



LEVY COUNTY

COMMUNITY HEALTH ASSESSMENT

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In April of 2022, WellFlorida Council and the Levy County Department of Health began to assemble a team from public health, social services, education, and more to develop and initiate this 2022 Levy County Community Health Assessment. In collaboration with the ensuing core team, the strategic planning process was carried out according to Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based, community-driven framework for improving community health. Through data collection, analysis, and discussions, the following 2022 Levy County Community Health Assessment document was developed, as well as the accompanying 2022 Tri-County 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"> • Low per capita income; high rates of food insecurity and poverty, especially among children and Black/Hispanic residents • Elevated mortality rates, especially due to cancer, CLRD, and unintentional injury • Higher rates of domestic violence, Mental Health ED Visits, chlamydia, obesity, and tobacco use and exposure • Very limited access to healthcare facilities and 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 Levy County.	<ul style="list-style-type: none"> • Access to healthcare was the single most important factor that contributes to a healthy community • Substance abuse was the most important county health issue • Appointment availability was the greatest barrier to primary care, followed by cost, the main barrier to dental care, with 24.1% lacking needed primary and 46.8% needed dental care • Provider availability was the greatest barrier to mental health and substance abuse care
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Levy County.	<ul style="list-style-type: none"> • Social and Behavioral trends, like rising high school dropouts, drug use, multi-family households, and lack of dental care • Social and Behavioral factors, such as the prevalence of chronic diseases, domestic violence, distrust towards authority, and no knowledge of resources • Economic concerns, such as inflation and poverty
Strategic Priorities	<ul style="list-style-type: none"> • Access to Health Care • Behavioral Health Care 	<ul style="list-style-type: none"> • Healthy Lifestyles • Food Insecurity

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In April 2022, the Florida Department of Health launched the 2022 Community Health Assessment process in Levy County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Levy 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 Levy County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every five 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 Levy County. This body, called the 2022 Levy County CHA Steering Committee, guided the process, and assured that the health needs and issues of all Levy County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between several public and private institutions in Levy County for the larger goal of improving health outcomes and quality of life for all residents in Levy 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 Levy County MAPP process. Use of the MAPP tools and techniques helped Levy 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

Generally, the health of a community is measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex determinants of health, the community health assessment 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.

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 *2022 Dixie, Gilchrist, and Levy Counties Needs Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system resources. Myriad secondary data sources were used to examine the health of Levy County, including the U.S. Census Bureau, the Florida Department of Health’s Florida HealthCHARTS, the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Levy County. More information on ZCTAs as well as a list of ZCTAs for Levy County can be found in the Technical Notes section of the *2022 Dixie, Gilchrist and Levy Counties Needs Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 32621 Bronson. 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 or perspective into the health problems and needs of the community. 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 141 responses. Likewise, 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 58 health care, behavioral 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 September 15, 2022, with the Levy 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 arriving at consensus, the Steering Committee arrived at the four (4) strategic priority issue areas listed below:

- Access to Health Care
 - ▶ Dental care
 - ▶ Primary care
 - ▶ Family planning
 - ▶ Cancer screenings
- Behavioral Health
 - ▶ Substance misuse
 - ▶ Mental health
 - ▶ Access to care
 - ▶ Domestic violence
 - ▶ Child abuse
- Food Insecurity
 - ▶ Socioeconomic disadvantage, such as poverty and low income
 - ▶ Access to healthy foods
 - ▶ Health literacy and food preparation education
- Healthy Lifestyles
 - ▶ STD prevention
 - ▶ Chronic disease prevention and management
 - ▶ Education and health literacy, especially with respect to preventive methods

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 Levy County residents.

FIGURE 1: MAPP PROCESS DIAGRAM



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

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 2022 Levy 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 Levy County based on common themes from the core MAPP assessments
- To identify strategic issues and some potential approaches to addressing these issues
- To inform the next phase of the MAPP-based assessment and health improvement planning process; that is, the development of the Community Health Improvement Plan (CHIP)
- To provide the community with a rich data compendium as a resource for ongoing program intervention and policy development and implementation as well as evaluation of community health improvement efforts and outcomes

Technical Appendix

While the 2022 Levy County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with the accompanying *2022 Dixie, Gilchrist, and Levy Counties Needs Assessment Technical Appendix* (referred to going forward as the 2022 Technical Appendix). Whereas the CHA presents data and issues at a higher, more global level for the community, all the data in the CHA that has been used for identifying community health issues are addressed on a granular level of detail in the 2022 Technical Appendix. Thus, for most data that are addressed in the main CHA, the 2022 Technical Appendix presents these data in finer detail, breaking down data sets where appropriate and when available. The 2022 Technical Appendix is an invaluable companion resource to the CHA, as it allows the community to dig deeper into the issues to understand the contributing factors, causes, and wide range of effects more readily 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, 27 Steering Committee members were involved. Their names and titles are provided in Appendix C.

Visioning

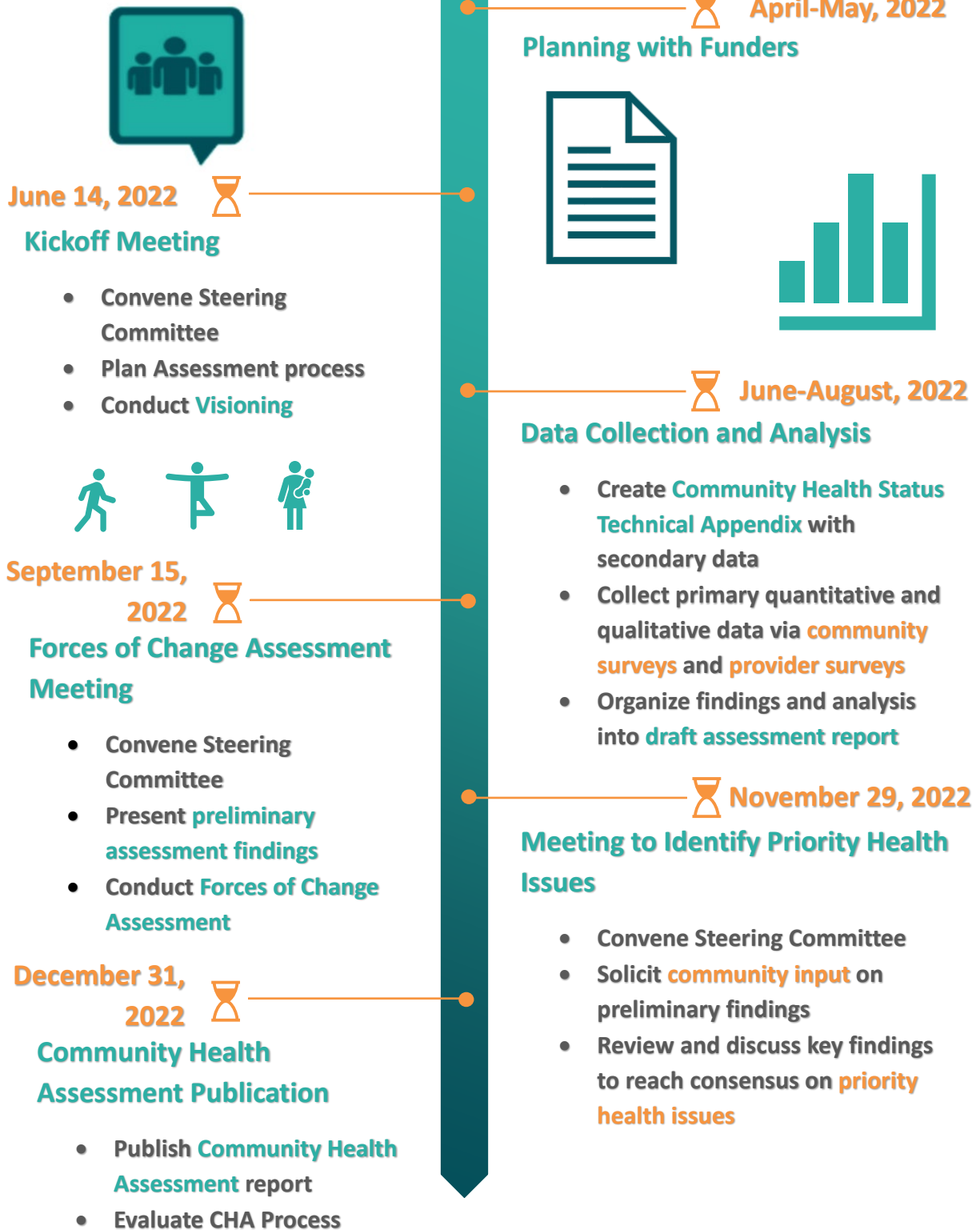
At their kick-off meeting on June 14, 2022, the Levy County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Levy County, envision the community health system of the future, and visualize needed resources, 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 for a healthy Levy 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? The ensuing discussions brought up points largely centered around issues that the Steering Committee desired to address in the community, such as equal access to resources, the need for more jobs with higher pay, a desire to emphasize child education, especially with respect to obesity, diabetes, and cardiovascular issues, and a need for better transportation services. Further deliberation resulted in two possible vision statements being proposed:

1. Levy County: where everyone can lead their healthiest life
2. Mobilizing Community Resources for a Healthier Levy

At their September 15 Forces of Change discussion, Steering Committee members carefully considered the wording of their vision statement and ultimately voted for the following to fill the role: Levy County: where everyone can lead their healthiest life.



2022 Levy County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The Community Health Status Assessment highlights key findings from the *2022 Dixie, Gilchrist, and Levy Counties Community Health Needs Assessment Technical Appendix*, referred to henceforth as the 2022 Technical Appendix. The assessment data was prepared by WellFlorida Council, Inc., using a diverse array of sources, including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A community health status assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging issues. Data from this report can be used to explore and understand the health needs of Levy 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 2022 Technical Appendix contain standardized rates for the purpose of comparing Levy 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 includes references to specific tables in the 2022 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 2022 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 Levy County demographic and socioeconomic profile.

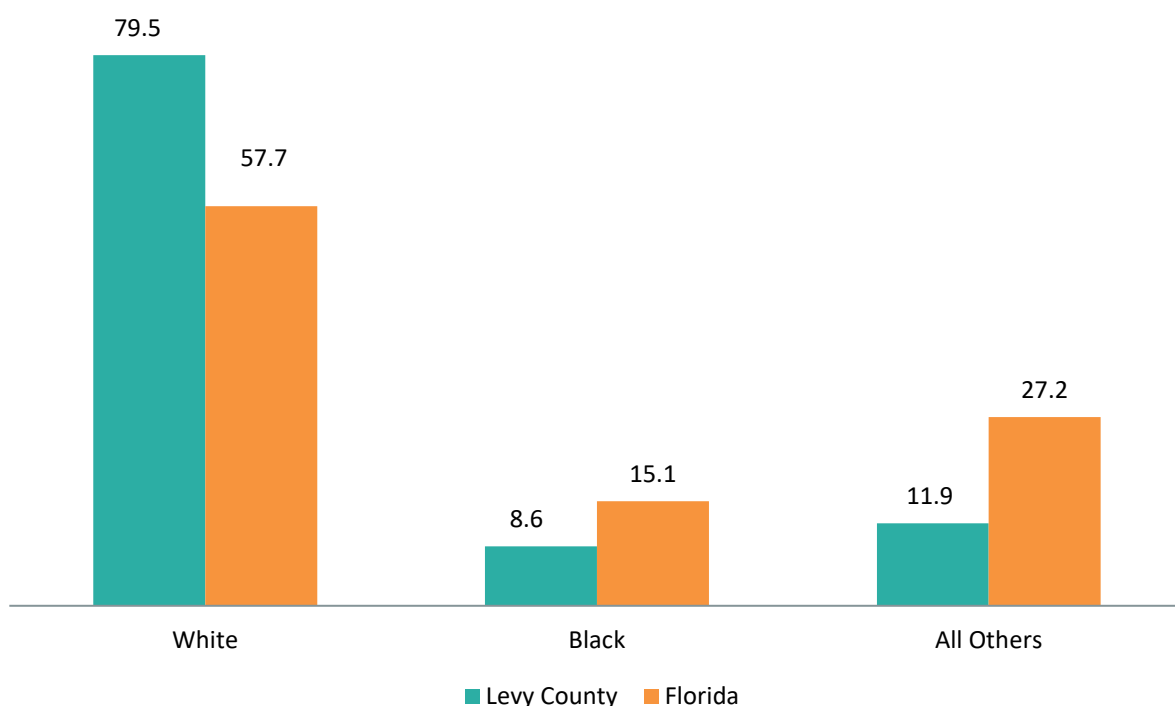
Population

The 2010 Census recorded a population of 40,801 individuals for Levy County, and the most recent 2020 Census reported only a modest increase to 41,699 people (Tables 5 and 7, 2022 Technical Appendix). The University of

Florida’s Bureau of Economic Business Resources projects very small population increases for Levy County through 2045, with percentage change projected to be less than the state (Table 5, 2022 Technical Appendix). It is noteworthy that females are projected to increase in population slightly faster than males in coming years. As of the 2020 US Census, 7.0 percent of the population lives in Williston, 5.3 percent live in Chiefland, and 76.9 percent in unincorporated areas, a stark contrast to only 49.5 percent of the state living in unincorporated areas (Tables 5 and 6, 2022 Technical Appendix).

Levy County is less racially diverse than the state, with 79.5 percent of the population reporting as White. The Black population makes up the largest racial minority at 8.6 percent of residents, followed by Two or More Races at 7.4 percent, and Other at 3.3 percent. American Indian and Alaska Native Alone, Asian Alone, and Native Hawaiian and Other Pacific Islander Alone each constitute less than one (1) percent of the Levy County population. In contrast, Florida is only 57.7 percent White, with 15.1 percent identifying as Black, 16.5 percent as Two or More Races, and 7.3 percent as Other (Table 7, 2022 Technical Appendix). Please note that in Figure 3 below, “All Others” includes Two or More Races, American Indian and Alaska Native Alone, Asian Alone, Native Hawaiian and Other Pacific Islander Alone, and Other.

FIGURE 3: PERCENTAGE POPULATION BY RACE, LEVY COUNTY AND FLORIDA, 2020



Source: Table 7, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Veterans constitute 13.3 percent of the Levy County population, a respectable deviation from the state rate of 8.4 percent of the population. Most of these Veterans are in 32696 Williston at 13.2 percent of the Williston population, although there are also high rates in 32683 Otter Creek, 34449 Inglis, and 32625 Cedar Key (Table 20, 2022 Technical Appendix). Additionally, Levy County encompasses approximately 370 individuals in group quarters, which include correctional institutions and nursing homes, embodying only 0.9 percent of the county population as

compared to 2.0 percent of Florida overall. The overwhelming majority of these individuals reside in either 32696 Williston or 32621 Bronson (Table 17, 2022 Technical Appendix).

As most of the data reported here refers to calculations based on the 2016-2020 American Community Survey (ACS) estimates, including all the zip code level data, for the rest of this report the population of Levy County will be considered 40,979, according to the most recent ACS estimate, unless specified otherwise (Table 8, 2022 Technical Appendix). A more in-depth explanation of these survey methods and figures can be found in the Technical Notes section of the 2022 Technical Appendix.

Race

According to the 2016-2020 ACS estimates, approximately 85.6 percent of Levy County is White, 8.3 percent Black, 4.3 percent Two or More Races, 0.7 percent Other, and less than one percent each for American Indian or Alaska Native, Asian, or Native Hawaiian and Other Pacific Islander. These numbers strongly contrast with the estimated diversity of Florida as a whole: 71.6 percent White, 15.9 percent Black, 3.9 percent Two or More Races, 2.8 percent Asian, 0.8 percent Other, 0.3 percent American Indian or Alaska Native, and 0.1 percent Native Hawaiian and Other Pacific Islander. The greatest diversity within Levy County appears to be in Zip Code Tabulation Area (ZCTA) 32696 Williston, with only 78.0 percent of the population recorded as White, 13.7 percent as Black, 5.2 percent as Two or More Races, and 1.7 percent as Other, as well as being home to the greatest number of individuals identifying as American Indian or Alaska Native and Asian (Table 9, 2022 Technical Appendix).

Ethnicity

Florida has the third largest Hispanic population among all US states (<https://www.census.gov/quickfacts/US>), with approximately 5.47 million Hispanic individuals calling the state home 2016-2020, making up 25.8 percent of the total state population. Nonetheless, Levy County presents a noticeable dearth of Hispanic persons, with Hispanics making up only 8.6 percent of the total population. Most are found in 32696 Williston or 32621 Bronson (Table 10, 2022 Technical Population).

Sex

Levy County's population is for the most part evenly distributed between males and females, with 48.7 percent of the population recorded as male and 51.3 percent as female in the ACS 2016-2020 estimates (Tables 11 and 17, 2022 Technical Appendix).

Age

Levy County has a slightly older age distribution than the state at large, containing 19.5 percent children compared to the state's rate of 19.9 percent, 56.1 percent adults aged 18-64 compared to 59.6, and 24.4 percent adults aged 65 or more compared to 20.5 percent. This places nearly a quarter of Levy County's population within retirement age, a demographic that often carries more health burdens and requires more resources to care for. It is noteworthy that although Levy County has this greater rate of retirement age persons compared to Florida, Florida has a slightly greater rate of 85+ individuals than Levy County at 2.7 percent compared to 2.1 percent. This may reflect the shorter-than-average life expectancy of the county (Tables 12 and 13, 2022 Technical Appendix).

When examining the data by ZCTA, it is evident that 32625 Cedar Key has the highest percentage of children under five (5) at 8.5 percent of Cedar Key's population and 32683 Otter Creek has the highest percentage of children under 10 at 26.2, over a quarter of their population. Otter Creek also has the highest percentage of children overall, coming in at 38.6 percent of the population. Over half of 32639 Gulf Hammock are seniors aged 65+, with the next highest percentage of seniors emerging at 26.2 percent of Chiefland. The combination of so many seniors in Gulf Hammock with the prevalence of children in this community – approximately 21.1 percent of the population

– gives this ZCTA the lowest percentage of working age adults at only 25.6 percent of the population. This number, along with some of the other extremes listed here, may be due to small population size, such as the estimated population of 270 individuals in Gulf Hammock, and should therefore be interpreted with caution (Tables 12 and 13, 2022 Technical Appendix).

There are many interesting intersections between age and race. The age distribution of Levy County’s White population is like that of the state, with slightly more children and 65+ adults. The White subset of the population primarily explains the large percentage of retirement-aged adults in 32639 Gulf Hammock and the large percentage of working-aged adults in 34449 Inglis, where very few Black individuals reside (Table 14, 2022 Technical Appendix).

The age distribution of Black Levy County residents compared to their White counterparts contains less senior age adults (18.0 percent versus 25.4 percent) and slightly more working age adults (61.3 percent versus 56.0 percent) and children (20.7 percent versus 18.7 percent). However, when compared to the Black population of Florida, the trend is flipped: Black Levy County residents have a slightly higher rate of seniors and lower rates of children and working age adults than Black Floridians in general (Table 15, 2022 Technical Appendix).

The Hispanic population in Levy County has many more children and less seniors than the state distribution, with 30.9 percent of the Levy County Hispanic population under the age of 18 compared to 23.6 percent of the state, and only 8.5 percent of the Levy County Hispanic population is 65 years of age or over. When compared to the county’s overall age distribution, these numbers also mark a greater percentage of Hispanics in Levy County as children and less as seniors (Tables 13 and 16, 2022 Technical Appendix).

Languages Spoken

The vast majority of the 5+ population in Levy County – 92.5 percent, to be precise – speak only English, according to 2016-2020 ACS estimates. This is much greater than Florida, with only 70.6 percent of the population speaking only English. In multiple ZCTA’s in Levy County, this number is estimated at 100.0 percent; 32696 Williston, with the lowest percentage of individuals speaking only English, comes in at only 88.5 percent. Only 2.9 percent of the county does not speak English “Very Well;” most of these individuals are found in 32696 Williston, where they comprise 5.0 percent of the Williston population (Table 51, 2022 Technical Appendix). Among those speaking other languages, 80.8 percent speak Spanish; 7.1 percent, other Indo-European languages; and 11.5 percent, Asian and Pacific Island languages.

Families and Households

According to 2016-2020 ACS estimates, Levy County is home to nearly 11,000 family units, the vast majority being married couple families. The US Census Bureau defines families in this context 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. Similar to the state, there are approximately 2.5 times as many female householders with no husband present families as compared to male householders with no wife present (1,999 and 808 families, respectively). 34498 Yankeetown in particular has a high rate of female householder with no husband present families, comprising just over a third of families in this area, as does Chiefland, with female householder with no husband present families comprising nearly 30% of all families. Average family size is smaller in Levy County than the state at 2.93 individuals compared to 3.23. The largest average family size lies in 32683 Otter Creek at 3.95 persons, where we also see a much higher rate of male households with no wife present families, comprising nearly 50% of all families (Table 18, 2022 Technical Appendix).

Families make up approximately 63.3 percent of all households in Levy County. Average household size is also slightly less than the state at 2.39 people compared to 2.62 people (Table 19, 2022 Technical Appendix).

Life Expectancy

Levy County ranks as 51st out of 67 counties in Florida for length of life, with a life expectancy of 75.3 years for all residents based on the 2018-2020 Florida HealthCHARTS estimate, contrasting with the expected 79.4 years for the state as a whole (Tables 3 and 4, 2022 Technical Appendix). This number has shown no improvement since 2014. Furthermore, like the state, there are differences by sex observed; namely, that females on average live 4.7 years longer than males in Levy County with a female life expectancy of 77.7 years compared to 73.0 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Table 4, 2022 Technical Appendix).

TABLE 1: LIFE EXPECTANCY IN YEARS, LEVY COUNTY AND FLORIDA, 2018-2020

	Levy County Life Expectancy in Years	Florida Life Expectancy in Years
Overall	75.3	79.4
Females	77.7	82.3
Males	73.0	76.5

Source: Table 4, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

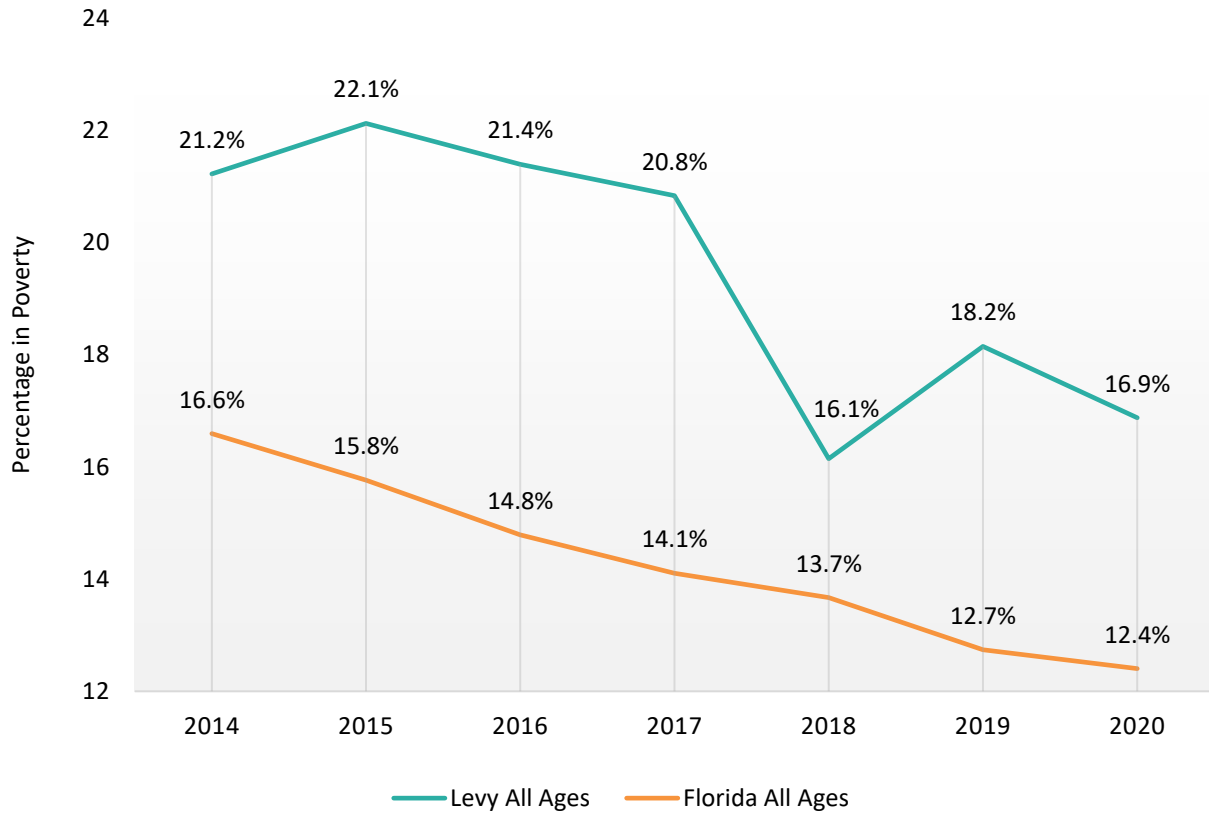
Transportation

Most workers aged 16+ have a vehicle available both in Levy County and the state (98.6 percent and 97.3 percent, respectively), and, similarly most drive alone to work (81.4 percent and 77.7 percent). Within Levy County, slightly less people use public transportation than at the state level (0.4 percent compared to 1.6 percent). In general, most residents in Levy County have a longer commute than the state on average, with approximately 53.3 percent commuting for 30 minutes or more to work compared to 42.9 percent of the state. In particular, those that carpool in Levy County have a much higher rate of requiring 30 minutes or more to drive to work, comprising 63.9 percent of those that carpool (Tables 21 and 22, 2022 Technical Appendix).

