthcare resources. Among those obstacles are not only costs and healthcare provider availability, but challenges in helping residents understand and navigate the changing healthcare landscape. The impacts of chronic diseases and conditions such as Cancer, Heart Disease and Chronic Obstructive Pulmonary Disease continue to be seen in Hernando County's mortality data. Trends in some healthier behaviors are encouraging and, coupled with community interest in improving the quality of life in Hernando County, may signal readiness for renewed primary prevention and wellness interventions, policy and environmental change. Substance abuse and mental health issues have emerged as urgent community health problems. Assessment data on suicide, opioid use and overdoses, use of emergency facilities for mental health care, as well as community and healthcare professional input, converge on issues related to substance abuse and mental health problems and their contributing and root causes. As evidenced in this robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire the next cycle of community health improvement planning for *Hernando County—Where Your Health Matters*.

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 poll individuals about community health issues and the healthcare system from the perspective of Hernando County residents. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in Hernando County; this included seasonal residents. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. The survey included 33 questions and eight (8) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A paper version of the electronic survey was available upon request. Responses from completed paper surveys were hand-entered into the Qualtrics® database. The survey instrument was tested for readability. Prior to deployment, the electronic version of the survey was pre-tested for functionality and ease of use.

A similar survey was developed to collect input specifically from health care and community partners who provide health care and social services in Hernando County. Health care providers included professionals such as physicians, dentists, and advanced registered nurse practitioners; community partners included social service workers, counselors and others who provide community-based services. The survey had 11 questions and five (5) demographic items and was available exclusively in the electronic format.

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 March 18, 2019 and remained available through May 26, 2019. The surveys were available electronically on WellFlorida's website and the link was shared by numerous community agencies. At the time the survey closed there were 451 community surveys in the electronic database classified as follows: 83 incomplete surveys, nine (9) surveys ineligible due to nonresidence in Hernando County, and 0 ineligible due to age. The eligible, completed surveys from 359 Hernando County residents (356 year round, three (3) seasonal) were analyzed. The general demographic factors collected on survey respondents are presented in Table 5 below. Descriptive analysis identified emerging themes from each county's perspective of health and the healthcare experience are presented in the tables and figures that immediately follow.

The healthcare provider and community partner survey was disseminated electronically to providers and partners in the county. From the 147 providers and partners who logged in to the survey, there were 73 eligible, completed surveys for analysis. Those results are presented in Table 23-30 and Figures 31-34 below.

TABLE 5: DEMOGRAPHICS OF HERNANDO COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2019.

Demographic Indicator	Hernando County n= 359	
	Number	Percent
Age		
18-24	9	2.5
25-29	17	4.7
30-39	60	16.7
40-49	93	25.9
50-59	92	25.7
60-64	45	12.5
65-69	21	5.9
70-79	21	5.9
80 or older	1	<1.0
Prefer not to answer	0	0
Gender		
Male	49	13.7
Female	307	85.6
Transgender	0	0
Prefer not to answer	3	<1.0
Other	0	0
Race		
American Indian/ Alaskan Native	4	1.1
Asian Pacific Islander	0	0
Black or African American (Non-Hispanic)	7	1.9
Two or More Races	8	2.2
White (Non-Hispanic)	317	88.3
Prefer not to answer	20	5.6
Other	3	<1.0
Hispanic/Latino Ethnicity		
Not of Hispanic, Latino or Spanish origin	315	87.8
Mexican, Mexican American or Chicano	2	<1.0

Demographic Indicator	Hernando County n= 359	
	Number	Percent
Puerto Rican	19	5.3
Cuban	4	1.1
Prefer not to answer	15	4.2
Other	4	1.1
Highest Level of School Completed		
Elementary/Middle	1	<1.0
High school diploma, GED	45	12.5
Some college, no degree	65	18.1
Technical or trade school	59	16.5
4-Year college/Bachelor's degree	98	27.4
Graduate/Advanced degree	84	23.5
Prefer not to answer	7	1.9
Other	0	0
Current Employment Status (may include more than one status)		
Employed full-time	237	66.0
Employed part-time	37	10.3
Full-time student	8	2.2
Part-time student	5	1.4
Home maker	21	5.8
Retired	38	10.6
Self-employed	23	6.4
Unemployed	13	3.6
Work two or more jobs	3	<1.0
Prefer not to answer	1	<1.0
Other: disabled (n=4, 1.1 percent), volunteer (n=3, <1.0 percent)	7	1.9
How Health Care is Paid For (may include more than one option)		
Health insurance offered from your job or a family member's job	242	67.4
Health insurance that you pay on your own	64	17.8
I do not have health insurance	35	9.7
Medicaid	25	7.0
Medicare	42	11.7
Military coverage/Tricare	5	1.4

Demographic Indicator	Hernando County n= 359	
	Number	Percent
Pay cash	22	6.1
Other: state care	1	<1.0
Combined Household Income		
Less than \$10,000	9	2.5
\$10,00 - \$19,999	18	5.0
\$20,000 - \$29,999	26	7.2
\$30,000 - \$49,999	75	20.9
\$50,000 - \$74,999	55	15.3
\$75,000 - \$99,999	54	15.0
\$100,000 - \$124,999	42	11.7
\$125,000 - \$149,999	24	6.7
\$150,000 - \$174,999	5	1.4
\$175,000 - \$199,999	3	<1.0
\$200,000 or more	10	2.8
I prefer not to answer	38	10.6
Zip Code of Residence		
34601	47	13.1
34602	11	3.0
34604	15	4.2
34606	46	12.8
34607	11	3.0
34608	70	19.5
34609	103	28.7
34613	30	8.4
34614	18	5.0
34661	2	<1.0
Other: Other zip codes = 7 or 1.9 percent		

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

OBSERVATIONS FROM COMMUNITY SURVEY

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

- Factors that most contribute to a healthy community
- Behaviors with the greatest negative impact on overall health

- Most important health problems in the community
- Reasons why individuals did not receive dental, primary, and/or mental care
- Ease and/or difficulty in obtaining and understanding information about health
- Rating of community and individual health

Tables and figures show the percentage of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of completed surveys included in the analysis was 359.

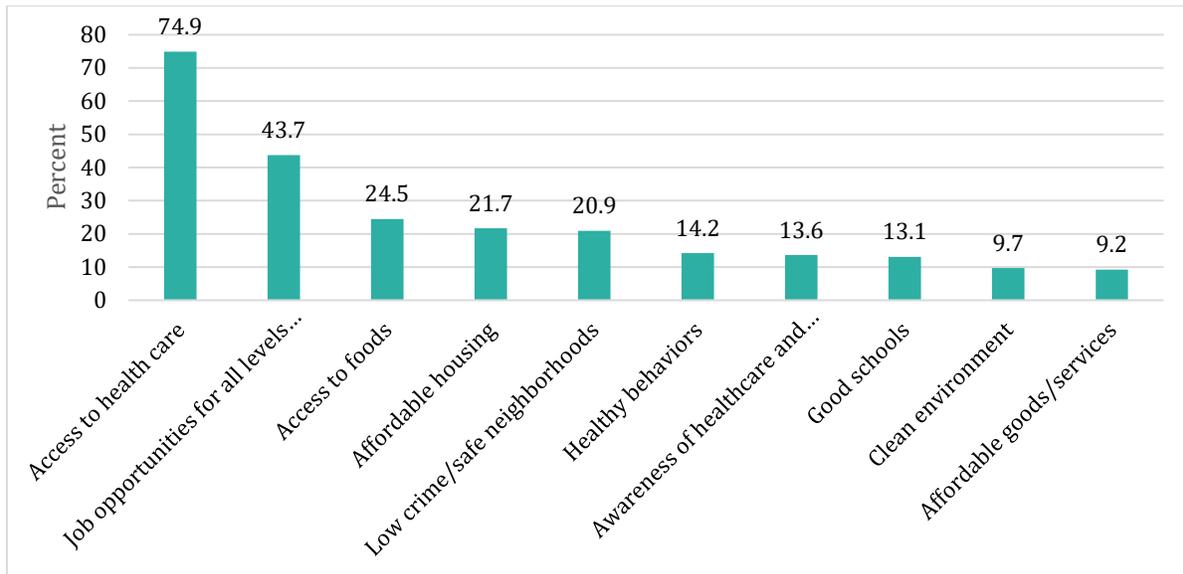
“What do you think contributes most to a healthy community? Choose THREE.”

TABLE 6: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Rank	Factors (Percent of Responses)
1	Access to affordable healthcare including primary/family care, specialty care, dental and mental health care (74.9)
2	Job opportunities for all levels of education (43.7)
3	Access to convenient, affordable and nutritious foods (24.5)
4	Affordable housing (21.7)
5	Low crime/safe neighborhoods (20.9)
6	Healthy behaviors (14.2)
7	Awareness of health care and social services (13.6)
8	Good schools (13.1)
9	Clean environment (9.7)
10	Affordable goods/services (9.2)

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 21: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

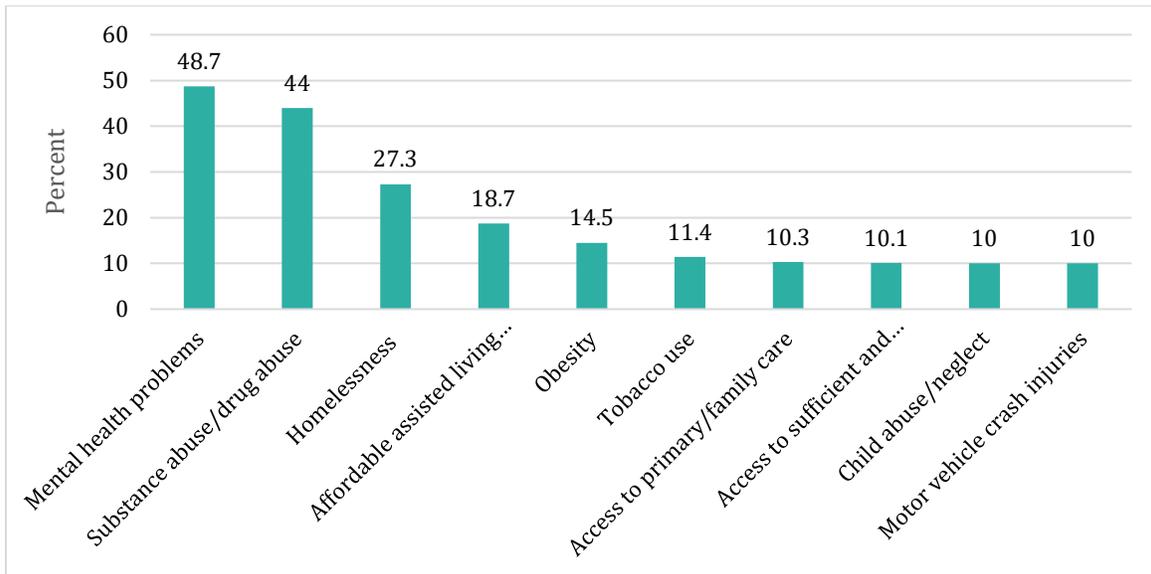
“What 3 health issues are the biggest problems for residents of Hernando County? Choose THREE.”

TABLE 7: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

Rank	Health Problems (Percent of Responses)
1	Substance abuse/drug abuse (48.7)
2	Mental health problems (44.0)
3	Homelessness (27.3)
4	Affordable assisted living facilities (18.7)
5	Obesity (14.5)
6	Tobacco use (11.4)
7	Access to primary/family care (10.3)
8	Access to sufficient and nutritious food (10.1)
9, 10 tie	Child abuse/neglect (10.0)
	Motor vehicle crash injuries (10.0)

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 22: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

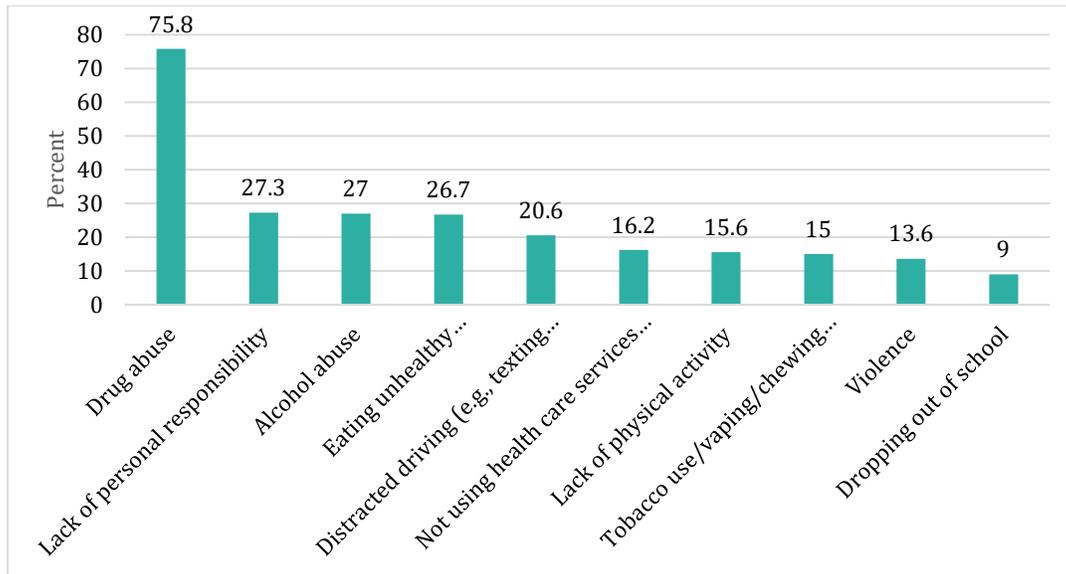
“What has the greatest negative impact on the health of people in Hernando County? Choose THREE.”

TABLE 8: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Behaviors (Percent of Responses)	
Rank	
1	Drug abuse (75.8)
2	Lack of personal responsibility (27.3)
3	Alcohol abuse (27.0)
4	Eating unhealthy foods/drinking sugar sweetened beverages (26.7)
5	Distracted driving (e.g., texting while driving; 20.6)
6	Not using health care services appropriately (16.2)
7	No physical activity or insufficient physical activity (15.6)
8	Tobacco use/vaping/chewing tobacco (15.0)
9	Violence (13.6)
10	Dropping out of school (9.0)

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 23: TOP 10 RANKED BEHAVIORS WITH THE GREATEST NEGATIVE IMPACT ON HEALTH, HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“Which health care service are difficult for you to obtain in Hernando County? Choose ALL that apply.”

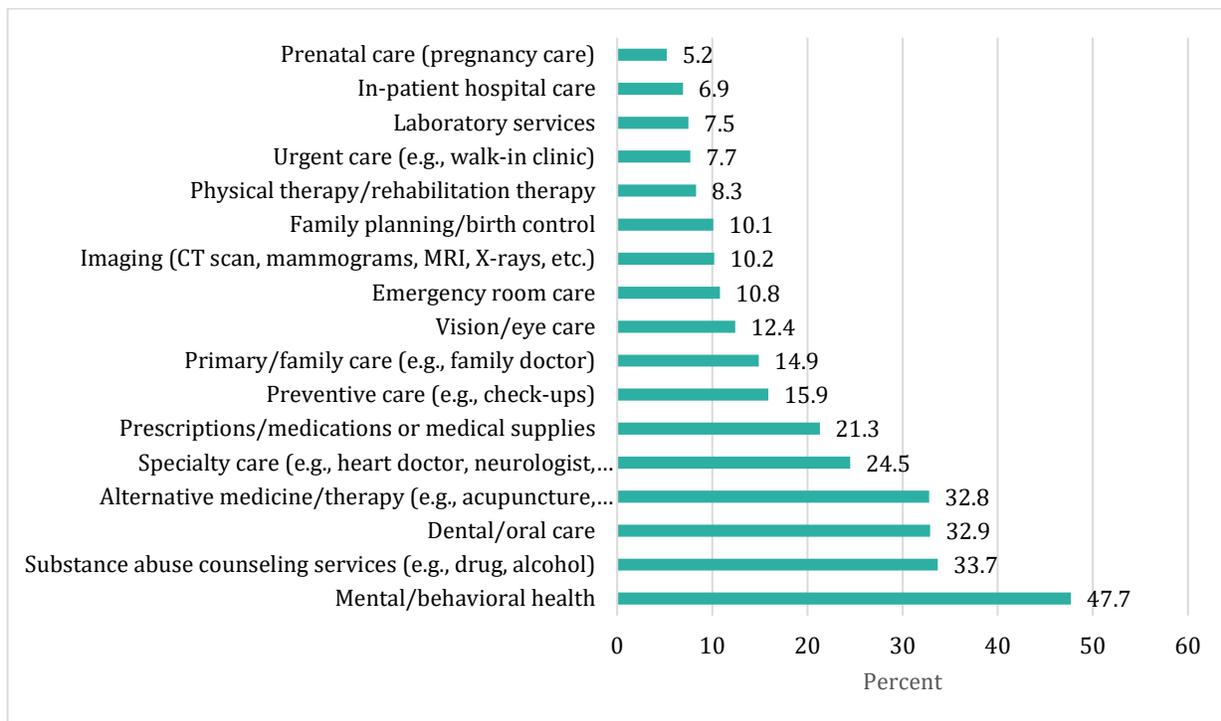
TABLE 9: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

Rank	Health Care Service (Percent of Responses)
1	Mental/behavioral health services (48.7)
2	Specialty care (e.g., heart doctor, neurologist; 38.4)
3	Alternative medicine/therapy (e.g., acupuncture, naturopathy; 36.2)
4	Substance abuse counseling (e.g., drug, alcohol; 24.2)
5	Dental/oral health care (20.9)
6	Primary/family care (e.g., family doctor; 16.2)
7	Prescriptions/medications or medical supplies (12.3)
8	Vision/eye care (12.4)
9	Preventive care (e.g., check-ups; 8.0)
10	Imaging (e.g., CT scan, mammograms, MRI, X-ray; 6.4)
11	Urgent care (6.1)

Rank	Health Care Service
12, 13 tie	Emergency room care (5.9) Physical therapy/rehabilitation therapy (5.9)
14	In-patient hospital care (5.6)
15	Laboratory services (3.9)
16	Prenatal care (2.5)
17	Family planning/birth control (0)

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 24: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“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? Choose ALL that apply.”

