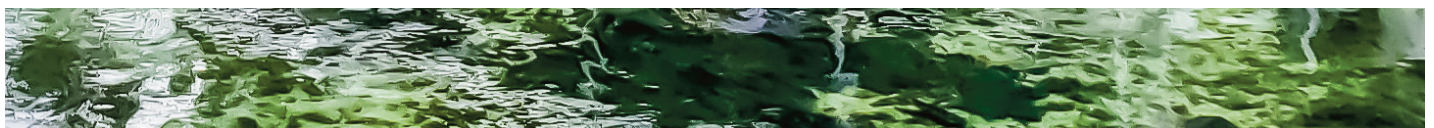




HERNANDO COUNTY

COMMUNITY HEALTH ASSESSMENT

PUBLISHED MARCH 2023





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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In August of 2022, WellFlorida Council and the Florida Department of Health Hernando County began to assemble a team from public health, social services, education, and more to develop and initiate this 2023 Hernando 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 2023 Hernando County Community Health Assessment document was developed, as well as the accompanying 2023 Hernando County Community Health Assessment Technical Appendix.

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.	<ul style="list-style-type: none"> 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, chronic lower respiratory disease, unintentional injury, diabetes High rates of mental health hospitalizations and ED Visits, liver disease deaths, drug use, obesity, and tobacco use and exposure Limited number of healthcare and dental providers
Community Themes and Strengths Assessment	Survey feedback was collected from community members and health care providers on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Hernando County.	<ul style="list-style-type: none"> Access to healthcare was the most important factor contributing to a healthy community; substance abuse, the most important health issue, followed by mental health and homelessness 22.5% lacked needed primary care, with appointment availability as the greatest barrier, while cost was the greatest barrier to dental care with 33.8% lacking needed care Appointment availability, provider availability, and insurance were all prevalent barriers to mental health care
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Hernando County.	<ul style="list-style-type: none"> Social and Behavioral issues, especially related to housing, drug use, mental health problems, and an aging population Environmental concerns, such as the changing rural landscape and overuse of waterways Economic events, such as new school district taxing and the building of new educational facilities
Strategic Priorities	<ul style="list-style-type: none"> Mental Health and Substance Abuse Affordable, Safe Housing Childhood Health and Safety 	<ul style="list-style-type: none"> Healthy Choices for Healthy Living Barriers to Health Care

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In August 2022, the Florida Department of Health launched the 2022-2023 Community Health Assessment (CHA) process in Hernando County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Hernando County and better understand the causes and contributing factors to health and quality of life in the county; 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 Hernando 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 Hernando County. This body, called the 2023 Hernando County CHA Steering Committee, guided the process and assured that the health needs and issues of all Hernando County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Hernando County for the larger goal of improving health outcomes and quality of life for all residents in Hernando 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 Hernando County MAPP process. Use of the MAPP tools and techniques helped Hernando 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 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 – Community Survey
 - ▶ Appendix B – Provider Survey
 - ▶ Appendix C – Steering Committee Members

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Hernando 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 were used to examine the health of Hernando County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health’s FLHealthCHARTS, 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 Hernando County. More information on ZCTAs as well as a list of ZCTAs for Hernando County can be found in the Technical Notes section of the *2023 Hernando County Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 34601 Brooksville. 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 444 responses. Likewise, in order to determine provider’s perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from 56 health care, health education, and social services providers. The Steering Committee 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 and 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 December 14, 2022, with the Hernando County Community Health Assessment Steering Committee 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 CHA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and consensus, the Steering Committee arrived at the five (5) strategic priority issue areas listed below:

- Mental Health and Substance Abuse
 - ▶ Behavioral health included
 - ▶ Early diagnosis and treatment
 - ▶ Prevention and mental and behavioral health wellness
 - focus on children, families, and senior citizens
 - ▶ Resource quality, ease of access, and sufficiency
- Affordable, Safe Housing
 - ▶ Access to healthy living accommodations
 - focus on transitional housing for persons with health problems or disabilities
 - ▶ Obtainable housing for individuals and families with lower and middle incomes
 - focus on senior citizens, those facing evictions
- Childhood Health and Safety
 - ▶ Parental and community engagement, support, and education
 - ▶ Childhood dental care
 - including early intervention, primary prevention
 - ▶ Resources for children and families of children with special needs
- Healthy Choices for Healthy Living
 - ▶ Unintentional injury prevention
 - focus on children, senior citizens, persons with substance use problems
 - ▶ Healthy weight, nutrition, and physical activity across the lifespan
 - ▶ Violence prevention
 - focus on community violence, child abuse and neglect, intimate partner violence
- Barriers to Health Care

- ▶ Services and providers
 - focus on equal access to primary care and dental care providers, elderly caregiver professionals and services
- ▶ Costs and financial barriers
 - health insurance costs including premiums, co-pays, deductibles, qualification for benefit and entitlement programs
- ▶ 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 Hernando County residents.

FIGURE 1: MAPP PROCESS DIAGRAM



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

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



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,CHA\)%20process%20every%20three%20years](https://www.healthycommunities.org/resources/community-health-assessmenttoolkit#:~:text=The%20Affordable%20Care%20Act%20requires,CHA)%20process%20every%20three%20years)

Using the Community Health Assessment

The 2023 Hernando County Community Health Assessment (CHA) 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 CHA are the following:

- To accurately depict the key health issues of Hernando 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 2023 Hernando County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with the accompanying *2023 Hernando County Health Assessment Technical Appendix* (referred to going forward as the 2023 Technical Appendix). Whereas the CHA presents data and issues at a higher, more global level for the community, all of the data in the CHA 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 data that are addressed in the main CHA, the 2023 Technical Appendix presents these data in finer detail, breaking down data sets where appropriate and when available. The 2023 Technical Appendix is an invaluable companion resource to the CHA, 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 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 Steering Committee members. In total, 48 Steering Committee members were involved. Their names and titles are provided in Appendix C.

The Visioning Process

Hernando County Community Health Assessment Steering Committee members participated in a visioning exercise to define health, identify the characteristics of a healthy Hernando County, envision the community health system in the next three to five years, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed to create and support a healthy Hernando County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Two categories of characteristics and attributes emerged along with needed actions to achieve the vision. The word cloud below depicts terms that were frequently used to define health and the following table shows the consensus around attributes and factors that define health and a healthy Hernando County.

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



Source: Hernando County visioning exercise results, September 20, 2022, prepared using WordItOut.com by WellFlorida Council, 2022

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

Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Focus on prevention, wellness, and quality of life	Safe and affordable housing and utilities, transportation, education, and nutritious food
Equitable access to healthcare services including primary, dental, mental and behavioral health, and prenatal care	Safe, well-lit neighborhoods and public areas with sidewalks and easy access
Continuum of care that is coordinated	Personal and organizational health literacy
Care provided in a culturally appropriate manner	Educational attainment and knowledge
Needed Actions to Achieve Vision	
Leaders participating in solving issues	
Increased access to providers (primary care, dentists, specialty care, mental and behavioral healthcare, substance use) and facilities (residential facilities for persons with mental health and/or substance use problems, sober living)	
Work for upstream policy change	
Create egalitarian society	
Address homelessness, serve diverse homeless populations (families, individuals, cultural differences)	
Improve communication and coordination	

Source: Hernando County visioning exercise results, September 20, 2022, prepared by WellFlorida Council, 2022

Proposed Vision Statements

The current vision statement, Hernando County – Where Your Health Matters, was discussed. Steering Committee members agreed that an updated vision statement is needed. Suggested vision statements included:

- Envisioning Optimal Health for All
- Equitable Access to Optimal Health for All
- A Community Committed to Health Equity
- An Egalitarian Community Supporting Optimal Health
- A United Community Supporting Optimal Health
- Community United for Optimal Health and Equity in Access

The Hernando County Community Health Assessment Core Team used these discussion notes as well as a ranked voting system to select the final vision statement: “A Community Committed to Optimal Health.”

Assuring Diversity and Equity in the Hernando County Community Health Assessment Process

At the September 20, 2022 Hernando County Community Health Assessment meeting, Steering Committee members reflected on past assessment processes and considered ways to enhance this iteration. An opportunity for improvement in sharing assessment results was identified: make print copies available to the community and partners in addition to the electronic versions. How to assure wider, more diverse representation of the community at large and community partner organizations in the overall assessment process became the focus of a facilitated discussion. Steering Committee members discussed the following questions:

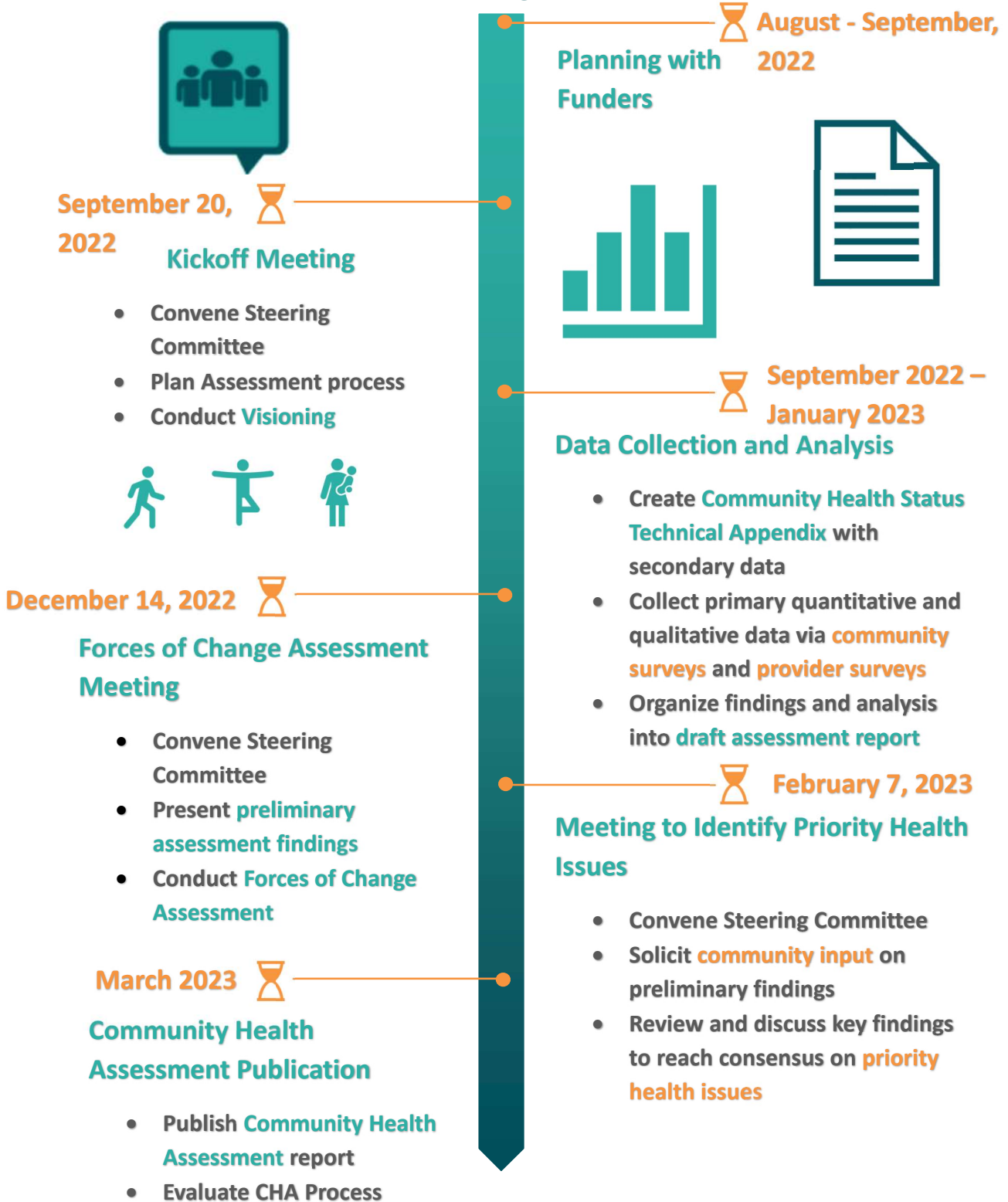
- Are there any populations or groups not represented here today?
- Are there other community partnerships or coalitions that should be part of the assessment process?
- How can we assure the community at large has a voice?
- Do we periodically assess who needs to be at the table and involved?
- Are we a welcoming group? Do we use partners' time wisely?

TABLE 2: POPULATIONS AND ORGANIZATIONS TO INVITE TO ASSURE DIVERSE REPRESENTATION AND EQUITY IN COMMUNITY HEALTH ASSESSMENT PROCESS, HERNANDO COUNTY, 2022

Populations	
Persons who identify as LGBTQ+	Veterans
Persons with autism spectrum disorders	Persons at risk for suicide, self-harm
Elected officials	Senior citizens
Residents of Masaryktown, Istachatta, and Hernando Beach	
Organizations, Partnerships, or Groups	
Hospitals	Boys & Girls Club
Urgent care	Head Start
Specialty care providers	Area Agency on Aging, Florida Dept. of Elder Affairs
Home healthcare providers	Hernando County Housing Authority
LifeStream Behavioral Center	Homeless Coalition
Residential care facilities (nursing home, assisted living, rehabilitation)	UF IFAS (University of Florida Institute of Food and Agricultural Sciences)
Law enforcement	Faith-based groups
Corrections	Support groups (for various issues)
Municipalities	Youth and children's sports and recreation groups
Hernando County Parks and Recreation	Food banks and food pantries
Hernando County Tourism and Development	Private industry and businesses

Source: Hernando County diversity and equity discussion results, September 20, 2022, prepared by WellFlorida Council, 2022

2022-2023 Hernando County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment highlights key findings from the *2023 Hernando County Health Assessment Technical Appendix*, referred to henceforth 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 the Florida Agency for Health Care Administration.

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 Hernando 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 Hernando County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the 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 Hernando County demographic and socioeconomic profile.

Population

The 2010 Census recorded a population of 172,778 individuals for Hernando County, and the most recent 2020 Census follows with a moderate increase of about 12.6% to 194,515 people. The University of Florida's Bureau of Economic Business Resources estimates that the population will continue to slowly increase in Hernando County through 2045, with projections at similar rates to the rest of the state (Tables 2 and 4, 2023 Technical Appendix).

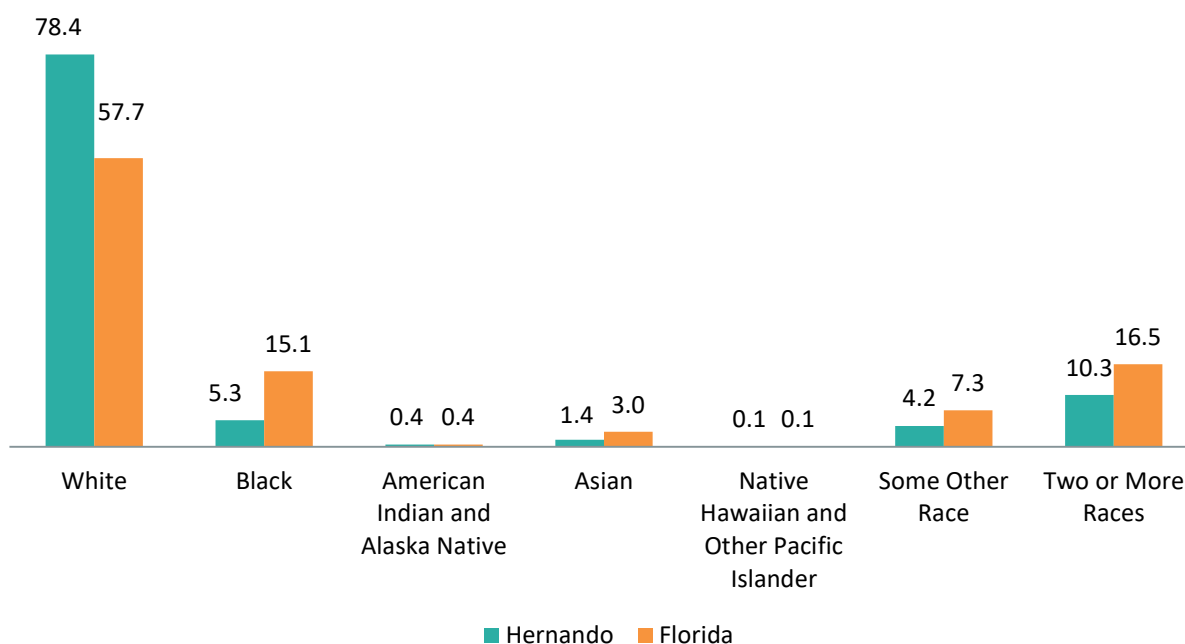
According to the same estimates, approximately 4.7 percent of Hernando County resides in Brooksville, with the remaining 95.3 percent generally in unincorporated areas. This latter rate is much higher than the state rate of 49.5 percent of Floridians living in unincorporated areas (Table 3, 2023 Technical Appendix).

According to ACS estimates, approximately 2,107 individuals or 1.1 percent of residents in Hernando County live in group quarters, which include correctional institutions and nursing homes. This is slightly lower than the state rate of 2.0 percent (Table 13, 2023 Technical Appendix). Hernando County is also home to a larger percentage of Veterans than Florida, comprising 12.2 percent of the county population and only 8.4 percent of the state population. The highest rate of Veterans is found in 34613 Brooksville at 16.9 percent of the ZCTA population (Table 18, 2023 Technical Appendix).

Race

The only 2020 U.S. Census data available at the time of this report’s publication was the county’s total population by race. Accordingly, a detailed breakdown of race can be seen in Figure 4 (Table 4, 2023 Technical Appendix).

FIGURE 4: PERCENTAGE POPULATION BY RACE, HERNANDO COUNTY AND FLORIDA, 2020 US CENSUS DATA



Source: Table 4, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The 2020 US Census data provides a valuable snapshot of the exact demographics of Hernando County and Florida in 2020. However, most of the data in this report refers to calculations based on the 2016-2020 American Community Survey (ACS) estimates, including all the zip code level data. The ACS estimates are a five-year average that is updated every year; for example, the current set of estimates is for 2016-2020, while the upcoming set of estimates will be for 2017-2021. Although both the US Census and ACS estimates are conducted by the US Census Bureau, only the official US Census is administered to the entire population; the ACS is completed by only a subset of the population, and is therefore an estimate, not an official count. Since detailed breakdown of the US Census data is not yet publicly available, including zip code level data, for the rest of this report we will be using the 2016-

2020 ACS estimates, and the population of Hernando County will be considered 190,700, according to these most recent ACS estimate, unless specified otherwise (Table 5, 2023 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2023 Technical Appendix.

2020 US Census data provides valuable insight into Hernando County's exact racial distribution but was not used by most of the sources and estimates made in this report. Hence, it is also wise to consider overall racial distribution according to the 2016-2020 ACS estimates. This places 86.6 percent of Hernando County as White, 5.2 percent as Black, 4.4 percent as Two or More Races, 2.2 percent as Some Other Race, 1.2 percent as Asian, and less than 0.5 percent cumulatively as American Indian and Alaska Native Only or Native Hawaiian and Other Pacific Islander. Of note is ZCTA 34609 Spring Hill, which has the largest estimated populations of residents who are Black, Asian, Native Hawaiian and Other Pacific Islander, or Two or More Races. Additionally, ZCTA 34608 Springhill holds the largest populations of residents who are American Indian and Alaska Native only or Some Other Race. The ZCTA with the highest concentration of White residents is 34613 Brooksville, estimated to be 92.7 percent White (Table 5, 2023 Technical Appendix).

Ethnicity

Florida has one of the largest Hispanic populations among all US states, with approximately 5.47 million Hispanic individuals calling the state home 2016-2020, making up 25.8 percent of the total state population. Hernando County possesses a markedly lower rate of Hispanic residents, comprising only 14.1 percent of the county's population (Table 6, 2023 Technical Appendix).

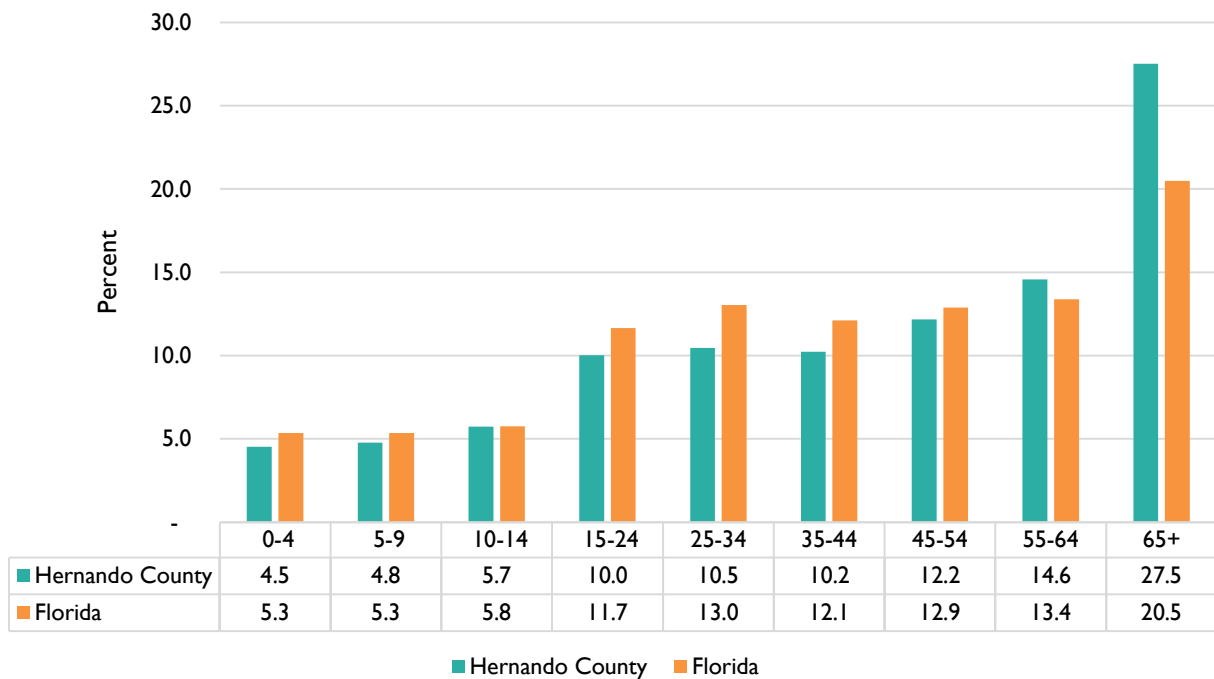
Sex

Hernando County's population distribution is skewed slightly towards females, with 51.8 percent of the county reporting as female and 48.2 percent as male (Table 7, 2023 Technical Appendix).

Age

Hernando County has a slightly older age distribution than the state at large, with 27.5 percent of the county at 65+ years of age compared to only 20.5 percent in the state. In particular, the percentage of residents within the age category of 75-84 years of age is approximately 1.4 times greater in Hernando County than in the state at 9.2 percent and 6.5 percent of the population, respectively. Rates of children ages 0-17 and working age adults 18-64 are slightly less than the state (Table 8, 2023 Technical Appendix).

FIGURE 5: POPULATION BY AGE GROUP, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 8, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

It is also useful to consider the differences in age distribution by ZCTA. 34604 Brooksville has the largest percentage of children under five (5) at 5.7 percent of the population and 744 individuals. Similarly, 34609 Spring Hill has the largest number of children under five (5) at 2,361 individuals, or 5.4 percent of the population. 34609 Spring Hill also holds the largest percentage of children at 21.5 percent of the ZCTA population. 34613 Brooksville has the highest percentage of retirement age adults ages 65+ at 45.5 percent of the population (Table 8, 2023 Technical Appendix).

Furthermore, there are many interesting intersections between age, sex, race, and ethnicity. Although both males and females have a similar percentage of their respective populations at working age, 18-64 years old, males have a slightly greater percentage as children and slightly less as seniors ages 65+. This reflects a younger age distribution than females in Hernando County (Table 9, 2023 Technical Appendix). The Black male population is particularly strongly skewed towards the youth, with almost a quarter of the Black male Hernando County population being under the age of 18. Similarly, Black females have a younger age distribution than White females (Tables 10 and 11, 2023 Technical Appendix). Lastly, we can also see that the Hispanic population has more children ages 0-17, more working age adults 18-64 years of age, and markedly less seniors ages 65+ than the overall population of Hernando County. Hispanic males in particular demonstrate this pattern (Tables 9 and 12, 2023 Technical Appendix).

Families and Households

The US Census Bureau defines a family as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. A household is any group of people living together or an individual living alone, and hence includes both family households and non-family households. Within Hernando County, the average family size is 2.93, less than the state at 3.23 for Florida, while the average household size is similarly 2.46, also slightly less than the state at 2.62 for Florida (Tables 16 and 17, 2023 Technical Appendix).

Approximately 55.9 percent of grandparents that are householders are responsible for their own grandchildren under the age of 18, higher than the state rate of 45.6. The highest rate is found in ZCTA 34607 Spring Hill at 74.5 percent of grandparent householders. In total, five (5) of Hernando County’s ten ZCTA’s have more than half of grandparent householders as responsible for their own grandchildren under the age of 18. Additionally, among grandparent householders responsible for their own grandchildren, 39.2 percent in Hernando County have no parent present; slightly higher than the state rate of 35.9 percent (Tables 14 and 15, 2023 Technical Appendix).

Languages Spoken

The overwhelming majority of Hernando County residents ages 5+ speak only English – 88.6 percent of the population, notably higher than the state rate of 70.6 percent, according to 2016-2020 ACS estimates. Among those who do speak another language, 28.1 percent speak English less than “Very Well,” and most (72.4 percent) speak Spanish (Table 19, 2023 Technical Appendix).

Life Expectancy

Table 3 presents life expectancy by sex for Hernando County and Florida. In summary, Hernando County residents have a lower life expectancy than their state counterparts. Among males and overall in Hernando County, average life expectancy has been decreasing since the 2014-2016 estimates (Table 20, 2023 Technical Appendix).

TABLE 3: LIFE EXPECTANCY BY SEX, HERNANDO COUNTY AND FLORIDA, 2018-2020

	Hernando County	Florida
Overall	76.4	79.4
Females	79.6	82.3
Males	73.3	76.5

Source: Table 20, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

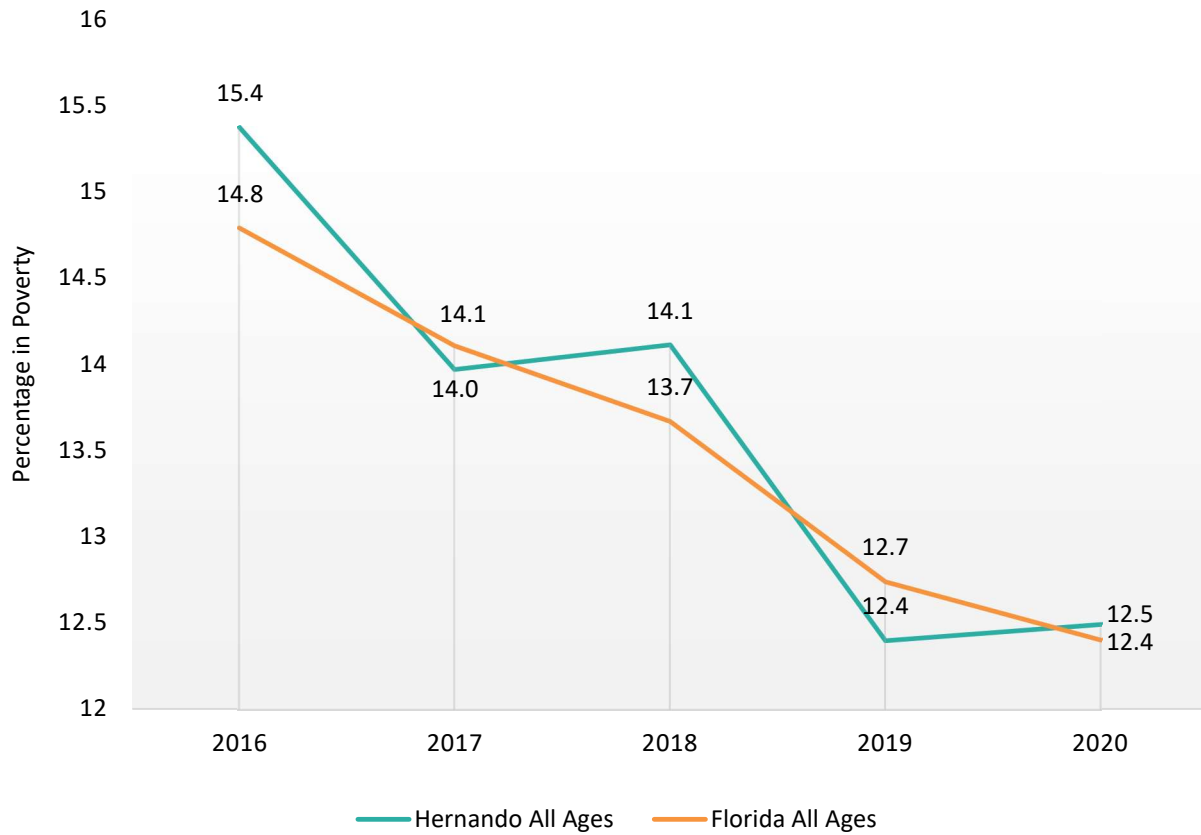
Life expectancy also varies noticeably by race and ethnicity, with Black Hernando County residents having a slightly longer life expectancy than White Hernando County residents (77.3 years versus 76.2 years, respectively) according to Department of Health 2018-2020 estimates, and Hispanic residents living an average of 4.6 years more than non-Hispanic residents (80.6 years versus 76.0 year, respectively) (Table 20, 2023 Technical Appendix).

