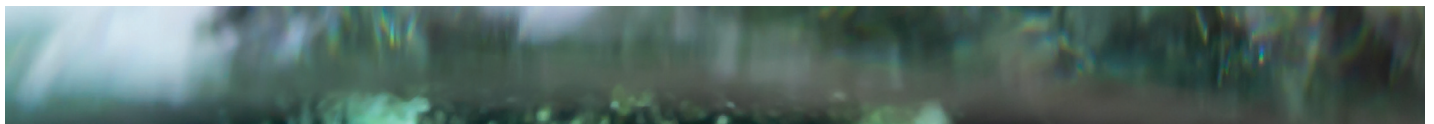




DIXIE COUNTY

COMMUNITY HEALTH ASSESSMENT

PUBLISHED JUNE 2023 | JUNE 2023 - MAY 2028



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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

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

ASSESSMENT	DESCRIPTION	KEY FINDINGS
Community Health Status Assessment	Secondary data covering Demographics, Socioeconomics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, Infectious Diseases, and Health Care Access and Utilization.	<ul style="list-style-type: none">• Low per capita income; high rates of food insecurity and poverty, especially among children and Black/Hispanic residents• Elevated mortality rates, especially due to cancer, CLRD, and unintentional injury• Higher rates of suicide, domestic violence, Baker Acts, Mental Health ED Visits, obesity, and tobacco use and exposure• Very limited access to healthcare facilities and providers
Community Themes and Strengths Assessment	Survey feedback was collected from community members and health care providers on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Dixie County.	<ul style="list-style-type: none">• Access to healthcare was the single most important factor that contributes to a healthy community• Substance abuse was the most important county health issue• Cost was the greatest barrier to primary and dental care, with 25.2% not getting needed primary and 52.8% needed dental care• Provider availability was the greatest barrier to mental health and substance abuse care
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Dixie County.	<ul style="list-style-type: none">• Social and Behavioral concerns, such as an aging population, lack of connection between programs, and increasing high school dropouts, drug use, and distrust in science and authority• Social and Economic concerns, such as lack of healthcare availability and transportation to healthcare services
Strategic Priorities	Access to Care Mental and Behavioral Health Care Healthy Lifestyles	

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In April 2022, the Florida Department of Health launched the 2022 Community Health Assessment process in Dixie County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Dixie County and better understand the causes and contributing factors to health and quality of life in the county; and secondly, to prioritize those identified gaps and concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Dixie County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health needs assessment process every five years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Dixie County. This body, called the 2022 Dixie County CHA Steering Committee, guided the process and assured that the health needs and issues of all Dixie County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Dixie County for the larger goal of improving health outcomes and quality of life for all residents in Dixie County.

Process and Methodology

This comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Strategies to establish the assessment of health equity and health disparities have been included in the Dixie County MAPP process. Use of the MAPP tools and techniques helped Dixie ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

Assessments

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

In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components as follows:

- Executive Summary
- Introduction and Assessment Methodology
- Organizing for Success, Partnership Development, and Visioning
- Community Health Status Assessment
- Community Themes and Strengths Assessment

-
- Forces of Change Assessment
 - Intersecting Themes and Key Considerations
 - Appendices
 - ▶ Appendix A – Community Survey
 - ▶ Appendix B – Provider Survey
 - ▶ Appendix C – Steering Committee Members

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *Tri-County Community Health Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system assessment. Myriad secondary data sources were used to examine the health of Dixie County, including the U.S. Census Bureau, the Florida Department of Health’s FLHealthCHARTS, the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Dixie County. More information on ZCTAs as well as a list of ZCTAs for Dixie County can be found in the Technical Notes section of the *2022 Tri-County Community Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 32628 Cross City. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: “How healthy is the community?”.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community’s input or perspective into the health problems and needs of the community. In order to determine the community’s perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering more than 120 responses. Likewise, in order to determine provider’s perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from 58 health care, behavioral health care, health education, and social services providers in the Tri-County region of Dixie, Gilchrist, and Levy counties. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”.

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on September 13th, 2022 with the Dixie County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”.

Intersecting Themes and Key Considerations

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

Identified Health Priorities

The CHA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and arriving at consensus, the Steering Committee arrived at the three (3) strategic priority issue areas listed below:

- Access to Care
 - ▶ Addressing barriers
 - ▶ Insurance access and education
 - ▶ For mental and behavioral health
 - ▶ People in poverty
 - ▶ Family planning, especially prenatal care, OB-GYN care, and teen birth prevention
 - ▶ Providing for increasing demand in services
 - ▶ Transportation to healthcare services
- Mental and Behavioral Health Care
 - ▶ Including substance misuse
 - Tobacco, vapes and other Electronic Nicotine Delivery Systems (ENDS), alcohol
- Healthy Lifestyles
 - ▶ Heart health
 - ▶ Pulmonary health
 - ▶ Diabetes management
 - ▶ Immunizations
 - ▶ Cancer screenings
 - ▶ Environmental Health, especially the proper disposal of medications

Action and Implementation

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

FIGURE 1: MAPP PROCESS DIAGRAM



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

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



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

Using The Community Health Assessment

The 2022 Dixie County Health Assessment (CHA) is intended to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of local health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. The chief objectives of this CHA are the following:

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

Technical Appendix

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

ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. Therefore, a diverse array of community leaders and organizations were invited to partake in the assessment process as Steering Committee members. In total, 27 Steering Committee members were involved. Their names and titles are provided in Appendix C.

Visioning

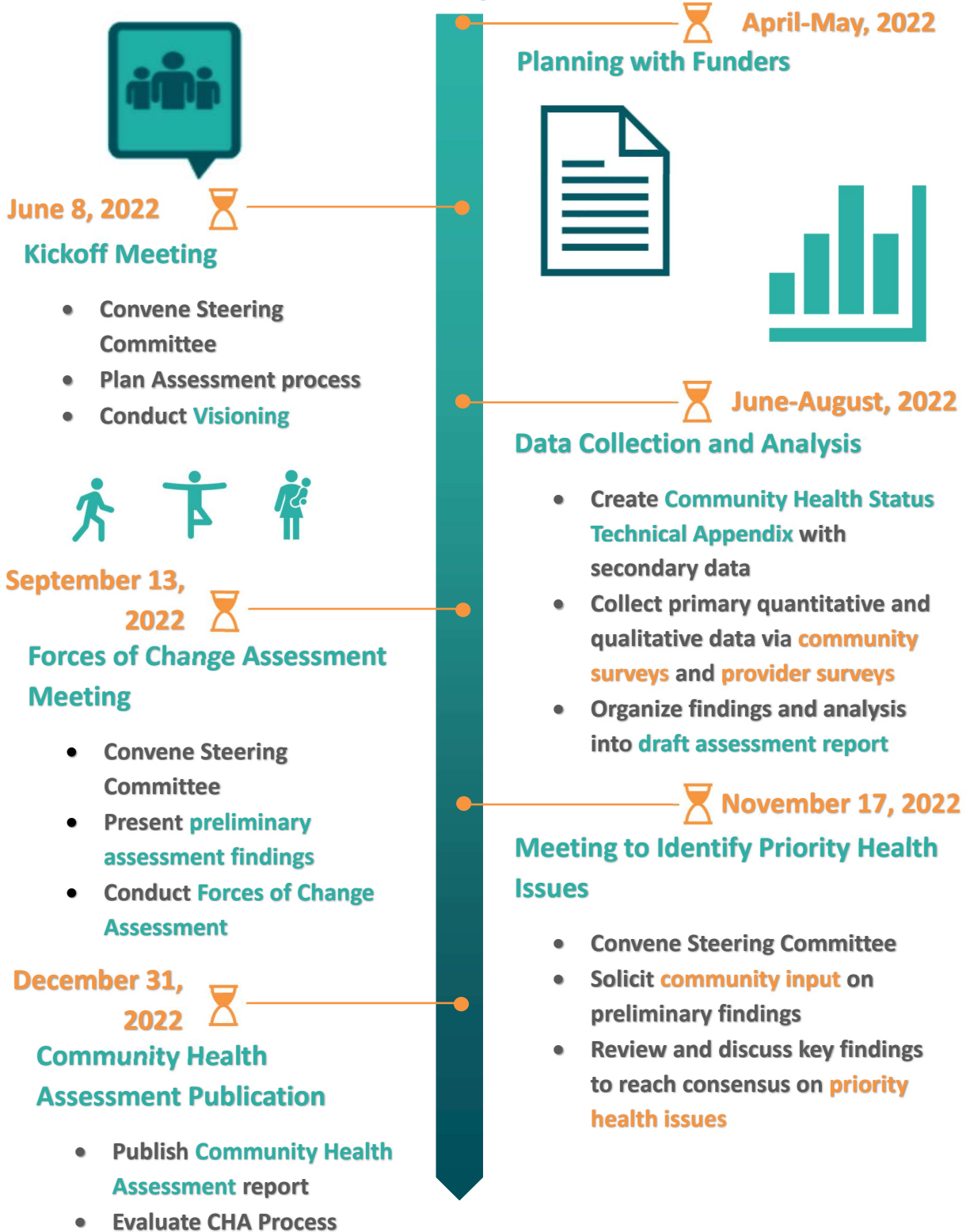
At their kick-off meeting on June 8, 2022 the Dixie County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Dixie County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed for a healthy Dixie County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Discussion largely centered around challenges and barriers to implementing change in the Dixie County community. These thoughts were compiled by WellFlorida Council into five (5) potential vision statements. These statements were edited at the September 13 Forces of Change meeting to yield the following:

1. Dixie County, where all residents have access to affordable living and health care.
2. Dixie County, a supportive community where all individuals can attain optimal health.
3. To ensure the health and wellness of each individual so every person may reach their fullest human potential within a caring environment.
4. Dixie County, where all have the opportunity to achieve health equity and a high quality of life for all.
5. A community where all people achieve their fullest potential for optimal wellness across the lifespan.

A vote at this same meeting resulted in the second option being selected as the vision statement: “Dixie County, a supportive community where all individuals can attain optimal health.”



2022 Dixie County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

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

A community health status assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging issues. Data from this report can be used to explore and understand the health needs of Dixie County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Behavioral Risk Factors
- Health Disparities
- Social Determinants of Health

Many of the data tables in the 2022 Technical Appendix contain standardized rates for the purpose of comparing Dixie County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary includes references to specific tables in the 2022 Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2022 Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Dixie County demographic and socioeconomic profile.

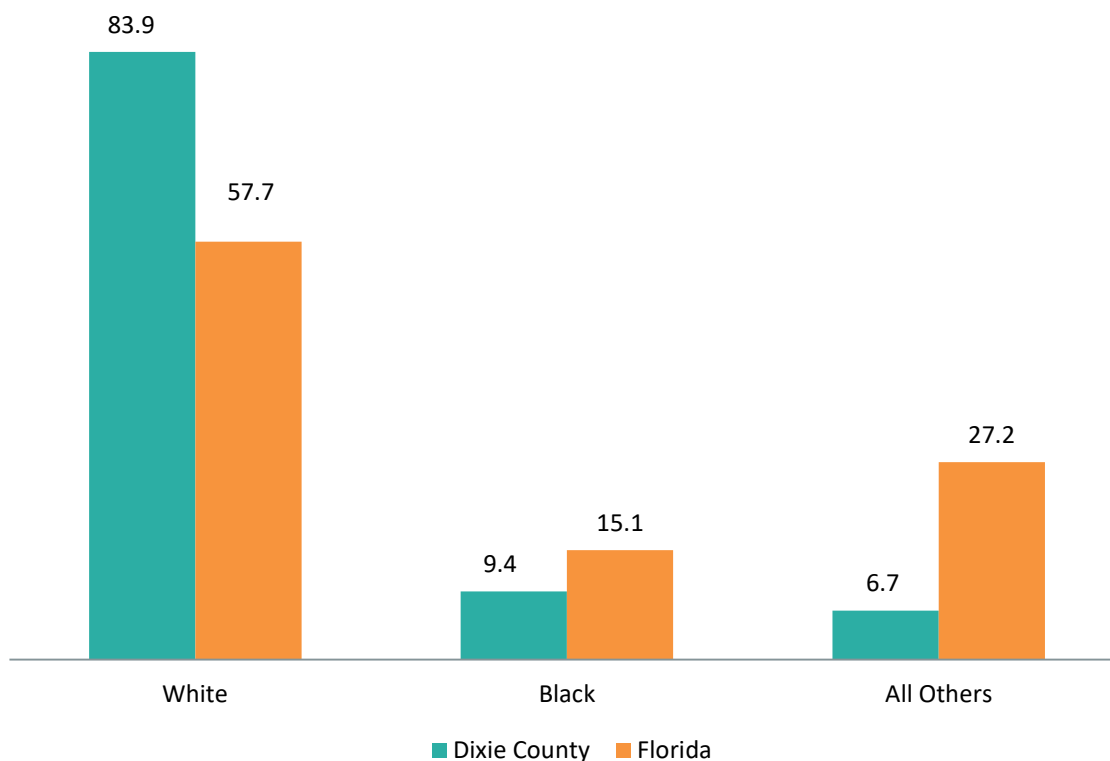
Population

The 2010 Census recorded a population of 16,422 individuals for Dixie County, and the most recent 2020 Census recorded only a modest increase to 16,759 (Tables 5 and 7, 2022 Technical Appendix). The University of Florida's Bureau of Economic Business Resources projects very small population increases for Dixie County through 2045, with percentage change projected to be less than the state (Table 5, 2022 Technical Appendix). It is noteworthy that

females are projected to increase in population faster than males in coming years, even though females are currently only 42.7 percent of the population according to the ACS 2016-2020 estimate (Tables 5 and 8, 2022 Technical Appendix). As of the 2020 US Census, 11.2 percent of the county lives in Cross City, 1.1 percent in Horseshoe Beach, and 87.7 percent in unincorporated areas; a stark contrast to only 49.5 percent of the state living in unincorporated areas (Table 6, 2022 Technical Appendix).

Dixie County is less racially diverse than the state, with 83.9 percent of the population reporting as White. The Black population makes up the largest racial minority at 9.4 percent of residents, followed by Two or More Races at 4.7 percent, and Other at 1.3 percent. American Indian and Alaska Native Alone, Asian Alone, and Native Hawaiian and Other Pacific Islander Alone cumulatively constitute less than one (1) percent of the Dixie County population. In contrast, Florida is only 57.7 percent White, with 15.1 percent identifying as Black, 16.5 percent as Two or More Races, and 7.3 percent as Other (Table 7, 2022 Technical Appendix). Please note that in Figure 3 below, “All Others” includes Two or More Races, American Indian and Alaska Native Alone, Asian Alone, Native Hawaiian and Other Pacific Islander Alone, and Other.

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



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

Veterans constitute 12.6 percent of the Dixie County population, a respectable departure from the state rate of 8.4 percent of the population. Most of these Veterans are in 32680 Old Town at 15.6 percent of Old Town’s population (Table 20, 2022 Technical Appendix). Additionally, Dixie County encompasses approximately 1,585 individuals in group quarters, which include correctional institutions and nursing homes, embodying 9.5 percent of the county population compared to only 2.0 percent of Florida overall. 1,580 of these individuals are housed in 32628 Cross City, making up 29.4 percent of the zip code tabulation area (ZCTA) population, which contains both the Cross City Corrections Department and the county’s only nursing home (Table 17, 2022 Technical Appendix).

As most of the data reported here refers to calculations based on the 2016-2020 American Community Survey (ACS) estimates, including all the zip code level data, for the rest of this report the population of Dixie County will be considered 16,740, according to the most recent ACS estimate, unless specified otherwise (Table 8, 2022 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2022 Technical Appendix.

Race

According to the 2016-2020 ACS estimates, approximately 85.9 percent of Dixie County is White, 8.3 percent Black, 3.9 percent two or more races, 1.6 percent other, and cumulatively less than once percent American Indian or Alaska Native, Asian, or Native Hawaiian and Other Pacific Islander. These numbers strongly contrast with the estimated diversity of Florida as a whole: 71.6 percent White, 15.9 percent Black, 3.9 percent two or more races, 2.8 percent Asian, 0.8 percent other, 0.3 percent American Indian or Alaska Native, and 0.1 percent Native Hawaiian and Other Pacific Islander. The greatest diversity within Dixie County appears to be in Zip Code Tabulation Area (ZCTA) 32628 Cross City, with only 69.2 percent of the population recorded as White, 21.7 percent as Black, 7.5 percent as two or more races, 0.7 percent as other, and being home to every individual in the county identifying as American Indian or Alaska Native, Asian, or Native Hawaiian and Other Pacific Islander. 32648 Horseshoe Beach and 32692 Suwannee are the least diverse, both holding a 100 percent White population. The final ZCTA, 32680 Old Town, is not far behind these latter two regions at 93.2 percent White (Table 9, 2022 Technical Appendix).

Ethnicity

Florida has the third largest Hispanic population among all US states (<https://www.census.gov/quickfacts/US>), with approximately 5.47 million Hispanic individuals calling the state home 2016-2020, making up 25.8 percent of the total state population. Nonetheless, Dixie County presents a noticeable dearth of Hispanic persons, with Hispanics making up only 4.2 percent of the total population. Most are found in 32628 Cross City (4.8 percent of the ZCTA) and 32680 Old Town (4.2 percent of the ZCTA). Horseshoe Beach and Suwannee comprise of 1.0 percent and 0 percent Hispanics, respectively (Table 10, 2022 Technical Population).

Sex

Dixie County's population distribution is largely skewed in favor of males, with 57.3 percent of the population recorded as male and 42.7 percent as female in the ACS 2016-2020 estimates. This discrepancy in sex ratios is not evenly distributed across the county. Within 32628 Cross City, the population is 65.2 percent male, likely due to the all-male correctional institution in this region, where 29.4 percent of the ZCTA are housed in group quarters. 32692 Suwannee and 32680 Old Town are also majority male, comprising 66.7 percent and 54.0 percent of the population, respectively. On the contrary, 32648 Horseshoe Beach is mostly female, with only 36.6 percent of the population recorded as male (Tables 11 and 17, 2022 Technical Appendix).

Age

Dixie County has a slightly older age distribution than the state at large, containing 18.1 percent children under the age of 18 compared to the state's rate of 19.9 percent, 59.0 percent adults aged 18-64 compared to 59.6, and 22.9 percent adults aged 65 or more compared to 20.5 percent. It is noteworthy that although Dixie County has a greater rate of retirement age persons compared to Florida, Florida has a greater rate of 85+ individuals than Dixie County at 2.7 percent compared to 1.6 percent. This may reflect the shorter-than-average life expectancy of the county (Tables 12 and 13, 2022 Technical Appendix).

When examining the data by ZCTA, it is evident that 32628 Cross City has the highest percentage of children under five (5), comprising 4.4 percent of the Cross City population – although 32680 Old Town is very close behind at 4.3 percent of their population being under the age of five (5), and containing the highest raw number of children

under five (5) out of all the ZCTAs in Dixie. 32648 Horseshoe Beach has the highest percentage of children under 10, comprising 15.3 percent of the Horseshoe Beach population, and Horseshoe Beach ties with 32692 Suwannee for the highest percentage of children overall, with 37.3 percent of their respective populations being under the age of 18. 32680 Old Town has the highest percentage of seniors aged 65+ in the community, making up 28.1 percent of the Old Town population, a rate more than double that of the remaining ZCTAs (Tables 12 and 13, 2022 Technical Appendix).

There are many interesting intersections between age and sex. The adult population aged 18-64 appears to be the main demographic driving the male skew in Dixie County, making up 73.2 percent of the male population in 32628 Cross City. This again logically aligns with the presence of the correctional institution in this region. Additionally, children in Dixie County are predominantly male, making up approximately 58.7 percent of the county's under 18 population. On the contrary, the prevalence of females mentioned previously in Horseshoe Beach appears to be largely driven by the 0-17 years of age demographic, with 47.8 percent of the female population being under 18 and comprising 81.2 percent of the minor population in this area (Table 13, 2022 Technical Appendix).

There also exists many notable interactions between age and race. The age distribution of Dixie County's White population is similar to that of the state, with slightly more 65+ adults compared to under 65 adults. The White, non-Hispanic subset of the population explains the large percentage of retirement-aged adults in 32680 Old Town, where very few Black and Hispanic seniors reside. Despite this overall trend, 32692 Suwannee and 32648 Horseshoe Beach are each skewed more towards White children, with 37.3 percent of the population being under 18 years old for each. As pointed out above, 32692 Suwannee younger population is primarily composed of male White children and 32648 Horseshoe Beach, female White children (Table 14, 2022 Technical Appendix).

The age distribution of Black Dixie County residents contains many more working age adults than the state, with 79.8 percent of the Black population being between the ages of 18-64 on the county compared to 63.2 percent of the state. The percentage of the Black population estimated as children and seniors are each slightly more than half of the state rate, at 14.0 percent and 6.1 percent, respectively. As can be expected, this discrepancy is largely driven by the Cross City population distribution. Notably, the 2016-2020 ACS estimates place all Black children within either 32680 Old Town or 32628 Cross City, most of these children being male (Table 15, 2022 Technical Appendix).

The Hispanic population in Dixie County also has a younger population distribution than the state, consisting of 28.6 percent children, 68.5 percent working age adults, and 2.9 percent seniors. The overwhelming majority of the children are located in 32680 Old Town, with the working age population almost evenly split between 32628 Cross City and 32680 Old Town. Of the Hispanic adults in 32680 Old Town, 72.1 percent are male; additionally, 62.0 percent of Hispanic children in Dixie County are male (Table 16, 2022 Technical Appendix).

Languages Spoken

The vast majority of the 5+ population in Dixie County – 96.1 percent – speak only English, according to 2016-2020 ACS estimates. This is much greater than Florida, which contains only 70.6 percent of the population in this category. Only 1.3 percent of the county does not speak English “Very Well;” most of these individuals are found in 32628 Cross City, where they comprise 2.6 percent of the Cross City population (Table 51, 2022 Technical Appendix). Among those speaking other languages, 76.4 percent speak Spanish; 16.8 percent, other Indo-European languages; and 5.9 percent, Asian and Pacific Island languages.

Families and Households

The US Census Bureau defines families in this context as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. According to 2016-2020 ACS

estimates, Dixie County is home to approximately 4,320 family units, the vast majority being married couple families. Similar to the state, there are nearly three (3) times as many female householders with no husband present families as compared to male householders with no wife present (600 and 207 families, respectively). This ratio is skewed in 32628 Cross City, where there are more than four (4) times as many no husband households as there are no wife households, and where female householder with no husband families make up approximately 21.0 percent of all families. Average family size is smaller in Dixie County than the state at 2.95 individuals compared to 3.23. The largest average family size lies in 32692 Suwannee at 4.11 persons, all among married couple families (Table 18, 2022 Technical Appendix).

Families make up approximately 69.3 percent of all households in Dixie County, households including those who live alone or groups of unrelated individuals in addition to families. In particular, 32692 Suwannee households are 83.3 percent families. Average household size is also slightly less than the state at 2.43 people compared to 2.62 people (Table 19, 2022 Technical Appendix).

Life Expectancy

Dixie County ranks as 62nd out of 67 counties in Florida for length of life, with a life expectancy of 74.9 years for all residents based on the 2018-2020 Florida HealthCHARTS estimate, contrasting with the expected 79.4 years for the state as a whole (Tables 3 and 4, 2022 Technical Appendix). This number has shown no improvement since 2014. Furthermore, similar to the state, there are differences by sex observed; namely, that females on average live 6.1 years longer than males in Dixie County with a female life expectancy of 78.3 years compared to 72.2 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Table 4, 2022 Technical Appendix).

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

	Dixie County Life Expectancy in Years	Florida Life Expectancy in Years
Overall	74.9	79.4
Females	78.3	82.3
Males	72.2	76.5

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

Transportation

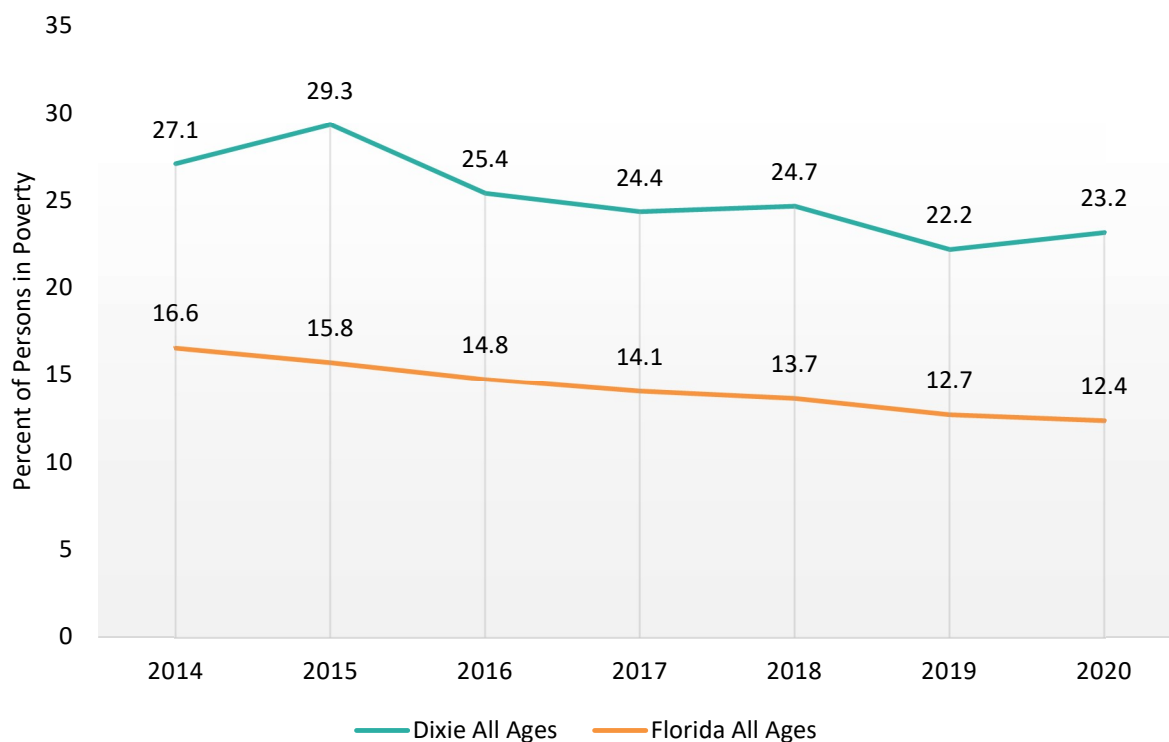
Most workers aged 16+ have a vehicle available both in Dixie County and the state (94.2 percent and 97.3 percent, respectively), and, similarly most drive alone to work (75.9 percent and 77.7 percent). Within Dixie County, slightly more people carpool than at the state level (15.6 percent compared to 9.2 percent). Virtually none of the residents use public transportation to commute. In general, most residents in Dixie County have a shorter average commute than the state. 22.6 percent spend less than 10 minutes traveling to work compared to only 8.8 percent of the state, and 72.6 percent have a commute of less than 30 minutes, compared to only 57.1 percent of the state (Tables 21 and 22, 2022 Technical Appendix).