TABLE 10: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care (by Percent of Responses)	Response
Received needed care or didn't need care	64.6
Did not receive needed care	35.4
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	78.0
No appointments available or long waits for appointments	23.6
No dentists available	3.9
Service not covered by insurance or have no insurance	46.5
Transportation, couldn't get there	3.9
Work-related issues (e.g., work schedule conflict, no paid leave, denied time off)	11.8
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.7
Other: needed specialist, motivation (1.0 percent total other)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time you needed primary care/family doctor for health care, but couldn't get it?” AND “What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply.”

TABLE 11: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care (by Percent of Responses)	Response
Received needed care or didn't need care	74.9
Did not receive needed care	25.1
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	42.2
No appointments available or long waits for appointments	35.6
No primary care providers (doctors, nurses) available	16.7
Service not covered by insurance or have no insurance	37.8
Transportation, couldn't get there	5.6
Work-related issues (e.g., work schedule conflict, no paid leave, denied time off)	16.7
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	11.1
Other: issues with quality of care, availability of “good” doctors (<1.0 percent)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

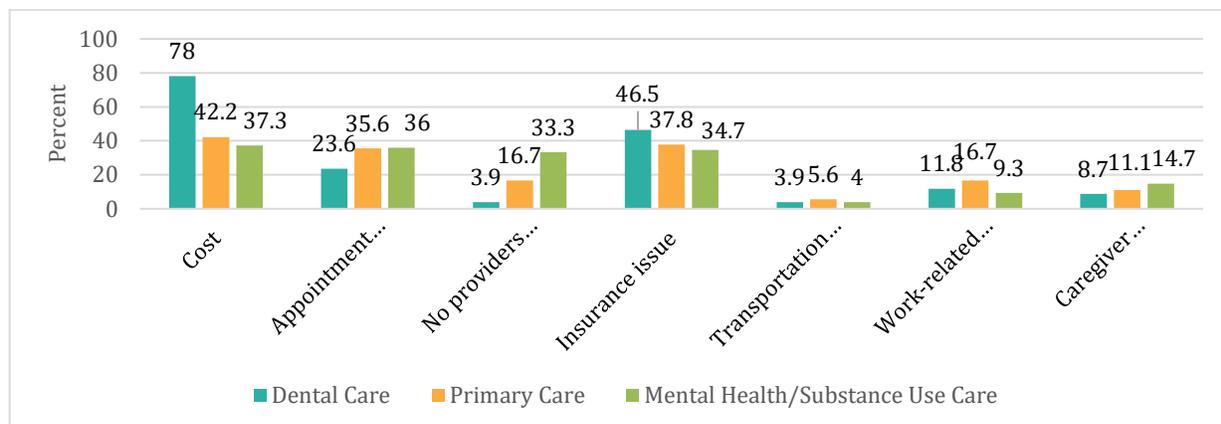
“During the past 12 months, was there a time you needed to see a therapist for a mental health or substance use issue, but didn’t?” AND “What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

TABLE 12: SEEN BY A THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Therapist or Counselor Seen for a Mental Health or Substance Use Issue (by Percent of Responses)	Response
Received needed care or didn’t need care	79.1
Did not receive needed care	20.9
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	37.3
No appointments available or long waits for appointments	36.0
No mental health providers or substance use therapists or counselors available	33.3
Service not covered by insurance or have no insurance	34.7
Transportation, couldn’t get there	4.0
Work-related issues (e.g., work schedule conflict, no paid leave, denied time off)	9.3
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	14.7
Other: didn’t know where to go, need childcare, lack of trust in providers (1.5 percent combined)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 25: BARRIERS TO CARE EXPERIENCED BY SURVEY RESPONDENTS, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“Are you responsible for getting health, dental and/or mental health care for a child or children under the age of 18?”

TABLE 13: RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL HEALTH CARE FOR A CHILD OR CHILDREN UNDER THE AGE OF 18, HERNANDO COUNTY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2019.

No (Survey respondent is not responsible)	61.8 percent
Yes (Survey respondent is responsible)	38.2 percent

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time your child or children in your care needed dental care, including checkups, but didn't get it?” AND “What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”

TABLE 14: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care (by Percent of Responses)	Response
Received needed care or didn't need care	78.9
Did not receive needed care	21.1
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	34.5
No appointments available or long wait for appointments	31.0
No dentists available	27.6
Service not covered by insurance or have no insurance	37.9
Transportation, couldn't get there	0.0
Other: sedation dentistry not available, Medicaid not accepted (10.0 percent total)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time your child or children in your care needed to see a primary/family care doctor for health care but couldn't?” AND “What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”

TABLE 15: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care (by Percent of Responses)	Response
Received needed care or didn't need care	89.0
Did not receive needed care	11.0
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	30.0
No appointments available or long wait for appointments	20.0
No primary care providers (doctors, nurses) available	10.0
Service not covered by insurance or have no insurance	25.0
Transportation, couldn't get there	5.0
Other: none	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

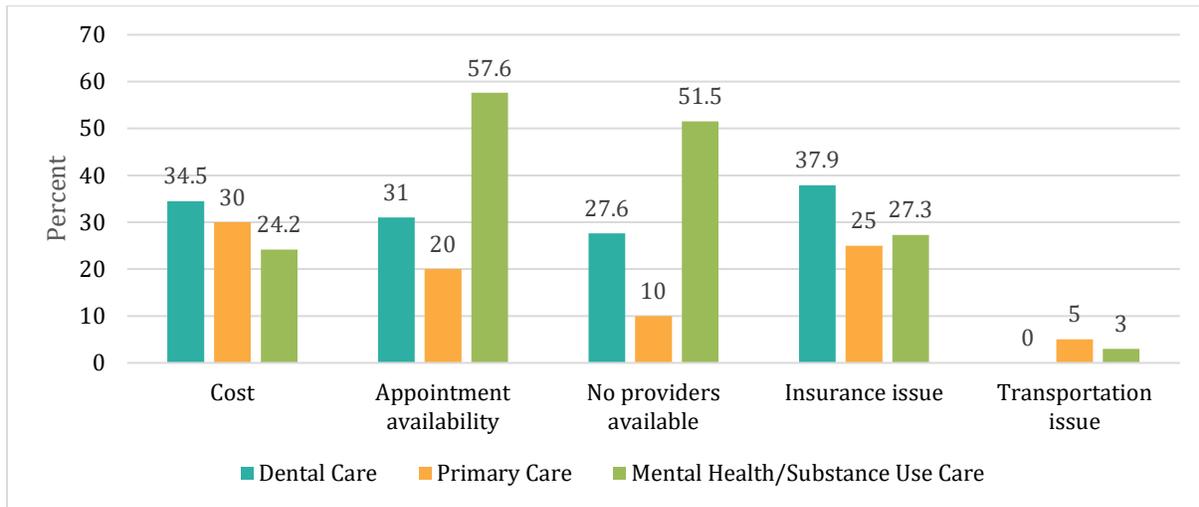
“During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn't?” AND “What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

TABLE 16: CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue (by Percent of Responses)	Response
Received needed care or didn't need care	75.9
Did not receive needed care	24.1
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	24.2
No appointments available or long wait for appointments	57.6
No mental health care providers or substance use therapists or counselors available	51.5
Service not covered by insurance or have no insurance	27.3
Transportation, couldn't get there	3.0
Other: No pediatric specialists available (9.0 percent), questionable quality of care (9.0 percent)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 26: BARRIERS TO CARE EXPERIENCED BY CHILD OR CHILDREN IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“Are you responsible for getting health, dental and/or mental health care for an adult in your care?”

TABLE 17: RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL HEALTH CARE FOR AN ADULT IN YOUR CARE, HERNANDO COUNTY SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, 2019.

No (Survey respondent is not responsible)	81.3 percent
Yes (Survey respondent is responsible)	18.7 percent

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when an adult in your care needed dental care, including checkups, but didn't get it?” AND “What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply.”

TABLE 18: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Dental Care (by Percent of Responses)	Response
Received needed care or didn't need care	55.2
Did not receive needed care	44.8

Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	83.3
No appointments available or long wait for appointments	20.0
No dentists available	6.7
Service not covered by insurance or have no insurance	56.7
Transportation, couldn't get there	10.0
Other: need visiting dentist, homebound (<1.0 combined total)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“During the past 12 months, was there a time when an adult in your care needed primary/family care, including checkups, but didn't get it?” AND “What prevented the adult in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply.”

TABLE 19: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY ADULT IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Primary/Family Care (by Percent of Responses)	Response
Received needed care or didn't need care	77.6
Did not receive needed care	22.4
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	80.0
No appointments available or long wait for appointments	33.3
No primary/family care providers (doctors, nurses) available	33.3
Service not covered by insurance or have no insurance	53.3
Transportation, couldn't get there	13.3
Other: need additional assistance (<1.0 percent)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

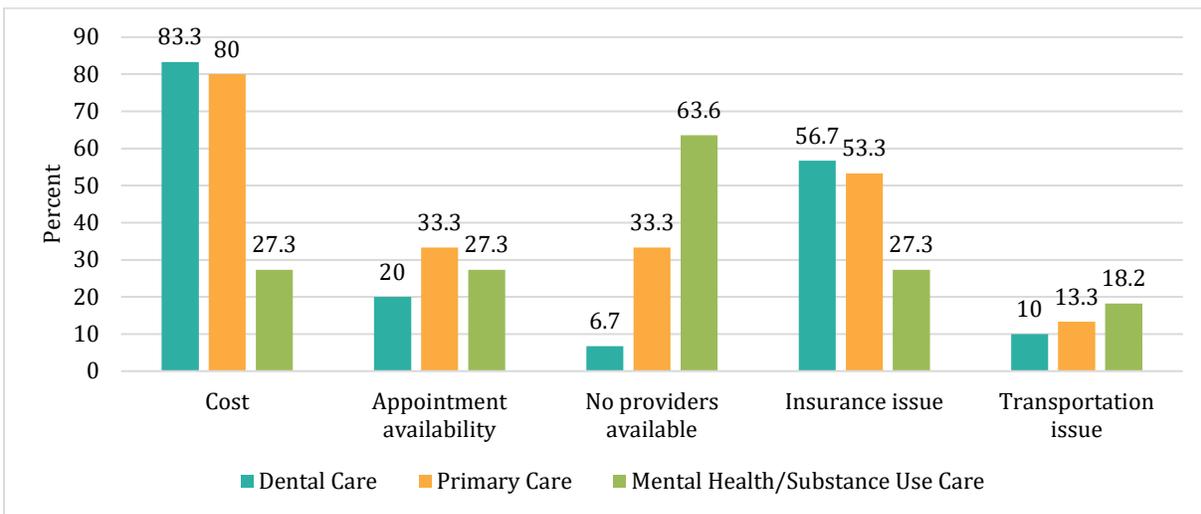
“During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issues, but didn't?” AND “What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.”

TABLE 20: ADULT IN THE CARE OF SURVEY RESPONDENT SEEN BY THERAPIST OR COUNSELOR FOR A MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.

Seen by Therapist or Counselor for a Mental Health or Substance Use Issue (by Percent of Responses)	Response
Received needed care or didn't need care	83.6
Did not receive needed care	16.4
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	27.3
No appointments available or long wait for appointments	27.3
No mental health care providers or substance use therapists or counselors available	63.6
Service not covered by insurance or have no insurance	27.3
Transportation, couldn't get there	18.2
Other: childcare needed, needed bilingual services (18 percent total)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 27: BARRIERS TO CARE EXPERIENCED BY ADULT IN THE CARE OF SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

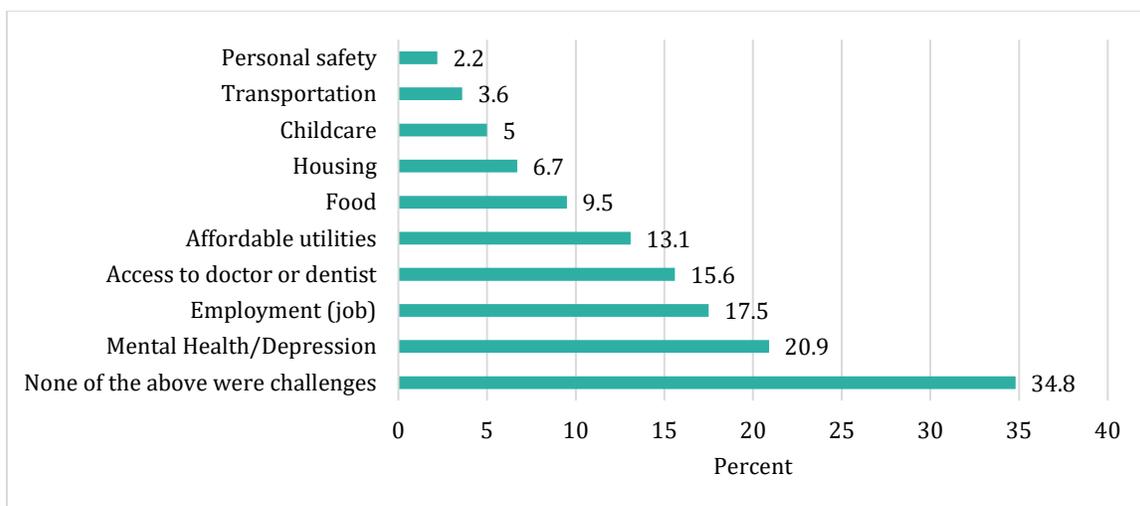
“In the last 12 months, what were your biggest challenges? Choose up to TWO challenges. You must choose at least ONE.”

TABLE 21: RANKING OF BIGGEST CHALLENGES IN THE LAST 12 MONTHS FOR RESIDENTS OF HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2019.

Rank	Challenges (Percent of Responses)
1	None were challenges for me in the last 12 months (34.8)
2	Mental health/depression (20.9)
3	Employment (job) (17.5)
4	Access to doctor or dentist (15.6)
5	Affordable utilities (13.1)
6	Food (having enough nutritious food) (9.5)
7	Housing (6.7)
8	Childcare (5.0)
9	Transportation (3.6)
10	Personal safety (2.2)
Other: affordability of healthcare, social support, elder care, community safety (4.0 percent combined total)	

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 28: BIGGEST CHALLENGES EXPERIENCED IN THE PAST 12 MONTHLY BY SURVEY RESPONDENTS, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



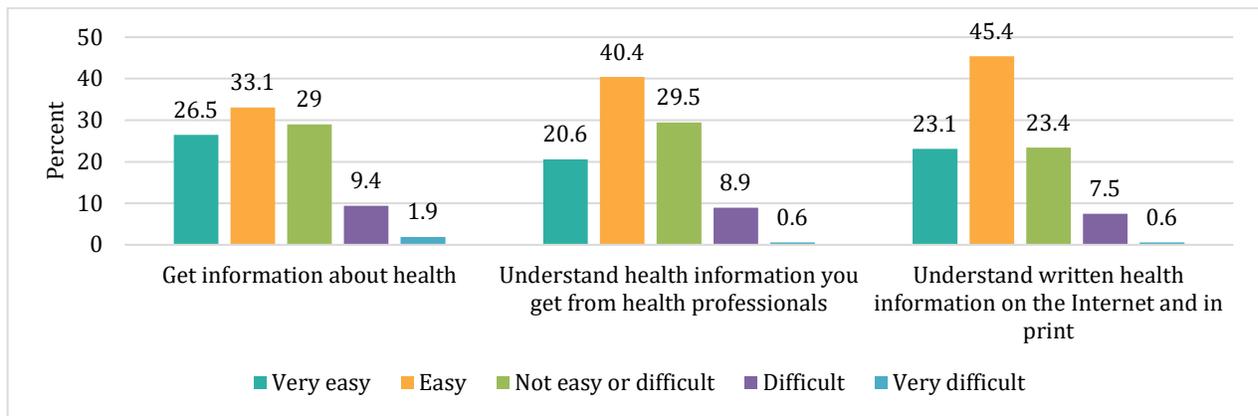
Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

“How easy or difficult is it to get information about health if you need to?”

“How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?”

“How easy or difficult is it to understand the written health information on the Internet and in printed handouts?”

FIGURE 29: RATING OF EASE OF USE OF HEALTH INFORMATION, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

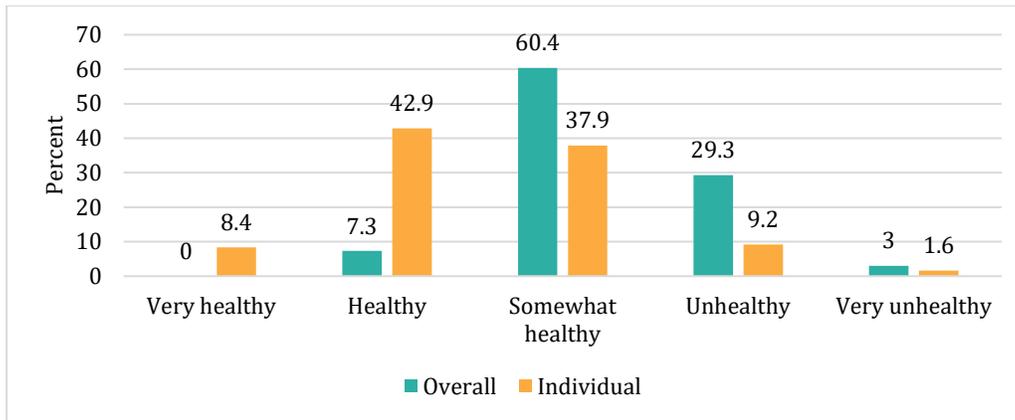
“Overall, how healthy are the people in Hernando County?” AND “How do you rate your own personal health?”

TABLE 22: OVERALL RATING OF HEALTH OF HERNANDO COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2019.

Rating	Overall (by Percent)	Personal (by Percent)
Very unhealthy	3.0	1.6
Unhealthy	29.3	9.2
Somewhat healthy	60.4	37.9
Healthy	7.3	42.9
Very healthy	0	8.4

Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 30: OVERALL RATING OF HEALTH OF HERNANDO COUNTY RESIDENTS AND PERSONAL HEALTH, BY PERCENT, 2019.



Source: Hernando County Community Health Survey, 2019. Prepared by: WellFlorida Council, 2019.

