

TAMPA GENERAL HOSPITAL 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

CITRUS COUNTY



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LETTER FROM THE TAMPA GENERAL PRESIDENT AND CEO

To the citizens of Citrus County:

I am pleased to share with you the 2025 Community Health Needs Assessment (CHNA) reports for TGH Davis Islands and our three TGH North hospitals.

The report is based on epidemiological, qualitative and comparative methods that assess health issues in a hospital organization's community and that community's access to services related to those issues. Not-for-profit hospital organizations, like TGH, are required by the Patient Protection and Affordable Care Act (ACA) to conduct a CHNA once every three years.

At Tampa General Hospital, we remain committed to transforming the well-being of all the communities and patient populations that we serve. This assessment is an incredibly valuable tool in helping us understand the complex needs of our communities and how to continue to deliver the most accessible and highest level of quality possible to all who enter our doors. Specifically, the report will enable us to improve health by leading regional outcome-driven health initiatives that have been prioritized through community health assessments. This work will be guided by an implementation strategy that we will develop.

We recognize that truly vibrant communities are ones that prioritize the overall health and well-being of all their citizens. At TGH, we are proud to be at the forefront of this work across Tampa Bay and beyond.

Sincerely,



John D. Couris
President & CEO
Tampa General Hospital

INTRODUCTION

The world has changed a lot since the 2022 Community Health Needs Assessment (CHNA). COVID-19 is no longer one of the leading causes of death, yet many of the barriers and challenges that existed three years ago still exist today. With the continuing rise in cost of living, inflation and changes in policy at the local, state and national level, there are several emerging needs that have been identified in the 2025 Community Health Needs Assessment.

The following Community Health Needs Assessment report will highlight the priority areas in Citrus County.

Primary and secondary quantitative and qualitative data were collected from September 2024, through February 2025. Unfortunately, during the research phase, West Central Florida was hit by hurricanes Helene and Milton in September and October 2024, respectively, which resulted in major damage across the region. To respect the community's efforts to rebuild neighborhoods and communities, the Community Health Needs Assessment was paused until January 2025. In addition, the impacts of the hurricanes influenced community-identified needs. Whenever possible, the impacts of the hurricane are included in the findings.

Purpose

The Community Health Needs Assessment is a comprehensive process that identifies the health needs, barriers to accessing care and the social drivers of health (SDoH) in a community. Intentional outreach was made to include the voices and lived experiences of the community's most vulnerable populations that may not have historically participated in this

process in prior years. The Community Health Needs Assessment is also a requirement of all not-for-profit hospitals to complete every three years as part of the Patient Protection and Affordable Care Act (the ACA) and codified under IRS Section 501(r)(3).

Acknowledgments

The Community Health Needs Assessment could not have happened without the support and participation of all community partners within Citrus County. The All4HealthFL Collaborative members were integral to the outreach and marketing of the stakeholder interviews, focus groups and community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience in conducting Community Needs Assessments across the United States, conducted the research for the Community Health Needs Assessment. By partnering with the All4HealthFL Collaborative members, the Crescendo team conducted qualitative and quantitative research, facilitated the needs prioritization process, and developed the county reports. To learn more about Crescendo Consulting Group, please visit www.crescendocg.com.

ABOUT TAMPA GENERAL HOSPITAL

Tampa General Hospital Crystal River

Since 1978, TGH Crystal River has served Citrus County residents with a commitment to creating lasting patient relationships and providing safe care across our entire community.

Offering specialized care in orthopaedics, cardiology, urology, general and vascular surgery, robotic-assisted surgery, gynecologic and bariatric surgeries, and more, our 128-bed acute care hospital is accredited by The Joint Commission and serves as a comprehensive health care solution for patients in the Crystal River community.

Enhancing health outcomes in the community and prioritizing our patients' well-being is at the heart of everything we do, as demonstrated by our Chest Pain Center Accreditation from the American College of Cardiology ACC Accreditation Services, our Primary Stroke Center Certification from The Joint Commission and our Center of Excellence in Orthopedic Surgery designation by Surgical Review Corporation.

Established in 2019, the All4HealthFL Collaborative is a partnership between seven not-for-profit health systems and four county departments of the Florida Department of Health in West Central Florida. The collaborative has a mutual interest in improving health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. This process is conducted every three years and aims to identify health priorities in the community and develop strategies to address them.

The All4HealthFL Collaborative works together to plan, implement and evaluate strategies that align with identified health priorities. Together, the group strives to make West Central Florida the healthiest region in Florida.

Historically, the All4HealthFL Collaborative has worked together to conduct Community Health Needs Assessments in Hillsborough, Pasco, Pinellas and Polk counties. In 2025, the work expanded to Citrus, Hardee, Hernando, Highlands, Manatee, Marion and Sarasota counties.



CHNA METHODOLOGY

Secondary Data

A mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations, was implemented between September 2024 and February 2025.

Intentional outreach was made to vulnerable populations in the community, such as people of color, persons experiencing homelessness, persons living with behavioral health conditions, caregivers and young families. Focus groups and surveys were available in multiple languages to ensure that community residents were able to participate in the process in their language of choice.

Each activity is described below in more detail.

Secondary data provided a critical insight into the demographics of Citrus County, social drivers of health and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, United States Centers for Disease Control and Prevention, and FLHealthCHARTS.

Qualitative Research

Qualitative research included seven one-on-one stakeholder interviews, one focus group with five participants and seven intercept interviews. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually. Please note that there were a lot of crossovers between Citrus and Hernando counties.

A community survey was conducted via both SurveyMonkey and paper copies in English, Spanish, Haitian Creole, Russian and Vietnamese to evaluate and address health care, housing, employment, and other needs, gaps and resources in the community. A total of 241 responses were collected and analyzed. Survey responses are provided for Citrus County in this report.

The **needs prioritization process** was conducted on March 13, 2025, with 39 community partners and All4HealthFL Collaborative members. The meeting consisted of a data presentation, discussion of data, the community needs and potential strategies. A survey using a modified Hanlon Method was employed to prioritize the needs based on magnitude, severity and feasibility of addressing the need in each county.

Needs Prioritization

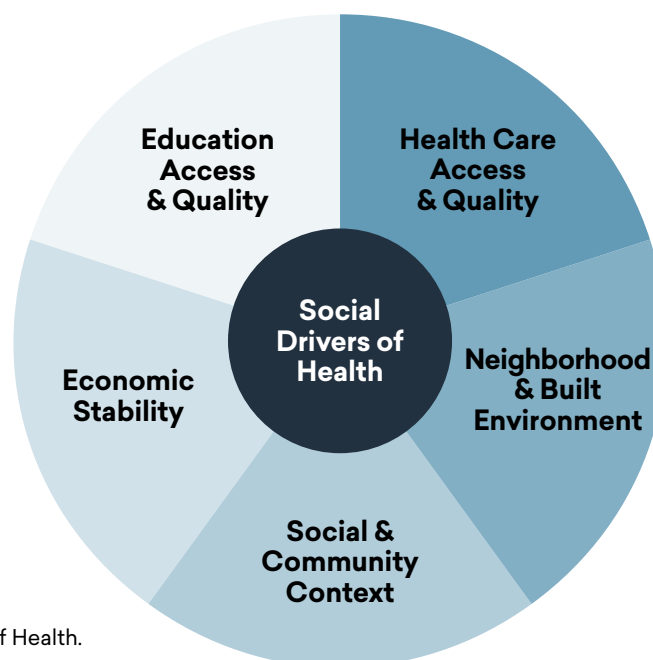
SOCIAL DRIVERS OF HEALTH

The social drivers of health (SDoH), also called social determinants of health, are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks¹. Clinical care impacts only 20.0% of health outcomes², while social drivers impact as much as 50.0% of health outcomes. Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The social drivers of health model³ consist of five domains, which are shown below in Exhibit 1.

Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve the health and well-being of communities across the United States over the next decade. The federal initiative is managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP). The identified needs of the CHNA use similar language to the Healthy People 2030 objectives and indicators. For more information about Healthy People 2030, please visit <https://odphp.health.gov/healthypeople>.

Exhibit 1: Social Drivers of Health Framework



1. . ODPHP, n.d. Social Determinants of Health.

2. Whitman et al. (ASPE), 2022.

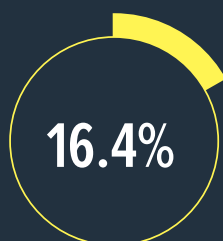
3. ODPHP, n.d. Social Determinants of Health.

DEMOGRAPHICS

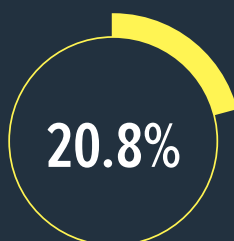
CITRUS COUNTY, FLORIDA



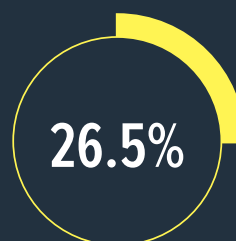
Population by Age



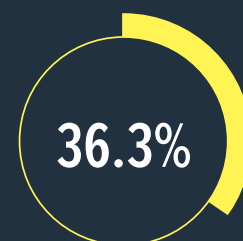
Age Under 19



Age 20-44



Age 45-64



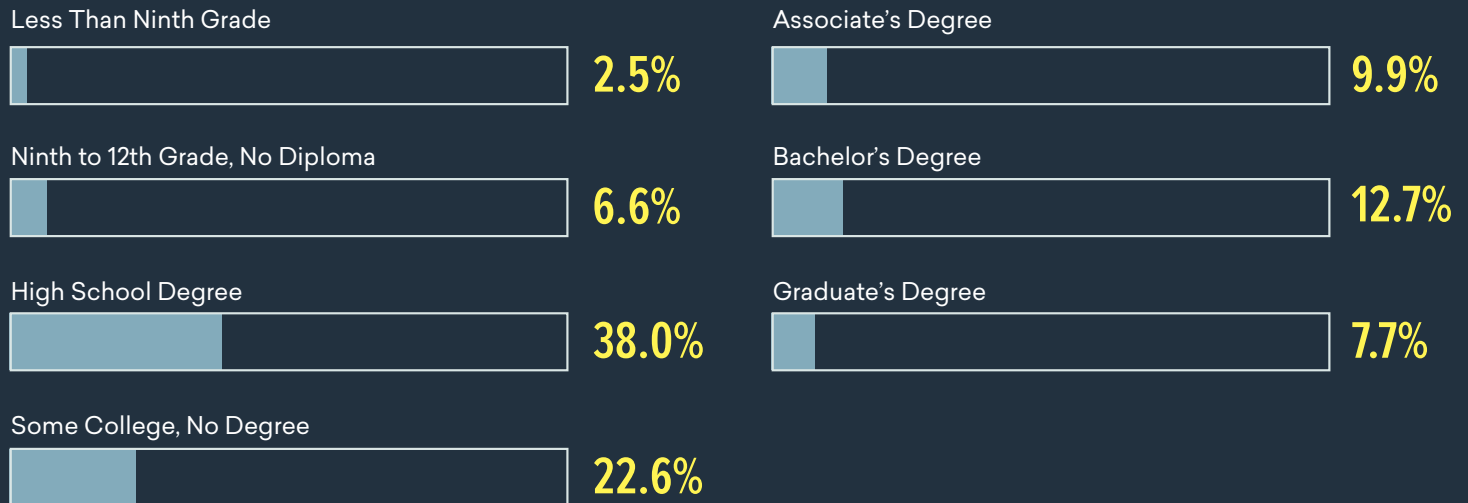
Age 65+

Population Change



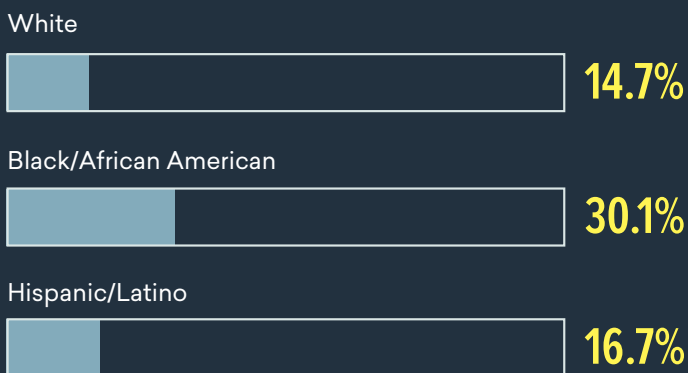
Source: U.S. Census Bureau American Community Survey, 2019-2023, Five-Year Estimates.

Education

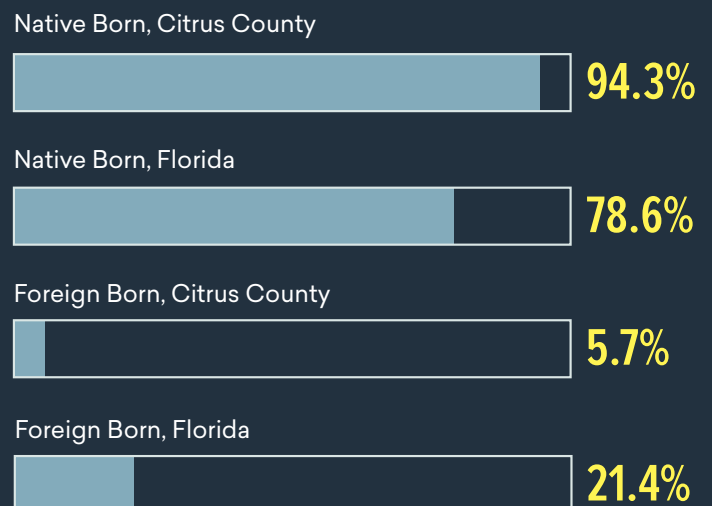


30.3% of Citrus County residents have earned a higher-education degree

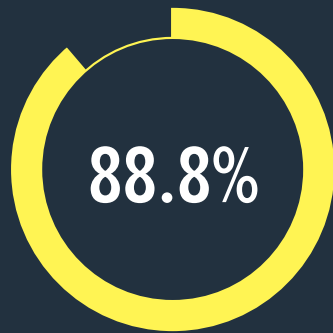
Trend of Population Living in Poverty



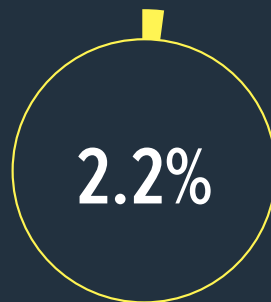
Foreign-Born Population



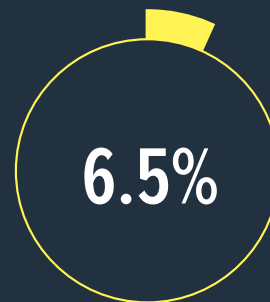
Race/Ethnicity



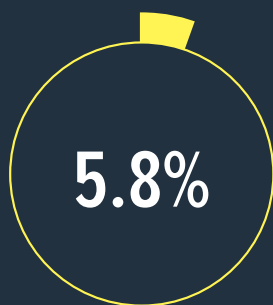
White



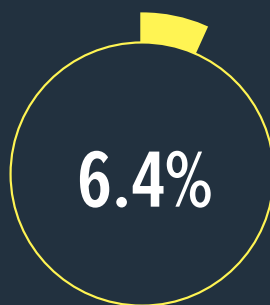
Black/African American



Hispanic/Latino



Two Races
or More



Speak a Language
Other than English
at Home

Economic Well-being

\$55,355

Median Household
Income

18.3%

Households Below
Poverty Line

6.8%

Unemployment
Rate

12.1%

Households Receiving
SNAP Benefits

NEEDS PRIORITIZATION PROCESS

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Citrus County was analyzed, and seven community needs were identified.

On March 13, 2025, participants from the All4HealthFL Collaborative and community partners that serve residents of Citrus County came together to prioritize the most significant health needs for Citrus County. The Needs Prioritization meeting was a three-hour in-person meeting facilitated by Crescendo Consulting Group. A total of 39 individuals attended the prioritization meeting. The meeting was divided into three sections: presentation of collected data, evaluation of community needs and proposal of potential strategies.

The first part of the meeting consisted of a data presentation followed by a roundtable discussion, and additional data presented in the data placemats.

Ahead of the second roundtable discussion, each table was assigned one of the community needs. The discussion focused on the magnitude and severity of the community need, potential barriers

to addressing the needs, and what happens if the community need is not addressed in the county. All tables reported the high-level findings of their discussions to all attendees.

Following the second round of discussions, all participants completed a short survey to vote on the top needs. The needs were ranked using the modified Hanlon Method, where they are scored on a scale from one to five based on magnitude, severity and feasibility. The lower the overall score, the more pressing the health need is to address.

The final roundtable discussions focused on potential strategies for addressing the needs that were prioritized. This information is included in this report for each All4HealthFL Collaborative member for consideration as they build their hospital implementation strategy plans, and for any community partners to use for their own planning efforts.

COMMUNITY NEEDS

The following seven community needs were identified.

Behavioral
Health

Cancer

Economic
Stability

Exercise,
Nutrition &
Weight

Health Care
Access &
Quality

Heart Disease
& Stroke

Neighborhood
& Built
Environment

After the final vote during the Needs Prioritization session, the final needs in order of rank are below.

Rank	Community Need	Score
1	Behavioral Health	8.40
2	Health Care Access and Quality	9.21
3	Economic Stability	12.41
4	Heart Disease and Stroke	12.46
5	Exercise, Nutrition and Weight	14.73
6	Neighborhood and Built Environment	15.61
7	Cancer	16.51

BEHAVIORAL HEALTH

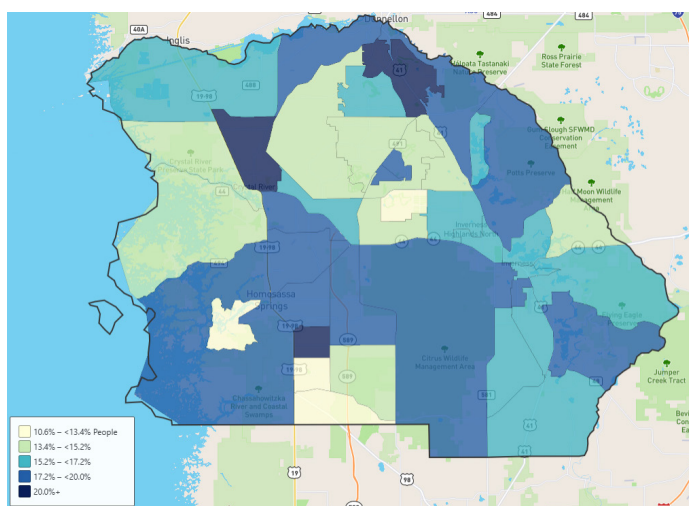
Behavioral health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's disease.

— NIMH, 2024

Key secondary data findings

In Citrus County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 15.1% of adults reported 14 or more mentally unhealthy days in the past month in Citrus County as a whole. This rate reflects elevated stress, anxiety and depressive symptoms that can interfere with daily functioning and quality of life.⁴

Exhibit 2: Poor Mental Health Among Adults, 2022



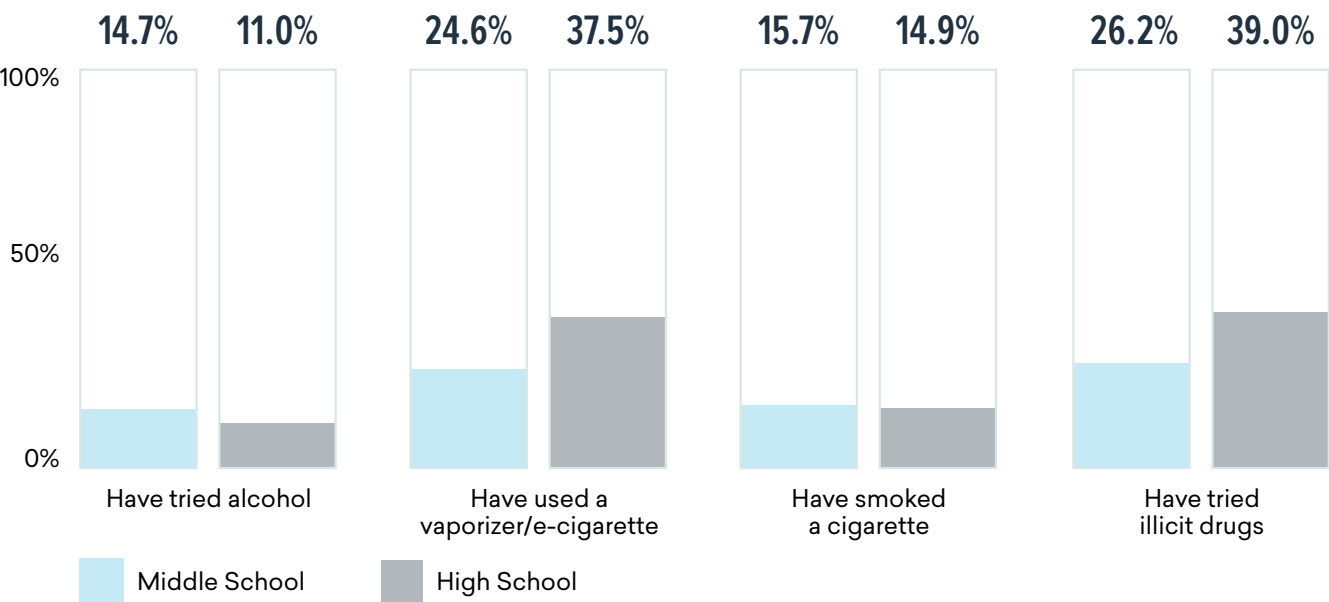
Source: CDC, n.d., BRFSS Places, 2022.

4. CDC, 2024. About Behavioral Health.

By high school, over one in three students reports using illicit drugs and another one in three has used e-cigarettes or vapes containing nicotine in Citrus County. Among middle school students in Citrus County, substance use patterns begin early: 26.2% have tried illicit drugs, 14.7% have consumed alcohol, and 15.7% have used a vaporizer or e-cigarette at least once in their lifetime.

The reason teens use substances vary — from peer pressure and stress relief to family patterns and lack of supervision⁵. But the risks are serious: Substance use at a young age is linked to mental health issues, academic struggles and increased risk of overdose.⁶

Substance Use by School Level



Source: FLHealthCHARTS, n.d.

Nearly 1 in 7 adults in Citrus County engages in heavy or binge drinking.

That’s lower than the Florida average of almost 1 in 6 adults.

Excessive alcohol use is linked to chronic disease, mental health challenges, injuries, and early death.

Source: CDC BRFSS, 2024.

5. U.S. DEA, 2023. Why Do Teens Use Drugs.
6. CDC, 2024. Substance Use Among Youth. 13. NIAA, 2025.

In Citrus County, binge drinking is also a growing concern among adults. Despite the binge drinking rate being lower in Citrus County (13.5%) than in Florida (16.1%), there can still be lasting effects on individuals and the community. Binge drinking in adults can lead to serious health problems, increase the risk of injuries and chronic diseases, and place significant economic and social stress on families and communities.⁷

Access to care is a critical factor in behavioral health outcomes. In Citrus County, the mental health provider ratio is 1,478:1, meaning there are approximately 1,478 people for every one mental health provider. It is important to note that this provider pool includes psychiatrists, psychologists, counselors and other mental health professionals, many of whom may not be accepting new patients, may have long waitlists or may not accept certain types of insurance. Limited access can contribute to delayed care, unmet mental health needs, and increased burden on emergency and crisis services.⁸

Exhibit 3: Mental Health Provider Ratio, 2024

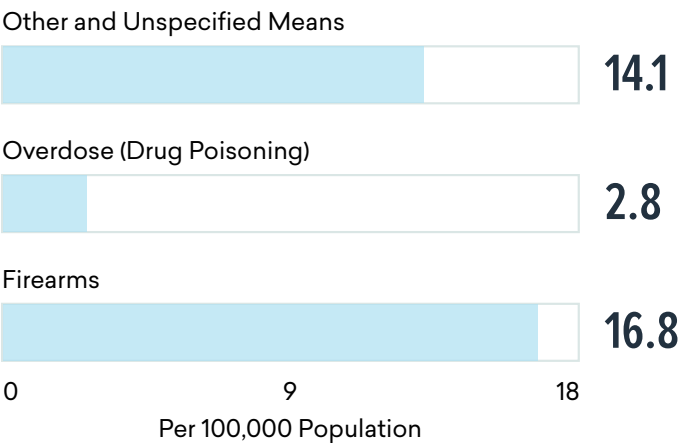
	Citrus County	Florida
Mental Health Provider Ratio	1,478:1	693:1

Source: CMS, n.d. NPPEs, NPI, 2024.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021 and 2023, Citrus County had a suicide rate of 33.7 per 100,000 residents when combining all methods. Notably, firearms were the most common

method, with a rate of 16.8 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support and safe storage of lethal means.

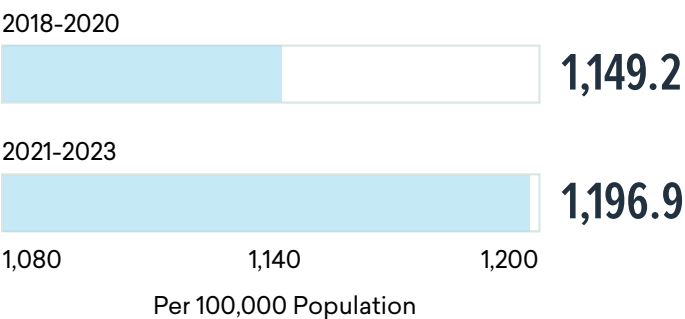
Exhibit 4: Suicide Rate by Means per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d

Also, behavioral health drives significant use of emergency and inpatient care. In Citrus County, hospitalizations due to mental health disorders occurred at a rate of 1,088.3 per 100,000 residents, just below the state average of 963.2.⁹ The county also reported 1,196.9 emergency department visits per 100,000 residents for mental health conditions, reflecting an ongoing demand for crisis services.¹⁰

Exhibit 5: Emergency Department Visits for Mental Health Conditions in Citrus County (2018-2020 vs. 2021-2023)

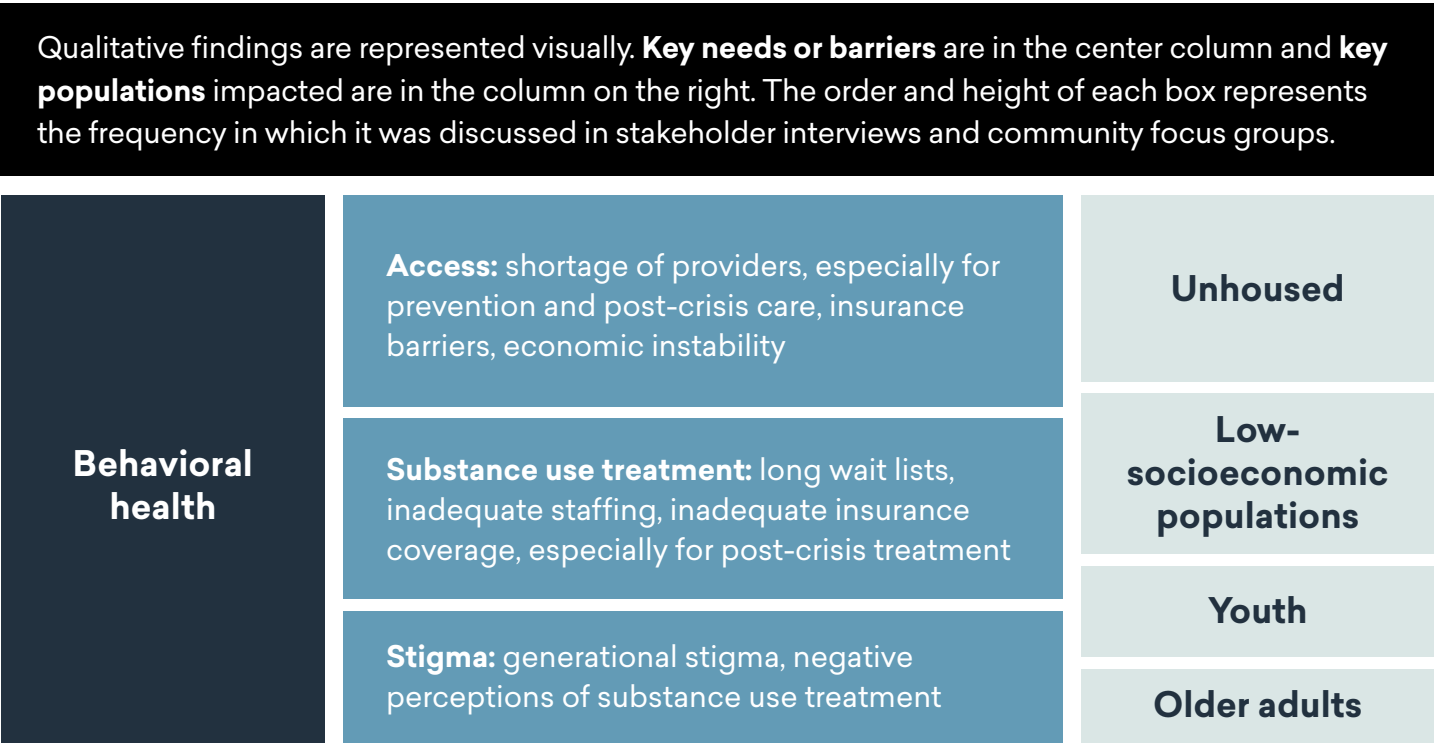


Source: FLHealthCHARTS, n.d.

7. NIAA, 2025. What Is Binge Drinking?
8. Nordstrom et al., 2023.
9. FLHealthCHARTS, n.d. Hospitalizations from Mental Disorders, 2020-2023.
10. FLHealthCHARTS, n.d. Emergency Dept. Visits from Mental Disorders, 2020-2023.

Key qualitative findings

When discussing behavioral health, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Many participants noted an ongoing need for mental health services, especially those that emphasize prevention and post-crisis support. They also shared that a shortage of local behavioral health care providers exacerbates this need. Youth, seniors and veterans were identified by participants as groups particularly in need of services to enhance mental health and well-being. Participants perceived that progress has been made and expressed concern that as people are encouraged to seek behavioral care, this may place further strain on an already overwhelmed system.

“The fear in people asking for help. They wait too long. My sister waits for a while. She is afraid to speak or ask for help. They are the ones that need the help.”

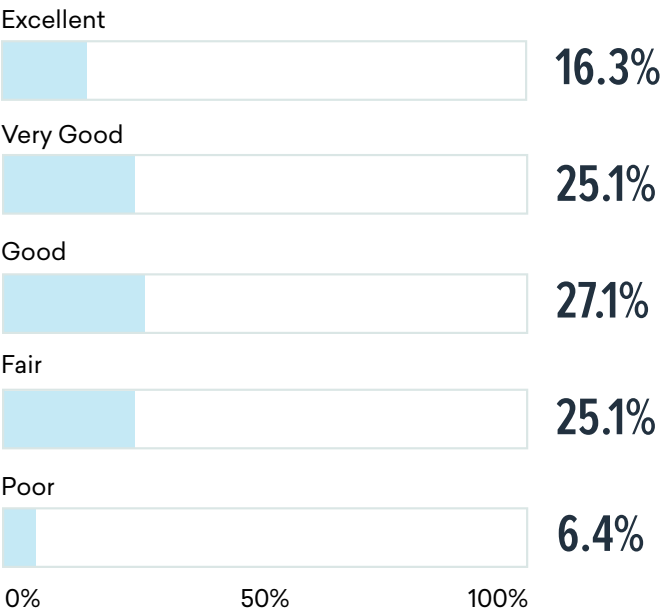
— Focus Group Participant

Key community survey findings

This section presents respondents’ perceptions regarding mental and behavioral health needs, examines barriers to accessing care, and addresses the prevalence of adverse childhood experiences (ACEs). ACEs are potentially traumatic events that occur in childhood. These events can include physical, sexual or emotional abuse; witnessing violence in the home or community; parental separation or divorce; household dysfunction (e.g., substance abuse, mental illness); and incarceration of a parent or caregiver.¹¹ Such experiences are known to impact long-term mental and physical health outcomes.¹²

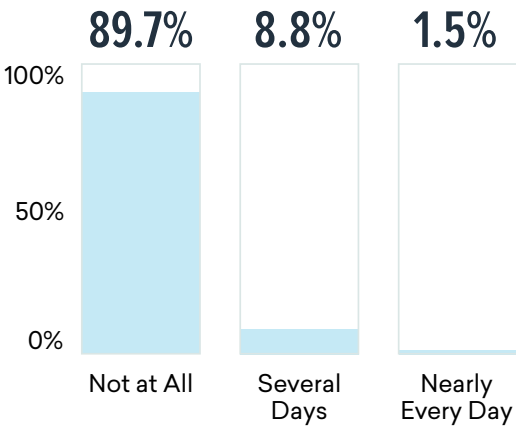
From the survey, a little more than two in five respondents (41.4%) reported their mental health as being either excellent or very good. And 27.1% of respondents reported their mental health as being good. Approximately 31.5% of respondents reported their mental health was fair or poor.

Exhibit 6: Overall, How Would You Rate Your Own Mental Health?



When asked about self-harm and suicidal thoughts, 89.7% of survey respondents in Citrus County reported never having had these thoughts in the past 12 months. And 8.8% indicated experiencing such thoughts for several days, while 1.5% reported having them nearly every day.

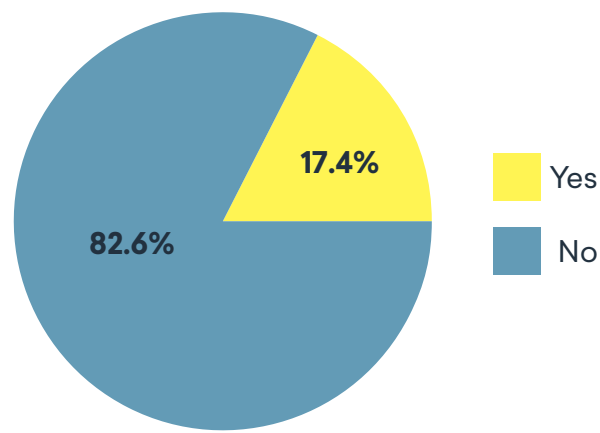
Exhibit 7: In the Past 12 Months, How Often Have You Had Thoughts that You Would Be Better Off Dead or Hurting Yourself in Some Way?¹³



11. CDC, 2024. About Adverse Childhood Experiences.
12 . Monnat & Chandler, 2016.
13."More than half of the days" was excluded due to a lack of responses from survey respondents.

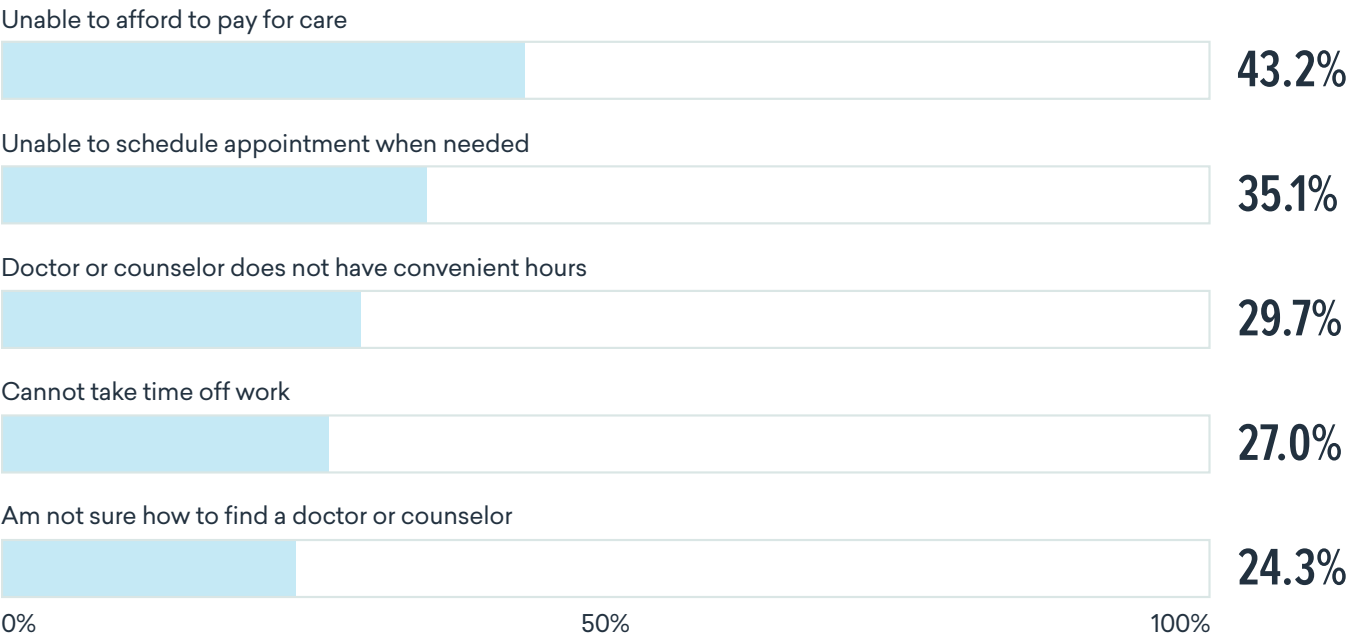
In Citrus County, 17.4% of respondents did not get mental health care in the past 12 months when they needed it.

Exhibit 8: Was There a Time in the Past 12 Months When You Needed Mental Health Care but Did Not Get the Care You Needed?



The top five reasons that prevented respondents from getting the care they needed were unable to afford to pay for care (43.2%), unable to schedule an appointment when needed (35.1%), doctor’s office does not have convenient hours (29.7%), cannot take time off work (27.0%) and people are not sure how to find a doctor (24.3%).

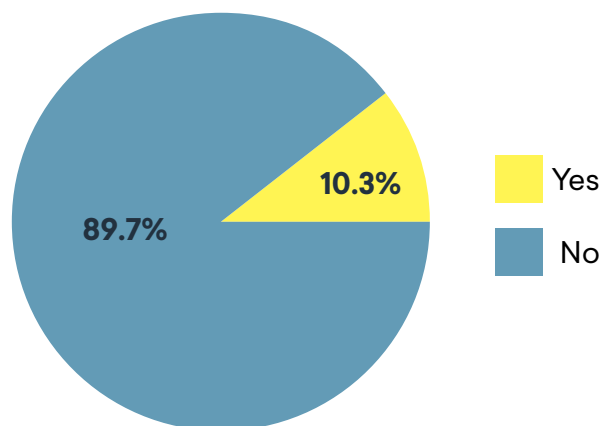
Exhibit 9: What Are Some Reasons That Kept You from Getting Mental Health Care?¹⁴



14. For the complete list, please refer to the Appendices.

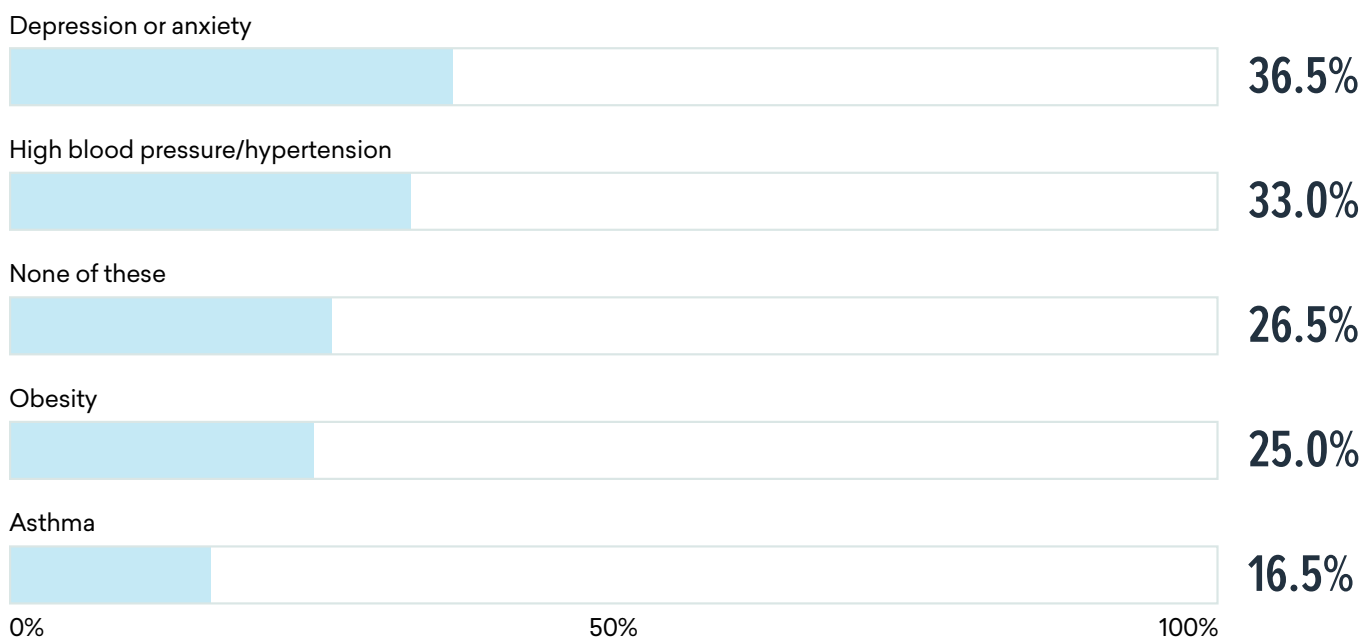
When asked if children at home needed mental or behavioral health care, 10.3% of respondents said that the children needed care but did not get the care they needed.

Exhibit 10: Was There a Time in the Past 12 Months When Children in Your Home Needed Mental/Behavioral Care but Did Not Get the Care They Needed?



In Citrus County, 36.5% of respondents were told by either a doctor or other medical provider that they have depression or anxiety, which ranks as the top health issue.

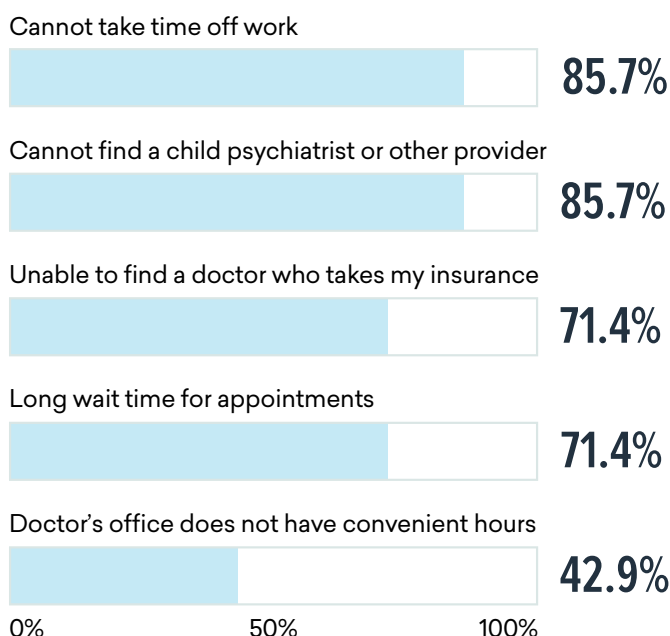
Exhibit 11: Have You Ever Been Told by a Doctor or Other Medical Provider that You Had Any of the Following Health Issues?¹⁵



15. For the complete list, please refer to the Appendices.

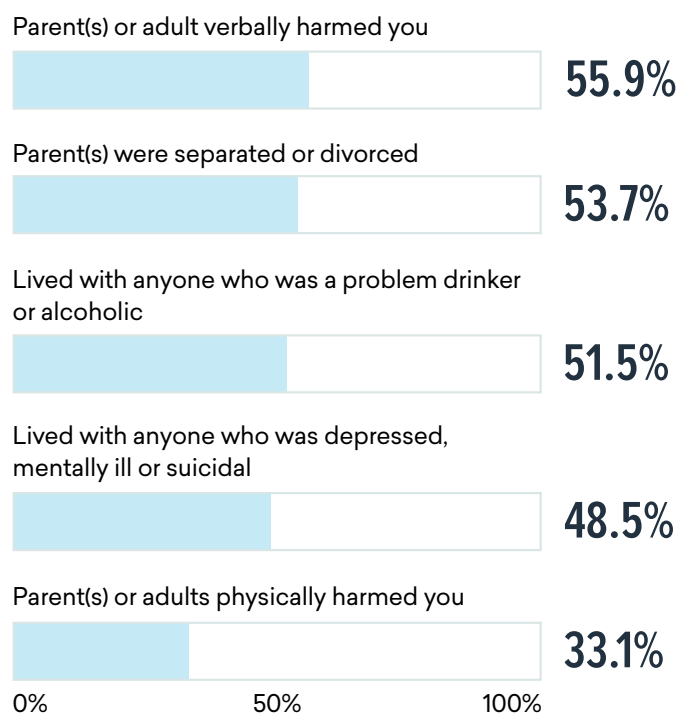
The top barriers for children to get the care they needed were as follows: parents were unable to take time off work (85.7%), cannot find a child psychiatrist (85.7%), unable to find a doctor who takes their insurance (71.4%), long wait time for appointments (71.4%) and doctors office does not have convenient hours (42.9%).