Poverty

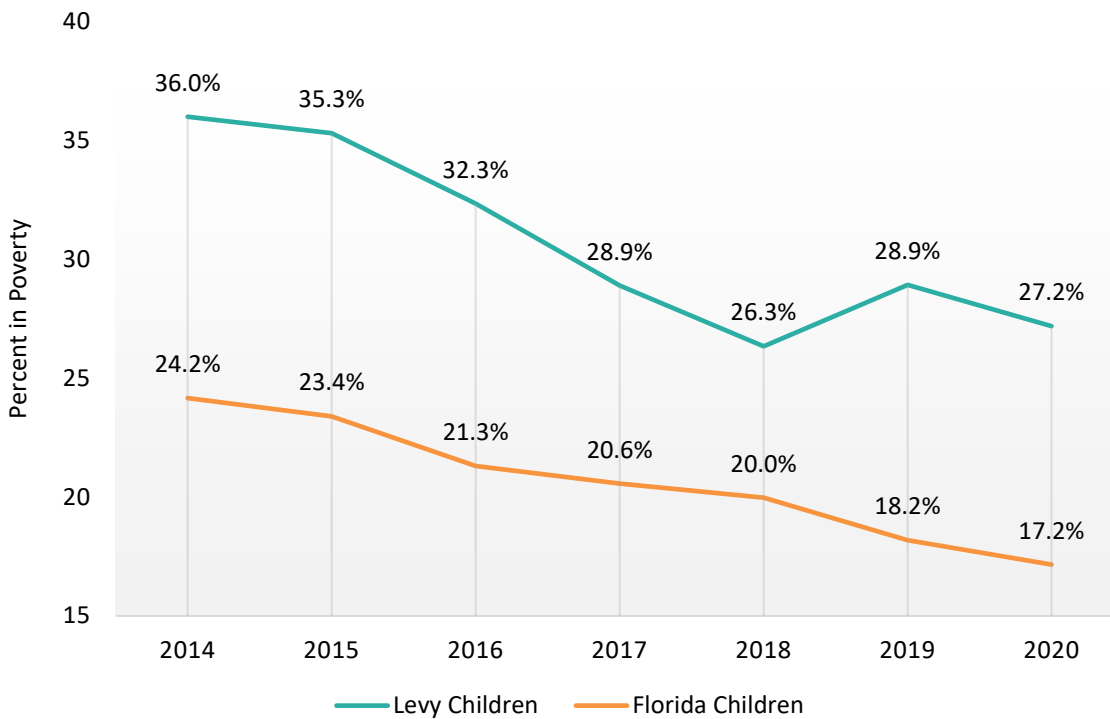
Rates of poverty in Levy County are quite striking. The US Census Bureau Small Area Income and Poverty Estimates place poverty estimates for Levy County at 16.9 percent of all ages and 27.2 percent of children, compared to only 12.4 percent and 17.2 percent of Florida, respectively. Despite recent improvements in the state, none of the poverty rates in Levy County have shown consistent improvement since 2014 (Table 23, 2022 Technical Appendix).

FIGURE 4: PERCENT OF PERSONS IN POVERTY FOR ALL AGES, LEVY COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2020 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 5: PERCENT OF CHILDREN IN POVERTY, LEVY COUNTY AND FLORIDA, 2014-2020



Source: Table 23, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Among all Levy County residents, from 2016-2020 the ACS estimates that on average 19.2 percent of the population was in poverty, as well as 23.7 percent of children. The highest rate of poverty by a large margin is seen in 34449 Inglis at 33.6 percent of the population. There are four (4) zip codes with more than 20 percent of the residing children in poverty: 34498 Yankeetown, 32668 Morriston, 32626 Chiefland, and 32696 Williston (Table 24, 2022 Technical Appendix).

Levy County also has a larger percentage of persons living just above the poverty level as compared to the state. Cumulatively, 45.4 percent of the county lives below 200 percent of the poverty line; the Office of Federal Register defines 200 percent of or twice the federal poverty level as a family of four (4) making 55,500 dollars or less per year in the 48 contiguous US states. This accounts for only 32.9 percent of Florida as a whole. 34498 Yankeetown has the highest rate of those living below 200 percent of the poverty line in the county at approximately 60.5 percent of the population. There are four (4) additional zip codes where over half of the county lives below 200 percent of the poverty line: 32683 Otter Creek, 32639 Gulf Hammock, 32621 Bronson, and 34449 Inglis (Tables 25 and 26, 2022 Technical Appendix).

Rates of poverty among the 65+ population are also worse than the state, with 13.4 percent in poverty and 40.3 percent below 200 percent of poverty, compared to 10.5 percent and 29.7 percent in Florida, respectively. The highest rate of seniors in poverty is found in 32696 Williston at 16.7 percent of the senior population, while the highest rate of seniors below 200 percent of poverty is found in 32683 Otter Creek at 73.9 percent of the senior population (Table 26, 2022 Technical Appendix).

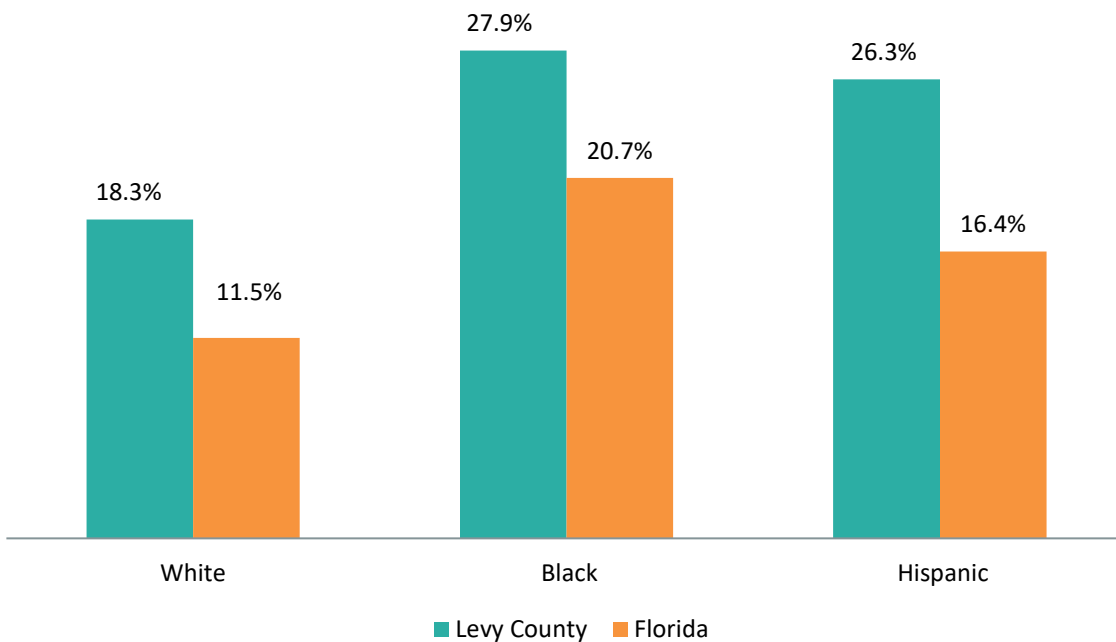
Poverty by Sex

Females experience higher rates of poverty than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 20.6 percent of females and 17.7 percent of males in Levy County are in poverty, compared to 14.3 percent and 12.3 percent in the state, respectively. The highest rate of both males and females in poverty is found in 34498 Yankeetown at 28.9 percent and 37.7 percent, respectively. Another way to depict this is to note that five (5) of Levy County's ZCTA's have more than 20 percent of the female population in poverty; among males, only two (2) ZCTA's hold over 20 percent in poverty (Table 27, 2022 Technical Appendix).

Poverty by Race and Ethnicity

Levy County displays clear disparities in poverty by race and ethnicity. Only 18.3 percent of the White population is in poverty and 19.2 percent of the overall population with respect to the 2016-2020 ACS estimates. However, Black residents display poverty rates that are about 1.5 times higher than their White counterparts, with 27.9 percent of Black Levy County residents living in poverty. This is also higher than the state rate of Black Floridians living in poverty, 20.7 percent. Similarly, Hispanic Levy County residents depict higher poverty rates than the Levy County population as a whole, with 26.3 percent living in poverty (also higher than the state rate of 16.4 percent). The highest rate of poverty among Black residents and Hispanic residents is found in 32626 Chiefland at 45.5 percent and 52.3 percent, respectively (Table 28, 2022 Technical Appendix).

FIGURE 6: PERCENTAGE OF POPULATION IN POVERTY, BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2016-2020



Source: Table 28, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Poverty by Households

Approximately 20.3 percent of households in Levy County are in poverty according to the 2016-2020 ACS estimates. By household type, families with female head of household, no husband present have the highest rate of poverty, at 33.5 percent of households. Married couple households possess the lowest rate of poverty at 10.8 percent. All these rates in Levy County are slightly higher than those at the state level (Table 29, 2022 Technical Appendix).

ALICE Households

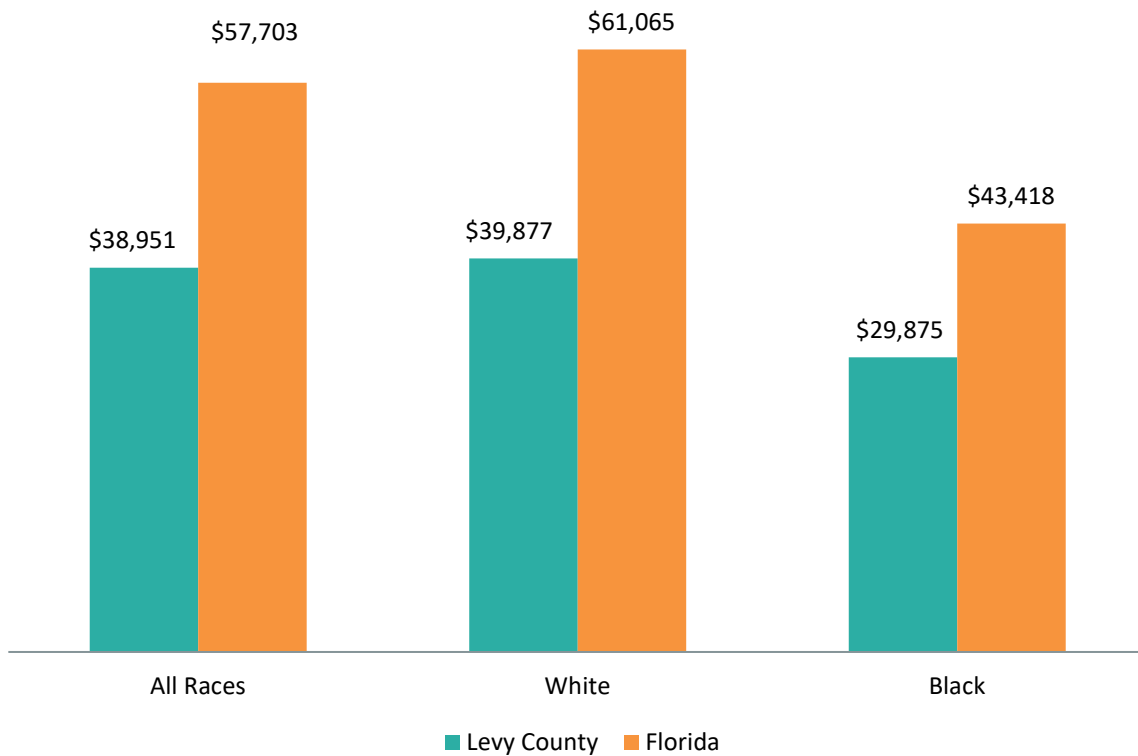
ALICE household reports, or Asset Limited Income Constrained Employed household reports, are publications producing unbiased, high-quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. Their 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 2018 ALICE Report, which contains information collected in 2016.

Within Levy County, 35.0 percent of households meet the guidelines of being considered ALICE households. In Florida, this number is marginally better at 32.0 percent. The rates of those households that are single or cohabiting in poverty (20.0 percent) or single or cohabiting ALICE households (37.0 percent) are also worse than the state rates of 13.0 and 33.0 percent, respectively. Levy County also has a high rate of those 65 and over in poverty at 12.0 percent, with 38.0 percent of those 65 and over living in ALICE households. The highest percentage of those in Poverty or ALICE Households is found in Chiefland at 73.0 percent of the town (Tables 36 and 37, 2022 Technical Appendix).

Income

Median household income among Levy County residents is less than the state for all races (38,951 dollars versus 57,703 dollars), Whites (39,877 dollars versus 61,065 dollars), and Blacks (29,875 dollars versus 43,418 dollars) according to the most recent ACS data. The lowest median household income was found in 34449 Inglis at 30,808 dollars. When contrasting White income and Black income, it is also notable that White Levy County households on average make 33.5 percent more than Black Levy County households at 39,877 dollars compared to 29,875 dollars, respectively (Table 32, 2022 Technical Appendix).

FIGURE 7: MEDIAN HOUSEHOLD INCOME BY RACE, LEVY COUNTY AND FLORIDA, 2016-2020



Source: Table 31, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Per capita income is also dramatically lower for Levy County than for the state, with an average per capita income of 22,772 dollars in the county and 32,848 dollars in the state. The highest per capita income is in 32625 Cedar Key at 27,859 dollars; the lowest lies in 32639 Gulf Hammock at 17,300 dollars; the lowest category by area, race, and ethnicity is found among Hispanic residents of 32626 Chiefland at only 9,342 dollars per person (Table 33, 2022 Technical Appendix).

Per capita income by race demonstrates pronounced racial and ethnic disparities, as seen in Figure 8. On average, per capita income for Black residents is more than 4,000 dollars less than that for White residents in Levy County at 17,625 dollars and 21,827 dollars, respectively. Moreover, Hispanic Levy County residents have a per capita income of 33,653 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars. This is at odds with the higher rate of poverty among Hispanics in the county when compared to the state (26.3 percent and 16.4 percent, respectively), which could reflect a few Hispanic individuals with high income skewing the data (Table 33, 2022 Technical Appendix).

FIGURE 8: PER CAPITA INCOME BY RACE, LEVY COUNTY AND FLORIDA, 2016-2020

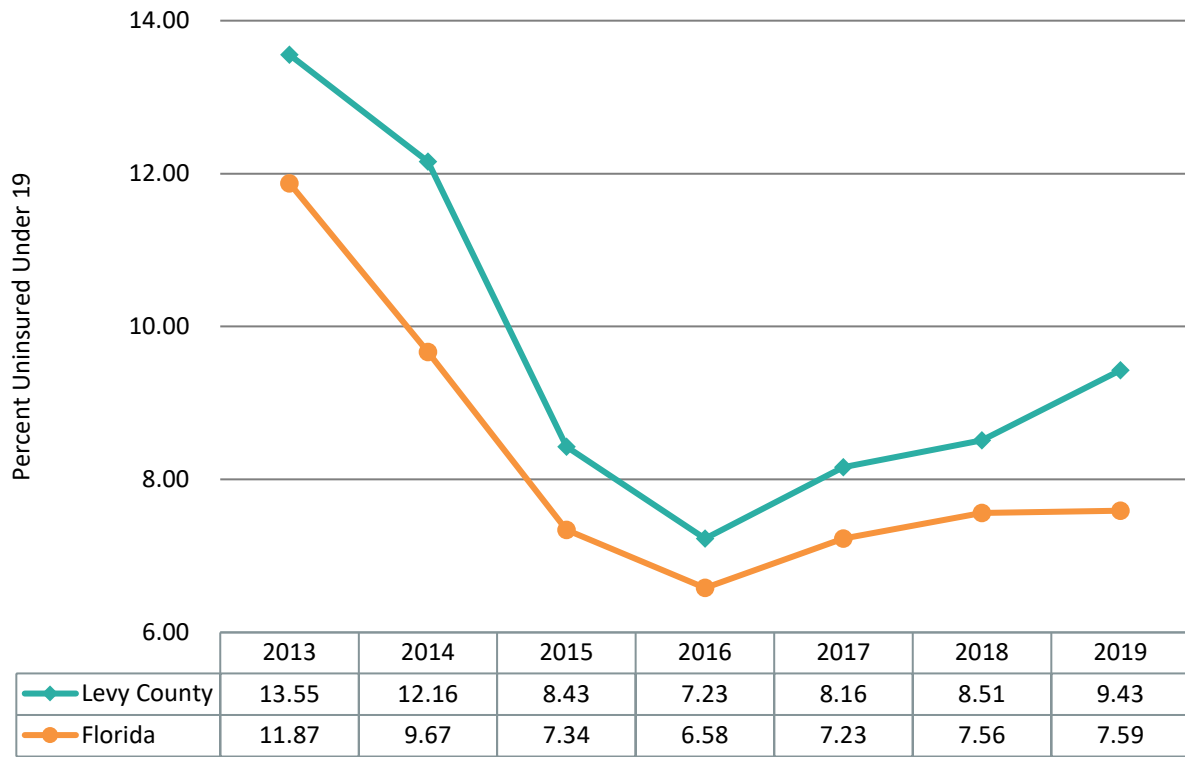


Source: Table 33, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Insurance

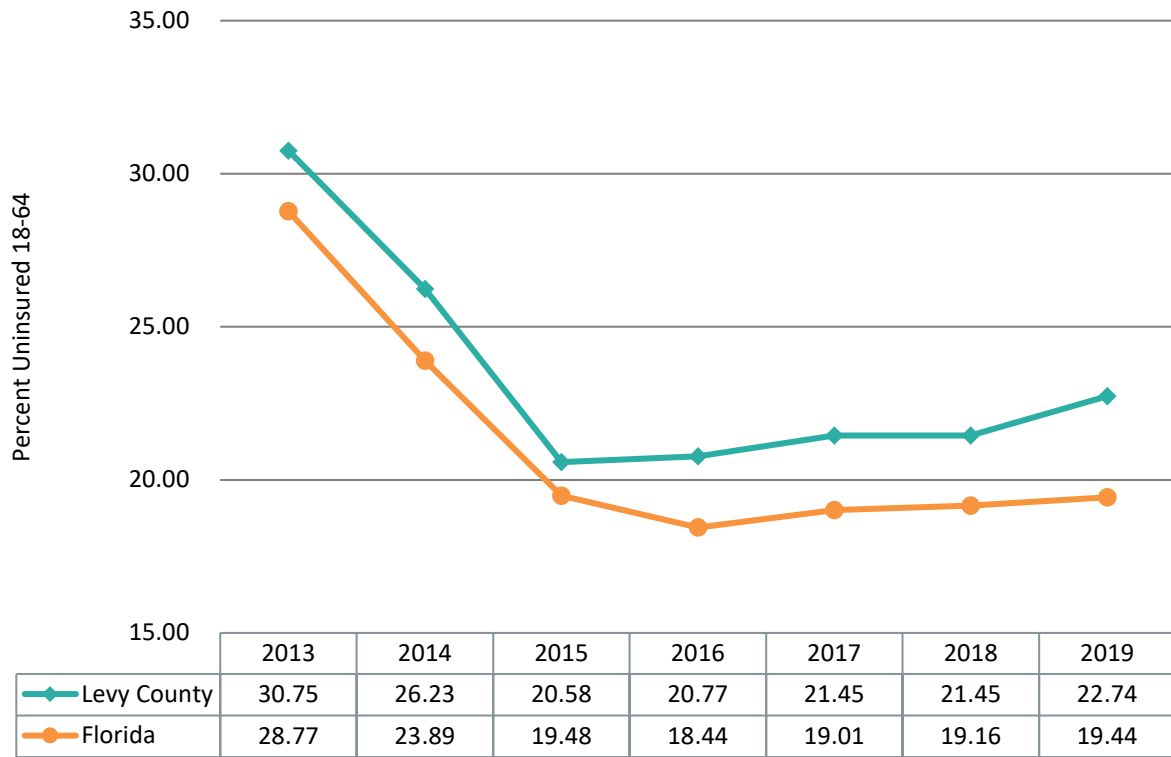
From 2013 through 2019, Levy County has had health insurance rates that are consistently slightly worse than the state according to the U.S. Census Bureau Small Area Health Insurance Estimates. To focus in on the most recent year, 2019, 9.4 percent of those under 19 years of age were uninsured in Levy County, exceeding the state estimate of 7.6 percent; among those aged 18-64 years old, the 22.7 percent uninsured in the county exceeded the 19.4 percent uninsured in the state (Tables 38 and 40, 2022 Technical Appendix). Overall, the 2016-2020 ACS estimates place the Levy County population at 15.4 percent uninsured and Florida at 12.7 percent. By ZCTA, 32668 Morriston has the highest uninsured rate at 22.3 percent, and 32639 Gulf Hammock the lowest at 0.0 percent (Table 44, 2022 Technical Appendix).

FIGURE 9: PERCENT UNINSURED UNDER 19, LEVY COUNTY AND FLORIDA, 2013-2019



Source: Table 38, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 10: PERCENT UNINSURED 18-64, LEVY COUNTY AND FLORIDA, 2013-2019



Source: Table 40, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

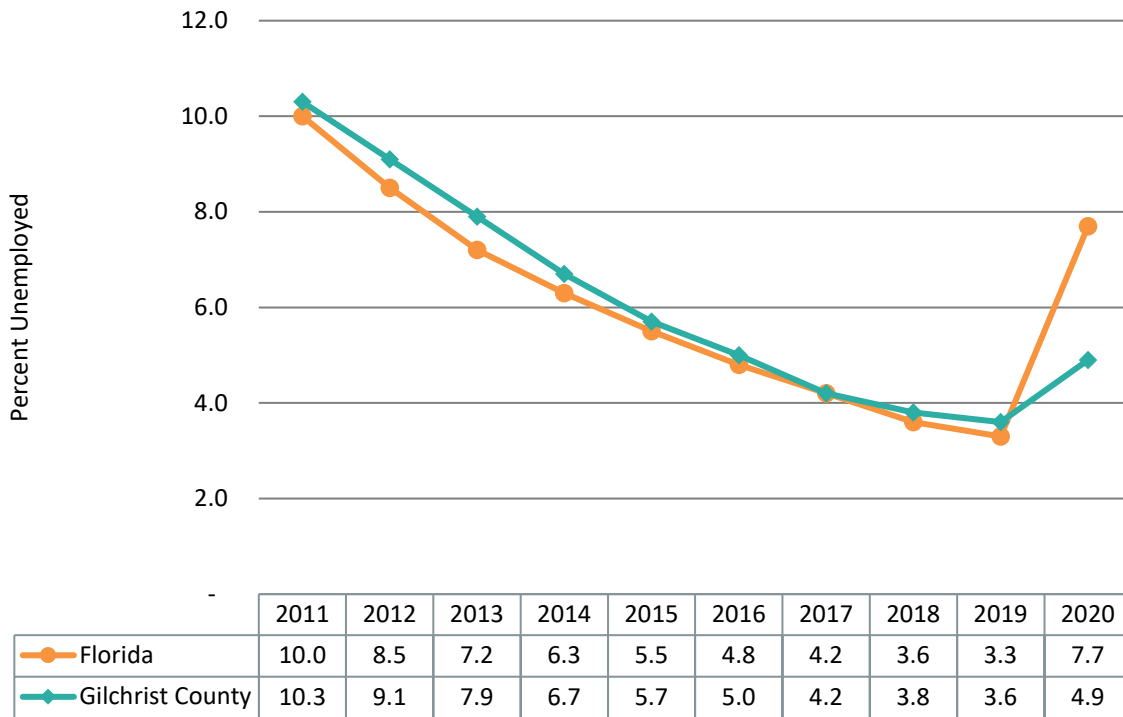
Employment

Unemployment rates recorded by FL HealthCHARTS from 2011-2019 were slightly higher for Levy County than the state overall. However, the spike in unemployment in 2020 – likely due to the COVID-19 pandemic – was less severe for Levy County than the state, so rates of unemployment for 2020 were less in Levy County that year at 6.0 percent compared to 7.7 percent for the state as a whole. These statistics are clearly illustrated in Figure 11 (Table 45, 2022 Technical Appendix).

By ZCTA and the 2016-2020 ACS estimates, 32639 Gulf Hammock and 32683 Otter Creek both have 100.0 percent employment, while 34498 Yankeetown has the highest rate of unemployment at 10.1 percent of the civilian population 16 and over in the labor force (Table 46, 2022 Technical Appendix).

It is also noteworthy that the vast majority of businesses in Levy County are considered a small business, employing less than 50 employees. Among non-governmental businesses, 18.5 percent are retail (slightly above the state’s rate of 12.6 percent) and 44.1 percent are services (less than the state’s rate of 51.8 percent) (Tables 47 and 48, 2022 Technical Appendix).

FIGURE 11: UNEMPLOYMENT RATES, LEVY COUNTY AND FLORIDA, 2011-2020



Source: Table 45, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Education

On average, Levy County residents have less education than Florida residents, with 13.8 percent of those 25+ years of age not holding a high school diploma versus 11.5 percent for the state and 59.7 percent only having a high school diploma versus 48.0 percent for the state. This results in approximately 26.5 percent of the county holding a college degree, notably less than Florida’s rate at 40.5 percent of the population (Table 49, 2022 Technical Appendix).