KEY FINDINGS FROM COMMUNITY SURVEY

The demographic data on Hernando County survey respondents showed some correlation with recent U.S. Census data for the county. About 88 percent of survey respondents identified themselves as White Non-Hispanic, 2 percent Black or African American and 12.2 percent Hispanic or Latino compared to the latest U.S. Census estimates (2013-2017) of 89.7 percent White, 5.2 percent Black or African American and 12.2 percent Hispanic or Latino. Many more survey respondents in Hernando County were female (85.6 percent). Geographic representation of survey respondents was seen with 28.7 percent from Spring Hill (34609) where about 22.5 percent of the county population resides, another 19.5 percent from Spring Hill (34608) with 18.4 percent of the population, and 12.8 percent from a third Spring Hill zip code (34606) where about 14.5 percent of Hernando County residents live. More than one quarter (27.4 percent) of Hernando County survey respondents held bachelor’s degrees and almost a quarter (23.5 percent) reported having graduate degrees and above. The majority of survey respondents were employed full-time (66.0 percent) and carried health insurance through an employer (67.4 percent). Nearly ten percent (9.7 percent) reported having no health insurance. Among Hernando County survey respondents, 20.9 percent reported a combined annual household income of 30,000-49,999 dollars, followed next by 15.3 percent who reported a household income of 50,000-74,999 dollars. About 2.5 percent said their annual household income was less than 10,000 dollars while nearly the same percent (2.8 percent) reported annual household incomes of more than 200,000 dollars.

Hernando County respondents felt the factors that contribute most to a healthy community were access to health care, job opportunities for people with all levels of education, affordable and nutritious foods, and affordable housing. Notably, many of these factors are recognized as social determinants of health. For their county, Hernando County respondents ranked the top five health-related problems as mental health issues,

substance and drug abuse, homelessness, lack of affordable assisted living facilities, and obesity. Consistent with those rankings was the identification of behaviors with the greatest negative impact on health in Hernando County. These behaviors included drug abuse, lack of personal responsibility, alcohol abuse, eating unhealthy foods and drinking sugar-sweetened beverages, distracted driving, not using healthcare resources appropriately, lack of physical activity, tobacco use, violence, and dropping out of school.

Hernando County residents ranked the following as the five healthcare services that are most difficult to obtain: mental/behavioral health services, substance abuse counseling services, dental/oral care, alternative medicine and therapies, and specialty care. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About 35.4 percent of Hernando County survey respondents said they did not get the dental care they needed and of those, 78 percent said cost was a barrier as was insurance coverage (46.5 percent). Almost a quarter (25.1 percent) of Hernando County survey respondents reported not receiving needed primary care with cost (42.2 percent) and insurance concerns (37.8 percent) being the most common issues. Survey respondents said that 20.9 percent did not receive needed mental health care and cited cost (37.3 percent), no available appointments (36.0 percent), insurance issues (34.7 percent) and no available providers (33.3 percent) as barriers.

In Hernando County, 38.2 percent of survey respondents said they were responsible for getting dental, primary and mental health care for children under the age of 18. Of those, 21.1 percent reported not getting dental care for children due to an insurance issue (37.9 percent), cost (34.5 percent) and lack of appointment availability (31.0 percent). Primary care was not secured by 11.0 percent of child caregivers for their children with the primary barriers being cost (30.0 percent) and lack of insurance coverage or insufficient coverage (20.0 percent). About one quarter (24.1 percent) of Hernando County survey respondents who were responsible for children reported not getting the needed mental health care for their child or children. Appointment availability at 57.6 percent and lack of mental health care providers (51.5 percent) were cited as common barriers.

Survey respondents also reported on barriers experienced by adults in their care. More than 18 percent of survey takers said they had an adult in their care for whom they were responsible to get dental, primary and mental health care. Nearly half (44.8 percent) did not get the dental care needed for the adult in their care. Cost (83.3 percent) and insurance issues (56.7 percent) were notable obstacles. About 22.4 percent did not get the adult in their care the primary care they required, again citing cost (80.0 percent) and insurance issues (53.3 percent). Another 16.4 percent of adults in the care of survey respondents missed needed care, specifically mental health care. The most common barriers were lack of mental healthcare providers (63.6 percent) and a three-way tie among cost, appointment availability, and insurance issues at 27.3 percent.

The three most common challenges experienced in the past 12 months by Hernando County survey respondents were mental health and depression at 20.9 percent, employment-related issues at 17.5 percent, and access to a doctor or dentist at 15.6 percent. More than a third of respondents (34.8 percent) said that none of the challenges listed were issues for them. Also on a positive note, 59.6 percent of Hernando County survey respondents said getting information about health was very easy or easy. A similar percent of respondents (61.0) reported that understanding health information they received from health professionals

was very easy or easy and even more (68.5 percent) felt it was very easy or easy to understand written health information accessed on the Internet or in print.

Hernando County respondents rated overall health of county residents as somewhat healthy (60.4 percent) to unhealthy (29.3 percent) while they rated their personal health status as healthy (42.9 percent) to somewhat healthy (37.9 percent).

OBSERVATIONS FROM PROVIDER SURVEY

Tables and figures below summarize the responses to the overarching questions that were asked of health care providers and community partners serving the residents of Hernando County. There were 73 eligible, completed surveys included in the analysis. In general, the top five ranked 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
- Healthcare resources that are difficult to obtain in Hernando County
- Barriers to self-management of chronic diseases and conditions
- Rating of overall community health and accessibility of health care

TABLE 23: DEMOGRAPHICS OF HERNANDO COUNTY HEALTHCARE PROVIDER/COMMUNITY PARTNER SURVEY RESPONDENTS, 2019.

Demographics	Providers and Partners	
	Number	Percent
Age		
Less than 30	8	11.0
30-39	9	12.3
40-49	14	19.2
50-59	23	31.5
60-64	11	15.1
65-69	4	5.5
70-79	2	2.7
80 or older	0	0
Prefer not to answer	2	2.7
Gender		
Male	11	15.1
Female	59	80.8

Transgender	0	0
Other	0	0
Prefer not to answer	3	4.1
Racial/Ethnic Group Identify With		
Asian Pacific Islander	1	1.4
Black or African American (Non-Hispanic)	1	1.4
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	54	74.0
Hispanic/ Latino	7	9.4
Multiracial/ Multiethnic	1	1.4
Other	1	1.4
Prefer not to answer	8	11.0
Length of Time in Profession		
Less than 5 years	6	8.2
5-9 years	15	20.6
10-14 years	8	11.0
15-19 years	7	9.4
More than 20 years	36	49.4
Prefer not to answer	1	1.4
Type of Provider/Partner		
ARNP (all specialties and certifications)	0	0
Dentist	0	0
Dietitian/Nutritionist	1	1.4
Mental Health/Substance Use counselor	11	15.1
Nurse	24	32.8
Occupational Therapist	1	1.4
Pharmacist	1	1.4
Physician	1	1.4
Specialty: Ophthalmology		
Physician Assistant	0	0
Physical Therapist	1	1.4
Speech/Language Pathologist	0	0
Other: (1 each) Environmental Health, Health Education, Research, Podiatrist, Paramedic; (2 each) Social Worker, Administrator, Case Manager, CNA; (20) medical technologists in various specialties	33	45.1

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

“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.

TABLE 24: TOP 5 MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, HERNANDO COUNTY HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.

Rank	Factors (Percent)
1	Access to health care including primary and specialty care, dental and mental health care (79.5)
2	Job opportunities for all education levels (35.6)
3	Healthy behaviors and healthy lifestyles (27.4)
4	Awareness of health care and social services (26.0)
5 (tie)	Access to convenient, affordable and nutritious foods (23.3) Affordable housing (23.3)

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

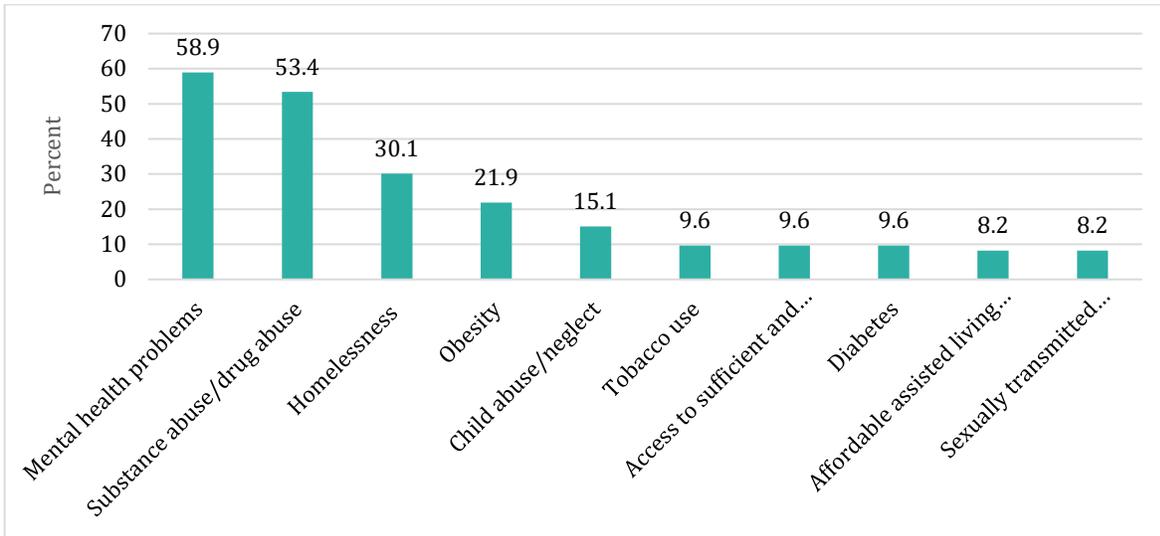
“In the following list, what do you think are the three (3) most important “Health Problems” (those problems which have the greatest impact on overall community health) in Hernando County? Please select three (3) choices.”

TABLE 25: TOP 10 MOST IMPORTANT HEALTH PROBLEMS, RANKED BY PERCENT OF RESPONSES, HERNANDO COUNTY HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.

Rank	Health Problem (Percent)
1	Mental health problems (58.9)
2	Substance abuse/drug abuse (53.4)
3	Homelessness (30.1)
4	Obesity and overweight (21.9)
5	Child abuse/neglect (15.1)
6,7,8 tie	Access to sufficient and nutritious foods (9.6)
	Diabetes (9.6)
	Tobacco use including e-cigarettes, smokeless tobacco (9.6)
9, 10 tie	Affordable assisted living facilities (8.2)
	Sexually transmitted diseases (STDs) (8.2)

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 31: TOP 10 RANKED HEALTH PROBLEMS FOR RESIDENTS OF HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.



Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

“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 Hernando County. Please select three (3) choices.”

TABLE 26: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, RANKED BY PERCENT OF RESPONSES, HERNANDO COUNTY HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.

Rank	Behaviors (Percent)
1	Drug abuse (68.5)
2	Alcohol abuse (35.6)
3	Lack of personal responsibility (32.9)
4	Not using health care services appropriately (27.4)
5	Eating unhealthy food/drinking sweetened beverages (20.5)
6, 7	Distracted driving (e.g., texting while driving) (15.1)
(tie)	No or insufficient physical activity (15.1)
8, 9	Tobacco use including e-cigarettes, smokeless tobacco (13.7)
(tie)	Violence (13.7)
10	Lack of stress management (12.3)

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

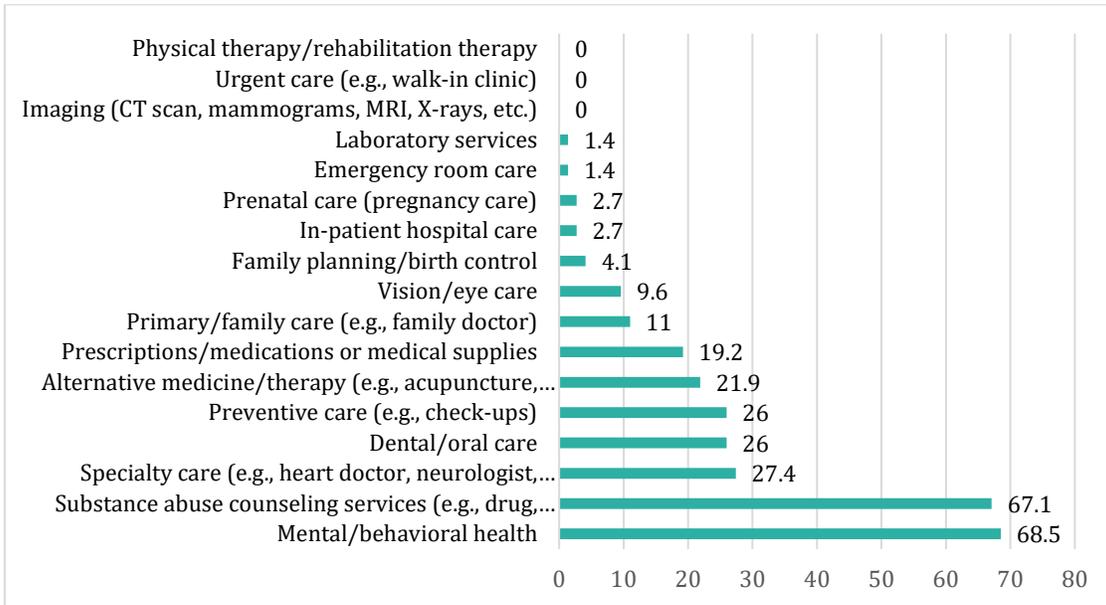
“What healthcare services are difficult to obtain in Hernando County? Please select all that apply.”

TABLE 27: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS 2019.

Rank	Healthcare Services (Percent)
1	Mental/behavioral health services (68.5)
2	Substance abuse counseling (e.g., drug, alcohol) (67.1)
3	Specialty care (e.g., heart doctor, neurologist) (27.4)
4, 5	Dental/oral health care (26.0)
(tie)	Preventive care (e.g., check-ups) (26.0)
6	Alternative medicine/therapy (e.g., acupuncture, naturopathy; 21.9)
7	Prescriptions/medications or medical supplies (19.2)
8	Primary/family care (e.g., family doctor) (11.0)
9	Vision/eye care (9.6)
10	Family planning/birth control (4.1)
11,12	In-patient hospital care (2.7)
(tie)	Prenatal care (2.7)
13,14	Emergency room care (1.4)
(tie)	Laboratory services (1.4)
15	Imaging (e.g., CT scan, mammograms, MRI, X-ray; 0.0)
16	Urgent care (0.0)
17	Physical therapy/rehabilitation therapy (0.0)

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 32: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.



Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

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

TABLE 28: FOR CLIENTS IN HERNANDO COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, RANKED BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.

Rank	Barriers (Percent)
1	Cost (67.1)
2	Lack of coverage by insurance (50.1)
3	Self-discipline/motivation (32.9)
4	Lack of knowledge (23.3)
5	Insufficient time with healthcare provider (13.7)
6	Inability to use technology effectively (2.7)
Other: lack of transportation, support system (2.7 percent each)	

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

“How would you rate the overall health-related accessibility to health care for residents of Hernando County? Please select one (1) choice.”

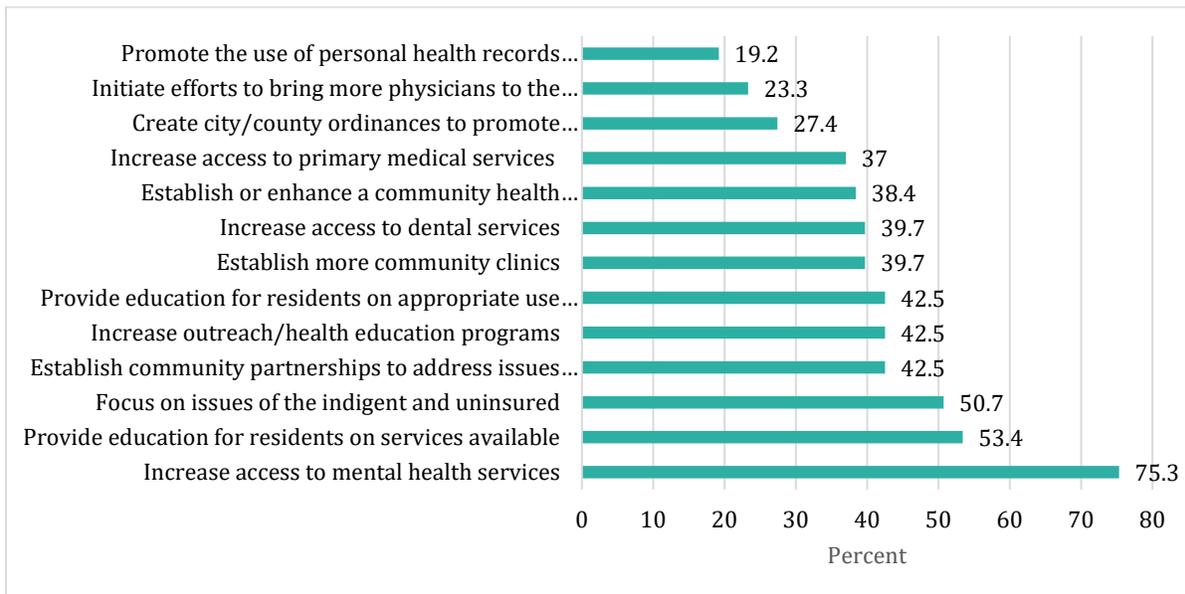
TABLE 29: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS OF HERNANDO COUNTY, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.

Overall Accessibility to Health Care	Percent
Poor	13.7
Fair	54.7
Good	19.2
Very Good	11.0
Excellent	1.4

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

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

FIGURE 33: STRATEGIES TO IMPROVE THE HEALTH OF CLIENTS AND COMMUNITY, RANKED BY PERCENT OF RESPONSES, HERNANDO COUNTY HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, 2019.