Exhibit 12: What Are Some Reasons That Kept Them from Getting the Mental Care They Needed?⁶



In Citrus County, 24.5% of respondents reported that they experienced four or more ACEs before the age of 18. Exhibit 13 presents the percentage of survey respondents who experienced at least one ACE before the age of 18. More than half of respondents (55.9%) were verbally harmed by their parents or an adult and 53.7% of respondents' parents were separated or divorced, while a little more than half of respondents (51.5%) lived with someone who was a problem drinker. Additionally, 48.5% of respondents lived with someone who was depressed, mentally ill or suicidal, and 33.1% of respondents were physically harmed by their parents or an adult.

Exhibit 13: Events You Experienced Before Age of 18¹⁷



16, 17. For the complete list, please refer to the Appendices.

HEALTH CARE ACCESS AND QUALITY

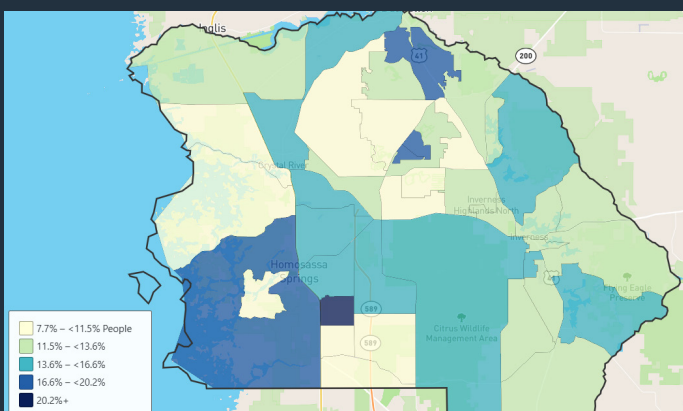
Health care access and quality is one of the five social determinants of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Increasing insurance coverage is essential to ensure more people have access to vital health services, including preventive care and treatment for chronic conditions.

— ODPHP, n.d.

Key secondary data findings

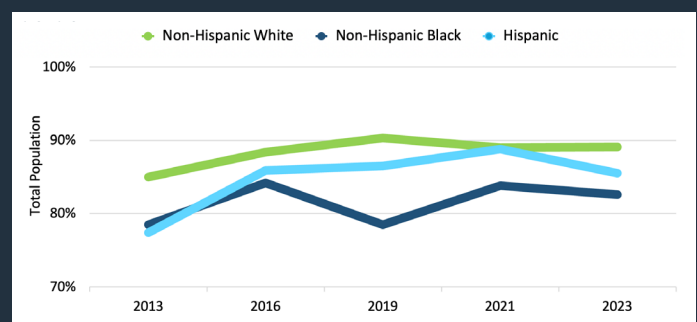
Health insurance and the ability to pay for care is often one of the main reasons people do not seek health care. Even with health insurance,¹⁸ people may not be able to afford copays and deductibles. In Citrus County, 11.3% of the total population does not have health insurance. Approximately one in five (20.6%) of adults aged 19 to 64 years does not have health insurance. In some census tracts¹⁹ in Citrus County, nearly one in three adults does not have health insurance. Additionally, health insurance rates vary by race and ethnicity. The non-Hispanic Black population, shown in Exhibit 15, has consistently had the lowest rates of adults with health insurance.

Exhibit 14: Lack of Health Insurance Among Adults, 2022



Source: CDC, n.d. BRFSS Places, 2022.

Exhibit 15: Adults with Health Insurance Coverage in Citrus County by Race/Ethnicity, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

18. Taber et al., 2015.

19. Census tracts are “relatively permanent geographic divisions of a county or county equivalent.” Census tracts typically have a population of 1,200 to 8,000, with the optimum threshold of 4,000 people. For more information, please see <https://www2.census.gov/geo/pdfs/partnerships/psap/G-650.pdf>.

Citrus County has fewer primary care physicians (995:1) compared to Florida (858:1) and the United States (879:1), which impacts access to care for residents. Additionally, Citrus County has significantly fewer pediatricians and mental health providers compared to Florida and the United States.

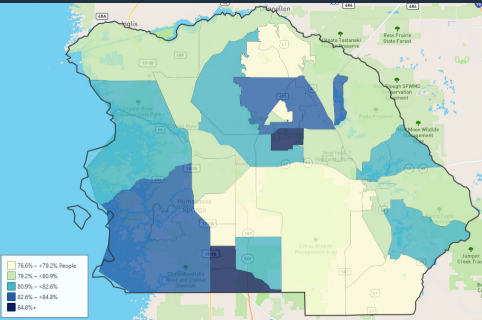
Exhibit 16: Health Care Provider Ratios (People per Provider), 2024

	Citrus County	Florida	United States
Primary Care Physician	995:1	858:1	879:1
Primary Care Nurse Practitioner	1,158:1	800:1	1,110:1
Dentist	2,928:1	1,686:1	1,532:1
Mental Health Provider	1,478:1	693:1	550:1
Pediatrician	2,081:1	879:1	795:1
Obstetrics/Gynecology (OB/GYN)	7,917:1	3,919:1	3,454:1
Midwife and Doula	11,309:1	9,029:1	9,336:1

Source: National Plan & Provider Enumeration System, n.d., NPI, 2024.

In Citrus County, 81.0% of adults received a medical checkup in 2022. The percentage of adults varies across the census tracts in the county. There are parts of the county where nearly one in four adults did not see a doctor (Exhibit 17).

Exhibit 17: Annual Doctor Checkup in the Past Year Among Adults, 2022



Source: CDC, n.d. BRFSS, 2022.

20. HRSA, n.d., Health Provider Shortage Areas.

21. ODPHP, n.d. Pregnancy and Childbirth.

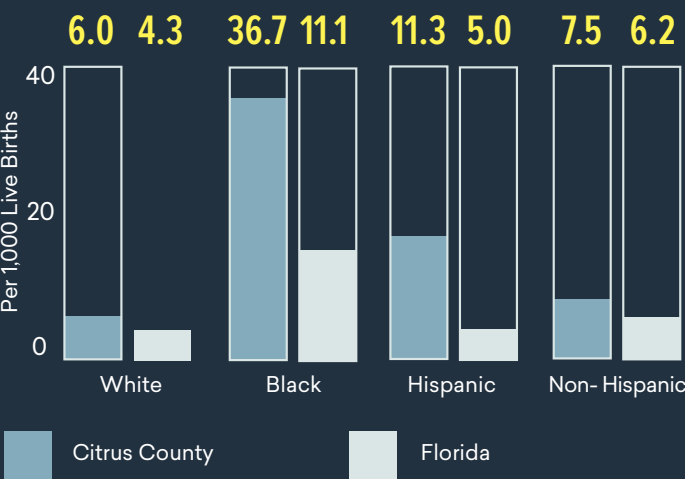
22. CDC, 2022. Infant Mortality.

Much of Citrus County has been designated a Health Professional Shortage Area (HPSA) for primary care, mental health and dental services, indicating that there are not enough providers to adequately serve the needs of low-income residents.²⁰

Access to care is especially critical during pregnancy, as early and consistent prenatal care plays a vital role in supporting healthy birth outcomes and reducing infant mortality.²¹

In Citrus County, and Florida, infant mortality rates are higher among Black and Hispanic populations compared to White and non-Hispanic populations. Similar disparities are seen in the rates of mothers initiating prenatal care during the first trimester, with Black and Hispanic mothers less likely to access early care. These local patterns reflect national trends, where Black, American Indian and Alaskan Native, Pacific Islander, and Hispanic infants experience higher rates of infant mortality compared with White and non-Hispanic infants.²²

Exhibit 18: Infant Mortality (Aged 0-364 Days), Rate per 1,000 Live Births by Race/Ethnicity, 2021-2023



Source: FLHealthCHARTS, n.d.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.²³ In Citrus County, White mothers had the highest rate of early prenatal care at 60.9%, while Black mothers had the lowest at 50.5%. All groups in Citrus County fall below the state averages, highlighting persistent disparities in timely access to prenatal care across racial and ethnic groups.

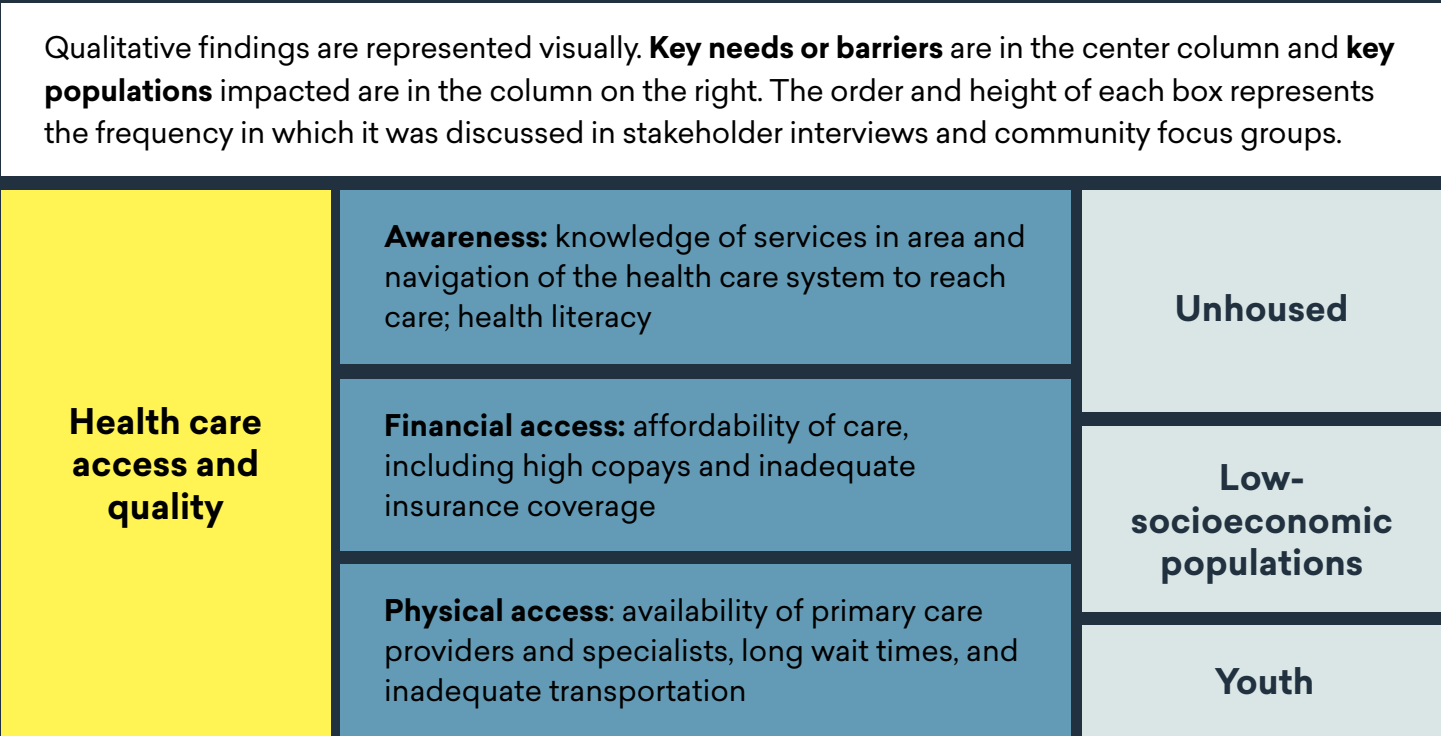
Exhibit 19: Births with Prenatal Care in the 1st Trimester, by Race/Ethnicity, 2021-2023

	Citrus County	Florida
White	60.9%	74.3%
Black	50.5%	63.7%
Hispanic	58.1%	70.5%
Non-Hispanic	60.8%	72.3%

Source: FLHealthCHARTS, n.d.

Key qualitative findings

When discussing health care access and quality, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



23. Albarqi, 2025.

Stakeholders and focus group participants expressed several health care access-related concerns, including financial barriers, a lack of awareness and low health literacy, and physical access to providers, especially in the more rural parts of Citrus County. Participants identified adequate staffing of specialty care providers, chronic disease prevention and assistance with navigating the complex health care system as strategies to improve health care access.



“With only two hospitals and the influx of the people, the hospitals are a lot busier.”

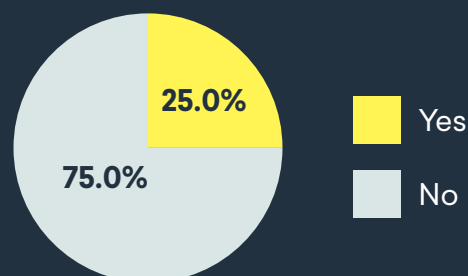
— Focus Group Participant

Key community survey findings

This section presents respondents' perceptions from the community survey on access to medical care, self-rated health status and emergency room usage. Responses help identify barriers to care and highlight areas where improvement in health care delivery may be needed.

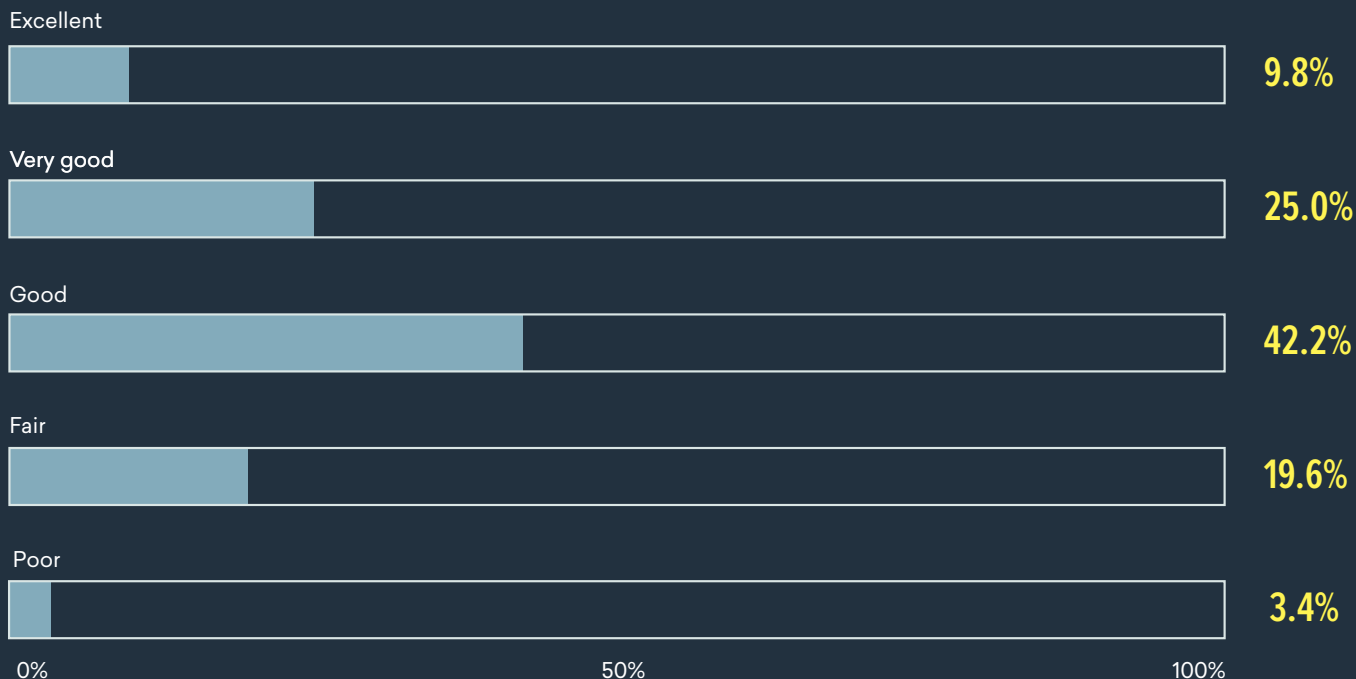
When respondents were asked about their medical care access, 25.0% of respondents replied that they needed medical care in the past 12 months but did not get it.

Exhibit 20: Was There a Time in the Past 12 Months When You Needed Medical Care but Did Not Get the Care You Needed?



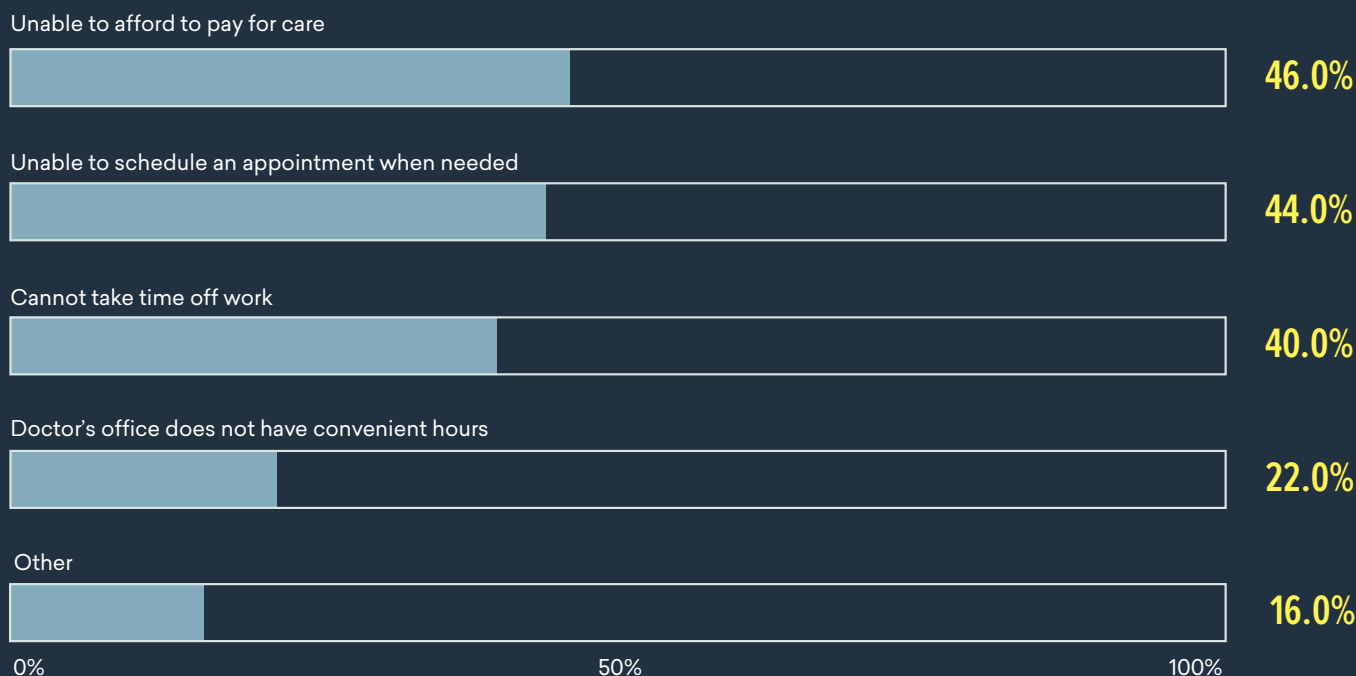
When rating their own health, 34.8% of respondents said their own personal health was excellent or very good. A little over two in five respondents (42.2%) ranked that their personal health was good. And 23.0% of respondents said their own health was either fair or poor.

Exhibit 21: Overall, How Would You Rate Your Own Personal Health?



The top five reasons for not getting the care needed are due to being unable to afford to pay for care (46.0%), unable to schedule an appointment when needed (44.0%), cannot take time off work (40.0%), doctor's office does not have convenient hours (22.0%) and other reasons such as the doctor is not taking new patients (16.0%).

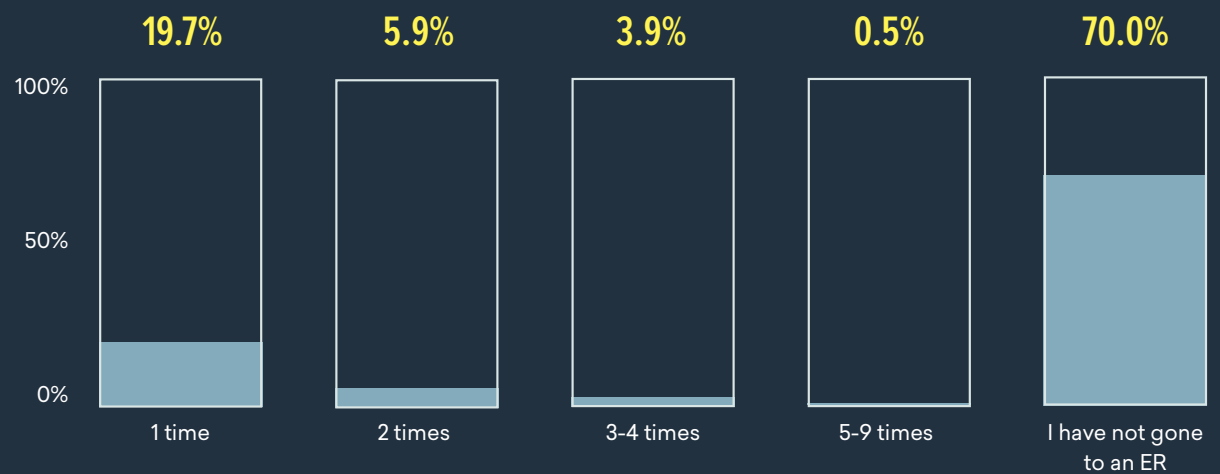
Exhibit 22: What Are Some Reasons That Kept You from Getting Medical Care?²⁴



24. For the complete list, please refer to the Appendices.

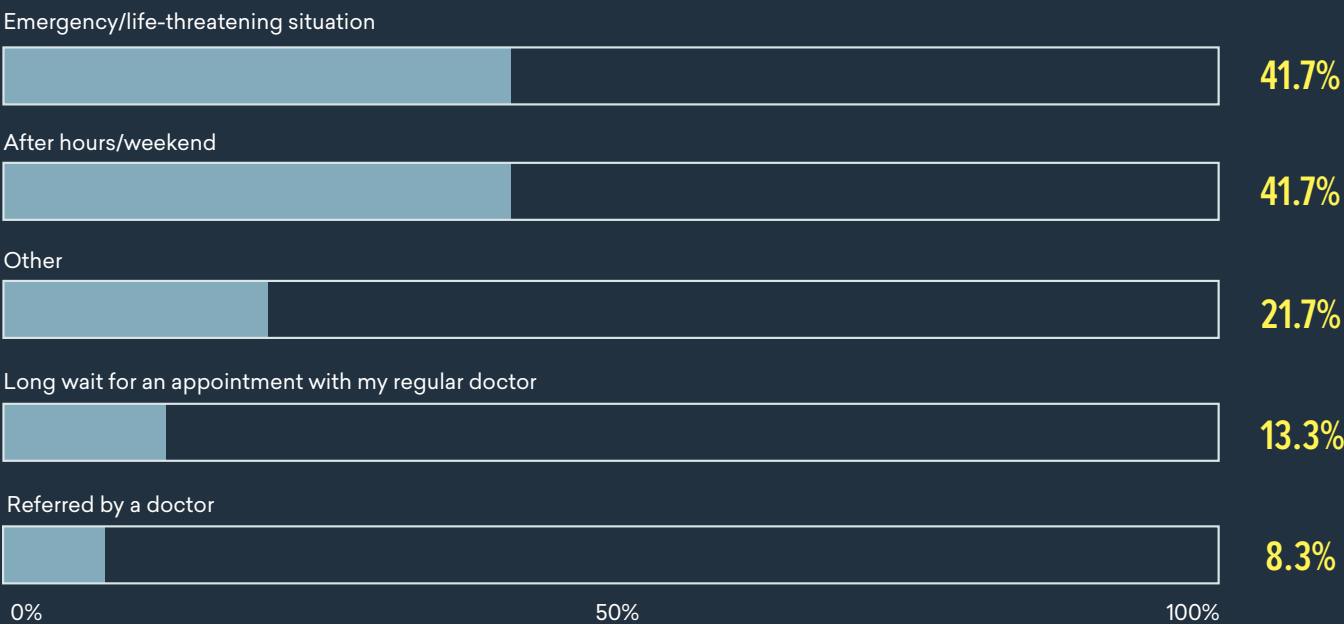
Approximately 25.6% of respondents went to the emergency room (ER) one to two times, while 3.9% of respondents went to the ER three to four times. Nearly 0.5% of respondents went to the ER five or more times in the past 12 months.

Exhibit 23: In the Past 12 Months, How Many Times Have You Gone to an Emergency Room (an ER, Not Urgent Care) About Your Own Health?²⁵



A little less than half of the respondents went to the ER instead of the doctor’s office because of emergency or life-threatening situations (41.7%) or because their health issue occurred after-hours or on the weekend (41.7%).

Exhibit 24: What Are the Main Reasons You Used the ER Instead of Going to a Doctor’s Office or Clinic?²⁶



25. “10 or more times” was excluded due to a lack of response from survey respondents.

26. For the complete list, please refer to the Appendices.

ECONOMIC STABILITY

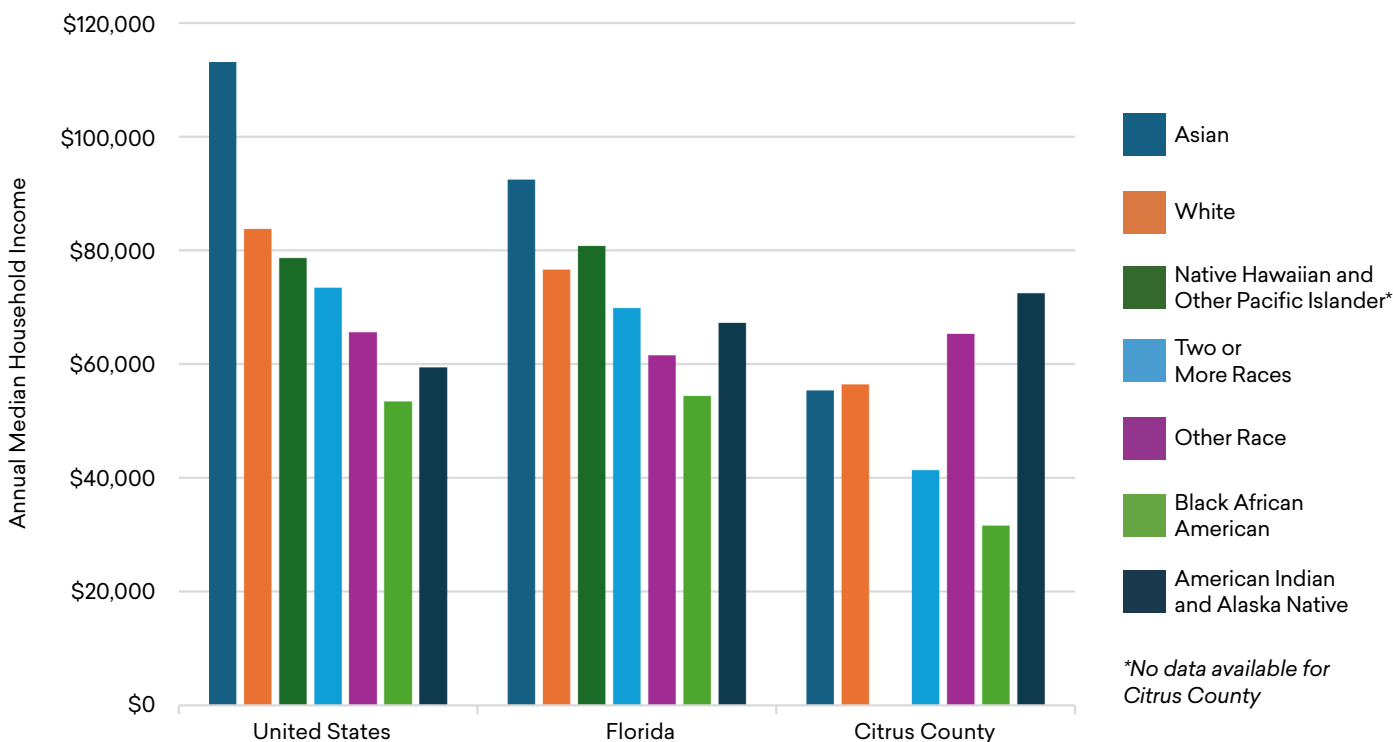
Economic stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to health care services, which can all contribute to poor health outcomes.

— CDC, 2023

Key secondary data findings

Economic stability plays a key role in overall health outcomes, as financial insecurity can limit access to health care, nutritious food and stable housing. In Citrus County, the median household income is \$55,355 annually, \$16,356 less than Florida's \$71,711 median household income and \$23,183 less than the United States median household income of \$78,538. The median household income varies across different racial groups.

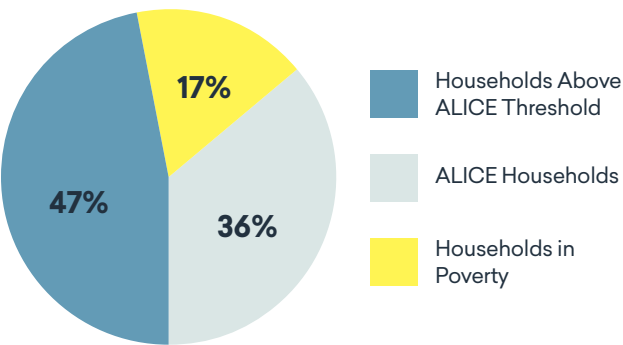
Exhibit 25: Median Household Income, by Race, 2019-2023



Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

Poverty is a well-established driver of health outcomes. In Citrus County, 15.5% of the population lives below the poverty line, a higher percentage than both the state (12.6%) and national (12.4%) averages.²⁷ However, traditional poverty metrics often undercount those struggling to meet basic needs.²⁸

Exhibit 26: Trends in Household Income Status in Citrus County, 2022



Source: United Way, n.d., United for ALICE, 2022.

To afford a modest two-bedroom rental home in Citrus County without being housing cost burdened, a full-time worker must earn

 **\$21.46 per hour**

At the current minimum wage of \$12/hour, a worker would need to work over 70 hours per week just to afford rent in Citrus County.

Source: NLIHC, 2024.

The ALICE (asset limited, income constrained, employed) population represents households that earn above the federal poverty level but still struggle to afford necessary costs like housing, childcare, food, transportation and health care.²⁹ In Citrus County, 32.0% of households are considered ALICE.

Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost burdened — spending a disproportionate share of their income on rent or mortgage payments. In Citrus County, 26.2% of low-income households currently spend 50.0% or more of their income on housing costs alone.³⁰

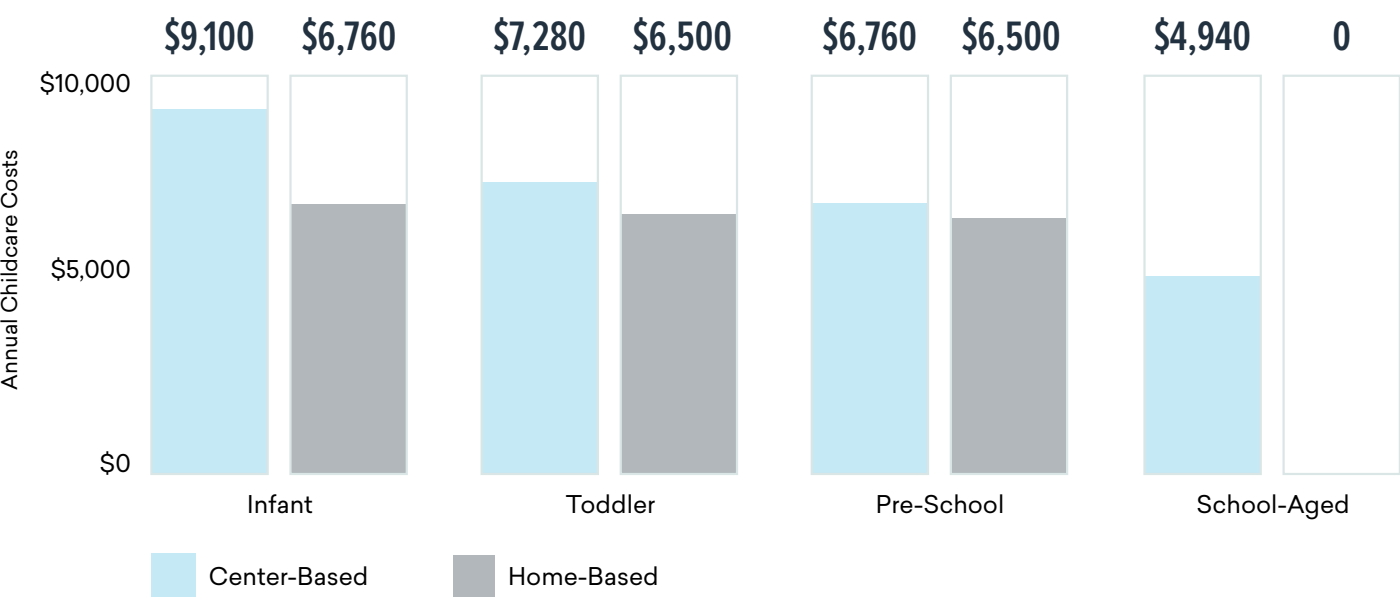
Additionally, the median home value in Citrus County is \$223,200, which is lower than the state median of \$325,000, but still out of reach for many working families.³¹ The disconnect between wages, rental costs and homeownership opportunities highlights the affordability challenges faced by many Citrus County residents.

Internet access is essential for employment, education, health care (including telehealth) and engaging with the community.³² In Citrus County, 8.1% of households lack internet access, matching the state’s overall percentage households without internet access (6.8%).³³ Limited connectivity can disproportionately impact rural communities, low-income families and older adults.³⁴

27. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
28. Kilduff (PRB), 2022.
29. United for ALICE, n.d. About Us — Meet ALICE.
30, 31. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
32. Turcios (SAMHSA), 2023.
33. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
34. Turcios, 2023.

Childcare remains a critical yet costly need for working families in Citrus County. Center-based infant care costs were \$9,100 annually in 2022, with home-based options slightly lower at a cost of \$6,760 annually. Although childcare costs declined with age, even school-aged care exceeded \$4,900 annually for center-based programs. For families already navigating tight budgets – especially those classified as ALICE or low-income – these expenses represent a substantial portion of household income. Note that there was no data available for the cost of home-based school-aged children in Citrus County care as of the writing of this report.

Exhibit 27: Annual Childcare Costs by Age and Type, 2022



Source: Women’s Bureau, 2025.

To put this in context, the median household income in Citrus County is \$55,355.³⁵ A family spending approximately \$13,392 per year on housing³⁶ and \$7,000 on childcare³⁷ would be left with just \$34,963 for all other essentials, including food, transportation, health care, utilities and emergencies. This narrow margin leaves little room for unexpected expenses or savings, underscoring how the rising cost of living can threaten household stability even among working families.

Combined with high rates of internet inaccessibility and limited affordable options for childcare, these conditions highlight the need for targeted supports to improve financial security and promote equitable access to opportunity. Addressing these economic barriers is essential for improving overall health and well-being across the Citrus County community.

35. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

36. NLIHC, 2024. Out of Reach: Florida.

37. Women’s Bureau, 2025. The Price of Childcare by County, 2022.

Key qualitative findings

When discussing economic stability, stakeholder interviews and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Participants in Citrus County identified economic instability and lack of livable wages as being at the root of many concerns related to community health. They noted that high-paying jobs and job training are needed. Participants also shared that a large ALICE population is struggling each month to pay for basic needs and those on a fixed income are struggling to cope with the impacts of inflation.

“[There are] only low-income jobs in Citrus County, not high-income jobs. They don’t make anything here — it’s a service- and tourist-based community with low wages that don’t keep up with the rate of inflation. The number one way out of the ALICE range or federal poverty level is higher income.”

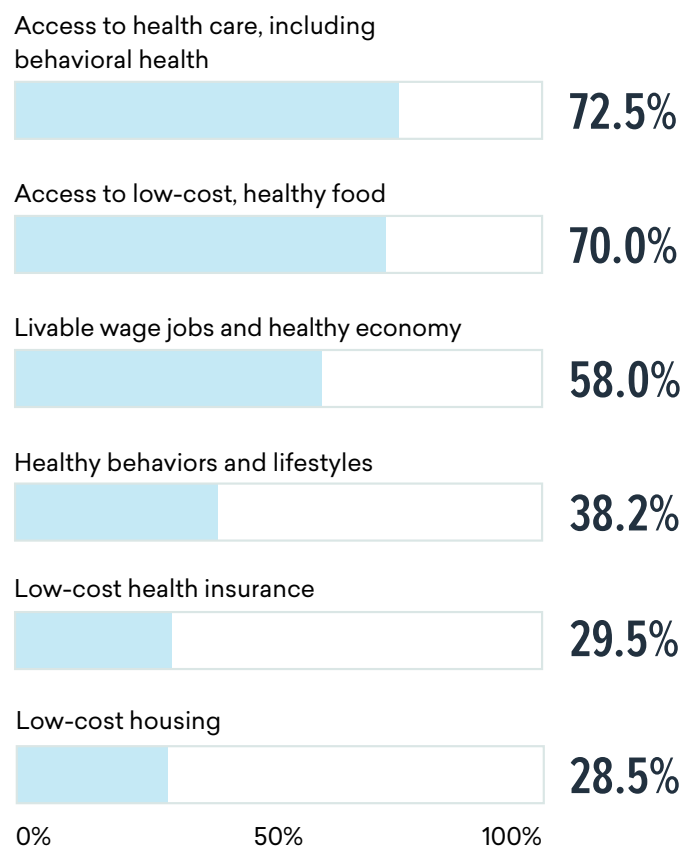
— Stakeholder Interview

Key community survey findings

This section presents community survey respondents’ perceptions related to the economic well-being of the community. It includes answers to questions asking community members to identify what they believe are important to improve the quality of life, living conditions and ability to meet their basic needs, such as livable wage jobs, housing, utilities and food. The findings are examined across income groups, race and ethnicity to better understand disparities.

In Citrus County, 58.0% of respondents identified livable wage jobs and a healthy economy as one of the most important areas to address in order to improve the health of the community. This issue also ranked among the top five priorities. Additionally, nearly 30.0% of respondents indicated that access to low-cost housing is another important issue that needs attention. Moreover, access to health care (72.5%) and access to low-cost healthy food (70.0%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

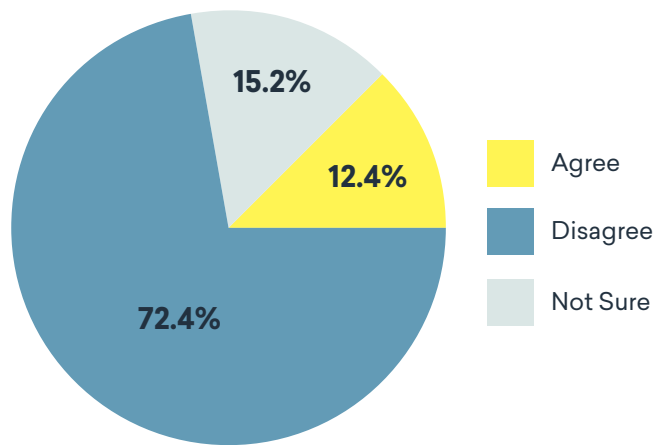
Exhibit 28: Please Read the List Below. Which Do You Believe Are the 5 Most Important Factors to Improve the Quality of Life in a Community?³⁵



38. The top five factors along with “low-cost housing” are presented in the exhibit. For the complete list, please refer to the Appendices.

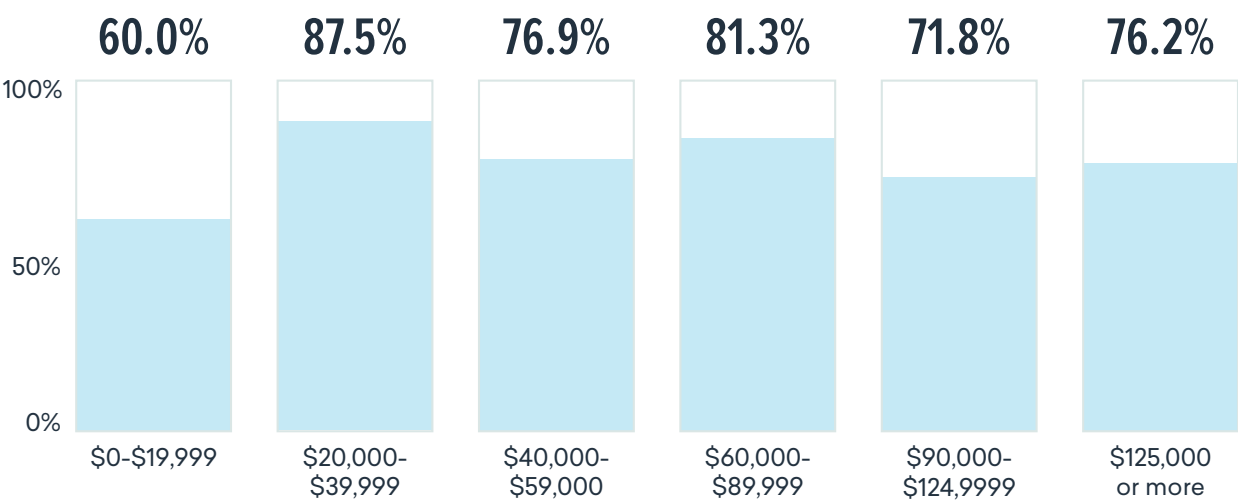
Exhibits 29-32 present respondents’ opinions on the availability of livable wage jobs, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement “There are plenty of livable wage jobs available,” 72.4% of respondents disagreed.

Exhibit 29: There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



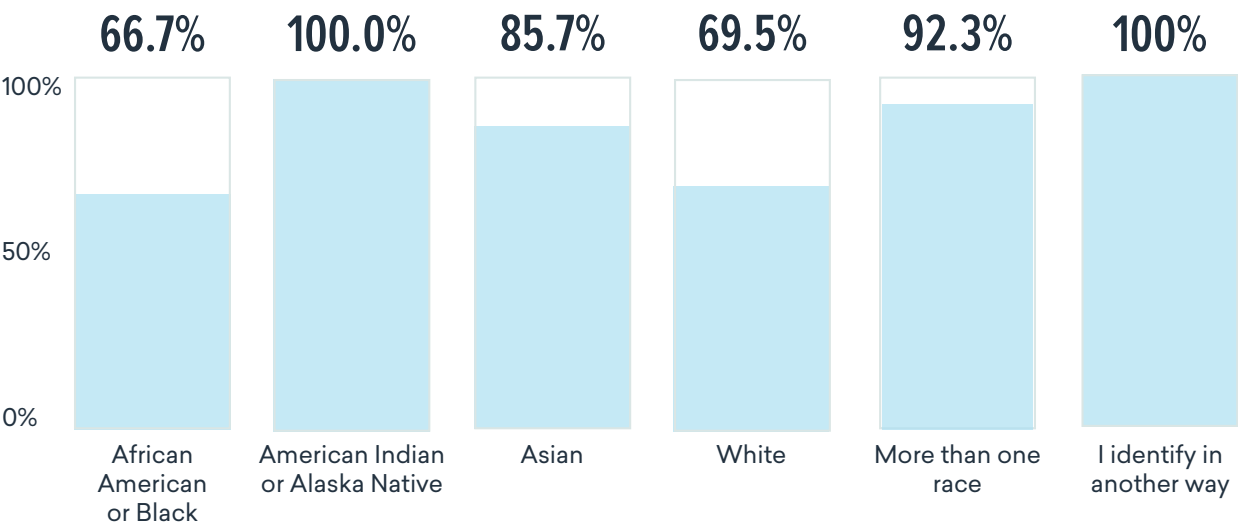
Across all income brackets, the majority of respondents expressed disagreement, with individuals who earn \$20,000-\$39,999 expressing the highest disagreement (87.5%), followed by individual who earn an income of \$60,000-\$89,999 (81.3%).

Exhibit 30: Disagree by Income – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



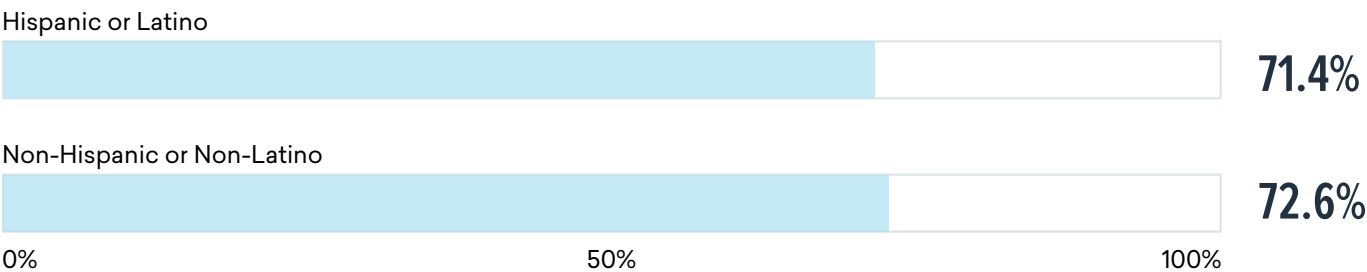
Respondents from Citrus County who are American Indian or Alaska Native and respondents who identify in another way all disagreed with the statement, followed by multiracial respondents (92.3%).