The Florida Department of Education reported that in the school years 2016-2017 through 2020-2021, Levy County has shown steady increases in high school graduation rates, going up from 79.7 percent in the 2016-2017 school year to 93.8 percent in the 2020-2021 school year, exceeding Florida’s graduation rate of 90.1 percent in the same year. However, dropout rates have increased in Levy County from 3.1 percent for the 2015-2016 school year up to 5.8 percent for the 2019-2020 school year, greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

TABLES 2-4: HIGH SCHOOL GRADUATION RATES, DROPOUT RATES, AND HIGHEST LEVEL OF SCHOOL COMPLETED FOR SELECTED YEARS, LEVY COUNTY AND FLORIDA

HIGH SCHOOL GRADUATION RATES			HIGH SCHOOL DROPOUT RATES			HIGHEST LEVEL OF SCHOOL COMPLETED, BY PERCENT OF POPULATION 25+ YEARS, 2016-2020		
Year	Levy County	Florida	Year	Levy County	Florida		Levy County	Florida
2016-17	79.7	82.3	2015-16	3.1	4.0			
2017-18	87.0	86.1	2016-17	3.8	3.5	No high school diploma	13.8	11.5
2018-19	88.1	86.9	2017-18	4.4	3.4	High school diploma	59.7	48.0
2019-20	89.6	90.0	2018-19	4.5	3.1	College degree	26.5	40.5
2020-21	93.8	90.1	2019-20	5.8	3.2			

Source: Tables 49 and 50, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Food Insecurity

According to FL HealthCHARTS data, in 2021 Levy County had higher rates than the state of eligibility for free or reduced lunches for every grade level from Pre-Kindergarten through Middle School. To elaborate, those eligible made up:

- 63.1 percent of Levy County Pre-Kindergarten Students, 61.0 percent of Florida
- 75.1 percent of Levy County Kindergarten Students, 53.4 percent of Florida
- 69.1 percent of Levy County Elementary School Students, 56.6 percent of Florida
- 63.8 percent of Levy County Middle School Students, 55.1 percent of Florida

In the past three (3) years, rates of eligibility have been worsening among elementary and middle school students in Levy County (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reports that 7,448 food stamp clients reside in Levy County, as well as 3,938 food stamp households, 149 Temporary Assistance for Needy Families (TANF) clients, and 102 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, an estimated 1,703 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 4,048.8 per 100,000 population, greater than the state’s rate of 2,890.5. A very limited number of WIC eligible are being reached and served: 39.3 percent in the county compared to 63.0 percent in the state. It is also noteworthy that 27.4 percent of WIC children 2 years and older are overweight or obese in Levy County, like the 29.7 percent of WIC children in Florida (Tables 57 and 58, 2022 Technical Appendix).

Housing Data

Within Levy County, only 25.5 percent of occupied households deal with housing costs of 30 percent or more of household income, a number far overshadowed by the state rate of 34.7 percent. Similarly, only 51.9 percent of renter-occupied households have gross rent costs at or exceeding 30 percent of household income; for Florida, this number is 56.4 percent. Only 14.3 percent of the population suffers severe housing problems compared to 19.2 percent of Florida. All these housing statistics are with respect to the 2016-2020 ACS (Table 63, 2022 Technical Appendix).

Incarceration Rates

Levy County presents a rate of incarceration within FL HealthCHARTS that is greater than that of the state: 4.1 incarcerations per 1,000 population as compared to 2.5, respectively. The rate of inmate admissions for the 19+ population is 209.7 per 100,000 in Levy County, also much higher than the state at 104.0 per 100,000 (Tables 59 and 60, 2022 Technical Appendix).

Voter Registration

Levy County contains 30,068 registered voters as of May 31st, 2022, according to the Florida Department of State, of which 61.5 percent cast a ballot in the 2018 general election (Tables 61 and 62, 2022 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. Levy County demonstrates poor outcomes across a variety of these measures and statistics, including the University of Washington Population Institute's County Health Rankings.

With respect to Table X below, counties are ranked relative to the health of other counties in the same state on the following summary measures:

- I. Health Outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- II. Health Factors – rankings are based on weighted scores of four types of factors:
 - a. Health Behaviors (9 measures)
 - b. Clinical Care (7 measures)
 - c. Social and Economic (8 measures)
 - d. Physical Environment (5 measures)

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

TABLE 5: COUNTY HEALTH RANKINGS BY CATEGORY FOR LEVY COUNTY, 2017-2022

Area/Category	2017	2018	2019	2020	2021	2022
Health Outcomes	60	59	60	59	57	54
<i>Mortality/Length of Life</i>	63	64	62	60	37	51
<i>Morbidity/Quality of Life</i>	42	54	57	56	16	57
Health Factors	46	48	58	58	57	57
<i>Health Behavior</i>	42	49	43	54		54
<i>Clinical Care</i>	46	44	56	56	12	53
<i>Social & Economic Factors</i>	47	47	55	52	48	54
<i>Physical Environment</i>	33	16	48	56	30	60

Source: Table 2, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

As demonstrated in Table 5 above, Levy County ranks in the bottom quartile – or the worst 25 percent – of counties in the state of Florida for every measurement. In particular, morbidity/quality of life is of great concern, ranking as 57th out of 67 counties (Table 2, 2022 Technical Appendix).

When broken down into the finer components contributing to these rankings, we still see that Levy County has measures in all health outcomes, behaviors, clinical care, and social and economic factors that are worse than the state in 2022, with the exceptions of: percentage reporting excessive drinking, percentage unemployment, and rate of social associations. Levy County also was recorded to have drinking water violations for the 2022 County Health Rankings. Levy County has low rankings of health outcomes, length of life, quality of life, health factors, health behaviors, and social and economic factors, as well as particularly high rates of poor or fair health (25.6 percent), poor physical health days and mental health days (5.3 days and 5.8 days per month, respectively), adult smoking (24.6 percent), obesity (37.0 percent), physical inactivity (33.5 percent), alcohol impaired driving deaths (36.2 percent), teen births (28.5 births per 1,000 females), children in poverty (27.2 percent), violent crime rate (1,076.0 per 100,000 population), injury death rate (124.0 deaths per 100,000 population), and ratio of population to primary care physicians (5,929:1), to dentists (4,221:1), and to mental health providers (2,483:1); as well as notably low rates of access to exercise opportunities (50.5 percent), flu vaccinations (38.0 percent), and population completing some college education (45.5 percent). Levy County does surpass the state with a lower percentage of severe housing problems, with only 14.3 percent of residents experiencing at least one severe housing issue compared to 19.2 percent of Florida residents (Table 3, 2022 Technical Appendix).

Causes of Death

Age-adjusted mortality rates are much higher for Levy County than for the state, reaching 908.3 deaths per 100,000 population as compared to Florida’s rate of 698.4 for 2018-2020 according to the Florida Bureau of Vital Statistics. The number one (1) cause of death in Levy County from 2018-2020 was cancer; the 2nd, heart disease; the 3rd, chronic lower respiratory disease (CLRD). Table 6 shows the top 10 causes of death for Dixie, Gilchrist, and Levy counties, as well as Florida (Tables 64 and 66, 2022 Technical Appendix).

TABLE 6: TOP 10 CAUSES OF DEATH FOR DIXIE, GILCHRIST, LEVY COUNTIES AND FLORIDA, BY RANK, 2018-2020

Cause of Death	Dixie County	Gilchrist County	Levy County	Florida
Malignant Neoplasm (Cancer)	1	1	1	2
Heart Disease	2	2	2	1
Chronic Lower Respiratory Disease (CLRD)	3	3	3	5
Unintentional Injury	4	4	4	4
Diabetes Mellitus (Diabetes)	5	6	6	7
Cerebrovascular Diseases (Stroke)	6	5	5	3
Chronic Liver Disease & Cirrhosis (Liver Disease)	7T	12T	7	9
Hypertension	7T	8T	8T	13
COVID-19	9	10	8T	8
Alzheimer's Disease	10	7	10	6
Suicide	11	8T	14T	10

Source: Table 64, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

This table clearly illustrates that CLRD is a much greater issue in Levy County than Florida as the 3rd leading cause of death, in contrast to the 5th, as is diabetes, the 6th leading cause of death in contrast to the 7th. Stroke is less of a priority (5th leading cause of death as compared to 3rd), as is Alzheimer's (10th leading cause of death as compared to 6th). However, it is useful to further consider these rankings in the context of the number of deaths they are causing.

Cancer, the leading cause of death in Levy County, accounts for 23.8 percent of all deaths in the county, like the state at 20.9 percent, with a mortality rate of 197.2 age-adjusted deaths per 100,000 population in Levy County and 142.5 in Florida. Heart disease accounts for 20.6 percent of all deaths in Levy County and 22.0 percent of Florida deaths at approximately 178.1 age-adjusted deaths per 100,000 population in the county and 145.7 in the state. Levy County leads the state in CLRD deaths by a large margin: 7.6 percent of deaths at 62.2 age-adjusted deaths per 100,000, as compared to 5.5 percent of Florida deaths at 36.2 deaths per 100,000. Levy County also depicts higher age-adjusted death rates compared to the state due to unintentional injury (93.6 deaths versus 59.0), diabetes (26.8 versus 21.1), stroke (58.1 versus 42.3), liver disease (16.3 versus 12.1), hypertension (15.5 versus 8.9), and suicide (15.8 versus 14.3). On the other hand, Levy County is doing favorably compared to the state in the areas of mortality due to COVID-19 (14.4 versus 19.7) and Alzheimer's Disease (15.1 versus 19.7) (Tables 65 and 67, 2022 Technical Appendix).

COVID-19

Focusing on 2020, COVID-19 caused 42.6 age-adjusted deaths per 100,000 persons in Levy County and 57.4 age-adjusted deaths per 100,000 persons in Florida. By race, White Levy County residents experienced lesser rates than the state of death due to COVID-19, at age-adjusted rates of 39.7 per 100,000 persons and 51.1, respectively. However, Black Levy County residents suffered higher age-adjusted death rates than their White counterparts due to COVID-19 at a rate of 63.6 deaths per 100,000 persons, due to the deaths of three (3) individuals. These counts are very small and should be interpreted with caution (Table 91, 2022 Technical Appendix).

Despite small numbers, the largest and most undeniable discrepancy exists between the sexes, with males in Levy County recording an age-adjusted death rate of 57.0 deaths per 100,000 population compared to 29.7 deaths among females. This difference is more profound than that found at the state level: 73.5 deaths per 100,000 for males and 43.8 deaths per 100,000 for females (Table 91, 2022 Technical Appendix).

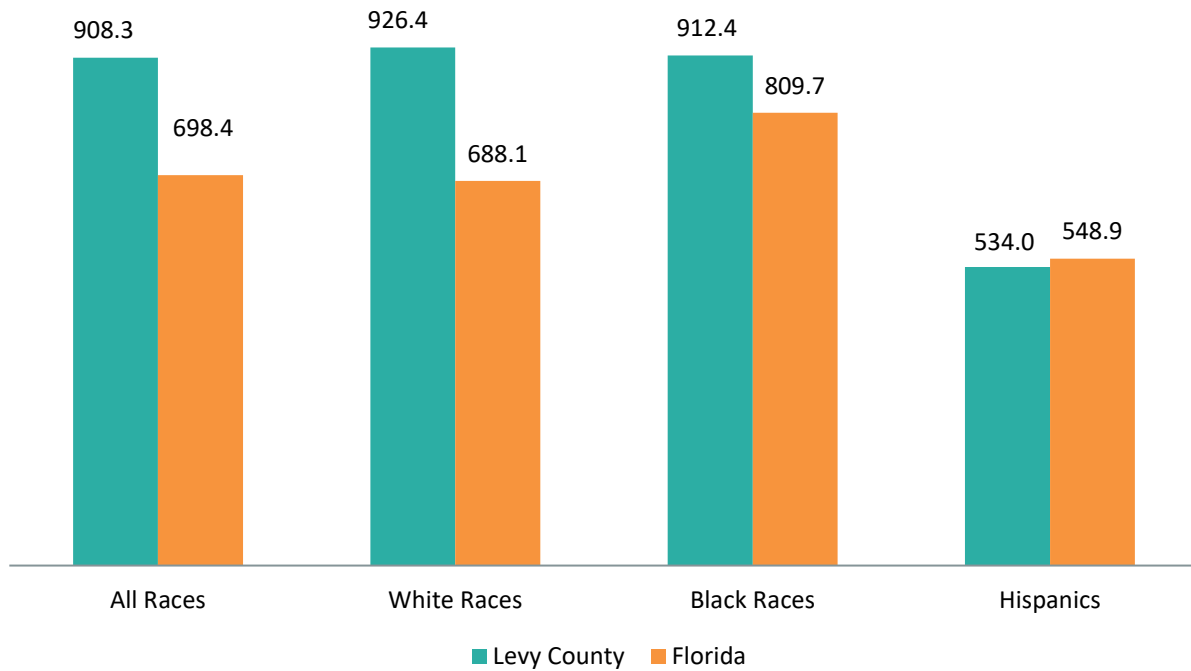
Differences in Mortality by Zip Code

When looking at Levy County by zip code using Florida Department of Health Bureau of Vital Statistics 2018-2020 reports, it can be observed that 32683 Otter Creek has the highest age-adjusted mortality rates, leading specifically in death due to cancer, heart disease, CLRD, and unintentional injury. However, these very low incidence rates are inflated by the small population of Otter Creek. The next leading zip code, 34498 Yankeetown, reports an age-adjusted mortality rate of 1,233.2 deaths per 100,000 population and leads the county specifically in deaths due to stroke. 34449 Inglis follows at a rate of 1,057.8 deaths, possibly driven by their lead in deaths due to liver disease and hypertension, then 32626 Chiefland, with the highest rate of deaths due to diabetes, and finally 32668 Morriston with the highest rate of deaths due to Alzheimer's Disease (Tables 69 – 79, 2022 Technical Appendix).

Differences In Mortality by Race and Ethnicity

All racial categories reported by Levy County in the 2018-2020 ACS estimates have mortality rates higher than that of the state. As mentioned earlier, the overall age-adjusted mortality rate for Levy County is 908.3 deaths per 100,000 population, and Florida is 698.4 deaths per 100,000 population. Among the White population, this rate rises to 926.4 deaths per 100,000 for the county and drops to 688.1 for the state, widening the disparity. The age-adjusted mortality rate of White Levy County residents is fairly close to that for Black Levy County residents at 912.4 deaths per 100,000 population. Hispanics have the lowest age-adjusted mortality rate among all groups, coming in at 534.0 deaths per 100,000 for Levy County (Table 66, 2022 Technical Appendix).

FIGURE 12: AGE-ADJUSTED MORTALITY RATES PER 100,000 POPULATION, BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2018-2020



Source: Table 66, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

When considering race, Levy County displays clear disparities skewed towards both the Black and White populations. Black Levy County residents experience higher age-adjusted death rates than their White counterparts due to:

- Cancer (236.8 deaths per 100,000 population versus 199.3 deaths)
- Heart disease (217.0 deaths per 100,000 population versus 177.8 deaths)
- Diabetes (35.0 deaths per 100,000 population versus 26.4)
- Stroke (70.7 deaths per 100,000 population versus 57.3)
- COVID-19 (21.1 deaths per 100,000 population versus 13.4)

Meanwhile, White Levy County residents suffer higher age-adjusted death rates than their Black counterparts due to unintentional injury (100.4 White deaths per 100,000 population versus 61.5 Black deaths), CLRD, and Alzheimer’s disease (Table 68, 2022 Technical Appendix).

When looking at ethnicity, it is evident that Levy County Hispanics have higher rates than the county as a whole of death due to COVID-19 (20.3 deaths per 100,000 compared to the overall county rate of 14.4). Hispanics have lower overall rates of age-adjusted mortality than all races in Levy County, although they still hold markedly higher rates of mortality when compared to their state counterparts in the areas of unintentional injury and hypertension (Table 67, 2022 Technical Appendix).

Differences in Mortality by Age

Among adults aged 18-44 in Levy County, the Florida Department of Health Bureau of Vital Statistics estimates a crude death rate of 242.4 per 100,000 population from 2018-2020, a rate noticeably larger than the state's estimate of 168.6. This discrepancy may be largely attributable to the top two causes of death in this age group in Levy County: unintentional injury at a crude death rate of 119.8 deaths per 100,000 population for the county compared to 69.9 for the state, and cancer at a crude death rate of 25.1 deaths per 100,000 population for the county compared to 14.3 for the state (Table 83, 2022 Technical Appendix).

The greatest difference between the county and the state is seen in the 45-64 years of age demographic, where the same estimates place the crude death rate at 1,061.5 deaths per 100,000 population, more than 50 percent greater than the state rate of 687.2. The top five (5) causes of death in this age category – cancer, heart disease, unintentional injury, CLRD, and diabetes – are all greater for Levy County than Florida, especially mortality due to:

- Cancer, which is 1.64 times the state rate at 305.3 deaths per 100,000 population versus 185.9
- Heart disease, which is 1.67 times the state rate at 216.9 deaths per 100,000 population versus 129.6
- CLRD, which is 2.5 times the state rate at 71.3 deaths per 100,000 population versus 28.5
- Diabetes, which is 1.89 times the state rate at 54.2 deaths per 100,000 population versus 28.7

This data can be found in Table 84 of the 2022 Technical Appendix.

Among the population 65-84 years of age, Levy County also sees much higher mortality rates than the state: 3,112.97 deaths per 100,000 population as compared to 2,543.82. All top six (6) causes of death in this age category – cancer, heart disease, CLRD, stroke, unintentional injury, and diabetes – have higher rates for Levy County than Florida (Table 85, 2022 Technical Appendix).

Suicide

Levy County has slightly higher rates of suicide as compared to Florida as a whole. The Florida Department of Health Bureau of Vital Statistics estimates for 2018-2020 place these age-adjusted rates at 14.9 deaths per 100,000 population for the county and 14.4 for the state. The highest age-adjusted death rates due to suicide are found in 32625 Cedar Key, 32626 Chiefland, and 32696 Williston; however, these numbers are particularly prone to vary widely from year to year due to small populations and low incidence rates (Table 79, 2022 Technical Appendix).

Childhood Mortality

According to the Florida Department of Health Bureau of Vital Statistics, the average childhood mortality rate for Levy County from 2018-2020 was 44.7 deaths per 100,000 population, very similar to the state rate of 49.9. The leading cause of death among children in Levy County is unintentional injuries, yielding a crude death rate of 22.3 deaths per 100,000 population, more than twice the state rate of 9.0. However, these fatalities are highly unusual and, given the very limited number of occurrences (only five (5) deaths in 2019), ought to be interpreted with great caution (Table 82, 2022 Technical Appendix).

Cancer Mortality

Levy County cancer mortality is noticeably more common than at the state level, with average age-adjusted mortality rates for 2018-2020 measuring up to 197.2 deaths per 100,000 population for the county and 142.5 deaths per 100,000 for the state. When broken down by cancer type, it is difficult to make powerful comparisons given the minute number of fatalities from each cancer type in Levy County. However, a few age-adjusted mortality rates do stand out as being markedly higher than the state:

- Colon, rectum, & anus cancer at 19.1 deaths per 100,000 for the county compared to 12.6 for the state
- Esophagus cancer at 7.3 deaths per 100,000 for the county compared to 3.5 (uniquely among White residents)
- Leukemia at 9.1 deaths per 100,000 for the county compared to 5.9 (uniquely among White residents)
- Larynx cancer at 2.5 deaths per 100,000 for the county compared to 1.1 (uniquely among White residents)
- Trachea, bronchus, and lung cancer at 54.8 deaths per 100,000 for the county compared to 33.6

The most common cause of cancer mortality in Levy County is trachea, bronchus, and lung cancer, accounting for 30.3 percent of all cancer deaths (Table 112, 2022 Technical Appendix).

Cancer Mortality by Race and Ethnicity

Examining cancer mortality by race or ethnicity again invites careful discretion in interpretation of the data given small population size. Overall, cancer mortality among White Levy County residents (199.3 deaths per 100,000 population) is higher than the state (142.6) but lower than their Black Levy County counterparts (236.8). This higher rate of cancer mortality among Black residents is particularly driven by deaths due to pancreatic cancer and prostate cancer. The mere 11 recorded Hispanic cancer deaths in Levy County yielded an age-adjusted rate of 111.8 deaths per 100,000 population, barely above the state rate of 109.1 (Tables 113-115, 2022 Technical Appendix).

Cancer Mortality by Sex

Age-adjusted cancer mortality rates for Levy County males are much greater than those for females. Specifically, Levy County males experience 234.3 deaths per 100,000 population, notably higher than the state rate (167.6), and Levy County females experience 163.6 deaths per 100,000 population, also higher than the state rate (122.4). Females appear to have higher mortality rates than the state in the following cancer types:

- Breast cancer (24.3 deaths per 100,000 versus 18.7)
- Colon, rectum, & anus cancer (19.5 deaths per 100,000 population versus 10.4)
- Trachea, bronchus, and lung cancer (49.4 deaths per 100,000 population versus 28.3)

Among females, the most common cause of cancer mortality was trachea, bronchus, and lung cancer, accounting for approximately one-third (1/3) of all female cancer deaths in Levy County (Tables 116 and 117, 2022 Technical Appendix).

Several interesting trends exist among male Levy County cancer mortality rates. As compared to the state, males have slightly higher or comparable mortality rates by most forms of cancer, especially trachea, bronchus, and lung cancer (61.1 deaths per 100,000 in Levy County versus 40.1 in Florida) and esophagus cancer (14.4 deaths per 100,000 in Levy County versus 6.1 in Florida). As compared to females, males have higher age-adjusted mortality rates out of 100,000 of:

- Esophagus cancer (14.4 versus 0.7)
- Leukemia (13.4 versus 4.8)
- Liver & intrahepatic bile ducts cancer (13.9 versus 0.9)
- Pancreatic cancer (19.7 versus 6.9)
- Stomach cancer (7.0 versus 0.8)

-
- Trachea, bronchus, and lung cancer (61.1 versus 49.4)

Overall, the most common cause of cancer death for male Levy County residents is trachea, bronchus, and lung cancer, accounting for 28.3 percent of all male cancer deaths (Tables 116-117, 2022 Technical Appendix).

Cancer Incidence

Despite the aforementioned higher rates of cancer mortality throughout the county, Levy County sees an approximately equal age-adjusted amount of new cancer cases as the state. To elaborate, according to 2017-2019 FL HealthCHARTS estimates Levy County sees an age-adjusted cancer incidence rate of 444.3 cases per 100,000 population, while the state sees a comparable rate of 450.2 per 100,000. With respect to Florida, Levy County holds higher incidence rates of:

- Cervical cancer (13.4 versus 8.9)
- Lung cancer (73.2 versus 55.8)
- Non-Hodgkin's Lymphoma (23.3 versus 21.5)
- Oral cancer (15.4 versus 13.6)
- Uterus Cancer (33.9 versus 26.3)

On the other hand, Levy County possesses notable advantages in lower incidence rates of:

- Female breast cancer (96.8 versus 123.3)
- Melanoma (18.8 versus 25.4)
- Prostate cancer (63.9 versus 90.8)

Levy County also reports less remarkable lower rates of brain cancer, ovarian cancer, and stomach cancer (Table 118, 2022 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that 12,447.1 years of potential life lost (YPLL) under 75 per 100,000 population occurred in Levy County in 2020, compared to a rate of only 8,651.1 for the state. By race, White Levy County residents portray a rate of YPLL of 12,715.6 per 100,000 population, much higher than their Florida counterparts at 8,417.4 YPLL per 100,000 population. Black Levy County residents have a higher rate of YPLL both when compared to the state (14,627.4 YPLL per 100,000 population versus 10,828.1 for the state) as well as compared to White Levy County residents (14,627.4 versus 12,715.6) (Tables 87 and 88, 2022 Technical Appendix).

By sex, females possess a clear advantage over males in terms of YPLL. Although both females and males in Levy County experience rates markedly higher than the state, females only come in at a rate of 9,820.4 YPLL per 100,000 in the county as compared to 6,263.6 in the state. On the contrary, males in Levy County experience a rate of 15,195.6 YPLL per 100,000, compared to 11,097.5 for the state. This disparity is with respect to the most recent data collected by the Florida Department of Health Bureau of Vital Statistics in 2020 (Table 89, 2022 Technical Appendix).

The primary cause of death contributing the most YPLL to Levy County between 2018 and 2020 is cancer at 2,609.1 YPLL per 100,000, followed by unintentional injury at a rate of 2,162.7, and heart diseases at 1,640.4. Each one of the top 11 causes of death in Levy County contributes to a greater rate of YPLL than in the state of Florida except for Alzheimer's Disease and COVID-19 (Table 90, 2022 Technical Appendix).

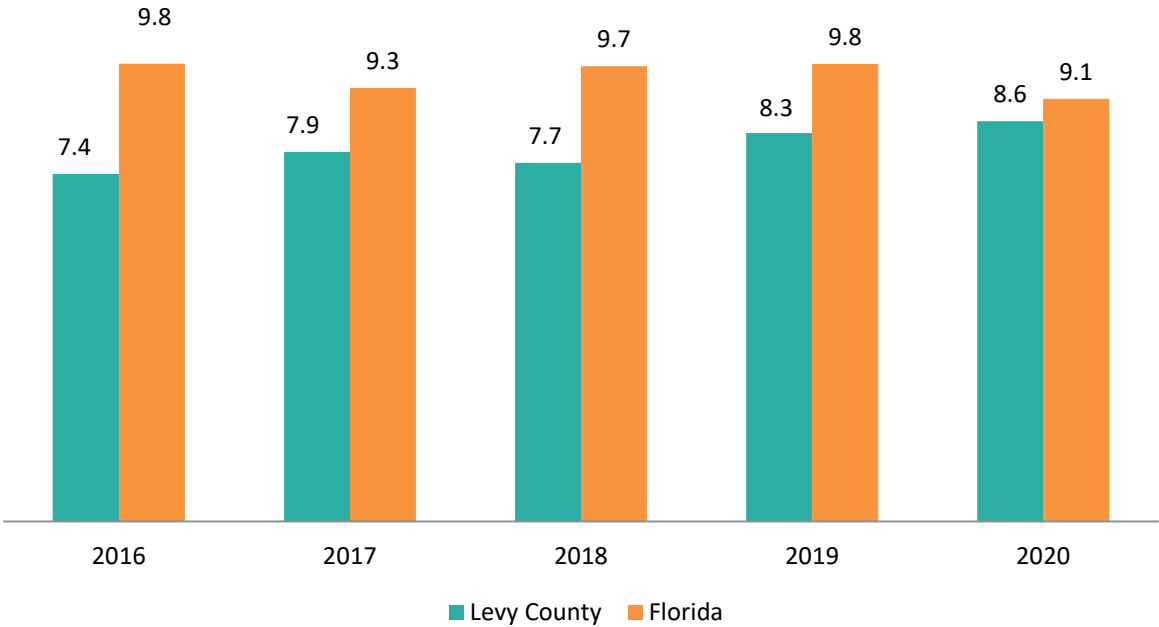
Mental Health

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

Hospitalization rates for mental health reasons have been consistently lower in Levy County in recent years. 2020 saw Levy County rates as marginally lower than the state for all ages (8.6 hospitalizations per 1,000 population versus 9.1) and children (4.1 hospitalizations per 1,000 versus 5.9). Levy County has also seen overall rates trending up in the three (3) most recent years of data collection, 2018-2020 (Table 93, 2022 Technical Appendix).

