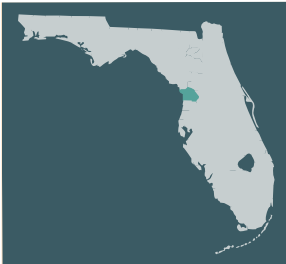2023-28

CITRUS COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED JULY 2023 | REVISED:

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In August of 2022, WellFlorida Council in cooperation with the Citrus County Department of Health and Citrus County Community Charitable Foundation, Inc. began to assemble a team from public health, social services, education, and more to develop and initiate this 2022-2023 Citrus County Community Health Assessment. In collaboration with the ensuing core team, the strategic planning process was carried out according to Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based, community-driven framework for improving community health. Through data collection, analysis, and discussions, the following 2022-2023 Citrus County Community Health Assessment document and accompanying Techical Appendix was developed.

ASSESSMENT	DESCRIPTION	KEY FINDINGS
Community Health Status Assessment	Secondary data covering Demographics, Socioeconomics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, Infectious Diseases, and Health Care Access and Utilization.	• Consistently elevated high school dropout rates and low rates of college-educated adults • Rising rates of food insecurity, especially among children • High mortality rates, especially due to heart disease, cancer, CLRD, stroke, unintentional injury, and hypertension • High rates of mental health hospitalizations and ED Visits, liver disease deaths, drug use, obesity, and tobacco use and exposure • Limited number of healthcare providers, especially pediatricians
Community Themes and Strengths Assessment	Feedback was collected from community members and health care providers through a survey, focus groups, and key informant interviews on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care.	• Affordable healthcare was the most important factor to a healthy community; substance abuse, the most important health issue, preceding mental health, then homelessness • 26.0% lacked needed primary care, 40.6% dental care, and 22.9% mental health care, with cost, appointment/provider availability, and insurance all acting as prevalent barriers • Focus groups and key informant interviews common challenges included access to care, health behaviors, and mental health
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Citrus County.	• Social and Behavioral issues including the aging healthcare workforce, generational trauma, communication gaps, and behavioral/academic challenges among children in school • Opening of a new mental health facility and VA clinic • Economic challenges, such as the rising cost of living, residents working outside of the county, and limited public transport
Strategic Priorities	• Access to Healthcare Providers • Mental Health Care • Substance Use	• Affordable, Safe Housing • Effective Health Communications

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In August 2022, the Florida Department of Health with support and funding from the Citrus County Community Charitable Foundation, Inc. launched the 2022-2023 Community Health Needs Assessment (CHNA) process in Citrus County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Citrus County and better understand the causes and contributing factors to health and quality of life in the county; and secondly, to prioritize those identified gaps and concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Citrus County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health needs assessment process every three (3) years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Citrus County. This body, called the 2023 Citrus County CHNA Community Health Needs Assessment Partners, guided the process and assured that the health needs and issues of all Citrus County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Citrus County for the larger goal of improving health outcomes and quality of life for all residents in Citrus County.

Process and Methodology

This comprehensive health needs 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, Centers for Disease Control and Prevention (CDC). Strategies to establish the assessment of health equity and health disparities have been included in the Citrus County MAPP process. Use of the MAPP tools and techniques helped Citrus County ensure 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.

Assessments

The health of a community is generally measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex nature of determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. Data was generated from three (3) core assessments to inform the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

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

- Introduction and Assessment Methodology

- Organizing for Success, Partnership Development, and Visioning

- Community Health Status Assessment

- Community Themes and Strengths Assessment

- Forces of Change Assessment

- Intersecting Themes and Key Considerations

- Appendices

  - ► Appendix A – Citrus County Community Health Needs Assessment Partners
  - ► Appendix B – Community Health Survey
  - ► Appendix C – Focus Group Questions and Detailed Responses
  - ► Appendix D – Key Informant Interview Questions and Detailed Reponse*s*

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Citrus County Health Assessment Technical Appendix,* which includes analysis of social determinants of health, community health status, and health system assessment. A myriad of secondary data sources was used to examine the health of Citrus County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health's Florida HealthCHARTS, and the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Citrus County. More information on ZCTAs as well as a list of ZCTAs for Citrus County can be found in the Technical Notes section of the *2023 Citrus County Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 34428 Crystal River. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: "How healthy is the community?".

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community's input and 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, garnering 507 responses. The Citrus County Community Health Needs Assessment Partners worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

This community health assessment also included the facilitation of three (3) focus groups and six (6) key informant interviews (KIIs). Focus groups allow a small group to discuss in greater details the perspectives of community members on health and quality of life among Citrus County residents. KIIs allow us to identify views on health and well-being in Citrus County among key stakeholders in the community. A summary of these findings can be found in the Community Themes and Strengths Assessment segment of this report, with more detailed notes presented in Appendices C and D. Combined with the survey results, this component of the health assessment seeks to understand "What is important to the community?" and "How is health and quality of life perceived in the community?".

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may 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 January 26, 2023, with Citrus

County Community Health Needs Assessment Partners and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on "What is occurring or might occur that affects the health of the community and/or health system?".

Intersecting Themes and Key Considerations

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising, model practices as well as evidence-based interventions for addressing the identified issues. Recommendations for addressing the identified needs are listed in the Key Considerations section.

Identified Health Priorities

The Citrus County Community Health Needs Assessment Partners members reviewed the assessment data and findings from the entire community health assessment process. After discussion and consensus, the Citrus County Community Health Needs Assessment Partners arrived at the five (5) strategic priority issue areas listed below:

- Healthcare Providers

  - ▶ Availability and access to specialty providers

  - ▶ Providers and healthcare organizations that accept Medicaid, Medicare, and other insurance benefits

  - ▶ Attracting providers to fill gaps when healthcare professionals retire

- Mental Health Care

  - ▶ Resources for care and treatment including providers and facilities

  - ▶ Early diagnosis and treatment, prevention, and mental health wellness

  - ▶ Focus on care for persons with severe and persistent mental illness

- Substance Use

  - ▶ Local availability and accessibility of treatment and counseling

  - ▶ Prevention

- Affordable, Safe Housing

  - ▶ Access to healthy living accommodations

  - ▶ Obtainable housing for individuals and families with lower and middle incomes

- Effective Health Communications

  - ▶ Interagency and public communications about health and social service resources

  - ▶ Assure best use of existing services and resources to avoid underutilization and duplication

  - ▶ Healthcare system navigation

    - ▪ Health literacy education

    - ▪ Physical access including transportation and telemedicine technology

Action and Implementation

The next phase of a comprehensive assessment process is the development of an implementation plan or Community Health Improvement Plan (CHIP) with goals, strategies, measurable outcomes, and process objectives, with continuous monitoring and performance metrics. Community leaders and partners will continue to work together to address the identified issues, improve health outcomes, and make wise investments in the quality of life for Citrus County residents.

FIGURE 1: MAPP PROCESS DIAGRAM

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

Source: Association for Community Health Improvement (N.D.). Community Health Assessment toolkit. Retrieved August 3, 2022. https://www.healthycommunities.org/resources/community-health-assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHNA)%20process%20every%20three%20years

Using the Community Health Assessment

The 2023 Citrus County Community Health Needs Assessment (CHNA) is intended to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of local health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. The chief objectives of this CHNA are the following:

- To accurately depict the key health issues of Citrus County based on common themes from the core MAPP assessments

- To identify strategic issues and some potential approaches to addressing these issues

- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP)

- To provide the community with a rich data compendium as a resource for ongoing program intervention and policy development and implementation as well as evaluation of community health improvement efforts and outcomes

Technical Appendix

While the 2022-2023 Citrus County Community Health Needs Assessment is undoubtedly a stand-alone document, the CHNA has been designed to work in concert with the accompanying *2023 Citrus County Health Assessment Technical Appendix* (referred to going forward as the 2023 Technical Appendix). Whereas the CHNA presents data and issues at a higher, more global level for the community, all of the data in the CHNA that has been used for identifying community health issues are addressed on a granular level of detail in the 2023 Technical Appendix. Thus, for most of the information that is addressed in the main CHNA, the 2023 Technical Appendix presents this data in finer detail, breaking down data sets where appropriate and when available. The 2023 Technical Appendix is an invaluable companion resource to the CHNA, as it allows the community to dig deeper into the issues presented in order to more readily understand the contributing factors, causes, and wide range of effects on health and quality of life.

ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

Organizing for Success and Partnership Development

Having broad community representation during the Community Health Needs Assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. Therefore, a diverse array of community leaders and organizations were invited to partake in the assessment process as Citrus County Community Health Needs Assessment Partners members. In total, twenty-seven (27) Citrus County Community Health Needs Assessment Partners members were involved. Their names and titles are provided in Appendix A.

The Visioning Process

At their kick-off meeting on October 18, 2022, the Citrus County Community Health Needs Assessment Citrus County Community Health Needs Assessment Partners members completed a visioning exercise to define health and the characteristics of a healthy Citrus County. Through a facilitated process, Citrus County Community Health Needs Assessment Partners members brainstormed several questions: 1) what characteristics, factors, and attributes are needed to create and support a healthy Citrus 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? Among the categories of characteristics and traits were healthcare system-related factors and attributes such as accessible healthcare services including mental health, dental, and specialty care, as well as communication networks that connect these services. The behavioral and environmental-related factors and attributes that define health and a healthy community included opportunities for improving health for the whole community, an atmosphere of trust and openness, and leaders who listen to the community. The word cloud below depicts terms that were frequently used to define health in Citrus County.

FIGURE 3: VISIONING WORD CLOUD, CITRUS COUNTY, 2022-2023

Source: Citrus County visioning exercise results, October 18, 2022, prepared using WordItOut by Enideo by WellFlorida Council, 2022

TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, CITRUS COUNTY, 2022

Social Determinants of Health-related Factors and Attributes	Environment-related Factors and Attributes
Access to affordable, safe housing	Health in all policies approach to growth in the county
Access to employment opportunities that provide a living wage	Communities designed for walking, physical activity, and accessibility for all ages
Access to affordable and sufficient food	Senior-friendly communities that plan for aging in place and maintaining quality of life for older residents
Access to healthcare services	Conversations about health equity, diversity, and equality that are collegial and a normalized part of leadership
Improving life span and years of life lost by preventing premature deaths	Leaders who listen to the community
Ensuring equity in access	Strong collaboration among agencies, partners, community members

Prepared by WellFlorida Council, 2023.

Vision Statement

The Citrus County Community Health Needs Assessment Partners reviewed the information collected above and elected the following as the vision statement: "Being one of the top 10 healthiest counties in the State of Florida."

2022-2023 Citrus County Community Health Assessment Planning Process Timeline

Planning with Funders

August – October 2022

October 18, 2022

Kickoff Meeting

- Convene Community Health Needs Assessment Partners
- Plan Assessment process
- Conduct Visioning

November 2022 – January 2023

Data Collection and Analysis

- Create Community Health Status Technical Appendix with secondary data
- Collect primary data via community surveys, focus groups, and key informant interviews
- Organize findings and analysis

January 26, 2023

Forces of Change Assessment Meeting

- Convene Community Health Needs Assessment Partners
- Present preliminary assessment findings
- Conduct Forces of Change Assessment

April 12, 2023

Meeting to Identify Priority Health Issues

- Convene Community Health Needs Assessment Partners
- Solicit community input on preliminary findings
- Review and discuss key findings to reach consensus on priority health issues

June 30, 2023

Community Health Assessment Publication

- Publish Community Health Needs Assessment report
- Evaluate CHNA Process

COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment highlights key findings from the *2023 Citrus County Community Health Assessment Technical Appendix,* referred to as the 2023 Technical Appendix. The assessment data was 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, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health status 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 issues. Data from this report can be used to explore and understand the health needs of Citrus County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics

- Mortality and Morbidity

- Health Care Access and Utilization

- Behavioral Risk Factors

- Health Disparities

- Social Determinants of Health

Many of the data tables in the 2023 Technical Appendix contain standardized rates for the purpose of comparing Citrus County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the 2023 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 2023 Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Citrus County demographic and socioeconomic profile.

Population

The 2020 the U.S. Census Bureau reported Citrus County's population at 153,843 (Table 4, 2023 Technical Appendix; note that all subsequent tables referenced here can be found in the 2023 Technical Appendix unless otherwise noted). This population is growing slower than the state (5.8 percent change from 2010 Census in

contrast to 14.9 for the state) and is projected to continue growing slower compared to the state in the coming decade (Table 2, 2023 Technical Appendix). The average family size in Citrus County is 2.79 persons, lower than the state average of 3.16. Average family size ranges from 2.52 in 34436 Floral City to 3.11 and 3.35 in Dunnellon Zip Code Tabulation Areas (ZCTAs) 34433 and 34434, respectively, with the largest mean family size outside of Dunnellon falling at 2.95 in 34452 Inverness (Table 16, 2023 Technical Appendix). Citrus County has a higher than state average percentage of residents who are Veterans (13.9 percent in Citrus compared to 8.2 in Florida) (Table 18, 2023 Technical Appendix).

Race

According to the 2020 U.S. Census Bureau, Citrus County's population was 87.5 percent White, 2.7 percent Black, 0.4 percent American Indian and Alaska Native, 1.6 percent Asian, 0.0 percent Native Hawaiian and Other Pacific Islander, 1.5 percent some other race, and 6.3 percent two or more races (Table 4, 2023 Technical Appendix). Most of the limited Native Hawaiian and Other Pacific Islander population live in Crystal River while the largest subset of the American Indian and Alaska Native population lives in Lecanto (Table 5, 2023 Technical Appendix). The Asian population is mainly centered in Hernando (Table 5, 2023 Technical Appendix). About 8.7 percent of people living in Dunnellon identify as Black, the highest rate by ZCTA. The largest percentage of people who report identifying as some other race live in Beverly Hills and Dunnellon and similarly, most people who report identifying as two or more races live in Dunnellon (Table 5, 2023 Technical Appendix). In comparison to Florida, Citrus County is less racially diverse, as seen in the figure below.

FIGURE 4: TOTAL POPULATION BY RACE, CITRUS COUNTY AND FLORIDA, 2020
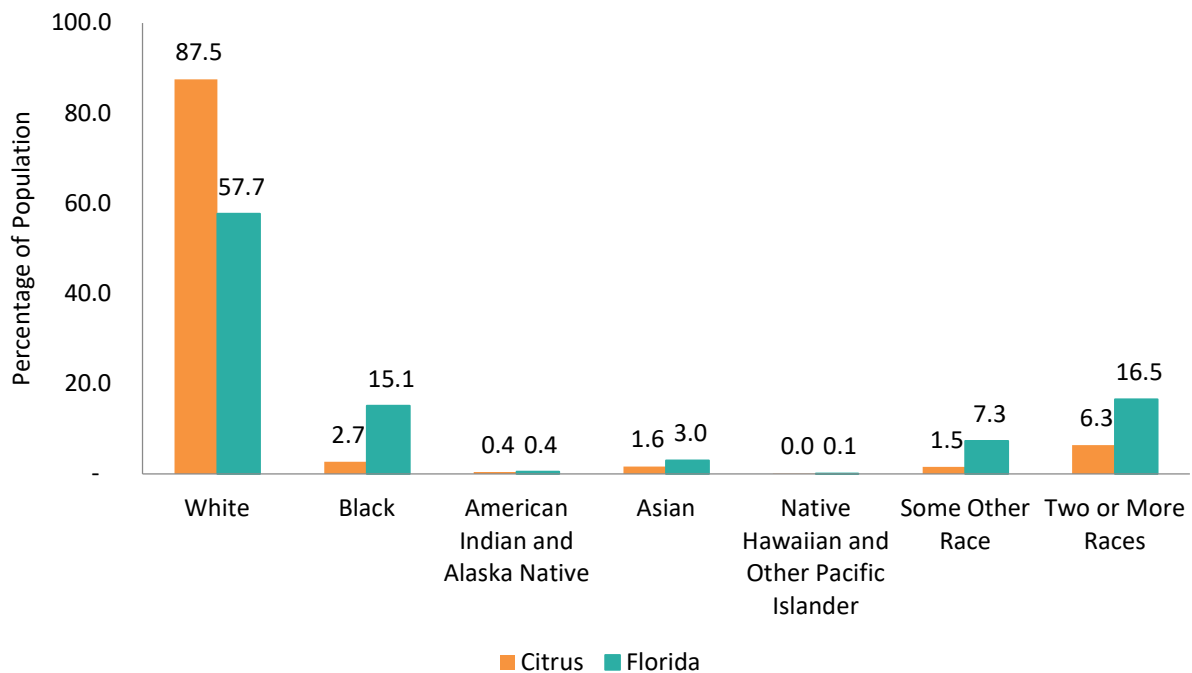
Source: Table 4, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Sex

In Citrus County, males represent 48.9 percent of the population and females represent 51.1 percent of the population (Table 7, 2023 Technical Appendix). According to these estimates, 34450 Inverness has the largest percentage of female residents with 55.3 percent of the population reporting as female.

Age

According to the ACAS 2017-2021, Citrus County has an older population than the state of Florida as a whole. Persons aged 0 – 17 represent 15 percent of Citrus's population compared to 20 percent of Florida's population, persons aged 18 – 64 represent 49 percent of Citrus's population compared to 59.7 percent of Florida's population, and those 65 and older represent 36 percent of Citrus's population compared to 20.4 percent of Florida's population. Of Citrus County's 13 occupied zip codes, eight (8) have more than a third of their population at 65 years of age and older, and nine (9) zip codes have less than half of their population at working ages 18-64 (Table 9, 2023 Technical Appendix). Age distribution is important because the healthcare needs of older adults tend to be more intensive and expensive. The figure below illustrates the age distribution of Citrus County residents compared to the state of Florida.

FIGURE 5: PERCENT OF POPULATION BY AGE GROUPS, CITRUS COUNTY AND FLORIDA, 2017-2021
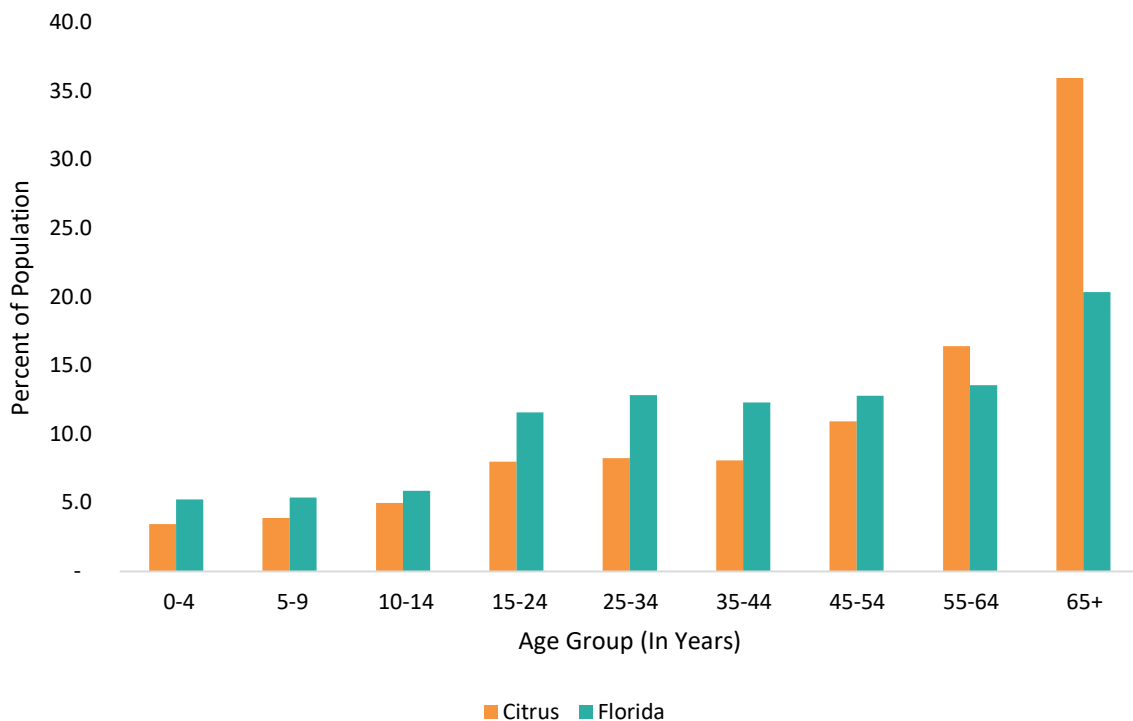
Source: Table 8, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

On average, the Black population in Citrus County is younger than the White population, with a much higher proportion of children. A similar comparison can be made between Hispanic residents and the overall county estimates, with Hispanics also being younger and having a much higher proportion of children (Tables 10-12, 2023 Technical Appendix).

Ethnicity

The U.S. Census Bureau American Community Survey (ACS) 2017-2021 estimates show that 6.2 percent of Citrus County residents identified themselves as Hispanic or Latino. In Florida, 26.2 percent of the population identifies as Hispanic or Latino. Dunnellon has the highest percentage of Hispanic or Latino residents at 16.9 percent in ZCTA 34433 and 11.1 percent in ZCTA 34434 (Table 6, 2023 Technical Appendix).

Languages Spoken

According to 2017-2021 ACS estimates, about 93.6 percent of the Citrus County population over the age five years speaks only English compared to 70.2 percent in Florida. About 6.4 percent of the Citrus County residents speak other languages. In Florida, that figure is 29.8 percent. Among those over the age of five (5) in Citrus County who speak another language, an estimated 28.8 percent rated their English skills as less than very well (Table 19, 2023 Technical Appendix).

Life Expectancy

Overall, life expectancy in Citrus County was shorter than for the state of Florida as a whole. Citrus County residents lived an average of five (5) years less than the typical Florida resident at 74.2 years compared to 79.4 years (Table 20, 2023 Technical Appendix).

FIGURE 6: LIFE EXPECTANCY COMPARISON BY GENDER, CITRUS COUNTY AND FLORIDA, 2014-2016 THROUGH 2018-2020
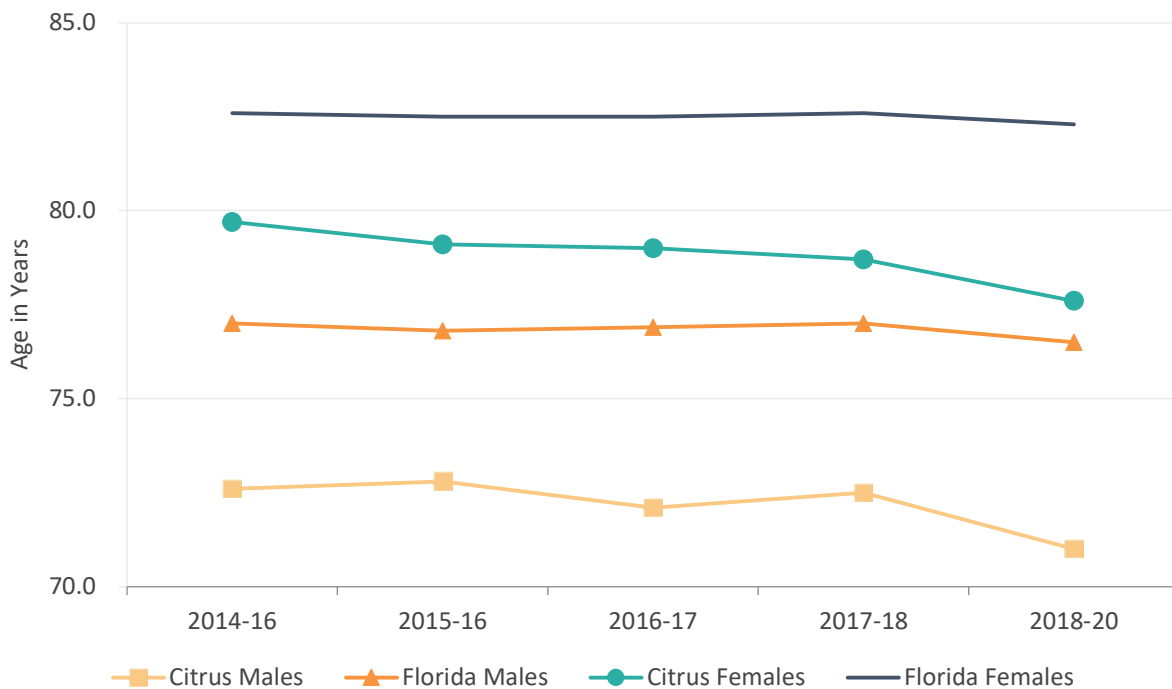
Source: Table 20, *2023 Citrus County Community Health Needs Assessment Technical Appendix,* prepared by WellFlorida Council, 2023

Economic Characteristics

Poverty

According to data from U.S. Census Bureau Small Area Income and Poverty Estimates, the poverty rates for all individuals were higher in Citrus County (15.5 percent) than the state of Florida (13.2 percent) in 2021. There was a larger jump between 2020 and 2021 for Citrus County (2.9 percent increase) compared to the state of Florida (0.8 percent increase). Poverty levels were slightly lower among family households (10.3 percent), but much higher among all families with male head of household, no wife present (29.2 percent). This is greater than all families with female head of household, no husband present (24.6 percent) (Tables 21 and 27, 2023 Technical Appendix).

The 2021 rates of children under the age of 18 living in poverty in Citrus County were higher than the state rate at 24.9 and 18.4 percent, respectively. These rates, for both Citrus County and the state, increased from 2016 to 2019, declined in 2020, and increased in 2021 with Citrus County consistently above the state rates (Table 21, 2023 Technical Appendix).

FIGURE 7: POVERTY ESTIMATES BY PERCENT, CITRUS COUNTY AND FLORIDA, 2016-2021
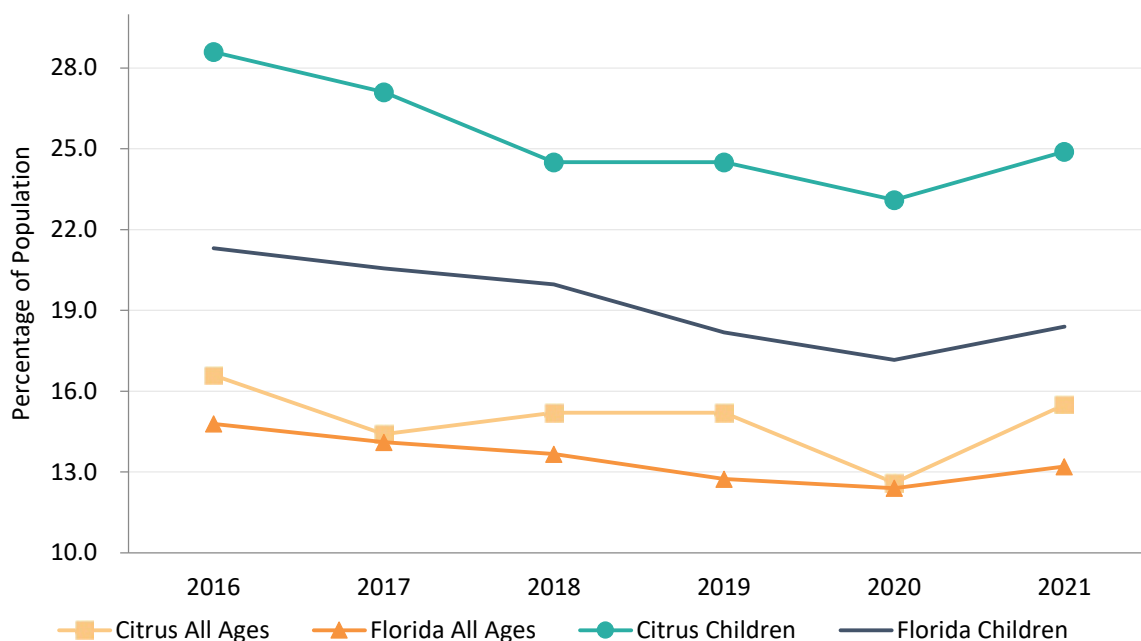
Source: Table 21, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Poverty rates vary by geography in Citrus County. The 2023 Technical Appendix include a wealth of information about poverty and levels of poverty defined by the U.S. Federal Poverty Guidelines (Table 33, 2023 Technical Appendix). The Federal Poverty Guidelines indicate that for a family of four (4), an income less than 27,750 dollars constitutes living in poverty in the 48 contiguous states and the District of Columbia. Table 22 of 2023 Technical Appendix provides the estimated number and percent of individuals and children living in poverty by zip code tabulation areas (ZCTA). According to these estimates, residents living in 34428 Crystal River experience poverty more than all other zip codes in Citrus County. The 34428 zip code in Crystal River has an estimated 30 percent of individuals living in poverty and of those 0 – 17 years of age, 71.7 percent are living in poverty (Table 22, 2023 Technical Appendix). Conversely, for 34461 Lecanto estimates place 6.9 percent of all residents living in poverty and

3.6 percent of children living in poverty (Table 22, 2023 Technical Appendix). Nearly three-quarters (73.5 percent) of residents in 34429 Crystal River live at 200 percent or above the poverty line (Table 23, 2023 Technical Appendix).

Among those 65 and older, Citrus County has a lower percentage living in poverty compared to the state; however, this difference of 0.9 percentage points is offset by those living between 100-200 percent of poverty, which is 2.1 percentage points higher in Citrus County than in the state (Table 24, 2023 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Citrus County. In Citrus County, more females live in poverty than males (15.4 percent and 14.3 percent), as in the state of Florida where more females live in poverty than males (Table 25, 2023 Technical Appendix). In Citrus County, 14.5 percent of White residents live in poverty compared to 11.1 percent of White Florida residents. Like for the state, Black Citrus County residents experience poverty at higher rates than their White counterparts. More than a fifth (22.9 percent) of Black Citrus County residents live in poverty, compared to 20.5 in Florida. Hispanics living in Citrus County experience more poverty than the county as a whole and slightly less poverty than their Hispanic Florida counterparts. Data shows that 15.8 percent of Citrus County Hispanics live in poverty compared to 15.9 percent in Florida (Table 26, 2023 Technical Appendix).

ALICE Households

Asset Limited, Income Constrained, Employed (ALICE) households is a metric designed to capture those earning above the Federal Poverty Level but still not earning enough to make ends meet. Thirty-eight (38.0) percent of all households in Citrus County qualify as ALICE households, compared to 32.0 percent for the state. Forty-two (42.0) percent of 65 and Over Households are ALICE households in Citrus County and 28.0 percent of Families with Children households are ALICE households in Citrus County compared to 40.0 percent and 25.0 percent, respectively for Florida as a whole (Table 29, 2023 Technical Appendix).

