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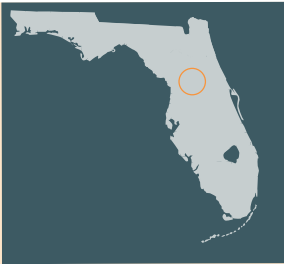
2019

CENTRAL FLORIDA HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

THE VILLAGES REGIONAL HOSPITAL

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Introduction to Community Health Needs Assessments

GENERAL

The Affordable Care Act establishes specific statutory requirements that hospitals must meet to qualify as organization described in Section 501(c)(3) of the Internal Revenue Code and allow them to be exempt from federal income tax. As part of the new IRS requirements, hospitals must conduct a Community Health Needs Assessment (CHNA) to serve as an essential tool for developing a health improvement plan for the community the hospital serves. The CHNA poises hospitals as leaders who have identified the health needs of their communities and are working towards solutions to meet those needs. The statutory requirements specified in the Affordable Care Act state:

- Each hospital facility must conduct a CHNA at least once every three tax years and adopt an implementation strategy to meet the community health needs identified through the assessment
- The CHNA must take into account input from persons who represent the broad interests of the community serviced by the hospital facility; including those with special knowledge of or expertise in public health
- Must be made widely available to the public
- Each hospital must disclose in Form 990 how it is addressing all of the needs identified in the assessment and if not, why not

A CHNA serves as a systematic approach to collecting, analyzing and utilizing data to identify priority areas for improving health. Hospitals use this report as a call to action, engaging community members through public awareness messages, creating effective programs and policies and collaborating with other organizations to bring positive change to their community. The long-term goal of a CHNA is to identify health priorities and develop impact strategies with all health-related stakeholders in the community.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

This CNHA is the continuation of Central Florida Health's dedication to community health assessment work. Central Florida Health (formerly known as Central Florida Health Alliance) is a not-for-profit family of hospitals including Leesburg Regional Medical Center and The Villages Regional Hospital. A separate CHNA was completed for each hospital.

Central Florida Health engaged the services of WellFlorida Council to complete the 2019 CHNA for The Villages Regional Hospital and Leesburg Regional Medical Center. This report serves as the CHNA for The Villages Regional Hospital Service Area. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves north central Florida, including the Central Florida Health service areas of Lake, Marion and Sumter Counties along with thirteen other counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools, and services necessary to identify their most

pressing issues (e.g., community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The Central Florida Health Steering Committee and WellFlorida based the 2019 CHNA effort 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). NACCHO and CDC's vision for implementing MAPP is:

> *"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."*

At the heart of the MAPP process are the four core MAPP assessments. These are:

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

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on key community health needs. Three of the four MAPP assessments are integrated into the 2019 CHNA. Please note, this document is a health needs assessment and its purpose is to uncover or substantiate the health needs and health issues in the service area. Establishing priority goals and objectives and creating an action or implementation plan are part of the MAPP process referred to as the Community Health Improvement Plan (CHIP). The CHIP process and The Villages Regional Hospital's (TVRH) implementation strategy are described in the companion document.

*The Local Public Health System Assessment was omitted from this process given that it is typically completed and facilitated by the local health department. The LPHSA measures how well the local public health system (county-level) delivers the 10 Essential Public Health Services. Each county health department should complete the LPHSA every five years.

The Villages Regional Hospital Community Health Needs Assessment Report 2019 serves as the follow-up to the CHNA report completed in 2016. TVRH Service Area includes two zip codes from Lake County, two zip codes from Marion County and three zip codes from Sumter County. The Lake County zip codes are 32159 Lady Lake and 34748 Leesburg. Marion County zip codes include 34491 Summerfield, and 34420 Belleview. The three Sumter County zip codes are 32162 The Villages, 32163 The Villages, and 34785 Wildwood. The zip code areas chosen were based on the top 75 percent of discharges from the TVRH during the 2017 fiscal year. *The Villages Regional Hospital Community Health Needs Assessment Report 2019,* the *2019 Central Florida Health Community Health Needs Assessment Technical Appendix,* and *The Villages Regional Hospital Implementation Strategy 2019* represent the culmination of a six-month process that began in December 2018 and concluded in May 2019.

ORGANIZATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

The Villages Regional Hospital Community Health Needs Assessment Report 2019 is comprised of the following main sections:

- Introduction to Community Health Needs Assessments: This section includes an overview of the CHNA process; description of the organization of the CHNA report; insights on using the CHNA; and a brief synopsis of the common themes and considerations identified in the needs assessment.
- Community Health Status: Detailed in this section are demographic and socioeconomic factors, and mortality and morbidity indicators that describe the overall health status of The Villages Regional Hospital Service Area as compared to Florida.
- Community Themes and Strengths: This section provides qualitative perspectives on health issues and the health system from the community at-large and fulfills the statutory requirement of taking into account input from persons representing the broad interests of the community serviced by the hospital facility. This section also fulfills the CHNA requirement of receiving community input on the health needs of the community. The Community Themes and Strengths section is comprised of key insights and themes from the community survey, healthcare professional survey and focus groups.
- Forces of Change: This section provides qualitative perspectives on trends, factors or events that are or will be influencing the health and quality of life in the community and the work of the community to improve health outcomes.
- Recommendations and Next Steps: This section begins with a brief summary of the intersecting themes that cut across all sections of the CHNA and some of the key considerations generated from these common themes. Following the summary of these themes and considerations, this section details some general suggestions on how to move forward with the identified needs, provides some specific examples of approaches to address these needs, and discusses some community organizations principles that will need to be addressed to ensure that true community health improvement is realized.

USING THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Villages Regional Hospital Community Health Needs Assessment Report 2019 is designed so that the three major sections, the Community Health Status, Community Themes and Strengths, and Forces of Change, address the three core MAPP assessments that are designated as key components of a comprehensive community health needs assessment as designed by NACCHO and CDC. The identification of broad health needs of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHNA are the following:

- To accurately depict The Villages Regional Hospital Service Area's key health issues based on common themes that emerge from the three MAPP assessments;
- To identify potential strategic issues and some possible approaches to addressing those issues;
- To provide insight and input to the next phase of the community health improvement planning process and implementation strategies;

- To provide the community a rich data resource not only for the next phase of the improvement process, but also for ongoing resource and program development and implementation as well as evaluation of community health improvement.

While *The Villages Regional Hospital Community Health Needs Assessment Report 2019* is a stand-alone document, the report works in concert with the accompanying *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* (also referred to in this document as the Technical Appendix). *The Villages Regional Hospital Community Health Needs Assessment Report 2019* presents data and issues at a more global level for the community. All of the data are also included, often in more granular level detail, in the *Central Florida Health Community Health Needs Assessment Technical Appendix 2019*. Thus, for most data that are briefly addressed in this report, the *Central Florida Health Community Health Needs Assessment Technical Appendix 2019* presents these data at a level of detail breaking data sets down, for example, by zip code, race, ethnicity, gender, where appropriate and when available. The *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* is an invaluable companion resource to *The Villages Regional Hospital Community Health Needs Assessment Report 2019*, and it will allow the community to delve deeper into the issues identified for a more comprehensive understanding of the scope, prevalence and populations impacted.

The *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* is comprised of more than 160 tables, 19 graphs, and supporting material across nearly 400 pages. The *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* is organized into the following major data sections:

- Demographics and Socioeconomics
- Mortality
- Mental Health
- Maternal and Infant Health
- Health Behaviors
- Infectious Diseases
- Health Care Access and Utilization
- State of Florida Health Improvement Plan Priority Issues
- Technical Notes

Please note that many of the data tables in this report and in the *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* contain standardized rates for the purpose of comparing Lake, Marion and Sumter Counties and to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence and prevalence rates are low; thus small variations from year to year can result in substantial shifts in the standardized rates.

KEY OBSERVATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs and issues that emerged over the course of this community health needs assessment in TVRH and Central Florida Health (CFH) Service Areas. These themes, needs and issues are addressed further in the Recommendations and Next Steps section of this CHNA report. That section includes an enumeration of potential strategic areas of opportunity as well as a compilation of evidence-based and promising practice resources for consideration in the creation of the implementation strategy and action plan to address the identified priority issues.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Aging population
  - Higher rates of poverty among certain sub-populations
  - Food insufficiency and affordability of nutritious foods
  - Lack of affordable housing
  - Homelessness
- Health Status Measures (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Infant mortality among all races and ethnicities and birth outcome disparities
  - Overweight and obesity with poor nutrition and eating habits, and physical inactivity as risk factors and contributing causes to chronic diseases and conditions
  - Age-related health problems including chronic diseases and conditions, injuries, impairment and mobility issues
  - Heart Disease, Cancer, Diabetes, Chronic Lower Respiratory Disease, and Stroke
  - Mental health problems including substance, drug and alcohol abuse
  - Dental problems
  - Health outcome disparities among races, ethnicity, and geography
  - Negative health behaviors and poor decisions that impact health
- Healthcare Access and Utilization (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Inappropriate and over-utilization of healthcare services (e.g., Emergency Department)
  - High and rising healthcare costs including services, health insurance, prescription drugs
  - Shortages of physicians, nurses, mental health professionals
  - Barriers to accessing primary, specialty, mental health and dental care

Community Health Status

INTRODUCTION

The Community Health Status section presents the results of the community health status assessment which is one of the four core MAPP assessments for community health needs assessment and community health improvement planning. The data in this section and in the *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* were compiled and tabulated from multiple sources including, but not limited to, the United States Census Bureau; The Centers for Disease Control and Prevention; The Behavioral Risk Factor Surveillance System (BRFSS); the Florida Department of Health's Office of Vital Statistics; the Florida Agency for Health Care Administration (ACHA); the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Data were also obtained from The Villages Regional Hospital (TVRH).

Many of the data tables in this section and in the *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* contain standardized rates for the purpose of comparing the TVRH Service Area to Florida as a whole. It is advisable to interpret these rates with caution when incidence and prevalence rates are low (i.e., the number of cases is small); thus, small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the Technical Appendix so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics, or variations in the overall composition of a population, change over time, so do the health and healthcare needs of communities. Therefore, it is important to review specific indicators, including demographic and socioeconomic factors, to understand a community's current health status, pressing healthcare issues, and disparities. The following section provides a summary of population distribution including age, gender, and race and ethnicity, and estimates related to the future growth of the population. Also included, are measures of education, poverty status, employment, and income. Noted below are key findings from The Villages Regional Hospital (TVRH) Service Area demographic and socioeconomic profile.

POPULATION

Population growth is a key determinant of the healthcare services a community requires to be able to sustain positive health behaviors and improved health outcomes. TVRH Service Area primarily serves an adult population greater than 55 years of age at 68.5 percent of the population, compared to 60.1 percent of the Central Florida Health (CFH) Service Area and 32.5 percent of Florida (Table 25). TVRH Service Area also serves a smaller percentage of children aged 0-17 years at 8.8 percent compared to the CFH Service Area at 11.7 percent and Florida at 20.3 percent (Table 22).

FIGURE 1. POPULATION ESTIMATES BY AGE GROUPS BY PERCENT OF POPULATION, CENTRAL FLORIDA HEALTH (CFH), LEESBURG REGIONAL MEDICAL CENTER (LRMC), THE VILLAGES REGIONAL HOSPITAL (TVRH) SERVICE AREAS (SA), 2013-2017.
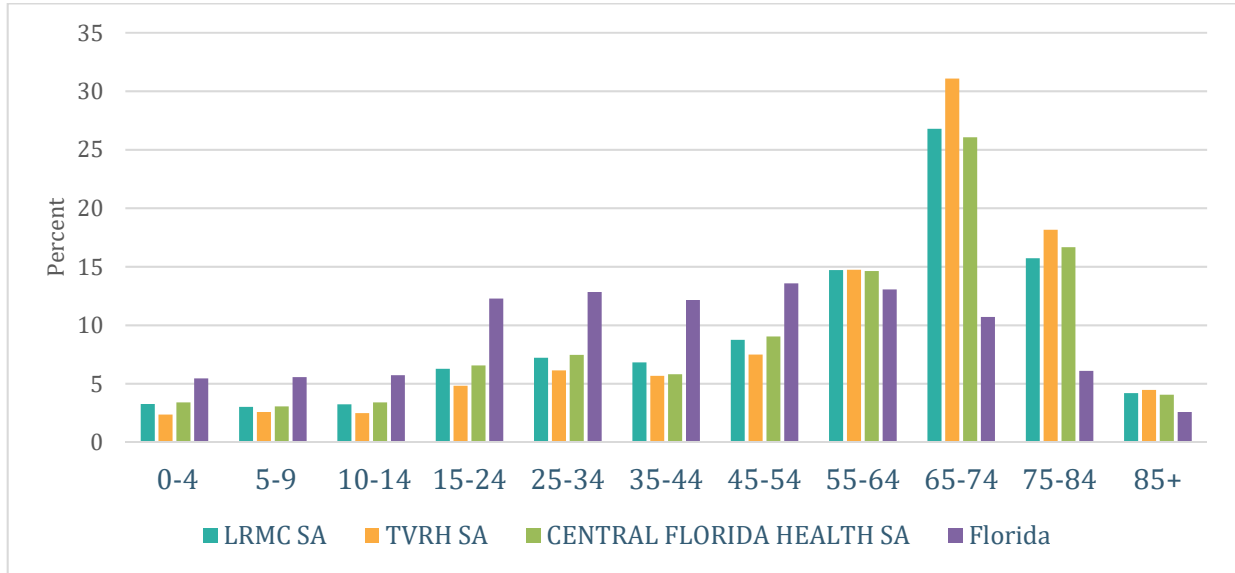
Source: Table 25, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

As seen in Figure 2 below, the overwhelming majority of TVRH Service Area population is White at 88.7 percent, which is nearly the same as the CFH Service Area at 87.7 percent but higher than Florida at 75.7 percent White (Table 27). The Black, American Indian and Alaska Native, and Asian populations comprise 7.5, 0.4, and 1.2 percent of TVRH Service Area, respectively, while 0.8 percent identify themselves as another race and 1.4 percent identify as having two or more races (Table 22). By 2013-2017 American Community Survey, U.S. Census Bureau estimates (ACS), 93.5 percent of the population in TVRH Service Area identified as non-Hispanic or Latino which is comparable to the 92.4 percent in the CFH Service Area and 92.7 percent in LRMC Service Area, but notably larger than in Florida as a whole at 75.3 percent (Table 23).

FIGURE 2. THE VILLAGES REGIONAL HOSPITAL (TVRH) SERVICE AREA POPULATION ESTIMATES BY RACE, 2013-2017.
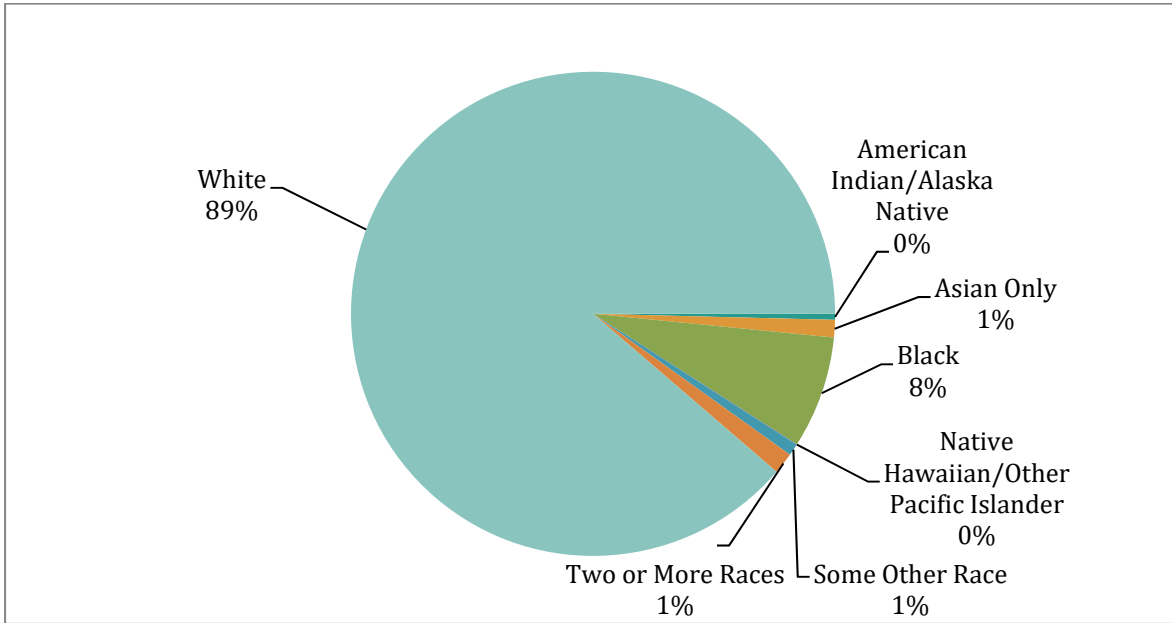
Source: Table 22, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

LIFE EXPECTANCY

Considering all races and ethnicities, the longest life expectancy for males in 2010 was found in Sumter County (78.3 years) followed by Lake County (75.8 years), and Marion County (74.3 years), compared to Florida (76.3 years; Table 4). For females, the longest life expectancy for females in 2010 was also in Sumter County (82.5 years), followed by Lake County (81.3 years), and Marion County (80.3 years), compared to Florida (81.6 years). Table 1 below displays life expectancy data for Lake, Marion and Sumter Counties compared to Florida; please note that numbers displayed in red indicate where life expectancy fell below the state life expectancy projection. As often seen throughout the state of Florida, there was a disparity in life expectancy in the Black population as compared to the White population in TVRH Service Area counties.

TABLE 1. LIFE EXPECTANCY BY GENDER, RACE AND YEAR, CENTRAL FLORIDA HEALTH SERVICE AREA COUNTIES, 2008-2010.

| County	Year	Males			Females		
		All	White	Black	All	White	Black
Lake	2008	77.1	77.6	71.5	83.2	83.5	79.1
Marion	2008	74.0	74.7	68.3	80.6	81.1	76.5
Sumter	2008	74.1	74.7	75.4	79.4	79.8	75.4
Florida	2008	76.1	76.5	72.0	81.9	82.3	78.5
Lake	2009	77.5	78.0	72.0	83.2	83.6	79.2
Marion	2009	74.2	74.9	68.9	80.8	81.3	76.9
Sumter	2009	73.5	74.1	75.1	78.8	79.2	75.1
Florida	2009	76.5	76.9	72.7	82.1	82.6	78.8
Lake	2010	75.8	NA	NA	81.3	NA	NA
Marion	2010	74.3	NA	NA	80.3	NA	NA
Sumter	2010	78.3	NA	NA	82.5	NA	NA
Florida	2010	76.3	NA	NA	81.6	NA	NA

Source: Table 4, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

ECONOMIC CHARACTERISTICS

At 10.6 percent of the population, TVRH Service Area had a lower percentage of individuals having lived in the poverty in the past 12 months when compared to Florida at 15.5 percent according to 2013-2017 ACS data. The CFH and LRMC Service Areas were similar at 12.2 and 12.1 percent, respectively, (Table 37). Within TVRH Service Area, the zip codes where this indicator of poverty are highest include Leesburg (34748) at 15.8 percent, Belleview (34420) at 14.0 percent and Summerfield (34491) at 11.5 percent while The Villages (32162) was at only 5.4 percent (Table 37). Across the three counties in TVRH Service Area for this same period, Marion County had the highest percentage of individuals having lived in poverty in the past 12 months (17.6 percent) which is higher than the state of Florida (15.5 percent). Lake County, at 12.8 percent and Sumter County at 9.2 percent were both lower than for Florida (Table 37).