Economic Characteristics

Poverty

Over the past five (5) years, Hernando County overall poverty rates have shown some decrease, like that of that state. Figure 6 depicts this trend on the next page.

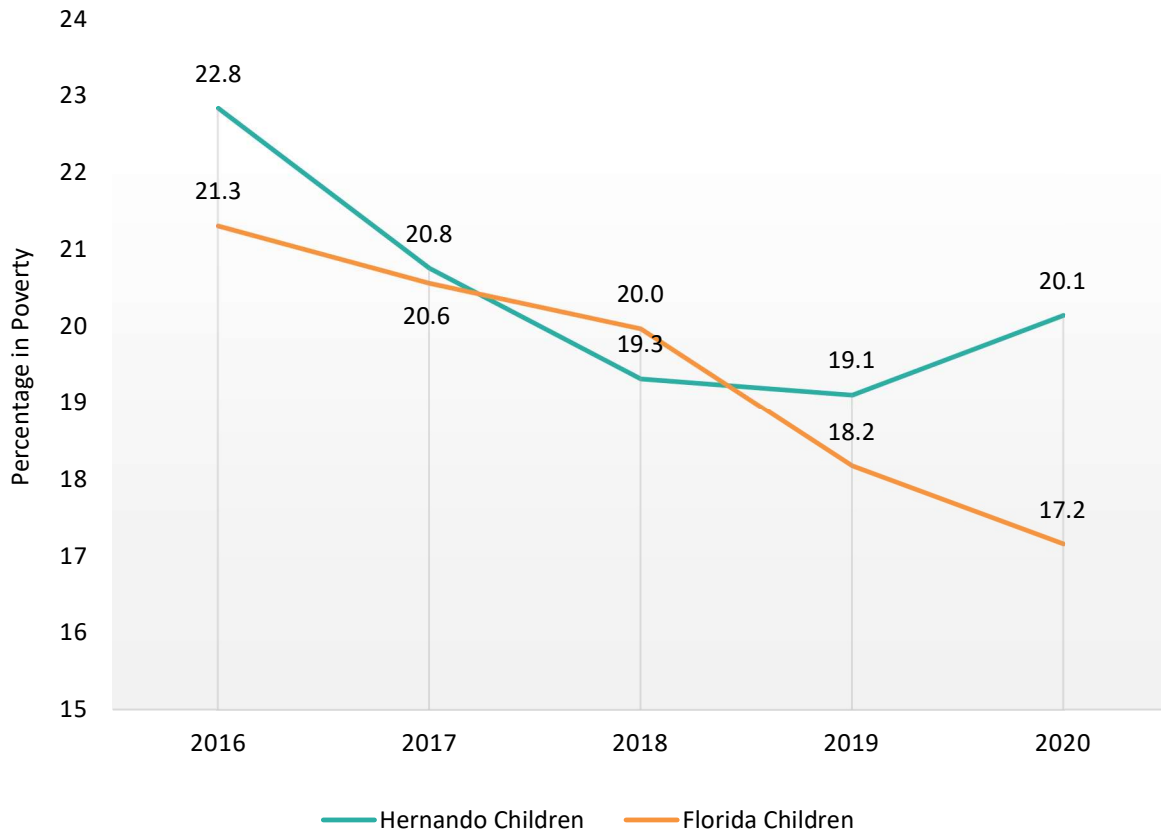
FIGURE 6: POVERTY RATES AMONG ALL AGES, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Children under the age of 18 also showed some decrease in poverty rates from 2016-2019 in both Hernando County and Florida, as depicted in Figure 7. However, 2020 saw a small spike in the under 18 poverty rate in Hernando County, from 19.1 percent in 2019 to 20.1 percent in 2020.

FIGURE 7: CHILDREN IN POVERTY ESTIMATES, HERNANDO COUNTY AND FLORIDA, 2016-2020



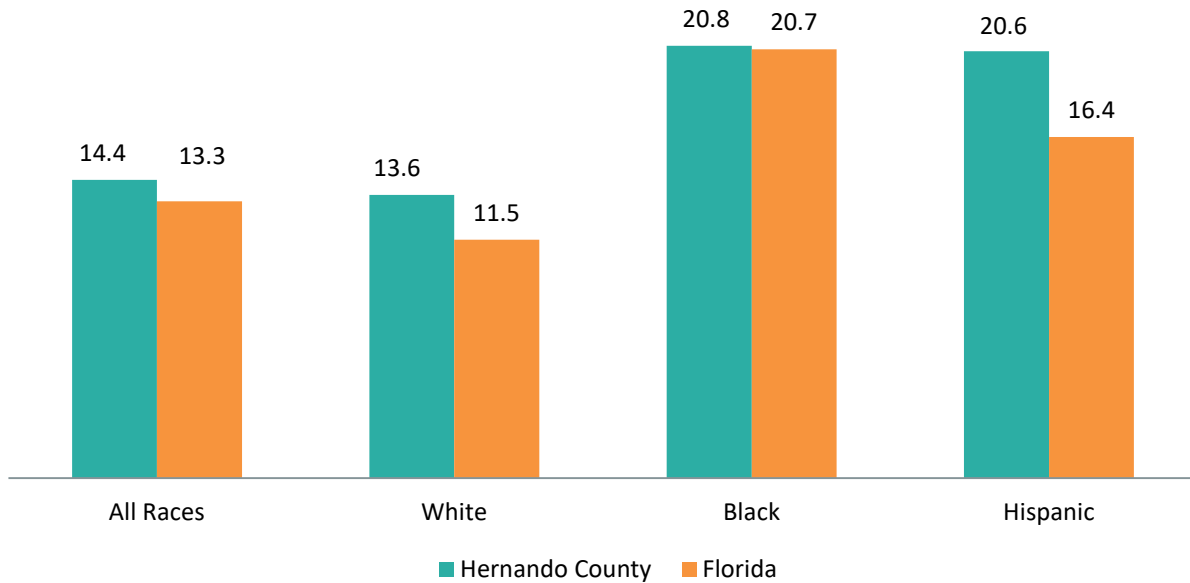
Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

ACS poverty rate estimates by ZCTA reveal that 34614 Brooksville possesses the highest rate of individuals in poverty at 32.3 percent of the population, while 34607 Spring Hill holds the highest percentage of children in poverty at 56.1 percent. Additionally, Hernando County generally holds higher rates of those between 100-200 percent of poverty – 21.4 percent of the population as compared to 19.6 percent of Florida. These numbers become even more marked among those ages 0-17 at 27.9 percent of Hernando children and 24.6 percent of Florida children. When focusing on the senior population 65+ years of age, 10.2 percent live in poverty in Hernando County and 20.4 percent just between 100-200% of poverty, similar to the state (Tables 22 and 24, 2023 Technical Appendix).

Females experience higher rates of poverty than males both at the county and state level, with 15.0 percent of Hernando females and 13.7 percent of Hernando males in poverty (Table 25, 2023 Technical Appendix).

When looking at poverty data by race and ethnicity, it is clear that Black races experience poverty at higher rates than White races in Hernando County. Furthermore, Hispanic Hernando County residents experience poverty at higher rates than the county overall. This is depicted in greater detail in Figure 8. Another way to consider these numbers is to look at how many ZCTA's have over a fifth of the population in poverty; out of the ten ZCTAs in Hernando County, six (6) have more than a fifth of the Hispanic population in poverty; four (4) have more than a fifth of the Black population in poverty; and only one (1) has more than a fifth of the White population in poverty (Table 26, 2023 Technical Appendix).

FIGURE 8: ESTIMATED PERCENT OF PERSONS IN POVERTY BY SELECTED RACES AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 26, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Poverty rates also vary by household type. Although 14.3 percent of all households in Hernando County are in poverty, this number drops to 10.7 percent for family households and rises to 25.6 percent for families with a female head of the household, no husband present (Table 27, 2023 Technical Appendix).

ALICE Households

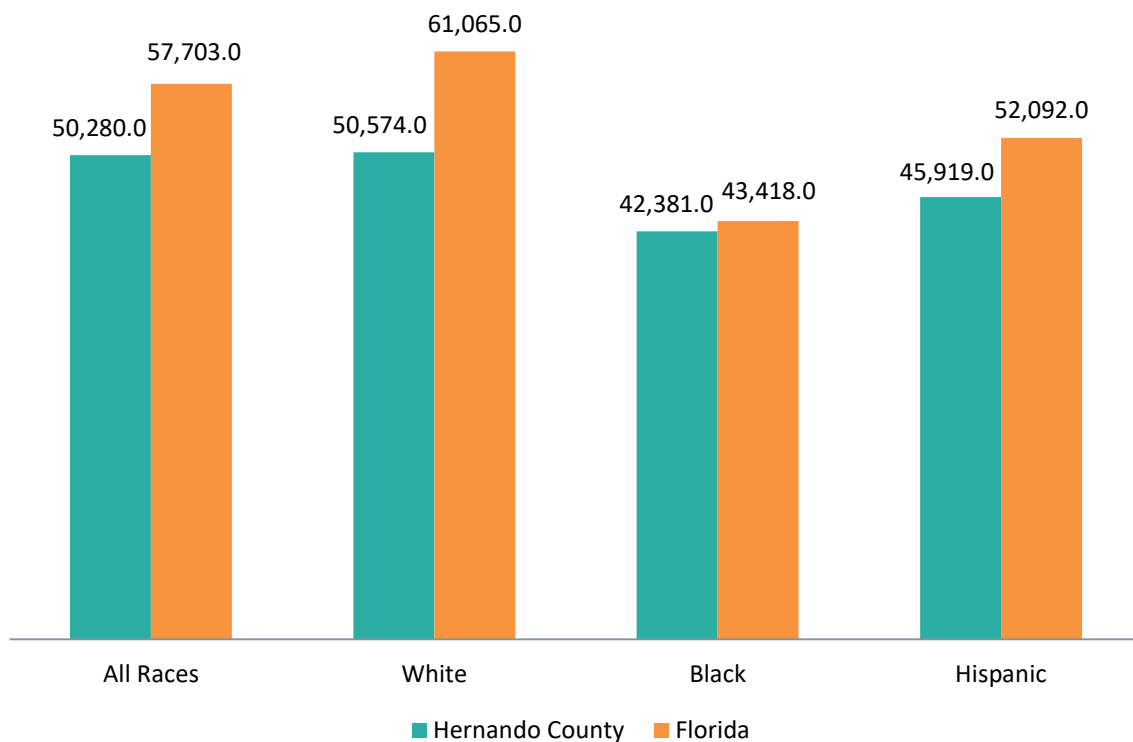
ALICE household reports, or Asset Limited, Income Constrained, Employed household reports, are publications producing unbiased, high quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. Their methodology is reviewed by outside experts and supported with an independent Research Advisory Committee within each state; more information can be found at <https://www.unitedforalice.org/overview>. The following data is taken from the 2020 ALICE Report, which contains information collected in 2018, located in Table 29 of the 2023 Technical Appendix.

The ALICE report calculates household survival budgets by family type and size in an attempt to reflect the minimum income necessary to meet basic living expenses within a county or state. For example, the household survival budget for a single adult in Hernando County is estimated at \$25,728 per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to \$70,980. ALICE households are therefore households that earn more than the federal poverty guidelines but less than these household survival budgets. Within Hernando County, 36.7 percent of households meet the guidelines to be ALICE households. Within Florida overall, this number is 33.3 percent. In particular, the ALICE report identifies 45.9 percent of households headed by someone 65 years of age or older as ALICE households in Hernando County, compared to just 38.8 percent of the state. The percentage of families with children that are ALICE households (25.0 percent) and single or cohabiting ALICE households (32.6 percent) are similar to the corresponding state rates (26.3 percent and 32.9 percent, respectively).

Income

Median household income varies by race and ethnicity according to ACS 2016-2020 estimates, presented in Figure 9. It is particularly striking that median household income for Black households is on average more than 8,000 dollars less than that for White households in Hernando County. The ZCTA with the lowest median household income for All Races can be found at 40,996 dollars in 34601 Brooksville. The overall lowest median household income by ZCTA, race, and ethnicity lies in 34607 Spring Hill at a mere 8,430-dollar median household income among Black residents (Table 30, 2023 Technical Appendix).

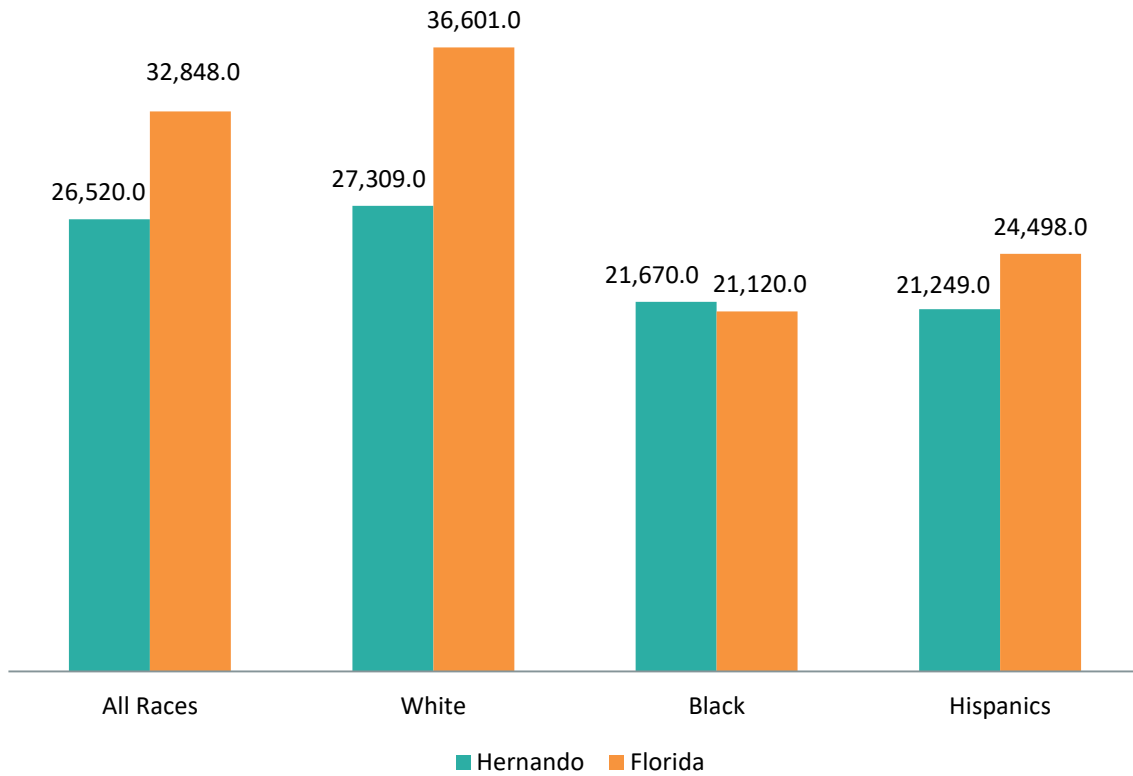
FIGURE 9: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 30, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

There exist similar trends in per capita income by race and ethnicity, as demonstrated by Figure 10 on the next page. The lowest per capita income by ZCTA for All Races is in 34608 Spring Hill at 23,282 dollar per person, and the lowest per capita income by ZCTA, race, and ethnicity can again be found among Black residents of 34607 Spring Hill at 11,957 dollars per person (Table 32, 2023 Technical Appendix).

FIGURE 10: PER CAPITA INCOME BY RACE AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2016-2020



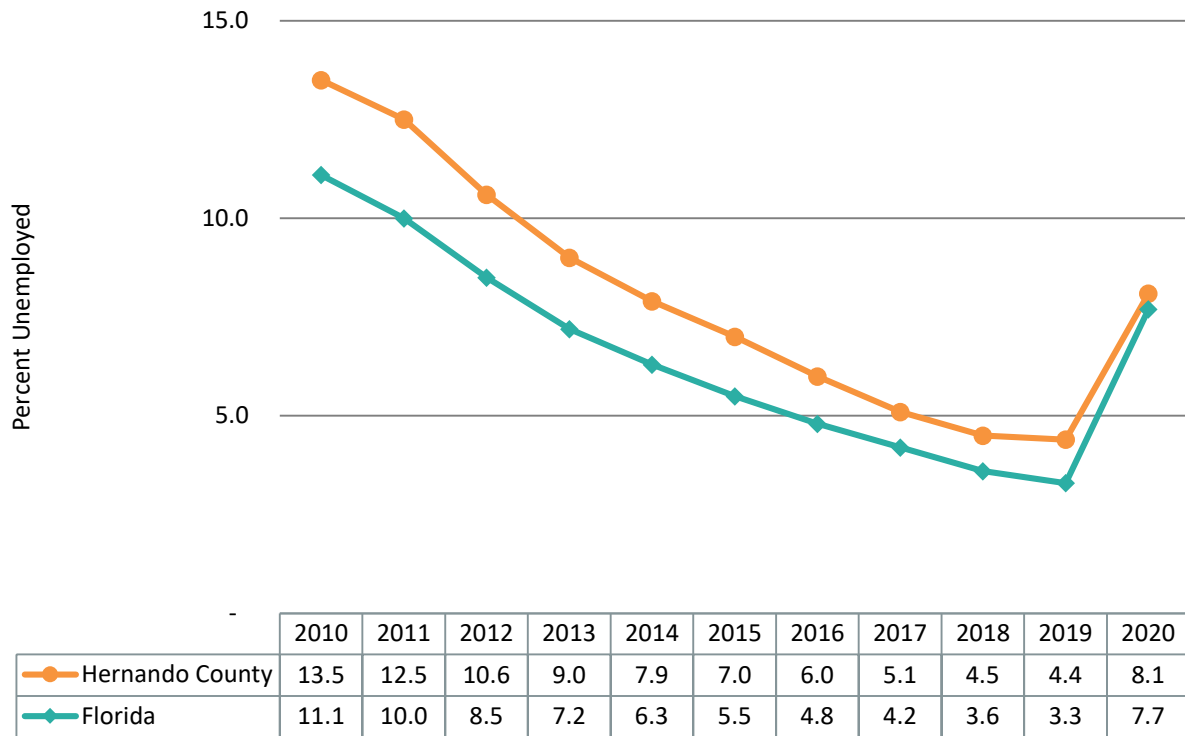
Source: Table 32, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Employment

With the exception of the most recent year of data collection, 2020, Hernando County and Florida have both seen a steady decline in unemployment rates from 2010-2019. However, a spike was seen in 2020 – likely associated with the COVID-19 pandemic – that brings up the most recent unemployment rate estimates to 8.1 percent for Hernando County and 7.7 percent for Florida (Tables 36 and 37, 2023 Technical Appendix).

Most non-governmental businesses in Hernando County are small, with 95.9 percent employing less than 50 employees. Among these businesses, just over half are service based – 52.3 percent, to be exact – while 13.6 percent are retail. These numbers are similar to the state as a whole (Tables 42 and 43, 2023 Technical Appendix).

FIGURE 11: UNEMPLOYMENT RATES, HERNANDO COUNTY AND FLORIDA, 2010 - 2020



Source: Table 36, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Transportation

According to ACS 2016-2020 estimates, the overwhelming majority of Hernando County households with workers aged 16 and over have a vehicle available – only 1.9 percent do not. 78.9 percent of these workers drive alone to work, with 9.4 percent carpooling and a mere 0.3 percent utilizing public transportation. These rates are fairly close to those of the state. Additionally, among those that use public transportation, over half have a commute of less than 30 minutes; throughout Florida, only 26.7 percent of those using public transport have this short of a commute (Tables 54 and 55, 2023 Technical Appendix).

Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2016-2020 estimates considering the population that is 25+ years of age, fewer have obtained a college degree in Hernando County than the state and more have a high school diploma as their highest level of educational attainment. A more detailed breakdown is shown in Table 4 alongside graduation rates and dropout rates, the latter being consistently higher than Florida.

TABLE 4: HIGH SCHOOL GRADUATION RATES, SCHOOL DROPOUT RATES, AND HIGHEST LEVEL OF SCHOOL COMPLETED, HERNANDO COUNTY AND FLORIDA

High School Graduation			School Dropout Rates			Highest Level of School Completed, by Percent of Population 25+ Years, 2016-2020		
Year	Hernando County	Florida	Year	Hernando County	Florida		Hernando County	Florida
2016-17	82.6	82.3	2015-16	9.0	4.0			
2017-18	87.6	86.1	2016-17	7.9	3.5	No high school diploma	11.6	11.5
2018-19	88.4	86.9	2017-18	5.5	3.4	High school diploma	58.8	48.0
2019-20	91.7	90.0	2018-19	6.1	3.1	College degree	29.5	40.5
2020-21	91.0	90.1	2019-20	6.4	3.2			

Source: Tables 38 and 39, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ZCTA, 34614 Brooksville has the highest rate of residents 25+ years of age holding a college degree at 33.5 percent of the population. Educational attainment also varies by sex. Of note is that ZCTA 34602 Brooksville males hold one of the lowest rates of college degrees within the county at 21.3 percent of the male population, while females in the same ZCTA hold the highest rate of college degrees – 38.7 percent of the female population (Table 38, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Their estimates are made using a tested model based on Current Population Survey (CPS) food security questionnaire data, and it takes into account – among other things – unemployment rates, poverty rates, and disability rates. As shown in Table 5, Hernando County residents suffer higher rates of food insecurity than the state among children and all ages.

TABLE 5: PERCENT FOOD INSECURITY, ALL AGES AND CHILDREN, HERNANDO COUNTY AND FLORIDA, 2015-2019

Year	All Ages		Children	
	Hernando	Florida	Hernando	Florida
2015	14.9	15.1	25.2	22.7
2016	14.0	13.9	23.0	20.0
2017	13.0	13.4	21.3	20.4
2018	13.8	13.0	21.6	19.4
2019	15.2	12.0	24.3	17.1

Source: Table 41, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Florida HealthCHARTS also considers indicators for access to healthy food, and their 2017-2019 report depicts that a lower percentage of Hernando County residents living within half (1/2) of a mile of a fast-food restaurant or within half (1/2) of a mile of a healthy food source when compared to their Florida counterparts (Table 46, 2023 Technical Appendix).

Among the youth population, it is also important to note that Hernando County children in Pre-K, Kindergarten, and Elementary School all have higher rates of eligibility for free or reduced lunch than the state as of 2021. In particular, these rates have been rising among children in Pre-K (Table 47, 2023 Technical Appendix). The population eligible for WIC (Women, Infants, and Children), a nutritional financial assistance program for pregnant women and mothers with young kids, is lower in Hernando than the state at 2,408.6 persons per 100,000 population, but still a lower rate is being served – 59.9 percent as compared to 63.0 percent of those eligible in the state overall (Table 48, 2023 Technical Appendix).

Housing Data

Within Hernando County, only 26.3 percent of occupied households deal with housing costs that are 30 percent or more of household income as compared to 34.7 percent of Floridians. Additionally, about 13.2 percent of occupied housing units experience at least one (1) severe housing problem, a rate that rises to 19.2 percent for the whole state, and 21.5 percent of children 0-17 years old are estimated to live in single-parent households (Table 44, 2023 Technical Appendix).

Incarcerations

The rate of incarcerations for Hernando County is 3.5 persons per 1,000 population, slightly higher than the state rate of 2.5. Hernando also has a higher rate of inmate admissions, with 126.3 persons per 100,000 population of those 19+ being admitted compared to 104.0. Both of these estimates are according to 2021 Florida HealthCHARTS data. Hernando County also has consistently higher rates of recidivism, with 28.1 percent of inmates being readmitted in the 36 months following release in 2017 (Tables 56-58, 2023 Technical Appendix).

Voter Registration

Hernando County has approximately 147,620 individuals registered to vote as of August 31, 2022. 60.6 percent of registered voters cast a ballot in the 2018 general election, similar to the state rate of 62.0 percent (Table 60, 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. Hernando County has higher mortality rates than the state among All Races, White Races, Black Races, and Hispanics, as well as lower life expectancy and high rates of Years of Potential Life Lost (YPLL). This section details the various causes of death recorded by hospital discharge data and how they break down by race, ethnicity, and sex across the county and the state. Zip code level data is presented when available.

It is important to note that this section may have numbers that are suppressed due to a small sample size, as specific causes of morbidity and mortality by race, ethnicity, and/or zip code can be rare. It is also noteworthy that the data that is available for small samples sizes should be interpreted with caution, as these rates can fluctuate greatly from year to year with just a few cases or individuals of interest being added or taken away. These instances are generally noted in the narrative below but will not always be isolated in the 2023 Technical Appendix.

Causes of Death

Hernando County has overall mortality rates that are greater than the state according to 2019-2021 Florida Department of Health, Bureau of Vital Statistics estimates. These age-adjusted mortality rates come in at 945.9 deaths per 100,000 population for Hernando and 740.1 for Florida. Table 6 presents the top 10 causes of death for Hernando County, ranked from most common to least common, with Florida rankings for comparison. Heart disease and cancer are the leading two causes of death, each holding approximately 20 percent of all deaths in the population. Although many causes of death hold similar rankings between the county and the state, some differ noticeably. For example, Chronic Lower Respiratory Disease, or CLRD, is the 4th leading cause of death in the county, accounting for 7.0 percent of all county deaths, while only the 6th leading in the state, accounting for 4.9 percent of all Florida deaths. Hypertension is the 8th leading cause of death in the county while only the 12th leading cause in the state. On the other hand, stroke comes in as only the 7th leading cause of death in the county (4.0 percent of county deaths), while it is 5th in the state (6.3 percent of state deaths) (Tables 64-66, 2023 Technical Appendix).

TABLE 6: RANKED CAUSE OF DEATH, HERNANDO COUNTY AND FLORIDA, 2019-2021

Cause of Death	Hernando County	Florida
Heart Disease	1	1
Cancer	2	2
COVID-19	3	3
Chronic Lower Respiratory Disease (CLRD)	4	6
Unintentional Injury	5	4
Diabetes Mellitus (Diabetes)	6	7
Cerebrovascular Diseases (Stroke)	7	5
Hypertension	8	12
Alzheimer's Disease	9	8
Chronic Liver Disease & Cirrhosis (Liver Disease)	10	9

Source: Table 64, 2023 Technical Appendix. Prepared by WellFlorida, 2023.

Examining causes of death by rank allows us to perceive the relative impact of each condition; utilizing mortality rates provides a more objective examination of the volume of deaths being caused. Heart disease, the leading cause of death in Hernando County and Florida, resulted in an age-adjusted death rate of 185.4 individuals per 100,000 population, greater than the state rate of 144.5. Similarly, cancer, COVID-19, CLRD, unintentional injury, diabetes, essential hypertension, and liver disease all yielded higher age-adjusted death rates at the county level than at the state level. The only two causes contained in this report to reflect a lower rate of death at the county level were stroke at 34.2 deaths per 100,000 populations versus 43.2 and Alzheimer's disease at 15.3 deaths per 100,000 population versus 19.0 (Table 67, 2023 Technical Appendix).