Income

Income levels in Citrus County are lower than for the state of Florida. According to ACS 2017-2021 data, the median household income for all races in Citrus County was estimated to be 48,664 dollars compared to 61,777 for the state of Florida. There were differences in median household income by race and ethnicity at the county and state levels. The median income for Whites in Citrus County was 49,133 dollars, 42,411 dollars for Blacks, and 39,390 dollars for Hispanics. Median household incomes for all these groups in Citrus County were below state levels of 65,519 dollars (Whites), 46,176 dollars (Blacks), and 56,091 dollars (Hispanics), respectively (Table 30, 2023 Technical Appendix). The figure below presents the 2017-2021 median income data for Citrus County and Florida.
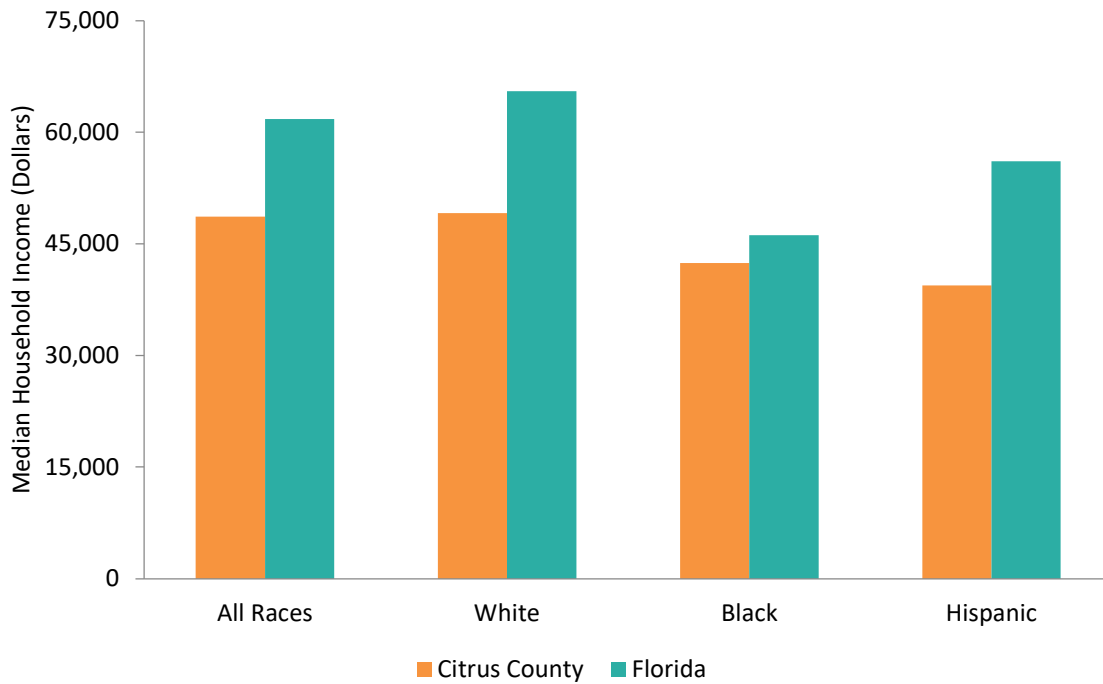
Source: Table 30, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Per capita income in Citrus County is less than per capita income in the state across all races and by individual races. The per capita income estimate for all races in Citrus County of 29,948 dollars is less than the 35,216 dollars at the state level (Table 32, 2023 Technical Appendix). Per capita incomes for Whites at 30,928 dollars, Blacks at 19,104 dollars, and Hispanics at 21,427 dollars were below the state figures of 39,805 dollars, 22,634 dollars, and 26,503 dollars, respectively.

Source: Table 32, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, presented by WellFlorida Council, 2022

Employment

Recent data on unemployment in Citrus County and the state of Florida are obtained from U.S. Census Bureau American Community Survey. The unemployment rate in Citrus County has been higher than the state rate every year from 2010 to 2020. In 2019, the unemployment rate in Citrus County was 5.1 percent and the state rate 3.3 percent. In 2020, the unemployment rate grew to 8.4 percent in Citrus County and 7.7 percent in the state of Florida (Table 36, 2023 Technical Appendix). This increase in unemployment rates between the county and the state is likely due to the impact of the COVID-19 pandemic. In Citrus County, the highest unemployment rate on average from 2017-2021 was seen in 34442 Hernando at 12.7 percent, followed by 34448 Homosassa at 11.6 percent (Table 37, 2023 Technical Appendix).

Source: Table 36, *2023 Citrus County Community Health Needs Assessment Technical Appendix,* prepared by WellFlorida Council 2022

Education

From 2016-2021, high school graduation rates in Citrus County were lower than state rates. In the 2020-2021 academic year, Citrus County graduation rates were 88.1 percent in contrast to the state rates of 90 percent. From 2016-2021 Citrus County dropout rates were higher compared to the state rates (Table 39, 2023 Technical Appendix). Of Citrus County's population aged 25 years and older, 61.1 percent had a high school diploma as their highest level of education compared to 47.4 percent for Florida as a whole. Citrus County falls below Florida state rates in the estimated percentage of the population aged 25 and older that holds college degrees (Associate, Bachelor's, Master's, Doctorate, and professional school degrees) at 28.8 percent compared to 41.6 percent for Florida as a whole (Table 38, 2023 Technical Appendix).

Food Insecurity

In 2021, Citrus County had a higher percentage of students eligible for free or reduced lunch than the state at each grade level including 77 percent of children in pre-K, 76.3 percent of kindergarteners, 75.2 percent of elementary students, and 70.2 percent of middle school students. Notably, the largest difference between Citrus County and the state rates was among kindergarten students where the state, at 53.4 percent, was 22.9 percentage points less than Citrus County at 76.3 percent. From 2019-2021 for Citrus County the percent of students in all categories (i.e., pre-K, kindergarten, elementary, and middle school) eligible for free or reduced lunch increases while state rates declined, thus widening the gap (Table 47, 2023 Technical Appendix).

Mortality and Morbidity

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. According to the University of Wisconsin Population Health Institute's County Health Rankings for

2022, Citrus County ranks at 65th out of the 67 Florida counties for mortality, 36th for morbidity, and 56th for all health outcomes (Table 176, 2023 Technical Appendix). The County Health Ranking methodology ranks counties 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 (8 measures)

    d. Physical Environment (5 measures)

For more detailed information, please check http://www.countyhealthrankings.org/ranking-methods.

Causes of Death

In Citrus County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues; that is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. Specifically, Citrus County and Florida both record heart disease and cancer as their top ranked causes of death, both of these causes leading by a large margin over other causes. Between 2019-2021 for all races, heart disease accounted for approximately 23.3 percent of deaths in Citrus County and 20.7 percent of all deaths in Florida; cancer accounted for 20.1 percent of all deaths in Citrus County and 19.5 percent of deaths in the state (Table 66, 2023 Technical Appendix). Even after controlling for age, both causes of death present rates that are much higher for the county compared to the state, particularly heart disease, which led at an age-adjusted death rate of 204.1 deaths per 100,000 population in Citrus County, compared to 144.5 death per 100,000 in the state (Table 67, 2023 Technical Appendix). The age-adjusted death rate for unintentional injury in Citrus County is nearly double that of the state, at 117.5 deaths per 100,000 population compared to 65.3 for the state, claiming 5.7 percent of all county deaths and 6.6 percent of all state deaths (Tables 66 and 67, 2023 Technical Appendix).

- Heart Disease
- Malignant Neoplasm (Cancer)
- Chronic Lower Respiratory Disease (CLRD)
- Cerebrovascular Diseases (Stroke)
- COVID-19 (U07.1)
- Unintentional Injury
- Diabetes Mellitus (Diabetes)
- Essential Hypertension
- Chronic Liver Disease & Cirrhosis
- Suicide
- All Others

Citrus County

1.5 | 1.9 | 2.7 | 3.2 | 5.7 | 7.2 | 8.0 | 9.1 | 20.1 | 23.3 | 17.5

Florida

27.1 | 20.7 | 19.5 | 4.9 | 6.3 | 7.6 | 6.6 | 3.1 | 1.3 | 1.5 | 1.4
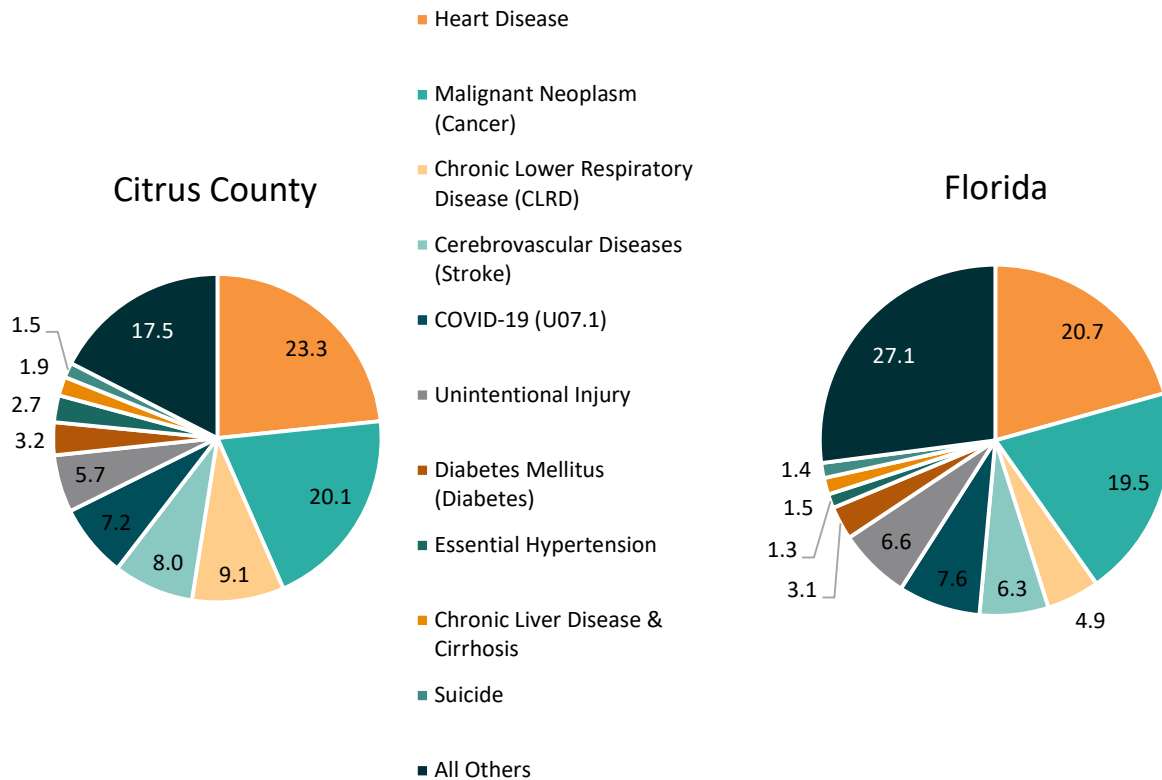
Source: Table 66, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council 2022

Differences In Causes of Death by Sex

In 2021, the all-cause age-adjusted mortality rate for females was 917.7 deaths per 100,000 females compared to 1,396.2 deaths per 100,000 for males in Citrus County. (Tables 62, 73, and 74, 2023 Technical Appendix).

Differences In Causes of Death by Race and Ethnicity

Examining death rates and causes of death by race and ethnicity is an important tool for identifying health disparities. From 2019-2021 Black residents of Citrus County had higher mortality rates due to heart disease, cancer, COVID-19, and essential hypertension, while White residents had higher death rates from CLRD, stroke, unintentional injury, diabetes, liver disease, and suicide. These disparities are particularly remarkable with respect to COVID-19, where the Black age-adjusted death rate was approximately 1.4 times higher. Also of note were the age-adjusted death rates for Citrus County Blacks for suicide, liver disease, unintentional injury, and CLRD compared to Citrus County Whites. Death rates from those causes for Blacks were 4.2 times, 3.2 times, 1.5 times, and 2.2 times higher than for Whites (Table 68, 2023 Technical Appendix). Furthermore, at both the state and county level homicide only made the top ten causes of death among Black residents (Table 61, 2023 Technical Appendix). In examining ethnic disparities, Citrus County Hispanics overall have a lower age-adjusted mortality rate for all causes than for all races (Table 65, 2023 Technical Appendix), but yet have higher mortality rates in the categories of stroke, COVID-19, and diabetes (Table 67, 2023 Technical Appendix).

TABLE 2: TOP 10 RANKINGS FOR CAUSES OF DEATH BY RACE AND ETHNICITY, CITRUS COUNTY AND FLORIDA, 2019-2021

Rank of Cause of Death	Citrus County			
	All Races	**White Races**	**Black Races**	**Hispanics**
1	Heart Disease	Heart Disease	Heart Disease and Cancer (Tied 1st and 2nd)	Heart Disease
2	Cancer	Cancer		Cancer
3	CLRD	CLRD	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Stroke	Stroke	Unintentional Injury	Unintentional Injury
5	COVID-19 (U07.1)	COVID-19 (U07.1)	Stroke	Stroke
6	Unintentional Injury	Unintentional Injury	CLRD	Diabetes
7	Diabetes	Diabetes	Diabetes and Essential Hypertension (Tied 7 and 8)	CLRD
8	Essential Hypertension	Essential Hypertension		Alzheimer's Disease
9	Liver Disease	Liver Disease	Medical and Surgical Care Complications	Essential Hypertension and Liver Disease (Tied 9 and 10)
10	Suicide	Suicide	Homicide and Perinatal Period Conditions (Tied for 10 and 11)	

Rank of Cause of Death	Florida Ranking			
	All Races	**White Races**	**Black Races**	**Hispanics**
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer	Cancer
3	COVID-19 (U07.1)	COVID-19 (U07.1)	COVID-19 (U07.1)	COVID-19 (U07.1)
4	Unintentional Injury	Unintentional Injury	Stroke	Stroke
5	Stroke	Stroke	Unintentional Injury	Unintentional Injury
6	CLRD	CLRD	Diabetes	Alzheimer's Disease
7	Diabetes	Alzheimer's Disease	Homicide	Diabetes
8	Alzheimer's Disease	Diabetes	CLRD	CLRD
9	Liver Disease	Liver Disease	Nephritis	Liver Disease
10	Suicide	Suicide	Essential Hypertension	Parkinson's Disease

Source: Table 61, *2022 Citrus County Needs Assessment Technical Appendix,* prepared by WellFlorida Council

Years of Potential Life Lost

Years of potential life lost (YPLL) is a common measure for examining mortality and premature death trends of those under the age of 75. From 2017-2021, the YPLL rates per 100,000 population for Citrus County residents were higher than state rates for all years, all races, and (Table 92, 2023 Technical Appendix). These rates were also much higher for males than females (Table 93, 2023 Technical Appendix). The primary causes contributing to these rates are, in order from greatest to least effect: unintentional injury, cancer, heart diseases, COVID-19, chronic lower respiratory disease, suicide, chronic liver disease and cirrhosis, diabetes mellitus, cerebrovascular disease, hypertension, and Alzheimer's disease.

FIGURE 12: YEARS OF POTENTIAL LIFE LOST <75 FOR MALES AND FEMALES, CITRUS COUNTY AND FLORIDA, 2017-2021
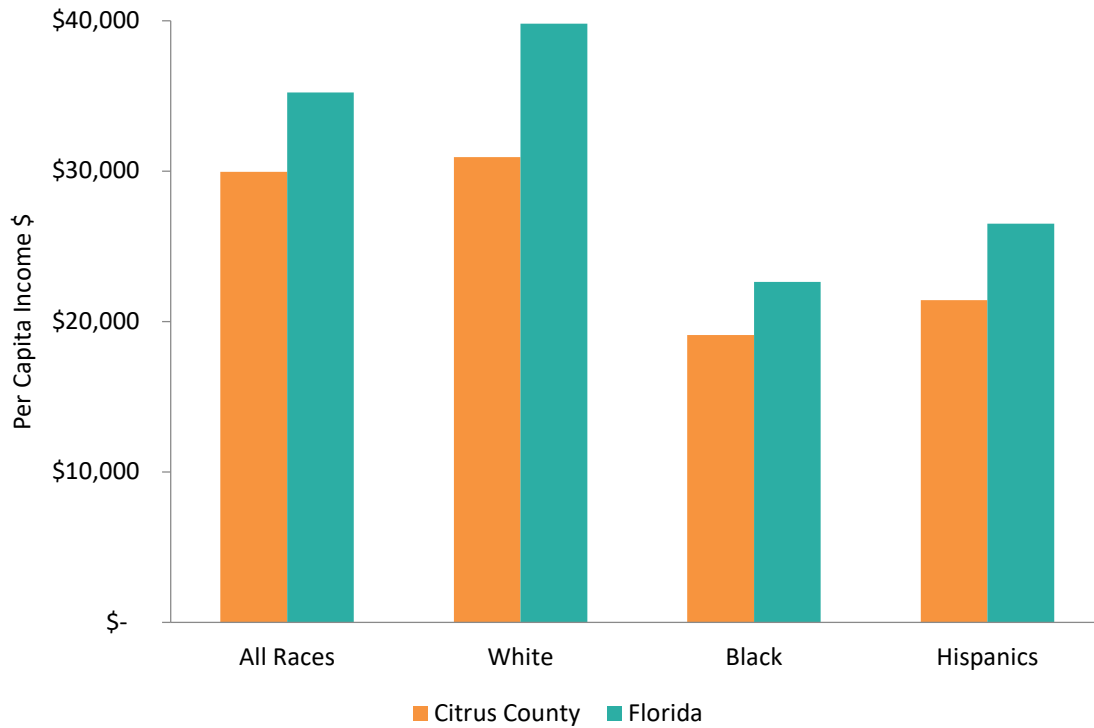
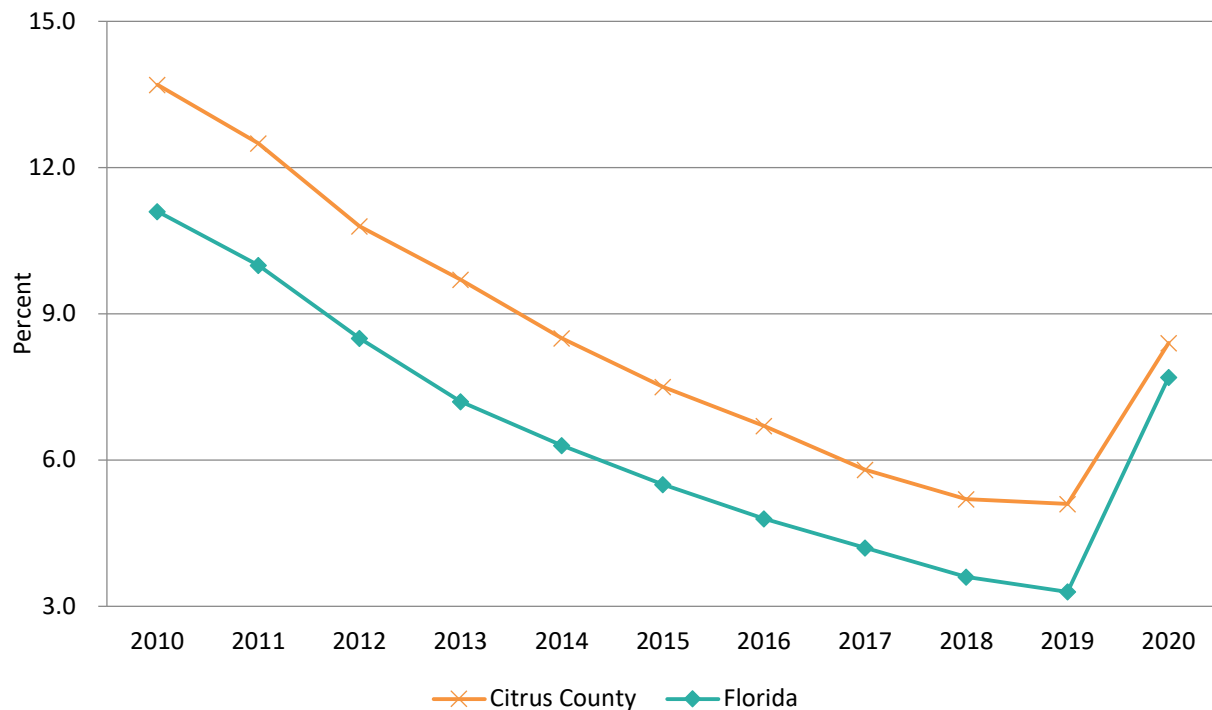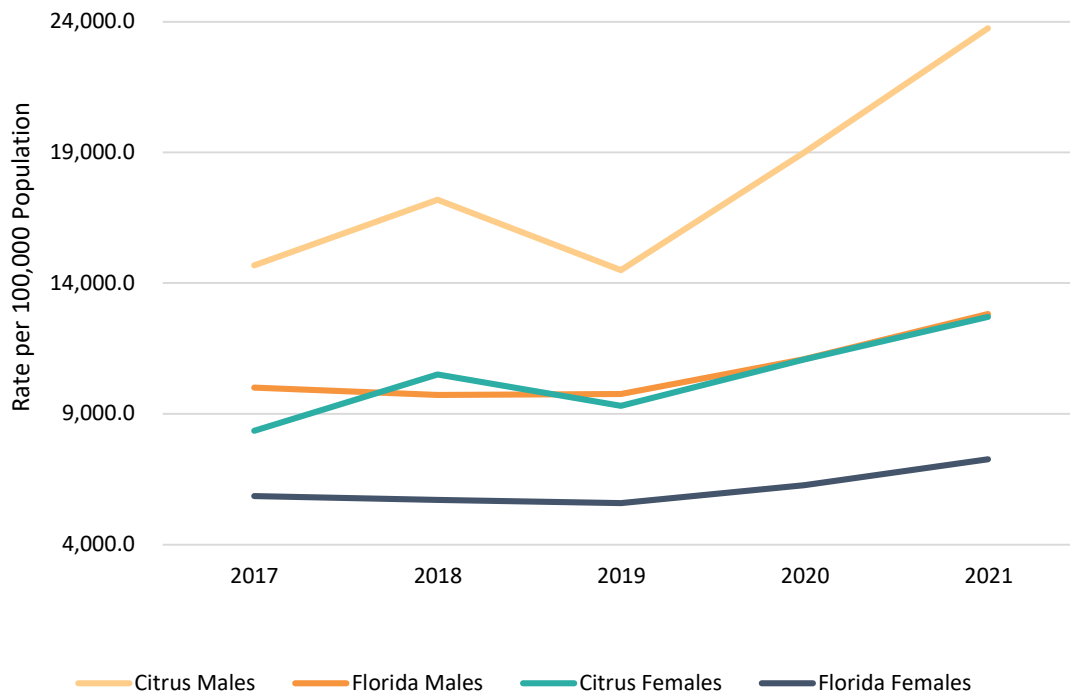

Source: Table 93, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepare by WellFlorida Council, 2022

Suicide

Suicide was a top ten cause of death from 2019-2021 in Citrus County for all races and Hispanics (Table 67, 2023 Technical Appendix), with White races having rates 4.2 times higher from suicide compared to Black races (Table 68, 2023 Technical Appendix. Additionally, we see that males have higher death rates than females from suicide (Table 62, 2023 Technical Appendix). Among children, suicide is ranked as the fourth leading cause of death in the county, compared to being the sixth leading cause of death in the state. It is also notable that suicide is the second leading cause of death among 18-44-year-olds which is the same as for the state (Table 63. 2023 Technical Appendix).

By Zip Code

The highest rates of mortality from all causes for all races in Citrus County for 2019-2021 were found in zip code 34428 Crystal River at the age-adjusted death rate of 1,090 per 100,000 population and in zip code 34436 Floral City at the rate of 1,063.5 per 100,000 population (Table 75, 2023 Technical Appendix). Zip code 34428 in Crystal River led in deaths due to unintentional injuries (Table 78, 2023 Technical Appendix).

Child Mortality

The crude death rate for all causes of mortality for children aged 0-17 in Citrus County from 2019-2021 was 76.7 deaths per 100,000 population compared 50.1 deaths for the state, with the leading causes of death in Citrus County being perinatal conditions, congenital malformations, unintentional injury, and suicide. When compared to the state, children in Citrus County had crude death rates 1.7 times higher for congenital malformations (Table 85, 2023 Technical Appendix). The 2017 rate for sudden unexpected infant death (SUID) in Citrus County was drastically

different than the state rate at 3.6 per 1,000 live births and 1.1 per 1,000 live births, respectively. Since 2019, infant death rates for SUIDs in Citrus County have been below or equal to state rates. Infant death rates from congenital and chromosomal anomalies in Citrus County have been higher compared to the state from 2017-2020. In 2021 this rate was 0 per 100,000 live births in Citrus County. Deaths under one year of age from perinatal conditions reflected fluctuations when comparing death rates between Citrus County and state rates. From 2019 and 2020, Citrus County had lower rates of death under one year of age from perinatal conditions compared to the state. However, in 2021, this rate was 585.9 per 100,000 total population in Citrus County and for the state it was 308.2 per 100,000 total population (Table 90, 2023 Technical Appendix).

Cancer Mortality

As previously mentioned, age-adjusted rates for cancer are higher in Citrus County than in the state. We see this especially in trachea, bronchus, and lung cancer (54.2 per 100,00 population in Citrus County as compared to 32 in the state), breast cancer (11.9 compared to 10.1), cervical cancer (3.2 compared to 1.4), esophagus cancer (5.4 compared to 3.5), and leukemia (9 compared to 5.7). For Citrus County, cancer death rates for each type of cancer are slightly higher or nearly equally to the state rates with the exception of Hodgkin's disease (0.1 compared to 0.2), prostate cancer (7 compared to 7.2), and skin cancer (1.3 compared to 2.1) (Table 98, 2023 Technical Appendix).

Cancer mortality by race is higher among the Black population than the White population in Citrus County. From 2019-2021, these rates were 190.3 per 100,000 population for White residents and 195.6 per 100,000 population for Black residents. Among both populations, these deaths can be contributed primarily to the categories of trachea, bronchus, and lung cancer, breast cancer, colon, rectum and anus cancer, leukemia, and prostate cancer (Table 98, 2023 Technical Appendix). The cancer death rates among those of Hispanic ethnicity is lower at 106.3 deaths per 100,000. This rate is driven by the same aforementioned categories of cancer in addition to liver and intrahepatic bile ducts cancer (12.7 per 100,000 population in Citrus County compared to 6.5 per 100,000 population in the state) and non-Hodgkin's lymphoma (11.2 compared to 4.2) (Table 98, 2023 Technical Appendix).

By sex, we observe much higher rates of cancer mortality for males than females. Among males in Citrus County between 2019-2021, the death rate is approximately 209 per 100,000 population, while the death rate for females is 168 per 100,000. These rates are higher than state rates, 164.4 per 100,000 for males and 119.9 per 100,000 for females. Breast cancer deaths are much more prevalent in females and is the second leading cause of female cancer deaths at 22.4 percent of female cancer deaths in Citrus County. Trachea, bronchus, and lung cancer, the leading causes of cancer deaths for both sexes, are particularly notable among males (63.3 per 100,000 population compared to 46.2 per 100,000 population for Citrus County females) (Table 99, 2023 Technical Appendix).

Cancer Incidence

Cancer incidence varies by type of cancer, race, and ethnicity, as can be observed in Table 100 of the 2023 Technical Appendix. Some highlights include age-adjusted incidence rates for bladder cancer being four (4) times higher for Whites compared to Blacks; colorectal cancer age-adjusted incidence rates being seven (7) times higher for Whites compared to Blacks; leukemia age-adjusted incidence at twice the rate for Whites compared to Blacks; lung cancer age-adjusted incidence at nearly twice the rate for Whites compared to Blacks; and melanoma age-adjusted incidence rates at nearly eight (8) times higher for Whites compared to Blacks. For Hispanics, there are generally lower age-adjusted incidence rates for most forms of cancers, with the exception of ovarian cancer and stomach cancer (Table 100, 2023 Technical Appendix).

Mental Health

Hospital discharge and emergency department data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults lives with some form of mental illness. Common mental health issues, including anxiety and depression, are interlinked with an array of individual and public health issues, including behavioral health concerns such as substance abuse, domestic violence, and suicide, as well as physical health conditions, such as chronic diseases, management of stress hormones, and hypertension.

Hospitalization and Emergency Department (ED) Usage

From 2017-2020 for Citrus County residents 18 years of age and older, rates of hospitalizations for mental health reasons per 1,000 population have below state rates. In 2021 the Citrus County hospitalization rate for mental health reasons jumped slightly above the state at 9.8 per 1,000 population compared to 9.6 for the state (Table 104, 2023 Technical Appendix). Conversely, rates of mental health emergency department (ED) visits by Citrus County residents have been higher for most years from 2017-2021 with the exception of 2019 where Citrus County rates dipped below state rates. In 2019 for Citrus County residents of all ages, the rate was 48.6 per 1,000 population compared to 61.8 for the state. Similar differences were seen for both children and adults in 2019. However, 2020 rates increased with the Citrus County rate for children aged 0 to 17 years surpassing the state rate at 12.5 per 1,000 compared to 10.7 for the state. For Citrus County residents 18 years of age and older in 2020, this rate was 66.4 per 1,000 compared to 68.2 for the state. In 2021, the rate of ED visits for mental health reasons for Citrus County residents aged 18 years and older surpassed state rates (Table 104, 2023 Technical Appendix).

FIGURE 13: RATE OF HOSPITALIZATIONS PER 1,000 POPULATION FOR MENTAL HEALTH REASONS FOR ALL AGES, CITRUS COUNTY AND FLORIDA, 2017-2021
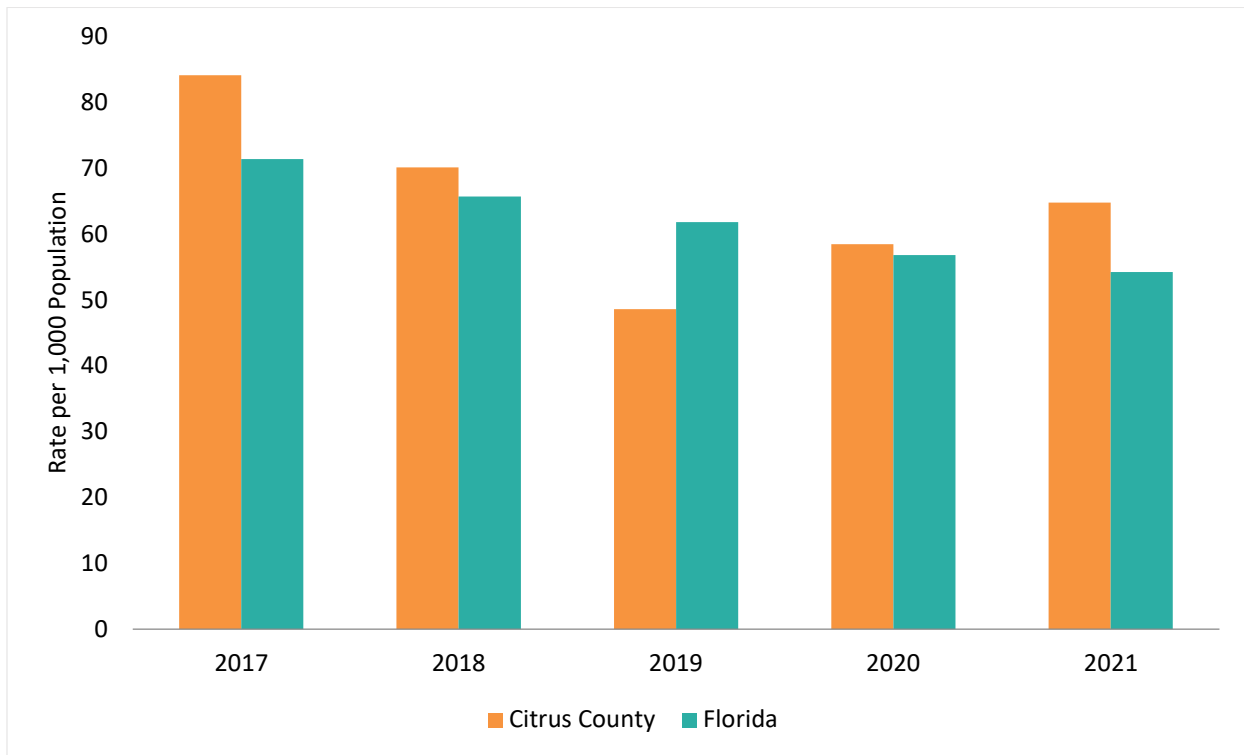
Source: Table 104, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Source: Table 104, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Hospitalizations and ED Visits by Zip Code

According to discharge data from the Florida Agency for Health Care Administration, the zip codes with the highest rates of hospitalizations of Citrus County residents for mental health reasons in 2021 were 34450 Inverness at 12.6 per 1,000, 34429 Crystal River at 11.3, and 34436 Floral City at 10.5. The zip codes 34450 Inverness and 34429 Crystal River saw increases from 2020 while 34436 Floral City showed a decrease from 2020. For 2019-2021 the geographic areas with the highest rates of ED visits for mental health reasons were 34428 Crystal River at 84.4 per 1,000 visits, 34465 Beverly Hills at 81.3, and 34429 Crystal River at 79.4 followed closely by 34448 Homosassa at 78.0 (Table 105, 2023 Technical Appendix).