Exhibit 31: Disagree by Race – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



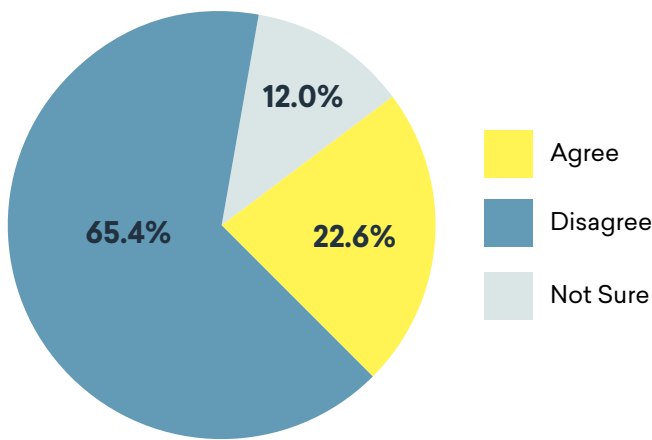
Additionally, more than 70.0% of respondents disagreed with the statement regardless of whether they identified as Hispanic (71.4%) or non-Hispanic (72.6%).

Exhibit 32: Disagree by Ethnicity – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



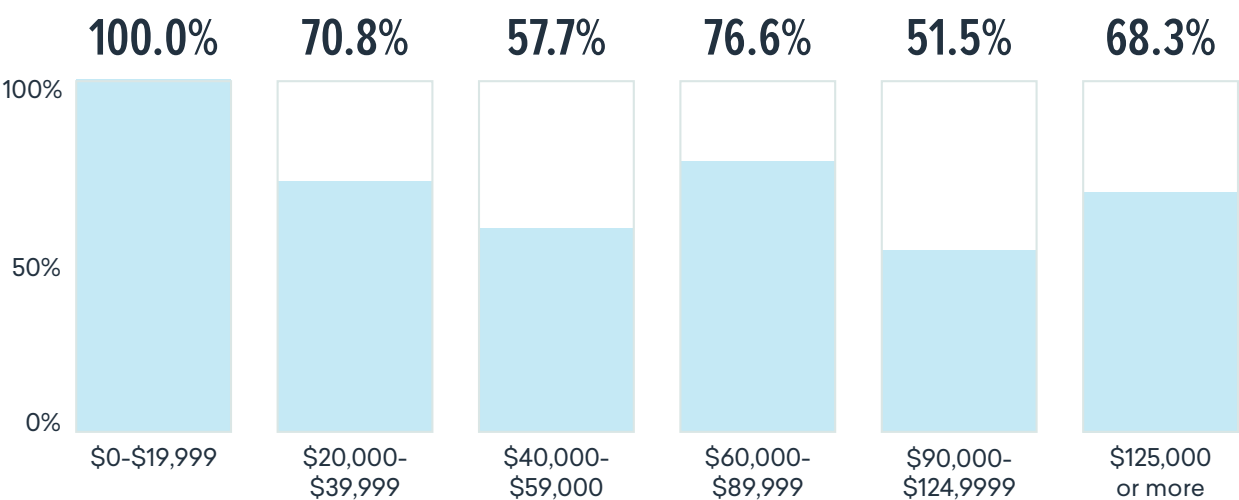
Exhibits 33 through 36 present respondents' opinions on an affordable place to live, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement, "There are affordable places to live in my community," 65.4% of respondents disagreed.

Exhibit 33: There Are Affordable Places to Live in My Community



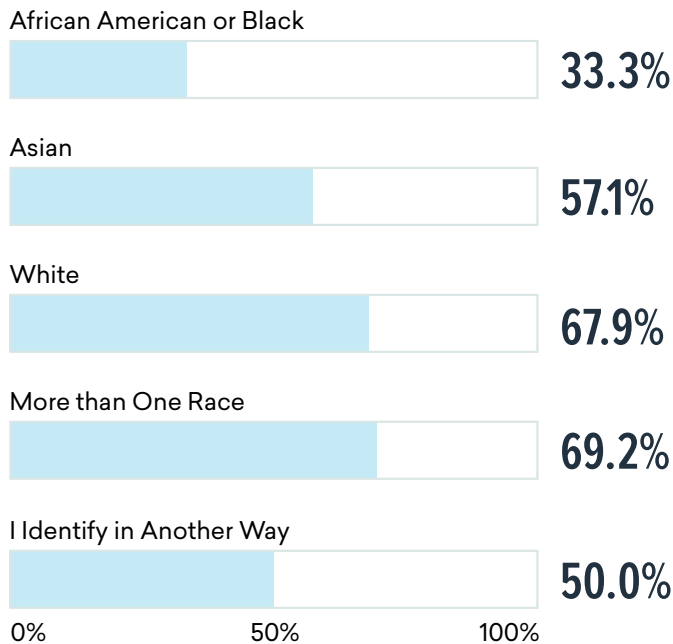
Across all income brackets, respondents who have an income below \$19,999 fully disagreed with the statement, followed by respondents who earn \$60,000-\$89,999 (76.6%).

Exhibit 34: Disagree by Income – There Are Affordable Places to Live in My Community



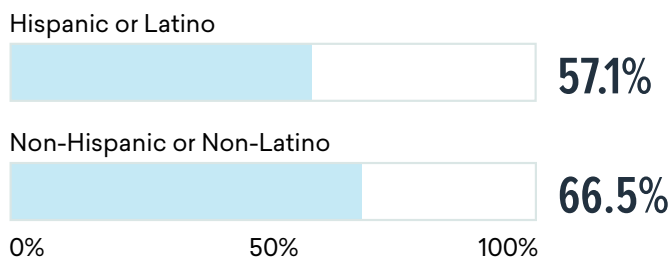
A majority of respondents from each racial group disagreed, with the multiracial group expressing disagreement (69.2%) – the highest among all groups, followed by White (67.9%).³⁹

Exhibit 35: Disagree by Race – There Are Affordable Places to Live in My Community



Additionally, 57.1% of respondents who are Hispanic or Latino disagreed with the statement, and 66.5% of respondents who are non-Hispanic expressed disagreement.

Exhibit 36: Disagree by Ethnicity – There Are Affordable Places to Live in My Community



Exhibits 37 and 38 ask respondents a series of questions regarding housing security. In Citrus County, 11.8% of the respondents were worried or concerned about whether in the next two months they may not have a stable place to stay. In addition, 2.0% of respondents said that in the past 12 months, utility companies shut off their services due to non-payment of the bills.

Exhibit 37: Are You Worried or Concerned that in the Next 2 Months You May Not Have Stable Housing That You Own, Rent or Stay?

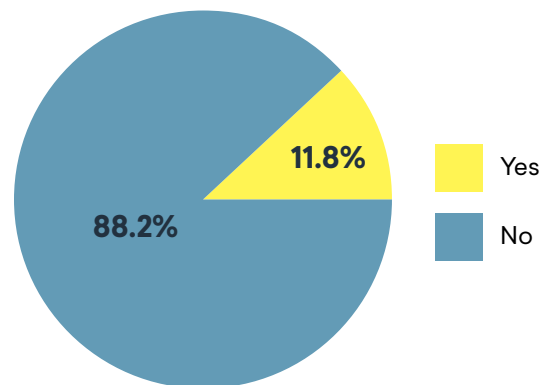
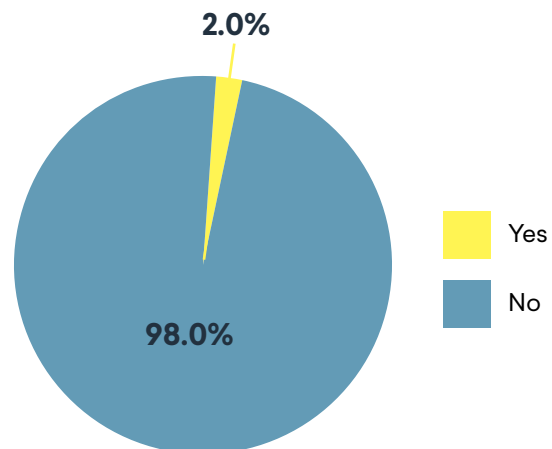


Exhibit 38: In the Past 12 Months, Has Your Utility Company Shut Off Your Service for Not Paying Your Bills?



39. "American and Indian or Alaska Native" racial group were excluded from Exhibit 35 due to a lack of responses from survey respondents.

HEART DISEASE AND STROKE

Nationwide, heart disease is the leading cause of death. Key risk factors for heart disease include other chronic diseases and lifestyle choices, such as high blood pressure and cholesterol, smoking and alcohol use, obesity and an unhealthy diet, as well as physical inactivity, among others. A stroke, often referred to as a brain attack, happens when blood flow to a part of the brain is blocked or when a blood vessel in the brain ruptures. In both situations, areas of the brain can become damaged or die, potentially leading to permanent brain injury, long-term disability or death.

— CDC, 2024

Key secondary data findings

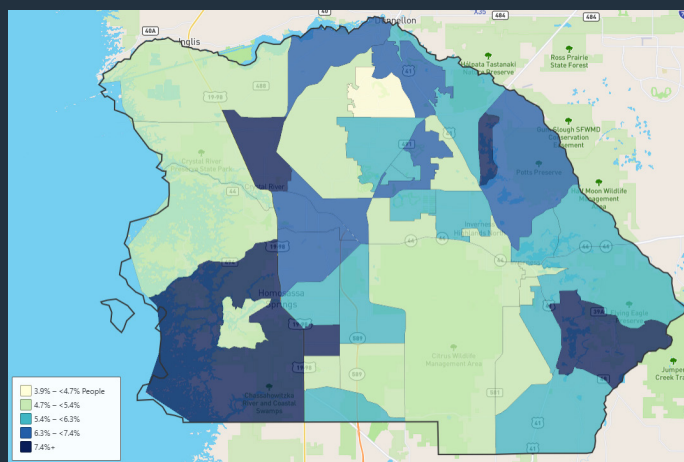
Heart disease is one of the top leading causes of death in Citrus County, accounting for 135.6 deaths per 100,000 people in 2023. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality. Heart disease includes a range of conditions that affect the heart's structure and function, such as coronary artery disease, arrhythmias and heart failure.⁴⁰ Many of these conditions are preventable through lifestyle changes, early detection and consistent access to health care.

Causes of Death: Top Causes (per 100,000 People)	
Heart Disease	135.6
Cancer	133.4
Unintentional Injury	63.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2023.

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.⁴¹ In Citrus County, 5.5% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.0%, signaling a need for focused prevention and support services.

Exhibit 39: Stroke Among Adults



Source: CDC, n.d. BRFSS, 2022.

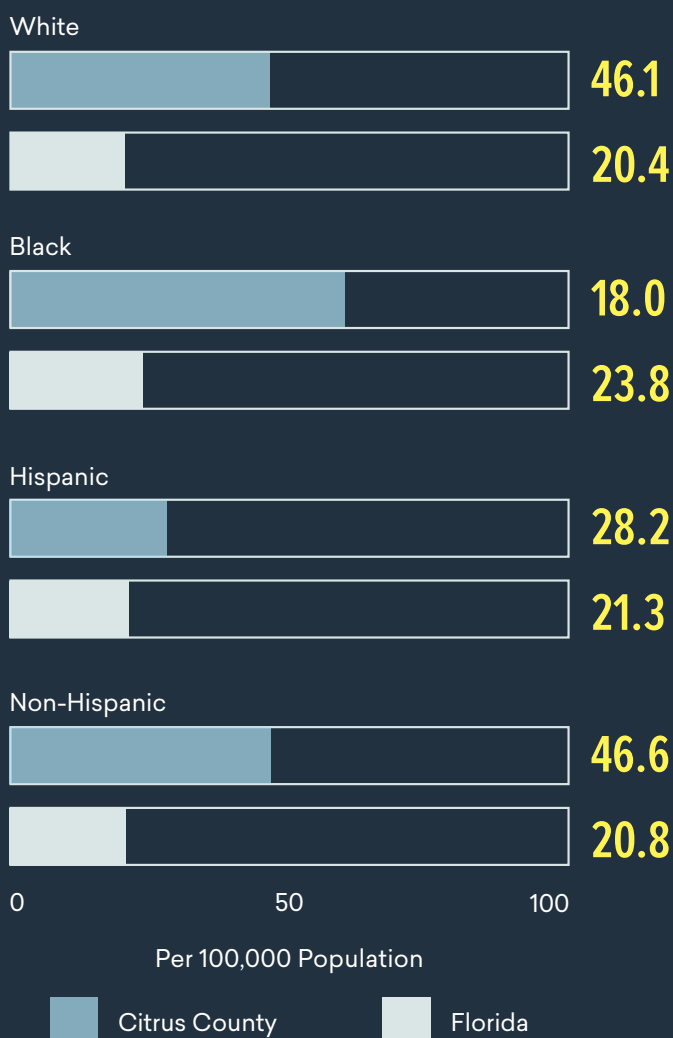
40. AHA, 2024. What Is Cardiovascular Disease?

41. WHO, 2021. Cardiovascular Diseases.

Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community.

Exhibit 40 shows death rates from heart attacks (acute myocardial infarction) by race and ethnicity in Citrus County, White residents had a significantly higher death rate of 46.1 per 100,000, compared to the Florida state rate of 20.4. Black residents in Citrus County had a lower death rate of 18.0, which is also below the state average of 23.8. Among Hispanic residents, the death rate was 28.2 in Citrus County, which is higher than the state average of 21.3. Similarly, non-Hispanic residents had a death rate of 46.6, which is more than double the statewide rate of 20.8. Although some local rates are lower than the state averages, differences across racial and ethnic groups may reflect disparities in access to early diagnosis, emergency care or follow-up treatment.

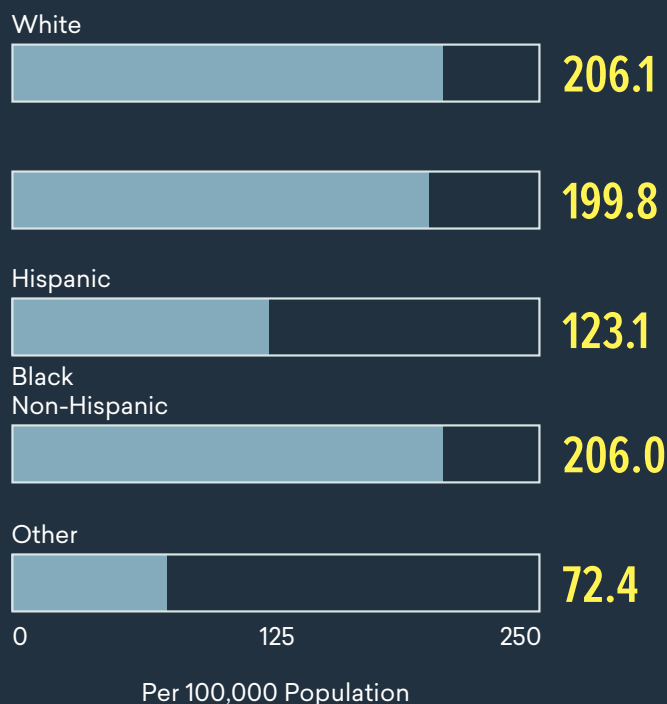
Exhibit 40: Deaths from Acute Myocardial Infarction, Rate per 100,000 by Race, 2021-2023



Source: FLHealthCHARTS, n.d.

In Citrus County, the age-adjusted death rate from heart disease was highest among White residents (206.1 per 100,000), followed by non-Hispanic (206.0 per 100,000) and Black residents (199.8 per 100,000).

Exhibit 41: Age-adjusted Deaths from Heart Disease, Rate per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d.

Key qualitative findings

When discussing the factors related to heart disease and stroke, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.

Qualitative findings are represented visually. **Key needs or barriers** are in the center column and **key populations** impacted are in the column on the right. The order and height of each box represents the frequency in which it was discussed in stakeholder interviews and community focus groups.

Heart disease and stroke	Financial barriers: food insecurity and low diet quality, ability to engage in physical activity, and access to preventative care	Low-socioeconomic populations
	Education: access to nutrition classes, importance of primary care for preventative health	Rural communities
	Preventative screenings: increase community screenings for chronic disease, increase access to primary care	Unhoused

Participants’ discussions regarding heart disease and stroke centered on preventive efforts and the barriers that inhibit engaging in preventative behaviors. Barriers mentioned included food insecurity, low levels of health literacy and primary care access. Participants noted that those living in more rural areas of Citrus County have less access to primary care and nutrient-dense food.



“I think we have a need for primary care across the board; in both in Hernando and Citrus [counties], we don’t have enough primary care providers. We have a need for services for people that are under- or uninsured in that mix as well. So people are moving here, and they, you know, don’t have health insurance, and there aren’t enough providers.”

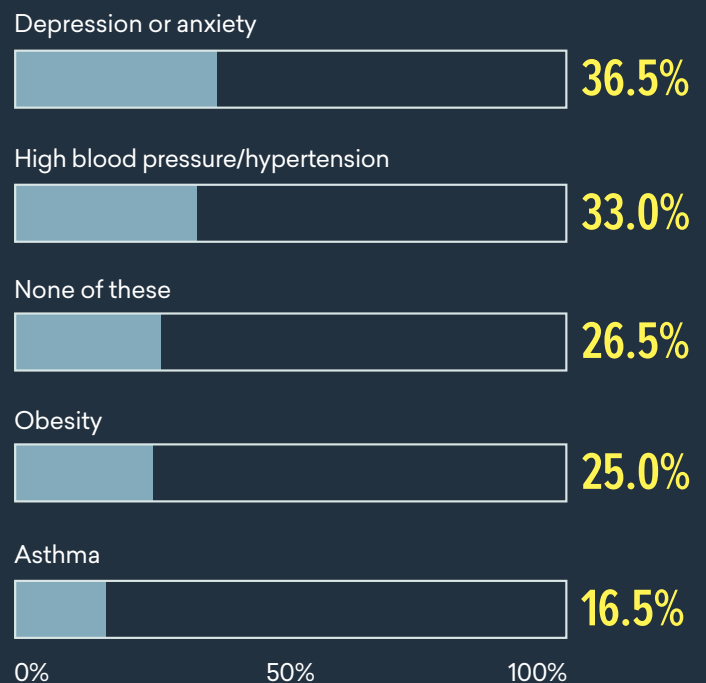
— Stakeholder Interview

Key community survey findings

This section presents community survey respondents’ perceptions related to the risk of heart disease and stroke, including individual and community conditions that contribute to poor cardiovascular health. These insights help us understand heart disease and stroke risks at both individual and community levels.

In Citrus County, 33.0% of the respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.

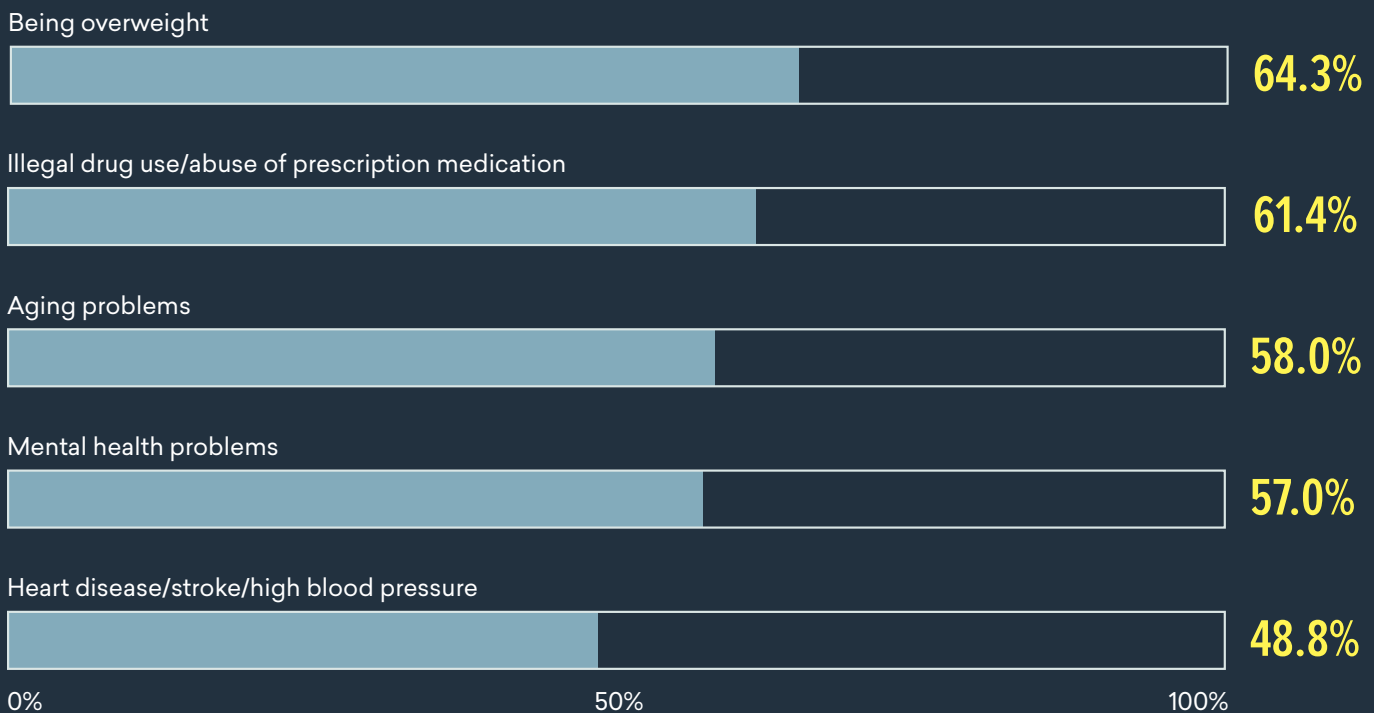
Exhibit 42: Have You Ever Been Told by a Doctor or Other Medical Provider that You Had Any of the Following Health Issues?⁴²



42. For the complete list, please refer to the Appendices.

When respondents were asked about the most important health issue to address to improve the health of the community, 48.8% of respondents said heart disease, stroke or high blood pressure is an important issue, ranking fifth among the priority health issues. In addition, 64.3% of respondents said being overweight is the top priority issue to address, followed by illegal drug use (61.4%) and aging problems (58.0%).

Exhibit 43: Read the List of Factors That Contribute to Poor Health and Think About Your Community. Which of These Do You Believe Are Most Important to Address to Improve the Health of Your Community?⁴³



43. The top five factors are presented in the exhibit. For the complete list, please refer to the Appendices.

EXERCISE, NUTRITION AND WEIGHT

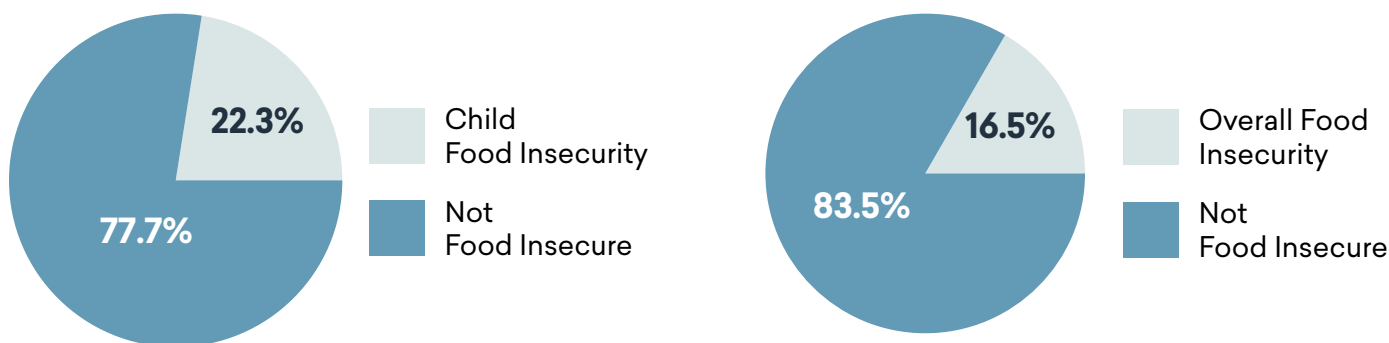
Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition also is a vital component to healthy well-being at every stage of life.

— CDC, 2024

Key secondary data findings

The child food insecurity rate in Citrus County is 22.3%, considerably higher than the overall food insecurity rate of 16.5%. This data means that nearly one in four children may not have consistent access to enough food to support an active, healthy life. Food insecurity can negatively affect physical development, academic performance and mental health in children, and it often coexists with poor nutritional quality and increased risk of obesity.⁴⁴

Exhibit 44: Food Insecure Individuals by Age, 2023



Source: Feeding America, Map the Meal Gap, 2023.

These figures highlight ongoing challenges related to food access and affordability — issues that affect dietary habits and influence energy levels, physical activity and long-term health outcomes. Lower-income families may struggle to access fresh, healthy food or safe places to exercise, compounding the risk of obesity, diabetes and other chronic conditions.^{45, 46}

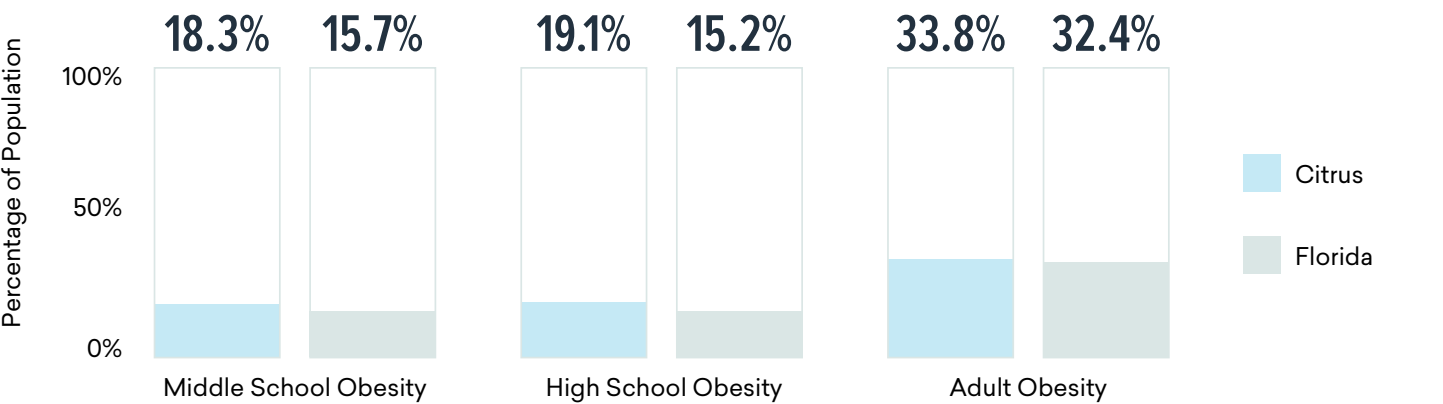
44. Feeding America, n.d. Child Hunger Facts.

45. CDC. 2024. Healthy Food Environments.

46. ODPHP, n.d. Access to Foods.

Weight-related health concerns are prevalent across all age groups in Citrus County. According to 2021-2023 data, one in three adults and one in four adolescents are obese. These rates are concerning, as excess weight is associated with an increased risk for chronic conditions, such as heart disease, diabetes and certain cancers.⁴⁷ Among young people, being obese can also lead to social stigma, lower self-esteem and the early onset of health problems previously only seen in adults.⁴⁸

Exhibit 45: Citrus County Adolescent and Adult Obesity, 2022



Source: FLHealthCHARTS, n.d.

Additionally, 68.6% of elementary school students in Citrus County are eligible for free or reduced-price lunch, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs.⁴⁹ At the household level, 12.1% of Citrus County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a similar proportion to both Florida (12.6%) and the United States (11.8%).⁵⁰

47. NIDDK, 2023. Health Risks of Overweight & Obesity.
48. Balasundaram, P., Krishna, S. (NIH), 2023.
49. FLHealthCHARTS, n.d. Elementary. School Students Eligible for Free/Reduced Lunch 2022-24.
50. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Key qualitative findings

There was a lack of qualitative data related to exercise, nutrition and weight in Citrus County. However, participants did share that limited access to nutrient-dense food is a barrier that many individuals face.



“Food is so expensive that people are buying food that fills them up longer but aren’t nutrient dense. Some people are low in iron, so they buy supplements, but then they still aren’t getting the right nutrients.”

— Stakeholder Interview

Key community survey findings

This section presents respondents’ perceptions from the community survey related to nutrition, food access and weight. These three factors, if not well maintained, can increase the risk of obesity, type 2 diabetes, heart disease and cancer.⁵¹ This includes eating the recommended fruits and vegetables and getting enough exercise. Understanding a community’s barriers to maintaining a healthy diet and lifestyle can help prevent poor long-term health outcomes.⁵²

Overall, 30.9% of respondents in Citrus County reported that they’ve experienced food insecurity. Among the different income groups, respondents who have a household income

between \$20,000 and \$39,999 experienced the highest food insecurity (68.0%), followed by respondents who earned a household income of \$19,999 or lower (60.0%). As income increases, for most of the income brackets, food insecurity decreases.

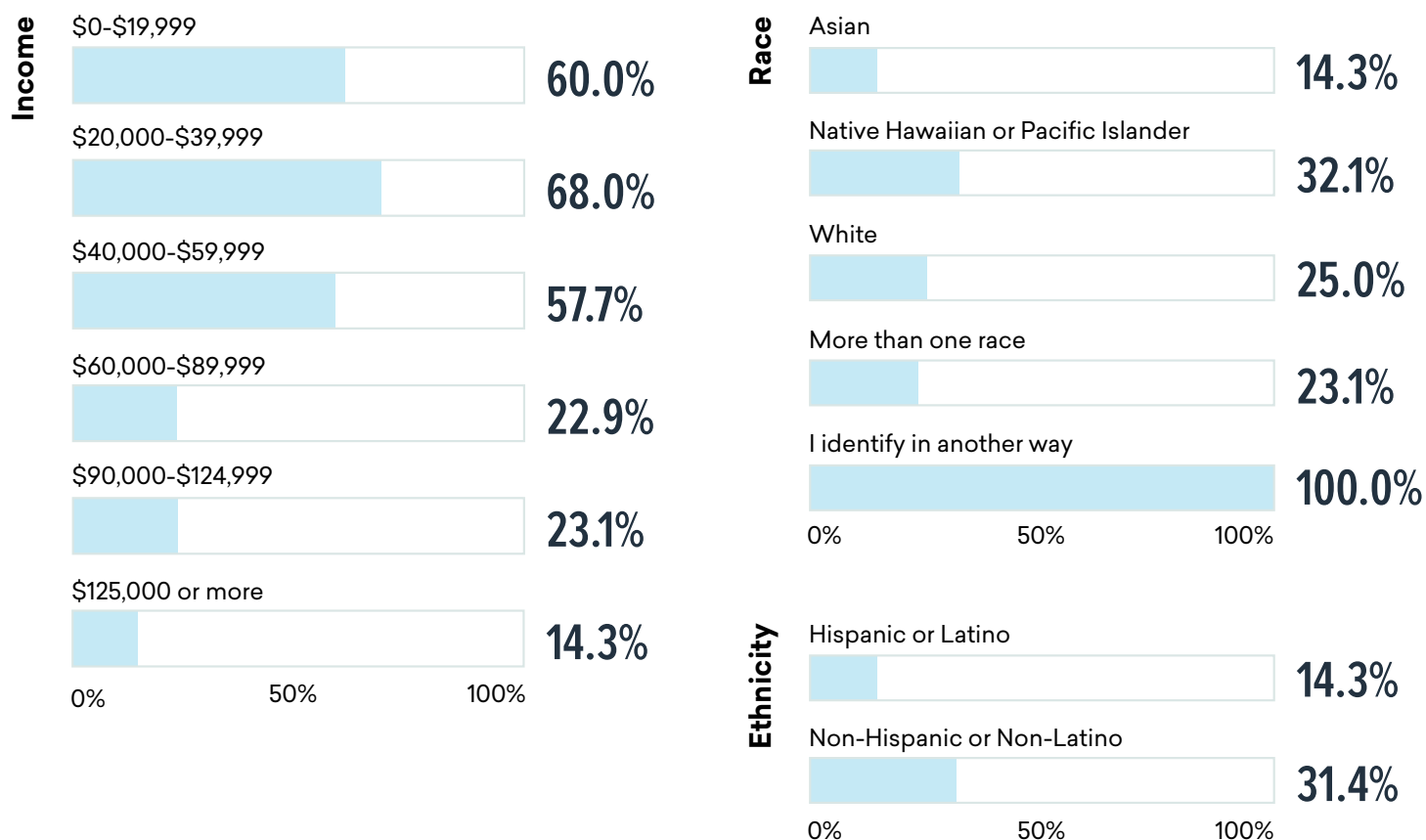
Respondents who identify their race in another way experienced the highest food insecurity (100.0%), followed by Native Hawaiian or Pacific Islander. Those who are Asian experienced the lowest food insecurity (14.3%). Respondents who are Hispanic or Latino experienced lower food insecurity (14.3%), compared to non-Hispanic or non-Latino (31.4%) respondents.⁵³

51. Gropper, 2023.

52. CDC, 2024. Nutrition, Physical Activity, and Weight Status.

53. “African American or Black” and “American Indian or Alaska Native” were excluded due to a lack of response from survey respondents.

EXHIBIT 46: Food Insecurity by Income, Race and Ethnicity



Exhibits 47 through 50 presented respondents with a series of questions about their access to food. Nearly one-quarter of respondents reported that it was often true or sometimes true that they worried that their food would run out before they had money to buy more (24.5%) and that the food they bought did not last and they lacked the money to get more (23.5%). Additionally, 13.7% of respondents reported receiving emergency food from a church, food pantry, food bank or soup kitchen in the past 12 months. While 53.8% agreed that it is easy to get healthy food, nearly 38.1% disagreed with this statement.

Exhibit 47: I Worried About Whether Our Food Would Run Out Before We Got Money to Buy More

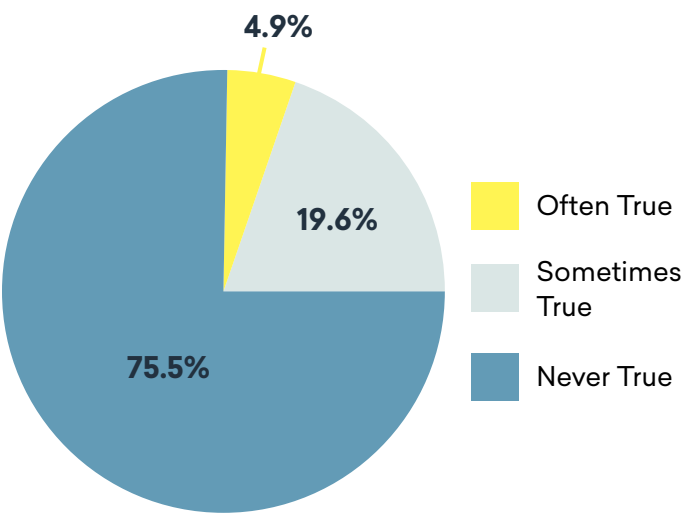


Exhibit 48: In the Past 12 Months, the Food That We Bought Just Did Not Last, and We Did Not Have the Money to Get More

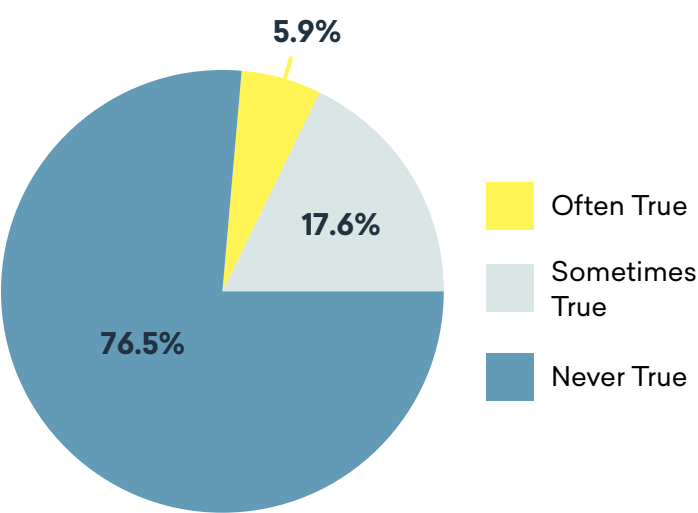


Exhibit 49: Did You Ever Get Emergency Food from a Church, Food Pantry or Food Bank, or Eat in a Soup Kitchen?

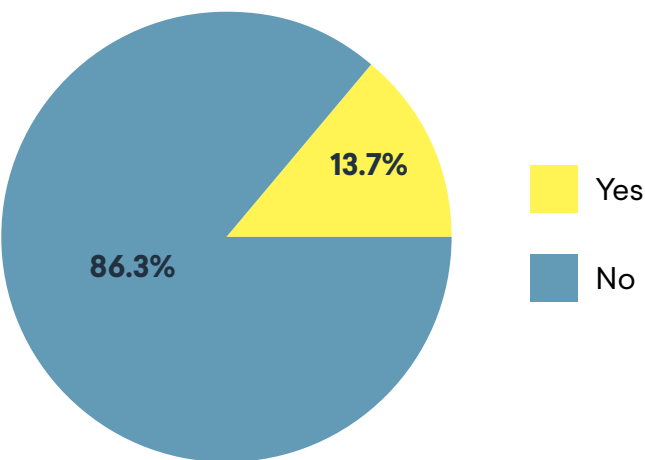
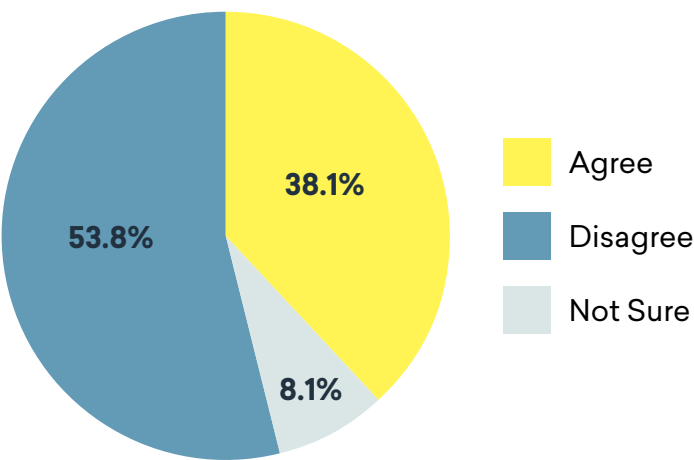


Exhibit 50: I Am Able to Get Healthy Food Easily



NEIGHBORHOOD AND BUILT ENVIRONMENT

The neighborhood and built environment of Citrus County plays a crucial role in shaping residents' health and quality of life. This domain includes access to transportation, availability of healthy foods, safe places to walk or bike, and other infrastructure features of the community. These factors can either enable healthy lifestyles or create barriers — often with the greatest impact on vulnerable or low-income populations.

— ODPHP, n.d.

Key secondary data findings

Most people in Citrus County relied on a car to get where they needed to go. About 76.3% of workers in the county drove alone to work, more than the state or national average. Only 0.2% of people used public transportation, which is far lower than the rest of Florida (1.2%) and the U.S. (3.5%).⁵⁴

Exhibit 51: Means of Transportation to Work, 2019-2023

	Citrus County	Florida
Worked at Home	12.1%	13.3%
Walked	0.9%	1.3%
Bicycled	0.4%	0.5%
Carpooled	8.5%	8.7%
Drove Alone	76.3%	73.3%
Used Public Transportation	0.2%	1.2%
Other	1.1%	1.7%

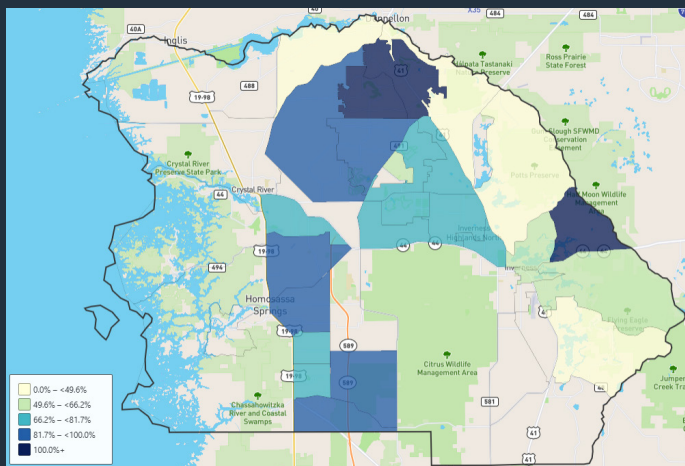
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

The average commute in Citrus County is 28 minutes, which is similar to most surrounding counties. Although only 4.4% of households don't have a vehicle, those without cars face big challenges in getting to work, stores and health care.⁵⁵

54, 55. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.

Many parts of Citrus County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food as shown by the darker blue regions in the map below (Exhibit 52). According to the USDA, thousands of residents in Citrus County live more than a mile away from healthy food options. This situation is especially true in rural areas and the outer parts of the county. When healthy food isn’t close by, people may have to rely on convenience stores or fast food, which can increase the risk of obesity, diabetes and other health issues.⁵⁶

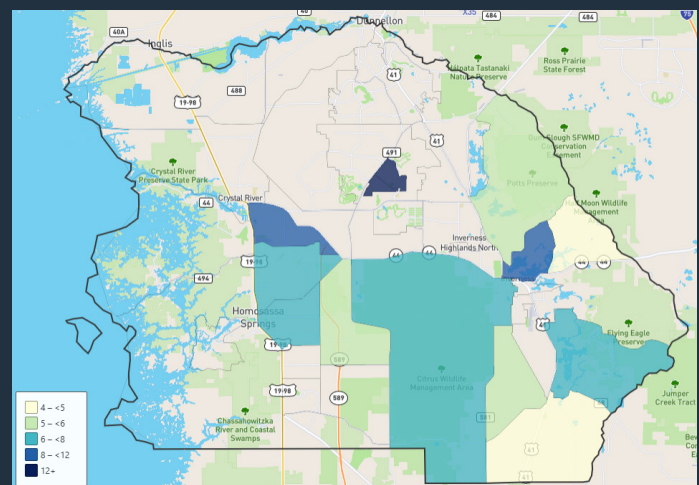
Exhibit 52: Census Tracts with Low Access to Healthy Food, 2019



Source: USDA ERS FARA, n.d.

Walkability — how easy it is to walk around in a community — plays an important role in promoting physical activity, accessing daily needs and reducing reliance on vehicles. In Citrus County, higher walkability scores (seen in the dark blue areas on the map in Exhibit 53) are concentrated in the central region of the county; however, most of the county shows low walkability scores or no rating. These areas may lack sidewalks, pedestrian crossings or destinations within walking distance, which limits residents’ ability to walk for errands, exercise or commuting.

Exhibit 53: Walkability Index, 2021

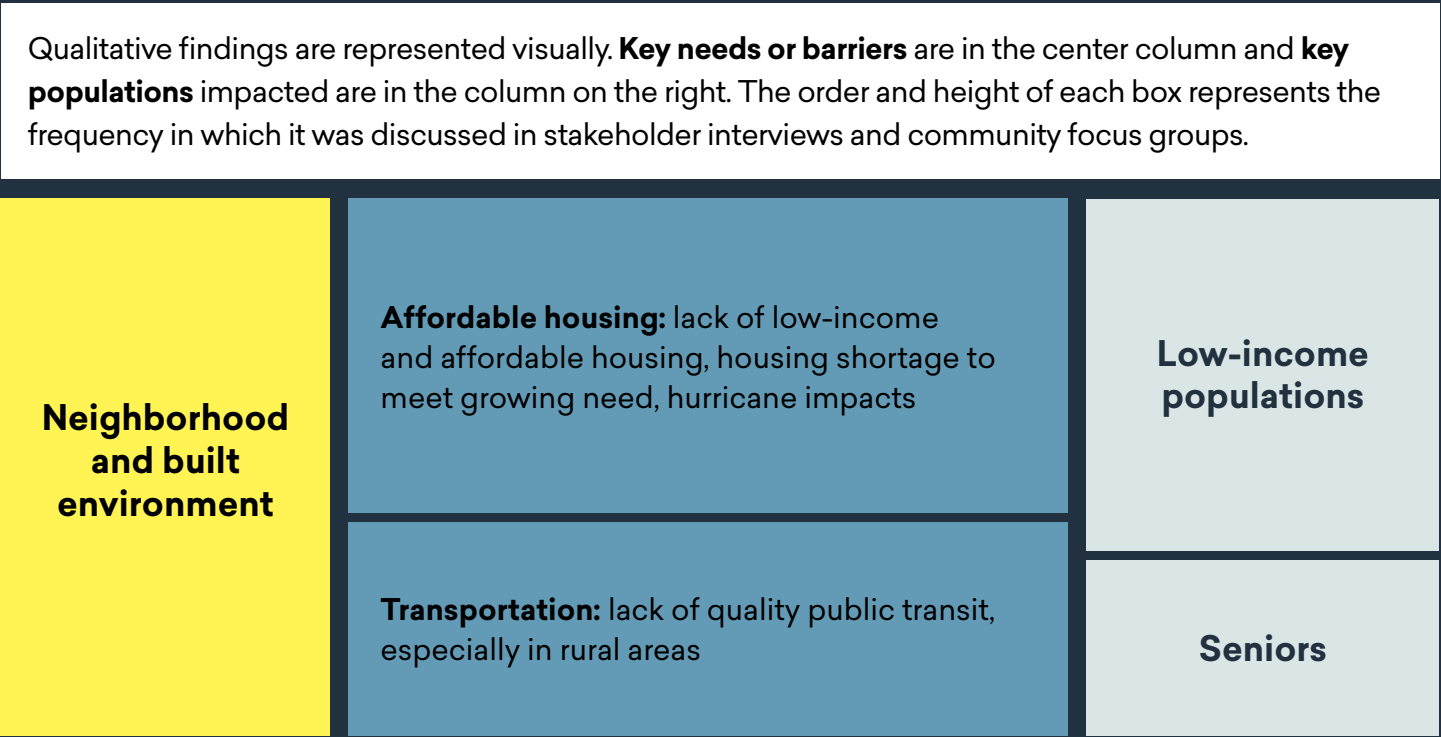


Source: EPA, n.d.