Poverty

Rates of poverty in Dixie County are quite striking. The US Census Bureau Small Area Office of Federal Register defines the federal poverty level as a family of four (4) making 27,750 dollars or less per year in the 48 contiguous US states (Table 34, 2022 Technical Appendix). Income and Poverty Estimates place poverty estimates for Dixie County at 23.2 percent of all ages and 31.1 percent of children, compared to only 12.4 percent and 17.2 percent of

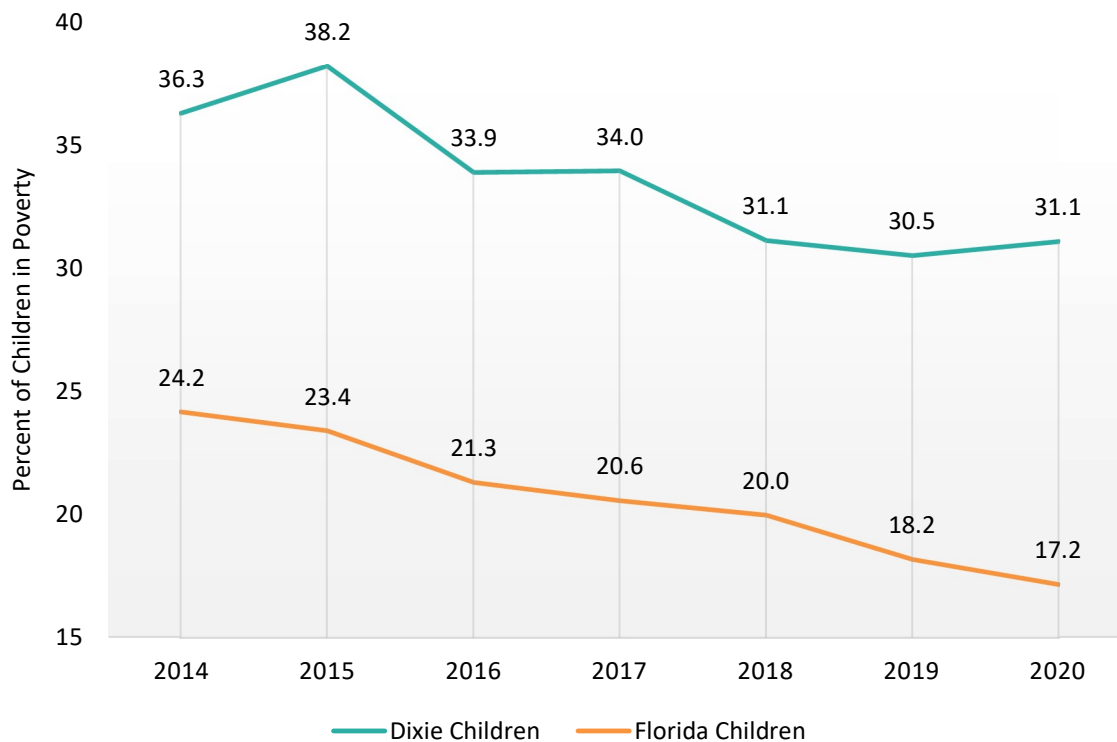
Florida, respectively. Alongside recent improvements in the state, the poverty rates in Dixie County have shown modest improvements since 2015 (Table 23, 2022 Technical Appendix).

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



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

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



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

Among all Dixie County residents, from 2016-2020 the ACS estimates that 16.8 percent of the population was in poverty, as well as 27.4 percent of children. The highest rate of poverty by a large margin is seen in 32648 Horseshoe Beach at 26.8 percent of the population. The largest percentage of children in poverty is placed also in 32648 Horseshoe Beach at 55.7 percent of all those under the age of 18. 32692 Suwannee sees the lowest rates of poverty among both adults (11.9 percent) and children (0.0 percent) (Table 24, 2022 Technical Appendix).

Dixie County also has a larger percentage of persons living just above the poverty level as compared to the state. Cumulatively, 41.2 percent of the county lives below 200 percent of the poverty line; the Office of Federal Register defines 200 percent of or twice the federal poverty level as a family of four (4) making 55,500 dollars or less per year in the 48 contiguous US states. This accounts for only 32.9 percent of Florida as a whole. 32692 Suwannee presents a unique circumstance where, although this ZCTA holds the lowest rates of poverty in the county, the entirety of the remaining population is estimated to be between 100-200 percent of poverty. Hence, this region has the highest rate of those living below 200 percent of the poverty line in the county at approximately 100 percent of the population. This rate is followed by 32648 Horseshoe Beach with 48.9 percent of the population living below 200 percent of the poverty line. As logically follows from having a poorer population, Dixie County has a lesser rate of residents making 400 percent or more of the poverty level at only 17.6 percent of the population, compared to 35.1 percent of the state. The ZCTA with the highest rate of individuals making this largest income bracket measured is 32680 Old Town at 18.2 percent (Tables 25 and 26, 2022 Technical Appendix).

Rates of poverty are slightly lower among the 65+ population, with 10.0 percent in poverty and 34.6 percent below 200 percent of poverty, compared to 10.5 percent and 29.7 percent in Florida, respectively. The highest rates of both those below the poverty level and below 200 percent of the poverty level are found among 32628 Cross City

seniors, at 14.9 percent in poverty and 42.9 percent below 200 percent of poverty (Table 26, 2022 Technical Appendix).

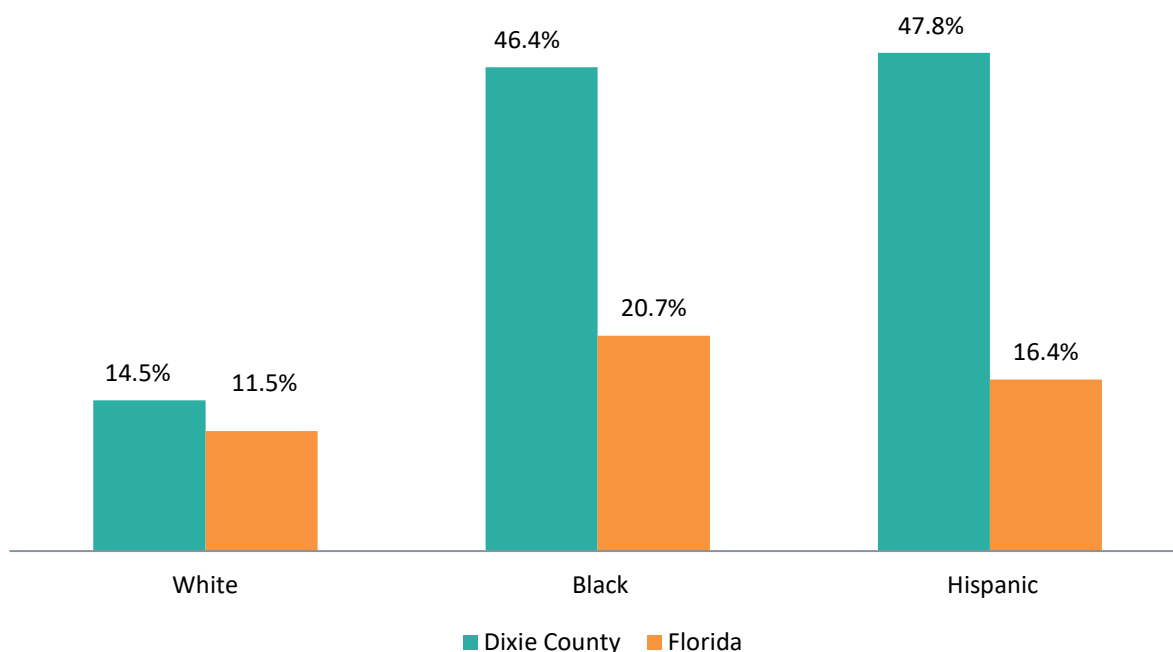
Poverty by Sex

Females display greater rates of poverty than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 17.6 percent of females and 16.2 percent of males in Dixie County are in poverty, compared to 14.3 percent and 12.3 percent in the state, respectively. The highest rate of males in poverty is found in 32628 Cross City at 19.7 percent, while the female counterpart lies in 32648 Horseshoe Beach at 38.3 percent of females and 32692 Suwannee at 35.7 percent of females (Table 27, 2022 Technical Appendix).

Poverty by Race and Ethnicity

Dixie County displays enormous disparities in poverty by race and ethnicity. Only 14.5 percent of the White population is in poverty and 16.8 percent of the overall Dixie County population according to the 2016-2020 ACS estimates. However, Black residents experience poverty rates that are three (3) times as high as those of their White counterparts, with 46.4 percent living in poverty. Similarly, Hispanic Dixie County residents experience poverty rates that are nearly three (3) times as high as those of the Dixie County population as a whole, with 47.8 percent living in poverty compared to 16.8 percent of the overall county. The highest rate of poverty among Black residents is found in 32680 Old Town at 59.8 percent and among Hispanics in 32628 Cross City at 56.3 percent (Table 28, 2022 Technical Appendix).

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



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

Poverty by Households

The US Census Bureau defines a household as all of the people who occupy a housing unit, including a house, apartment, mobile home, group of rooms, or a single room. Approximately 16.7 percent of households in Dixie County are in poverty according to 2016-2020 ACS estimates. By household type, all families with female head of household, no husband present have the greatest rate of poverty, at 29.5 percent of households. Married couple households possess the lowest rate of poverty at 8.8 percent. All of these rates in Dixie County are slightly higher than those at the statewide level (Table 29, 2022 Technical Appendix).

ALICE Households

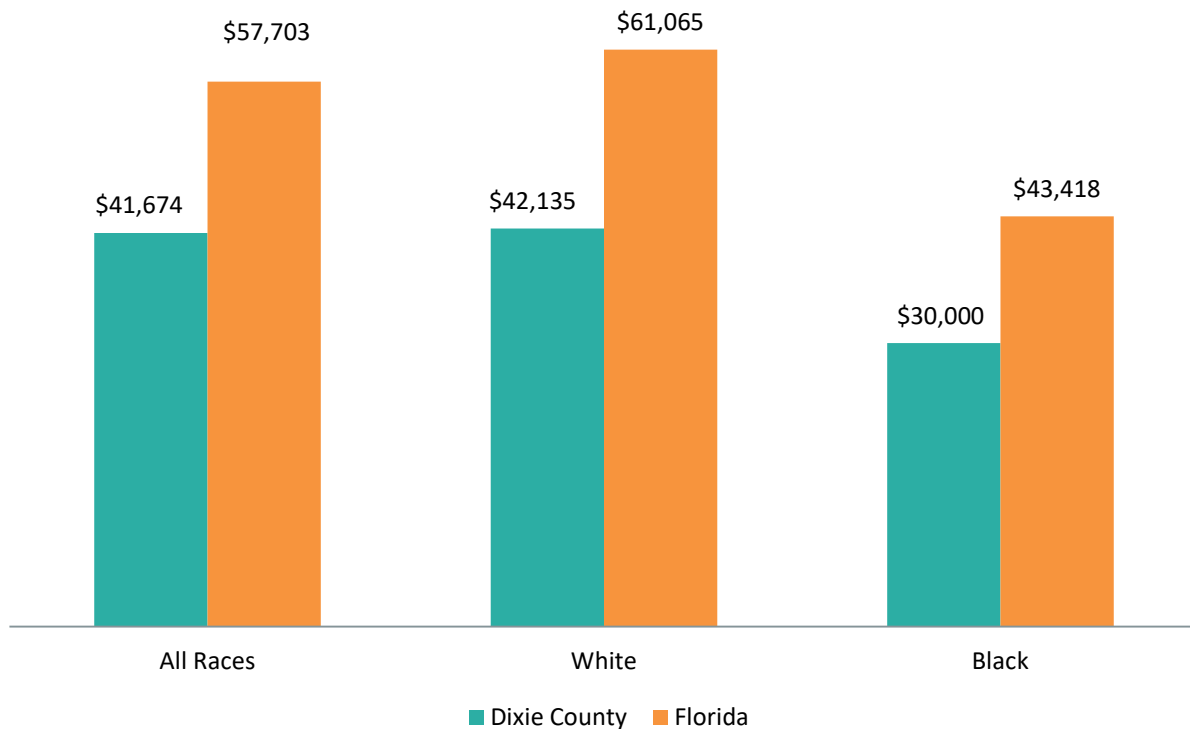
ALICE household reports, or Asset Limited, Income Constrained, Employed household reports, are publications by United Way producing unbiased, high quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. ALICE Household statistics attempt to capture those living above the poverty level but who are still struggling to make ends meet. Within Dixie County this includes, for example, a household of two adults and two children making 52,932 dollars per year or less. Their methodology is reviewed by outside experts and supported with an independent Research Advisory Committee within each state; more information can be found at <https://www.unitedforalice.org/overview>. The following data is taken from the 2018 ALICE Report, which contains information collected in 2016.

Within Dixie County, 35.0 percent of households meet the guidelines of being considered ALICE households. In Florida, this number is marginally improved to 32.0 percent. The rates of those households that are single or cohabiting in poverty (24.0 percent) or single or cohabiting ALICE households (39.0 percent) are much worse than the state rates of 13.0 and 33.0 percent, respectively. Dixie County also has a high rate of those 65 and over in poverty at 15.0 percent, with 37.0 percent of those 65 and over living in ALICE households (Table 36, 2022 Technical Appendix).

Income

Median household income among Dixie County residents is less than the state for all races (41,674 dollars versus 57,703 dollars), Whites (42,135 dollars versus 61,065 dollars), and Blacks (30,000 dollars versus 43,418 dollars) according to the most recent ACS data. Among the category of All Races, the lowest median household income was found in 32628 Cross City at 38,500 dollars. When contrasting White income and Black income, it is also notable that White Dixie County households on average make 40.5 percent more than Black Dixie County households at 42,135 dollars compared to 30,000 dollars, respectively (Table 32, 2022 Technical Appendix).

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



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

Per capita income is also dramatically lower for Dixie County than for the state, with an average per capita income of 19,911 dollars in the county and 32,848 dollars in the state. The highest average per capita income is located in 32692 Suwannee at 22,789 dollars; the lowest lies in 32628 Cross City at 14,201 dollars; the lowest category by area, race, and ethnicity is found among Black residents of 32680 Old Town at only 3,692 dollars per person (Table 33, 2022 Technical Appendix).

Per capita income by race demonstrates pronounced racial and ethnic disparities, as seen in Figure 8. On average, per capita income for Black residents is a mere quarter of that for White residents in Dixie County at 5,563 dollars and 21,909 dollars, respectively. Although the trend of lesser incomes for Black residents is evident throughout Florida, the difference is much less pronounced on the state scale, with the per capita income for Black Floridians coming in at 21,120 dollars compared to 36,601 dollars for White Floridians. Moreover, Hispanic Dixie County residents have a per capita income of only 7,699 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars (Table 33, 2022 Technical Appendix).

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

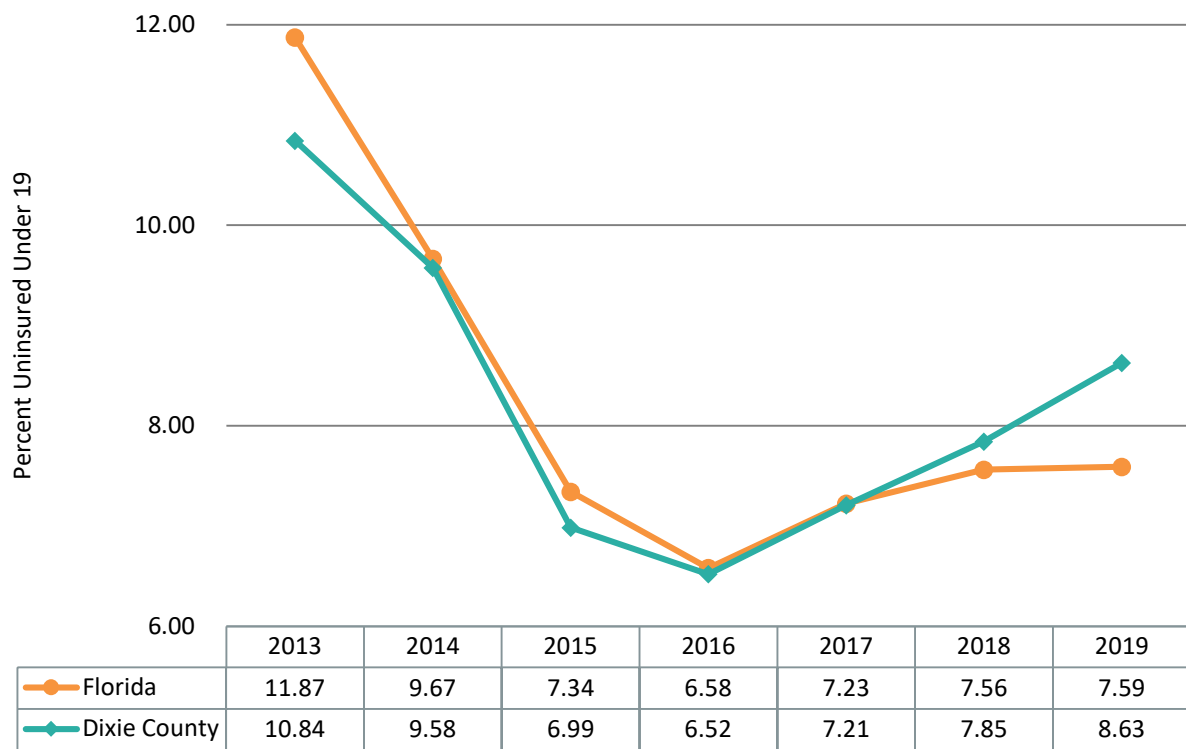


Source: Table 33, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Insurance

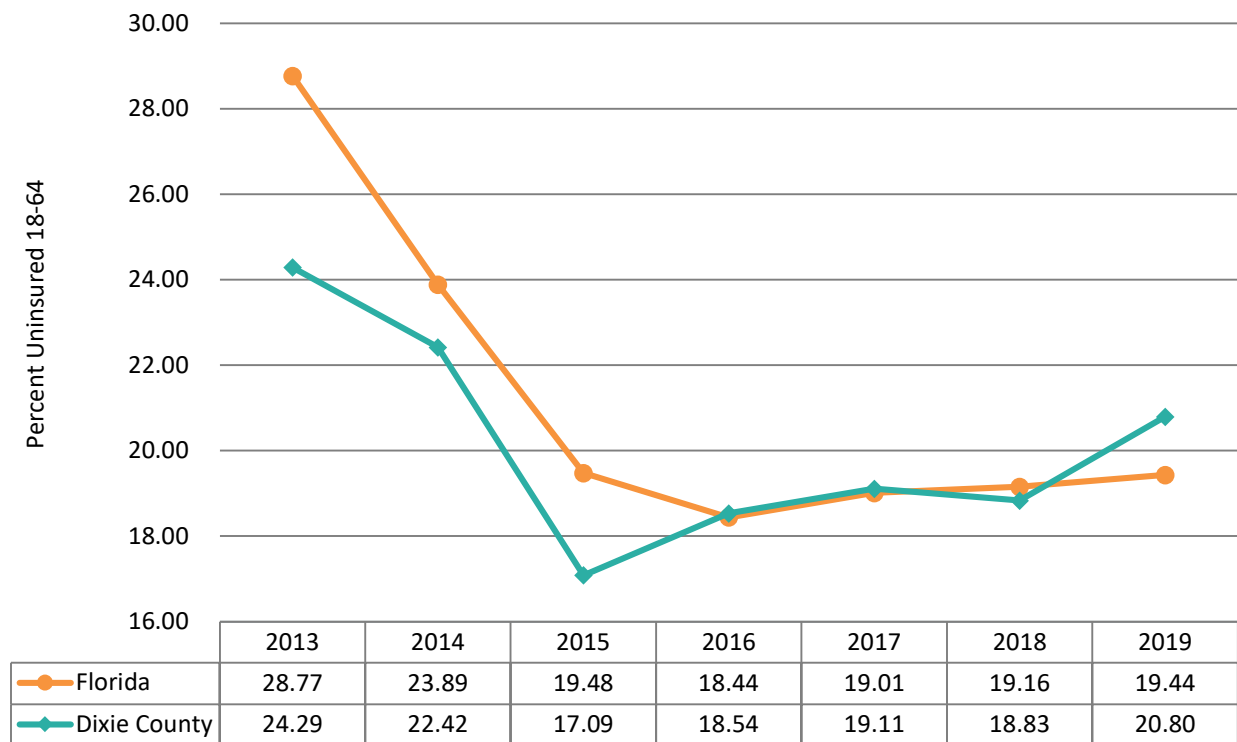
From 2016 through 2019, Dixie County generally had rates of insured persons similar to or slightly worse than the state according to the U.S. Census Bureau Small Area Health Insurance Estimates. To focus in on the most recent year, 2019, 8.6 percent of those under 19 years of age were uninsured in Dixie County, exceeding the state estimate of 7.6 percent; among those aged 18-64 years old, 20.8 percent uninsured in the county exceeded the 19.4 percent uninsured in the state (Tables 38 and 40, 2022 Technical Appendix). Overall, the 2016-2020 ACS estimates place the Dixie County population at 17.0 percent uninsured and Florida at 12.7 percent. By ZCTA, 32628 Cross City has the highest uninsured rate at 18.5 percent, and 32692 Suwannee the lowest at 0.0 percent (Table 44, 2022 Technical Appendix).

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



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

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



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

Employment

Unemployment rates recorded by FL HealthCHARTS from 2011-2019 were slightly higher for Dixie County than the state overall. However, the spike in unemployment in 2020 – likely due to the COVID-19 pandemic – was less severe for Dixie County than the state, so rates of unemployment for 2020 were less in Dixie County than the state at 5.5 percent compared to 7.7 percent for the state as a whole. These statistics are clearly illustrated in Figure 11 (Table 45, 2022 Technical Appendix).

By ZCTA and the 2016-2020 ACS estimates, 32648 Horseshoe Beach and 32692 Suwannee both have 100.0 percent employment, while 32628 Cross City has the highest rate of unemployment at 5.3 percent of the civilian population 16 and over in the labor force (Table 46, 2022 Technical Appendix).

It is also noteworthy that virtually every business in Dixie County is considered a small business, employing less than 50 employees. Among non-governmental businesses, 19.7 percent are retail (slightly above the state's rate of 12.6 percent) and 21.7 percent are services (less than half the state's rate of 51.8 percent) (Tables 47 and 48, 2022 Technical Appendix).

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

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

Education

On average, Dixie County residents have less education than Florida residents, with 20.4 percent of those 25+ years of age not holding a high school diploma versus 11.5 percent for the state and 64.2 percent only having a high school diploma versus 48.0 percent for the state. This results in approximately 15.5 percent of the county holding a college degree, less than half of Florida's rate at 40.5 percent of the population. This pattern is particularly evident in 32648 Horseshoe Beach, where only 5.0 percent of the population holds a college degree but 73.9 percent possess a high school diploma, and 32692 Suwannee, where 46.8 percent of the population holds no diploma, all among males (Table 49, 2022 Technical Appendix).