Source: Hernando County Providers and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

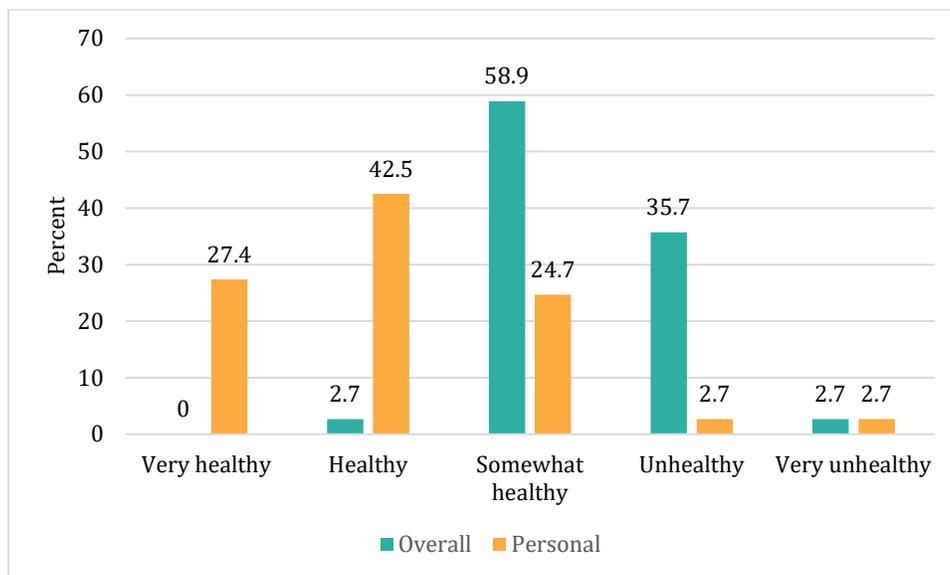
“How would you say rate the overall health of residents of Hernando County? Please select one (1) response.” AND “How would you rate your own personal health?”

TABLE 30: RATING OF OVERALL HEALTH OF RESIDENTS AND PERSONAL HEALTH, BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, HERNANDO COUNTY, 2019.

Rating	Overall (Percent)	Personal (Percent)
Very unhealthy	2.7	2.7
Unhealthy	35.7	2.7
Somewhat healthy	58.9	24.7
Healthy	2.7	42.5
Very healthy	0.0	27.4

Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

FIGURE 34: RATING OF OVERALL HEALTH OF RESIDENTS AND PERSONAL HEALTH, BY PERCENT OF RESPONSES, HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, HERNANDO COUNTY, 2019.



Source: Hernando County Provider and Community Partner Survey, 2019. Prepared by: WellFlorida Council, 2019.

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 32.8 percent. Notably, at 15.1 percent of respondents, mental health and substance abuse treatment professionals represented the next largest segment of healthcare professionals. Occupations of others who participated in the survey included social workers, administrators, case managers and certified nursing assistants to name a few; see Table 23 above for the complete list. Almost half (49.4 percent) of those who completed the survey had been in their profession for more than 20 years while another 20.6 percent were relatively new to their roles with five to nine years of practice.

As did the community at large, providers and partners felt the two most important factors that contribute to a healthy community were access to health care and job opportunities. Providers and partners elevated different factors to round out the list including healthy behaviors and lifestyles and awareness of health and social services. Access to affordable, nutritious foods was a top factor for both the community at large and providers and partners although it was ranked slightly higher by community members. For the most part, providers and partners agreed with the community at large on their list of behaviors with the greatest negative impact on health including drug abuse and alcohol abuse, lack of personal responsibility, unhealthy eating and not using health care services appropriately. Providers and partners ranked the inappropriate use of healthcare services in their top five while the community rated distracted driving to round out their list of top five behaviors with greatest negative impact on health. Similar to community members, Hernando County providers and partners felt mental health problems, substance/drug abuse, homelessness, and obesity were at the top of the list of the most important health issues. Providers and partners ranked child abuse and neglect in their top five list while the community included the lack of affordable assisted living facilities among their most important health-related issues.

Overall accessibility to health care for Hernando County residents was deemed by responding providers and partners as fair (54.7 percent) to good (19.2) with another 13.7 percent ranking it as poor. For providers and partners the healthcare services most difficult to obtain in Hernando County were mental/behavioral health care, substance abuse treatment, specialty, dental and preventive care. According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (67.1 percent), insurance coverage (50.1 percent), and lack of self-discipline/motivation (32.9 percent). Strategies ranked highest by providers and partners to improve health outcomes included increasing access to mental health services, providing education on available services, focusing on issues of the indigent and uninsured, followed by an increase in outreach and health education programs. More than half (58.9 percent) of the providers and partners who took the survey rated the overall health of Hernando County residents as somewhat healthy with another 35.7 percent giving overall health a rating of unhealthy. Taken together, these survey data show that providers and partners share similar concerns with the community about important health issues, contributing causes and behaviors, and gaps in resources. These survey data provide valuable insights into the health concerns faced by Hernando County residents, healthcare providers and community partners.

Forces of Change Assessment

METHODS

One of the main elements of the MAPP assessment process includes a Forces of Change Assessment. The Hernando County Forces of Change Assessment aimed to identify forces—such as trends, factors, or events—that are or will influence the health and quality of life of the community and its work 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 United States that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On June 13, 2019, the Hernando 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 Hernando County demographics, health conditions and behaviors, and healthcare resources and utilization. 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 Hernando County* table on the following pages summarizes the forces of change identified for Hernando 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 Hernando County - FACTORS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Behavioral	Unintentional injuries among the top five causes of death	Premature loss of life; high costs of medical care; resources of first responders used	Prevention education; enforcement; policy and environmental change
	Maternal and child health issues such as infant mortality, low birthweight births, late entry into prenatal care	Poor birth outcomes for infant and mother; lifetime health issues; high health and medical care costs	Health education across the lifespan; assurance of conditions in which individuals and families can be healthy; provide preconception health and family planning services
Social	Seniors (55+ years) represent large proportion of the population, segment is growing with increasing numbers of older seniors (85+ years)	Higher demands for healthcare and social services to serve senior citizens; housing may not meet safety and mobility needs	Expansion of businesses that serve senior citizens; housing market expansion; jobs; seniors can share knowledge, experience; volunteer pool
	About 7 percent of population speak Spanish	Spanish-only speaking residents experience barriers to services, do not receive medical, education, social benefits and services needed	Assurance of culturally and linguistically appropriate services
	Lower educational attainment	Untapped talent and skills of youth; unemployment; lower lifetime earnings potential; deficits in workforce	Addition/expansion of vocational, technical and innovative education and career training opportunities
	Representatives from senior and disabled populations not involved in community health improvement planning	Perspectives and needs of these groups missed in determining community health priorities	Extend assessment and planning opportunities to be more inclusive and diverse; new partnerships
Social/Economic	Lack of psychiatrists and aging of those currently in practice	Reduced number of already limited healthcare specialist who provide mental	Partner with regional provider groups; use of telemedicine and other technological

Forces Of Change For Hernando County - FACTORS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		health care; further limits on access to mental health care	advancements in psychiatric care; explore employment of allied health professions
	No residential treatment facilities for substance abuse care in Hernando County	Delayed or no care for those who need it; care provided through criminal justice system and law enforcement	Strategize with partners in health care, criminal justice system, law enforcement, social services for solutions
	No transitional housing	Relapses; homelessness; displaced families	Seek resources through novel partnerships among government, healthcare sector, business and private foundations
Economic	Per capita and median household incomes lower in Hernando County	Lower quality of life and shortened lifespan; homelessness and food insecurity; lack of access to healthcare and services	Strategic economic planning by government, private sector, academic, and community partners
	Service industry jobs and limited employment at living wage levels	Food insecurity and homelessness; outmigration of young workers and families	
	Lack of gainful employment for those displaced from Puerto Rico	Food insecurity and homelessness; isolation; no regular healthcare resulting in chronic health issues	
	Economic development directorship vacancy	Worsening of economic climate	Partnering among business, government, private sector to identify leadership opportunities
	Growth in tourism industry	Impact on environment; no skilled workers to fill jobs; unchecked policy and regulations	New economic development, jobs; institution of Health in All Policies to protect environment while encouraging economic growth

Forces Of Change For Hernando County - FACTORS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Economic/ Governmental	County financial deficit	Cut-back or stopping of county services; impacts to first responders and essential service providers	Seek new elected and employed leaders in county; review of county fiscal practices, policies, and accountability measures
	Limited public transportation	Imposes barrier to access to healthcare services, employment, education	Public/private innovation
Economic/ Environmental	Expansion of Suncoast Parkway	Environmental impact; change in rural setting	Expanded employment during construction phase; possible economic expansion with development along route
Environmental	Hurricanes and extreme weather events	More frequent and more severe weather events; costs for preparedness, response and recovery; impact on environment, natural resources, humans	Seek grants and other resources emerging from climate change research and emergency preparedness

Forces Of Change For Hernando County - TRENDS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Behavioral	Increase in sexually transmitted infections (STIs) and STI increases related to drug use	Spread of infectious diseases; long-term health consequences; healthcare costs	Identification of root causes of rising disease rates; prevention education; seek program, grant/funding support for local, region, state, federal sources
	Patients are more educated consumers of healthcare services	Delayed care due to self-diagnosis and treatment	Assuring the same level of information and education is provided to non-English speaking clients; providing

Forces Of Change For Hernando County - TRENDS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
			health information in formats accessible and understandable to a diverse array of clients
Social/ Behavioral	Rise in vaping rates	Health-related issues attributed to tobacco and nicotine use; failure to recognize health risk associated with e-cigarettes and smokeless tobacco; acceptance of generational smoking/tobacco use	Policy change to restrict use of e-cigarettes and alternate nicotine delivery methods; policy, law and regulation enforcement; prevention education and support for addiction recovery
	Increased need for child protective services, more substance-exposed newborns in care	Meeting the educational, health and social needs of children; resources and expertise in schools may be lacking and/or strained	Prevention and early identification and intervention for pregnant/new mothers and their infants; collaborative solutions among partners including education, health, social services, law enforcement, criminal justice, social services
	Rising rates of low birthweight births, poor birth outcomes and changes in fertility rates among Hispanic women	Infant mortality, poor health outcomes, long-term health problems for infants and mothers; emotional and financial impacts on individuals and families	Need to better understand root causes of behaviors and outcomes, assess role of immigration laws in healthcare-seeking behaviors
Social	Outmigration of Hernando County youth	Brain drain; shrinking skilled and unskilled workforce	Institute incentives for educational achievement, employment opportunities, career paths
	Homelessness among school-age children	Food and housing insecurity; health and safety of children and families; barriers to health care services; impediments to educational achievement	Collaboration for system-wide changes to address social determinants of health and meeting basic human needs
Social/ Economic	More mid-level healthcare professionals practicing (e.g., Nurse Practitioners)	Numbers of physicians could further shrink; demands on physician time in supervisory role	More access to healthcare; decrease in Emergency Room use for routine care; decrease in healthcare

Forces Of Change For Hernando County - TRENDS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
			costs; improved health outcomes; more emphasis on primary prevention
	Increase in numbers of walk-in and urgent care clinics	Barriers related to costs (e.g., insurance coverage, co-pays, deductibles) still exist; emphasis on secondary prevention and treatment rather than prevention	Relief on Emergency Room demand for services; cost savings in emergency transport and care; collaboration and partnering for primary prevention
	Continued changes to Affordable Care Act	Loss of health insurance coverage and changes in affordability and coverage present barriers; healthcare provider resources spent navigating and complying with system changes	Public benefit program expansion and eligibility changes may cover individuals or groups not previously included; outreach and education on use of healthcare system
	Continued lack of programs and resources for those released from jails and criminal justice system	Recidivism and/or relapse; homelessness, food insecurity; unemployment	Shared, long-term solutions through collaboration of government and community agencies and partners
	Rising cost of food and increasing food insecurity	Food insufficiency, hunger	Locate food banks in geographic areas to meet needs
Economic	Increase use of local jails as revenue generator (by accepting inmates from other counties, state and federal institutions)	Demands on infrastructure, first responders	Employment that provides benefits and advancement opportunities
	Increase in new housing permits	Environmental impact (e.g., Basin Management Action Plan (BMAP) for pollution reduction); need for more schools and government services	More housing available; jobs; increased real estate tax revenue

Forces Of Change For Hernando County - EVENTS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Behavioral	Greater Hernando Weight Loss Challenge	Finding resources and leadership to continue	Positive health behavior change program that can be replicated
Social/Economic	Cross Florida Trail expansion	Environmental impact; costs for continued maintenance and security	Recreation and physical activity resource; expansion of ecotourism
	New housing development for seniors (age 55+)	New demands for healthcare and social services to serve senior citizens; housing may not meet safety and mobility needs	Expansion of businesses that serve senior citizens; housing market expansion; jobs; seniors can share knowledge, experience; volunteer pool
	New grant funding to help house homeless students	Not fully meeting need; administrative costs and continuing maintenance	Expanded housing resources
	Launch of dental bus for services to children at local schools	Need to sustain staffing requirements, administrative and maintenance costs	Collaborative venture among school, healthcare and community partners; expansion to adult services
Economic	New distribution center at the airport	Demands on roads and bridges and other transportation infrastructure	Jobs and further economic expansion
Economic/ Governmental	Medical marijuana legislation	Window drug may increase drug use; early prevention education needed for children; laws, regulations, enforcement must be applied equally	New businesses, economic development around CBD industry
	Expansion of adult education through opening of new technical training programs	Recruiting and retaining students; funding of recurring costs; keeping programs relevant and up-to-date with technological advances	New vocational and career choices; job training; expanded workforce

Forces Of Change For Hernando County - EVENTS <i>(Prepared by WellFlorida Council – June 2019)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
	2020 U.S. Census	Inaccurate count resulting in detrimental changes in representation and resource allocations	Demonstration of changes in population numbers and diversity
Governmental/ Political	Actions of newly elected governor	Leadership change in the Office of the State Surgeon General, change in state's health priorities; Medicaid expansion continues to be in jeopardy; different priorities at the county level that could divert resources away from health issues; potential changes in school policy and practices that are detrimental to health-related issues	Focus on different or new health priority issues for the state, county and school system; new priorities and focus may have positive impacts on health and the environment
	2020 U.S. Presidential election	Changes in leadership may result in government slow down, new directions in policy and funding	Participation in representative government through political action

Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments help 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 area?” 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 Hernando County LPHSA took place on April 16 and May 16, 2019. 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 Hernando 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 May 16th 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 Hernando 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

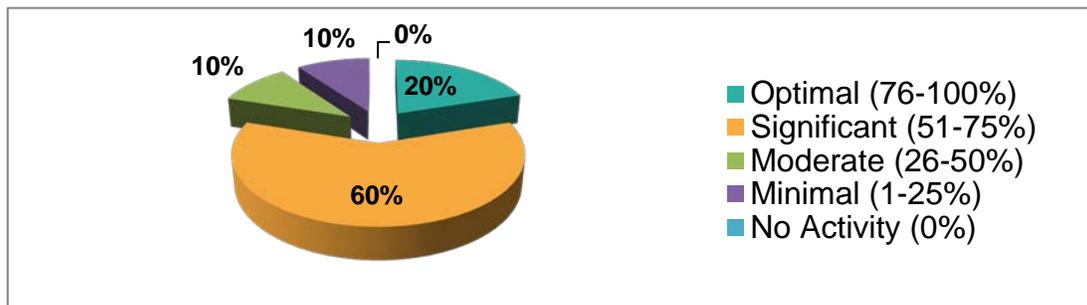
Based on the self-assessment of the cross-sectional group representing the local public health system partners, Hernando County achieved an overall score of 60.1 (out of a potential 100) which reflects significant activity towards optimal performance. The Essential Services that received the highest scores included ES 2 (diagnose and investigate health problems) at 96.5, ES 5 (develop policies and plans) at 79.2, and ES 4 (mobilize partnerships) at 68.8. The Hernando County public health system's capacity to provide two Essential Services, ES 2 and 5, were rated at optimal levels. About 40 percent of the Hernando County public health system's Essential Service scores ranked in the significant activity category with another 27 percent scoring in the moderate 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 Hernando County and contributes to impactful prevention efforts. The Essential Services that received the lowest scores were ES 10 (research for innovative solutions) at 13.9, ES 7 (link people to needed personal health services and assure the provision of health care when otherwise unavailable) at 46.9, and ES 8 (assure a competent public health workforce) at 51.5. Although these were ranked lower relative to the other services, scores still show solid performance and place Hernando County's public health system capacity at the moderate activity range with one score in the minimal activity category. The Hernando County public health system had zero ratings in the no activity category. Compared to the 2016 LPHSA results, the overall capacity rating fell from 71.7 to 60.1; however, both rankings are in the significant activity category. Two Essential Services, ES 2 and 5, were among the top ranked services in both the 2016 and 2019 assessments. Similarly, Essential Services 10 and 7 were ranked at the lowest capacity in both years. Capacity in Essential Service 9 (evaluate services) seems to have made notable gains from the 2016 assessment to currently rank fifth compared to eighth in 2016. The 2019 assessment of capacity to educate and empower people about health issues (ES 3) shows ratings slipped considerably to fall from third highest in 2016 to seventh.

Results point to opportunities for improvement in the Hernando County public health system's efforts to connect residents to needed services as well as defining roles and responsibilities among partners to address unmet needs for health care. The area of research and innovation continues to merit attention. For this system capacity assessment Hernando 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, Hernando 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 Hernando County LPHSA. Figure 35 summarizes the composite performance measures for all ten Essential Services and shows, by percentage, Hernando County's scores in the five activity level categories. According to these scores, almost 60 percent of the system activity was rated as significant to optimal. The Essential Service scores seen below in Figure 36 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

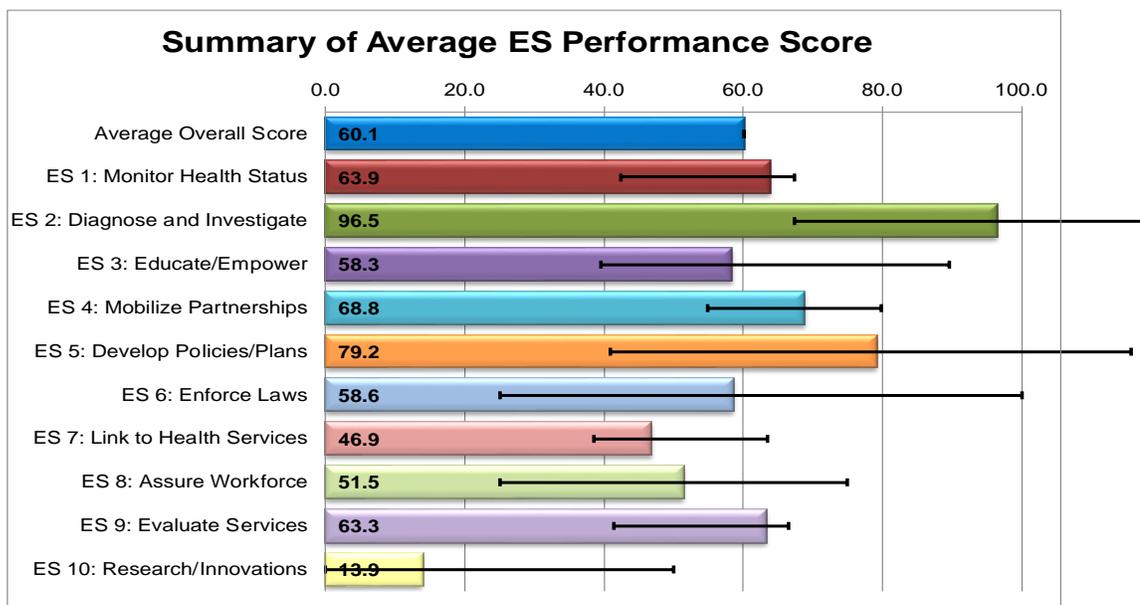
agreement on the scores by participants in response to the questions posed in the LPHSA. Following the figures is a summary of the strengths, weaknesses and opportunities that emerged from discussions. For a more detailed examination of the LPHSA scores, please review the full report found in the Addendum to the *2019 Hernando County Community Health Assessment Technical Appendix*. The full report includes scores for each model standard question related to each Essential Service.