Involuntary Exam Initiations (Baker Acts)

For 2019-2020 the percent of total Baker Acts of children who live in Citrus County was 27.2 percent which is notably higher than the 17.8 percent recorded for the state. From 2015-2016 through 2019-2020, the percent of total Baker Acts of Citrus County children has been consistently above the state rate. For Citrus County adults aged 18-24 and 25-64 during the period of 2015-2020, the percent of total Baker Acts remained below state rates. For the same period for Citrus County older adults aged 65 years and older, the percent of total Baker Acts for was above or at state rates, with the exception of 2017-2018 when there was a slight decline (Citrus County 7.3 percent, 7.4 percent Florida) (Table 108, 2023 Technical Appendix). From 2019-2020 in Citrus County, a greater percentage of Baker Acts were initiated by law enforcement than at the state level—69.0 percent in Citrus County compared to 51.9 percent for the state. As for Ex Parte Orders by a court, Citrus County had higher percentages of Ex Parte orders compared to the state from 2015-2018 which later declined below state levels from 2018-2020 (Table 109, 2023 Technical Appendix).

Substance Abuse

Adults in Citrus County were less likely to report engaging in heavy or binge drinking compared to the state (Table 111, 2023 Technical Appendix). However, from 2016-2020, with the exception of 2019, Citrus County had consistently higher age-adjusted alcoholic liver disease death rates compared to the state. In 2020, the rate was 10.1 deaths per 100,000 population in Citrus County compared to the state which had 7.8 deaths per 100,000 population. Notably, in 2019, Citrus County had 2.9 deaths per 100,000 population compared to 6.3 in the state. From 2016-2020, Citrus County had consistently higher age-adjusted death rates from chronic liver disease and cirrhosis compared to the state. In 2020, there were 24.9 deaths per 100,000 population in Citrus County compared to 13.0 in the state (Table 112, 2023 Technical Appendix). For 2016-2020 Citrus County had lower rates of total motor vehicle traffic crashes compared to the state. Although Citrus County had lower rates of alcohol-confirmed motor vehicle traffic crashes compared to the state from 2016-2019, in 2020 there were 31.4 alcohol-confirmed motor vehicle traffic crashes per 100,000 compared to 21.0 for the state (Table 113, 2023 Technical Appendix). For drug-confirmed motor vehicle traffic crashes, Citrus County was below the state rates from 2016-2017, surpassed state rates in 2018, equaled state rates in 2019, and then in 2020 Citrus County was at about twice the rate of drug-confirmed motor vehicle traffic crashes compared to the state. In 2020, there were 6.7 drug-confirmed motor vehicle traffic crashes per 100,000 in Citrus County compared to 3.3 for the state (Table 114, 2023 Technical Appendix).

Domestic Violence

According to the Florida Department of Law Enforcement's Domestic Violence 2020 report, when compared to the state, Citrus County had higher rates of murder, aggravated assault, and simple assault. In 2020, Citrus County recorded a murder rate that was twice that of the state, an aggravated assault rate of 1.2 times that of the state, and a simple assault rate of 1.1 times that of the state (Table 119, 2023 Technical Appendix). Citrus County saw an increase from 2015-2017 and then a decline in all domestic violence offenses from 2018 to 2020 while state rates declined from 2015 to 2020. For the period of 2015-2020 the highest recorded rate of domestic violence offenses in Citrus County occurred in 2017 at a rate of 630.7 offenses per 100,000 population. In 2020, this rate was 556.1 domestic violence offenses per 100,000 population, compared to the state which was 492.2 per 100,000 in 2020 (Table 120, 2023 Technical Appendix).

TABLE 3: TOTAL NUMBER AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES BY TYPE, CITRUS COUNTY AND FLORIDA, 2020

Type of Offense	Citrus County Population (149,383)		Florida Population (21,596,068)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	3	2.0	198	0.9
Manslaughter	0	0.0	19	0.1
Forcible Rape	8	5.4	1,795	8.3
Forcible Fondling	6	4.0	869	4.0
Aggravated Assault	141	94.4	16,894	78.2
Aggravated Stalking	0	0.0	128	0.6
Simple Assault	671	449.2	84,547	391.5
Threat/Intimidation	4	2.7	1,642	7.6
Stalking	0	0.0	523	2.4
Total	833	557.6	106,615	493.7

Source: Table 119, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

Maternal and Infant Health

Pregnant women are a particularly vulnerable and integral component of society, making understanding their health status, health outcomes, and well-being fundamental to any community health needs assessment. This section examines numerous statistics related to and measures of maternal and infant morbidity and mortality in Citrus County and the state of Florida.

Birth Rates

For 2019-2021 Citrus County had lower birth rates than the state overall, with 6.8 births per 1,000 total population in contrast to 10.0 for the state. For the same period, the highest birth rates in the county were seen in 34452 Inverness at 9.6 per 1,000 total population, 34434 Dunnellon at 8.3, and 34428 Crystal River at 7.6 (Table 121, 2023 Technical Appendix).

When examining birth rates by race for 2019-2021 in Citrus County, Black birth rates were higher than those for White residents. For the same period, White birth rates were reported at 6.7 births per 1,000 total population, compared to 7.8 for Black residents and 7.9 for Hispanics. By zip code, we see that the highest rates of White births were in 34452 Inverness at 10.0 births per 1,000 total population, which was slightly higher than the state rate of 9.7 births for 2019-2021. The highest rates of Black births were in 34465 Beverly Hills at 11.3 births per 1,000, followed by 34448 Homosassa at 10.4 births per 1,000 total population. Among Hispanics, the highest birth rates were seen in 34453 Inverness at 12.4 births per 1,000 total population, exceeding the state rate of 11.5 births, and in 34428 Crystal River at 10.4 births per 1,000 total population (Table 121, 2023 Technical Appendix).

Infant Deaths

Since Infant deaths are rare occurrences there are very small sample sizes, causing rates to vary considerably by zip code. For Citrus County from 2017-2021, infant death rates were higher than state rates. Although the Citrus County infant death rate declined for 2019-2021 to 7.7 infant deaths per 1,000 total live births, it remained above the state rate of 5.9. For the same period, the zip codes with the highest rates were 34434 Dunnellon with five (5) infant deaths and a rate of 21.3 deaths per 1,000 live births, 34450 Inverness with three (3) infant deaths and a rate of 13.0 deaths, and 34429 Crystal River with two (2) infant deaths and a rate of 11.8 deaths. Again for 2019-2021, by race, infant death rates were 7.0 per 1,000 total live births for the White population, 17.9 for the Black population which was the highest rate and an increase from previous years, and 13.0 for the Hispanic population (Table 122, 2023 Technical Appendix).

FIGURE 15: INFANT DEATH RATES PER 1,000 TOTAL LIVE BIRTHS BY RACE AND ETHNICITY, CITRUS COUNTY AND FLORIDA, 2019-2021
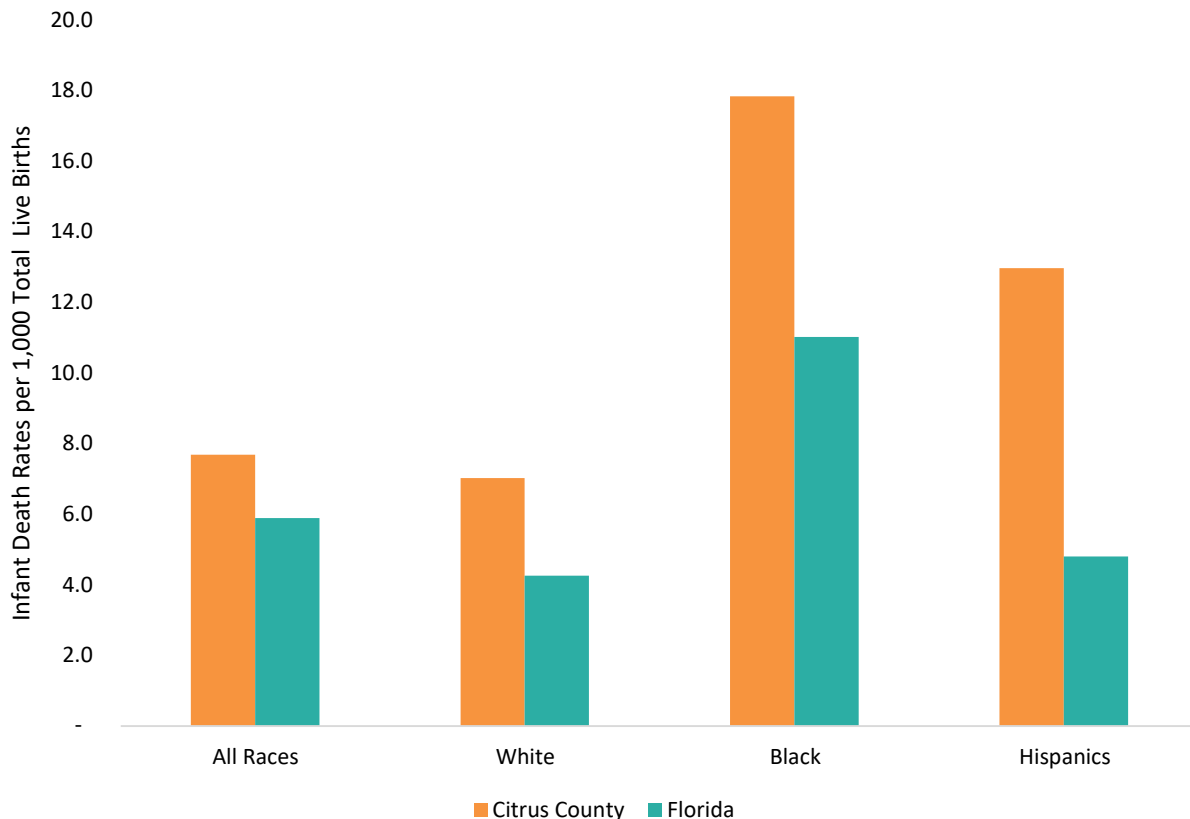
Source: Table 122, *2023 Citrus County Community Health Needs Assessment Technical Appendix,* prepared by WellFlorida Council, 2023

Low Birthweight Births

The rate of low birthweight births for Citrus County for 2019-2021 was below the state rate, where in Citrus County for all races 7.9 percent of babies were born with a low birthweight compared to the 8.8 percent for the state. However, 7.9 percent of White babies in Citrus County were born with low birthweight, compared to 7.2 percent for the state for the same period. About 13.4 percent of Black babies in Citrus County were born with low birthweight, compared to 14.2 percent for the state. Among Hispanics, 3.9 percent of Hispanic babies born in Citrus County were born with low birthweights, compared to 7.3 percent for the state. For Citrus County, the rates of low

birthweight babies have been decreasing since 2017 for Black residents whereas for White residents, rates declined slightly and maintained at 7.9 percent. Among Hispanics, from 2017-2021 the percent of low birthweight births fluctuated slightly (Table 123, 2023 Technical Appendix).

First Trimester Care

From 2019-2021 the percentage of births that received care in the first trimester was lower in Citrus County than for the state overall, at 62.1 percent of births in Citrus County compared to 69.3 percent in the state. During this timeframe there were clear differences by race in Citrus County, with 62.2 percent of White births receiving first trimester care compared to 52.7 percent and Black births, and 61.5 percent of Hispanic births receiving first trimester care. By geography for 2019-2021, the lowest rates among the Citrus County racial and ethnic groups categories were [2]5.0 percent of Black births receiving first trimester care in 34461 Lecanto, 33.3 percent of Black births receiving first trimester care in 34433 Dunnellon, 40.0 percent of Black births receiving first trimester care in 34446 Homosassa, 40.0 percent of Hispanic births receiving first trimester care in 34442 Hernando, and 42.9 percent of Hispanic births receiving first trimester care in 34450 Inverness (Table 124, 2023 Technical Appendix).

Teen Births

In Citrus County, 1.3 percent of births in 2019-2021 were to teens of all races and ethnicities aged 15-17 years old, which was slightly higher than the state rate of 1.0 percent. The highest rates of teen births for the same period were identified in zip codes 34442 Hernando (3.6 percent), 34436 Floral City (1.8 percent), and 34448 Homosassa (1.7 percent). Overall, the Citrus County teen birth rates have decreased. Among White births and Hispanic births 1.3 percent of births were to teens; among Black births 0.9 percent of births were to teens for 2019-2021. The highest rates across the three racial and ethnic categories were found in 34452 Inverness at 20.0 percent of Black births to teens, 34450 Inverness at 7.1 percent of Hispanic births to teens, and 34452 Inverness at 3.8 percent of Hispanic births to teens (Table 125, 2023 Technical Appendix). Note that due to low numbers rates can fluctuate widely from year to year.

Governmental Program Supports

For 2019-2021, approximately 66.6 percent of Citrus County births for all races were paid for by Medicaid, compared to 46.3 percent at the state level. This rate increased to 74.5 percent of Hispanic births and to 71.4 percent of Black births for the same period in Citrus County. Zip codes that saw 100 percent of Medicaid usage for Black births were in 34450 Inverness and 34461 Lecanto during 2019-2021 (Table 126, 2023 Technical Appendix). The percentage of births in which mothers of all races and ethnicities participated in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 2019-2021 was higher in Citrus County compared to the state at 44.7 percent of births compared to the state rate of 38.6 percent of births. During the same period in Citrus County, 53.6 percent of Black mothers participated in WIC, 52.8 percent of Hispanic mothers participated in WIC, and 44.3 percent of White mothers participated in WIC. For each demographic, Citrus County rates exceeded state rates (Table 127, 2023 Technical Appendix).

Health Behaviors

A number of health outcomes and conditions are associated with certain health decisions and behaviors. When interpreted in the context of environmental and social determinants of health, these measures can reflect the accessibility and acceptability of certain health interventions in a community. Such information can help refine the understanding of a community's perspectives on health and guide interventions towards improving health behaviors and outcomes.

Sexually Transmitted Diseases (STDs)

For this community health needs assessment, the seven categories of STDs examined, including HIV/AIDS, had lower rates among Citrus County adults compared to the state for 2016-2021. However, rates of bacterial STDs and gonorrhea had been increasing in the county until 2019, as were rates of chlamydia and infectious syphilis through 2020. All STDs, with the exception of early syphilis and total syphilis dropped off in 2021 (Table 132 and 133, 2023 Technical Appendix). HIV/AIDS cases in Citrus County have dropped from 2016 to 2021 with the exception of 2018 when the highest rate of cases of HIV diagnoses (6.2 per 100,000 population) and AIDS diagnoses (4.8 per 100,000 population) occurred. In Florida from 2016-2020, HIV/AIDS case rates also dropped but 2021 saw an increase (Table 133, 2023 Technical Appendix).

COVID-19

As of December 1, 2022, the rate of Citrus County COVID-19 cases of 61.6 per 100,000 population was lower than for the state (84.0 per 100,000 population. In Citrus County about 60 percent of individuals aged six (6) months or older have been vaccinated. This is lower than the state percentage of 72.0 percent vaccinated (Table 136 and 137, 2023 Technical Appendix).

Immunizations

Data shows that in 2017-2019 adults in Citrus County had similar flu vaccination rates to those in the state of Florida and higher pneumonia vaccination rates compared to the state. In Citrus County 48.4 percent of adults received a pneumonia vaccination while only 35.4 percent in the state had (Table 140, 2023 Technical Appendix). Florida Department of Health Bureau of Immunization data shows that in 2021 in Citrus County immunization rates among kindergartners and 7th graders were lower than for the state and also shows that rates have declined since 2019. In 2021, 91.9 percent of kindergartners in Citrus County were immunized, compared to 93.3 percent in the state. Also for 2021, 86.8 percent of Citrus County 7th graders were immunized compared to 94.5 percent in the state (Table 138, 2023 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

The following health behavior data is from the Behavioral Risk Factor Surveillance System (BRFSS). The Florida Department of Health conducts the BRFSS survey with financial and technical assistance from the CDC. This state-based telephone surveillance system collects self-reported data from adults on individual chronic health conditions, risk behaviors, and preventive health practices related to the leading causes of morbidity and mortality in the United States. In addition to the annual state-level BRFSS survey, the Florida Department of Health conducts county-level BRFSS surveying every three (3) years. As with all self-reported data, the information can be subject to individual biases in recall and reporting; however, it remains a vital tool for holistic evaluation of community health and a rich source of county-level data on health behaviors.

As would be expected with an older population, the 2017-2019 county-level BRFSS data show that Citrus County residents reported higher than the state percentages for prevalence of a number of chronic conditions including arthritis, Chronic Obstructive Pulmonary Disorder (COPD), and kidney disease (Table 141, 2023 Technical Appendix). BRFSS-collected disability indicators for the same timeframe were reported at higher percentages in Citrus County compared to the state (Table 131, 2023 Technical Appendix). These included disabilities such as vision, hearing, cognitive, mobility, self-care, and use of special equipment. For Citrus County adults cholesterol awareness measures were higher than those of the state including such indicators as having periodic cholesterol and high blood pressure checks (Table 148, 2023 Technical Appendix).

Indicators of healthcare access and coverage from 2017-2019 were all slightly better for Citrus County than the state. Rates for health status and quality of life indicators were generally worse in Citrus County than for the state. HIV testing rates were lower than the state rates (Table 135, 2023 Technical Appendix). Although self-reported hypertension rates were more prevalent in the county than the state, it appears to be better managed with 85.1 percent of adults in Citrus County with hypertension currently taking high blood pressure medication compared to 77.8 percent for the state (Table 150, 2023 Technical Appendix). In addition, kidney disease was self-reported at a slightly higher percentage in the county (4.7 percent versus 4.0 percent for the state) (Table 141, 2023 Technical Appendix).

2017-2019 BRFSS data show there were higher percentages of current and former tobacco smokers among Citrus County adults than in Florida in general. There were also slightly lower percentages of adults who were current e-cigarette users in Citrus County compared to the state (Table 128, 2023 Technical Appendix).

Cancer Screening

According to Florida Department of Health BRFSS data from 2016, colorectal and prostate cancer screening rates were better for Citrus County residents than for the overall state of Florida (Table 143 and 144, 2023 Technical Appendix). Indicators for women's health cancer screening varied with most Citrus County rates being at or below the state rates. Women aged 50-74 years of age who received a mammogram in the past 2 years was on par with the state. In Citrus County, the percent of women 40 years of age and older who received a mammogram in 2016 was greater than for the state (66.8 percent and 60.8 percent, respectively). Also of note, in Citrus County the percentage of women who have had a hysterectomy was 38.9 percent, whereas it was 22.7 percent for the state (Table 145, 2023 Technical Appendix).

Obesity and Overweight

Although data from 2017-2019 show a lower percentage of adults self-report as being overweight in Citrus County compared to the state (36.3 percent compared to 37.6 percent), a greater percentage reported being obese (31.2 percent compared to 27.0 percent). The combined rate for obese and overweight adults was greater than the state. In total, about two-thirds (67.5 percent) of the Citrus County adult population self-reported being overweight or obese. On the related topic of physical activity, approximately a third of Citrus County adults said they were sedentary with only 30.7 percent of adults meeting muscle strengthening recommendations; both measures were worse than state rates (Table 130, 2023 Technical Appendix).

Health Care Access and Utilization

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSA, are geographic regions, populations, or institutions identified by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of primary medical, dental, or mental health providers. In Citrus County there are six (6) dental care locations, six (6) primary care locations, and six (6) mental health locations that are high priority HPSA shortage areas. The same report also identified locations with Low Income populations as a Medically Underserved Area, or MUA, in Citrus County (Table 153, 2023 Technical Appendix).

TABLE 4: HPSA SHORTAGE AREAS AND MUAS BY TYPE AND SCORE, CITRUS COUNTY, 2021

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Dental Care				
Low Income Population HPSA	LI - Citrus County	9/10/2021	12.58	18
Federally Qualified Health Center	Project Health, Inc	9/11/2021	---	26
Rural Health Clinic	Citrus Springs Rural Health Clinic	9/11/2021	---	17
Rural Health Clinic	Pediatric and Internal Medicine Specialists PA	9/10/2021	---	16
Rural Health Clinic	Suncoast Primary Care Specialists	9/11/2021	---	15
Rural Health Clinic	West Florida Medical Associates PA	9/10/2021	---	16
Primary Care				
Low Income Population HPSA	LI - Citrus County	9/10/2021	11.75	15
Federally Qualified Health Center	Project Health, Inc	9/11/2021	---	21
Type	**Name**	**HPSA Designation Last Updated Date**	**HPSA FTE Short**	**Score ***
Rural Health Clinic	Citrus Springs Rural Health Clinic	9/11/2021	---	16
Rural Health Clinic	Pediatric and Internal Medicine Specialists PA	9/10/2021	---	16
Rural Health Clinic	Suncoast Primary Care Specialists	9/11/2021	---	14
Rural Health Clinic	West Florida Medical Associates PA	10/13/2021	---	14
Mental Health				
Low Income Population HPSA	LI - Citrus County	9/10/2021	3.19	17
Federally Qualified Health Center	Project Health, Inc	9/11/2021	---	24
Rural Health Clinic	Citrus Springs Rural Health Clinic	9/11/2021	---	17
Rural Health Clinic	Pediatric and Internal Medicine Specialists PA	9/10/2021	---	15
Rural Health Clinic	Suncoast Primary Care Specialists	9/11/2021	---	15
Rural Health Clinic	West Florida Medical Associates PA	9/10/2021	---	18
Type	**Name**	**MUA Last Updated Date**		**Index of Medical Underservice Score**
Medically Underserved Area	Low Inc - Citrus County	12/12/2005		47.5

* 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.

Source: Table 153, *2023 Citrus County Community Health Needs Assessment Technical Appendix,* prepared by WellFlorida Council, 2023, from U.S. Department of Health and Human Services Administration, reports generated by WellFlorida; using the Shortage Areas: HPSA by State & County System; http://www.hrsa.gov (December 9, 2022).

Environmental Health

From 2015-2019 the percentages of the population in Citrus County served by community water supplies and fluoridated water supplies were much lower than for the state. In 2019, only 64.4 percent of Citrus County residents had access to community water supplies, and only 12.6 percent had access to fluoridated water supplies. For Florida as a whole the percentages surpass the Citrus County numbers by a large margin with 95.0 percent statewide having access to community water supplies and 78.1 percent having access to fluoridated water supplies (Table 45, 2023 Technical Appendix).

Insurance

According to the U.S. Census Bureau, Small Area Health Insurance Estimates for 2020, the percentage of those uninsured under the age of 19 in Citrus County was 6.2 percent which was below the state rate of 7.0 percent. For those 18-64 years of age for 2020, the rate was slightly lower than the state at 17.8 percent for the county and 18.4 percent for the state. For those 65 years and older, the rate was similar to that of the state at 15.1 percent for the county and 15.5 percent for the state (Table 154, 2023 Technical Appendix). For 2017-2021 among noninstitutionalized civilians in Citrus County there was a small difference in the rate of the uninsured at 11.3 percent compared to 12.6 percent for the state (Table 155, 2023 Technical Appendix).

Medicaid Data

As of 2021, the percent of the Citrus County population eligible for Medicaid in was higher than the state in all age categories except for those 65 years of age and older. It is particularly notable that among those 0-18 years of age in Citrus County, 70.7 percent were eligible for Medicaid compared to 55.1 percent in the state. Furthermore, 21.2 percent of Citrus County adults aged 19-64 were eligible for Medicaid, while only 14.3 percent were eligible across the state (Table 52, 2023 Technical Appendix). For 2021, the median monthly enrollment for Medicaid was higher in Citrus County at 23.6 percent of the population when compared to Florida as a whole at 22.4 percent (Table 53, 2023 Technical Appendix).

Facilities

The number of physical medical facilities is an important resource in any community. Compared to the state of Florida, in 2022 Citrus County had less than half the number of adult daycare centers per 100,000 population. Citrus County's population distribution has a higher percentage of older residents than the state in general, highlighting the need for more adult daycare centers. Citrus County's rate of health care clinics per total population was about a quarter of the state rate. An asset to the county is their higher rate of assisted living facilities, which in 2022, was at 14.4 per 100,000 population compared to 13.5 for the state. In addition, there is a higher rate of home medical equipment providers compared to the state (6.6 for the county compared to 5.0 for the state), nursing homes (5.9 for the county compared to 3.2 for the state), and rural health clinics which have a higher percent compared to the state (10.5 for the county and 0.7 for the state) (Table 156, 2023 Technical Appendix).

The following figures depict rates of healthcare facility resources in Citrus County compared to the state. Data on the number of nursing home beds, all hospital beds, acute care beds, and specialty hospital beds is shown. In summary, Citrus County has a higher rate per 100,000 population of nursing home beds compared to the state and a lower rate of all hospital beds, acute care beds, and specialty beds compared to the state. There are zero (0) specialty hospital beds in Citrus County (Table 157, 2023 Technical Appendix).

FIGURE 16: RATE OF NURSING HOME BEDS PER 100,000 POPULATION, CITRUS COUNTY AND FLORIDA, 2016-2020
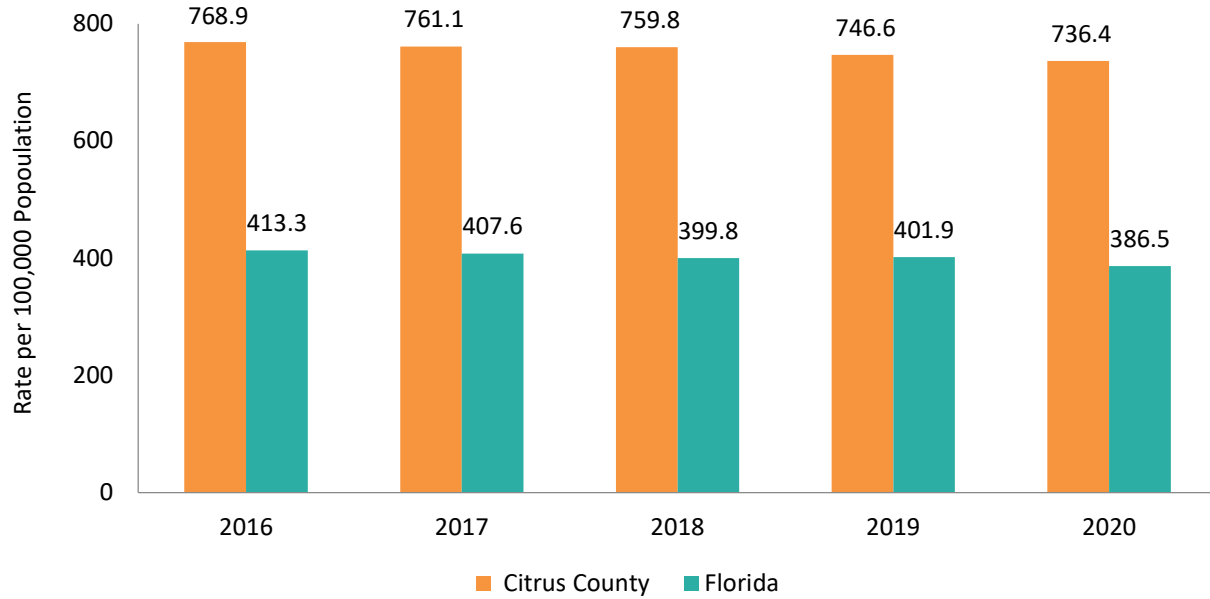
Source: Table 157, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

FIGURE 17: RATE OF TOTAL HOSPITAL BEDS AND ACUTE CARE BEDS, CITRUS COUNTY AND FLORIDA, 2016-2021
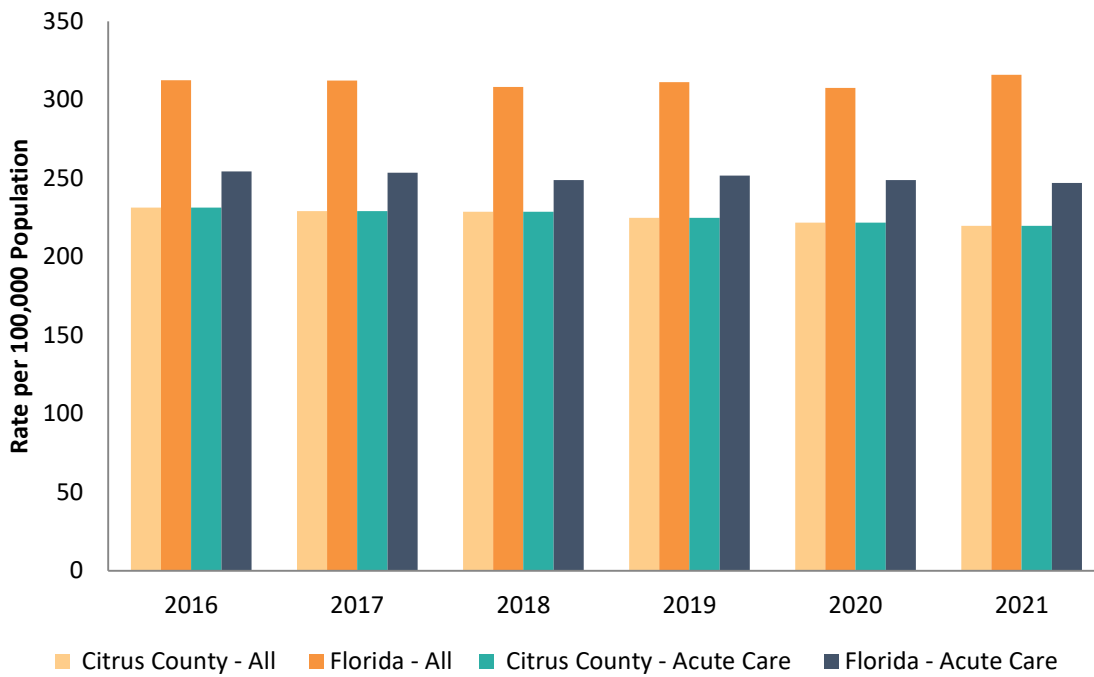
Source: Table 157, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2023

FIGURE 18: SPECIALTY HOSPITAL BEDS BY TYPE, RATE PER 100,000 POPULATION, CITRUS COUNTY AND FLORIDA, 2016-2021
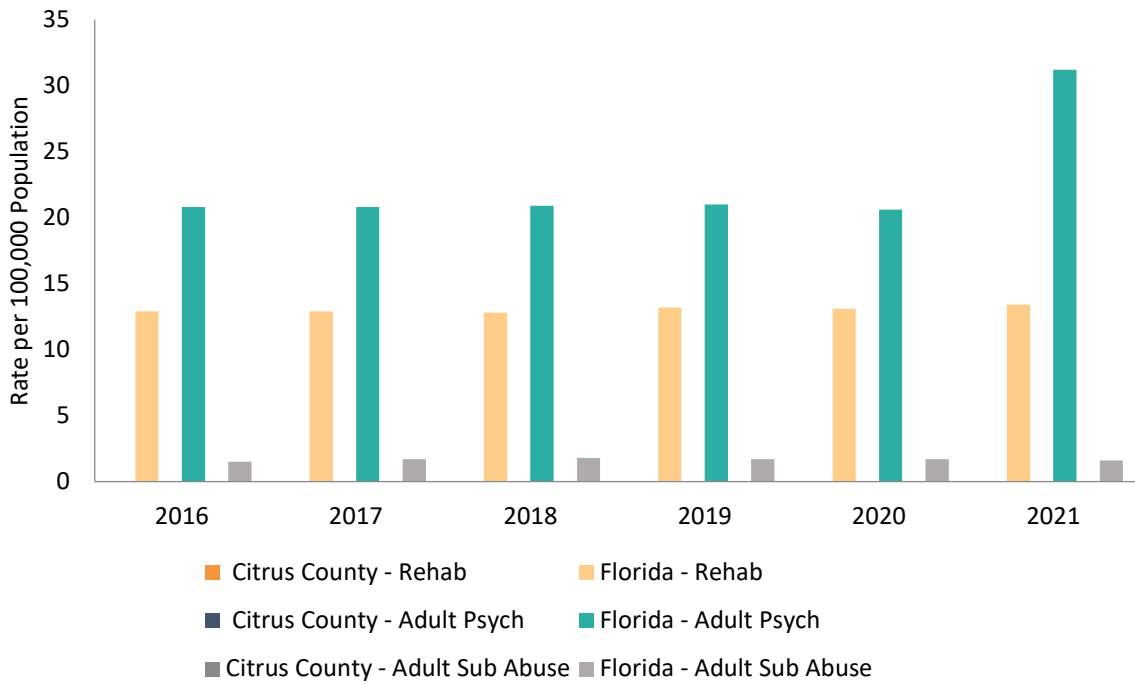
Source: Table 157, *2023 Citrus County Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council 2022

Providers

The number and rate of medical providers in a region can have a big impact on access to and quality of care. From fiscal years 2016-2021 the rates of all types of physicians in Citrus County were lower than for the state. Pediatricians were particularly scarce, with a rate of 6.7 per 100,000 population. The state rate was approximately 3.3 times this number at 21.9 pediatricians per 100,000 population (Table 158, 2023 Technical Appendix). Dentists were also present at a particularly low rate at 26.7 dentists per 100,000 population for the county compared to 56.7 for the state in fiscal year 2020-2021 (Table 160, 2023 Technical Appendix).