The Florida Department of Education reported that in the school years 2017-2018 through 2020-2021, Dixie County has shown alarming and consistent drops in high school graduation rates, going down from 96.9 percent in the 2017-2018 school year to 84.0 percent in the 2020-2021 school year. On the contrary, Florida rates have been gradually increasing during this time period, most recently for the 2020-2021 school year coming in at 90.1 percent. Similarly, dropout rates increased in Dixie County from 0.8 percent for the 2017-2018 school year up to 3.7 percent for the 2019-2020 school year, greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

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

HIGH SCHOOL GRADUATION RATES			HIGH SCHOOL DROPOUT RATES			HIGHEST LEVEL OF SCHOOL COMPLETED, BY PERCENT OF POPULATION 25+ YEARS, 2016-2020		
Year	Dixie County	Florida	Year	Dixie County	Florida		Dixie County	Florida
2016-17	89.5	82.3	2015-16	1.6	4.0			
2017-18	96.9	86.1	2016-17	3.5	3.5	No high school diploma	20.4	11.5
2018-19	90.6	86.9	2017-18	0.8	3.4	High school diploma	64.2	48.0
2019-20	89.8	90.0	2018-19	1.4	3.1	College degree	15.5	40.5
2020-21	84.0	90.1	2019-20	3.7	3.2			

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

Food Insecurity

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

- 75.2 percent of Dixie County Pre-Kindergarten Students, 61.0 percent of Florida
- 71.2 percent of Dixie County Kindergarten Students, 53.4 percent of Florida
- 66.8 percent of Dixie County Elementary School Students, 56.6 percent of Florida
- 63.7 percent of Dixie County Middle School Students, 55.1 percent of Florida

In the past four (4) years, rates of eligibility have been improving among kindergarten and elementary students, but not for pre-kindergarten nor middle school students (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reported that 3,428 food stamp clients reside in Dixie County, as well as 1,899 food stamp households, 94 Temporary Assistance for Needy Families (TANF) clients and 63 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, 581 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 3,475.7 per 100,000 population, greater than the state's rate of 2,890.5. Despite this larger burden within Dixie County, a similar number of WIC eligible are being reached and served: 62.8 percent in the county and 63.0 percent in the state. The number of WIC eligible served is the number of people who were issued benefits during September, the last month of the federal fiscal year. It is also noteworthy that 36.4 percent of WIC children 2 years and older are overweight or obese in Dixie County, as compared to 29.7 percent of WIC children in Florida (Tables 57 and 58, 2022 Technical Appendix).

Housing Data

Within Dixie County, only 12.6 percent of occupied households have housing costs of 30 percent or more of household income, a number overshadowed by the state rate of 34.7 percent. Similarly, only 43.0 percent of renter-occupied households have gross rent costs at or exceeding 30 percent of household income; for Florida, this number is 56.4 percent. Only 12.4 percent of the population suffers severe housing problems compared to 19.2 percent of Florida. All of these housing statistics are with respect to the 2016-2020 ACS (Table 63, 2022 Technical Appendix).

Incarceration Rates

Dixie County presents a rate of incarceration within FL HealthCHARTS that is more than three (3) times that of the state: 8.1 incarcerations per 1,000 population as compared to 2.5, respectively. The rate of inmate admissions for the 19+ population is 258.3 per 100,000 in Dixie County, also much higher than the state at 104.0 per 100,000 (Tables 59 and 60, 2022 Technical Appendix).

Voter Registration

Dixie County contains 10,409 registered voters as of May 31st, 2022 according to the Florida Department of State, of which 60.5 percent cast a ballot in the 2018 general election (Tables 61 and 62, 2022 Technical Appendix).

Mortality and Morbidity

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Dixie County demonstrates poor health outcomes across a variety of these measures and statistics, including the University of Washington Population Institute's County Health Rankings.

With respect to Table 5, counties are ranked relative to the health of other counties in the same state on the following summary measures:

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

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

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

Area/Category	2017	2018	2019	2020	2021	2022
HEALTH OUTCOMES	56	63	65	63	63	63
<i>Mortality/Length of Life</i>	65	62	60	63	58	62
<i>Morbidity/Quality of Life</i>	25	64	64	62	62	63
HEALTH FACTORS	59	60	63	62	64	60
<i>Health Behavior</i>	54	64	65	67	67	63
<i>Clinical Care</i>	61	63	64	58	56	52
<i>Social & Economic Factors</i>	52	52	54	59	63	59
<i>Physical Environment</i>	19	4	4	17	3	3

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

As demonstrated in Table 5, Dixie County ranks in the bottom quartile – or the worst 25 percent – of counties in the state of Florida for every measurement except physical environment. In particular, morbidity, mortality, and health behaviors are of great concern, ranking in at 63rd, 62nd, and 63rd out of 67 counties, respectively.

When broken down into the finer components contributing to these rankings, we still see that Dixie County has measures in all health outcomes, behaviors, clinical care, and social and economic factors that are worse than the state in 2022, with the exceptions of: percentage reporting excessive drinking, percentage unemployment, and rate of social associations. Dixie County has low rankings of health outcomes, length of life, quality of life, health factors, health behaviors, and social and economic factors, as well as particularly high rates of poor or fair health (26.7 percent), poor physical health days and mental health days (5.5 days and 5.9 days per month, respectively), low birthweight births (10.4 percent), adult smoking (27.8 percent), physical inactivity (34.9 percent), sexually transmitted infections (635.9 per 100,000 population), teen births (42.9 births per 1,000 females), children in poverty (31.1 percent), and ratio of population to dentists (17,057:1) as well as population to mental health providers (5,686:1); and lower rates of access to exercise opportunities (25.1 percent), mammography screening (35.0 percent), flu vaccinations (34.0 percent), high school graduation (79.6 percent), and population completing some college education (28.5 percent). Dixie County does have better measures than the state by the amount of air pollution particulate matter (7.3 average daily micrograms of PM2.5 per cubic meter compared to 7.8) and the lower percentage of people driving alone on a long commute (25.3 percent compared to 42.7 percent). Dixie County also has a lower percentage of severe housing problems compared to Florida at large, with 12.4 percent of residents experiencing at least one severe housing issue compared to 19.2 percent of Florida residents (Table 3, 2022 Technical Appendix).

Causes of Death

Age-adjusted mortality rates are much higher for Dixie County than for the state, reaching 910.8 deaths per 100,000 population as compared to Florida's rate of 698.4 for 2018-2020 according to the Florida Bureau of Vital Statistics. The number one (1) cause of death in Dixie County from 2018-2020 was cancer; the 2nd, heart disease; the 3rd, chronic lower respiratory disease (CLRD). Table 6 shows the top 10 causes of death for Dixie, Gilchrist, and Levy counties, as well as Florida (Tables 64 and 66, 2022 Technical Appendix).

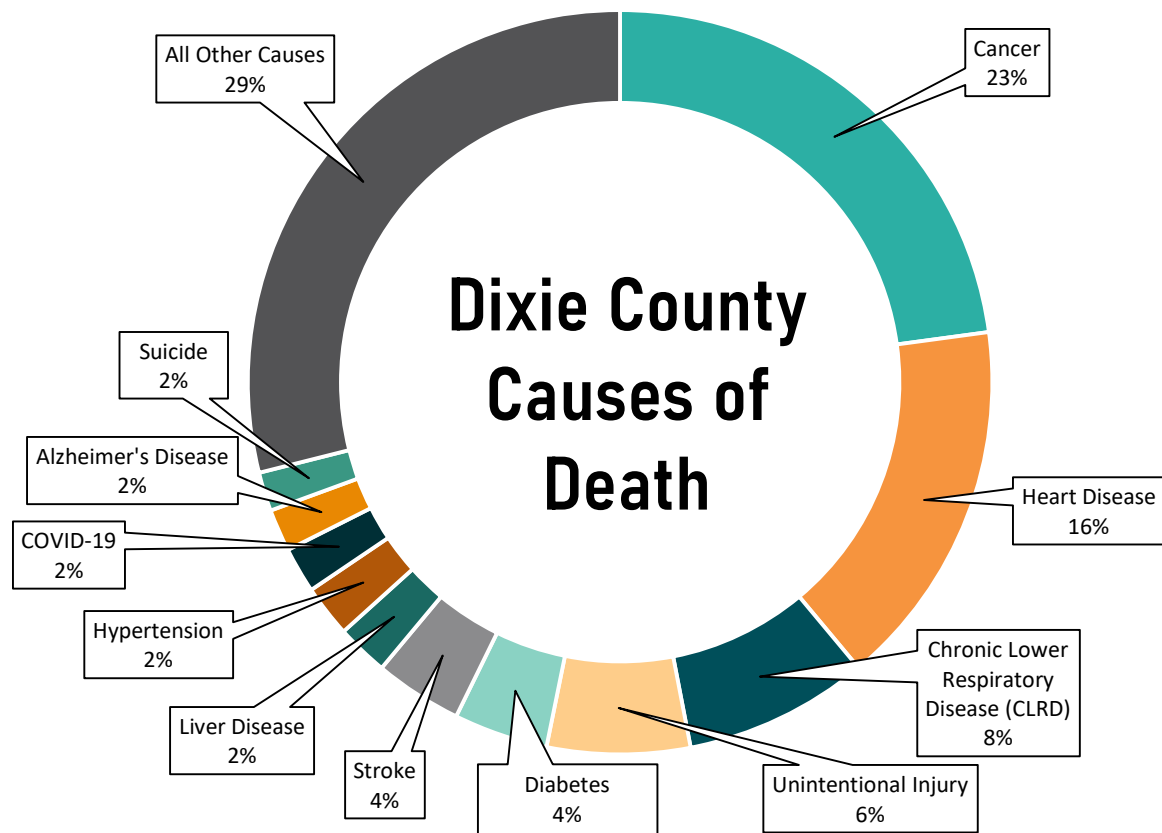
TABLE 6: TOP 10 CAUSES OF DEATH FOR DIXIE, GILCHRIST, LEVY COUNTIES AND FLORIDA, BY RANK, 2018-2020

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

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

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

FIGURE 12: DIXIE COUNTY CAUSES OF DEATH BY PERCENTAGE OF DEATHS CAUSED, 2018-2020



Source: Table 65, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Cancer, the leading cause of death in Dixie County, accounts for 22.8 percent of all deaths in the county, similar to the state at 20.9 percent, with a mortality rate of 193.0 per 100,000 population in Dixie County and 142.5 in Florida. Heart disease accounts for 16.1 percent of all deaths in Dixie County and 22.0 percent of Florida deaths at approximately 146 deaths per 100,000 population each. Dixie County leads the state in CLRD deaths by a large margin: 8.0 percent of deaths at 63.6 deaths per 100,000, as compared to 5.5 percent of Florida deaths at 36.2 deaths per 100,000. Dixie County also depicts higher rates of death compared to the state due to unintentional injury (73.2 deaths versus 59.0), diabetes (33.4 versus 21.1), liver disease (18.9 versus 12.1), hypertension (19.7 versus 8.9), and suicide (17.4 versus 14.3). On the other hand, Dixie County is doing favorably compared to the state in the areas of mortality due to stroke (32.8 deaths per 100,000 versus 42.3), COVID-19 (16.2 versus 19.7), and Alzheimer's Disease (16.2 versus 19.7) (Tables 65 and 67, 2022 Technical Appendix).

COVID-19

Focusing in on 2020, COVID-19 caused 48.6 age-adjusted deaths per 100,000 persons in Dixie County and 57.4 age-adjusted deaths per 100,000 persons in Florida. By race, White Dixie County residents had lower death rates than the state due to COVID-19, at age-adjusted rates of 41.2 per 100,000 persons and 51.1, respectively. However, Black Dixie County residents possessed higher death rates due to COVID-19 than their White counterparts and higher death rates than Black Floridians, at a rate of 110.7 per 100,000 persons in the county and 106.0 in the

state. Regardless, these counts are very small and should be interpreted with caution (Table 91, 2022 Technical Appendix).

Despite small numbers, the largest and most undeniable discrepancy exists between the sexes, with 13 male deaths in Dixie County recording an age-adjusted death rate of 88.0 deaths per 100,000 population in 2020 compared to 5.9 deaths per 100,000 among females – this number being due to a singular female death due to COVID-19. This difference is much more profound than that found at the state level: 73.5 deaths per 100,000 population for males and 43.8 deaths per 100,000 population for females (Table 91, 2022 Technical Appendix).

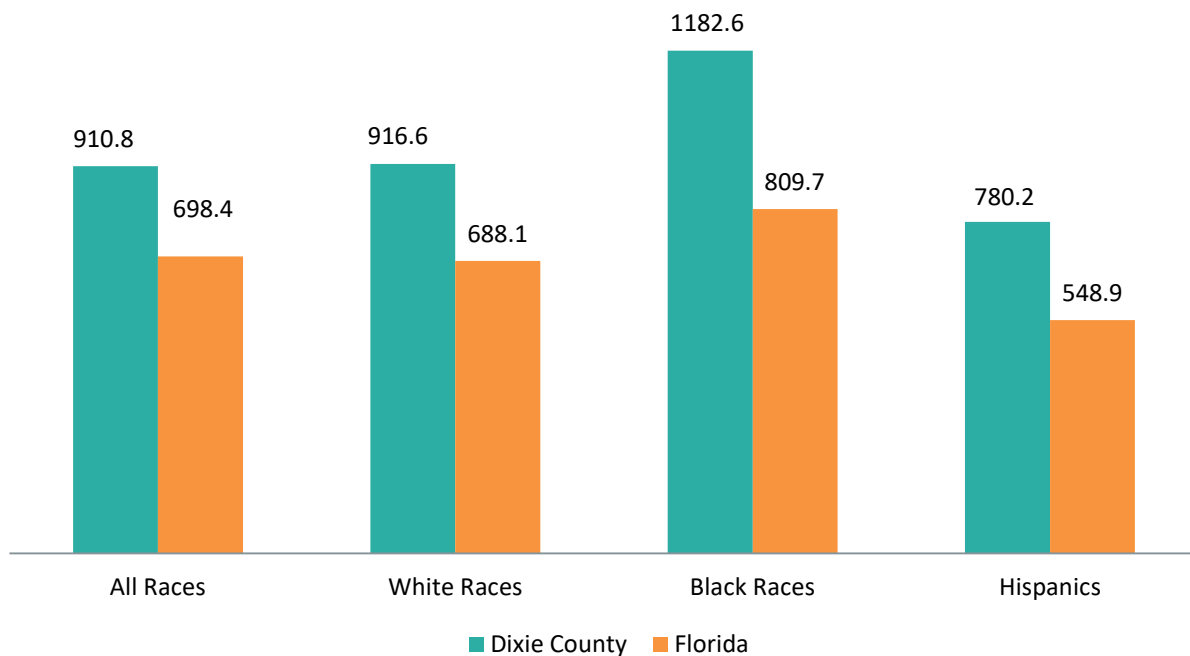
Differences in Mortality by Zip Code

When looking at Dixie County by zip code using Florida Department of Health Bureau of Vital Statistics 2018-2020 reports, it can be observed that 32628 Cross City has the highest age-adjusted mortality rate at 942.2 deaths per 100,000 population, driven in part by the region leading in deaths due to heart disease and Alzheimer's in the county. The next leading zip code, 32680 Old Town at 936.0 deaths per 100,000 population, has the highest rates of deaths in Dixie County due to cancer, CLRD, and liver disease. 32692 Suwannee is third at 888.6 deaths per 100,000 population with the highest rate of deaths due to suicide by an incredible margin, and, finally, 32648 Horseshoe Beach holds the highest rates of unintentional injury, diabetes, stroke, and hypertension with a cumulative age-adjusted mortality rate of 854.4 deaths per 100,000 population (Tables 69 – 79, 2022 Technical Appendix).

Differences In Mortality by Race and Ethnicity

All racial and ethnic categories reported by Dixie County in the 2018-2020 ACS estimates have mortality rates higher than that of the state. As mentioned earlier, the overall age-adjusted mortality rate for Dixie County is 910.8 deaths per 100,000 population (largely driven by those 45-64 year old), and Florida is 698.4 deaths per 100,000 population. Among the White population, this rate rises to 916.6 deaths per 100,000 for the county and drops to 688.1 for the state, widening the disparity. There also exists a distinct racial disparity, with an age-adjusted mortality of 1,182.6 for Black Dixie County residents and 809.7 for the state. Hispanics have the lowest age-adjusted mortality rate amongst all groups, coming in at 780.2 per 100,000 for Dixie County and, likewise, 548.9 for the state (Table 66, 2022 Technical Appendix).

FIGURE 13: AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION BY RACE AND ETHNICITY, DIXIE COUNTY AND FLORIDA, 2018-2020



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

When considering race, Dixie County displays clear disparities skewed towards both the Black and White populations. Black Dixie County residents have:

- 119.4 percent higher mortality rates from heart disease compared to their White counterparts (315.0 deaths per 100,000 population versus 143.7 deaths)
- 178.1 percent higher mortality rates from COVID-19 (38.1 deaths versus 13.7 deaths)
- 325.9 percent higher mortality rates from diabetes (129.9 deaths versus 30.5 deaths)
- 347.6 percent higher mortality rates from stroke (141.0 deaths versus 31.5 deaths)
- 348.6 percent higher mortality rates from hypertension (79.4 deaths versus 17.7 deaths)

Black Dixie County residents also have higher rates of unintentional injury compared to their White counterparts and have higher age-adjusted mortality rates than their state counterparts in every measure except cancer. White Dixie County residents suffer higher death rates than their Black counterparts due to cancer (196.4 White deaths per 100,000 population versus 119.4 Black deaths), CLRD, liver disease, Alzheimer's disease, and suicide (Table 68, 2022 Technical Appendix).

When looking at ethnicity, it is evident that Dixie County Hispanics have higher mortality rates than the county as a whole from cancer (235.7 deaths per 100,000 compared to the overall county rate of 193.0) and hypertension (37.8 compared to 19.7), as well as double the rate of liver disease mortality (49.9 deaths compared to 18.9). The difference between the county and the state in terms of CLRD death rates is particularly suffered by the Hispanic population, who have three (3) times the rate of CLRD deaths when compared to their state counterparts (68.1 Hispanic deaths in Dixie County per 100,000 population versus 20.8 Hispanic deaths for the state). Hispanics do

possess lower mortality rates than all races in Dixie County from heart disease and unintentional injury (Table 67, 2022 Technical Appendix).

Differences in Mortality by Age

Among adults aged 18-44 in Dixie County, the Florida Department of Health Bureau of Vital Statistics estimates a crude death rate of 225.2 per 100,000 population from 2018-2020, a rate much larger than the state's estimate of 168.6. This discrepancy is largely driven by the 2nd and 3rd leading causes of death in this age group in Dixie County: heart disease at a crude death rate of 26.5 deaths per 100,000 population for the county compared to 13.1 for the state, and homicide, also at a crude death rate of 26.5 for the county compared to 13.0 for the state (Table 83, 2022 Technical Appendix).

The greatest difference between the county and the state is seen in the 45-64 years of age demographic, where the same estimates place the crude death rate at 1,241.8 deaths per 100,000 population, nearly double the state rate of 687.2. The top five (5) causes of death in this age category – cancer, heart disease, CLRD, unintentional injury, and diabetes – are all greater for Dixie County than Florida, especially mortality due to:

- Cancer, which is 1.72 times the state rate at 319.5 deaths per 100,000 population versus 185.9
- CLRD, which is 3.82 times the state rate at 108.9 deaths per 100,000 population versus 28.5
- Diabetes, which is 2.53 times the state rate at 72.6 deaths per 100,000 population versus 28.7

This data is taken from Table 84 of the 2022 Technical Appendix.

Among the population 65-84 years of age, Dixie County also sees much higher mortality rates than the state: 3,515.2 deaths per 100,000 population as compared to 2,543.82. All top six (6) causes of death in this age category – cancer, heart disease, CLRD, diabetes, stroke, and unintentional injury – have higher rates for Dixie County than Florida, especially:

- CLRD, which is nearly double the state rate at 348.7 deaths per 100,000 population versus 179.38
- Diabetes, which is also nearly double the state rate at 179.1 deaths per 100,000 population versus 93.89

These rates are taken from Table 85 of the 2022 Technical Appendix.

Childhood Mortality

According to the Florida Department of Health Bureau of Vital Statistics, the average childhood mortality rate for Dixie County from 2018-2020 was 100.3 deaths per 100,000 population due to nine (9) deaths during the timespan, approximately twice the state rate of 49.9. The leading cause of death among children in Dixie County is congenital malformations, with three (3) individuals deaths yielding a crude death rate of 33.4 deaths per 100,000 population, more than four times the state rate of 7.0. However, these fatalities are highly unusual and, given the very limited number of occurrences, ought to be interpreted with great caution (Table 82, 2022 Technical Appendix).

Cancer Mortality

Dixie County cancer mortality is noticeably more common than at the state level, with average age-adjusted mortality rates for 2018-2020 measuring up to 193.0 deaths per 100,000 population for the county and 142.5 deaths per 100,000 for the state. When broken down by cancer type, it is difficult to make powerful comparisons given the minute number of fatalities from each cancer type in Dixie County. However, a few mortality rates do stand out:

- Breast cancer mortality is half the state rate at 5.0 deaths per 100,000 compared to 10.2

- Larynx cancer mortality is three (3) times the state rate at 3.3 deaths per 100,000 compared to 1.1
- Lip, oral cavity, and pharynx cancer is 2.5 times the state rate at 6.6 deaths per 100,000 compared to 2.6
- Trachea, bronchus, and lung cancer is double the state rate at 67.6 deaths per 100,000 compared to 33.6

The most common cause of cancer mortality in Dixie County is trachea, bronchus, and lung cancer, accounting for 35.8 percent of all cancer deaths (Table 112, 2022 Technical Appendix).

Cancer Mortality by Race and Ethnicity

Examining cancer mortality by race or ethnicity again invites careful discretion in data interpretation given the small population size. Overall, cancer mortality rates among White Dixie County residents (196.4 deaths per 100,000 population) are higher than the state (142.6) as well as Black Dixie County residents (119.4 deaths per 100,000 population, due to four (4) individual deaths). The four (4) recorded Hispanic cancer deaths in Dixie County yielded an age-adjusted rate of 35.7 deaths per 100,000 population, less than the state rate of 109.1 (Tables 113-115, 2022 Technical Appendix).

Cancer Mortality by Sex

Age-adjusted cancer mortality rates for Dixie County males are much greater than those for females. Specifically, Dixie County males experience 250.9 deaths per 100,000 population, notably higher than the state rate (167.6), and Dixie County females experience 137.7 deaths per 100,000 population, also marginally higher than the state rate (122.4). Females appear to have higher mortality rates than the state in the following cancer types:

- Kidney and renal pelvis cancer (4.8 versus 1.8)
- Lip, oral cavity, and pharynx cancer (6.7 versus 1.3)
- Trachea, bronchus, and lung cancer (44.6 versus 28.3)

Among females, the most common cause of cancer mortality was trachea, bronchus, and lung cancer, accounting for 34.5 percent of all female cancer deaths in Dixie County (Tables 116 and 117, 2022 Technical Appendix).

Several interesting trends exist among male Dixie County cancer mortality rates. As compared to the state, males have slightly higher or comparable mortality rates by most forms of cancer, especially trachea, bronchus, and lung cancer (89.8 deaths per 100,000 in Dixie County versus 40.1 in Florida). As compared to females, Dixie County males have higher age-adjusted mortality rates of:

- Bladder cancer (7.4 deaths per 100,000 population versus 2.0)
- Colon, rectum, and anus cancer (17.1 versus 9.1)
- Esophagus cancer (10.9 versus 0.0)
- Larynx cancer (4.5 versus 2.0)
- Skin cancer (6.0 versus 0.0)
- Trachea, bronchus, and lung cancer (89.8 versus 44.6)

Overall, the most common cause of cancer death for male Dixie County residents is trachea, bronchus, and lung cancer, accounting for 36.4 percent of all male cancer deaths (Tables 116-117, 2022 Technical Appendix).

Cancer Incidence

Despite the aforementioned higher rates of cancer mortality throughout the county, Dixie County sees an approximately equal age-adjusted rate of new cancer cases as the state. To elaborate, according to 2017-2019 FL HealthCHARTS estimates, Dixie County sees an age-adjusted cancer incidence rate of 456.3 per 100,000 population, while the state sees a comparable rate of 450.2 per 100,000. With respect to Florida, Dixie County holds higher incidence rates of:

- Bladder cancer (19.2 versus 18.0)
- Colorectal cancer (49.2 versus 35.5)
- Lung cancer (79.3 versus 55.8)
- Oral cancer (24.3 versus 13.6)

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

- Female breast cancer (105.1 versus 123.3)
- Melanoma (9.8 versus 25.4)
- Prostate cancer (51.4 versus 90.8)

It is particularly noteworthy that Dixie County males have a lower age-adjusted incidence rate of prostate cancer than the state yet a higher age-adjusted mortality rate due to prostate cancer. This may reflect low screening rates, late diagnoses, and/or limited access to care (Table 118, 2022 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that 14,811.4 years of potential life lost (YPLL) under 75 per 100,000 population occurred in Dixie County in 2020, compared to a rate of only 8,651.1 for the state. Dixie County holds a high rate of YPLL, which is largely driven by the White population rather than the Black population. By race, White Dixie County residents portray a higher rate of YPLL at 15,662.8 per 100,000 population, in contrast to their Black Dixie County counterparts who experience a rate of 10,483.4 YPLL per 100,000 population. The rate of YPLL among White residents is much higher than the state rate of 8,417.4 per 100,000, but Black Dixie County residents are fairly close to the state rate of 10,828.1 (Tables 87 and 88, 2022 Technical Appendix).

By sex, females possess a clear advantage over males in terms of YPLL. Although both females and males in Dixie County experience rates markedly higher than the state, females only come in at a rate of 9,268.1 YPLL per 100,000 in the county as compared to 6,263.6 in the state. On the contrary, males in Dixie County experience a rate of 19,246.5 YPLL per 100,000, compared to 11,097.5 for the state. This disparity is with respect to the most recent data collected by the Florida Department of Health Bureau of Vital Statistics in 2020 (Table 89, 2022 Technical Appendix).