Gender differences can be seen in rates of poverty. For 2013-2017, the percentage of males having lived in poverty in the past 12 months in TVRH Service Area at 8.6 percent was close to the overall CFH Service Area rate of 9.8 percent but lower than the LRMC Service Area at 9.8 percent. All were below the 12.3 percent state rate for Florida. The rate of 11.5 percent of females having lived in poverty in TVRH Service Area in the past 12 months was lower than the CFH and LRMC Service Areas at 13.1 and 13.0 percent, respectively. Although these rates for females were lower than the state rate of 16.5 percent, the rates were higher than for males in the same geographic areas. When compared by service area county, both Marion County males at 13.9 percent and females at 18.4 percent had the highest rates for this poverty measure with both rates

exceeding state rates (12.3 and 16.5 percent, respectively). Sumter County males and females had the lowest rates at 7.2 and 10.2 percent, respectively. Lake County rates were lower than state rates but higher than the CFH Service Area rate (Table 41).

Poverty rates for children (0-17 years of age) exceeded state rates in TVRH Service Area. Data show that from 2013-2017 in TVRH Service Area 27.6 percent of children lived in poverty in the past 12 months compared to 26.6 percent in the CFH Service Area and 22.3 percent statewide. For adults 18-74 years of age poverty rates were lower in TVRH Service Area at 9.8 percent compared to 11.1 percent for the CFH Service Area and 14.0 percent for Florida. The percentage of older adults (75 years of age and older) having lived in poverty in the past 12 months was lower in TVRH Service Area at 6.4 percent than the CFH Service Area at 7.4 percent and state rate of 11.0 percent (Table 38). As seen in Figure 3, the greatest numbers of children living in poverty were in Sumter County and Marion County at 31.4 and 29.4 percent, respectively, compared to Lake County at 21.4 percent and Florida at 23.6 percent (Table 39). There was a smaller percentage of elderly (65 -74 years of age) living in poverty across Lake, Marion, and Sumter County (6.6, 7.8, and 3.9 percent, respectively) compared to Florida (9.6 percent, Table 40).

FIGURE 3. ESTIMATED PERCENT OF INDIVIDUALS BY AGE IN POVERTY IN THE PAST 12 MONTHS, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2013-2017.
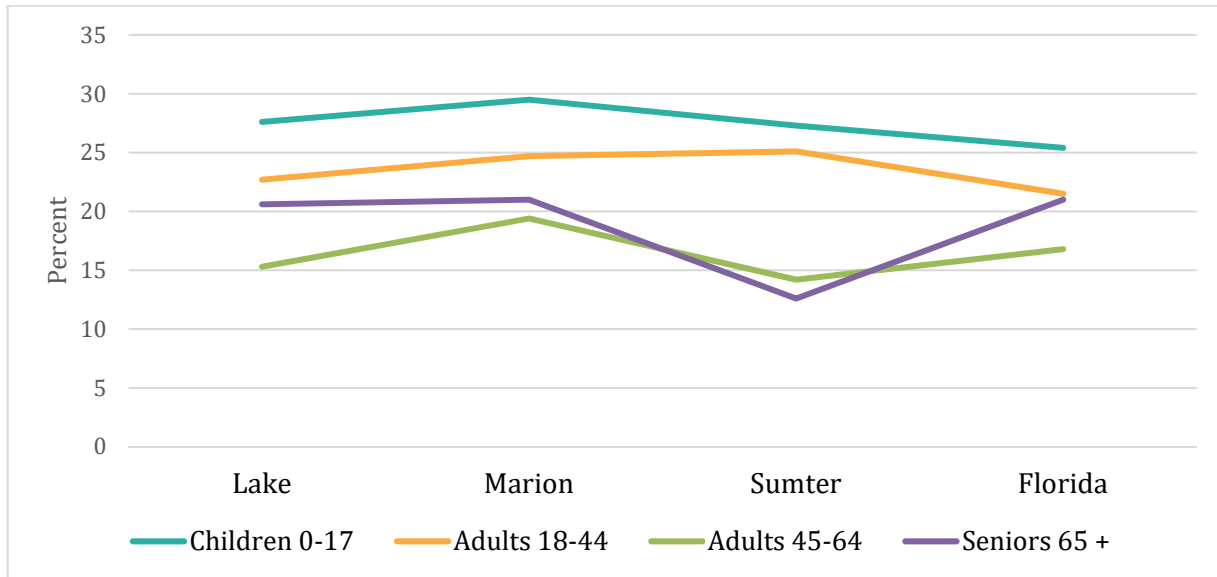
Source: Table 40, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

As in Florida and the CFH Service Area, differences in poverty rates were seen by race in TVRH Service Area. For 2013-2017, the estimated percentage of Blacks having lived in poverty in the past 12 months in TVRH Service Area was 33.8 percent compared to 8.9 percent for Whites. This percentage for Blacks was higher

than the CFH Service Area rate of 30.4 percent and the 24.8 state rate. Stark differences in poverty rates for Whites and Blacks were seen in the CFH Service Area counties. As seen in the table that follows, the percentage of the Black population in Marion County at 30.5 percent and in Sumter County at 26.3 percent having lived in poverty in the past 12 months exceeded the state rate of 24.8 percent. The poverty rate for Whites in Marion County at 15.5 percent also exceeded the state rate for Whites of 13.3 percent (Table 42).

TABLE 2. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS BY RACE IN POVERTY IN THE PAST 12 MONTHS, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2013-2017.

Area	White	Black
Lake County	11.4	20.3
Marion County	15.5	30.5
Sumter County	8.5	26.3
Florida	13.3	24.8

Source: Table 42, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

In TVRH Service Area, Sumter County per capita income and median household income exceeded the state figures as well as those for Lake and Marion Counties for 2013-2017 for all races. The same period, Blacks in Lake County showed higher median household incomes than for Blacks statewide. Whites in Sumter County recorded median household incomes higher than state and service area counties. The median household income for Lake County Hispanics at $43,624 was the highest among the LRMC Service Area counties but was still below the state figure of $44,196 (Table 46).

TABLE 3. PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME FOR ALL RACES, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2013-2017.

Indicator	Lake County	Marion County	Sumter County	Florida
Per Capita Income In the Past 12 Months (All Races)	$ 25,991	$ 23,598	$ 33,168	$ 28,774
Median Household Income (All Races)	$ 49,734	$ 41,964	$ 54,771	$ 50,883

Source: Tables 46 and 48, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

EDUCATIONAL ATTAINMENT

According to ACS estimates for 2013-2017, those in TVRH Service Area 25 years of age and older whose highest level of education completed was a high school diploma (including equivalency diplomas and some college but no degree) for all genders was 55.2 percent; the comparable state rate was 49.4 percent. Those with a college degree (including Associate's, Bachelor's, Master's, professional and doctorate degrees) for TVRH Service Area represented 36.4 percent of the population compared to 38.2 percent for Florida (Table 59). For the 2017-2018 school year, of TVRH Service Area counties Sumter County achieved the best high school graduation rate at 87.8 percent which exceeded the 86.1 state rate and outpaced Lake County at 84.1 percent and Marion County at 81.8 percent. Sumter County also recorded the lowest high school dropout rate for the service area for 2017-2018 at 3.6 percent, performing better than the state at 4.0 percent, and Lake and Marion Counties at 6.1 and 6.3 percent, respectively (Table 58).

MORTALITY AND MORBIDITY

The rates of mortality and morbidity are often referred to as the most direct measures of health and well-being of a community. To gain a better understanding of the current health status of TVRH Service Area population, the prevalence of diseases and quality of life were thoroughly examined. Below are some important data points related to the rates of mortality and morbidity in TVRH Service Area.

CAUSES OF DEATH

The top five leading causes of death in TVRH Service Area for all races in 2015-2017 were Cancer, Heart Disease, Unintentional Injuries, Chronic Lower Respiratory Disease (CLRD) and Stroke. For the CFH Service Area and the state of Florida the five leading causes of death were the same as for TVRH Service Area with a slight difference in rank order. Heart Disease was the leading cause of death for the CFH Service Area and Florida while Cancer was at the top of the list for TVRH and LRMC Service Areas (Tables 68, 73-78). As can be seen in the table below, age-adjusted death rates for the top five causes of death in TVRH, LRMC and CFH Service Areas were similar whereas vast differences were evident when compared to Florida rates.

TABLE 4. AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION FOR ALL RACES FOR TOP CAUSES OF DEATH BY THE VILLAGES REGIONAL HOSPITAL (TVRH) AND CENTRAL FLORIDA HEALTH (CFH SERVICE AREA (SA) AND FLORIDA, 2015-2017.

Cause of Death	TVRH SA		CFH SA		Florida	
	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population
Cancer	935	307.1	1,270	249.2	44,324	152.6
Heart Disease	890	281.0	1,236	232.7	45,656	152.8
Unintentional Injuries	551	325.7	634	220.1	11,891	53.2

Chronic Lower Respiratory Disease (CLRD)	286	117.5	393	87.8	12,079	40.0
Stroke	169	58.9	234	47.3	11,936	39.4

Source: Tables 73-78, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

Geographic disparities were found in the 2015-2017 TVRH Service Area age-adjusted death rates per 100,000 population for some leading causes of death. Belleview (34420 zip code) had the highest age-adjusted death rate for Cancer at 208.7 and highest rate for Heart Disease at 233.4 (Tables 73, 74). For Unintentional Injury deaths, again Belleview at 125.2 per 100,000 population recorded the highest rate in the service area at more than twice the state rate of 53.2 (Table 75).

Examination of age-adjusted death rates for leading causes of death in TVRH Service Area counties revealed some notable racial and ethnic disparities. Blacks in Sumter County had an age-adjusted death rate from Heart Disease (245.0) higher than any other racial or ethnic group in the service area and higher than the rate for Florida Blacks (169.0). Whites in Marion County had exponentially higher age-adjusted death rates from Heart Disease when compared to other racial and ethnic groups and counties in the service area. Across Lake, Marion and Sumter Counties, White age-adjusted death rates were higher from Cancer, Unintentional Injury and CLRD (Table 70, 71).

FIGURE 4. COMPARISON OF AGE-ADJUSTED DEATH RATES (AADR) PER 100,000 POPULATION FOR ALL RACES AND HISPANICS FOR LEADING CAUSES OF DEATH, CENTRAL FLORIDA HEALTH SERVICE AREA COUNTIES AND FLORIDA, 2015-2017 (L=LAKE, M=MARION, S=SUMTER, FL=FLORIDA).

	Cancer				Heart Disease				Unintentional Injury				CLRD				Stroke			
	L	M	S	FL	L	M	S	FL	L	M	S	FL	L	M	S	FL	L	M	S	FL
All Races	171	167	140	152	156	205	143	151	66.1	92.7	64.3	52.6	42.7	53.1	28.7	39.6	31.4	29.3	26	38.7
White	174	171	141	152	155	432	144	149	67.8	99.4	73	56.9	44.7	54.9	29.7	41.6	30.2	59.7	26.2	36.5
Black	150	136	144	157	169	218	245	169	45.7	58	36.7	37.7	22.2	31.7	23.6	25.6	46.9	42	36.7	56
Hispanic	118	94.9	130	118	110	183	59.8	129	29.1	77.7	59	33	16	27.4	9.2	23.8	34.9	29.1	21.5	37.9

Source: Tables 70, 71 *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

BEHAVIORAL RISK FACTORS

The presence of wise health behaviors and the absence of negative health decisions are the cornerstones of a healthy community. Towards this end, national and state governments have invested substantial resources to understand the health behaviors of residents. This Behavioral Risk Factors section details data on selected health behaviors. These data are collected annually at the national and state levels and in Florida at the county level every three years by telephone survey as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). Because BRFSS data are not available at the zip code level, data for select indicators are presented at the county level for Lake, Marion and Sumter Counties to illustrate health behaviors in TVRH Service Area. Categories of health behaviors are presented in alphabetical order below. The BRFSS data are provided in their entirety in Table 126 of the *2019 Central Florida Health Community Health Needs Assessment Technical Appendix.*

CANCER SCREENINGS

Women in TVRH Service Area counties reported lower rates of cervical cancer screenings. The percentage of women 18 years of age and older who received a Pap test in the past year was 40.9 percent in Lake County, 47.1 percent in Marion County, and 37.3 percent in Sumter County; the state rate was 48.4 percent. Similarly, a lower percentage of women aged 21 to 65 had a Pap test in the past three years in Lake, Marion and Sumter Counties at 73.5, 76.9 and 74.0 percent, respectively, compared to 78.8 percent for the state. Fewer women in the LRMC Service Area reported having received a Human Papilloma Virus (HPV) test in the past five years. At 18.1 percent, the Sumter County rate is half the state rate of 36.7 percent while Lake County women at 32.8 percent and Marion County women at 26.2 percent also fall short.

Prostate-specific Antigen Test (PSA) testing rates among men aged 50 and older were higher across TVRH Service Area counties. In Sumter County 77.6 percent of men reported having had a PSA test in the past two years compared to 54.9 percent statewide and 55.5 percent in Lake County and 59.1 percent in Marion County. The percentage of men aged 50 years and older who had ever had a PSA test in the all three of the service area counties exceeded the 67.5 state rate. Sumter County men had the highest rate at 90.5 percent, followed by Marion County at 72.3 percent and Lake County at 70.3 percent (Table 126).

Adults over the age of 50 years in TVRH Service Area reported higher rates for colorectal cancer screening. At 44.5, 41.4, and 47.4 percent Lake, Marion and Sumter County adults, respectively, had higher rates of blood stool testing than the 36.0 percent state rate. Likewise, adults aged 50 and older in Lake, Marion and Sumter Counties had higher than state rates for ever having had a sigmoidoscopy or colonoscopy at 71.9, 71.9, and 85.5 percent, respectively, compared to 69.2 percent for Florida (Table 126).

CARDIOVASCULAR DISEASE

In 2016, adults in TVRH Service Area reported higher than state rates of cardiovascular problems. While 3.5 percent of adults statewide and in Sumter County reported ever having had a stroke, 5.0 percent of Lake County and 4.6 percent of Marion County adults had had a stroke. Among Sumter County adults, 18.0 percent reported ever having had a heart attack, angina or coronary heart disease or stroke, which is significantly higher than the state rate of 9.8 percent. At 13.3 percent Lake County adults and at 14.0 percent Marion County adults also exceed the state rate. When having had a heart attack was reported alone, the Sumter County rate of 10.1 percent was almost twice the state's rate of 5.2 percent. Again, Lake County and Marion County rates at 8.0 and 8.6 percent were also higher than the state rate (Table 126).

DIABETES

In 2016, the percentage of adults who reported having diagnosed diabetes in Lake County was 12.5 percent, 16.6 percent in Marion County, and 16.4 percent in Sumter County. All rates exceeded the 11.8 percent state rate with differences of 5.9 percent, 40.7 percent, and 39.0 percent for Lake, Marion and Sumter Counties, respectively. Adults in TVRH Service Area counties reported having pre-diabetes at higher percentages than the 9.4 percent state rate. The percentage of adults with pre-diabetes in Lake County was 12.1 percent, 10.2 percent in Marion County, and 13.3 percent in Sumter County (Table 126).

HEALTH CARE ACCESS AND INSURANCE COVERAGE

As would be expected with the population demographics in TVRH Service Area, in 2016 the percentage of adults who had Medicare exceeded the 37.9 percent state rate in all three service area counties. Sumter County reported the highest percentage of Medicare recipients at 76.5 percent which is twice the state rate. About 47.5 percent of Lake County adults and 51.3 percent of Marion County adults reported having Medicare. Relatedly, the percentage of adults who reported having any type of health insurance coverage in the three service area counties was similar or exceeded the state rate. Cost was reported as barrier to seeing a doctor in the past year by 17.1 percent of Lake County adults and 19.2 percent of Marion County adults which was somewhat higher than the state rate at 16.6 percent. Higher percentages of Lake, Marion and Sumter County adults reported having had a medical checkup in the past year when compared to state rates.

In 2016, BRFSS indicators point to oral health problems in TVRH Service Area. The percentage of Lake and Marion County adults who had seen a dentist in the past year fell below the state's 63.0 percent at 57.2 and 59.4 percent, respectively. Sumter County adults outperformed the state rate for that indicator by almost 20 percent at 75.2 percent. However, Sumter County adults reported having had a permanent tooth removed because of decay or gum disease at the highest rate for the service area (65.3 percent) and exceeded the state rate of 47.3 percent by 38 percent. By comparison, 52.7 and 58.5 percent of Lake and Marion County adults reported this tooth removal, also exceeding the state rate (Table 126).

HEALTH STATUS AND QUALITY OF LIFE

Across TVRH Service Area in 2016, the percentage of adults who reported poor physical health on 14 or more of the past 30 days exceeded the state rate of 12.9 percent. At 19.6 percent, Marion County adults had the highest rates followed by Sumter County at 15.5 percent and Lake County at 15.4 percent. Relatedly, the average number of unhealthy physical days in the past 30 days reported was highest in Marion County at 5.7 days, followed by 4.7 days in Sumter County and 4.3 days in Lake County; the state average was 4.0 days. Among the three LRMC Service Area counties, Marion County adults reported the poorest health-related quality of life indicators with 25.7 percent reporting that their overall health was "fair" or "poor," 12.9 percent reporting having had poor mental health on 14 or more of the past 30 days, and 26.2 percent whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Table 126).

HIV/AIDS

In 2016, the percentage of adults under the age of 65 who reported ever having been tested for the Human Immunodeficiency Virus (HIV) in TVRH Service Area was lower than state rates at 48.4 percent in Lake County, 54.0 percent in Marion County, and 46.1 percent in Lake County compared to 55.3 percent statewide (Table 126).

IMMUNIZATIONS

Overall, self-reported immunization rates—including those adults who have received a flu shot, a pneumococcal, and/or a tetanus vaccination in the past year and/or ever—across all three counties in TVRH Service Area are either similar or better than those for the state as a whole. For example, in 2016 the

percentage of adults who reported that they received a flu shot in the past year was 40.3 percent in Lake County, 36.5 percent in Marion County, and 58.5 percent in Sumter County while the state rate was 35.0 percent (Table 126).

OVERWEIGHT AND OBESITY AND PHYSICAL ACTIVITY

In 2016, statewide 63.2 percent of adults reported being overweight or obese. Percentages in TVRH Service Area counties exceeded that rate. In Sumter County, 73.1 percent of adults reported being overweight or obese while 64.8 percent and 68.2 percent of adults in Lake County and Marion County, respectively, reported being overweight or obese. When taken separately, obesity rates for the three service area counties all exceeded state rates. Similarly, the percentage of adults who reported being overweight exceeded state rates for all but Lake County at 32.2 percent compared to 35.8 percent statewide.

In TVRH Service Area, only Marion County adults reported being sedentary at a rate higher than the state rate; that is, 36.0 percent compared to 29.8 percent. In Sumter County when compared to state rates, 38 percent fewer adults reported being inactive or insufficiently active and 36 percent more adults reported meeting aerobic recommendations (Table 126).

SUBSTANCE AND TOBACCO USE

In 2016 the percentage of adults who engaged in heavy or binge drinking was below the state rate of 17.5 percent in all three counties with Lake County at 15.8 percent, Marion County at 14.2 percent and Sumter County at 11.9 percent. Similarly, reported marijuana or hashish use in the past 30 days among adults in TVRH Service Area counties was below the 7.4 percent state rate with Lake County at 7.0 percent, Marion County at 4.1 percent and Sumter County at 1.9 percent. Lake County and Marion County had higher rates of current smokers at 19.2 and 19.1 percent, respectively, compared to the state rate of 15.5 percent and Sumter County's low rate of 8.0 percent. All three service area counties had lower than state rates for adults who had never smoked at 47.7, 52.8 and 43.5 percent for Lake, Marion, and Sumter Counties, respectively, compared to 58 percent statewide. The percentage of current e-cigarette use in Marion County at 5.1 percent was higher than the state 4.7 percent state rate (Table 126).