56. CDC, 2024. Healthy Food Environments.

Key qualitative findings

When discussing the neighborhood and built environment, stakeholder interview and focus group participants shared their firsthand experiences as well as perceptions gleaned from working closely with vulnerable populations. The following chart, summary and quotes represent the results of thematic and content analyses of the qualitative data collected during the Community Health Needs Assessment.



Participants described a severe lack of affordable housing options in Citrus County. They noted a growing ALICE population in the county and suggested that this may be linked to many jobs in the area being service and tourist based. Community members in Citrus County are also experiencing transportation barriers that limit access to health care.



“There’s not enough shelters to meet the demand that they have now.”

— Stakeholder Interview

Key community survey findings

This section explores respondents’ perceptions about how environmental and climate-related issues may impact their health, such as air and water quality, extreme weather, and other environmental factors shaped by the neighborhood and built environment.

More than 80.0% of respondents expressed concerns about severe weather events, such as hurricanes or tornadoes, impacting their health, followed by 44.9% of respondents thinking that rising temperatures or excess heat will impact their own health. Diseases caused by ticks or mosquitoes ranks as the third most concerning environmental issue, with 43.1% of respondents saying that it has an impact on their health.

Exhibit 54: Are You Concerned About Any of the Following Environmental or Climate-Related Concerns Impacting Your Health?⁵⁷

Severe weather events (e.g., hurricanes, tornadoes, etc.)



Rising temperatures/excess heat



Diseases caused by ticks or mosquitoes (i.e. Lyme, West Nile, etc.)



Poor water quality



Rising sea waters



0%

50%

100%

57. For the complete list, please refer to the Appendices.

Neighborhood and Built Environment

Exhibits 55 through 58 present a series of questions exploring community insights on neighborhood and environment. Responses were mixed regarding crime in the community, with 43.8% of respondents who agreed that crime is a problem in their community. Nearly half of the respondents disagreed that their neighborhoods have good sidewalks (49.5%). Although 62.0% of respondents disagreed that air pollution is a problem in their community, 50.0% agreed that extreme heat is a concern.

Exhibit 55: Crime Is a Problem in My Community

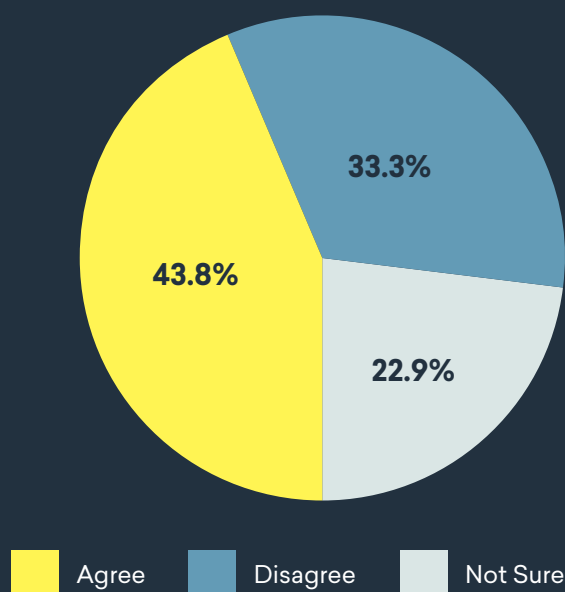


Exhibit 56: There Are Good Sidewalks for Walking Safely

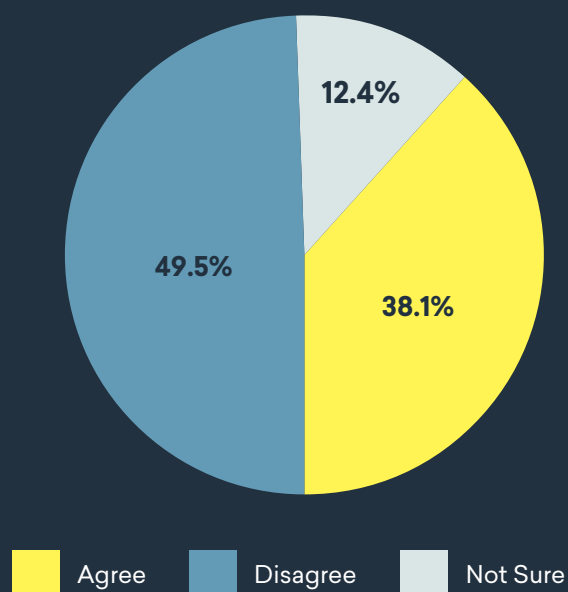


Exhibit 57: Air Pollution Is a Problem in My Community

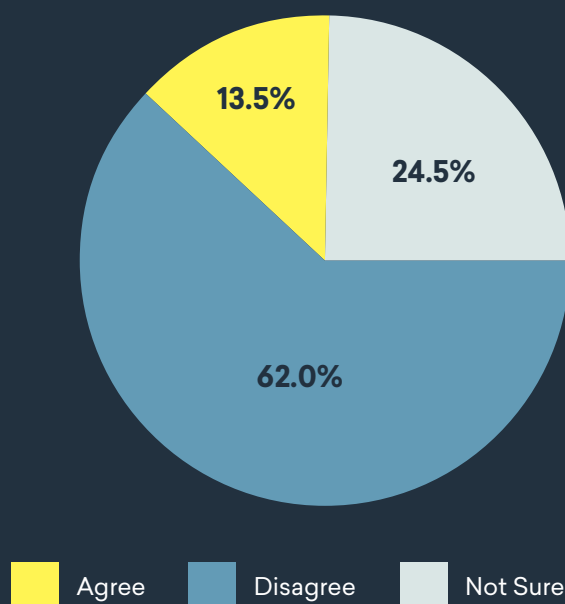
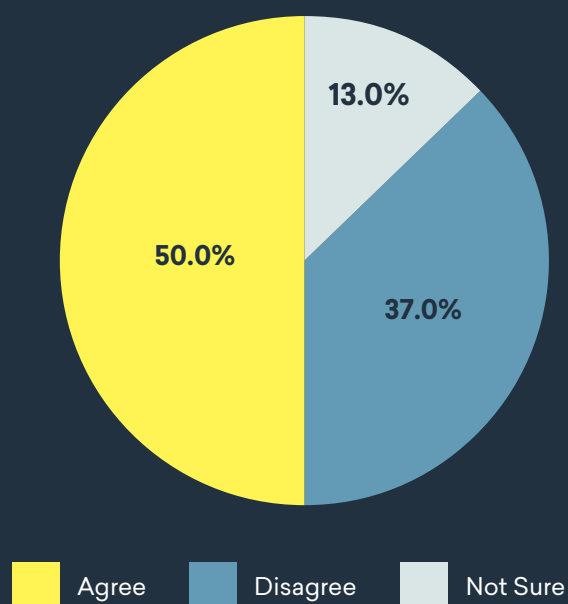


Exhibit 58: Extreme Heat Is a Problem in My Community



CANCER

Cancer is not a single disease but a group of distinct diseases, each with its own causes, that share the common feature of uncontrolled cell growth and division. The number of cancer cases and deaths can be reduced by addressing behavioral and environmental risk factors, ensuring access to screening and treatment for everyone, supporting medically underserved communities, and enhancing the quality of life for cancer survivors.

— CDC, 2024

Key secondary data findings

Cancer continues to be a significant and persistent health concern in Citrus County, contributing to considerable illness and mortality. Alongside heart disease and COVID-19, it was one of the leading causes of death in the county, in 2021.⁵⁸

According to the Florida Department of Health, Bureau of Vital Statistics, the three-year average for the age-adjusted cancer death rate between 2021 and 2023 was 180.1 per 100,000 people, higher than the statewide rate of 136.5.⁵⁹

	Citrus County	Florida
Cancer Death Rates (per 100,000)	180.1	136.5

Cancer affects men and women differently in Citrus County. From 2020 to 2022, men had a significantly higher death rate (204.1 per 100,000) than did women (158.7 per 100,000).⁶⁰

	Men	Women
Cancer Death Rates (per 100,000)	204.1	158.7

These rates may be influenced by differences in health behaviors, rates of screening, and chronic exposure to occupational or environmental risk factors.

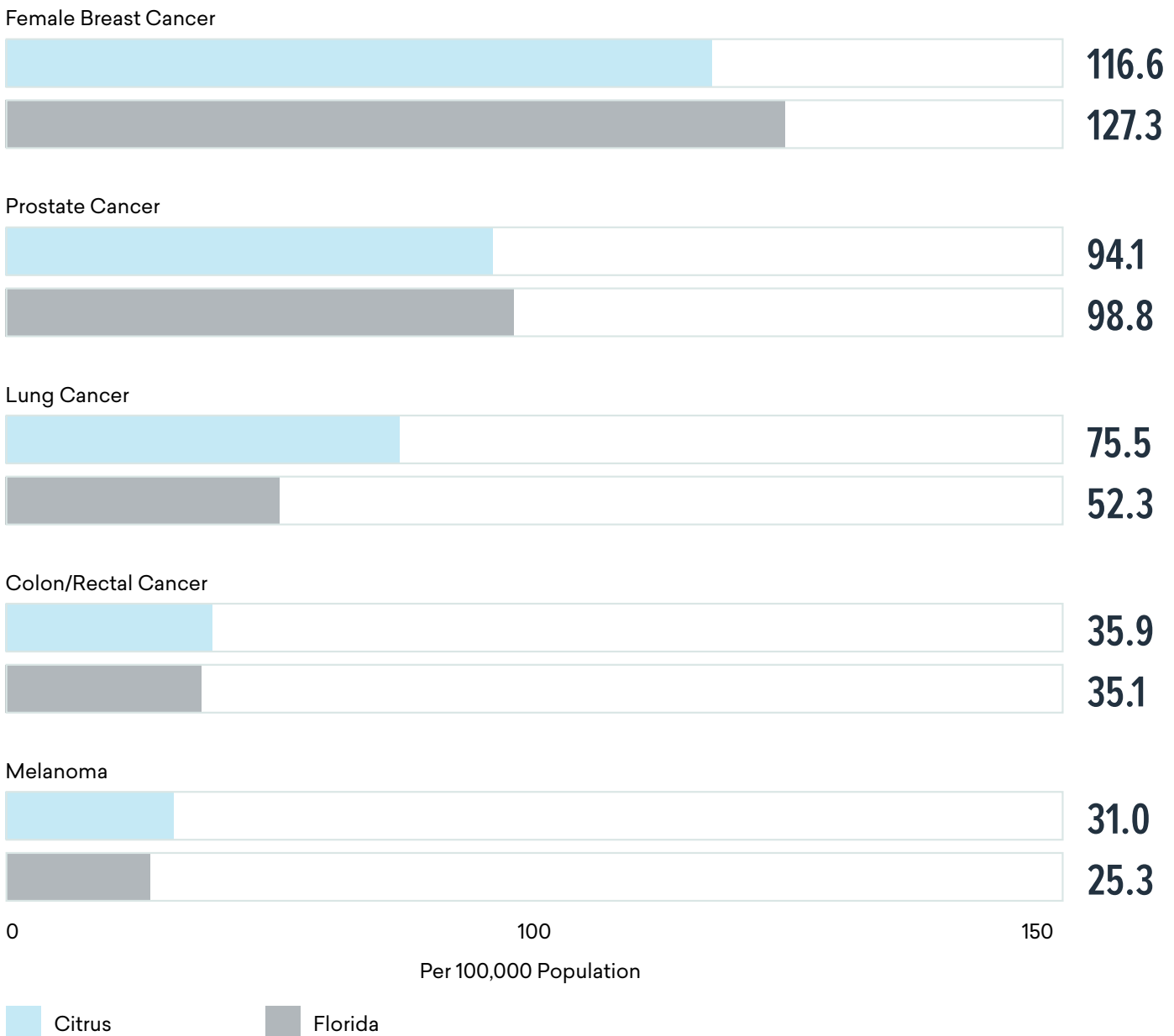
58. CDC WONDER, n.d. Causes of Death, 2021.

59. FLHealthCHARTS, n.d. Deaths from Cancer, 2023

60. FLHealthCHARTS, n.d. Deaths from Cancer, by Sex, 2022.

While the cancer incidence rates in Citrus County were higher in 2020-2022 than were the state averages for several common cancers, the rate of female breast cancer was 116.6 per 100,000 people in Citrus County, compared to 127.3 statewide. Prostate cancer occurred at a rate of 94.1 per 100,000, slightly below the state rate of 98.8. However, lung cancer incidence was notably higher in the county at 75.5 per 100,000, compared to 52.3 statewide.

Exhibit 59: Cancer Incidence Rate, per 100,000 Population, 2020-2022



Source: FLHealthCHARTS, n.d.

Although some cancers are highly treatable when caught early, Citrus County reports higher rates than does the state of Florida for most major types. These differences may reflect gaps in screening access, delayed diagnoses, or challenges with treatment availability and follow-up care.

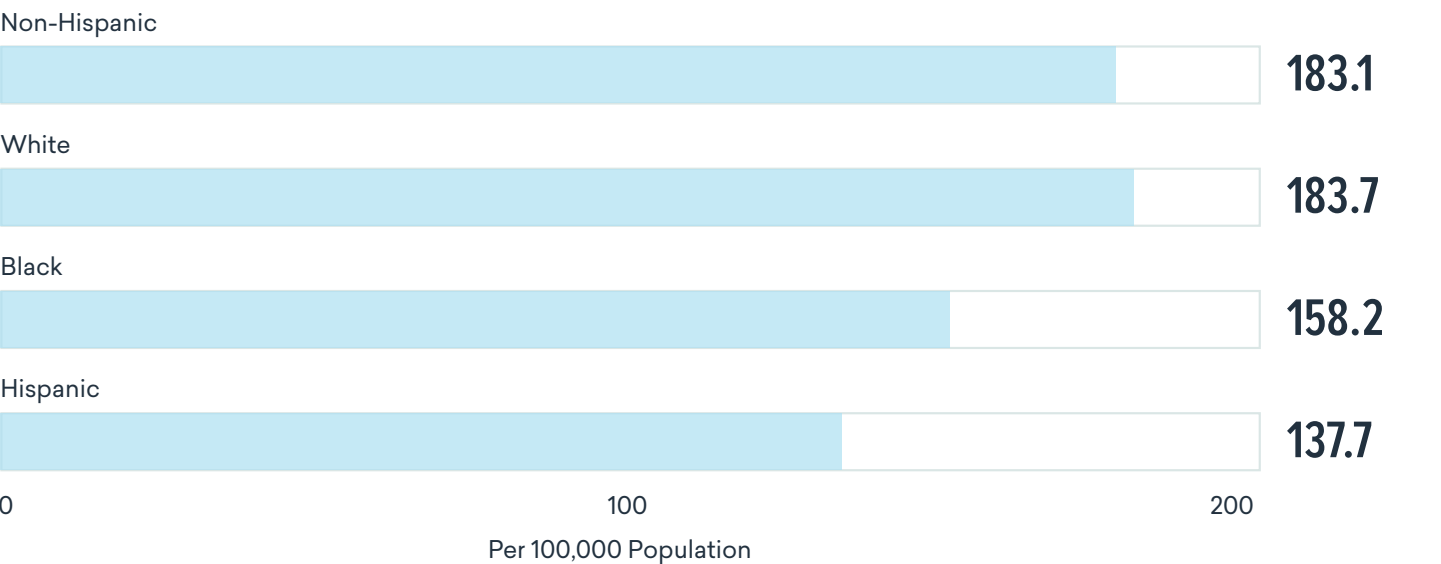
Exhibit 60: Cancer Death Rates by Type, Age-Adjusted Deaths per 100,000 Population, 2021-2023

	Citrus County	Florida
Female Breast Cancer	20.0	18.4
Prostate Cancer	17.8	16.6
Lung Cancer	49.0	29.6
Colon/Rectal Cancer	13.9	12.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among White residents, at 183.7 deaths per 100,000, followed by non-Hispanic residents at 183.1 and Black residents at 158.2. Hispanic residents had the lowest cancer death rate, at 137.7 per 100,000.

Exhibit 61: Cancer Death Rate, by Race/Ethnicity, 2021-2023



Source: FLHealthCHARTS, n.d.

Key qualitative findings

There was a lack of qualitative data related to cancer in Citrus County. However, participants discussed how a lack of primary care can lead to delayed care, which can have significant impacts on those with undiagnosed cancer. Access to specialists was also noted as a concern within the county.

“A lot of health issues here; it takes so long to get in with a specialist, even with primary care. It takes up to three months to get into a good doctor. Most of my doctors are out in Wesley Chapel.”

— Focus Group Participant

“I just feel a general sense of under resourcing in health services across the board, so people are coming to the ED because they couldn't find a physician, and now they're really sick, and they don't understand how to use the resources that are available to them, or they're not available.”

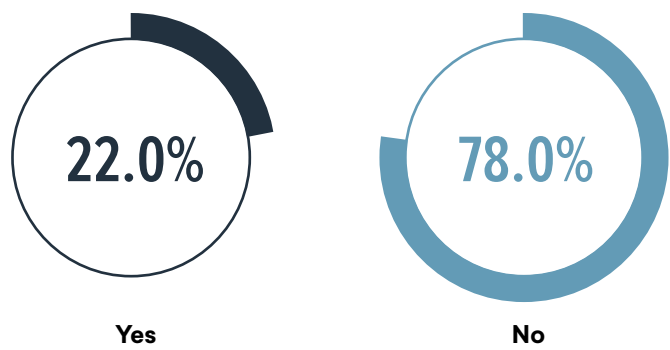
— Stakeholder Interview

Key community survey findings

This section presents community survey respondents’ perceptions related to lifestyle behaviors and cancer prevention, such as responses regarding daily fruit and vegetable consumption and frequency of moderate-intensity physical activity. These insights help us to better understand the communities’ perceptions on behaviors that are known cancer risks.⁶¹

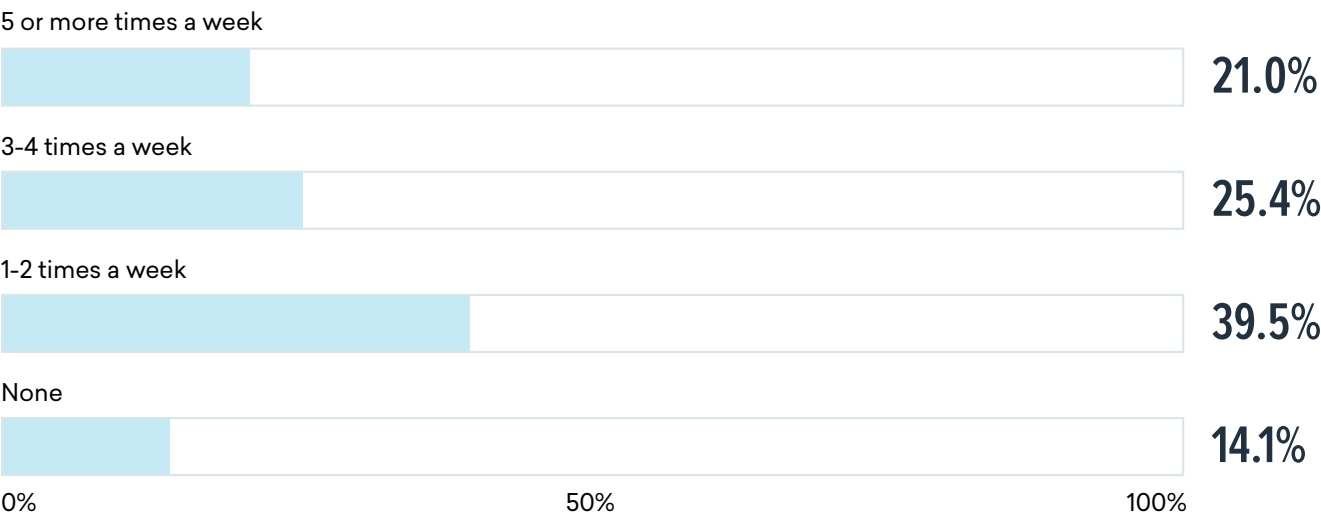
In Citrus County, 78.0% of respondents do not eat at least 5 cups of fruits or vegetables every day.

Exhibit 62: Do You Eat at Least 5 Cups of Fruits or Vegetables Every Day?



More than one in five respondents (21.0%) exercise five or more times a week, and 64.9% of respondents exercise between one and four times a week. However, 14.1% of respondents do not exercise at all.

Exhibit 63: How Often Do You Exercise Every Week



61. Brunet et al., 2013.

CONCLUSION

The next three years will harbor a lot of unknowns, but what is known about Citrus County is that it is a growing community. With growth comes the need for more services, providers and infrastructure to accommodate the projected population growth.

With Tampa General Hospital's acquisition of the Behavioral Health hospital in the county, Tampa General, in partnership with its local community partners, is well suited to address some of the social drivers of health and health needs within Citrus County.





CITRUS COUNTY

APPENDIX

**ALL4HEALTHFL 2025 COMMUNITY
HEALTH NEEDS ASSESSMENT**

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Appendix A: Secondary Data

Additional Secondary Data Tables

Domain 1: Demographics

EXHIBIT 1: SOCIOECONOMIC STATUS, 2023

	United States	Florida	Citrus County
Total Population	332,387,540	21,928,881	158,693
Population Below Poverty Level	12.4%	12.6%	15.5%
Unemployment Rate	5.2%	4.8%	6.8%
Median Household Income	\$78,538	\$71,711	\$55,355
Percent of Low-Income Households Severely Cost-Burdened	31.0%	35.9%	26.2%
No High School Diploma	10.6%	10.4%	9.1%
Uninsured Population	8.4%	11.7%	11.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 2: SVI: HOUSEHOLD CHARACTERISTICS AND MINORITY STATUS, 2023

	United States	Florida	Citrus County
Population Under Age 18	22.2%	19.6%	14.8%
Population Age 65 and Over	16.8%	21.1%	36.3%
Single-Parent Household	24.8%	27.4%	28.7%
Living with a Disability	12.8%	13.3%	21.2%
English Language Proficiency	8.4%	12.1%	1.8%
Racial and Ethnic Minority	41.8%	48.6%	14.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 3: HOUSING TYPE AND TRANSPORTATION, 2023

	United States	Florida	Citrus County
Multi-Unit Housing Structures ¹	26.7%	30.4%	5.6%
Mobile Homes	5.7%	8.2%	21.1%
No Vehicle	8.3%	5.9%	4.4%
Overcrowded Housing Units	3.4%	3.2%	1.6%
Group Quarters	2.4%	2.2%	1.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

¹ Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing two or more housing units.

EXHIBIT 4: PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2032

	United States	Florida	Citrus County
Total Population (2032)	364,066,358	25,075,386	180,146
Percent Change (2020–2032)	+9.8%	+16.4%	+17.1%
Total Population (2020)	331,449,281	21,538,187	153,843
Total Population (2010)	308,745,538	18,801,310	141,235
Percent Change (2010–2020)	+7.4%	+14.6%	+8.9%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2020 One-year Estimates

EXHIBIT 5: MEDIAN AGE PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Citrus County
Median Age (2023)	38.7	42.6	56.9
Median Age (2010)	37.2	40.7	53.8
Percent Change (2010–2023)	+4.0%	+4.7%	+5.8%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 6: POPULATION BY AGE GROUP, 2023

	United States	Florida	Citrus County
Under Age 18	22.2%	19.6%	14.8%
Age 18 to 64	61.0%	59.2%	48.9%
Age 65 and Over	16.8%	21.1%	36.3%
Age Under 5	5.7%	5.1%	3.4%
Age 5 to 9	6.0%	5.3%	4.0%
Age 10 to 14	6.5%	5.8%	4.7%
Age 15 to 19	6.6%	5.8%	4.3%
Age 20 to 24	6.5%	5.8%	3.8%
Age 25 to 34	13.7%	12.7%	8.4%
Age 35 to 44	13.1%	12.5%	8.6%
Age 45 to 54	12.3%	12.4%	10.3%
Age 55 to 59	6.4%	6.8%	7.3%
Age 60 to 64	6.4%	6.8%	8.9%
Age 65 to 74	10.0%	11.7%	19.7%
Age 75 to 84	4.9%	6.8%	12.6%
Age Over 85	1.9%	2.6%	4.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 7: POPULATION BY RACE (ALONE), 2023

	United States	Florida	Citrus County
White	63.4%	59.9%	88.8%
Black or African American	12.4%	15.3%	2.2%
Two or More Races	10.7%	16.0%	5.8%
Other Race	6.6%	5.6%	1.4%
Asian	5.8%	2.9%	1.4%
American Indian and Alaska Native	0.9%	0.3%	0.3%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 8: POPULATION BY ETHNICITY, 2023

	United States	Florida	Citrus County
Hispanic or Latino	19.0%	26.7%	6.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 9: POPULATION BY SEX, 2023

	United States	Florida	Citrus County
Females	50.5%	50.9%	51.0%
Males	49.5%	49.1%	49.0%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 10: LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE FIVE), 2023

	United States	Florida	Citrus County
English Only	78.0%	69.9%	93.6%
Spanish	13.4%	22.2%	3.8%
Asian-Pacific Islander	3.5%	1.6%	1.0%
Other Indo-European	3.8%	5.6%	1.5%
Other	1.2%	0.8%	0.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 11: FOREIGN-BORN POPULATION, 2023

	United States	Florida	Citrus County
Naturalized US Citizen	7.3%	12.5%	4.2%
Not a US Citizen	6.6%	8.9%	1.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 12: POPULATION LIVING WITH DISABILITY BY AGE, 2023

	United States	Florida	Citrus County
Age Under 5	0.7%	0.6%	0.0%
Age 5 to 17	6.1%	6.5%	8.4%
Age 18 to 34	7.7%	7.0%	11.7%
Age 35 to 64	12.4%	11.7%	20.8%
Age 65 to 74	24.0%	22.0%	25.8%
Age 75 and Over	46.5%	43.4%	39.6%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 13: POPULATION LIVING WITH DISABILITY BY TYPE, 2023

	United States	Florida	Citrus County
Ambulatory Difficulty	6.3%	6.9%	11.6%
Cognitive Difficulty	5.1%	5.1%	7.7%
Independent Living	4.5%	4.7%	6.9%
Hearing Difficulty	3.6%	3.8%	7.3%
Vision Difficulty	2.4%	2.5%	3.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 14: POPULATION LIVING WITH DISABILITY BY RACE, 2023

	United States	Florida	Citrus County
American Indian and Alaska Native	15.7%	15.5%	28.9%
White	13.9%	15.1%	21.9%
Black or African American	14.5%	12.2%	26.2%
Other Race	10.0%	11.2%	15.7%
Two or More Races	10.9%	10.7%	16.8%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	0.0%
Asian	7.9%	8.8%	9.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 15: POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2023

	United States	Florida	Citrus County
Hispanic or Latino	9.9%	10.5%	19.8%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Domain 2: Education

EXHIBIT 16: POPULATION WITH A BACHELOR’S DEGREE OR HIGHER, PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Citrus County
Bachelor's Degree or Higher (2023)	35.0%	33.2%	20.4%
Bachelor's Degree or Higher (2010)	28.2%	26.0%	16.5%
Percent Change (2010–2023)	24.1%	27.7%	23.6%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 17: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 2023

	United States	Florida	Citrus County
Less than 9th Grade	4.7%	4.3%	2.5%
9th to 12th Grade, No Diploma	5.9%	6.1%	6.6%
High School Diploma	26.2%	27.4%	38.0%
Some College, No Degree	19.4%	18.9%	22.6%
Associate’s Degree	8.8%	10.1%	9.9%
Bachelor's Degree	21.3%	20.7%	12.7%
Graduate Degree	13.7%	12.5%	7.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 18: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE, 2023

	United States	Florida	Citrus County
White	37.7%	35.9%	20.7%
Two or More Races	28.2%	31.5%	13.2%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	0.0%
Other Race	15.6%	23.6%	17.8%
Black or African American	24.7%	22.3%	9.7%
American Indian and Alaska Native	16.2%	20.1%	8.2%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 19: EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY, 2023

	United States	Florida	Citrus County
Hispanic or Latino	19.9%	28.3%	20.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 20: CHILD CARE CENTERS, 2021

	United States	Florida	Citrus County
Child Care Centers	77,383	4,563	22

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

Domain 3: Economic Stability

EXHIBIT 21: POVERTY PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Citrus County
Total Households Below Poverty Level (2023)	12.7%	12.6%	18.3%
Total Households Below Poverty Level (2010)	13.1%	13.0%	13.3%
Percent Change (2010–2023)	-3.1%	-3.1%	+37.6%

Source: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2023 One-year Estimates

EXHIBIT 22: RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS, 2023

	United States	Florida	Citrus County
100% - 124% FPL	3.8%	4.1%	4.5%
125% - 149% FPL	4.0%	4.5%	4.6%
150% - 184% FPL	5.7%	6.5%	7.5%
185% - 199% FPL	2.6%	2.9%	3.3%
200% and Over FPL	71.5%	69.3%	64.7%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 23: PERCENT OF POPULATION LIVING IN POVERTY, 2023

	United States	Florida	Citrus County
People Below Poverty Level	12.4%	12.6%	15.5%
RACE			
American Indian and Alaska Native	21.8%	17.9%	42.8%
Asian	9.9%	10.1%	21.9%
Black or African American	21.3%	19.5%	30.1%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	43.3%
Other Race	18.2%	18.0%	12.9%
Two or More Races	14.7%	13.5%	20.6%
White	9.9%	10.2%	14.7%
ETHNICITY			
Hispanic or Latino	16.9%	15.1%	16.7%
AGE			
Age Under 5	17.6%	18.2%	25.8%
Age Under 18	16.3%	16.9%	23.2%
Age 18 to 64	11.6%	11.6%	16.4%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 24: MEDIAN HOUSEHOLD INCOME PERCENT CHANGE, 2010 TO 2023

	United States	Florida	Citrus County
Median Household Income (2023)	\$78,538	\$71,711	\$55,355
Median Household Income (2010)	\$52,762	\$47,827	\$40,988
Percent Change (2010–2023)	+48.9%	+49.9%	+35.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 25: MEDIAN HOUSEHOLD INCOME BY RACE, 2023

	United States	Florida	Citrus County
Asian	\$113,106	\$92,402	\$55,372
White	\$83,784	\$76,644	\$56,387
Native Hawaiian and Other Pacific Islander	\$78,640	\$80,763	ND ²
Two or More Races	\$73,412	\$69,877	\$41,331
Other Race	\$65,558	\$61,497	\$65,288
Black or African American	\$53,444	\$54,426	\$31,555
American Indian and Alaska Native	\$59,393	\$67,217	\$72,500

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 26: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2023

	United States	Florida	Citrus County
Hispanic or Latino	\$68,890	\$66,556	\$47,649

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

² No data available.

EXHIBIT 27: EMPLOYMENT BY INDUSTRY, 2023

	United States	Florida	Citrus County
Office and Administrative Support	10.1%	11.1%	10.2%
Sales	8.8%	10.7%	11.0%
Management	10.8%	11.0%	9.7%
Food Preparation and Serving	4.9%	5.7%	6.1%
Business and Finance	5.6%	5.5%	3.6%
Construction and Extraction	4.7%	5.1%	5.8%
Education, Training, and Library	5.9%	4.8%	5.0%
Building, Grounds Cleaning, and Maintenance	3.2%	4.1%	3.0%
Health Diagnosis and Treating Practitioners	4.2%	4.2%	4.5%
Transportation	3.6%	4.0%	3.4%
Installation, Maintenance, and Repair	2.9%	3.1%	5.0%
Production	5.1%	3.0%	4.0%
Material Moving	3.6%	3.1%	3.5%
Computer and Mathematical	3.5%	2.9%	1.8%
Healthcare Support	3.1%	2.8%	3.9%
Personal Care and Service	2.4%	2.7%	2.8%
Health Technologist and Technicians	1.8%	2.0%	2.7%
Arts, Design, Entertainment, Sports, and Media	2.0%	1.9%	1.3%
Architecture and Engineering	2.1%	1.6%	1.2%

	United States	Florida	Citrus County
Community and Social Service	1.7%	1.4%	1.2%
Legal	1.1%	1.3%	0.5%
Fire Fighting and Prevention	1.1%	1.3%	0.9%
Law Enforcement	0.9%	0.9%	1.1%
Life, Physical, and Social Science	1.1%	0.7%	0.7%
Farming, Fishing, and Forestry	0.6%	0.4%	0.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 28: HOUSEHOLDS RECEIVING SNAP, 2023

	United States	Florida	Citrus County
Households Receiving Food Stamps / SNAP	11.8%	12.6%	12.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 29: ELEMENTARY SCHOOL STUDENTS ELIGIBLE FOR FREE / REDUCED LUNCH, PERCENT, 2022-2024

	Florida	Citrus County
Elementary School Students Eligible for Free / Reduced Lunch	55.1%	68.6%

Source: Florida Department of Education (DOE) and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 30: CHILD FOOD INSECURITY RATE, PERCENT OF POPULATION UNDER 18, PERCENT, 2021

	Florida	Citrus County
Child Food Insecurity Rate	14.3%	17.4%

Source: Feeding America, Map the Meal Gap, 2021

Domain 4: Neighborhood and Built Environment

EXHIBIT 31: HOUSING COSTS AND HOME VALUE, 2023³

	United States	Florida	Citrus County
Median Household Income	\$78,538	\$71,711	\$55,355
Median Home Value	\$303,400	\$325,000	\$223,200
Renter Excessive Housing Costs	48.7%	55.0%	48.7%
Owner Excessive Housing Costs	21.8%	26.2%	21.8%
Renter Housing Mobile Homes*	21.9%	13.9%	17.5%
Owner Housing Mobile Homes*	18.1%	25.3%	16.8%
Homeowner Vacancy Rate	1.4%	2.0%	1.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 32: FAIR MARKET RENT (FMR), 2023

	Citrus County
0 Bedrooms	\$721
1 Bedrooms	\$735
2 Bedrooms	\$967
3 Bedrooms	\$1,338
4 Bedrooms	\$1,647

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

³ *U.S. HUD CHAS 2015-2019

EXHIBIT 33: HOUSEHOLD COMPOSITION, 2023

	United States	Florida	Citrus County
Households with Children	29.9%	26.5%	17.2%
Households with Grandparents Responsible for Grandchildren	1.3%	1.2%	1.1%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 34: CHILDREN IN FOSTER CARE (AGED 0-17 YEARS), PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
2021-2023	541.4	1,018.6

Source: Florida Department of Children and Families, Florida Safe Families Network and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 35: INFANTS IN FOSTER CARE, PER 100,000 POPULATION UNDER 1, 2020-2022

	Florida	Citrus County
Infants Under 1	1,481.9	2,491.0

Source: Florida Department of Children and Families, Florida Safe Families Network and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 36: CHILDREN IN FOSTER CARE BY AGE, PER 100,000 POPULATION, (AGED 1-17 YEARS), 2020-2022

	Florida	Citrus County
Age 1 to 4	431.3	828.4
Age 5 to 11	444.2	889.4
Age 12 to 17	402.3	806.2

Source: Centers for Medicare and Medicaid Services (CMS) and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 37: CHILDREN IN SINGLE-PARENT HOUSEHOLDS, PERCENT OF POPULATION, (AGED 0-17 YEARS), 2020-2022

	Florida	Citrus County
2022	27.9%	28.0%
2021	28.2%	27.5%
2020	28.4%	30.5%

Source: United States Bureau of the Census, American Community Survey, 2020-2022

EXHIBIT 38: TRANSPORTATION TO WORK, 2023

	United States	Florida	Citrus County
Average Travel Time to Work (in minutes)	26.6	28.0	27.8
Commute by Public Transit	3.5%	1.2%	0.2%
Commute by Drive Alone	70.2%	72.1%	76.3%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 39: BROADBAND, 2023

	United States	Florida	Citrus County
Households Without Internet Access	7.7%	6.8%	8.1%
Number of Internet Providers (2021)	2,126	72	10

Source: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Domain 5: Health and Behavioral Health

Uninsured Population

EXHIBIT 40: UNINSURED POPULATION, 2023

	United States	Florida	Citrus County
Uninsured Age Under 6	4.5%	5.7%	7.8%
Uninsured Age 6 to 18	5.8%	8.1%	9.6%
Uninsured Age 19 to 64	12.0%	17.5%	20.6%
Uninsured Age 65 and Over	0.8%	1.1%	0.4%
Employer-based Health Insurance Alone	46.0%	37.7%	23.3%
Direct-purchase Health Insurance Alone	6.2%	10.5%	8.3%
Tricare / Military Health Coverage Alone	0.9%	1.1%	0.7%
Medicare Coverage Alone	6.1%	9.0%	14.5%
Medicaid / Means-tested Coverage Alone	15.0%	11.9%	11.5%
VA Health Care Coverage Alone	0.3%	0.4%	0.5%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 41: UNINSURED BY RACE, 2019, 2021, 2023

	United States	Florida	Citrus County
2023			
White	6.6%	9.8%	11.0%
Black	9.5%	13.8%	17.4%
Asian	5.9%	9.2%	5.0%
Two or More Races	13.0%	15.0%	11.9%
2021			
White	7.4%	11.2%	10.9%
Black	9.9%	14.9%	16.2%
Asian	6.3%	10.7%	8.4%
Two or More Races	12.0%	15.2%	11.8%
2019			
White	7.9%	11.9%	9.7%
Black	10.1%	15.2%	21.5%
Asian	6.7%	11.8%	3.2%
Two or More Races	7.7%	12.2%	15.9%

Source: U.S. Census Bureau American Community Survey; 2019-2023, 2017-2021, 2015-2019 Five-year Estimates

EXHIBIT 42: UNINSURED BY ETHNICITY, 2019, 2021, 2023

	United States	Florida	Citrus County
2023			
Hispanic	17.5%	17.1%	17.1%
White Alone, Not Hispanic or Latino	5.7%	8.7%	10.5%
2021			
Hispanic	17.7%	18.2%	11.2%
White Alone, Not Hispanic or Latino	6.0%	9.3%	11.0%
2019			
Hispanic	18.2%	19.1%	13.5%
White Alone, Not Hispanic or Latino	5.9%	9.2%	9.7%

Source: U.S. Census Bureau American Community Survey; 2019-2023, 2017-2021, 2015-2019 Five-year Estimates

EXHIBIT 43: MEDICARE ENROLLMENT

	Florida	Citrus County
Medicare Enrollment (2023)	5,023,830	64,467
Population 65 and Over	4,630,733	57,659

Source: Centers for Medicare and Medicaid Services (CMS) and Florida Department of Health, Division of Public Health Statistics and Performance Management. | U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 44: HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2024

	United States	Florida	Citrus County
Primary Care Physician	879:1	858:1	995:1
Primary Care Nurse Practitioner	1,110:1	800:1	1,158:1
Dentist	1,532:1	1,686:1	2,928:1
Mental Health Provider	550:1	693:1	1,478:1
Pediatrician	795:1	879:1	2,081:1
Obstetrics Gynecology (OB/GYN)	3,454:1	3,919:1	7,917:1
Midwife and Doula	9,336:1	9,029:1	11,309:1

Source: National Plan and Provider Enumeration System NPI, 2024. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Behavioral Health**EXHIBIT 45: BEHAVIORAL / MENTAL HEALTH PROFESSIONALS, RATE PER 100,000 POPULATION, 2021-2023**

	Florida	Citrus County
Behavioral / Mental Health Professionals	125.2	68.4

Source: Florida Department of Health, Division of Medical Quality Assurance and Florida Department of Health, Division of Public Health Statistics and Performance Management.

EXHIBIT 46: HOSPITALIZATIONS FOR EATING DISORDERS, RATE PER 100,000 POPULATION AGE 12-18, 2019-2023

	Florida	Citrus County
2023	68.8	41.2
2022	71.8	60.8
2021	75.1	0
2020	46.7	55.4
2019	36.0	11.1

Source: Florida Agency for Health Care Administration | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 47: BINGE DRINKING, 2022

	Florida	Citrus County
Adults Who Engage In Heavy or Binge Drinking	18.0%	14.6%
Middle School Students Reporting Binge Drinking	3.0%	4.0%
High School Students Reporting Binge Drinking	7.5%	8.3%

Source: BRFSS | Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 48: MIDDLE SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Citrus County
Any Illicit Drug	16.7%	26.2%
Any Illicit Drug Other Than Marijuana	12.0%	16.6%
Alcohol Only	11.7%	14.7%
Alcohol or Any Illicit Drug	28.2%	40.9%
Any Illicit Drug But No Alcohol	7.5%	6.1%
Cigarette Use	5.0%	15.7%
Vaporizer / E-cigarette (Nicotine)	13.1%	24.6%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 49: HIGH SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Citrus County
Any Illicit Drug	29.3%	39.0%
Any Illicit Drug Other Than Marijuana	12.5%	16.6%
Alcohol Only	16.2%	11.0%
Alcohol or Any Illicit Drug	45.3%	49.9%
Any Illicit Drug But No Alcohol	7.1%	8.8%
Cigarette Use	8.6%	14.9%
Vaporizer / E-cigarette (Nicotine)	25.5%	37.5%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey (FYSAS).