The primary cause of death contributing the most YPLL to Dixie County is cancer at 2,579.9 YPLL per 100,000, followed by unintentional injury at a rate of 2,187.8, and heart diseases at 1,781.5. Each one of the top 11 causes of death in Dixie County contributes to a greater rate of YPLL than in the state of Florida except COVID-19. In particular, CLRD results in 571.4 YPLL per 100,000 population in Dixie County but only 225.5 YPLL per 100,000 population in Florida (Table 90, 2022 Technical Appendix).

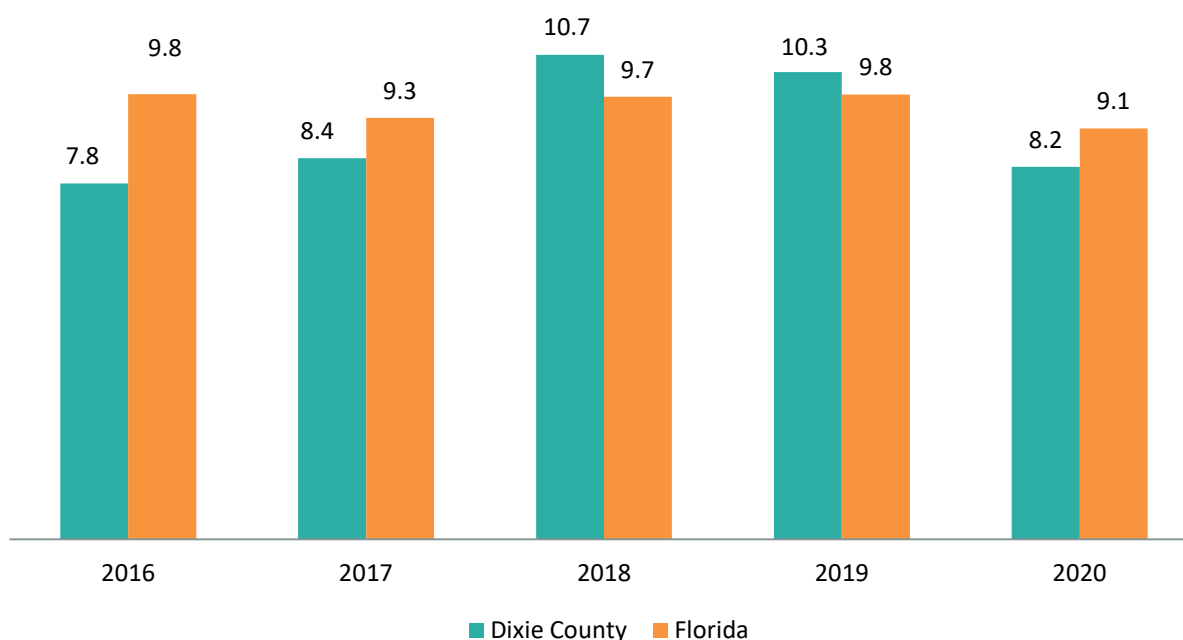
Mental Health

Hospital discharge and emergency data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults live with some form of mental illness. Common mental health issues, including anxiety and depression, are interlinked with an array of individual and public health issues, including behavioral health concerns such as substance abuse, domestic violence, and suicide, as well as physical health conditions, such as chronic heart disease, diabetes, and hypertension. Please note that the data below distinguishes between Emergency Department (ED) visits – which include only those that are registered in the ED and not admitted for inpatient care – and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care.

Hospitalization and Emergency Department (ED) Usage

Although hospitalization rates for mental health reasons have varied substantially in Dixie County in recent years, 2020 saw Dixie County rates as marginally lower than the state for all ages (8.2 hospitalizations per 1,000 population versus 9.1), children (5.6 hospitalizations per 1,000 versus 5.9), and adults (8.8 hospitalizations per 1,000 population versus 9.8). Dixie County has also seen all of these categories trending down in the three (3) most recent years of data collection, 2018-2020 (Table 93, 2022 Technical Appendix).

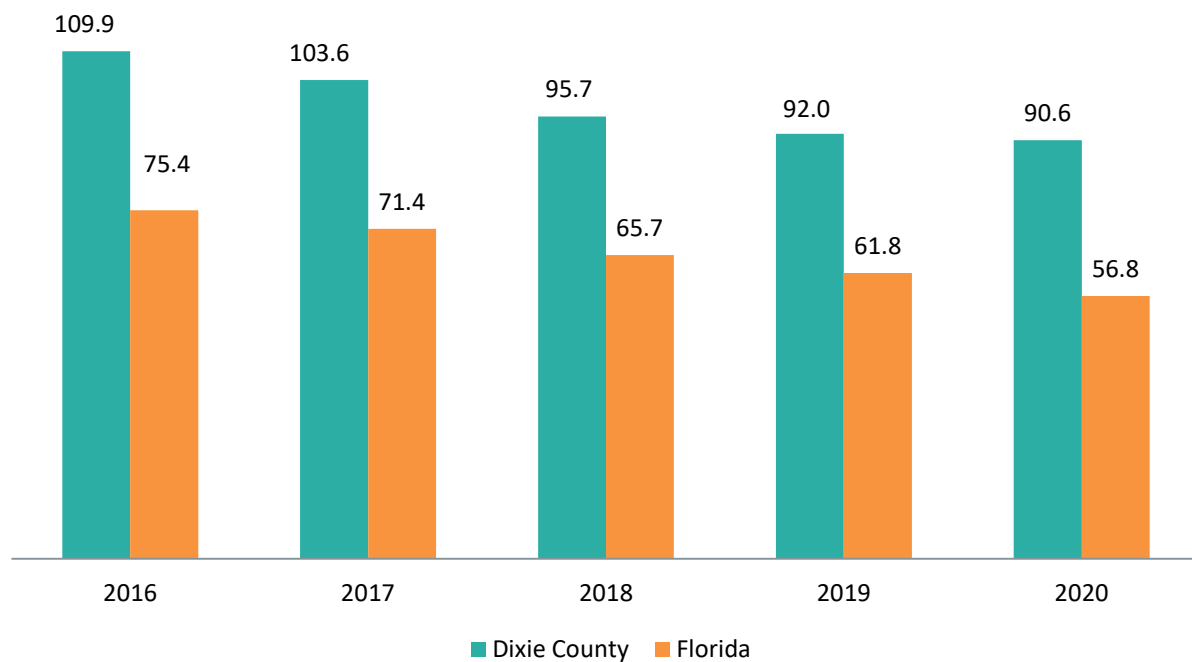
FIGURE 14: MENTAL HEALTH HOSPITALIZATIONS, DIXIE COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



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

On the contrary, 2020 data for mental health ED visits in Dixie County are higher than the state among all ages (90.6 visits per 1,000 population versus 56.8), children (15.7 versus 10.7), and especially adults (107.3 versus 68.2). These numbers have been decreasing in Dixie County for the past five (5) years among adults, but not consistently among children (Table 93, 2022 Technical Appendix).

FIGURE 15: MENTAL HEALTH ED VISITS, DIXIE COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



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

Hospitalizations and ED Visits for Mental Health Reasons by Zip Code

By zip code, hospitalization rates for mental health reasons are most common in 32692 Suwannee at a rate of 12.0 hospitalizations per 1,000 population and least common in 32628 Cross City at 5.0 in 2020. These estimates – made by detailed discharge data and US Census ESRI population numbers – place Dixie County rates of hospitalization for mental health reasons at just 7.7 per 1,000. ED visit data and US Census ESRI population numbers also attribute to Dixie County high rates of ED Visits for mental health reasons, coming in at a rate of 85.3 per 1,000 compared to 57.0 for the state. These rates have been decreasing for the county over the past three (3) years, 2018-2020. The zip code with the highest rate was 32680 Old Town by a slight margin at 97.9 visits per 1,000, followed by 32648 Horseshoe Beach at 93.0 (Table 94, 2022 Technical Appendix).

Involuntary Exam Initiations (Baker Acts)

Involuntary exam initiations, informally known as Baker Acts, are a significant reflection of the status of care and resources for those who may be a harm to themselves or others. The rates of involuntary exam initiations in Dixie County are higher than in the state and have increased drastically from the 2014-2015 fiscal year to the 2018-2019 fiscal year, climbing from 544.0 exams per 100,000 persons to 1,282.0 for all ages. This rate only measures in at 1,007.0 exams per 100,000 population in the state overall. Children in Dixie County specifically also undergo higher rates of involuntary exam initiations with a rate of 1,584.5 exams per 100,000 population in the county and 1,240.0 in Florida (Table 95, 2022 Technical Appendix).

In Florida, involuntary exams are primarily initiated by law enforcement (51.3 percent of cases), followed by professional certificates (46.5 percent of cases). In Dixie County, these numbers are nearly flipped, with professional certificates being the primary source of initiation (52.1 percent of cases) and law enforcement the

secondary source (47.3 percent of cases). For both, but especially for Dixie County, most professional certificates are written by a non-psychiatric physician (83.0 percent of professional certificates in Dixie County, 65.5 percent in Florida) (Table 96, 2022 Technical Appendix).

Substance Abuse

The percentage of adults who report engaging in heavy or binge drinking in Dixie County is consistently less than the state, coming in at 16.1 percent of adults in 2019 compared to 18.0 percent of Floridian adults. However, age-adjusted rates of alcoholic liver disease deaths and chronic liver disease and cirrhosis deaths are generally greater than the state, with a rate of 9.7 alcoholic liver disease deaths per 100,000 population in Dixie County, 2020 compared to 7.8 for Florida, as well as a rate of 19.5 chronic liver disease and cirrhosis deaths per 100,000 population in Dixie County compared to 13.0 for Florida in the same year (Tables 97-98, 2022 Technical Appendix).

Despite having lower rates of traffic accidents than the state (1,191.3 crashes per 100,000 population in Dixie County compared to 1,577.6 for Florida), Dixie County has higher rates of alcohol related traffic incidents in all of the following categories:

- Alcohol-confirmed motor vehicle crashes (9 crashes, resulting in a rate of 53.9 crashes per 100,000 population for Dixie and 21.0 for the state)
- Alcohol-confirmed motor vehicle injuries (9 injuries, resulting in a rate of 53.9 injuries per 100,000 population for Dixie and 12.0 for the state)
- Alcohol-confirmed motor vehicle deaths (2 deaths, resulting in a rate of 12.0 deaths per 100,000 population for Dixie and 1.8 for the state)

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

Domestic Violence

Domestic violence offenses are much more prevalent in Dixie County than in the state overall. Dixie County reported 178 instances of domestic violence in 2020 – nearly double the county’s 2019 report of 96 cases – resulting in a rate per 100,000 population of 1,065.6. This rate is more than double the state’s rate for the same year at 492.2 cases per 100,000 (Table 100, 2022 Technical Appendix).

These high rates are driven specifically by rape and aggravated assault within Dixie County. Rape occurred at a rate of 54.2 cases per 100,000 population in Dixie County in 2019 and only 8.9 cases per 100,000 for Florida; aggravated assault also outstripped the state rate by more than double at 162.6 cases per 100,000 population compared to 75.2 cases for the state. Despite these more notable differences between Dixie County and Florida, simple assault actually claims the highest rate at 349.2 cases per 100,000 population, similar to the state rate of 397.3 (Table 101, 2022 Technical Appendix).

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

Type of Offense	Dixie County Population (16,610)		Florida Population (21,208,589)	
	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Murder	0	0.0	200	0.9
Manslaughter	0	0.0	21	0.1
Rape	9	54.2	1,891	8.9
Fondling	0	0.0	922	4.3
Aggravated Assault	27	162.6	15,946	75.2
Aggravated Stalking	0	0.0	97	0.5
Simple Assault	58	349.2	84,260	397.3
Threat/Intimidation	2	12.0	1,618	7.6
Stalking	0	0.0	343	1.6
Total	96	578.0	105,298	496.5

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

Maternal and Infant Health

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

Birth Rates

Dixie County on average has lower birth rates than Florida as a whole, with FL HealthCHARTS estimates placing this number at 9.4 per 1,000 total population for Dixie County and 10.2 for Florida with 2018-2020 estimates. By race, it is estimated that White Dixie County residents have a birth rate of 9.8 births per 1,000 total population; for Black residents, the number is 7.1 (Table 102, 2022 Technical Appendix).

When examining ethnicity, Dixie County Hispanics emerge with a lower birth rate than the Florida Hispanics at large: 10.0 births per 1,000 Dixie County population as compared to 11.7 births per 1,000 Florida population. However, Dixie County Hispanic birth rates have been rising while state rates have been falling between the 2016-2018 estimates and 2018-2020 estimates (Table 102, 2022 Technical Appendix).

Infant Deaths

Infant deaths are rare occurrences consisting of very small sample sizes. Within a county as small as Dixie County, interpreting these individual rates is particularly risky and prone to error. According to the Florida Department of Health Bureau of Vital Statistics, the county generally sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under 1 from perinatal conditions, overall neonatal deaths, and overall post neonatal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 80 and 81, 2022 Technical Appendix).

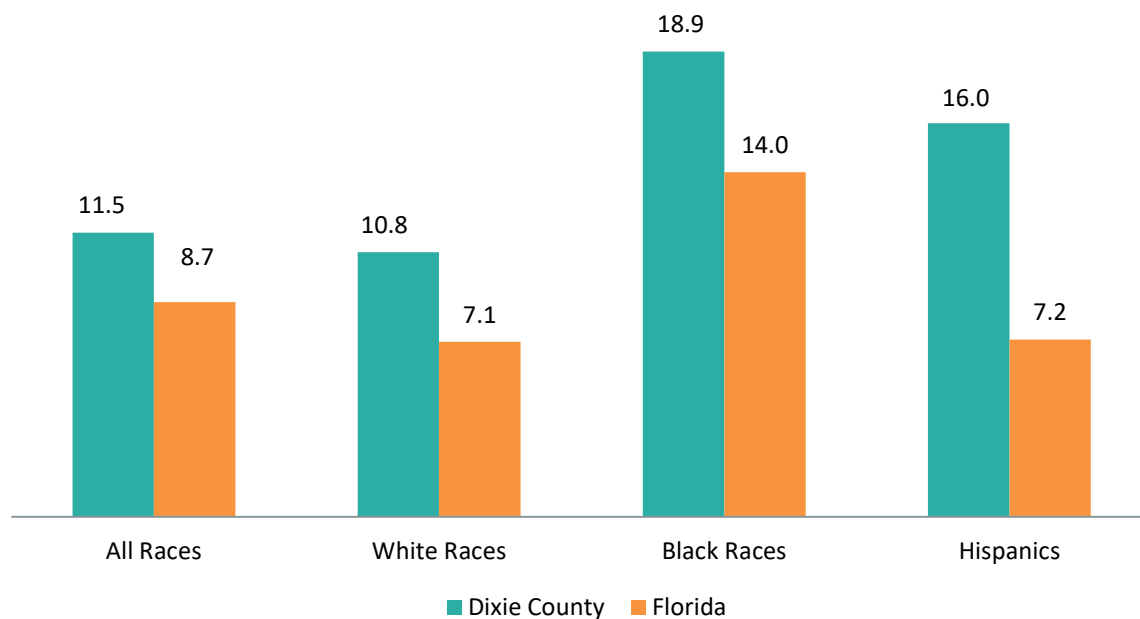
Overall, FL HealthCHARTS reports that Dixie County had four (4) infant deaths between 2018-2020, a rate of 8.2 infant deaths per 1,000 total live births. This rate is greater than the state's estimate for the same time period (6.0

infant deaths per 1,000 live births) but has been decreasing since the 2016-2018 estimates. 32680 Old Town recorded the greatest number of infant deaths during this time period. By race, numbers become dangerously small for calculating rates, but Black infants have a consistently higher death rate than White infants, coming in at a death rate of 27.0 Black infant deaths per 1,000 live births (due to one (1) infant death) and 6.9 White infant deaths per 1,000 live births from 2018-2020 (due to three (3) infant deaths) (Table 103, 2022 Technical Appendix).

Low Birthweight Births

Dixie County consistently emerges as worse than Florida in low birthweight birth rates according to FL HealthCHARTS data. On average from 2018-2020, 11.5 percent of Dixie County births were low birthweight, contrasting with only 8.7 percent of Florida births. The highest rate of low birthweight births was specifically found in 32680 Old Town at 12.9 percent of all births. In particular, Black births have 75 percent higher rate than White births in Dixie County low birthweights, accounting for 18.9 percent of Black births and 10.8 percent of White births. Both are moderately higher than their state counterparts. However, Hispanics show the greatest discrepancy between county and state rates, with 16.0 percent of Dixie County Hispanic births being low birthweight compared to just 7.2 percent at the state level (Table 104, 2022 Technical Appendix).

FIGURE 16: PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNICITY, DIXIE COUNTY AND FLORIDA, 2018-2020



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

First Trimester Care

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one's pregnancy. Between 2018-2020, FL HealthCHARTS reported that 51.5 percent of births on average received first trimester care in Dixie County, while the state distinguished itself at 69.3 percent. This number has been climbing for Dixie County in recent years, but slowly. The lowest rates were found in 32680 Old Town at 51.4 percent, followed very closely by 32628 Cross City at 51.5 percent (Table 105, 2022 Technical Appendix).

By race, Black births had less rates of receiving first trimester care, accounting for only 43.2 percent of Black Dixie County births compared to 52.4 percent of White Dixie County births. By ethnicity, Hispanic rates of first trimester care were very similar to all races in Dixie County (52.0 percent and 51.5 percent, respectively). All of these population subgroups had lower rates than their state counterparts (Table 105, 2022 Technical Appendix).

FIGURE 17: PERCENT OF BIRTHS THAT RECEIVED FIRST TRIMESTER CARE BY RACE AND ETHNICITY, DIXIE COUNTY AND FLORIDA, 2018-2020



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

Teen Births

The rate of teen births in Dixie County is 2.7 percent of all county births; the state rate is 1.0 percent, both according to 2018-2020 FL HealthCHARTS estimates. These numbers have not shown any improvement in recent years. In particular, 32628 Cross City has a rate of 5.2 percent of all births being to teen mothers aged 15-17 years old. Virtually all teen births were to White, non-Hispanic mothers (Table 106, 2022 Technical Appendix).

Governmental Program Supports

According to FL HealthCHARTS 2018-2020 estimates, 76.5 percent of all births in Dixie County have Medicaid as the payor; Florida compares at 47.2 percent. The highest rate of Medicaid-covered births was found in 32648 Horseshoe Beach at 83.3 percent of all births; however, the highest raw number of Medicaid-covered births lies in 32680 Old Town at 241 births or 77.5 percent. This trend remains the same for White births, but 32680 Old Town contains the highest percentage of Black births and Hispanic births covered by Medicaid – 100.0 percent and 82.4 percent, respectively. Overall, and similar to the state, Black births have higher rates of being covered by Medicaid, accounting for 89.2 percent of Dixie County Black births and only 74.8 percent of Dixie County White births. Hispanics have a lower rate of Medicaid-covered births compared to the rest of Dixie County, accounting for only 60.0 percent of births (Table 107, 2022 Technical Appendix).

Rates of births where the mother participated in WIC are also distinctly higher in Dixie County than the state for the same time period: 58.4 percent compared to 41.4 percent, respectively. This rate is highest again in 32680 Old

Town, comprising 60.1 percent of all births. Similar trends are seen by race: 57.9 percent of White births participating in WIC in Dixie County and 62.2 percent of Black births. However, the disparity between the county and the state is much more striking among White births – 57.9 percent in the county versus 37.2 percent in the state – while relatively minor among Black births – 62.2 percent in the county versus 59.0 percent in the state. Hispanic births also have higher rates of being a part of WIC at 68.0 percent of all Dixie County Hispanic births and 51.1 percent of state Hispanic births (Table 108, 2022 Technical Appendix).

Health Behaviors

Sexually Transmitted Diseases (STDs)

All STDs reported by FL HealthCHARTS are less prevalent in Dixie County than the state: Syphilis at 8.2 cases per 100,000 population of the county as opposed to 57.0 cases per 100,000 population of the state; Gonorrhea at 161.6 as opposed to 187.1; chlamydia at 383.1 in contrast to 458.5; and all bacterial STDs, at 550.8 in contrast to 702.7 (Table 120, 2022 Technical Appendix). HIV rates are also lower for Dixie County, with a rate of 287.4 persons with HIV (PWH) per 100,000 population in Dixie County as compared to 542.9 persons per 100,000 in the state of Florida (Table 121, 2022 Technical Appendix).

COVID-19

As of March 1st, 2020, Dixie County has seen a percent case positivity rate of COVID-19 of 32.9 percent; higher than the state rate of 26.8 percent. Between May 27th, 2022 – June 2nd, 2022, Dixie County had a much lower case rate than the state: 95.6 cases per 100,000 population, as opposed to 326.7 cases per 100,000 Florida population. Approximately 42.0 percent of the Dixie County population is vaccinated; in Florida as a whole, 74.0 percent are vaccinated (Tables 122 and 123, 2022 Technical Appendix).

Immunizations

According to the 2017-2019 Behavioral Risk Factor Surveillance System estimates, in Dixie County only 31.7 percent of adults and 49.1 percent of adults aged 65 and older received a flu shot in the past year; in Florida, the rates were 36.9 percent and 58.3 percent, respectively. The county had similar rates to the state of pneumococcal vaccinations (Table 119, 2022 Technical Appendix).

In 2021, FL HealthCHARTS reported that 98.1 percent of kindergartners and 99.5 percent of 7th graders had their recommended immunizations in Dixie County. These rates are higher than Florida's rates of 93.3 percent and 94.5 percent, respectively (Table 124, 2022 Technical Appendix).

FL HealthCHARTS also collects information on human papillomavirus (HPV) vaccine initiation and completion for those 9-17 years of age at the county and state level. Compared to the state, Dixie County had similar levels of HPV vaccine initiation (13.1 percent of population versus 10.7 percent) and HPV vaccine completion (33.3 percent versus 33.3 percent) in 2020 (Table 125, 2022 Technical Appendix).

Obesity and Overweight

69.9 percent of the Dixie County population is overweight or obese according to 2017-2019 BRFSS estimates. This rate is slightly higher than the state rate of 64.6 percent. However, when looking specifically at obesity, Dixie County rates are substantially higher than the state (34.2 percent versus 27.0 percent) (Table 119, 2022 Technical Appendix). Additionally, 36.4 percent of WIC children 2 and older are overweight or obese in Dixie County (29.7 percent in the state) (Table 58, 2022 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

The following health behavior data is from the Behavioral Risk Factor Surveillance System (BRFSS). The Florida Department of Health conducts the BRFSS survey with financial and technical assistance from the CDC. This state-based telephone surveillance system collects self-reported data from adults on individual chronic health conditions, risk behaviors, and preventive health practices related to the leading causes of morbidity and mortality in the United States. In addition to the annual state-level BRFSS survey, the Florida Department of Health conducts county-level BRFSS surveying every three (3) years. As with all self-reported data, the information can be subject to individual biases in recall and reporting; however, it remains a vital tool for holistic evaluation of community health and a rich source of county-level data on health behaviors. All the information in this subsection refers to the 2019 data in Table 119 of the 2022 Technical Appendix.

Within Dixie County and compared to Florida, substantially more individuals have been told that they have arthritis (38.8 percent versus 25.1 percent), currently have asthma (10.5 percent versus 7.4 percent), have ever been told they had a heart attack (8.5 versus 4.7 percent), have ever been told they had angina or coronary heart disease (6.5 versus 4.7 percent), and have ever had a stroke (5.5 versus 3.6 percent). Not only do more adults have high blood cholesterol among those who have had their cholesterol checked in the past five (5) years (42.8 percent versus 34.2 percent in the state), but also fewer have recently had their cholesterol checked in that time span (83.0 percent versus 89.1 percent). Furthermore, Dixie County has higher rates of COPD (15.7 percent versus 7.7 percent), pre-diabetes (15.5 percent versus 9.1 percent), and diabetes (12.9 percent versus 11.7 percent), along with lower rates of self-management education (48.9 versus 66.3 percent percent). This lack of education is particularly noteworthy in light of the high diabetes mortality rates in Dixie County.

Nearly half (45.9 percent) of the Dixie County population report some form of disability – the state rate being only 31.0 percent – with every recorded disability being higher in Dixie County than the state: blind or serious difficult seeing (9.5 percent versus 5.3 percent), deaf or serious difficulty hearing (12.3 versus 6.6 percent), serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition (20.1 percent versus 12.9 percent), serious difficulty walking or climbing stairs (26.7 percent versus 16.2 percent), difficulty dressing or bathing (10.6 percent versus 4.0 percent), and difficulty doing errands alone (12.8 percent versus 7.6 percent).

With respect to health care access and coverage, Dixie County residents had comparable rates of having a personal doctor, having health care insurance, and having had a medical check-up in the past year. Of note is that 21.4 percent of Dixie County residents could not see a doctor at least once in the past year due to cost, greater than the state rate of 16.0 percent.

With respect to health status and quality of life, Dixie County presented worse rates than the state of every measure on the BRFSS, especially the percentage of adults with good to excellent overall health (67.5 versus 80.3) and the percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (28.7 versus 18.3). HIV/AIDS screening rates are less than the state (42.9 percent of adults ever tested versus 50.7 percent). 42.8 percent of Dixie County residents have been told that they have hypertension (compared to 33.5 percent of Floridians); 80.6 percent of those with hypertension currently take high blood pressure medicine (similar to the 77.8 percent of Floridians).

A possible contributor to Dixie County's high obesity rates is a lack of physical activity. 38.1 percent of adults are sedentary (compared to 26.5 percent of the state), and only 26.8 percent meet muscle strengthening recommendations (compared to 38.1 percent of the state).