MATERNAL AND INFANT HEALTH

From 2015-2017 there were 3,278 births for all races in TVRH Service Area. There were 41 infant deaths for the same period. Infant death rates for all races, Whites, Blacks and Hispanics were higher than state rates for the corresponding racial and ethnic groups in TVRH Service Area as well as the larger CFH Service Area. For comparison, the infant death rate per 1,000 live births for Whites in TVRH Service Area was 9.3 while the CFH Service Area rate was 7.6 and state rate was 4.4. For Blacks those infant death rates per 1,000 live births were 21.0, 15.9 and 11.3, respectively (Tables 105, 106).

The percentage of low birthweight births for all races in TVRH Service Area was 10.6 percent, which was somewhat higher than the CFH Service Area rate of 9.5 percent and state of Florida rate of 8.7 percent. Low birthweight births occurred at a higher rate among Blacks in both TVRH and CFH Service Areas at 18.4 and 17.5 percent, respectively; the comparable state rate for low birthweight births among Blacks was 13.6

percent (Table 107). From 2015-2017, Black women in TVRH Service Area had higher rates of first trimester care at 73.6 percent than for TVRH Service Area Whites at 70.0 percent and Hispanics at 71.3 percent (Table 108).

While teen birth rates in TVRH Service Area have decreased from 2013-2017, the 2015-2017 rates remained higher than state rates for all races and Hispanics. For all races, the 2015-2017 teen birth rate in TVRH Service Area was 2.2 percent (71 births) compared to 1.8 percent (45) for Whites, 3.3 percent (22 births) for Blacks and 1.8 percent (13 births) for Hispanics. The CFH Service area rate for the same period for all races was 2.0 percent (117 births) compared to the state rate of 1.3 percent (Table 109). For the purpose of this indicator, teens are defined as young women aged 15-17 years.

TABLE 5. MATERNAL HEALTH INDICATORS BY RACE AND ETHNICITY, THE VILLAGES REGIONAL HOSPITAL (TVRH) AND CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA (SA) AND FLORIDA, 2015-2017.

Indicator	TVRH SA				CFH SA				Florida			
	All	White	Black	Hispanic	All	White	Black	Hispanic	All	White	Black	Hispanic
Total Births	3,278	2,463	667	468	5,929	4,618	1,069	816	672,870	479,283	148,315	196,023
Infant Deaths	41	23	14	3	57	35	17	5	4,135	2,101	1,669	1,012
Infant Death Rate	12.5	9.3	21.0	6.4	9.6	7.6	15.9	6.1	6.1	4.4	11.3	5.2
Low Brthwght.	347	211	123	36	565	360	187	52	58,727	34,503	20,207	14,271
Low Brthwght. (%)	10.6	8.6	18.4	7.7	9.5	7.8	17.5	6.4	8.7	7.2	13.6	7.3
1st Trimester Care (%)	70.5	70.0	73.6	70.3	72.9	73.2	72.6	70.5	70.2	72.7	62.8	71.0

Source: Tables 105-108, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

MENTAL HEALTH

Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence, and suicide. The following are key findings in regards to mental health for TVRH Service Area:

- Since 2015, the rates of hospitalizations per 1,000 population for mental health reasons for all ages, those aged 0-17, and those 18 years of age and older in Florida remained higher than for residents TVRH Service Area and CFH Service Area (Table 96).

- Rates of emergency department (ED) visits per 1,000 population for mental health reasons by TVRH and CFH Service Area residents of all ages and those 18 years of age and older were lower than state rates for 2015-2017. ED visit rates for mental health reasons for children aged 0-17 were higher than state rates for all three years in the reporting period for TVRH Service Area residents (Table 97).

- Suicide ranked among the leading causes of death for 18-44 year olds in TVRH Service Area in 2016 by county. Those crude death rates per 100,000 for suicide exceeded state crude rates. Crude death rates for suicide were 17.1, 26.1 and 16.4 for Lake, Marion, and Sumter County residents 18-44 years of age; the comparable state rate was 15.6 per 100,000 population (Table 87).

- According to recent BRFSS data, the percentage of adults in Lake, Marion and Sumter Counties exceeded the state rate for those who reported being limited in any way in any activities because of physical, mental or emotional problems at 23.6, 29.2, and 27.2 percent, respectively, compared to 21.2 percent statewide. About 12.5 percent of Lake County adults and 12.9 percent of Marion County adults also reported having had poor mental health on 14 or more of the past 30 days. By comparison, Sumter County adults had about half the rate at 6.7 percent while the state rate was 11.4 percent (Table 126).

- The rate per 100,000 population of domestic violence offenses in 2017 was much higher in Marion County at 875.4 than in Florida as a whole at 520.4. The rates in Lake County of 511.1 and in Sumter County at 303.4 were lower than both the 2017 Marion County and Florida rates (Table 104).

Numbers and rates of involuntary exam initiations, also referred to as Baker Acts, in the three TVRH Service Area counties for 2009-2015 are displayed in the table below. Lake and Sumter County rates are below state rates per 100,000 population for the reporting period. Marion County Baker Act rates exceeded state rates early in the reporting period then dropped beginning in 2012 (Table 99).

TABLE 6. NUMBER AND RATE PER 100,000 POPULATION OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF CENTRAL FLORIDA HEALTH SERVICE AREA COUNTIES AND FLORIDA, 2009-2015.

Year	Lake County		Marion County		Sumter County		Florida	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
2009	1,908	646.4	2,829	855.2	292	321.0	136,120	727.5
2010	1,899	638.6	3,050	920.6	330	350.2	143,347	761.7
2011	2,033	681.1	3,073	925.7	354	363.3	150,466	794.4
2012	2,049	682.3	2,702	810.3	340	335.7	157,352	823.0
2013	2,152	706.2	2,806	836.2	397	372.5	171,744	889.2
2014	2,193	704.2	3,073	908.4	469	417.0	181,471	926.8
2015	2,451	769.9	3,141	917.6	439	377.0	193,410	972.0

Source: Table 99, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

HEALTHCARE ACCESS AND UTILIZATION

Although health insurance and access to healthcare services do not necessarily prevent illness, early intervention and long-term management resources can help to improve and maintain quality of life and minimize premature death. It is therefore useful to consider insurance coverage and healthcare access in a community health needs assessment. The *2019 Central Florida Health Community Health Needs Assessment Technical Appendix* includes data on insurance coverage, Medicaid eligibility, healthcare resources and usage as well as healthcare expenditures by payor source. Key findings from these data sets are presented in sections below.

SHORTAGE AND MEDICALLY UNDERSERVED AREAS

A Health Professional Shortage Area (HPSA) is defined as a geographic area, population group or facility designated by the U.S. Department of Health and Human Services Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers. A HPSA may be a geographic area such as a county or service area, represent a specific demographic such as low income population, or be a designated institution such as a Federally Qualified Health Center. The score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100% of the federal poverty level, infant mortality rate or low birthweight rate (depending on which score is higher), and travel time or distance to nearest available source of care (also, depending on which score is higher). The scores range from 0 to 26, where the higher the score signifies the greater the priority.

- The **dental** HPSA's for Lake County, Marion County and Sumter County include three (3) population groups, two (2) correctional facilities, one comprehensive health center, three (3) single counties, a rural health center, one Federally Qualified Health Center (FQHC) Look-Alike, and one FQHC. The types of HPSAs with the greatest priority for all three (3) counties are the FQHC Look-Alike GCHN-Umatilla Health Clinic with a score of 20 and the Low Income HPSA Population in Sumter County also with a score of 20, followed by the Low Income/Migrant Farmworker Population in Marion County, scoring 18 (Table 134).
- The **mental health** HPSA's for Lake, Marion and Sumter Counties include three (3) population groups, one correctional facility, one comprehensive health centers, three (3) single counties, a rural health center, a FQHC Look-Alike, and a FQHC. The type of HPSA with the greatest priority includes Low Income HPSA Populations in Sumter County and Marion County with scores of 17 each (Table 134).
- The **primary care** HPSA's for Lake, Marion and Sumter Counties include three (3) population groups, two (2) correctional facilities, one FQHC Look-Alike, two (2) FQHCs, three (3) rural health centers, and two (2) single counties. The type of HPSA with the highest priority score is the Low Income HPSA Population in Sumter County, which had a score of 18 (Table 134).

A medically underserved area (MUA) may be a whole county or a group of contiguous counties, a group of civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. The lowest possible score is zero (0) and indicates the highest need while the highest score of 100 indicates areas of lowest need. As of 2019, in the CFH Service Area the MUA with the greatest need is located in North Lake County with a score of 45.6. Sumter County was close behind with a score of 46.6 while Marion County scored 50.9 (Table 134).

HEALTHCARE FACILITIES

A variety of licensed healthcare service facilities are located in the CFH Service Area counties. As an example, in 2019 there were 47 assisted living facilities in Lake County, 34 in Marion County and 13 in Sumter County all exceeding the calculated rate per 100,000 population for Florida. CFH Service Area counties fall somewhat short of state rates for adult day care centers and are on par with state rates per 100,000 population for hospitals (Table 138).

Numbers and rates per 100,000 population of hospital beds and nursing home bed in the three CFH Service Area counties are displayed in Figures 5 and 6 below. While county rates fell short of the 2018 state rate of 306.3 hospital beds per 100,000 population, notable gains were made in Marion and Sumter Counties resulting in rates of 267.9 and 275.9, respectively (Table 139). The rate per 100,000 population of nursing home beds available in 2017 was highest in Lake County at 448.7, followed by Marion County at 426.1 both surpassing the state rate of 407.6. Sumter County had far fewer nursing home beds with a rate of 348.6 resulting in an almost 30 percent difference when comparted to Lake County (Table 139).

FIGURE 5. TOTAL HOSPITAL BEDS PER 100,000 POPULATION, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2009-2017.

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lake County	224.6	231.4	232.2	250.7	247.1	241.8	251.6	243.9	244
Marion County	238.5	236.9	236.5	247.4	250.6	251.6	260.3	261.4	262.2
Sumter County	217.6	210.1	269.9	259.7	246.7	233.8	272.2	282.2	273.5
Florida	321.0	320.1	319.1	319.8	320.4	316.8	313.9	312.4	312.3
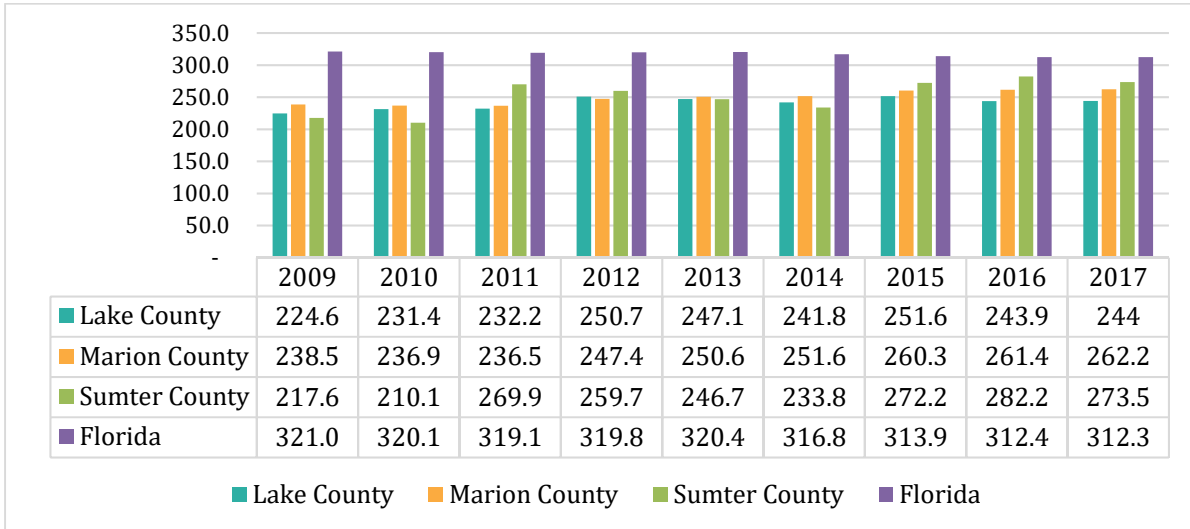
Source: Table 139, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 6. TOTAL NURSING HOME BEDS PER 100,000 POPULATION, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2009-2017.
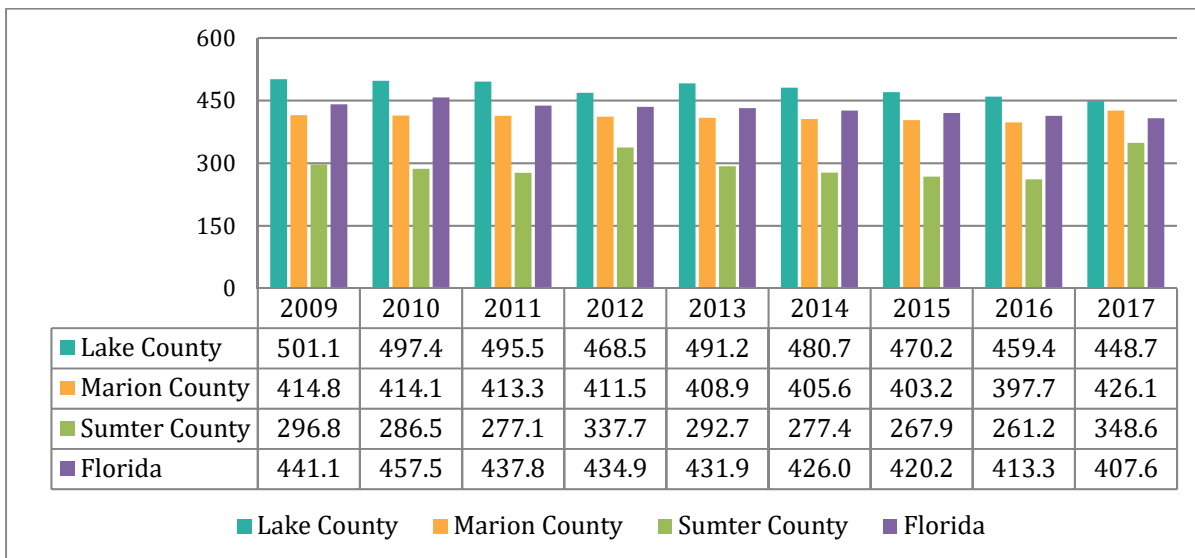
	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lake County	501.1	497.4	495.5	468.5	491.2	480.7	470.2	459.4	448.7
Marion County	414.8	414.1	413.3	411.5	408.9	405.6	403.2	397.7	426.1
Sumter County	296.8	286.5	277.1	337.7	292.7	277.4	267.9	261.2	348.6
Florida	441.1	457.5	437.8	434.9	431.9	426.0	420.2	413.3	407.6

Source: Table 139, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

PHYSICIAN AVAILABILITY

In 2017-2018, rates of total physicians per 100,000 population dropped for all three CFH Service Area Counties thus remaining below the state rate of 310.6; the Lake, Marion and Sumter County rates were 227.5, 208.2 and 121.8 per 100,000 population, respectively. Notably, the 2017-2018 Sumter County rate of total physicians was 155 percent below the state rate. While rates of total physicians dropped, there were small gains in rates of family practice physicians in all three CFH Service Area Counties (Table 140). Despite lower rates of total physician availability, the percentage of adults in 2016 who reported having a personal doctor was 75.6 percent in Lake County and 77.4 percent in Marion County while topped by Sumter County at 90.4 percent; all outperforming the state rate of 72.0 percent (Table 126).

Dentists were also in short supply in the CFH Service Area. For the reporting period of 2008-2018 in Lake, Marion and Sumter Counties, numbers of dentists increased slightly but did not keep pace with population growth causing rates per 100,000 population to remain below state rates. In 2017-2018, the rate of dentists per 100,000 population for Florida was 55.8 compared to 39.6, 37.2, and 24.2 in Lake, Marion, and Sumter Counties, respectively (Table 141). In 2016, only 57.2 and 59.4 percent of adults in Lake County and Marion County, respectively, reported having seen a dentist in the past year. While Lake and Marion County fell below the state percentage of 63.0, Sumter County adults exceeded the rate at 75.2 percent (Table 126).

UNINSURED

In Florida, the percentage of adults 18-64 years of age who were uninsured began to drop noticibly in 2013 when provisions of the Patient Protection and Affordable Care Act were fully in effect. Since then, uninsured rates in the three CFH Service Area counties have hovered at or near the 18.4 percent state rate as illustrated in Figure 7 below. The highest rate of uninsured adults 18-64 years of age was found in Marion County at 19.4 percent. The same trend is evident for those under 19 years of age. However, those rates were lower at 5.6, 6.4, and 6.4 percent for Lake, Marion and Sumter Counties and a state rate of 6.6 percent (Table 52).

The 2013-2017 ACS data show an estimated uninsured rate of 7.0 percent in TVRH Service Area. Highest uninsured rates in TVRH Service Area were reported for Belleview (34420 zip code) at 15.3 percent and Leesburg (34748 zip code) at 10.4 percent. The lowest uninsured rate was found in The Villages (32162 zip code) at 0.8 percent. The CFH Service Area uninsured rate was reported at 8.9 percent (Table 54).

In 2016 according to the BRFSS, about 17.1 percent of Lake County adults and 19.2 percent of Marion County adults said they could not see a doctor in the past year due to cost. The state rate was 16.6 percent. Only 6.9 percent of Sumter County adults reported cost as a barrier to seeing a doctor as might be expected with Sumter County's the high percentage of insured population (Table 126).

FIGURE 7. PERCENT UNINSURED, 18-64 YEARS OF AGE POPULATION, CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA, 2009-2016.
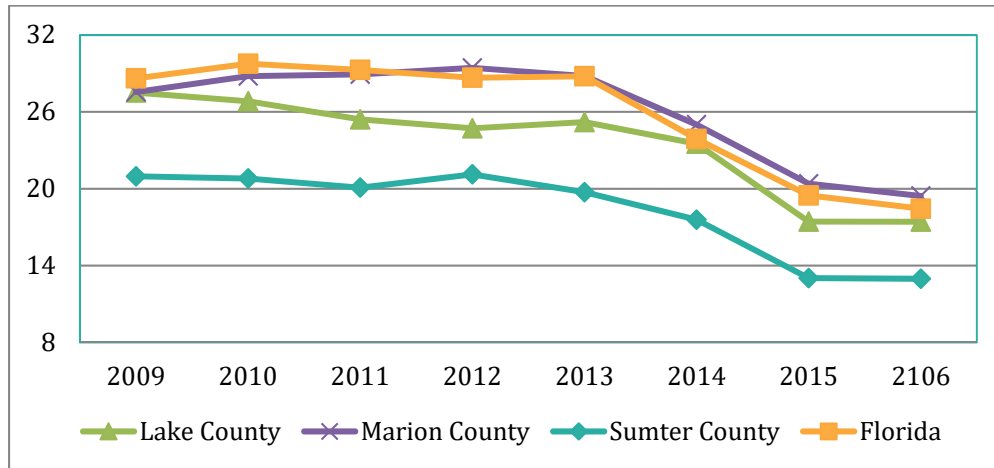
Source: Table 52, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

MEDICAID

For the purpose of data collection and reporting, the Florida Agency for Health Care Administration (AHCA) Medicaid Program Office terms those who are enrolled in the Medicaid medical assistance program as Medicaid Eligibles. As shown in the following table for 2012-2014, the percent of the population in TVRH Service Area who were Medicaid eligible was lower than the state percent for all three years (Table 135). Further review of Medicaid eligible population data by age groups in the individual counties in the CFH Service Area showed pockets of high enrollment. In 2018, in Sumter County 61.1 percent of the population 0-18 years of age were Medicaid eligible as were 60.1 percent of those of the same age in Marion County; the comparable state rate was 48.5 percent. At the other end of the age spectrum for those aged 65 years and older the state rate was 14.5 percent whereas in Lake, Marion and Sumter Counties the rates were considerably lower at 8.1, 9.3, and 2.2 percent, respectively (Table 136).

TABLE 7. NUMBER OF MEDICAID ELIGIBLES AND PERCENT OF TOTAL POPULATION BY THE VILLAGES REGIONAL HOSPITAL (TVRH) AND CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA (SA) AND FLORIDA AS OF DECEMBER OF EACH YEAR, 2012-2014.