FIGURE 35: PERCENTAGE OF THE HERNANDO COUNTY PUBLIC HEALTH SYSTEM’S ESSENTIAL SERVICE SCORES THAT FALL WITHIN THE FIVE ACTIVITY CATEGORIES, 2019.



Source: *2019 Hernando County Community Health Assessment Technical Appendix Addendum*

FIGURE 36: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES, HERNANDO COUNTY LOCAL PUBLIC HEALTH SYSTEM, 2019.



Source: *2019 Hernando County Community Health Assessment Technical Appendix Addendum*

Summary of Notes from Hernando County LPHSA Discussions

Optimal Activity	76-100%
Significant Activity	51-75%
Moderate Activity	26-50%
Minimal Activity	1-25%

Strengths	Weaknesses	Opportunities for Improvement
Essential Service 1: Monitor Health Status to Identify Community Health Problems Average Score: 63.9 (Significant Activity) Relative Rank: 4th		
<ul style="list-style-type: none"> Community health assessments conducted every three years Hernando County has used the MAPP process to assure a consistent and thorough process Data are widely available online through Florida CHARTS and in reports published by WellFlorida Council Partners have varied capacities to use technology (hardware and software) to collect, analyze, publish and share data Partners are aware of statutory requirements to report to health registries; recognize value of reporting to voluntary registries 	<ul style="list-style-type: none"> Broader participation in community health assessment process by community partner organizations would be welcomed; could do much better at sharing assessment results and reports; should promote use of assessment documents in planning by partner organizations and governmental entities Need to look for ways to access the latest data and present local data that are meaningful for understanding health issues and identifying populations and geographies at higher risk for poor health outcomes Availability of population health registry data may not be widely known 	<ul style="list-style-type: none"> Continue to identify new partners to reflect population changes and diversity, encourage participation and promote the dissemination of the final community health assessment documents Routinely update and augment community health assessment with data Highlight the use of population health registry data in community health assessment documentation
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 96.5 (Optimal Activity) Relative Rank: 1st		
<ul style="list-style-type: none"> Strong disease and environmental surveillance in county, region and state DOH staff know how to navigate the system and can share information with partners 	<ul style="list-style-type: none"> To remain current need resources for disease surveillance, including technology assets and training for surveillance partners; relationships among surveillance partners can impact system functioning 	<ul style="list-style-type: none"> Pursue funding for surveillance resources Develop and foster relationships among surveillance partners

Strengths	Weaknesses	Opportunities for Improvement
<ul style="list-style-type: none"> Written protocols and standards are followed and evaluated, updated regularly State laboratory services available and accessible 24/7 if needed 		
Essential Service 3: Inform, Educate and Empower People about Health Issues Average Score: 58.3 (Significant Activity) Relative Rank: 7th		
<ul style="list-style-type: none"> Health information is generally widely available, community partners make substantial efforts to coordinate health education and promotion efforts The success and expansion of CHIPP is an example of how effective Hernando County partners have been in their work to engage community organizations, stakeholders, policymakers and residents in health education and health promotion work Some partner organizations have robust communication plans and trained public information officers Partners shared examples of educating policymakers and elected officials while adhering to various agency restrictions on lobbying and advocacy Partners shared examples of communication plans such as the Department of Health and County Emergency Management Emergency communication plans and resources are strengths, improving and assuring communications during emergencies is a priority 	<ul style="list-style-type: none"> More participation from the community at large is always needed, particularly from groups that have not historically been actively engaged in planning and implementing interventions and programs Capacity for developing communication plans varies among partner organizations Organizational capacity can be helped or hindered by their use of communication technology and ability to identify priority populations Keeping up with emerging technologies can be a challenge, affordability of equipment is ongoing issue 	<ul style="list-style-type: none"> Explore novel tactics for outreach and community engagement Make communication planning and training resources available Use experienced and skilled PIOs as mentors Assure clearer understanding of the communication platforms available to public health system partners to better share health messages Identify grants and other programs to expand communication resources and training

Strengths	Weaknesses	Opportunities for Improvement
<p align="center">Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems Average Score: 68.8 (Significant Activity) Relative Rank: 3rd</p>		
<ul style="list-style-type: none"> • Hernando County community partner organizations work well together and welcome new participants • CHIPP is a long-standing, respected organization with a proven track record of mobilizing the community to address health issues • Numerous community groups and partnerships track progress and have written objectives to document outcomes and impact 	<ul style="list-style-type: none"> • While 211 serves as the community directory, perhaps not all Hernando community organizations and residents are aware of its availability • Not all community partnerships dedicate resources to assessing and evaluating their effectiveness which may be related to lack of resources and/or competing priorities and demands for services 	<ul style="list-style-type: none"> • Continuous updating and promoting of 211 • Encourage progress reporting and accountability among community organizations • Recognize and celebrate the achievements of partnerships
<p align="center">Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts Average Score: 79.2 (Optimal Activity) Relative Rank: 2nd</p>		
<ul style="list-style-type: none"> • DOH-Hernando is a respected community agency and has the support of community residents, partners and elected officials • Public health system partners educate policymakers and elected officials about potential health impacts of regulations and laws • Examples were provided of instances of policymakers and elected leaders being unaware of emerging health issues but being open to listening to subject matter experts • Hernando's CHIPP is recognized by other counties as a model • Hernando County has strong county emergency response plans and partners with 	<ul style="list-style-type: none"> • Public health could always use more resources and sustained community support; must assure that public health has resources for both routine and emerging health issues • Relationships with policymakers and elected officials must be developed and nurtured which can take time to be established • Community health assessment and health improvement planning work requires regular and dedicated work of many which is not unique to Hernando County but inherent in effective and impactful processes as seen here • Emergency Operation Plans are lengthy 	<ul style="list-style-type: none"> • Continue to involve policymakers and elected officials, business leaders in the CHIPP, assessment process and implementation strategies to address long-standing and emerging health problems • Organizations could have written guidelines or standard operating procedures for regular internal policy review • Consider a "Health in All Policies" approach to local and regional policy development • More and wider communication about CHIPP successes, challenges, and opportunities for all to participate • Continue to engage organizations, businesses,

Strengths	Weaknesses	Opportunities for Improvement
<p>regional and state agencies in planning</p>	<ul style="list-style-type: none"> Involve all community entities in preparedness planning 	<p>volunteers and residents in trainings, drills and preparations that strengthen preparedness, response, recovery and mitigation of public health emergencies</p>
<p>Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 58.6 (Significant Activity) Relative Rank: 6th</p>		
<ul style="list-style-type: none"> DOH-Hernando performs its statutorily mandated regulation and enforcement activities according to set standards DOH-Hernando provides technical and subject matter expertise when appropriate and can seek assistance and expertise from state health office Public health authority is generally clear in statute 	<ul style="list-style-type: none"> Must adhere to state government guidelines for educating elected officials Florida Department of Health must partner with other agencies and entities on enforcement issues at times 	<ul style="list-style-type: none"> Consider conducting assessment and/or evaluation of compliance with public health laws by local organizations
<p>Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable Average Score: 46.9 (Moderate Activity) Relative Rank: 9th</p>		
<ul style="list-style-type: none"> Hernando County partners and governmental entities use numerous mechanisms to try to identify needs and unmet needs; this includes the regular community health assessment process Hernando County health system partners work hard to connect people to needed services 	<ul style="list-style-type: none"> Identifying needs can be challenging in rural areas and among groups who prefer not to engage with agencies/government Roles and responsibilities of organizations in responding to unmet need might not be clearly delineated For some health problems and priority populations we understand healthcare-seeking practices but this is not true across the spectrum of health issues and for the diverse and changing population in Hernando County Cannot assure that people follow through with the 	<ul style="list-style-type: none"> Identify strategies to better understand why some Hernando County residents do not or choose not to get the health care they need Explore better communication and coordination tactics among partners to monitor if connection strategies work

Strengths	Weaknesses	Opportunities for Improvement
	connections and resources that are provided	
Essential Service 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 51.5 (Significant Activity) Relative Rank: 8th		
<ul style="list-style-type: none"> • Workforce assessments conducted by some entities for specific groups (e.g., Career Source) • CHIPP recently created a new workforce group to address healthcare professional shortages, maldistribution and other employment issues for the public health and healthcare workforce • Public health workforce is certified and licensed as required by laws and regulations • Job standards and descriptions are routinely available for employees • Career long learning is encouraged • Leadership opportunities exist and staff are encouraged to participate in leadership development activities • Leadership roles and opportunities are available through many community partnership groups and projects (e.g., CHIPP, Healthy Babies) 	<ul style="list-style-type: none"> • No know county-wide workforce assessment is done in Hernando County • Consistent use of standards not always evident • Resources and authority to offer incentives can be limited • Barriers to use of some benefits exist (e.g., tuition waiver) • Clear understanding of the social determinants of health is lacking among some sectors of the public health system • Workforce may need motivation to pursue leadership opportunities along with mentoring and training to develop sustained leadership roles 	<ul style="list-style-type: none"> • Determine if county-wide or regional workforce assessment is available • Continue to refine job descriptions and standards to accurately reflect the work performed and required of public health professionals • Pursue novel ways to incentivize participation in training and skills development • Educate community partners and the community at large about the social determinants of health • Train social and health care providers on how to employ strategies to address barriers encountered because of these determinants • Partner with academic institutions and professional organizations to offer leadership development resources
Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services Average Score: 63.3 (Significant Activity) Relative Rank: 5th		
<ul style="list-style-type: none"> • Organizations that provide population-based programs conduct evaluations • Personal health service providers conduct 	<ul style="list-style-type: none"> • Evaluation results may not be widely shared • Quality of personal health services is not discussed in community forums 	<ul style="list-style-type: none"> • Communicate strengths and challenges of population health services and programs •

Strengths	Weaknesses	Opportunities for Improvement
<p>evaluations and use guidelines when available</p> <ul style="list-style-type: none"> • Examples of use of technology to improve personal health services were provided • Local public health system assessment is done as part of the MAPP process every three years 		<ul style="list-style-type: none"> • Apply and highlight use of system capacity assessment data when identifying community health priorities and selecting implementation strategies
<p>Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems Average Score: 13.9 (Minimal Activity) Relative Rank: 10th</p>		
<ul style="list-style-type: none"> • Public health system partners are interested in research findings and innovations • Performance management and performance improvement are emerging priorities for many partners • Public health workforce is accustomed to employing best- and/or promising practices that emerge from studies 	<ul style="list-style-type: none"> • Competing priorities can make participation in research difficult • Resources, including leadership and staff time, are needed to make regular participation with academic partners on research projects feasible • Research is low on the priority list for most front-line health and social service provider staff • Resources for research are very limited 	<ul style="list-style-type: none"> • Identify strategies to support quality improvement and the advancement of emerging, innovative and promising practices • Pursue partnerships with local and regional research organizations and academic institutions

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 Hernando 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 Hernando 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 Hernando County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes or major health needs and issues in Hernando County as identified through the community health assessment process. The themes described below emerged from the four assessments conducted as part of Hernando 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 and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across the 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
 - Homelessness
 - Food insecurity
- Health Status and Health Behaviors
 - Causes of death
 - Cancer
 - Heart Disease
 - Chronic Lower Respiratory Disease

- Diabetes
- Unintentional Injuries including motor vehicle crash injuries and deaths
- Infant mortality
- Late entry into prenatal care
- Substance-exposed newborns
- Child health and safety
- Mental health problems
- Substance and drug abuse
- Tobacco use including e-cigarette and smokeless tobacco products
- Distracted driving
- Violence and domestic violence
- Dental and oral health issues
- Overweight and obesity
- Poor nutrition and food choices
- Health Care Resources
 - Inappropriate use of Emergency Departments for routine primary, dental and mental health care
 - Lack of health care providers and services, specialty care physicians, dentists, residential treatment facilities
 - Lack of affordable health insurance and sufficient health insurance coverage
 - Rising costs of health care and prescription medication
 - Barriers to linking people to needed health and social services
- Community Infrastructure and Environment
 - Persistent issue of public transportation
 - Threats to natural resources and the environment, changing frequency and intensity of weather events including hurricanes
 - High capacity to mobilize partners and the community to address health problems

STRATEGIC PRIORITY ISSUE AREAS

The August 20th meeting of the Hernando County Community Health Assessment 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. The steering committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility and resource availability. Table 31 lists the characteristics of each criterion.

TABLE 31: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, HERNANDO COUNTY, 2019.

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> • Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity 	<ul style="list-style-type: none"> • Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress 	<ul style="list-style-type: none"> • Community capacity • Political will • Acceptability to the community 	<ul style="list-style-type: none"> • Financial costs • Staffing • Stakeholder support • Time

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved August 28, 2019, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

In small workgroups, steering committee members reviewed, discussed and synthesized assessment findings into a list of up to ten (10) priority health issues. Using the same prioritization criteria, participants narrowed their lists to no more than five (5) issues. Each workgroup presented and advocated for their priorities. A facilitated consensus workshop moved the discussion from creating the list of issues to identifying the intersecting themes. Through the consensus process the intersecting themes converged into five (5) broad topic areas of mental health and substance abuse, housing, access to affordable care, healthy behaviors, and child health. Steering committee members then used a multi-voting process to arrive at four (4) strategic priority issue areas. They further discussed and refined the issue labels to more concisely state the overarching theme of each along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Child Health including
 - Safety and injury prevention
 - Abuse/neglect
 - Early childhood health and wellness
- Access to Care including
 - Enhancing access and removing barriers to primary care, mental health services, and dental care
 - Health literacy on appropriate use of health care services and resources
 - Linking people to needed health and social services
 - Addressing costs, affordability, benefit programs and wise use of health insurance

- Healthy Behaviors including
 - Primary prevention and wellness
 - Healthy eating and access to sufficient, nutritious, affordable foods
 - Physical activity and the environments and policies that encourage activity
 - Building on success of Greater Hernando Weight Loss Challenge
- Substance Abuse and Mental Health including
 - Access to primary mental health care
 - Addressing resources for substance abuse treatment and recovery
 - Transitional housing

Thoughtful consideration was also given to issues that were ultimately set aside. It was decided that transportation, although a persistent problem in Hernando County, was being addressed as a countywide infrastructure and resource investment issue by county government. However, strategies to reduce transportation barriers to healthcare and social services will be considered in the community health improvement action plans across the strategic priority areas. The issue of housing including homelessness and affordability was examined and debated. There was agreement on the importance of housing in assuring health and safety of residents. The group also agreed that there were problems with housing affordability and availability that impacted some groups disproportionately, such as homeless families with children, veterans, and recovering substance users. Weighing the importance of the issue, considering the community groups and agencies already tasked with addressing housing and homelessness, and balancing feasibility and resources available for implementing new community health improvement plan activities, the Steering Committee reluctantly tabled housing as a strategic priority.

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 Hernando 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 of 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 that include social determinants of health, and examine social structures and institutions that contribute to health inequities

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Hernando 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://www.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 and needs areas in Hernando County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Hernando County and only need enhancement while others represent new opportunities.