Type of Physician	2016-17	2017-18	2018-19	2019-20	2020-21
	Citrus County				
Family Practice Physicians	13.2	11.0	15.2	13.5	13.4
Internal Medicine	33.5	38.6	40.6	41.3	40.1
OB/GYN	4.9	4.1	4.1	4.7	4.0
Osteopathic Physicians	NA	NA	NA	34.7	36.6
Pediatricians	6.3	6.9	6.9	6.8	6.7
Total Physicians	142.2	181.5	184.6	183.4	182.3
	Florida				
Family Practice Physicians	14.0	14.1	18.8	19.2	19.2
Internal Medicine	48.7	47.9	46.9	47.5	47.3
OB/GYN	9.6	9.5	9.3	9.3	9.2
Osteopathic Physicians	NA	NA	NA	36.6	37.5
Pediatricians	17.7	17.7	21.9	22.0	21.9
Total Physicians	244.5	310.5	304.7	310.0	314.0

* NA = Data was not available

Source: Table 158, *2022 Citrus County Needs Assessment Technical Appendix,* prepared by WellFlorida Council, 2023

Dental Hospitalizations and Emergencies

In 2021, preventable dental hospitalization rates for Citrus County residents and the state were equal at 0.8 preventable dental hospitalizations per 1,000 population. Zip codes 34446 Homosassa and 34436 Floral City led the county in preventable dental hospitalization rates, followed by 34429 Crystal River, 34461 Lecanto, and 34465 Beverly Hills (Table 162, 2023 Technical Appendix).

The rate of preventable Emergency Department (ED) visits by Citrus County residents in 2021 was 8.3 preventable ED visits per 1,000 population, higher than the state's rate of 6.0 preventable ED visits per 1,000 population. These numbers have worsened in Citrus County since 2019. The zip codes with the highest rates of preventable ED visits by residents were in 34428 Crystal River (10.6 visits per 1,000 population) and 34453 Inverness (10.3), followed by 34465 Beverly Hills (10.0) and 34429 Crystal River (9.7) (Table 161, 2023 Technical Appendix).

Hospitalizations and Emergency Department Usage

The hospital discharge rate per 1,000 population for Citrus County residents for 2021 was 166.3 compared to the state rate of 124.9. From 2019-2021, 34448 Homosassa consistently presented the highest discharge rates, closing 2021 with a discharge rate of 195.2 per 1,000 population. However, the average length of stay (ALOS) for discharges in Citrus County were less than that of the state at 4.8 days compared to 5.3 days (Table 165, 2023 Technical Appendix).

From 2019-2021, Medicare was consistently the primary payor sources for discharges. In 2021 Medicare accounted for 58.9 percent of discharges in Citrus County compared to 49.9 percent of discharges for the state. The next most common payor sources in 2021 for Citrus County were, in order: private insurance, Medicaid, self-pay/non-payment, VA/Tri-Care, and all others (Table 166, 2023 Technical Appendix).

The Florida Agency for Health Care Administration calculates avoidable discharges and patient days among those less than 65 years of age. Avoidable discharge rates in 2021 were higher for Citrus County residents than for Florida at 15.5 discharges per 1,000 population and 12.3 discharges per 1,000 population, respectively. Citrus County had a slightly lower avoidable ALOS compared to the state at 6.2 days versus 6.3 days (Table 168, 2023 Technical Appendix).

Examination by payor source reveals that the slightly lower ALOS was driven by patient days among those with self-pay/non-payment or another payor not listed. In 2021, VA/Tri-care and self-pay/non-payment saw more patient days on average for Citrus County residents than the state. The same trend was seen in percentages for avoidable discharges (Table 169, 2023 Technical Appendix).

The primary cause for avoidable discharges for Citrus County residents under the age of 65 for 2021 was by far dehydration, accounting for 41.8 percent of avoidable discharges. The next top three (3) were 13.7 percent for nutritional deficiencies, 9.4 percent for congestive heart failure, and 7.2 percent for cellulitis. In 2020, the top three (3) reasons after dehydration were 10.2 percent nutritional deficiencies, 9.6 percent diabetes "B", and 8.0 percent Chronic Obstructive Pulmonary Disease (COPD). In 2019, this same ranking was 14.1 percent COPD, 8.9 percent nutritional deficiencies, and 8.9 percent diabetes "B" (Table 170, 2023 Technical Appendix).

The Emergency Department (ED) visit rate per 1,000 population in 2021 was 421.8 for Citrus County residents and increased from the 2020 rate of 333.7 per 1,000 and the 2019 rate of 260.3 per 1,000. It was also much higher than the 2021 state rate of 375.4 visits. The avoidable ED visit rate per 1,000 population in 2019 was 141.3 per 1,000 for the county and 190.7 per 1,000 for the state. In 2021, the zip code with the highest ED visit rate was 34465 Beverly Hills at 493.4 visits per 1,000 population. In 2019 zip code 34452 Inverness had the highest ED visit rate at 348.3 visits per 1,000 population and the highest avoidable ED visit rate at 192.4 visits per 1,000 population (Table 171, 2023 Technical Appendix).

The most common payor source for ED visits by Citrus County residents in 2021 was Medicare at 31.5 percent of visits, followed by Medicaid, private insurance, and self-pay/non-payment. In contrast, for the same year Medicaid was the primary payor source for ED visits in the state at 30.6 percent of visits, with private insurance and Medicare following (Table 172, 2023 Technical Appendix).

Incarceration Rates

Incarceration rates in Citrus County have been consistently higher than the state for the past five (5) years. In 2021, Citrus County saw 4.8 incarcerations per 1,000 population compared to 2.5 for the state (Table 56, 2023 Technical Appendix). Inmate admissions for the 19 years of age and older population were also consistently higher at 163.5 per 100,000 population in 2021 compared to 104.0 for the state (Table 57, 2023 Technical Appendix).

Housing Costs

Housing data reflects somewhat more affordable living conditions in Citrus County, with various encouraging statistics for housing costs and housing problems compared to the state. For example, for 2017-2021, 23.5 percent of occupied households in Citrus County had monthly housing costs of 30 percent or more of household income, while the state rate was 34.6 percent. Similarly, 47.6 percent of renter-occupied housing units in Citrus County had gross rent costs of 30 percent or more of household income, compared to 53.2 percent of the state. According to the 2017-2021 ACS, 13.5 percent of the county population suffered severe housing problems, while the state saw severe housing problems for 19.2 percent of the population. More details can be found in Table 44 of the 2023 Technical Appendix.

Community Resources and Assets for Improving Health

The Citrus County community has a number of resources and assets at hand to improve and protect the health of the population. This capital may be organized into three broad categories: healthcare resources, community assets, and informational resources.

For the healthcare system, many Citrus County residents utilize Medicaid and Medicare governmental benefits. Medicaid is the most common payor for births while Medicare was the most common payor for ED visits and discharges. Medicaid was the second most common payor for ED visits and the third most common for all hospital discharges. Furthermore, as of 2021, approximately 23.6 percent of Citrus County residents were enrolled in Medicaid (Tables 53, 126, 166, and 172, 2023 Technical Appendix). A notable portion of the population participated in nutritional assistance programs such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, and 50, 2023 Technical Appendix). Compared to the state, Citrus County had lower childhood vaccination rates, more rural health clinics, more nursing homes, more rehab beds, and more home medical equipment providers (Tables 138 and 156, 2023 Technical Appendix).

Community assets include both physical attributes of the county as well as social tools such as strong, collaborative partnerships and behavioral or economic trends that may or may not be directly related to individual health. Regarding the former, Citrus County was ranked in the top quarter of counties for its physical environment at 20th out of 67 counties by the national County Health Rankings program (Table 175, 2023 Technical Appendix). Although far less than the state and in need of improvement, the county does have community water supplies that cover some portion of the population, and a small portion of the population is covered by fluoridated water supplies (Table 45, 2023 Technical Appendix). For social assets held by the community, Appendix A lists the Citrus County Community Health Needs Assessment Partners involved in this Community Health Needs Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the health and quality of life of Citrus County. The county also has the advantage of higher rates of health insurance coverage, as of 2021 (Table 155, 2023 Technical Appendix). Finally, housing is less financially burdensome in Citrus County as compared to the state, a powerful asset considering Florida's recent increase in housing costs (Table 44, 2023 Technical Appendix).

Lastly, informational resources to guide the planning, implementation, and evaluation of strategies to improve community health are listed in the Resources for Community Interventions: General Approaches and Specific Opportunities section of this community health needs assessment report. These resources outline evidence-based practices and widely accepted models in addressing community health issues, such as those that emerged in this assessment. Among the resources are strategies for environmental change, policy development, behavior and lifestyle change, and community approaches to improving social determinants of health and health equity.

Health Disparities and Inequities

Throughout this community health status assessment, we have highlighted disparities in health outcomes by sex, race, ethnicity, and geography. The following section serves to consolidate and underscore some of the key findings related to these health disparities.

Health Disparities

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as "preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities" (https://www.cdc.gov/aging/disparities/index.htm, accessed 8/2/2022). Simply put, health disparities are preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Citrus County and are detailed below.

Life Expectancy

Citrus County life expectancy is in the lowest quartile of the state, ranked 65 out of 67 counties for length of life (Table 176, 2023 Technical Appendix). Citrus County residents possess an average life expectancy of 74.2 years while Floridians enjoy 79.4 years of life. A particularly noticeable disparity exists between males and females, with females in Citrus County expected to live 6.6 years longer on average than male Citrus County residents at 77.6 years compared to 71 years. A similar pattern is seen at the state level (Table 20, 2023 Technical Appendix).

Morbidity and Mortality

The data on morbidity and mortality patterns in Citrus County reflects an abundance of chronic health issues associated with an older population, as well as critical mental health needs and disease disparities by race and ethnicity.

Overall, mortality rates for Citrus County (1,008.9 deaths per 100,000 population) were approximately 36 percent higher than the state (740.1 deaths per 100,000) (Table 65, 2023 Technical Appendix). Males are more likely to die from all causes at 1,396.2 deaths per 100,000 population compared to 917.7 deaths per 100,000 for females in Citrus County. Males have higher death rates by heart disease, cancer, CLRD, stroke, COVID-19, unintentional injuries, diabetes, liver disease, and suicide. On the other hand, Citrus County females are more likely than males to die from essential hypertension and Alzheimer's disease (Tables 73 and 74, 2023 Technical Appendix).

Black residents have higher mortality rates both in the county and throughout the state, in part due to cancer, COVID-19, and medical & surgical care complications. White residents are more likely to die from heart disease, CLRD, stroke, unintentional injuries, diabetes, hypertension, liver disease, and suicide. The greatest disparities in death are due to cancer, where the Black population is approximately 1.26 times as likely to die, and from suicide, is among the top 10 causes for White population but is not among top 10 for Black populations. Furthermore, medical and surgical care complications is in the top 10 causes of death exclusively among Black residents. From the perspective of ethnic disparities, Hispanic overall have lower-age adjusted mortality rates than all races, but still have higher mortality rates among the categories of COVID-19, unintentional injuries, diabetes, and Alzheimer's disease (Tables 69-72, 2023 Technical Appendix).

Maternal and Infant Health

Infant deaths in Citrus County were higher compared to the state of Florida as a whole, occurring at 7.7 deaths per 1,000 total live births for the county in 2021 compared to 5.9 for the state. By race, infant death rates were 7.0 deaths per 1,000 total live births among the White population (4.3 per 1,000 for the state), 17.9 deaths per 1,000

total live births among the Black population (11.0 per 1,000 for the state), and 13.0 deaths per 1,000 total live births among the Hispanic population (4.8 per 1,000 for the state). The only rate that has been increasing between 2017 to 2021 was noticed in the Black population, where infant death rate has increased since 2017, where between 2018-2020 and 2019-2021 the infant death rate doubled from 8.6 deaths per 1,000 total live births in 2018-2020 to 17.9 deaths from 2019-2021 (Tables 122, 2023 Technical Appendix). The rates of low birthweight babies born to Citrus County mother have decreased since 2017 for White, Black, and Hispanic population, accounting for 7.9 percent of White births, 13.4 percent of Black births, and 3.9 percent of Hispanic births. While Black and Hispanic rates are seen to be below the state rate, meanwhile 7.9 percent of White births in Citrus County were low birthweight births while for the state it was 7.2 percent (Table 123, 2023 Technical Appendix).

From 2017-2021, the percentage of births that received care in the first trimester was lower in Citrus County than for the state overall, coming in at 62.1 percent of births compared to 69.3 percent of births, with fluctuations in recent years in the county. There are clear differences by race, with 62.2 percent of White births receiving first trimester care compared to 52.7 percent of Black births. 61.5 percent of Hispanic births received first trimester care (Table 124, 2023 Technical Appendix).

In Citrus County, 1.3 percent of births in 2021 were to teens aged 15-17 years old, which was slightly higher than the state rate of 1.0 percent, although these rates are decreasing. Among births to Whites, 1.3 percent were to teens (compared to 0.8 percent in the state); among Black births it was 0.9 percent (compared to 1.4 percent in the state); and for Hispanic births was 1.3 percent (compared to 1.2 percent for the state) (Table 125, 2023 Technical Appendix).

From the same 2017 to 2021 estimates, approximately 66.6 percent of all Citrus County births were paid for by Medicaid, compared to 46.3 percent at the state level. These numbers increased to 71.4 percent of Black births in Citrus County, in which multiple zip codes saw 100 percent of Black births being covered by Medicaid. Among Hispanic population, 74.5 percent of Hispanic births in Citrus County were paid for by Medicaid (Table 126, 2023 Technical Appendix). The percentage of mother participating in WIC was also higher than the state on average, comprising 44.7 percent of Citrus County births and only 38.6 percent of the state. In particular, 53.6 percent of Black mothers participated in WIC (compared to 55.3 percent in the state), 52.8 percent of Hispanic mothers participated in WIC (compared to 47.7 percent in the state), and 44.3 percent of White mothers participated in WIC (compared to 34.6 percent in the state) (Table 127, 2023 Technical Appendix).

Health Inequities

Health equity is defined by the CDC as "the state in which everyone has a fair and just opportunity to attain their highest level of health" (https://www.cdc.gov/nchhstp/healthequity/index.html, accessed April 25, 2023). Therefore, health inequities are "systematic differences in health outcomes" (https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes, accessed April 25, 2023). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm, accessed April 25, 2023). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services (https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf, accessed April 25, 2023).

Structural Drivers – Income, Poverty, and Food Insecurity

Poverty

According to data from the U.S. Census Bureau, Small Area Income and Poverty Estimate, the poverty rate for all individuals was higher in Citrus County than the state at 15.5 percent in Citrus and 13.2 percent in Florida for 2021. Poverty rates have fluctuated in Citrus County since 2016, where in 2016 poverty rate was 16.6 and declined to 14.4 percent in 2017, later this increased until 2020 where it dropped to 12.6 percent only to increase the next year. The 2021 rates of children under the age of 18 living in poverty in Citrus County were also higher than the state rate at 24.9 percent and 18.4 percent, respectively, although this rate has been steadily declining since 2016 only to increase again for 2021 (Table 21, 2023 Technical Appendix). A little over half of the county's zip codes have more than 25 percent of their children living in poverty (Table 22, 2023 Technical Appendix). Among those 65 and older, Citrus County has a lower percentage living in poverty compared to the state; however, this difference is offset by those living between 100-200 percent of poverty, which is 2.1 percentage points higher in Citrus County than in the state (Table 24, 2023 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Citrus County. As in Florida, females in Citrus County have higher rates of poverty than males (15.8 percent and 14.9 percent, respectively). In Citrus County from 2017-2021, 14.5 percent of White residents lived in poverty compared to 11.1 percent of White Florida residents. As in Florida, Black residents experience poverty at higher rates than their White counterparts. More than a fifth (22.9 percent) of Black Citrus County residents lived in poverty compared to 20.5 percent in Florida. For Hispanic Citrus County residents, 15.8 percent lived in poverty which was slightly below the state rate of 15.9 percent. In the county, poverty by race and ethnicity can be understood by looking at the number of zip codes with more than a quarter of the population living in poverty. Among the Citrus County Hispanic community, there were four (4) such zip codes; among Black residents, there were also four (4); and among the White population there was only one (1) (Tables 25 and 26, 2023 Technical Appendix).

Income

Income levels in Citrus County were lower than for the state of Florida between 2017 and 2021. The per capita income for all races in Citrus County was 29,948 dollars, only about 85 percent of the 35,216 dollars average per capita income at the state level. Per capita income for White Citrus County residents was at 30,928 dollars, compared to 39,805 for the state. Per capita income for Black Citrus County residents was at 19,104 dollars, compared to 22,634 for the state. Per capita income for Hispanic Citrus County residents was at 21,427 compared to 26,503 for the state. On average, Black residents of Citrus County were earning 61.7 percent of the average income of their White counterparts, while Hispanic residents earned approximately 71.5 percent of the average income of the county as a whole (Table 32, 2023 Technical Appendix).

Food Insecurity

Citrus County had a higher percentage of students eligible for free and reduced lunch compared to the state at each grade level, with 77.0 percent of children in pre-K qualifying in 2021, 76.3 percent of kindergarteners, 75.2 percent of elementary students, and 70.2 percent of middle school students. The greatest discrepancy in free and reduced lunch eligibility between Citrus County and the state was seen among kindergarten students, where the state was 22.9 percentage points less than Citrus County with 53.4 percent of students eligible. The kindergarten and elementary school categories in Citrus County have seen an increasing percentage of eligible students for the past three years, while the state steadily decreases, widening the gap observed (Table 47, 2023 Technical Appendix).

In Citrus County, the number of WIC-eligible individuals has varied from 2014 to 2021, with the most recent rate estimate being 2,587.0 per 100,000 population, lower than the state's estimate of 2,890.5 per 100,000 population. Citrus County also saw a smaller percentage of the WIC-eligible being served, with the 2021 rate of 58.5 percent falling behind the state rate of 63.0 percent. The percentage of WIC-eligible people reached has been decreasing steadily in Citrus County since 2018. Similarly for the state, this percentage has been decreasing steadily for the past eight (8) years with a slight increase in 2020 only to decline again (Table 48, 2023 Technical Appendix).

Community Determinants – Education

The majority of Citrus County residents aged 25 years or older had a high school diploma as their highest level of education, at 61.1 percent, compared to 47.4 percent for the state of Florida. In Citrus County, 28.8 percent of the population hold some college degree (41.6 percent for the state), leaving only 10.5 percent of the county population with no high school diploma, slightly below the state rate of 11.5 percent. These rates are based on data collected between 2017-2021 (Table 38, 2023 Technical Appendix). Citrus County's graduation rates were lower than the state at 88.1 percent versus 90.0 percent, respectively, and the county had higher dropout rates for 2021 at 4.1 percent compared to 3.2 percent for the state (Table 39, 2023 Technical Appendix).

Quality Healthcare Services

Differing access to health care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, low birthweight birth rates, lower prenatal care by race and/or ethnicity, as well as other disease outcome differences. Every physician specialty reported in Citrus County was less prevalent than at the state level, including family practice physician, OB/GYNs, and pediatricians (Table 158, 2023 Technical Appendix). Lesser access to this front line of care can often manifest in higher rates of avoidable discharges and ED visits, such as those seen in Citrus County. For example, Citrus County had an avoidable discharge rate of 15.5 discharges per 1,000 population compared to the state rate of 12.3 discharges in 2021. For Citrus County, there was a lower avoidable ED visit rate per 1,000 population compared to the state. Also in Citrus County, there were 141.3 avoidable ED visits per 1,000 population, compared to the state rate of 190.7 visits per 1,000 population in 2019 (Tables 168 and 171, 2023 Technical Appendix).

Practicing dentists are available at a particularly low rate in Citrus County: 26.7 providers per 100,000 population compared to 56.7 for the state in the fiscal year 2020-2021. Therefore, it is no surprise that the rate of total dental ED visits was higher than the state. In Citrus County there were 95.3 total dental ED visits per 1,000 population compared to 94.6 for the state. However, the rate of preventable ED visits in Citrus County was slightly lower than the state, where Citrus County saw 7.4 preventable ED visits per 1,000 population and the state saw 7.8 (Tables 160 and 161, 2023 Technical Appendix).

Priority Populations

The preceding analysis of health disparities found in Citrus County as well as this community health status assessment as a whole may be used to direct interventions towards particular priority populations that are affected by negative health outcomes more than others in the community. These priority populations ought to be relevant to the Citrus County community, and their needs and changing health behaviors and outcomes should continue to be identified and monitored through secondary and primary data analysis and supported by collaborative community interventions and policies. These groups include, in no particular order:

- Children
- Pregnant women and mothers
- Older residents

- Racial minorities, especially the Black population

- Ethnic minorities, especially the Hispanic population

Summary

In summary, the Citrus County Community Health Needs Assessment and accompanying 2023 Citrus County Community Health Needs Assessment Technical Appendix contain a wealth of information and insight into the social, environmental, behavioral, and healthcare factors associated with health status and health outcomes in Citrus County, as well as data resources to further analyze these elements of the community and guide future planning and interventions. These findings, while pointing towards the need for further in-depth exploration of certain factors, gaps, and root causes, provide a foundation for guiding discussions and plans to improve health outcomes and quality of life for Citrus County residents.

Citrus County faces a number of challenges typical of an aging community, including high rates of chronic disease, low income, and limited providers of health care and other social services. The number of healthcare providers is also limited by the rural-like characteristics of parts of Citrus County, which contributes to difficulties with community education and isolation. Although uptake of certain healthy behaviors is encouraging throughout the county with high rates of cancer screening, several other health outcomes associated with individual behavior demand improvement, such as high teen pregnancy rates, the number of deaths due to suicide, and rising domestic violence. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial income gaps, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health needs assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Citrus County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Introduction

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 healthcare and social service providers.

The Citrus County Community Health Needs Assessment process endeavored to ensure that the community at large and community leaders contributed their observations, experiences, opinions, and expertise to the overall assessment and in particular to this phase of data collection. A community health survey was distributed and available to every adult Citrus County resident. Three (3) focus groups were held to gather qualitative data through facilitated discussions. Focus group participants represented providers and healthcare professionals, a faith-based community, and community partner agency representatives. Further, six (6) key informant interviews were conducted with individuals identified as community leaders actively engaged in Citrus County and opinion leaders on health and quality of life in the county. Results from the community survey, focus groups, and key informant interviews are provided below. The survey instrument, focus group script, and key informant script are included in the appendices.

Community Health Surveys

Methodology

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of Citrus County residents. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in Citrus County. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included ten (10) core questions with additional items depending on responses, and nine (9) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on November 14, 2022 and was available through January 6, 2023. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 507 complete, eligible surveys. All but one (1) of the complete, eligible surveys were taken in English. The data from the single survey completed in Spanish was analyzed with the English language surveys. The overall survey completion rate was calculated at 76.7 percent; note that the 46 surveys deemed ineligible due to non- residency and two (2) ineligibles because of age were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Citrus County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in Table 6 below. Tabulated results from survey items are presented in the following Tables 7-15 and Figures 19-24.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Citrus County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2023 Technical Appendix.

TABLE 6: DEMOGRAPHICS OF CITRUS COUNTY COMMUNITY HEALTH SURVEY RESPONDENTS, 2022-2023

Demographics	n = 507	
	Number	Percent
Age Group		
18-24	19	3.7
25-29	17	3.4
30-39	64	12.6
40-49	56	11.0
50-59	111	21.9
60-64	70	13.8
65-69	66	13.1
70-79	76	15.0
80 or older	21	4.1
Prefer not to answer	7	1.4
Gender Identity		
Man	99	19.5
Woman	381	75.1
Non-binary	4	0.8
Prefer not to answer	19	3.7
Other (4 comments on only being 2 genders)	4	0.8
Racial Identity		
American Indian/Alaskan Native	1	0.2
Asian	3	0.6
Black or African American	11	2.2
Native Hawaiian and Other Pacific Islander	2	0.4
Two or more races	7	1.4
White	437	86.2
Prefer not to answer	40	8.2
Oher (2 mixed race, 2 Hispanic, 1 Caucasian, 1 blank)	6	1.2
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	441	87.0
Of Hispanic, Latino/a/x or Spanish origin	30	5.9
Prefer not to answer	36	7.1
Highest Level of Education Completed		
Elementary/Middle School	1	0.2

Demographics	n = 507	
	Number	Percent
High school diploma or GED	73	14.4
Technical, community college, 2-yr college or Associate's degree	123	24.3
4-yr college/Bachelor's degree	99	19.5
Graduate/Advanced degree	140	27.6
Some college	62	12.2
Prefer not to answer	8	1.6
Other (1 – RN diploma)	1	0.2
Current Employment Status (may choose all that apply)		
Employed (full-time)	259	51.1
Employed (part-time)	35	6.9
Full-time student	8	1.6
Part-time student	4	0.8
Homemaker	16	3.2
Retired	151	29.8
Self-employed	26	5.1
Unemployed	20	3.9
Work two or more jobs	13	2.6
Disabled, unable to work	17	3.4
Prefer not to answer	12	2.4
Other (1 – caregiver for disabled child, 3 - volunteer)	4	0.8
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	265	52.3
Health insurance that you pay on your own	85	16.8
Medicaid	43	8.5
Medicare	163	32.1
Military coverage/Tricare or VA	37	7.3
Pay cash	32	6.3
Do not have health insurance	30	5.9
Other (3 - free clinic, 1 Ryan White program)	4	0.8
Combined Annual Household Income		
Less than $10,000	18	3.6
$10,000 - $19,999	24	4.7
$20,000 - $29,999	47	9.3
$30,000 - $49,999	93	18.3

Demographics	n = 507	
	Number	Percent
$50,000 - $74,999	97	19.1
$75,000 - $99,999	63	12.4
$100,000 - $124,999	45	8.9
$125,000 - $149,999	22	4.3
$150,000 - $174,999	15	3.0
$175,000 - $199,999	4	0.8
$200,000 or more	13	2.6
Prefer not to answer	66	13.0
Zip Code of Residence		
34423 Crystal River	1	0.2
34428 Crystal River	28	5.5
34429 Crystal River	31	6.1
34433 Dunnellon	25	4.9
34434 Dunnellon/Citrus Springs	27	5.3
34436 Floral City	17	3.4
34441 Hernando	6	1.2
34442 Hernando	66	13.0
34445 Holder	0	0
34446 Homosassa	46	9.1
34447 Homosassa Springs	1	0.2
34448 Homosassa	26	5.1
34450 Inverness	50	9.9
34451 Inverness	2	0.4
34452 Inverness	56	11.0
34453 Inverness	23	4.5
34460 Lecanto	0	0
34461 Lecanto	35	6.9
34464 Beverly Hills	2	0.4
34465 Beverly Hills	61	12.0
34487 Homosassa	0	0
Other (4 – blanks)	4	0.8

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

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

- Most important health problems to be addressed in the community

- Behaviors with the greatest negative impact on overall health

- Access to healthcare services

- Barriers to receiving dental, primary, and mental health care

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Citrus County residents included in the analysis was 507. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

What do you think contributes most to a healthy community? Choose 3.

TABLE 7: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, CITRUS COUNTY, RANKED BY PERCENT OF RESPONSES, 2022-2023

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (52.8 percent)
2	Affordable housing (27.4 percent)
3	Job opportunities for all levels of education (23.5 percent)
4	Access to convenient, affordable, and nutritious foods (20.1 percent)
5	Clean environment (e.g., water, air; 19.1 percent)
6	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (18.3 percent)
7	Low crime/safe neighborhoods (16.0 percent)
8	Residents engaging in healthy behaviors (14.8 percent)
9	Good schools (12.8 percent)
10	Awareness of health care and social services (12.6 percent)
11	Affordable goods and services (11.6 percent)
12	Strong economy (10.8 percent)
13	Good place to raise children (9.5 percent)
14	Strong family ties (7.7 percent)
15	Low preventable death and disease rates (6.9 percent)
16	Availability of parks and recreational opportunities (6.5 percent)
17	Practice of religious or spiritual values (6.3 percent)
18	Affordable utilities (6.1 percent)
19	Public transportation system (3.7 percent)
20	Other (3.2 percent total) (6 – healthcare access, 2 each – good education, blanks; 1 each – help for disabled, chemical-free food, no vaccine/mask mandates, services for women and children, need sex education in schools, recovery support for substance use)
21	Choices of places of worship (2.4 percent)
22	Low level of domestic violence (2.0 percent)
23, 24, 25 (tie)	Good race/ethnic relations (1.8 percent)
	Low level of child abuse (1.8 percent)
	Low rates of infant and child deaths (1.8 percent)
26	Availability of arts and cultural events (0.8 percent)

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.
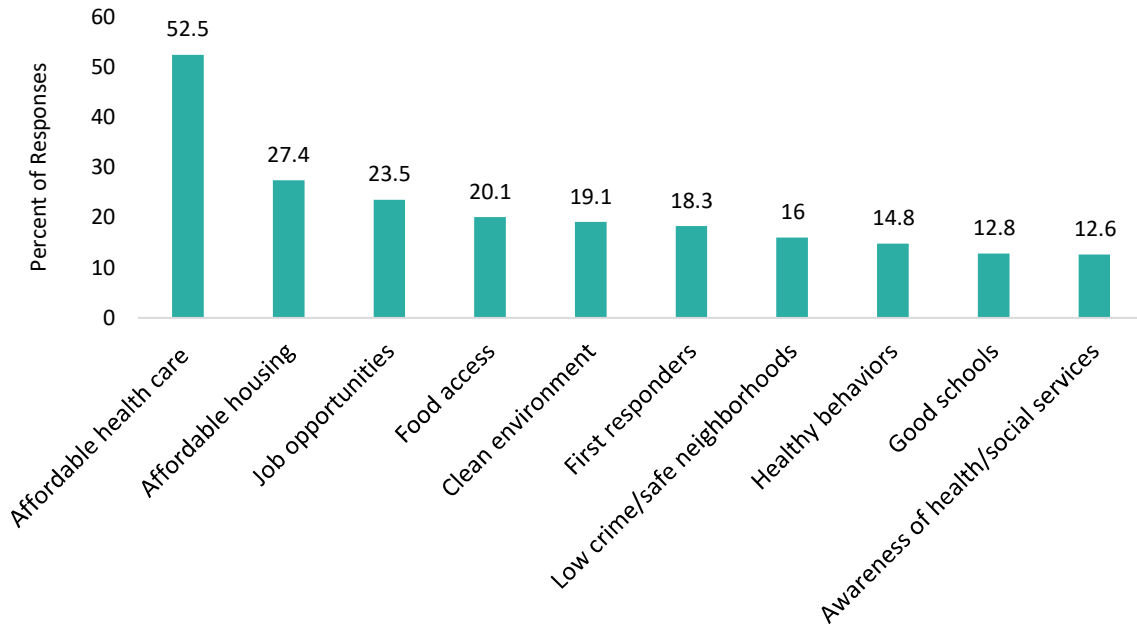
Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

What are the THREE (3) most important health issues in Citrus County? Choose THREE (3).