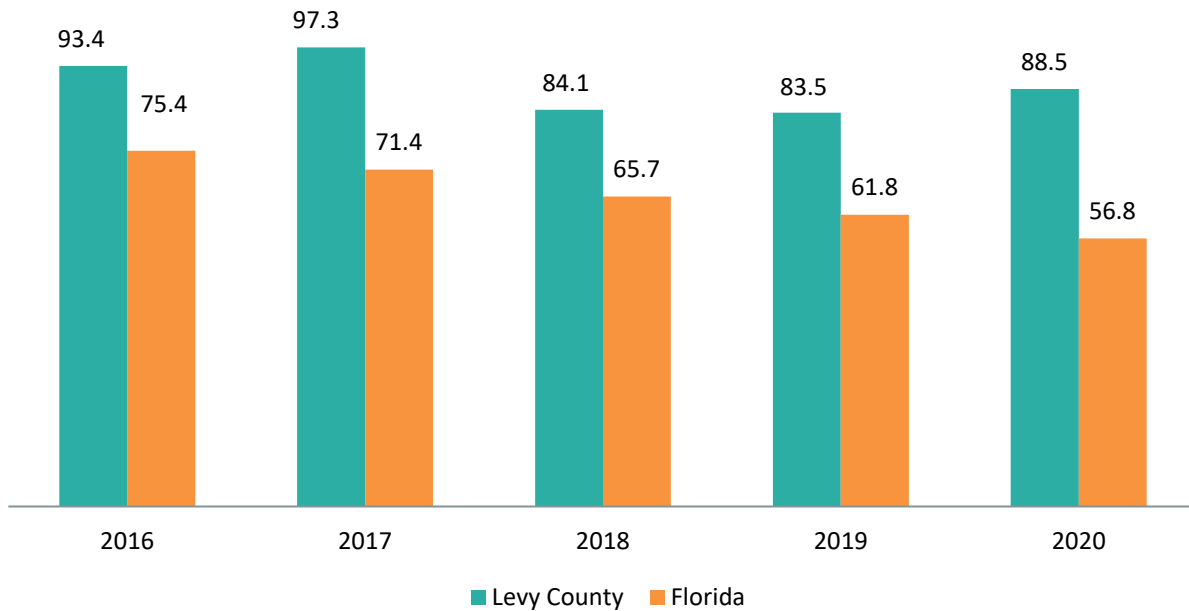
FIGURE 13: MENTAL HEALTH HOSPITALIZATIONS, LEVY COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

On the contrary, 2020 data for mental health ED visits in Levy County are consistently higher than the state among all ages (88.5 visits per 1,000 population versus 56.8), children (22.8 versus 10.7), and adults (103.0 versus 68.2). These numbers have been increasing within Levy County for the past three (3) years among children (Table 93, 2022 Technical Appendix).

FIGURE 14: MENTAL HEALTH ED VISITS, LEVY COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Hospitalizations and ED Visits for Mental Health Reasons by Zip Code

By zip code, hospitalization rates for mental health reasons are most common in 34498 Yankeetown at a rate of 26.6 hospitalizations per 1,000 population in 2020. These estimates, made by detailed discharge data and US Census ESRI population numbers, place Levy County rates of hospitalization for mental health reasons at just 8.2 per 1,000. ED visit data and US Census ESRI population numbers also attribute to Levy County high rates of ED Visits for mental health reasons, coming in at a rate of 84.8 per 1,000 compared to 57.0 for the state. The zip code with the highest rate of ED Visits for mental health reasons was 34449 Inglis by a slight margin at 141.9 visits per 1,000, followed by 32621 Bronson at 125.2 (Table 94, 2022 Technical Appendix).

Involuntary Exam Initiations (Baker Acts)

Involuntary exam initiations, more commonly known as Baker Acts, are a significant reflection of the status of care and resources for those who may be a harm to themselves or others. The rates of involuntary exam initiations in Levy County are lower than the state among all ages at 633.0 initiations per 100,000 persons in 2018-2019; this rate only measures in at 1,007.0 exams per 100,000 population in the state overall. However, children in Levy County specifically experience higher rates of undergoing an involuntary exam initiation with a rate of 1,356.7 exams per 100,000 population in the county and 1,240.0 in Florida (Table 95, 2022 Technical Appendix).

In Florida, involuntary exams are primarily initiated by law enforcement (51.3 percent of cases), followed by professional certificates (46.5 percent of cases). In Levy County, these numbers are quite similar, with law enforcement being the primary source of initiations (54.8 percent of cases) followed by professional certificates (43.4 percent). For both the county and the state, but especially for Levy County, most professional certificates are written by a non-psychiatric physician (71.9 percent of professional certificates in Levy County, 65.5 percent in Florida) (Table 96, 2022 Technical Appendix).

Substance Abuse

The percentage of adults who report engaging in heavy or binge drinking in Levy County is consistently less than the state, coming in at 11.9 percent of adults in 2019 compared to 18.0 percent of Floridian adults. However, age-adjusted rates of chronic liver disease and cirrhosis deaths are generally greater than the state, with a rate of 17.1 deaths per 100,000 population in Levy County compared to 13.0 for Florida in 2020 (Tables 97-98, 2022 Technical Appendix).

Despite having lower rates of traffic accidents than the state (1,462.7 crashes per 100,000 population in Levy County compared to 1,577.6 for Florida), Levy County has higher rates of alcohol related traffic incidents in all the following categories:

- Alcohol-confirmed motor vehicle crashes at 36.0 crashes per 100,000 population for the county and 21.0 for the state
- Alcohol-confirmed motor vehicle injuries as 16.8 injuries per 100,000 for the county and 12.0 for the state
- Alcohol-confirmed motor vehicle deaths at 7.2 deaths per 100,000 for the county and 1.8 for the state

The traffic crash data above is taken from Table 99 of the 2022 Technical Appendix. All the numbers for this section refer to data collected by FL HealthCHARTS.

Domestic Violence

Domestic violence offenses are far more prevalent in Levy County than the state in general. Levy County reported 518 instances of domestic violence in 2020 resulting in a rate per 100,000 population of 1,244.2. This rate is more than double the state's rate for the same year at 492.2 cases per 100,000 (Table 100, 2022 Technical Appendix).

These high rates are particularly driven by rape and aggravated assault within Levy County. Rape occurred at a rate of 38.7 cases per 100,000 population in Levy County in 2019 and only 8.9 cases per 100,000 for Florida; aggravated assault also outstripped Florida by more than 13 times the state rate at 996.9 cases per 100,000 population compared to 75.2 cases for the state. Rates of threat/intimidation are also higher than the state (19.4 cases per 100,000 population versus 7.6), while rates of simple assault are actually lower in the county than in the state (142.8 cases per 100,000 population versus 397.3) (Table 101, 2022 Technical Appendix).

TABLE 7: TOTAL NUMBER OF AND RATE PER 100,000 POPULATION FOR DOMESTIC VIOLENCE OFFENSES BY TYPE, LEVY COUNTY AND FLORIDA, 2019

Type of Offense	Levy County Population (41,330)		Florida Population (21,208,589)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	1	2.4	200	0.9
Manslaughter	0	0.0	21	0.1
Rape	16	38.7	1,891	8.9
Fondling	4	9.7	922	4.3
Aggravated Assault	412	996.9	15,946	75.2
Aggravated Stalking	0	0.0	97	0.5
Simple Assault	59	142.8	84,260	397.3
Threat/Intimidation	8	19.4	1,618	7.6
Stalking	0	0.0	343	1.6
Total	500	1,209.8	105,298	496.5

Source: Table 101, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

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 Levy County and the state of Florida.

Birth Rates

Levy County on average has slightly lower birth rates than Florida as a whole, with FL HealthCHARTS estimates placing this number at 9.7 births per 1,000 total population for Levy County and 10.2 for Florida with 2018-2020 estimates. By race, it is estimated that White Levy County residents have a birth rate of 9.5 births per 1,000 total population; for Black residents, the number is 9.9 (Table 102, 2022 Technical Appendix).

When examining ethnicity, Levy County Hispanics emerge with a higher birth rate than both Levy County overall and Florida Hispanics at large: 12.9 births per 1,000 Levy County population as compared to 11.7 births per 1,000 Florida population. In fact, Levy County Hispanic rates have been rising while state rates have been falling between the 2016-2018 estimates and 2018-2020 estimates (Table 102, 2022 Technical Appendix).

Infant Deaths

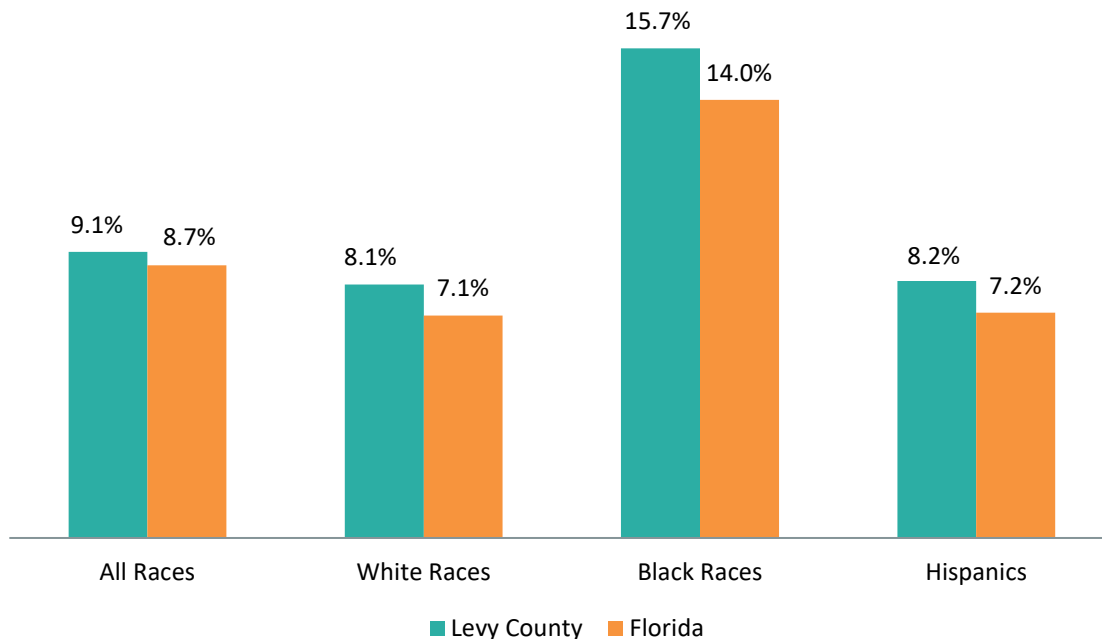
Infant deaths are rare occurrences consisting of very small sample sizes. Within a county as small as Levy County, interpreting these individual rates is particularly risky and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, the county sees very 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, and overall post neonatal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 80 and 81, 2022 Technical Appendix).

Overall, FL HealthCHARTS reports that Levy County had a rate of 3.9 infant deaths per 1,000 total live births on average between 2018-2020 resulting from just five (5) infant deaths during this three (3) year span. This rate is less than the state's estimate for the same period (6.0 infant deaths per 1,000 live births) and has been decreasing since 2016-2018 estimates (Table 103, 2022 Technical Appendix).

Low Birthweight Births

On average from 2018-2020, according to FL HealthCHARTS data, 9.1 percent of Levy County births were low birthweight, compared to only 8.7 percent of Florida births. In particular, Black births have nearly twice the rate of White births in Levy County for being low birthweight, accounting for 15.7 percent of Black births and 8.1 percent of White births. Both are moderately higher than their state counterparts. Hispanics also have a modestly higher rate in percentage of low birthweight babies when compared to the state, accounting for 8.2 percent of Levy County Hispanic births compared to just 7.2 percent at the state level (Table 104, 2022 Technical Appendix).

FIGURE 15: PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2018-2020



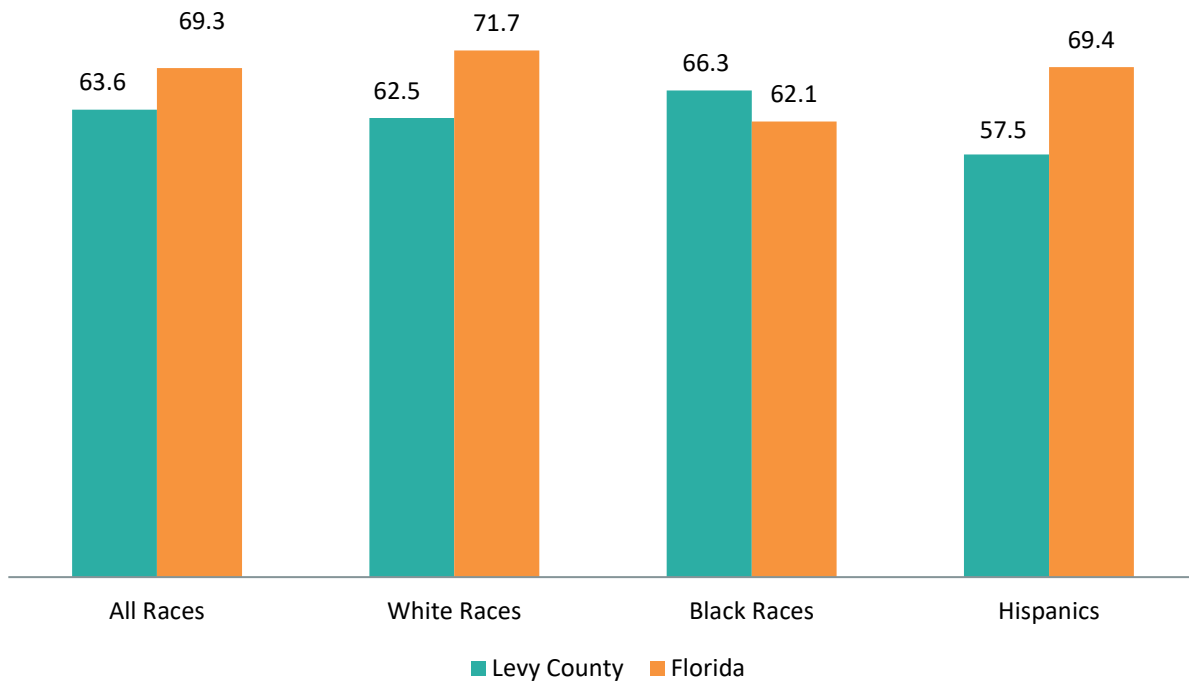
Source: Table 104, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

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. Between 2018-2020, FL HealthCHARTS reports that 63.6 percent of births on average received first trimester care in Levy County, while the state distinguished itself at 69.3 percent. This number has been climbing for Levy County in recent years, but slowly. The lowest rates were found in 32625 Cedar Key at 46.9 percent of births (Table 105, 2022 Technical Appendix).

Racial differences in first trimester care were fairly small, with 66.3 percent of Black Levy County births receiving first trimester care compared to 62.5 percent of White Levy County births. By ethnicity, Hispanic rates of first trimester care were slightly less than all races in Levy County (57.5 percent and 63.6 percent, respectively). How these rates compare to state counterparts can be observed in Figure 16 below (Table 105, 2022 Technical Appendix).

FIGURE 16: PERCENT OF BIRTHS THAT RECEIVED FIRST TRIMESTER CARE BY RACE AND ETHNICITY, LEVY COUNTY AND FLORIDA, 2018-2020



Source: Table 105, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Teen Births

The rate of teen births in Levy County is 1.3 percent of all county births, while the state rate is 1.0 percent, according to 2018-2020 FL HealthCHARTS estimates. These numbers have not shown any improvement in recent years. In particular, 32626 Chiefland has a rate of 2.4 percent of all births being to teen mothers aged 15-17 years old. The vast majority of teen births were to White, non-Hispanic mothers (Table 106, 2022 Technical Appendix).

Governmental Program Supports

According to FL HealthCHARTS 2018-2020 estimates, 65.6 percent of all births in Levy County have Medicaid as the payor; Florida compares at 47.2 percent. In particular, Medicaid covered 100 percent of the few births seen in zip codes 32644 Chiefland and 32683 Otter Creek, the highest rate of Medicaid-covered births otherwise being found in 34449 Inglis at 79.8 percent of all births; however, the highest raw number of Medicaid-covered births lies in 32696 Williston at 242 births, or 59.9 percent. Overall, and like the state, Black births show considerably higher rates of being covered by Medicaid, accounting for 77.7 percent of Levy County Black births and only 64.1 percent of Levy County White births. Hispanics have a lower rate of Medicaid-covered births compared to the rest of Levy County, accounting for only 56.8 percent of births (Table 107, 2022 Technical Appendix).

Rates of births where the mother participated in WIC are also distinctly higher in Levy County than the state for the same period: 53.1 percent compared to 41.4 percent, respectively. This rate is highest again in 32683 Otter Creek, comprising 80.0 percent of all births, followed by 61.9 percent of births in 34449 Inglis. Similar trends are seen by race: 51.0 percent of White births participating in WIC in Levy County and 65.7 percent of Black births. However, the disparity between the county and the state is much more striking among White births – 51.0 percent in the county versus 37.2 percent in the state – while relatively minor among Black births – 65.7 percent in the county versus 59.0 percent in the state. Hispanic births also have higher rates of participation in WIC at 65.1 percent of all Levy County Hispanic births and 51.1 percent of state Hispanic births (Table 108, 2022 Technical Appendix).

Health Behaviors

Sexually Transmitted Diseases (STDs)

STDs reported by FL HealthCHARTS include syphilis, gonorrhea, chlamydia, and all bacterial STD's – which would include gonorrhea and chlamydia. Syphilis is less prevalent in Levy County than in the state at 16.8 cases per 100,000 population of the county as opposed to 57.0 cases per 100,000 population of the state; similarly, gonorrhea is less prevalent at 175.3 cases as opposed to 187.1. Contrarily, chlamydia cases rise to 634.1 per 100,000 in Levy County in contrast to only 458.5 in Florida; and, possibly as a direct result, all bacterial STDs also rise above the state rate at 826.2 cases per 100,000 in Levy in contrast to 702.7 (Table 120, 2022 Technical Appendix). HIV rates are also lower for Levy County, with a rate of 240.2 persons with HIV (PWH) per 100,000 population in Levy County as compared to 542.9 persons per 100,000 in the state of Florida (Table 121, 2022 Technical Appendix).

COVID-19

As of March 1st, 2020, Levy County has seen a percent case positivity rate of COVID-19 of 34.6 percent; higher than the state rate of 26.8 percent. Between May 27th, 2022 – June 2nd, 2022, Levy County had a much lower case rate than the state: 174.4 cases per 100,000 population, as opposed to 326.7 cases per 100,000 Florida population. Approximately 54.0 percent of the population is vaccinated against COVID-19; in Florida as a whole, 74.0 percent are vaccinated (Tables 122 and 123, 2022 Technical Appendix).

Immunizations

According to the 2017-2019 Behavioral Risk Factor Surveillance System estimates, in Levy County only 31.2 percent of adults and 47.1 percent of adults aged 65 and older received a flu shot in the past year; in Florida, the rates were 36.9 percent and 58.3 percent, respectively. The county had slightly lower rates than the state of pneumococcal vaccinations among adults 65 and older (60.5 percent versus 66.8 percent) (Table 119, 2022 Technical Appendix).

In 2021, FL HealthCHARTS reported that 97.3 percent of kindergartners and 99.2 percent of 7th graders had their recommended immunizations in Levy County. These rates are higher than Florida's rates of 93.3 percent and 94.5 percent, respectively (Table 124, 2022 Technical Appendix).

FL HealthCHARTS also collects information on human papillomavirus (HPV) vaccine initiation and completion for those 9-17 years of age at the county and state level. Compared to the state, Levy County had similar levels of HPV vaccine initiation (12.8 percent of population versus 10.7 percent) and HPV vaccine completion (33.4 percent versus 33.3 percent) in 2020 (Table 125, 2022 Technical Appendix).

Obesity and Overweight

73.6 percent of the Levy County adult population is overweight or obese according to 2017-2019 BRFSS estimates. This rate is clearly higher than the state rate of 64.6 percent. When looking specifically at obesity, Levy County rates are also substantially higher than the state (35.8 percent versus 27.0 percent) (Table 119, 2022 Technical Appendix). Additionally, 27.4 percent of WIC children 2 and older are overweight or obese in Levy County (29.7 percent in the state) (Table 58, 2022 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 2019 data in Table 119 in the 2022 Technical Appendix.

Within Levy County and compared to Florida, substantially more individuals have been told they have arthritis (35.5 percent versus 25.1 percent), currently have asthma (8.7 percent versus 7.4 percent), have ever had skin cancer (13.0 versus 10.4), and have ever been told they had a heart attack (10.5 versus 4.7 percent). Not only do more adults have high blood cholesterol among those who have had their cholesterol checked in the past five (5) years (37.9 percent versus 34.2 percent in the state), but also fewer have recently had their cholesterol checked in that time span (85.2 percent versus 89.1 percent). Furthermore, Levy County has higher rates of COPD (12.7 percent versus 7.7 percent), depression (23.6 percent versus 17.7 percent), pre-diabetes (13.0 percent versus 9.1 percent), and diabetes (15.0 percent versus 11.7 percent), along with lower rates of self-management education (59.5 versus 66.3 percent).

Nearly 43 percent of the Levy County population report some form of disability – the state rate being only 31.0 percent – with every recorded disability being higher in Levy County than the state: blind or serious difficulty seeing (9.1 percent versus 5.3 percent), deaf or serious difficulty hearing (12.7 versus 6.6 percent), serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition (18.3 percent versus 12.9 percent), serious difficulty walking or climbing stairs (21.6 percent versus 16.2 percent), difficulty dressing or bathing (10.6 percent versus 4.0 percent), and difficulty doing errands alone (14.6 percent versus 7.6 percent).

With respect to health care access and coverage, Levy County residents had comparable rates of having a personal doctor, having health care insurance, and having had a medical check-up in the past year. Of note is that 19.8

percent of Levy County residents could not see a doctor at least once in the past year due to cost, greater than the state rate of 16.0 percent.

With respect to health status and quality of life, Levy County presented worse rates than the state of every measure on the BRFSS, especially the percentage of adults with good to excellent overall health (71.3 versus 80.3), the percentage of adults who had poor physical health on 14 or more of the past 30 days (25.1 versus 13.8), and the percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (34.9 versus 18.3). HIV/AIDS screening rates are less than the state (44.2 percent of adults ever tested versus 50.7 percent). Furthermore, 43.3 percent of Levy County residents have been told that they have hypertension (compared to 33.5 percent of Floridians) and 5.7 percent have been told that they have kidney disease (compared to 4.0 percent of the state).

A possible contributor to Levy County's high obesity rates is a lack of physical activity. 40.2 percent of adults are sedentary (compared to 26.5 percent of the state), and only 25.6 percent meet muscle strengthening recommendations (compared to 38.1 percent of the state).

Tobacco use and exposure is also extraordinarily high in Levy County. 22.6 percent of adults are current smokers, far exceeding the state rate of 14.8 percent, and 28.1 percent are former smokers. The percentage of adults using chewing tobacco, snuff, or snus some days or every day also surpasses the state rate – 5.8 percent as compared to 2.2 percent.

Cancer Screening

Various indicators of colorectal cancer and prostate cancer screening are lower for Levy County than the state according to FL HealthCHARTS data. For example, as of 2016 only 64.1 percent of Levy County adults aged 50 or older had ever received a sigmoidoscopy or colonoscopy, and only 60.9 percent had ever received a prostate specific antigen (PSA) test, compared to 69.2 percent and 67.5 percent of the state, respectively (Tables 109 and 110, 2022 Technical Appendix). These low screening rates are particularly concerning given the high rate of mortality due to colorectal cancer in the county overall and the high rate of prostate cancer mortality among Black Levy County residents (Tables 112-115, 2022 Technical Appendix).

Likewise, women's health cancer screening indicators are lower across the board for Levy County. For example, 39.3 percent of women aged 18+ had received a Pap test in the past year as of 2016, a number well-surpassed by the state rate of 48.4 percent. Similarly, in the same year 74.5 percent of Levy County women aged 50-74 reported receiving a mammogram in the past two (2) years, while 81.7 percent of the state reported the same (Table 111, 2022 Technical Appendix).

Health Care Access and Utilization

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.