Area	Total Population	Medicaid Eligibles	
		Number	Percent
2012			
TVRH SA Total	174,761	20,213	11.6

Area	Total Population	Medicaid Eligibles	
		Number	Percent
CFH SA Total	270,754	36,730	13.6
Florida	19,016,069	3,347,866	17.6
2013			
TVRH SA Total	175,223	20,831	11.9
CFH SA Total	272,024	37,068	13.8
Florida	19,203,613	3,431,979	17.9
2014			
TVRH SA Total	181,082	22,861	12.6
CFH SA Total	276,937	40,947	14.8
Florida	19,383,475	3,747,147	19.3

Source: Table 135, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

INSURANCE UTILIZATION

For 2015-2017 in TVRH Service Area, Medicare as the payor source covered the largest percent of discharges and patient days. In 2017, those rates were 73.6 percent of discharges and 75.0 percent of patient days. For comparison, state rates were 45.8 percent and 51.3, respectively, for 2017. Private Insurance as the payor source ranked as the next highest with 11.4, 11.4 and 10.9 percent of discharges in for the same three-year period. Medicaid as the payor source decreased slightly over the three year period, The percentage of discharges with Medicare as the payor increased somewhat in the CFH Service Area as did the Veterans Administration/Tricare as payor to about 1.8 percent of discharges (Table 145).

INPATIENT UTILIZATION

In TVRH Service Area in 2017, the highest rate of hospital discharges at 26.4 percent was seen for residents of The Villages (32162 zip code). Close behind were residents of Leesburg (34748 zip code) at 23.7 percent of discharges. The average length of stay (ALOS) was longest for residents of Leesburg (34748 zip code) and Wildwood (34785 zip code) both at 5.4 days. The ALOS for TVRH Service Area and CFH Service Area was 5.1 days, compared to the Florida as a whole at 4.9 days (Table 144).

TABLE 8. TOTAL NUMBER AND PERCENT OF DISCHARGES AND PATIENT DAYS BY ZIP CODE FOR THE VILLAGES REGIONAL HOSPITAL (TVRH), CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA (SA) AND FLORIDA, CALENDAR YEAR 2017.

Area	Discharges	Discharge Rate Per 1,000 Population	Percent of Discharges	Patient Days	Percent of Patient Days	ALOS
			2017			
			TVRH SA			
32162 The Villages (S)	8,416	168.7	26.4	40,976	25.1	4.9
32159 Lady Lake (L)	5,454	181.9	17.1	28,509	17.4	5.2
34491 Summerfield (M)	4,194	147.9	13.1	20,844	12.7	5.0
32163 The Villages (S)	2,001	85.5	6.3	9,286	5.7	4.6
34748 Leesburg (L)	7,564	180.4	23.7	40,986	25.1	5.4
34785 Wildwood (S)	2,130	183.2	6.7	11,607	7.1	5.4
34420 Belleview (M)	2,180	132.0	6.8	11,302	6.9	5.2
TVRH SA Total	31,939	158.3	1.2	163,510	1.3	5.1
			Service Area Compared to State			
CFHA SA Total	48,366	157.1	1.9	246,355	1.9	5.1
Florida	2,612,926	126.7	100.0	12,820,494	100.0	4.9

Note: ALOS = Average Length of Stay, L = Lake County, M = Marion County, S = Sumter County
Source: Table 144, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

AVOIDABLE HOSPITALIZATIONS

For residents under the age of 65 in TVRH Service Area, the most common reason for an avoidable discharge was dehydration accounting for 30.2, 39.7 and 35.3 percent of avoidable discharges in 2015, 2016 and 2017. During that period other conditions consistently among the top reasons for avoidable discharges were Cellulitis, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, and Nutritional Deficiencies (Table 149). In TVRH Service Area, Wildwood (34785 zip code) and Leesburg (34748 zip code) saw the highest avoidable discharge rates per 1,000 population at 25.6 and 23.1 percent, respectively, for 2017 (Table 147). Medicare was the payor source for the largest percent of avoidable discharges among those less than 65 years of age in TVRH Service Area in 2017 reaching 34.0 percent. The CFH Service Area rate was 31.3 percent while for Florida as a whole is was 22.2 percent (Table 148).

While the 2017 rate of preventable dental hospitalizations for TVRH and CFH Service Areas at 0.7 per 1,000 population was a little lower than the state rate of 0.8, it is noteworthy to mention that in TVRH Service Area residents accumulated 144 preventable dental hospitalizations, representing 85.2 percent of all dental hospitalizations (Table 143).

EMERGENCY DEPARTMENT (ED) VISITS

In 2017, Medicare was the largest payor source for ED visits in TVRH and CFH Service Areas, covering 38.2 and 33.0 percent of ED visits, respectively. In Florida as a whole for 2015-2017 the largest payor for ED visits was Medicaid at 34.3, 33.8 and 32.4 percent for those three years, respectively. (Table 151).

The most commonly reported main reason for an ED visit in TVRH Service Area from 2015-2017 was unspecified chest pain, which accounted for 5.5 percent of ED visits in 2017. However, the vast majority of reasons, 77.7 percent in 2017, were categorized as "other" as they were not assigned an International Statistical Classification of Diseases (ICD) 9 or ICD 10 code (Table 152).

There were 69,946 avoidable ED visits made in 2017 by TVRH Service Area residents for an avoidable ED visit rate per 1,000 population of 152.9. That rate was lower than the CFH Service Area of 164.2 but both were lower than the state rate of 190.3. Within TVRH Service Area, the highest rates were found in Belleview (34420 zip code) at 263.6, in Summerfield (34491 zip code) at 240.1 and in Wildwood (34785 zip code) at 239.2 per 1,000 population (Table 150).

Recent rates of ED visits per 1,000 population for mental health reasons in TVRH Service Area for all ages at 55.6, children aged 0-17 years at 12.0, and adults 18 years of age and older at 61.4 were lower than CFH Service Area rates of 60.9, 13.8, and 68.0, respectively. Rates in both service areas were lower than state rates for the three aforementioned age groups; comparable state rates were 71.2, 12.3, and 85.6 for the same time period of 2017 (Table 97).

In 2017, TVRH Service Area residents made 1,732 preventable ED visits for dental reasons, which amounted to 95.7 percent of all dental ED visits. TVRH Service area preventable dental ED visit rate per 1,000 population was 8.6 in 2017; the state rate was also 8.6. In that same period within in TVRH Service Area, Belleview (34420 zip code) had more than twice the service area and state rates at 20.5, followed by Summerfield (34491 zip code) at 14.8 per 1,000 population (Table 142).

READMISSIONS

As seen in Figure 8 below, home self-care at 45.0 percent, skilled nursing facility (SNF) at 29.0 percent, and home health services at 20.0 percent accounted for the majority of initial discharges and readmissions at TVRH in fiscal year 2018. Together, intermediate care facilities, home and medical facility hospices, federal facilities, short-term care, transfers from rehabilitation facilities, and another types of health care institutions account for about six (6.0) percent of discharges and readmissions to TVRH. The total number of readmissions was 1,548. Similarly, the readmission rates for those persons initially discharged from The Villages Regional Hospital (TVRH) and later readmitted to LRMC were comparable to the rates of initial discharges and readmissions for TVRH as the initial and readmit hospital as displayed in Figure 9 below. As such, home self-care at 48 percent, SNF at 23 percent, and home health services at 19 percent accounted for roughly 90 percent of initial discharges from TVRH and readmissions to LRMC. Readmissions totaled 194 (Table 156).

In fiscal years 2016, 2017 and 2018, thirty (30)-day aggregate hospital-wide (all-cause) unplanned readmissions accounted largest portion of readmissions for LRMC as the initial and readmitting facility at

77.9, 74.0 and 75.6 percent, respectively. The next largest cause was 30-day heart failure at 7.2, 9.6 and 7.6, respectively for the same time period. This trend also held true for TVRH as the initial hospital with LRMC as the readmission facility as can be seen in the table that follows (Table 161).

FIGURE 8. PERCENT OF READMISSIONS BY INITIAL DISCHARGE STATUS AND READMISSION DISCHARGE STATUS, THE VILLAGES REGIONAL HOSPITAL (TVRH) AS INITIAL AND READMISSION HOSPITAL, FISCAL YEAR 2018.
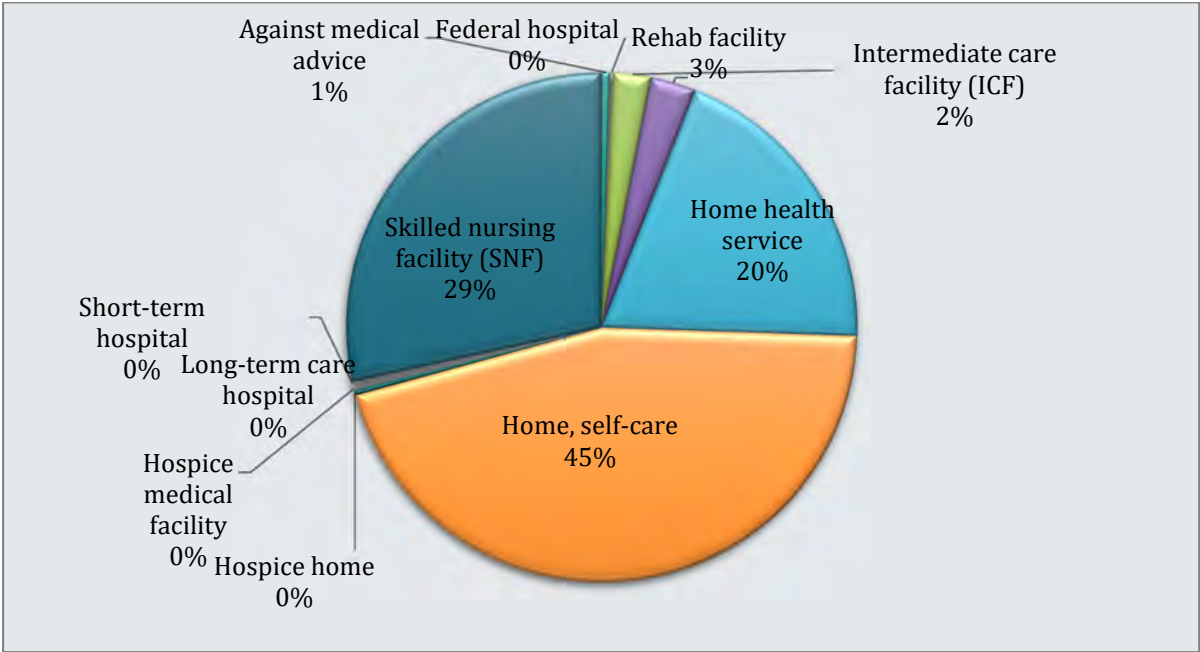
Source: Table 156, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

FIGURE 9. PERCENT OF READMISSIONS BY INITIAL DISCHARGE STATUS AND READMISSION DISCHARGE STATUS, THE VILLAGES REGIONAL HOSPITAL (TVRH) AS INITIAL AND LEESBURG REGIONAL MEDICAL CENTER (LRMC) AS READMISSION HOSPITAL, FISCAL YEAR 2018.
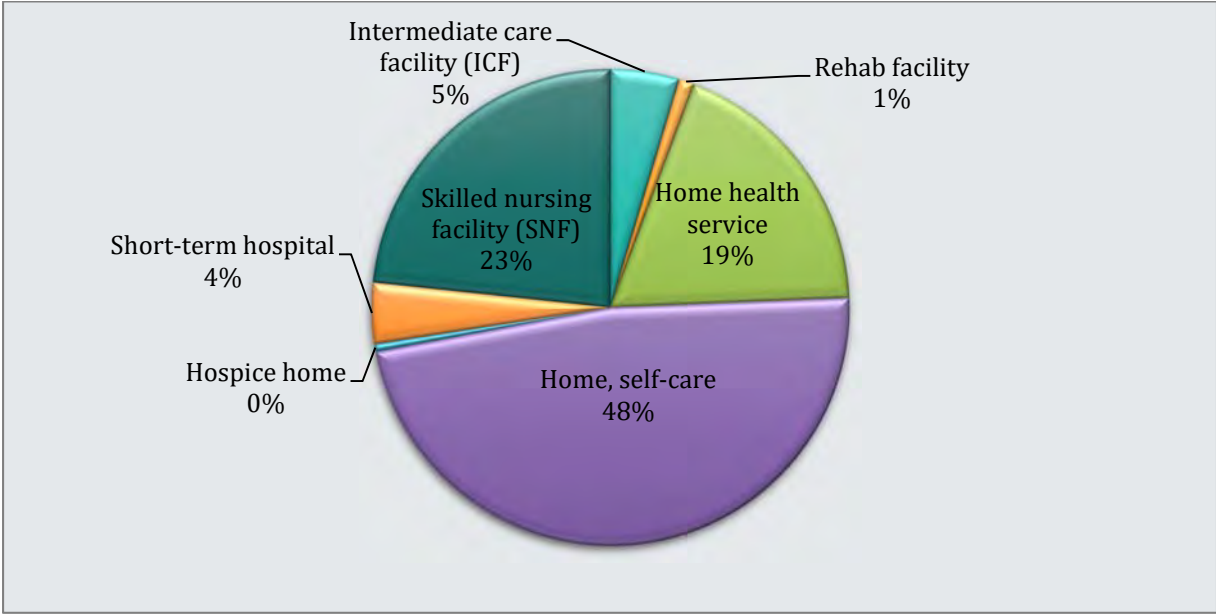
Source: Table 156, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

TABLE 9. PERCENT OF TOTAL READMISSIONS BY CAUSE FOR LEESBURG REGIONAL MEDICAL CENTER (LRMC) AND THE VILLAGES REGIONAL HOSPITAL (TVRH) AS INITIAL AND READMISSION HOSPITALS, 2016-2018.

Cause	LRMC/LRMC			LRMC/TVRH			TVRH/LRMC			TVRH/TVRH		
	2016	2017	2018	2016	2017	2018	2016	2017	2018	2016	2017	2018
30-Day AMI	3.2	3.3	3.4	6.2	3	6.2	4.6	4.2	2.1	4.1	3	3.2
30-Day COPD	4.5	4.9	7.7	2.5	4.3	5.2	2.9	2.6	4.2	4.9	5	4.1
30-Day Heart Failure	7.2	9.6	7.6	4.5	5.6	3.3	9.1	9.5	9.4	6.9	8.1	8.5
30-Day Pneumonia	3.2	3	2.4	4.1	3	1.9	4.6	3.2	3.6	4.5	3.8	4.1
30-Day Stroke	1.6	1.9	0.9	2.1	3	2.8	5.1	3.2	3.1	1.1	1.2	1.4
30-Day Aggregate HWR	77.9	74	75.6	74	74.9	75.4	73.1	76.7	73.4	77.8	78.3	76.9
30-Day THA or TKA	2.4	3.2	2.3	6.6	6.1	5.2	0.6	0.5	4.2	0.8	0.6	1.8

Notes: Initial hospital is listed first, readmission hospital is listed second; AMI = Acute Myocardial Infarction, COPD = Chronic Obstructive Pulmonary Disease, HWR = Hospital-wide all cause unplanned Readmission, THA = Total Hip Arthroplasty, TKA = Total Knee Arthroplasty

Source: Table 161, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH), a collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest". Health is viewed as a multifactorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

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

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

The County Health Rankings are available for 2010 through 2019. In the latest rankings, out of 67 counties in the state, Lake County ranked 26th for health outcomes and 23rd for health factors for an overall ranking of 26th. Marion County ranked 52nd for health outcomes and 40th for health factors, earning an overall ranking of 52. Sumter County's rankings included 20th for health outcomes and 25th for health factors for an overall ranking of 20 out of the 67 Florida counties. Factors and indicators that contributed to each of the LRMC Service Area counties' rankings are briefly described below. County Health Ranking scores for the three service area counties are displayed in the table that follows (Table 2, Technical Appendix).

- Lake County ranked 4th for clinical care placing it in the top ten percent of Florida counties. At the opposite end of the spectrum, Lake County scored 56th for its physical environment. Health behavior rankings at 24th and social and economic factor scores at 28th boosted Lake County to an overall ranking of 20th.
- At 52nd out of 67 counties, Marion County scores point to challenges with social and economic factors, overall mortality and morbidity, the physical environment and health behaviors. Marion County ranked 18th for clinical care placing it among the top third of Florida counties for this indicator.
- Sumter County netted the 2nd place ranking for health behaviors, 6th morbidity, and 9th for clinical care. Sumter County's physical environment merited 16th place ranking. Despite the low ranking of 57th for social and economic factors, Sumter County earned an overall ranking of 20th from among all Florida counties.

HEALTH FACTORS AND HEALTH OUTCOME SCORES

Health factors influence the health of a community and include socioeconomic factors, health behaviors, and clinical care. The overall health outcomes ranking in Marion County (52nd) was much lower than both Sumter County (20th) and Lake County (26th). In TVRH Service Area, Marion County fared worst in both health factors and outcomes, as seen in the table below.

TABLE 9. COUNTY HEALTH RANKING SCORES FOR CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA COUNTIES, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Lake County										
HEALTH OUTCOMES	25	20	16	19	18	19	14	24	24	26
Mortality	21	24	25	23	23	21	23	27	26	27
Morbidity	33	22	11	11	13	15	14	23	20	20
HEALTH FACTORS	16	12	13	14	16	16	17	22	24	23
Health Behavior	14	9	8	10	10	11	15	21	21	24
Clinical Care	31	14	20	13	12	19	14	18	12	4
Social & Economic Factors	14	20	22	19	23	17	17	20	21	28
Physical Environment	42	45	42	23	23	31	42	48	51	56
Marion County										
HEALTH OUTCOMES	45	49	48	44	41	42	49	43	49	52
Mortality	43	43	46	44	44	48	47	48	50	59
Morbidity	53	53	49	50	36	39	51	36	40	41
HEALTH FACTORS	36	44	44	39	40	38	34	36	38	40
Health Behavior	30	32	37	39	43	42	26	28	33	33
Clinical Care	23	21	17	20	21	30	23	23	18	18
Social & Economic Factors	51	57	55	52	49	49	47	50	53	51
Physical Environment	23	22	49	37	20	19	39	50	45	43
Sumter County										
HEALTH OUTCOMES	24	24	26	24	30	27	17	15	19	20
Mortality	31	22	17	30	30	28	28	24	36	33

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Morbidity	*18*	*27*	*36*	*19*	*33*	*28*	*13*	*15*	*9*	*6*
HEALTH FACTORS	20	23	12	13	11	7	13	13	21	25
Health Behavior	*13*	*12*	*12*	*8*	*6*	*6*	*3*	*1*	*2*	*2*
Clinical Care	*36*	*13*	*6*	*5*	*5*	*6*	*4*	*4*	*3*	*9*
Social & Economic Factors	*22*	*38*	*27*	*27*	*29*	*28*	*49*	*55*	*60*	*57*
Physical Environment	*28*	*48*	*13*	*13*	*5*	*5*	*2*	*3*	*18*	*16*

Source: Table 2, *2019 Central Florida Health Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2019.

Community Themes and Strengths

Quantitative data from a vast array of secondary or administrative data sets only describe part of a community's core health needs and health issues. A community perspective of health and the healthcare experience is essential to fully understanding the health of the community. The Villages Regional Hospital (TVRH) has utilized two approaches to generate community perspectives on health and the healthcare system in the service area. Community surveys of residents and healthcare professionals were conducted and focus groups were held for more in-depth discussions on perceptions related to health and health care. The key observations and findings from the surveys and focus groups comprise the Community Themes and Strengths Assessment and are presented below.