EXHIBIT 50: ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Alcohol-Confirmed Motor Vehicle Traffic Crashes	22.6	24.4

Source: Florida Department of Highway Safety and Motor Vehicles (HSMV) | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 51: AGE-ADJUSTED DRUG POISONING DEATHS, PER 100,000 POPULATION, 2020-2022

	Florida	Citrus County
Age-Adjusted Drug Poisoning Deaths	35.4	67.9

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 52: AGE-ADJUSTED SUICIDE RATE BY METHOD, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Firearms	7.8	16.8
Overdose (Drug Poisoning)	1.4	2.8
Other and Unspecified Means	6.2	14.1

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 53: AGE-ADJUSTED HOSPITALIZATIONS FROM MENTAL DISORDERS, 2021- 2023

	Florida	Citrus County
Hospitalizations From Mental Disorders	963.2	1,088.3

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 54: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS, PER 100,000 POPULATION, 2020- 2023

	Florida	Citrus County
2021-2023	971.7	1,196.9
2018-2020	1,188.6	1,149.2

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 55: CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 POPULATION, 2020-2023

	Florida	Citrus County
2021-2023	4.5	0.3
2018-2020	6.9	0.2

Source: Florida Department of Children and Families (DCF)

EXHIBIT 52: AGE-ADJUSTED SUICIDE RATE BY METHOD, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Firearms	7.8	16.8
Overdose (Drug Poisoning)	1.4	2.8
Other and Unspecified Means	6.2	14.1

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 53: AGE-ADJUSTED HOSPITALIZATIONS FROM MENTAL DISORDERS, 2021- 2023

	Florida	Citrus County
Hospitalizations From Mental Disorders	963.2	1,088.3

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 54: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS, PER 100,000 POPULATION, 2020- 2023

	Florida	Citrus County
2021-2023	971.7	1,196.9
2018-2020	1,188.6	1,149.2

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 55: CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 POPULATION, 2020-2023

	Florida	Citrus County
2021-2023	4.5	0.3
2018-2020	6.9	0.2

Source: Florida Department of Children and Families (DCF)

Health Indicators

EXHIBIT 56: BIRTH RATE PER 1,000 POPULATION, 2021

	United States	Florida	Citrus County
Birth Rate	11.0	9.9	6.6

Source: CDC WONDER Natality Birth Rate, 2021 <https://wonder.cdc.gov/>

EXHIBIT 57: DEATH RATE PER 100,000 POPULATION, 2021

	United States	Florida	Citrus County
Death Rate	10.4	12.0	22.5

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

EXHIBIT 58: LIFE EXPECTANCY, 2020- 2022

	United States	Florida	Citrus County
Life Expectancy	76.4	78.0	72.0

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management and World Health Organization, Global Health Estimates, 2021

EXHIBIT 59: LEADING CAUSES OF DEATH (RATE PER 100,000 POPULATION), 2021

	United States	Florida	Citrus County
Heart Disease	173.8	151.3	492.1
Cancer	146.6	141.6	403.0
COVID-19	104.1	111.7	304.3
Accidents / Unintentional Injuries	64.7	74.7	133.5
Birth Defects	41.1	46.5	152.5
Chronic Lower Respiratory Disease	34.7	32.0	167.0
Diabetes	25.4	24.8	74.0
Alzheimer's Disease	31.0	19.6	25.3
Suicide	14.1	14.0	34.8
Chronic Liver Disease / Cirrhosis	14.5	13.6	38.6

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

EXHIBIT 60: FETAL DEATHS (STILLBIRTHS), PER 1,000 DELIVERIES, 2020-2022

	Florida	Citrus County
2020-2022	6.9	5.1
2018-2020	6.8	8.3

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 61: INFANT MORTALITY, PER 1,000 LIVE BIRTHS, (AGED 0-364 DAYS), 2020-2022

	Florida	Citrus County
2020-2022	5.9	7.8
2018-2020	6.0	8.7

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 62: INFANT CHARACTERISTICS, 2019-2022

	Florida	Citrus County
2020-2022		
Low Birth Weight (percent of total births)	8.9%	7.6%
Infant Mortality Rate per 1,000 Live Births	5.9	7.8
Teen Birth Rate (under 18), per 1,000 Population	2.0	2.6
2017-2019		
Low Birth Weight (percent of total births)	8.8%	8.3%
Infant Mortality Rate per 1,000 Live Births	6.0	8.2
Teen Birth Rate (under 18), per 1,000 Population	2.4	3.8

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management. Florida HealthCHARTS, Pregnancy and Young Child Profile

EXHIBIT 63: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Cancer Death Rate	136.5	180.1
Cancer Death Rate by Sex		
Male	159.0	204.1
Female	118.6	158.7

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 64: AGE-ADJUSTED CANCER DEATH RATE BY TYPE, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Female Breast Cancer	18.4	20.0
Prostate Cancer	16.6	17.8
Lung Cancer	29.6	49.0
Colon / Rectal Cancer	12.3	13.9

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 65: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, BY RACE AND ETHNICITY, 2021-2023

	Florida	Citrus County
Non-Hispanic	143.8	183.1
Hispanic	106.5	137.7
Other	107.5	77.5
Black	138.5	158.2
White	136.9	183.7

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 66: DISPARITIES IN DIABETES DEATH RATE, PER 100,000 POPULATION, 2020-2022

	Florida	Citrus County
Non-Hispanic	23.1	34.2
Hispanic	21.7	48.9
Black	44.3	14.3
White	19.8	36.1

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 67: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM DIABETES, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
2021-2023	215.7	225.6

Source: Florida Agency for Health Care Administration (AHCA) | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 68: DISPARITIES IN PERSONS LIVING WITH HIV, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Non-Hispanic	561.3	152.8
Hispanic	580.2	445.9
Black	1,573.5	648.8
White	293.6	138.7

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 69: DISPARITIES IN HIV/AIDS DIAGNOSES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Non-Hispanic	8.6	4.1
Hispanic	8.8	3.2
Black	27.0	36.1
White	3.5	2.9

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 70: REPORTABLE AND INFECTIOUS DISEASES, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
AIDS Diagnoses	8.7	4.0
HIV Diagnoses	19.6	4.9
Chlamydia	484.3	192.2
Gonorrhea	202.9	60.7
Syphilis	80.7	25.1
Salmonella Poisoning (Salmonellosis)	30.5	20.5
Hepatitis B, Acute	3.4	5.3

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 71: STROKE AMONG ADULTS, 2022

	Florida	Citrus County
2022	3.6%	5.5%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

EXHIBIT 72: AGE-ADJUSTED DEATHS FROM HEART DISEASES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Citrus County
Non-Hispanic	149.4	206.0
Hispanic	109.7	123.1
Other	103.9	72.4
Black	166.0	199.8
White	138.9	206.1

Source: Florida Department of Health, Bureau of Vital Statistics | Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 73: AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2019-2022

	Florida	Citrus County
2020-2022		
Unintentional Falls		
Death Rate	11.6	16.5
Hospitalization Rate	253.3	286.7
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	16.2	31.5
Hospitalization Rate	79.3	129.1
Firearm Injuries		
Non-Fatal Hospitalization Rate	6.3	7.5
Emergency Room Visits	5.9	7.6
2017-2019		
Unintentional Falls		
Death Rate	10.0	13.8
Hospitalization Rate	242.8	270.1
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	14.8	26.7
Hospitalization Rate	76.9	127.5
Firearm Injuries		
Non-Fatal Hospitalization Rate	4.2	7.8
Emergency Room Visits	4.9	6.2

Source: Florida Department of Health. Bureau of Vital Statistics Fatal Injuries Profile

EXHIBIT 74: HOSPITALIZATIONS FOR NEAR DROWNINGS PER 100,000 POPULATION AGES 1-5, 2020-2023

	Florida	Citrus County
2021-2023	4.5	28.7
2018-2020	6.9	5.8

Source: Florida Department of Health, Division of Public Health Statistics and Performance Management

EXHIBIT 75: AGE-ADJUSTED RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2022

	Florida	Citrus County
2020-2022		
Falls	11.6	16.5
Motor Vehicle Crashes	16.2	31.5
Drowning	2.1	3.2
2017-2019		
Falls	10.0	13.8
Motor Vehicle Crashes	14.8	26.7
Drowning	1.9	2.3

Source: Florida Department of Health. Bureau of Vital Statistics Profile of Fatal Injuries

Appendix B: Qualitative Research

Methodology Overview

The qualitative research efforts sought to better understand the needs of the community and how these needs impact health and wellbeing. Qualitative activities included one-on-one stakeholder interviews, community intercept interviews, and focus groups. Stakeholder interviews were conducted with individuals who work closely with populations that may have unique or significant health needs. Focus groups were conducted with individuals living and receiving services in the community. Stakeholder interviews were conducted virtually, and focus groups were held virtually, in person, or hybrid.

Both interviews and focus groups followed a similar question format that centered the conversation on the strengths, resources, gaps, and barriers present in the community and their impact on residents' well-being. The one-on-one stakeholder interviews provided an opportunity for in-depth discussions on the health of the community. Focus groups allowed participants to provide their firsthand experience and to identify areas of consensus and discordance with other community members. Content and thematic analyses⁴ were conducted using ATLAS.ti software to extrapolate the strengths, themes, and needs of the community.

Strengths can serve as resources to address the needs identified.

Themes are conceptual considerations that provide context so that needs are addressed in a way that is responsive to the culture and identity of the community.

Needs are actionable areas that participants highlighted as the most pressing challenges, barriers, and concerns they face in their community.

These three concepts are intertwined and must be considered holistically to better understand and better utilize the data collected to make positive changes. Narrative summaries are based on qualitative data unless otherwise noted. Quotes from participants have been selected as a representation of the strengths, themes, and needs identified throughout the data.

A limited number of interviews and focus groups were conducted in Citrus County which limits the data available for qualitative analysis. Much of the information collected relates to other counties in the West Central Florida area, most notably in Hernando County. As a result, there is significant overlap within the qualitative analysis for both counties.

⁴ Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. <https://doi.org/10.1111/nhs.12048>

Community Engagement



Additional Qualitative Findings

Strengths

Community

Stakeholder interview and focus group participants mentioned the benefits of being in an area where community members look out for one another and seek to make positive change. Individuals noted how post-hurricane efforts demonstrated the community's tight-knit nature and desire to take care of each other. This contributes to a feeling of safety in the community.

"Everyone kind of looks out for everybody, no matter where you go there are no issues."

– Focus Group Participant

"I feel safe in my community, everyone interacts. Wherever you go people are friendly." – Focus Group Participant

I think that in both [Hernando and Citrus] communities, that there is a desire to serve the needs of the community in various ways, and that there are a lot of organizations that have done great work and continue to do great work. [...] So I think partnerships in general, organizations, being willing to work together for the greater good goes well. It's just the resources that are needed to really impact change across the counties that's lacking." – Focus Group Participant

Local Organizations

The local organizations in the area such as the United Way, the local library, and the chamber of commerce were all identified as assets within the community. These organizations help bring people together and provide information that makes community members more aware of the resources available to them.

"We have United Way as a good partner to provide services, and they're also, a good partner to kind of vet the needs of community members when they come in. So they can, maybe not provide all of the services that are needed, but they understand where wraparound services might be available." – Stakeholder Interview

"We have agencies that help out with natural disasters, we have career sources that help everyone with finding a job." – Focus Group Participant

Themes

Location and Population Growth

Due to its proximity to Tampa Bay and Orlando, Citrus County has experienced rapid population growth over the past few years. Many noted that this is a strength and appreciate the access to these larger metropolitan areas. However, it also presents challenges related to resources access, cost of living, and local infrastructure.

“We love how rural Citrus County is, but it’s growing [...]. But I can be in Tampa and Orlando within 45 minutes to an hour.” – Stakeholder Interview

“Just really in the sheer number of people that are moving into Hernando and Citrus counties. [...] While we have different organizations that are willing and in some ways able to provide services, the resources that we need to serve the number of people that are moving to the communities is becoming a bigger and bigger challenge. So I think that that’s, it’s just sheer growth that’s been the biggest factor in change.” – Stakeholder Interview

Impacts of Hurricanes

The recent hurricanes that hit Florida’s Gulf Coast directly impacted residents of Citrus County. These storms caused significant damage to residents' homes and local infrastructure, but community members also noted that local resources stepped in to help those impacted.

“Many people were displaced and ended up leaving due to homes being unrepairable.” – Intercept Interviews

“When I flooded I called [2-1-1] and they gave us a lot of numbers. They were very resourceful in getting other help. A lot of the agencies have a lot of the other agencies to help.” – Focus Group Participant

“During hurricanes Helene and Milton, an organization associated with the Catholic Diocese had doctors come and anyone could visit them.”

– Stakeholder Interview

Needs

Healthcare Access

Barriers to Access

Participants noted that access to healthcare in Citrus County is affected by a number of factors, including the cost of care, awareness of resources, lack of providers, and limited provider options due to insurance coverage. Stakeholders noted that increased education regarding what resources exist and when to utilize them could be beneficial. Additionally, these barriers were more significant in certain parts of the county and when trying to reach specialists in the area.

“Health care services in Beverly hills is like a wasteland.” – Intercept Interview

“One of the things that rose to the top of the last community health needs assessment was under was education related to proper use of services. So when do you go to the emergency department? When do you go to an urgent care? When do you go to a primary care?” - Stakeholder Interview

Quality of Care

Concerns regarding the quality of care provided in Citrus County were noted by focus group members and those that participated in intercept interviews. They shared that local healthcare providers provide care in a way that lacks privacy, which may be due to an overburdened healthcare system. This can inhibit community members from seeking care, or sharing important health information during care.

“[Local Healthcare Provider] did not have appropriate care. They admit people into the hallway.” – Focus Group Participant

“The triage is not good, there’s only curtains in the triage area so you can hear everything going on when they’re treating the person next to you. It makes you not want to say certain things so people don’t overhear you.” – Focus Group Participant

Behavioral and Mental Health

Social Drivers and Barriers

When seeking behavioral healthcare participants noted a lack of access to and awareness of resources, inadequate insurance coverage, prevalent substance use, and stigma as significant barriers that dissuade individuals from seeking services. One stakeholder noted that this stigma is particularly harmful for pregnant individuals with substance use disorder.

“Some people have a certain idea in mind about who uses substance and why people become addicted. And that's not always the case for and it certainly isn't the case for every single person. So [Local Organization] gets a lot of pregnant women that are using drugs, and they end up having to go to that clinic. And I think I've done some education in there, alongside of our nursing team, to pregnant women, and it's really difficult for them to even walk through the door, and they definitely feel judged to be there. So yes, there's certainly stigma around it.” – Stakeholder Interview

Financial Stress

Cost of Living

The undercurrent of many stakeholder interviews and focus groups was focused on financial access to essential services. Citrus County residents are feeling the effects of the rising cost of living, which

“It's really expensive to be healthy.”

– Stakeholder Interview

is impacting their ability to afford rent, basic necessities, and medical care. This is impacting all community members, but especially low-income individuals and those on a fixed income, such as seniors. Participants reported that local employment opportunities are not offering wages that consider this rising cost of living, resulting in a growing ALICE population in the area.

“There are only low-income jobs in Citrus County, not high-income jobs. They don't make anything here – it's a service- and tourist-based community with low wages that don't keep up with rate of inflation. The number one way out of the ALICE range or federal poverty level is higher income.” – Stakeholder Interview

“So it's like, ‘yeah, but they're employed and they have insurance.’ Well, yeah, again, you've got the super high deductibles, super high co-pays, and you're not really getting paid [...] housing costs are through the roof and childcare, let's not get started.” – Stakeholder Interview

Housing and Homelessness

Participants in stakeholder interviews and focus groups repeatedly discussed housing as a major need in Citrus County where housing is becoming increasingly unaffordable. As the cost of housing rises, so does the unhoused population in the area. They also expressed worry about how new legislation will impact this growing population.

“There are not enough shelters to meet the demand we have now [for unhoused individuals].”

– Intercept Interview

“Affordable housing. It’s crazy what people need to pay for a studio or one bedroom apartment, even in Citrus County.” – Stakeholder Interview

“Inflationary impact on rents, \$1,800-2,000/month rents are crushing people.” – Stakeholder Interview

“We need housing for the homeless. Theres new laws that say homeless [individuals] can’t sleep on public property. This isn’t the solution.” – Stakeholder Interview

Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with All4HealthFL, which is a collaboration of hospitals in X counties in the West Central Florida region, to conduct a community health needs assessment of the community. The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Person's Name:

Organization:

Date:

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why? *PROBE List (As needed):*

Quality primary care (Services for adults, children and adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? *PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.*
8. What behavioral-health resources are available in your community? *PROBE LIST: Treatment (IP and OP), Crisis, Recovery*
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?
11. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community? *[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]*
12. What barriers to services and resources exist, if any? *PROBE: based on economic, race/ethnicity, gender, or other factors?*
13. Do community health care providers care for patients in a culturally sensitive manner?
14. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood and Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why? *PROBE LIST AS NEEDED:*
- Affordable housing*
- Services for people experiencing homelessness*
- Food insecurity and access to healthy food*

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

Enhancing Outreach and Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area? *PROBE: Social media, Text WhatsApp, word of mouth, etc.*
17. To what degree is health literacy in the community an advantage or challenge?
18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

19. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?
20. If appropriate: Are you willing to host a focus group discussion?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Focus Group Guide

Welcome and introductions

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with the All4HealthFL Collaborative to conduct a community health needs assessment of this community. The All4HealthFL Collaborative is comprised of several health systems as well as four public health agencies in Hillsborough, Pasco, Pinellas, and Polk Counties. *[or for outlier counties – Citrus, Hardee, Hernando, Highlands, Manatee, Marion, and/or Sarasota Counties]*

Explain the general purpose of the discussion

Today's meeting is to learn more about the strengths and resources in the community and collect insights about community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community.

Explain the necessity for notetaking and recording

We're taking notes and/or recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear here to be confidential.

Describe protocol and logistics for those who have not been to a group before

For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feel comfortable. If you need to take a break to use the restroom, please do.

If virtual

If you have a private question, feel free to type it in the chat area of the software. Please be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers to the questions. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions for me before we start?

Note to moderator: Availability of services/care = are there services/resources in the community? Access to services/care = hours of operation; providers accepting new patients; wait times; physical accessibility/location

Introductory Questions

1. Please tell me a little about yourself [IF REPRESENTING AN ORGANIZATION and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. If you had to pick the top two or three challenges or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What health-related resources are available in your community?
6. What, if any, health care services are difficult to find and/or access? And why?

PROBE List (As needed): Quality primary care (Services for adults, children and adolescents), Specialty care services, Maternal and prenatal care for expectant mothers Other OB/GYN services, Labs/imaging, Immunizations and preventative testing, prescriptions or medications, Senior Services (PROBE: hospice, end-of-life care, specialists, etc.), Post-COVID-19/impacts of COVID-19 care, Dental

Behavioral Health

7. What behavioral-health resources are available in your community?
8. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why? *PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services, etc.*
9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Do you think people in your community are generally **HEALTHY**? Please explain why you think people are healthy or not healthy in your community?
11. How can we improve the overall health of your community?
12. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community? *[PROBE: veterans, youth,*

immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, parents/stress of raising children]

13. What barriers to services and resources exist, if any? *PROBE: based on economic, race/ethnicity, gender, or other factors?*
14. Do community health care providers care for patients in a culturally sensitive manner?
15. What would you say are the two or three most urgent needs for the most vulnerable?

Social Determinants, Neighborhood and Physical Environment

15. From your perspective what are the top three non-health-related needs in your community and why? *PROBE LIST AS NEEDED: Affordable housing, Services for people experiencing homelessness, Food insecurity and access to healthy food, Childcare, Transportation, Internet and technology access, Employment and job training opportunities, Others*

Enhancing Outreach and Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area? *PROBE: Social media, Text WhatsApp, word of mouth, etc.*
17. To what degree is health literacy in the community an advantage or challenge?
18. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

RESEARCHER FOOTNOTES

Bring up each of the following topics and include probes and subcategories in the dialogue as needed.

Not all topics may be covered in all interviews. Discussion content will be modified to respond to the interviewees' professional background and availability of time during the interview.

Appendix C: Community Survey

Methodology Overview

The community survey was made available online and via print copies in English, Spanish, Haitian Creole, Arabic, Russian, and Vietnamese. The questionnaire included closed-ended, need-specific questions and demographic questions. Invitations to participate were distributed by partners through channels including All4HealthFL partners, websites, social media, flyers, and emails listservs among other methods..

There were 241 valid survey responses from Citrus County included in this analysis. Response validity was adjusted based on participant completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g. question order and wording). The survey was designed to maximize accessibility in evaluating participants' insights with regards to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across Citrus County, this was not a random sample. Findings should not be interpreted as representative of the full population.

Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.



Complete Community Survey Findings

EXHIBIT 76: RESPONDENTS' AGE, ETHNICITY, AND RACE

	CITRUS COUNTY
AGE	
18 to 24	5.8%
25 to 34	12.9%
35 to 44	15.8%
45 to 54	21.6%
55 to 64	20.3%
65 to 74	17.0%
75 or Older	6.6%
ETHNICITY	
Yes, Hispanic or Latino	3.9%
No, Not Hispanic or Latino	96.1%
RACE	
More Than One Race	5.7%
African American or Black	3.1%
American Indian or Alaska Native	0.4%
Asian	3.1%
Native Hawaiian or Pacific Islander	0.0%
White	87.8%

EXHIBIT 77: RESPONDENTS' GENDER IDENTITY

	CITRUS COUNTY
GENDER	
Man	14.8%
Woman	84.8%
Trans Women / Trans Feminine Spectrum	0.4%
Trans Man / Trans Masculine Spectrum	0.0%
Non-Binary / Genderqueer	0.0%
LGBTQIA+	
Yes	6.0%
No	94.0%

EXHIBIT 78: WHAT LANGUAGE DO YOU MAINLY SPEAK AT HOME?

	CITRUS COUNTY
Arabic	0.0%
Chinese	0.0%
English	98.7%
French	0.4%
German	0.0%
Haitian Creole	0.0%
Russian	0.0%
Spanish	0.9%
Vietnamese	0.0%
I speak another language	0.0%

EXHIBIT 79: HOW WELL DO YOU SPEAK ENGLISH?

	CITRUS COUNTY
Very well	96.3%
Well	3.3%
Not well	0.4%
Not at all	0.0%

EXHIBIT 80: WHAT IS THE HIGHEST LEVEL OF SCHOOL THAT YOU HAVE COMPLETED?

	CITRUS COUNTY
Less than high school	0.0%
Some high school, but no diploma	1.2%
High school diploma or GED	12.0%
Some college, no degree	14.5%
Vocational / Technical / Trade school	11.2%
Associate degree	21.2%
Bachelor's degree	23.2%
Master's / Graduate or professional degree or higher	16.6%

EXHIBIT 81: HOW MUCH TOTAL COMBINED MONEY DID ALL PEOPLE LIVING IN YOUR HOME EARN LAST YEAR?

	CITRUS COUNTY
\$0 to \$9,999	0.9%
\$10,000 to \$19,999	2.4%
\$20,000 to \$29,999	5.2%
\$30,000 to \$39,999	8.5%
\$40,000 to \$49,999	6.1%
\$50,000 to \$59,999	8.5%
\$60,000 to \$69,999	11.3%
\$70,000 to \$79,999	8.0%
\$80,000 to \$89,999	6.1%
\$90,000 to \$99,999	5.7%
\$100,000 to \$124,999	14.6%
\$125,000 to \$149,999	12.7%
\$150,000 or more	9.9%

EXHIBIT 82: WHICH OF THE FOLLOWING CATEGORIES BEST DESCRIBES YOUR EMPLOYMENT STATUS?

	CITRUS COUNTY
Employed, working full-time	73.2%
Employed, working part-time	6.7%
Self-employed / Contract	3.3%
Not employed, looking for work	0.4%
Not employed, not looking for work	0.0%
Disabled, not able to work	3.3%
Retired	15.5%
Student	7.5%

EXHIBIT 83: WHAT TRANSPORTATION DO YOU USE MOST OFTEN TO GO PLACES?

	CITRUS COUNTY
I drive a car	95.4%
I ride a motorcycle or scooter	0.0%
I take the bus	0.0%
I ride bicycle	0.8%
I walk	0.0%
Someone drives me	2.5%
I take an Uber / Lyft	0.8%
I take a taxi / cab	0.0%
Some other way	0.4%

EXHIBIT 84: ARE YOU...?

	CITRUS COUNTY
A veteran	9.2%
In active duty	0.0%
National Guard / Reserve	0.0%
None of these	90.8%

EXHIBIT 85: IF VETERAN, ACTIVE DUTY, NATIONAL GUARD, OR RESERVES, ARE YOU RECEIVING CARE AT THE VA?

	CITRUS COUNTY
Yes	47.8%
No	52.2%

EXHIBIT 86: WHAT COVERAGE DO YOU HAVE FOR HEALTH CARE?

	CITRUS COUNTY
I pay cash / I don't have insurance	2.5%
Medicare or Medicare HMO	15.5%
Medicaid or Medicaid HMO	3.3%
Commercial health insurance (from Employer)	65.3%
Marketplace insurance plan	5.0%
Veteran's Administration	1.7%
TRICARE	2.5%
Indian Health Services	0.0%
County health plan	0.8%
I pay another way	3.3%

EXHIBIT 87: HAVE YOU LOST YOUR HEALTH INSURANCE COVERAGE IN THE PAST 12 MONTHS?

	CITRUS COUNTY
Yes	6.7%
No	92.0%
I don't know	1.3%

EXHIBIT 88: WHY DID YOU LOSE YOUR HEALTH INSURANCE COVERAGE?

	CITRUS COUNTY
Medicaid lost	25.0%
I lost my job	12.5%
I switched to part-time or lost eligibility at my job	25.0%
I turned 26 and / or lost coverage under my parents' plan	0.0%
I can't afford coverage	6.3%
Other	31.3%

EXHIBIT 89: INCLUDING YOURSELF, HOW MANY PEOPLE CURRENTLY LIVE IN YOUR HOME?

	CITRUS COUNTY
1	10.4%
2	41.1%
3	22.8%
4	13.3%
5 or more	12.4%

EXHIBIT 90: ARE YOU A CAREGIVER TO A FAMILY MEMBER WITH A DISABILITY WHO CANNOT CARE FOR THEMSELVES IN YOUR HOME?

	CITRUS COUNTY
Yes	9.1%
No	90.9%

EXHIBIT 91: WHAT ARE THE REASONS YOU ARE PROVIDING CARE FOR A FAMILY MEMBER?

	CITRUS COUNTY
A physical disability	41.7%
An emotional or behavioral disability or psychiatric condition	25.0%
A cognitive or intellectual disability	25.0%
Hard of hearing or deafness	12.5%
Visually impaired or blind	4.2%
A chronic health condition	20.8%
I don't know	8.3%
Other	12.5%

EXHIBIT 92: DO YOU HAVE CAREGIVING ASSISTANCE FROM ANY OF THE FOLLOWING?

	CITRUS COUNTY
Government caregiving agency or program	7.1%
Private caregiving agency or program	0.0%
Family / Friends as caregivers	35.7%
Respite care programs for short-term care	7.1%
Other	50.0%

EXHIBIT 93: HAVE COSTS ASSOCIATED WITH YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO AFFORD YOUR BASIC NEEDS?

	CITRUS COUNTY
Rent or mortgage	45.0%
Groceries	60.0%
Diapers	15.0%
Hygiene products (i.e., period products, soap, shampoo, etc.)	20.0%
Gas for car	30.0%
Utilities (i.e., electricity, water, internet, etc.)	45.0%
Medication	20.0%
Dental care	25.0%
Vision care	10.0%
Other	30.0%

EXHIBIT 94: HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR ABILITY TO GET AND/OR KEEP A JOB?

	CITRUS COUNTY
Yes	13.6%
No	86.4%

EXHIBIT 95: IF SO, HOW?

	CITRUS COUNTY
No access to stable caregiving services / Inconsistent caregiving aids	0.0%
Cannot afford caregiving services	100.0%
Makes more sense to stay home and be a full- time caregiver	0.0%
Other	0.0%

EXHIBIT 96: IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED CAREGIVER BURNOUT?

	CITRUS COUNTY
Yes	63.6%
No	36.4%

EXHIBIT 97: HAVE YOUR CAREGIVING RESPONSIBILITIES IMPACTED YOUR PERSONAL RELATIONSHIPS?

	CITRUS COUNTY
With spouse or partner	52.4%
With family, including other children	19.0%
With friends	38.1%
At work	19.0%
With my faith community	9.5%
No impact on my personal relationships	28.6%

EXHIBIT 98: DO YOUR CAREGIVING RESPONSIBILITIES IMPACT YOUR ABILITY TO PUT YOUR OWN HEALTH FIRST?

		CITRUS COUNTY
I have enough time to exercise at my home or local gym	Disagree	61.9%
	Agree	38.1%
I regularly participate in activities that bring me joy	Disagree	61.9%
	Agree	38.1%
I have enough energy to get through my days	Disagree	47.6%
	Agree	52.4%
I get adequate sleep most nights	Disagree	71.4%
	Agree	28.6%
I eat healthy most of the time	Disagree	38.1%
	Agree	61.9%

EXHIBIT 99: HOW MANY CHILDREN (UNDER AGE 18) CURRENTLY LIVE IN YOUR HOME?

	CITRUS COUNTY
None	71.3%
1	14.6%
2	6.7%
3	4.6%
4	2.5%
5	0.4%
6 or more	0.0%

EXHIBIT 100: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MEDICAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

	CITRUS COUNTY
Yes	7.2%
No	92.8%

EXHIBIT 101: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MEDICAL CARE THEY NEEDED?

	CITRUS COUNTY
Am not sure how to find a doctor	0.0%
Unable to afford to pay for care	50.0%
Cannot find a pediatric specialist	25.0%
Long wait time for appointments	50.0%
Cannot take time off work	25.0%
Unable to find a doctor who takes my insurance	0.0%
Cannot take child out of class	0.0%
Do not have insurance to cover medical care	50.0%
Doctor's office does not have convenient hours	25.0%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	25.0%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	50.0%

EXHIBIT 102: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED DENTAL CARE BUT DID NOT GET THE CARE THEY NEEDED?

	CITRUS COUNTY
Yes	13.2%
No	86.8%

EXHIBIT 103: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?

	CITRUS COUNTY
Am not sure how to find a doctor	0.0%
Unable to afford to pay for care	55.6%
Cannot find a pediatric dentist	22.2%
Long wait time for appointments	55.6%
Cannot take time off work	33.3%
Unable to find a doctor who takes my insurance	11.1%
Cannot take child out of class	33.3%
Do not have insurance to cover dental care	0.0%
Doctor's office does not have convenient hours	33.3%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	22.2%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	11.1%

EXHIBIT 104: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN CHILDREN IN YOUR HOME NEEDED MENTAL CARE AND / OR BEHAVIORAL HEALTH CARE BUT DID NOT GET THE CARE THEY NEEDED?

	CITRUS COUNTY
Yes	10.3%
No	89.7%

EXHIBIT 105: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL AND / OR BEHAVIORAL HEALTH CARE THEY NEEDED?

	CITRUS COUNTY
Am not sure how to find a doctor	28.6%
Unable to afford to pay for care	14.3%
Cannot find a child psychiatrist or other provider	85.7%
Long wait time for appointments	71.4%
Cannot take time off work	85.7%
Unable to find a doctor who takes my insurance	71.4%
Cannot take child out of class	28.6%
Do not have insurance to cover medical care	0.0%
Doctor's office does not have convenient hours	42.9%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	28.6%

EXHIBIT 106: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL AND / OR BEHAVIORAL HEALTH CARE THEY NEEDED?

	CITRUS COUNTY
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	0.0%

EXHIBIT 107: WHEN YOU THINK ABOUT THE MOST IMPORTANT HEALTH NEEDS FOR CHILDREN IN YOUR COMMUNITY, PLEASE SELECT THE TOP 5 MOST IMPORTANT HEALTH NEEDS TO ADDRESS.

	CITRUS COUNTY
Accidents and injuries	29.2%
Anxiety and / or depression	56.9%
Asthma	7.7%
Attention-deficit / Hyperactivity Disorder (ADHD)	36.9%
Dental care	58.5%
Diabetes	4.6%
Drug or alcohol use	27.7%
Eye health (vision)	16.9%
Gender affirming care	3.1%
Healthy food / Nutrition	46.2%
Healthy pregnancies and childbirth	13.8%
Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)	10.8%
Infectious disease	7.7%
Mental or behavioral health (other than anxiety and depression)	46.2%
Obesity	21.5%
Physical activity	24.6%
Respiratory health other than asthma (RSV, cystic fibrosis)	10.8%

	CITRUS COUNTY
Safe sex practices and teen pregnancy	21.5%
Special needs (physical / chronic / behavioral)	29.2%
Suicide prevention	32.3%
Vaping, cigarette, cigar, cigarillo, or E-cigarette use	40.0%
Other	3.1%

EXHIBIT 108: WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5.

	CITRUS COUNTY
Access to benefit (Medicaid, WIC, SNAP)	35.4%
Access to or cost of childcare	63.1%
Bullying and violence in school	66.2%
Domestic violence, child abuse and / or child neglect	43.1%
Educational needs	47.7%
Family member alcohol or drug use	30.8%
Housing	33.8%
Human trafficking	12.3%
Hunger or access to healthy food	38.5%
Lack of employment opportunities	26.2%
Language barriers	6.2%
Messaging on social media	29.2%
Neighborhood crime and community violence	6.2%
Parenting education (parenting skill for child development)	24.6%
Racism and discrimination	9.2%
Safe neighborhoods and places for children	33.8%
Traffic safety	13.8%
Transportation challenges	16.9%
Other	1.5%

EXHIBIT 109: OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE COMMUNITY IN WHICH YOU LIVE?

	CITRUS COUNTY
Very unhealthy	6.2%
Unhealthy	24.7%
Somewhat healthy	41.4%
Healthy	17.2%
Very healthy	3.5%
Not sure	7.0%

EXHIBIT 110: PLEASE READ THE LIST OF RISKY BEHAVIORS, WHICH 5 DO YOU BELIEVE ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

	CITRUS COUNTY
Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks)	67.1%
Distracted driving (texting, eating, talking on the phone)	58.7%
Driving while under the influence	45.8%
Dropping out of school	11.1%
Gambling, sports betting	0.0%
Illegal drug use / Abuse or misuse of prescription medications	73.8%
Lack of exercise	43.1%
Not getting 'shots' to prevent disease	12.4%
Not locking up guns	9.3%
Not seeing a doctor while you are pregnant	5.3%
Not using seat belts / Not using child safety seats	7.1%
Not wearing helmets	8.0%
Poor eating habits	52.4%
Too much screen time / Social media	34.7%
Unsafe sex including not using birth control	12.0%
Vaping, cigarette, cigar, cigarillo, or e-cigarette use	56.0%

EXHIBIT 111: READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY, WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?

	CITRUS COUNTY
Aging problems	58.0%
Being overweight	64.3%
Cancers	27.1%
Child abuse / Neglect	18.4%
Clean environment / Air and water quality	13.0%
Dental problems	23.2%
Diabetes / High blood sugar	38.6%
Domestic violence / Rape / Sexual assault / Human trafficking	20.8%
Extreme heat	13.5%
Gun-related injuries	3.9%
Heart disease / Stroke / High blood pressure	48.8%
HIV / AIDS / Sexually Transmitted Diseases (STDs)	5.3%
Homicide	1.4%

EXHIBIT 112: READ THE LIST OF FACTORS THAT CONTRIBUTE TO POOR HEALTH IN YOUR COMMUNITY, WHICH OF THESE DO YOU BELIEVE ARE MOST IMPORTANT TO ADDRESS TO IMPROVE THE HEALTH OF YOUR COMMUNITY?

	CITRUS COUNTY
Illegal drug use / Abuse of prescription medication	61.4%
Infant death	1.0%
Infectious diseases like Hepatitis, TB, etc.	1.9%
Mental health problems Including anxiety, depression, and suicide	57.0%
Motor vehicle crash injuries	19.8%
Respiratory / Lung disease	11.6%
Social isolation	15.0%
Teenage pregnancy	5.8%

EXHIBIT 113: WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?

	CITRUS COUNTY
Access to good health information	25.1%
Access to health care, including behavioral health	72.5%
Access to low-cost, healthy food	70.0%
Arts and cultural events	8.7%
Clean environment / Air and water quality	13.5%
Disaster preparedness	7.7%
Emergency medical services	15.0%
Good place to raise children	16.4%

EXHIBIT 114: WHICH DO YOU BELIEVE ARE THE 5 MOST IMPORTANT FACTORS TO IMPROVE THE QUALITY OF LIFE IN A COMMUNITY?

	CITRUS COUNTY
Good schools	27.1%
Healthy behaviors and lifestyles	38.2%
Increased shade / Tree canopy	7.2%
Livable wage jobs and healthy economy	58.0%
Low-cost childcare	14.5%
Low crime / Safe neighborhoods	22.2%
Low-cost health insurance	29.5%
Low-cost housing	28.5%
Parks and recreation	12.1%
Public transportation	10.6%
Religious or spiritual values	6.3%
Sidewalks / Walking safety	6.8%
Strong community / Community knows and supports each other	15.5%
Strong family life	21.3%
Tolerance / Embracing diversity	8.2%

EXHIBIT 115: BELOW ARE SOME STATEMENTS ABOUT YOUR LOCAL COMMUNITY. PLEASE TELL US IF YOU AGREE OR DISAGREE.

	CITRUS COUNTY	
Illegal drug use / prescription medicine abuse is a problem in my community	Agree	81.0%
	Disagree	3.3%
	Not sure	15.7%
I have no problem getting the health care services I need	Agree	48.6%
	Disagree	43.3%
	Not sure	8.1%
We have great parks and recreational facilities	Agree	51.4%
	Disagree	31.9%
	Not sure	16.7%
Public transportation is easy to get to if I need it	Agree	11.9%
	Disagree	59.0%
	Not sure	29.0%
There are plenty of livable wage jobs available for those who want them	Agree	12.4%
	Disagree	72.4%
	Not sure	15.2%

EXHIBIT 116: BELOW ARE SOME STATEMENTS ABOUT YOUR LOCAL COMMUNITY. PLEASE TELL US IF YOU AGREE OR DISAGREE.

	CITRUS COUNTY	
Crime is a problem in my community	Agree	43.8%
	Disagree	33.3%
	Not sure	22.9%
Air pollution is a problem in my community	Agree	13.5%
	Disagree	62.0%
	Not sure	24.5%
Extreme heat is a problem in my community	Agree	50.0%
	Disagree	37.0%
	Not sure	13.0%
I feel safe in my community	Agree	73.6%
	Disagree	12.5%
	Not sure	13.9%
There are affordable places to live in my community	Agree	22.6%
	Disagree	65.4%
	Not sure	12.0%

EXHIBIT 117: BELOW ARE SOME STATEMENTS ABOUT YOUR LOCAL COMMUNITY. PLEASE TELL US IF YOU AGREE OR DISAGREE.

	CITRUS COUNTY	
The quality of health care is good in my community	Agree	30.6%
	Disagree	56.0%
	Not sure	13.4%
There are good sidewalks for walking safely	Agree	38.1%
	Disagree	49.5%
	Not sure	12.4%
There are healthy things for youth to do in my community	Agree	31.9%
	Disagree	44.8%
	Not sure	23.3%
I am able to get healthy food easily	Agree	53.8%
	Disagree	38.1%
	Not sure	8.1%

EXHIBIT 118: IN THE PAST 12 MONTHS, HAS A FEAR FOR YOUR OWN SAFETY MADE YOU AVOID SOCIAL GATHERINGS OR EVENTS?

	CITRUS COUNTY
Yes	22.7%
No	77.3%

EXHIBIT 119: HAVE YOU OR A MEMBER OF YOUR IMMEDIATE HOUSEHOLD BEEN INJURED BY OR THREATENED WITH A FIREARM?

	CITRUS COUNTY
Injured	0.5%
Threatened	12.4%
Both	1.9%
Neither	85.2%

EXHIBIT 120: BELOW ARE SOME STATEMENTS ABOUT YOUR CONNECTIONS WITH THE PEOPLE IN YOUR LIFE. PLEASE TELL US IF YOU AGREE OR DISAGREE WITH EACH STATEMENT.

	CITRUS COUNTY
I am happy with my friendships and relationships	Agree 89.5%
	Disagree 9.0%
	Not sure 1.4%
I have enough people I can ask for help at any time	Agree 82.4%
	Disagree 12.9%
	Not sure 4.8%
My relationship and friendships are as satisfying as I would want them to be	Agree 76.7%
	Disagree 19.0%
	Not sure 4.3%

EXHIBIT 121: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?

	CITRUS COUNTY
Not at all	89.7%
Several days	8.8%
More than half the days	0.0%
Nearly every day	1.5%

EXHIBIT 122: IN THE PAST 12 MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE.

	CITRUS COUNTY
Often true	4.9%
Sometimes true	19.6%
Never true	75.5%

EXHIBIT 123: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE.

	CITRUS COUNTY
Often true	5.9%
Sometimes true	17.6%
Never true	76.6%

EXHIBIT 124: A CHURCH, A FOOD PANTRY, OR A FOOD BANK, OR EAT IN SOUP KITCHEN?

	CITRUS COUNTY
Yes	13.7%
No	86.3%

EXHIBIT 125: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

	CITRUS COUNTY
Yes	22.0%
No	78.0%

EXHIBIT 126: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY

	CITRUS COUNTY
5 or more times a week	21.0%
3-4 times a week	25.4%
1-2 times a week	39.5%
None	14.1%

EXHIBIT 127: HAS THERE BEEN ANY TIME IN THE PAST 2 YEARS WHEN YOU WERE LIVING ON THE STREET, IN A CAR, OR IN A TEMPORARY SHELTER?

	CITRUS COUNTY
Yes	2.4%
No	97.6%

EXHIBIT 128: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

	CITRUS COUNTY
Yes	11.8%
No	88.2%

EXHIBIT 129: IN THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

	CITRUS COUNTY
Yes	2.0%
No	98.0%

EXHIBIT 130: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE RELATED CONCERNS IMPACTING YOUR HEALTH?

	CITRUS COUNTY
Diseases caused by ticks or mosquitoes	43.1%
Indoor air pollution / Poor air quality	12.6%
Outdoor air pollution / Poor air quality	20.4%
Poor water quality	40.1%
Rising sea waters	24.6%
Rising temperatures / Excess heat	44.9%
Severe weather events	82.0%

EXHIBIT 131: OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?

	CITRUS COUNTY
Excellent	9.8%
Very good	25.0%
Good	42.2%
Fair	19.6%
Poor	3.4%
Not sure	0.0%

EXHIBIT 132: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

	CITRUS COUNTY
Yes	25.0%
No	75.0%

EXHIBIT 133: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?

	CITRUS COUNTY
Unable to schedule an appointment when needed	44.0%
Am not sure how to find a doctor	10.0%
Unable to find a doctor who takes my insurance	12.0%
Unable to afford to pay for care	46.0%
Doctor's office does not have convenient hours	22.0%
Transportation challenges	10.0%
Do not have insurance to cover medical care	14.0%
Cannot take time off work	40.0%
Unable to find a doctor who knows or understands my culture	16.0%
Other	16.0%

EXHIBIT 134: THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, HOW WOULD YOU RATE YOUR OVERALL MENTAL HEALTH?

	CITRUS COUNTY
Excellent	16.3%
Very good	25.1%
Good	27.1%
Fair	25.1%
Poor	6.4%
Not sure	0.0%

EXHIBIT 135: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

	CITRUS COUNTY
Yes	17.4%
No	82.6%

EXHIBIT 136: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE?

	CITRUS COUNTY
Am not sure how to find a doctor / Counselor	24.3%
Unable to afford to pay for care	43.2%
Unable to schedule an appointment when needed	35.1%
Transportation challenges	8.1%
Do not have insurance to cover mental health care	16.2%
Fear of family or community opinion	13.5%
Unable to find a doctor / Counselor who takes my insurance	18.9%
Cannot take time off work	27.0%
Doctor / Counselor office does not have convenient hours	29.7%
Unable to find a doctor who knows or understands my culture	13.5%
Other	18.9%

EXHIBIT 137: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED DENTAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

	CITRUS COUNTY
Yes	28.9%
No	71.1%

EXHIBIT 138: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING DENTAL CARE?

	CITRUS COUNTY
Unable to schedule an appointment when needed	46.6%
Am not sure how to find a doctor	10.3%
Unable to find a doctor who takes my insurance	32.8%
Unable to afford to pay for care	60.3%
Doctor's office does not have convenient hours	24.1%
Transportation challenges	3.4%
Do not have insurance to cover medical care	29.3%
Cannot take time off work	25.9%
Unable to find a doctor who knows or understands my culture	3.4%
Other	12.1%

EXHIBIT 139: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM ABOUT YOUR OWN HEALTH?

	CITRUS COUNTY
1 time	19.7%
2 times	5.9%
3-4 times	3.9%
5-9 times	0.5%
10 or more times	0.0%
I have not gone to a hospital ER in the past 12 months	70.0%

EXHIBIT 140: WHAT ARE THE MAIN REASONS YOU USED THE EMERGENCY ROOM INSTEAD OF GOING TO A DOCTOR'S OFFICE?

	CITRUS COUNTY
After hours / Weekend	41.7%
I don't have a doctor / Clinic	8.3%
Long wait for an appointment with my regular doctor	13.3%
Cost	6.7%
Emergency / Life-threatening situation	41.7%
Referred by a doctor	8.3%
I don't have insurance	5.0%
Other	21.7%

EXHIBIT 141: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUES?

	CITRUS COUNTY
Asthma	16.5%
Cancer	7.5%
COPD	2.5%
Depression or anxiety	36.5%
Diabetes / High blood sugar	14.5%
Heart disease	10.5%
High blood pressure / Hypertension	33.0%
HIV / AIDS	0.0%
Obesity	25.0%
Stroke	1.5%
None of these	26.5%

EXHIBIT 142: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUS, DIP, CIGARETTES, CIGARS, OR LITTLE CIGARS?

	CITRUS COUNTY
I don't use these products	91.0%
On some days	3.0%
Once a day	1.0%
More than once a day	5.0%

EXHIBIT 143: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING ELECTRONIC VAPOR PRODUCTS E-CIGARETTES, E-CIGARS, E-HOOKAHS, E-PIPES, HOOKAH PENS, VAPE PIPES, AND VAPE PENS?

	CITRUS COUNTY
I don't use these products	92.4%
On some days	1.5%
Once a day	0.5%
More than once a day	5.6%

EXHIBIT 144: IN YOUR DAY-TO-DAY LIFE HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU?

		CITRUS COUNTY
You are treated with less courtesy or respect than other people	At least once a week	19.1%
	A few times a month	15.1%
	A few times a year	28.6%
	Never	37.2%
You receive poorer service than other people at restaurants or stores	At least once a week	3.5%
	A few times a month	8.0%
	A few times a year	28.1%
	Never	60.3%

EXHIBIT 145: IN YOUR DAY-TO-DAY LIFE HOW OFTEN HAVE ANY OF THE FOLLOWING THINGS HAPPENED TO YOU?