It is also useful to consider how mortality rates have been trending in recent years. In the past three years of data that is available (2019-2021), age-adjusted mortality rates among All Races have been increasing, as well as specifically deaths due to unintentional injuries, diabetes, and stroke. Of the top 10 causes of death in Hernando County, only cancer has shown consistent decline during this time period (Table 69, 2023 Technical Appendix).

Differences in Mortality by Zip Code

When looking at Hernando County by zip code, 34614 Brooksville stands out as the area with the highest age-adjusted mortality rate: 1,119.4 deaths per 100,000 population according to the 2019-2021 Florida HealthCHARTS estimates. Specifically, 34614 Brooksville has the highest rates of deaths due to heart disease, Alzheimer's, and COVID-19, while also holding the 2nd highest rate of deaths due to stroke. 34601 Brooksville holds the 2nd highest rate of deaths due to CLRD as well as the 2nd highest overall mortality rate by zip code, while 34613 Brooksville leads in cancer deaths and holds the 3rd highest overall mortality rate by zip code. Also of note is 34602 Brooksville, with the highest rates of age-adjusted mortality due to diabetes and hypertension (Tables 75-84, 2023 Technical Appendix).

Differences In Mortality by Sex

When separated by sex, heart disease and cancer still hold the highest rank cause of death for both sexes. However, it is clear that CLRD holds a higher rank cause of death among females than males as 3rd leading cause of death rather than 5th leading cause of death. Similarly, females hold Alzheimer's disease as the 8th leading cause of death; for males, it is not in the top 10 (Table 62, 2023 Technical Appendix).

Both sexes have seen total age-adjusted death rates for all causes increase in the past three (3) years of data collection, 2019-2021. Females specifically have seen an increase in age-adjusted deaths due to heart disease, unintentional injuries, and stroke. During the same time period, males saw an increase in age-adjusted deaths due to diabetes, stroke, and hypertension, with a simultaneous decline in cancer deaths (Tables 73 and 74, 2023 Technical Appendix).

Differences In Mortality by Race and Ethnicity

Rank causes of death also have interesting trends when broken out by race and ethnicity. For example, stroke deaths are the 6th leading cause of death among Black Races and Hispanics in Hernando County, but only the 8th leading cause among White Races. Additionally, influenza and pneumonia are the 7th leading cause of death only among Black Races in Hernando County; this category does not make the top 10 at all for White Races and Hispanics (Table 61, 2023 Technical Appendix).

When broken out by race, White Races have a much higher mortality rate than Black Races in the county: 959.8 deaths per 100,000 population versus 874.3 (Table 65, 2023 Technical Appendix). This is particularly evident by age-adjusted death rates due to:

- Cancer, at 170.0 White deaths per 100,000 population versus 134.1 Black deaths
- CLRD, at 61.3 White deaths per 100,000 population versus 14.2 Black deaths (**more than 4x greater**)
- Unintentional injury, at 103.8 White deaths per 100,000 population versus 58.5 Black deaths (**nearly 2x greater**)
- Liver disease, at 17.8 White deaths per 100,000 population versus 2.1 Black deaths

Furthermore, age-adjusted mortality rates for White Hernando County residents have been increasing overall, as well as specifically by unintentional injuries, diabetes, stroke, and hypertension for the past three (3) or more years of data collected, the most recent year being 2021.

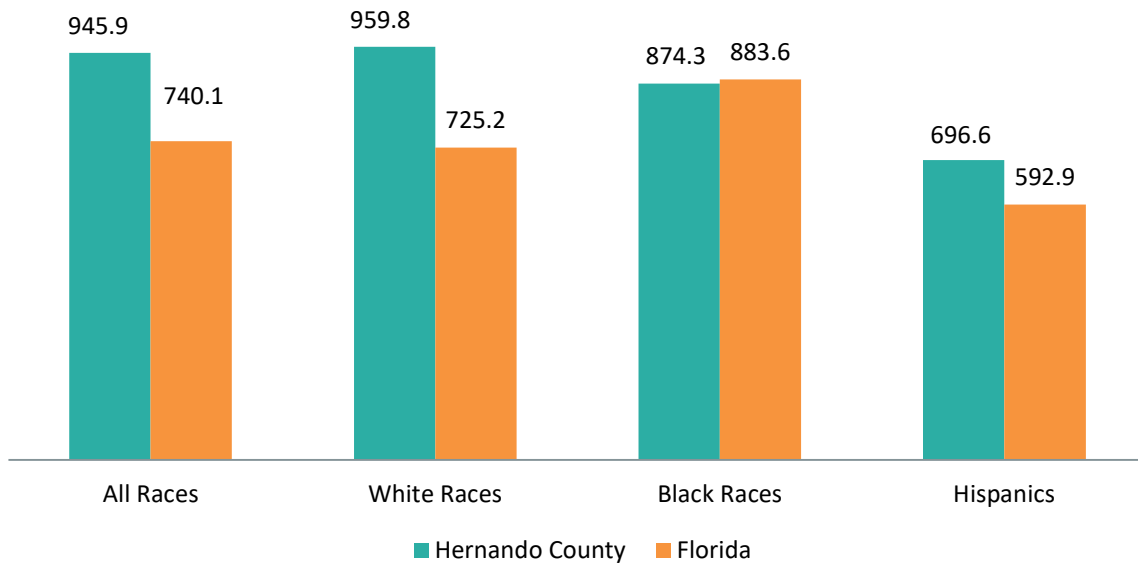
On the other hand, Black Hernando County residents have higher age-adjusted mortality rates than their White counterparts due to:

- Heart disease, at 199.5 Black deaths per 100,000 populations versus 185.6 White deaths
- COVID-19, at 99.8 Black deaths per 100,000 population versus 75.5 White deaths

- Diabetes, at 54.9 Black deaths per 100,00 population versus 37.9 White deaths

Age-adjusted mortality rates for Black Hernando County residents have also been increasing overall, as well as specifically from unintentional injuries and influenza and pneumonia. Alzheimer’s disease fatalities among this population have been decreasing (Tables 68, 70, and 71, 2023 Technical Appendix).

FIGURE 12: AGE-ADJUSTED MORTALITY RATES BY RACE AND ETHNICITY FOR ALL CAUSES OF DEATH, HERNANDO COUNTY AND FLORIDA, 2019-2021



Source: Table 65, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

By ethnicity, Hispanic residents have a lower mortality rate than the county overall: just 696.6 deaths per 100,000 population versus 945.9 for the whole county. When looking at individual causes of death, Hispanics only have higher rates than the county overall from COVID-19 deaths (101.2 deaths per 100,000 population for Hispanics versus 76.7 overall) and Alzheimer’s disease (23.7 deaths per 100,000 population for Hispanics versus 15.3 overall). Furthermore, cancer, the 3rd leading cause of death among Hernando County Hispanics in 2021, has shown declining mortality rates during the three (3) most recent years of data collection, 2019-2021, as having CLRD and liver disease fatality rates. On the flip side, age-adjusted death rates due to diabetes have been increasing in the three (3) most recent years of data collection (Tables 65, 67, and 70-72, 2023 Technical Appendix).

Differences in Mortality by Age

Among children under the age of 18, most deaths in Hernando County between 2019-2021 were due to unintentional injuries (17 deaths), perinatal conditions (11 deaths), and congenital malformations (4 deaths). The crude death rate due to unintentional injuries, 16.3 deaths per 100,000 population, was markedly higher than that for the state – 9.3 deaths per 100,000 population (Table 85, 2023 Technical Appendix).

Shifting focus to adults ages 18-44, the most common cause of death is still unintentional injuries, which is also the leading cause of death among all Floridians ages 18-44. The overall mortality rate for this age group in Hernando County rises to 278.3 deaths per 100,000, substantially higher than the state rate of just 192.8 deaths per 100,000.

All of the top five (5) causes of death in this age group in Hernando County are seen at a higher rate at the county level than at the state level:

- Unintentional injuries – 123.2 deaths per 100,000 population versus 78.9
- Heart disease – 25.0 deaths per 100,000 population versus 13.5
- COVID-19 – 23.1 deaths per 100,000 population
- Suicide – 22.5 deaths per 100,000 population versus 16.0
- Cancer – 15.6 deaths per 100,000 population versus 14.3

These numbers can be found in Table 86 of the 2023 Technical Appendix.

The disparity between Hernando County and the state continues to widen in the 45-64 years of age demographic, with a county mortality rate of 1,037.3 deaths per 100,000 population and a state rate of 753.6 deaths per 100,000 population. Again, the top five (5) causes of death in the county present higher mortality rates than at the state level:

- Cancer – 237.1 deaths per 100,000 population versus 182.0
- Heart disease – 170.2 deaths per 100,000 population versus 131.4
- COVID-19 – 111.1 deaths per 100,000 population versus 73.0
- Unintentional injury – 103.3 deaths per 100,000 population versus 75.4
- CLRD – 57.8 deaths per 100,000 population

These numbers can be found in Table 87 of the 2023 Technical Appendix.

At 65-84 years of age, the crude death rate in Hernando County continues to increase to 3,402.2 deaths per 100,000 population, still ahead of the state rate of 2,682.2 deaths per 100,000 population. The five (5) leading causes of death – cancer, heart disease, CLRD, COVID-19, and diabetes – are once more all greater than the rates found at the state level. CLRD death rates prove to be especially disproportionate, with 302.1 deaths per 100,000 Hernando County residents, nearly double the state rate of 167.3 deaths per 100,000 Florida residents (Table 88, 2023 Technical Appendix).

Finally, death rates peak in the 85+ years of age demographic at 15,133.8 deaths per 100,000 population at the county level and 12,305.9 deaths per 100,000 in the state. Heart disease, the leading cause of death among all ages in the county and the state, takes the lead as the most common cause of death at a rate of 3,867.9 deaths per 100,000 population (3,261.5 for the state). The next three (3) leading causes of death in Hernando County are all greater than rates seen at the state level – cancer, CLRD, and unintentional injury – but the 5th leading cause of death, stroke, actually presents at a lower rate in Hernando County than the state – 722.9 deaths per 100,000 as opposed to 1,270.2 (Table 89, 2023 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that there were 14,692.5 years of potential life lost (YPLL) per 100,000 population under the age of 75 in Hernando County in 2021. This is considerably higher than the state rate of 10,015.4 YPLL per 100,000 population in Florida. The rate of YPLL per 100,000 population within Hernando County is also considerably higher for White Races compared to Black Races (15,227.3 YPLL versus 13,215.8) and markedly lower for Hispanics when compared to All Races (8,894.7 YPLL versus 14,692.5). These rates have been increasing across all categories for the past three (3) years of data available, 2019-2021. When

examined by sex, YPLL has also been increasing among both males and females for the past three (3) years. Specifically, males had a YPLL of 18,456.8 per 100,000 in 2021; in contrast, females had only 11,134.6 YPLL per 100,000 (Tables 92 and 93, 2023 Technical Appendix).

Despite not being the leading cause of death, unintentional injuries were the leading cause of YPLL under 75 from 2019-2021, accounting for 2,553.5 YPLL per 100,000 population alone. The 2nd leading cause, cancer, followed at 1,956.3 YPLL per 100,000 population, and the 3rd leading cause, heart diseases, at 1,584.7 YPLL per 100,000 population. All of these rates were higher than those at the state level, as were rates of YPLL due to COVID-19, suicide, CLRD, diabetes, liver disease, cerebrovascular diseases, and hypertension (Table 94, 2023 Technical Appendix).

COVID-19

COVID-19 accounted for 554 deaths in Hernando County in 2021, resulting in a rate of 175.5 age-adjusted deaths per 100,000 population, greater than the state rate of 108.8. Similar to the state, there were evident disparities by race, ethnicity, and sex; Black Races suffered a higher age-adjusted mortality rate than White Races, Hispanics saw a higher rate than Non-Hispanics, and males experienced a higher rate than females. More details can be found in Table 95 of the 2023 Technical Appendix.

Suicide

Suicide rates are marginally higher for Hernando County than Florida overall – 18.1 age-adjusted deaths per 100,000 population as compared to 13.8 on average from 2019-2021. This overall rate (18.1) is higher than the rate for the Hispanic population (4.7). Additionally, suicide rates among White Hernando County residents (19.0 age-adjusted deaths per 100,000 population) are much higher than their Black counterparts (2.8) during the same time period. Hence, it logically follows that the rate of YPLL per 100,000 population due to suicide is much higher for All Races than Hispanics (527.4 YPLL versus 176.1) and for White Races compared to Black Races (552.3 YPLL versus 145.7). It is noteworthy that, by sex, suicide made it into the top 10 causes of death for males but not females from 2019-2021, as well as among those ages 18-44 and 45-64 but not among other age groups (Tables 62, 63, 96, and 97 2023 Technical Appendix).

Heart Disease

Heart disease is the number one (1) cause of death in Hernando County and Florida. By types of heart disease death, acute myocardial infarction, or heart attacks, are the single most common fatality, comprising 15 percent of all heart disease deaths, although other chronic ischemic heart disease makes up the largest category at 41 percent of all heart disease deaths. Death by heart disease is particularly suffered by males, who have a higher age-adjusted mortality rate of nearly every kind of heart disease fatality (Tables 101 and 102, 2023 Technical Appendix).

Cancer Mortality

Cancer is the 2nd leading cause of death in Hernando County and Florida, comprising 166.4 and 139.7 age-adjusted deaths per 100,000 population per year from 2019-2021, respectively. Every recorded cancer type in Hernando County has similar or greater age-adjusted mortality rates when compared to the state, especially due to trachea, bronchus, and lung cancer (44.0 deaths per 100,000 population versus 32.0) (Table 98, 2023 Technical Appendix).

When examining cancer mortality by race and ethnicity, it is clear that Hispanic age-adjusted mortality rates are markedly less than those for the county overall (96.1 deaths per 100,000 population versus 166.4). Similarly, Black overall cancer rates are less than those of White Hernando County residents (134.1 deaths per 100,000 population versus 170.0). By ethnicity or race and type of cancer, these numbers become very small and easily inflated due to

the small sample size, so we will not comment further on these rates. However, more details can be found in Table 98 of the 2023 Technical Appendix.

By sex, males suffer higher age-adjusted cancer mortality rates than females: precisely, 193.9 deaths per 100,000 population as compared to 143.1. This difference is particularly affected by rates of bladder cancer, esophagus cancer, kidney and renal pelvis cancer, larynx cancer, lip, oral cavity, and pharynx cancer, and liver cancer (Table 99, 2023 Technical Appendix).

Cancer Incidence

When combined with cancer mortality rates, cancer incidence rates provide important details regarding the burden of disease and access to care in a community. However, it should be noted that the following age-adjusted cancer incidence rates are based on 2017-2019 estimates and are therefore not directly comparable to the 2019-2021 cancer mortality rates discussed previously.

Hernando County reported higher cancer incidence rates than the state between 2019 and 2021, with 528.4 age-adjusted cases in the county compared to 450.2. The following types of cancer had particularly high rates when compared to the state:

- Bladder Cancer
- Colorectal Cancer
- Hodgkin's Disease
- Kidney/Renal/Pelvis Cancer
- Leukemia
- Lung Cancer
- Melanoma
- Non-Hodgkin's Lymphoma
- Oral Cancer
- Ovarian Cancer

Cancer incidence among White Races (514.9 cases per 100,000 population) were higher than among Black Races (445.8), and cancer incidences among Hispanics (311.0) were a great deal lower than the county overall (528.4). Specifically, White residents experienced higher rates of cancer than Black residents due to:

- Bladder Cancer
- Colorectal Cancer
- Kidney/Renal/Pelvis Cancer
- Leukemia
- Lung Cancer
- Stomach Cancer
- Uterus Cancer

On the other hand, Black residents experienced higher rates of cancer due to:

- Female Breast Cancer
- Cervical Cancer
- Ovarian Cancer
- Prostate Cancer

Among Hispanic residents, it is important to consider that the small sample size may easily over- or under-estimate the true incidence in the population. When compared to the county overall, we see that Hispanics have lower rates of every type of cancer except stomach cancer (11.9 cases per 100,000 compared to 5.6) and uterus cancer (26.9 cases per 100,000 compared to 26.3) (Table 100, 2023 Technical Appendix).

Mental Health

Hospital discharge and emergency 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 live with some form of mental

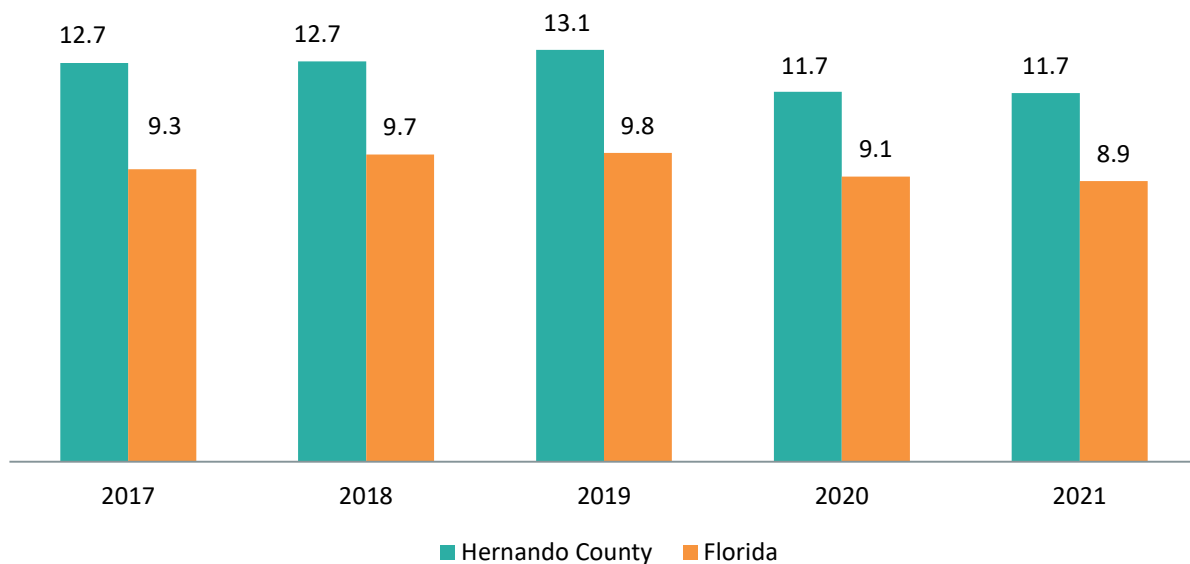
illness. Common mental health issues, including anxiety and depression, are interlinked with an array of individual and public health issues, including behavioral health concerns such as substance abuse, domestic violence, and suicide, as well as physical health conditions, such as chronic heart disease, diabetes, and hypertension. Please note that the data below distinguishes between Emergency Department (ED) visits – which include only those that are registered in the ED and not admitted for inpatient care – and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care.

Hospitalization and Emergency Department (ED) Usage

Florida hospital discharge data indicates that Hernando County has higher rates of hospitalizations for mental health reasons (11.7 hospitalizations per 1,000 population) than the state at large (8.9), especially among children 0-17 years of age (11.8 hospitalizations per 1,000 population versus 5.9). Emergency department visits for mental health reasons are also at a higher rate in Hernando County in the state among all ages at 61.9 visits per 1,000 population as compared to 54.2. All of these estimates are with respect to 2021 data, the most recent data available at the time of preparation of this report (Table 104, 2023 Technical Appendix).

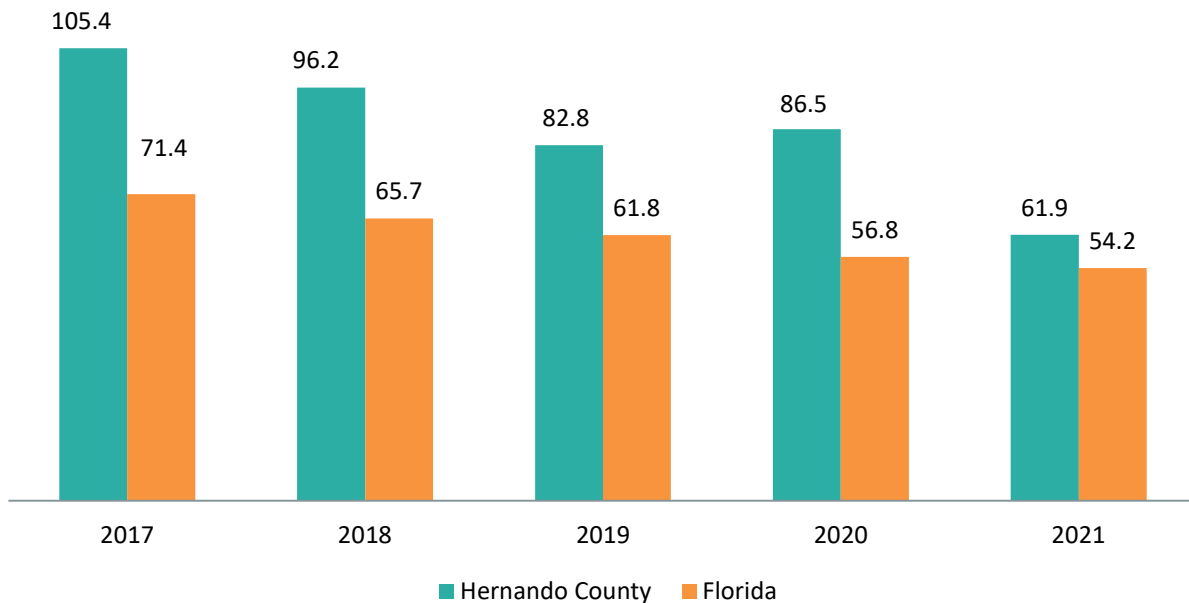
By ZCTA, 34606 Spring Hill sees the highest rates of hospitalizations for mental health reasons, followed closely by 34601 Brooksville, which also experiences the highest rates of ED visits for mental health reasons. These rates have been declining in recent years. Similarly, Hernando County overall rates of hospitalizations for mental health reasons have trended down between 2019 and 2021 (Table 105, 2023 Technical Appendix).

FIGURE 13: MENTAL HEALTH HOSPITALIZATION RATE PER 1,000 POPULATION, HERNANDO COUNTY AND FLORIDA, 2017-2021



Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 14: MENTAL HEALTH EMERGENCY DEPARTMENT VISIT RATE PER 1,000 POPULATION, HERNANDO COUNTY AND FLORIDA, 2017-2021



Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Involuntary Exam Initiations (Baker Acts)

Involuntary Exam Initiations, or Baker Acts, are an important reflection of access to care for those that are a harm to themselves or others within a community. In Hernando County, Baker Acts are less common across all adult age groups than when compared to Florida; however, with 1,676 Baker Acts occurring among children in the 2019-2020 fiscal year, there is a much higher rate of Baker Acts under the age of 18 in Hernando County (1,302.7 per 100,000 population) than in Florida overall (839.8 per 100,000) (Table 108, 2023 Technical Appendix).

Similar to the state, most Baker Acts are initiated by law enforcement, followed by health professionals, and ex-parte orders. Also like the state, most professionals who initiate exams are non-psychiatric physicians. A greater percentage are done by psychiatric nurses in Hernando County as compared to Florida (4.5 percents versus 1.9 percent) while less are done by mental health counselors (6.2 percent versus 11.4 percent) (Tables 109 and 110, 2023 Technical Appendix).

Mental Health Indicators Among Children

The Florida Youth Tobacco Survey (FYTS) is a biannually administered survey that collects information on tobacco use and health behaviors among Florida public middle and high school students. One of these indicators is the percent of students who, in the past year, did something to purposely hurt themselves without wanting to die – 14.7 percent of respondents in Hernando County and 13.9 percent in Florida. Both of these percentages have been increasing since 2018. The percentage of students who, in the past year, felt sad or hopeless for two or more weeks in a row and stopped doing usual activities has also been increasing in both the county and the state, coming to 32.6 percent of Hernando County respondents in 2022 and 31.5 percent of Florida respondents (Table 106, 2023 Technical Appendix).

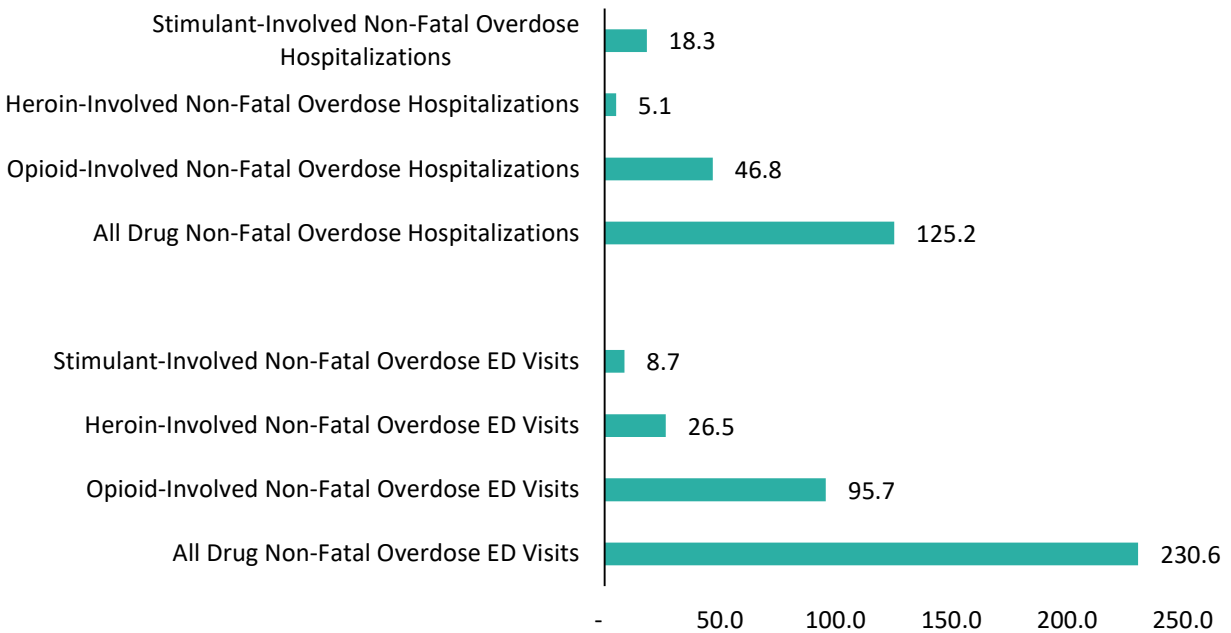
Substance Abuse

As of 2019, only 14.9 percent of Hernando County residents reported engaging in heavy or binge drinking as compared to 18.0 percent of Florida overall. When broken out by race and ethnicity, however, Non-Hispanic Black residents present higher rates of heavy or binge drinking at 19.2 percent as compared to 15.1 percent of Non-Hispanic White residents. Furthermore, Hernando County residents do suffer a much higher age-adjusted death rate due to alcoholic liver disease when compared to the state, recording 15.2 deaths per 100,000 population as compared to 7.8 deaths for Florida in 2020, as well as a higher age-adjusted mortality rate due to chronic liver disease and cirrhosis – 20.7 deaths per 100,000 population as compared to 13.0 in Florida. When considering motor vehicle crashes, Hernando County residents report less motor vehicle crashes than the state at large, but slightly higher rates of alcohol-confirmed vehicle crashes, injuries, and fatalities (Tables 111-113, 2023 Technical Appendix).

Excluding alcohol-confirmed individuals, Hernando County also has much higher rates of drug-confirmed motor vehicle crashes (8.8 crashes per 100,000 population versus 3.3), injuries (13.0 versus 2.6), and fatalities (5.2 versus 1.8). In particular, drug-confirmed motor vehicle injuries increased more than four (4) fold from 2018 to the most recent 2020 estimates (Table 114, 2023 Technical Appendix). Non-fatal overdoses also led to a number of ED visits and hospitalizations, as shown in Figure 15. Notably, the rate of opioid-involved non-fatal overdose hospitalizations for Hernando County, 46.8 per 100,000 population, is higher than the state rate of 38.5 hospitalizations per 100,000 population (Table 115, 2023 Technical Appendix).

Drug arrests are especially more frequent in Hernando County than Florida as a whole. Overall, 1,073 drug arrests were made in Hernando County in 2020, leading to a rate of 558.3 arrests per 100,000 population, compared to just 316.8 for the state. Among adults, the rate of drug arrests in Hernando County is 1.69 times that of the state: 662.8 arrests per 100,000 populations versus 391.4. However, the starkest discrepancy is found among juvenile (under 18) arrests: 255.9 arrests per 100,000 population in Hernando County, more than triple the state rate of 78.7 (Table 117, 2023 Technical Appendix).