FOCUS GROUPS

METHODOLOGY

Two (2) focus groups were facilitated in TVRH service area to better understand community member views on health, wellness, safety, health care, and quality of life in the area. The focus group script was designed and implemented with final approval from the Central Florida Health Steering Committee and Core Team members. The Steering Committee and Core Team made concerted efforts to include underrepresented groups and were guided by demographic data and the team's considerable knowledge and experience serving TVRH communities to plan the focus groups. Trained facilitators conducted the focus groups using a script, which includes a brief introduction, completion of informed consent forms and a demographic survey, and a series of questions asked sequentially. Please see the Appendix for the focus group materials. The Central Florida Health Core Team assisted in the identification of focus group host sites and focus group participants. The following focus groups were facilitated:

Date	Location	Time	Number of Participants
March 15, 2019	The Villages Regional Hospital	8:00 – 9:30 am	10
March 15, 2019	The Villages Regional Hospital	10:00 – 11:30 am	9

TABLE 10. THE VILLAGES REGIONAL HOSPITAL (TVRH) SERVICE AREA FOCUS GROUP PARTICIPANT DEMOGRAPHICS, 2019.

Indicator	TVRH Group 1, N = 10		TVRH Group 2, N = 9	
	Number	Percent	Number	Percent
Age				
18-29	0	0	0	0
30-39	0	0	0	0
40-49	0	0	0	0
50-59	0	0	0	0
60-64	1	10	1	11
65+	9	90	8	89
Gender				
Male	3	30	3	33
Female	7	70	6	67
Race and Ethnicity				
Asian	0	0	0	0
Black	0	0	0	0
Native American/Alaskan Native	0	0	0	0
Native Hawaiian and other Pacific Islander	0	0	0	0
Two or More Races	0	0	1	11
White	10	100	8	89
Other	0	0	0	0
Hispanic/Latino	0	0	0	0
Highest Level of Education Completed				
Less than high school	0	0	0	0
High school graduate	0	0	1	11
Some college, no degree	1	10	1	11
Associate's Degree	0	0	0	0
Bachelor's Degree	4	40	4	44.5
Graduate or Professional Degree	5	50	2	22.5
No Answer	0	0	1	11
Type of Health Insurance (may choose more than one type)				
Private insurance through work or retirement	2	20	0	0
Private insurance purchased through Obamacare	1	10	0	0
Medicaid	1	10	1	11

Indicator	TVRH Group 1, N = 10		TVRH Group 2, N = 9	
	Number	**Percent**	**Number**	**Percent**
Medicare	8	80	7	77.8
VA/Tricare	0	0	1	11
No health insurance	0	0	0	0
Zip Code of Residence				
32159	4	40	3	33.3
32162	2	20	3	33.3
32163	4	40	3	33.3

Source: Central Florida Health Focus Groups 2019, prepared by WellFlorida Council, 2019.

SUMMARY AND KEY THEMES

Across the two focus groups, common themes emerged. These include health conditions and behaviors, healthcare system challenges and strengths, service area attributes and infrastructure, and TVRH-specific strengths and problems. Each of these is described in the subsequent section on key themes. The Appendix includes the detailed responses by focus group that may further enlighten issues that surfaced from the particular groups. Themes represent common issues and their supporting factors as articulated by focus group participants in the two sessions. The themes are presented below in alphabetical order. Contributing factors are listed below each theme, in descending order of the most frequently cited. Detailed responses of the focus groups are found in the Appendix. It is important to note that while these focus group findings are not generalizable to the entire population in TVRH service area, the information provides valuable insights into and indications of community perceptions, opinions and attitudes about health behaviors, issues and resources, quality of life factors and TVRH's ability to address problems and improve health outcomes.

Key Themes
Theme: Health Conditions and Behaviors
- Age-related issues
- Maintaining healthy weight
- Alcohol and tobacco use

Focus group participants expressed concern for age-related issues including mobility limitations and the onset of chronic conditions such as heart disease, arthritis and diabetes. Participants recognized the importance of maintaining a healthy weight through a balance of proper nutrition and physical activity and expressed concern for the many who cannot do so, whether by individual choice or related to the lack of knowledge and/or resources. Alcohol and tobacco use were cited as behaviors that contribute to poor health and noted alcohol's role in injuries, domestic and family problems and mental health issues.

Theme: Health System Challenges and Strengths
- Affordable healthcare services and prescriptions
- Health insurance coverage and affordability

- Misuse of existing healthcare resources
- Shortage of physicians and nurses
- Shortage of services and facilities such as mental health care, skilled nursing and assisted living facilities, end-of-life care

Access to affordable healthcare services was the most mentioned topic by participants at both focus group sessions. The healthcare system was described as "overwhelmed" and driven by health insurance financial motivations. Examples of costly health insurance with high deductibles, expensive co-pays and convoluted referral requirements were shared along with instances of exorbitant charges for prescription medicines. While noting that TVRH service area has many primary care doctors, appointment availability and insurance acceptance, including Medicare and Medicaid, often present barriers according to focus group members. Participants opined that these barriers and a lack of health literacy pushed many to seek routine care in emergency rooms, further burdening the system. Focus group participants noted the nursing shortage and lack of physicians including generalists and specialists as major contributing factors to shrinking access to health care. In light of the aging population in TVRH service area, participants felt there were insufficient facilities to accommodate the current and future needs for mental health, memory, skilled nursing, assisted living and end-of-life care.

Theme: Service Area Attributes and Infrastructure
- Clean, safe environment for healthy living
- Health care available for those with financial resources

Focus group participants had many positive comments about living in TVRH service area. In addition to cleanliness, safety, and appealing and senior-friendly neighborhoods, they cited the healthfulness of the social environment with many opportunities for physical, mental, spiritual stimulation as positives. Noting that these benefits come at a cost, participants expressed concern for uninsured residents, the working poor and the future affordability of living in TVRH service area, particularly for young adults.

Theme: TVRH-specific Issues and Strengths
- Long waits for care in the emergency room
- Communication and managing negative perceptions about TVRH
- Caring nurses, physicians and leadership
- Community service through education

Overcrowding and long waits for care in the emergency room were of great concern to focus group participants. They discussed possible contributing factors such as the nursing shortage, misuse of the healthcare system in general, and lack of health insurance. All agreed that negative perceptions about the quality of care at TVRH were rampant and in most cases undeserved. Participants felt communication was improving under Mr. Pittman's leadership but still had not addressed the negativity nor adequately manages the public's expectations about the realities of a busy emergency room. Focus group members expressed pride in TVRH's service to everyone in the community. Caring nurses and physicians, dedicated leadership

and investments in leading edge technologies were among the reasons given for recommending TVRH to family and friends.

COMMUNITY SURVEY AND HEALTHCARE PROFESSIONAL SURVEY

METHODOLOGY

The Central Florida Health Steering Committee, in partnership with WellFlorida Council, collaborated to formulate two similar surveys to query individuals about community health issues and their perspectives on the healthcare. Each survey was tailored to its intended audience which included members of the community at-large and healthcare providers. Guided by service area demographics, the surveys were available in English and tested for readability to assure conformity with best practices.

Both surveys employed a convenience sampling approach where respondents were selected based on their convenient accessibility to the surveys. The Central Florida Health Steering Committee assisted with the survey dissemination through their respective organizations and by connecting WellFlorida to key stakeholders and community partners. The community survey was marketed via print (local newspapers) and electronic media (Twitter, Facebook, web site postings). The healthcare professional survey was promoted through Central Florida Health internal communications as well as external web site postings. The surveys were accessible online and in paper format upon request.

There were 583 respondents to the community survey and 106 to the healthcare professional survey. After eliminating the incomplete and ineligible surveys, there were 392 community surveys and 23 healthcare professional surveys for analysis. The survey instruments are included in the Appendix. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in the Central Florida Health service areas including Lake, Marion, and Sumter Counties. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis.

While there are advantages of utilizing a convenience sampling approach, such as the ability to rapidly analyze and extrapolate findings to form conclusions, it is difficult to argue that the sample is representative of the population Central Florida Health serves. As a whole, women, older adults, and white residents were overrepresented in the respondent group. While the insights obtained from each survey are extremely valuable, they cannot be generalized to all Central Florida Health service area residents and healthcare professionals.

OBSERVATIONS FROM THE COMMUNITY SURVEY

Tables 11-28 summarize the over-arching community health and healthcare issues questions asked of community members and healthcare professionals. In general, the top five or the leading responses for each question are presented. Where sufficient data are available, responses are presented by the Central Florida Health (CFH) service area and the service area counties (Lake, Marion, Sumter). Questions regarding the following topics are included in the analysis:

• Most important factors for a healthy community

- Behaviors with greatest impact on overall health
- Most important or biggest health problems in the community
- Healthcare services that are difficult to obtain
- Barriers to receiving dental, primary and mental health care
- Biggest personal challenges in the past 12 months

Some noteworthy observations include:

- Access to healthcare services was the highest ranked factor that most contributes to a healthy community by the individual service area counties and by the entire CFH service area. The second highest ranked factor was access to convenient, affordable food; it ranked second in the CFH service area as well as second in Lake and Marion Counties and fifth in Sumter. Low crime and safe neighborhoods appeared in the top five ranking of all areas as did healthy behaviors (Table 12 below).
- The issues ranked as the most important or biggest problems for the community showed some common themes across the service area. Age-related issues and specifically lack of affordable assisted living facilities ranked highly in the collective CFH service area as well as in the individual counties. Obesity ranked sixth or higher in all four service area categories as an important issue. Access to primary/family care ranked eighth or higher in all four areas. Substance abuse/drug abuse, mental health problems and homelessness varied in rankings in three of the four areas (Table 13 below).
- Across the service area, behaviors with the greatest negative impact on health were drug abuse, alcohol abuse, and poor eating habits (eating unhealthy foods or overeating). Also ranked highly among the negative behaviors were lack of personal responsibility and distracted driving (Table 14 below).
- At the top of the list of healthcare services rated as difficult to obtain were alternative medicine/therapy, dental care, prescriptions/medicine or medical supplies, and specialty care. Mental/behavioral health care services also were singled out as a difficult to obtain service in the CFH service area as well as in each of the three service area counties (Table 15 below).
- While not all survey respondents experienced challenges in receiving dental, primary and/or mental health/substance use care, those who did frequently cited cost and insurance coverage as barriers (Tables 16-26 below).
- The list of the biggest personal challenges in the past 12 months seems to confirm the rankings from related survey items. Access to a doctor or dentist, mental health/depression issues and food insufficiency were frequently selected across the four service area categories (Table 27 below).

TABLE 11. DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS, CENTRAL FLORIDA HEALTH SERVICE AREA, 2019.

Demographics	N = 392	
	Number	**Percent**
Age		
18-24	12	3.0
25-29	10	2.6
30-39	41	10.5
40-49	71	18.1
50-59	105	26.8
60-64	60	15.3
65-69	36	9.2
70-79	45	11.5
80 or older	12	3.0
Prefer not to answer	0	0
Gender		
Male	61	15.6
Female	330	84.2
Transgender	0	0
Prefer not to answer	1	.2
Other	0	0
Race		
American Indian/ Alaskan Native	2	.5
Asian	7	1.8
Black or African American (Non-Hispanic)	25	6.4
Native Hawaiian/Pacific Islander	0	0
Two or more races	20	5.1
White (Non-Hispanic)	300	76.5
Other	9	2.3
Prefer not to answer	29	7.4
Hispanic, Latino or Spanish Origin		
Not of Hispanic, Latino or Spanish origin	317	80.4
Mexican, Mexican-American, Chicano origin	3	.7
Puerto Rican origin	29	7.4
Cuban	4	1.0
Other Hispanic, Latino or Spanish origin	18	4.6
Prefer not to answer	21	5.4

Demographics	N = 392	
	Number	**Percent**
Highest Level of Education Completed		
Elementary/Middle School	12	3.1
High school diploma or GED	77	19.6
Technical/Community College	73	18.6
4-year College/Bachelor's Degree	64	16.3
Graduate/Advanced degree	62	15.8
Some college	88	22.5
Other	4	1.0
Prefer not to answer	12	3.0
Current Employment Status (more than one may apply)		
Employed (Full-time)	122	31.1
Employed (Part-time)	22	5.6
Full-time Student	11	2.8
Part-time Student	1	.4
Homemaker	29	7.4
Retired	123	31.4
Self-employed	12	3.0
Unemployed	46	11.7
Work two or more jobs	13	3.3
Prefer not to answer	13	3.3
Other: Disabled (n=24; 6.1percent)	27	6.9
Mechanism for Payment of Health Care (more than one may apply)		
Health insurance offered through job or family member's job	114	29.0
Health insurance purchased on own (includes through Obamacare/ACA/marketplace)	77	19.6
Do not have health insurance	72	18.4
Medicaid	63	16.1
Medicare	108	27.6
Military coverage/Tricare	10	2.6
Pay cash	45	11.5
Other	4	1.0
Combined Annual Household Income		
Less than $10,000	65	16.6
$10,000 - $19,999	68	17.3
$20,000 - $29,999	48	12.2
$30,000 - $49,999	52	13.3

Demographics	N = 392	
	Number	**Percent**
$50,000 - $74,999	50	12.8
$75,000 - $99,999	22	5.6
$100,000 - $124,999	19	4.8
$125,000 - $149,999	1	.4
$150,000 - $174,999	6	1.5
$175,000 - $199,999	1	.4
$200,000 or more	3	.7
Prefer not to answer	57	14.4
Survey Respondent County of Residence		
Lake County	60	15.3
Marion County	268	68.4
Sumter County	64	16.3

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 12. TOP 5 RANKED FACTORS THAT MOST CONTRIBUTE TO A HEALTHY COMMUNITY BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Rank	CFH Service Area	Lake County	Marion County	Sumter County
1	Access to health care (85.5)	Access to health care (83.3)	Access to health care (86.6)	Access to health care (82.8)
2	Access to convenient, affordable food (30.6)	Access to convenient, affordable food (35.0)	Access to convenient, affordable food (32.1)	First responders (29.7)
3	Job opportunities (22.2)	Healthy behaviors (28.3)	Job opportunities (25.7)	Healthy behaviors (28.1)
4	Low crime, safe neighborhoods (20.7)	Job opportunities (20.0)	Awareness of services (20.1)	Low crime, safe neighborhoods (26.6)
5	Awareness of services Healthy behaviors (18.9) tie	Low crime, safe neighborhoods (18.3)	Low crime, safe neighborhoods (19.8)	Access to convenient, affordable food (20.3)

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 13. TOP 10 ISSUES RANKED AS BIGGEST PROBLEMS FOR THE COMMUNITY, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Rank	CFH Service Area	Lake County	Marion County	Sumter County
1	Mental health problems (23.7)	Lack of affordable assisted living facilities (40.0)	Homelessness (29.9)	Age-related issues (48.4)

2	Homelessness (22.7)	Access to sufficient and nutritious foods (25.0)	Mental health problems (29.5)	Lack of affordable assisted living facilities (35.9)
3	Lack of affordable assisted living facilities (22.4)	Age-related issues (21.7) tie	Substance abuse/drug abuse (24.6)	Dementia (34.3)
4	Age-related issues (21.4)	Substance abuse/drug abuse (21.7) tie	Access to primary/family care (19.4)	Heart disease and stroke (25.0)
5	Substance abuse/drug abuse (21.2)	Obesity (16.7)	Obesity (18.3)	Obesity (23.4)
6	Obesity (18.9)	Access to primary/family care (15.0)	Dental problems (16.4)	Cancer (21.9)
7	Access to primary/family care (17.6)	Access to long-term care (13.3) tie	Lack of affordable assisted living facilities (15.3)	Elderly caregiving (17.2)
8	Access to sufficient and nutritious foods (14.8)	Dementia (13.3) tie	Access to sufficient and nutritious foods (14.9)	Access to primary/family care (12.5)
9	Cancer (13.5)	Exposure to excessive and/or negative media and advertising (13.3) tie	Cancer (12.3) tie	High blood pressure (10.9) tie
10.	Dental problem (12.8)	Homelessness (13.3) tie	Stress (12.3) tie	Mental health problems (10.9) tie

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 14. TOP 5 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Rank	CFH Service Area	Lake County	Marion County	Sumter County
1	Drug abuse (62.8)	Drug abuse (56.7)	Drug abuse (69.8)	Alcohol abuse (56.3)
2	Alcohol abuse (30.4)	Lack of personal responsibility (36.7)	Eating unhealthy foods (31.0)	Drug abuse (39.0)
3	Eating unhealthy foods (29.3)	Eating unhealthy foods (28.3)	Lack of personal responsibility (28.0)	Overeating (26.6)
4	Lack of personal responsibility (27.8)	Distracted driving (26.7)	Alcohol abuse (26.5)	Distracted driving (25.0) tie
5	Distracted driving (23.2)	Alcohol abuse (20.0)	Distracted driving (22.0)	Lack of physical activity (25.0) tie

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 15. RATING OF HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Healthcare Service	CFH Service Area	Lake County	Marion County	Sumter County
Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)	**29.6**	**41.7**	**28.7**	**60.9**
Dental/oral care	**39.5**	**28.3**	**47.8**	15.6
Emergency room care	17.9	15	13	**40.6**
Family planning/birth control	4.8	6.7	5.2	1.6
In-patient hospital care	11.2	11.7	9	**20.3**
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	13.3	5	17.5	3.1
Prescriptions/medications or medical supplies	**20.7**	**18.3**	**24.6**	6.2
Preventive care (e.g., check-ups)	10.5	15	9.3	10.9
Primary/family care (e.g., family doctor)	15.8	**18.3**	13.8	**21.9**
Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)	**20.9**	**21.7**	**31.7**	**35.9**
Substance abuse counseling services (e.g., drug, alcohol)	11.5	15	13	1.6
Urgent care (e.g., walk-in clinic)	10.2	10	11.2	6.2
Laboratory services	8.7	3.3	12	0
Mental/behavioral health	**23.7**	**20**	**25.4**	**20.3**
Physical therapy/rehabilitation therapy	6.9	5	9	0
Vision/eye care	18.4	16.7	22	4.7
Prenatal care (pregnancy care)	2	5	1.9	0
Note: Top 5 highest rated services are bolded				

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

FIGURE 10. RATING OF HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.
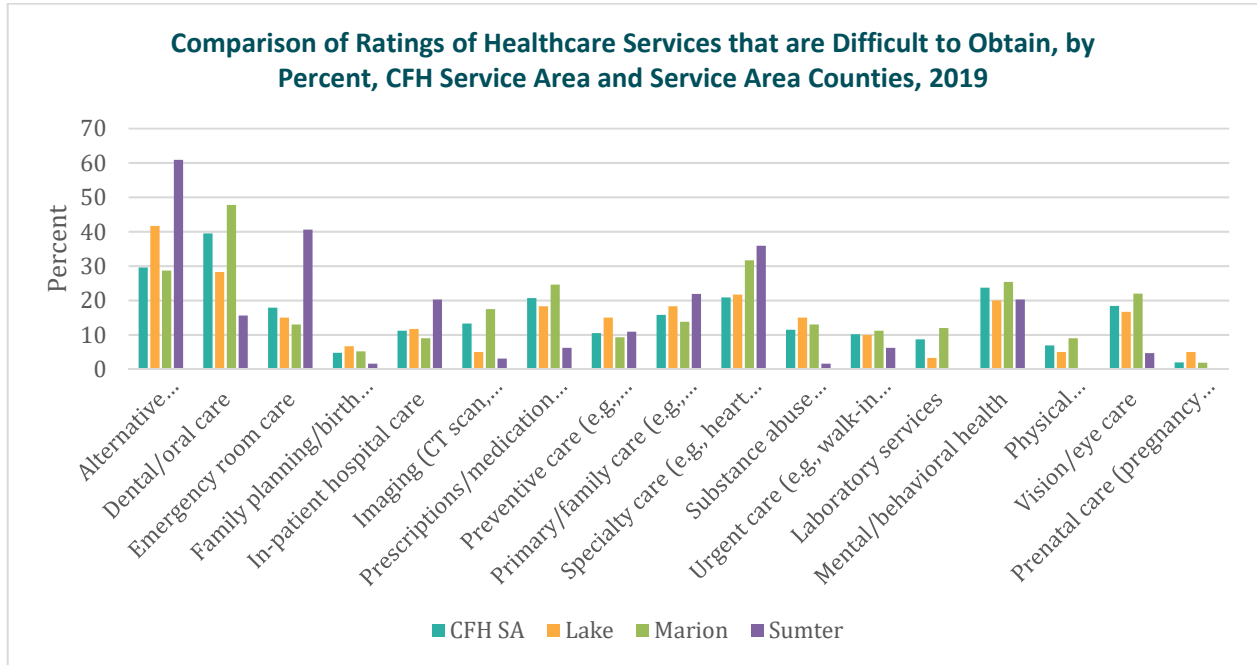
Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 16. DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Dental Care	CFH Service Area	Lake County	Marion County	Sumter County
Received needed care or didn't need care	51.3	68.3	40.3	81.2
Did not receive needed care	48.7	31.7	59.7	18.8
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)				
Cost	67.5	78.9	65.6	75
No appointments available or long waits	22.5	10.5	25.0	8.3
No dentists available	15.7	26.3	14.4	16.7
Service not covered by insurance or have no insurance	47.1	63.2	44.4	58.3
Transportation, couldn't get there	6.8	5.3	6.9	8.3
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	4.7	0	5.6	0
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	3.7	5.3	3.8	8.3