TABLE 32: 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

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	<p>Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status</p> <p>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.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status</p>
Chronic Disease	<p>Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism</p> <p>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.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</p>
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>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).</p>	Evidence-Based	<p>The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html</p>
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>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.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html</p>

Issue	Practice or Intervention	Effectiveness	Source
Distracted Driving	<p>Evidence-Based Strategies/Interventions Review for Distracted Driving</p> <p>Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.</p>	Systematic Review	<p>Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee:</p> <p>https://www.dshs.texas.gov/emstrau-masystems/GETAC/PDF/IP-DistractedDriving.pdf</p>
Infant Mortality and Maternal Child Health	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cd-sr/doi/10.1002/14651858.CD001055.pub5/full</p>
Infant Mortality and Maternal Child Health	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>
Mental Health	<p>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.</p>	Systematic Review	<p>Healthy People 2020:</p> <p>https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders</p>

Issue	Practice or Intervention	Effectiveness	Source
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: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home
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: https://www.thecommunityguide.org/findings/violence-school-based-programs
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (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/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	<p>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>		http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator:</p> http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results
Obesity	<p>Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:</p> http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	<p>Text4Diet: A Text Message-based Intervention for Weight Loss</p> <p>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.</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator:</p> http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	<p>Health Education to Reduce Obesity (HERO)</p> <p>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.</p>	Promising Practice/Good Idea	<p>Healthy Communities Institute:</p> http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	<p>Healthy Eating Lifestyle Program (HELP)</p>	Effective Practice	<p>Healthy Communities Institute:</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>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</p>		<p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542</p>
Obesity	<p>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.</p>	Effective Practice	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</p>
Obesity	<p>Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time 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>The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>
Physical Activity	<p>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</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/itcms/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>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>		
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: http://www.cdc.gov/CHIdatabase/it-ems/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.</p> <p>Transportation system interventions include one or more policies and projects designed to increase or improve the following: Street connectivity, Sidewalk and trail infrastructure, Bicycle infrastructure, Public transit infrastructure and access.</p> <p>Land use and environmental design interventions include one or more policies, designs, or projects to create or enhance the following:</p> <ul style="list-style-type: none"> • Mixed land use environments to increase the diversity and proximity of local destinations where people live, work, and spend their recreation and leisure time • Access to parks, and other public or private recreational facilities 	Systematic Review	<p>Healthy People 2020: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>
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-</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>

Issue	Practice or Intervention	Effectiveness	Source
	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.		
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	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html
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>	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
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	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
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	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide	Evidence-Based	National Institute of Health:

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.		https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders
Tobacco Use	Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies	Systemic Review of Evidence-Based Interventions	Missouri Information for Community Assessment (MICA): https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	Mass Media Campaigns Against Tobacco Use Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials: Community Survey and Provider/Partner Survey

STEERING COMMITTEE MEMBERS

- Marla Banta, Private Citizen
- Samantha Beckham, United Way of Hernando County
- Jim Blaisdell, Florida Department of Health in Hernando County
- Jennifer Blish, Hernando Community Coalition
- Angie Bonfardino-Walasek, United Way of Hernando County
- Doug Brainard, People Helping People
- Sue Carrigan, Hernando Community Coalition
- Virginia Crandall, Florida Department of Health in Hernando County
- Stefica Depovic, Florida Department of Health in Hernando County
- Gina Dowler, Florida Department of Health in Hernando County
- Ann-Gayl Ellis, Florida Department of Health in Hernando County
- Judy Everett, Hernando County School District
- Jennifer Fletcher, PACE Center for Girls
- Gina Gonzalez, Baycare Behavioral Health
- Kelly Gormerly, Parent Academy, Hernando County Sheriff's Office
- Naomi Green, Going Vegan for Health
- Gus Guadagnino, Veteran's Heat Factory
- Dory Headlee, Revitalize Counseling Center
- Lesley Hersey, LSF Health Systems
- Harold Hutchinson, Jr., Hernando Community Coalition
- Xonjenese Jacobs, PACE Center for Girls
- Lauren Jolly, Spherion Staffing
- Tina Kinney, National Alliance on Mental Illness (NAMI) Hernando
- Kasey Kupcik, Hernando County Government
- Lt. Phil Lakin, Hernando County Sheriff's Office
- Richard Linkul, Premier Marketing
- Martha Maner, Mid-Florida Community Services
- Sandra Marrero, Baycare Behavioral Health
- Nina Mattei, Florida Department of Health in Hernando County
- Tim Miller, Florida Department of Health in Hernando County
- Christy Murray, Hernando County Community Alliance
- Robin Napier, Florida Department of Health in Hernando County
- Barbara Nassar, People Helping People
- Alba Pagan, Bayfront Health
- Zuliet Perez, Dawn Center
- Nancy Philips, Melaleuca The Wellness Company
- Saundra Piercy, End of Life Doula
- Cheryl Pollock, Premier Community HealthCare
- Gina Prespare, Crescent Community Clinic
- Holden Reigel, YMCA
- Teresa Robinson, WellCome Om Center
- Anita Sanchez, Florida Department of Health in Hernando County

Steering Committee Members (continued)

- Derek Saunier, St. Leo University
- Jennifer Siem, Bayfront Health
- Amber Slusser, YMCA
- Evan Sommerfeld, People Helping People
- Lisa Studzin, Dawn Center
- Ashley Thomas, Florida Department of Health in Hernando County
- Noel Tullis, United Way of Hernando County
- Mike Walker, City of Brooksville
- Tresa Watson, Hernando Community Coalition
- Eddie Williams, Pasco-Hernando State College
- Carolyn Zirkovic, BEMER Microcirculation Center

FORCES OF CHANGE MATERIALS

Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Hernando 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 Hernando County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Hernando 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.

Worksheet Example: Factors, events and trends affecting Hernando 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 Hernando 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

2019 Hernando County Community Health Survey

Dear Neighbor,

What are the most important health and health care issues in your community? The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey. The survey will be available from Monday, March 18 through Sunday, May 26, 2019. Community leaders will use your answers to build a healthier community.

This survey has 42 questions and should take about 10-15 minutes to finish. Your answers will not be used to identify you.

We are holding a raffle to give away ten (10) gift cards worth \$30 each. To enter the raffle:

- You must be at least 18 years old to participate.
- Answer all questions on the survey.
- Give us your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential.

Please answer the survey only once. Completing more than one survey will not increase your chances to win a gift card.

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.

The survey begins on the following page.

Thank you for sharing your views about health with us!

YOU MUST BE AT LEAST 18 YEARS OF AGE AND A RESIDENT OF HERNANDO COUNTY TO PARTICIPATE IN THIS SURVEY.

1. What is your age?

- 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 Hernando County.*

2. Where do you live? Choose ONE

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

3. What is your zip code?

- | | |
|---|-----------------------------|
| <input type="radio"/> 34601 | <input type="radio"/> 34608 |
| <input type="radio"/> 34602 | <input type="radio"/> 34609 |
| <input type="radio"/> 34604 | <input type="radio"/> 34613 |
| <input type="radio"/> 34606 | <input type="radio"/> 34614 |
| <input type="radio"/> 34607 | <input type="radio"/> 34661 |
| <input type="radio"/> Other, please specify _____ | |

4. What do you think contributes most to a healthy community? Choose THREE

- | | |
|---|---|
| <input type="radio"/> Access to affordable health care including primary/family care and specialty care, dental care and mental health care | <input type="radio"/> Job opportunities for all levels of education |
| <input type="radio"/> Access to convenient, affordable and nutritious foods | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable goods/services | <input type="radio"/> Low level of child abuse |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Affordable utilities | <input type="radio"/> Low preventable death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low rates of infant and childhood deaths |
| <input type="radio"/> Awareness of health care and social services | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Clean environment | <input type="radio"/> Places of worship |
| <input type="radio"/> First responders, Fire/Rescue/EMS, emergency preparedness | <input type="radio"/> Public transportation system |
| <input type="radio"/> Good place to raise children | <input type="radio"/> Religious or spiritual values |

- Good race/ethnic relations
- Good schools
- Healthy behaviors
- Strong economy
- Strong family ties
- Other, please specify _____

5. What has the greatest negative impact on the health of people in Hernando County? Choose THREE

- Alcohol abuse
- Distracted driving (e.g., texting while driving)
- Dropping out of school
- Drug abuse (cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- Eating unhealthy foods/drinking sugar sweetened beverages
- Lack of personal responsibility
- Lack of sleep
- Lack of stress management
- Lack of physical activity
- Loneliness or isolation
- 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
- Racial/ethnic relations
- Starting prenatal care late in pregnancy
- Tobacco use/vaping/chewing tobacco
- Unsafe sex
- Unsecured firearms
- Violence
- Other, please specify _____

6. Which health care services are difficult for you to obtain in Hernando County? Choose ALL that apply

- | | | |
|---|---|---|
| <input type="radio"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="radio"/> Prescriptions/medications or medical supplies | <input type="radio"/> Laboratory services |
| <input type="radio"/> Dental/oral care | <input type="radio"/> Preventive care (e.g., check-ups) | <input type="radio"/> Mental/behavioral health |
| <input type="radio"/> Emergency room care | <input type="radio"/> Primary/family care (e.g., family doctor) | <input type="radio"/> Physical therapy/rehabilitation therapy |
| <input type="radio"/> Family planning/birth control | <input type="radio"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="radio"/> Vision/eye care |
| <input type="radio"/> In-patient hospital care | <input type="radio"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="radio"/> Prenatal care (pregnancy care) |

Imaging (CT scan, mammograms, MRI, X-rays, etc.)

Urgent care (e.g., walk-in clinic)

Other, please specify _____

7. What 3 health issues are the biggest problems for residents in Hernando County?

Choose **THREE**

- | | |
|---|--|
| <input type="radio"/> Access to sufficient and nutritious foods | <input type="radio"/> Homelessness |
| <input type="radio"/> Access to long-term care | <input type="radio"/> Homicide |
| <input type="radio"/> Access to primary/family 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 (includes e-cigarettes, smokeless 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"/> HIV/AIDS | <input type="radio"/> Other, please specify _____ |

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? Choose ALL that apply

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- Other, please specify _____

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

- 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/family care you needed during the past 12 months? Choose ALL that apply

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- Other, please specify _____

12. During the past 12 months, was there a time when you needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- Yes. Please go to Question 13.
- No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed. Please go to Question 14.

13. What prevented you from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply



- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- Other, please specify _____

14. Are you responsible for getting health, dental and/or mental health care for a child or children under the age of 18?

- No. Please go to Question 21.
- Yes. Please go Question 15.

15. During the past 12 months, was there a time when your child or children in your care needed dental care, including check-ups, but didn't get it?

- Yes. Please go to Question 16.
- No. My child or children got the dental care they needed or didn't need dental care. Please go to Question 17.

16. What prevented your child or children in your care from getting the dental care they needed during the past 12 months? Choose ALL that apply

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or no insurance
- Transportation, couldn't get there
- Other, please specify _____

17. During the past 12 months, was there a time when your child or children in your care needed to see a primary/family care doctor for health care but couldn't?

- Yes. Please go to Question 18.
- No. My child or children got the health care they needed or didn't need care. Please go to Question 19.

18. What prevented your child or children in your care from getting the primary/family care they needed during the past 12 months? Choose ALL that apply

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Other, please specify _____

19. During the past 12 months, was there a time when your child or children in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- Yes. Please go to Question 20.
- No. My child or children got to see a therapist or counselor when they needed mental health/substance use care or they didn't need mental health/substance use care. Please go to Question 21.

20. What prevented your child or children in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Other, please specify _____

21. Are you responsible for getting health, dental and/or mental health care for an adult in your care?

- No. Please go to Question 28.
- Yes. Please go Question 22.

22. During the past 12 months, was there a time when an adult in your care needed dental care, including check-ups, but didn't get it?

- Yes. Please go to Question 23.
- No. The adult in my care got the dental care they needed or didn't need care. Please go to Question 24.

23. What prevented the adult in your care from getting the dental care they needed during the past 12 months? Choose **ALL that apply.**

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Other, please specify _____

24. During the past 12 months, was there a time when an adult in your care needed primary/family care, including check-ups, but didn't get it?

- Yes. Please go to Question 25.
- No. The adult in my care got the health care they needed or didn't need primary/family care. Please go to Question 26.

25. What prevented the adult in your care from seeing a primary/family care provider during the past 12 months? Choose **ALL that apply.**

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Other, please specify _____

26. During the past 12 months, was there a time when an adult in your care needed to see a therapist or counselor for a mental health or substance use issue, but didn't?

- Yes. Please go to Question 27.
- No. The adult in my care got to see a therapist or counselor when they needed mental health or substance use care or didn't need mental health or substance use care. Please go to Question 28.

27. What prevented the adult in your care from seeing a therapist or counselor for a mental health or substance use issue? Choose ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Transportation, couldn't get there
- Other, please specify _____

28. In the last 12 months, what were your biggest challenges? Choose up to TWO challenges. You must choose at least ONE.

- Food (having enough nutritious food)
- Affordable utilities
- Transportation
- Housing
- Employment (job)
- Childcare
- Access to doctor or dentist
- Personal safety
- Mental Health/Depression
- None of the above were challenges for me in the past 12 months
- Other (please specify) _____

29. How easy or difficult is it to get information about health if you need it?

- Very easy
- Easy
- Not easy nor difficult
- Difficult
- Very Difficult

30. How easy or difficult is it to understand the health information you get from doctors, nurses and other health professionals?

- Very easy
- Easy
- Not easy nor difficult
- Difficult
- Very Difficult

31. How easy or difficult is it to understand the written health information on the Internet and in printed handouts?

- Very easy
- Easy
- Not easy nor difficult
- Difficult
- Very Difficult

32. Overall, how healthy are the people in Hernando County?

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

33. How do you rate your health?

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

Describe yourself. This information is confidential and will not be shared. You will not be identified.

34. What is your age?

- 18-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80 or older
- I prefer not to answer

35. What is your gender?

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

36. Are you of Hispanic, Latino, or Spanish origin? Choose ONE

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin
(please specify) _____
- I prefer not to answer

37. What racial group do you most identify with? (Please select ONE choice)

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Two or more races
- White
- I prefer not to answer
- Other (please specify) _____

38. What is the highest level of school you have completed?

- Elementary/Middle School
- High school diploma or GED
- Technical/Community College
- 4-year College/Bachelor's degree
- Graduate/Advanced degree
- Some college
- I prefer not to answer
- Other (please specify) _____

39. Which of the following best describes your current employment status? Choose ALL that apply

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

40. How do you pay for health care? Choose ALL that apply

- Health insurance offered from your job or a family member's job
- Health insurance that you pay on your own
- I do not have health insurance
- Medicare
- Military coverage/VA/Tricare
- Pay cash
- Medicaid
- Other (please specify) _____

41. What is the combined annual income of everyone living in your household? Choose 1

- | | |
|--|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$100,000 to \$124,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> \$125,000 to \$149,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$30,000 to \$49,999 | <input type="radio"/> \$174,000 to \$199,999 |
| <input type="radio"/> \$50,000 to \$74,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> I prefer not to answer |

42. Is there anything else you'd like to tell us? Please provide your comments below.

Do you want to participate in our raffle to win a \$30 gift card? If you do, write in your email address or phone number so we can contact you if you win.

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 Hernando County, 7551 Forest Oaks Blvd., Spring Hill, FL 34606
- Florida Department of Health in Hernando County, 300 South Main Street, Brooksville, FL 34601

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 Hernando County.



PROVIDER SURVEY

2019 Hernando County Healthcare Provider and Partner Survey

Dear Health Care/Social Service Provider and Community Partner,

The Florida Department of Health in Hernando 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, 2019. We request your input as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2019. Your responses will inform 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 11 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Hernando County. The survey will be available from Monday, March 18, 2019 through Friday, June 14, 2019.

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 health care/social or community services to Hernando County residents?

- Yes
- No

2. What is your health care profession?

- 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
- I do not provide health care services
- Other (please specify) _____

2a. If you selected physician in Question 2, what is your specialty ?

<input type="radio"/> Addiction Medicine	<input type="radio"/> Internal Medicine
<input type="radio"/> Allergy/Immunology	<input type="radio"/> Neonatology
<input type="radio"/> Anesthesiology	<input type="radio"/> Nephrology
<input type="radio"/> Cardiology	<input type="radio"/> Neurology
<input type="radio"/> Cosmetic/Plastic Surgery	<input type="radio"/> Neurosurgery
<input type="radio"/> Chiropractic Medicine	<input type="radio"/> Obstetrics
<input type="radio"/> Critical Care Medicine	<input type="radio"/> Oncology
<input type="radio"/> ENT/Otolaryngology	<input type="radio"/> Ophthalmology
<input type="radio"/> Family Practice	<input type="radio"/> Orthopedic Medicine
<input type="radio"/> Dermatology	<input type="radio"/> Orthopedic Surgery
<input type="radio"/> Emergency Medicine	<input type="radio"/> Osteopathic Medicine
<input type="radio"/> Endocrinology	<input type="radio"/> Pain Management
<input type="radio"/> Gastroenterology	<input type="radio"/> Palliative Care
<input type="radio"/> General Practice	<input type="radio"/> Pediatrics
<input type="radio"/> General Surgery	<input type="radio"/> Physical Therapy and Rehabilitation
<input type="radio"/> Geriatrics	<input type="radio"/> Pulmonology
<input type="radio"/> Gynecology	<input type="radio"/> Psychiatry
<input type="radio"/> Hematology	<input type="radio"/> Radiology
<input type="radio"/> Hospitalist	<input type="radio"/> Specialized Surgery
<input type="radio"/> Immunology	<input type="radio"/> Sports Medicine
<input type="radio"/> Infectious Disease	<input type="radio"/> 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 convenient, affordable and nutritious foods
- Access to health care including primary and specialty care, dental care and mental health care
- Affordable goods/services
- Affordable housing
- Affordable utilities
- Arts and cultural events
- Awareness of health care and social services
- Clean environment
- First responders, Fire/Rescue/EMS, Emergency preparedness
- Good place to raise children
- Good race/ethnic relations
- Good schools
- Healthy behaviors and healthy lifestyles
- Job opportunities for all education levels
- Low crime/safe neighborhoods
- Low level of child abuse
- Low level of domestic violence
- Low rates of adult deaths and disease
- Low rates of infant and childhood deaths
- Parks and recreation
- Places of worship
- Public transportation
- Religious or spiritual values
- Strong economy
- 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 Hernando 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
- No or insufficient physical activity
- 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
- Poor race/ethnic relations, racism
- Poor stress management
- Starting prenatal care late in pregnancy
- Tobacco use including e-cigarettes, smokeless tobacco
- Unsafe sex practices
- Unsecured firearms
- Violence
- Other (please specify) _____

5. What health care services are difficult to obtain in Hernando County? Please select all that apply.

- | | | |
|---|---|---|
| <input type="radio"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="radio"/> Prescriptions/medications or medical supplies | <input type="radio"/> Laboratory services |
| <input type="radio"/> Dental/oral care | <input type="radio"/> Preventive care (e.g., check-ups) | <input type="radio"/> Mental/behavioral health |
| <input type="radio"/> Emergency room care | <input type="radio"/> Primary/family care (e.g., family doctor) | <input type="radio"/> Physical therapy/rehabilitation therapy |
| <input type="radio"/> Family planning/birth control | <input type="radio"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="radio"/> Vision/eye care |

- In-patient hospital care
- Substance abuse counseling services (e.g., drug, alcohol)
- Prenatal care (pregnancy care)
- Imaging (CT scan, mammograms, MRI, X-rays, etc.)
- Urgent care (e.g., walk-in clinic)
- Other, please specify _____

6. In the following list, what do you think are the three (3) most important "Health Problems" (those problems which have the greatest impact on overall community health) in Hernando County? Please select three (3) choices.

<input type="radio"/> Access to sufficient and nutritious foods	<input type="radio"/> Homelessness
<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	<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 and overweight
<input type="radio"/> Child abuse/neglect	<input type="radio"/> Pollution (e.g., water and air 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"/> Exposure to excessive and/or negative media and advertising	<input type="radio"/> Suicide
<input type="radio"/> Firearm-related injuries	<input type="radio"/> Teenage pregnancy
<input type="radio"/> Heart disease and stroke	<input type="radio"/> Tobacco use including e-cigarettes, smokeless tobacco
<input type="radio"/> High blood pressure	<input type="radio"/> Vaccine-preventable disease (e.g., flu, measles)
<input type="radio"/> HIV/AIDS	<input type="radio"/> Other, please specify

7. Would you say the overall health of residents of Hernando County? Please select one (1) response.

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

8. For your clients in Hernando County with chronic diseases or conditions, what do you feel are the biggest barriers to the client 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 a health care provider
- Lack of coverage by insurance company
- Lack of knowledge
- Self-discipline/motivation
- Other (please specify) _____

9. What can Hernando County do to help improve the health of your clients 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) _____

10. How would you rate the overall accessibility to health care for residents of Hernando County? Please select one (1) choice.