FIGURE 15: RATE PER 100,000 POPULATION OF NON-FATAL OVERDOSE EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS, HERNANDO COUNTY, 2021



Source: Table 115, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

TABLE 7: NUMBER AND AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION FOR OPIOID AND DRUG OVERDOSE DEATHS, HERNANDO COUNTY AND FLORIDA, 2020

Indicators	Hernando County		Florida	
	Number	Age Adjusted Death Rate Per 100,000 Persons	Number	Age Adjusted Death Rate Per 100,000 Persons
Opioid Overdose Deaths (2020)	24	14.9	6,089	29.9
Drug Overdose Deaths (2020)	32	19.2	7,460	36.0

Source: Table 116, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Domestic Violence

Hernando County reported 954 domestic violence offenses in 2020, a rate of 496.4 per 100,000 population. This rate, and most rates by type of offense, are similar to that of the state, with aggravated assault standing out as less than the state rate (58.8 offenses per 100,000 populations versus 78.2) and simple assault and threat/intimidations offenses being slightly higher than the state: respectively, 403.3 offenses per 100,000 population versus 391.5, and 11.4 offenses per 100,000 population versus 7.6 (Table 119, 2023 Technical Appendix).

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are traumatic and stressful events that occur during childhood that can have lasting effects on the health and wellbeing of an individual into their adult life. These incidences can include

experiences of emotional, physical, or sexual abuse. BRFSS collects information on ACEs by state, but this information is not available on the county level. Within Florida, an estimated 62.5 percent of adults among All Races reported experiencing at least one (1) ACE, and an estimated 18.6 percent experienced four (4) or more (Table 174, 2023 Technical Appendix).

Human Trafficking

Human trafficking data is also collected and reported from statewide BRFSS data. Within Florida, 738 national human trafficking hotline cases occurred in 2020, and in the most recent three (3) years of data, 2018-2020, only the number of combined sex and labor trafficking cases has shown consistent decreases. Total human trafficking offenses have also been increasing during this three (3) year period, rising to 137 offenses in 2020. Some risk factors have been decreasing during this time period – the number of estimated homeless and the number of child intakes accepted for child-on-child sexual abuse – but other risk factor numbers have been increasing, including the number of children under 18 in foster care, the estimated number of seriously mentally ill adults, and the estimated number of seriously emotionally disturbed youth ages 9-17 (Table 175, 2023 Technical Appendix).

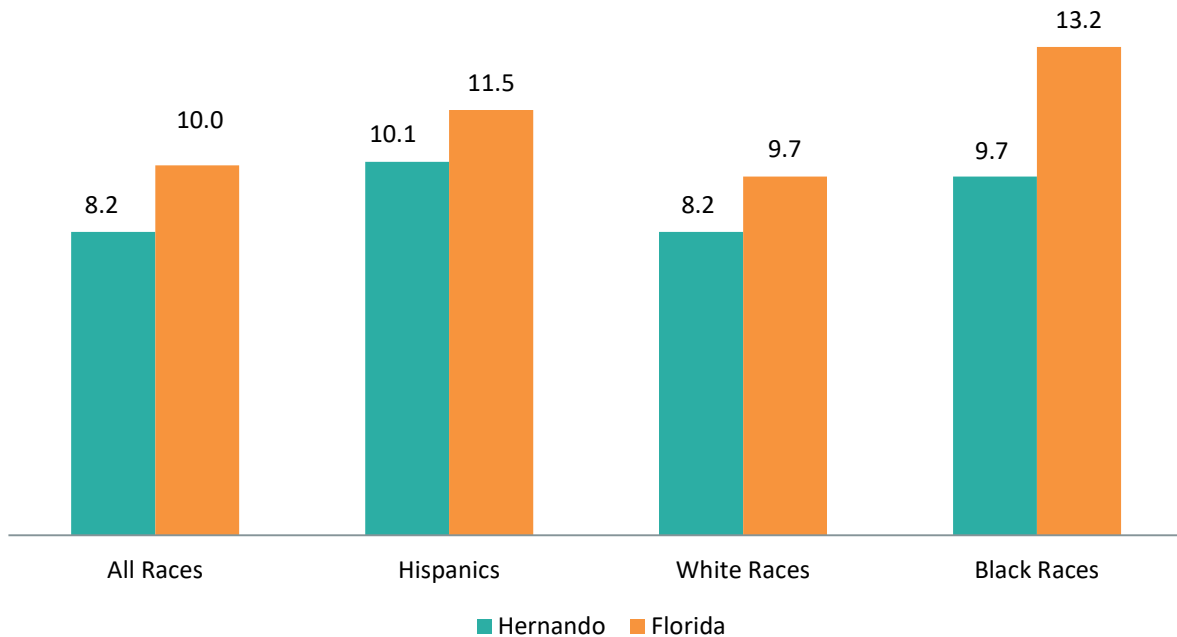
Maternal and Infant Health

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

Birth Rates

Birth rates are lower in Hernando County than in the state, overall and by race and ethnicity, as shown in Figure 16. These rates are the most recent reports released by the Florida Department of Health, Office of Health Statistics and Assessment. By zip code, the highest birth rate was found in 34614 Brooksville at 11.5 births per 1,000 population (Table 121, 2023 Technical Appendix).

FIGURE 16: BIRTH RATES PER 1,000 TOTAL POPULATION, BY RACE AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2019-2021



Source: Table 121, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Maternal and Infant Death Rates

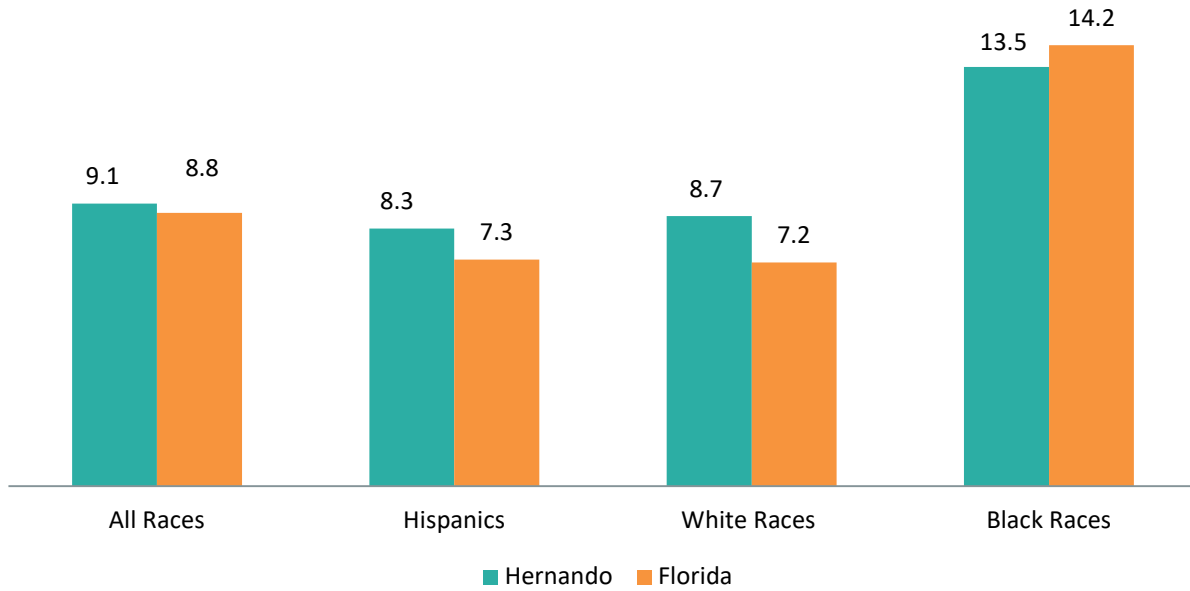
Infant deaths are rare occurrences consisting of very small sample sizes. Within a region as small as Hernando County, interpreting these individual rates is particularly risky and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, the county sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under 1 from perinatal conditions, overall neonatal deaths, overall post neonatal deaths, and maternal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 90 and 91, 2023 Technical Appendix).

Overall, the Florida Department of Health Office of Health Statistics and Assessment reports that Hernando County had a rate of 6.3 infant deaths per 1,000 total live births on average between 2019-2021, slightly higher than the state rate of 5.9. By ethnicity, Hispanics have a higher rate than the county overall: 7.7 versus 6.3. By race, Black residents have a much higher infant death rate than White residents: 15.3 versus 5.6. However, these numbers are based on very small counts – only seven (7) Hispanic infant deaths and five (5) Black infant deaths during the three-year (3-year) time span (Table 122, 2023 Technical Appendix).

Low Birthweight Births

The percentage of births that are of low birthweight also vary noticeably by race and ethnicity, as shown in Figure 17. Low birthweight is defined as a baby born at less than 5.5 pounds, or 5 pounds and 8 ounces. Black Hernando County babies have especially high rates of low birthweight births, comprising 13.5 percent of all Black births compared to just 8.7 percent of White births. By zip code, the highest percentage of births that were low birthweights can be found in 34613 Brooksville at 11.8 percent of all births (Table 123, 2023 Technical Appendix).

FIGURE 17: PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2019-2021



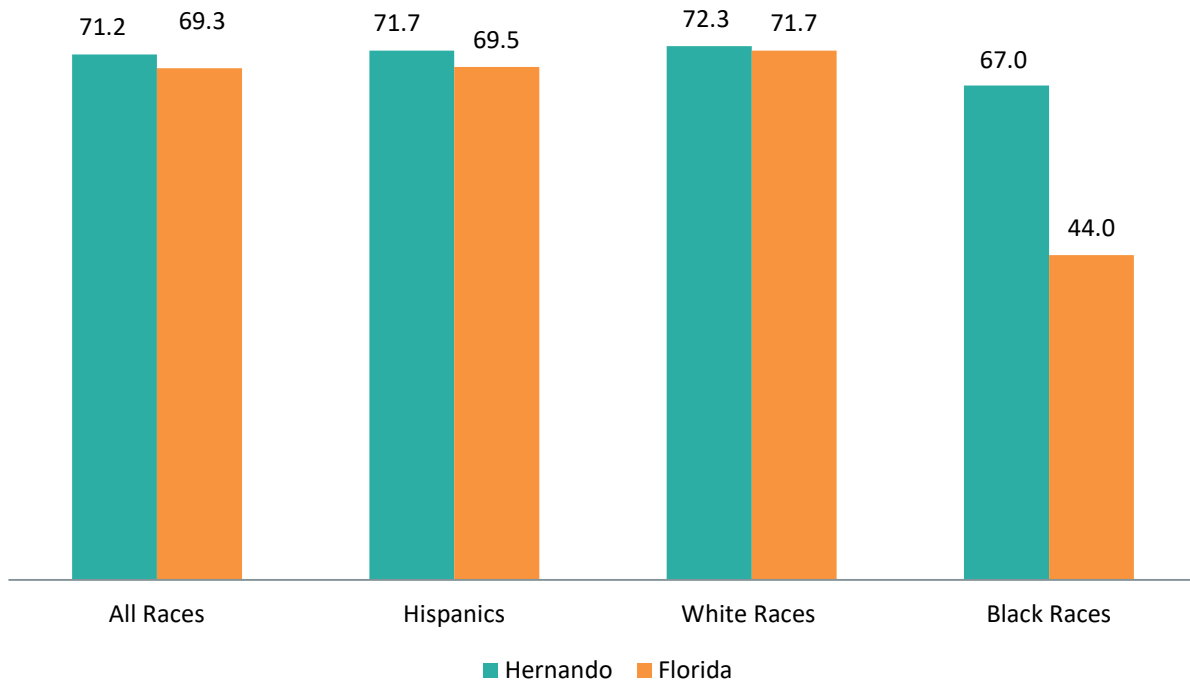
Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

First Trimester Care

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one’s pregnancy. Hernando County displays rates of first trimester care that are marginally higher than those of the state and that are fairly consistent across racial and ethnic groups. See Figure 18 for more details.

By zip code, 34604 Brooksville has the highest rate of births receiving first trimester care (77.2 percent) and 34613 Brooksville, the lowest (68.3 percent). By race and ethnicity, the group with the lowest rate of first trimester care overall is among Black births in 34609 Spring Hill: only 59.3 percent received first trimester care (Table 124, 2023 Technical Appendix).

FIGURE 18: PERCENT OF BIRTHS THAT RECEIVED CARE IN FIRST TRIMESTER, BY RACE AND ETHNICITY, HERNANDO COUNTY AND FLORIDA, 2019-2021



Source: Table 124, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Teen Births

Hernando County reported 41 births to mothers ages 15-17 from 2019 to 2021. These made up approximately 0.9 percent of all births in the county, which is approximately equal to the state rate of 1.0 percent of Florida births (Table 125, 2023 Technical Appendix).

Governmental Program Supports

58.1 percent of births from 2019-2021 in Hernando County had Medicaid as the payor source; in Florida, this number was just 46.3 percent. Ethnic and racial minorities are particularly characterized by a high rate of births compensated for by Medicaid, covering 65.1 percent of Hispanic births and 76.8 percent of Black births compared to 56.7 percent of White births (Table 126, 2023 Technical Appendix).

42.1 percent of Hernando County births from 2019-2021 were by mothers participating in WIC. These rates are again higher among ethnic and racial minorities: 51.4 percent of Hispanic births and 61.2 percent of Black births as compared to 40.5 percent of White births. By zip code, 34608 Spring Hill has the highest percentage of births participating in WIC (47.8 percent) and 34614 Brooksville, the lowest (32.6 percent). By race and ethnicity, the group with the highest rate of WIC participation overall is 70.5 percent of Black births in 34601 Brooksville (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 understanding of a community's health mindset and guide interventions towards improving health behaviors.

Tobacco Use

Hernando County contains a greater rate of current smokers than the state at large – 21.5 percent as opposed to 14.8 percent, respectively. These rates are particularly high among the county's Non-Hispanic White population (22.4 percent) in contrast to the Non-Hispanic Black population (16.7 percent) and the Hispanic population (13.8 percent). Similarly, there are much higher estimates of Non-Hispanic White former smokers (34.0 percent), e-cigarette users (7.5 percent), and former e-cigarette users (17.2 percent) than there are Non-Hispanic Black former smokers (11.6 percent), e-cigarette users (0.0 percent), and former e-cigarette users (5.3 percent) (Table 128, 2023 Technical Appendix).

Tobacco Use Among Children

Among those indicators for tobacco use collected by the FYTS, a few stand out for Hernando County. The percentage of youth who have ever tried cigarettes (9.1 percent) and who have ever tried cigars (5.0 percent) are both slightly higher than the state rate but have been on the decline in recent years. There are also marginally higher rates of youth who were exposed to secondhand cigarette smoke and/or electronic vapor aerosol. The county has nearly the same percentage of students as the state that say they are committed to never using cigarettes (85.5 percent) and that are committed to never using electronic vapor products (70.9 percent) (Table 129, 2023 Technical Appendix).

Sexually Transmitted Diseases (STDs)

Hernando County residents record lower rates than the state of bacterial sexually transmitted disease, chlamydia, gonorrhea, syphilis, and HIV. Over the past three (3) or more years of data from 2020 and earlier, bacterial STDs, chlamydia, and gonorrhea have all shown declining rates, while early syphilis, total syphilis, and AIDS diagnoses have been increasing in Hernando County (Tables 132 and 133, 2023 Technical Appendix).

The percentage of adults that have ever been tested for HIV in Hernando County (35.3 percent) is lower than that of the state (50.7 percent), as is the percentage of adults less than 65 years of age who have ever been tested for HIV (43.4 percent versus 60.7 percent). Rates of screening among Hispanic Hernando County residents are reported to be much higher than those of the county overall (Table 135, 2023 Technical Appendix).

COVID-19

Cumulatively since March 1, 2020, and as of October 6, 2022, Hernando County has seen 51,187 cases of COVID-19 with an overall percent case positivity rate of 32.0 percent. In the most recent week of data collection, September 30, 2022 – October 6, 2022, the percent new case positivity rate was 4.8, reflecting 40.6 cases per 100,000 population, both lower than the state. 59.0 percent of the population is vaccinated, compared to 72.0 percent of Florida (Tables 136 and 137, 2023 Technical Appendix).

Immunizations

Florida HealthCHARTS shares data on immunization rates among kindergartners and 7th graders throughout the county and the state. This data shows that immunization rates have been gradually dropping among Hernando

County kindergartners since 2017, starting at a 94.8 percent vaccination rate and ending at 90.8 percent in 2021. The state rate for the same year was 93.3 percent. However, immunization rates among 7th graders are slightly higher in Hernando County than Florida at large – 97.0 percent as compared to 94.5 percent (Table 138, 2023 Technical Appendix).

When comparing 2017-2019 data for Hernando County and Florida, the county and state depict very similar percentages of adults who received a flu shot in the past year, who have ever received a pneumococcal vaccination, and adults aged 65 and older who have ever received a pneumonia vaccination. For the first two rates, Non-Hispanic Whites had much higher rates of vaccination than Non-Hispanic Blacks – more than double (Table 140, 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. All the information in this subsection refers to the 2017-2019 BRFSS data.

Approximately 25 percent of Hernando County adults reported that their overall health was only “fair” or “poor,” greater than the 19.7 percent of Floridians that reported the same. Non-Hispanic White Hernando County residents in particular reported much higher rates of poor mental health on 14 or more of the past 30 days (17.1 percent) and of poor physical health on 14 or more of the past 30 days (18.1 percent) than their Non-Hispanic Black counterparts in the county (4.3 percent and 3.7 percent, respectively). Additionally, 22.6 percent of Non-Hispanic White adults in Hernando County have been told they had a depressive disorder; this number is a mere 6.5 percent among Non-Hispanic Black adults (Table 107, 2023 Technical Appendix).

As of 2019, 37.3 percent of adults in Hernando County reported having some form of a disability, higher than the state rate of 31.0. Rates of every recorded disability are higher in the county than the state, including the percentage of adults who have a vision disability, a hearing disability, a cognitive disability, a mobility disability, a self-care disability, and an independent living disability (Table 131, 2023 Technical Appendix).

The percentage of adults in Hernando County that have been told that they have some form of arthritis, chronic obstructive pulmonary disease (COPD), or kidney disease are all higher than those rates found at the state level. These rates are also notably higher among Non-Hispanic White residents than among Non-Hispanic Black residents. A slightly greater percentage of Hernando County are adults that currently have asthma – 9.6 percent as compared to 7.4 percent of the state. Heart disease is also more prevalent according to BRFSS data, with 9.5 percent of adults having ever been told that they had a heart attack (compared to 4.7 percent of the state) and greater percentages also having ever been told that they had angina or coronary heart disease and who have ever had a stroke. With these higher rates of heart disease, it is particularly concerning that the percentage of adults who have ever been told that they have high blood cholesterol, among those who had their cholesterol checked as well as among all adults, is higher than the state, as well as having higher percentages of adults who have ever been told they had hypertension and who currently take high blood pressure medication to manage their hypertension. Hernando County also sees slightly higher rates of adults who have been told they had pre-diabetes or diabetes. On the other

hand, marginally less adults have ever been told that they had skin cancer or any other type of cancer except skin cancer (Tables 141-142 and 146-150, 2023 Technical Appendix).

Cancer Screening

BRFSS data also reveals promising rates of cancer screening in Hernando County, with higher rates of adults obtaining various forms of colorectal cancer screenings than the state. Overall, 77.7 percent of Hernando County adults ages 50-75 in 2016 had colorectal screening based on the most recent clinical guidelines. This number is only 67.3 percent in Florida overall. Prostate cancer screening rates are similar to that of the state, and women's health cancer screenings vary considerably by type of screening. For example, in comparison to the state, a greater percentage of women in Hernando County that are 40+ years of age had received a mammogram in the past year (67.8 percent) and of those ages 50-74, more had received a mammogram in the past two (2) years (83.0 percent). However, a lesser percentage of women 18+ had received a pap test in the past year (37.3 percent), with similar discrepancies among women 21-65 years of age who received a pap test in the past three (3) years and who have had a hysterectomy (Tables 143-145, 2023 Technical Appendix).

Obesity and Overweight

An estimated 68.3 percent of Hernando County adults are overweight or obese, according to Florida HealthCHARTS 2017-2019 estimates. This is greater than the state rate of 64.6 percent. By race and ethnicity, Hispanics have the highest rate of obesity in the county at 38.3 percent, compared to the overall county rate of 30.7 percent. Hernando County also witnesses a higher percentage of adults that are sedentary and a lower percentage who meet muscle strengthening recommendations (Table 130, 2023 Technical Appendix).

Health Care Access and Utilization

Selected BRFSS Indicators of Access

BRFSS administers questions regarding access to health care and health care coverage. These indicators reveal that Hernando County overall has similar rates as the state with respect to the percentage of adults with health care insurance coverage and a personal doctor, as well as the percentage of those that had a medical checkup in the past year or who could not see a doctor at least once in the past year. However, these rates vary markedly by race and ethnicity. For example, 82.6 percent of Non-Hispanic White Hernando County residents have some form of health care insurance coverage; the same is true for only 66.2 percent of Non-Hispanic Black residents (Table 151, 2023 Technical Appendix).

Youth Indicators of Access

The FYTS asks middle and high school students whether or not they have visited a doctor's office in the past 12 months. 27.4 percent of Hernando County public school youth answered that they had not in 2022, more than double the state rate of 10.2 percent. Furthermore, 23.7 percent in the county reported having not visited a dentist's office in the past 12 months, more than triple the state rate of 9.2 percent (Table 152, 2023 Technical Appendix).

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSAs, are geographic entities or facilities that are scored by the National Health Service Score as to assess the need for and prioritization of clinician assignments. Higher scores correspond to a greater need, ranging from 1-25 for primary care and mental health care and 1-26 for dental care. Any score above 18 is considered high priority. Within Hernando County, the only identified HPSA shortage area is Premier

Community Healthcare Group, Inc., a Federally Qualified Health Center. They are considered a HPSA shortage area for dental care, primary care, and mental health care (Table 153, 2023 Technical Appendix).

TABLE 8. HPSA SHORTAGE AREA AND MUA BY TYPE AND SCORE, HERNANDO COUNTY, 2022.

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Dental Care				
Low Income Population HPSA	LI - Hernando County	9/6/2022	15.59	16
Correctional Facility	Hernando CI	7/6/2018	1.63	6
Federally Qualified Health Center	Premier Community Healthcare Group, Inc.	9/11/2021	---	26
Rural Health Clinic	Ridge Manor Medical Clinic	9/24/2021	---	16
Primary Care				
Low Income Population HPSA	LI - Hernando County	8/17/2021	9.79	14
Correctional Facility	Hernando Correctional Institution	5/11/2022	0.50	6
Federally Qualified Health Center	Premier Community Healthcare Group, Inc.	9/24/2021	---	19
Rural Health Clinic	Ridge Manor Medical Clinic	9/6/2021	---	12
Mental Health				
Low Income Population HPSA	LI - Hernando County	9/10/2021	3.62	16
Correctional Facility	Hernando Correctional Institution	5/11/2022	0.38	12
Federally Qualified Health Center	Premier Community Healthcare Group, Inc.	9/11/2021	---	21
Rural Health Clinic	Ridge Manor Medical Clinic	9/24/2021	---	18
Type	Name	MUA Last Updated Date		Index of Medical Underservice Score
Medically Underserved Area	Low Income - Hernando County	3/12/2007		47.1

Source: Table 153, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Environmental Health

As of 2019, approximately 80.6 percent of Hernando County residents had access to community water supplies, a percentage that has been steadily dropping since 2015, while 95.0 percent of Florida residents had access that same year. Similarly, in 2019 only 7.7 percent of Hernando County had fluoridated water supplies, contrasting with 78.1 percent of Floridians (Table 45, 2023 Technical Appendix).

Insurance

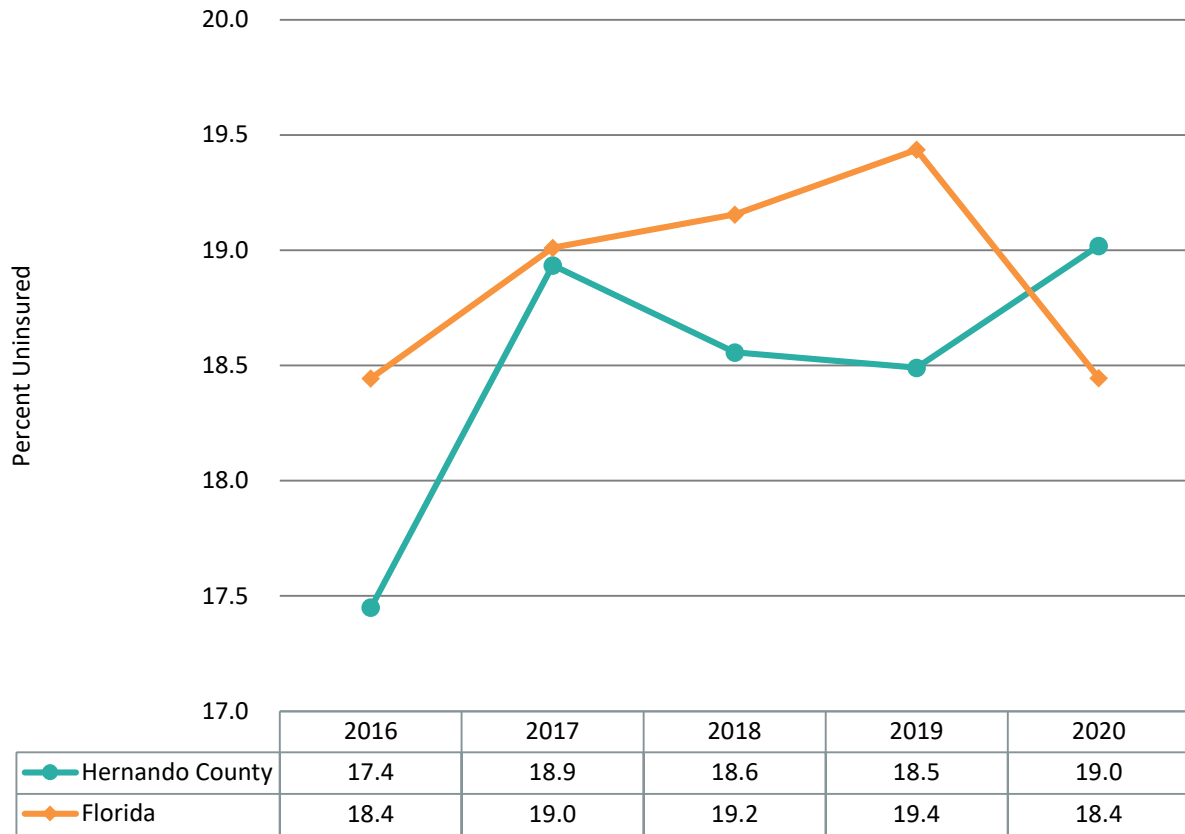
From 2016-2020, Hernando County has generally had health insurance rates that were slightly better than the state according to the U.S. Census Bureau Small Area Health Insurance Estimates. Focusing on the most recent year of data, 2020, 6.1 percent of those under 19 years of age were uninsured in Hernando County, less than the state estimate of 7.0 percent. However, in this same time span, 2020 was the first year for those ages 18-64 to have higher rates of being uninsured in Hernando County compared to Florida: 19.0 percent as compared to 18.4 percent (Tables 154 and 155, 2023 Technical Appendix).

FIGURE 19: PERCENT UNINSURED UNDER 19 YEARS OF AGE, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 20: PERCENT UNINSURED 18-64 POPULATION, HERNANDO COUNTY AND FLORIDA, 2016-2020



Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Medicaid Data

From 2017 through 2021, Hernando County has had consistently higher rates of those who are eligible for Medicaid than at the state level. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. This percentage of the population has been rising for both the county and the state for the past three (3) years, coming in at 26.2 percent of Hernando County in 2021 and 23.0 percent of Florida. When broken out by age group, this trend is reversed among the senior population 65+, as 9.7 percent of seniors in Hernando County are Medicaid-eligible and 15.3 percent in Florida (Table 52, 2023 Technical Appendix).