TABLE 8: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN CITRUS COUNTY, RANKED BY PERCENT OF RESPONSES, 2022-2023

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (46.4 percent)
2	Mental health problems (41.2 percent)
3	Homelessness (22.9 percent)
4	Access to primary/family care (18.5 percent)
5	Obesity (14.0 percent)
6	Elderly caregiving (12.2 percent)
7	Child abuse/neglect (11.8 percent)
8	Access to sufficient and nutritious food (11.7 percent)
9	Dental problems (9.7 percent)
10	Affordable assisted living facilities (9.5 percent)
11	Heart disease and stroke (9.1 percent)
12	Age-related issues (e.g., arthritis, hearing loss) (8.5 percent)
13	Tobacco use (includes e-cigarettes, smokeless tobacco, 7.9 percent)

Rank	Health Issues (Percent of Responses)
14	Motor vehicle crash injuries (6.9 percent)
15	Stress (6.7 percent)
16	Vaccine-preventable diseases (e.g., flu, measles) (5.9 percent)
17	Exposure to excessive and/or negative media and advertising (5.7 percent)
18	Diabetes (4.9 percent)
19, 20, 21, 22 tie	Cancer (4.3 percent)
	Dementia (4.3 percent)
	Domestic violence (4.3 percent)
	Other (4.3 percent total) (10 – health care access (2.0 percent total), 2 each – healthcare quality and substance use (0.8 percent total), 1 each – birth control, help for grandparents, adult education, health communications, healthy diet, dementia, jobs, and dental care for children (1.5 percent total)
23	High blood pressure (4.1 percent)
24	Intellectual and Developmental Disabilities (including autism spectrum disorders) (3.9 percent)
25	Access to long-term care (3.4 percent)
26, 27 tie	Pollution (e.g., water, air, soil) (2.8 percent)
	Teenage pregnancy (2.8 percent)
28	Suicide (2.6 percent)
29	Disability (2.2 percent)
30	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (1.6 percent)
31	Respiratory/lung disease (1.4 percent)
32, 33 tie	Firearm-related injuries (1.2 percent)
	Rape/sexual assault (1.2 percent)
34, 35 tie	Homicide (0.4 percent)
	Infant death (0.4 percent)
36	HIV/AIDS (0.2 percent)

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

What has the greatest negative impact on the health of people in Citrus County? Choose THREE (3).

TABLE 9: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, CITRUS COUNTY, RANKED BY PERCENT OF RESPONSES, 2022-2023

Rank	Behaviors (Percent of Responses)
1	Drug abuse (69.4 percent)
2	Lack of personal responsibility (30.2 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (23.3 percent)
4	Alcohol abuse (17.8 percent)
5	Tobacco use, vaping, chewing tobacco (15.8 percent)
6	Distracted driving (such as texting while driving) (15.6 percent)
7	Lack of physical activity (15.4 percent)
8, 9 tie	Loneliness or isolation (14.6 percent)
	Not using healthcare services appropriately (14.6 percent)
10	Violence (14.4 percent)
11	Not getting immunizations to prevent disease (e.g., flu shots) (12.2 percent)
12	Lack of stress management (8.5 percent)
13	Overeating (8.3 percent)
14	Other (7.9 percent total) (13 – healthcare access (2.5 percent total), 9 – economy/poverty (1.8 percent total), 4 blanks or undecipherable (0.8 percent total), 3 each – education, homelessness (1.2 percent total), 2 each – traffic/transportation, race/ethnic relations (0.8 percent total), 1 each – requiring vaccines, post-COVID regulations, being considerate, child abuse/neglect (0.8 percent total)
15	Dropping out of school (7.5 percent)
16	Unsecured firearms (6.7 percent)
17	Not using birth control (3.9 percent)
18	Poor race/ethnic relations (3.6 percent)
19	Starting prenatal care late in pregnancy (3.2 percent)
20	Lack of sleep (2.8 percent)
21	Unsafe sex (2.4 percent)
22	Not using seat belts/child safety seats (2.2 percent)

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Which healthcare services are difficult for you to obtain in Citrus County? Choose <u>ALL</u> that apply.

Service	Percent of Responses
Other	2.6
Telehealth services	4.7
Family planning/birth control	4.9
Laboratory services	5.3
Physical therapy/rehabilitation therapy	5.5
In-patient hospital care	7.5
Prenatal care (pregnancy care)	7.7
None of the above are difficult to obtain	7.7
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	10.3
Urgent care (e.g., walk-in clinic)	12
Emergency room care	12
Prescriptions, medications or medical supplies	12.8
Preventive care (e.g., check-ups)	15.2
Vision/eye care	16.4
Primary/family care	18.7
Substance abuse counseling services	23.5
Alternative medicine/therapy	25.6
Dental/oral care	31.8
Specialty care	34.5
Mental/behavioral health care	48.8
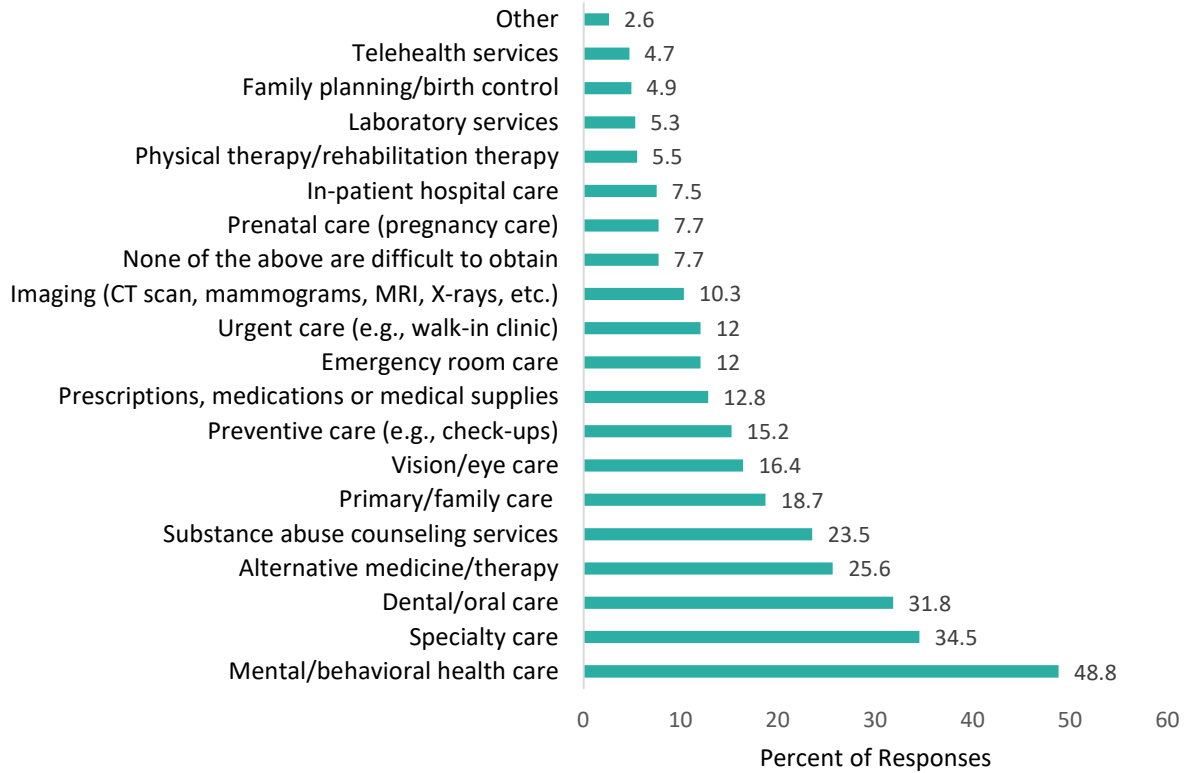
Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023. Note: Other category responses: 13 (2.6 percent total); 6 – pediatric specialties (1.2 percent); 3 – home health; (0.6 percent); 2 – all are available (0.4 percent); 1 each – hearing services, affordable care (0.4 percent total)

During the past 12 months, was there a time <u>you</u> 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 <u>ALL</u> that apply.

TABLE 10: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022-2023

Dental Care	Response
Received needed care or didn't need care (n=301)	59.4 percent
Did not receive needed care (n=206)	40.6 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	76.2 percent
No appointments available or long waits for appointments	43.2 percent
No dentists available	18.0 percent
Service not covered by insurance or have no insurance	60.2 percent
Transportation, couldn't get there	5.8 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	15.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	15.5 percent
Other (6 total) (4 – unrelated comments (1.9 percent), 1 each – COVID, fear (1.0 percent total)	2.9 percent

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

During the past 12 months, was there a time you needed to see a primary care/family doctor for health care, but couldn't? 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 RESPONDENTS, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022-2023

Primary/Family Care	Response
Received needed care or didn't need care (n = 375)	74.0 percent
Did not receive needed care (n = 132)	26.0 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	43.2 percent
No appointments available or long waits for appointments	63.6 percent
No primary care providers (doctors, nurses) available	20.5 percent
Service not covered by insurance or have no insurance	36.4 percent
Transportation, couldn't get there	7.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.1 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	20.5 percent
Other (3 – unrelated comments)	1.5 percent

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

During the past 12 months, was there a time <u>you</u> needed to see a therapist or counselor 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 during the past 12 months? Choose <u>ALL</u> that apply.

TABLE 12: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care (n = 391)	77.1 percent
Did not receive needed care (n = 116)	22.9 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	53.4 percent
No appointments available or long waits for appointments	50.8 percent
No mental health care providers or no substance use therapists or counselors available	58.6 percent
Service not covered by insurance or have no insurance	44.8 percent
Transportation, couldn't get there	6.0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.9 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	25.8 percent
Stigma associated with this issue and/or stigma associated with seeking care	20.7 percent
Other (6 total) (4 – provider quality not good (3.4 percent); 1 each – questioning need, need youth services (1.8 percent total)	5.2 percent

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over the past 12 months. There are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

In the past 12 months please indicate which aspects of your household have been negatively impacted by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose ALL that apply.

TABLE 13: NEGATIVE IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022

Optional Questions about the Pandemic	Response
Agreed to answer questions (n = 435)	85.8 percent
Chose to opt out (n = 72)	14.2 percent
Household Factors Negatively Impacted by Pandemic	
(By percent of responses of those who answered optional questions; n = 435)	
Childcare (ability to get care for child/children)	9.2 percent
Employment (ability to keep a job, have steady income)	16.8 percent
Food (ability to buy or get enough food to feed you and your family)	18.2 percent
Housing (ability to find housing, pay rent or mortgage)	12.4 percent
Schooling, education (ability to complete school-related assignments and programs)	11.5 percent
Transportation (ability to use public transportation or shared ride services)	4.1 percent
Utilities (ability to get and pay for electricity, gas, water, internet services)	13.1 percent
Physical activity and exercise (have means and ability to engage in regular physical activity	22.5 percent
Nutrition (have means and ability to consume a healthy variety of foods)	12.0 percent
None of the items above negatively impacted by household in the past 12 months due to the pandemic	51.3 percent

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

FIGURE 24: NEGATIVE COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS IN THE PAST 12 MONTHS, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022-2023
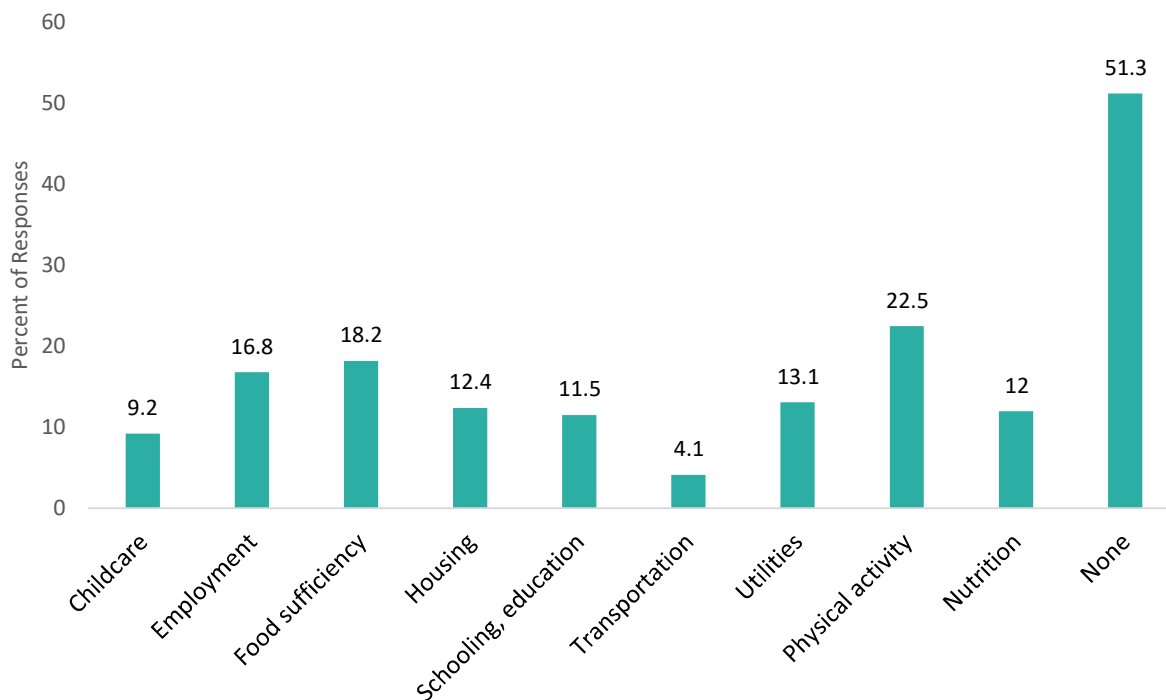
Source: Citrus County Community Health Survey, 2022-2-23. Prepared by WellFlorida Council, 2023.

Please indicate if you or a member of your household delayed getting any of these services because of the Coronavirus (COVID-19) pandemic over the past 12 months. Choose <u>ALL</u> that apply.

TABLE 14: DELAYED HEALTHCARE SERVICES OVER THE PAST 12 MONTHS DUE TO THE PANDEMIC, CITRUS COUNTY, BY PERCENT OF RESPONSES, 2022-2023

Healthcare Services Delayed	
(By percent of responses of those who answered optional questions; n = 435)	
Routine (screenings, check-ups) or needed **primary healthcare** services	28.7 percent
Routine (screenings, check-ups) or needed **dental care**	33.6 percent
Routine (screenings, check-ups) or needed **mental, behavioral or substance use care**	12.4 percent
There was **no delay** in getting these services over the past 12 months by members of my household.	53.6 percent

Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?

Response	Household has an Emergency Plan (n = 507)
Yes	75.0 percent
No	19.4 percent
Don't know, not sure	5.6 percent

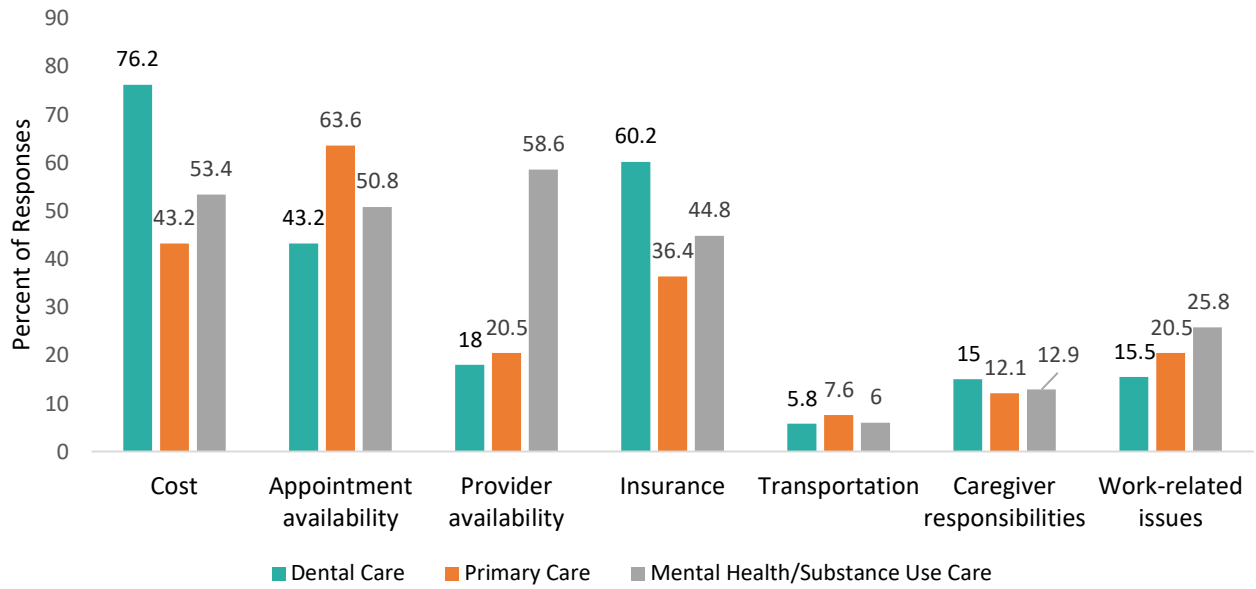Source: Citrus County Community Health Survey, 2022-2023. Prepared by WellFlorida Council, 2023.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Citrus County residents who completed the survey considered access to health care, including primary care, specialty care, dental, and mental health care, as the top factor that contributes to a healthy community. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (26.0 percent), dental care (40.6 percent), or mental health/substance use care (22.9 percent). Cost, insurance issues, and provider and appointment availability were often cited as barriers. When asked about specific services difficult to access in Citrus County, those most commonly mentioned were mental and behavioral health care, specialty care, dental care, alternative medicine and therapies, and substance abuse counseling. Less difficult to access were telehealth services, family planning, and laboratory services.

Mental Health and Substance Abuse Care

Concern about the community's mental health and substance use emerged as a theme from the survey. Substance and drug abuse was ranked first among the most pressing health issues that need to be addressed in Citrus County. More than 46 percent percent of survey respondents selected it as a priority problem. Closely following as the second ranked most important issue was mental health problems, selected by 41.2 percent of survey respondents. Substance misuse is often linked with mental or behavioral health and access to mental health and substance use services frequently go hand-in-hand. Citrus County survey respondents ranked drug abuse as the first and alcohol abuse as the fourth ranked behaviors, respectively at 69.4.0 and 17.8 percent, with greatest negative impact on overall health. Almost half (48.8 percent) of survey respondents felt mental and behavioral healthcare services are the most difficult to obtain in Citrus County and 23.5 percent also indicated that substance abuse counseling is a service that is problematic to access. To further illustrate this theme, more than a fifth (22.9 percent) of Citrus County survey respondents said that in the past 12 months they did not receive needed care from a therapist or counselor for a mental health or substance use issue. In Citrus County the most common barriers to mental health or substance use care cited by survey respondents were provider availability at 58.6 percent and cost at 53.4 percent.

Health Behaviors

Citrus County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are problematic. However, chronic disease-related outcomes behaviors surfaced among the most important health issues for Citrus County residents. Obesity was the fifth ranked most important health issue with access to affordable, nutritious foods ranked as eighth (14.0 percent

and 11.7 percent, respectively). Citrus County survey respondents spotlighted behaviors with negative health impacts. A general lack of personal responsibility ranked second (30.2 percent), followed by tobacco use (15.8 percent), distracted driving practices (15.6), lack of physical activity (15.4 percent) and not using healthcare services appropriately (14.6 percent). Dental and oral health issues are underscored because 40.6 percent of respondents did not get needed oral health care in the past year.

Social Determinants of Health

Citrus County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (chosen by 52.5 percent of survey respondents), affordable housing (27.4 percent), job opportunities (23.5 percent), food access (20.1 percent), clean environment (19.1 percent), availability of first responders (18.3 percent), and safe neighborhoods with low crime (16.0 percent)

Impact of COVID-19

Although the height of the Coronavirus (COVID-19) pandemic was behind the United States and Florida at the time of this survey, the pandemic continues to impact lives. Citrus County survey participants reported that in the past year 18.2 percent felt a negative impact on food sufficiency. Personal health-related activities also suffered, as reported in the community survey. More than a fifth (22.5 percent) of participants said their physical activity levels still suffered pandemic impacts. More than 46 percent of Citrus County survey respondents said they or a member of their household had delayed getting healthcare because of the pandemic. On the bright side, 75.0 percent of households of survey respondents report having an emergency plan in place for natural and man-made disasters.

Focus Groups

A focus group is a facilitated, small-group discussion focused on a specific topic or issue. Participants are often selected to represent the voices of a particular subset of the population of interest or to be reflective of the community as a whole. The purpose of these focus groups was to better understand the perspectives of community members on health and quality of life among Citrus County residents.

Methodology

Three (3) focus groups were facilitated by WellFlorida Council as part of the 2022-2023 community health needs assessment process in Citrus County. Two focus groups were facilitated in-person and one focus group was facilitated virtually using Zoom platform. Trained facilitators conducted the focus groups using a focus group script which included a brief introduction and a series of questions asked sequentially. The focus group script was designed and implemented with final approval from the Citrus County Community Health Needs Assessment Partners and Core Team members, informed by their considerable knowledge and experience serving the Citrus County community. The Citrus County Community Health Needs Assessment Partners and Core Team also assisted in the identification of focus group host sites and focus group participants.

The following focus groups were facilitated:

- Community Alliance Focus Group, comprised of an existing collaborative group of government, nonprofit, and private health and social service providers
- Faith-based Focus Group, with representatives from a local church
- Physician Focus Group, with physicians who practice and serve clients in Citrus County

With the exception of the Physician Focus Group, focus groups were facilitated in-person. Due to scheduling challenges and the on-call nature of physicians, the Physician Focus Group was facilitated virtually using Zoom. Facilitators distributed informed consent forms and brief anonymous demographic surveys for the in-person focus groups. Participants in the virtual focus group verbally consented to the terms described at the beginning of the session and were not administered the demographic survey. Participants were recruited by personal invitation from the Citrus County Community Health Needs Assessment Partners. In-person focus group participants received compensation for their time with a 20-dollar Publix gift card.

Facilitators recorded the focus groups and took detailed notes during the focus groups. These notes and recordings were utilized to transcribe the focus groups such that themes, major ideas that emerged during focus groups, could be identified and summarized.

The following tables describe the focus group facilitation and demographic details. Please note that demographic information was only collected for the in-person focus groups and will therefore not be presented for the Physician Focus Group.

Participants	Date and Time	Location	Number of Participants
Community Alliance Leaders	December 6, 2022 10:00am – 12:00pm	Lecanto Government Building	8
Physicians	December 8, 2022 5:00pm – 8:00pm	Virtual	6
Faith-based Leaders	December 20, 2022 9:00am – 10:30am	Floral City United Methodist Church	11

Prepared by WellFlorida Council, 2023

TABLE 17: DEMOGRAPHICS OF FOCUS GROUP PARTICIPANTS, CITRUS COUNTY COMMUNITY HEALTH ASSESSMENT, 2023

Indicator	Community Alliance Focus Group, N = 8		Faith-Based Focus Group, N = 11	
Age	Number	Percent	**Number**	**Percent**
18-29	0	0.0	0	0.0
30-39	0	0.0	0	0.0
40-49	2	25.0	0	0.0
50-59	2	25.0	1	9.1
60-64	2	25.0	0	0.0
65+	2	25.0	10	90.9
Race				
White	8	100.0	11	100.0
Black	0	0.0	0	0.0
Asian	0	0.0	0	0.0
Native Hawaiian and other Pacific Islander	0	0.0	0	0.0
Native American/Alaskan Native	0	0.0	0	0.0
Two or More Races	0	0.0	0	0.0
Other___	0	0.0	0	0.0
I am Hispanic				
Yes	0	0.0	0	0.0
No	8	100.0	11	100.0
Type of Insurance				
Private Insurance through work or retired from work	4	50.0	2	18.2
Private Insurance through Obamacare/Health Insurance Marketplace	0	0.0	2	18.2
Medicaid	0	0.0	2	18.2

Medicare	2	25.0	8	72.7
VA/Tri-Care	0	0.0	2	18.2
No Health Insurance	1	12.5	1	9.1
Other___	1 (Private insurance through my husband's employer)	12.5	3 (1 each - Freedom Medi-Medi; Plan F; Blue Cross/Blue Shield Fed. Empl.)	27.3
Gender				
Male	2	25.0	1	9.1
Female	6	75.0	10	90.9
Transgender	0	0.0	0	0.0
Highest Level of Education Completed				
Less than high school graduate	0	0.0	0	0.0
High School graduate (includes GED)	0	0.0	3	27.3
Some College No Degree	1	12.5	3	27.3
Associate's Degree	3	37.5	1	9.1
Bachelor's Degree	1	12.5	1	9.1
Graduate or professional degree	3	37.5	3	27.3
Zip Code of Residence				
34433	1	12.5	0	0.0
34436	0	0.0	8	72.7
34442	1	12.5	0	0.0
34448	1	12.5	0	0.0
34452	2	25.0	2	18.2
34453	1	12.5	0	0.0
34471	1	12.5	0	0.0
Not Provided	1	12.5	1	9.1

Prepared by WellFlorida Council, 2023

Summary and Key Themes

Across the three focus groups, common health and quality of life issues emerged and were discussed. These included access to affordable healthcare services and health insurance issues, health behaviors, education about good health, parenting, mental health concerns for all (particularly for the elderly, with examples of isolation and depression given), food insecurity, poverty, and the need for all members of the community, from individuals to physicians, hospitals, health centers, and social service agencies to do their part to improve the health and quality of life in Citrus County.

The focus groups identified community strengths and resources including food banks, the contributions of retirees as volunteers at various community agencies, the many social service offerings of the churches, including a strong focus on helping the homeless, a court system that helps families, a sheriff's department that provides help to those with drug and mental health issues, and hospitals and physicians that do their part to serve everyone regardless of ability to pay for services. All participants opined that getting information out to the community about the many helpful resources is a challenge.

Themes represent common ideas and their supporting factors as articulated by focus group participants in the three sessions. The overarching, key themes discussed in each of the three focus groups were:

- Health Conditions and Behaviors
- Mental Health
- Access to Care
- Social Determinants of Health

It is important to note that while these focus group findings are not generalizable to the entire population in Citrus County, the information provides valuable insights into and indications of community perceptions, opinions, and attitudes about health behaviors, issues and resources, quality of life factors, and the community's ability to address problems and improve health outcomes. Furthermore, although most of these points are paraphrased, they are intended to express the ideas and issues shared by the participants. Direct quotes are transcribed exactly from what was said in the focus groups and are delineated by quotation marks, with an ellipsis (…) to communicate when some words are being omitted. These direct quotes were included in order to convey a particularly compelling argument or to communicate more clearly a point which may have been lost in a technical, impersonal summary. A comprehensive list of the focus group questions and responses by focus group can be found in Appendix C.

Key Themes

Health Conditions and Behaviors

Health behaviors are actions individuals take that affect their health. Healthy behaviors include actions that lead to improved health, such as eating well, being physically active, and seeking preventive health care, while unhealthy behaviors include actions that increase the risk for certain conditions and complications, such as physical inactivity, tobacco use, or excessive consumption of sugary beverages. Health status is shaped over time by health conditions and opportunities, including a sense of community belonging and the environments in which people live. People cannot make healthy choices if healthy options are not available to them, and not all environments provide the same opportunities. Many people experience unequal access to job opportunities, education, transportation, quality housing, affordable healthy foods, and family support during their life span.

Focus group participants, particularly the physicians, spoke of the abilities and challenges faced by parents in raising healthy children, especially for single parents and parents in poverty. The young population was of particular interest, as this age group is an ideal candidate for early interventions to develop healthy behaviors that contribute to overall health state and quality of life over the entire lifespan. The physicians described how they observe single parents struggling to keep primary care appointments for their children as they are consumed with working, feeding their dependents, and other tasks necessary to managing a family. The Community Alliance group suggested parenting classes and mentoring programs as a means to support families, although all the participants voiced some concerns and challenges regarding such an effort. In particular, one participant from the Community Alliance focus group voiced that parents generally do not want to hear where they need to improve: "I…get the kid

to where they're ready to share with their parent what the problem is…once I tell the parent what they need to fix, they're gone." All groups felt that educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home would be advantageous.

In addition to the concerns for children and families, faith-based focus group participants also identified the conditions of those in poverty, including the homeless, as a community health condition needing attention. These participants spoke of the food distribution programs many churches offer. They also noted that such events as regular hot meals and food pantries are available, but it may be that many do not know of the service or are unable to attend. Furthermore, all three focus groups identified large needs and specialized conditions of caring for the elderly, rooted in the large retiree population in Citrus County. Concerns included loneliness after the loss of a spouse, isolation, and inability to participate in social and health offerings due to lack of knowledge or lack of transportation. The physician focus group participants expressed the most concern for the elderly population, especially those with dementia: "Dementia, and memory problems, elderly care – they're struggling with it. That's really a major issue that I see in my practice…it is a pressing health issue for these elderly folks where they're living on their own and they have no children around here, or transportation."

All focus groups agreed that individuals should do what they can to maintain their own health. Tobacco cessation, making healthy food choices, and the availability of opportunities for all to exercise and get out in nature were suggestions from each of the focus groups. Many opined that everyone in the community has a responsibility to promote good health and contribute in one way or another to the quality of life in the community.

Mental Health

Across the three focus groups, mental health issues were discussed as key factors that influence individual and community quality of life. Mental health was discussed in general as being an overlooked component of the healthcare system. Topics ranging from psychiatric disease, drug abuse, children's mental health and depression, and isolation among the elderly were discussed. The physicians group felt that a focus on mental health and its promotion could be provided by the federally qualified health center. The physician group especially discussed the mental health issues of the elderly, including dementia, isolation, and depression, and how these conditions obstruct efforts to receive health care and achieve overall wellness. The Community Alliance group members expressed concern for infant and child mental health and specifically addressed the number of youth being Baker-Acted. In particular, the Community Alliance group tied together youth mental health and parenting concerns, stating that an incredible number of children are being baker-acted "because their parents don't know how to deal with them and so they get them Baker-Acted…so they can get a good night's sleep" and that "children being treated as an imposition upon their parents' lives as opposed to a blessing is…just catastrophic."

> *"Parents don't know how to deal with them (their children) and so they get them Baker-Acted…so they can get a good night's sleep."*

A combination of mental health factors was discussed by all focus group members. The social stigma, the inability to recognize mental health issues, and with these, the lack of mental health providers and insurance coverage and overall cost of services were of concern. Notwithstanding these problematic mental health barriers, the participants shared that the Citrus County Sheriff's Office and the family court system in Citrus County are community strengths. Additionally, there was evident consensus that good mental health is as important as good physical health for the community and should be promoted as such.