Tobacco use and exposure is also extraordinarily high in Dixie County. 29.5 percent of adults are current smokers, far exceeding the state rate of 14.8 percent, and 26.5 percent are former smokers. The percentage of adults using

chewing tobacco, snuff, or snus some days or every day also far surpasses the state rate – 13.5 percent as compared to 2.2 percent. Dixie County also contains a higher percentage of former e-cigarette users than the state – 22.3 percent compared to 18.4 percent.

Cancer Screening

Various indicators of colorectal cancer and prostate cancer screening are lower for Dixie County than the state according to FL HealthCHARTS data. For example, as of 2016 only 45.2 percent of Dixie County adults aged 50 or older had received a sigmoidoscopy or colonoscopy in the past five (5) years, and only 50.1 percent had ever received a prostate specific antigen (PSA) test, compared to 53.9 percent and 67.5 percent of the state, respectively (Tables 109 and 110, 2022 Technical Appendix).

Likewise, women’s health cancer screening indicators are lower across the board for Dixie County. For example, 38.1 percent of women aged 18+ had received a Pap test in the past year as of 2016, a number well-surpassed by the state rate of 48.4 percent. Similarly, in the same year 69.2 percent of Dixie County women aged 50-74 reported receiving a mammogram in the past two (2) years, while 81.7 percent of the state reported the same (Table 111, 2022 Technical Appendix).

Health Care Access and Utilization

Health Professional Shortage Areas (HPSA)

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

Dixie County has three (3) dental, four (4) mental health, and two (2) primary care locations designated as HPSA high priority shortage areas, as illustrated in Table 8 below (Table 127, 2022 Technical Appendix).

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

Dixie County

Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
High Needs Geographic HPSA	Dixie County	09/10/2021	16
Correctional Facility	Cross City Correctional Institution	04/15/2022	21
Federally Qualified Health Center	North Florida Medical Centers, Inc.	09/10/2021	26
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	18
Mental Health			
Correctional Facility	Cross City Correctional Institution	04/15/2022	21
Federally Qualified Health Center	North Florida Medical Centers, Inc.	09/10/2021	22
High Needs Geographic HPSA	Lutheran Service MHCA Circuit 3	03/03/2022	18
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	19
Primary Medical Care			
Geographic HPSA	Dixie County	07/02/2021	15
Correctional Facility	Cross City Correctional Institution	04/15/2022	15
Federally Qualified Health Center	North Florida Medical Centers, Inc.	09/10/2021	20
Rural Health Clinic	North Florida Pediatrics, PA	09/10/2021	16
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Dixie County	03/12/2001	47.3

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

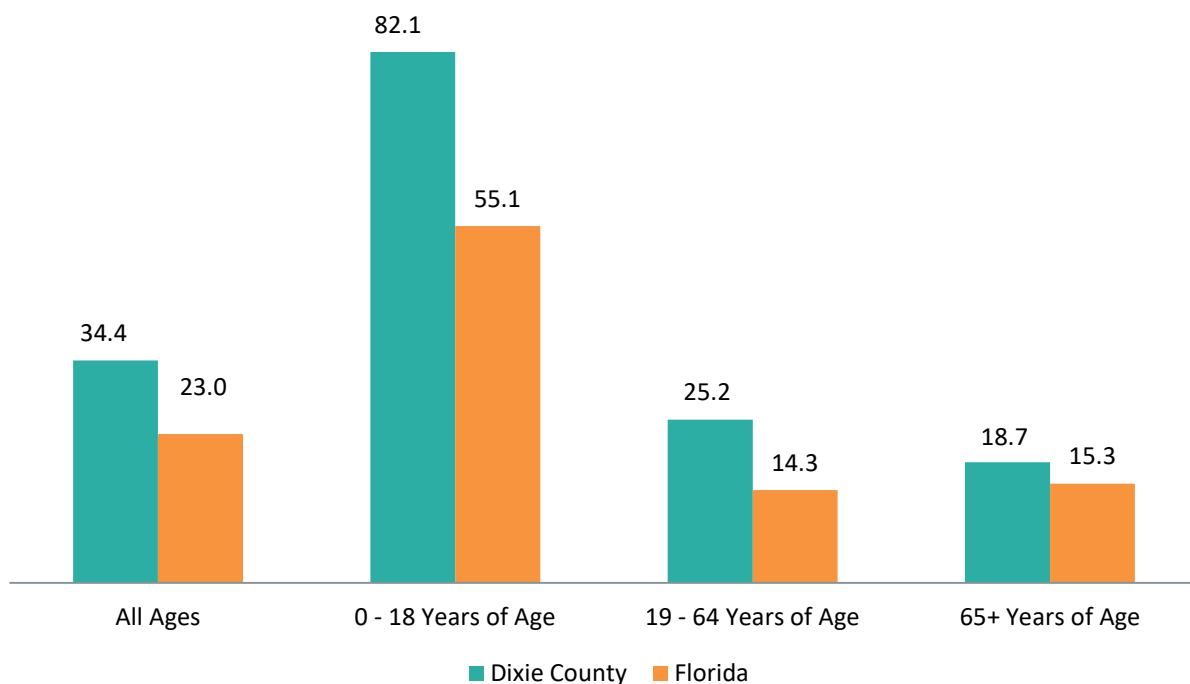
Environmental Health

Dixie County has extremely limited community water supplies as compared to the state at large. According to 2019 FL HealthCHARTS estimates, only 32.2 percent of the county population has access to community water supplies in contrast to 95.0 percent of the state, and 0.0 percent of the population is provided with fluoridated water supplies, compared to 78.1 percent of the state (Table 126, 2022 Technical Appendix).

Medicaid Data

From 2012-2014 and 2017-2021, Dixie County has demonstrated consistently higher rates of Medicaid eligibles than Florida, and these numbers have been steadily rising. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. From 2017-2021, the percentage of the Dixie County population enrolled in Medicaid rose from 26.2 percent to 34.4 percent, a marked difference from the state rate of 23.0 percent. These numbers become all the more striking when broken down by age, as shown in Figure 18 (Table 129, 2022 Technical Appendix).

FIGURE 18: PERCENTAGE OF RESIDENTS THAT ARE MEDICAID ELIGIBLE BY AGE, DIXIE COUNTY AND FLORIDA, 2021



Source: Table 129, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Given the larger number of eligible individuals in Dixie County, it is not surprising that the county also has a higher rate of median monthly Medicaid enrollees (30.1 enrollees per 100,000 population versus 19.9 for Florida in 2020). Dixie County has been consistently higher than the state since 2011, with both populations seeing a respectable jump in enrollees in 2020 (Table 130, 2022 Technical Appendix).

Facilities

Correlating with the aforementioned shortage of medical clinicians in Dixie County is the corresponding shortage of health care service facilities in Dixie County. This community completely lacks adult family care homes, end-stage renal disease centers, health care clinics, health care services pools, home health agencies, home health agency exemptions, home medical equipment providers, nurse registries, rehabilitation agencies, and residential treatment facilities. Dixie County also only has two (2) rural health clinics, one (1) nursing home, one (1) homemaker & companion services, and, with eight (8) clinical laboratories yielding a rate of 47.7 laboratories per 100,000 population, possesses a rate of clinical laboratories that is less than half of Florida's (129.5 per 100,000).

population) in 2022 (Table 131, 2022 Technical Appendix). The county has comparable rates of nursing home beds, with 60 beds comprising a rate of 349.2 beds per 100,000 population; similarly, the state has a rate of 386.5 (Table 132, 2022 Technical Appendix).

Providers

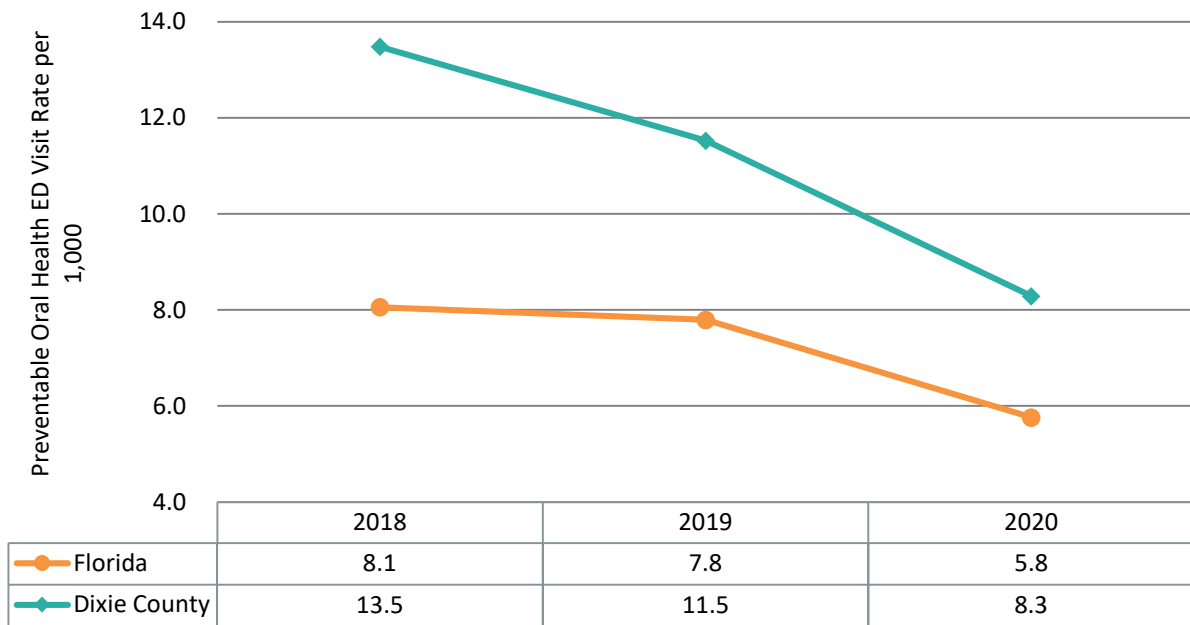
As of fiscal year 2020-21, Dixie County recorded a rate of only 18.0 physicians per 100,000 population, including zero (0) internal medicine doctors, OB/GYNs, pediatricians, and dentists. The only recorded physicians present were family practice physicians at a rate of 6.0 per 100,000 population. These numbers are far less than the state rates of 314.0 physicians and 19.2 family practice physicians per 100,000 population (Tables 133 and 134, 2022 Technical Appendix).

Dental Hospitalizations and Emergencies

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergencies. In Dixie County, there certainly exists a higher rate of preventable ED visits (8.3 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population), but this figure has been trending down from the 2018 rate of 13.5 visits per 1,000 population to the 2020 estimate of 8.3. In this most recent year of data, it is also notable that 93.6 percent of all oral health ED visits were preventable, similar to the state rate of 94.7 percent. In 2020, 32680 Old Town presented the highest preventable ED visit rate in the county at 9.2 visits per 1,000 population (Table 135, 2022 Technical Appendix).

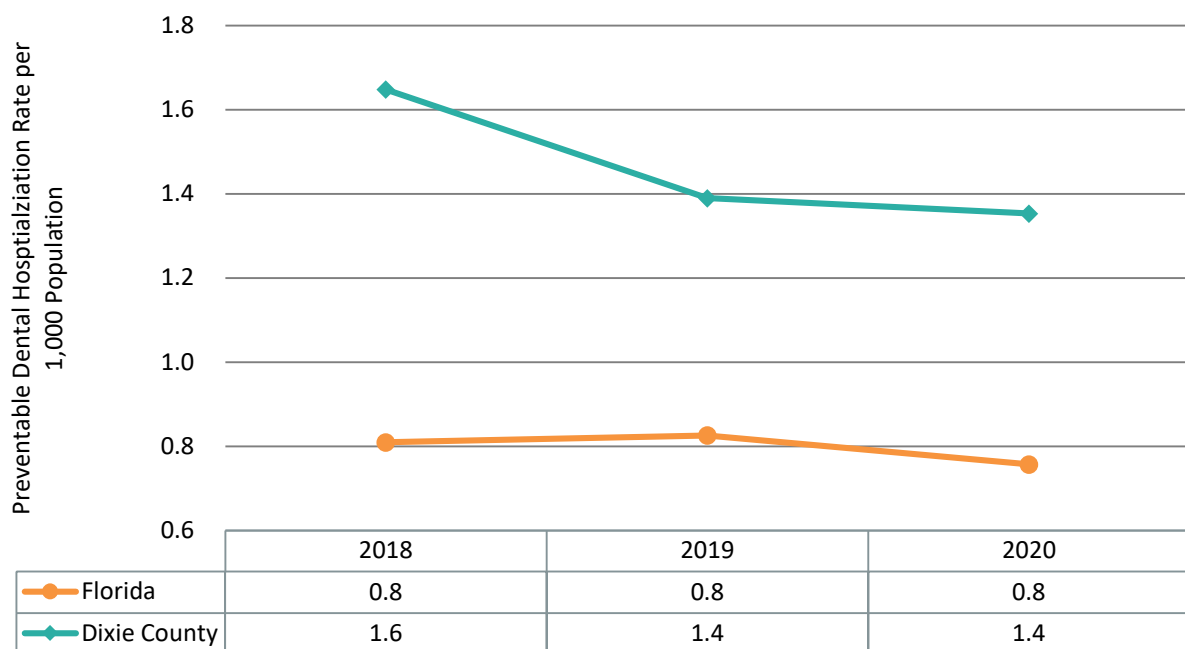
Dixie County residents also reported a higher rate of preventable dental hospitalizations per 1,000 population (1.4) as compared to Florida (0.8) in 2020. This rate has also been consistently higher than the state since 2018, with little to no improvement over the time span. Furthermore, in 2020 the percentage of Dixie County preventable dental hospitalizations out of total dental hospitalizations was 85.7 percent, slightly higher than Florida's 82.9 percent (Table 136, 2022 Technical Appendix).

FIGURE 19: RATE OF PREVENTABLE ORAL HEALTH ED VISITS, DIXIE COUNTY AND FLORIDA, 2018-2020



Source: Table 135, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 20: PREVENTABLE DENTAL HOSPITALIZATION RATE, DIXIE COUNTY AND FLORIDA, 2018-2020



Source: Table 136, 2022 Technical Appendix. Prepared by WellFlorida Council, 2022.

Hospitalizations and Emergency Department Usage

Compared to the state and according to 2020 discharge data from the Agency for Health Care Administration, Dixie County has a higher discharge rate per 1,000 population (151.1 versus 118.7) but a similar average length of stay, or ALOS (5.1 versus 5.2). This Dixie County discharge rate has been persistently higher than the state since 2018, but slowly declining. The zip code with the highest discharge rate and longest ALOS is 32692 Suwannee at 188.8 discharges per 1,000 population and 6.1 days on average, respectively (Table 139, 2022 Technical Appendix).

The largest component of discharges was paid by Medicare in Dixie County in 2020 at 49.5 percent of all discharges and 52.0 percent of patient days. These are similar to rates seen in Florida (45.4 percent and 51.4 percent, respectively). However, Medicaid comprises a greater percentage of discharges (24.3 percent) and patient days (24.5 percent) as compared to the state (18.6 and 18.2 percent, respectively). On the flip side, private insurance comprises a larger percentage of state discharges (23.6 percent) and patient days (20.1 percent) as compared to Dixie County (13.4 percent and 11.4 percent, respectively). These patterns have been fairly consistent since 2018 (Table 140, 2022 Technical Appendix).

When looking at Medicare Severity Diagnosis-Related Groups – categories of inpatient hospital stays – Dixie County has consistently shown septicemia as the primary component of discharges at 5.2 percent for 2020, followed by psychoses at 3.3 percent and vaginal delivery without sterilization at 3.2 percent (Table 141, 2022 Technical Appendix).

Avoidable Discharges

Among Dixie County residents under the age of 65, the avoidable discharge rate per 1,000 population was 18.7 in 2020, compared to 11.5 for Florida. Avoidable discharge rates for Dixie County have been regularly higher than the state since 2018. In spite of this higher discharge rate, the county's avoidable ALOS in 2020 was slightly lower than the state at 5.1 days as compared to 5.9 days. 32680 Old Town residents accounted for 66.1 percent of avoidable discharges for Dixie County in 2020; the highest avoidable discharge rate this year was 32648 Horseshoe Beach at 28.0 discharges per 1,000 population; and the highest avoidable ALOS was also in 32648 Horseshoe Beach at 8.5 days. It is notable that these numbers in Horseshoe Beach are prone to large shifts from year to year due to their small population; hence, it is helpful to consider that 32680 Old Town depicted the second highest avoidable discharge rate in 2020 (20.6 per 1,000) and the second highest avoidable ALOS (5.3 days) (Table 142, 2022 Technical Appendix).

Medicaid was the most common payor source for these avoidable discharges and patient days, accounting for 35.1 percent of the former and 36.5 percent of the latter. In contrast, Medicaid only covered 25.6 percent of Florida avoidable discharges and 29.6 percent of avoidable patient days with an ALOS of 6.8. Medicare also pays for slightly more avoidable discharges in Dixie County than the state (25.9 percent versus 21.1 percent), as well as avoidable patient days (32.0 percent versus 23.1 percent). Private insurance covers less avoidable discharges in Dixie County than the state (21.9 percent versus 30.6 percent) and less patient days (19.3 percent versus 29.9 percent) (Table 143, 2022 Technical Appendix).

The top leading cause of avoidable discharges among those under the age of 65 was dehydration by a clear margin, comprising 48.6 percent of discharges in 2020, as compared to the next most common diagnosis of nutritional deficiencies at 13.1 percent, followed by chronic obstructive pulmonary disease at 9.2 percent. For the past three years of data, 2018-2020, dehydration consistently came in as the number one reason for avoidable discharges. Nutritional deficiencies have been accounting for a greater percentage of avoidable discharges every year, and COPD, although becoming less common, made it into the top three (3) causes every year (Table 144, 2022 Technical Appendix).

Avoidable ED Visits

As of 2019, the Broward Regional Health Planning Council reported an ED visit rate of 280.3 ED visits per 1,000 population for Dixie County – much lower than the state rate of 412.8 – and an avoidable ED visit rate of 155.2 per 1,000 population, also lower than the state rate of 190.7 (Table 145, 2022 Technical Appendix).

The most common payor sources for ED visits by Dixie County residents in 2020 was Medicaid at 30.0 percent of ED Visits, private insurance at 22.9 percent, and Medicare at 20.3 percent. Within Florida as a whole, private insurance covers the greatest percentage of ED visits at 28.0 percent, followed by Medicaid at 27.0 percent, then Medicare at 20.7 percent (Table 146, 2022 Technical Appendix).

The main reason recorded for these visits was unspecified abdominal pain (5.2 percent of ED visits) and cough (4.3 percent of ED visits) in 2020 and have respectively remained the top two (2) main reasons for ED visits in Dixie County since 2018 (Table 147, 2022 Technical Appendix).

Community Resources and Assets for Improving Health

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

With respect to healthcare resources, many Dixie County residents utilize Medicaid and Medicare. Medicaid in particular is widely used, with 30.1 enrollees per 100,000 population covering 24.3 percent of all hospital discharges, 24.5 percent of hospital patient days, 35.1 percent of avoidable hospital discharges, 36.5 percent of avoidable patient days, 30 percent of ED visits, and 76.5 percent of all Dixie County births (Tables 107, 130, 140, 143, and 146, 2022 Technical Appendix). Medicare accounted for the costs of 49.5 percent of all hospital discharges, 52.0 percent of patient days, 25.9 percent of avoidable discharges, 32.0 percent of avoidable patient days, and 20.3 percent of ED visits (Tables 130, 140, 143, and 146, 2022 Technical Appendix). There are also a substantial number of individuals participating in nutritional assistance programs, such as WIC for mothers, food stamps, and free and reduced lunches for school-aged children (Tables 53, 55, and 57, 2022 Technical Appendix), and high rates of recommended vaccinations (Table 124, 2022 Technical Appendix). Although healthcare facilities are limited, Dixie County is home to one (1) homemaker & companion service provider, two (2) rural health clinics, and eight (8) clinical laboratories, as well as one (1) nursing home providing 60 beds at a rate of 349.2 beds per 100,000 population (Table 132, 2022 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, Dixie County ranks highly for its physical environment, with a lesser amount of air pollution particulate matter, and has a lower percentage of severe housing problems compared to Florida at large, with 12.4 percent of residents experiencing at least one severe housing issue compared to 19.2 percent of Florida residents (Table 3, 2022 Technical Appendix). As far as social components go, Appendix C lists the Steering Committee members involved in this Community Health Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life of Dixie County. Dixie also has the advantage of lower unemployment rates and behavioral trends such as lower reported rates of heavy and binge drinking and lower rates of avoidable ED visits (Tables 45, 119, and 145, 2022 Technical Appendix).

Lastly, informational resources to guide the planning, implementation, and evaluation of strategies to improve community health are listed in the Resources for Community Interventions: General Approaches and Specific Opportunities section of this community health assessment report. These resources outline evidence-based practices and widely accepted models in addressing community health issues, such as those that emerged in this

assessment. Among the resources are strategies for environmental change, policy development, behavior and lifestyle change, and community approaches to improving social determinants of health and health equity.

Health Disparities and Inequities

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

Health Disparities

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

Life Expectancy

Dixie County ranks as 62nd out of 67 counties in Florida for length of life, with a life expectancy of 74.9 years for all residents contrasting with the expected 79.4 years for the state as a whole. Similar to the state, females on average live 6.1 years longer than males in Dixie County with a female life expectancy of 78.3 years compared to 72.2 years for males, while within Florida life expectancy is 82.3 years for females and 76.5 years for males (Tables 3 and 4, 2022 Technical Appendix).

Mortality and Morbidity

Age-adjusted mortality rates are much higher for Dixie County than for the state, reaching 910.8 deaths per 100,000 population as compared to Florida’s rate of 698.4 for 2018-2020 estimates. Disparities by sex mark male Dixie County residents with higher death rates than female Dixie County residents from COVID-19. Females possess a clear advantage over males in terms of YPLL. Although both females and males in Dixie County experience rates markedly higher than the state, females only come in at a rate of 9,268.1 YPLL per 100,000 in the county as compared to 6,263.6 in the state. On the contrary, males in Dixie County experience a rate of 19,246.5 YPLL per 100,000, compared to 11,097.5 for the state (Tables 89 and 91, 2022 Technical Appendix).

Black Dixie County residents portray a higher overall age-adjusted mortality rate (1,182.6 deaths per 100,000 population) than White Dixie County residents (916.6 deaths per 100,000), although White Dixie County residents depict a higher rate of YPLL (15,662.8 years of potential life lost per 100,000 population) than Black Dixie County residents (10,483.4 YPLL per 100,000). Specifically, Black Dixie County residents have higher age-adjusted death rates due to heart disease, COVID-19, diabetes, stroke, hypertension, and unintentional injury. White Dixie County residents suffer higher death rates due to cancer, CLRD, liver disease, Alzheimer’s disease, and suicide. From an ethnic lens, Hispanic Dixie County residents have a lower age-adjusted mortality group than either racial category individually, measuring in at 780.2 deaths per 100,000. Nonetheless, Hispanic Dixie County residents do pose higher age-adjusted mortality rates than the county overall from cancer, hypertension, and liver disease. The difference between the county and the state in terms of CLRD death rates is particularly suffered by the Hispanic population, who suffer a death rate from CLRD that is more than three (3) times that of their Hispanic state counterparts (68.1 Hispanic deaths in Dixie County per 100,000 population versus 20.8 Hispanic deaths for the state) (Tables 66, 67, 68, 87, and 88, 2022 Technical Appendix).

Maternal and Infant Health

When compared to the state, Dixie County has lower birth rates and lower rates of first trimester care, as well as higher rates of low birthweight births and teen birth rates. By race, Black Dixie County residents in particular have lower birth rates, lower rates of accessing first trimester care, and much higher rates of low birthweight births than their White Dixie County counterparts. Black Dixie County mothers also have a higher percentage of births covered by Medicaid and rate of participation in WIC. By ethnicity, Dixie County Hispanics have slightly higher birth rates than the county overall, as well as higher rates of low birthweight births, a lower rate of births being covered by Medicaid, and greater percentage of mothers participating in WIC (Tables 102, 104, 105, 106, 2022 Technical Appendix).

Health Inequities

Health equity is defined by the CDC as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (<https://www.cdc.gov/nchhstp/healthequity/index.html>, accessed 8/2/2022). Therefore, health inequities are “systematic differences in health outcomes” (<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>, accessed 8/2/2022). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 8/2/2022). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services (<https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20Full%20Report.pdf>, accessed 8/2/2022).

Structural Drivers – Income, Poverty, and Food Insecurity

Poverty

According to data from the U.S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for Dixie County residents is higher than the state at 23.2 percent of all residents and 31.1 percent of children, compared to only 12.4 percent and 17.2 percent of Florida, respectively. Despite recent improvements in the state, none of the poverty rates in Dixie County have been improving since 2014. ACS estimates state that Dixie County also has a larger percentage of persons living just above the poverty level as compared to the state. Cumulatively, 41.2 percent of the county lives below 200 percent of the poverty line; this accounts for only 32.9 percent of Florida as a whole. Rates of poverty are slightly lower among the 65+ population, with 10.0 percent in poverty and 34.6 percent below 200 percent of poverty, compared to 10.5 percent and 29.7 percent in Florida, respectively (Tables 23, 25, and 26, 2022 Technical Appendix).