Facilities

Hernando County houses a variety of licensed health care service facilities, with Adult Family Care Homes appearing at a particularly high rate – 5.0 facilities per 100,000 population compared to just 1.1 for the state. However, many facility types are only available in a limited capacity, with Health Care Clinics and Homemaker Companion Services being present at less than half the state rate (11 and 12 facilities, respectively). A more detailed breakdown of all recorded facility types in Hernando County can be found in Table 156 of the 2023 Technical Appendix.

Florida HealthCHARTS also reports the number of nursing home beds, total hospital beds, acute care beds, specialty beds, rehabilitation beds, adult psychiatric beds, adult substance abuse beds, and neonatal intensive care unit (NICU) beds available in the county and the state. These rates per 100,000 are all higher than the corresponding state rate, especially the rate of rehabilitation beds, which is more than double the state rate at 40.7 beds per 100,000 population compared to 13.4. The only exception is adult psychiatric beds, which are present at an approximately equal rate to the state (31 beds per 100,000 population). These rates are with respect to 2021 data, except nursing home beds, for which the most recent data available at the time of this report was 2020 data (Table 157, 2023 Technical Appendix).

Providers

Although the prevalence of facilities varies by type of facility, providers are consistently harder to find in Hernando County than at the state level. Florida overall records a rate of 314.0 total physicians per 100,000 population as of the 2020-2021 fiscal year estimates; Hernando County holds less than half of this, with only 150.9 physicians per 100,000 population. The rate of pediatricians is also drastically lower in Hernando County (4.2 per 100,000 population) as compared to the state (21.9 per 100,000 population). Pediatricians are also the only recorded physician type that has been consistently decreasing in prevalence for the past five (5) fiscal years in Hernando County (Table 158, 2023 Technical Appendix).

Dentists are difficult to find in Hernando County, with only 52 providers in the 2020-2021 fiscal year comprising a rate of 27.1 providers per 100,000 population – less than half the state rate of 56.7. It is therefore unsurprising to find that Hernando County also has lower rates of adults who visited a dentist or dental clinic in the past year, as according to BRFSS estimates (Tables 159 and 160, 2023 Technical Appendix).

Dental Hospitalizations and Emergency Department (ED) Visits

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergency department (ED) visits. Please note that, just as for Mental Health hospitalizations and discharges, the data below distinguishes between ED visits – which include only those that are registered in the ED and not admitted for inpatient care – and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care. For the most recent three (3) years' worth of hospital data, these ED visit rates have been declining in Hernando County and are now very similar to those of the state, with 94.3 percent of total dental ED visits being preventable at a rate of 6.3 visits per 1,000 population. The rate of preventable dental hospitalizations is likewise very near to but consistently higher than that of the state, with 83.7 percent of dental hospitalizations being preventable at a rate of 1.0 per 1,000 population (Tables 161 and 162, 2023 Technical Appendix).

Hospital Discharges by Chronic Disease Type

Hernando County has much higher rates of discharges for coronary heart disease than the state, with all races comprising an age-adjusted discharge rate of 429.9 discharges per 100,000 population compared to just 236.8 for the state. This rate is slightly higher among Black Races in Hernando County but has been decreasing within this demographic for the past three (3) years of data, 2016-2020. Hernando County also sees higher age-adjusted rates of discharges for acute myocardial infarctions, or heart attacks, with the county coming in at 229.7 discharges per 100,000 population compared to 145.1 for the state. These rates have been declining among All Races, White Races, and Black Races for the past three (3) years on both the county and state levels. Similarly, congestive heart failures has accounted for an age-adjusted discharge rate of 1,491.4 per 100,000 population in the county, greater than the 1,191.7 per 100,000 population in the state. These rates, however, have been increasing steadily for the past five (5) years among All Races in Hernando County. The racial disparity between Black residents and White

residents is particularly salient among congestive heart failure discharges: among White Races, the discharge rate was only 1,378.6 discharges per 100,000 population; among Black Races, this number rises to a striking 2,436.3 (Table 164, 2023 Technical Appendix).

Hernando County also reports higher age-adjusted rates than the state of hospital discharges for non-cardiac reasons, including:

- Stroke (246.6 discharges per 100,000 population versus 221.6)
- Diabetes (2,834.7 discharges per 100,000 population versus 2,160.3)
- Asthma (810.1 discharges per 100,000 population versus 586.0)
- Chronic Lower Respiratory Disease (208.4 discharges per 100,000 population versus 147.3)

Among these conditions, the racial disparity seen from discharges due to diabetes and asthma are particularly noteworthy, with White Races experiencing an age-adjusted discharge rate due to diabetes of 2,610.0 per 100,000 population versus 3,987.6 among their Black counterparts, and an age-adjusted discharge rate due to asthma of 706.5 compared to 1,112.3 among their Black counterparts (Table 164, 2023 Technical Appendix).

Hospitalizations and ED Usage

When looking at Florida Agency for Health Care Administration Detailed Discharge Data, it is evident that Hernando County residents record a higher rate of hospital discharges than the state overall at 172.7 discharges per 1,000 total population in 2021, compared to 124.9 for Florida. By zip code, 34613 Brooksville reported the highest rate of discharges at 226.8 per 1,000 population. It is also noteworthy that 52.7 percent of discharges are covered by Medicare in Hernando County, greater than the state rate of 44.6 percent, with private insurance being the second most common payor source (20.4 percent) and Medicaid the third (14.9 percent). Hernando County also sees higher rates of discharges being covered by VA/Tri-Care insurance: 4.8 percent as compared to 2.6 percent. In the past three (3) years of data collection, the percentage of discharges covered by Medicare, private insurance, and VA/Tri-Care have all been increasing. Also during this time period, septicemia and psychoses have consistently been the top two (2) reasons for discharges, comprising 6.5 percent and 5.3 percent of discharges, respectively (Tables 165-167, 2023 Technical Appendix).

Additionally, Hernando County residents had an ED visit rate of 375.2 visits per 1,000 population in 2021, approximately equal to the state. This rate has been showing a concerning increase in recent years from 301.3 in 2019 to 330.1 in 2020 to the most recent estimate of 375.2. By zip code, 34601 Brooksville sees the highest rate of ED visits – 491.2 per 1,000 population – followed by 34606 Spring Hill at 423.9. These rates have also shown recent increases. The number one (1) payor source of ED visits in 2021 was Medicaid at 31.9 percent of visits, followed by private insurance (25.6 percent) then Medicare (23.8 percent, higher than the state rate of 19.8 percent). In the most recent three (3) years of data collected, the percentage of ED visits covered by private insurance and VA/Tri-Care has been increasing, while the percentage of self-pay/non-payment visits has decreased. The top three (3) causes of ED visits during this period were consistently abdominal pain, cough, and fever (Tables 171-173, 2023 Technical Appendix).

Avoidable Discharges

In 2021, the rate of avoidable discharges among Hernando County residents under the age of 65 was 18.7 per 1,000 population, higher than Florida's rate of 12.3. By ZCTA, 34606 Spring Hill held one of the highest rates at 24.8 discharges per 1,000 population. These avoidable discharges were primarily paid for by private insurance (29.1 percent) and Medicaid (25.3 percent), followed closely by Medicare (24.6 percent). The leading cause of these discharges has been dehydration by a large margin – 45.6 percent of discharges in 2021, leading the second highest

cause, nutritional deficiencies, by more than 30 percentage points at 14.0 percent of discharges. However, nutritional deficiencies have consistently been in the top three (3) causes of discharges from 2019-2021 and have been steadily rising in the percentage of discharges that they are responsible for during this period (Tables 168-170, 2023 Technical Appendix).

Avoidable ED Visits

As of 2019, Hernando County depicted lower rates of avoidable ED visits than the state: 172.4 visits per 1,000 population compared to 190.7 for the state. The highest rate by zip code was in 34601 Brooksville at 238.8 visits per 1,000 population (Table 171, 2023 Technical Appendix).

Community Resources and Assets for Improving Health

The Hernando 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.

To begin, Hernando County holds a variety of licensed health care service facilities, including assisted living facilities, clinical laboratories, health care clinics, home health agencies, hospitals, and nursing homes. Adult Family Care Homes appear at a particularly high rate – 5.0 facilities per 100,000 population compared to just 1.1 for the state. Hernando County also has higher rates of nursing home beds, total hospital beds, acute care beds, specialty beds, rehabilitation beds, adult psychiatric beds, adult substance abuse beds, and neonatal intensive care unit (NICU) beds available in the county and the state, as well as a similar rate of adult psychiatric beds. Contrarily, Hernando County holds lower rates of physicians and dentists than the state, but still reports having family practice physicians, internal medicine doctors, obstetricians/gynecologists, pediatricians, and dentists in the area. County residents also report high rates of Medicaid and Medicare usage, as well as higher rates of VA/Tricare insurance. Hernando County residents also extensively participate in a number of nutritional assistance programs, such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 48, 50-52, 126, 156-158, 166, 169, and 172, 2023 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, Hernando County holds a number of natural habitats and parks, including access to the Gulf of Mexico, as well as proximity to the major marketplaces of Tampa and Orlando. The county also sees lower rates of severe housing problems (13.2 percent of occupied housing units compared to 19.2 percent of the state) and lower rates of households facing housing costs that are 30 percent or more of household income (26.3 percent of occupied households in Hernando versus 34.7 percent in Florida) (Table 44, 2023 Technical Appendix). As far as social components go, Appendix C lists the Steering Committee members involved in this Community Health 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 quality of life in Hernando County. Encouraging behaviors and trends within the county include high rates of colorectal cancer screening, health insurance coverage, and first trimester care, as well as lower rates of avoidable ED visits and STDs, and decreasing poverty rates (Tables 21, 124, 132, 133, 143, 154, and 171, 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 Hernando County and are detailed below.

Life Expectancy

Hernando County males have a markedly shorter life expectancy than their female counterparts, living an average of 6.3 years less (73.3 years versus 79.6). Hernando County residents in general have shorter life expectancies than Floridians as a whole (76.4 years versus 79.4) (Table 20, 2023 Technical Appendix). Life expectancy also varies noticeably by race and ethnicity, with Black Hernando County residents having a slightly longer life expectancy than White Hernando County residents (77.3 years versus 76.2 years, respectively) according to Department of Health 2018-2020 estimates and Hispanic residents living an average of 4.6 years more than non-Hispanic residents (80.6 years versus 76.0 years, respectively) (Table 20, 2023 Technical Appendix).

Mortality and Morbidity

Mortality and morbidity vary drastically by cause, sex, race, and ethnicity. Some details noted in this report include:

- Higher overall age-adjusted mortality rate among White Races (945.9 deaths per 100,000 population) compared to Black Races (874.3 deaths per 100,000 population)
- CLRD holding a higher rank cause of death among females as the 3rd leading cause of death compared to the 5th leading cause of death among males
- Alzheimer’s disease holding a higher rank cause of death among females as the 8th leading cause of death while not making top 10 for males
- Higher mortality rates among White Races compared to Black Races due to cancer, CLRD, unintentional injury, and liver disease
- Higher mortality rates among Black Races compared to White Races due to heart disease, COVID-19, and diabetes
- Higher mortality rates among Hispanics compared to All Races due to COVID-19 and Alzheimer’s disease

This data can be found in Tables 62, 64, 65, 67, and 68 of the 2023 Technical Appendix.

Maternal and Infant Health

There are several measures of maternal and infant health noted in this document. Some of those measures demonstrate racial and ethnic disparities, such as Black Races having a low birthweight birth rate of 13.5 percent compared to just 8.7 percent of White Races. Ethnic and racial minorities are also particularly characterized by a

high rate of births compensated for by Medicaid, covering 65.1 percent of Hispanic births and 76.8 percent of Black births compared to 56.7 percent of White births. Additionally, 42.1 percent of Hernando County births from 2019-2021 were by mothers participating in WIC. These rates are again higher among ethnic and racial minorities: 51.4 percent of Hispanic births and 61.2 percent of Black births as compared to 40.5 percent of White births (Tables 123, 126, and 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 8/2/2022). 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 8/2/2022). These health inequities are commonly caused or influenced by social determinants of health – the conditions and the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 8/2/2022). 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 8/2/2022).

Structural Drivers – Income, Poverty, and Food Insecurity

Poverty

Overall, Hernando County had an estimated poverty rate of 12.5 percent of individuals in 2020, similar to the state. When considering the 2016-2020 estimates, this number rises to 14.4 percent. The rest of the poverty data here refers to these ACS estimates.

Females experience higher rates of poverty than males both at the county and state level, with 15.0 percent of Hernando females and 13.7 percent of Hernando males in poverty. When looking at ACS poverty data by race and ethnicity, it is clear that Black races experience poverty at higher rates than White races in Hernando County: approximately 20.8 percent of the Black population is in poverty compared to 13.6 percent of the White population. Furthermore, Hispanic Hernando County residents experience poverty at higher rates than the county overall: approximately 20.6 percent of Hispanic residents versus 14.4 percent of the county overall. Another way to consider these numbers is to look at how many ZCTA’s have over a fifth of the population in poverty; out of the ten ZCTAs in Hernando County, six (6) have more than a fifth of the Hispanic population in poverty; four (4) have more than a fifth of the Black population in poverty; and only one (1) has more than a fifth of the White population in poverty (Tables 21, 25, and 26, 2023 Technical Appendix).

Income

Median household income varies by race and ethnicity according to ACS 2016-2020 estimates. It is particularly striking that median household income for Black households is on average more than 8,000 dollars less than that for White households in Hernando County, with White households making a median income of 50,574 dollars compared to 42,381 dollars among Black households. Hispanic households also have a median income of only 45,919 dollars compared to 50,280 for All Races in the county. The ZCTA with the lowest median household income for All Races can be found at 40,996 dollars in 34601 Brooksville. The overall lowest median household income by ZCTA, race, and ethnicity lies in 34607 Spring Hill at a mere 8,430 dollars median household income among Black residents (Table 30, 2023 Technical Appendix). There exist similar trends in per capita income by race and ethnicity. The lowest per capita income by ZCTA for All Races is in 34608 Spring Hill at 23,282 dollars per person, and the

lowest per capita income by ZCTA, race, and ethnicity can again be found among Black residents of 34607 Spring Hill at 11,957 dollars per person (Table 32, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Their estimates are made using a tested model based on Current Population Survey (CPS) food security questionnaire data, and it takes into account – among other things – unemployment rates, poverty rates, and disability rates. Hernando County residents suffer higher rates of food insecurity than the state among children (24.3 percent versus 17.1 percent) and all ages (15.2 percent food insecure versus 12.0 percent). Florida HealthCHARTS also considers indicators for access to healthy food, and their 2017-2019 report depicts that a lower percentage of Hernando County residents living within half (1/2) of a mile of a fast-food restaurant or within half (1/2) of a mile of a healthy food source when compared to their Florida counterparts (Tables 41 and 46, 2023 Technical Appendix).

Among the youth population, it is also important to note that Hernando County children in Pre-K, Kindergarten, and Elementary School all have higher rates of eligibility for free or reduced lunch than the state as of 2021. In particular, these rates have been rising among children in Pre-K (Table 47, 2023 Technical Appendix). The population eligible for WIC is lower in Hernando than the state at 2,408.6 persons per 100,000 population, but still a lower rate is being served – 59.9 percent as compared to 63.0 percent of those eligible in the state overall (Table 48, 2023 Technical Appendix).

Community Determinants – Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2016-2020 estimates considering the population that is 25+ years of age, fewer have obtained a college degree in Hernando County than the state (29.5 percent versus 40.5 percent) and more have a High School diploma as their highest level of educational attainment (58.8 percents versus 48.0 percent). High School graduation rates are similar to those of the state (91.0 percent versus 90.1 percent), but dropout rates are much higher (6.4 percent versus 3.2 percent) (Tables 38 and 39, 2023 Technical Appendix).

By ZCTA, 34614 Brooksville has the highest rate of residents 25+ years of age holding a college degree at 33.5 percent. Educational attainment also varies by sex. Of note is that ZCTA 34602 Brooksville males hold one of the lowest rates of college degrees within the county at 21.3 percent of the male population, while females in the same ZCTA hold the highest rate of college degrees – 38.7 percent of the female population (Table 38, 2023 Technical Appendix).

Quality Healthcare Services

Differential access to care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, and other disease outcome differences. The prevalence of every recorded physician type is lower in Hernando County than in the state. Florida overall records a rate of 314.0 total physicians per 100,000 population as of 2020-2021 fiscal year estimates; Hernando County holds less than half of this, with only 150.9 physicians per 100,000 population. The rate of pediatricians in particular is lower in Hernando County (4.2 per 100,000 population) as compared to the state (21.9 per 100,000 population). Pediatricians are also the only recorded physician type that has been consistently decreasing in prevalence for the past five (5) fiscal years in Hernando County. Dentists are also difficult to find in Hernando County, with only 52 providers in the 2020-2021 fiscal year comprising a rate of 27.1 providers per 100,000 population – less than half the state rate of 56.7. It is therefore unsurprising to find that Hernando County also has lower rates of adults who

visited a dentist or dental clinic in the past year, according to BRFSS estimates. Furthermore, although Hernando County houses a variety of licensed health care service facilities, many facility types are only available in a limited capacity, such as Health Care Clinics and Homemaker Companion Services, which are present at less than half the state rate (Tables 157-160, 2023 Technical Appendix).

A lack of access to healthcare services can often manifest as an abundance of avoidable hospitalizations and ED visits. In 2021, the rate of avoidable discharges among Hernando County residents under the age of 65 was 18.7 per 1,000 population, higher than Florida's rate of 12.3.

On the contrary, as of 2019 Hernando County depicted lower rates of avoidable ED visits than the state: 172.4 visits per 1,000 population compared to 190.7 for the state. The highest rate by zip code was in 34601 Brooksville at 238.8 visits per 1,000 population (Tables 168 and 171, 2023 Technical Appendix).

Priority Populations

The analysis above of health disparities found throughout Hernando County as well as the 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 Hernando County community, and their needs should be supported by secondary and primary data. These groups include, in no particular order:

- Racial minorities, especially the Black population
- Ethnic minorities, especially the Hispanic population
- Children, especially those in poverty
- Elderly, especially those in poverty

Summary

In summary, the Hernando County Community Health Needs Assessment and accompanying 2023 Hernando 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 Hernando 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 Hernando County residents.

Hernando County faces many of the challenges associated with an aging community. There are insufficient providers across the board and limited facilities available to address an abundance of chronic issues and conditions typical of an older population. Hernando County also has high rates of age-adjusted mortality and chronic conditions, contributing to lower quality of life, which manifest in the county's high rate of disabilities and average number of poor physical and mental health days. This combination of low rates of providers and facilities and high rates of disease burden can create a lack of access to care that may lead to individuals avoiding or delaying seeking care and can lead to elevated rates of hospital discharges and avoidable hospitalizations, such as those seen in Hernando County. Hernando County also reports higher rates than Florida of mental health hospitalizations and ED visits alongside a number of concerning indicators of mental health among children, including high rates of Baker Acts in this demographic. Uptake of certain healthy behaviors throughout the community are encouraging, such as low rates of reported binge drinking, STDs, and drug overdose deaths, as well as high rates of cancer screening and childhood, influenza, and pneumonia immunizations. However, other health behavior indicators demand

improvement, such as the high rates of tobacco use, overweight and obesity, and avoidable hospital discharges. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, 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 assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Hernando County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Quantitative data from an extensive array of secondary or administrative data sets describes a significant part of a community's core health needs and health issues. A community perspective of health and the healthcare experience is also essential to fully understanding the health and quality of life in a community. 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 sound understanding of community issues, concerns, experiences, and perceptions about quality of life through the lens of community members and healthcare and social service providers.

Community Health Surveys

Methodology

A community survey was developed to poll Hernando County residents about their perspectives and opinions on health issues and the local healthcare system. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in Hernando 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.

A similar survey was developed to collect input specifically from healthcare and community partners who provide healthcare and social services in Hernando County. Healthcare providers included professionals such as physicians, dentists, nurses, and advanced registered nurse practitioners; community partners included social service workers, counselors, and others who provide community-based services. The electronic survey had 13 questions and five (5) demographic items and was available in both English and Spanish.

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 October 18, 2022, and was available through November 30, 2022. Community partners widely distributed and promoted the survey using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 444 complete, eligible surveys. All the complete, eligible surveys were taken in English; none of the completed surveys was taken in Spanish, although there was one (1) attempt to use the Spanish language survey. The overall survey completion rate was calculated at 78.6 percent; note that the eight (8) surveys deemed ineligible due to non-residency were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Hernando County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in Table 9 below. Tabulated results from survey items are presented in the following Tables 10-18 and Figures 21-26.

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 Hernando 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 Hernando County Community Health Assessment Technical Appendix.

Community Survey Participant Profile

TABLE 9: DEMOGRAPHICS OF HERNANDO COUNTY COMMUNITY HEALTH SURVEY RESPONDENTS, 2022

Demographics	n = 444	
	Number	Percent
Age Group		
18-24	7	1.6
25-29	10	2.3
30-39	35	7.9
40-49	61	13.7
50-59	83	18.7
60-64	63	14.2
65-69	72	16.2
70-79	87	19.6
80 or older	24	5.4
Prefer not to answer	2	0.5
Gender Identity		
Man	116	26.1
Woman	320	72.1
Non-binary	0	0
Prefer not to answer	7	1.6
Other (1 comment about gender identity)	1	0.2
Racial Identity		
American Indian/Alaskan Native	3	0.7
Asian	1	0.2
Black or African American	12	2.7
Native Hawaiian and Other Pacific Islander	1	0.2
Two or more races	10	2.3
White	386	86.9
Prefer not to answer	26	5.9
Other (2 – human, 1 – German, 2 blanks)	5	1.1
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	386	86.9

Demographics	n = 444	
	Number	Percent
Of Hispanic, Latino/a/x or Spanish origin	33	7.4
Prefer not to answer	25	5.6
Highest Level of Education Completed		
Elementary/Middle School	0	0
High school diploma or GED	66	14.9
Technical, community college, 2-yr college or Associate's degree	107	24.1
4-yr college/Bachelor's degree	120	27.0
Graduate/Advanced degree	78	17.6
Some college	66	14.9
Prefer not to answer	6	1.4
Other (1 – night school)	1	0.2
Current Employment Status (may choose all that apply)		
Employed (full-time)	186	37.7
Employed (part-time)	42	8.5
Full-time student	8	1.6
Part-time student	4	0.8
Homemaker	8	1.6
Retired	181	36.6
Self-employed	19	3.8
Unemployed	7	1.4
Work two or more jobs	12	2.4
Prefer not to answer	3	0.6
Other (1 – temporary disability)	1	0.2
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	212	37.4
Health insurance that you pay on your own	81	14.3
Medicaid	15	2.6
Medicare	186	32.8
Military coverage/TriCare or VA	19	3.4
Pay cash	27	4.8
Do not have health insurance	17	3.0
Other (5 – Medicare supplement, 2 – Affordable Care marketplace, 1 each – HMO, Ryan White, Optimum)	10	1.8
Combined Annual Household Income		

Demographics	n = 444	
	Number	Percent
Less than \$10,000	5	1.1
\$10,000 - \$19,999	20	4.5
\$20,000 - \$29,999	30	6.8
\$30,000 - \$49,999	86	19.4
\$50,000 - \$74,999	84	18.9
\$75,000 - \$99,999	53	11.9
\$100,000 - \$124,999	37	8.3
\$125,000 - \$149,999	19	4.3
\$150,000 - \$174,999	15	3.4
\$175,000 - \$199,999	9	2.0
\$200,000 or more	9	2.0
Prefer not to answer	77	17.3
Zip Code of Residence		
34601 Brooksville	37	8.3
34602 Brooksville	18	4.1
34603 Brooksville PO	3	0.7
34604 Brooksville	25	5.6
34613 Brooksville	69	15.5
34614 Brooksville	11	2.5
33523 Dade City	9	2.0
34636 Istachatta PO	1	0.2
34606 Spring Hill	69	15.5
34607 Spring Hill	37	8.3
34608 Spring Hill	72	16.2
34609 Spring Hill	88	19.8
34610 Spring Hill	1	0.2
33597 Webster	4	0.4
Other	0	0

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022

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 Hernando County residents included in the analysis was 444. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

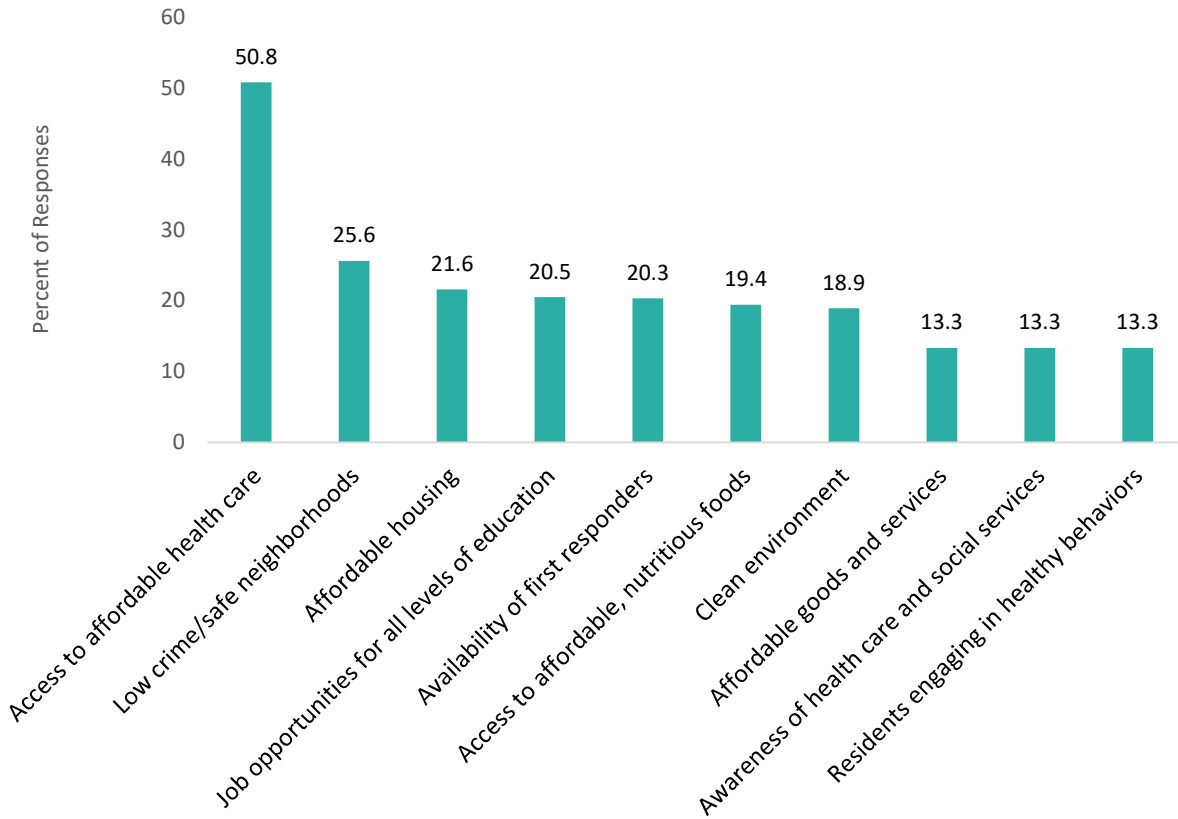
What do you think contributes most to a healthy community? Choose 3.