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 17. PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Primary Care	CFH Service Area	Lake County	Marion County	Sumter County
Received needed care or didn't need care	75.8	80.0	71.6	89.1
Did not receive needed care	24.2	20.0	28.4	10.9
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)				
Cost	61.1	50.0	67.1	14.3
No appointments available or long waits	31.6	41.7	26.3	71.4
No primary care providers (doctors, nurses) available	12.6	8.3	11.8	28.6
Service not covered by insurance or have no insurance	36.8	50.0	35.5	28.6
Transportation, couldn't get there	11.6	0	14.5	0
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	8.4	25.0	6.6	0
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	4.2	8.3	4.0	28.6

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 18. MENTAL HEALTH/SUBSTANCE USE CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Care by Therapist or Counselor for Mental Health or Substance Use Issue	CFH Service Area	Lake County	Marion County	Sumter County
Received needed care or didn't need care	81.4	90.0	78.0	87.5
Did not receive needed care	18.6	10.0	22.0	12.5
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)				
Cost	52.0	66.7	52.5	37.5
No appointments available or long waits	23.3	33.3	22.0	25.0
No primary care providers (doctors, nurses) available	23.3	50.0	20.3	25.0
Service not covered by insurance or have no insurance	38.4	33.3	40.7	25.0
Transportation, couldn't get there	17.8	16.7	20.3	0
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	6.8	33.3	5.1	0
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	6.8	0	6.8	12.5

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 19. RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL HEALTH CARE FOR CHILD OR CHILDREN UNDER THE AGE OF 18, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Responsible for Getting Health, Dental, Mental Health Care for Child or Children under age of 18	CFH Service Area
Yes	23.0
No	77.0

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 20. DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18 IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Dental Care	CFH Service Area
Received needed care or didn't need care	68.9
Did not receive needed care	31.1
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	32.1
No appointments available or long waits	42.9
No dentists available	21.4
Service not covered by insurance or have no insurance	53.6
Transportation, couldn't get there	7.1

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 21. PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18 IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Primary Care	CFH Service Area
Received needed care or didn't need care	83.3
Did not receive needed care	16.7
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	33.3
No appointments available or long waits	33.3
No primary care providers (doctors, nurses) available	40.0
Service not covered by insurance or have no insurance	46.7
Transportation, couldn't get there	13.3

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 22. MENTAL HEALTH OR SUBSTANCE USE CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18 IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Mental Health or Substance Use Care	CFH Service Area
Received needed care or didn't need care	83.3
Did not receive needed care	16.7
Reasons Mental Health or Substance Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	33.3
No appointments available or long waits	46.7
No mental health providers or substance use therapists/counselors available	53.3
Service not covered by insurance or have no insurance	20.0
Transportation, couldn't get there	13.3

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 23. RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL HEALTH CARE FOR AN ADULT IN THE CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Responsible for Getting Health, Dental, Mental Health Care for Adult in Your Care	CFH Service Area
Yes	19.6
No	80.4

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 24. DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, ADULT 18 IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Dental Care	CFH Service Area
Received needed care or didn't need care	50.6
Did not receive needed care	49.4
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	73.7
No appointments available or long waits	28.9
No dentists available	15.8
Service not covered by insurance or have no insurance	55.3
Transportation, couldn't get there	5.3

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 25. PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, ADULT IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Primary Care	CFH Service Area
Received needed care or didn't need care	65.0
Did not receive needed care	35.0
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	59.3
No appointments available or long waits	40.7
No primary care providers (doctors, nurses) available	29.6
Service not covered by insurance or have no insurance	40.7
Transportation, couldn't get there	7.4

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 26. MENTAL HEALTH OR SUBSTANCE USE CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, ADULT IN CARE OF SURVEY RESPONDENT, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA, 2019.

Mental Health or Substance Use Care	CFH Service Area
Received needed care or didn't need care	83.1
Did not receive needed care	16.9
Reasons Mental Health or Substance Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	84.6
No appointments available or long waits	23.0
No mental health providers or substance use therapists/counselors available	30.8
Service not covered by insurance or have no insurance	61.5
Transportation, couldn't get there	23.0

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 27 BIGGEST CHALLENGES IN THE PAST 12 MONTHS, BY PERCENT, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Challenges	CFH Service Area	Lake County	Marion County	Sumter County
Food (having enough nutritious foods)	17.0	**18.3**	20.5	1.6
Affordable utilities	16.3	**18.3**	19.4	1.6
Transportation	5.9	0	7.8	3.2
Housing	8.7	5.0	11.2	1.6
Employment (job)	10.5	8.3	11.6	7.8

Childcare	1.8	0	2.2	1.6
Access to doctor or dentist	**21.4**	11.7	**24.6**	**17.2**
Personal safety	3.3	6.7	2.6	3.2
Mental Health/Depression	**18.9**	**18.3**	**20.9**	**15.6**
None of the above were challenges for me in the past 12 months	**32.9**	**43.3**	**25.7**	**53.1**
Note: 3 highest ranked challenges are bolded				

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

FIGURE 11. BIGGEST CHALLENGES IN THE PAST 12 MONTHS FOR SURVEY RESPONDENTS, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Biggest Challenges in the Past 12 Months for Survey Respondents, By Percent, CFH Service Area and Service Area Counties, 2019
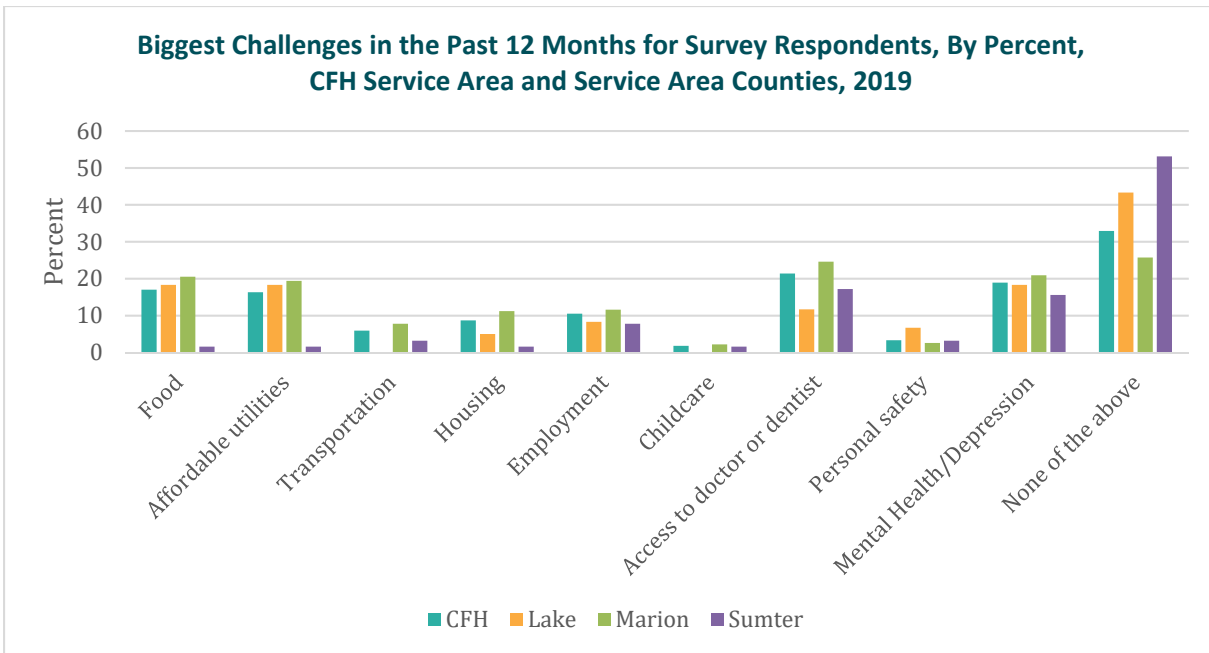
Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

FIGURE 12. RATING OF EASE OF USE OF HEALTH INFORMATION, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA 2019.

Rating of Ease of Use of Health Information, By Percent of Responses, CFH Service Area, 2019
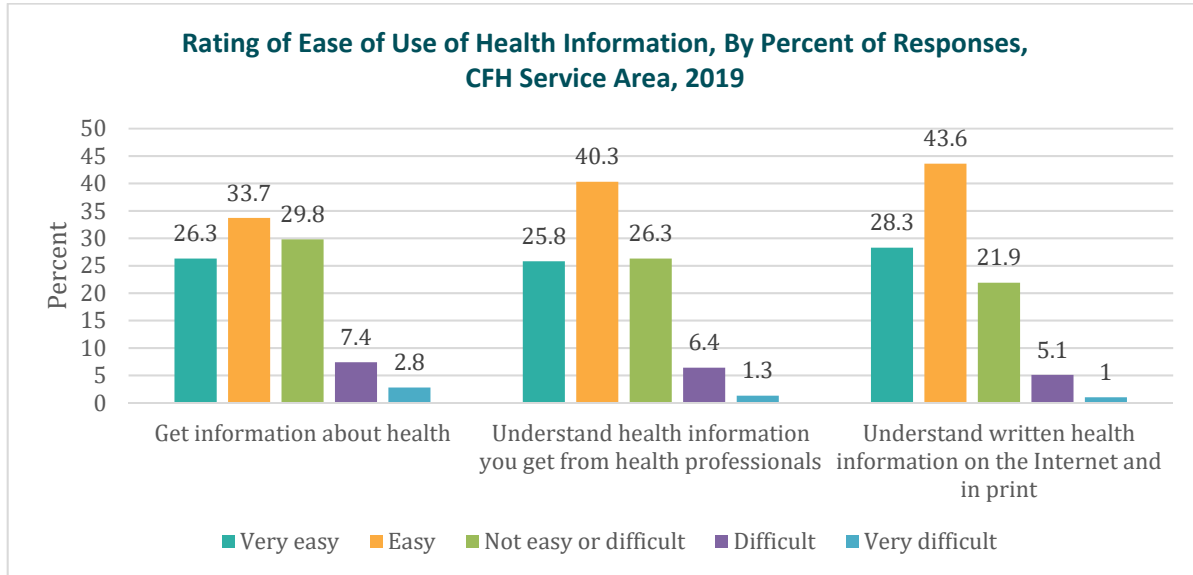
Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

TABLE 28. RATING OF OVERALL HEALTH OF RESIDENTS AND RATING OF PERSONAL HEALTH OF SURVEY RESPONDENTS, BY PERCENT OF RESPONSES, CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA AND SERVICE AREA COUNTIES, 2019.

Rating	CFH Service Area		Lake County		Marion County		Sumter County	
	Overall	Personal	Overall	Personal	Overall	Personal	Overall	Personal
Very unhealthy	1.5	14.1	0	0	2.2	4.9	0	0
Unhealthy	12.5	11.5	21.7	10.0	12.7	13.8	3.1	3.1
Somewhat healthy	57.9	41.3	48.3	36.7	64.9	47.4	37.5	20.3
Healthy	25.0	35.5	26.7	48.3	19.0	27.2	48.4	57.8
Very healthy	3.0	8.4	3.3	5.0	1.1	6.7	10.9	18.8

Source: Central Florida Health Community Health Survey 2019, prepared by WellFlorida Council, 2019.

OBSERVATIONS FROM THE HEALTHCARE PROFESSIONAL SURVEY

The figures and tables below summarize the responses to the overarching questions that were asked of healthcare professionals serving the residents of the Central Florida Health service area. There were 23 completed surveys included in the analysis. In general, the top five ranked responses for each question are presented. Each figure shows the percentage of healthcare professionals who indicated the given response for a question. Questions on the following topics are included in the analysis:

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

Some noteworthy observations include:

- Similar to community survey participants, healthcare professionals ranked access to healthcare services as the highest ranked factor that most contributes to a healthy community. This was followed by healthy behaviors and healthy lifestyles and access to convenient, affordable and nutritious foods. Healthcare professionals differed in their ranking by including a clean environment, good schools and religious or spiritual values in their list of the top five factors (Table 30 below).
- There was closer agreement among healthcare professionals on the issues ranked as the most important or biggest problems for the community. They ranked mental health problems, overweight and obesity and access to primary care as their top three (Table 31) below.
- By far, healthcare professionals rated eating unhealthy foods/drinking sweetened beverages as the behavior with greatest negative impact on health (Table 32 below).
- In agreement with community survey respondents, healthcare professionals listed alternative medicine/therapy, mental/behavioral health and primary/family care among the healthcare services that are difficult to obtain in the Central Florida Health service area (Table 33 below).
- Barriers to client self-management of chronic diseases or conditions most frequently cited by healthcare professionals were cost, lack of insurance coverage and lack of knowledge (Table 34 below). Cost and insurance issues were also among the barriers that surfaced for community survey respondents.
- More than half of the healthcare professionals who responded to the survey indicated that increasing access to mental health services, initiating efforts to bring more physicians to the community, and providing education to residents on appropriate use of available healthcare services would improve the health of their clients in the Central Florida Health service area (Table 35).

TABLE 29. DEMOGRAPHICS OF CENTRAL FLORIDA HEALTH (CFH) SERVICE AREA HEALTHCARE PROFESSIONAL SURVEY RESPONDENTS, 2019.

Demographics	N = 23	
Age	**Number**	**Percent**
Less than 30	2	8.7
30-39	4	17.4
40-49	6	26.0
50-59	9	39.2
60-64	2	8.7
65 or older	0	0
Prefer not to answer	0	0
Gender		
Male	5	21.7
Female	17	73.9
Transgender	0	0
Prefer not to answer	1	4.4
Other	0	0
Race and Ethnicity		
Asian Pacific Islander	2	8.7
Black or African American (Non-Hispanic)	1	4.4
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	15	65.2
Hispanic/ Latino	2	8.7
Multiracial/ Multiethnic	0	0
Other	0	0
Prefer not to answer	3	13.0
Healthcare Profession		
ARNP (all specialties)	3	13.0
Dentist	0	0
Dietitian/Nutritionist	1	4.4
Mental Health Counselor	0	0
Nurse	4	17.4
Occupational Therapist	0	0
Pharmacist	0	0
Physician	9	39.1

Physician specialties: Family Practice, Internal Medicine, Gastroenterology, Podiatry, Vascular Radiology (1 each); Anesthesiology, Radiology (2 each)		
Physician Assistant	3	13.0
Physical Therapist	0	0
Speech Language Pathologist	0	0
Other: Pharmacy Technician, CNA, Home health caregiver (1 each)	3	13.0
Service Area of Clients		
North Lake County	2	8.7
Sumter/South Marion County	6	26.0
Both	15	65.3
Length of Practice in Current Profession		
Less than 5 years	3	13.0
5-9 years	2	8.7
10-14 years	4	17.4
15-19 years	5	21.7
More than 20 years	9	39.2
Prefer not to answer	0	0

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 30. TOP FIVE RANKED MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, HEALTHCARE PROFESSIONALS, CENTRAL FLORIDA HEALTH SERVICE AREA, 2019.

Ranking	Factors (Percent)
1	Access to health care including primary and specialty care, dental and mental health care (69.6)
2	Healthy behaviors and healthy lifestyles (39.1)
3	Access to convenient, affordable and nutritious foods (34.8)
4 (tie)	Clean environment (26.0)
5	Good schools (26.0)
6	Religious or spiritual values (26.0)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 31. TOP FIVE RANKED MOST IMPORTANT HEALTH PROBLEMS, HEALTHCARE PROFESSIONALS, CENTRAL FLORIDA HEALTH SERVICE AREA, 2019.

Ranking	Health Problem (Percent)
1 (tie)	Mental health problems (47.8)

2	Obesity and overweight (47.8)
3	Access to primary care (34.8)
4	Disability (26.0)
5	Diabetes (21.7)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 32. TOP FIVE RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, HEALTHCARE PROFESSIONALS, CENTRAL FLORIDA HEALTH SERVICE AREA, 2019.

Ranking	Health Behavior (Percent)
1	Eating unhealthy foods/drinking sweetened beverages (87.0)
2	Drug abuse (65.2)
3	Alcohol abuse (56.5)
4	No or insufficient physical activity (52.2)
5 (tie)	Overeating (47.8)
	Lack of personal responsibility (47.8)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 33. TOP FIVE RANKED HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN CENTRAL FLORIDA HEALTH SERVICE AREA (NORTH LAKE COUNTY AND SUMTER/SOUTH MARION COUNTY), HEALTHCARE PROFESSIONALS, 2019.

Ranking	Healthcare Service (Percent)
1	Alternative medicine/therapy (78.3)
2	Mental/behavioral health (69.6)
3	Primary/family care (60.9)
4 (tie)	Dental care (39.1)
5	Specialty care (39.1)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 34. BARRIERS TO CLIENT SELF-MANAGEMENT OF CHRONIC DISEASE OR CONDITION, CENTRAL FLORIDA HEALTH SERVICE AREA, HEALTHCARE PROFESSIONALS, 2019.

Ranking	Barrier (Percent)
1	Cost (78.3)
2	Lack of insurance coverage (69.6)
3 (tie)	Lack of knowledge (47.8)

	Self-discipline/motivation (47.8)
4	Sufficient time with healthcare provider (34.8)
5	Inability to use technology (21.7)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 35. STRATEGIES TO IMPROVE HEALTH OF CLIENTS IN CENTRAL FLORIDA HEALTH SERVICE AREA, HEALTHCARE PROFESSIONALS, 2019.

Ranking	Strategy (Percent)
1	Increase access to mental health service (65.2)
2	Initiate efforts to bring more physicians to the community (60.9)
3	Provide education for residents on appropriate use of available services (52.2)
4	Establish community partnerships to address issues collectively (47.8)
5	Focus on issues of the indigent and uninsured (39.1)
6 (tie)	Create city/county ordinances to promote community health improvement (34.8)
	Establish or enhance a community health information exchange (34.8)
	Increase access to primary care (34.8)
	Increase outreach/health education programs (34.8)
7	Establish more community clinics (30.4)
8	Increase access to dental care (26.0)
9	Promote the use of personal health records (21.7)
10	Provide education residents on services available (0)

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 36. RATING OF OVERALL ACCESSIBILITY OF HEALTH CARE IN THE CENTRAL FLORIDA HEALTH SERVICE AREA, HEALTHCARE PROFESSIONALS, 2019.

Rating	Percent
Poor	8.7
Fair	52.2
Good	30.4
Very Good	8.7
Excellent	0

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

TABLE 37. RATING OF OVERALL COMMUNITY HEALTH AND PERSONAL HEALTH, CENTRAL FLORIDA HEALTH, HEALTHCARE PROFESSIONALS, 2019.