- Poor
- Fair
- Good
- Very Good
- Excellent

11. How would you rate your own personal health?

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

The next are a series of demographic questions.

12. What is your age?

- Less than 30
- 30-39
- 40-49
- 50-59
- 60-64
- 65-69
- 70-79
- 80 or older
- I prefer not to answer

13. What is your gender?

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

14. 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) _____

15. How long have you practiced in your profession?

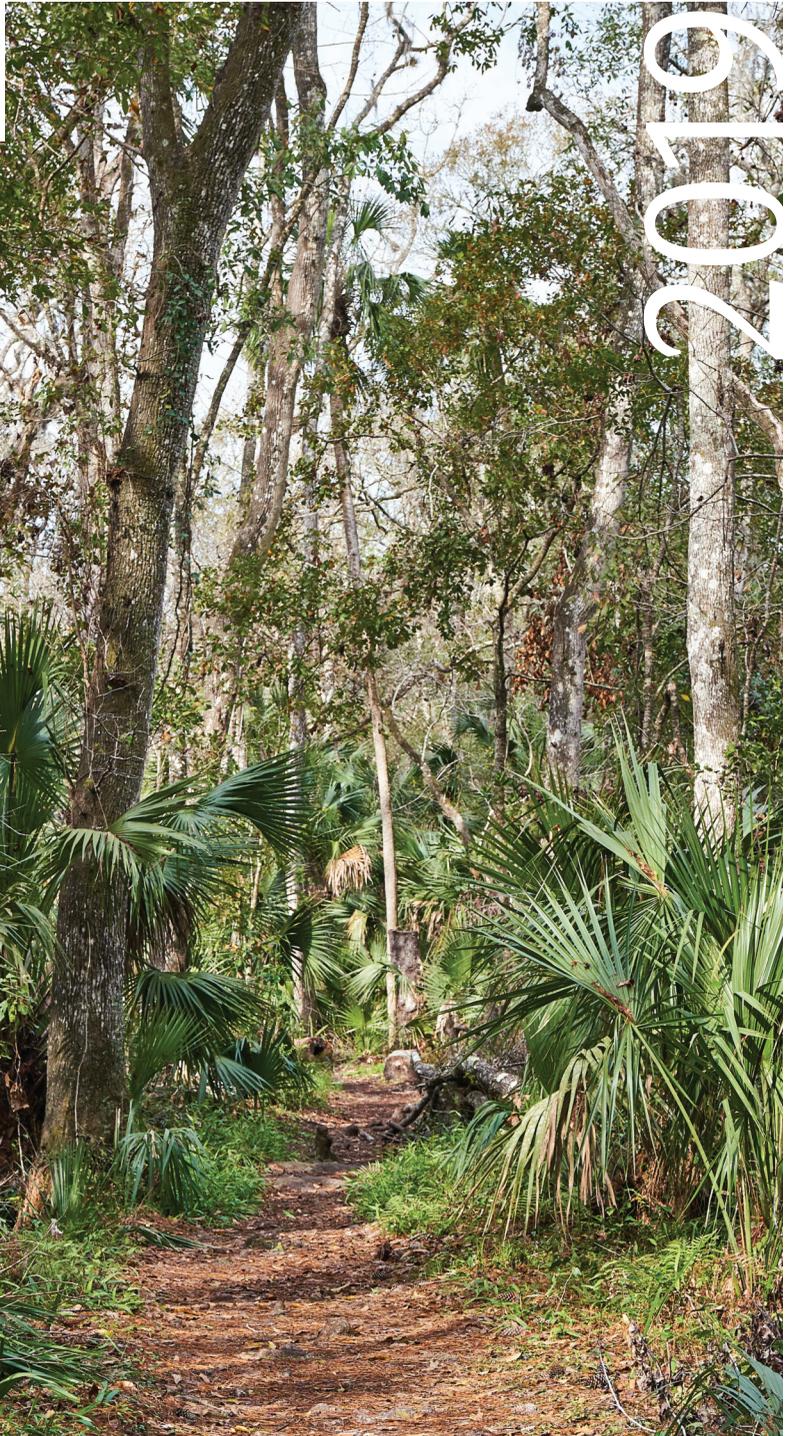
- Less than 5 years
- 5-9 years
- 10-14 years
- 15-19 years
- More than 20 years
- I prefer not to answer

16. How did you hear about this survey? Please select one (1) response.

- Facebook
- Flyer
- Newspaper advertisement or article
- Poster
- Twitter post
- Through a family member, friend or co-worker
- Web site, please specify the web site _____
- Other, please specify _____

17. Is there anything else you'd like to tell us? Please provide your comments below.

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.



HERNANDO COUNTY

COMMUNITY HEALTH ASSESSMENT

TECHNICAL APPENDIX ADDENDUM





Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.



National Public Health Performance Standards

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National Public Health Performance Standards

Acknowledgements

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can 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.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

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
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.



Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.

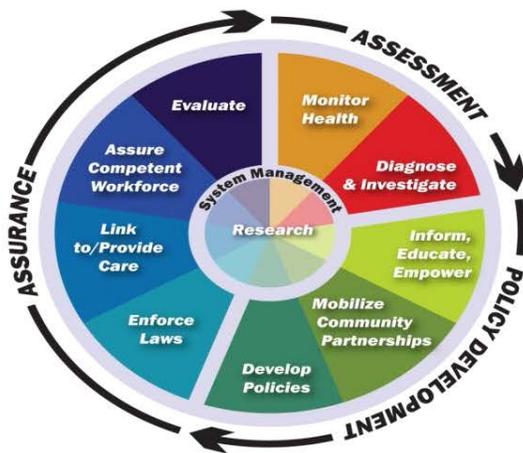


Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.



Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 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 indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.



Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

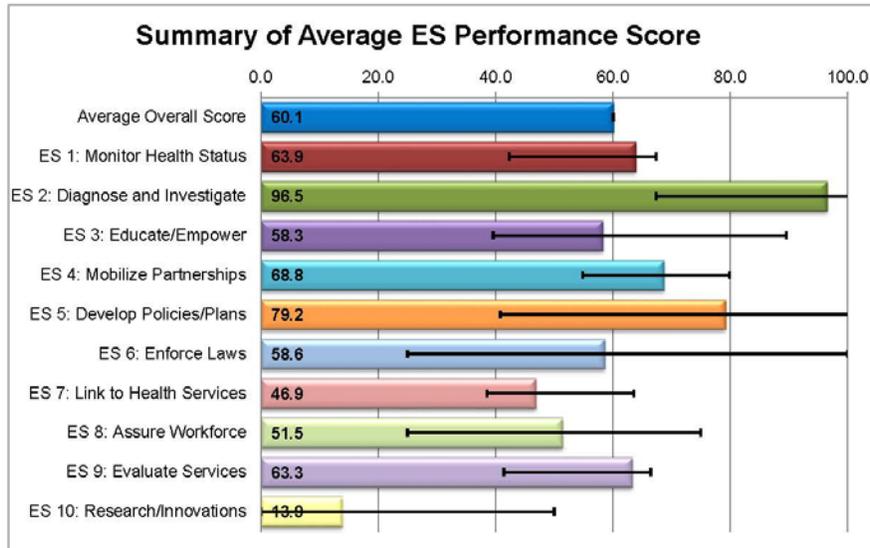
Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.



Overall Scores for Each Essential Public Health Service

Figure 2. Summary of Average Essential Public Health Service Performance Scores

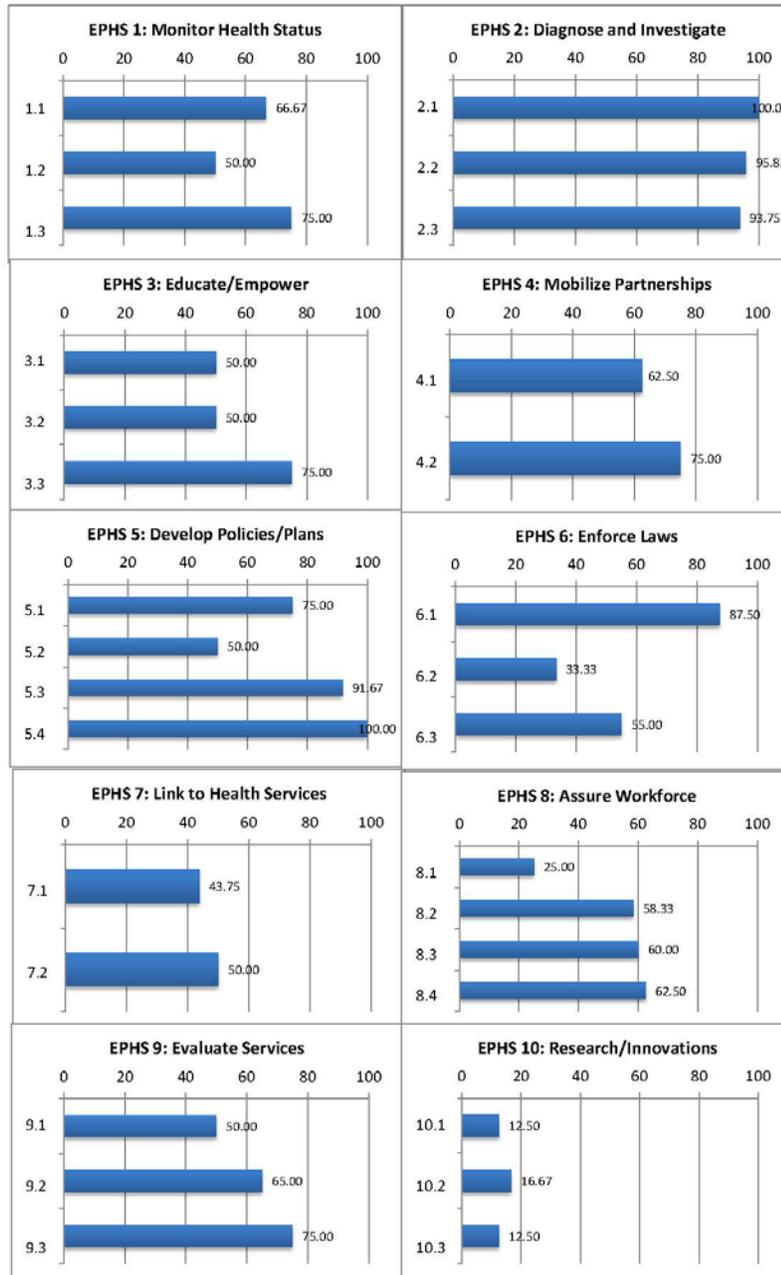


Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.



Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard





In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	63.9		
1.1 Community Health Assessment	66.7		
1.2 Current Technology	50.0		
1.3 Registries	75.0		
ES 2: Diagnose and Investigate	96.5		
2.1 Identification/Surveillance	100.0		
2.2 Emergency Response	95.8		
2.3 Laboratories	93.8		
ES 3: Educate/Empower	58.3		
3.1 Health Education/Promotion	50.0		
3.2 Health Communication	50.0		
3.3 Risk Communication	75.0		
ES 4: Mobilize Partnerships	68.8		
4.1 Constituency Development	62.5		
4.2 Community Partnerships	75.0		
ES 5: Develop Policies/Plans	79.2		
5.1 Governmental Presence	75.0		
5.2 Policy Development	50.0		
5.3 CHIP/Strategic Planning	91.7		
5.4 Emergency Plan	100.0		
ES 6: Enforce Laws	58.6		
6.1 Review Laws	87.5		
6.2 Improve Laws	33.3		
6.3 Enforce Laws	55.0		
ES 7: Link to Health Services	46.9		
7.1 Personal Health Service Needs	43.8		
7.2 Assure Linkage	50.0		
ES 8: Assure Workforce	51.5		
8.1 Workforce Assessment	25.0		
8.2 Workforce Standards	58.3		
8.3 Continuing Education	60.0		
8.4 Leadership Development	62.5		
ES 9: Evaluate Services	63.3		
9.1 Evaluation of Population Health	50.0		
9.2 Evaluation of Personal Health	65.0		
9.3 Evaluation of LPHS	75.0		
ES 10: Research/Innovations	13.9		
10.1 Foster Innovation	12.5		
10.2 Academic Linkages	16.7		
10.3 Research Capacity	12.5		
Average Overall Score	60.1	NA	NA
Median Score	61.0	NA	NA



Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

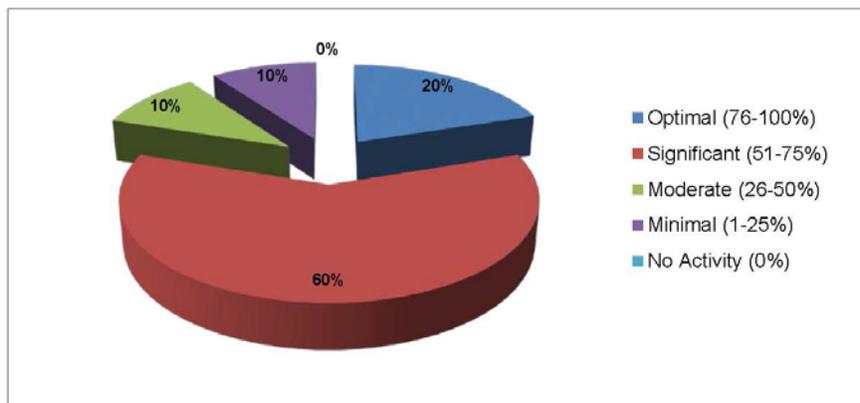
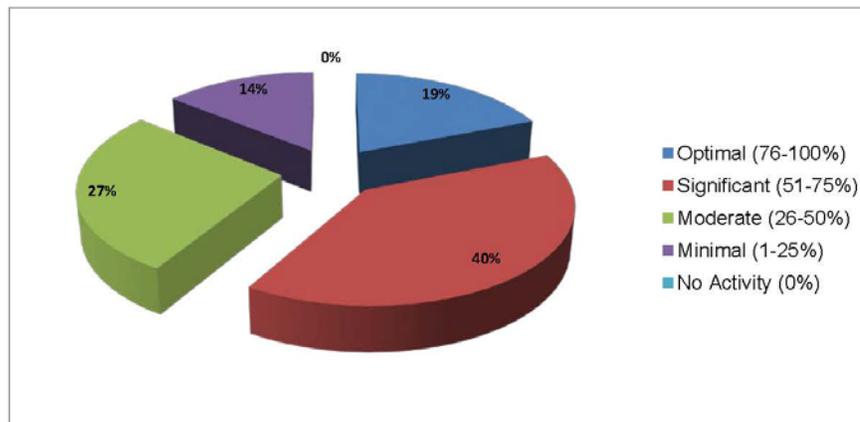


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.





Priority of Model Standards Questionnaire Section (Optional Survey)

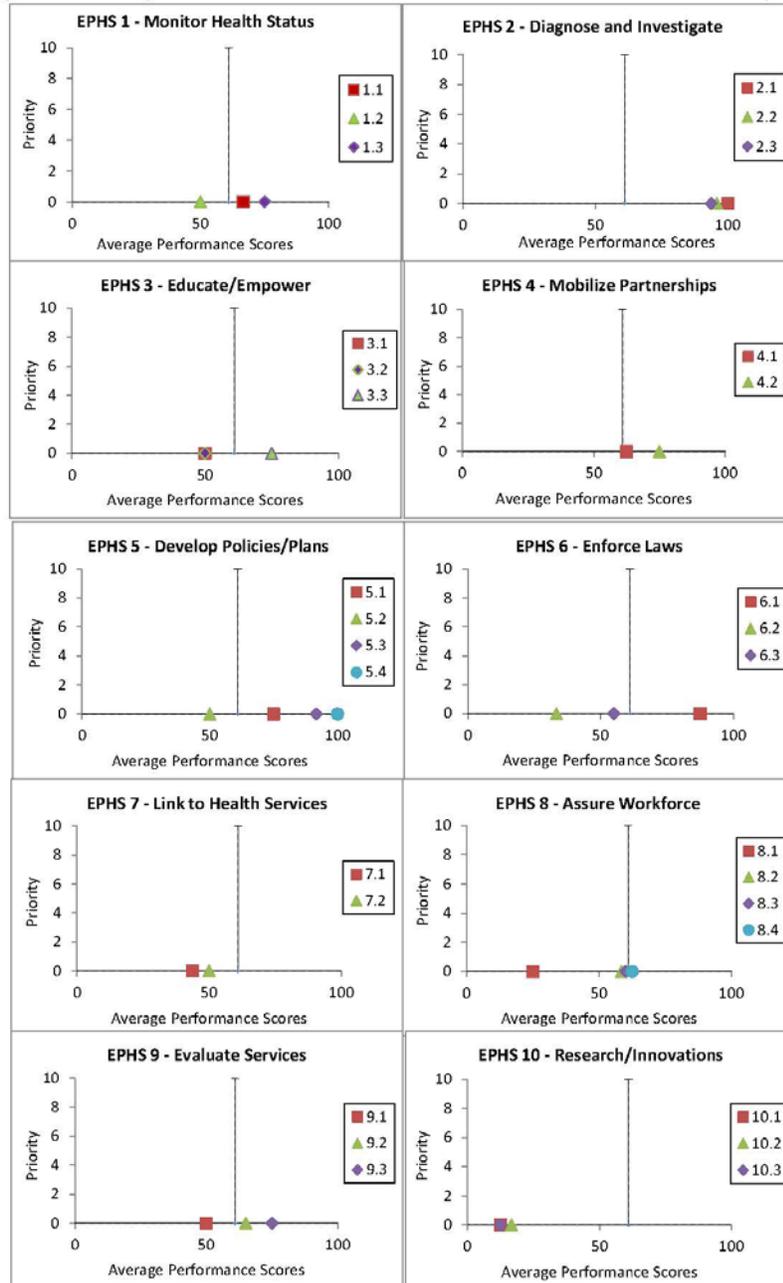
If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide*.



Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings



Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.



Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings

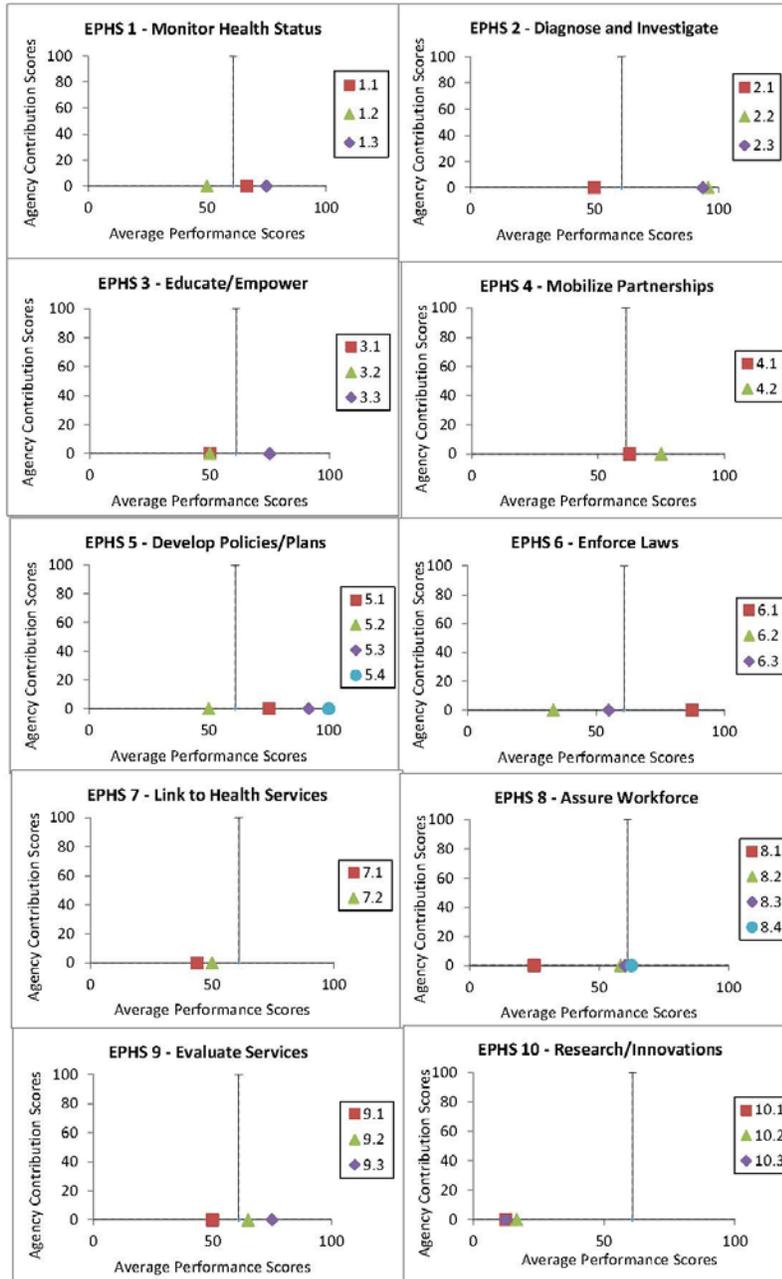
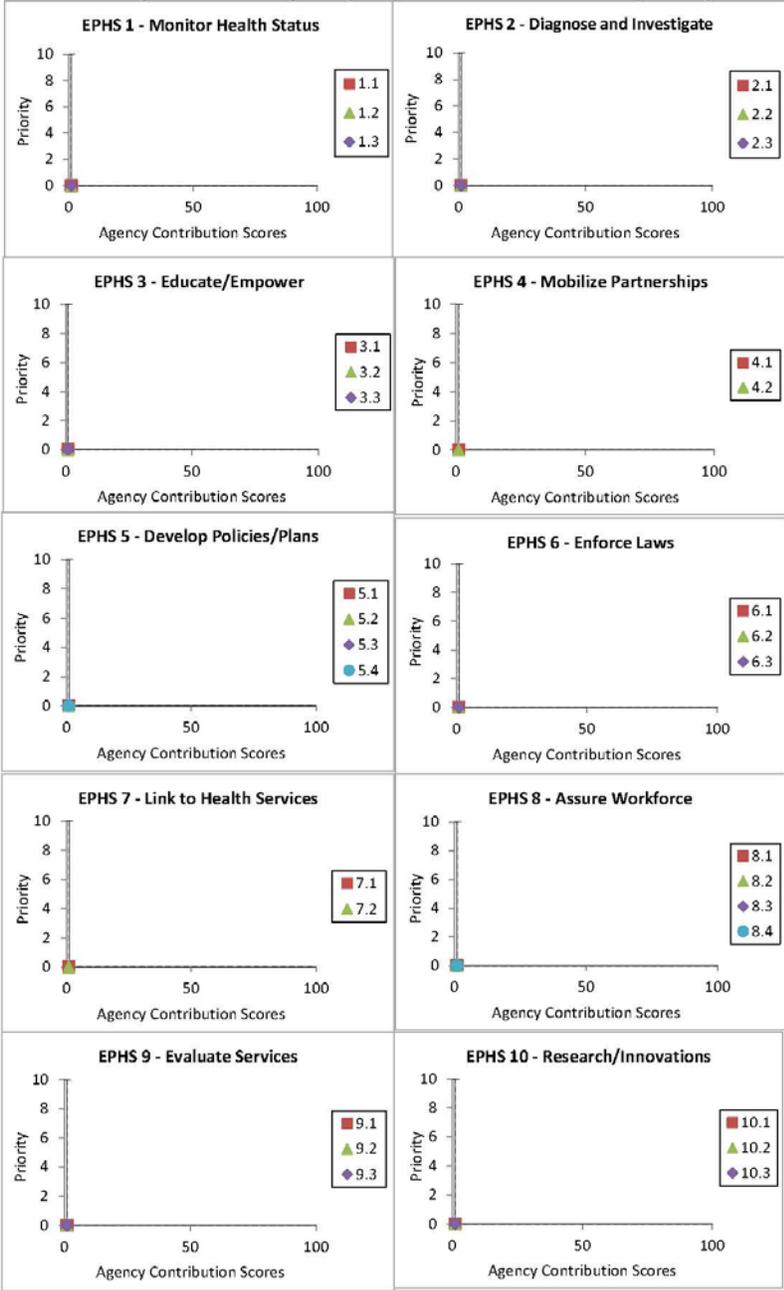




Figure 9. Summary of Agency Contribution and Priority Rating





Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.



Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified

- Each public health partner should be considered when approaching quality improvement for your system
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
- An integral part of performance improvement is working consistently to have long-term effects
- A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F Find an opportunity for improvement using your results.

O Organize a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C Consider the current process, where simple improvements can be made and who should make the improvements.

U Understand the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S Select the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)



Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.



APPENDIX A: Individual Questions and Responses

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	50
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	100
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	



2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50



3.2.3	Identify and train spokespersons on public health issues?	50
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	50
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	50

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100



5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	100
5.2.3	Review existing policies at least every three to five years?	75
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	100
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50



6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	25
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	50
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	50
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	25

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	25
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	50
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce



8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50



8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50
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ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	25
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	100
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	75

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems

10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
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10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	0
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	0
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	50
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	0
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	0
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	0
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	0



APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
1.1	Model Standard: Population-Based Community Health Assessment (CHA)		
Community health assessments are conducted every three years. Hernando County has used the MAPP process for many years to assure a thorough and consistent assessment process.	Broader, more diverse and representative participation in the community health assessment process would be welcomed.	Continue to identify new partners to represent the changing population diversity in Hernando County. Highlight the use of health registry data in the community health assessment documentation.	



1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
<p>Data are widely available online through Florida CHARTS and in reports published by WellFlorida Council. Partners have varied capacities to use technology (hardware and software) to collect, analyze, publish and share data.</p>		<p>Need to look for ways to access the latest data and present local data that are meaningful for understanding health issues and identifying populations and geographies at higher risk for poor health outcomes</p>	



1.3	Model Standard: Maintenance of Population Health Registries		
Partners are aware of statutory requirements to report to population health registries and do so routinely.	Availability of population health registry data may not be widely known	Highlight the use of population health registry data in community health assessment documentation.	



ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1		Model Standard: Identification and Surveillance of Health Threats	
Strong disease and environmental surveillance in county, region and state	To remain current need resources for disease surveillance, including technology assets and training for surveillance partners; relationships among surveillance partners can impact system functioning	<ul style="list-style-type: none"> Pursue funding for surveillance resources Develop and foster relationships among surveillance partners 	



2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
Written protocols and standards are followed and evaluated, updated regularly			



2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
State laboratory services available and accessible 24/7 if needed			



ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
Health information is generally widely available, community partners make substantial efforts to coordinate health education/promotion efforts. The success and expansion of CHIPP is an example of how effective Hernando County partners have been in their work to engage community organizations, stakeholders, policymakers, and residents in health education and health promotion efforts.	More participation from the community at large is always needed, particularly from groups that have not historically been actively engaged in planning and implementing interventions and programs.	Explore novel tactics for outreach and community engagement	



3.2	Model Standard: Health Communication		
<p>Some partner organizations have robust communication plans and trained public information officers. Shared examples of educating policymakers and elected officials while adhering to various agency restrictions on lobbying and advocacy.</p>	<p>Capacity for developing communication plans varies among partner organizations Organizational capacity can be helped or hindered by their use of communication technology and ability to identify priority populations</p>	<p>Make communication planning and training resources available, use experienced and skilled PIOs as mentors</p>	



3.3	Model Standard: Risk Communication		
<p>Partners shared examples of communication plans such as Department of Health and County Emergency Management. Emergency communication plans and resources are strengths, improving and assuring communications during emergencies is a priority</p>	<p>Keeping up with emerging communication technologies can be a challenge, affordability of equipment</p>	<p>Assure clearer understanding of the communication platforms available to public health system partners to enhance opportunities to share health messages. Identify grants and other programs to expand communication training and resources</p>	



ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
4.1	Model Standard: Constituency Development		
Hernando County community partner organizations work well together and welcome new participants. CHIPP is long-standing, respected organization with proven track record of mobilizing the community to address health issues	While 211 serves as the community directory, perhaps not all Hernando community organizations and residents are aware of its availability	Continuous updating and promoting of 211	



4.2	Model Standard: Community Partnerships		
<p>Numerous community groups and partnerships track progress and have written objectives to document outcomes and impact</p>	<p>Not all community partnerships dedicate resources to assessing and evaluating their effectiveness, may be related to lack of resources and/or competing priorities and demands for services</p>	<p>Encourage progress reporting and accountability among community organizations. Recognize and celebrate the achievements of partnerships</p>	



ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1		Model Standard: Governmental Presence at the Local Level	
DCH Hernando is a respected community agency, has the wide respect and support of the community	Public health could always use more resources and sustained community support; must assure that public health has resources for both routine and emerging health issues		



5.2		Model Standard: Public Health Policy Development	
<p>Public health system partners educate policymakers and elected officials about potential health impacts. Examples were provided of instances of policymakers and elected leaders being unaware of emerging health issues but being open to listening to subject matter experts.</p>	<p>Relationships with policymakers and elected officials must be developed and nurtured, can take time to be established</p>	<p>Continue to involve policymakers and elected officials, business leaders in the CHIPP, assessment process and implementation strategies to address long-standing and emerging health problems. Organizations could have written guidelines or standard operating procedures for regular internal policy review.</p>	



5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
<p>CHIPP in Hernando County is recognized by other counties as a model</p>	<p>Community health assessment and health improvement planning work requires regular and dedicated work of many (not unique to Hernando County but inherent in effective and impactful processes)</p>	<p>More and wider communication about CHIPP successes, challenges, and opportunities for all to participate</p>	



5.4	Model Standard: Plan for Public Health Emergencies		
<p>Hernando County has strong county emergency response plans, partners with regional and state agencies in planning</p>	<p>Plans are lengthy</p>	<p>Continue to engage organizations, businesses, volunteers and residents in trainings, drills and preparations that strengthen preparedness, response, recovery and mitigation of public health emergencies</p>	



ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
DOH-Hernando performs its statutorily mandated regulation and enforcement activities according to set standards	Must adhere to state government guidelines for educating elected officials		



6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
DOH-Hernando provides technical and subject matter expertise when appropriate, can seek assistance and expertise from state health office			



6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
Public health authority is generally clear in statute	Florida Department of Health must partner with other agencies and entities on enforcement issues at times	Consider conducting assessment and/or evaluation of compliance with public health laws by local organizations	



ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
Hernando County partners and governmental entities use numerous mechanisms to try to identify needs and unmet needs, including the periodic community health assessment process.	Identifying needs can be challenging in rural areas and among groups who prefer not to engage with agencies/government. Roles and responsibilities of organizations in responding to unmet need might not be clearly delineated. For some health problems and priority populations, we understand healthcare-seeking practices but this is not true across the spectrum of health issues and for the diverse and changing population in Hernando County.	Identify strategies to better understand why some Hernando County residents do not or choose not to get the health care they need	



7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
<p>Hernando County health system partners work hard to connect people to needed services.</p>	<p>Cannot assure that people follow through with the connections and resources that are provided</p>	<p>Explore better communication and coordination among partners to monitor if connection strategies work</p>	



ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1		Model Standard: Workforce Assessment, Planning, and Development	
Workforce assessments conducted by some entities for specific groups (e.g., Career Source). CHIPP recently created a new workforce group to address healthcare professional shortages, maldistribution, and other employment issues for the public health and healthcare workforce	No known county-wide workforce assessment is done in Hernando County	Determine if county-wide or regional workforce assessment is available	



8.2	Model Standard: Public Health Workforce Standards		
<p>Public health workforce is certified and licensed as required by laws and regulations Job standards and descriptions are routinely available for employees</p>	<p>Consistent use of job standards and position descriptions not always evident</p>	<p>Continue to refine job descriptions and standards to accurately reflect the work performed and required of public health professionals</p>	



8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
<p>Career-long learning is encouraged</p>	<p>Resources and authority to offer incentives can be limited Barriers to use of some benefits exist (e.g., tuition waiver, reimbursement) Clear understanding of the social determinants of health is lacking among some sectors of the public health system</p>	<p>Pursue novel ways to incentivize participation in training and skills development Educate community partners and the community at large about the social determinants of health Train social and health care providers on how to employ strategies to address barriers encountered because of these determinants</p>	



8.4	Model Standard: Public Health Leadership Development		
<p>Leadership opportunities exist and staff are encouraged to participate in leadership development activities. Leadership roles and opportunities are available through many community partnership groups and projects (e.g., CHIPP, Healthy Babies)</p>	<p>Workforce may need motivation to pursue leadership opportunities along with mentoring and training to develop sustained leadership roles</p>	<p>Partner with academic institutions and professional organizations to offer leadership development resources</p>	



ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
Organizations that provide population-based programs conduct evaluations	Evaluation results may not be widely shared	Communicate strengths, challenges of population health services and programs	



9.2	Model Standard: Evaluation of Personal Health Services		
Personal health service providers conduct evaluations and use guidelines when available. Examples of use of technology to improve personal health services were provided	Quality of personal health services is not discussed in community forums		



9.3	Model Standard: Evaluation of the Local Public Health System		
Local public health system assessment is done as part of the MAPP process every three years		Apply and highlight the use of system capacity assessment data when identifying community health priorities and selecting implementation strategies	



ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
Public health system partners are interested in research findings and innovations			



10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
<p>Performance management and performance improvement are emerging priorities for many partners</p>	<p>Competing priorities can make participation in research difficult Resources, including leadership and staff time, are needed to make regular participation with academic partners on research projects feasible</p>	<p>Identify strategies to support quality improvement and the advancement of emerging, innovative and promising practices</p>	



10.3	Model Standard: Capacity to Initiate or Participate in Research		
Public health workforce is accustomed to employing best- and/or promising practices that emerge from studies	Research is low on the priority list for most front-line health and social service provider staff Resources for research are very limited	Pursue partnerships with local and regional research organizations and academic institutions	



APPENDIX C: Additional Resources

General

Association of State and Territorial Health Officers (ASTHO)

<http://www.astho.org/>

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)

<http://www.cdc.gov/ostlts/programs/index.html>

Guide to Clinical Preventive Services

<http://www.ahrq.gov/clinic/pocketqd.htm>

Guide to Community Preventive Services

www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)

<http://www.naccho.org/topics/infrastructure/>

National Association of Local Boards of Health (NALBOH)

<http://www.nalboh.org>

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System

<http://www.nalboh.org/pdf/files/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf>

Public Health 101 Curriculum for governing entities

http://www.nalboh.org/pdf/files/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf



Accreditation

ASTHO's Accreditation and Performance Improvement resources

<http://astho.org/Programs/Accreditation-and-Performance/>

NACCHO Accreditation Preparation and Quality Improvement

<http://www.naccho.org/topics/infrastructure/accreditation/index.cfm>

Public Health Accreditation Board

www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

<http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf>

Setting Health Priorities and Establishing Health Objectives

<http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf>

Healthy People 2020:

www.healthypeople.gov

MAP-IT: A Guide To Using Healthy People 2020 in Your Community

<http://www.healthypeople.gov/2020/implementing/default.aspx>

Mobilizing for Action through Planning and Partnership:

<http://www.naccho.org/topics/infrastructure/mapp/>

MAPP Clearinghouse

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/>

MAPP Framework

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

National Public Health Performance Standards Program

<http://www.cdc.gov/nphpsp/index.html>

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting

<http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html>

Improving Health in the Community: A Role for Performance Monitoring

<http://www.nap.edu/catalog/5298.html>

National Network of Public Health Institutes Public Health Performance Improvement Toolkit

<http://nnphi.org/tools/public-health-performance-improvement-toolkit-2>

Public Health Foundation – Performance Management and Quality Improvement

<http://www.phf.org/focusareas/Pages/default.aspx>

Turning Point

<http://www.turningpointprogram.org/toolkit/content/silostosystems.htm>

US Department of Health and Human Services Public Health System, Finance, and Quality Program

<http://www.hhs.gov/ash/initiatives/quality/finance/forum.html>



Evaluation

CDC Framework for Program Evaluation in Public Health

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)

http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices

www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook

<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

W.K. Kellogg Foundation Logic Model Development Guide

<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>