Access to Care

Access to care was identified as an essential component of a healthy community and a pressing health-related issue in Citrus County. Multiple participants across focus groups highlighted that if you do not have money and insurance, then health care becomes very difficult to access. Even those eligible for health insurance often needed help navigating the system, and among those with insurance, high costs still presented a barrier to care. Additionally, transportation was cited as a hindrance to care, due to both the rural and isolated nature of some communities within Citrus County as well as the need to travel outside of the county for certain services. Access to care also varied depending on the type of facilities being discussed. With no Neonatal Intensive Care Unit (NICU) and no Baker-Act receiving facility in the county, alongside limited providers for mental health, substance abuse care, dental health, pediatric care, hospital care, and obstetrics and gynecological care, many participants spoke about the need to travel outside of the county for certain services. In particular, access to mental and behavioral health services, pediatric care, and dental care were highlighted by participants. One member of the Community Alliance group gave the following anecdote: "Every time I go to my pediatrician's office, they let the phone ring. They don't even answer it. They've literally said that, we don't even answer the phone, because we can't see any more kids." Participants also spoke to concerns regarding the motivation of for-profit hospitals, discussing that some are not willing to provide care and improve access for everybody. Language barriers, cultural biases, education, and lack of ear, nose and throat specialists and endocrinologists were also mentioned as barriers to care. Overall, there was consensus that more providers are needed in Citrus County across a variety of disciplines, and that improving access to care will require collaboration and cooperation among government leaders, hospital institutions, and community agencies. Specifically, one participant in the Physicians focus group said it would be helpful to have "…the hospitals getting involved in bringing more resources and physicians into the county."

> *"Every time I go to my pediatrician's office, they let the phone ring. They don't even answer it. They've literally said that, we don't even answer the phone, because we can't see any more kids."*

On a positive note, many participants felt that older members of the community had access to a number of quality providers with specialties in age-related issues. Participants also pointed out that those requiring more advanced care had relatively close marketplaces to seek it out, provided that money and transportation were available to do so. However, it was also discussed that older individuals tend to have more chronic health conditions and struggle with significant issues in mental health and isolation. The Veteran's Administration health service was also mentioned as being particularly accessible to Citrus County residents, especially among women.

Social Determinants of Health

Several social determinants of health were addressed in conversation by all focus groups. These included affordable housing, education (including awareness of resources and health education in schools), healthy foods, transportation, parenting skills, the large percentage of the community that is retirement age, and the effects of poverty, which were widely discussed by all groups. A specific housing example discussed by the Community Alliance focus group was the dissent against permitting and building affordable apartments. Participants felt that there was a significant need for affordable apartments, but that potential developments were being unnecessarily inhibited by residents who did not want lower-income individuals living near their neighborhoods. The participant expressed their frustration: "Just because they need to live in an apartment doesn't make them criminals. And they keep calling them projects, they're not projects." Important topics that were highlighted less consistently across focus groups included high childcare costs and the long-term economic and health impacts of nicotine use by the Community Alliance group, language barriers, technology challenges, and sanitation concerns by the Faith-Based focus group, work that pays enough to afford basic living expenses by both the Community Alliance and Physicians focus groups, and good social and faith communities by the Community Alliance and Faith-Based focus groups.

Furthermore, participants unanimously acknowledged that those in poverty or with low income tend to face a combination of these interconnected issues. An example was given of when a lot of income gets tied up in housing costs, money available for healthy foods is reduced and options are limited when transportation barriers arise. Within the Faith-Based focus group, the following points were brought up: "Families pay astronomical amounts to have insurance; a working family of five pays about a thousand dollars a month;" and "Families are trying to buy food and pay electric and then health care is so expensive." One member of the Community Alliance discussion describes this well: "We have so many families that are just constantly trying to survive…they can't even, not even

> "We have so many families that are just constantly trying to survive…they can't even, not even get ahead, they can't get even."

get ahead, they can't get even." Focus group participants felt that those who use drugs, experience homelessness, and those in single-parent households were also particularly vulnerable. To summarize, every group heavily emphasized the importance of having access to the basic needs of life in order to improve and even begin addressing health outcomes.

Some strengths identified in this area were numerous food pantries run within the county, the supportive presence and reach of the churches and faith communities, and the collaborative nature between community partners. There was also a shared mindset of caring for each other and one's neighbor, as expressed by multiple participants across focus groups, which may be, in part, manifested by volunteerism cited among the retiree community.

Key Informant Interviews

Purpose

The purpose of the key informant interviews/survey was to identify views on health and well-being in Citrus County among key stakeholders in the community. This approach is one component of the Community Themes and Strengths Assessment as defined by the National Association of County and City Health Officials (NACCHO) in its community-wide strategic planning tool called MAPP (Mobilizing for Action through Planning and Partnerships).

Methodology

In order to enhance the data collected in the Citrus County Community Health Needs Assessment, qualitative data were collected from structured key interviews with Citrus County policy makers, providers, and decision leaders knowledgeable of health and quality of life issues in Citrus County. Six interviews with key informants including representation from the healthcare providers, community health and social service agencies, faith-based organizations and Citrus County residents were conducted.

The key interview questions were developed by WellFlorida Council, with input and final approval by the Citrus County Community Health Assessment MAPP Core Team.

The key informant interviews were conducted virtually via Zoom or by two WellFlorida Council staff between January 17 and February 3, 2023. Each key informant was asked the same set of eight questions (the first three of which asked for their names and description of the organization they represent), including an opportunity to contribute any further comments at the close of the interview. The questions were designed to identify health and quality of life issues in Citrus County, possible solutions to addressing critical areas, as well as barriers to change (Appendix D).

Notes were taken during each interview. Interviewees comments and are reflected in the Key Interview Responses in Appendix D.

Limitations

The intent of the key informant interviews was to solicit qualitative responses from a variety of key leaders and community representatives. The opinions represented are those of the participants and not necessarily representative of the entire county. Thus, these results are useful in conjunction with other supporting data such as community health surveys, focus groups, and county secondary data to characterize health in Citrus County, identify strategic issues, and select priorities for action.

Key informant interviews are a way to capture and gauge the opinions, thoughts, experiences, and feedback of those impacted and/or those who hold a stake in the health and quality of life of the people in Citrus County. It should be noted that the summary of the observations and opinions provided are not

filtered nor are they validated for factual basis. Although they provide highly valuable insights, comments should not be overly generalized.

Summary and Key Themes

WellFlorida staff conducted interviews with 6 key informant health care providers, faith leaders, community leaders, citizens, and social services leaders. Through a series of Key Informants were asked to identify what they felt were the important health issues in Citrus County.

Key informants were asked about healthcare services that might be unavailable or missing in Citrus County, including primary, dental, and mental health, and to discuss health and quality of life issues impacting various populations in the county. Interviewees were also asked if they had suggestions for any policies, rules, or practices that could be built or reinforced that would support health equity and benefit all people.

Key Informants were asked to comment on existing barriers to improving the health and quality of life in Citrus County as well as existing strengths and resources available that could address the health-related factors related to achieving improved health and quality of life in Citrus County.

Common health and quality of life issues emerged from the key informants. These included availability and access to affordable healthcare services and health insurance issues, provider shortages, the need for more services to address mental health and drug misuse, dental health and basic primary care for preventive and overall well-being. The key informants identified several populations of most concern, including the senior citizens, those with mental health and drug misuse problems, those living in rural areas who may lack transportation, those living and are living in poverty, and victims of domestic violence, including children.

It was acknowledged that there are many resources and strengths found in community partnerships in Citrus County. Efforts to continuously strengthen partnerships and reach out and assist those in need and connecting them to services was emphasized as core to improving the health and quality of life in Citrus County.

It is important to note that while these findings are not generalizable to the entire population in Citrus County, the information provides valuable insights into and indications of the key informant's perceptions, opinions, and attitudes about health behaviors, issues and resources, quality of life factors, and the community's ability to address problems and improve health outcomes. Furthermore, although most of these points are paraphrased, they are intended to express the ideas and issues shared by the interviewees.

The key themes that emerged from the interviews are summarized below.

Key Themes

Themes represent common ideas and their supporting factors as articulated by the key informant interviews. The overarching, key themes are Availability and Access to Affordable, Mental Health and Drug Misuse, Special Populations-Those Most in Need, Health Literacy and Connecting People to Services.

Availability and Access to Affordable Healthcare

Availability and access to care was identified as a multi-faceted, pressing health issue in Citrus County. Key informants expressed that although many persons in Citrus County are covered by Medicare and other insurance, services are limited by insurance criteria, unaffordable co pays and out of pocket costs. There is also a shortage of providers, specifically specialists, and those that accept Medicaid. Co pays and deductibles can be expensive and are often a barrier to seeking care, even for the insured. Transportation to services was also discussed as a barrier to accessing care for seniors, those in poverty and those living in rural areas. The rural nature of Citrus County and the need to access care out of the county for some services were identified as factors contributing to transportation deficiencies. While there are transportation services, for example through Citrus Transit, the infrastructure of the services needs improvements and expansion.

"Too expensive, don't qualify for certain things if don't have specific criteria. Just lacking for people in general, rather than oriented at helping people in general. Resources are too narrow in demographic "criteria"."

"When my patients leave the hospital they're waiting, they might not get into their primary care doctor for two months. There's just a wait list at the doctors' offices right now."

"Even before COVID…our population grew so fast here, there's not enough providers in the county…it's not sustainable."

"I don't wanna drive an hour…and some change for an appointment, especially as a single mom. That takes away from my job, so that's my pay…if I say…can I just come here because it's closer to me and it's more convenient…and they're like, well, out of pocket, and that's a little expensive!"

"When a senior needs to go a doctor, and it takes a 6–8-hour day to go to an hour doctor appointment…that is really taxing on someone even in good health."

"Our transit does a great job, but we don't have the infrastructure…we don't have what it takes to make sure people are able to get to those locations."

Mental Health and Drug Misuse

Mental health and drug misuse issues were discussed by the key informants as factors permeating the overall health and quality of life in citrus county. Key informants expressed the need for more behavioral health services and appropriate referrals, including the need for a baker act facility and a drug detox center, to avoid sending patients out of county. The need for a more systematic organized mental health system was expressed throughout the key informant interviews. Navigating a fragmented system when in need of services, costs of mental health care, and preventing the entry to care initiated by law enforcement or emergency services were overall concerns needing remediation within the current mental health and drug treatment system of care.

"Lots of mental health issues, some lifelong, some from drugs, some from trauma; a lot of times, these issues are met with pharmaceuticals, which can be helpful if used correctly, but a lot of time missing the root of the problem, really need therapy, time being sober, etc."

"I know there are resources out there…I just don't know that they get to where they need to be, because once…somebody is hooked, they are hard to reach, to get to a place where they're gonna begin to heal."

Special Populations-Those Most in Need

Several distinct population types in Citrus County were recognized as having difficulty achieving good health and a quality of life compared to the overall population of Citrus County.

Seniors, victims of domestic violence, the rural population, those in poverty, and those with mental health conditions.

The older population, particularly the growing number of persons over age 65 were identified as a population of most concern. Seniors who live alone, those living in rural areas, and those experiencing transportation barriers may forego engaging in services that could alleviate isolation and depression in addition to not accessing necessary healthcare services.

"Low-income seniors, when they retired, that money seemed like a lot of money; it's not."

"Domestic violence victims, including children of domestic violence victims. Including male or female, no matter the age, they are affected most. Especially if they're trying to leave a situation, there aren't enough resources, not enough time at a shelter to get back on their feet and recovered."

"Things are changing in our community, you know, we're getting more businesses coming in and things like that so there are more jobs available, but…I really think it's the, the drastic difference in income that makes all the difference."

Health Literacy and Connecting People to Services

Notwithstanding the various barriers to accessing services, including the persistent social determinants of health, and the physical, mental, and dental service delivery systems in need of improvement in Citrus County, the need to educate people about services that do exist and how to access services was discussed throughout the key informant interviews. Policy change suggestions included the creation of a healthcare initiative specifically designed to educate the public about the opportunities and resources available.

> *"I feel like there are a lot of resources out there, and people just aren't acknowledging them as well as they could be, and if they aren't acknowledging them, maybe they're under-educated about the availability of those resources."*

> *"It certainly is challenging to, to one's ego, to one's soul when you realize there are people hurting and…dying and starving."*

Community Strengths and Resources

Citrus County has non-profit organizations, community volunteers, churches, and a county transit system, all who work in partnership and collaborate to provide services to improve the health and quality of life in the county. The key informants expressed that citrus county is a good place to live and that many people move to the county, particularly retirees from other places who find the county affordable and who enjoy the good weather. Others may move to Citrus County seeking employment and a low cost of living.

There are many social service agencies, the 211 system and churches that work together to provide transportation, linkages to services and assistance with food insecurity and utility expenses. Ongoing partnership building and collaboration are overall community strengths that will continue to reach out to those in need.

> *"I know that the churches…have, gosh, they have just opened their doors and, and offered help to so many people, and I've seen a lot of people…accepting help, but maybe not the kind of the help that would get them off of the drugs, but they do offer…help."*

> *"Our volunteers (seniors) won healthcare award."*

> *"Citrus County is a very good place to live; a lot of people come into Florida that don't have jobs b/c the weather's better; our area works together well to do all that we can".*

> *"We got a lot of things right, but there's still a lot of needs that don't get covered, and maybe we could do better. We have the facilities, the professionals, the structure necessary to provide a lot of assistance."*

FORCES OF CHANGE ASSESSMENT

Methods

One of the three MAPP assessments in the needs assessment process is the Forces of Change Assessment. The Forces of Change Assessment focuses on answering these questions: "What is occurring or what might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Citrus County Forces of Change Assessment aimed at identifying forces that are or will be influencing the health and quality of life of the community as well as the work of the community to improve health outcomes. These forces included:

- Trends – patterns over time, such as migration in and out of a community or a growing disillusionment with government.

- Factors – discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.

- Events – 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, technological, or political factors in the region, state, or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On January 26, 2023, the Citrus County Community Health Needs Assessment Partners 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 and primary data reviews so that participants would be familiar with Citrus County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. 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 *Forces of Change for Citrus County* tables on the following pages summarize the forces of change identified for Citrus County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Please note: the Forces of Change Table below is a summary of comments and discussions from the Forces of Change Assessment meeting and they are not a reflection of the opinions of the Florida Department of Health in Citrus County, the Citrus County Community Charitable Foundation or WellFlorida Council.

Forces Of Change for Citrus County - TRENDS
(Prepared by WellFlorida Council – 2023)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Rising Behavioral Problems in Schools	Teacher shortage: Teachers quitting because of behavioral issues from the students; students with trauma are not getting the help needed and act out in school; lowered standards of teaching Academic: Reading level among elementary children declining Poverty: Poverty affecting adverse childhood experiences (ACEs); generational trauma; lack of metal health support	Reevaluate current mental health and psychiatric care available to children in Citrus County
Social/ Economic	Population Growth Exceeding Planned Growth Projections	Housing: Lack of housing and affordable housing Services: Internet and broadband structure is limited; older population is increasing and using limited services and resources	Careers: Skilled workforce moving in, which means hopefully more physicians moving in Economics: Economic base has the potential to increase with higher paying salaries in the county
	Rising Cost of Living	Health: People are purchasing food that is affordable, which may be unhealthy options and can affect health outcomes in the county	Communication: Present data in a bigger platform so everyone sees it; share information with stakeholders who make decisions in the community
	Aging and Retiring Healthcare Workforce	Workforce: Not enough healthcare professionals to make up for the retiring population, especially for specialty and mental health care, lack of pediatric psychiatrists	Volunteerism: Aging population can serve as a future volunteer base that can support a Health in All Policies approach
	Citrus County Becoming a "Bedroom Community"	Infrastructure: Opening of a parkway nearby Employment: Citrus County becoming more service based rather than the main employer; people move to Citrus County	Housing: Reevaluate housing costs and affordable housing opportunities in the county Employment: Evaluate ways to promote employ retention and

	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
		and end up working in surrounding counties outside of Citrus County.	market Citrus County natural resources to professionals
	More Barriers to Healthcare Access	Lack of pediatric psychiatrists, parents need to find resources in Tampa and Gainesville Healthcare workers: Difficult to qualify a nurse or physician for loan repayment; struggling with recruiting and retaining physicians within the county	Retention: HCA residency program in Citrus, hoping that most of the students will remain in Citrus; rural counties pay for student fees/debt in return for care services; identify funding source

Forces Of Change for Citrus County - FACTORS

(Prepared by WellFlorida Council – 2023)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Higher Prevalence of Generational Trauma, Lack of Mental Health Support for Youth	Adverse Childhood Experiences (ACEs): Health as an aging adult can be connected back to ACEs	Address ACEs through better understanding and making the effort to address them; improve health outcomes for future generations
	Grandparents/Older Adults Acting as Parents	Cost: Affordability; financially taxing for those on a fixed income; physically taxing Behavioral: Generational gaps between grandparents and child; grandparents having behavioral issues with the child, getting to the point where grandparents are frustrated because of lack of resources for the child Systems: Grandparents rights are limited by what the parents decide; difficulty navigating health care/court/juvenile justice systems	Build and promote resources for families and children including stable housing
	Belief that Personal Responsibility is Related to Health Issues	Resistance to change by people who live here for many generations	New county board could focus on and address health issues Communication: Reach out to others to make a change and/or broaden health messages
	Communication Gaps	Information Access: Community based agencies are unsure of what each agency is doing; people do not know what each agency does; some information may not be shared between agencies. Generational Gap: Missing some segments of the population because of different communication media	Focus on topics that affect the health of the community; many nonprofits go to the Alliance, can develop improved communication about what services are offered by each non-profit; develop an informational system to ease communication and reduce redundant information; need to find ways to reach multiple generations through different forms of communication

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		preferences and issues with access	
Social/ Economic	Limited Public Transportation	Some segments of the population do not have reliable transportation to conduct routine activities such as getting to work, school, shopping, medical appointments; Medicaid transportation very limited and not feasible for many because of physical barriers and limitations, need for assistance, and length of time it takes for a roundtrip	Services: Expand current system and routes; consider wider use of ride services such as Uber/Lyft; expand community paramedicine program since they can go to the patients Employment: hire people like veterans, who many already have CDL licenses from previous careers; address high costs for hiring drivers for public and school buses
	County Services Availability	Limits on or loss of basic services for residents, higher costs to residents to maintain services, threats to service quality; affordable or obtainable housing is continuing need	Population Growth: Manage growth and have control over development; study and manage impact of turnpike extension Economic: Wise use of higher revenues and/or taxes collected for supporting county services County: Advocate for support from BOCC
	Rural-like Problems in Certain Areas of Citrus County	Lack of transportation and services resulting in social isolation; poorer physical and mental health among some segments of the population, particularly isolated seniors	Employ smart growth strategies; Citrus' natural areas are a draw for people who want to avoid developed/cities in Florida and must be encroachment must be managed
	Limited Affordable Housing	Cost: Rising rents force people out of their homes; no requirements in some housing communities to hold 20 percent affordable housing, resulting many people being priced out of their homes after a year Stigma/Understanding: Stigma attached to "affordable housing"	County: Start with BOCC to more thoroughly understand the need and impact of addressing housing Income: Support minimum wage increases to improve affordability

Forces Of Change for Citrus County - FACTORS

(Prepared by WellFlorida Council – 2023)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		label; stakeholders not understanding the importance of why affordable housing is needed	Housing: opportunity to communicate need for affordable housing county commissioners; ensure there are safeguards in place to ensure affordable housing is available long term; rent control opportunities
	Limited Recovery Housing	Homelessness, relapse, continued worsening of poor physical and mental health; challenges and barriers to recovery	Rehabilitate people to promote community success; dedicate resources to this type of housing and services
	Nature Appeal for Physician Recruitment	Investments in recruiting may not pan out; continued shortages in healthcare professionals	Capitalize on Citrus County's natural resources and environment as positives for attracting healthcare professionals and their spouses/families to the area

Forces Of Change for Citrus County - EVENTS

(Prepared by WellFlorida Council – 2023)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	New Mental Health Facility Opening in Citrus County	Sustainability: Need for continuing and increased funding to run facility, shortage of mental health professionals to staff facility	Expanded access to mental health care In-county in an in-patient facility
	Loss of Filter Family Solutions (A Program for At-Risk Teens with Behavioral Issues and Their Parents)	Delayed or no services or care for at-risk teens, declining or poorer mental and physical health outcomes; loss of family and parental support	Collaboration with United Way of Citrus County, connections with former Filter Family Solutions program leaders; consider gap created in new community health assessment and health improvement plan
	New Veteran's Affairs Clinic Opening	Need for healthcare professionals and staff to support new/expanded services; continued transportation barriers for Veterans to access services	Consider using as another mental healthcare service space in the community while other organizations look for facilities
	Hiring of Two Community Paramedicine Program Employees	Sustainable funding, staffing, appropriate use, protecting from overuse or abuse of services	Expansion of care in the community; improved access for those in rural and isolated parts of the county; keep funding from the CORE program while exploring additional funding sources
Political	BOCC Creates New County Strategic Plan	Must communicate better with residents, hold the county responsible for commitments	New initiative by a new county board to set a vision for the county; county administrator has strengths in strategic planning; new leadership; accountability on new commission
	Public Health Emergency Declaration for Pandemic Ending	Further limits to healthcare service access; residents losing Medicaid eligibility extended during pandemic	Reevaluate current access to healthcare

INTERSECTING THEMES, STRATEGIC PRIORITY ISSUES, AND KEY CONSIDERATIONS

This section is divided into three parts. First, intersecting themes are summarized in order to identify the most important health needs and issues in Citrus County. The second section describes the strategic issue areas that were identified as part of the assessment process and includes some key considerations for community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Citrus County. Third is a section dedicated to resources from major national databases of community health improvement best practices that will be critical information sources for identifying proven, effective programs and interventions that could be implemented in Citrus County.

Intersecting Themes

The intersecting themes, recurring issues, and major health needs in Citrus County as identified through the community health needs assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Citrus County's customized MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large, community partners, and healthcare providers to hear their opinions and perspectives on health issues, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were 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

- Social Determinants of Health

  ► Poverty, particularly among children

  ► Job opportunities for persons with all levels of education and skills

  ► Schools, teachers, and quality education needing support

  ► Unsafe neighborhoods, crime, and violence

  ► Need for affordable housing

  ► Transportation infrastructure

  ► Food insufficiency

  ► Homelessness

- Health Outcomes

  ► Disparities in causes of death including for cancer, heart disease, diabetes, chronic lower respiratory disease, stroke, COVID-19, unintentional injuries

- ▶ Prevalence of mental health, behavioral health, and substance use problems

- ▶ Prevalence of overweight and obesity and chronic diseases and conditions

- ▶ Lower life expectancies and premature deaths

- Health Behaviors

  - ▶ Substance abuse

  - ▶ Alcohol abuse

  - ▶ Tobacco use including electronic nicotine delivery system use and smokeless tobacco product use

  - ▶ Poor nutrition and eating habits

  - ▶ Domestic violence, child abuse and neglect

  - ▶ Distracted driving and drug- and alcohol-impaired driving

- Healthcare Access and Resources

  - ▶ Healthcare provider shortages including primary and specialty care, dental, and mental and behavioral health professionals

  - ▶ Inappropriate use of existing healthcare services and facilities such as Emergency Departments for preventable conditions, primary care, dental care, and mental and behavioral health and substance use problems

  - ▶ Underutilization of existing health and social services

  - ▶ Increasing need for assisted living facilities, nursing homes, and health services for the elderly

  - ▶ Personal and organizational health literacy, health communications, and equitable resource access

Strategic Priority Issue Areas

Citrus County Community Health Needs Assessment Partners members reviewed the data and findings from the entire community health assessment process at their January 26th and March 21st, 2023 meetings. Citrus County Community Health Needs Assessment Partners members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Citrus County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see Table 16 below). In self-selected workgroups, Citrus County Community Health Needs Assessment Partners members used a strategy grid, intersecting themes matrix, and several assessment data resources to discuss and agree upon their recommendations for strategic priority issues. The workgroups' selected issues were backed by community health assessment data citations and reported out to the whole group. Through a facilitated consensus process, nine (9) priority themes emerged. These included healthcare providers, mental health care, substance abuse treatment, Alzheimer's Disease and dementia care, health communications, access to care, public safety and violence, housing, and transportation. Facilitators checked for understanding and issue definition, queried about the priority population focus, and confirmed supporting data. After considerable discussion and issue advocacy, the Citrus County Community Health Needs Assessment Partners agreed to use a multi-voting process to select five (5) strategic priority issues. The priorities listed below move forward for consideration and operationalizing in the Community Health Improvement Plan (CHIP).

Importance and Urgency	Impact	Feasibility	Resource Availability
• Issue severity • Burden to large or priority populations • Of great community concern • Focus on equity	• Potential effectiveness • Cross cutting or targeted reach • Ability to demonstrate progress	• Community capacity • Political will • Acceptability to the community	• 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 February 7, 2023, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues

Strategic Priority Issue Areas Identified

- Healthcare Providers

    - Availability and access to specialty providers

    - Providers and healthcare organizations that accept Medicaid, Medicare, and other insurance benefits

    - Attracting providers to fill gaps when healthcare professionals retire

- Mental Health Care

    - Resources for care and treatment including providers and facilities

    - Early diagnosis and treatment, prevention, and mental health wellness

    - Focus on care for persons with severe and persistent mental illness

- Substance Use

    - Local availability and accessibility of treatment and counseling

    - Prevention

- Affordable, Safe Housing

    - Access to healthy living accommodations

    - Obtainable housing for individuals and families with lower and middle incomes

- Effective Health Communications

    - Interagency and public communications about health and social service resources

    - Assure best use of existing services and resources to avoid underutilization and duplication

    - Healthcare system navigation

        ▶ Health literacy education

        ▶ Physical access including transportation and telemedicine technology

Thoughtful consideration was also given to issues that were ultimately not selected as priorities. There was strong advocacy for the issue of the changing need for care and resources for persons with Alzheimer's Disease and dementia. This issue was supported by both secondary and primary data. The broad topic of access to care that includes meeting basic human needs such as food, housing, and transportation also garnered vocal support from community partners who cited numerous secondary data points as well as primary data findings indicating its need for attention. Citrus County Community Health Needs Assessment Partners members considered whether those issues were being addressed by local agencies and the feasibility of making an impact. A compromise was reached: where appropriate goals and strategies related to those issues would be incorporated into the selected priorities. Further, Citrus County Community Health Needs Assessment Partners 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.

Citrus County Community Health Strategic Priorities, Goals, and Strategies

At their April 12, 2023 meeting, the Citrus County Community Health Needs Assessment Partners members and invited community partners met to reaffirm the selection of the five (5) priority issues and write goals and identify strategies to address the most pressing health problems over the next five (5) years. Further, community leaders and partners recognized that many of the strategies cut across the distinct priorities and pledged to cooperatively select the most effective solutions and tactics. Below are the resulting goals and strategies that will move forward to the next phase, that is, the community health improvement plan (CHIP) development.

Strategic Priority: Healthcare Providers

Goal: Increase the number of healthcare providers who practice in Citrus County

Strategies:

- Identify and focus on healthcare providers retiring in the next five years
- Engage medical schools and residency programs
- Engage current, practicing physicians in Citrus County to facilitate new physician entry into the community
- Monetarily incentivize healthcare practice in Citrus County
- Create and implement approaches to engage physician significant others and/or spouses during the recruitment process
- Expand the Florida Volunteer Services Program (Chapters 110 and 766, Florida Statutes) to include diagnostics and surgical procedures and facilities

Strategic Priority: Mental Health Care

Goal: Facilitate access to quality mental health care

Strategies:

- Provide quality care enhancement resources and training
- Elevate funding as a county-level priority

- Attract new funding sources to focus on mental health care quality

Goal: Increase community education on mental health care

Strategies:

- Augment, improve, and promote prevention services that focus on mental health

- Address barriers that impede access to mental health care

- Promote early intervention and access to mental health care and services

Goal: Support progress in Baker Act facility dialog with county leaders

Strategies:

- Explore multi-agency collaboration opportunities and shared contributions

- Champion county efforts to obtain funding for the facility

Goal: Enhance mental health residential services and care coordination

Strategies:

- Seek transportation solutions to assure access

- Broaden inter-agency and partner organization collaboration

Strategic Priority: Substance Use

Goal: Improve care coordination for persons with substance use disorders

Strategies:

- Expand and improve collaboration and coordination with providers

- Promote public awareness of available treatment service

- Evaluate treatment services and referral processes and apply results to better serve individuals

Goal: Establish multiple service sites in Citrus County

Strategies:

- Locate a dedicated facility in Citrus County for inpatient and detox services

- Offer additional outpatient services in the county

- Expand the availability of support groups

- Address transportation issues and physical accessibility barriers

Goal: Increase community health education on substance use across the population spectrum

Strategies:

- Broaden the use of evidence-based curriculum in Citrus County schools and in the community

- Sponsor and promote community presentations that educate on the many aspects and impacts of substance use

- Make available regular town hall meetings and panel presentations that focus on substance use-related topics

- Conduct public awareness campaigns on substance use

Strategic Priority: Obtainable, Safe Housing

Goal: Improve communication on housing obtainability and safe neighborhoods

Strategies:

- Engage residents, governmental agencies, and other stakeholders in communications to assure clarity on terms related to housing access and barriers

- Encourage ongoing dialog with Citrus County first responders, residents, and other governmental agencies on issues of neighborhood safety

Goal: Embrace and support Florida's 2023 Live Local Act

Strategies:

- Begin discussions with governmental agencies, stakeholders, and businesses on local impact and implementation strategies

- Incentivize implementation through enactment of mixed use, inclusionary zoning and similar policies in Citrus County

Strategic Priority: Effective Health Communication

Goal: Gather and distribute information on existing Citrus County health and social service resources

Strategies:

- Support United Way's leadership role and investments in improving health communications in Citrus County

- Encourage and facilitate community agency and organization use of a regularly updated 2-1-1 system

- Consolidate existing resource guides to create a singular, user-friendly guide available in print and digital formats

- Assure wide distribution and access to the resource guide including to schools, healthcare and social service providers, and community-based organizations

- Institute best practices for communication with the general public and special populations in Citrus County

- Align United Way funding priorities with Citrus County's community health improvement plan (CHIP)

Goal: Deliver resource information in language-appropriate formats and through multiple channels

Strategies:

- Employ print and electronic media to reach Citrus County residents in easily accessible ways

- Establish and promote the use of templates for communications that consider reading level and other factors in health literacy

- Publicize the availability of 2-1-1 resource information

Key Considerations

As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Citrus County partners move ahead with community health improvement planning, it is important to bring these points forward. Included among these considerations are on-going efforts that Citrus County community partners strive to enhance, continuously improve, and measure their impact. These key considerations are listed below.

- Promote a culture of community health as a system of many diverse partners, organizations, and individuals

- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures of progress

- Employ a system of metrics to monitor community health system performance and outcomes and to inform collective and individual entity investments in community health

- Educate on resource availability and the appropriate use of services and programs

- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental and behavioral health problems and substance abuse

- Enhance or create initiatives, including policies, to more effectively manage chronic diseases and oral health

- Enhance or create initiatives and policies 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

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

Prior to any design or prioritization of interventions to address critical health needs and issues in Citrus County, community partners ought to 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 and are a powerful tool in informing community initiatives. Each of these resources is designed 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 before intervention identification or implementation begins in the community. Presented below are five of the most frequently used and widely respected databases of practices for improving community health.

County Health Rankings & Roadmaps – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force

https://thecommunityguide.org/

Healthy People 2030 Evidence-Based Resources – U.S. Department of Health and Human Services

https://health.gov/healthypeople/tools-action/browse-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

Resource and Intervention Quality Assessment

One key feature of each of these resources is the assessment of 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; however, 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.

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.

Resources for Community-Based Interventions

The following table presents best practices for some of the key health issues and needs in Citrus County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Citrus County and only need enhancement or support, while others may represent new opportunities. This table should

not be considered a comprehensive presentation of resources or potential interventions but should serve as an introduction to some of the successful practices and models in current use or that have been previously proven.