Levy County has two (2) dental, two (2) mental health, and two (2) primary care locations designated as HPSA high priority shortage areas, as illustrated in Table 8 (Table 127, 2022 Technical Appendix).

TABLE 8: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, LEVY COUNTY, 2022

Levy County			
Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
Low Income Population HPSA	LI - Levy County	09/10/2021	20
Federally Qualified Health Center	Trenton Medical Center Inc	09/10/2021	24
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	16
Mental Health			
Low Income Population HPSA	LI - Levy County	09/10/2021	20
Federally Qualified Health Center	Trenton Medical Center Inc	09/10/2021	18
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	18
Primary Medical Care			
Low Income Migrant Farmworker Population HPSA	LI/MFW - Levy County	07/02/2021	19
Federally Qualified Health Center	Trenton Medical Center Inc	09/10/2021	22
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	16
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Low Income/Migrant Farmworker Population - Levy County	11/15/2005	53.1

Source: Table 127, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Environmental Health

Levy County has extremely limited community water supplies as compared to the state at large. According to 2019 FL HealthCHARTS estimates, only 25.5 percent of the county population has access to community water supplies in contrast to 95.0 percent of the state, and 0.0 percent of the population is provided with fluoridated water supplies, compared to 78.1 percent of the state (Table 126, 2022 Technical Appendix).

Medicaid Data

From 2012-2014 and 2017-2021, Levy County has demonstrated consistently higher rates of Medicaid eligibles than Florida, and these numbers have been steadily rising. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid.

From 2018-2021, the percentage of the Levy County population enrolled in Medicaid rose from 23.0 percent to 29.9 percent, a marked difference from the state rate of 23.0 percent in 2021. These numbers become all the more striking when broken down by age: 72.6 percent of those 0-18 years of age in Levy County are Medicaid eligible compared to 55.1 percent of the state; 21.8 percent of those ages 19-64 are eligible compared to 14.3 percent of the state; and, among those 65+, the contrast lessens to 15.0 percent of individuals in Levy County being eligible and 15.3 percent of those in the state (Tables 128 and 129, 2022 Technical Appendix).

Given the larger number of Medicaid eligible individuals in Levy County, it is not surprising that the county also has a higher rate of median monthly Medicaid enrollees (25.9 enrollees per 100,000 populations versus 19.9 for Florida in 2020). Levy County has been consistently higher than the state since 2011, with both populations seeing a respectable jump in enrollees in 2020 (Table 130, 2022 Technical Appendix).

Facilities

Correlating with the aforementioned shortage of medical clinicians in Levy County is the corresponding shortage of health care service facilities. This community completely lacks end-stage renal disease centers, health care services pools, home medical equipment providers, and nurse registries. Most other facilities have only one (1) or two (2) options within the county, although there are 10 rural health clinics at a rate of 23.6 clinics per 100,000 population, much greater than the state rate of 0.7 (Table 131, 2022 Technical Appendix). The county has lower rates of nursing home beds, with their 120 beds comprising a rate of 288.2 beds per 100,000 population; contrarily, the state has a rate of 386.5 (Table 132, 2022 Technical Appendix).

Providers

As of fiscal year 2020-21, Levy County recorded a rate of only 19.2 physicians per 100,000 population, including zero (0) internal medicine doctors, OB/GYNs, and pediatricians. The only recorded physicians present were family practice physicians at a rate of 2.4 per 100,000 population. These numbers are far less than the state rates of 314.0 physicians and 19.2 family practice physicians per 100,000 population. Additionally, dentists are present at an extremely low rate: only 19.2 providers per 100,000 population, compared to 56.7 for Florida (Tables 133 and 134, 2022 Technical Appendix).

Dental Hospitalizations and Emergencies

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergencies. In Levy County, there certainly exists a higher rate of preventable dental ED visits (10.0 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population). In this most recent year of data, it is also notable that 95.4 percent of all oral health ED visits were preventable, like the state rate of 94.7 percent. In 2020, 32621 Bronson presented the highest preventable ED visit rate in the county at 19.6 visits per 1,000 population (Table 135, 2022 Technical Appendix).

Levy County residents reported comparable rates of preventable dental hospitalizations per 1,000 population (1.0) when compared to Florida (0.8) in 2020. However, this rate has been consistently higher than the state since 2018. Furthermore, in 2020 the percentage of Levy County dental hospitalizations that were preventable was 90.0 percent, higher than Florida's 82.9 percent (Table 136, 2022 Technical Appendix).

Hospitalizations and Emergency Department Usage

Compared to the state and according to 2020 discharge data from the Agency for Health Care Administration, Levy County has a higher discharge rate per 1,000 population (145.0 versus 118.7) but a similar average length of stay, or ALOS (5.0 versus 5.2). This Levy County discharge rate has been persistently higher than the state since 2018. The

zip code with the highest discharge rate is 34449 Inglis at 197.4 discharges per 1,000 population; the highest ALOS is found in 34498 Yankeetown at 6.0 days (Table 139, 2022 Technical Appendix).

The majority of discharges were paid by Medicare in Levy County in 2020 at 51.2 percent of all discharges and 55.1 percent of patient days. These are slightly higher than rates seen in Florida (45.4 percent and 51.4 percent, respectively). Medicaid also comprises a greater percentage of discharges (20.2 percent) and patient days (21.0 percent) as compared to the state (18.6 and 18.2 percent, respectively). On the flip side, private insurance comprises a larger percentage of state discharges (23.6 percent) and patient days (20.1 percent) as compared to Levy County (16.9 percent and 13.7 percent, respectively). These patterns have been fairly consistent since 2018 (Table 140, 2022 Technical Appendix).

When looking at Medicare Severity Diagnosis-Related Groups, Levy County has consistently shown septicemia as the primary component of discharges at 4.9 percent for 2020, followed by psychoses at 3.6 percent and – less consistently – vaginal delivery without sterilization at 3.1 percent (Table 141, 2022 Technical Appendix).

Avoidable Discharges

Among Levy County residents under the age of 65, the avoidable discharge rate per 1,000 population was 16.9 in 2020, compared to 11.5 for Florida. Avoidable discharge rates for Levy County have been regularly higher than the state since 2018. In spite of this higher discharge rate, the county's avoidable ALOS in 2020 was slightly lower than the state at 5.1 days as compared to 5.9 days. 32696 Williston residents accounted for 30.1 percent of avoidable discharges for Levy County in 2020; the highest avoidable discharge rate this year was in 32626 Chiefland at 20.5 discharges per 1,000 population; and the highest avoidable ALOS was also in 32668 Morriston at 7.6 days (Table 142, 2022 Technical Appendix).

Medicaid was the most common payor source for these avoidable discharges and patient days, accounting for 33.9 percent of the former and 41.3 percent of the latter. In contrast, Medicaid only covered 25.6 percent of Florida avoidable discharges and 29.6 percent of avoidable patient days. Medicare also pays for slightly more avoidable discharges in Levy County than the state (25.8 percent versus 21.1 percent), as well as avoidable patient days (30.0 percent versus 23.1 percent). Private insurance covers less avoidable discharges in Levy County than the state (18.3 percent versus 30.6 percent) and less patient days (13.2 percent versus 29.9 percent) (Table 143, 2022 Technical Appendix).

The leading cause of avoidable discharges among those under the age of 65 was dehydration by an obvious margin, comprising 40.9 percent of discharges in 2020, as compared to nutritional deficiencies at 10.8 percent and chronic obstructive pulmonary disease at 9.0 percent. For the past three years of data, 2018-2020, dehydration consistently came in as the number one reason for avoidable discharges. Nutritional deficiencies have been accounting for a greater percentage of avoidable discharges every year, and COPD made it into the top three (3) causes every year (Table 144, 2022 Technical Appendix).

Avoidable ED Visits

As of 2019, the Broward Regional Health Planning Council reported an ED visit rate of 284.9 ED visits per 1,000 population for Levy County – much lower than the state rate of 412.8 – and an avoidable ED visit rate of 153.9 per 1,000 population, also lower than the state rate of 190.7 (Table 145, 2022 Technical Appendix).

The most common payor sources for ED visits by Levy County residents in 2020 was Medicaid at 31.2 percent of ED visits, Medicare at 22.6 percent, and private insurance at 21.9 percent. Within Florida as a whole, private insurance covers the greatest percentage of ED visits at 28.0 percent, followed by Medicaid at 27.0 percent, then Medicare at 20.7 percent (Table 146, 2022 Technical Appendix).

The main reason recorded for these visits was unspecified abdominal pain (5.5 percent of ED visits) and cough (4.6 percent of ED visits) in 2020 and have respectively remained the top two (2) main reasons for ED visits in Levy County since 2018 (Table 147, 2022 Technical Appendix).

Community Resources and Assets for Improving Health

Levy County contains a number of resources and assets at hand for improving and protecting the health of its population. This capital may be organized into three (3) broad categories: healthcare resources, community assets, and informational resources.

With respect to healthcare resources, many Levy County residents utilize Medicaid and Medicare. Medicaid in particular is widely used, with 25.9 enrollees per 100,000 population covering 20.2 percent of all hospital discharges, 21.0 percent of hospital patient days, 33.9 percent of avoidable hospital discharges, 41.3 percent of avoidable patient days, 31.2 percent of ED visits, and 65.6 percent of all Levy County births (Tables 107, 130, 140, 143, and 146, 2022 Technical Appendix). Medicare accounted for the costs of 51.2 percent of all hospital discharges, 55.1 percent of patient days, 25.8 percent of avoidable discharges, 30.0 percent of avoidable patient days, and 22.6 percent of ED visits (Tables 130, 140, 143, and 146, 2022 Technical Appendix). There are also a substantial number of individuals participating in nutritional assistance programs, such as WIC for mothers, food stamps, and free and reduced lunches for school-aged children (Tables 53, 55, and 57, 2022 Technical Appendix), and high rates of recommended vaccinations (Table 124, 2022 Technical Appendix). Although healthcare facilities are limited, Levy County is home to most of facility types recorded, including 10 rural health clinics, as well as one (1) nursing home providing 120 beds at a rate of 288.2 beds per 100,000 population (Tables 131 and 132, 2022 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, Levy County has a medium land mass with primarily rural and natural habitats and access to the Gulf of Mexico, as well as a lower percentage of severe housing problems compared to Florida at large, with 14.3 percent of residents experiencing at least one severe housing issue compared to 19.2 percent of Florida residents (Table 3, 2022 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 of Levy County. Levy also has the advantage of lower unemployment rates and behavioral trends such as lower reported rates of heavy and binge drinking, high childhood vaccination rates, and lower rates of avoidable ED visits (Tables 45, 119, and 145, 2022 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 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 differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Levy County and are detailed below.

Life Expectancy

Levy County ranks as 51 out of 67 counties in Florida for length of life, with a life expectancy of 75.3 years for all residents contrasting with the expected 79.4 years for the state as a whole. Similar to the state, females on average live 4.7 years longer than males in Levy County with a female life expectancy of 77.7 years compared to 73.0 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Tables 3 and 4, 2022 Technical Appendix).

Mortality and Morbidity

Age-adjusted mortality rates are much higher for Levy County than for the state, reaching 908.3 deaths per 100,000 population as compared to Florida’s rate of 698.4 for 2018-2020 estimates. Disparities by sex mark male Levy County residents as having a higher age-adjusted mortality rate due to COVID-19 than female Levy County residents. Females also possess a clear advantage over males in terms of YPLL. Although both females and males in Levy County experience rates markedly higher than the state, females only come in at a rate of 9,820.4 YPLL per 100,000 in the county (as compared to 6,263.6 in the state), while males in Levy County experience a rate of 15,195.6 YPLL per 100,000 (compared to 11,097.5 for the state) (Table 89, 2022 Technical Appendix).

Black Levy County residents portray a similar overall age-adjusted mortality rate (912.4 deaths per 100,000 population) as compared to White Levy County residents (926.4 deaths per 100,000), although Black Levy County residents depict a higher rate of YPLL (14,627.4 years of potential life lost per 100,000 population) than White Levy County residents (12,715.6 YPLL per 100,000). Specifically, Black Levy County residents experience higher age-adjusted death rates due to cancer, heart disease, diabetes, stroke, and COVID-19. White Levy County residents experience higher age-adjusted death rates due to unintentional injury, CLRD, and Alzheimer’s disease. From an ethnic lens, Hispanic Levy County residents have a lower age-adjusted mortality rate than either racial category individually, measuring in at 534.0 deaths per 100,000. Nonetheless, Hispanic Levy County residents suffer higher age-adjusted mortality rates from COVID-19 and depict markedly higher rates than their state counterparts of death due to unintentional injury and hypertension (Tables 66, 67, 68, 87, and 88, 2022 Technical Appendix).

Maternal and Infant Health

When compared to the state, Levy County has lower birth rates (9.7 births per 1,000 total population versus 10.2) and lower rates of first trimester care, as well as higher rates of low birthweight births and teen birth rates. By race, Black Levy County residents have similar birth rates, slightly higher rates of accessing first trimester care, and much higher rates of low birthweight births than their White Levy County counterparts. Black Levy County mothers display higher rates of having their births covered by Medicaid and participation in WIC. By ethnicity, Levy County

Hispanics have higher birth rates than both the county overall as well as their state Hispanic counterparts. Levy County Hispanics also possess a lower rate of mothers receiving first trimester care, a lower rate of births being covered by Medicaid, and greater percentage of mothers participating in WIC (Tables 102, 104, 105, 106, 2022 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 in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 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

The US Census Bureau Small Area Income and Poverty Estimates place poverty estimates for Levy County at 16.9 percent of all ages and 27.2 percent of children, compared to only 12.4 percent and 17.2 percent of Florida, respectively. Despite recent improvements in the state, none of the poverty rates in Levy County have shown consistent improvement since 2014. ACS estimates state that Levy County also has a larger percentage of persons living just above the poverty level as compared to the state. Cumulatively, 45.4 percent of the county lives below 200 percent of the poverty line; this accounts for only 32.9 percent of Florida as a whole. Rates of poverty are less severe among the 65+ population, although still worse than the state, with 13.4 percent in poverty and 40.3 percent below 200 percent of poverty, compared to 10.5 percent and 29.7 percent in Florida, respectively (Tables 23, 25, and 26, 2022 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Levy County. Females depict higher poverty rates than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 20.6 percent of females and 17.7 percent of males in Levy County are in poverty, compared to 14.3 percent and 12.3 percent in the state, respectively (Table 27, 2022 Technical Appendix).

Levy County displays clear disparities in poverty by race and ethnicity. Only 18.3 percent of the White population is in poverty and 19.2 percent of the overall population with respect to the 2016-2020 ACS estimates. However, Black residents have poverty rates 1.5 times higher than their White counterparts, with 27.9 percent living in poverty. Similarly, Hispanic Levy County residents also have higher poverty rates than the Levy County population as a whole, with 26.3 percent living in poverty (Table 28, 2022 Technical Appendix).

Income

Median household income among Levy County residents is less than the state for all races (38,951 dollars versus 57,703 dollars), Whites (39,877 dollars versus 61,065 dollars), and Blacks (29,875 dollars versus 43,418 dollars). When contrasting White income and Black income, it is also notable that White Levy County households on

average make 33.5 percent more than Black Levy County households at 39,877 dollars compared to 29,875 dollars, respectively (Table 32, 2022 Technical Appendix).

Per capita income is also dramatically lower for Levy County than for the state, with an average per capita income of 22,772 dollars in the county and 32,848 dollars in the state. Per capita income by race demonstrates pronounced racial and ethnic disparities. On average, per capita income for Black residents is more than 4,000 dollars less than that for White residents in Levy County at 17,625 dollars and 21,827 dollars, respectively. The trend of lesser incomes for Black residents is evident throughout Florida. Moreover, Hispanic Levy County residents have a per capita income of 33,653 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars. This is at odds with the higher rate of poverty among Hispanics in the county when compared to the state (26.3 percent and 16.4 percent, respectively) (Table 33, 2022 Technical Appendix).

Food Insecurity

According to FL HealthCHARTS data, in 2021 Levy County had higher rates than the state of eligibility for free or reduced lunches for every grade level from Pre-Kindergarten through Middle School. In the past three (3) years, rates of eligibility have been worsening among elementary and middle school students in Levy County (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reports that 7,448 food stamp clients reside in Levy County, as well as 3,938 food stamp households, 149 Temporary Assistance for Needy Families (TANF) clients, and 102 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, 1,703 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 4,048.8 per 100,000 population, greater than the state's rate of 2,890.5. A very limited number of WIC eligible are being reached and served: 39.3 percent in the county compared to 63.0 percent in the state (Tables 57 and 58, 2022 Technical Appendix).

Community Determinants – Education

On average, Levy County residents have less education than Florida residents, with 13.8 percent of those 25+ years of age not holding a high school diploma versus 11.5 percent for the state and 59.7 percent only having a high school diploma versus 48.0 percent for the state. This results in approximately 26.5 percent of the county holding a college degree, notably less than Florida's rate at 40.5 percent of the population (Table 49, 2022 Technical Appendix).

In the school years 2016-2017 through 2020-2021, Levy County has shown steady increases in high school graduation rates, going up from 79.7 percent in the 2016-2017 school year to 93.8 percent in the 2020-2021 school year, exceeding Florida's graduation rate of 90.1 percent in the same year. Contrarily, dropout rates have also increased in Levy County from 3.1 percent for the 2015-2016 school year up to 5.8 percent for the 2019-2020 school year, greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

Quality Healthcare Services

Differential access to health care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, lower prenatal care by race and/or ethnicity, as well as other disease outcome differences. The rate of every recorded type of physician was lower in Levy County than in the state, with a total estimate of only 19.2 physicians per 100,000 population in the county. This pales in comparison to the state rate of 314.0 physicians per 100,000 population. Lesser access to this first line of care can manifest in high rates of avoidable hospitalizations, such as those seen in Levy County at a rate of 16.9 discharges per 1,000 population, compared to the state rate of 11.5 (Tables 133 and 142, 2022 Technical Appendix).

Similar trends may be noted in dental care. Dentists are present at an extremely low rate in Levy County: only 19.2 providers per 100,000 population, compared to 56.7 for Florida. It logically follows that Levy County witnesses a high rate of preventable dental ED visits (10.0 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population). Levy County residents also report marginally higher rates of preventable dental hospitalizations than the state at 1.0 discharges per 1,000 population as compared to 0.8 (Tables 134-136, 2022 Technical Appendix).

Priority Populations

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

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

Summary

In summary, the Levy County Community Health Assessment and accompanying *2022 Dixie, Gilchrist and Levy 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 Levy 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 Levy County residents.

Levy County faces many of the challenges commonly associated with a poor, rural community. There are limited healthcare resources and facilities, low rates of providers, and long distances between cities and other counties to access these services elsewhere. Levy 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 lack of access to care may lead to individuals avoiding or delaying seeking care, which compounds with the high prevalence of serious health issues and can lead to elevated rates of hospital discharges and avoidable hospitalizations, such as those seen in Levy County, as well as increased ED visit rates for dental health reasons. Uptake of certain healthy behaviors throughout the community are encouraging, such as low rates of reported binge drinking and high rates of childhood recommended vaccinations; however, other health behaviors demand improvement, especially the remarkably high rates of tobacco use, obesity, chlamydia, and domestic violence. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial 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 Levy County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?", "What factors define a healthy community?", and "What are the most important health problems in your community?". This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and healthcare and social service providers.

Community Health Surveys

Methodology

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents in Dixie, Gilchrist, and Levy Counties. Survey respondents selected their county of residence and survey responses were analyzed by county. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in the county selected. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included 16 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 the tri-county region of Dixie, Gilchrist, and Levy Counties. 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 June 8, 2022, and was available through August 19, 2022. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed, for Levy County there were 141 completed, eligible surveys. There were three (3) surveys completed in Spanish; the remaining 138 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Levy County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. The general demographic factors collected on respondents who completed surveys are presented in Table 9. Tabulated results from survey items are presented in the following Tables 10-19 and Figures 17-23.

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 Levy 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 technical appendix.

Community Survey Participant Profile

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

Demographics	Levy n = 141	
	Number	Percent
Age Group		
18-24	8	5.7
25-29	8	5.7
30-39	25	17.7
40-49	15	10.6
50-59	34	24.1
60-64	16	11.3
65-69	12	8.5
70-79	17	12.1
80 or older	6	4.3
Prefer not to answer	0	0
Gender Identity		
Man	15	10.6
Woman	123	87.2
Non-binary	0	1.4
Other	1	0.7
Prefer not to answer	2	1.4
Racial Identity		
American Indian/Alaskan Native	1	0.7
Asian	1	0.7
Black or African American	6	4.3
Native Hawaiian and Other Pacific Islander	0	0
Two or more races	0	0
White	124	87.9
Other	1	0.7
Prefer not to answer	8	5.7
Ethnicity		
Not of Hispanic, Latino, or Spanish origin	126	89.4

Mexican, Mexican-American, or Chicano	1	0.7
Puerto Rican	4	2.8
Cuban	1	0.7
Other (1 each – Italian, not specified)	2	1.4
Prefer not to answer	7	5.0
Highest Level of Education Completed		
Elementary/Middle School	4	2.8
High school diploma or GED	43	30.5
Technical, community college, 2-yr college or Associate's degree	20	14.2
4-yr college/Bachelor's degree	35	24.8
Graduate/Advanced degree	17	12.1
Some college	22	15.6
Other	0	0
Prefer not to answer	0	0
Current Employment Status (may choose all that apply)		
Employed (full-time)	69	48.9
Employed (part-time)	15	10.6
Full-time student	1	0.7
Part-time student	1	0.7
Homemaker	10	7.1
Retired	36	25.5
Self-employed	12	8.5
Unemployed	6	4.3
Work two or more jobs	6	4.3
Prefer not to answer	0	0
Other (2 disabled, 1 caregiver)	3	2.1
Methods of Healthcare Payment (may choose all that apply)		
Health insurance offered through job or family member's job	66	46.8
Health insurance that you pay on your own	21	14.9
Medicaid	18	12.8
Medicare	38	27.0
Military coverage/TriCare or VA	6	4.3
Pay cash	12	8.5
Do not have health insurance	16	11.3
Other (3 – Medicare, 1 each – Social Security, don't get healthcare, my mom, discount plan)	7	5.0
Combined Annual Household Income		
Less than \$10,000	6	4.3
\$10,000 - \$19,999	15	10.6

\$20,000 - \$29,999	14	9.9
\$30,000 - \$49,999	24	17.0
\$50,000 - \$74,999	25	17.7
\$75,000 - \$99,999	14	9.9
\$100,000 - \$124,999	12	8.5
\$125,000 - \$149,999	7	5.0
\$150,000 - \$174,999	2	1.4
\$175,000 - \$199,999	3	2.1
\$200,000 or more	2	1.4
Prefer not to answer	17	12.1
Zip Code of Residence		
32692 Suwannee	1	0.7
32619 Bell	1	0.7
32693 Trenton	15	10.6
32625 Cedar Key	6	4.3
32683 Otter Creek	1	0.7
32621 Bronson	25	17.7
32626 Chiefland	37	26.2
32639 Gulf Hammock	2	1.4
32668 Morriston	6	4.3
32696 Williston	29	20.6
34449 Inglis	12	8.5
Other (2 - 32628 Archer, 1 each – 34431, 32693)	4	2.8

Source: Dixie, Gilchrist, and Levy 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

The tables and figures below 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 Levy County residents included in the analysis was 141. Please note that small numbers of survey responses prohibit the analysis by certain sub-categories such as race, ethnicity, and income.

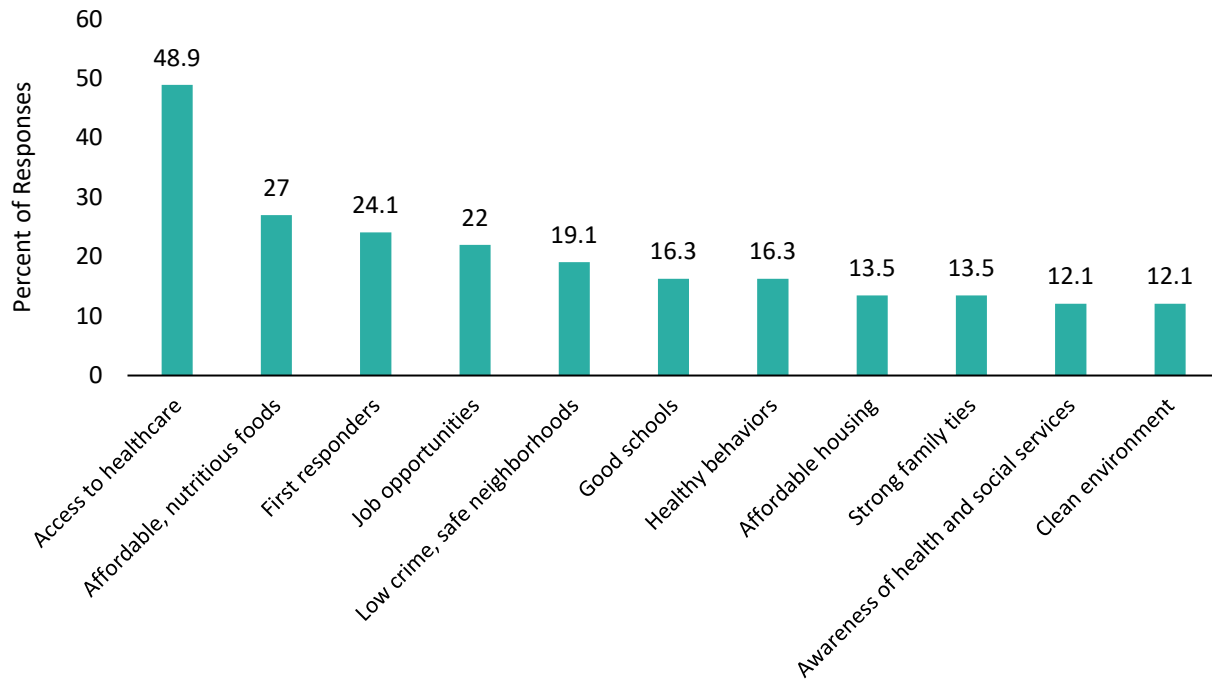
What do you think contributes most to a healthy community? Choose 3.