		CITRUS COUNTY
People act as if they think you are not smart	At least once a week	5.5%
	A few times a month	13.1%
	A few times a year	27.1%
	Never	54.3%
People act as if they are afraid of you	At least once a week	1.5%
	A few times a month	6.0%
	A few times a year	8.0%
	Never	84.4%
You are threatened or harassed	At least once a week	4.0%
	A few times a month	5.0%
	A few times a year	18.6%
	Never	72.4%
People criticized your accent or the way you speak	At least once a week	2.5%
	A few times a month	3.5%
	A few times a year	8.0%
	Never	85.9%

EXHIBIT 146: WHAT DO YOU THINK ARE THE MAIN REASONS FOR THESE EXPERIENCES?

	CITRUS COUNTY
Your ancestry or national origins	7.0%
Your race	10.7%
Your gender	24.1%
Your age	26.7%
Your religion	2.1%
Your height	5.3%
Your weight	10.7%
Your sexual orientation	4.8%
Some other aspect of your physical appearance	13.9%
A physical disability	3.2%
A mental health condition	5.3%
Your education or income level	10.2%
I have not had these experiences	42.8%

EXHIBIT 147: PLEASE CHECK THE EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

	CITRUS COUNTY
Lived with anyone who was depressed, mentally ill, or suicidal	48.5%
Lived with anyone who was a problem drinker or alcoholic	51.5%
Lived with anyone who used illegal street drugs or who abused prescription medications	27.2%
Lived with anyone who served time or was sentenced to serve in jail or prison	17.6%
Parent(s) were separated or divorced	53.7%
Parent(s) or adults experienced physical harm	27.2%
Parent(s) or adults physically harmed you	33.1%
Parent(s) or adult verbally harmed you	55.9%
Adult or anyone at least 5 years older touched you sexually	26.5%
Adult or anyone at least 5 years older made you touch them sexually	13.2%
Adults or anyone at least 5 years older forced you to have sex	5.1%

Community Survey Tools

2025 Community Health Survey

This community health survey is supported by the All4HealthFL Collaborative comprised of local non-for-profit hospitals and local public health agencies in Hillsborough, Pasco, Pinellas, and Polk counties. Our goal is to understand the health needs of the community members we serve. Your feedback is important for us to implement programs that will benefit everyone in the community.

We encourage you to take 15 minutes to fill out the survey. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and not be attributed to you personally in any way. Your participation in this survey is completely voluntary and greatly appreciated.

Thank you for your time and feedback. Together we can improve health outcomes for all.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at scottg@crescendocg.com.

1. What language would you like to take the survey in?

- ☐ English
- ☐ Spanish
- ☐ Haitian Creole
- ☐ Arabic
- ☐ Russian
- ☐ Vietnamese

1. In which county do you live? (Please choose only one)

- | | | | | |
|---------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| ☐ Hillsborough | ☐ Pasco | ☐ Pinellas | ☐ Polk | ☐ Sarasota |
| ☐ Citrus | | | | |
| ☐ Hardee | ☐ Highlands | ☐ Hernando | ☐ Manatee | ☐ Marion |
| ☐ Other | | | | |

2. In which ZIP code do you live? (Please write in)

3. What is your age? (Please choose only one)

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 44 ☐ 45 to 54 ☐ 55 to 64
☐ 65 to 74 ☐ 75 or older

4. Are you of Hispanic or Latino origin or descent? (Please choose only one)

- ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino ☐ Prefer not to answer

5. Which race best describes you? (Please choose only one)

- ☐ More Than One Race ☐ African American or Black
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ White
☐ I identify in another way: _____ ☐ Prefer not to answer

6. What is your current gender identity? (Please choose only one)

- ☐ Man ☐ Trans Woman/ Trans Feminine
Spectrum
☐ Woman ☐ Non-Binary/ Genderqueer
☐ Trans Man/Trans Masculine Spectrum ☐ I identify in another way:
_____ ☐ Prefer not to answer

7. Do you identify as LGBTQIA+?

- ☐ Yes ☐ No ☐ Prefer not to answer

8. What language do you MAINLY speak at home? (Please choose only one)

- ☐ Arabic ☐ Chinese ☐ English ☐ French
☐ German
☐ Haitian Creole ☐ Russian ☐ Spanish ☐ Vietnamese
☐ I speak another language: _____

9. How well do you speak English? (Please choose only one)

- ☐ Very Well ☐ Well ☐ Not Well ☐ Not at All

10. What is the highest level of school that you have completed? (Please choose only one)

- ☐ Less than high school ☐ Some high school, but no diploma ☐ High school
diploma or GED ☐ Some college, no degree ☐ Vocational/Technical/Trade School ☐
Associate degree

☐ Bachelor's degree

☐ Master's/Graduate or professional degree or higher

11. How much total combined money did all people living in your home earn last year? (Please choose only one)

- ☐ \$0 to \$9,999
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$124,999
- ☐ \$125,000 to \$149,999
- ☐ \$150,000 or more
- ☐ Prefer not to answer

12. Which of the following categories best describes your employment status? (Choose all that apply)

☐ Employed, working full-time

☐ Student (If so, what school: _____)

☐ Employed, working part-time

☐ Self-employed / Contract

☐ Retired

☐ Not employed, looking for work

☐ Disabled, not able to work

☐ Not employed, NOT looking for work

13. What transportation do you use most often to go places? (Please choose only one)

☐ I drive a car

☐ Someone drives me

☐ I take the bus

☐ I walk

☐ I ride a bicycle

☐ I take a taxi/cab

☐ I ride a motorcycle or scooter

☐ I take an Uber/Lyft ☐ Some other way

14. Are you

☐ A Veteran

☐ In Active Duty

☐ National Guard/Reserves

☐ None of these (Skip to

question 16)

15. If Veteran, Active Duty, National Guard, or Reserves, are you receiving care at the VA?

☐ Yes

☐ No

16. What coverage do you have for health care? (Please choose only one)

- | | |
|---|--|
| ☐ I pay cash / I don't have insurance | ☐ TRICARE |
| ☐ Medicare or Medicare HMO | ☐ Indian Health Services |
| ☐ Medicaid or Medicaid HMO
(Employer) | ☐ Commercial health insurance (from |
| ☐ Veteran's Administration | ☐ Marketplace insurance plan |
| ☐ County health plan | ☐ I pay another way: |
-

17. Have you lost your health insurance coverage in the last 12 months?

- ☐ Yes
- ☐ No (skip to question 19)
- ☐ I don't know (skip to question 19)

18. Why did you lose your health insurance coverage?

- ☐ Medicaid lost
- ☐ I lost my job
- ☐ I switched to part-time or lost eligibility at my job
- ☐ I turned 26 and/or lost coverage under my parents' plan
- ☐ I can't afford coverage

19. Including yourself, how many people currently live in your home? (Please choose only one)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

20. Are you a caregiver to a family member with a disability who cannot care for themselves in your home?

- ☐ Yes ☐ No (skip to question 29)

Begin Caregiving

21. What are the reasons you are providing care for a family member? (Check all that apply)

- ☐ A physical disability
- ☐ An emotional or behavioral disability or psychiatric condition
- ☐ A cognitive or intellectual disability
- ☐ Hard of Hearing or Deafness
- ☐ Visually impaired or blind
- ☐ A chronic health condition
- ☐ Other (please specify)
- ☐ I don't know

22. Do you have caregiving assistance from any of the following? (Check all that apply)

- ☐ Government caregiving agency or program
- ☐ Private caregiving agency or program
- ☐ Family / friends as caregivers
- ☐ Respite care programs for short-term care
- ☐ Other (please specify)

23. Have costs associated with your caregiving responsibilities impacted your ability to afford your basic needs? (Check all that apply)

- ☐ Rent or mortgage
- ☐ Groceries
- ☐ Diapers
- ☐ Hygiene products (i.e., period products, soap, shampoo, etc.)
- ☐ Gas for car
- ☐ Utilities (i.e., electricity, water, internet, etc.)
- ☐ Medication
- ☐ Dental care
- ☐ Vision care
- ☐ Other (please specify)

24. Have your caregiving responsibilities impacted your ability to get and/or keep a job?

- ☐ Yes
- ☐ No (**Skip to Q26**)

25. If so, how?

- ☐ No access to stable caregiving services / inconsistent caregiving aids
- ☐ Cannot afford caregiving services
- ☐ Makes more sense to stay home and be a full-time caregiver
- ☐ Other please specify

Caregiver burnout is a state of physical, emotional, and mental exhaustion that happens while you're taking care of someone else. Stressed caregivers may experience fatigue, anxiety, and depression.

26. In the past 12 months, have you experienced caregiver burnout?

- ☐ Yes
☐ No

27. Have your caregiving responsibilities impacted your personal relationships? (check all that apply)

- ☐ With spouse or partner
☐ With family, including other children
☐ With friends
☐ At work
☐ With my faith community
☐ No impact on my personal relationships
☐ Other (please specify)

28. Do your caregiving responsibilities impact your ability to put your own health first?

	Disagree	Agree
I have enough time to exercise at home or my local gym		
I regularly participate in activities that bring me joy (i.e., hobbies, social, etc.)		
I have enough energy to get through my days		
I get adequate sleep most nights		
I eat healthy most of the time		

29. How many CHILDREN (under age 18) currently live in your home? (Please choose only one)

- ☐ None (Skip to question 38) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
or more

30. Was there a time in the PAST 12 MONTHS when children in your home needed medical care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 22)

31. What are some reasons that kept them from getting the medical care they needed? (Choose all that apply)

- | | |
|---|--|
| ☐ Am not sure how to find a doctor | ☐ Unable to afford to pay for care |
| ☐ Cannot find a pediatric specialist | ☐ Long wait times for appointments |
| ☐ Cannot take time off work
my insurance | ☐ Unable to find a doctor who takes |
| ☐ Cannot take child out of class
medical care | ☐ Do not have insurance to cover |
| ☐ Doctor's office does not have convenient hours | ☐ Transportation challenges |
| ☐ Unable to schedule an appointment when needed | ☐ Other (please specify) |
| | ☐ Unable to find a doctor |

_____ who knows or understands

my culture, identity, or beliefs

32. Was there a time in the PAST 12 MONTHS when children in your home needed dental care but did NOT get the care they needed?

☐ Yes ☐ No (skip to question 24)

33. What are some reasons that kept them from getting the dental care they needed? (Choose all that apply)

- | | |
|---|--|
| ☐ Am not sure how to find a doctor | ☐ Unable to afford to pay for care |
| ☐ Cannot find a pediatric specialist | ☐ Long wait times for appointments |
| ☐ Cannot take time off work
my insurance | ☐ Unable to find a doctor who takes |
| ☐ Cannot take child out of class
medical care | ☐ Do not have insurance to cover |
| ☐ Doctor's office does not have convenient hours | ☐ Transportation challenges |
| ☐ Unable to schedule an appointment when needed | ☐ Other (please specify) |
| | ☐ Unable to find a doctor |

_____ who knows or understands

my culture, identity, or beliefs

34. Was there a time in the PAST 12 MONTHS when children in your home needed mental and/or behavioral health care but did NOT get the care they needed?

☐ Yes

☐ No (skip to question 26)

35. What are some reasons that kept them from getting the mental and/or behavioral health care they needed? (Choose all that apply)

☐ Am not sure how to find a doctor

☐ Unable to afford to pay for care

☐ Cannot find a child psychiatrist or other provider

☐ Long wait times for appointments

☐ Cannot take time off work
doctor/counselor/therapist who takes my insurance

☐ Unable to find a

☐ Cannot take child out of class
medical care

☐ Do not have insurance to cover

☐ Doctor's office does not have convenient hours

☐ Transportation challenges

☐ Unable to schedule an appointment when needed

☐ Other (please specify)

☐ Unable to find a doctor

_____ who knows or understands

my culture, identity, or beliefs

The goal of the next question (Question 36) is to understand what you think are the most important HEALTH needs for children in your community. Please answer the next question about children who live in your community, not just your children.

- 36. When you think about the most important HEALTH needs for children in your community, please select the top 5 most important health needs to address. If you think of a health concern that is not listed here, please write it in under “other”. (Please choose only 5)**

<u>Please choose only 5</u>	
☐	Accidents and Injuries
☐	Anxiety and/or depression
☐	Asthma
☐	Attention-Deficit/Hyperactivity Disorder (ADHD)
☐	Dental care
☐	Diabetes
☐	Drug or alcohol use
☐	Eye health (vision)
☐	Gender affirming care
☐	Healthy food / nutrition
☐	Healthy pregnancies and childbirth
☐	Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)
☐	Infectious diseases
☐	Mental or behavioral Health (other than anxiety and depression)
☐	Obesity
☐	Physical activity
☐	Respiratory health other than asthma (RSV, cystic fibrosis)
☐	Safe sex practices and teen pregnancy
☐	Special needs (Physical / Chronic / Behavioral / Developmental / Emotional)
☐	Suicide prevention
☐	Vaping, cigarette, cigar, cigarillo, or E-cigarette use
☐	Other: (please specify)

The goal of the next question (Question 27) is to understand what you think are OTHER important needs or concerns that affect child health in your community. Please answer the next question about children who live in your community, not just your children.

37. When you think about OTHER important needs or concerns that affect child health in your community, please rank the top 5 critical needs or concerns most important to address. If you think of a concern that is not listed here, please write it under “other”. (Please choose only 5)

<u>Please choose only 5</u>	
☐	Access to benefits (Medicaid, WIC, SNAP/Food Stamps)
☐	Access to or cost of childcare
☐	Bullying and violence in school
☐	Domestic violence, child abuse and/or child neglect
☐	Educational needs
☐	Family member alcohol or drug use
☐	Housing
☐	Human trafficking
☐	Hunger or access to healthy food
☐	Lack of employment opportunities
☐	Language Barriers
☐	Messaging on social media
☐	Neighborhood crime and community violence
☐	Parenting education (parenting skills for child development)
☐	Racism and discrimination
☐	Safe neighborhoods and places for children to play
☐	Traffic safety
☐	Transportation challenges
☐	Other (please specify concern)_____

--End Children’s Section --

These next questions are about your view or opinion of the community in which you live.

38. Overall, how would you rate the health of the community in which you live? (Please choose only one)

☐ Very unhealthy ☐ Unhealthy ☐ Somewhat healthy ☐ Healthy ☐ Very healthy ☐ Not sure

39. Please read the list of risky behaviors listed below. Which 5 do you believe are the most harmful to the overall health of your community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Alcohol abuse/drinking too much alcohol (beer, wine, spirits, mixed drinks)
☐	Distracted driving (texting, eating, talking on the phone)
☐	Driving while under the influence
☐	Dropping out of school
☐	Gambling, Sports betting
☐	Illegal drug use/abuse or misuse of prescription medications
☐	Lack of exercise
☐	Not getting “shots” to prevent disease
☐	Not locking up guns
☐	Not seeing a doctor while you are pregnant
☐	Not using seat belts/not using child safety seats
☐	Not wearing helmets
☐	Poor eating habits
☐	Too much screen time / social media
☐	Unsafe sex including not using birth control
☐	Vaping, Cigarette, Cigar, Cigarillo, or E-cigarette Use

40. Read the list of **factors that contribute to poor health** and think about your community. Which of these do you believe are most important to address to improve the health of your community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Aging problems (for example: difficulty getting around, dementia, arthritis)
☐	Being overweight
☐	Cancers
☐	Child abuse / Neglect
☐	Clean environment / Air and water quality
☐	Dental problems
☐	Diabetes / High blood sugar
☐	Domestic violence / Rape / Sexual assault / Human trafficking
☐	Extreme heat
☐	Gun-related injuries
☐	Heart disease / Stroke / High blood pressure
☐	HIV/AIDS / Sexually Transmitted Diseases (STDs)
☐	Homicide
☐	Illegal drug use/Abuse of prescription medications and alcohol abuse/Drinking too much
☐	Infant death
☐	Infectious diseases like Hepatitis, TB, etc.
☐	Mental health problems Including anxiety, depression, and Suicide
☐	Motor vehicle crash injuries
☐	Respiratory / Lung disease
☐	Social isolation
☐	Teenage pregnancy

41. Please read the list below. Which do you believe are the 5 most important factors to improve the quality of life in a community? (Please choose only 5)

<u>Please choose only 5</u>	
☐	Access to good health information
☐	Access to health care, including behavioral health
☐	Access to low-cost, healthy food
☐	Arts and cultural events
☐	Clean environment / Air and water quality
☐	Disaster preparedness
☐	Emergency medical services
☐	Good place to raise children
☐	Good schools
☐	Healthy behaviors and lifestyles
☐	Increased shade / tree canopy
☐	Livable wage jobs and healthy economy
☐	Low-cost childcare
☐	Low crime / Safe neighborhoods
☐	Low-cost health insurance
☐	Low-cost housing
☐	Parks and recreation
☐	Public transportation
☐	Religious or spiritual values
☐	Sidewalks / Walking safety
☐	Strong community/Community knows and supports each other
☐	Strong family life
☐	Tolerance / Embracing diversity

42. Below are some statements about your local community. Please tell us if you agree or disagree with each statement.

	Agree	Disagree	Not Sure
Illegal drug use/prescription medicine abuse is a problem in my community	☐	☐	☐
I have no problem getting the health care services I need	☐	☐	☐
We have great parks and recreational facilities	☐	☐	☐
Public transportation is easy to get to if I need it	☐	☐	☐
There are plenty of livable wage jobs available for those who want them	☐	☐	☐
Crime is a problem in my community	☐	☐	☐
Air pollution is a problem in my community	☐	☐	☐
Extreme heat is a problem in my community	☐	☐	☐
I feel safe in my community	☐	☐	☐
There are affordable places to live in my community	☐	☐	☐
The quality of health care is good in my community	☐	☐	☐
There are good sidewalks for walking safely	☐	☐	☐
There are healthy things for youth to do in my community	☐	☐	☐
I am able to get healthy food easily	☐	☐	☐

43. In the past 12 months, has a fear for your own safety made you avoid social gatherings or events?

- ☐ Yes
- ☐ No

44. Have you or a member of your immediate household been injured by or threatened with a firearm?

- ☐ Injured
- ☐ Threatened
- ☐ Both
- ☐ Neither

- 45. Below are some statements about your connections with the people in your life. Please tell us if you agree or disagree with each statement.**

	Agree	Disagree	Not Sure
I am happy with my friendships and relationships	☐	☐	☐
I have enough people I can ask for help at any time	☐	☐	☐
My relationships and friendships are as satisfying as I would want them to be	☐	☐	☐

- 46. Over the past 12 months, how often have you had thoughts that you would be better off dead or hurting yourself in some way? (Please choose only one)**

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

If you would like help with or would like to talk about these issues, please call or text the National Suicide Prevention Lifeline at 988.

- 47. In the past 12 months, I worried about whether our food would run out before we got money to buy more. (Please choose only one)**

☐ Often true ☐ Sometimes true ☐ Never true

- 48. In the past 12 months, the food that we bought just did not last, and we did not have money to get more. (Please choose only one)**

☐ Often true ☐ Sometimes true ☐ Never true

- 49. In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?**

☐ Yes ☐ No

- 50. Do you eat at least 5 cups of fruits or vegetables every day?**

☐ Yes ☐ No

- 51. How many times a week do you usually do 30 minutes or more of moderate-intensity physical activity or walking that increases your heart rate or makes you breathe harder than normal? (Please choose only one)**

☐ 5 or more times a week ☐ 3-4 times a week ☐ 1-2 times a week ☐ none

52. Has there been any time in the past 2 years when you were living on the street, in a car, or in a temporary shelter?
- ☐ Yes ☐ No
53. Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay?
- ☐ Yes ☐ No
54. In the past 12 months, has your utility company shut off your service for not paying your bills?
- ☐ Yes ☐ No
55. Are you concerned about any of the following environmental or climate-related concerns impacting your health? (Check all that apply)
- ☐ Diseases caused by ticks or mosquitoes (i.e., Lyme, West Nile, Zika, etc.)
 - ☐ Indoor air pollution / poor air quality
 - ☐ Outdoor air pollution / poor air quality
 - ☐ Poor water quality
 - ☐ Rising sea waters
 - ☐ Rising temperatures / excess heat
 - ☐ Severe weather events (i.e., hurricanes, tornadoes, etc.)
 - ☐ Other (please specify)

These next questions are about your personal health and your opinions about getting health care in your community.

56. Overall, how would you rate YOUR OWN PERSONAL health? (Please choose only one)
- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Not sure
57. Was there a time in the PAST 12 MONTHS when you needed medical care but did NOT get the care you needed?
- ☐ Yes ☐ No (Skip to question 59)
58. What are some reasons that kept you from getting medical care? (Choose all that apply)
- ☐ Unable to schedule an appointment when needed ☐ Am not sure
how to find a doctor
- ☐ Unable to find a doctor who takes my insurance ☐ Unable to
afford to pay for care

☐ Doctor's office does not have convenient hours challenges

☐ Transportation

☐ Do not have insurance to cover medical care

☐ Cannot take time off work

☐ Unable to find a doctor who knows or understands

☐ Other (please specify)

my culture, identity, or beliefs

59. Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, how would you rate your overall mental health? (Please choose only one)

☐ Excellent
Not Sure

☐ Very good

☐ Good

☐ Fair

☐ Poor

☐

60. Was there a time in the PAST 12 MONTHS when you needed mental health care but did NOT get the care you needed?

☐ Yes

☐ No (Skip to question 62)

61. What are some reasons that kept you from getting mental health care? (Choose all that apply)

☐ Am not sure how to find a doctor / counselor
afford to pay for care

☐ Unable to

☐ Unable to schedule an appointment when needed
Transportation challenges

☐

☐ Do not have insurance to cover mental health care
community opinion

☐ Fear of family or

☐ Unable to find a doctor / counselor who takes my insurance
off work

☐ Cannot take time

☐ Doctor / counselor office does not have convenient hours

☐ Other

Unable to find a doctor / counselor who knows or

understands my culture, identity, or beliefs

62. Was there a time in the PAST 12 MONTHS when you needed DENTAL care but did NOT get the care you needed?

☐ Yes

☐ No (Skip to question 64)

63. What are some reasons that kept you from getting dental care? (Choose all that apply)

☐ Unable to schedule an appointment when needed
how to find a dentist

☐ Am not sure

- ☐ Do not have insurance to cover dental care afford to pay for care
- ☐ Dentist office does not have convenient hours challenges
- ☐ Unable to find a dentist who takes my insurance
- ☐ Unable to find a dentist who knows or understands _____ my culture, identity, or beliefs
- ☐ Unable to
- ☐ Transportation
- ☐ Cannot take time off work
- ☐ Other

64. In the past 12 months, how many times have you gone to an emergency room (ER, not Urgent Care) about your own health? (Please choose only one)

- ☐ 1time ☐ 2 times ☐ 3-4 times ☐ 5-9 times ☐ 10 or more times
- ☐ I have not gone to a hospital ER in the past 12 months **(Skip to question 66)**

65. What are the MAIN reasons you used the emergency room INSTEAD of going to a doctor's office or clinic? (Choose all that apply)

- ☐ After hours / Weekend
- ☐ Long wait for an appointment with my regular doctor
- ☐ Emergency / Life-threatening situation
- ☐ Referred by a doctor
- ☐ Other _____
- ☐ I don't have a doctor / clinic
- ☐ Cost
- ☐ I

66. Have you ever been told by a doctor or other medical provider that you had any of the following health issues? (Choose all that apply)

Cancer	☐	Heart disease	☐
Asthma	☐	High blood pressure / Hypertension	☐
COPD	☐	Obesity	☐
Depression or Anxiety	☐	Stroke	☐
Diabetes / High Blood Sugar	☐	None of these	☐
HIV / AIDS	☐		

67. How often do you use any of the following products: chewing tobacco, snuff, snus, dip, cigarettes, cigars or little cigars? (Please choose only one)

- ☐ I do not use these products
- ☐ On some days
- ☐ Once a day
- ☐ More than once a day

68. How often do you use any of the following electronic vapor products: e-cigarettes, e-cigars, e-hookahs, e- pipes, hookah pens, vape pipes, and vape pens? (Please choose only one)

- ☐ I do not use these products ☐ On some days
☐ Once a day ☐ More than once a day

69. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	A few times a month	A few times a year	Never
You are treated with less courtesy or respect than other people	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores	☐	☐	☐	☐
People act as if they think you are not smart	☐	☐	☐	☐
People act as if they are afraid of you	☐	☐	☐	☐
You are threatened or harassed	☐	☐	☐	☐
People criticized your accent or the way you speak	☐	☐	☐	☐

70. What do you think is the main reason(s) for these experiences? (Choose all that apply)

- ☐ Your ancestry or national origins ☐ Your gender
☐ Your race ☐ Your age
☐ Your religion ☐ Your height
☐ Your weight ☐ Your sexual orientation
☐ Some other aspect of your physical appearance ☐ A physical disability
☐ Your education or Income Level ☐ A mental health condition

☐ I have not had these experiences

The final question is about ACEs, adverse childhood experiences, that happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

For this question, please think back to the time BEFORE you were 18 years of age.

71. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

- ☐ Lived with anyone who was depressed, mentally ill,
or suicidal

- ☐ Lived with anyone who was a problem drinker or alcoholic
- ☐ Lived with anyone who used illegal street drugs or who abused prescription medications
- ☐ Lived with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility
- ☐ Parent(s) were separated or divorced
- ☐ Parent(s) or adults experienced physical harm (slap, hit, kick, etc.)
- ☐ Parent(s) or adult physically harmed you (slap, hit, kick, etc.)
- ☐ Parent(s) or adult verbally harmed you (swear, insult, or put down)
- ☐ Adult or anyone at least 5 years older touched you sexually
- ☐ Adult or anyone at least 5 years older made you touch them sexually
- ☐ Adult or anyone at least 5 years older forced you to have sex

That concludes our survey. Thank you for participating! Your feedback is important.

RESOURCE List

Please find the list of community resources used for this Community Health Needs Assessment Survey.

Find Help Florida (<https://findhelpflorida.findhelp.com/>)

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

United Way 211 (<https://www.crisiscenter.com/>)

Simply call 211 to speak to someone now, or search by location for online resources and more contact information.

988 Suicide and Crisis Lifeline (<https://988lifeline.org/>)

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you or your loved ones. Call 988.

Crisis Text Line (<https://www.crisistextline.org/>)

Crisis Text Line provides free, 24/7 support via text message. We're here for everything: anxiety, depression, suicide, and school. Text HOME to 741741

Hillsborough County (<https://hcfi.gov/residents/parks-and-leisure/mindful-mondays/organizations-offering-mental-health-resources>)

Resources to help you with mental health

Pasco County (<https://namipasco.org/>)

National Alliance on Mental Illness, Pasco County

NAMI Pasco, an affiliate of the National Alliance on Mental Illness is a 501(c)3 not-for-profit organization that provides free support, advocacy, outreach, and education to those with mental health conditions and their loved ones.

Pinellas County (<https://nami-pinellas.org/>)

National Alliance on Mental Illness, Pinellas County

NAMI(National Alliance on Mental Illness) Pinellas supports individuals and loved ones affected by mental illness so that they can build better lives.

Polk County

Peace River Center (<https://www.peacerivercenter.org/>)

Peace River Center's Mobile Crisis Response Team (MCRT) is a free 24-hour community resource available to anyone experiencing emotional distress. The free 24-hour Crisis Line is (863) 519-3744 or (800) 627-5906.

Information on Adverse Childhood Experiences

PACEs Connection (<https://www.acesconnectioninfo.com/>)

PACEs Connection is a social network that recognizes the impact of a wide variety of adverse childhood experiences (ACEs) in shaping adult behavior and health, and that promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems, and communities.

Recognizing and Treating Child Traumatic Stress (<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>)

Learn about the signs of traumatic stress, its impacts on children, treatment options, and how families and caregivers can help.

TEDTalk: How Childhood Trauma Affects Health Across a Lifetime

(<https://ed.ted.com/lessons/eczPoVp6>)

Nadine Burke Harris reveals a little understood, yet universal factor in childhood that can profoundly impact adult-onset disease.

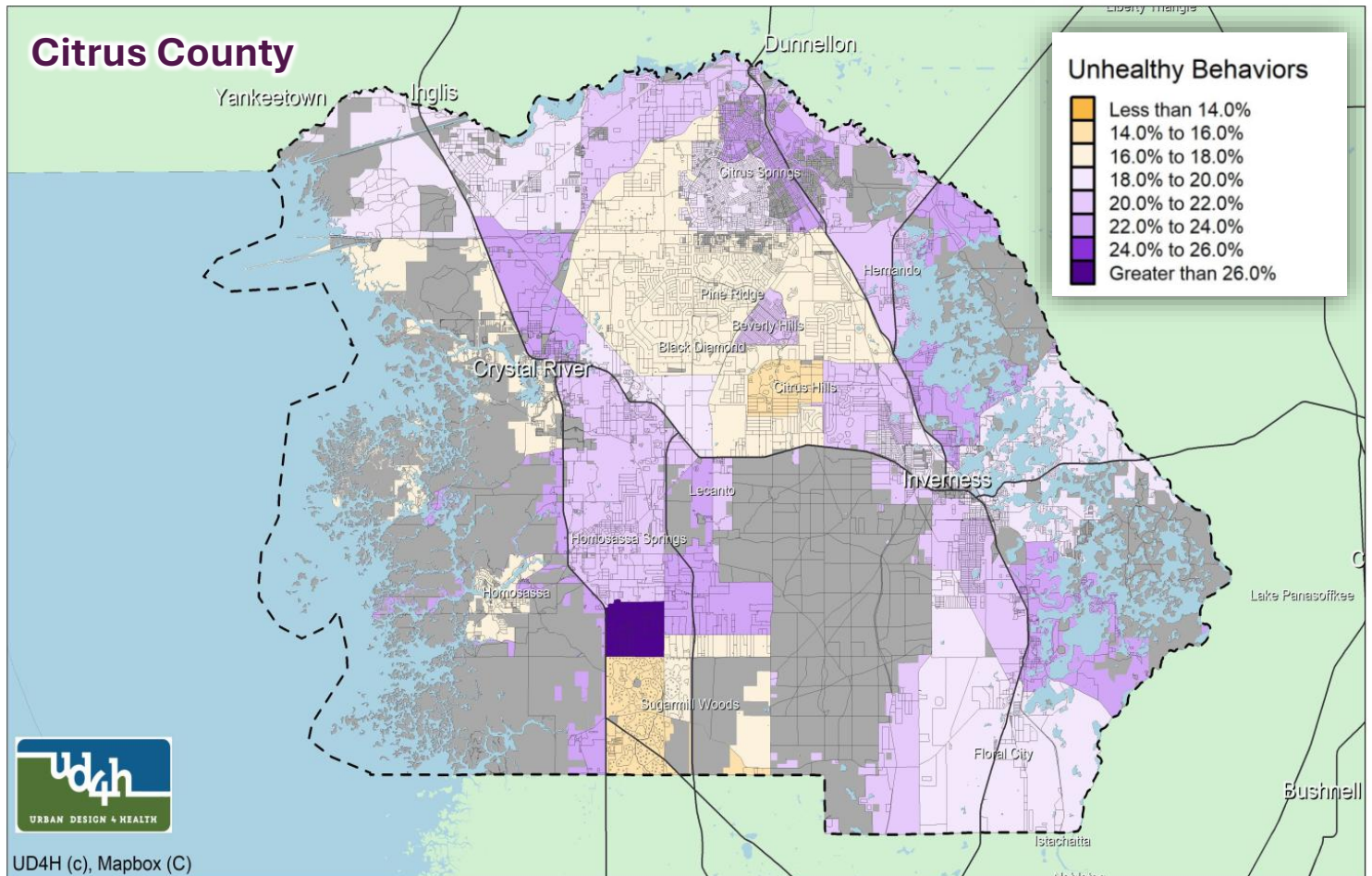


All4HealthFL Collaborative Community Health Needs Assessment

Unhealthy Behaviors



The maps below show the average prevalence of unhealthy behaviors (smoking, binge drinking, and physical inactivity) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are **estimated** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data).



Metric: Average prevalence of smoking, binge drinking, and physical inactivity of adults at the US Census Tract level.

Current Smokers: Percent adults reporting smoking some days currently. Smoking and secondhand smoke exposure cause 480,000+ deaths each year in the US.

Binge Drinking: Percent of adults reporting drinking 5+ drinks (4+ drinks for women) on 1 occasion. Drinking excessively can lead to injuries, violence, poisoning, and overdose.

Physical Inactivity: Percent of adults reporting no leisure time physical activity. Regular physical activity elicits multiple health benefits in the prevention and management of chronic diseases

Darker purple colors in the map are estimated to have higher prevalence rates of unhealthy behaviors compared to the rest of the region. Orange areas have lower values.

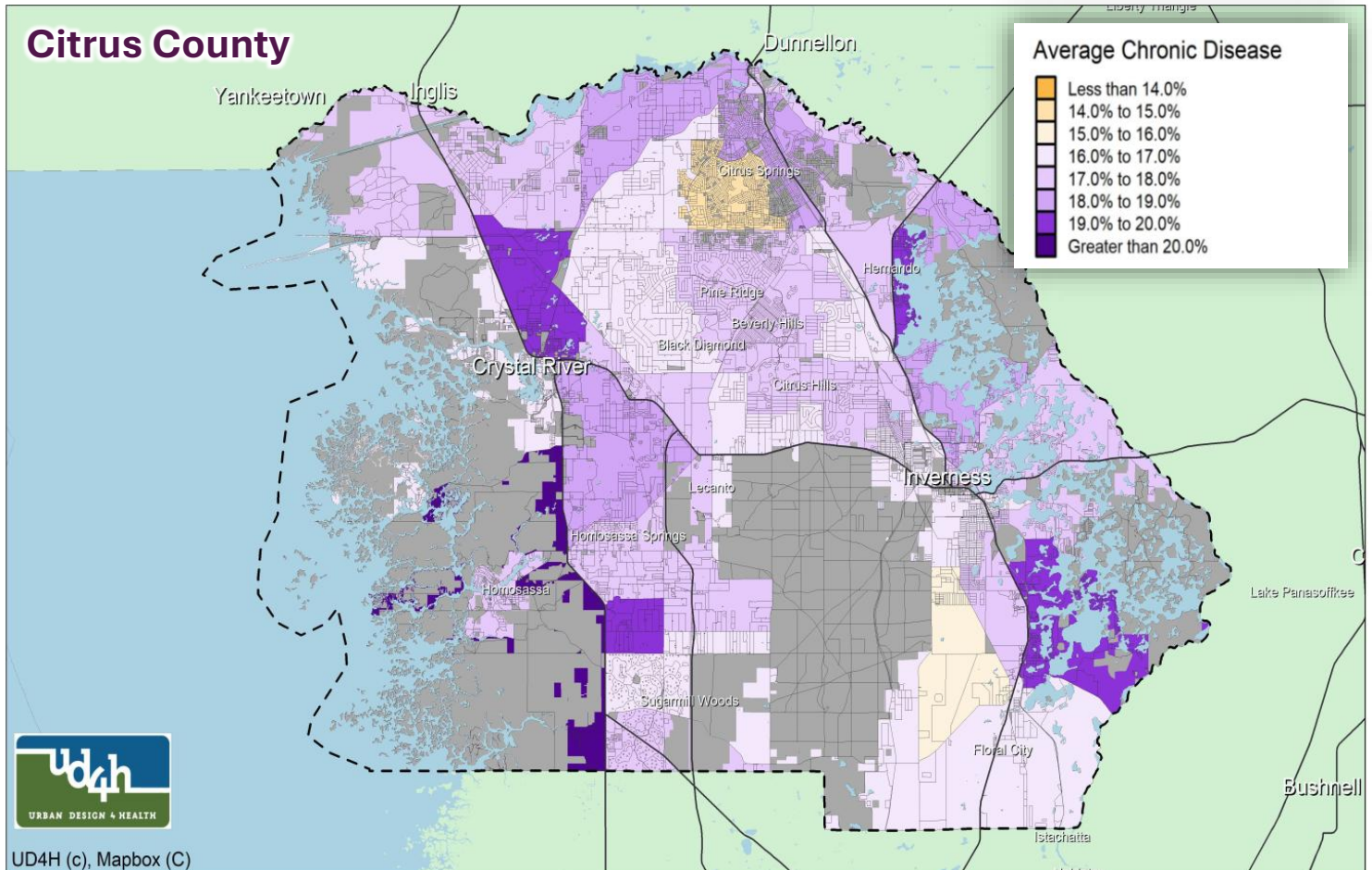




All4HealthFL Collaborative Community Health Needs Assessment Average Chronic Disease



The maps below show the average prevalence of 5 chronic diseases or conditions (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from the 2024 CDC PLACES dataset (which are **estimated** from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data).



Metric: Average prevalence of major chronic diseases (Cancer, Heart Disease, Diabetes, Obesity, and Asthma) in adults at the US Census Tract level.

Cancer: Percent adults reporting that they were diagnosed in the past with cancer (non-skin) or melanoma

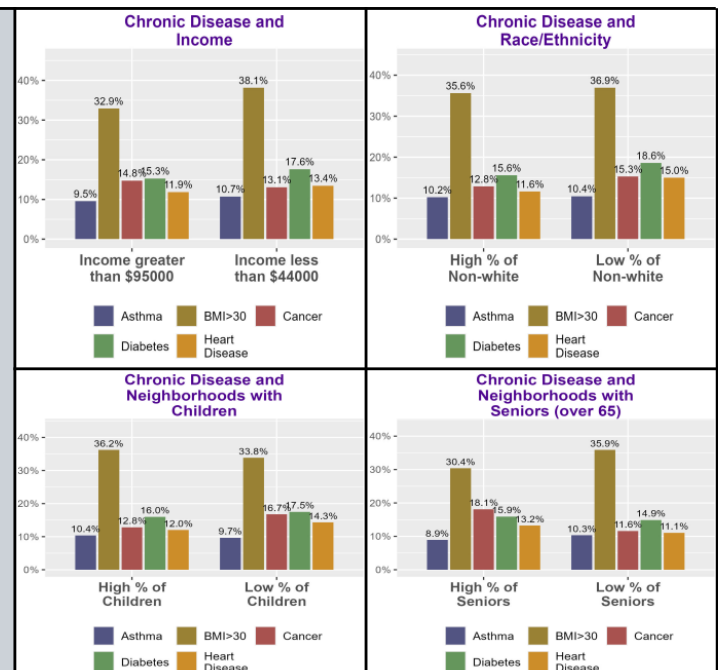
Heart Disease: Percent adults reporting that they were diagnosed in the past with coronary heart disease.

Diabetes: Percent adults reporting that they were diagnosed in the past with diabetes (any type).

Obesity: Percent adults reporting that they were diagnosed in the past with obesity.

Asthma: Percent adults reporting that they currently have asthma.

Darker purple colors in the map are estimated to have higher prevalence rates of one or more chronic disease compared to the rest of the region. Orange areas have lower values.



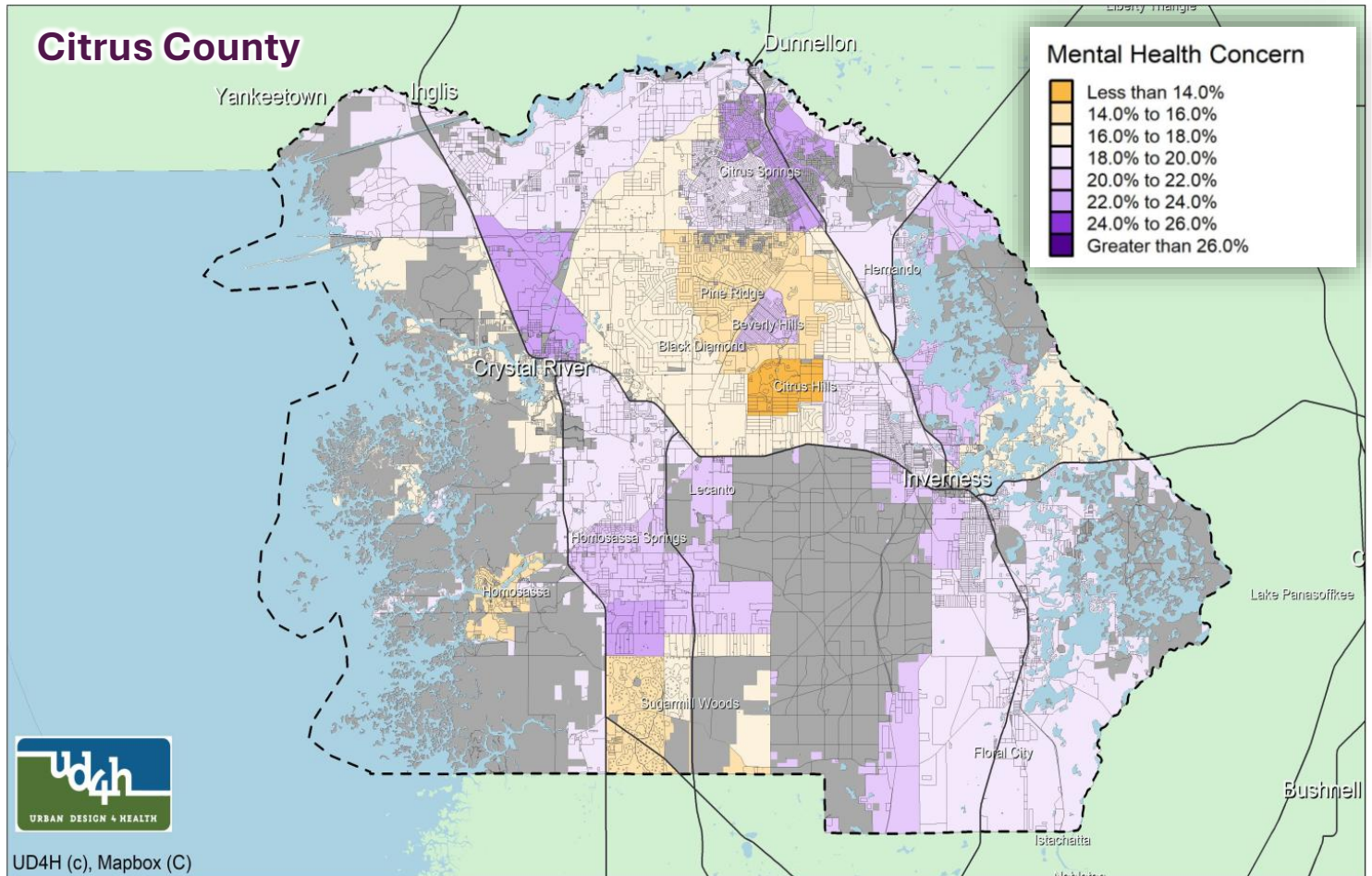


All4HealthFL Collaborative Community Health Needs Assessment

Mental Health Concern



The maps below show the average prevalence of 2 conditions (Depression and frequent Mental Distress) for residential areas in the CFC region (gray areas are non-residential). The data for these maps originate from 2024 CDC PLACES data, which are estimated from the 2022 Behavioral Risk Factor Surveillance System (BRFSS) survey data.



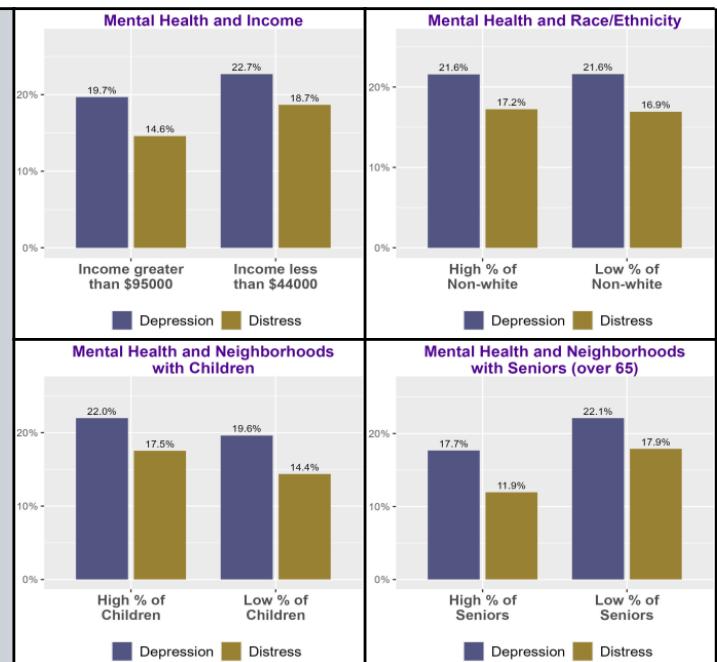
Metric: Average prevalence of two mental health concerns (Depression, and frequent Mental Distress) in adults at the US Census Tract level.

Depression: Percent of adults reporting that they experienced depression in the past 30 days.

Frequent Mental Distress: Percent of adults reporting having 14 or more days of poor mental health in the past 30 days. Poor mental health includes stress, depression, and problems with emotions.

“People who have depression are at higher risk of developing certain chronic diseases, including heart disease, diabetes, stroke, pain, osteoporosis, and Alzheimer’s disease.” - [NIH](#)

Darker purple colors in the map are estimated to have higher prevalence rates mental health concerns compared to the rest of the region. Orange areas have lower values.