TABLE 19: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Barriers to Care	**Health insurance enrollment outreach & support** Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
Barriers to Care	**Patient Navigation Services Increase Cancer Screening and Advance Health Equity** Cancer screenings save lives — however, barriers to getting screened, like cost or lack of access to screening services, exist. Patient navigation services can help lower those barriers. The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF's recommendation is based on a systematic review of 34 studies.	Systematic Review	The Guide to Community Preventive Services CPSTF Recommends Patient Navigation Services to Increase Cancer Screening | The Community Guide
Access to Care for the Homeless	**Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review**	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/

Issue	Practice or Intervention	Effective-ness	Source
Chronic Disease – Hyper-tension	**Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients**	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	**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
Dementia Care, including Alzheimer's	**Healthy Brain Initiative Road Map 2018-2023** Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer's can be incorporated easily and efficiently into existing public health initiatives.	Non-systematic Review	CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm
Dementia Care, including Alzheimer's	**Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning**	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer's	**Public Health Approach to Alzheimer's – How does public health address Alzheimer's?** Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer's, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer's Association https://www.alz.org/professionals/public-health/public-health-approach
Dental Health	**Preventing Dental Caries: School-Based Dental Sealant Delivery Programs** The Community Preventive Services Task Force recommends school-based sealant delivery	Evidence-Based	The Community Guide: Task Force Finding and Rationale

Issue	Practice or Intervention	Effective-ness	Source
	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).		Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)
Dental Health	**Preventing Dental Caries: Community Water Fluoridation** The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: Cavities: Community Water Fluoridation	The Community Guide
Housing	**Medicaid Accountable Care Organizations: A Case Study with Hennepin Health** As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.	Case Study	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf
Housing	**Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project** This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.	Experiment-al Study	https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
Infant Mortality and	**Nurse-Family Partnership – Providing babies with the best start in life**	Evidence-based	www.kingcounty.gov/nfp

Issue	Practice or Intervention	Effective-ness	Source
Maternal Child Health	Partners mothers with registered nurses from pregnancy through a child's second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.		
Infant Mortality and Maternal Child Health	**Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy** 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.	Systematic Review	Cochrane Library of Systematic Reviews: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2030: Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 | health.gov
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	Systematic Review	Healthy People 2030: Mental Health: Interventions to Reduce Depression Among Older Adults

Issue	Practice or Intervention	Effective-ness	Source
	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.		– Home-Based Depression Care Management - Healthy People 2030 | health.gov
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 teamwork. 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	SNAP-Ed Toolkit https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/
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/ Physical Activity	**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	Evidence-Based (Moderate)	https://www.naco.org/sites/default/file

Issue	Practice or Intervention	Effective-ness	Source
	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.		s/documents/HC_Forum_KayOwen.pdf
Nutrition/ Physical Activity	**County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers** Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/
Nutrition	**A community intervention reduces BMI z-score in children: Shape Up Somerville first year results** The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/

Issue	Practice or Intervention	Effective-ness	Source
	the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	**Text4Diet: A Text Message-based Intervention for Weight Loss** Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	https://cdc.thehcn.net/promisepractice/index/view?pid=3490
Obesity	**Health Education to Reduce Obesity (HERO)** The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/ Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	**Healthy Eating Lifestyle Program (HELP)** Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	**Pounds Off Digitally (POD)** Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209

Issue	Practice or Intervention	Effective-ness	Source
Obesity	**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.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among
Physical Activity	**Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design** 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.	Systematic Review	Healthy People 2030: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches
Physical Activity	**Activity Bursts in the Classroom (ABC) Fitness Program** Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616

Issue	Practice or Intervention	Effective-ness	Source
	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 and Greenways	**Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions** Safe, accessible outdoor spaces can help encourage people to get active. In this systematic review, the Community Preventive Services Task Force (CPSTF) found that infrastructure interventions to improve parks, trails, and greenways — if combined with other interventions — can increase the number of people engaging in moderate to vigorous physical activity	Systematic Review	The Community Guide Phys Activity: Park, Trail, Greenway multicomponent | The Community Guide
Poverty	**Policies to Address Poverty in America** 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.	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
Poverty	**Social Programs That Work: Employment and Welfare** This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Rural Health	**What Works? Strategies to Improve Rural Health** This report outlines key steps toward building healthy communities along with some specific	Non-systematic Review	https://www.countyhealthrankings.org/reports/what-works-strategies-

Issue	Practice or Intervention	Effective-ness	Source
	policies and programs that can improve health in rural areas.		improve-rural-health
Substance Abuse	**Principles of Drug Addiction Treatment: A Research-Based Guide** 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.	Evidence-Based	National Institute of Health: NIDA Notes	National Institute on Drug Abuse (NIDA) (nih.gov)
Substance Abuse	**Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)** 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.	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi
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: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide	SAMHSA

Issue	Practice or Intervention	Effective-ness	Source
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
Violence	**Clinician Screening for Intimate Partner Violence** The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.	Systematic Review	U.S. Preventive Services Task Force Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)
Violence	**Anti-Bullying Policies and Enumeration**	Systematic Review	CDC, Adolescent and School Health

Issue	Practice or Intervention	Effective-ness	Source
	Anti-bullying laws and policies at the state and local levels are common components of current bullying prevention efforts. Every state has an anti-bullying law or policy. Many local school districts also establish anti-bullying policies.		[Anti-Bullying Policies and Enumeration	Adolescent and School Health	CDC](#)

APPENDIX A – CITRUS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS

Name	Organization
Sunshine Arnold	Citrus County Abuse Shelter Association
Crystal Barton	Citrus County Community Charitable Foundation
April Barton	Community Member
Rebecca Bays	Citrus County Board of County Commissioners
Jeff Bryan	Habitat for Humanity
Jenette Collins	City of Crystal River
Amanda Cypret	LifeStream Behavioral Center
Kathryn DeFrance	Florida Department of Health in Citrus County
Amy Douglas	Florida Department of Health in Citrus County
Carmen Hernandez	Florida Department of Health in Citrus County
Brian Herrmann	City of Crystal River
Todd Hockert	Florida Department of Health in Citrus County
Rebecca Martin	WellFlorida Council Board Member and Community Member
Cara Meeks	Humana
Mark Pagan	Florida Department of Health in Citrus County
Amanda Purnell	Citrus County Parks and Recreation
Lynsie Roddenberry	Citrus County Support Services
Mariselle Rodriguez	Citrus County Board of County Commissioners
Brad Ruben, DO	WellFlorida Council Board Member, NCFTC
Ernesto "Tito" Rubio	Florida Department of Health in Citrus County
Madelyn Russell	United Way Citrus County
George Schmalstig	United Way Citrus County
Izabela Simmons	Citrus County Parks and Recreation
Barbara Sprague	Community Food Bank
Renee Teaster	Anti-Drug Coalition of Citrus County
Mary Wachira	Florida Department of Health in Citrus County
Janora Wade	Florida Department of Health in Citrus County

APPENDIX B – COMMUNITY HEALTH SURVEY

English ∨

Default Question Block

Dear Neighbor,

What are the most important health and healthcare issues in your community? The Citrus County Charitable Foundation and the Florida Department of Health in Citrus County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from November 14, 2022 through January 6, 2023. Community leaders will use your answers to take action towards a healthier community.

This survey has 10 core questions with some additional items depending on your answers. It should take about 10 minutes to finish the survey. Your answers cannot be used to identify you. Please answer the survey only once.

To be eligible to take this survey:

·   You must be at least 18 years old and

·   Be a Citrus County resident.

If you have questions about this survey or the survey process, you may contact Christine Abarca, Senior Planner at WellFlorida Council via phone at 352-727-3767 or via email address at cabarca@wellflorida.org.

The survey begins on the next page. Thank you for sharing your views about health with us!

Please respond to the statement below.

Age Eligibility

What is your age?

○ I am 18 years of age or older.

○ I am 17 years of age or younger.

Residency

Are you a resident of Citrus County?

○ Yes, I am a Citrus County resident.

○ No, I am not a Citrus County resident.

Community Health

What do you think contributes **most** to a **healthy community**? Choose **THREE** (3).

- [ ] Residents engaging in **healthy behaviors**
- [ ] **Low** preventable **death and disease** rates
- [ ] Access to affordable **health care** including primary/family care and specialty care, dental care and mental health care
- [ ] Strong **family** ties
- [ ] Affordable **utilities**
- [ ] Strong **economy**
- [ ] **Job opportunities** for all levels of education
- [ ] **Low** level of **child abuse**
- [ ] Good **schools**
- [ ] Good place to **raise children**
- [ ] Public **transportation** system
- [ ] Choices of **places of worship**
- [ ]

- [ ] Availability of **parks and recreational opportunities**
- [ ] Availability of **first responders, law enforcement, fire/rescue/EMS, emergency preparedness services**
- [ ] Low crime/**safe** neighborhoods
- [ ] Access to convenient, affordable and nutritious **foods**
- [ ] Practice of **religious or spiritual values**
- [ ] Good **race/ethnic relations**
- [ ] Availability of **arts and cultural events**
- [ ] **Clean environment** (for example, water and air)
- [ ] **Low** rates of **infant and child death**s
- [ ] **Low** level of **domestic violence**
- [ ] Affordable **housing**
- [ ] Affordable **goods and services**
- [ ] Other, please tell us

Awareness of **health care and social services**

What has the **greatest negative** impact on the health of people in Citrus County? Choose **THREE** (3).

☐ Not using seat belts/child safety seats

☐ Lack of physical activity

☐ Overeating

☐ Tobacco use, vaping, chewing tobacco

☐ Starting prenatal care late in pregnancy

☐ Poor race/ethnic relations

☐ Alcohol abuse

☐ Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)

☐ Loneliness or isolation

☐ Not using health care services appropriately

☐ Eating unhealthy foods, drinking sugar-sweetened beverages

☐ Lack of personal responsibility

☐ Unsafe sex

☐ Lack of sleep

☐ Not using birth control

☐ Lack of stress management

☐ Distracted driving (such as texting while driving)

☐ Not getting immunizations to prevent disease (e.g., flu shots)

☐ Violence

☐ Unsecured firearms

☐ Dropping out of school

☐ Other, please tell us

What are the THREE (3) **most important health issues** in Citrus County? Choose **THREE** (3).

- ☐ Homicide
- ☐ Mental health problems
- ☐ Teenage pregnancy
- ☐ Disability
- ☐ Diabetes
- ☐ Suicide
- ☐ Exposure to excessive and/or negative media and advertising
- ☐ Rape/sexual assault
- ☐ Domestic violence
- ☐ Cancer
- ☐ Motor vehicle crash injuries
- ☐ Heart disease and stroke
- ☐ Substance abuse/drug abuse
- ☐ Obesity
- ☐ Intellectual and Developmental Disabilities (including autism spectrum disorders)
- ☐

- ☐ Vaccine preventable diseases (e.g., flu, measles)
- ☐ HIV/AIDS
- ☐ Access to primary/family care
- ☐ Respiratory/lung disease
- ☐ Dementia
- ☐ Firearm-related injuries
- ☐ Homelessness
- ☐ Stress
- ☐ High blood pressure
- ☐ Affordable assisted living facilities
- ☐ Age-related issues (e.g., arthritis, hearing loss)
- ☐ Tobacco use (includes e-cigarettes, smokeless tobacco use)
- ☐ Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)
- ☐ Infant death
- ☐ Pollution (e.g., water, air, soil quality)
- ☐

Elderly caregiving

☐ Child abuse/neglect

☐ Access to sufficient and nutritious foods

Dental problems

☐ Access to long-term care

Other, please tell us

☐ [   ]

Access to Services

Which **healthcare services are difficult for you to obtain** in Citrus County? Choose **ALL** that apply.

☐ Telehealth services or services provided using telemedicine technology

☐ Laboratory services

☐ In-patient hospital care

☐ Emergency room care

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

☐ Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)

☐ Family planning/birth control

☐ Mental/behavioral health care

☐

☐ Urgent care (e.g., walk-in clinic)

☐ Physical therapy/rehabilitation therapy

☐ Preventive care (e.g., check-ups)

☐ Prenatal care (pregnancy care)

☐ Dental/oral care

☐ Substance abuse counseling services (e.g., drug, alcohol)

☐ Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)

☐ Prescriptions, medications or medical supplies

☐ Other, please tell us

Primary/family care (e.g., family doctor)

☐ Vision/eye care

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

○ Yes

○ No. I got the dental care I needed or I didn't need dental care.

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

☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.

☐ Transportation, couldn't get there

☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

☐ [   ] Other, please tell us

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?

○ Yes

○ No. I got the health care I needed or didn't need care.

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

☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself

☐ Transportation, couldn't get there

☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

☐ Other, please tell us

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

○ 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.

What prevented you from seeing a **therapist or counselor for a mental health or substance use** issue during the past 12 months? Choose <u>ALL</u> 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

☐ Stigma associated with this issue and/or stigma associated with seeking care

☐ Transportation, couldn't get there

☐ My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.

☐ Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

☐ Other, please tell us

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[                                              ]
[                                              ]
[                                              ]
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Pandemic Questions

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over the past 12 months. These are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

○ Yes
○ No

In the past 12 months, please indicate which aspects of your household have been **negatively impacted** by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose <u>ALL</u> that apply.

☐ Child care (ability to get care for child/children)
☐ Employment (ability to keep a job, have steady income)
☐ Food (ability to buy or get enough food to feed you and your family)
☐ Housing (ability to find housing, pay rent or mortgage)
☐ Schooling, education (ability to complete school-related assignments and programs)
☐ Transportation (ability to use public transportation or shared ride services)
☐ Utilities (ability to get and pay for electricity, gas, water, internet services)

☐ Physical activity and exercise (means and ability to engage in regular physical activity)

☐ Nutrition (means and ability to consume a healthy variety of foods)

☐ None of the items above negatively impacted my household in the past 12 months due to the pandemic.

Please indicate if you or a member of your household **delayed getting any of these services** because of the Coronavirus (COVID-19) pandemic over the past 12 months? Select ALL that apply.

☐ Routine (screenings, check-ups) or needed **primary healthcare** services

☐ Routine (screenings, check-ups) or needed **dental care**

☐ Routine (screenings, check-ups) or needed **mental, behavioral or substance use care**

☐ There was **no delay in getting these services** over the past 12 months by members of my household.

Does your household have an **emergency plan** (a plan of action for when a disaster or emergency such as a hurricane threatens)?

○ Yes

○ No

○ I don't know, not sure

Demographics

Please describe yourself by answering the following questions. This information is <u>confidential</u> and will <u>not</u> be shared. You will not be identified.

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

Are you of Hispanic, Latino/a/x or Spanish origin? Choose <u>ONE</u>.

○ No, not of Hispanic, Latino or Spanish origin
○ Yes, of Hispanic, Latino/a/x or Spanish origin
○ I prefer not to answer

What racial group do you most identify with? Choose <u>ONE</u>.

○ 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 tell us

What is your gender identity?

○ Man
○ Woman
○ Non-binary
○ I prefer not to answer
○ [   ] Other, please tell us

What is the highest level of school you have completed? Choose <u>ONE</u>.

○ Elementary/Middle School

○ High School diploma or GED

○ Technical, Community College, 2-year College or Associate's degree

○ 4-year College/Bachelor's degree

○ Graduate/Advanced degree

○ Some college

○ I prefer not to answer

○ [   ] Other, please tell us

Which of the following best describes your current employment status? Choose <u>ALL</u> that apply.

☐ Employed (Full-time)

☐ Employed (Part-time)

☐ Full-time Student

☐ Part-time Student

☐ Homemaker

☐ Retired

☐ Self-employed

☐ Unemployed

☐ Work two or more jobs

☐ Disabled, unable to work

☐ I prefer not to answer

☐ [   ] Other, please tell us

How do you pay for health care? Choose <u>ALL</u> that apply.

- ☐ Health insurance offered from your job or a family member's job
- ☐ Health insurance that you pay on your own
- ☐ Medicaid
- ☐ Medicare
- ☐ Military coverage/VA/TriCare
- ☐ Pay cash
- ☐ I do not have health insurance
- ☐ [_____] Other, please tell us

What is the combined annual income of everyone living in your household? Choose <u>ONE</u>.

- ○ Less than $10,000
- ○ $10,000 – $19,999
- ○ $20,000 – $29,999
- ○ $30,000 – $49,999
- ○ $50,000 – $74,999
- ○ $75,000 – $99,999

- ○ $100,000 – $124,999
- ○ $125,000 – $149,999
- ○ $150,000 – $174,999
- ○ $175,000 – $199,999
- ○ $200,000 or more
- ○ I prefer not to answer

What is the zip code of your residence?

○ 34423 Crystal River   ○ 34448 Homosassa

○ 34428 Crystal River   ○ 34450 Inverness

○ 34429 Crystal River   ○ 34451 Inverness

○ 34433 Dunnellon   ○ 34452 Inverness

○ 34434 Citrus Springs/Dunnellon   ○ 34453 Inverness

○ 34436 Floral City   ○ 34460 Lecanto

○ 34441 Hernando   ○ 34461 Lecanto

○ 34442 Hernando   ○ 34464 Beverly Hills

○ 34445 Holder   ○ 34465 Beverly Hills

○ 34446 Homosassa   ○ 34487 Homosassa

○ 34447 Homosassa Springs   ○ Other, please specify

[ ]

Open Ended

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

[ ]

APPENDIX C – FOCUS GROUP QUESTIONS AND DETAILED RESPONSES

Question 1. What does a healthy community mean to you?

Community Alliance Focus Group

- Access to the basics of life, including affordable housing, healthy food, water, clothing, community, and work that pays enough to afford basic living expenses
- Access to services, including for substance abuse, mental health, primary care, insurance, and child psychiatry
- "Community where everyone has the opportunity to thrive."
- Health is more than just doctors and hospitals, includes access to a lot of these basic needs
- Mental health in particular is often overlooked by the healthcare system
- Need education and resources for parents to provide parenting skills and safety in the home
- Working to create a vaping task force in schools, but vaping is not viewed as a youth addiction problem, even though it is an addiction and a gateway drug
- Studies have shown that cigarettes and nicotine are one of the top three (3) components of poverty issues, and can affect the whole community due to health effects and money available
- A healthy community is a mindset

Physician Focus Group

- Access to affordable health care
- More providers and resources are needed in the community
- Services to determine and measure the health of the community including such preventive measures as improved infant mortality rates, Depression Screening, BMI Index Screening, and various preventable disease screenings. These preventive services should be available to all regardless of financial resources
- More educational pieces related to health
- Addresses both mental and physical health
- Everyone should be involved in the health and health activities of the community, not just health care providers
- "Well, in my opinion healthy community means access to affordable health care, because it's just the nature of life that someone will have a disease…someone will have cancer, someone will have a heart attack, so access to health care. And for that I think, you know, government obviously has to be involved…and the hospital has to be really- really willing to join this and you know when you have for-profit hospitals sometimes that goal is not kind of met, in my opinion."
- "Population health like infant mortality, depression screening, BMI index, if we are talking about psychosocial indicators, we can use to determine the health of the community. It is very well established how to determine it. Despite less financial resources, other countries have better health indicators – infant mortality, depression screening, preventable disease screening – these are the things that we can address."
- "I agree with everyone as mentioned about healthy community on top of that I think also about the more educational pieces of health, not for just the health care providers but for the whole community to get involved with, not just health care, simple things like running, jogging and walking."

Faith-Based Focus Group

- Less disease (mentioned by multiple participants)
- COVID-free place (mentioned by multiple participants)
- Safe community
- A community that works (meaning functions well)
- Access to basic needs (mentioned by multiple participants)
- "A community that can meet the needs of everybody"
- "A community that works together in harmony"

Question 2: What are the most important factors for creating a healthy community?

Community Alliance Focus Group

- A healthy community starts at home, all issues trace back to brokenness in homes
  - ► According to the Florida Youth Tobacco Use Survey data, over 50% of students who smoke come from divorced families
  - ► Divorce rates are higher in Citrus than in the state
  - ► 50% of children in America are raised by a single parent
  - ► "Children being treated as an imposition upon their parents' lives as opposed to a blessing is…just catastrophic."
- Work communities and culture also reflect the values and beliefs of the county
- Teaching parents how to parent
- Shouldn't be expecting other organizations to parent children
  - ► We push a lot onto the school system to teach kids things that should be taught at home
  - ► In a therapeutic anecdote: "I…get the kid to where they're ready to share with their parent what the problem is…once I tell the parent what they need to fix, they're gone."

Physician Focus Group

- Economic uplifting of the community, including enough jobs with good pay so people can buy healthier food
- Health education should start early, such as in the school system
- Start healthy behaviors very early in life
- Smoking cessation is a very important example
- Exercise can make a huge difference; start in young population, prevention, personal behaviors
- Focus on vaccinations, social traits, drug prevention in youth population
- "Economic uplifting of the community, good paying jobs to buy food, buy healthy food, and obviously education in the school, how much is being about the health, should start very early life. Do things to focus like smoking cessation, regular exercise can make a huge difference."
- "If young population community – then we are to worry about vaccinations, social traits, etc., prevention of drugs. It's a very broad topic. We need to be more specific for each population."

- "It is dependent upon the age, the population."
- "Access to affordable care for all is vital. Decreasing poverty is key to improving the health of the community. There are varying health needs depending on population groups and age. Healthy behaviors should begin in early life. In spite of the persistent poverty, there are healthy behaviors people can engage in, such as eating healthy, exercising, and seeking to preventive primary care services regardless of ability to pay."

Faith-Based Focus Group

- Access to medical care
- Health education
- Community awareness (of resources and services)
- Better health education in schools that includes sex education, getting shots, understanding about germs (mentioned by multiple participants)
- Access to healthier foods (mentioned by multiple participants)
- Good churches
- Sanitation (i.e., trash pick-up); trash laying around in streets/homes leads to vermin, disease, unpleasant sights such as dirty diapers and dumping of garbage
- Good, clean water
- Awareness of the demographics of the population, i.e., there's an aging population, and services to support them (mentioned by multiple participants)
- Community awareness of services
- "Health education is a big one and along with that is community awareness."
- "Better sanitation, other counties have trash pickup and will take your lawn clippings away, it's a do-it-yourself project, people are dumping garbage all over the place tires, diapers in the Walmart parking lot, it's disgusting, it breeds rats and mice and snakes and everything else."

Question 3: Why is living in a healthy community important to you?

Community Alliance Focus Group

- Improves overall quality of life and health
- Decreases crime
- Bible tells us that if we help our neighbors, we're helping ourselves
  - ► Allows us to give back after others have fed into us
  - ► "The tide rises all boats."
- Collaborations and alliances are very helpful in this process, and this community is particularly good at networking and collaborating
- If you meet people's basic needs, they can become productive and engaged in the community
  - ► "We have so many families that are just constantly trying to survive…they can't even, not even get ahead, they can't get even."

- If people are given the opportunity to reach their fullest potential, less people will leave as soon as they turn 18

Physician Focus Group

- If you are in a healthy community, we are doing our job
- If society is not healthy, I would be much busier and more stressed
- Bringing down maternal morbidity and mortality statistics
- Spending healthcare dollars on preventive care is more effective than spending it on treating illnesses
- "Living in a healthy community that I am a part of it, so I am healthy and contributing to the community to stay healthy. As a OBGYN, I look at maternal mortality and morbidity. If we bring those down, then the community is going to be healthy."
- "If I am a part of the community – I am healthy, my friends are healthy, better quality of life, will help me to be happy. If…I will be busier, more stressful and can affect my family, my life, my friends."
- "Financially, if you look at health care dollars you can utilize healthcare dollars for keeping people healthy in the long run instead of spending all those healthcare dollars on illness. Preventive spending makes more sense in the long run to help with health care cost and all that."

Faith-Based Focus Group

- It means everyone is taken care of, regardless of how much money they have
- Have a healthier and longer life (mentioned by multiple participants)
- Keeps infectious diseases down (mentioned by multiple participants)
- Mental health problems are taken care of
  - ▶ Mental health is a "hidden" problem or a silent sickness that still carries social stigma, and becomes a bigger issue in the senior community
- Important for children and future generations who are the future leaders (mentioned by multiple participants)
- "I know a lot of elderly that if their spouse passes along, it (mental health) becomes a greater issue in the senior community."
- "We want our neighbors to be healthy and happy and support each other."
- "We need a health community to keep our children healthy, from getting sick, they are our future leaders."

Question 4: In general, how would you rate the health and quality of life in Citrus County?

Community Alliance Focus Group

- Some people are at a 10, others at a 1; there aren't a lot in the middle, and the gap is widening
- Many people move here because they don't want to live in the Villages, so a lot of amenities and good healthcare is catered towards retirees, while Citrus continues to lack pediatric care
  - ▶ "Every time I go to my pediatrician's office, they let the phone ring. They don't even answer it. They've literally said that, we don't even answer the phone, because we can't see any more kids."

- Retirees are also driving up housing prices
- Retirees probably at an 8-8.5 out of 10, because they have access to quality care here or at more advanced care facilities nearby
- For struggling families, there are fewer resources and very bad access to care
- People in transportation, the local FQHC, and the health department clinic are no longer available
- There is no NICU available, and only one place where women can give birth in the entire county
  - ► OB nurse saying that they had women lined up in the hallway to give birth

Physician Focus Group

- Not in the best health, maybe 5 or 6
- About a 4 to 6
- Older persons will start having health problems, lesser quality of life
- People here have to work on their problems
- 3 to 4, overall health in Citrus is poor because there are a lot of people who are living below the poverty line, they don't go to the doctors the way they should
- 4 to 6, for the health of the retirement community (65-70) you will start having health problems in this age group
- "I Moved from Ohio, about twenty years ago so obviously I have some information and data from there, so I always try to compare to Citrus. Also, there are different indicators in my own practice. In my opinion…I would say overall people are not in the best health, so if, I would say maybe 6 or 5. Now quality of life is a little broader context, so obviously weather is wonderful, quality of life for a lot of folks could be much better, but for people who are not healthy the quality of life is worse."
- "…I would say about 4-6, the reason being that the health of the entire community and with the health of the retirement community (65-70) you will start having health problems at that age. Folks here are less motivated for working on the problems, not everyone. At seventy years old you have medical problems, and you are just not working on them, either you have no insights or you know about it but you don't want to do it. The quality of life is related to health, so the more unhealthy you are the more the quality of life goes down with it. "

Faith-Based Focus Group

- Many agreed there are lots of resources but thought many people didn't know about the resources
- Homeless population might be small in comparison to other places, but it is an issue and taking care of the homeless is something we should do
- There are more drugs now and more young people using drugs
- Healthcare services and insurance are unaffordable for many people and families
- We have good neighbors who care about each other
- Don't know what the health department does or its services (several people agreed)
- Transportation is available, but there's some red tape and requirements for advance requests
- Doctor's Free Clinic in Lecanto (volunteer clinic) is being developed but there have been setbacks and roadblocks (problems with upper level people, perhaps government)
- Lot of resources (more than in Delaware), so a 7

- 5 because participant self-pays for everything, insurance is more expensive
- Other individual responses: 7, 8, 6, 7
- "The weather is on our side."
- "Where we live there is a lot of people on drugs and a lot of homeless."
- "Everything I need is just down the road, neighbors live side by side and say hello each other."
- "I can walk three miles and never see a car! "
- "People coming in here asking for food come in by foot or bicycle."

Question 5: What are the pressing health-related problems in Citrus County?

Community Alliance Focus Group

- Mental health
  - ▶ You have to travel to Lake County for medication; how do you get there if you're homeless? And how do you even get an appointment if homeless
  - ▶ Very few child psychiatrists
  - ▶ Baker acts need to be transported out of the county

- Mental health and drug abuse
  - ▶ 50% of mental health issues could be resolved if drug abuse issues were addressed
  - ▶ Can enter a cycle of homelessness and drug and alcohol use

- Children and families
  - ▶ There was some control over children with the use of force, but now policies have changed
  - ▶ Schools and parents can't do anything about what kids are doing, have no control, results in cities burning
  - ▶ Childcare is also essential, especially for single-parent households

- Transportation to health services
- Housing
  - ▶ Takes up a large portion of income
  - ▶ With social security at $891 or $714 per month, seniors can't afford their housing

Physician Focus Group

- Access to health care
- Poverty that leads to unhealthy food habits
- As people move here, they have healthcare issues that they had before moving here
- High prevalence of hypertension
- Homelessness, malnutrition in young population (not having the right food)
- Medicaid population has very difficult time getting the right kind of health, prenatal care, diabetes
- Population doesn't go to doctors
- Dementia and memory problems

- Lack of access to certain types of doctors, for example, as doctors retire
- "Number one is poverty and I think that eating habits, health habits; obviously they have health problems because of age."
- "Poverty, I think leads to unhealthy food habits, access to healthcare, as people move here, they have healthcare issues that they had before moving here. We see a high prevalence of hypertension in practice."
- "Homelessness, malnutrition in young population (not having access to the right food), Medicaid population has very difficult time getting the right kind of health, prenatal care, diabetes. Young population doesn't go to doctors, then complications."
- "Dementia and memory problems elderly– struggling with it. I really see in my practice, it is a pressing health issues for elderly, those living on their own no children, family here or transportation…These are major issues I see in my daily practice."
- "Lack of access to certain types of doctors. For example, a lot of doctors are retiring, ENT, neurology, never had endocrine, these resources could be nice to be available to patients."

Faith-Based Focus Group

- Drug use
- Homelessness
- Crimes related to drug use and homelessness
- Affordable healthcare and health insurance
- Language is an issue for some non-English speakers (mentioned by multiple participants)
- Reaching those who need help
- Being able to use resources, services, and the health system (i.e., low health literacy)
- Transportation
- Communication – difficult to get in touch with people who need services
- Challenges affording medications
- "Drugs and homeless, that's the major problem"
- "Transportation, what if my car breaks down."
- "People not smart enough understand how to take medications, get medications."

Question 6: Are there people or groups of people in the county whose health and quality of life are not as good as others? Who are those people and why is their quality of life worse in comparison to other members of Citrus County?

Community Alliance Focus Group

- Drug use is a lot of the why; probably 90% of parents whose children are removed by DCF use substances
  - ▶ Cyclical dependency issues, learned from parents, or due to trauma

- Can also be those with mental health or dependency use issues
- Retirees of big employer companies up North provide good pensions; this group is well off
- Some people that call on United Way for help feel entitled to that help

- - Speaks to the mindset
- There are lots of organizations to feed people in the county, but system is being abused as people choose to use it as a grocery store rather than a last resort

Physician Focus Group

- Mainly poor people
- People who don't have a partner or spouse, especially elderly living alone whose partner has passed away
- Children with single mom, moms have to teach
- A lot of single parents so the children don't have a lot of access to health services and related opportunities
- "I think mainly it's with the poor people. Lot of elderly who are living singles – the don't have partners, or partner or spouse have passed away. A single parent/so the kids don't have a lot of access. A lot of kids with single moms and dads. For obvious reasons they have to work for some parents it's hard to do it together well, so those kids have problems, so those kids have some problems for obvious reasons, if there are two parents those kids do well."

Faith-Based Focus Group

- Homelessness and homeless veterans
- Helping people who are having trouble make ends meet (mentioned by multiple participants)
  - Need to get people in touch with organizations that can help them
  - Food banks are available, but transportation is an issue
  - Some people are isolated because of where they live (rural, not good roads, no internet)
- Finding information is hard
- Meals served 6 days a week – people can get food if they can get to the distribution sites
- "All these homeless people, the vets that are homeless, even with the VA that is an extreme issue within that community, for them to get the health care or any kind of assistance."
- "Getting people in touch with those organizations that will help them, we do what we can at the church, but it's hard."
- "As far as food, there is a whole list of churches that donate have foodbanks, hot meals, there is a hot meal here every day at one of the churches. The problem is transportation, people can't get to it."
- "There is a government program, there's two…that will help with electric bills, but…finding them is difficult. They will help you with your electric bill for 12 month depending on your income."
- Income level guidelines were discussed

Question 7: What strengths and resources do you have in your community to address these problems?