TABLE 10: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, LEVY 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 (48.9 percent)
2	Access to convenient, affordable, and nutritious foods (27.0 percent)
3	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (24.1 percent)
4	Job opportunities for all levels of education (22.0 percent)
5	Low crime/safe neighborhoods (19.1 percent)
6, 7 tie	Good schools (16.3 percent)
	Residents engaging in healthy behaviors (16.3 percent)
8, 9 tie	Affordable housing (13.5 percent)
	Strong family ties (13.5 percent)
10, 11 tie	Awareness of health care and social services (12.1 percent)
	Clean environment (12.1 percent)
12	Affordable goods and services (10.6 percent)
13	Good place to raise children (9.2 percent)
14	Practice of religious or spiritual values (8.5 percent)
15	Availability of parks and recreational opportunities (7.1 percent)
16, 17, 18 tie	Public transportation system (6.4 percent)
	Strong economy (6.4 percent)
	Affordable utilities (6.4 percent)
19	Low level of child abuse (5.0 percent)
20, 21 tie	Good race/ethnic relations (3.5 percent)
	Low preventable death and disease rates (3.5 percent)
22, 23 tie	Low level of domestic violence (2.8 percent)
	Other (2 – hospital, 1 each – mental health, family court handling of domestic matters) (2.8 percent total, 0.7 percent each)
24, 25 tie	Choices of places of worship (1.4 percent)
	Low rates of infant and child death (1.4)
26	Availability of arts and cultural events (0 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 17: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

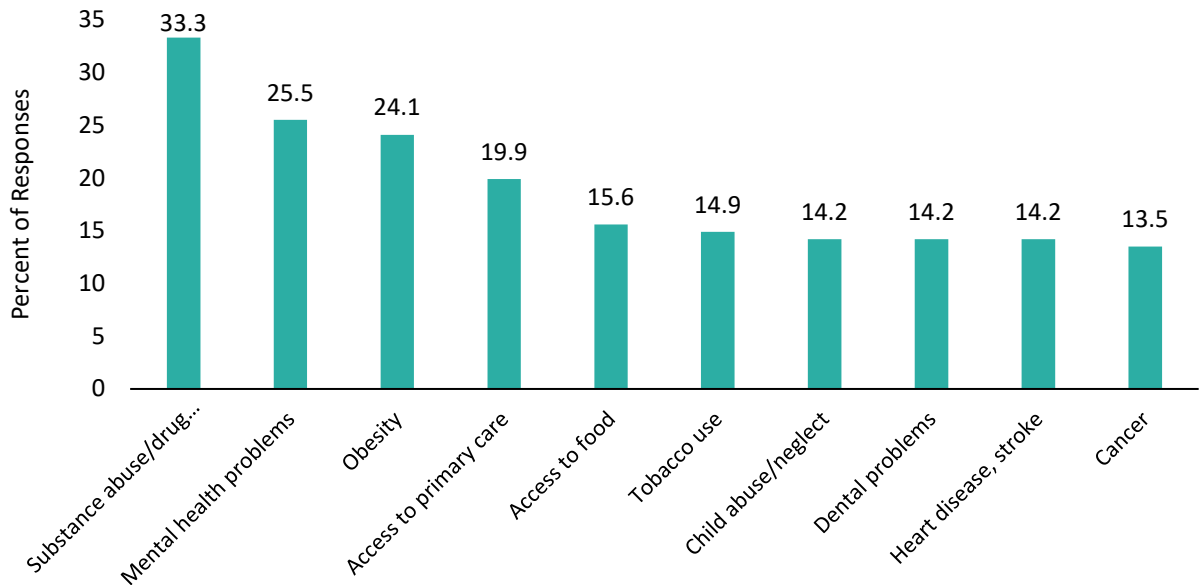
What are the **THREE (3)** most important health issues in your county? Choose up to **THREE (3)**.

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

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (33.3 percent)
2	Mental health problems (25.5 percent)
3	Obesity (24.1 percent)
4	Access to primary/family care (19.9 percent)
5	Access to sufficient and nutritious food (15.6 percent)
6	Tobacco use (14.9 percent)
7, 8, 9 tie	Child abuse/neglect (14.2 percent)
	Dental problems (14.2 percent)
	Heart disease and stroke (14.2 percent)
10	Cancer (13.5 percent)
11	Domestic violence (12.1 percent)
12	Elderly caregiving (10.0 percent)
13	Stress (9.2 percent)
14, 15 tie	Diabetes (8.5 percent)
	High blood pressure (8.5 percent)
16	Teenage pregnancy (7.9 percent)
17, 18 tie	Affordable assisted living facilities (6.4 percent)
	Exposure to excessive and/or negative media and advertising (6.4 percent)
19, 20 tie	Age-related issues (e.g., arthritis, hearing loss) (6.5 percent)
	Access to long-term care (6.5 percent)
21, 22 tie	Motor vehicle crash injuries (5.0 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (5.0 percent)
23, 24 tie	Homelessness (4.3 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (4.3 percent)
25, 26, 27 tie	Dementia (2.1 percent)
	Respiratory/lung disease (2.1 percent)
	Pollution (e.g., water, air, soil) (2.1 percent)
28, 29, 30, 31, 32, 33, 34 tie	Firearm-related injuries (0.7 percent)
	Disability (0.7 percent)
	Homicide (0.7 percent)
	Infant death (0.7 percent)
	Rape/sexual assault (0.7 percent)
	Suicide (0.7 percent)
	Other (1 – no hospital) (0.7 percent)
35	HIV/AIDS (0 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 18: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

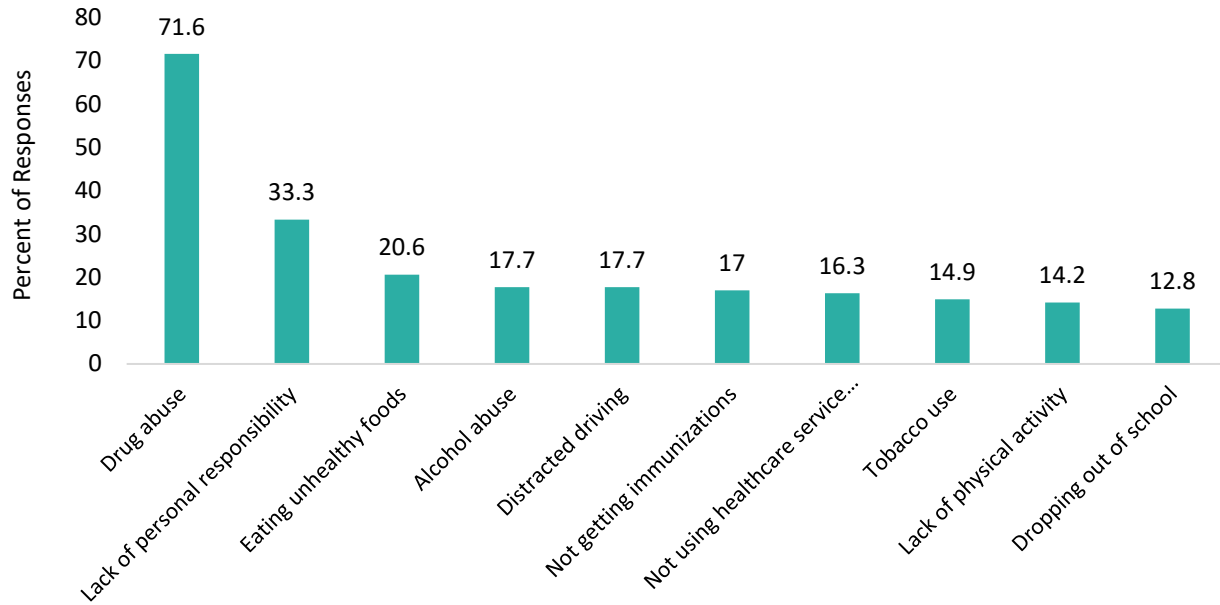
What has the greatest negative impact on the health of people in your county? Choose THREE (3).

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

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (71.6 percent)
2	Lack of personal responsibility (33.3 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (20.6 percent)
4, 5	Alcohol abuse (17.7 percent)
tie	Distracted driving (such as texting while driving) (17.7 percent)
6	Not getting immunizations to prevent disease (e.g., flu shots) (17.0 percent)
7	Not using healthcare services appropriately (16.3 percent)
8	Tobacco use, vaping, chewing tobacco (14.9 percent)
9	Lack of physical activity (14.2 percent)
10	Dropping out of school (12.8 percent)
11,	Loneliness or isolation (9.2 percent)
12 tie	Overeating (9.2 percent)
13	Violence (7.8 percent)
14	Not using birth control (6.4 percent)
	Unsecured firearms (5.0 percent)
15,	Poor race/ethnic relations (5.0 percent)
16,	Other (1 each – overuse of social media, motivation for healthy lifestyles, lack of senior services, no ER or prenatal services, lack of proper parenting, stress of mental health, deceptive information from Governor’s and State Surgeon General about COVID and vaccinations) (5.0 percent total, 0.7 each)
17 tie	
18	Not using seat belts/child safety seats (4.3 percent)
19,	Lack of stress management (3.5 percent)
20 tie	Unsafe sex (3.5 percent)
21	Lack of sleep (2.8 percent)
22	Starting prenatal care late in pregnancy (1.4 percent)

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 19: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Overall, how healthy are the people in your county? AND how do you rate your health?

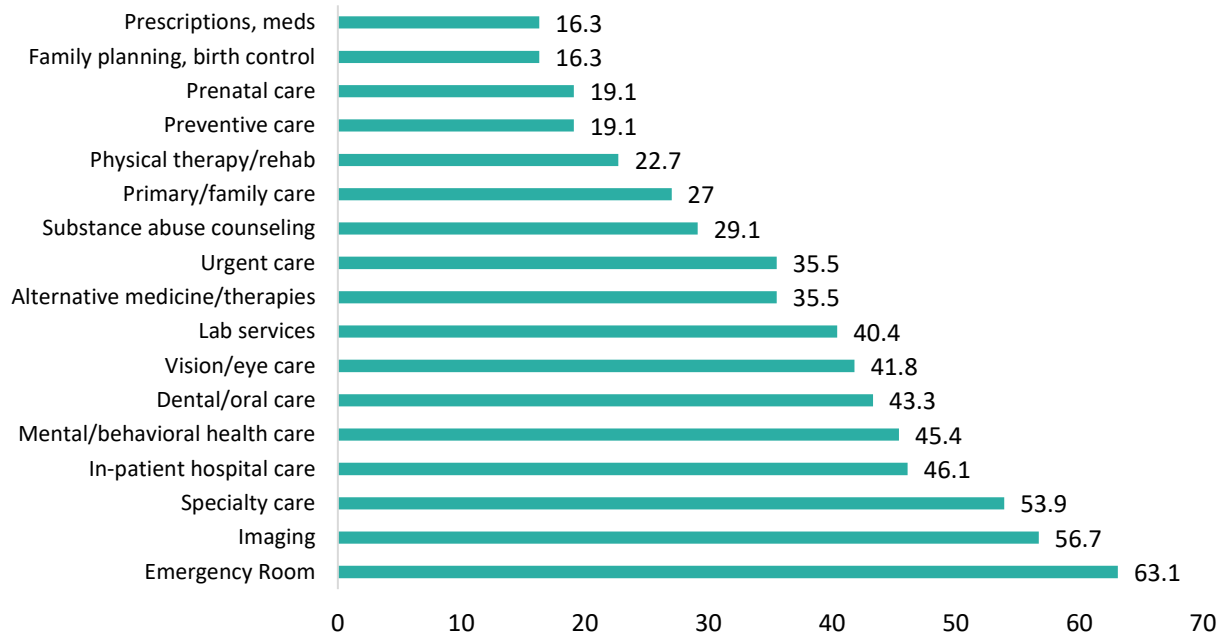
TABLE 13: OVERALL RATING OF PERSONAL HEALTH AND HEALTH OF LEVY COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2022

Rating	Overall	Personal
Very healthy	0 percent	5.7 percent
Healthy	13.5 percent	44.0 percent
Somewhat healthy	63.1 percent	42.6 percent
Unhealthy	21.3 percent	7.8 percent
Very unhealthy	2.1 percent	0 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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

FIGURE 20: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

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 14: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

Dental Care	Response
Received needed care or didn't need care	53.2 percent
Did not receive needed care	46.8 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	78.8 percent
No appointments available or long waits for appointments	45.5 percent
No dentists available	27.3 percent
Service not covered by insurance or have no insurance	56.0 percent
Transportation, couldn't get there	7.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	10.6 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	6.4 percent
Other: (3 – no insurance, 2 – no adult clinics, 1 each – no dentists in my network, dentist doesn't practice trustworthy COVID protections) (10.6 percent total, 1.5 percent each)	10.6 percent

Source: Dixie, Gilchrist, and Levy 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 15: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

Primary/Family Care	Response
Received needed care or didn't need care	75.9 percent
Did not receive needed care	24.1 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	47.1 percent
No appointments available or long waits for appointments	58.9 percent
No primary care providers (doctors, nurses) available	29.4 percent
Service not covered by insurance or have no insurance	29.4 percent
Transportation, couldn't get there	17.6 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	23.5 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	11.8 percent
Other: (1 each – no insurance, no specialists) (5.9 percent total, 3.0 percent each)	5.9 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

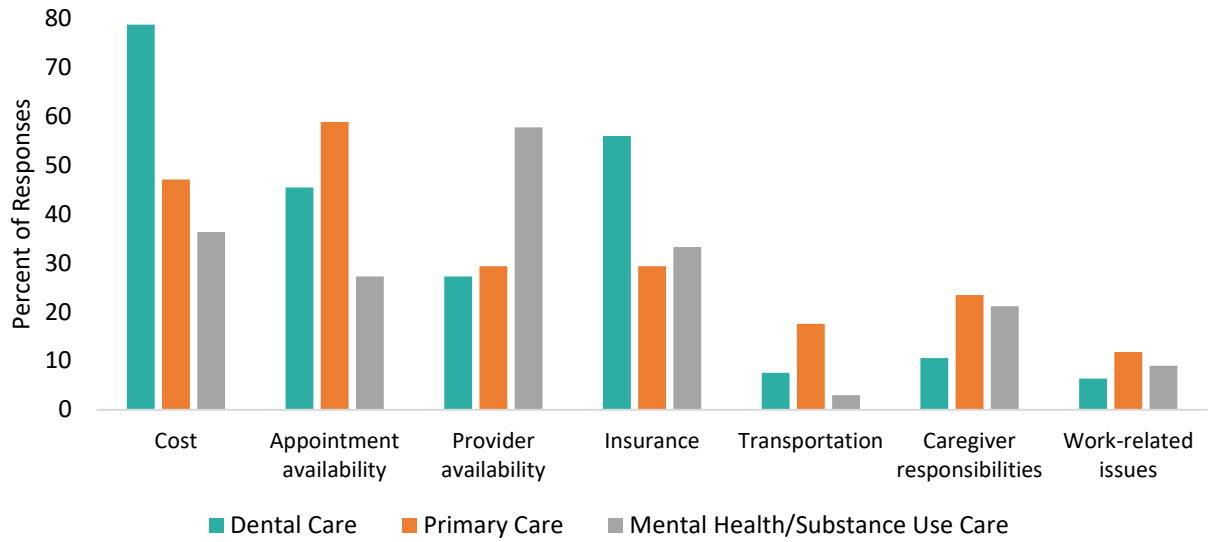
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 16: THERAPIST OR COUNSELOR SEEN FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, LEVY 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	76.7 percent
Did not receive needed care	23.3 percent
Reasons Mental Health/Substance Use Care Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	36.4 percent
No appointments available or long waits for appointments	27.3 percent
No mental health care providers or no substance use therapists or counselors available	57.8 percent
Service not covered by insurance or have no insurance	33.3 percent
Transportation, couldn't get there	3.0 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	21.7 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	4.2 percent
Other: (1 each – no help for women with PTSD, only one option in town, telehealth doesn't work for me) (9.0 percent total, 3.0 percent each)	9.0 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 21: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

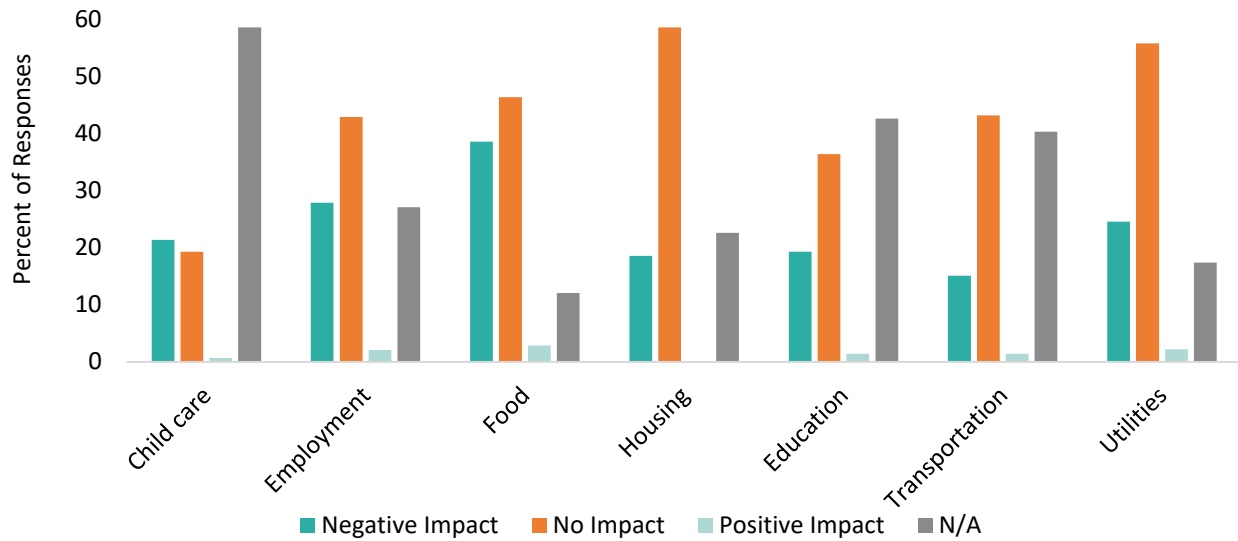
How has the Coronavirus (COVID-19) pandemic impacted your household? Please select one (1) response for each area listed.

TABLE 17: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Childcare (ability to get care for child/children)	21.4	19.3	0.7	58.6
Employment (ability to keep job, have steady income)	27.9	42.9	2.1	27.1
Food (have enough food to feed you and your family)	38.6	46.4	2.9	12.1
Housing (ability to find housing, pay rent or mortgage)	18.6	58.6	0	22.7
Schooling, education (ability to complete school-related assignments and programs)	19.3	36.4	1.4	42.6
Transportation (ability to use public transportation, shared ride services)	15.1	43.2	1.4	40.3
Utilities (ability to get and pay for electricity, gas, water, internet services)	24.6	55.8	2.2	17.4

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 22: COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

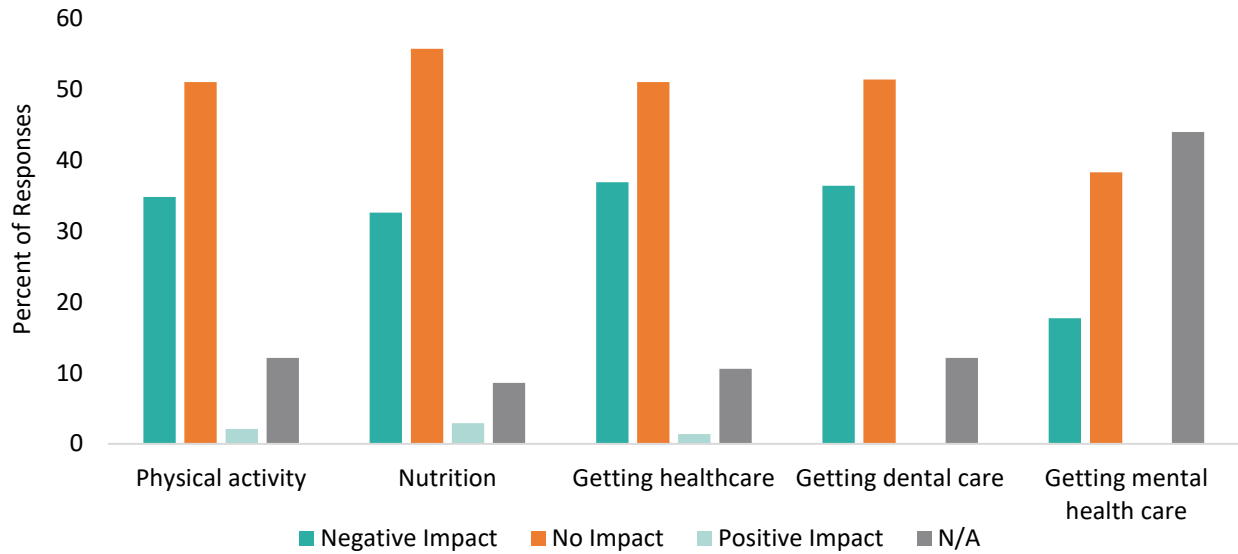
**How has the Coronavirus (COVID-19) pandemic impacted your health-related activities?
Please select one (1) response for each activity listed.**

TABLE 18: IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HEALTH-RELATED ACTIVITIES, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Physical activity, exercise	34.8	51.0	2.1	12.1
Nutrition, eating habits	32.6	55.7	2.9	8.6
Getting routine or needed healthcare services	36.9	51.0	1.4	10.6
Getting routine or needed dental care	36.4	51.4	0	12.1
Getting routine or needed mental health care	17.7	38.3	0	44.0

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

FIGURE 23: IMPACT OF COVID-19 PANDEMIC ON HEALTH-RELATED ACTIVITIES, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Did you or a member of your household delay getting healthcare services because of the pandemic? AND does your household have an emergency plan (a plan of action for when a disaster or emergency such as a hurricane threatens)?

TABLE 19: PANDEMIC-RELATED DELAYED HEALTHCARE AND EMERGENCY PREPAREDNESS, LEVY COUNTY, BY PERCENT OF RESPONSES, 2022

Response	Delayed Getting Healthcare Because of Pandemic	Household has an Emergency Plan
Yes	52.5 percent	66.9 percent
No	44.7 percent	28.8 percent
Don't know, not sure	2.8 percent	4.3 percent

Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Levy County residents who completed the survey considered access to health care, including primary care, specialty care, dental care, and mental health care as the top factor that contributes to a healthy community. However, notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (24.1 percent), dental care (46.8 percent), or mental health/substance use care (23.3 percent). Cost, insurance issues, and appointment availability were often cited as barriers. When asked about specific services lacking in Levy County, those most mentioned were related to tertiary care centers. Emergency room care, imaging, specialty care, and inpatient hospital care were reported as the most difficult services to obtain. At the other end of the access spectrum were the easier to obtain services such as preventive care, prenatal care, family planning services, and prescription medication. As a rural area, Levy County faces common challenges related to scarcity of facilities, providers, and specialists, as well as the need to travel outside of the area for care.

Mental Health and Substance Abuse Care

Concern about the community's mental health and substance use emerged as a theme from the survey. Substance and drug abuse was ranked as the top (by 33.3 percent of survey respondents) most important health issue to be addressed, closely followed by mental health problems which were ranked as the second (by 25.5 percent). Substance misuse is often interlinked with mental or behavioral health, and access to mental health and substance use services frequently go hand-in-hand. Levy County survey respondents ranked drug abuse and alcohol abuse as the top and fourth place behaviors with greatest negative impact on overall health, respectively at 71.6 and 17.7 percent. Nearly half (45.4 percent) of survey respondents felt mental and behavioral health care is a service that is difficult to obtain in Levy County and almost 30 percent rated substance abuse counseling as another service problematic to access. To further illustrate this theme, more than a fifth (23.3 percent) of Levy 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. More than half (57.8 percent) of those respondents said provider availability was their biggest barrier followed by cost (35.4 percent) and insurance issues (33.3 percent).

Health Behaviors and Health Outcomes

Levy County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are problematic. However, chronic disease-related behaviors and outcomes surfaced as the most important health issues for Levy County residents. Obesity (identified by 24.2 percent of respondents) ranked as the third most important health issue. Related issues of primary care access, access to nutritious and sufficient food, and tobacco use rounded out Levy County's top six prominent issues. Levy County survey respondents underscored their concerns for chronic disease and conditions by ranking unhealthy eating habits, tobacco use, and lack of physical activity in their top ten issues. Lack of personal responsibility in general scored highly in second place (33.3 percent) while other risky behaviors such as distracted driving (17.7 percent), not getting immunizations (17.0 percent), and dropping out of school (12.8 percent) were also notable. Dental problems were ranked lower at seventh place (by 14.2 percent of respondents), and it is noteworthy that nearly half of respondents (46.8 percent) did not get needed oral health care in the past year. More than half (63.1 percent) of survey respondents rated the health of Levy County residents as somewhat healthy with 13.5 percent rated as healthy, leaving more than a fifth (23.4 percent) rated as unhealthy or very unhealthy.