TABLE 10: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (50.8 percent)
2	Low crime/safe neighborhoods (25.6 percent)
3	Affordable housing (21.6 percent)
4	Job opportunities for all levels of education (20.5 percent)
5	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (20.3 percent)
6	Access to convenient, affordable, and nutritious foods (19.4 percent)
7	Clean environment (18.9 percent)
8, 9,	Affordable goods and services (13.3 percent)
10	Awareness of health care and social services (13.3 percent)
tie	Residents engaging in healthy behaviors (13.3 percent)
11	Good schools (13.1 percent)
12	Affordable utilities (9.9 percent)
13	Strong economy (9.2 percent)
14	Availability of parks and recreational opportunities (8.6 percent)
15	Strong family ties (6.8 percent)
16	Good place to raise children (5.6 percent)
17	Practice of religious or spiritual values (5.2 percent)
18	Public transportation system (4.7 percent)
19	Low preventable death and disease rates (3.8 percent)
20	Good race/ethnic relations (2.9 percent)
21	Availability of arts and cultural events (2.7 percent)
22,	Low level of child abuse (2.5 percent)
23 tie	Choices of places of worship (2.5 percent)
24,	Low level of domestic violence (1.6 percent)
25,	Low rates of infant and child deaths (1.6 percent)
26 tie	Other (2 each – respect for people, more services, 1 each - rural housing, low crime, no masks (1.6 percent total)

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 21: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

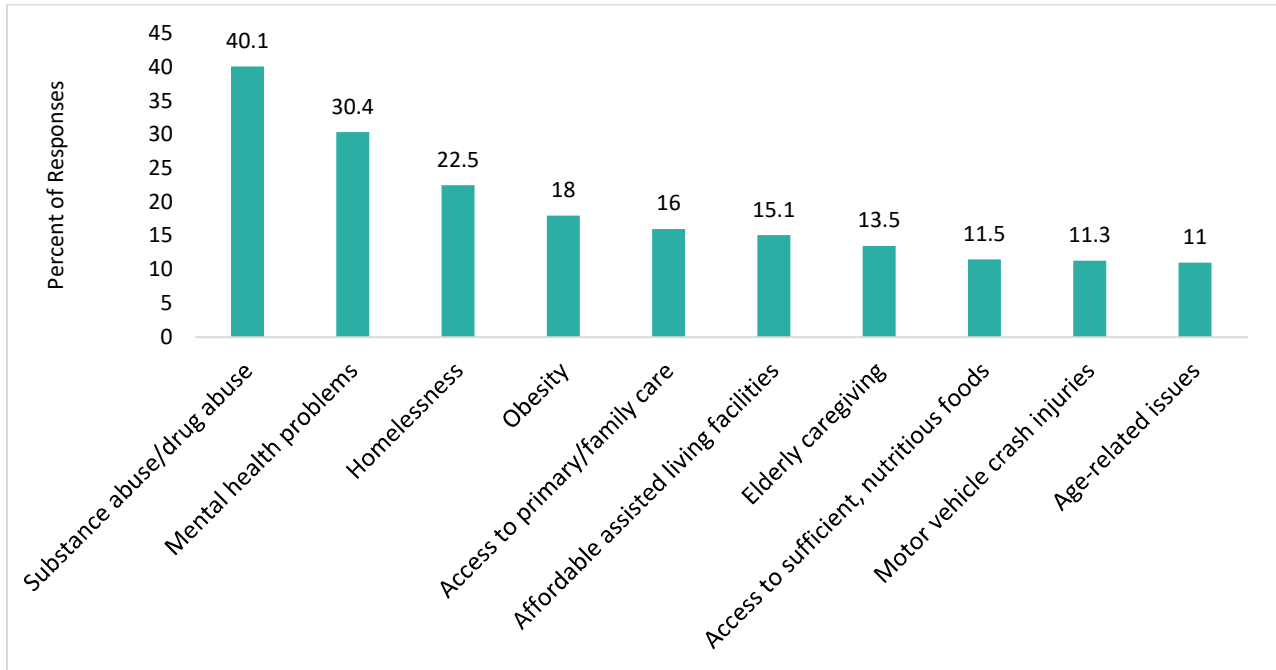
TABLE 11: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (40.1 percent)
2	Mental health problems (30.4 percent)
3	Homelessness (22.5 percent)
4	Obesity (18.0 percent)
5	Access to primary/family care (16.0 percent)
6	Affordable assisted living facilities (15.1 percent)
7	Elderly caregiving (13.5 percent)
8	Access to sufficient and nutritious food (11.5 percent)

Rank	Health Issues (Percent of Responses)
9	Motor vehicle crash injuries (11.3 percent)
10	Age-related issues (e.g., arthritis, hearing loss) (11.0 percent)
11	Heart disease and stroke (11.6 percent)
12	Tobacco use (8.6 percent)
13	Exposure to excessive and/or negative media and advertising (7.9 percent)
14	Stress (7.2 percent)
15	Cancer (7.0 percent)
16	Diabetes (6.5 percent)
17	Vaccine-preventable diseases (e.g., flu, measles) (5.9 percent)
18, 19	Child abuse/neglect (5.6 percent)
tie	Dental problems (5.6 percent)
20	Access to long-term care (5.0 percent)
21	Pollution (e.g., water, air, soil) (4.7 percent)
22	Dementia (4.5 percent)
23	Intellectual and Developmental Disabilities (including autism spectrum disorders) (4.3 percent)
24, 25	Domestic violence (3.6 percent)
tie	High blood pressure (3.6 percent)
26	Suicide (3.2 percent)
27, 28	Disability (2.5 percent)
tie	Respiratory/lung disease (2.5 percent)
29	Other (2 each – poor quality doctors, inadequate hospitals, housing; 1 each – affordable healthcare, inflation, breastfeeding support, health education) (2.3 percent total)
30	Homicide (2.0 percent)
31	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (1.6 percent)
32, 33,	Teenage pregnancy (1.1 percent)
34 tie	Firearm-related injuries (1.1 percent)
	Rape/sexual assault (1.1 percent)
35	Infant death (0.7 percent)
36	HIV/AIDS (0 percent)

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 22: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

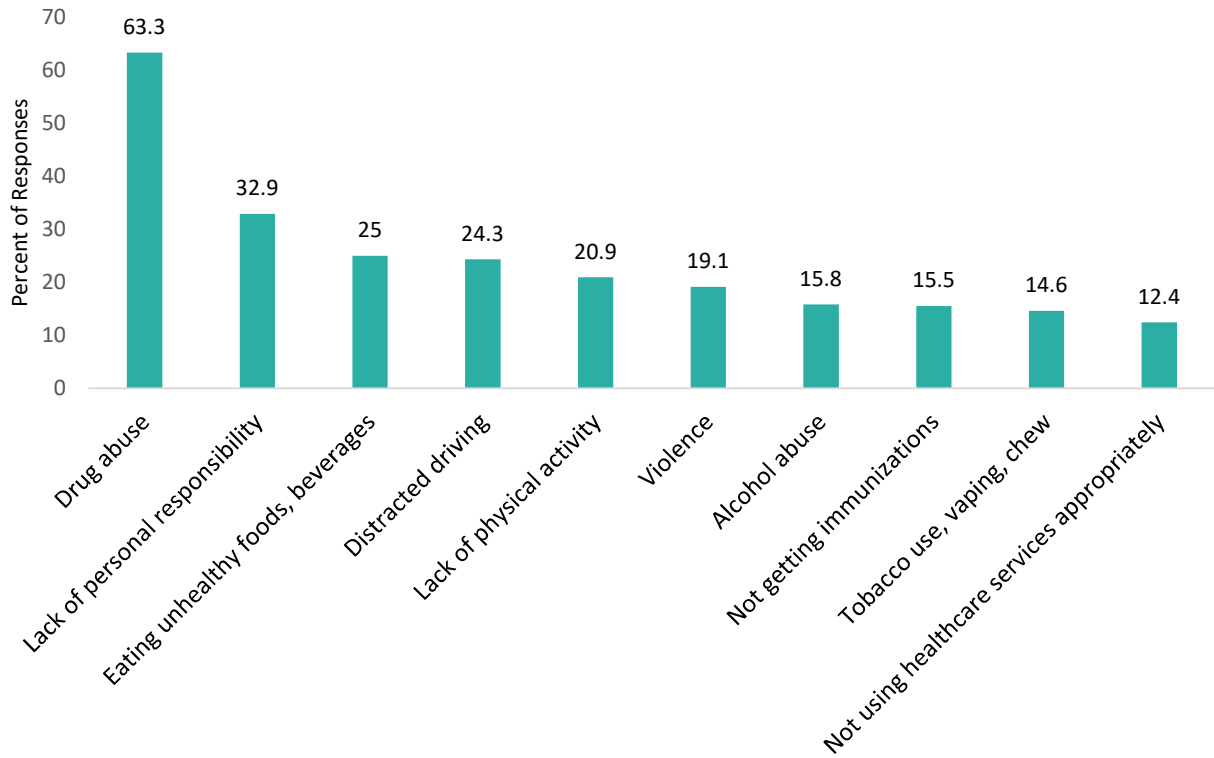
What has the greatest negative impact on the health of people in Hernando County? Choose THREE (3).

TABLE 12: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, HERNANDO COUNTY, RANKED BY PERCENT OF RESPONSES, 2022

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (63.3 percent)
2	Lack of personal responsibility (32.9 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (25.0 percent)
4	Distracted driving (such as texting while driving) (24.3 percent)
5	Lack of physical activity (20.9 percent)
6	Violence (19.1 percent)
7	Alcohol abuse (15.8 percent)
8	Not getting immunizations to prevent disease (e.g., flu shots) (15.5 percent)
9	Tobacco use, vaping, chewing tobacco (14.6 percent)
10	Not using healthcare services appropriately (12.2 percent)
11	Loneliness or isolation (11.3 percent)
12	Unsecured firearms (7.9 percent)
13	Overeating (7.7 percent)
14	Lack of stress management (6.8 percent)
15	Dropping out of school (8.1 percent)
16	Poor race/ethnic relations (6.5 percent)
17	Other (5 – no affordable care, 3 – no quality care, 2 – mental health, 1 each – contaminated water, no respect for God’s law, homelessness, no services for disabled, no transportation, religion, medications) (3.8 percent total)
18	Lack of sleep (2.7 percent)
19	Not using birth control (2.3 percent)
20	Unsafe sex (1.6 percent)
21	Not using seat belts/child safety seats (1.4 percent)
22	Starting prenatal care late in pregnancy (0.9 percent)

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

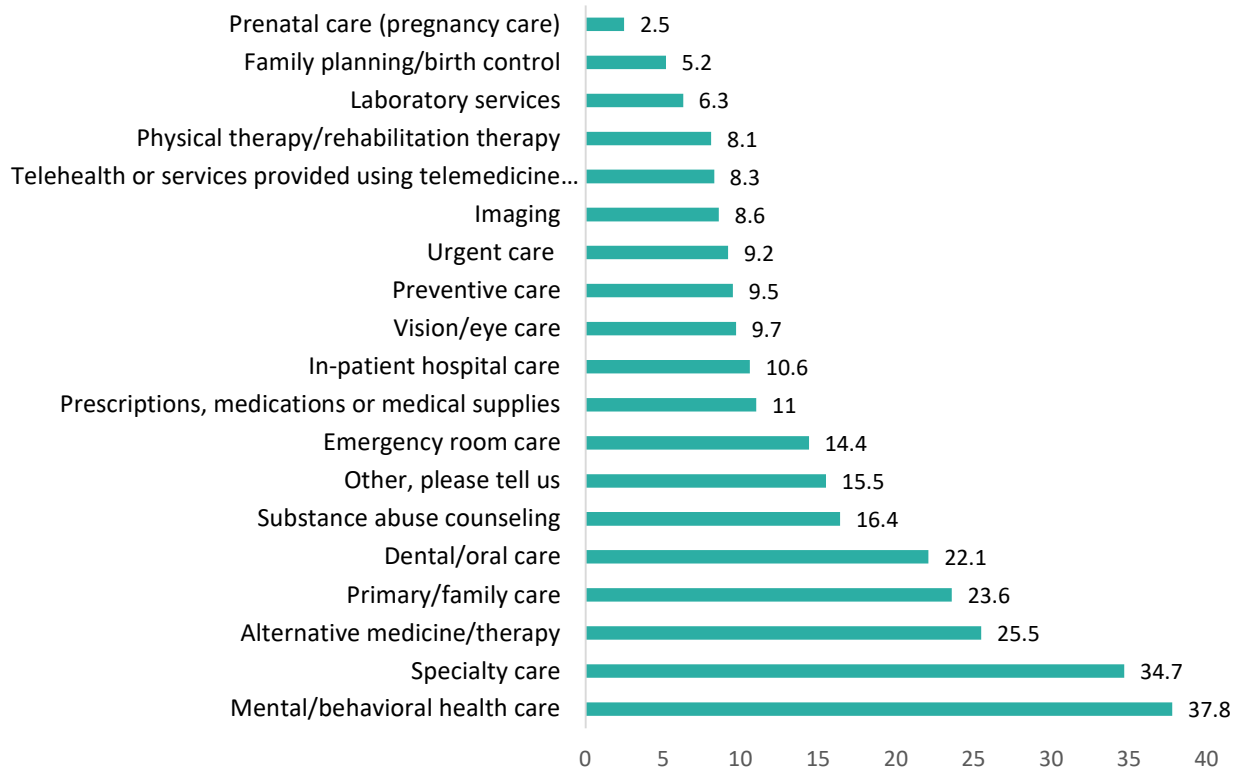
FIGURE 23: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

FIGURE 24: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022. Note: Other category responses: 34 – all are available (7.6 percent); 6 – answers did not pertain to this topic (1.4 percent); 4 each – pediatric specialist, quality care (0.9 percent each); 3 – affordable care (0.7 percent), 2 each – dental services, hospitals, health insurance (0.5 percent each); 1 each – veteran care, transportation, imaging, vitamins, Intellectual and Developmental Disability care, yoga, lactation services, ABA therapy, Medicaid providers for seniors, LGBTQ+ care, endocrinology, none are available (0.2 percent each) (15.5 percent total)

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

TABLE 13: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Received needed care or didn't need care (n=294)	66.2 percent
Did not receive needed care (n=150)	33.8 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	71.3 percent
No appointments available or long waits for appointments	29.3 percent
No dentists available	9.3 percent
Service not covered by insurance or have no insurance	56.0 percent
Transportation, couldn't get there	0.7 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	8.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	8.7 percent
Other (3 – specialty care needed (2.0 percent); 2 – no quality dentists (1.3 percent); 1 each – own fault, neglect dental health (0.7 percent each))	4.7 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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 14: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022

Primary/Family Care	Response
Received needed care or didn't need care (n = 344)	77.5 percent
Did not receive needed care (n = 100)	22.5 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	24.0 percent
No appointments available or long waits for appointments	64.0 percent
No primary care providers (doctors, nurses) available	29.0 percent
Service not covered by insurance or have no insurance	28.0 percent
Transportation, couldn't get there	7.0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	5.0 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	12.0 percent
Other (3 – no answer (3.0 percent); 2 – communication issues (2.0 percent); 1 – no female doctors available (1 percent))	6.0 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

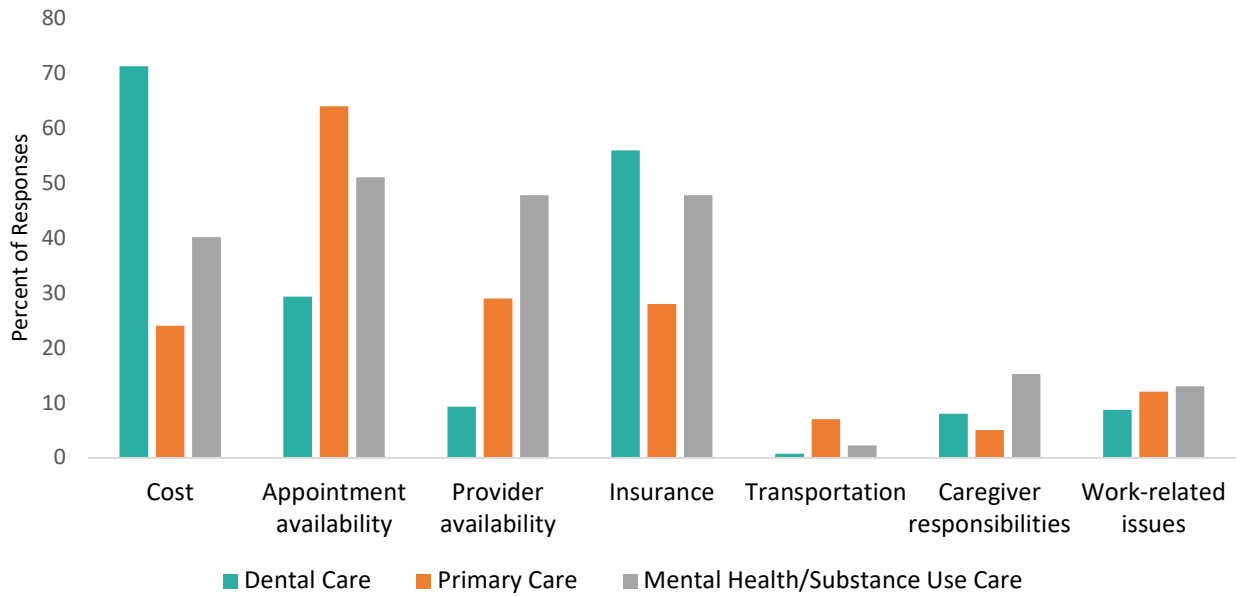
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 15: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, HERNANDO 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 = 352)	79.3 percent
Did not receive needed care (n = 92)	20.7 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	40.2 percent
No appointments available or long waits for appointments	51.1 percent
No mental health care providers or no substance use therapists or counselors available	47.8 percent
Service not covered by insurance or have no insurance	47.8 percent
Transportation, couldn't get there	2.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	15.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.0 percent
Stigma associated with this issue and/or stigma associated with seeking care	12.0 percent
Telehealth issue (e.g., telehealth service not offered, lack of internet)	10.9 percent
Other (2 – too far to travel (2.2 percent); 1 each - wait listed, too busy, not motivated, provider quality (1.1 percent each))	6.5 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 25: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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 16: NEGATIVE IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022

Optional Questions about the Pandemic	Response
Agreed to answer questions (n = 393)	88.5 percent
Chose to opt out (n = 51)	11.5 percent
Household Factors Negatively Impacted by Pandemic (By percent of responses of those who answered optional questions; n = 393)	
Childcare (ability to get care for child/children)	6.1 percent
Employment (ability to keep a job, have steady income)	11.5 percent
Food (ability to buy or get enough food to feed you and your family)	17.3 percent
Housing (ability to find housing, pay rent or mortgage)	10.2 percent
Schooling, education (ability to complete school-related assignments and programs)	6.4 percent
Transportation (ability to use public transportation or shared ride services)	4.3 percent
Utilities (ability to get and pay for electricity, gas, water, internet services)	11.5 percent
Physical activity and exercise (have means and ability to engage in regular physical activity)	22.1 percent
Nutrition (have means and ability to consume a healthy variety of foods)	12.7 percent
None of the items above negatively impacted by household in the past 12 months due to the pandemic	54.5 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

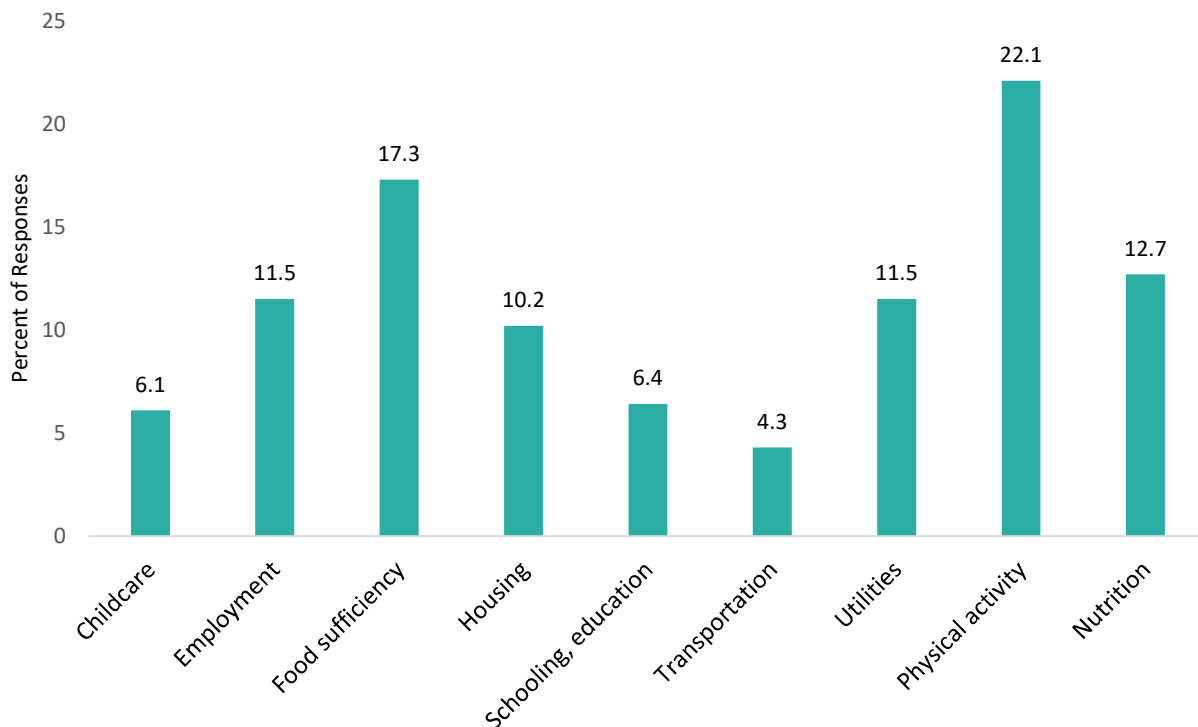
Please indicate if you or a member of your household delayed getting any of these services because of the Coronavirus (COVID-19) pandemic over the past 12 months. Choose ALL that apply.

TABLE 17: DELAYED HEALTHCARE SERVICES OVER THE PAST 12 MONTHS DUE TO THE PANDEMIC, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022

Healthcare Services Delayed (By percent of responses of those who answered optional questions; n = 393)	
Routine (screenings, check-ups) or needed primary healthcare services	25.2 percent
Routine (screenings, check-ups) or needed dental care	22.1 percent
Routine (screenings, check-ups) or needed mental, behavioral or substance use care	8.7 percent
There was no delay in getting these services over the past 12 months by members of my household.	62.1 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 26: NEGATIVE COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS IN THE PAST 12 MONTHS, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022

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

TABLE 18: HAVE HOUSEHOLD EMERGENCY PREPAREDNESS PLAN, HERNANDO COUNTY, BY PERCENT OF RESPONSES, 2022

Response	Household has an Emergency Plan (n = 444)
Yes	79.1 percent
No	15.3 percent
Don't know, not sure	5.6 percent

Source: Hernando County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Half (50.8 percent) of the Hernando 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. Access to primary or family healthcare services ranked fifth among the most important health issues to be addressed in Hernando County. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (22.5 percent of survey respondents), dental care (33.8 percent), and mental health/substance use care (20.7 percent). The most common barriers to primary/family care cited were appointment availability, provider availability and insurance issues. More than 70 percent of those who did not get needed dental care in the past 12 months said cost was a factor, followed by insurance issues at 56.0 percent. About half (51.1 percent) of those who reported not getting mental health or substance use care indicated that appointment availability was an issue with nearly half (47.8 percent) equally pointing to provider availability and insurance issues as obstacles. When asked about specific services lacking in Hernando County, those most commonly mentioned were mental/behavioral health care (37.8 percent), specialty care (34.7 percent), alternative medicine and therapy (25.5 percent), primary/family care (23.6 percent) and dental/oral health care (23.6 percent). Survey respondents said that prenatal care (2.5 percent), family planning and birth control (5.2 percent), and laboratory services (6.3 percent) were much less difficult to obtain in Hernando County. Not using healthcare services appropriately was cited by 12.4 percent of survey respondents and ranked tenth among the behaviors with greatest negative on health in Hernando County.

Mental Health and Substance Abuse Care

Concern about the community's substance use and mental health problems 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 Hernando County; 40.1 percent of survey respondents selected it as a priority problem. A close second ranked important community health issue was mental health problems, garnering 30.4 percent of survey respondents' votes. Substance misuse is often linked with mental or behavioral health problems, and access to mental health and substance use services frequently go hand-in-hand. Hernando County survey respondents ranked drug abuse as the first and alcohol abuse as the seventh ranked behaviors, respectively at 63.3 and 15.8 percent, with greatest

negative impact on overall health. More than a third (37.8 percent) of survey respondents felt mental/behavioral healthcare services were difficult to obtain with an additional 16.4 percent signaling that substance abuse counseling was a service with barriers. To further illustrate this theme, more than a fifth (20.7 percent) of Hernando 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. For Hernando County survey respondents, the most common barriers to mental health or substance use care were appointment and provider availability and insurance issues at 51.1, 47.8, and 47.8 percent, respectively.

Health Behaviors

Hernando County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are seen as problematic. In addition, chronic disease-related behaviors and outcomes surfaced among the most important health issues for Hernando County residents. Obesity was the fourth ranked most important health issue. Behaviors known to contribute to chronic disease prevalence scored among practices having great negative health impact including eating unhealthy foods and drinking sugar-sweetened beverages (ranked third at 25.9 percent), lack of physical activity (ranked fifth at 20.9 percent), and tobacco use (ranked ninth at 14.6 percent). Hernando County survey respondents elevated issues of concern to their senior population. Access to affordable assisted living facilities, elderly caregiving, and age-related health problems were among the top ten most important issues scoring at 16.0, 13.5 and 11.0 percent, respectively. An overall lack of personal responsibility was selected by almost a third (32.9 percent) of survey respondents as the behavior with the second most negative impact. Other ranked problematic behaviors, according to survey respondents, include distracted driving (ranked fourth at 24.3 percent), violence (sixth ranked at 19.1 percent), and not getting immunizations to prevent disease (ranked eighth at 15.5 percent).

Social Determinants of Health

Hernando 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 (top ranked, chosen by 50.8 percent of survey respondents), safe neighborhoods with low crime (second ranked at 25.6 percent), affordable housing (third ranked at 21.6 percent), job opportunities (fourth ranked with 20.5 percent), availability of first responders (fifth ranked at 20.3 percent), access to affordable, sufficient, nutritious foods (sixth ranked at 19.4 percent), and a clean environment (seventh ranked at 18.9 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. Hernando County survey participants reported that in the past year about 17.3 percent felt a negative impact on food sufficiency. About a fifth (22.1 percent) of survey respondents said their level of physical activity still suffered pandemic-related negative impacts. More than a third (37.9 percent) of Hernando County survey respondents said they had delayed getting healthcare because of the pandemic. On the bright side, 79.1 percent of households of survey respondents report having an emergency plan in place for natural and man-made disasters.