Poverty affects females and people of color disproportionately throughout the state of Florida and in Dixie County. Females display a greater rate of poverty than males both in the county and in the state according to the 2016-2020 ACS estimates. Specifically, about 17.6 percent of females and 16.2 percent of males in Dixie County are in poverty, compared to 14.3 percent and 12.3 percent in the state, respectively (Table 27, 2022 Technical Appendix).

Dixie County displays staggering disparities in poverty by race and ethnicity. Only 14.5 percent of the White population is in poverty and 16.8 percent of the overall population with respect to the 2016-2020 ACS estimates. However, Black residents suffer poverty rates that are three (3) times higher than their White counterparts, with 46.4 percent living in poverty compared to a rate of 20.7 percent in the state. Similarly, Hispanic Dixie County residents have nearly three (3) times the poverty rate of the Dixie County population as a whole, with 47.8 percent living in poverty compared to 16.4 percent within the state of Florida (Table 28, 2022 Technical Appendix).

Income

Median household income among Dixie County residents is less than the state for all races (41,674 dollars versus 57,703 dollars), Whites (42,135 dollars versus 61,065 dollars), and Blacks (30,000 dollars versus 43,418 dollars) according to the most recent ACS data. When contrasting White income and Black income, it is notable that White Dixie County households on average make 40.5 percent more than Black Dixie County households at 42,135 dollars compared to 30,000 dollars, respectively (Table 32, 2022 Technical Appendix).

Per capita income is also dramatically lower for Dixie County than for the state, with an average per capita income of 19,911 dollars in the county and 32,848 dollars in the state. Per capita income by race demonstrates pronounced racial and ethnic disparities. On average, per capita income for Black residents is a mere quarter of that for White residents in Dixie County at 5,563 dollars and 21,909 dollars, respectively. Although the trend of lesser incomes for Black residents is evident throughout Florida, the difference is much less pronounced on the state scale, with the per capita income for Black Floridians coming in at 21,120 dollars compared to 36,601 dollars for White Floridians. Moreover, Hispanic Dixie County residents have a per capita income of only 7,699 dollars, while Hispanics throughout the state have an average per capita income of 24,498 dollars (Table 33, 2022 Technical Appendix).

Food Insecurity

According to FL HealthCHARTS data, in 2021 Dixie County had higher rates than the state of eligibility for free or reduced lunches for every grade level from Pre-Kindergarten through Middle School. In the past four (4) years, rates of eligibility have been improving among kindergarten and elementary students, but not for pre-kindergarten nor middle school students (Tables 53 and 54, 2022 Technical Appendix).

As of December 2021, the Florida Department of Children and Families reports that 3,428 food stamp clients reside in Dixie County, as well as 1,899 food stamp households, 94 Temporary Assistance for Needy Families (TANF) clients and 63 TANF families. These numbers shift substantially from year to year (Tables 55 and 56, 2022 Technical Appendix). Furthermore, 581 individuals are eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a rate of 3,475.7 per 100,000 population, greater than the state's rate of 2,890.5. Despite this larger burden within Dixie County, a similar number of WIC eligible are being reached and served: 62.8 percent in the county and 63.0 percent in the state (Tables 57 and 58, 2022 Technical Appendix).

Community Determinants – Education

On average, Dixie County residents have less education than Florida residents, with 20.4 percent of those 25+ years of age not holding a high school diploma versus 11.5 percent for the state and 64.2 percent only having a high school diploma versus 48.0 percent for the state. This results in approximately 15.5 percent of the county holding a college degree, less than half of Florida's rate at 40.5 percent of the population (Table 49, 2022 Technical Appendix).

The Florida Department of Education reported that in the school years 2017-2018 through 2020-2021, Dixie County has shown alarming and consistent drops in high school graduation rates, going down from 96.9 percent in the 2017-2018 school year to 84.0 percent in the 2020-2021 school year. On the contrary, Florida rates have been gradually increasing during this time period, most recently for the 2020-2021 school year coming in at 90.1 percent. Similarly, dropout rates increased in Dixie County from 0.8 percent for the 2017-2018 school year up to 3.7 percent for the 2019-2020 school year, greater than the state during that school year at 3.1 percent (Table 50, 2022 Technical Appendix).

Quality Healthcare Services

Differential access to health care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, lower prenatal care by race and/or ethnicity, as well

as other disease outcome differences. The rate of every recorded type of physicians was lower in Dixie County than in the state, with a total estimate of only 18.0 physicians per 100,000 population in the county. This pales in comparison to the state rate of 314.0 physicians per 100,000 population. Lesser access to this first line of care can manifest in high rates of avoidable hospitalizations, such as those seen in Dixie County at a rate of 18.7 discharges per 1,000 population, compared to the state rate of 11.5 (Tables 133 and 142, 2022 Technical Appendix).

Similar trends may be noted in dental care. Dixie County has no recorded dentists present, while the state rate of dentists is 56.7 dentists per 100,000 population. It logically follows that Dixie County witnesses a high rate of preventable dental ED visits (8.3 visits per 1,000 population) as compared to Florida (5.8 visits per 1,000 population), but this figure has been trending down since 2018. Dixie County residents also report higher rates of preventable dental hospitalizations than the state at 1.4 discharges per 1,000 population as compared to 0.8 (Tables 134-136, 2022 Technical Appendix).

Priority Populations

The analysis above of health disparities found throughout Dixie County as well as this Community Health Assessment as a whole may be used to direct interventions towards particular priority populations that are affected by negative health outcomes more than others in the community. These priority populations ought to be relevant to the Dixie County community, and their needs should be supported by secondary and primary data. These groups, in no particular order, include:

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

Summary

In summary, the Dixie County Community Health Assessment and accompanying 2022 Tri-County Community Health Assessment Technical Appendix contain a wealth of information and insight into the social, environmental, behavioral, and healthcare factors associated with health status and health outcomes in Dixie County, as well as data resources to further analyze these elements of the community and guide future planning and interventions. These findings, while pointing towards the need for further in-depth exploration of certain factors, gaps, and root causes, provide a foundation for guiding discussions and plans to improve health outcomes and quality of life for Dixie County residents.

Dixie County faces a number of challenges typical of a rural and poor community, including low income, few resources, and limited access to healthcare providers and other social services. The number of physicians, facilities, and other resources within the county is extremely low, and transportation to and from more distant clinicians and specialty care is both scarce and expensive. This may lead to individuals avoiding or delaying seeking care, which often manifests in high rates of avoidable hospitalizations, such as those seen in Dixie County. Although uptake of certain healthy behaviors is encouraging throughout the community, with high rates of pneumococcal vaccinations among adults and childhood recommended vaccinations, several other health outcomes associated with individual behaviors demand improvement, especially high rates of teen pregnancies, tobacco use, obesity, and domestic violence. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and

robust community Health Assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Dixie County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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

Community Health Surveys

Methodology

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents in Dixie, Gilchrist, and Levy Counties. Survey respondents selected their county of residence and survey responses were analyzed by county. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in the county selected. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included 16 core questions with additional items depending on responses, and nine (9) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

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

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on June 8, 2022 and was available through August 19, 2022. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed, for Dixie County there were 123 completed, eligible surveys. There was one (1) survey completed in Spanish; the remaining 122 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Dixie County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. The general demographic factors collected on respondents who completed surveys are presented in Table 9 below. Tabulated results from survey items are presented in the following Tables 10-19 and Figures 21-27.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Dixie County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2022 Technical Appendix.

Community Survey Participant Profile

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

Demographics	Dixie n = 123	
	Number	Percent
Age Group		
18-24	7	5.7
25-29	7	5.7
30-39	26	21.1
40-49	22	17.9
50-59	16	13.0
60-64	13	10.6
65-69	15	12.2
70-79	13	10.6
80 or older	4	3.3
Prefer not to answer	0	0
Gender Identity		
Man	20	16.3
Woman	100	81.3
Non-binary	0	0
Other	0	0
Prefer not to answer	3	2.4
Racial Identity		
American Indian/Alaskan Native	2	1.6
Asian	0	0
Black or African American	2	1.6
Native Hawaiian and Other Pacific Islander	0	0
Two or more races	5	4.1
White	107	87.0

Other	2	1.6
Prefer not to answer	5	4.1
Ethnicity		
Not of Hispanic, Latino, or Spanish origin	113	91.9
Mexican, Mexican-American, or Chicano	1	0.8
Puerto Rican	0	0
Cuban	2	1.6
Other (3 - Guatemalan)	3	2.4
Prefer not to answer	4	3.3
Highest Level of Education Completed		
Elementary/Middle School	7	5.7
High school diploma or GED	35	28.5
Technical, community college, 2-yr college or Associate's degree	25	20.3
4-yr college/Bachelor's degree	12	9.8
Graduate/Advanced degree	11	8.9
Some college	29	23.6
Other	2	1.6
Prefer not to answer	2	1.6
Current Employment Status (may choose all that apply)		
Employed (full-time)	55	44.7
Employed (part-time)	8	6.5
Full-time student	2	1.6
Part-time student	2	1.6
Homemaker	18	14.6
Retired	33	26.8
Self-employed	8	6.5
Unemployed	5	4.1
Work two or more jobs	4	3.3
Prefer not to answer	1	0.8
Other (2 each - disabled, COVID-related job loss)	4	3.2
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	42	34.1
Health insurance that you pay on your own	20	16.3
Medicaid	27	22.0
Medicare	37	30.1
Military coverage/TriCare or VA	6	4.9
Pay cash	14	11.4
Do not have health insurance	10	8.1

Other (1 each – disabled, employer, charity care, can't pay)	4	3.3
Combined Annual Household Income		
Less than \$10,000	7	5.7
\$10,000 - \$19,999	13	10.6
\$20,000 - \$29,999	15	12.2
\$30,000 - \$49,999	19	15.4
\$50,000 - \$74,999	27	22.0
\$75,000 - \$99,999	9	7.3
\$100,000 - \$124,999	11	8.9
\$125,000 - \$149,999	2	1.6
\$150,000 - \$174,999	4	3.3
\$175,000 - \$199,999	1	0.8
\$200,000 or more	0	0
Prefer not to answer	15	12.2
Zip Code of Residence		
32628 Cross City	24	19.5
32648 Horseshoe Beach	8	6.5
32680 Old Town	77	62.6
32692 Suwannee	6	4.9
32619 Bell	1	0.8
32693 Trenton	1	0.8
34498 Yankeetown	1	0.8
Other (3 – 32008 Branford (2.4 percent), 2 – 32359 Jena (1.6 percent))	5	4.0

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

Observations from Community Survey

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

- Factors that most contribute to a healthy community
- Most important health problems to be addressed in the community
- Behaviors with the greatest negative impact on overall health
- Access to healthcare services
- Barriers to receiving dental, primary, and mental health care

The following tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Dixie County residents included in the analysis was 123. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

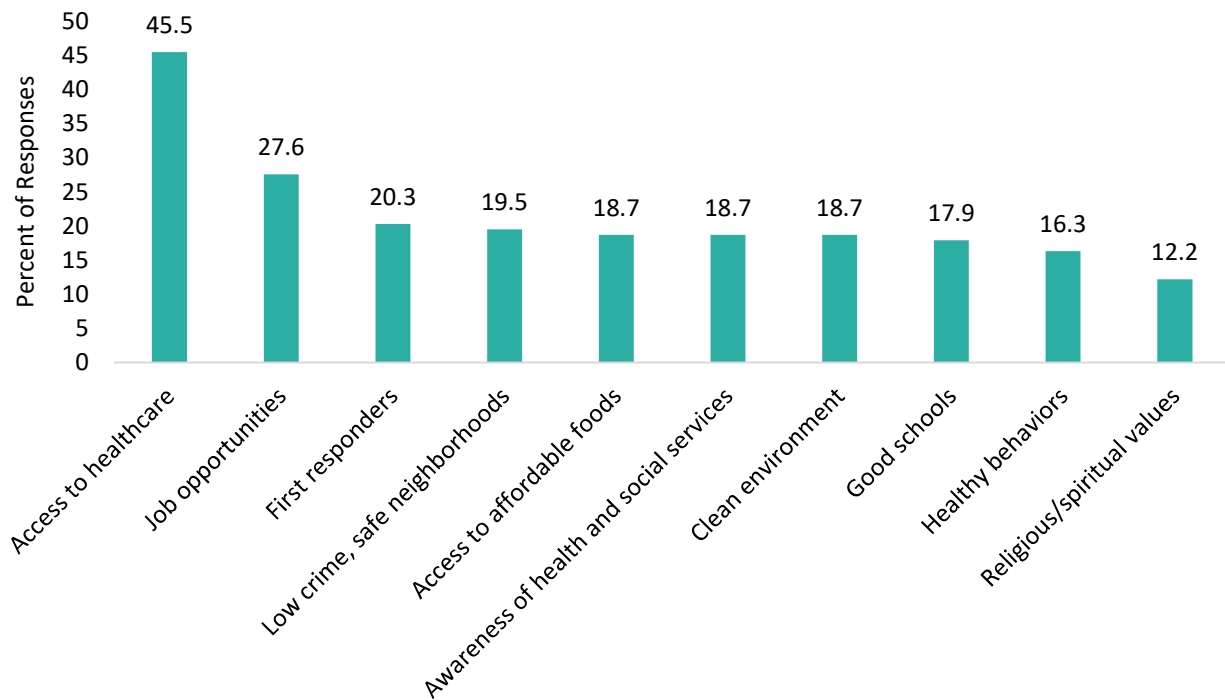
What do you think contributes most to a healthy community? Choose 3.

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

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (45.5 percent)
2	Job opportunities for all levels of education (27.6 percent)
3	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (20.3 percent)
4	Low crime/safe neighborhoods (19.0 percent)
5, 6,	Clean environment (18.7 percent)
7	Awareness of health care and social services (18.7 percent)
tie	Access to convenient, affordable, and nutritious foods (18.7 percent)
8	Good schools (18.3 percent)
9	Residents engaging in healthy behaviors (16.3 percent)
10	Practice of religious or spiritual values (12.2 percent)
11,	Affordable goods and services (9.8 percent)
12	Affordable housing (9.8 percent)
tie	
13,	Good place to raise children (7.3 percent)
14,	Availability of parks and recreational opportunities (7.3 percent)
15,	Public transportation system (7.3 percent)
16 tie	Strong family ties (7.3 percent)
17	Low preventable death and disease rates (6.5 percent)
18,	Choices of places of worship (6.9 percent)
19 tie	Strong economy (4.9 percent)
20	Affordable utilities (4.9 percent)
21,	Good race/ethnic relations (4.1 percent)
22 tie	Low level of child abuse (4.1 percent)
23	Low level of domestic violence (2.4 percent)
24	Availability of arts and cultural events (1.6 percent)
25	Other (1 – stand-alone ER) (0.8 percent)
26	Low rates of infant and child deaths (0 percent)

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

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



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

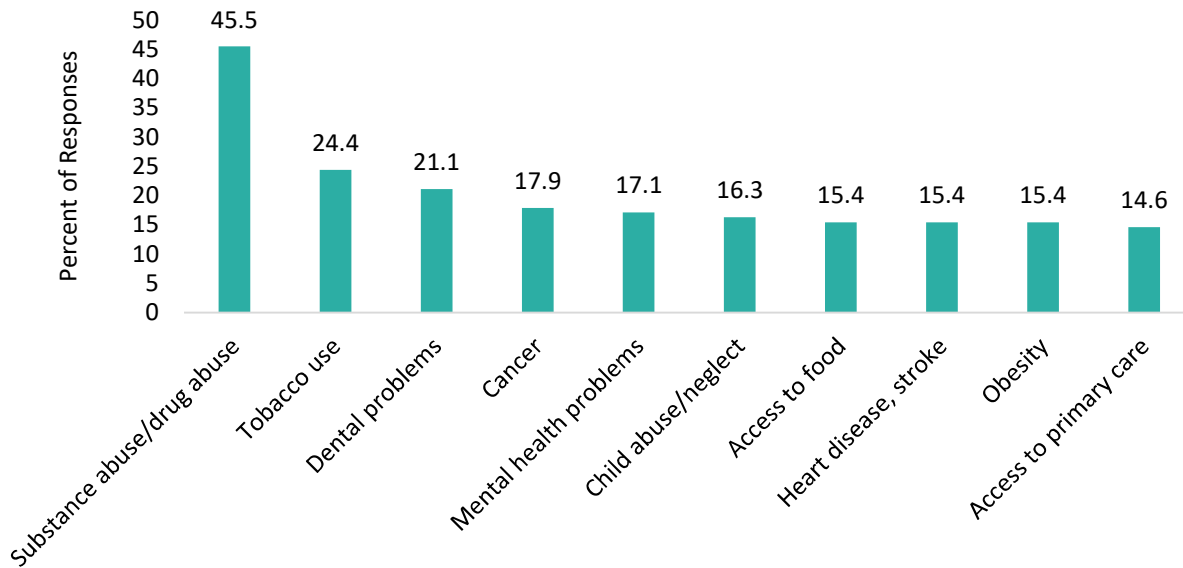
What are the **THREE (3)** most important health issues in your county? Choose up to **THREE (3)**.

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

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (45.5 percent)
2	Tobacco use (24.4 percent)
3	Dental problems (21.1 percent)
4	Cancer (17.9 percent)
5	Mental health problems (17.1 percent)
6	Child abuse/neglect (16.3 percent)
7, 8, 9 tie	Access to sufficient and nutritious food (15.4 percent)
	Heart disease and stroke (15.4 percent)
	Obesity (15.4 percent)
10	Access to primary/family care (14.6 percent)
11	Domestic violence (8.9 percent)
12, 13, 14 tie	Diabetes (7.3 percent)
	High blood pressure (7.3 percent)
	Homelessness (7.3 percent)
15, 16 tie	Age-related issues (e.g., arthritis, hearing loss) (6.5 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (6.5 percent)
17	Elderly caregiving (5.7 percent)
18, 19 tie	Pollution (e.g., water, air, soil) (4.9 percent)
	Stress (4.9 percent)
20, 21 tie	Teenage pregnancy (4.1 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (4.1 percent)
22, 23 tie	Affordable assisted living facilities (3.3 percent)
	Respiratory/lung disease (3.3 percent)
24, 25, 26, 27 tie	Access to long-term care (2.4 percent)
	Disability (2.4 percent)
	Exposure to excessive and/or negative media and advertising (2.4 percent)
	Other (1 each – lack of community resources, children of closely related partners, unhealthy leadership; 2.4 percent total or 0.8 percent each)
28, 29, 30 tie	Dementia (1.6 percent)
	Motor vehicle crash injuries (1.6 percent)
	Rape/sexual assault (1.6 percent)
31, 32, 33 tie	Firearm-related injuries (0.8 percent)
	Suicide (0.8 percent)
	Infant death (0.8 percent)
34, 35 tie	HIV/AIDS (0 percent)
	Homicide (0 percent)

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

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



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

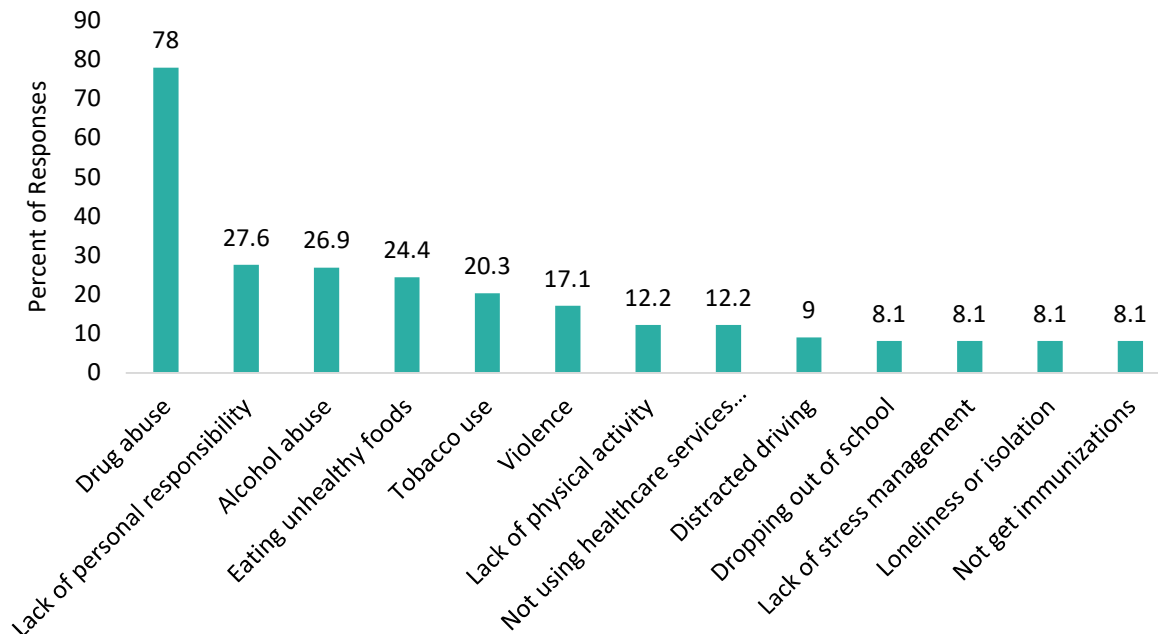
What has the greatest negative impact on the health of people in your county? Choose THREE (3).

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

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (78.0 percent)
2	Lack of personal responsibility (27.6 percent)
3	Alcohol abuse (26.9 percent)
4	Eating unhealthy foods/drinking sugar sweetened beverages (24.4 percent)
5	Tobacco use, vaping, chewing tobacco (20.3 percent)
6	Violence (17.1 percent)
7, 8 tie	Lack of physical activity (12.2 percent)
	Not using healthcare services appropriately (12.2 percent)
9	Distracted driving (such as texting while driving) (9.0 percent)
10,	Not getting immunizations to prevent disease (e.g., flu shots) (8.1 percent)
11,	Dropping out of school (8.1 percent)
12,	Lack of stress management (8.1 percent)
13 tie	Loneliness or isolation (8.1 percent)
14,	Poor race/ethnic relations (6.5 percent)
15 tie	Overeating (6.5 percent)
16,	Lack of sleep (4.9 percent)
17,	Unsecured firearms (4.9 percent)
18 tie	Not using birth control (4.9 percent)
19	Unsafe sex (4.1 percent)
20	Not using seat belts/child safety seats (3.3 percent)
21,	Starting prenatal care late in pregnancy (2.4 percent)
22 tie	Other (1 each – lack of resources for kids, low income, lack of good mental health responsibility) (2.4 percent total or 0.8 percent each)

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

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



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

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

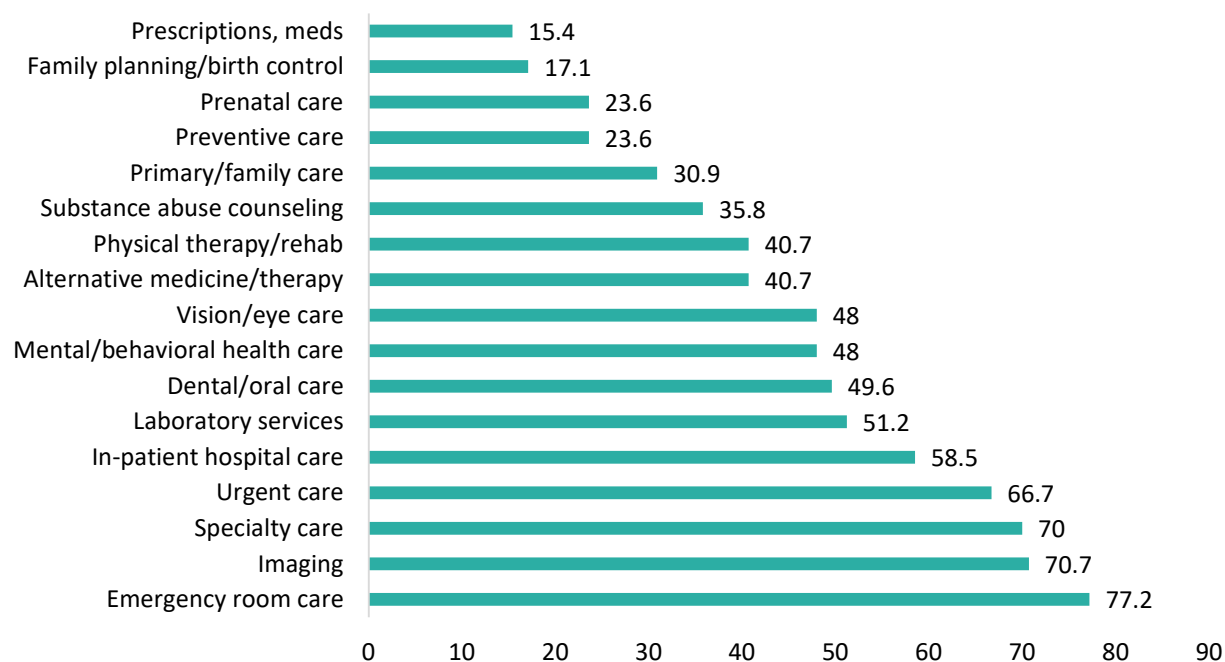
TABLE 13: OVERALL RATING OF PERSONAL HEALTH AND HEALTH OF DIXIE COUNTY RESIDENTS, BY PERCENT OF RESPONSES, 2022

Rating	Overall	Personal
Very healthy	0.8 percent	6.5 percent
Healthy	6.5 percent	43.6 percent
Somewhat healthy	58.5 percent	35.0 percent
Unhealthy	24.4 percent	10.6 percent
Very unhealthy	9.8 percent	1.6 percent