Social Determinants of Health

Levy County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (chosen by 48.9 percent of survey respondents), access to foods (27.0 percent), availability of first responders (24.1 percent), job opportunities (22.0 percent), safe neighborhoods (19.1 percent), good schools (16.3 percent), and affordable housing (13.5 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 survey, it continues to impact lives. Levy County survey participants reported that in the past year more than a third (38.6 percent) felt negative impact on food sufficiency. Other areas negatively impacted were employment (27.9 percent), affordable utilities (24.6 percent), and childcare (21.4 percent). Personal health-related activities also suffered as reported in the community survey. More than a third of survey participants said that their physical activity, eating habits, and healthcare seeking efforts suffered negative impacts. Notably, more than half (52.5 percent) of Levy County survey respondents said they had delayed getting healthcare because of the pandemic. On the bright side, two-thirds (66.9 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

TABLE 20: DEMOGRAPHICS OF DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE, SOCIAL SERVICE PROVIDER, AND COMMUNITY PARTNER RESPONDENTS, 2022

Demographics	Providers and Partners n = 58	
	Number	Percent
Age		
Less than 30	11	19.0
30-39	11	19.0
40-49	16	27.6
50-59	12	20.7
60-64	6	10.3
65-69	2	3.4
70-79	0	0
80 or older	0	0
Prefer not to answer	0	0
Gender Identity		
Man	11	19.0
Woman	46	79.3
Non-binary	0	0
Transgender	0	0
Other	0	0
Prefer not to answer	1	1.7
Ethnic Identity		
Hispanic or Latino/a/x	11	19.0
Non-Hispanic or Latino/a/x	41	70.7
Prefer not to answer	6	10.3
Racial Identity		
American Indian or Alaska Native	0	0
Asian	1	1.7
Black or African American	2	3.4
Native Hawaiian or other Pacific Islander	1	1.7
Two or more races	3	5.2
White	44	75.9
Other	0	0

Prefer not to answer	7	12.1
Length of Time in Profession		
Less than 5 years	17	29.3
5-9 years	9	15.5
10-14 years	8	13.8
15-19 years	9	15.5
More than 20 years	15	25.9
Prefer not to answer	0	0
Type of Provider/Partner		
ARNP (all specialties and certifications)	1	1.7
Dentist	0	0
Dietitian/Nutritionist	0	0
Mental Health/Substance Use Counselor	1	1.7
Nurse	13	22.4
Occupational Therapist	1	1.7
Pharmacist	1	1.7
Physician: Family Practice	1	1.7
Physician Assistant	1	1.7
Physical Therapist	0	0
Social or Community Services	15	25.9
Speech/Language Pathologist	1	1.7
Other: (4 – Pharmacy Techs, 3 – Outreach/Education, 2 each – Environmental Health, Public Health Preparedness, Admissions, Certified Nursing Assistant, 1 each – Pharmacist, Nurse, Dental Hygienist, Administrator, Substance Abuse Counselor, COVID tracer)	23	39.7

Source: Dixie, Gilchrist and Levy 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 Dixie, Gilchrist, and Levy Counties. There were 58 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 Dixie, Gilchrist, and Levy Counties
- Behaviors with the greatest negative impact on overall health
- Healthcare resources that are difficult to obtain in Dixie, Gilchrist, and Levy Counties
- 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

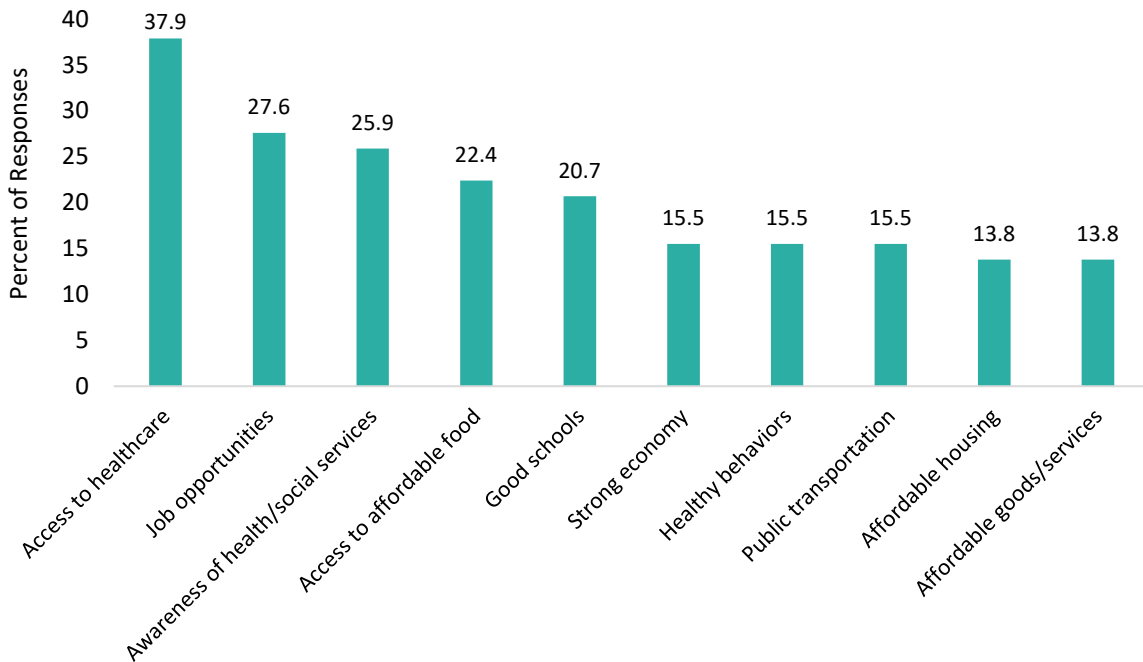
**Which factors or attributes do you think contribute most to having a healthy community?
Please select three (3) choices.**

TABLE 21: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY DIXIE, GILCHRIST, AND LEVY 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 care and mental health care (37.9 percent)
2	Job opportunities for all levels of education (27.6 percent)
3	Awareness of healthcare and social services (25.9 percent)
4	Access to convenient, affordable, and nutritious foods (22.4 percent)
5	Good schools (20.7 percent)
6, 7, 8 tie	Strong economy (15.5 percent)
	Residents engaging in healthy behaviors (15.5 percent)
	Public transportation (15.5 percent)
9, 10 tie	Affordable housing (13.8 percent)
	Affordable goods/services (13.8 percent)
11, 12 tie	Strong family ties (12.1 percent)
	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (12.1 percent)
13	Good race/ethnic relations (10.3 percent)
14,	Low rates of infant and childhood deaths (8.6 percent)
15,	Good place to raise children (8.6 percent)
16 tie	Affordable utilities (8.6 percent)
17	Low crime/safe neighborhoods (6.9 percent)
18,	Practice of religious or spiritual values (5.2 percent)
19 tie	Low preventable death and disease rates (5.2 percent)
20,	Clean environment (3.4 percent)
21 tie	Other (2 – blanks, 1 each – cancer services, hospital) (1.7 each)
22,	Low level of domestic violence (1.7 percent)
23,	Low level of child abuse (1.7 percent)
24,	Availability of parks and recreational opportunities (1.7 percent)
25 tie	Availability of arts and cultural events (1.7 percent)

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

FIGURE 24: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy 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 Dixie, Gilchrist, and Levy Counties? Please choose up to three (3).

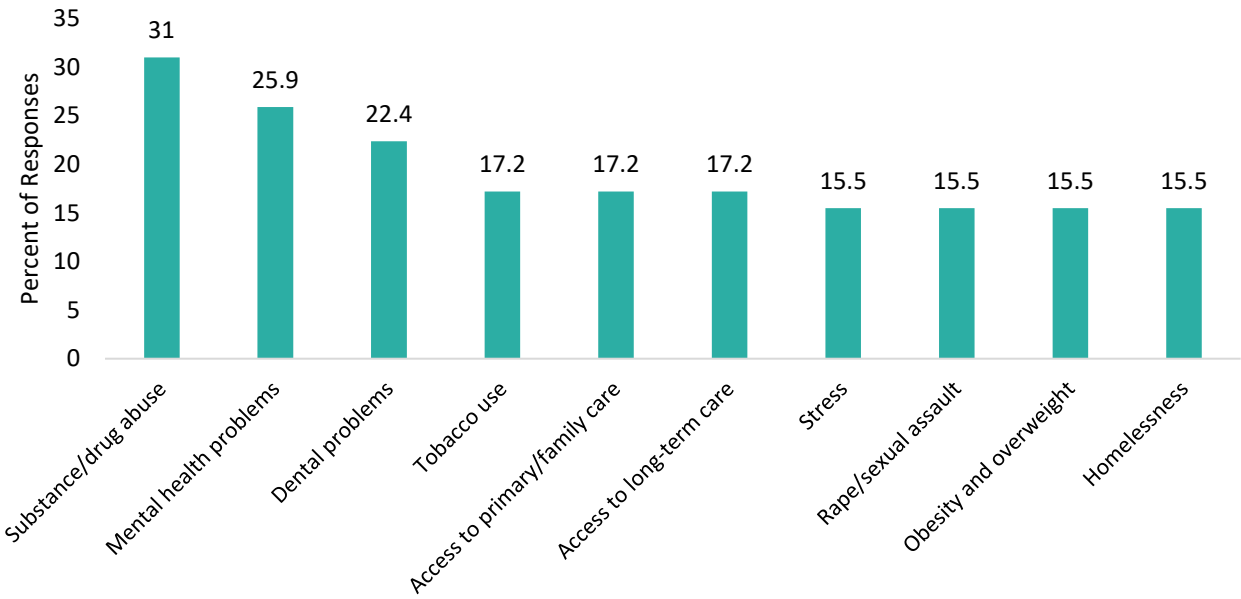
TABLE 22: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (31.0 percent)
2	Mental health problems (25.9 percent)
3	Dental problems (18.3 percent)
4, 5, 6 tie	Tobacco use (17.2 percent)
	Access to primary/family care (17.2 percent)
	Access to long-term care (17.2 percent)
7, 8, 9, 10 tie	Stress (15.5 percent)
	Rape/sexual assault (15.5 percent)
	Obesity and overweight (15.5 percent)
	Homelessness (15.5 percent)

Rank	Health Issues (Percent of Responses)
11	Suicide (12.1 percent)
12, 13 tie	High blood pressure (10.3 percent) Diabetes (10.3 percent)
14, 15 tie	Domestic violence (8.6 percent) Disability (8.6 percent)
16, 17, 18 tie	Affordable assisted living facilities (6.9 percent) Heart disease and stroke (6.9 percent) Age-related issues (e.g., arthritis, hearing loss) (6.9 percent)
19, 20, 21, 22 tie	Access to sufficient and nutritious food (5.2 percent) Vaccine-preventable diseases (e.g., flu, measles) (5.2 percent) Dementia (5.2 percent) Cancer (5.2 percent)
23, 24 tie	Child abuse/neglect (3.4 percent) Teenage pregnancy (3.4 percent)
25, 26, 27, 28, 29 tie	Respiratory/lung disease (1.7 percent) Exposure to excessive and/or negative media and advertising (1.7 percent) Motor vehicle crash injuries (1.7 percent) Firearm-related injuries (1.7 percent) Pollution (e.g., water, air, soil) (1.7 percent)
30, 31, 32, 33, 34, 35 tie	Homicide (0 percent) Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (0 percent) Elderly caregiving (0 percent) Infant death (0 percent) HIV/AIDS (0 percent) Other (0 percent)

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

FIGURE 25: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy 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 Dixie, Gilchrist, and Levy Counties? Choose three (3).

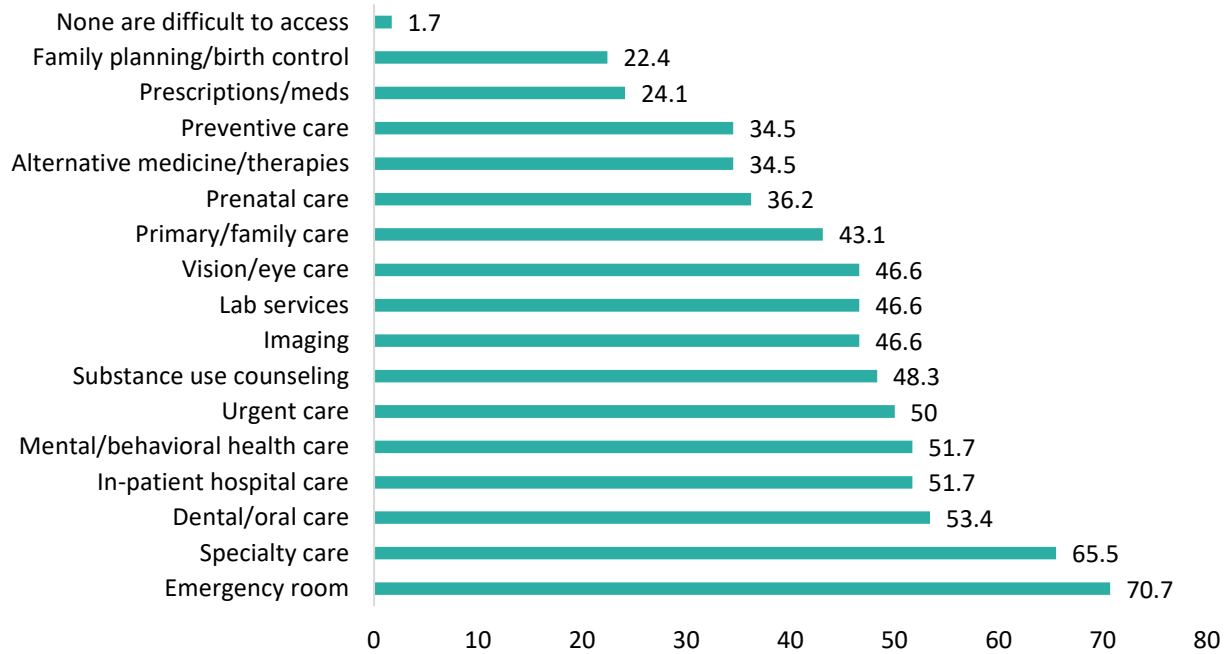
TABLE 23: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH OF DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

	Behaviors (Percent of Responses)
Rank	
1	Alcohol abuse (55.2 percent)
2	Dropping out of school (31.0 percent)
3	Drug abuse (29.3 percent)
4	Eating unhealthy foods/drinking sugar sweetened beverages (24.1 percent)
5	Lack of physical activity (22.4 percent)
6	Not getting immunizations to prevent disease (e.g., flu shots) (17.2 percent)
7	Not using birth control (15.5 percent)
8	Not using healthcare services appropriately (13.8 percent)
9	Overeating (13.8 percent)
10	Poor race/ethnic relations (12.1 percent)
11	Tobacco use, vaping, chewing tobacco (10.3 percent)
12,	Unsecured firearms (8.6 percent)
13 tie	Violence (8.6 percent)
14,	Distracted driving (such as texting while driving) (6.9 percent)
15,	Lack of stress management (6.9 percent)
16,	Lack of sleep (6.9 percent)
17 tie	Other (1 each – language access, knowledge of services, poor mental health, immaturity) (1.7 percent each)
18,	Loneliness or isolation (5.2 percent)
19 tie	Lack of personal responsibility (5.2 percent)
20,	Starting prenatal care late in pregnancy (0 percent)
21,	Unsafe sex (0 percent)
22 tie	Not using seat belts/child safety seats (0 percent)

Source: Dixie, Gilchrist, and Levy 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 Dixie, Gilchrist, and Levy Counties? Please select all that apply.

FIGURE 26: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



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

How do you rate the overall accessibility to health care for residents of Dixie, Gilchrist, and Levy Counties? Please select one (1) choice.

TABLE 24: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percentage
Poor	29.3
Fair	50.0
Good	20.7
Very Good	0
Excellent	0

Source: Dixie, Gilchrist, and Levy 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 Dixie, Gilchrist, and Levy Counties? Please select one (1) response.

TABLE 25: RATING OF HEALTH OF DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating	Percent
Very unhealthy	12.1
Unhealthy	31.0
Somewhat healthy	53.5
Healthy	3.4
Very healthy	0

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

For your clients in Dixie, Gilchrist, and Levy Counties 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 26: 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	60.3
Lack of access to sufficient time with a healthcare provider	32.8
Lack of knowledge	27.6
Inability to use technology effectively	20.7
Self-discipline/motivation	19.0
Lack of coverage by insurance company	13.8
Other (2 each – language barriers, no social support, 1 each – transportation, lack of culturally competent providers) (1.7 percent each)	10.3

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

Have you found that some clients delay getting needed care during the pandemic? AND have you found that some clients delay getting routine care (e.g., screenings, check-ups) during the pandemic? AND have you observed any harmful or negative outcomes in patients' health that can be linked to this delay in care?

TABLE 27: RATING OF DIXIE, GILCHRIST, AND LEVY 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
Client's delay getting needed care during pandemic	
Yes	91.4
No	6.9
Unsure	1.7
Client's delay getting routine care (e.g., screenings, check-ups) during pandemic	
Yes	89.7
No	6.9
Unsure	3.4
Observed negative impacts or outcomes linked to delayed care	
Yes	81.0
No	8.6
Unsure	10.3

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

In your opinion, what impacts might pandemic-related delayed care have on access to healthcare services? Select all that apply.

TABLE 28: RANKING OF EFFECTS OF PANDEMIC-RELATED DELAYED CARE ON HEALTHCARE ACCESS IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rank	Potential Impacts (Percent of Responses)
1	Longer waits for services and appointments (65.5 percent)
2	Significant impact to access (48.3 percent)
3	Increased need for routine and specialty healthcare services (44.8 percent)
4	Increased use of Emergency Department services (41.4 percent)
5	Increased use of urgent care facilities (37.9 percent)
6, 7 tie	Higher costs to clients (24.1 percent)
	Higher costs to providers (24.1 percent)
8	Continued use or expanded use of telemedicine technology (13.8 percent)
9	Minimal impact to access (6.8 percent)
10, 11 tie	No impact to access (3.4 percent)
	Curtailed use of telemedicine technology (3.4 percent)
12, 13 tie	Decreased need for routine and specialty healthcare services (1.7 percent)
	Other (1 – no written response) (1.7 percent)
14	Shorter waits for services and appointments (0 percent)

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

What can leaders in Dixie, Gilchrist, and Levy Counties do to help improve the health of your clients and others in the community? Please check all that apply.

TABLE 29: WHAT DIXIE, GILCHRIST, AND LEVY 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 dental services (62.0 percent)
2	Provide education on appropriate use of available services (55.2 percent)
3, 4, 5 tie	Increase access to mental health services (53.4 percent)
	Provide education on services available (53.4 percent)
	Increase access to primary medical services (53.4 percent)
6	Establish community partnerships to address issues collectively (51.7 percent)
7	Establish more community clinics (46.6 percent)
8	Increase outreach/health education programs (44.8 percent)
9	Initiate efforts to bring more physicians to the community (39.7 percent)
10, 11 tie	Focus on issues of the indigent and uninsured (37.9 percent)
	Create city/county ordinances to promote community health improvement (37.9 percent)
12	Establish or enhance a community health information exchange (32.8 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) (13.8 percent)
14	Other (1 each – improve transportation, food, and other assistance to the elderly; model healthy mental and physical behaviors; reestablish primary and prenatal care at local health departments; expand tele practice) (1.7 percent each)

Source: Dixie, Gilchrist, and Levy 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 30: HOW SURVEY RESPONDENT 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	38.0
Other (13 – health department (22.4 percent), 4 – work (6.9 percent), 2 – email (3.4 percent), 1- networking meeting (1.7 percent))	34.4
Flyer	15.5
Facebook	6.9
Website, please specify (2: WellFlorida Council)	3.4
Newspaper advertisement or article	1.7
Poster	0
Twitter post	0

Source: Dixie, Gilchrist, and Levy 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

An array of healthcare and social service providers and community partners responded to the survey. The largest single group of survey respondents, representing 25.9 percent of the total, were from social and/or community services. This was closely followed by nurses at 22.4 percent. The occupations of others who participated in the survey included pharmacy technicians, public health preparedness and environmental health specialists, social workers, administrators, case managers, and certified nursing assistants, to name a few; see the table above for the complete list. Survey participants represented a range of ages and length of time in their profession. At both ends of the career spectrum, about 29 percent had been in their profession for less than five years while about a quarter (25.9 percent) reported having more than 20 years of experience.

Health Behaviors and Priorities

More than half (53.5 percent) of the providers and partners who took the survey rated the overall health of Dixie, Gilchrist, and Levy County residents as somewhat healthy with another 31.0 percent giving overall health a rating of unhealthy. Providers and partners ranked the most important health issues that need to be addressed as substance/drug abuse, mental health problems, dental problems, tobacco use, and access to primary care. These survey respondents identified the five behaviors with greatest negative impact on overall health as alcohol abuse, dropping out of school, drug abuse, unhealthy eating and drinking, and lack of physical activity.

While there was some agreement between the providers and partners and Levy County survey respondents on the most important health issues, such as mental health and substance and drug abuse problems, community members ranked obesity as their third top three concern followed by access to primary or family care and access to food. Behaviors with negative impacts on health were also somewhat in alignment between 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. Providers and partners spotlighted education (i.e., dropping out of school) as

very impactful whereas community members focused on general lack of personal responsibility, distracted driving, and not getting immunizations.

Access and Barriers to Care

As did the community at large, providers and partners ranked access to healthcare services as the most important factor that contributes to a healthy community (37.9 percent of responses). Providers also highly ranked (third at 25.9 percent of responses) the awareness of healthcare and social services as a contributing attribute. Providers and partners elevated access to primary care as the fifth most important issue to be addressed (17.2 percent) along with access to long-term care at the same ranking. Healthcare providers and community partners ranked several access-related behaviors among those with the greatest negative impact on overall health in the region. These included not getting immunizations (17.2 percent), not using birth control (15.5 percent), and not using healthcare services appropriately (13.8 percent).

Overall accessibility to health care for Dixie, Gilchrist, and Levy County residents was deemed by responding providers and partners as fair (50.0 percent) to poor (29.3 percent) with another 20.7 percent ranking it as good. For providers and partners, the healthcare services most difficult to obtain in the tri-county area were emergency room, specialty, dental, in-patient, and mental/behavioral health care. According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (60.3 percent), lack of sufficient time with the healthcare provider (32.8 percent), lack of knowledge (27.6 percent), and inability to use technology effectively (20.7 percent).

Strategies ranked highest by providers and partners to improve health outcomes included increasing access to dental services (62.0 percent), increasing access to mental health and primary care services (53.4 percent), and providing education on available services (also 53.4 percent). Further, more than half (51.7 percent) of healthcare and social service providers and partners cited establishing community partnerships to address issues collectively as a key strategy to improving individual and population health.

COVID-19

An overwhelming majority of provider and partner survey respondents reported pandemic-related delays by clients in getting needed care (e.g., for an immediate illness or condition) (91.4 percent) and routine care (e.g., screenings and check-ups) (89.7 percent). More than 80 percent of providers and partners cited that 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, 65.5 percent of survey respondents felt there would be longer waits for services and appointments. Respondents also felt that there would be significant impacts on access overall (48.3 percent) and that there would be increased need for routine and specialty services (44.8 percent), along with increased use of Emergency Department services (41.4 percent). Notably, about a quarter of providers and partners opined that higher costs to clients and providers would also result.

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 Levy County residents, healthcare and social service providers, and community partners.

FORCES OF CHANGE ASSESSMENT

Methods

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

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

These forces can be related to social, economic, environmental, technological, or political factors in the region, state, or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On September 15, 2022, the Levy County Community Health Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Levy County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The *Forces of Change for Levy County* tables on the following pages summarize the forces of change identified for Levy County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Please note: *The Forces of Change for Levy County* table reflects qualitative opinion data collected during the Forces of Change Assessment. Comments and discussions are summarized in the table and accurately catalog comments from the facilitated discussion; however, these are not a reflection of the Florida Department of Health and cannot be attributed to one person, rather these are summaries of a group discussion in aggregate.

Forces Of Change for Levy County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increasing Population	Strain on limited resources and public services; much of the population are temporary residents with no tax collected for infrastructure.	Seasonally bring money into the economy.
	Increase in Mental Health and Substance Abuse Issues	Violence in community, family disruption; chronic diseases, morbidity, and death; overuses of EMS; tobacco use and vaping, the “Big 3” – marijuana, alcohol, and tobacco – still social norms and easily accessed by youth, with vaping especially providing access to several types of drugs including alcohol and THC; new studies showing that THC may permanently alter brain chemistry.	Target young people for gateway drugs, especially the “Big 3”; education on the front end regarding these drugs and their causes, change social norms surrounding them.
	Increase in Multi-Family Households	Financial strains can often result in family housing crisis and conflicts.	Connecting low-income families to assistance programs; expanded role and the importance of faith-based ministries
	Increase in School Dropouts	Reduction in lifetime earnings, higher risk of poverty and resulting long-term impacts.	College of Central Florida, especially their GED program, alternative vocational/technical degrees, and certificates.
	Increasing Lack of Dental Care	Poor oral health and dental issues over the lifespan contributed to by lack of resources, lack of dentists participating in any type of insurance, with a lot of people falling into the no insurance category because they don’t qualify for aid but still can’t afford it on their own; delay in care, waiting until a dental emergency; lack of special needs dentists with sedation care for children.	Partnerships with nearby dental schools, mobile units, especially for adult care and specialty care; teaching individuals about preventative measures, to care about their teeth before they hurt.