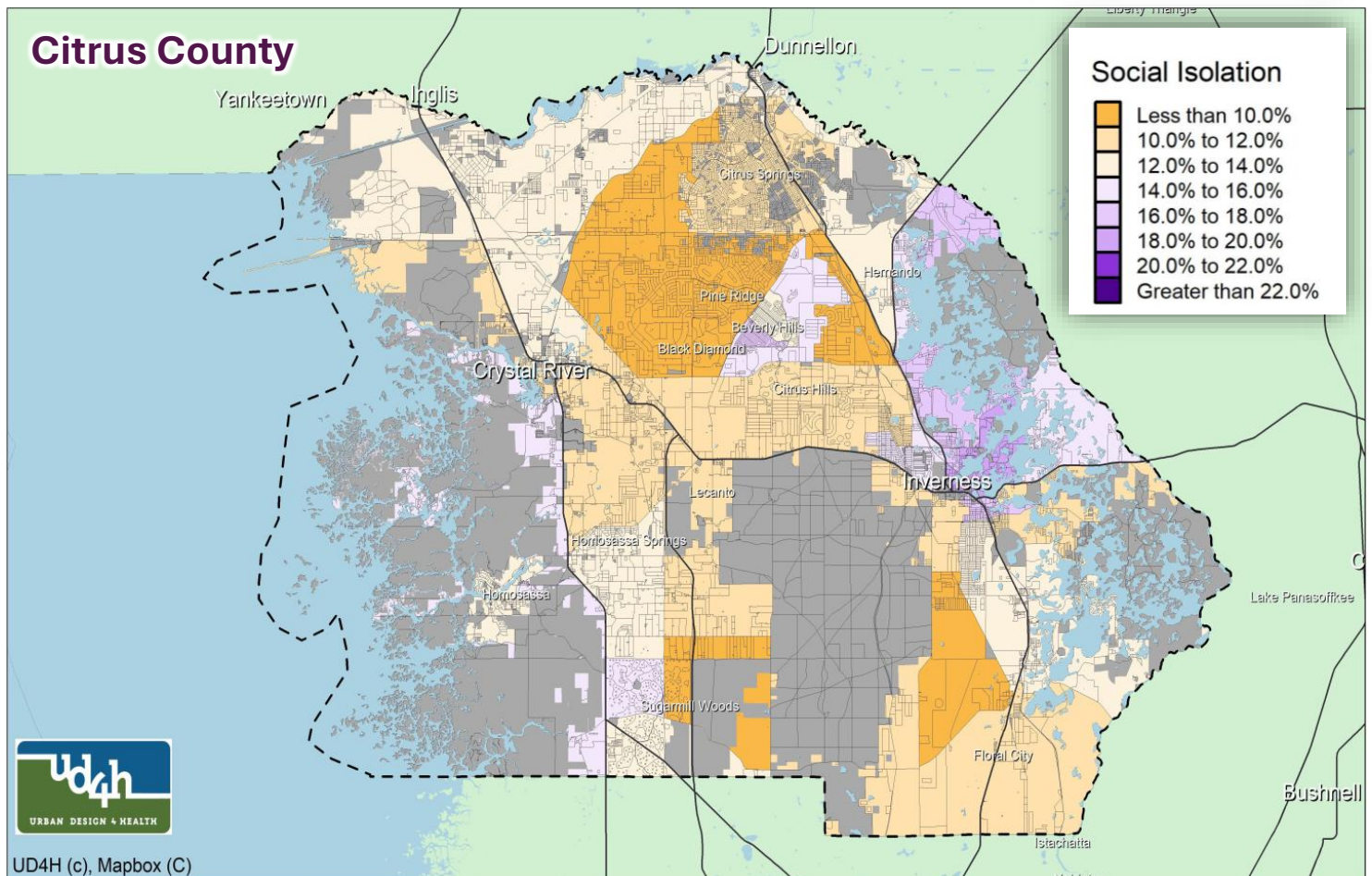


All4HealthFL Collaborative Community Health Needs Assessment

Social Isolation



The maps below show the average prevalence of 3 conditions (reported social isolation, adults living alone, seniors living alone) for residential areas in the CFC region (gray areas are non-residential). These maps and charts were developed from 2024 CDC PLACES data (social isolation) and the 2023 American Community Survey (adults living alone and seniors living alone)



Metric: Average prevalence of reported social isolation (US Census Tract level) and the percentage of adults living alone and seniors living alone (US Census Block Group level).

Reported Social Isolation (2024 CDC): Percent of adults reporting that they experienced social isolation

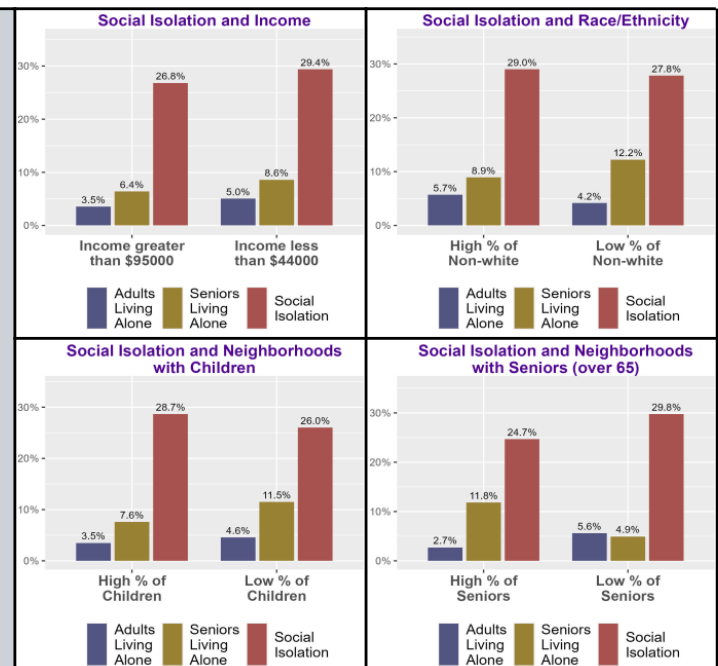
Adults Living Alone (2023 ACS): Percent of adults living alone

Seniors Living Alone (2023 ACS): Percent seniors living alone.

“Social isolation and loneliness can increase a person's risk for: heart disease and stroke, type 2 diabetes, depression and anxiety, suicidality and self-harm, dementia, and earlier death.”

- CDC

Darker purple colors in the map are estimated to have higher prevalence rates of social isolation compared to the rest of the region. Orange areas have lower values.

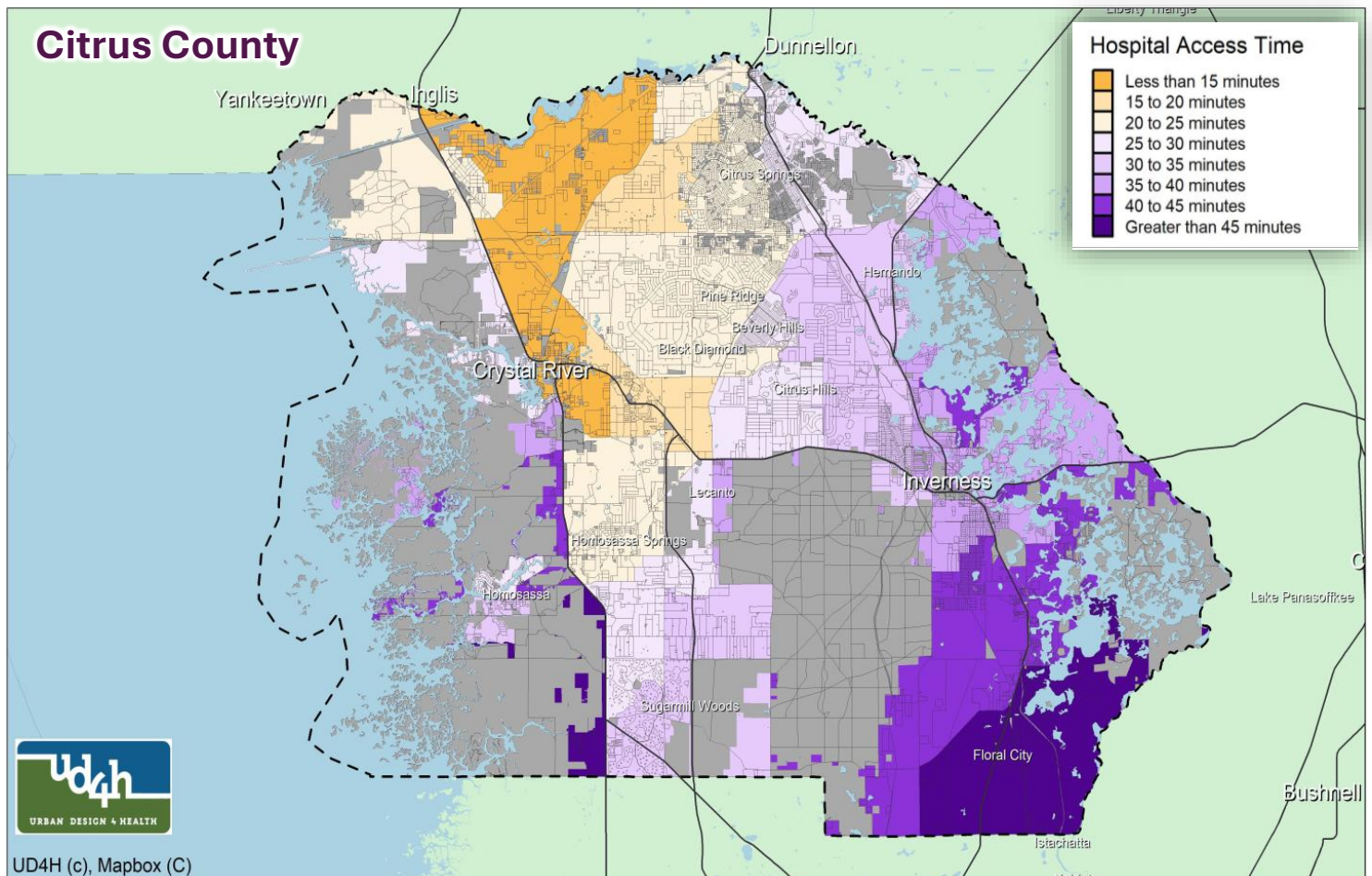




All4HealthFL Collaborative Community Health Needs Assessment Hospital Access – Acute Care



The maps below show estimated personal vehicle drive-time to the closest “acute care” hospital in the absence of traffic congestion. Acute care hospitals are healthcare facility designated by the Federal Emergency Management Agency as a critical infrastructure point that provides immediate, short-term medical treatment for patients with severe or urgent health issues. Drive time estimates do not reflect faster travel time for emergency vehicles.

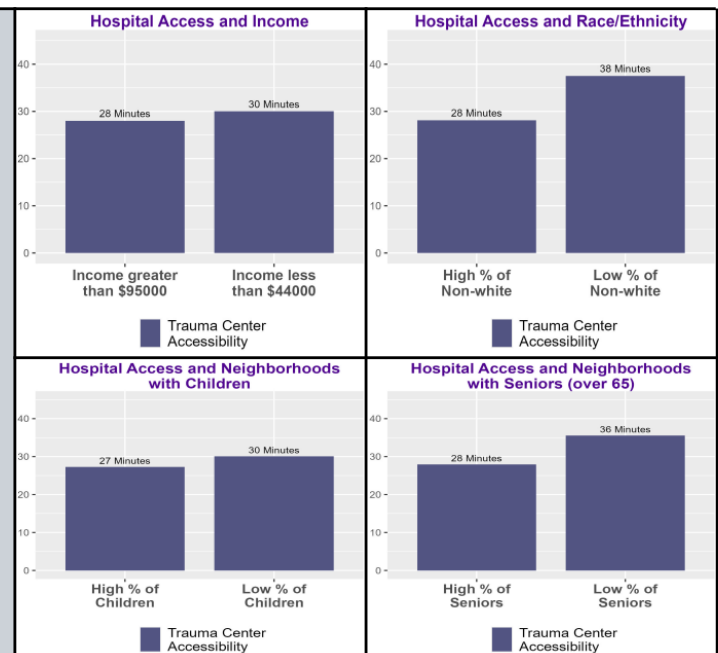


These maps show approximate personal vehicle travel time to the closest “acute care” hospital in the region.

Population-weighted values for the region are shown below:

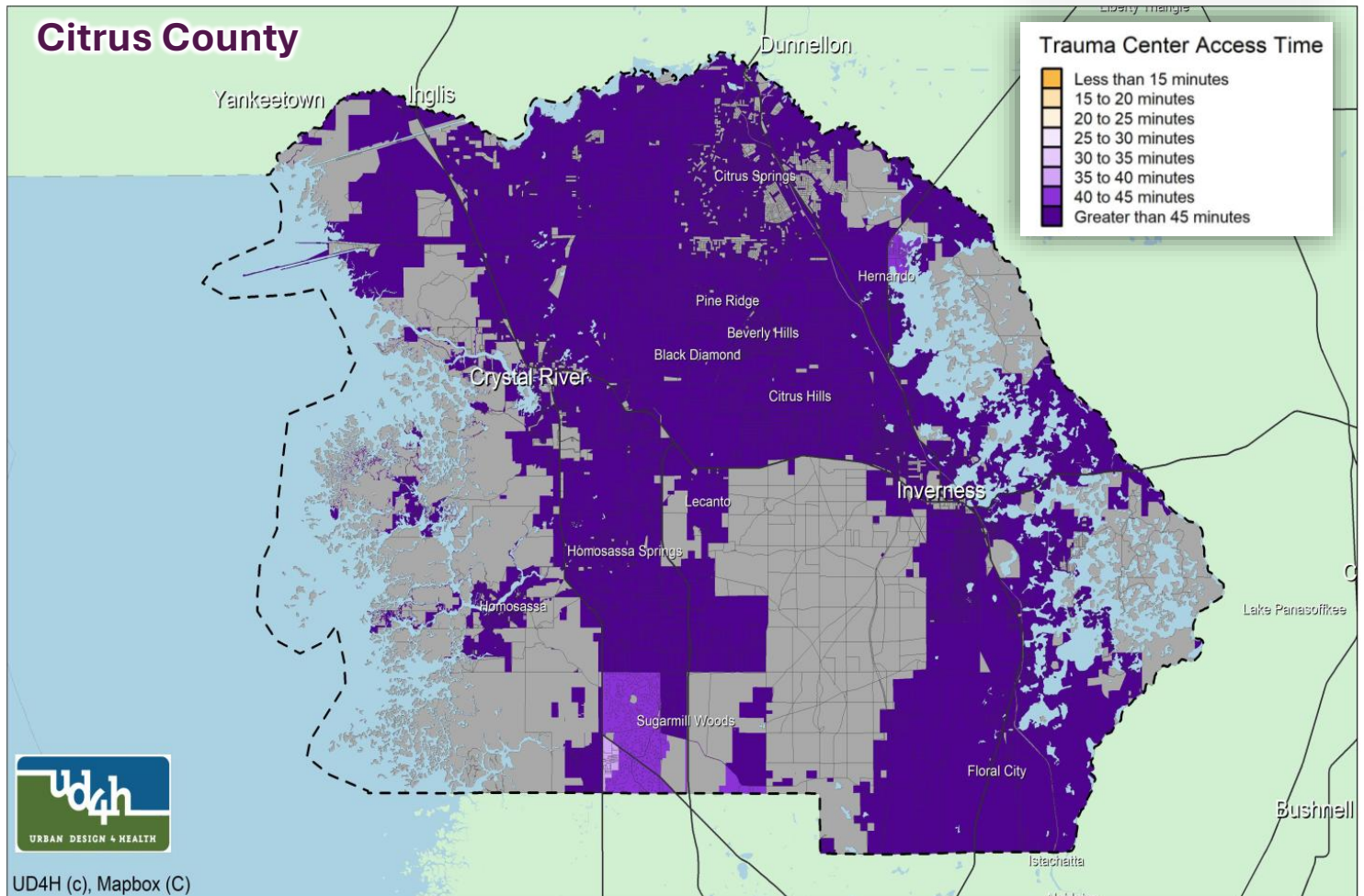
Region	17 min	Manatee	16 min
Citrus	29 min	Marion	20 min
Hardee	15 min	Pasco	14 min
Hernando	21 min	Pinellas	13 min
Highlands	18 min	Polk	19 min
Hillsborough	15 min	Sarasota	20 min

Darker orange colors in the map are estimated to have faster access to acute care by vehicle compared to the rest of the county. Purple areas take longer to reach acute care facilities.



Access to Level I or II Trauma Centers

The maps below show estimated personal vehicle drive-time contours to the closest “trauma center” hospital in the absence of traffic congestion. Trauma centers are healthcare facility designated by the Florida Department of Health. Drive time estimates do not reflect faster travel time for emergency vehicles.

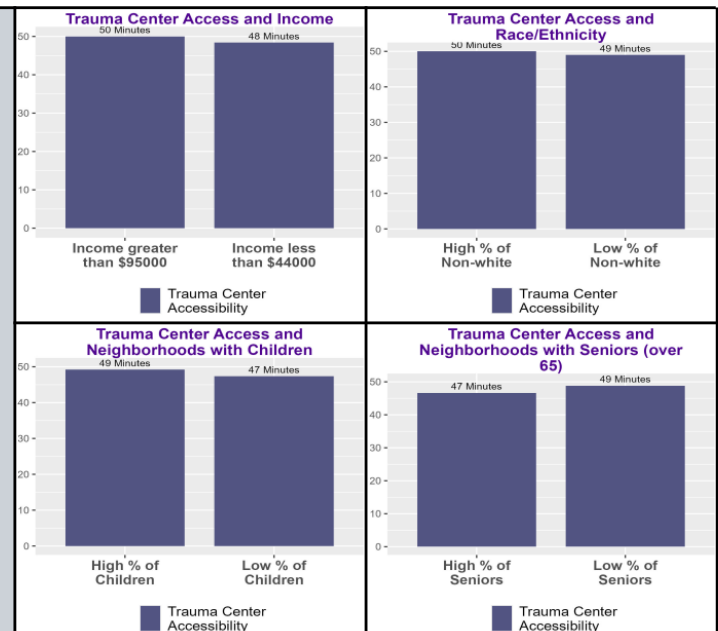


These maps show approximate personal vehicle travel time to the closest “trauma center” hospital in the region.

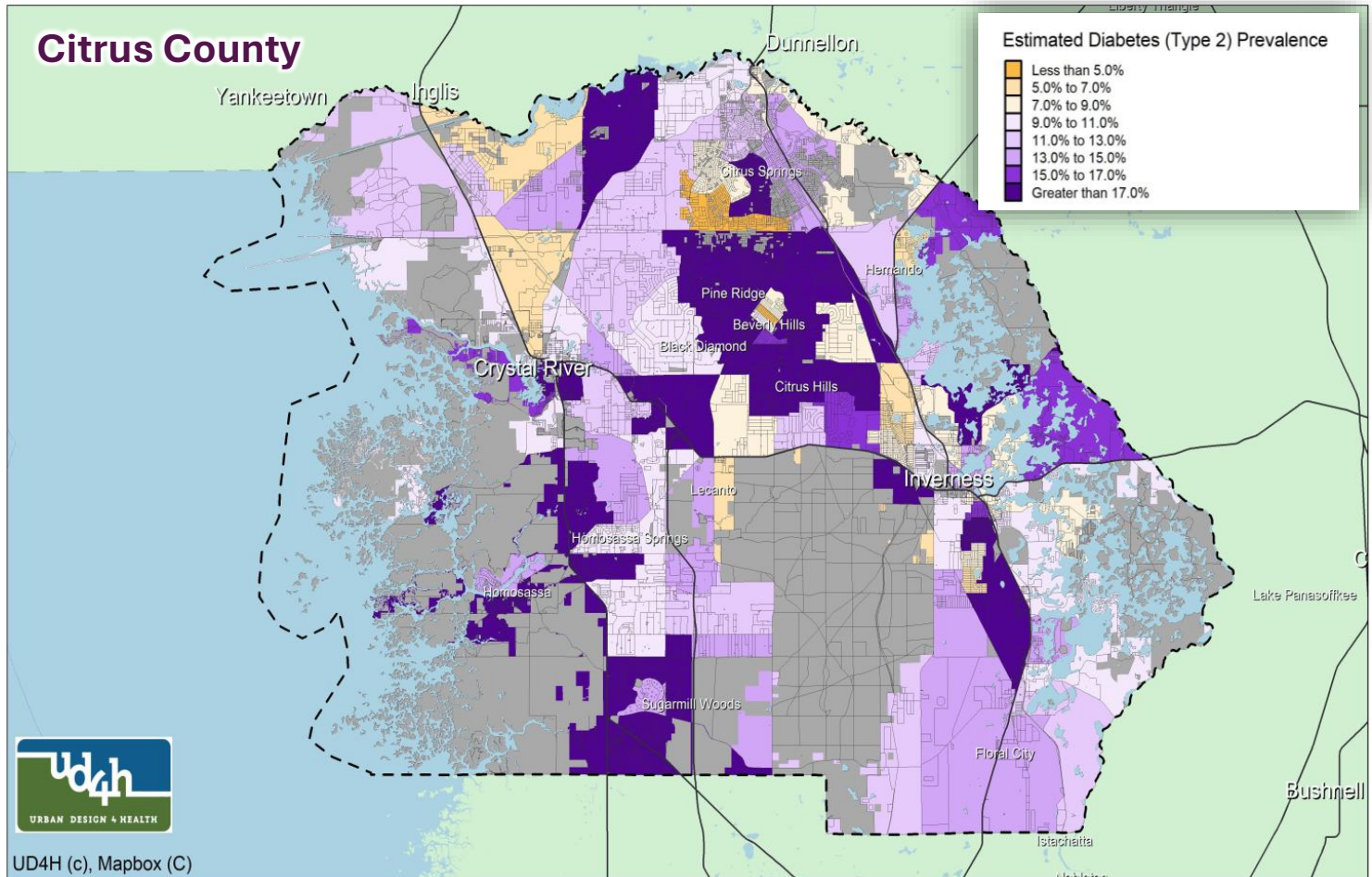
Population-weighted values for the region are shown below:

Region	30 min	Manatee	25 min
Citrus	49 min	Marion	25 min
Hardee	50 min	Pasco	33 min
Hernando	32 min	Pinellas	26 min
Highlands	50 min	Polk	32 min
Hillsborough	27 min	Sarasota	30 min

Darker orange colors in the map are estimated to have faster access to trauma centers by vehicle compared to the rest of the region. Purple areas take longer to reach trauma center facilities.



The maps below show the **estimated** prevalence of Type 2 Diabetes. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.

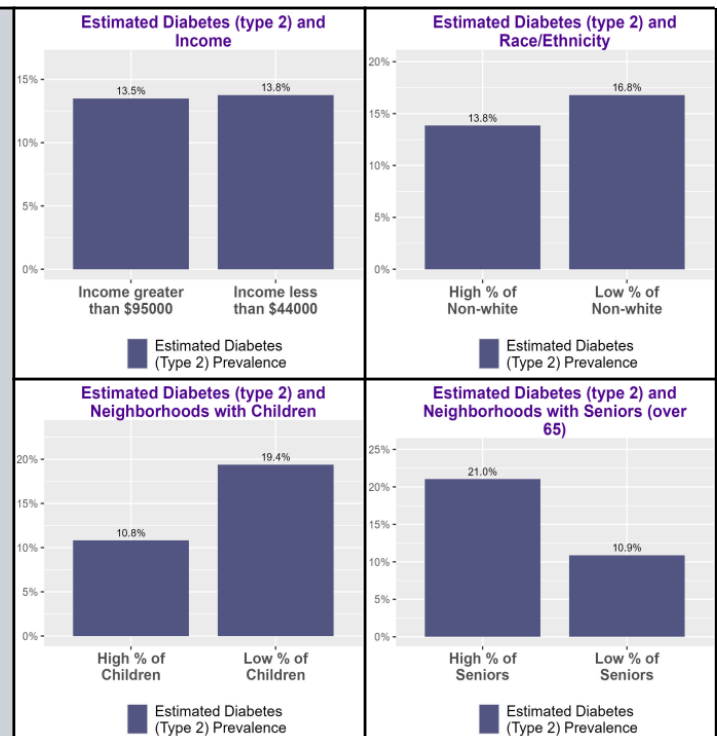


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Type 2 Diabetes is considered preventable and untreated can lead to other chronic diseases.

Population-weighted values for the region are shown below:

Region	11.1%	Manatee	11.1%
Citrus	14.5%	Marion	13.7%
Hardee	12.7%	Pasco	10.8%
Hernando	12.5%	Pinellas	10.6%
Highlands	15.3%	Polk	11.9%
Hillsborough	9.6%	Sarasota	11.2%

Darker purple colors in the map are estimated to have higher prevalence rates of type 2 diabetes compared to the rest of the county. Orange areas have lower values.

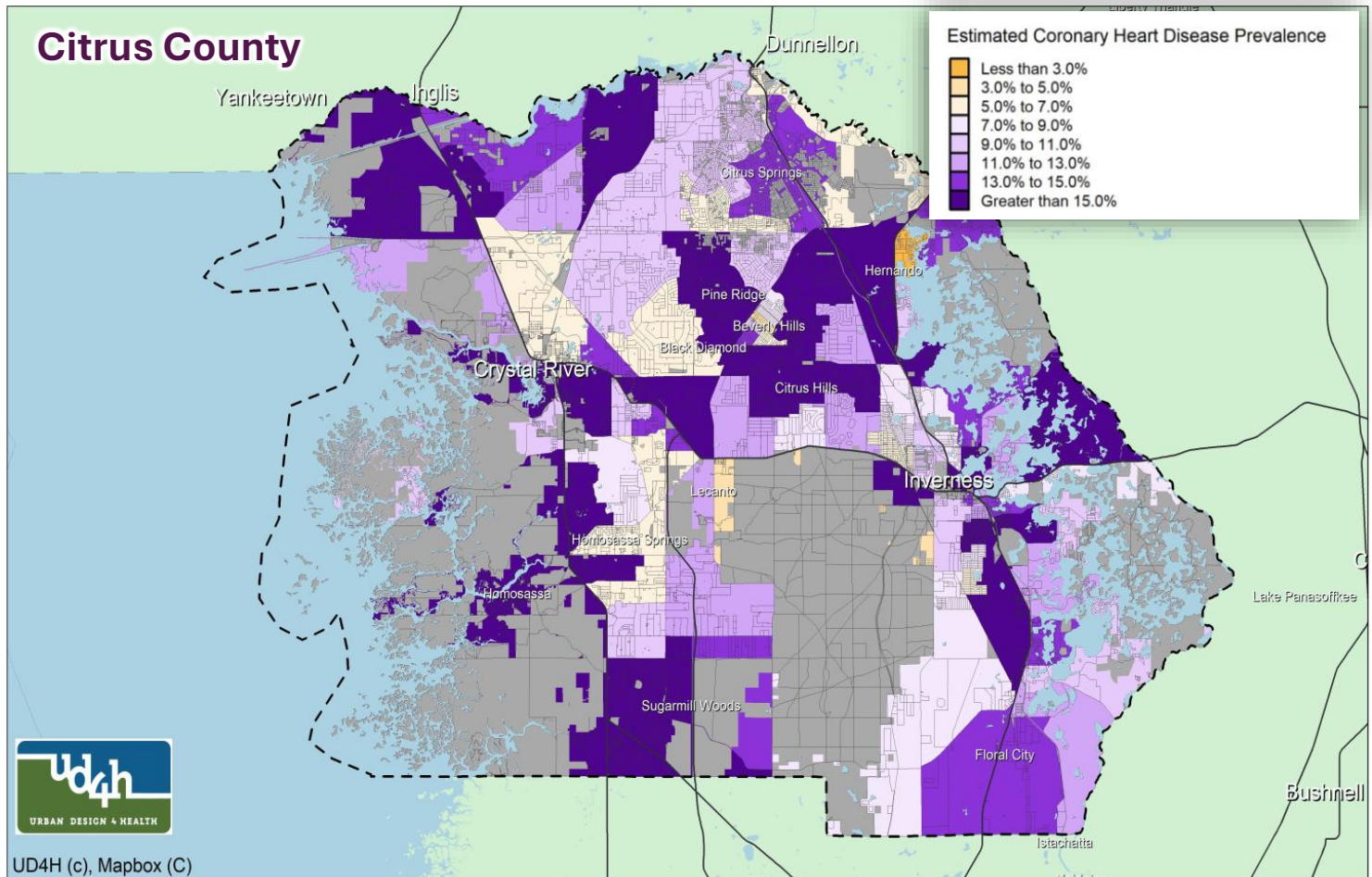




All4HealthFL Collaborative Community Health Needs Assessment Coronary Heart Disease



The maps below show the **estimated** prevalence of Coronary Heart Disease. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.



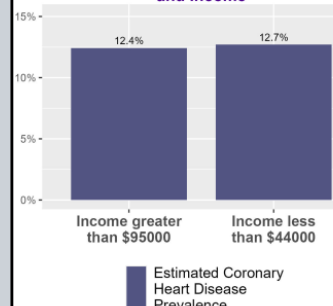
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Coronary Heart Disease is caused by the build-up of plaque in the arteries and increases with age, inactivity, and a poor diet. The CDC estimates that 5% of US adults have diagnosed heart disease.

Population-weighted values for the region are shown below:

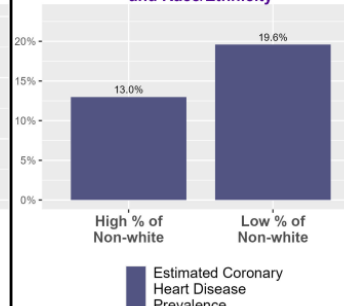
Region	8.5%	Manatee	9.2%
Citrus	13.4%	Marion	10.8%
Hardee	8.3%	Pasco	8.7%
Hernando	10.1%	Pinellas	8.5%
Highlands	12.7%	Polk	8.6%
Hillsborough	6.3%	Sarasota	9.9%

Darker purple colors in the map are estimated to have higher prevalence rates of coronary heart disease compared to the rest of the county. Orange areas have lower values.

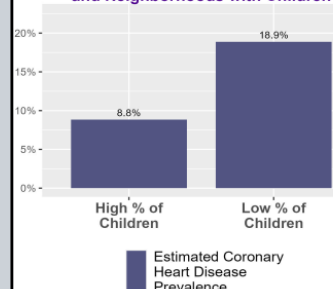
Estimated Coronary Heart Disease and Income



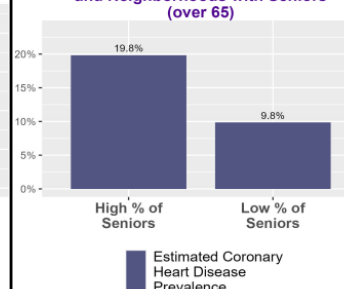
Estimated Coronary Heart Disease and Race/Ethnicity



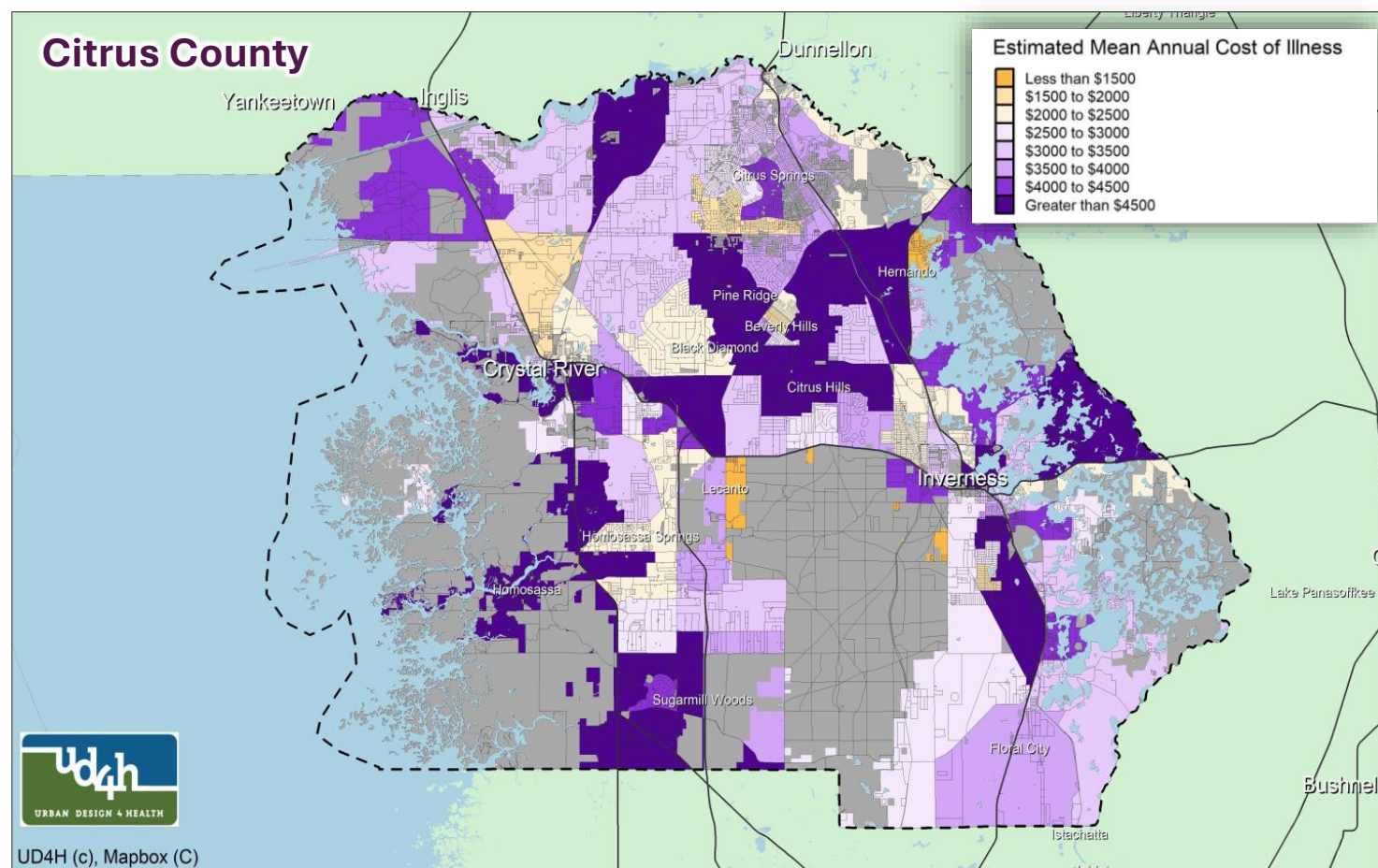
Estimated Coronary Heart Disease and Neighborhoods with Children



Estimated Coronary Heart Disease and Neighborhoods with Seniors (over 65)



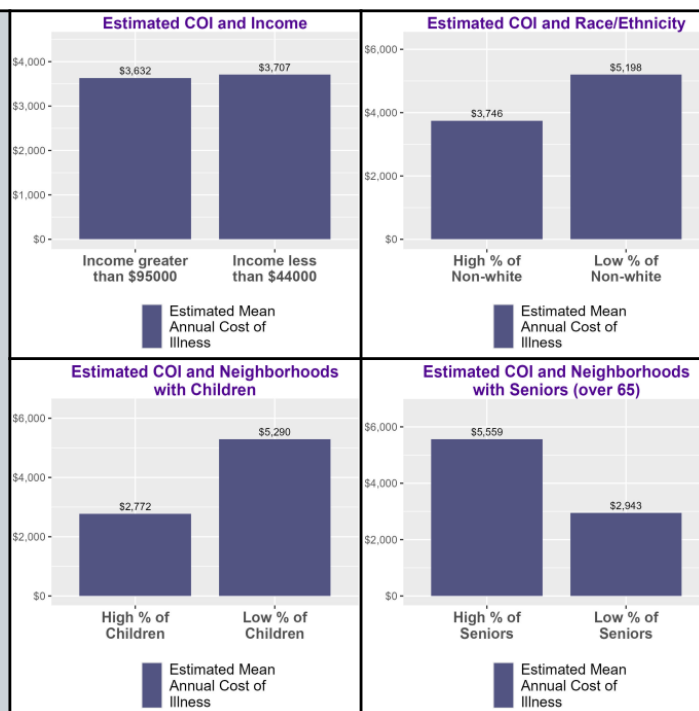
The maps below show the **estimated** cost of illness (annualized per capita). The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). The estimates represent the direct and some indirect costs to treat Type 2 Diabetes, Coronary Heart Disease, and Hypertension.



N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. An estimated annual per capita cost of illness is generated from the prevalence rates of type 2 diabetes (\$7k), high blood pressure (\$1.2k), and coronary heart disease (\$17k). These values originate from the Medical Expenditure Panel Survey (MEPS) data and include some, but not all, indirect costs.

In the All4Health region, N-PHAM estimates that the average per-capita cost of chronic disease is ~\$2,700 (\$12 billion per year for the region). The weighted average for Citrus County is \$3,850

Darker purple colors in the map are estimated to have higher per capita average health care costs compared to the rest of the county. Orange areas have lower values.



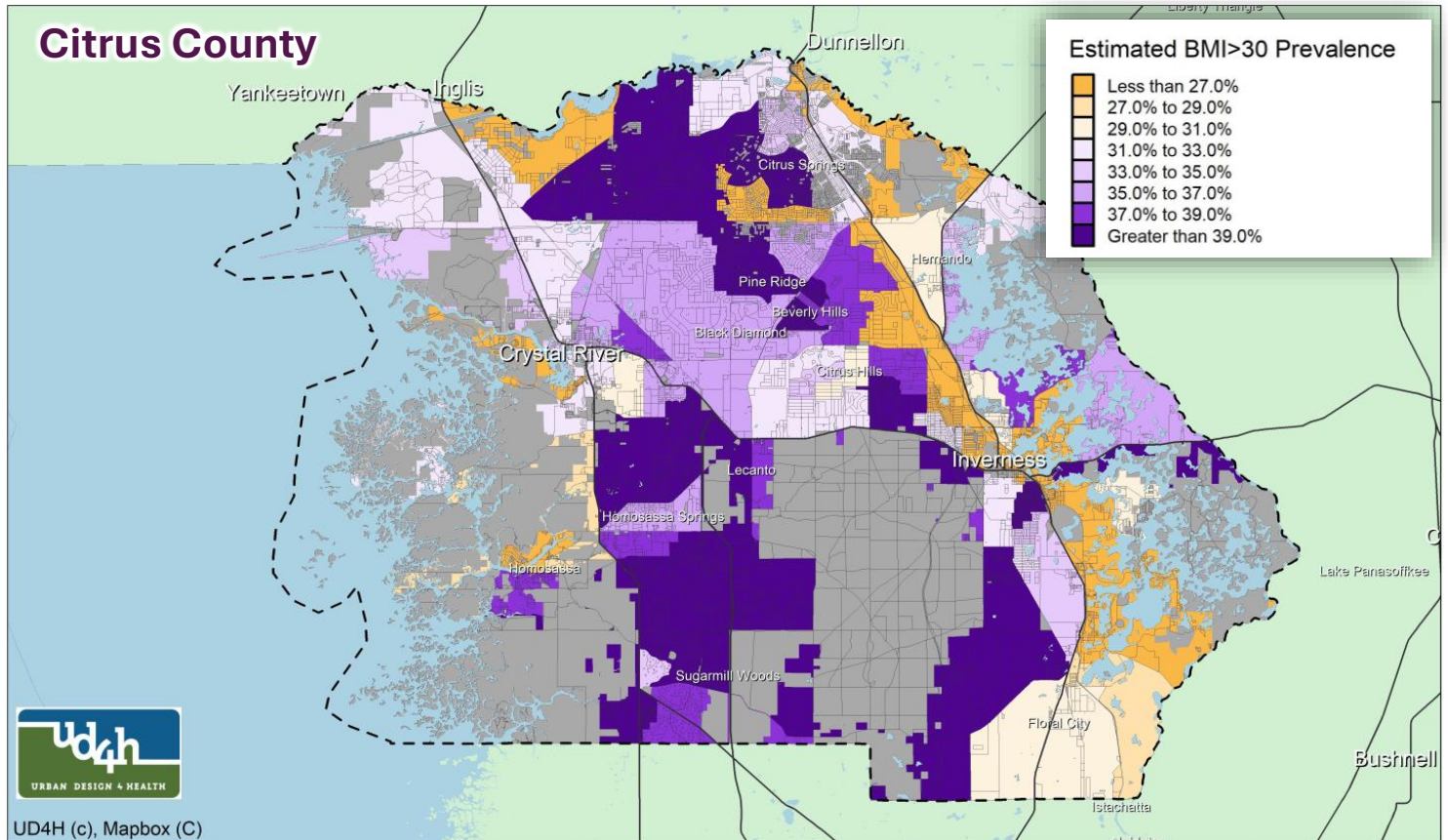


All4HealthFL Collaborative Community Health Needs Assessment



Body Mass Index Greater than 30

The maps below show the **estimated** prevalence of Body Mass Index (BMI) greater than 30. The estimates originate from Urban Design 4 Health's 2023 National Public Health Assessment Model (N-PHAM). N-PHAM uses neighborhood-level built environment and demographic data to forecast community health prevalence rates of several chronic diseases.

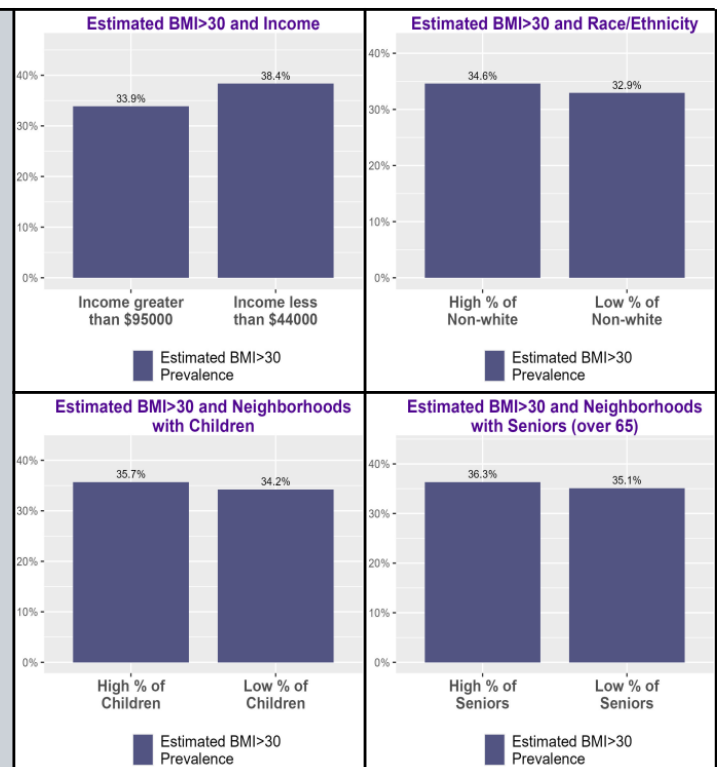


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Body Mass Index (BMI) is frequently used to estimate obesity (value of 30 or higher), a risk factor for many chronic health conditions.

Population-weighted values for the region are shown below:

Region	33.6%	Manatee	33.3%
Citrus	35.4%	Marion	40.7%
Hardee	41.2%	Pasco	33.3%
Hernando	38.2%	Pinellas	29.8%
Highlands	39.2%	Polk	38.5%
Hillsborough	32.4%	Sarasota	27.9%

Darker purple colors in the map are estimated to have higher prevalence rates of BMI>30 compared to the rest of the county. Orange areas have lower values.