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

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

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



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

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

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

Dental Care	Response
Received needed care or didn't need care	47.2 percent
Did not receive needed care	52.8 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	73.5 percent
No appointments available or long waits for appointments	38.2 percent
No dentists available	42.6 percent
Service not covered by insurance or have no insurance	36.8 percent
Transportation, couldn't get there	10.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	19.1 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.2 percent
Other: (1 each – am too old, am broke, no transportation, dentist on insurance never in) (13.2 percent total, 3.3 percent each)	13.2 percent

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

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

TABLE 15: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022

Primary/Family Care	Response
Received needed care or didn't need care	74.8 percent
Did not receive needed care	25.2 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	58.0 percent
No appointments available or long waits for appointments	41.9 percent
No primary care providers (doctors, nurses) available	29.0 percent
Service not covered by insurance or have no insurance	29.0 percent
Transportation, couldn't get there	3.2 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	12.9 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	6.5 percent
Other: (1 each - no insurance, no VS services) (6.5 percent total, 3.3 percent each)	6.5 percent

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

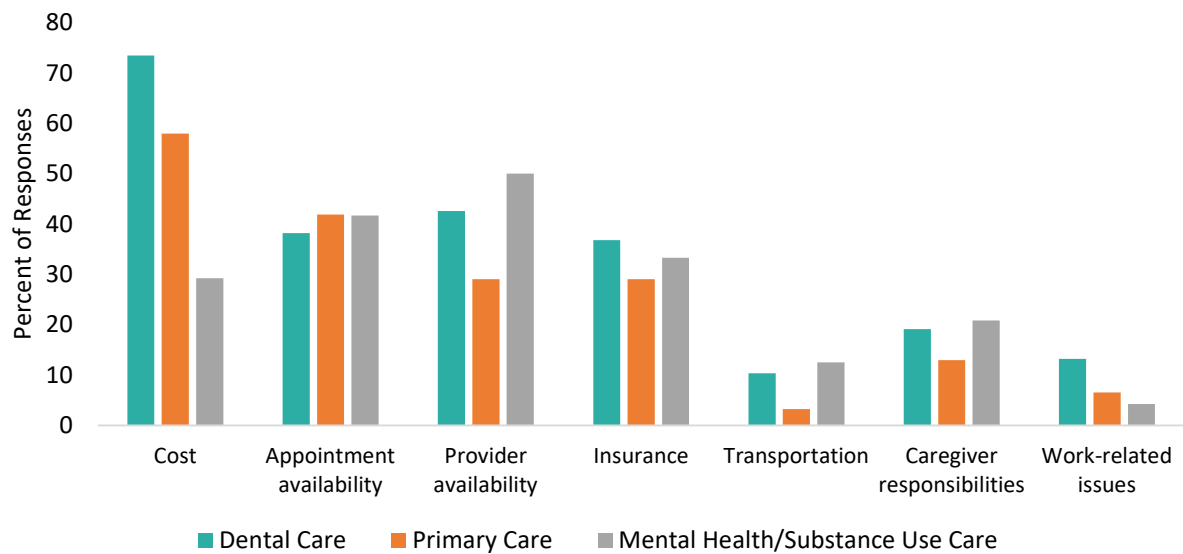
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 16: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care	80.5 percent
Did not receive needed care	19.5 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	29.2 percent
No appointments available or long waits for appointments	41.7 percent
No mental health care providers or no substance use therapists or counselors available	50.0 percent
Service not covered by insurance or have no insurance	33.3 percent
Transportation, couldn't get there	12.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	20.8 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	4.2 percent
Other: (1 each – can't pay, don't like options in Dixie, online is available with insurance but not worth the stress) (12.5 percent total, 4.2 percent each)	12.5 percent

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

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



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

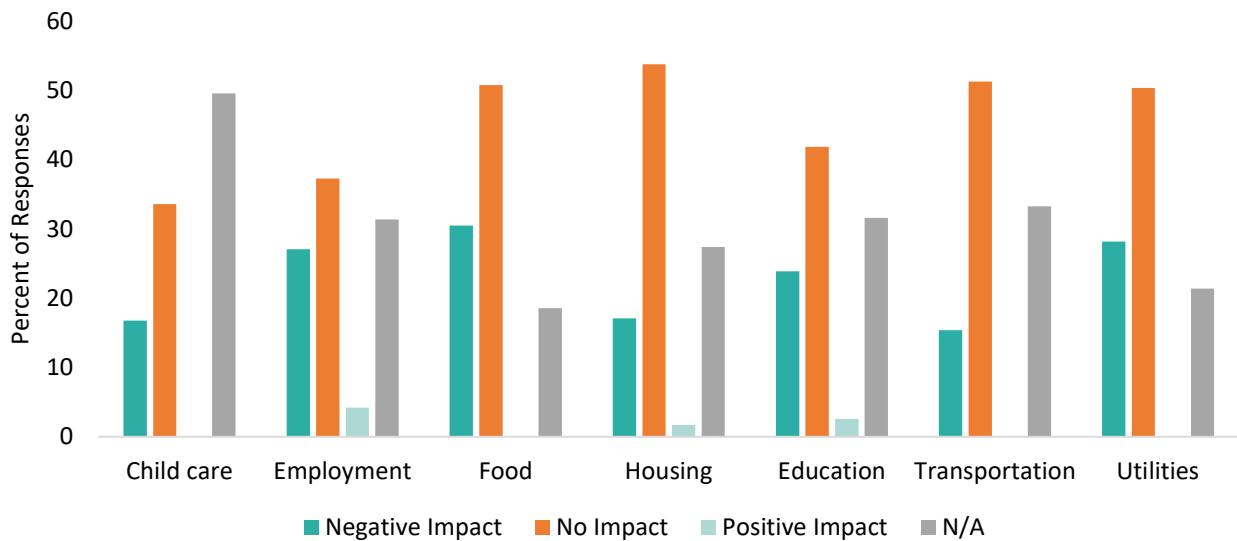
How has the Coronavirus (COVID-19) pandemic impacted your household? Please select one (1) response for each area listed.

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

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Childcare (ability to get care for child/children)	16.8	33.6	0	49.6
Employment (ability to keep job, have steady income)	27.1	37.3	4.2	31.4
Food (have enough food to feed you and your family)	30.5	50.8	0	18.6
Housing (ability to find housing, pay rent or mortgage)	17.1	53.8	1.7	27.4
Schooling, education (ability to complete school-related assignments and programs)	23.9	41.9	2.6	31.6
Transportation (ability to use public transportation, shared ride services)	15.4	51.3	0	33.3
Utilities (ability to get and pay for electricity, gas, water, internet services)	28.2	50.4	0	21.4

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

FIGURE 26: COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



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

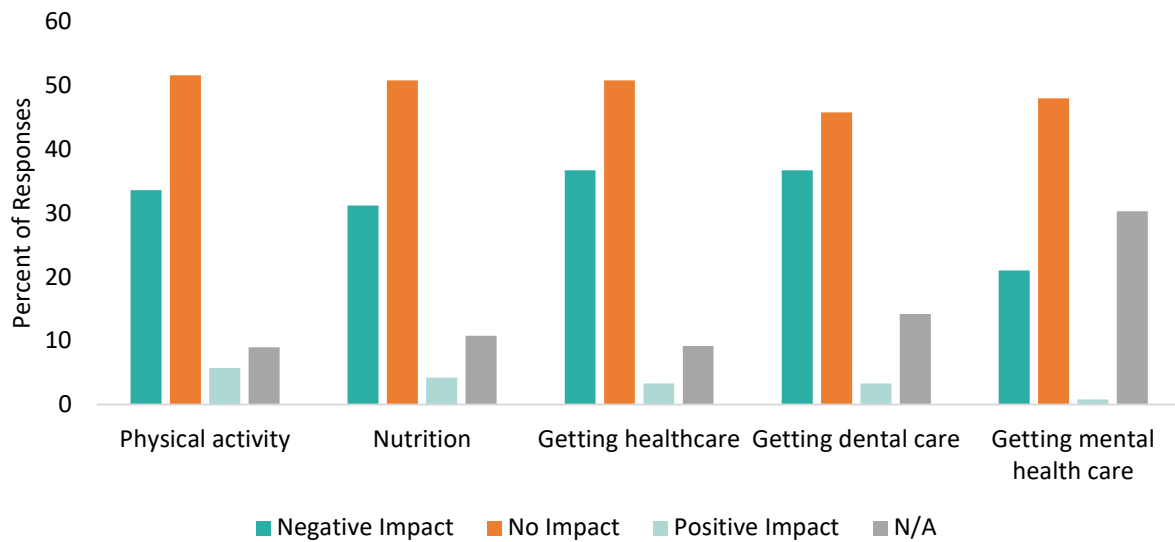
How has the Coronavirus (COVID-19) pandemic impacted your health-related activities?
Please select one (1) response for each activity listed.

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

Areas of Impact	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better, easier)	Does not apply to my household
	Percent			
Physical activity, exercise	33.6	51.6	5.7	9.0
Nutrition, eating habits	31.2	50.8	4.2	10.8
Getting routine or needed healthcare services	36.7	50.8	3.3	9.2
Getting routine or needed dental care	36.7	45.8	3.3	14.2
Getting routine or needed mental health care	21.0	48.0	0.8	30.3

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

FIGURE 27: IMPACT OF COVID-19 PANDEMIC ON HEALTH-RELATED ACTIVITIES, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



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

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

TABLE 19: PANDEMIC-RELATED DELAYED HEALTH CARE AND EMERGENCY PREPAREDNESS, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022

Response	Delayed Getting Healthcare Because of Pandemic	Household has an Emergency Plan
Yes	42.3 percent	67.5 percent
No	54.5 percent	27.6 percent
Don't know, not sure	3.2 percent	4.9 percent

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

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Dixie County residents who completed the survey considered access to health care, including primary care, specialty care, dental, and mental health care, as the top factor that contributes to a healthy community. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (25.2 percent), dental care (52.8 percent), or mental health/substance use care (19.5 percent). Cost and provider and appointment availability were often cited as barriers. When asked about specific services lacking in Dixie County, those most commonly mentioned were emergency room care, imaging, specialty and urgent care, and in-patient hospital care. Less difficult to access were preventive care, prenatal care, family planning services, and prescription medication. As a rural area, Dixie County faces common challenges related to scarcity of facilities, providers, and specialists, including the need to travel outside of the area for care.

Mental Health and Substance Abuse Care

Concern about the community's mental health and substance use emerged as a theme from the survey. Substance and drug abuse was ranked first among the most pressing health issues that need to be addressed in Dixie County; 45.5 percent of survey respondents selected it as a priority problem. Mental health problems were ranked as the fifth (by 17.1 percent of survey respondents) most important health issue to be addressed. Substance misuse is often interlinked with mental or behavioral health, and access to mental health and substance use services frequently go hand-in-hand. Dixie County survey respondents ranked drug abuse as the first and alcohol abuse as the third ranked behaviors, respectively at 78.0 and 26.9 percent, with greatest negative impact on overall health. More than a third (35.8 percent) of survey respondents felt substance abuse counseling is a service that is difficult to obtain in Dixie County and almost half (48.0 percent) indicated mental and behavioral healthcare services are also problematic to access. To further illustrate this theme, almost a fifth (19.8 percent) of Dixie County survey respondents said that in the past 12 months they did not receive needed care from a therapist or counselor for a mental health or substance use issue. In Dixie County the most common barriers to mental health or substance use care were cited by survey respondents as provider and appointment availability, at 50.0 percent and 41.7 percent, respectively.

Health Behaviors

Dixie County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are problematic. However, chronic disease-related behaviors and outcomes surfaced as the most important health issues for Dixie County residents. Tobacco use was the second ranked most important health issue with cancer ranked as fourth (24.4 percent and 17.9 percent, respectively). Dixie County survey respondents elevated dental problems to the third ranked issue (21.1 percent) and pointed to child abuse and neglect (16.3 percent) as the sixth ranked issue, close behind mental health problems. Dental and oral health issues are underscored because more than half of respondents did not get needed oral health care in the past year. More than half (58.5 percent) of survey respondents rated the health of Dixie County residents as somewhat healthy with 24.4 percent rated as unhealthy, leaving nearly ten percent (9.8 percent) rated as very unhealthy.

Social Determinants of Health

Dixie County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (chosen by 45.5 percent of survey respondents), job opportunities (27.6 percent), availability of first responders (20.3 percent) and safe neighborhoods (19.0 percent),

clean environment (18.7 percent), access to food (18.7 percent), good schools (18.3 percent), and affordable housing (9.8 percent).

Impact of COVID-19

Although the height of the Coronavirus (COVID-19) pandemic was behind the United States and Florida at the time of this survey, the pandemic continues to impact lives. Dixie County survey participants reported that in the past year nearly a third (30.5 percent) felt a negative impact on food sufficiency. About a quarter of survey respondents said they experienced pandemic-related negative impacts in the areas of employment (27.1 percent), schooling (23.9 percent), and affordability of utilities (28.2 percent). Personal health-related activities also suffered, as reported in the community survey. About a third of survey participants said their physical activity, eating habits, and healthcare seeking efforts suffered negative impacts. More than 40 percent of Dixie County survey respondents said they had delayed getting healthcare because of the pandemic. On the bright side, 67.5 percent of households of survey respondents report having an emergency plan in place for natural and man-made disasters.

Healthcare and Social Service Provider and Community Partner Community Health Survey

Healthcare and Social Service Provider and Community Partner Survey Participant Profile

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

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

White	44	75.9
Other	0	0
Prefer not to answer	7	12.1
Length of Time in Profession		
Less than 5 years	17	29.3
5-9 years	9	15.5
10-14 years	8	13.8
15-19 years	9	15.5
More than 20 years	15	25.9
Prefer not to answer	0	0
Type of Provider/Partner		
ARNP (all specialties and certifications)	1	1.7
Dentist	0	0
Dietitian/Nutritionist	0	0
Mental Health/Substance Use Counselor	1	1.7
Nurse	13	22.4
Occupational Therapist	1	1.7
Pharmacist	1	1.7
Physician: Family Practice	1	1.7
Physician Assistant	1	1.7
Physical Therapist	0	0
Social or Community Services	15	25.9
Speech/Language Pathologist	1	1.7
Other: (4 – Pharmacy Techs, 3 – Outreach/Education, 2 each – Environmental Health, Public Health Preparedness, Admissions, Certified Nursing Assistant, 1 each – Pharmacist, Nurse, Dental Hygienist, Administrator, Substance Abuse Counselor, COVID tracer)	23	39.7

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

Observations from Provider Survey

The tables and figures below summarize the responses to the overarching questions that were asked of healthcare providers and community partners serving the residents of Dixie, Gilchrist, and Levy Counties. There were 58 eligible, completed surveys included in the analysis. In general, the top ranked responses for each question are presented. Each figure shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

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

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

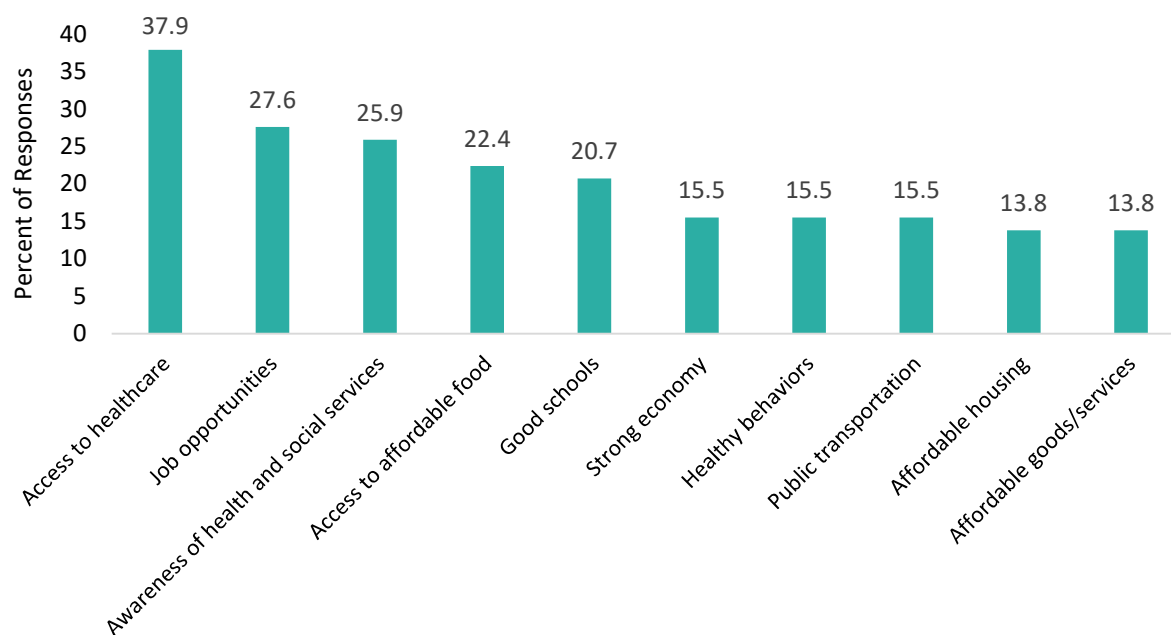
TABLE 21: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental and mental health care (37.9 percent)
2	Job opportunities for all levels of education (27.6 percent)
3	Awareness of healthcare and social services (25.9 percent)
4	Access to convenient, affordable, and nutritious foods (22.4 percent)
5	Good schools (20.7 percent)
6, 7, 8 tie	Strong economy (15.5 percent)
	Residents engaging in healthy behaviors (15.5 percent)
	Public transportation (15.5 percent)
9, 10 tie	Affordable housing (13.8 percent)
	Affordable goods/services (13.8 percent)
11, 12 tie	Strong family ties (12.1 percent)
	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (12.1 percent)
13	Good race/ethnic relations (10.3 percent)
14,	Low rates of infant and childhood deaths (8.6 percent)
15,	Good place to raise children (8.6 percent)
16 tie	Affordable utilities (8.6 percent)
17	Low crime/safe neighborhoods (6.9 percent)
	Practice of religious or spiritual values (5.2 percent)

18, 19 tie	Low preventable death and disease rates (5.2 percent)
20, 21 tie	Clean environment (3.4 percent)
	Other (2 – blanks, 1 each – cancer services, hospital) (1.7 percent each)
22, 23, 24, 25 tie	Low level of domestic violence (1.7 percent)
	Low level of child abuse (1.7 percent)
	Availability of parks and recreational opportunities (1.7 percent)
	Availability of arts and cultural events (1.7 percent)

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

FIGURE 28: TOP 10 RANKED MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, BY DIXIE, GILCHRIST, AND LEVY COUNTY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND PARTNERS, BY PERCENT OF RESPONSES, 2022



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

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

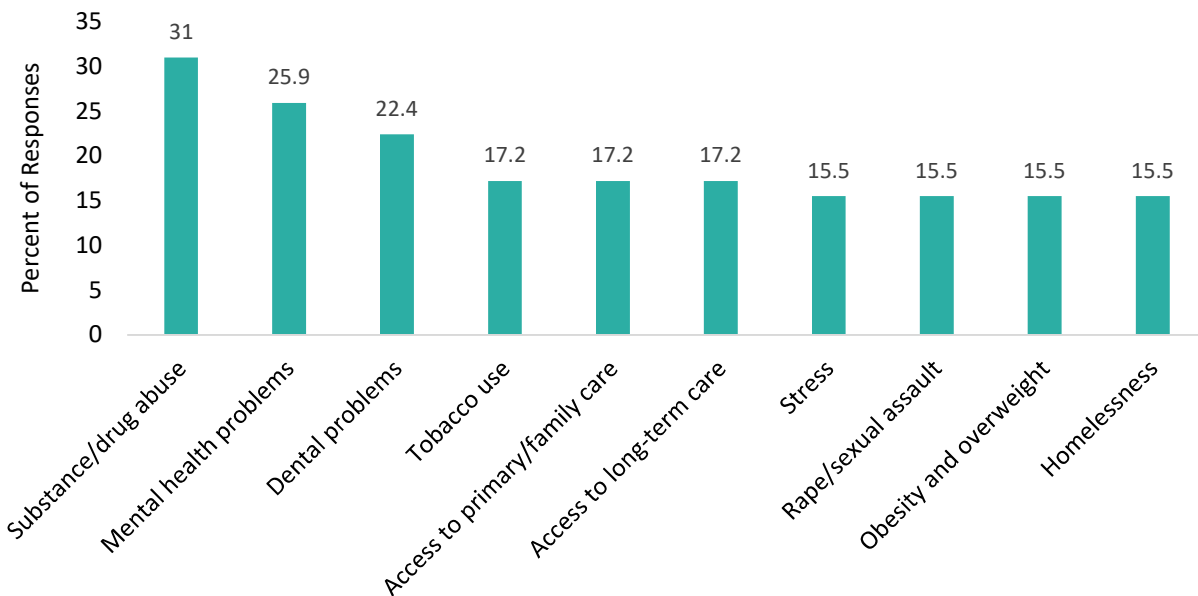
TABLE 22: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (31.0 percent)
2	Mental health problems (25.9 percent)
3	Dental problems (18.3 percent)
4, 5, 6 tie	Tobacco use (17.2 percent)
	Access to primary/family care (13.8 percent)
	Access to long-term care (6.4 percent)
7, 8, 9, 10 tie	Stress (15.5 percent)
	Rape/sexual assault (15.5 percent)
	Obesity and overweight (15.5 percent)
	Homelessness (15.5 percent)
11	Suicide (12.1 percent)
12, 13 tie	High blood pressure (10.3 percent)
	Diabetes (10.3 percent)
14, 15 tie	Domestic violence (8.6 percent)
	Disability (8.6 percent)
16, 17, 18 tie	Affordable assisted living facilities (6.9 percent)
	Heart disease and stroke (6.9 percent)
	Age-related issues (e.g., arthritis, hearing loss) (6.9 percent)
19, 20, 21, 22 tie	Access to sufficient and nutritious food (5.2 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (5.2 percent)
	Dementia (5.2 percent)
	Cancer (5.2 percent)
23, 24 tie	Child abuse/neglect (3.4 percent)
	Teenage pregnancy (3.4 percent)
25, 26, 27, 28, 29 tie	Respiratory/lung disease (1.7 percent)
	Exposure to excessive and/or negative media and advertising (6.4 percent)
	Motor vehicle crash injuries (1.7 percent)
	Firearm-related injuries (1.7 percent)
	Pollution (e.g., water, air, soil) (1.7 percent)
30, 31, 32, 33, 34, 35 tie	Homicide (0 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (0 percent)
	Elderly caregiving (0 percent)
	Infant death (0 percent)
	HIV/AIDS (0 percent)

Rank	Health Issues (Percent of Responses)
	Other (0 percent)

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

FIGURE 29: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



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

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

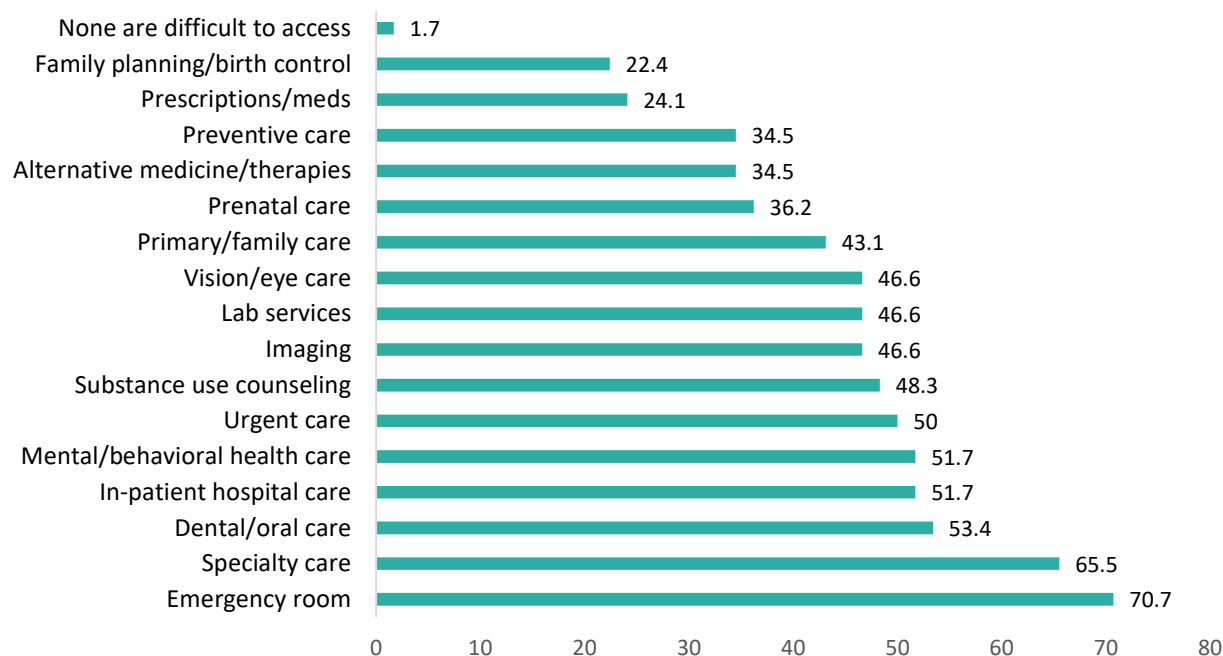
TABLE 23: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH OF DIXIE, GILCHRIST, AND LEVY COUNTY RESIDENTS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

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

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

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

FIGURE 30: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN DIXIE, GILCHRIST, AND LEVY COUNTIES, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022



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

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

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

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

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

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

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

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

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

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

TABLE 26: BIGGEST BARRIERS TO CLIENTS MANAGING THEIR OWN CHRONIC DISEASES OR CONDITIONS, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Barriers	Percent
Cost	60.3
Lack of access to sufficient time with a healthcare provider	32.8
Lack of knowledge	27.6
Inability to use technology effectively	20.7
Self-discipline/motivation	19.0
Lack of coverage by insurance company	13.8
Other (2 each – language barriers, no social support, 1 each – transportation, lack of culturally competent providers) (1.7 percent each)	10.3

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

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

TABLE 27: RATING OF DIXIE, GILCHRIST, AND LEVY COUNTY CLIENTS' PANDEMIC-RELATED DELAYS IN GETTING CARE, BY HEALTHCARE AND SOCIAL SERVICES PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Rating of Clients' Pandemic-Related Delays in Care	Percent
Clients delay getting needed care during pandemic	
Yes	91.4
No	6.9
Unsure	1.7
Clients delay getting routine care (e.g., screenings, check-ups) during pandemic	
Yes	89.7
No	6.9
Unsure	3.4
Observed negative impacts or outcomes linked to delayed care	
Yes	81.0
No	8.6
Unsure	10.3

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

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

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

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

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

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

TABLE 29: WHAT DIXIE, GILCHRIST, AND LEVY COUNTY LEADERS CAN DO TO HELP IMPROVE THE HEALTH OF CLIENTS AND OTHERS IN THE COMMUNITY, BY HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, RANKED BY PERCENT OF RESPONSES, 2022

Rank	Actions (Percent of Responses)
1	Increase access to dental services (62.0 percent)
2	Provide education on appropriate use of available services (55.2 percent)
3, 4, 5 tie	Increase access to mental health services (53.4 percent)
	Provide education on services available (53.4 percent)
	Increase access to primary medical services (53.4 percent)
6	Establish community partnerships to address issues collectively (51.7 percent)
7	Establish more community clinics (46.6 percent)
8	Increase outreach/health education programs (44.8 percent)
9	Initiate efforts to bring more physicians to the community (39.7 percent)
10, 11 tie	Focus on issues of the indigent and uninsured (37.9 percent)
	Create city/county ordinances to promote community health improvement (37.9 percent)
12	Establish or enhance a community health information exchange (32.8 percent)
13	Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure, and confidential environment) (13.8 percent)
14	Other (1 each – improve transportation, food, and other assistance to the elderly; model healthy mental and physical behaviors; reestablish primary and prenatal care at local health departments; expand telepractice) (1.7 percent each)

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

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

TABLE 30: HOW SURVEY RESPONDENTS HEARD ABOUT SURVEY, HEALTHCARE AND SOCIAL SERVICE PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT OF RESPONSES, 2022

Options	Percent
Through a family member, friend, or co-worker	38.0
Other (13 – health department (22.4 percent), 4 – work (6.9 percent), 2 – email (3.4 percent), 1- networking meeting (1.7 percent))	34.4
Flyer	15.5
Facebook	6.9
Website, please specify (2: WellFlorida Council)	3.4
Newspaper advertisement or article	1.7
Poster	0
Twitter post	0

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

Key Findings from Provider Survey

Survey Demographics

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

Health Behaviors and Priorities

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

While there was some agreement between the providers and partners and Dixie County survey respondents on the most important health issues such as mental health and dental problems, community members ranked tobacco use and cancer among their top five concerns. Behaviors with negative impacts on health were also somewhat in alignment between community and provider and partner survey respondents. Drug and alcohol abuse as well as unhealthy eating and drinking practices made the top of both lists. Providers and partners spotlighted education (i.e., dropping out of school) as very impactful whereas community members focused on general lack of personal responsibility, tobacco use, and violence.