Prepared by WellFlorida Council, 2022

Forces Of Change for Levy County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Prevalence of Chronic Diseases	Deaths and disabilities from chronic conditions; contributed to by the overburdening of resources.	Education on prevention and interventions, increased screening.
	Lack of Specialists in Local Community	Lack of opportunity for specialty providers to serve in this county creates cost, transportation, and difficulties for residents to access follow-up care.	Try to bring in more specialists to community, increase screenings, incentives for providers.
	Lack of Screening for Infectious Disease	Stigma associated with infectious disease can lead to lack of screenings.	Increase and promote recommended, regular screenings; decrease stigma, especially targeting kids in schools, incorporate into normal conversation on healthy lifestyles, increasing health literacy; increasing screening through private offices.
	Lack of Personal Responsibility	Negative impacts of poor health decisions over the lifespan; is difficult to change, especially considering age, culture, and rural setting of the community; manifests in lack of dental care.	Increasing health literacy and education.
	Limited Health Services for Non-English Speakers	Challenges with communication and knowledge of services that exist; delayed or no care due to avoiding accessing health and dental services, costs.	Increase availability of bilingual resources, focus on cultural competency training for providers and organizational health literacy; individual education to improve personal health literacy.
	High Prevalence of Domestic Violence	Long-term wellness is affected by household injuries, disruption, and family/household stress	Target education and interventions early in middle and high school, integration of REAL Essential program, improve access to mental health services.
	Lack of Knowledge of Resources	Individuals miss out on benefits and due to lack of awareness and community sharing of resources. It is difficult to communicate via technology, especially with the poor internet access common to the area, for example some resources are not user-friendly on	Community partners increase awareness – collaboration and communication.

Forces Of Change for Levy County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
		cellphones, especially housing applications, food-stamp applications, and bilingual resources.	
	Pride/Unwillingness to Seek Help	Delay in and avoidance of care, lack of conversation and education, stigma.	Integrate health into everyday conversation, normalize seeking and discussing help.
	Distrust Towards Authority	Risk getting needed emergency assistance due to health issue or natural disaster.	Open up conversations to rebuild trust, utilize peers and local champions; employ emergency preparedness resources and tactics for building resiliency and trust.
	Health Disparities, Especially Mortality Rates Among Black Residents	Poorer health outcomes for Black residents of Levy County due to lifestyle, lower income, lack of reliable public and medical transportation available, especially for older Black population; avoid going to the doctor, delay care.	Screenings, especially in churches; find ways to increase follow-up appointments; focus on peers, bringing in African American doctors and local peers.
Social/ Economic	High Percentage of Single Women Living in Poverty	Persistent and generational poverty for women and children with few resources available, few job opportunities, often coupled with domestic violence and/or drug abuse problems.	Improve resources available.
	Average Low Income	Persistent poverty cycle where health and dental issues become less of a priority when focusing on meeting basic needs.	Connecting to community resources, integrating education and resources into events, such as handing out toothbrushes and toothpaste at Department of Health Trick-or-Treat event.

Prepared by WellFlorida Council, 2022

Forces Of Change for Levy County - EVENTS

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Community Events	Missed opportunities to communicate regarding events and local resources.	Distributions of resources, improving advertisement techniques.
Economic	Rise in Price of Real Estate	Risk of unstable housing; lack of financial resources, threat of eviction, stress, and risks of multi-family households, increase in mental health issues and domestic violence issues.	Pooling of resources and collaboration between families, connecting low-income families to assistance programs; local policy on housing development, seeking government grants to support low-income housing.
	Inflation	Poverty, challenges to meet basic needs because of the lack of financial resources, decreased access to quality, nutritious food, increased stress and mental health issues, increased delay in seeking dental or general healthcare services.	Collaboration and connection to alternative and cheaper resources.
Political	Political Mistrust, Especially as It Applies to Healthcare Workers	Strain on healthcare services, lack of access to care and other resources; medical landscape changed rapidly.	Increase trust by utilizing peers and local champions with lived experience.
Environmental	COVID-19 Pandemic	Cultivating an environment of distrust and discord from an increase in distrust of government, decrease in food stamp application and other social service programs that help meet basic needs.	Telemedicine advancements, broadband topic brought to light, especially for rural areas. Increase trust by using peers and local champions with lived experience.
	Natural Disaster	Flooding, displacement of people, loss of homes, property, money, power.	Continued enhancement of emergency preparedness of individuals and the community, improving communication systems and resource allocation.

Prepared by WellFlorida Council, 2022

INTERSECTING THEMES AND KEY CONSIDERATIONS



This section is divided into three parts. First, intersecting themes and key considerations are summarized to identify the most important health needs and issues in Levy 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 Levy 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 Levy County.

Intersecting Themes and Key Considerations

The intersecting themes, recurring issues, and major health needs in Levy 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 Levy County's 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 multiple of the intersecting theme areas shown below; however, each issue is only listed once.

Intersecting Themes

- Social Determinants of Health
 - ▶ Poverty, especially among children and racial and ethnic minorities
 - ▶ High rates of ALICE households
 - ▶ Inflation, especially rising prices of real estate
 - ▶ Decreasing unemployment
 - ▶ Education
 - Lower educational attainment compared to Florida as a whole
 - Access to good schools considered important by the community
 - Dropping out of school is a concern
 - ▶ Crime/Domestic Violence
 - ▶ Transportation access, especially for healthcare services
 - ▶ Food insecurity
 - ▶ Uninsured population

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- Health Outcomes, Conditions, and Behaviors
 - ▶ Increasing or persistently high death rates due to:
 - Cancer
 - Heart and cardiovascular disease
 - Unintentional injuries
 - Diabetes
 - COVID-19
 - Suicide
 - Alzheimer’s Disease
 - ▶ High rates of overweight and obesity
 - ▶ Substance/Drug Abuse
 - Alcohol abuse, including alcohol-related motor vehicle crashes, injuries, and deaths
 - Tobacco use
 - ▶ Mental Health
 - Higher rates of mental health ED visits
 - Higher rates of Baker Acts for children
 - ▶ Poor nutrition and eating habits, including overeating
 - ▶ Distracted Driving
 - Access to Care
 - ▶ Rural setting presents travel challenges
 - ▶ Limited provider availability
 - ▶ Limited number of facilities
 - ▶ Limited internet access
 - ▶ Aging community increasing demand on services
 - ▶ Many families with young children have unmet needs
 - ▶ Pride and mistrust of politics and authority lead to unwillingness to seek help
 - ▶ Dental care
 - Provider shortage
 - Few or no providers that accept Medicaid
 - High rate of preventable dental hospitalizations
 - Environmental Concerns
 - ▶ Weather-related emergencies, including hurricanes

At its November 29th meeting, Levy County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Levy County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

TABLE 31: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, LEVY COUNTY, 2022

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 July 27, 2022, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

A facilitated consensus process moved the discussion from reviewing the list of issues above to identifying the common themes. Through the consensus process themes converged into the six (6) broad topic areas of Primary Care, including dental care, Behavioral Health, Food Insecurity, Access to Care, STD rates, and Healthy Lifestyle Choices. Behavioral health included concerns regarding mental health, drug/substance abuse, domestic violence, and access to behavioral health care. Access to care was discussed from a variety of angles, including access to primary care, dental care, mental health care, and emergency and specialty services. After careful discussion, it was decided that behavioral health care would become a stand-alone priority issue and was removed from the access to care umbrella. This priority became that of Behavioral Health, which includes mental health, substances misuse, child abuse, domestic violence, and access to care. After further debate and data review, it was also decided that STD rates were encompassed by the category of Healthy Lifestyle Choices. Through this process, the Steering Committee arrived at four (4) strategic priority issue areas. The Steering Committee checked for consensus and refined the issue labels to state the overarching theme of each more concisely along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

Strategic Priority Issue Areas Identified

- Access to Health Care
 - ▶ Dental care
 - ▶ Primary care
 - ▶ Family planning
 - ▶ Cancer screenings
- Behavioral Health

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- ▶ Substance misuse
 - ▶ Mental health
 - ▶ Access to care
 - ▶ Domestic violence
 - ▶ Child abuse
 - Food Insecurity
 - ▶ Socioeconomic disadvantage, such as poverty and low income
 - ▶ Access to healthy foods
 - ▶ Health literacy and food preparation education
 - Healthy Lifestyles
 - ▶ STD prevention
 - ▶ Chronic disease prevention and management
 - ▶ Education and health literacy, especially with respect to preventive methods

Thoughtful consideration was also given to issues that were ultimately set aside. Much discussion took place about personal responsibility, parenting, and availability of services and activities for children. Concerns were raised about meeting the basic needs of Levy County seniors. Related issues of job opportunities and lower incomes were also examined and debated. There was agreement on the importance of these issues and their impact on health and wellbeing. The Steering Committee also agreed that some groups are disproportionately impacted such as racial and ethnic minorities, working families with children, and single parents. Weighing the importance of these issues and balancing feasibility and resources available for implementing strategies to address these concerns, the Steering Committee tabled population growth and its economic impact as priority issues.

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, several recommendations and considerations for planning and sustained, successful implementation emerged because of discussions among community partners. As Levy County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

Key Considerations

- Promote a culture of community health as a system of many diverse partners and organizations
- Foster a unifying, community-organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor and improve the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic disease conditions, including cardiovascular disease, cancer, mental health problems, substance abuse, and tobacco use
- Create opportunities for mobile healthcare services to address transportation barriers

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- Enhance or create programs to manage oral health more effectively and efficiently
 - 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
 - Enhance or create resources to improve access to healthy foods and create or disseminate educational materials on use and preparation of healthy foods
 - 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 Levy 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 prioritization begins within the community. Presented below are five of the most frequently utilized 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 Toolbox – 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 necessity of each of these resources is to assess the quality of the evidence upon which these practices are deemed best practices. When reviewing recommendations 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 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 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 Levy County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Levy 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 32: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Access to Care	<p>Health insurance enrollment outreach & support Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.</p>	Scientifically Supported	https://www.countyhalthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
Access to Care for the Homeless	<p>Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review</p>	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hypertension	<p>Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients</p>	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	<p>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</p>	Effective Practice	<p>Healthy Communities Institute:</p> http://cdc.thehcn.net/index.php?controller=index&module=Pro

	the study by educating them in portion control, physical activities, and healthier and affordable food options.		misePractice&action=view&pid=3841
Chronic Disease – Diabetes	<p>Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism</p> <p>Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator:</p> <p>http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</p>
Dementia Care, including Alzheimer’s	<p>Healthy Brain Initiative Road Map 2018-2023</p> <p>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.</p>	Non-systematic Review	<p>CDC Healthy Brain Initiative</p> <p>https://www.cdc.gov/aging/healthybrain/roadmap.htm</p>
Dementia Care, including Alzheimer’s	<p>Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning</p>	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer’s	<p>Public Health Approach to Alzheimer’s – How does public health address Alzheimer’s?</p> <p>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</p>	Non-systematic Review	<p>Alzheimer’s Association</p> <p>https://www.alz.org/professionals/public-health/public-health-approach</p>

	has helped reduce the burden of heart disease, HIV/AIDS, and cancer.		
Dementia Care, including Alzheimer's	<p>Process Evaluation of the NYU Caregiver Intervention-Adult Child</p> <p>A noted limitation of dementia caregiver intervention research is a lack of focus on the mechanisms of successful programs. The purpose of this study was to conduct a process evaluation of the New York University Caregiver Intervention-Adult Child (NYUCI-AC) to describe its delivery and determine which of its components were associated with key outcomes (caregiver stress and well-being; care recipient residential care admission).</p>	Evidence-Based	https://academic.oup.com/gerontologist/article/58/2/e107/3798179?login=false
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>	Evidence-Based	<p>The Community Guide:</p> http://www.thecommunityguide.org/oral/schoolsealants.html
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide:</p> http://www.thecommunityguide.org/oral/fluoridation.html
Housing	<p>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</p> <p>As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.</p>	Case Study	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf

<p>Housing</p>	<p>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</p> <p>This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.</p>	<p>Experiment-al Study</p>	<p>https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project</p>
<p>Infant Mortality and Maternal Child Health</p>	<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>	<p>Evidence-based</p>	<p>www.kingcounty.gov/nfp</p>
<p>Infant Mortality and Maternal Child Health</p>	<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>	<p>Systematic Review</p>	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>
<p>Mental Health</p>	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-</p>	<p>Systematic Review</p>	<p>Healthy People 2020:</p>

	<p>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>		<p>https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders</p>
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 based on 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 2020:</p> <p>https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home</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>

<p>Nutrition</p>	<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>	<p>Evidence-Based</p>	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
<p>Nutrition/ Physical Activity</p>	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	<p>Evidence-Based (Moderate)</p>	<p>https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf</p>
<p>Nutrition/ Physical Activity</p>	<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>	<p>Evidence-Based (Moderate)</p>	<p>https://chronicdiseases.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/</p>
<p>Nutrition</p>	<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</p>	<p>Evidence-Based</p>	<p>https://pubmed.ncbi.nlm.nih.gov/17495210/</p>

	<p>Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.</p>		
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/promiseppractice/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 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>
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</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=Pro</p>

	adults receive 24 episodes of a weight loss podcast based on social cognitive theory.		misePractice&action=view&pid=3209
Obesity	<p>Obesity Prevention and Control: Worksite Programs</p> <p>Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.</p>	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/obesity/workprograms.html</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 2020:</p> <p>https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>

<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</p>	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> • Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) • Physical education lesson plans that incorporate fitness and circuit training activities 	<p>Systematic Review</p>	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</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>

<p>Poverty</p>	<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>	<p>Evidence-Based</p>	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
<p>Poverty</p>	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	<p>Evidence-Based</p>	<p>University of Toronto, School of Public Policy & Governance:</p> <p>https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf</p>
<p>Risky Health Behaviors</p>	<p>Community Health Educator Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status</p> <p>Helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.</p>	<p>Evidence-Based (Moderate)</p>	<p>CDC Community Health Improvement Navigator:</p> <p>http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status</p>
<p>Rural Health</p>	<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>	<p>Non-systematic Review</p>	<p>https://www.countyhalthrankings.org/reports/what-works-strategies-improve-rural-health</p>
<p>Substance Abuse</p>	<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</p>	<p>Evidence-Based</p>	<p>National Institute of Health:</p> <p>https://www.drugabuse.gov/publications/principles-drug-addiction-</p>

	<p>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>		<p>treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies</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>
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>https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders</p>
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute,</p>

	Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.		County Health Rankings: http://www.countyhalthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
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.countyhalthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>

APPENDIX A – COMMUNITY HEALTH SURVEY

English ▼

Default Question Block

Dear Neighbor,

What are the most important health and health care issues in your community? The Florida Department of Health in Dixie, Gilchrist, and Levy Counties, 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 Wednesday, June 8 - Wednesday, August 3, 2022. Community leaders will use your answers to take action towards a healthier community.

This survey has 16 core questions with some additional items depending on your answers. It should take about 10-15 minutes to finish the survey. Your answers cannot be used to identify you. Please answer the survey only once.

To be eligible to complete this survey:

- You must be at least 18 years old to participate
- Be a Dixie, Gilchrist or Levy County resident.

If you would like to be entered into a drawing for a \$50 gift card, please provide your phone number and/or email address so that we can reach you if you are a winner. Your phone number and/or email address will remain confidential. You must answer all the questions on the survey. Taking the survey more than once will not increase your chances to win.

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!

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 Dixie, Gilchrist or Levy County?

- Yes, I am a Dixie County resident.
- Yes, I am a Gilchrist County resident.
- Yes, I am a Levy County resident.
- No, I am not a resident of Dixie, Gilchrist or Levy County.

Community Health

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

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

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

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

What are the **THREE (3) most important health issues** in your county? Choose up to **THREE (3)**.

- | | |
|---|---|
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Pollution (e.g., water, air, soil quality) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <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"/> Stress | <input type="checkbox"/> Obesity |

- Child abuse/neglect
- Motor vehicle crash injuries
- High blood pressure
- Respiratory/lung disease
- HIV/AIDS
- Substance abuse/drug abuse
- Homelessness
- Mental health problems
- Vaccine preventable diseases (e.g., flu, measles)
- Elderly caregiving
-
- Homicide
- Exposure to excessive and/or negative media and advertising
- Dementia
- Access to long-term care
- Diabetes
- Disability
- Access to primary/family care
- Age-related issues (e.g., arthritis, hearing loss)
- Suicide
- Affordable assisted living facilities
- Other, please tell us
-

Overall, how **healthy** are the people in your county?

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

How do you rate your **health**?

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

Access to Services

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

- | | |
|--|--|
| <input type="checkbox"/> Prenatal care (pregnancy care) | <input type="checkbox"/> Emergency room care |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Physical therapy/rehabilitation therapy | <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"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) |
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

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
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.

Other, please 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
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself
- Other, please 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
- Transportation, couldn't get there
- Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.
- Other, please tell us

Pandemic Questions

How has the **Coronavirus (COVID-19) pandemic** impacted **your household**? Please select one (1) response for each area listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Child care (ability to get care for child/children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment (ability to keep job, have steady income)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food (have enough food to feed you and your family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing (ability to find housing, pay rent or mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schooling, education (ability to complete school-related assignments and programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
Transportation (ability to use public transportation, shared ride services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilities (ability to get and pay for electricity, gas, water, internet services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has the **Coronavirus (COVID-19) pandemic** impacted **your health-related activities**? Please select one (1) response for each activity listed.

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to me
Physical activity, exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition, eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting routine or needed mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you or member of your household **delay getting healthcare services** because of the pandemic?

- Yes
- No
- I don't know, not sure

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 or Spanish origin? Choose ONE.

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- I prefer not to answer
- Yes, another Hispanic, Latino or Spanish origin, please tell us

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
- 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
- \$20,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999
- \$150,000 - \$174,999
- \$175,000 - \$199,999
- \$200,000 or more
- I prefer not to answer

What is the zip code of your residence?

- | | |
|---|---|
| <input type="radio"/> 32628 Cross City | <input type="radio"/> 32626 Chiefland |
| <input type="radio"/> 32648 Horseshoe Beach | <input type="radio"/> 32639 Gulf Hammock |
| <input type="radio"/> 32680 Old Town | <input type="radio"/> 32668 Morriston |
| <input type="radio"/> 32692 Suwannee | <input type="radio"/> 32683 Otter Creek |
| <input type="radio"/> 32619 Bell | <input type="radio"/> 32696 Williston |
| <input type="radio"/> 32693 Trenton | <input type="radio"/> 34449 Inglis |
| <input type="radio"/> 32621 Bronson | <input type="radio"/> 34498 Yankeetown |
| <input type="radio"/> 32625 Cedar Key | <input type="radio"/> Other, please specify |
| <input type="radio"/> | <input type="text"/> |

Open Ended

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

If you would like to be entered into the drawing for a \$50 gift card, please provide your phone number or email address so that we can contact you if you are a winner. Your phone number or email address will remain confidential.

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APPENDIX B – PROVIDER SURVEY

English ▼

Block 1

Dear Health Care, Social Service Provider, and Community Partner,

The Florida Department of Health in Dixie, Gilchrist and Levy Counties, 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 December 31, 2022. 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 11 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Dixie, Gilchrist and Levy Counties. The survey will be available from June 8 through August 3, 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.

Do you provide health care, social services or community services to Dixie, Gilchrist or Levy County residents?

- Yes
- No

You are not eligible to take this survey. Thank you for your interest in improving health in the tri-county area.

Default Question Block

What is your health care profession?

- Advanced Registered Nurse Practitioner (including all specialties and certification types)
- Dentist
- Dietitian/Nutritionist
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- I provide social or community services
- I do not provide health care 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) |
| | | | <input type="text"/> |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pain Management | |

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

- | | |
|---|---|
| <input type="checkbox"/> Strong economy | <input type="checkbox"/> Availability of parks and recreation areas/centers |
| <input type="checkbox"/> Low preventable death and disease rates | <input type="checkbox"/> Low level of child abuse |
| <input type="checkbox"/> Low rates of infant and childhood deaths | <input type="checkbox"/> Access to convenient, affordable and nutritious foods |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Awareness of health care and social services |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Good race/ethnic relations |
| <input type="checkbox"/> Places of worship | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Affordable goods/services | <input type="checkbox"/> Job opportunities for all education levels |
| <input type="checkbox"/> Residents engaging in healthy behaviors | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Availability of arts and cultural events | <input type="checkbox"/> Strong family ties |
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Affordable utilities |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Practice of religious or spiritual values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Access to health care including primary and specialty care, dental care and mental health care |
| <input type="checkbox"/> | <input type="checkbox"/> Other (please specify) |

Availability of first responders,
Fire/Rescue/EMS, emergency
preparedness

What has the **greatest negative impact** on the overall health of people in Dixie, Gilchrist and Levy Counties? Choose **three (3)**.

- | | |
|---|--|
| <input type="checkbox"/> Eating unhealthy foods/drinking sweetened beverages | <input type="checkbox"/> Lack of personal responsibility |
| <input type="checkbox"/> Distracted driving (e.g., texting and driving) | <input type="checkbox"/> Dropping out of school |
| <input type="checkbox"/> No or insufficient physical activity | <input type="checkbox"/> Starting prenatal care late in pregnancy |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Unsecured firearms |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Poor race/ethnic relations, racism | <input type="checkbox"/> Loneliness or social isolation |
| <input type="checkbox"/> Not getting immunizations to prevent disease (e.g., flu shots) | <input type="checkbox"/> Unsafe sex practices |
| <input type="checkbox"/> Not using health care services appropriately | <input type="checkbox"/> Tobacco use including e-cigarettes, smokeless tobacco |
| <input type="checkbox"/> Violence | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Lack of or poor stress management | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="text"/> |

Which **three (3) health issues** are the **most important to address** to improve the health of people in Dixie, Gilchrist, and Levy Counties? Please choose up to **three (3)**.

- | | |
|--|---|
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Age-related issues (e.g. arthritis, hearing loss) | <input type="checkbox"/> Pollution (e.g. water and air quality, soil, etc.) |
| <input type="checkbox"/> Access to long-term care | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> HIV/AIDS |

- | | |
|--|--|
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Sexually transmitted diseases (STD's) (e.g., gonorrhea, chlamydia, hepatitis, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity and overweight |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Tobacco use including e-cigarettes and smokeless tobacco | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Affordable assisted living facilities | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Substance abuse/Drug abuse |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> | <input type="checkbox"/> <input style="width: 200px; height: 20px;" type="text"/> |

Which **healthcare services** are difficult to obtain in Dixie, Gilchrist, and Levy Counties? Please select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Primary/family care (e.g., family doctor) | <input type="checkbox"/> Family planning/birth control |
| <input type="checkbox"/> Dental/oral care | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Prescriptions/medications or medical supplies |
| <input type="checkbox"/> Mental and behavioral health care/counseling | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Alternative medicine/alternative therapy | <input type="checkbox"/> Prenatal care |
| <input type="checkbox"/> Substance use services (e.g., alcohol and drug use counseling) | <input type="checkbox"/> Imaging (CT scan, X-rays and mammograms, etc.) |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> None of the above are difficult to obtain in Marion County |
| <input type="checkbox"/> Vision/eye care | <input type="checkbox"/> Other, please specify |

How do you rate the **overall accessibility to health care** for residents of Dixie, Gilchrist, and Levy Counties? Please select **one (1)** choice.

- Poor
- Fair
- Good
- Very Good
- Excellent

Overall, how healthy are the people in Dixie, Gilchrist, and Levy Counties? Please select one (1) response.

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

For your clients in Dixie, Gilchrist, and Levy Counties 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)

Have you found that some clients **delay getting needed care** during the pandemic?

- Yes
- No
- Unsure

Have you found that some clients **delay getting routine care** (e.g., screenings, check-ups) during the pandemic?

- Yes
- No
- Unsure

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

- Yes
- No
- Unsure

In your opinion, what **impacts** might **pandemic-related delayed care** have **on access** to healthcare services? 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 Dixie, Gilchrist, and Levy Counties 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	Agency	Title
Natalie McKellips	Florida Department of Health - Dixie, Gilchrist, and Levy	Administrator
Wesley Asbell	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Director
Elizabeth Powers	Florida Department of Health - Dixie, Gilchrist, and Levy	Executive Community Health Nursing Director
Rekeesha Duncan	Florida Department of Health - Dixie, Gilchrist, and Levy	Senior Human Services Program Manager
Jan Gonthier	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator Consultant
Kyle Roberts	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Supervisor
Alex Santana	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Angela Phillips	Florida Department of Health - Dixie, Gilchrist, and Levy	Registered Nurse Consultant
Tiffany Owens	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Elizabeth Dean	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Patricia Byrd	Episcopal Children Services	Family Advocate
Polly Smith	Episcopal Children Services	Home Base Support Specialist
Shawna Sewejkis	Episcopal Children Services	Health Specialist
Shawn Myers	Levy County School Board	Family Liaison

Monique Bessette	Suwannee River Area Health Education Center	Tobacco Treatment Coordinator
Ella Lyman	Suwannee River Area Health Education Center	Tobacco Treatment Specialist
Hazel Lake	Episcopal Children Services	Family Advocate
Beverly Goodman	Partnership for Stronger Families/ Tri-County Resource Center	Resource Center Manager
Anna Villagomez	Rural Women’s Health Project	Covid Response Manager
Erin Peterson	Health Start NCFL Coalition	Community Liaison
Deanna Sheppard	Haven Hospice	Professional Liaison
Robert Wells	Levy County Prevention Coalition	Founder
Holly Houghton	UF/IFAS Extension	County Extension Director
Angela Ottinger	Palms Medical Group	Clinical Care Coordinator
Charity Smith	Palms Medical Group	Regional Manager
Nosheika Rucker	Unity Family Community Center, Inc	Project Director - Sexual Risk Avoidance Education
Annie Johnson	Unity Family Community Center, Inc	Resource Specialist - Prevention/Intervention