Community Alliance Focus Group

- Citrus County has a lot of food bank resources

- There are many nonprofits working together, creatively problem-solving and pooling resources; not in competition like in some big cities
  - "There's no wrong door," we help people find resources even if we don't provide it

- There are a lot of retirees who do contribute, either monetarily or with their time volunteering
  - For example, Daystar Life Center has 130 volunteers and only 3 paid employees

- Strong hospital system, with quality care, including for indigents who get written off year after year
- Strong court system with fair judges who try to keep people out of jail and will often call the resource guide in court to connect people on trial with help that they need
  - Family court and drug court are phenomenal
  - Sheriffs and deputies also work with a lot of drug and mental health issues

Physician Focus Group

- There is an FQHC is in Citrus, Langley Health Services to serve the poor
- So much need from pediatric to geriatric; so much need in every aspect
- The Foundation and FQHC need to be expanded so they can provide all community care, including to different parts of the county
- They can provide cost effective medications, they get grant money
- We are one of the poorest counties in the area, in the state
- Main strength – physicians are willing to help those who we can and accept insurance
- Lack of resources, don't have enough providers
- Different hospital (for-profit) has different goals which creates struggle
- The group listed many needs. The list below highlights the health issues of concern:
  - Teen pregnancy continues the population of single mothers at young age
  - Dementia
  - There are not enough hospital beds, but people are staying in private rooms
  - Companion services are needed
  - Dentists are needed
  - ENT and Endocrinologist are needed
  - Hearing loss among the elderly
  - Dental needs are so costly
  - Many hospitalizations are preventable
  - Schools can provide health education
- "Main strength is physicians to help the patients, we are willing to help those who we can and accept insurance. Resources is where we struggle, we don't have enough providers. As I say a lot of time, different hospitals (for-profit) has different goals so that's a struggle in my opinion."
- "I would like to bring a FQHC, would like to bring Langley Healthcare, they got a 1.7 million grant, but they choose their patients, there is so much need at every aspect. But I'm not sure how much they do. They act like a profit. But they are nonprofit."
- "I think expansion of FQHC services would be a, would be a big help, infrastructure is there, it is doable, it just needs to be expanded in a different part of the county."

- "Basically, they can provide all preventive care, so that would take the burden off the ER, because that is very expensive. They have their own diagnostic center. They advertise for the fee for service, but they try to limit people who can't pay. We have so much need from pediatric to geriatric and Medicaid population. We are one of the poorest counties. Langley is not promoting themselves as a FQHC."

Faith-Based Focus Group

- Food pantries, although some have income requirements and are being used by more people because of changes in the economy
- VA is good; VA benefits for women
- Thrift stores that make goods affordable
- Food banks, food giveaways, hot meals 6 days per week at different locations
- Churches (mentioned by multiple participants), including communities that provide hot meals
- Thrift stores
- Housing
- "Well, I will say this, the VA accessibility, especially for females is much better here."
- "Several churches are very generous, very generous in this county."
- "There is the training school store (thrift) store, and the prices are just about anybody can go there to buy clothes."

Question 8: What barriers, if any, exist to improving the health and quality of life in Citrus County?

Community Alliance Focus Group

- Transportation, especially as a rural county
- Lack of insurance, especially among children
  - ▶ Even though every child is supposed to be insured, many haven't applied for insurance and need help to get through the system

- Underinsurance, such as high copays
- Most adults are uninsured, so "we kind of sneak them in under their child's case, because if I don't work with the parent to change, how am I changing their child?"
- Affordability, especially of insurance
- Navigating insurance
  - ▶ Very difficult system to understand, have to walk people through how to access it
  - ▶ Even worse if you're already a stressed, single-parent family
  - ▶ "We went from clinical to clerical a long time ago."

- Lack of mental health providers
  - ▶ The few psychologists and counselors here aren't well known, and it can be challenging to keep them
  - ▶ Insurance companies won't allow individuals providers to be on the panel because they say there are enough providers in the area

- ▶ Providers and insurance agencies are always changing who accepts what
- Government will not help pay to address homelessness
  - ▶ In other cities, local governmental bodies are helping to pay to address homelessness; in Citrus, government will say it's not their responsibility
  - ▶ All the issues are put on nonprofits while the government doesn't help
  - ▶ Government makes decisions with hospital board dollars without giving the money to those it was intended for
  - ▶ Losing the battle when it comes to the narrative
  - ▶ People becoming homeless are the people in your community, not people being imported

Physician Focus Group

- The effects of poverty
- Psychiatry
- Education – faith-based bias, non-vaccination, negligence
- Single parent households
- Dementia
- Age related chronic disease concerns
- Lack of specialty providers including ENT endocrinologists and psychiatrists
- The transportation barriers for the senior population
- Caring for hearing loss and dental health are costly
- People not getting vaccinated, not going to doctors, and cultural biases contribute to the list of barriers to improving the health and quality of life in Citrus County

Faith-Based Focus Group
- Transportation
- Politics
- Money, finances
- People who lack knowledge and skills on how/where to get help
- Not enough people know where to look for things
- "None of the people know where to look for stuff."

Question 9: Do you think your county provides enough places to receive routine medical care? Or is it necessary to receive care outside of Citrus County?

Community Alliance Focus Group

- It is necessary to seek care outside of Citrus County, although what is available to you depends on if you are part of the wealthy retiree group or part of a working-class family

Physicians Focus Group

- There is a lack of primary care, but if a patient has insurance, they can find and receive primary care
- People who do not have insurance have a difficult time getting it
- The DOH and FQHC can fill in the gaps, but there is a need for people who don't have insurance
- Providers not taking Medicaid HMO because of the risk and low reimbursement
- "There is need for primary care providers – but that's where this FQHC can fill in, they are a primary care group. They are trying to recruit the physicians so they can expand to get more access to the people, the community. But it is hard to recruit, people want to go to Tampa/Orlando."
- "There is a lack of primary care, but if they have insurance, they can get it. But people who do not have insurance, they have a difficult time getting it. The health department and FQHC can fill in the gaps. They can provide vaccinations but there is a need for people who don't have insurance – there is an absolute need for them. Medicaid HMO, providers don't take it because risk, requires authorization. So, there was talk about changing reimbursement, but it hasn't happened at this point. The compensation should be at least equal for Medicaid. Viscous and frustrating cycle. No one wants to take the liability; this specific population is high risk to begin with. There is a lot of things society needs to do."

Faith-Based Focus Group

- It's ok if you can afford the services and insurance
- Floral City has two (2) doctors
- If you're over 65 you have free insurance, Medicare
- Dental care is expensive and of poor quality in Citrus County
- Eye specialists are limited (example of trying to find specialist for soft lens)
- Hard to find specialists
- Yes
- If you have insurance or money
- No dental care, VA doesn't cover dental
- "If over 62 you can get free insurance."
- "You have a tooth ache you can't even have a tooth pulled."
- "You are talking $200 to $250 to extract a tooth."
- "I need hearing aids and I know they are very expensive but after the first of the year the Humana Insurance will cover 1000 dollars for each hearing aid, but they can cost up to 5k."

Question 10: What healthcare services, including prevention, do you think are missing in Citrus County?

Community Alliance Focus Group

- Psychiatric, substance use, and mental health treatment
  - ▶ There's a waiting list of 2 months to get help, which is ridiculous
  - ▶ When someone is ready to address issues, they need to be seen now
  - ▶ Issue is funding and keeping staff
- NICU

- Moms have to drive to another county if baby is in NICU
  - ► Parents get bad reports for not being with their babies all the time, but they can't make it there and back all the time
- General pediatric services
- Infant and child mental health
  - ► An incredible number of children are being baker-acted "because their parents don't know how to deal with them and so they get them baker-acted…so they can get a good night's sleep."
- No Baker Act receiving facility in the county

Physicians Focus Group

- Transportation for elderly folks. There is some but is it for everyone? (mentioned by multiple participants)
- Combine resources to create a consortium to help guide and direct patients to services
- Sometimes it takes them all day, and sometimes they don't have transportation to go back from where they came from.
- "Transportation for elderly folks, I see this county has its van for transportation for patients, but I haven't seen it being handy for everyone. So that's the major thing when I see folks can't drive and has no one else to bring them in, sometimes they have their whole day visiting one doctor. Still, they can't get back from where they came from. Some dollars directed toward that would be a quick, would fix, to that."

Faith-Based Focus Group

- Hospitals and ER that bill correctly
  - ► Many had experiences with being "overcharged" and/or cheated by corporate-operated hospitals
  - ► Discussion about hospital billing regulations that don't allow for discounts or adjustments, must accept Medicare allowable payment
- Dental
- Hearing aids
- Vision (couldn't find anyone to do hard contacts in Citrus)
- Specialist
- Hospitals (prices high, insurance only pays so much)
- Greed – hospitals are rented out to for-profit hospitals, doctors can't discount prices, everyone wants money, not there to serve the patient first
- "I don't know if you want to call it missing or not, but the hospitals tripled the price of everything, and your insurance will pay so much. Where I come from, they didn't cheat people out of money."
- "I call it greed and you know what the bible says about that."
- "These hospitals run out of big corporations, it's that way everywhere."
- "The hospitals bill astronomical amounts and Medicare has allowable amounts."
- "Everything around here I think is HCA."
- "Years ago, the hospitals were all county owned, now they are all private."

Question 11: What should be done to address these issues?

Community Alliance Focus Group

- Teach parents how to parent, mandating parenting classes
    - ▶ Kids are invisible, parents and kids escape into smartphone
    - ▶ Kids are getting parenting from their phone and Tik Tok, getting support from like buttons, and that's where they learn their worth
    - ▶ Very few young, troubled families seek out classes; only good parents who want to get better will come

- Mentors for children, especially in the absence of parents
    - ▶ Big brother, big sister program has been shown to be the most influential program to help make good citizens

- Support for children in divorced families
    - ▶ Parenting classes for divorced parents
    - ▶ Sometimes mandated by courts, and are very helpful

Physicians Focus Group

- Government should increase Medicaid funding, reimbursement to physicians
- Hospitals getting involved in getting more resources and physicians into the county; county is struggling with these and hospitals have resources to help
- Everyone has to do their part
- More job opportunities but job creation will take a long time (mentioned by multiple participants)
- Expansion of the FQHC (mentioned by multiple participants)
- Promotion of Mental Health (mentioned by multiple participants); FQHC and CHD should create a consortium
- Hospital FQHC and CHD could combine resources.
- People are unaware they can receive services at the FQHC
- Participation and education through churches
- "I would just say more job opportunities and creation, expansion of FQHC. Need promotion of the mental health, could be done by FQHC. So, job creation and expansion of FQHC."
- "I agree, job creation will take a long time, currently with the resources we have, the faith-based churches, the United Way, Goodwill, etc. if they can combine with FQHC and Health Department to create Consortium to share some common human resources who can direct this patient and combine all the resources. The funding should come from the Hospital Board, Rotary, government to increase Medicaid funding, United Way."
- "One other thing I would say: the hospitals getting involved in getting more resources and physicians into the county. County is struggling with specialists; the hospitals can help with that."
- "Maybe churches can participate, education, dinners, coming together about health and quality of life."

Faith-Based Focus Group

- Hospital billing, charges, and Medicare regulations are global issues that can't be addressed locally
- Need to address corporate greed, individual greed, and lack of morals
- Medicare and Medicaid
- Health insurance premiums are astronomical (example of young family)
- Address issue of illegal aliens who are using our resources, should help local people rather than sending assistance overseas and abroad
- Greed is a global issue
- Billable Vs. Allowable costs – general public doesn't understand bills from hospitals and doctors
- Families pay astronomical amounts for insurance coverage
- Politics
- Illegal aliens – giving our resources to them instead of citizens
- Money being given to international issues (example given of Africa for environmental reasons) where it won't have a long-term impact, rather than spending money on local issues here
- Resource book at doctors' offices and places
- Give information from resource book to churches
- "If everybody would quit being so greedy."
- "Families pay astronomical amounts to have insurance, a working family of five pays about a thousand dollars a month."
- "Families are trying to buy food and pay electric and then health care is so expensive."

Question 12: How can we build and/or reinforce policy and practices that support health equity? For example, what opportunities exist to influence decisions, policies, investments, and rules to benefit the health of all groups?

Community Alliance Focus Group

- Need to build relationships with policymakers, control the narrative, put health in all policies
- Commissioner Davis started Pillar and Prosperity program trying to work with community champions to work with families, but has been narrowed back down
- Nonprofit leaders need to insert themselves into the conversation, speak at legislative delegations, include nonprofits in the local chamber
- Need to train our people how to advocate
- A lot of people that could help get things done are overlooked because the chamber just knows a few overworked people that they think are the only ones getting anything done
- (Community) Coalition is often overlooked
- Don't want to recognize a nonprofit because everyone wants the money
- Alternatively, could eliminate some of these policies to get improvement
  - ► Encourage government to focus on policies that are their responsibility, such as a permit for a mobile home park

- Government should focus on freeing up every possibility of housing that they can, including apartment complexes, which retirees keep pushing back on
- "Just because they need to live in an apartment doesn't make them criminals. And they keep calling them projects, they're not projects."
- Housing is a part of health
- Need to change the community mindset, advocate among commissioners that we know, ruffle some feathers, putting editorials in the Chronicle
- "The squeaky wheel is the one who gets the grease. Maybe we haven't been squeaky enough."
- Need more educational sessions, such as the panel doctors did a few years ago on marijuana
- Comes back to the community, the people we are trying to help are needed in the workforce

Physicians Focus Group

- Health equity won't be obtained anytime soon (mentioned by multiple participants)
- If you don't have free health care its difficult
- Strengthening family
- Education may be the best way to see the process
- There is a lot of vested interest in American health care, a lot of jobs depend on healthcare: delivery, medications, research
- "We are so far from health equity."
- "Health equality I don't think it is going to come in 10 – 20 years."
- "We are never in this generation, I'm not really pessimistic but there are so many things we need to do to get health equity. It is good to talk about but too ideological."
- "Without free healthcare that won't happen."
- "Maybe at a grassroot level, strengthening the family, education can basically be the best way to help seeding the process of a healthy community. There are a lot of vested interest in America. It is a big part of the economy; a lot of jobs dependent on health care, resources for medication, it is not easy to change the bureaucracy. It is an altogether separate topic but unfortunately it does have an effect."

Faith-Based Focus Group:

- Provide information about resources and services to all – all levels of education and income, all groups (e.g., veterans, seniors, newcomers to the area)
- Create programs with incentives to remain healthy
- Make health insurance that is affordable and useful (e.g., accepted by physicians, can be used to pay for prescriptions)
- Information (for all people)
- Reimbursement/incentives for remaining healthy via insurance
- Flexible insurance plans that pay for needed services
- Pharmacy costs need to decrease – generic drugs should be available
- People are given incorrect information sometimes
- Technology Challenges
- "Getting information to all people."

- "Folks don't have the time, the information, access to the internet to understand health insurance and manage health systems."

APPENDIX D – KEY INFORMANT INTERVIEW QUESTIONS AND DETAILED REPONSES

Question 1. What do you think are the pressing (urgent, important) health related problems in Citrus County?

Mental Health and Drug Misuse

- The biggest thing that I see is the drug problem; so many people on drugs in Citrus County; I have never seen so many in a small area before. I don't know what types, but I see it on the regular. Everywhere you go, you see people that are affected by the drugs they are taking. "I've…even been to Publix and someone in front of me passed out, and they were very clearly, very clearly on something."
- If we had more mental health resources, could resolve a lot, for younger and older.
- Large drug issue in Citrus County
- A lot of hospitalizations, 911 calls, DCF, most stem back to mental health
- Causes a lot of Baker Acts
- "It's (drug use) not a certain age of people; I guess…drugs don't discriminate """
- Lots of mental health issues, some lifelong, some from drugs, some from trauma; a lot of times, these issues are met with pharmaceuticals, which can be helpful if used correctly, but a lot of time missing the root of the problem, really need therapy, time being sober, etc.
- Behavioral health – already have difficulty navigating system if there were a way to simplify process.
- Physicians do a good job of tracking over medication, better than before, but still can happen overall when one patient is going to a bunch of specialists; can be a problem, but less than it was before.

Affordable Health Care

- Medicare population, Accountable Care Organizations in the area, but barriers because of limitations in service incentivized.
- Even if insured, limitation in what provider can provide.
- Self-funded, self-paid patients can only receive help if in hospital.
- Too expensive, don't qualify for certain things if don't have specific criteria. Just lacking for people in general, rather than oriented at helping people in general. Resources are too narrow in demographic criteria.
- "I don't wanna drive an hour…and some change for an appointment, especially as a single mom. That takes away from my job, so that's my pay…if I say…can I just come here because it's closer to me and it's more convenient…and they're like, well, out of pocket, and that's a little expensive!"
- I am on Medicare, I go to doctor quite often because of it; I don't see an issue with healthcare for me "I don't really see an issue for healthcare for me or even the people that are in the waiting rooms that I am in."
- Patients that fall between Medicare Medicaid gap.

Shortage of Providers

- Hard to find a provider.
- Kind of providers, not enough of those too
- Psychiatric care
- Rheumatologists, endocrinologists
- Physicians who accept Medicaid and self-paid patients
- "When my patients leave the hospital they're waiting, they might not get into their primary care doctor for two months. There's just a wait list at the doctors' offices right now."

- "Even before COVID…our population grew so fast here, there's not enough providers in the county…it's not sustainable."
- Not enough access to medication nor providers

Health Conditions

- "We see a lot of residents with cardiac histories, diabetes uncontrolled…wounds that are untreated or infected…that might not be what brings them in (to the ER), but that's what we find when they show up."
- We see a lot; almost every client that we have has some kind of dental issues; we made some partnerships with local dentists, nonprofit org here that does dentistry work; always a thing that our clients need.
- Not enough access to medication nor providers
- Common factors: socioeconomic challenges, older population, uneducated and uninsured population

Health Literacy

- A lot of grandparents raising grandkids; idk that we have the right resources and place; do those folks know where to get them?
- I don't know if we have one sort of book/resource guide to get out to them.
- Also, a lot of very elderly patients, family far away, end-of-life care, advanced directives, lack of knowledge

Question 2. What Strengths and resources do you have in your community to address these problems?

Non-Profit Organizations

- "I know there are resources out there…I just don't know that they get to where they need to be, because once…somebody is hooked, they are hard to reach, to get to a place where they're gonna begin to heal."
- "Our mission statement at the Y (YMCA) is to put Christian principles into practice through programs that build health spirit, mind, and body for all, and our two favorite words are those last two, and it's 'for all'…we are open for all."
- We have a group of nonprofits that get together monthly.
- We have a lot of nonprofits; I feel that we sometimes work in silos, don't always communicate.
- Citrus County blessings – feeds kids on weekends
- Need to coordinate and communicate.
- Daystar, other charities, homeless coalition – does good job with limited resources.
- Case managers have resource packet that are given to patients.
- Other group: community alliance
- These groups are a great start; need to make sure that it's getting out to the community.

Volunteers

- During COVID, our seniors were the most vulnerable in the community, even people that normally came to center, a lot more were homebound, didn't have delivery systems in grocery stores and such, were at a loss b/c were afraid to go out; our program ramped up; we had more work than we could handle, and volunteers came from everywhere
- A lot of volunteers are seniors themselves.
- Our volunteers won healthcare award.

Churches

- Some of Catholic churches do really good, but Daystar is one of the biggest ones.
- Will purchase meds, pay utility bills, give clothing and food.
- A lot of community members have used, can't know with patients.
- Use it a lot for utility bills, especially for heating bills in winter.
- Have helped with prescriptions, clothing for patients.
- Provide resources.
- "I know that the churches…have, gosh, they have just opened their doors and, and offered help to so many people, and I've seen a lot of people…accepting help, but maybe not the kind of the help that would get them off of the drugs, but they do offer…help."

Partnerships and Collaboration

- Partnerships with local dentists, local doctors, take advantage of healthcare in place, Florida Blue, setting up appointments to sign up for that. Mental health we've got different counselors that have partnered with us in the past, work w/ clients on sliding scale, reduced rate, or volunteering. Constant thing for us to be reaching out to people. So, lots of collaboration and cooperation, still could use more resources; often have to wait a few months to set up dentist appointment. Our community does a really good job of collaborating and sharing resources.
- 2-1-1, United Way, a couple other coalitions
- Want to know that the community I live in is bettering the community, helping people to get into healthier places.
- We provide transportation as often as we can to medical appointments.
- Not a lack of people who want to help, provide resources.

Transit System

- Citrus Transit wasn't running on the orange line (during Covid); volunteered buses and drivers Served 10x normal volume, received funding and lots of help.

Question 3. What barriers, if any, exist to improving the health and quality of life in Citrus County?

Transportation Infrastructure

- "Our transit does a great job, but we don't have the infrastructure…we don't have what it takes to make sure people are able to get to those locations."
- People have to drive/bus to get to YMCA, can't walk or bike.
- "When a senior needs to go a doctor, and it takes a 6–8-hour day to go to an hour doctor appointment…that is really taxing on someone even in good health."
- Some uber and Lyft in area; need more options like that w/o such a strain.
- "" Seniors say to us as staff; would really like to do a little more but we just can't get anywhere.
- Still rural area, very spread out.
- I drive 40 minutes to work even though I live in the same town.
- Infrastructure for people to get around better would be helpful.

Lack of Resources to Address Mental Health

- Lack of resources for mental health issues; idk that we have the right infrastructure; if a community person hears something off the wall, just call 911; we want more services so that we don't just Baker Act, and when we do Baker Act, it shouldn't be out of county.
- Very few resources for anyone suffering from mental illness.
- Resources that we do have depends on insurance or use sliding scale, still expensive.

- Still appointment waits, jump through hoops.
- Too much navigation for someone who is having mental health crisis.
- Then becomes burden to police department, ERs, etc.

Need For Improvements to Connecting People with Available Resources

- There are programs and resources out there, it's just getting people to them or getting them to use them.
- Not real sure if there's any besides personal barriers. Can't be financial b/c there's Medicaid. Not real sure if there's anything that is a barrier to healthcare, but quality may be different depending on program that you're on (such as Medicaid vs BlueCross Blue Shield)
- Not transportation thing, I have seen vehicle that transport people to and from, plus family members, friends, neighbors. Maybe needs to be some types of healthcare initiative that shows importance of preventative care, rather than waiting until on deathbed to go to dr. A lot of people say they will wait until they're sick. People like to self-diagnose, possibly cheating themselves out of being healthier sooner.
-
- Nearest Baker Act facility is 45 minutes to an hour away; puts strain on whole community; police usually involved; sheriff's department has to transport out of the county.
- What do you do to help this population? Do they even want help? Amazing how many people that we encounter that would rather live in the woods than reenter into society.
- "It certainly is challenging to, to one's ego, to one's soul when you realize there are people hurting and…dying and starving."
- Also just lack of providers, lack of providers who take Medicaid.
- Not enough doctors, even quick care clinics, urgent care clinics, still waiting list, make an appointment day in advance

Financial Barriers to Services Affecting Health and Quality of Life

- From personal perspective, I have a pretty good job, still can be very difficult to pay my bills.
- "The local population is almost priced out of this county."
- "There's a daily struggle: am I going to pay my mortgage or am I going to fill my prescription?"
- Very little affordable housing
- Having public areas, parks, and things, would be helpful, but also not in accessible areas, or you have to pay to get in, or you have to pay to park.
- Used to all be free and readily available.
- Should be available and safe to children and families.
- Barriers: cost, insurance not being accepted; would be helpful to have some areas that accept all insurance. Sometimes availability, even if I go under my insurance somewhere else, even when paying out of pocket, sometimes there's a waiting list, or the appt is farther out than what it should be.
- Developer wanted to come in and build some affordable housing; the location they chose next to a community that was outraged, commissioners board decided to allow re-zoning, but still working for grant/funding. "There's this idea that…we want to help the poor, but we don't want them in our backyard. We want to help the homeless, but I don't want to see them every day."
- "There's a daily struggle: am I going to pay my mortgage or am I going to fill my prescription?"

Question 4. What healthcare services, including physical health, dental health, and mental/behavioral health, do you think are missing in Citrus County?

Mental Health

- Lacking mental health

- "The county contract for…our Baker Act facility is in Leesburg. Do you know how far that is from us? And then…those people, where are they going to follow up?"
- Mental and behavioral missing most, psychiatrist, counselors, therapists, especially specialized for children. Lack of education for domestic violence, affect parents and children. Need more grief counseling (has waiting period), distress then impacts physical health.
- Baker act facility, strong detox facility, something that would enable them to stay in county. We have dentists, we have medical doctors, we need more, but those first two facilities are just completely missing.
- We have 4 transition houses for those who leave and need to save a bit more money. Very fortunate to have this, but still a struggle for single parents with multiple kids
- It can take up to a month to get a mental health evaluation; partnered with Livestream offices here; using what is available, but it can take months. Challenging with a homeless facility; we can house people, but if they start breaking rules and are a threat to us, perhaps because they don't have the right treatment or diagnosis.

Dental Health

- I've seen a lot of people with some really messed up teeth; again, if they're not going to go to the doctor…they're not going to accept that. For average person that is not in drug abuse type of situation, there are plenty of things available. I've had to go down to different doctors' offices that are maybe 20 or 30 minutes away, but it's available, still in Citrus County. Maybe the awareness of importance of preventative care would be good. I feel like these things are available.
- Do have patients coming in with endocarditis from untreated dental carries.
- Don't know if we have shortage of dentists, may be some mobile dental services with charity organizations, not really sure of that schedule.
- A lot of seniors don't have dental care; a lot don't have insurance for that, very few dentists and hygienists.
- Either pay out of pocket or avoid
- Dentures don't fit well, defer treatments.

Physical Health

- Doing pretty well on physical health; a lot of physicians that take Medicare and work with senior population, health department does a great job working with all people; always some people that fall through the cracks.
- We have a lot of health organizations, a lot of doctors that come to Citrus County; but I don't know that everyone has health insurance.
- May delay care b/c scared of bill.
- Physical health – just need more providers.
- Not enough doctors, even quick care clinics, urgent care clinics, still waiting list, make an appointment day in advance.

Question 5. Are there people or groups of people in the county whose health and quality of life are not as good as others? Who are those people and why is their quality of life worse in comparison to other members of Citrus County?

People Who Can't Afford to Pay for Services-People in Poverty

- Community with million-dollar homes in same zip code as people who don't have AC or live in tents (ex: Crystal River…something park area);
- A lot living on $600/month or less; can't even find rent for that much.

- "Things are changing in our community, you know, we're getting more businesses coming in and things like that so there are more jobs available, but…I really think it's the, the drastic difference in income that makes all the difference."
- Population that don't qualify for Medicaid b/c no young children, can't afford private, not old enough for Medicare, they end up delaying care until it becomes a huge problem
- "I wish everyone would accept all insurances, uh, just to make it more convenient for people overall."
- Don't put a barrier to people seeking resources, limitations, and qualifications, especially on demographics (age). If insurance changes, may have to switch primary care providers, then don't have chance to build relationship.
- Employment difficult in this county; most people either retired here or work outside of the county; more job opportunities would be helpful – personal County Commissioner example.
- If you have a factory down the street where you can be employed and move up the ladder, allows for improvement in quality of life.

People With Mental Health and Drug Problems and Victims of Domestic Violence
- People with drug issues; just so prevalent. I live in a decent neighborhood, so it's not necessarily right there, but there are people here that experience some of the issues.
- Domestic violence victims, including children of domestic violence victims. Including male or female, no matter the age, they are affected most. Especially if they're trying to leave a situation, there aren't enough resources, not enough time at a shelter to get back on their feet and recovered.

People Without Transportation-The Rural Populations
- Only other thing would be transportation; my insurance offers transportation if I need it; if I were to say any other group, I will say retirees or older people, but they would also usually be on Medicare or some other type of plan that offers transportation.
- More rural have more of problem getting where they need to go.

Retirement-Senior Age Population
- Very large retirement age population: service sector people that grew up here; definite difference in quality of life; any number of reasons for that; could be generational, drug, alcohol, mental health issue.
- Low-income seniors, when they retired, that money seemed like a lot of money; it's not.
- Need people that can see lower income, don't necessarily have insurance coverage.

Question 6. How can we build and/or reinforce policy and practices that support health equity? For example, what opportunities exist to influence decisions, policies, investments, and rules to benefit the health of all groups?

Provide Education About Resources Available and How to Access Resources
- "I feel like there are a lot of resources out there, and people just aren't acknowledging them as well as they could be, and if they aren't acknowledging them, maybe they're under-educated about the availability of those resources."
- I do believe a healthcare initiative with more information available to people who just need help but don't think for some reason or another that they can get it, whether it's for drugs or other reasons.
- If they knew that there were opportunities and resources available, may be more open to doing it.
- Educating public on resources that are available. Maybe through the schools.
- Maybe having people go out into the communities and talking to people. Not sure how that would happen but would be very beneficial to a lot of people.

Improve Transportation

- A lot of support to be had in our community, a lot of people that want to help, that donate; we used to have an organization called doctor ride.
- Coordinated volunteers to take people to doctor's appointments and things like that.
- When you have people willing to do this in the community, it's not a policy, maybe a practice; can fill some of the gaps in need.
- Organization willing to take on task of transportation.
- Coordinated volunteers to take people to doctor's appointments and things like that.
- Lots of people volunteering; doesn't take money; but coordination takes time.

Create Opportunity for Affordable Insurance and Health Care

- Would help to have medical professionals willing to provide low cost or pro-bono work, maybe set a profile that if people meet it, they could help for little or no cost.
- Lots of people volunteering; doesn't take money; but coordination takes time.
- Policy for all providers to accept all insurance; refugees that come, even if they don't have health insurance, still treat them how you want to be treated, still take them and not turn away, especially with such a traumatizing situations.
- Maybe have grant or program to help anybody no matter where they come from that may be in need, get back on their feet. Mental health goes hand in hand with physical, need to be right mentally to hold a job. Maybe a pay as you can program; if later get insurance, maybe don't have timeframe for insurance to act. Not fair for people who struggle to get back on their feet; should have access to physical or mental health no matter race, age, anything.

County Governance

- Our county commission needs to talk about it more, figure out how to be that voice/main org to push some of these things out.
- Lots of nonprofits that want to help, do those great things, but working in silos.
- Idk who are making these decisions, but I hope that they know what the day and the life of a median person is going.
- "The people that make the rules aren't always the ones at end user…They should focus on the end user…how is it going to…ripple effect? Is it sustainable? Who is this harming?"
- "I think they should spend time with the people in the trenches…the sheriff's department, the ER nurses, that's who's, who's the catch-all for when policies and decisions are ineffective."
- People that have had green cards that have expired; those policies can be difficult to navigate through. Someone who wants to do the right thing, pay taxes, be employed, having a way to get them through that minefield would be great.

Question 7. Is there anything else you would like to share regarding the health of Citrus County, or that the Community Health Needs Assessment WellFlorida Council is conducting?

- Citrus County is a very good place to live; a lot of people come into Florida that don't have jobs b/c the weather's better; our area works together well to do all that we can.
- We have the facilities, the professionals, the structure necessary to provide a lot of assistance.
- "We got a lot of things right, but there's still a lot of needs that don't get covered, and maybe we could do better."
- I know that we are a small county with less resources, I would like to continue to be helpful.
- Would love if schools were more educated in mental health and domestic violence; even school counselors are not well educated that mental health is affecting child's behavior, whether it's a

medication that they're not stable with and need to adjust or change; my experience, they're not very aware; if they're aware, not acting in empathy or how to deescalate a situation, end up escalating a situation instead.

- A lot of things that we're facing the whole country is facing; affordable housing, wages are increasing but not to the point to accommodate to the inflation we've seen the past year. Affects everybody but affects this homeless population even more. Maybe a year ago, could have made the rent payment and put food on the table and deal with children's needs; but now, you can get behind real fast.