Access and Barriers to Care

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

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

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

COVID-19

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

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

FORCES OF CHANGE ASSESSMENT

Methods

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

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

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

On September 13, 2022, the Dixie County Community Health Needs Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so participants would be familiar with Dixie County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The *Forces of Change for Dixie County* table on the following pages summarizes the forces of change identified for Dixie County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

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

Forces Of Change for Dixie County - TRENDS

(Prepared by WellFlorida Council – 2022)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Aging Population, Especially Due to Older Adults Moving into Community	Strain on health departments and emergency departments, law enforcement and first responders	Experienced volunteers, such as with hospice care; senior-targeted health fairs and education on resources, collaboration, especially with health policy leaders and especially with respect to housing policies.
	Influx of People (In General)	Strain on healthcare systems, law enforcement and first responders; influx of people with many needs in a low resource area	Education on resources, collaboration, especially with health policy leaders and especially with respect to housing policies.
	Increase in High School Dropouts	Students expelled for vaping can lead to increased challenges when obtaining diploma/GED/college degree	Restructuring vaping disciplinary policies; collaboration with community college GED programs, such as at Santa Fe College.
	Increasing Dental Problems	High and acute care need, especially for adults; high costs; communication challenges between partners	Integration into primary care, advocating for dental therapy; address costs; partnership with schools, mobile clinics, WIC; education, especially for young mothers; coordination of dental partners and services, support an interagency council; enhance communication between community partners
	Increased Distrust of Science and Authority	More frequent rejection of services leads to delays in getting needed assistance, poorer outcomes, higher long-term costs; vaccine hesitancy fueled by a rapidly changing scientific landscape which led to challenges in communication	Offer incentives; increase trust by working with peers and local champions with lived experiences
	Increase in Drug Potency	More deaths, disabling health impacts, due to Fentanyl, methamphetamines (meth).	Medication-Assisted Treatment (MAT), naloxone, Narcan distribution and education.

Forces Of Change for Dixie County - FACTORS

(Prepared by WellFlorida Council – 2022)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Privacy Highly Valued	Mental health is not talked about, stigma persists; individuals do not ask for help; lack of ability to access telehealth	Telehealth, especially in the area of mental health, so clients can maintain their privacy
	High Rates of Vaping Among Students	Students expelled for vaping leads to increased challenges when obtaining a diploma/GED/college degree	Nicotine's Not For Me social media campaign, reframing vaping as not the norm; education, getting anti-drug coalition messaging into classrooms; restructuring discipline policies.
	Lack of Connection Between Programs and Clients	In some cases, community distrust towards the government and other authorities following the COVID-19 pandemic has threatened the community's ability to communicate and coordinate efforts with partners	Create online resource directory, take advantage of anti-drug coalition's print/PDF resource directory.
	Lack of Obstetrician Care	Low birthweight births and poorer birth outcomes; delayed access to obstetrician care; long commute to hospital care for deliveries and OB care	Increase access to prenatal care; Nurse-family partnership, especially for drug-exposed newborns.
Social/ Economic	Lack of Transportation Services for Healthcare Purposes	Additional barrier to getting healthcare and social services contributed to by high gas prices and lack of public transport present additional barriers to getting healthcare and social services	Driver's education recently reinstated which could break generational gap in driving education; mobile clinics, paramedic home visits; telehealth, especially through increasing broadband.
	No Dentists Available	Poor oral health in adults and children due to lack of access to dental providers; lack of specialty oral health providers (orthodontia, maxillofacial and oral surgery) and referral sources for dental care	Integrate into primary care, advocate for dental therapy, mobile clinics; address costs; partnership with dental schools, work with WIC; education, especially for young mothers.

Forces Of Change for Dixie County - EVENTS <i>(Prepared by WellFlorida Council – 2022)</i>			
	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	New High School Built and Grade Levels Reorganized	Reorganization of age groups in schools, unsure what the outcome will be at this time; limited sexual health education.	Expanding education, including sexual risk avoidance education; providing mental health services to students; healthcare worker available to students to inform on potential pregnancy or STI, or to refer to other services or educational resources.
Economic	2008 Recession	Lack of employment opportunities; cost of living presents challenges to families being self-supporting	Workforce development
	Inflation	Financial strain can lead to substance abuse, mental abuse, child abuse, drug abuse, missed education, and isolation; inflation causes increased prices on gas, food, housing utilities, etc. creating financial strain	More time with family at home; workforce development and employment opportunities
Political	Changes in Laws on Marijuana	Increased access to marijuana, short-term and long-term health effects.	Early intervention and education, especially within schools.
	Can No Longer Make Local Policies Regarding Vaping	Dixie County specific needs and challenges must be addressed at the state level	Education, especially within the schools; collaboration with statewide efforts to change policy.
Environmental	COVID-19 Pandemic	Lingering fear and mistrust for some residents	Telemedicine advancements, broadband topic brought to light, especially for rural areas; increase trust by working with peers and local champions with lived experiences

INTERSECTING THEMES AND KEY CONSIDERATIONS



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

Intersecting Themes and Key Considerations

The intersecting themes, recurring issues, and major health needs in Dixie County as identified through the community health assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Dixie County's MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large and healthcare providers to hear their opinions and perspectives on health issues, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, healthcare access and resources, and community infrastructure. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

Intersecting Themes

- ▶ Social Determinants of Health
 - Poverty
 - Income disparities by race, gender, and ethnicity
 - Limited employment opportunities
 - Lower educational achievement
 - Rising school drop-out rates
 - Unaffordable housing and utility costs
 - Food insecurity
 - Violence and unsafe neighborhoods
- ▶ Health Outcomes, Conditions, and Behaviors
 - Rising and persistently high rates of death and prevalence of
 - Cardiovascular Problems (heart disease, stroke, hypertension)
 - Cancer
 - Diabetes
 - Lung ailments (Chronic Lower Respiratory Disease)
 - Chronic Liver Disease
 - Alzheimer's Disease
 - Suicide

-
- Unintentional injuries
 - Overweight and obesity resulting from poor nutrition and physical inactivity
 - Mental and behavioral health problems
 - Substance abuse
 - Tobacco and nicotine-delivery system use, particularly among youth
 - Illegal drug and prescription drug abuse
 - Alcohol
 - Marijuana and cannabidiol (CDB) product abuse
 - Maternal, infant, and child health
 - Teen pregnancy
 - Poorer birth outcomes related to late prenatal care
 - Child abuse and neglect
 - Lower life expectancy
 - Disparities in health outcomes by race, ethnicity, income
 - ▶ Access to healthcare and social services
 - Healthcare provider shortages including primary, dental, mental, and behavioral healthcare professionals
 - Lack of obstetric, family planning, and prenatal care services
 - Health insurance issues
 - High uninsured rates
 - High costs for health insurance, including premiums and deductibles
 - Provider acceptance of plans and benefits such as Medicaid
 - Transportation to healthcare services
 - Inappropriate or non-use of existing resources
 - Use of Emergency Departments for routine care
 - Low health literacy and challenges navigating the healthcare system
 - Inequities in healthcare and social service access

At their November 17, 2022 meeting, Dixie County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Dixie County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

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

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

Source: Adapted from National Association of County and City Health Officials (N.A.C.C.H.O.). *Community Health Assessment and Improvement Planning*. Retrieved November 10, 2022, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

A facilitated consensus process moved the discussion from creating the list of issues to identifying the common themes. Through the consensus process themes converged into five (5) broad topic areas of poverty, healthcare access, mental and behavioral health, substance abuse, and health behaviors and lifestyle. After further debate and data review, the Steering Committee arrived at three (3) strategic priority issue areas. The Steering Committee checked for consensus and refined the issue labels to more concisely state the overarching theme of each along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

Strategic Priority Issue Areas Identified

- ▶ Access to Healthcare and Social Services, including:
 - Dental care
 - Primary care
 - Mental healthcare services
 - Obstetric, prenatal, and family planning care
 - Barriers to care including insurance, transportation, demand, culture and language, and community awareness
- ▶ Mental and Behavioral Health, including:
 - Substance misuse prevention, including:
 - Tobacco and nicotine delivery systems
 - Alcohol misuse
 - Illegal and prescription drug use and misuse
 - Local policy, ordinance, and enforcement related to substance use
- ▶ Healthy Lifestyles with emphasis on:
 - Heart and lung health
 - Diabetes prevention and management
 - Primary prevention and promotion of
 - Screenings
 - Immunizations
 - Safe environment
 - Health literacy for appropriate use of resources and services

Thoughtful consideration was also given to issues that were ultimately set aside. Much discussion took place about changes in Dixie County's population and in-migration of people from out of state and from other parts of Florida. Concerns were raised about meeting the basic needs of all Dixie County residents including newcomers, many of whom are senior citizens. Related issues of job opportunities and lower incomes were also examined and debated. There was agreement on the importance of these issues and their impact on health and wellbeing. The Steering Committee also agreed that some groups are disproportionately impacted such as senior citizens, working families with children, and single parents. Weighing the importance of these issues and balancing feasibility and resources available for implementing strategies to address these concerns, the Steering Committee tabled population growth and its economic impact as priority issues. The Steering Committee also took the approach of including access to mental and behavioral healthcare services in the broader healthcare access strategy so that an emphasis on prevention, education, and a focus on youth as a priority population would be clear.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Dixie County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

Key Considerations

- Promote a culture of community health as a system of many diverse partners and organizations
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor and improve the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic disease conditions, including cardiovascular disease, cancer, mental health problems, substance abuse, and tobacco use
- Enhance or create programs to manage oral health more effectively and efficiently
- Enhance or create policy, programs, and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental, and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health, and examine social structures and institutions that contribute to health inequities

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

Prior to any design or prioritization of interventions to address critical health needs and issues in Dixie County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalog the best practices for addressing countless key community health issues and are a powerful tool in informing community initiatives. Each of these resources is designed differently, but at the core either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention, or target population. In general, these databases should be consulted before intervention identification or prioritization begins within the community. Presented below are five of the most frequently utilized and widely respected databases of practices for improving community health.

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

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

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

<https://thecommunityguide.org/>

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

<https://health.gov/healthypeople/tools-action/browse-evidence-based-resources>

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

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

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

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

Resource and Intervention Quality Assessment

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

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

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

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

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

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

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

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

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

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

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

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

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

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

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

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-

systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

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

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

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

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

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

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

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

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

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

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

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

Resources for Community-Based Interventions

The following table presents best practices for some of the key health issues and needs in Dixie County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Dixie County and only need enhancement or support, while others may represent new opportunities. This table should not be considered a comprehensive presentation of resources or potential interventions but should serve as an introduction to some of the successful practices and models in current use or that have been previously proven.

TABLE 32: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Access to Care	Health insurance enrollment outreach & support Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.	Scientifically Supported	https://www.countyhalthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support
Access to Care for the Homeless	Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hypertension	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Dementia Care, including Alzheimer's	Healthy Brain Initiative Road Map 2018-2023 Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that	Non-systematic Review	CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm

	initiatives to address Alzheimer's can be incorporated easily and efficiently into existing public health initiatives.		
Dementia Care, including Alzheimer's	Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer's	Public Health Approach to Alzheimer's – How does public health address Alzheimer's? Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer's, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer's Association https://www.alz.org/professionals/public-health/public-health-approach
Dementia Care, including Alzheimer's	Process Evaluation of the NYU Caregiver Intervention-Adult Child A noted limitation of dementia caregiver intervention research is a lack of focus on the mechanisms of successful programs. The purpose of this study was to conduct a process evaluation of the New York University Caregiver Intervention-Adult Child (NYUCI-AC) to describe its delivery and determine which of its components were associated with key outcomes (caregiver stress and well-being; care recipient residential care admission).	Evidence-Based	https://academic.oup.com/gerontologist/article/58/2/e107/3798179?login=false
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-school-based-dental-sealant-delivery-programs.html
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	Systematic Review	The Community Guide: https://www.thecommunityguide.org/findings/dental-caries-cavities-community

	prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.		water-fluoridation.html
Housing	<p>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</p> <p>As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.</p>	Case Study	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf
Housing	<p>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</p> <p>This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.</p>	Experiment-al Study	https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
Infant Mortality and Maternal Child Health	<p>Nurse-Family Partnership – Providing babies with the best start in life</p> <p>Partners mothers with registered nurses from pregnancy through a child's second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.</p>	Evidence-based	www.kingcounty.gov/nfp
Infant Mortality and Maternal Child Health	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education,</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>

	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.		
Mental Health	<p>Depression and Suicide Risk in Children and Adolescents: Screening</p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents ages 12 to 18 years and who are not showing recognized signs or symptoms of depression. Depression is a leading cause of disability in the U.S. Children and adolescents with depression often have functional impairments in their performance at school or work, as well as in their interactions with their families and peers. Depression can negatively affect development in affected youth. USPSTF found insufficient evidence to assess whether the benefits outweigh the harms in screening for MDD in children age 11 years and younger — and screening for suicide risk in children and adolescents.</p>	Systematic Review	<p>U.S. Preventive Services Task Force:</p> <p>https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/depression-and-suicide-risk-children-and-adolescents-screening</p>
Mental Health	<p>School-Based Programs to Reduce Violence</p> <p>Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/violence-school-based-programs</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program</p> <p>The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>	Evidence-Based	<p>SNAP-Ed Toolkit</p> <p>https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</p>
Nutrition	<p>Video Game Play</p> <p>This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller</p>

	changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.		r=index&module=PromisePractice&action=view&pid=3826
Nutrition/ Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf
Nutrition/ Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	https://chronicdiseases.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville 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</p>	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/

	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.		
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	https://cdc.thehcn.net/promiseppractice/index/view?pid=3490
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/ Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
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: https://www.thecomunityguide.org/news/worksite-programs-help-employees-lose-weight.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time	Systematic Review	The Community Guide:

	<p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>		https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time, physical activity, or both.</p>	Systematic Review	<p>The Community Guide:</p> https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-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</p>	Evidence-Based	<p>Healthy Communities Institute:</p> http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616

	stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.		
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecomunityguide.org/findings/physical-activity-enhanced-school-based-physical-education.html</p>
Poverty	<p>Policies to Address Poverty in America</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Evidence-Based	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Rural Health	<p>What Works? Strategies to Improve Rural Health</p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	<p>https://www.countyhalthrankings.org/reports/what-works-strategies-improve-rural-health</p>
Substance Abuse	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecomunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>

	risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.		
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p> <p>Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</p>
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>

APPENDIX A – COMMUNITY HEALTH SURVEY

English ▼

Default Question Block

Dear Neighbor,

What are the most important health and health care issues in your community? The Florida Department of Health in Dixie, Gilchrist, and Levy Counties, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from Wednesday, June 8 - Wednesday, August 3, 2022. Community leaders will use your answers to take action towards a healthier community.

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

To be eligible to complete this survey:

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

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

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

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

Age Eligibility

What is your age?

- ☐ I am 18 years of age or older.
- ☐ I am 17 years of age or younger.

Residency

Are you a resident of Dixie, Gilchrist or Levy County?

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

Community Health

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

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

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Pollution (e.g., water, air, soil quality) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) | <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Obesity |

-
- | | |
|--|---|
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Exposure to excessive and/or negative media and advertising |
| <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Access to long-term care |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Substance abuse/drug abuse | <input type="checkbox"/> Access to primary/family care |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss) |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Affordable assisted living facilities |
| <input type="checkbox"/> Elderly caregiving | <input type="checkbox"/> Other, please tell us |
| <input type="checkbox"/> | <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> |
| <input type="checkbox"/> Homicide | |

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

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

How do you rate your **health**?

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

Access to Services

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

- | | |
|--|---|
| <input type="checkbox"/> Prenatal care (pregnancy care) | <input type="checkbox"/> Emergency room care |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Physical therapy/rehabilitation therapy | <input type="checkbox"/> Primary/family care (e.g., family doctor) |
| <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) | <input type="checkbox"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) |
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> |

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

- ☐ Yes
- ☐ No. I got the dental care I needed or I didn't need dental care.

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

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

☐ Other, please tell us

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

- ☐ Yes
- ☐ No. I got the health care I needed or didn't need care.

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

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

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

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

What prevented you from seeing a **therapist or counselor for a mental health or substance use** issue during the past 12 months? Choose ALL that apply.

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

Pandemic Questions

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

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

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

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

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

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

- ☐ Yes
☐ No
☐ I don't know, not sure

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

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

Demographics

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

What is your age?

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

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

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

What racial group do you most identify with? Choose ONE.

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Two or more races
- ☐ White
- ☐ I prefer not to answer
- ☐ Other, please tell us

What is your gender identity?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ I prefer not to answer
- ☐ Other, please tell us

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

- ☐ Elementary/Middle School
- ☐ High School diploma or GED
- ☐ Technical, Community College, 2-year College or Associate's degree
- ☐ 4-year College/Bachelor's degree
- ☐ Graduate/Advanced degree
- ☐ Some college
- ☐ I prefer not to answer
- ☐ Other, please tell us

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

- ☐ Employed (Full-time)
- ☐ Employed (Part-time)
- ☐ Full-time Student
- ☐ Part-time Student
- ☐ Homemaker
- ☐ Retired
- ☐ Self-employed
- ☐ Unemployed
- ☐ Work two or more jobs
- ☐ I prefer not to answer
- ☐ Other, please tell us

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

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

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

- | | |
|---|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$100,000 - \$124,999 |
| <input type="radio"/> \$10,000 - \$19,999 | <input type="radio"/> \$125,000 - \$149,999 |
| <input type="radio"/> \$20,000 - \$29,999 | <input type="radio"/> \$150,000 - \$174,999 |
| <input type="radio"/> \$30,000 - \$49,999 | <input type="radio"/> \$175,000 - \$199,999 |
| <input type="radio"/> \$50,000 - \$74,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$75,000 - \$99,999 | <input type="radio"/> I prefer not to answer |

What is the zip code of your residence?

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

Open Ended

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

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

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APPENDIX B – PROVIDER SURVEY

English ▼

Block 1

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

The Florida Department of Health in Dixie, Gilchrist and Levy Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by December 31, 2022. We request your input, as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2022. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 11 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Dixie, Gilchrist and Levy Counties. The survey will be available from June 8 through August 3, 2022.

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

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

-
- ☐ Yes
☐ No

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

Default Question Block

What is your health care profession?

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

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

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General Practice | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Physical
Medicine and
Rehabilitation |

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cosmetic/Plastic Surgery | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Chiropractic Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Hematology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> ENT/Otolaryngology | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Specialized Surgery |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Immunology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Sports Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Other (please specify) |
| | | | <div style="border: 1px solid black; height: 20px; width: 80px;"></div> |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pain Management | |

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

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

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

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

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Sexually transmitted diseases (STD's) (e.g., gonorrhea, chlamydia, hepatitis, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity and overweight |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Tobacco use including e-cigarettes and smokeless tobacco | <input type="checkbox"/> Respiratory/lung disease |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Affordable assisted living facilities | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Substance abuse/Drug abuse |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> | <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

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

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

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

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

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

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

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

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

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

- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ Yes
- ☐ No
- ☐ Unsure

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

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

-
- ☐ Higher costs to clients
 - ☐ Higher costs to providers
 - ☐ Continued use or expanded use of telemedicine technology
 - ☐ Curtailed use of telemedicine technology
 - ☐ Increased use of Emergency Department services
 - ☐ Increased use of urgent care facilities
 - ☐ Other, please specify

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

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

☐ Other (please specify)

The next items are general demographic questions.

What is your age?

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

What is your gender?

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

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

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

What racial group do you most identify with?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or more races
- ☐ White

-
- ☐ I prefer not to answer
- ☐ Other (please specify)

How long have you practiced in your profession?

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

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

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

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

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

Block 1

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APPENDIX C – STEERING COMMITTEE MEMBERS

Name	Agency	Title
Natalie McKellips	Florida Department of Health - Dixie, Gilchrist, and Levy	Administrator
Wesley Asbell	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Manager
Elizabeth Powers	Florida Department of Health - Dixie, Gilchrist, and Levy	Executive Community Health Nursing Director
Rekeesha Duncan	Florida Department of Health - Dixie, Gilchrist, and Levy	Senior Human Services Program Manager
Jan Gonthier	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator Consultant
Kyle Roberts	Florida Department of Health - Dixie, Gilchrist, and Levy	Environmental Health Supervisor
Alex Santana	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Cheryl Turner	Florida Department of Health - Dixie, Gilchrist, and Levy	Registered Nurse Consultant
Tiffany Owens	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Elizabeth Dean	Florida Department of Health - Dixie, Gilchrist, and Levy	Health Educator
Lola Butler	Florida Department of Health - Dixie, Gilchrist, and Levy	Preparedness Planner

Patricia Byrd	Episcopal Children Services	Family Advocate
Shawna Sewejkis	Episcopal Children Services	Health Specialist
Terricena Kittles	Episcopal Children Services	Health Services Manager
Polly Smith	Episcopal Children Services	Home Base Support Specialist
Damian Brown	Dixie County Fire Rescue	Chief
Matt Ferguson	Dixie County Fire Rescue	Administration - Chief
Deanna Sheppard	Haven Hospice	Profesional Liaison
Rebecca Fusco	Dixie County Anti-Drug Coalition	Data and Outreach Coordinator
Erin Peterson	Well Florida/ Healthy Start NCFL Coalition	Community Liaison
Kim Carpenter Herring	Kim Carpenter Herring, LLC	MSW, LCSW
Heather Spain	Kim Carpenter Herring, LLC	Mental Health Case Manager
Ingrid Rincon	Department of Veterans Affairs Gainesville Vet Center	Veteran Outreach Program Specialist
Sheila Frierson	Dixie County Anti-Drug Coalition/ Dixie Rural Communities Opioid Response Program	Community Project Director
Holly Houghton	University of Florida Institute of Food and Agricultural Sciences (UF-IFAS) Extension Service	County Extension Director

Jaime Holton	Suwannee River Area Health Education Center	Outreach Coordinator
Nijah Brown	Suwannee River Area Health Education Center	Health Educator