Rating	Community (Percent)	Personal Health (Percent)
Very unhealthy	4.3	0
Unhealthy	43.5	0
Somewhat healthy	43.5	8.7
Healthy	8.7	82.6
Very healthy	0	8.7

Source: Central Florida Health Survey of Healthcare Professionals, 2019, prepared by WellFlorida Council, 2019

Forces of Change

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment. The Forces of Change Assessment for Central Florida Health was conducted together for both hospitals within the hospital system, The Villages Regional Hospital and Leesburg Regional Medical Center. This assessment is aimed at identifying forces such as trends, factors, or events that are or will be influencing the health and quality of life of the community.

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

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

On April 4, 2019, the Steering Committee for the Central Florida Health Community Health Assessment 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 findings from the secondary data review to familiarize participants with key demographic data, indicators of health behaviors and health status, and healthcare utilization facts for the Central Florida Health service area. WellFlorida Council provided a Forces of Change brainstorming tool used to initiate the identification of threats and opportunities; the tool is found in the Appendix. The Forces of Change summary that follows outlines the trends, factors and events that were identified for Central Florida Health Service Area and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change For Central Florida Health - TRENDS			
(Prepared by WellFlorida Council – April 2019)			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social	Rapidly growing population	Overwhelmed services and facilities; unmet need	Need and demand for new and expanded services; stable sources of revenue
	Suicide rates rising among young people and elderly	Needless loss of life; families devastated	Address mental health as part of overall physical health and well-being
	Number of people with mental health issues is growing	Individuals and families suffering health and related social and economic impacts of mental illness	Address mental health as part of overall physical health and well-being
	Increase in opioid overdose deaths in Emergency Rooms	Loss of life, strain on healthcare system and providers	Prevention, early intervention and ongoing care for those with substance use disorders
	Fall-related injuries increasing in number and severity	Preventable injuries can lead to serious health complications and disability; costs to healthcare system high	Education, assessment of physical environments, behavior
	Higher rates of Hepatitis A and C may indicate rising rates of injection drug use	Increased prevalence of infectious diseases, comorbidities associated with substance use; no healthcare specialists	Implementing collaborative approaches to address complex behaviors and health issues; grants and funding may be available
	Shortage of mental health professionals	Poor health outcomes, premature deaths, increased cost associated with late diagnosis and treatment	Use of mobile services, telemedicine; partner with larger regional health systems; wider use of mental first aid in community
	More evidence of shared responsibility and community partnering to address health issues	Partnerships and relationships must be maintained, focus on collaboration not competition	Roles and responsibilities of agencies should be clearly defined and understood to avoid duplication of efforts
Economic	Stagnant growth in diversity in industry, commerce and economic development	Loss of existing industry, businesses to areas with better economic potential; unemployment, economic downturn for area	Large and small businesses, industry, government have shared stake in addressing economic issues

	More difficult to hire and retain both skilled and unskilled workers	Further shortages of workers; inability to provide services; quality of services suffers; rising cost of goods and services	Schools, universities, colleges, trade associations and major employers look for incentives to attract, train and retain workers
	Growing gap in workforce of younger workers (aged 30-55) to meet need	Smaller workforce; higher cost of services; more unmet need	Financial incentives, enhancement of local amenities to attract younger workers and their families
	Shrinking number of people in the workforce who have retirement pensions and/or adequate savings for retirement	More older adults remain in the workforce; more older adults live in poverty	Financial education and planning for youth, young families; financial guidance offered through places of employment; retirement pension as incentive to attract workers
	Payor sources for health care are changing what services are covered	Cut-backs in medical services could lead to poor health outcomes; individuals bearing higher costs	Educate consumers on health care system finances and how to use health insurance and benefit programs
Political Gov't	School system challenges with maintaining funding while advancing and improving education	Students fall behind in education achievement	Advocacy for education system, investments in workforce development
	More community and school system collaboration is evident	Collaboration must be nurtured and encouraged; may be dependent on current leadership	Establish and institutionalize policies and programs that benefit schools, students, and community
Scientific/ Technology/ Innovation	Dental and vision care services have expanded at community clinic	Ensuring services are delivered equitably, providers not overwhelmed	Expansion of services; more residents establish dental home for regular care
	Use of telemedicine on the rise	Acceptance of virtual medicine as viable alternative to in-person services; may be limited to certain medical disciplines; requires investment by health care organizations; depends on Internet access; service coverage by health insurance	Improves access to health care; cost reduction; more efficient use of health care provider time and resources
	Beginning to see changes in prescribing practices that may have contributed to current opioid use problem	Increase in other substance use (e.g., heroin); new drugs appearing on streets	Maintaining and increasing trend towards new prescribing practices; monitor trends of use

	Correctional facilities improving prevention and treatment of substance use among inmates	Funding cuts jeopardize progress; keeping up with demand for services	Explore solutions with criminal justice system, law enforcement, health and social service partners

Forces Of Change For Central Florida Health - FACTORS *(Prepared by WellFlorida Council – April 2019)*			
	FACTORS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social	TV is a retirement community	Lack of growth and diversification; aging population has increased health care service demands	Need for elder-friendly communities growing
	Affluent, educated population with high expectations and demands	Can be critical of scope and quality of services available; population with assets are more mobile and may go elsewhere	Market for specialty products and services; create high quality services that meet/exceed industry standards
	55+ lifestyle attracts active retirees while constricting the skilled workforce	Inability to meet high demand for services; not replacing highly skilled workers creates gaps	Novel employment opportunities; wise use of volunteer labor
Economic	Some segments of TV enjoy economic prosperity	Maintaining prosperity requires planning, vigilance and continued work	Sharing prosperity with surrounding areas through economic development, innovation, investment
	Affordable housing (including rentals) not widely available	Lack of affordable housing hinders recruitment of workers, both skilled and unskilled; TV branded as "commuter" community for workers with no roots; workforce dwindles	Economic development potential in construction of new housing; scarcity helps maintain high value of current housing stock
Political Gov't	Diverse geography (urban, suburban, rural) with many municipalities	Differing policies, regulations, laws can be confusing; competition for resources, funding, customers	Coordination and collaboration among governmental agencies and elected officials is required; competition can be beneficial to consumers
	Political conservatism	No appetite to raise taxes, implement impact fees to keep up with growth and need; social programs not	Capitalize on political environment to gain advances where available

		supported; missed funding opportunities; turf issues	

Forces Of Change For Central Florida Health - EVENTS *(Prepared by WellFlorida Council – April 2019)*			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social	Mental health first aid widely available in schools and community	Viewed as substitute for professional care for those with mental health problems	More people able to provide appropriate support and assistance; less stigma about mental health issues
	Implementation of Narcan use	Could encourage repeated overdoses; misuse; need to be vigilant for new street drugs	Lives are saved; provides intervention point to offer assistance to substance user
	Availability of opioid overdose data	Maintaining data quality, confidentiality; assure appropriate use; sole reliance on data in lieu of active surveillance for trends	Better tracking, understanding of trends; targeted prevention efforts
Political Gov't	Funding for schools to address mental health issues among youth	Monitoring use of funds, assuring quality care is provided; sustaining programs if/when funding stops	Better access to mental health care; more services for individuals and families; employment for mental health professionals

Recommendations and Next Steps

This section is divided into two parts. First, the Intersecting Themes and Key Considerations are summarized in order to identify the key health needs and issues in TVRH Service Area. Second, this section provides links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in TVRH Service Area. These national databases have been used to specify some of the most promising practices in some of the key issue areas identified for TVRH Service Area in the 2015.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs and issues that emerged over the course of this community health needs assessment in TVRH and Central Florida Health (CFH) Service Areas. The list of common themes is followed by an enumeration of potential overarching strategies as well as a compilation of evidence-based and promising practice resources for consideration in the creation of the implementation strategy and action plan to address the identified priority issues.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Aging population
  - Higher rates of poverty among certain sub-populations
  - Food insufficiency and affordability of nutritious foods
  - Lack of affordable housing
  - Homelessness
- Health Status Measures (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Infant mortality among all races and ethnicities and birth outcome disparities
  - Overweight and obesity with poor nutrition and eating habits, and physical inactivity as risk factors and contributing causes to chronic diseases and conditions
  - Age-related health problems including chronic diseases and conditions, injuries, impairment and mobility issues
  - Heart Disease, Cancer, Diabetes, Chronic Lower Respiratory Disease, and Stroke
  - Mental health problems including substance, drug and alcohol abuse
  - Dental problems
  - Health outcome disparities among races, ethnicity, and geography
  - Negative health behaviors and poor decisions that impact health

- Healthcare Access and Utilization (identified in the Community Health Status Assessment data, Forces of Change and Focus Group observations, and Community and Healthcare Professional survey data)
  - Inappropriate and over-utilization of healthcare services (e.g., Emergency Department)
  - High and rising healthcare costs including services, health insurance, prescription drugs
  - Shortages of physicians, nurses, mental health professionals
  - Barriers to accessing primary, specialty, mental health and dental care

KEY CONSIDERATIONS

- Promote a culture of community health as a network of diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create core system metrics to monitor performance of the community health system and to inform collective and individual entity investments in community health
- Develop health literacy initiatives that educate on healthcare system resource availability and appropriate use
- Enhance or create preventive programs, services and resources to improve maternal health and birth outcomes
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic diseases and conditions such as Cancer, Heart Disease, Diabetes, Chronic Obstructive Pulmonary Disease, and Stroke
- Enhance or create initiatives to more effectively (as measured by health outcomes) and efficiently (as measured by cost and patient experience indicators) manage chronic diseases and conditions
- Create initiatives to remove impediments that restrict access to primary, mental health and dental care services and professionals
- Consider supporting and/or enacting policies and initiatives that address root causes of systemic community and personal health issues

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- Centers for Disease Control and Prevention Community Health Improvement Navigator

http://wwwn.cdc.gov/chidatabase

- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

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

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

    http://www.thecommunityguide.org/index.html

- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services

    https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources

- Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

    https://www.samhsa.gov/ebp-web-guide

- Community Tool Box – The University of Kansa KU Work Group for Community Health and Development

    http://ctb.ku.edu/en/databases-best-practices

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

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

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

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

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

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

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between

the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 38 presents some best practices for many of the key health issues and needs areas in TVRH Service Area and are worthy of consideration as community interventions. Some of these best practices may already be in place in the area and need enhancement while others represent new opportunities.

TABLE 38. BEST PRACTICES AND INTERVENTIONS FOR TVRH SERVICE AREA HEALTH ISSUES/NEEDS.

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

Issue	Practice or Intervention	Effectiveness	Source
	programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).		
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html
Distracted Driving	Evidence-Based Strategies/Interventions Review for Distracted Driving Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.	Systematic Review	Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee: https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf
Infant Mortality and Maternal Child Health	Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.	Systematic Review	Cochrane Library of Systematic Reviews https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full
Infant Mortality and Maternal Child Health	Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI) e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a	Systematic Review	The Community Guide https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi

Issue	Practice or Intervention	Effectiveness	Source
	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.		
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826

Issue	Practice or Intervention	Effectiveness	Source
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated 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.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/it

Issue	Practice or Intervention	Effectiveness	Source
	Positive Behavior Changes, Halt Increase in Childhood Obesity		ems/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions

Issue	Practice or Intervention	Effectiveness	Source
	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.		
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Physical Activity	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase the	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3

Issue	Practice or Intervention	Effectiveness	Source
	safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.		
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among 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.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education 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: •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities	Systematic Review	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Systemic Review	The Hamilton Project: http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare

Issue	Practice or Intervention	Effectiveness	Source
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* 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.	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_wh at_works_full.pdf
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publicati ons/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books /NBK64947/pdf/Bookshelf_NBK6494 7.pdf
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publicati ons/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders
Tobacco Use	Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies	Systemic Review of Evidence-Based Interventions	Missouri Information for Community Assessment (MICA) https://health.mo.gov/data/Intervent ionMICA/Tobacco/index_5.html
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings http://www.countyhealthrankings.or g/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions

Appendix

Forces of Change Materials

Focus Group Materials

Community Survey

Healthcare Professional Survey

FORCES OF CHANGE MATERIALS

Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Central Florida Health (CFH) CHNA Steering Committee and invited guests for the Forces of Change brainstorming session. In small groups or individually, please complete this Forces of Change Brainstorming Worksheet in preparation for the discussion that will follow.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.
- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:
- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

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

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

Forces of Change Brainstorming Worksheet

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

Worksheet Example: Factors, events and trends affecting CFH's service area:
Example 1: Stagnant economy
Example 2: Changes to Affordable Care Act
Example 3: Rise in opioid use and other substance abuse issues

Factors, events and trends affecting CFH's service area:

1.   _____

2.   _____

3.   _____

4.   _____

5.   _____

6.   _____

7.   _____

8.   _____

9.   _____

10. _____

11. _____

12. _____

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

FOCUS GROUP MATERIALS

Central Florida Health

WellFlorida Council
Working Together for Healthy Communities

Community Health Needs Assessment Focus Groups

Script and Questions

March 15 and April 2, 2019

Hello and welcome to our focus group. A focus group essentially just gives you an opportunity to talk with people who have something in common. I'd like to thank you for joining our *discussion* group as we talk about health, wellness, safety, health care and quality of life in the service area of Central Florida Health including the Leesburg Regional Medical Center and The Villages Regional Hospital.

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

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

The information you give us may become part of the Central Florida Community Health Needs Assessment and inform the Community Implementation Strategy/Plan.

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

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

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

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

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

Focus Group Questions

General Opinions, Perspectives about Health and Health Issues

1. Why is living in a healthy community important to you?

2. What strengths and resources do you have in North Lake County or Sumter/South Marion County (make specific to the focus group) that contribute to good health and quality of life?

3. What are the pressing health-related problems in this area?
   o What policies do you think would support community health or address identified health problem?

4. What are the problems or barriers you see in maintaining or improving your or your family's health?
   o As a family or individual, what are some of the challenges you face on a day-to-day basis?

5. Do you think there are enough places to receive routine medical care in North Lake County or Sumter/South Marion County (make specific to the focus group)? Or is it necessary to receive care outside of this area?

6. What healthcare services, including prevention, do you think are missing in this area?

7. What should be done to address these health and health care issues?

Questions Specific to Leesburg Regional Medical Center (LRMC) or The Villages Regional Hospital (TVRH)

8. How does LRMC or TVRH (make specific to focus group) contribute to improving health in North Lake County or Sumter/South Marion County? (perceptions about facility's value to community)

9. Are there barriers or challenges to receiving care at LRMC or TVRH (make specific to focus group)? What are those barriers or challenges?

10. Would you recommend LRMC or TVRH for health care to a family member or friend? Why?

THE VILLAGES REGIONAL HOSPITAL

Statement of Informed Consent

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

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

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

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

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

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

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

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

_____   _____

Signature   Date

Focus Group Demographic Survey – Central Florida Health Community Health Needs Assessment

Central Florida Health

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

I am:
- ☐ Male
- ☐ Female
- ☐ Transgender

Race:
- ☐ White
- ☐ Black
- ☐ Asian
- ☐ Native Hawaiian and other Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Two or More Races
- ☐ Other_____

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

Zip Code of Residence: _____

I am Hispanic
- ☐ Yes
- ☐ No

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

_____

Community Health Needs Assessment Focus Groups

Focus Group Notes from March 15, 2019

The Villages Regional Hospital (TVRH), 8 am and 10 am Groups

General Opinions, Perspectives about Health and Health Issues

1. Why is living in a healthy community important to you?
TVRH 8 am Group
- Effects quality of life
- Medical care is available
- Wellness is contagious, good to be surrounded by healthy people, wellness breeds wellness
- Preventive health is important in a healthy community and includes annual physicals, immunizations, catching conditions in early stages
- Healthy community is friendly
- There is engagement with the health care system, patient engagement where patient concerns are heard

TVRH 10 am Group
- Do everything you can to keep mobile and enjoy life
- Healthy environment with medical care, safety and cleanliness
- Cleanliness of the community is important, no litter, no free-roaming animals, well-cared for homes
- Mentally stimulating environment for both physical and mental health
- An affluent community demands high quality care and services, money talks
- Intergenerational activities are available
- Charter school is good
- Surround yourself with healthy, positive people
- People aren't isolated
- Neighborhoods and community are caring (Example: Open blinds in the morning to signal to neighbors that everything is ok)
- Lots of volunteering opportunities to keep busy and make friends

2. What strengths and resources do you have in North Lake County or Sumter/South Marion County that contribute to good health and quality of life?
TVRH 8 am Group

- Walking trails, exercise facilities
- Outdoor activity opportunities
- Safe environment
- People and groups are welcoming and inviting
- Programs for mental stimulation through engagement in physical and social activities
- Community watches out for each other, ambassador programs check-in on people as do police if called
- Many support groups and faith-based groups
- Mental health services may be lacking for all issues, mental problems are a daily problem for many
- Hospital has psychiatrist on staff but law enforcement is usually the first responder to mental health incidents

TVRH 10 am Group
- Many recreational activities, many activities are free: walking, sports, tennis, exercise/gym, swimming, softball, pickleball
- More than 3000 clubs in TV
- Many medical providers located in TV
- Strong, well-built housing and housing that is designed for aging in place
- Most facilities are accessible (ADA compliant), few stairs/steps to manage
- Waste water treatment facilities operate efficiently
- Underground utilities minimize impacts for weather-related events
- Many restaurants and high quality food options are available

3. What are the pressing health-related problems in this area? What policies do you think would support community health or address identified health problem?
TVRH 8 am Group
- Health care system in TV is overwhelmed, too many people and not enough providers
- Not enough specialists available
- People are confused about the difference between urgent care and emergency care
- Navigating the health care system is difficult and insurance issues further complicate things
- Providers default to ER
- People who live in TV part-time use ER as their primary care
- Because there are no services for low income residents, they go to ER for all services
- Seem to be many young people who are uninsured
- Health insurance and affordability are problems for many

Solutions:
- Communication is key to solving problems – not sure how to get the correct information out to the people who need it

- People need to be proactive, responsible for their own health
- Finances drive solutions
- Need free clinic and free medications

TVRH 10 am Group
- Aging and age-related problems
- Attracting specialty practitioners to the area
- Misuse of ER for primary care
- Uninsured population
- Cost of living is prohibitive for professionals and staff who work in the healthcare industry (need affordable housing, transportation options)
- TV are surrounded by areas where people have serious health issues (e.g., diabetes, COPD, overweight)

4. What are the problems or barriers you see in maintaining or improving your or your family's health?
    a. As a family or individual, what are some of the challenges you face on a day-to-day basis?

TVRH 8 am Group
- Being proactive, looking out for oneself
- Healthy eating, changing eating habits
- Maintaining healthy weight and changing lifelong habits
- Alcohol use
- Soda and sugar-sweetened beverage consumption
- Non-fluoridated water
- Cost of healthy foods is high
- Cooking for one person is difficult
- Education (or lack of education)
- Tobacco use is high even though help is available; difficult habit to kick
- Possible connection between CBD and cavities

TVRH 10 am Group
- Affordable housing is lacking
- Issues related to trust in hiring people to help around the home (handyman, home health) and referrals to health care providers
- Health care personnel shortages and turnover, for nurses in particular. Competition among facilities and locations, offering of bonuses.
- Better transportation is needed to get workers to TV
- Medical staff who truly listen, who start with minimum or non-invasive care rather than jump to surgical interventions

- Competition and provider shortages open up opportunities for practitioners who may not be so good, thorough and/or ethical
- When medical practices are unresponsive to inquiries for help, the client goes to the ER for care
- Better methods for getting follow-up care to procedures performed elsewhere (e.g., up North)

5. Do you think there are enough places to receive routine medical care in North Lake County or Sumter/South Marion County? Or is it necessary to receive care outside of this area?