Healthcare and Social Service Provider and Community Partner Community Health Survey

Healthcare and Social Service Provider and Community Partner Survey Participant Profile

TABLE 19: DEMOGRAPHICS OF HERNANDO COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDER AND COMMUNITY PARTNER SURVEY RESPONDENTS, 2022

Demographics	Providers and Partners n = 56	
	Number	Percent
Age		
Less than 30	5	8.9
30-39	10	17.9
40-49	14	25.0
50-59	17	30.4
60-64	8	14.3
65-69	1	1.8
70-79	0	0
80 or older	0	0
Prefer not to answer	1	1.8
Gender Identity		
Man	11	19.6
Woman	42	75.0
Non-binary	2	3.6
Transgender	0	0
Other	0	0
Prefer not to answer	1	1.8
Ethnic Identity		
Hispanic or Latino/a/x	4	7.1
Non-Hispanic or Latino/a/x	48	85.7
Prefer not to answer	4	7.1
Racial Identity		
American Indian or Alaska Native	1	1.8
Asian	1	1.8
Black or African American	0	0
Native Hawaiian or other Pacific Islander	0	0
Two or more races	2	3.4

Demographics	Providers and Partners n = 56	
	White	46
Other	0	0
Prefer not to answer	6	10.7
Length of Time in Profession		
Less than 5 years	9	16.1
5-9 years	7	12.5
10-14 years	12	21.4
15-19 years	10	17.9
More than 20 years	17	30.4
Prefer not to answer	1	1.8
Type of Provider/Partner		
ARNP (all specialties and certifications)	4	7.1
Dietitian/Nutritionist	3	5.4
Health Educator	4	7.1
Licensed Clinical Social Worker	2	3.6
Mental Health/Substance Use Counselor	8	14.3
Nurse	8	14.3
Pharmacist	2	3.6
Physician: (1 of each specialty: Pediatrics, Infectious Disease)	2	3.6
Respiratory Therapist	2	3.6
Social or Community Services	8	14.3
Other: (1 each – Disaster Preparedness, Adm Asst, Assisted Living/Memory Care, Medical Technologist, Hospital Support, Life Safety, Clinical Lab Tech, Individual/Group Peer Support, Certified Recovery Peer Specialist, Case Management, Fire/EMS Adm; 2 – did not specify) (1.8 percent each)	13	23.2

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Observations from Provider Survey

The tables and figures below summarize the responses to the overarching questions that were asked of healthcare providers and community partners serving the residents of Hernando County. There were 56 eligible, completed surveys included in the analysis. In general, the top ranked responses for each question are presented. Each figure shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Health issues most important to address to improve health in Hernando County
- Behaviors with the greatest negative impact on overall health
- Healthcare resources that are difficult to obtain in Hernando County
- Barriers to self-management of chronic diseases and conditions
- Rating of overall community health and accessibility of health care
- COVID-19 pandemic-related issues in seeking healthcare

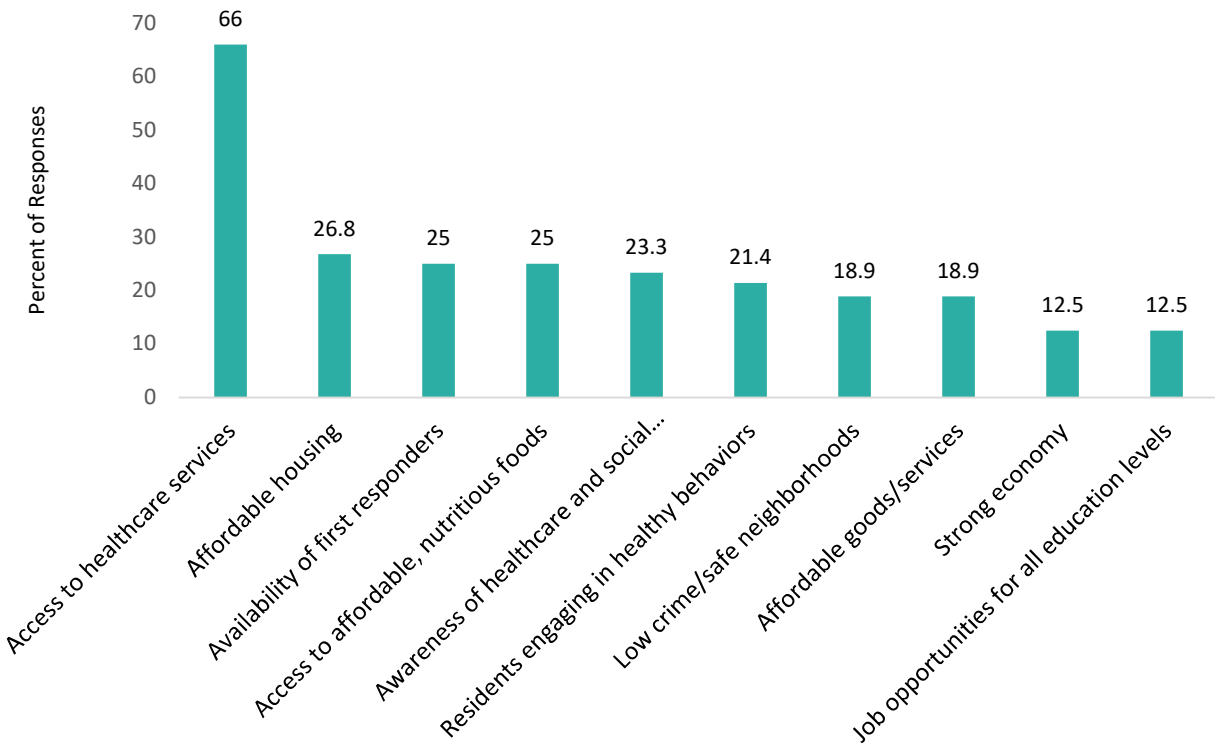
**Which factors or attributes do you think contribute most to having a healthy community?
Please select three (3) choices.**

TABLE 20: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, HERNANDO COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental and mental health care (66.0 percent)
2	Affordable housing (26.8 percent)
3, 4 tie	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (25.0 percent)
	Access to convenient, affordable, and nutritious foods (25.0 percent)
5	Awareness of healthcare and social services (23.3 percent)
6	Residents engaging in healthy behaviors (21.4 percent)
7, 8 tie	Low crime/safe neighborhoods (18.9 percent)
	Affordable goods/services (18.9 percent)
9, 10 tie	Job opportunities for all levels of education (12.5 percent)
	Strong economy (12.5 percent)
11	Good place to raise children (8.9 percent)
12, 13 tie	Low preventable death and disease rates (7.1 percent)
	Good schools (7.1 percent)
14,	Clean environment (5.4 percent)
15 tie	Availability of parks and recreational opportunities (5.4 percent)
16,	Public transportation (3.8 percent)
17,18 tie	Low level of domestic violence (3.8 percent)
	Affordable utilities (3.8 percent)
19,	Practice of religious or spiritual values (1.8 percent)
20,	Places of worship (1.8 percent)
21,	Good race/ethnic relations (1.8 percent)
22 tie	Other (1 – accessible, comprehensive mental health services) (1.8 percent)
23,	Strong family ties (0 percent)
24,	Low level of child abuse (0 percent)
25,	Low rates of infant and childhood deaths (0 percent)
26 tie	Availability of arts and cultural events (0 percent)

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 27: TOP RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY HERNANDO COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Which three (3) health issues are the most important to address to improve the health of people in Hernando County? Please choose up to three (3).

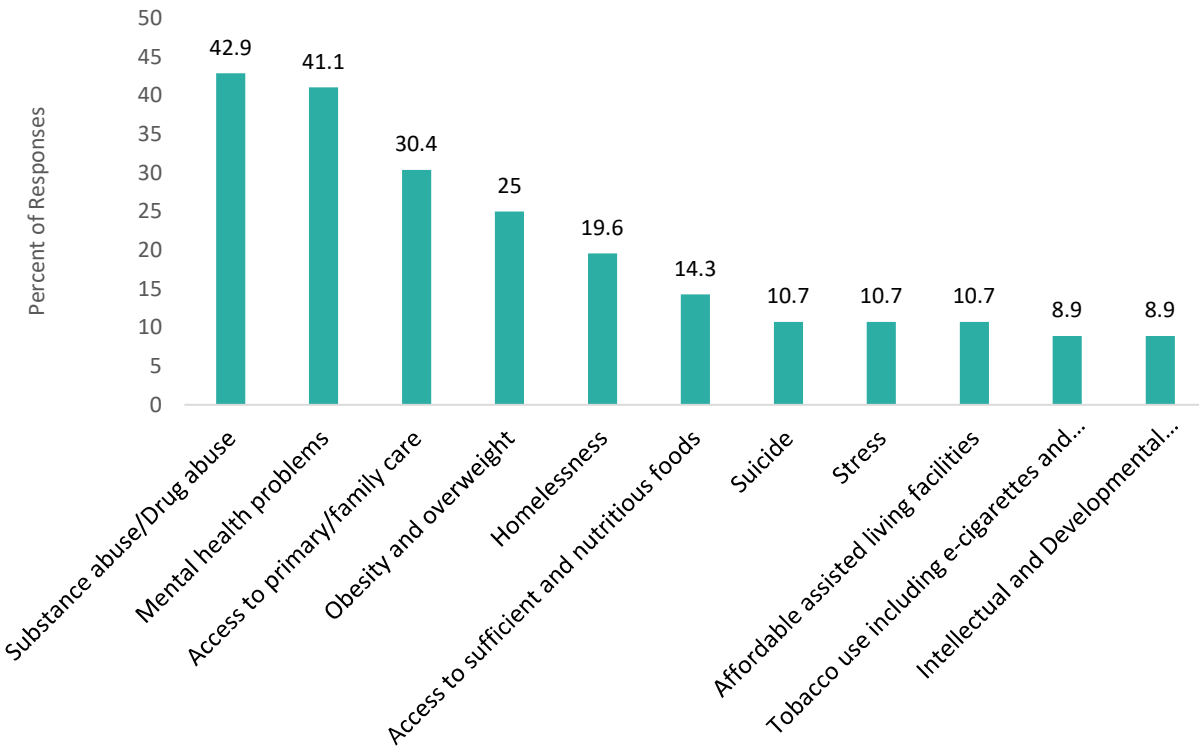
TABLE 21: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HERNANDO COUNTY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (42.9 percent)
2	Mental health problems (41.1 percent)
3	Access to primary/family care (30.4 percent)
4	Obesity and overweight (25.0 percent)
5	Homelessness (19.6 percent)
6	Access to sufficient and nutritious food (14.3 percent)

Rank	Health Issues (Percent of Responses)
7, 8, 9 tie	Suicide (10.7 percent)
	Stress (10.7 percent)
	Affordable assisted living facilities (10.7 percent)
10, 11 tie	Tobacco use including e-cigarettes and smokeless tobacco (8.9 percent)
	Intellectual and Developmental Disabilities (including autism spectrum disorders) (8.9 percent)
12, 13, 14 tie	Domestic violence (7.1 percent)
	Child abuse/neglect (7.1 percent)
	Exposure to excessive and/or negative media and advertising (7.1 percent)
15, 16, 17, 18 tie	Disability (5.4 percent)
	Age-related issues (e.g., arthritis, hearing loss) (5.4 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (5.4 percent)
	Motor vehicle crash injuries (5.4 percent)
19, 20, 21, 22, 23 tie	Diabetes (3.6 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (3.6 percent)
	Rape/sexual assault (3.6 percent)
	Heart disease and stroke (3.6 percent)
	Dental problems (3.6 percent)
24, 25, 26, 27, 28, 29, 30, 31 tie	Access to long-term care (1.8 percent)
	Infant death (1.8 percent)
	High blood pressure (1.8 percent)
	HIV/AIDS (1.8 percent)
	Firearm-related injuries (1.8 percent)
	Dementia (1.8 percent)
	Cancer (1.8 percent)
	Respiratory/lung disease (1.8 percent)
Other (1 – housing) (1.8 percent)	
32, 33, 34 tie	Pollution (e.g., water, air, soil) (0 percent)
	Teenage pregnancy (0 percent)
	Homicide (0 percent)

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 28: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN HERNANDO COUNTY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

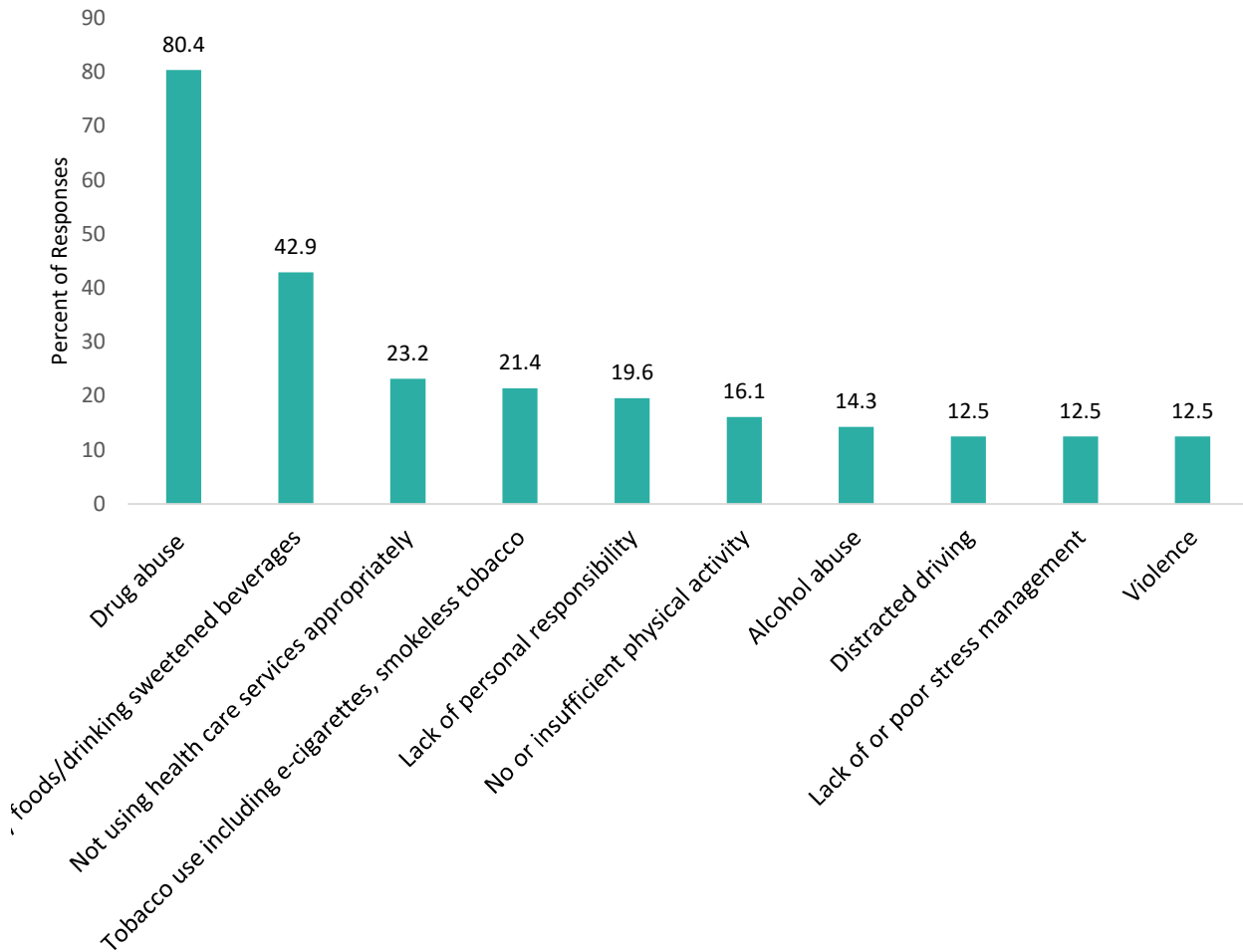
**What has the greatest negative impact on the overall health of people in Hernando County?
Choose three (3).**

TABLE 22: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH OF HERNANDO COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (use of substances such as cocaine, methamphetamines, opioids) (80.4 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (42.9 percent)
3	Not using healthcare services appropriately (23.2 percent)
4	Tobacco use, vaping, chewing tobacco (21.4 percent)
5	Lack of personal responsibility (19.6 percent)
6	No or insufficient physical activity (16.1 percent)
7	Alcohol abuse (14.3 percent)
8, 9, 10 tie	Distracted driving (such as texting while driving) (12.5 percent)
	Lack of stress management (12.5 percent)
	Violence (12.5 percent)
11	Dropping out of school (8.9 percent)
12, 13, 14 tie	Not getting immunizations to prevent disease (e.g., flu shots) (7.1 percent)
	Loneliness or isolation (7.1 percent)
	Other (3 – insufficient mental health care; 1 – cost of living too expensive to have money for healthy habits) (1.7 percent each)
15,	Not using birth control (3.8 percent)
16 tie	Starting prenatal care late in pregnancy (3.8 percent)
17, 18,	Poor race/ethnic relations (1.8 percent)
	Unsecured firearms (1.8 percent)
19,	Unsafe sex (1.8 percent)
20 tie	Not using seat belts/child safety seats (1.8 percent)
21,	Overeating (0 percent)
22 tie	Lack of sleep (0 percent)

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

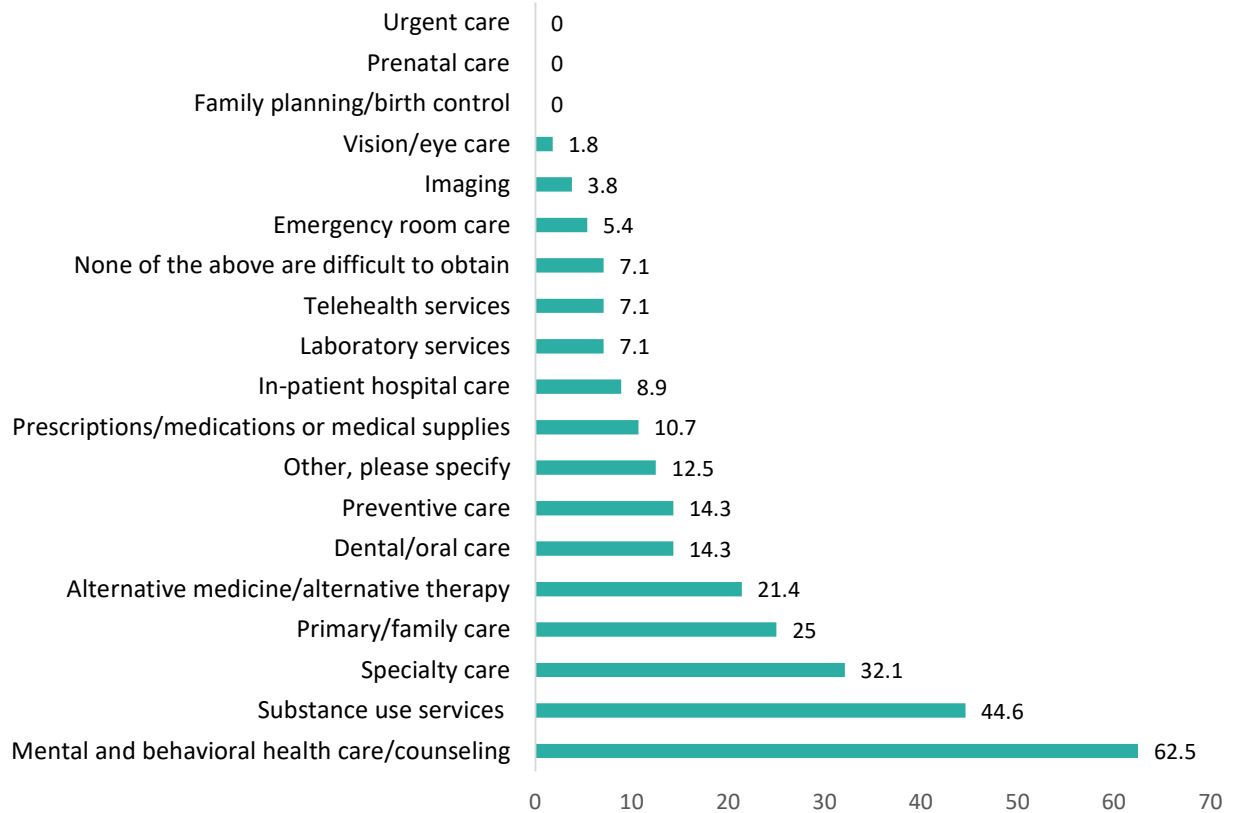
FIGURE 29: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH OF PEOPLE IN HERNANDO COUNTY, HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

FIGURE 30: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN HERNANDO COUNTY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022. Note: Other (2 – affordable healthcare services (3.6 percent), 1 each – Medicaid, affordable insurance, services for persons with Intellectual and Developmental Disabilities, Applied Behavioral Analysis services) (1.8 percent each)

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

TABLE 23: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR HERNANDO COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percentage
Poor	10.7
Fair	42.9
Good	32.1
Very Good	12.5
Excellent	1.8

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Overall, how healthy are the people in Hernando County? Please select one (1) response.

TABLE 24: RATING OF HEALTH OF HERNANDO COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percent
Very unhealthy	1.8
Unhealthy	21.4
Somewhat healthy	75.0
Healthy	1.8
Very healthy	0

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

TABLE 25: BIGGEST BARRIERS TO CLIENTS MANAGING THEIR OWN CHRONIC DISEASES OR CONDITIONS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Barriers	Percent
Cost	67.9
Lack of coverage by insurance company	26.2
Lack of knowledge	15.9
Self-discipline/motivation	8.4
Lack of access to sufficient time with a healthcare provider	8.4
Inability to use technology effectively	2.8
Other (3 – transportation) (2.8 percent)	2.8

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

In the past 12 months, have you found that some clients delayed getting urgent or needed care because of the pandemic? AND In the past 12 months, have you found that some clients delayed getting routine care (e.g., screenings, check-ups) because of the pandemic? AND Have you observed any harmful impacts or negative outcomes in patients’ health that can be linked to this delay in care?

TABLE 26: RATING OF HERNANDO COUNTY CLIENTS' PANDEMIC-RELATED DELAYS IN GETTING CARE, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating of Clients’ Pandemic-Related Delays in Care	Percent
Clients delayed getting urgent or needed care during pandemic	
Yes	50.0
No	33.9
Unsure	16.1
Clients delayed getting routine care (e.g., screenings, check-ups) during pandemic	
Yes	58.9
No	28.6
Unsure	12.5
Observed negative impacts or outcomes linked to delayed care	
Yes	48.2
No	28.6
Unsure	23.2

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

How has pandemic-related delayed care impacted access to healthcare services today? Select all that apply.

TABLE 27: EFFECTS OF PANDEMIC-RELATED DELAYED CARE ON HEALTHCARE ACCESS IN HERNANDO COUNTY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Potential Impacts (Percent of Responses)
1	Longer waits for services and appointments (66.1 percent)
2	Increased use of Emergency Department services (42.9 percent)
3, 4 tie	Increased need for routine and specialty healthcare services (37.5 percent)
	Higher costs to clients (37.5 percent)
5	Increased use of urgent care facilities (35.7 percent)
6	Continued use or expanded use of telemedicine technology (32.1 percent)
7	Significant impact to access (19.6 percent)
8	Higher costs to providers (12.5 percent)
9	Minimal impact to access (10.7 percent)
10	No impact to access (8.9 percent)
11	Curtailed use of telemedicine technology (7.1 percent)
12, 13 tie	Shorter waits for services and appointments (1.8 percent)
	Decreased need for routine and specialty healthcare services (1.8 percent)
14	Other (0 percent)

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

What can leaders in Hernando County do to help improve the health of your clients and others in the community? Please check all that apply.

TABLE 28: WHAT HERNANDO COUNTY LEADERS CAN DO TO HELP IMPROVE THE HEALTH OF CLIENTS AND OTHERS IN THE COMMUNITY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Actions (Percent of Responses)
1	Increase access to mental health services (80.4 percent)
2	Increase outreach/health education programs (57.1 percent)
3	Provide education on services available (55.4 percent)
4	Focus on issues of the indigent and uninsured (53.8 percent)
5	Provide education on appropriate use of available services (48.2 percent)
6	Establish community partnerships to address issues collectively (44.6 percent)
7, 8	Increase access to primary medical services (42.9 percent)
tie	Increase access to dental services (42.9 percent)
9	Establish more community clinics (39.3 percent)
10	Initiate efforts to bring more physicians to the community (37.5 percent)
11	Establish or enhance a community health information exchange (33.9 percent)
12	Create city/county ordinances to promote community health improvement (26.8 percent)
13	Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure, and confidential environment) (10.7 percent)
14	Other (1 each – improve transportation; address insurance and housing costs; meet needs of persons who are disabled and those who have mental health problems including those in Hernando County jail) (1.8 percent each) (5.4 percent)

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

TABLE 29: HOW SURVEY RESPONDENTS HEARD ABOUT SURVEY, HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Options	Percent
Through a family member, friend, or co-worker	39.3
Other (7 – work email (12.5 percent), 4 – CHIPP (7.1 percent), 3 each – NAMI and Emergency Management (5.4 percent each), 2 – DOH (3.6 percent))	33.9
Flyer	16.1
Facebook	3.6
Website, please specify (2: WellFlorida Council)	3.6
Newspaper advertisement or article	1.8
Poster	1.8
Twitter post	0

Source: Hernando County Healthcare and Social Service Providers and Community Partners, Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Key Findings from Provider Survey

Survey Demographics

A diverse group of healthcare and social service providers and community partners responded to the survey. The largest category of survey respondents, representing 23.2 percent of the total, were from other healthcare, social and/or community services. This was followed by nurses, mental health or substance use professionals, and social and community service providers tied at 14.3 percent each. The occupations of those included in the other group included emergency management and public health preparedness, fire rescue/EMS, medical and laboratory technicians, peer support, case management, organization/agency administration, hospital support, recovery specialists, and memory care. Many seasoned professionals participated in the survey with the largest representation among persons with more than 20 years of experience, accounting for 30.4 percent of respondents. Those in mid-career with between ten (10) and 14 and 15 to 19 years' experience weighed in at a total of 39.3 percent of respondents. Those new to healthcare and/or community or social service in Hernando County accounted for 16.1 percent of survey respondents.

Health Priorities and Contributing Health Behaviors

Providers and partners were in strong agreement on the top two (2) most important health issues that need to be addressed. These were substance and drug abuse (first ranked at 42.9 percent) and mental health problems (second ranked at 41.1 percent). Rounding out the top five (5) most important health issues were access to primary care, obesity and overweight, and homelessness. Related to their selection of the most important issues, Hernando County providers and partners identified the five (5) behaviors with greatest negative impact on overall health as drug abuse (first ranked at 80.1 percent), eating unhealthy foods and drinking sugar sweetened beverages (second ranked at 42.9 percent), not using healthcare services appropriately (third ranked at 23.2 percent), tobacco use (fourth ranked at 21.4 percent), and the general lack of personal responsibility (fifth ranked at 19.6 percent).

There was agreement between the providers and partners and Hernando County survey respondents on the majority of the most important health issues such as substance and drug abuse, mental health problems, homelessness, obesity and overweight, and access to primary care. Healthcare providers and partners elevated the issues of suicide, stress, tobacco use, and intellectual and developmental disabilities while community members pointed to motor vehicle crash injuries, elderly caregiving, and age-related issues as urgent matters.

Behaviors with negative impacts on health were in alignment among Hernando County community and provider and partner survey respondents. Drug and alcohol abuse as well as unhealthy eating and drinking practices made the top of both lists along with distracted driving, insufficient physical activity, tobacco use, violence, lack of personal responsibility, and not using healthcare resources appropriately. Providers and partners spotlighted stress and lack of stress management as impactful whereas community members zeroed in on not getting immunizations.

Access and Barriers to Care

As did the survey respondents from the community at large, providers and partners ranked access to healthcare services as the most important factor that contributes to a healthy community (66.0 percent of responses). Providers also highly ranked (fifth ranked at 23.3 percent) the awareness of healthcare and social services as a contributing attribute. Providers and partners elevated access to primary care as the third most important issue to be addressed (30.4 percent) along with access to affordable assisted living facilities (ninth ranked at 10.7 percent). Healthcare providers and community partners ranked several access-related behaviors among those with the greatest negative impact on overall health in the region. Most notably these included not using healthcare services appropriately (third ranked at 23.2 percent), lack of personal responsibility (fifth ranked at 19.6 percent), and lack of or poor stress management (eighth ranked at 12.5 percent).

Overall accessibility to healthcare services for Hernando County residents was deemed by responding providers and partners as fair (42.9 percent) to good (32.1 percent) with another 12.5 percent ranking access as very good. For providers and partners the healthcare services most difficult to obtain in Hernando County area were mental and behavioral health care (first ranked at 62.5 percent), substance use services (second ranked at 44.6 percent), specialty care (third ranked at 32.1 percent), primary/family care (fourth ranked at 25.0 percent), and alternative medicine and therapy (fifth ranked at 21.4 percent). According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (67.9 percent), lack of insurance coverage (26.2 percent), and lack of knowledge (15.9 percent).

Strategies ranked highest by Hernando County providers and partners to improve health outcomes included increasing access to mental health services (80.4 percent), increasing outreach and education programs (57.1 percent), and providing education on available services (55.4 percent). Further, more than half (53.8 percent) of healthcare and social service providers and partners cited focusing on issues of the indigent and uninsured as a key strategy to improving individual and population health.

COVID-19

Half of Hernando County provider and partner survey respondents reported pandemic-related delays by clients in getting needed care (e.g., for an immediate illness or condition) (50.0 percent). More than half (58.9 percent) said clients delayed routine care (e.g., screenings and check-ups) during the pandemic. Almost half (48.2 percent) of providers and partners cited they had observed negative impacts or outcomes linked to this delayed care. When asked their opinion on potential impacts that pandemic-related delayed care might have on access to healthcare services, 66.1 percent of survey respondents felt there would be longer waits for services and appointments along with increased use of Emergency Department services (42.9 percent). Notably, more than a third of providers and

partners opined that higher costs to clients would result in addition to increased need for specialty and routine healthcare services.

Taken together, the survey data shows that providers and partners share similar concerns with the community about important health issues, contributing causes and behaviors, and gaps in resources. This survey data provides valuable insights into the health concerns faced by Hernando County residents, healthcare and social service providers, and community partners.

FORCES OF CHANGE ASSESSMENT

Methods

One of the three MAPP assessments in the community health 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 Hernando 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 United States that have an impact on the local community. Information collected during this assessment will be considered when identifying strategic issues.