TVRH 8 am Group

- No!
- Clinic, provider, ER and hospital waiting rooms are full
- ER stays are long, up to 24 hours or more before admitting (e.g., 3 hr blood test example)
- Communication in ER is lacking at TVRH among providers, staff, volunteers and clients
- Primary care is not a problem for many
- Definition of "urgent" depends on the healthcare organization
- The Villages Health Care System doesn't accept Medicare Advantage
- There's a new building going up but it won't have any overnight care
- Physician shortage
- Nurses in short supply, competition for nurses with Ocala and Leesburg
- Would be nice to see housing and communities for families with children to attract health care providers and support services

TVRH 10 am Group

- Frustrating to find a primary care doctor who listens
- The Villages Health has gobbled up all the "good" doctors, leaving few others to serve the rest of the community
- Wait times might be long but are not atypical
- When people move to TV they often don't plan ahead to find a personal doctor
- Seasonal people may call TV home and use our system as their primary care, or vice versa. They don't have primary care in both locations
- Female dentists and doctors are in short supply in TV

6. What healthcare services, including prevention, do you think are missing in this area?

TVRH 8 am Group

- Mental health care
- Dental care
- In-patient drug and alcohol rehab (substance abuse inpatient care)

- Domestic violence is more prevalent than we'd like to think
- Health care profession shortage is compounded by out-of-state licensure incompatibility
- Need preventive screenings at health fairs/outreach, including safety and mental screenings
- Better health insurance coverage and affordability
- There just aren't enough services at TVRH to serve everyone

TVRH 10 am Group
- Memory care units
- Skilled nursing facilities, shortages are only going to get worse
- Discharge placements are difficult to find, many options are in other areas such as Orlando or Ocala
- Certificate of Need process may not consider the severity, complexity and concomitant health issues of the senior population
- Need facilities for mental health care, the mentally ill, and those who function with mental health issues
- Care for Veterans
- Psychiatric care is lacking and is compounded by health insurance issues

7. What should be done to address these health and health care issues?
TVRH 8 am Group
- Specialization of hospitals and knowing what facility provides which services
- Capacity to handle mass casualty event is questionable
- Need Trauma Center
- Health fairs/outreach/education events with low- or no-cost screenings
- Falls prevention education and awareness
- Education general aging issues

TVRH 10 am Group
- All we need is money and people!
- Examine the involvement of state government in solving problems. Which is better: government run or private?
- Address financial incentives of insurance companies
- With population growth, another hospital is needed (new building at Brownwood is only 16 bed, for specialty services and not for overnight care)
- End-of-life care, besides hospice, is needed
- Medicare for all as proposed by Democrats should get study, consideration

Questions Specific to The Villages Regional Hospital

8. How does TVRH contribute to improving health in North Lake County or Sumter/South Marion County?

TVRH 8 am Group
- Hosts educational groups on health care topics
- Promotes wellness and use of health care services

TVRH 10 am Group
- TVRH serves anybody, regardless of ability to pay or insurance status (no OB)
- There's peace of mind knowing TVRH is here if you need care
- Great EMS personnel and services
- TVRH uses leading edge digital technology such as SIM-MAN for training.
- TVRH as accreditations for chest pain, cancer, stroke care
- TVRH has made investments in equipment for state-of-the-art practice (Zenix cleaning system for isolation rooms to eliminate infectious agents)
- TVRH has residencies for physicians in training
- Care protocol that requires bed turning to prevent bed sores
- Sponsor health expos and screenings (but could do more)
- Host education programs for high school students at the Charter School

9. Are there barriers or challenges to receiving care at TVRH? What are those barriers or challenges?

TVRH 8 am Group
- Overcrowding
- Too many people to be served and too few providers
- Insurance issues (understanding how to use, costs, coverage limits)
- Communication
- Expectation that in TV there will be less poverty, a higher educated population, and everything will be top notch

TVRH 10 am Group
- Negative online reviews are based on misinformation. Need to be countered with correct information
- Long waits or difficulty getting appointments
- Fear of litigation prevents some physicians from intervening in existing and/or previously treated health conditions
- People want to come to the ER rather than go to urgent care or doctor's office
- Need to educate people on how to use health services
- Need more nurses, med techs, physicians with privileges in lieu of hiring hospitalists
- Clients don't understand that physicians are not employees of TVRH
- Discharge process is hindered by physicians who come late in the day to the hospital

10. Would you recommend TVRH for health care to a family member or friend? Why?
TVRH 8 am Group
- Yes, based on personal experience
- Yes, have seen improvements under the leadership of Mr. Pittman
- Need more positive public relations to counteract rumors about poor care and outcomes. The squeaky wheel complains online but those who are pleased with TVRH don't
- Communication about the positives should be wider (e.g., reduction in infection rates). Example: On exceptionally busy day in ER when DON made the extra effort of going to the waiting room and telling people that everyone there is important, ER is slammed but each and every one will be served to the best of their ability.
- Also, change in leadership in ER is beginning to make a difference
- Discharge process is physician-driven (late in the day discharges are common) but Mr. Pittman is trying to make changes.

TVRH 10 am Group
- Yes! They pay attention to what is needed
- You receive competent care
- The nurses are caring
- Communication has greatly improved
- Have good specialists including neurologists, cardiologists, pulmonologist, all the –ists!

Other:
TVRH 8 am Group
- Seasonal challenges must be handled
- Some concerns related to training on how to handle security and safety issues, training is not always consistent. Have done drills but sometimes volunteers aren't included. Should know where written protocols are and those protocols should be complete and easy to understand.

TVRH 10 am Group
- Need more Fire/Rescue and EMS to transport people to the hospitals, not able to handle current volume and volume is going to increase

COMMUNITY SURVEY

Dear Neighbor,

What are the most important health and health care issues in your community? Central Florida Health, which includes the Leesburg Regional Medical Center and The Villages Regional Hospital, in partnership with WelllFlorida Council, the local health planning council, invite you to answer this Community Health Needs Assessment survey. The survey will be available from Monday, February 18 through Sunday, March 31, 2019. Community leaders will use your answers to build a healthier community.

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

We are holding a raffle to give away twenty (20) gift cards worth $30 each. To enter the raffle:

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

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

If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council (www.wellflorida.org). The phone number is 352-727-3767 and her e-mail address is cabarca@wellflorida.org.

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

You must be at least 18 years of age to participate in this survey.

1. What is your age?

○ Yes, I am 18 years of age or older

○ No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in this region.*

2. Where do you live? Choose ONE

○ I live in Lake County
○ I live in Marion County
○ I live in Sumter County
○ Other, please specify _____

3. What is your zip code?

○ 32159	○ 32778	○ 34491
○ 32162	○ 33513	○ 34731
○ 32163	○ 33521	○ 34748
○ 32726	○ 33597	○ 34785
○ 32757	○ 34420	○ 34788
○ Other, please specify _____		

4. What do you think contributes <u>most</u> to a healthy community? Choose <u>THREE</u>

- O Access to affordable health care including primary/family care and specialty care, dental care and mental health care
- O Access to convenient, affordable and nutritious foods
- O Affordable goods/services
- O Affordable housing
- O Affordable utilities
- O Arts and cultural events
- O Awareness of health care and social services
- O Clean environment
- O First responders, Fire/Rescue/EMS, emergency preparedness
- O Good place to raise children
- O Good race/ethnic relations
- O Good schools
- O Healthy behaviors

- O Job opportunities for all levels of education
- O Low crime/safe neighborhoods
- O Low level of child abuse
- O Low level of domestic violence
- O Low preventable death and disease rates
- O Low rates of infant and childhood deaths
- O Parks and recreation
- O Places of worship
- O Public transportation system
- O Religious or spiritual values
- O Strong economy
- O Strong family ties
- O Other, please specify

  _____

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

- ○ Alcohol abuse
- ○ Distracted driving (e.g., texting while driving)
- ○ Dropping out of school
- ○ Drug abuse (cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.)
- ○ Eating unhealthy foods/drinking sugar sweetened beverages
- ○ Lack of personal responsibility
- ○ Lack of sleep
- ○ Lack of stress management
- ○ Lack of physical activity
- ○ Loneliness or isolation
- ○ Not getting immunizations to prevent disease (e.g., flu shots)
- ○ Not using birth control

- ○ Not using health care services appropriately
- ○ Not using seat belts/child safety seats
- ○ Overeating
- ○ Racial/ethnic relations
- ○ Starting prenatal care late in pregnancy
- ○ Tobacco use/vaping/chewing tobacco
- ○ Unsafe sex
- ○ Unsecured firearms
- ○ Violence
- ○ Other, please specify

  _____

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

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

○ Prescriptions/medications or medical supplies

○ Laboratory services

○ Dental/oral care

○ Preventive care (e.g., check-ups)

○ Mental/behavioral health

○ Emergency room care

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

○ Physical therapy/rehabilitation therapy

○ Family planning/birth control

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

○ Vision/eye care

○ In-patient hospital care

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

○ Prenatal care (pregnancy care)

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

○ Urgent care (e.g., walk-in clinic)

○ Other, please specify _____

7. What 3 health issues are the biggest problems for residents your community? Choose THREE

- ○ Access to sufficient and nutritious foods
- ○ Access to long-term care
- ○ Access to primary/family care
- ○ Affordable assisted living facilities
- ○ Age-related issues (e.g., arthritis, hearing loss)
- ○ Cancer
- ○ Child abuse/neglect
- ○ Dementia
- ○ Dental problems
- ○ Diabetes
- ○ Disability
- ○ Domestic violence
- ○ Elderly caregiving
- ○ Exposure to excessive and/or negative media and advertising
- ○ Firearm-related injuries
- ○ Heart disease and stroke
- ○ High blood pressure
- ○ HIV/AIDS

- ○ Homelessness
- ○ Homicide
- ○ Infant death
- ○ Mental health problems
- ○ Motor vehicle crash injuries
- ○ Obesity
- ○ Pollution (e.g., water, air, soil quality)
- ○ Rape/sexual assault
- ○ Respiratory/lung disease
- ○ Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis)
- ○ Stress
- ○ Substance abuse/drug abuse
- ○ Suicide
- ○ Tobacco use (includes e-cigarettes, smokeless tobacco use)
- ○ Teenage pregnancy
- ○ Vaccine preventable diseases (e.g., flu, measles)
- ○ Other, please specify

_____

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

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

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

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

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

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

11. What were the reasons you could not get the primary/family care you needed during the past 12 months? Choose ALL that apply

○ Cost

○ No appointments available or long waits for appointments

○ No primary care providers (doctors, nurses) available

○ Service not covered by insurance or have no insurance

○ Transportation, couldn't get there

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

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

○ Other, please specify _____

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

○ Yes. Please go to Question 13.

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

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

○ Cost

○ No appointments available or long waits for appointments

○ No mental health care providers or no substance use therapists or counselors available

○ Service not covered by insurance or have no insurance

○ Transportation, couldn't get there

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

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

○ Other, please specify _____

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

○ No. Please go to Question 21.

○ Yes. Please go Question 15.

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

○ Yes. Please go to Question 16.

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

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

○ Cost

○ No appointments available or long waits for appointments

○ No dentists available

○ Service not covered by insurance or no insurance

○ Transportation, couldn't get there

○ Other, please specify _____

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

○ Yes. Please go to Question 18.

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

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

○ Cost

○ No appointments available or long waits for appointments

○ No primary care providers (doctors, nurses) available

○ Service not covered by insurance or have no insurance

○ Transportation, couldn't get there

○ Other, please specify _____

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

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

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

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

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

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

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

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

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

○ Cost

○ No appointments available or long waits for appointments

○ No dentists available

○ Service not covered by insurance or have no insurance

○ Transportation, couldn't get there

○ Other, please specify _____

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

○ Yes. Please go to Question 25.

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

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

○ Cost

○ No appointments available or long waits for appointments

○ No primary care providers (doctors, nurses) available

○ Service not covered by insurance or have no insurance

○ Transportation, couldn't get there

○ Other, please specify _____

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

○ Yes. Please go to Question 27.

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

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

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

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

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

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

o   Very easy
o   Easy
o   Not easy nor difficult
o   Difficult
o   Very Difficult

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

THE VILLAGES REGIONAL HOSPITAL

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

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

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

32. Overall, how healthy are the people in your community?

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

33. How do you rate your health?

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

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

34. What is your age?

- ○ 0-17
- ○ 18-24
- ○ 25-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60-64
- ○ 65-69
- ○ 70-79
- ○ 80 or older
- ○ I prefer not to answer

35. What is your gender?

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

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

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

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

○ American Indian and Alaska Native

○ Asian

○ Black or African American

○ Native Hawaiian and Other Pacific Islander

○ Two or more races

○ White

○ I prefer not to answer

○ Other (please specify) _____

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

○ Elementary/Middle School

○ High school diploma or GED

○ Technical/Community College

○ 4-year College/Bachelor's degree

○ Graduate/Advanced degree

○ Some college

○ I prefer not to answer

○ Other (please specify) _____

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

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

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

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

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

- ○ Less than $10,000
- ○ $10,000 to $19,999
- ○ $20,000 to $29,999
- ○ $30,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $124,999
- ○ $125,000 to $149,999
- ○ $150,000 to $174,999
- ○ $175,000 to $199,999
- ○ $200,000 or more
- ○ I prefer not to answer

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

_____
_____
_____
_____
_____
_____
_____
_____

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

Email address: _____

Phone number: _____

Please return your completed survey to the agency/organization that provided it to you. You may also return the survey in person or by mail to:

- The Villages Regional Hospital, c/o Marketing Department, 1451 El Camino Way, The Villages, FL 32159
- Leesburg Regional Medical Center, c/o Marketing Department, 600 E. Dixie Avenue, Leesburg, FL 34748
- WellFlorida Council, 1785 NW 80th Blvd., c/o CFH Community Survey, Gainesville, FL 32606

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

HEALTHCARE PROFESSIONAL SURVEY

Central Florida Health

2019 Central Florida Health Community Health Needs Assessment Health Professional Survey

Dear Health Care Professional,

Central Florida Health, which includes the Leesburg Regional Medical Center and The Villages Regional Hospital, 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 in May 2019. We request your input as a health care professional, on the most pressing health and health care issues facing our service areas in North Lake County and Sumter/South Marion County. Your responses will inform community health improvement planning and assist efforts to build a healthier community.

This survey consists of 11 questions and some demographic items. It should take no more than 5-7 minutes to complete. The survey will be available from Monday, February 18, 2019 through Friday, March 31, 2019.

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

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1. In what service area do your clients live?

❍   North Lake County
❍   Sumter/South Marion County
❍   Both (North Lake County and Sumter/South Marion County
❍   I do not provide health care services to clients in either service area. *Sorry! You are not eligible to take this survey. If you reside in Lake, Marion or Sumter county, please consider taking the general community survey available at* https://wellflorida.org/surveys/

2. What is your health care profession?

- ❑ Advanced Registered Nurse Practitioner (including all specialties and certification types)
- ❑ Dentist
- ❑ Dietitian/Nutritionist
- ❑ Mental Health Counselor/Substance Abuse Counselor
- ❑ Nurse
- ❑ Occupational Therapist
- ❑ Pharmacist
- ❑ Physician
- ❑ Physician Assistant
- ❑ Physical Therapist
- ❑ Speech Language Pathologist
- ❑ I do not provide health care services
- ❑ Other (please specify) _____

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

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

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

- ❑ Access to convenient, affordable and nutritious foods
- ❑ Access to health care including primary and specialty care, dental care and mental health care
- ❑ Affordable goods/services
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Arts and cultural events
- ❑ Awareness of health care and social services
- ❑ Clean environment
- ❑ First responders, Fire/Rescue/EMS, Emergency preparedness
- ❑ Good place to raise children
- ❑ Good race/ethnic relations
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Job opportunities for all education levels
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of adult deaths and disease
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Places of worship
- ❑ Public transportation
- ❑ Religious or spiritual values
- ❑ Strong economy
- ❑ Strong family life
- ❑ Other (please specify) _____

The following series of questions relate to the service area(s) you selected in Question 1. Questions are repeated if you selected the option "Both (North Lake County and Sumter/South Marion County" as your service area.

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

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

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

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

6. In the list below, please identify the three (3) behaviors that you believe have the greatest negative impact on the overall health of people in <u>North Lake County</u>. Please select three (3) choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sweetened beverages
- ❑ Exposure to excessive and/or negative media and advertising
- ❑ Lack of personal responsibility
- ❑ Lack of sleep
- ❑ No or insufficient physical activity
- ❑ Not getting immunizations to prevent disease (e.g. flu shots)
- ❑ Not using birth control
- ❑ Not using health care services appropriately
- ❑ Not using seat belts/child safety seats
- ❑ Overeating
- ❑ Poor race/ethnic relations, racism
- ❑ Poor stress management
- ❑ Starting prenatal care late in pregnancy
- ❑ Tobacco use including e-cigarettes, smokeless tobacco
- ❑ Unsafe sex practices
- ❑ Unsecured firearms
- ❑ Violence
- ❑ Other (please specify) _____

7. In the list below, please identify the three (3) behaviors that you believe have the greatest negative impact on the overall health of people in <u>Sumter/South Marion County</u>. Please select three (3) choices.

❑ Alcohol abuse
❑ Distracted driving (e.g. texting and driving)
❑ Dropping out of school
❑ Drug abuse
❑ Eating unhealthy foods/drinking sweetened beverages
❑ Exposure to excessive and/or negative media and advertising
❑ Lack of personal responsibility
❑ Lack of sleep
❑ No or insufficient physical activity
❑ Not getting immunizations to prevent disease (e.g. flu shots)
❑ Not using birth control
❑ Not using health care services appropriately
❑ Not using seat belts/child safety seats
❑ Overeating
❑ Poor race/ethnic relations, racism
❑ Poor stress management
❑ Starting prenatal care late in pregnancy
❑ Tobacco use including e-cigarettes, smokeless tobacco
❑ Unsafe sex practices
❑ Unsecured firearms
❑ Violence
❑ Other (please specify) _____

8. What health care services are difficult to obtain in <u>North Lake County</u>? Please select all that apply.

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

○ Prescriptions/medications or medical supplies

○ Laboratory services

○ Dental/oral care

○ Preventive care (e.g., check-ups)

○ Mental/behavioral health

○ Emergency room care

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

○ Physical therapy, rehabilitation therapy

○ Family planning/birth control

○ Specialty care (e.g., cardiologist, neurologist)

○ Vision/eye care

○ In-patient hospital care

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

○ Prenatal care

○ Imaging (CT scan, MRI)

○ Urgent care (e.g., walk-in clinic)

○ Other, please specify

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9. What health care services are difficult to obtain in Sumter/South Marion County? Please select all that apply.

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

○ Prescriptions/medications or medical supplies

○ Laboratory services

○ Dental/oral care

○ Preventive care (e.g., check-ups)

○ Mental/behavioral health

○ Emergency room care

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

○ Physical therapy, rehabilitation therapy

○ Family planning/birth control

○ Specialty care (e.g., cardiologist, neurologist)

○ Vision/eye care

○ In-patient hospital care

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

○ Prenatal care

○ Imaging (CT scan, MRI)

○ Urgent care (e.g., walk-in clinic)

○ Other, please specify

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10. How would you rate the overall health of residents of North Lake County? Please select one (1) response.

○ Very unhealthy
○ Unhealthy
○ Somewhat healthy
○ Healthy
○ Very healthy

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11. How would you rate the overall health of residents of Sumter/South Marion County? Please select one (1) response.

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

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

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

13. For your clients in <u>Sumter/South Marion County</u> with chronic diseases or conditions, what do you feel are the biggest barriers to the client being able to manage his or her own chronic disease or condition? Please select two (2) responses.

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

14. What can <u>North Lake County</u> do to help improve the health of your clients and others in the community? Please check all that apply.

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

15. What can Sumter/South Marion County do to help improve the health of your clients and others in the community? Please check all that apply.

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

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

○ Poor
○ Fair
○ Good
○ Very Good
○ Excellent

16. How would you rate the overall accessibility to health care for residents of Sumter/South Marion County? Please select one (1) choice.

○ Poor
○ Fair
○ Good
○ Very Good
○ Excellent

17. How would you rate your own personal health?

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

The next series of questions are general demographic questions.

18. 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

19. What is your gender?

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

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

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

21. 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

22. 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 _____

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

_____

_____

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