The Hernando County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on December 14, 2022. 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 Hernando County demographics, health conditions and behaviors, healthcare resources, and the perspectives of community members and providers on issues related to health and quality of life. The group brainstormed possible forces that may hinder or help the community in its quest for improvement in community health outcomes. Brainstorming followed discussions of the threats and opportunities associated with the forces. The *Forces of Change for Hernando County* tables on the following pages summarize the forces of change identified for Hernando County, as well as possible associated opportunities and threats that may be considered in any Hernando County strategic planning or community health improvement planning process.

Forces Of Change for Hernando County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Economic	Population Growth	Overdevelopment or poorly planned development impacting housing affordability and access to services; meeting education/schooling needs of families; emergency preparedness infrastructure sufficiency to meet needs during and after disasters	New development, new businesses, growth in infrastructure; new, expanded, strengthened workforce
	Overcrowding at Schools	Education quality lowered, diminished accessibility to specialized programs for students, lower graduation rates, school safety concerns, continued worsening of teacher shortages	Working with developers on school planning and health in all policies related to education and health
	Rising Numbers of Home Evictions	Severe impacts to senior citizens, those who have suffered from COVID-19, families with young children; increased numbers of homeless individuals and families, food insufficiency, downward spiral in both physical and mental health	Identify COVID/pandemic benefit replacement for income and other support
Social/ Economic/Behavioral	Homeless Population Growth	Poor physical and mental health of persons and families who are homeless; long-term impacts to economic stability, employment; safety and exposure to violence and crime; lack of safe/sober housing for those in recovery	Seek local, state, federal grants and resources for housing; focus on housing for those in recovery
Social/ Behavioral	Increase in Mental Health Problems and Substance Use/Abuse	Fentanyl potency and wide availability leads to greater, even more negative impacts on users, their families, the community; ER overuse for treatment; dependency and overuse on EMS for response and treatment; potential for increased violence and crime; drain on already limited resources including diversion of tax dollars to address issues	Enhance and expand medication assisted treatment (MAT) programs and resources; mobile programs including Narcan distribution, syringe exchange; expand Florida Assertive Community Treatment (FACT) program teams to serve persons with serious mental illness who are criminal justice-system involved; expansion and improvements to child welfare

Forces Of Change for Hernando County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
			system; education and outreach program expansion
	Healthcare Provider Shortages	Shrinking access to healthcare services; aging of current pool of physicians can lead to less care availability and impacts to quality and specialties; increased burden on ERs, dependency on out-of-county resources impacting regional healthcare access; length of stay and acuity of care in facilities impacted by delayed care and shortages	Develop and implement incentive programs to attract and recruit physicians, nonphysician practitioners, and allied healthcare professionals, dentists, and dental professionals Explore regional solutions to shortages
Behavioral/ Economic	Payer Impact on Healthcare Utilization Changing	Denied and/or delayed access to healthcare services resulting in poorer health outcomes, high healthcare costs, inappropriate use of ERs; personal health-related bankruptcies rising due to unaffordable care and lack of insurance, high-cost premium, high deductibles or coverage that does not meet needs	Educate healthcare system users including providers on system navigation; provide health literacy education in schools and to those of all ages
Environmental	Changing Rural Landscape and Heritage of Hernando County	Encroaching development destroying natural environment and habitats; shrinking agricultural land use and farming businesses	Explore business opportunities to expand eco-tourism in ways that do not harm natural environment; bring sensitive land management practices to rural areas; use political will and advocacy to protect environment

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Hernando County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Economic	Shortage of Affordable Housing	Persistent struggles finding affordable, safe housing for individuals, families, senior citizens put people at risk for homelessness, deepening poverty, health and injury issues; division within communities opposed to bringing in affordable housing; widening socioeconomic gap among certain income, racial, ethnic, and age groups.	Examine local, state policy and regulations on housing development; seek federal, state, local funding/grants to support housing solutions; advocate for fair use of Sadowski Act funds
Social/ Economic/ Behavioral	Unmet Needs of an Aging Population	Ongoing challenges to meet the current and future needs of an aging population that is growing in numbers due to in-migration and the advanced age of current population; lack of long-term care and assisted living facilities and providers puts health, safety and quality of life in jeopardy for many seniors particularly those with limited incomes and no family ties	Wide open business opportunities for nursing homes, assisted living facilities, home healthcare services, hospice, rehabilitation, and long-term care facilities; employment and career growth in social service and healthcare professions; use and reporting of quality measure of facilities; educate public on how to identify, select, access, and finance senior services and benefits
	Gaps in Resources for Children with Mental Health Problems	Long-standing deficits in resources to meet the needs of children with mental health problems puts health at risk, contributes to delays in care and long-term impacts that may carry consequences that could have been prevented; costlier care due to delays, complications, and worsening health problems	Search for resources and supports to bring receiving facilities dedicated to the needs of children to the county and/or region; call for innovation in financing, staffing, and sustaining these facilities
Environ- mental	Waterways and other Natural Resources	Overuse and unchecked use of waterways and other natural environments causing costly and irreparable damage to natural resources, plant and wildlife; encroaching development endangers rural settings and agricultural and farming land use	Regulate and support eco-tourism business growth in ways that protect natural resources while promoting economic development; apply health in all policies tenets to business development; develop new/expanded supports and interests in farming and agricultural businesses
Political	Current Political Climate	Unpopular changes to Hernando County's unique character; diversion of tax dollars away from addressing health problems	Local, regional, state policy and laws attract new businesses and residents; promote wisely and fairly regulated growth; grassroots leadership opportunities to advocate for health

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Hernando County - EVENTS

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Economic	Building of Simpson Technical Center	Need recurring revenues and investments to sustain programs, continue innovation, recruit faculty and staff	Train and retain local talent; attract businesses with trained workforce pool
	Jersey College School of Nursing Expansion	Need for nursing faculty to sustain programs and offer high quality training	Pipeline of trained nursing professionals to fill gaps in healthcare services; promote healthcare careers
	New Facility for National Alliance on Mental Illness (NAMI) Local Branch	Requires leadership for planned growth and sustainability; potential staffing challenges; assuring continued equitable access and services	Mental health service expansion; employment for mental health professionals
Economic/ Political	New School District Taxing	Rising taxes contributes to housing affordability challenges; assuring equitable use of tax dollars to improve student education services and academic achievement	Citizen oversight and expectations for accountability; efficiency in administering county schools; school resource updates and enhancements; better student outcomes and school performance
Political	2024 Presidential Election	Erosion or challenges to current levels of investments in health resources	Support candidates that advocate for improving health and well-being; educate on science-based health topics
Environmental	Natural Disaster, Tropical Storm, Hurricane, or other Weather-Related Emergencies	Ability to effectively reach and assist growing population during emergency with limited resources; need resources to communicate with the community on the need for personal advance planning and preparation	Improve emergency preparedness of individuals and the community, improve communication systems and resource allocation; apply lessons learned in responding to pandemic; build on successes in other responses; continue to strengthen partnerships; seek infrastructure investments to reinforce and upgrade resources; sharpen communication messaging and tactics; revise/update Emergency Operations Plans

Source: Prepared by WellFlorida Council, 2023.

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 Hernando 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 Hernando 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 Hernando County.

Intersecting Themes

The intersecting themes, recurring issues, and major health needs in Hernando County as identified through the community health assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Hernando 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 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
 - ▶ Unsafe neighborhoods, crime, and violence
 - ▶ Need for affordable housing and transitional housing
 - ▶ Food insufficiency
 - ▶ Homelessness
 - ▶ Protections for natural environment including waterways and rural areas
- Health Outcomes
 - ▶ Disparities in causes of death including for cancer, heart disease, diabetes, chronic lower respiratory disease, stroke, COVID-19, unintentional injuries
 - ▶ Infant mortality
 - ▶ Prevalence of mental health, behavioral health, and substance use problems

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- ▶ Prevalence of overweight and obesity and chronic diseases and conditions
 - ▶ Lower life expectancies
 - 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
 - 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 avoidable conditions, primary care, dental care, and mental and behavioral health and substance use problems
 - ▶ Increasing need for assisted living facilities, nursing homes, and health services for the elderly
 - ▶ Delayed entry into prenatal care
 - ▶ Personal and organizational health literacy, health communications, and equitable resource access

Strategic Priority Issue Areas

Hernando County Community Health Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process at their February 7, 2023 meeting. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Hernando 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 30 below). In self-selected workgroups, Steering Committee 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, seven (7) priority themes emerged. These included mental health and substance abuse, violence and safety, housing, senior health and quality of life, healthy choices for healthy living, childhood health and safety, and barriers to care. Facilitators checked for understanding and issue definition, queried about the priority population focus, and confirmed supporting data. After considerable discussion and issue advocacy, the Steering Committee 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).

TABLE 30: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, HERNANDO COUNTY, 2023

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved 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

- Mental Health and Substance Abuse
 - ▶ Behavioral health included
 - ▶ Early diagnosis and treatment
 - ▶ Prevention and mental and behavioral health wellness
 - focus on children, families, and senior citizens
 - ▶ Resource quality, ease of access, and sufficiency
- Affordable, Safe Housing
 - ▶ Access to healthy living accommodations
 - focus on transitional housing for persons with health problems or disabilities
 - ▶ Obtainable housing for individuals and families with lower and middle incomes
 - focus on senior citizens, those facing evictions
- Childhood Health and Safety
 - ▶ Parental and community engagement, support, and education
 - ▶ Childhood dental care
 - including early intervention, primary prevention
 - ▶ Resources for children and families of children with special needs
- Healthy Choices for Healthy Living
 - ▶ Unintentional injury prevention
 - focus on children, senior citizens, persons with substance use problems
 - ▶ Healthy weight, nutrition, and physical activity across the lifespan

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- ▶ Violence prevention
 - focus on community violence, child abuse and neglect, intimate partner violence
 - Barriers to Health Care
 - ▶ Services and providers
 - focus on equal access to primary care and dental care providers, elderly caregiver professionals and services
 - ▶ Costs and financial barriers
 - health insurance costs including premiums, co-pays, deductibles, qualification for benefit and entitlement programs
 - ▶ 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 community and personal violence which was supported by both secondary and primary data. Senior health and living also garnered passionate support from community partners who cited numerous secondary data points as well as primary data findings indicating its need for attention. Steering Committee 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, they would be incorporated into the selected priorities. Further, Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously.

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

Key Considerations

- 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

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- 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 Hernando 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 Hernando County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Hernando County and only need enhancement 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 31: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Barriers to Care	<p>Health insurance enrollment outreach & support</p> <p>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.</p>	Scientifically Supported	<p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support</p>
Barriers to Care	<p>Patient Navigation Services Increase Cancer Screening and Advance Health Equity</p> <p>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.</p>	Systematic Review	<p>The Guide to Community Preventive Services CPSTF Recommends Patient Navigation Services to Increase Cancer Screening The Community Guide</p>

Issue	Practice or Intervention	Effectiveness	Source
	The CPSTF's recommendation is based on a systematic review of 34 studies.		
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/
Chronic Disease – Hypertension	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

Issue	Practice or Intervention	Effective-ness	Source
	substance abuse and mental health services, relative to a comparison group.		
Infant Mortality and Maternal Child Health	<p>Nurse-Family Partnership – Providing babies with the best start in life</p> <p>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.</p>	Evidence-based	www.kingcounty.gov/nfp
Infant Mortality and Maternal Child Health	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>
Mental Health	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.</p>	Systematic Review	<p>Healthy People 2030:</p> <p>Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 health.gov</p>

Issue	Practice or Intervention	Effective-ness	Source
Mental Health	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management</p> <p>Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.</p>	Systematic Review	<p>Healthy People 2030:</p> <p>Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management - Healthy People 2030 health.gov</p>
Mental Health	<p>School-Based Programs to Reduce Violence</p> <p>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.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/violence-school-based-programs</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program</p> <p>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.</p>	Evidence-Based	<p>SNAP-Ed Toolkit</p> <p>https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</p>
Nutrition	<p>Video Game Play</p> <p>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.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&</p>

Issue	Practice or Intervention	Effective-ness	Source
			ction=view&pid=3826
Nutrition/ Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf
Nutrition/ Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville</p>	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/

Issue	Practice or Intervention	Effective-ness	Source
	<p>was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.</p>		
Obesity	<p>Text4Diet: A Text Message-based Intervention for Weight Loss</p> <p>Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.</p>	Evidence-Based	<p>https://cdc.thehcn.net/promisepractice/index/view?pid=3490</p>
Obesity	<p>Health Education to Reduce Obesity (HERO)</p> <p>The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.</p>	Promising Practice/ Good Idea	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003</p>
Obesity	<p>Healthy Eating Lifestyle Program (HELP)</p> <p>Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542</p>

Issue	Practice or Intervention	Effective-ness	Source
Obesity	<p>Pounds Off Digitally (POD)</p> <p>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.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.</p>	Systematic Review	<p>Healthy People 2030:</p> <p>https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>

Issue	Practice or Intervention	Effective-ness	Source
<p>Physical Activity</p>	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	<p>Evidence-Based</p>	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
<p>Physical Activity and Greenways</p>	<p>Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions</p> <p>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</p>	<p>Systematic Review</p>	<p>The Community Guide</p> <p>Phys Activity: Park, Trail, Greenway multicomponent The Community Guide</p>
<p>Poverty</p>	<p>Policies to Address Poverty in America</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	<p>Evidence-Based</p>	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</p>

Issue	Practice or Intervention	Effective-ness	Source
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Rural Health	<p>What Works? Strategies to Improve Rural Health</p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	<p>https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>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.</p>	Evidence-Based	<p>National Institute of Health:</p> <p>NIDA Notes National Institute on Drug Abuse (NIDA) (nih.gov)</p>
Substance Abuse	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>

Issue	Practice or Intervention	Effective-ness	Source
Substance Abuse	<p>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide</p> <p>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.</p>	Evidence-Based	<p>National Institutes of Health, National Institute on Drug Abuse:</p> <p>Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide SAMHSA</p>
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p> <p>Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</p>
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>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.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mas-s-media-campaigns-against-tobacco-use</p>
Violence		Systematic Review	U.S. Preventive Services Task Force

Issue	Practice or Intervention	Effective-ness	Source
	<p>Clinician Screening for Intimate Partner Violence</p> <p>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.</p>		<p>Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>
<p>Violence</p>	<p>Anti-Bullying Policies and Enumeration</p> <p>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.</p>	<p>Systematic Review</p>	<p>CDC, Adolescent and School Health</p> <p>Anti-Bullying Policies and Enumeration Adolescent and School Health CDC</p>

APPENDIX A – COMMUNITY HEALTH SURVEY

English ▼

Default Question Block

Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from Tuesday, October 18 through Wednesday, November 30, 2022. 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 Hernando 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.

I'm not a robot 
reCAPTCHA
Privacy - Terms

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 Hernando County?

- Yes, I am a Hernando County resident.
- No, I am not a Hernando County resident.

Community Health

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

- | | |
|---|---|
| <input type="checkbox"/> Job opportunities for all levels of education | <input type="checkbox"/> Strong economy |
| <input type="checkbox"/> Clean environment (for example, water and air) | <input type="checkbox"/> Availability of parks and recreational opportunities |
| <input type="checkbox"/> Availability of arts and cultural events | <input type="checkbox"/> Access to affordable health care including primary/family care and specialty care, dental care and mental health care |
| <input type="checkbox"/> Low rates of infant and child deaths | <input type="checkbox"/> Practice of religious or spiritual values |
| <input type="checkbox"/> Public transportation system | <input type="checkbox"/> Good race/ethnic relations |
| <input type="checkbox"/> Low crime/ safe neighborhoods | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Affordable utilities |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services |
| <input type="checkbox"/> Choices of places of worship | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Awareness of health care and social services | <input type="checkbox"/> Good place to raise children |
| <input type="checkbox"/> Access to convenient, affordable and nutritious foods | <input type="checkbox"/> Affordable goods and services |
| <input type="checkbox"/> Residents engaging in healthy behaviors | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> | <input type="checkbox"/> Other, please tell us |

Low preventable death and disease rates

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

- | | |
|--|---|
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Poor race/ethnic relations |
| <input type="checkbox"/> Not using seat belts/child safety seats | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) | <input type="checkbox"/> Loneliness or isolation |
| <input type="checkbox"/> Distracted driving (such as texting while driving) | <input type="checkbox"/> Unsecured firearms |
| <input type="checkbox"/> Starting prenatal care late in pregnancy | <input type="checkbox"/> Tobacco use, vaping, chewing tobacco |
| <input type="checkbox"/> Unsafe sex | <input type="checkbox"/> Lack of stress management |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of sleep |
| <input type="checkbox"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Lack of personal responsibility | <input type="checkbox"/> Not using health care services appropriately |
| <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> Eating unhealthy foods, drinking sugar-sweetened beverages |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input type="text"/> |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Affordable assisted living facilities |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Elderly caregiving | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Intellectual and Developmental Disabilities (including autism spectrum disorders) | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss) |
| <input type="checkbox"/> | <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) |
| <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) | <input type="checkbox"/> Access to sufficient and nutritious foods |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Access to long-term care |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> | <input type="checkbox"/> |

- | | |
|---|---|
| <input type="checkbox"/> Substance abuse/drug abuse | <input type="checkbox"/> Pollution (e.g., water, air, soil quality) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Other, please tell us |
| <input type="checkbox"/> | <input type="checkbox"/> <input style="width: 300px; height: 25px;" type="text"/> |

Access to Services

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

- | | |
|---|--|
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Emergency room care |
| <input type="checkbox"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) |
| <input type="checkbox"/> Telehealth services or services provided using telemedicine technology | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Urgent care (e.g., walk-in clinic) |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Physical therapy/rehabilitation therapy |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Prenatal care (pregnancy care) |
| <input type="checkbox"/> Primary/family care (e.g., family doctor) | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Other, please tell us |

Preventive care (e.g., check-ups)

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 ALL that apply.

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Stigma associated with this issue and/or stigma associated with seeking care
- Telehealth issue (e.g., telehealth service not offered, lack of internet accessibility)
- 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

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 ALL 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 confidential and will not 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 ONE.

- 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 ONE.

- 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 ONE.

- 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 ALL 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 ALL 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 ONE.

- Less than \$10,000
- \$10,000 - \$19,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999

-
- \$20,000 – \$29,999
 - \$30,000 – \$49,999
 - \$50,000 – \$74,999
 - \$75,000 – \$99,999
 - \$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?

- 34601 Brooksville
- 34602 Brooksville
- 34603 Brooksville PO
- 34604 Brooksville
- 34605 Brooksville PO
- 34613 Brooksville
- 34614 Brooksville
- 33523 Dade City
-
- 34636 Istachatta PO
- 34606 Spring Hill
- 34607 Spring Hill
- 34608 Spring Hill
- 34609 Spring Hill
- 34610 Spring Hill
- 34611 Spring Hill PO
- 33597 Webster
- Other, please specify
-

Open Ended

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



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APPENDIX B – PROVIDER SURVEY

English

Block 1


Dear Healthcare Provider, Social Service Provider, and
Community Partner,

The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by February 28, 2023. We request your input, as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2022. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 13 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Hernando County. The survey will be available from October 12 through November 30, 2022.

Thank you very much for your willingness to help the community by completing this survey. If you have any questions about this survey or the survey process, you may contact Christine Abarca by phone at 352 727 3767 or by email at cabarca@wellflorida.org.

Please respond to the statement below.

 I'm not a robot 
reCAPTCHA
Privacy - Terms

Do you provide health care, social services or community services to Hernando County residents?

- Yes
- No

You are not eligible to take this survey. Thank you for your interest in improving the health of Hernando County residents.

Default Question Block

What is your healthcare, social service or community service-related profession?

- Advanced Registered Nurse Practitioner (including all specialties and certification types)
- Dentist
- Community Health Worker or Promotora
- Dietitian/Nutritionist
- Health Educator
- Licensed Clinical Social Worker
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- I provide other social or community services

Other (please specify)

What are your main specialties? Please select all that apply.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General Practice | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Physical Medicine and Rehabilitation |
| <input type="checkbox"/> Cosmetic/Plastic Surgery | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Chiropractic Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> ENT/Otolaryngology | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Specialized Surgery |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Immunology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Other (please specify) |

-
- Emergency Medicine
 - Internal Medicine
 - Pain Management

Which factors or attributes do you think contribute **most** to having a **healthy community**? Please select **three (3)** choices.

- Practice of religious or spiritual values
- Strong family ties
- Low level of domestic violence
- Low rates of infant and childhood deaths
- Affordable housing
- Availability of first responders, Fire/Rescue/EMS, emergency preparedness
- Job opportunities for all education levels
- Affordable utilities
- Low crime/safe neighborhoods
- Access to health care including primary and specialty care, dental care and mental health care
- Good schools
- Low level of child abuse
- Clean environment
- Availability of parks and recreation areas/centers
- Affordable goods/services
- Awareness of health care and social services
- Good race/ethnic relations
-
- Public transportation
- Places of worship
- Low preventable death and disease rates
- Availability of arts and cultural events
-
- Access to convenient, affordable and nutritious foods

Residents engaging in healthy behaviors

Good place to raise children

Strong economy

Other (please specify)

What has the **greatest negative impact** on the overall health of people in Hernando County? Choose **three (3)**.

Loneliness or social isolation

Violence

No or insufficient physical activity

Overeating

Not using seat belts/child safety seats

Unsecured firearms

Poor race/ethnic relations, racism

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

Starting prenatal care late in pregnancy

Tobacco use including e-cigarettes, smokeless tobacco

Not using birth control

Not using health care services appropriately

Unsafe sex practices

Alcohol abuse

Dropping out of school

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

Distracted driving (e.g., texting and driving)

Eating unhealthy foods/drinking sweetened beverages

Lack of sleep

Lack of or poor stress management

Lack of personal responsibility

Other (please specify)

Which **three (3) health issues** are the **most important to address** to improve the health of people in Hernando County? Please choose **three (3)**.

Rape/sexual assault

Exposure to excessive and/or negative media and advertising

Tobacco use including e-cigarettes and smokeless tobacco

Vaccine preventable diseases (e.g., flu, measles)

Respiratory/lung disease

Domestic violence

Diabetes

Motor vehicle crash injuries

Access to primary/family care

Sexually transmitted diseases (STD's) (e.g., gonorrhea, chlamydia, hepatitis, etc.)

Affordable assisted living facilities

Firearm-related injuries

HIV/AIDS

Heart disease and stroke

Infant death

High blood pressure

Access to long-term care

Dental problems

Access to sufficient and nutritious foods

Substance abuse/Drug abuse

Teenage pregnancy

Child abuse/neglect

Stress

Age-related issues (e.g. arthritis, hearing loss)

Homelessness

Pollution (e.g. water and air quality, soil, etc.)

Intellectual and Developmental Disabilities (including autism spectrum disorders)

Disability

Homicide

Suicide

Obesity and overweight

Mental health problems

Cancer

Dementia

Other (please specify)

Which **healthcare services** are difficult to obtain in Hernando County? Please select all that apply.

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

In-patient hospital care

Preventive care (e.g., check-ups)

Prenatal care

Laboratory services

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

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

Dental/oral care

Emergency room care

Telehealth services or services provided using telemedicine technology

Family planning/birth control

Alternative medicine/alternative therapy

Mental and behavioral health care/counseling

Prescriptions/medications or medical supplies

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

Vision/eye care

Substance use services (e.g., alcohol and drug use counseling)

None of the above are difficult to obtain in the tri-county area

Other, please specify

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

- Poor
- Fair
- Good
- Very Good
- Excellent

Overall, how healthy are the people in Hernando County? Please select one (1) response.

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

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

- Cost
- Inability to use technology effectively
- Lack of access to sufficient time with a health care provider
- Lack of coverage by insurance company
- Lack of knowledge
- Self-discipline/motivation
- Other (please specify)

In the past 12 months, have you found that some clients **delayed getting urgent or needed care** because of the pandemic?

- Yes
- No
- Unsure

In the past 12 months, have you found that some clients **delayed getting routine care** (e.g., screenings, check-ups) because of the pandemic?

- Yes
- No
- Unsure

Have you observed any **harmful impacts or negative outcomes** in patients' health that can be **linked to this delay in care**?

- Yes
- No
- Unsure

How has **pandemic-related delayed care** impacted **access** to healthcare services today? Select all that apply.

- No impact to access
- Minimal impact to access
- Significant impact to access
- Longer waits for services and appointments
- Shorter waits for services and appointments
- Increased need for routine and specialty healthcare services

-
- Decreased need for routine and specialty healthcare services
 - Higher costs to clients
 - Higher costs to providers
 - Continued use or expanded use of telemedicine technology
 - Curtailed use of telemedicine technology
 - Increased use of Emergency Department services
 - Increased use of urgent care facilities
 - Other, please specify

What can leaders in Hernando County do to help **improve the health of your clients and others in the community**? Please check all that apply.

- Create city/county ordinances to promote community health improvement
- Establish community partnerships to address issues collectively
- Establish more community clinics
- Establish or enhance a community health information exchange
- Focus on issues of the indigent and uninsured
- Increase access to dental services
- Increase access to mental health services
- Increase access to primary medical services
- Increase outreach/health education programs
- Initiate efforts to bring more physicians to the community

-
- Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
 - Provide education on appropriate use of available services
 - Provide education on services available
 - Other (please specify)

The next items are general demographic questions.

What is your age?

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

What is your gender?

- Man
- Woman
- Non-binary
- Transgender
- I prefer not to answer
- Other (please specify)

Do you identify as Hispanic or Latino/a/x?

- No, I do not identify as Hispanic or Latino/a/x
- Yes, I identify as Hispanic or Latino/a/x
- I prefer not to answer

What racial group do you most identify with?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Two or more races
- White
- I prefer not to answer

Other (please specify)

How long have you practiced in your profession?

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

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

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

Other, please specify

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

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the community health needs assessment process, please contact Christine Abarca at cabarca@wellflorida.org or by phone at 352 727 3767.

Block 1

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APPENDIX C – STEERING COMMITTEE MEMBERS

Name	Organization
Alexis Fedrick	Florida Department of Health in Hernando County
Amanda Rozankowski	Dawn Center
Amy Anderson	Pasco-Hernando State College
Angie B. Walasek	United Way of Hernando County
Anita Sanchez	Florida Department of Health in Hernando County
Ann Hines	National Alliance on Mental Illness (NAMI) Hernando
Ann-Gayl Ellis	Florida Department of Health in Hernando County
Ashley Thomas	Florida Department of Health in Hernando County
Blaire Cope	Well Florida/Healthy Start Coalition
Brenda Mayo	Early Learning Coalition
Carla Roman	Suwannee Area Health Education Center
Carrie Espsito	Deaf & Hard of Hearing Services of Florida
Christina Giron	Pasco CHD
Christina Reyes	Crescent Community Clinic
Dale Watson	CivCom - Tobacco Intervention Partnership
Dana Szudarek	Hernando YMCA
Danielle Taylor	Florida Department of Health in Hernando County
Dawn Reed	Doma Title
Dr. Eddie Williams	Pasco-Hernando State College
Erin Thomas	Hernando Emergency Management
Gina Gonzalez	Baycare
Jenn Siem	Bravera Health
Jennifer Bliske	Hernando Community Coalition
Jenny Hess	Deaf & Hard of Hearing Services of Florida
Jim Blaisdell	Florida Department of Health in Hernando County
Justine Peppe	United Way of Hernando County
Kip Corriveau	211 Tampa Bay Cares
Madison Paladino	Vincent House Hernando
Manny Mayor	Premier Community HealthCare
Maria Gonzalez	United Way of Hernando County
Megan Blichare	Breast and Cervical Program
Megan Rowe	National Alliance on Mental Illness (NAMI) Hernando
Melanie Danielson	Spring Gardens Recovery
Micheal Jones	Pasco-Hernando State College
Mindy Figueroa	United Way of Hernando County
Nancy Moores	UF/IFAS Extension

Nina Mattei	Florida Department of Health in Hernando County
Paula Green	Pace Center for Girls
Roberta Ellis	Department of Juvenile Justice
Sara Zolik	Explorer K-8
Shelly Vickers	Well Florida/Healthy Start Coalition
Suzanne McEachron	Premier Community HealthCare
Tersia Korn	People Helping People
Tim Miller	Florida Department of Health in Hernando County
Tina Kinney	National Alliance on Mental Illness (NAMI) Hernando
Tracie Eagle	Dawn Center
Tresa Watson	Hernando Community Coalition
Veda Ramirez	Hernando Health & Human Services