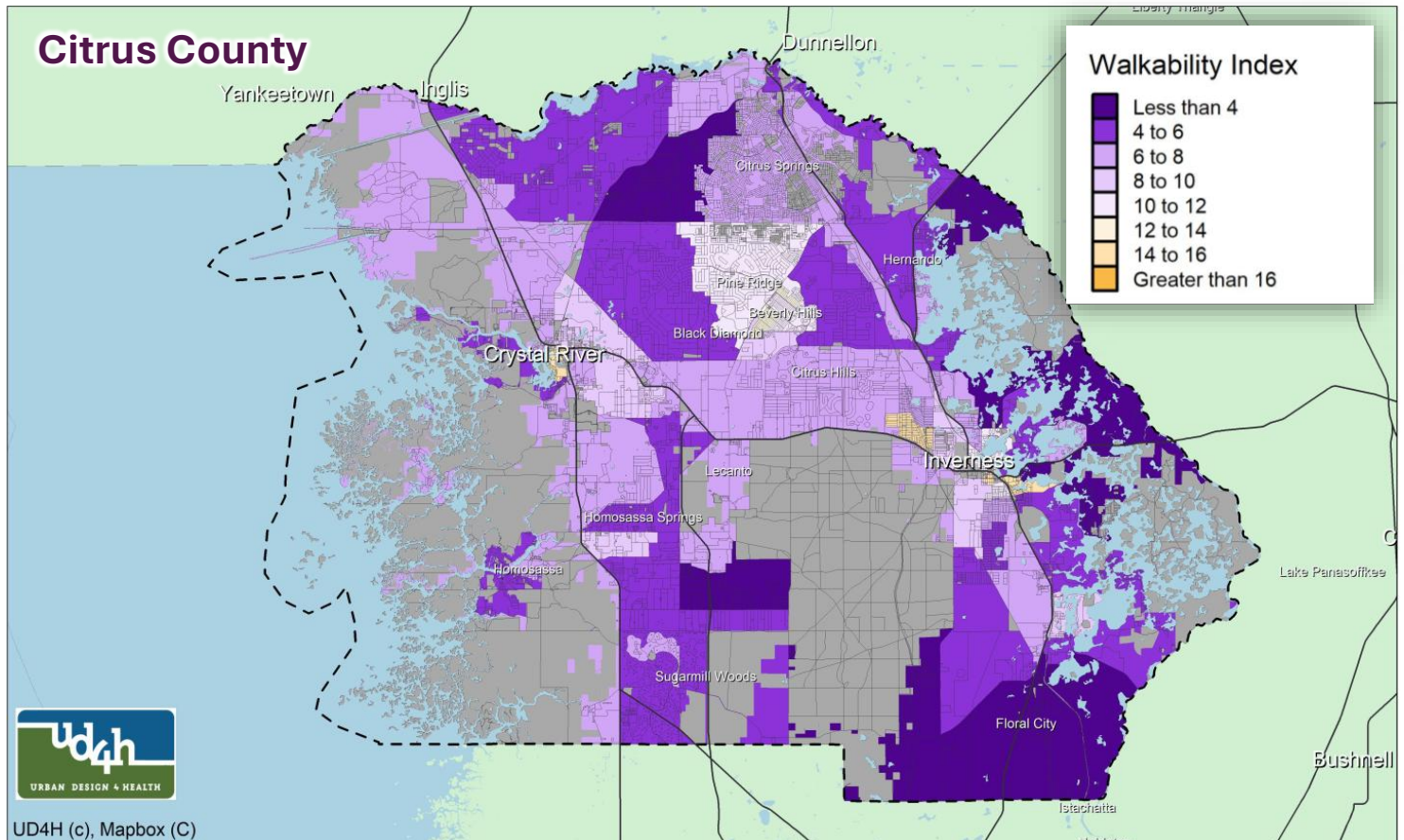




All4HealthFL Collaborative Community Health Needs Assessment National Walkability Index



The maps below show the **estimated** “walkability” of neighborhoods in the region. This US data was developed by Urban Design 4 Health for the Robert Wood Johnson Foundation in 2022. Index values can range from **1 to 20** with higher values indicating greater walkability.

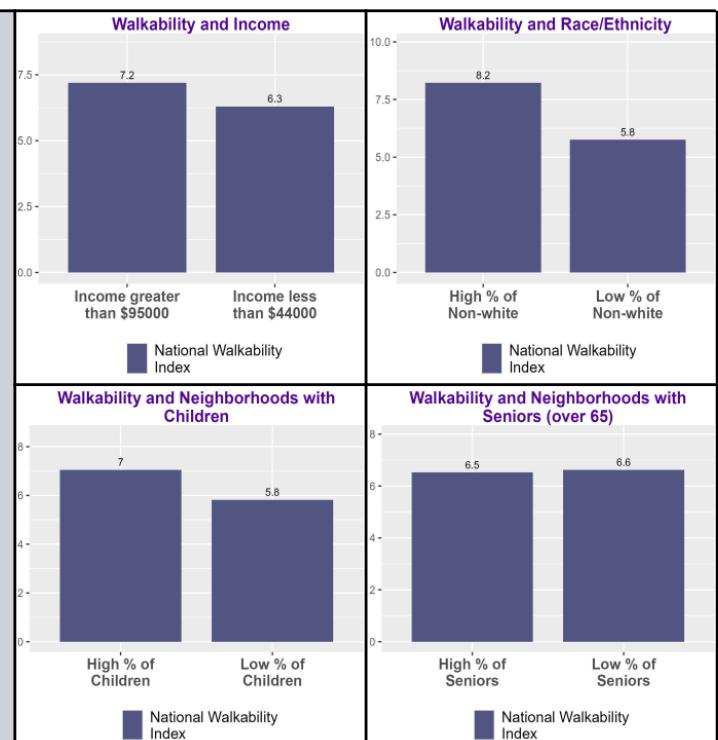


The walkability index is generated from residential neighborhood metrics that include the walkable transportation network, accessible land use mix, density, and access to active transportation alternatives. Neighborhood walkability is associated with physical activity which can impact chronic disease risk.

Population-weighted values for the region are shown below:

Region	9.4	Manatee	10.1
Citrus	6.8	Marion	7.4
Hardee	5.9	Pasco	8.3
Hernando	8.4	Pinellas	12.5
Highlands	6.3	Polk	7.4
Hillsborough	9.6	Sarasota	10.9

Darker purple colors in the map are estimated to have lower walkability. Orange areas are estimated to be more conducive for walking for travel or recreation.



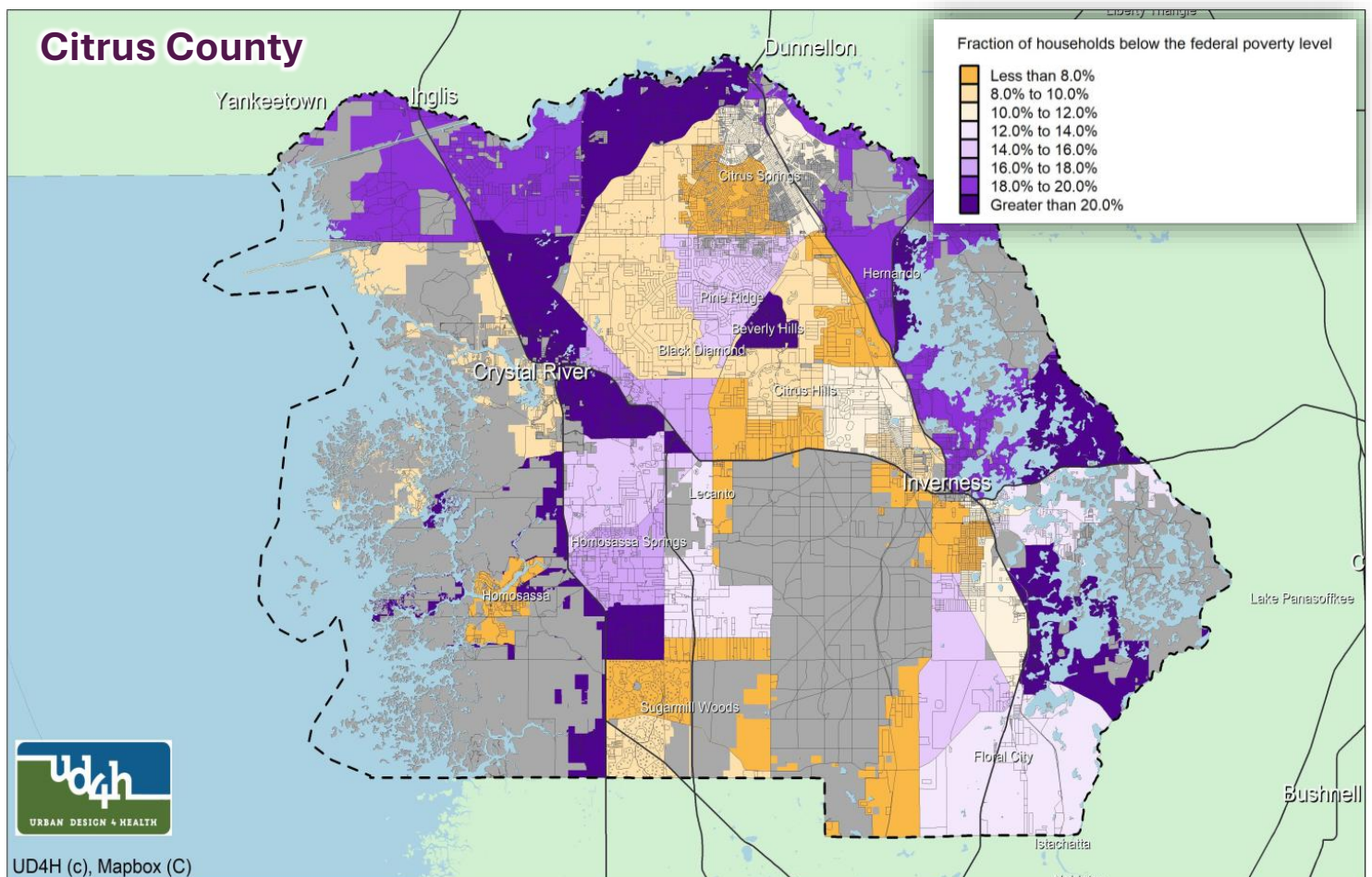


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of households below the federal poverty level

The maps below show 2023 American Community Survey 5-year estimates of the percent of households with household income below 100% of the federal poverty level.



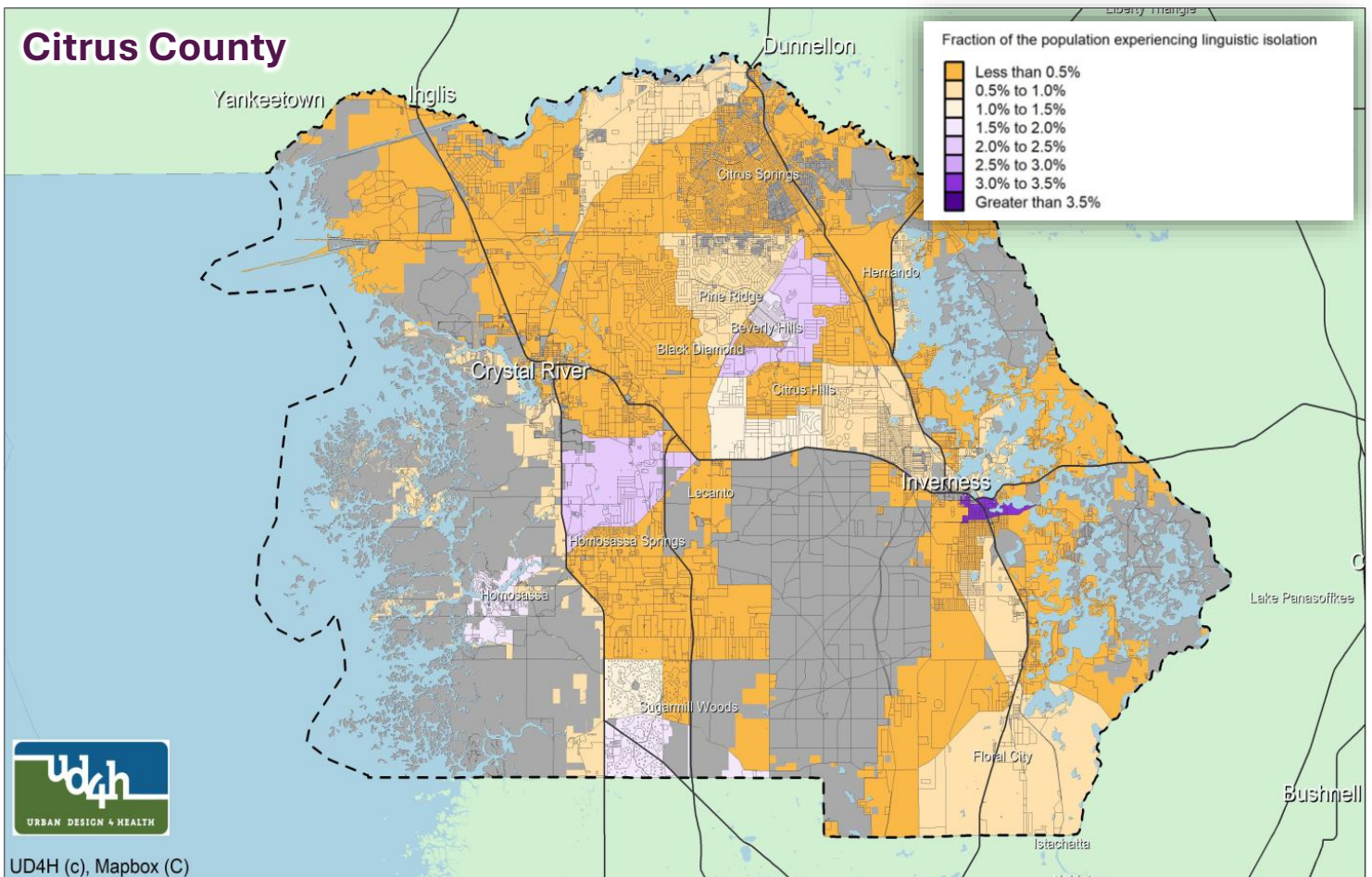


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population experiencing linguistic isolation

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population experiencing linguistic isolation.



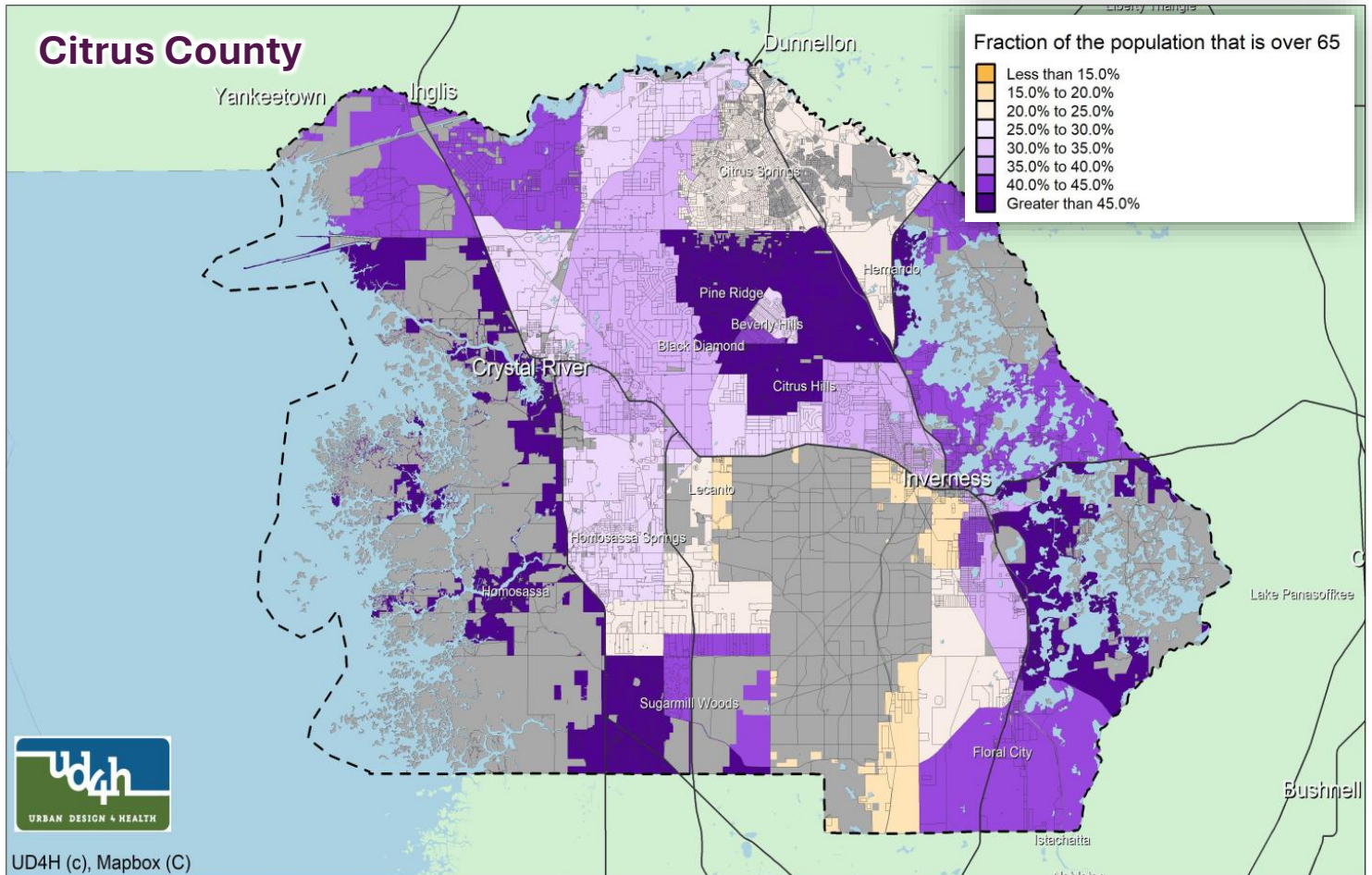


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population With age greater than 65

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is 65 or older.



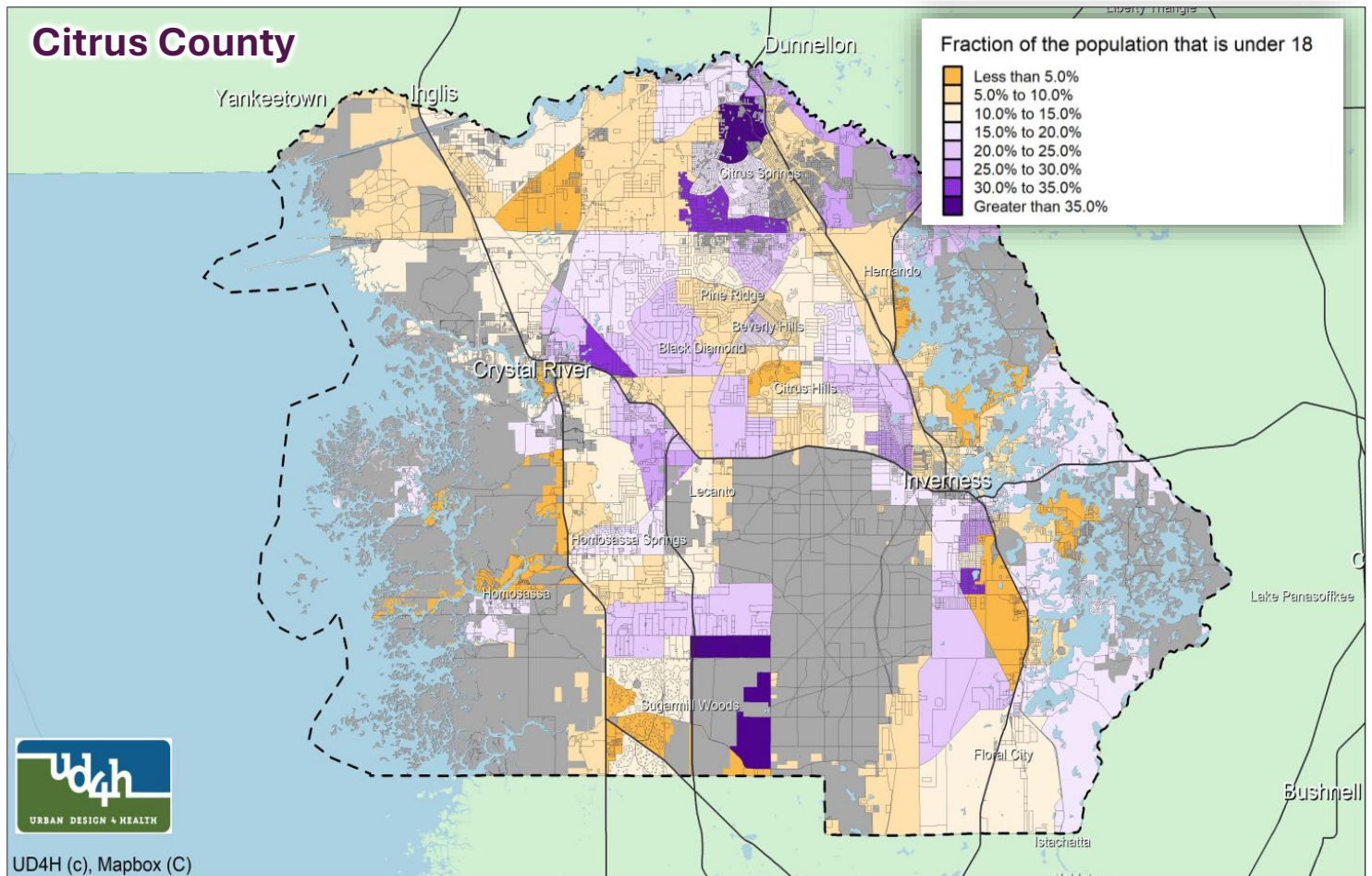


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of the population under the age of 18

The maps below show 2023 American Community Survey 5-year estimates of the percent of the population that is under age 18.



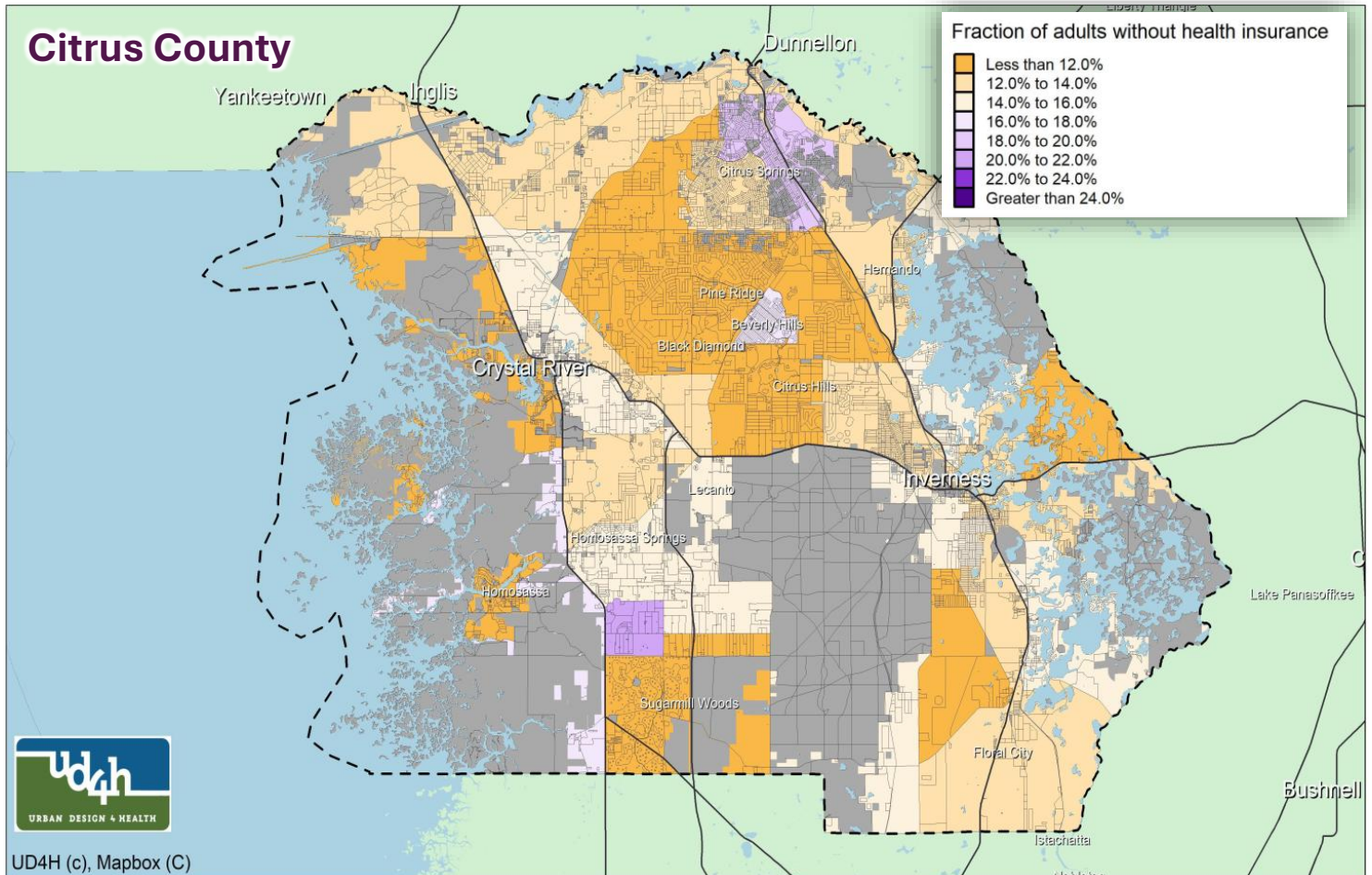


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of adults without health insurance

The maps below show 2023 American Community Survey 5-year estimates of the percent of adults without health insurance



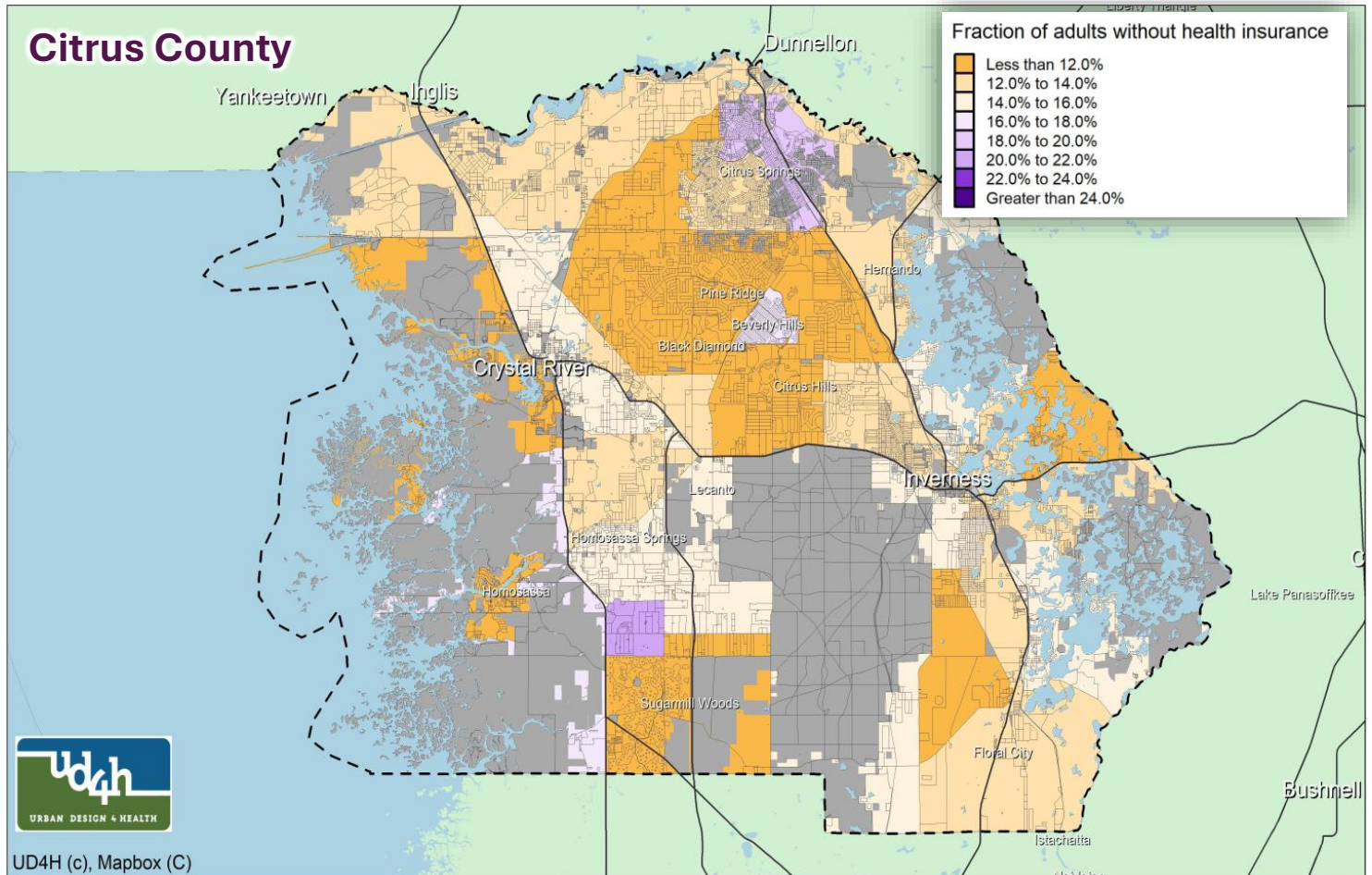


All4HealthFL Collaborative
Community Health Needs Assessment



Percent of adults without health insurance

The maps below show 2023 American Community Survey 5-year estimates of the percent of adults without health insurance





2025 Community Health Needs Assessment

Citrus and Hernando Counties

Needs Prioritization Meeting

March 13, 2025

Agenda

Time	Item
1:00 p.m.	Welcome
1:05 p.m.	Data Presentation (20 Minutes)
1:25 p.m.	Breakout Discussion #1 (15 Minutes)
1:40 p.m.	Breakout Discussion #2 (30 Minutes)
2:10 p.m.	Report Out From Groups
2:30 p.m.	Final Vote
2:35 p.m.	Breakout Discussion #3 (20 Minutes)
2: 55 p.m.	Closing And Preliminary Final Vote Results

About the Presenters



Katelyn Michaud, MPH
Managing Principal



Tara Auclair, MBA
Director



Community Health Needs Assessment

- **What is a Community Health Needs Assessment (CHNA)?**
 - It is a systematic process involving the community to identify and analyze community health needs.
 - All nonprofit hospitals are mandated by the Affordable Care Act (ACA) to conduct a CHNA every three years.
 - The process provides a way for communities to identify and prioritize health needs, and to plan and act upon unmet community health needs.
 - After a CHNA, hospitals are also required to complete an implementation plan.

Methodology Overview



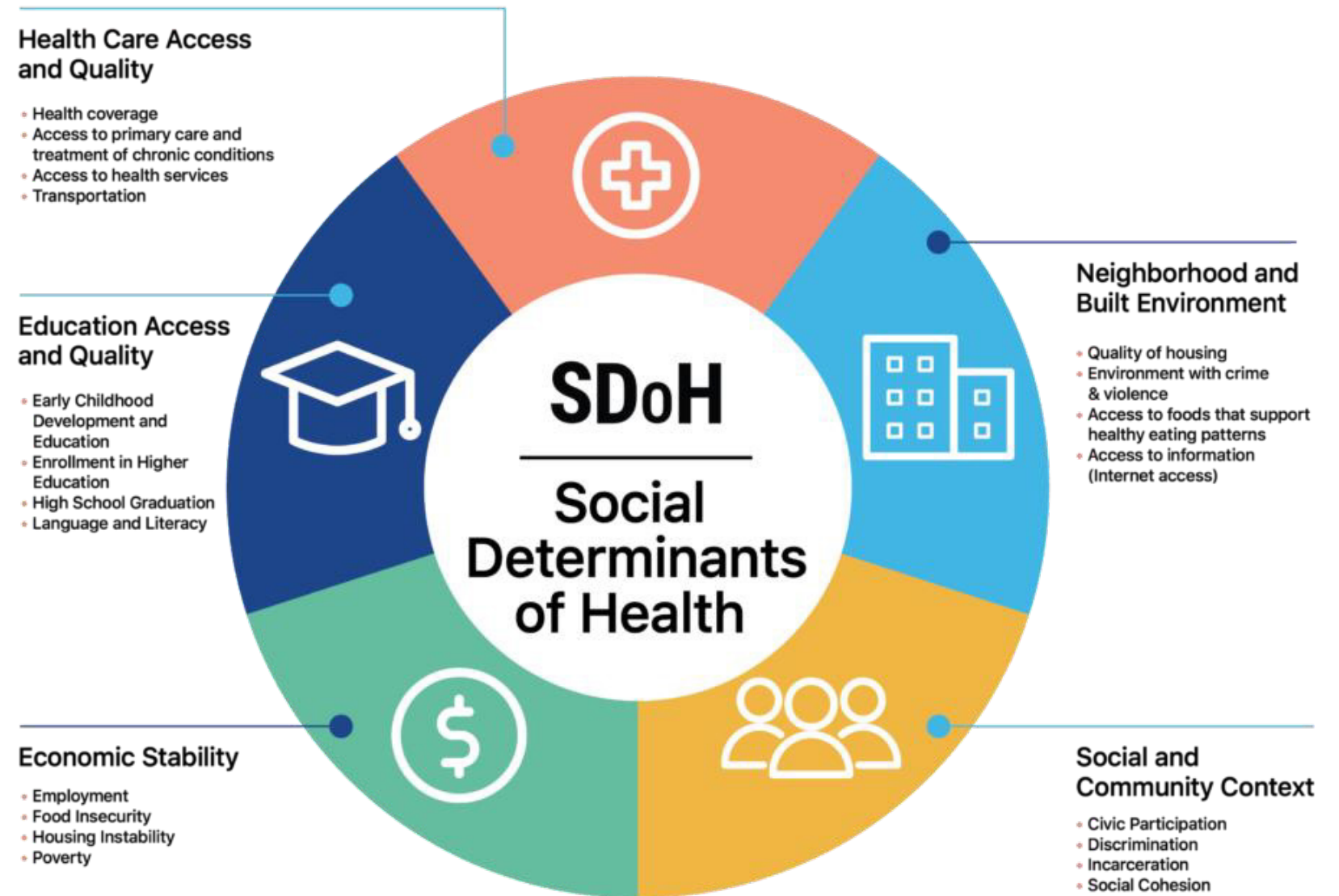
- 5 Stakeholder Interviews
- 4 Focus Groups
- 701 Survey Responses

Social Drivers of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDoHs also contribute to wide health disparities and inequities.

Social drivers are also known social determinants. “Determinants” suggest that nothing can be done to change our health fate. By using the term “drivers,” we can reframe the conversation that social factors don’t force health to be fated or destined, but rather something that people and communities can change.



Source: Healthy People 2030

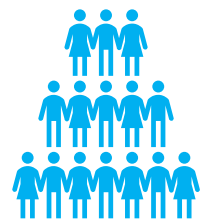
Demographics

Citrus County



158,693

Total Population



+17.1%

Projected Population
Change (2020-2032)



56.9 Years

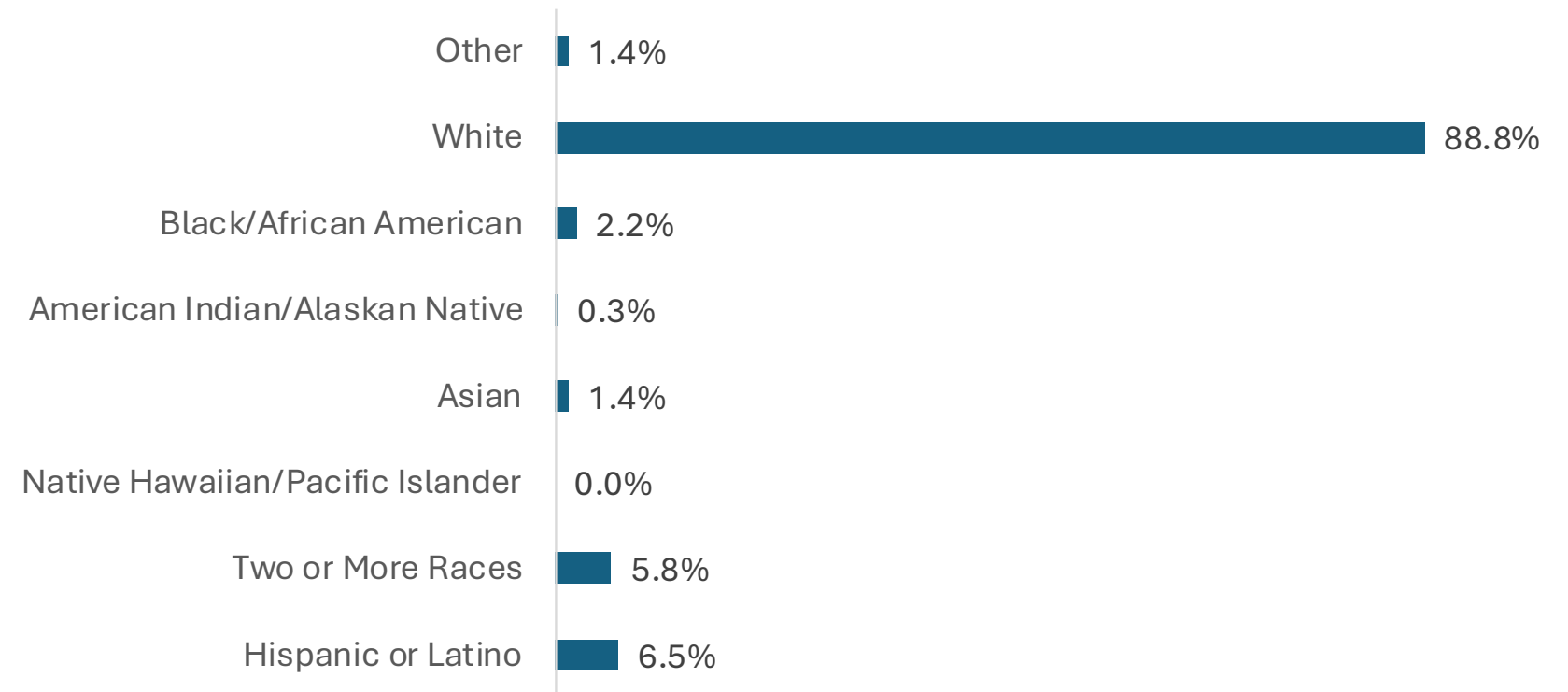
Median Age



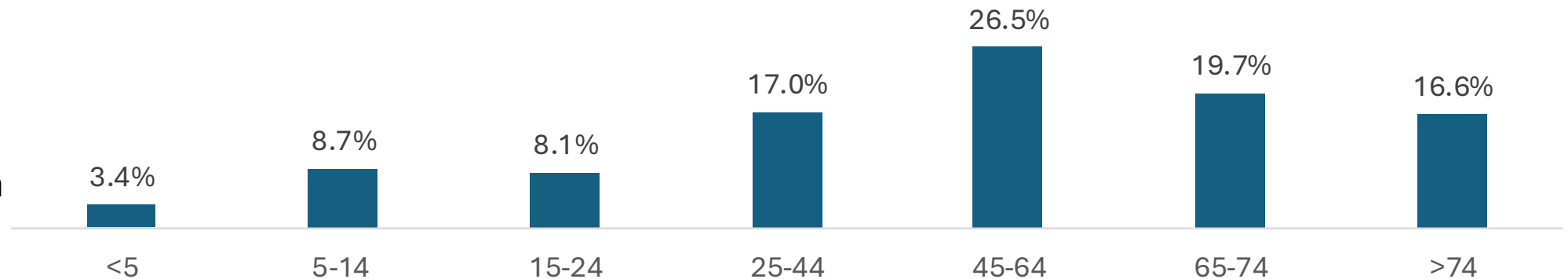
12.7%

Veteran Population

Race & Ethnicity



Age Groups

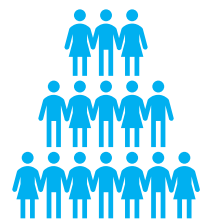


Source: 2023 American Community Survey (ACS) 5-Year Estimates

Demographics Hernando County



201,512
Total Population



+21.3%
Projected Population
Change (2020-2032)

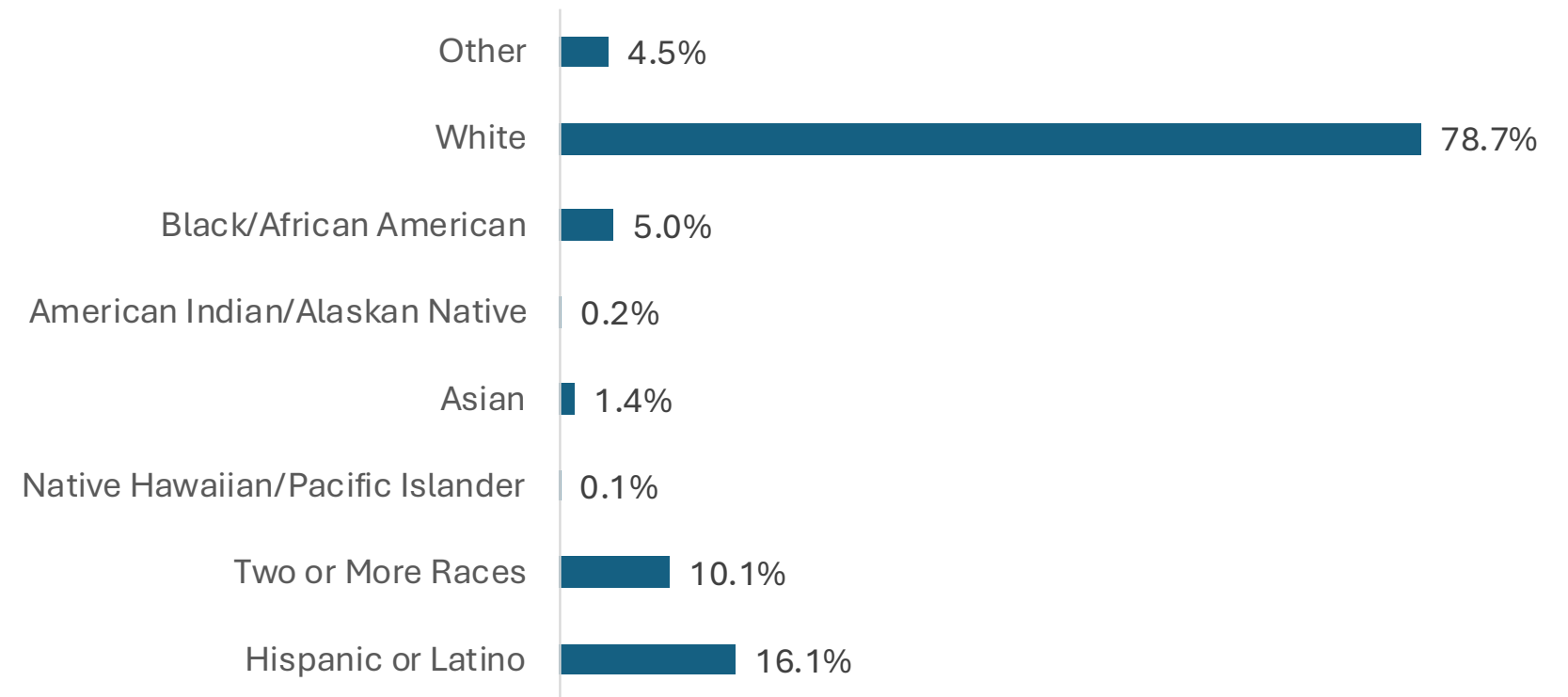


48.1 Years
Median Age

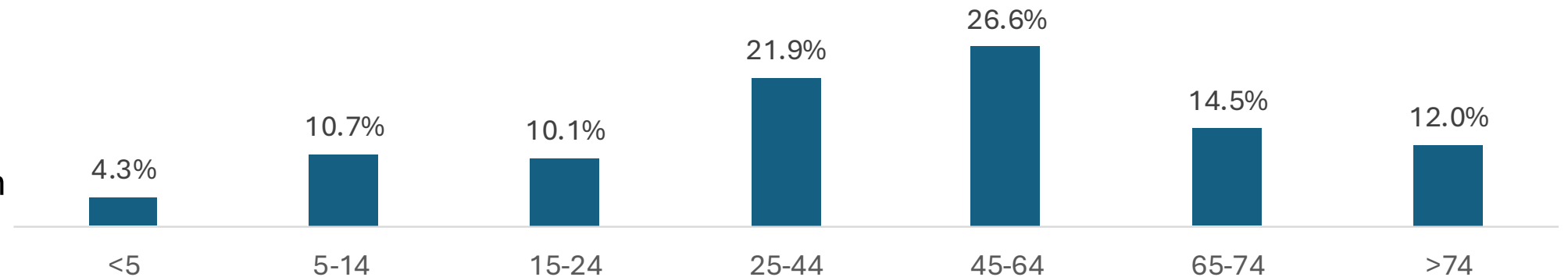


11.7%
Veteran Population

Race & Ethnicity



Age Groups

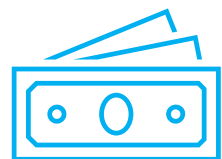


Source: 2023 ACS 5-Year Estimates



Economic Stability

Citrus County



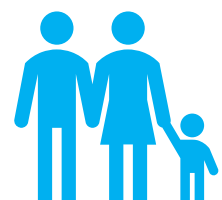
\$55,355

Median Household Income



15.5%

Total Households Below
Poverty Level



36.0%

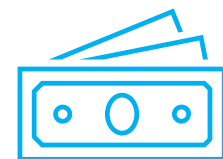
ALICE Households



46.3%

Renters Paying 35% or More of
Their Income to Rent

Hernando County



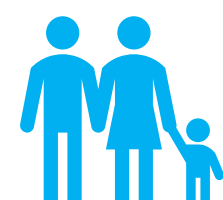
\$63,193

Median Household Income



12.0%

Total Households Below
Poverty Level



38.0%

ALICE Households



43.2%

Renters Paying 35% or More of
Their Income to Rent

Source: 2023 ACS 5-Year Estimates, United Way ALICE

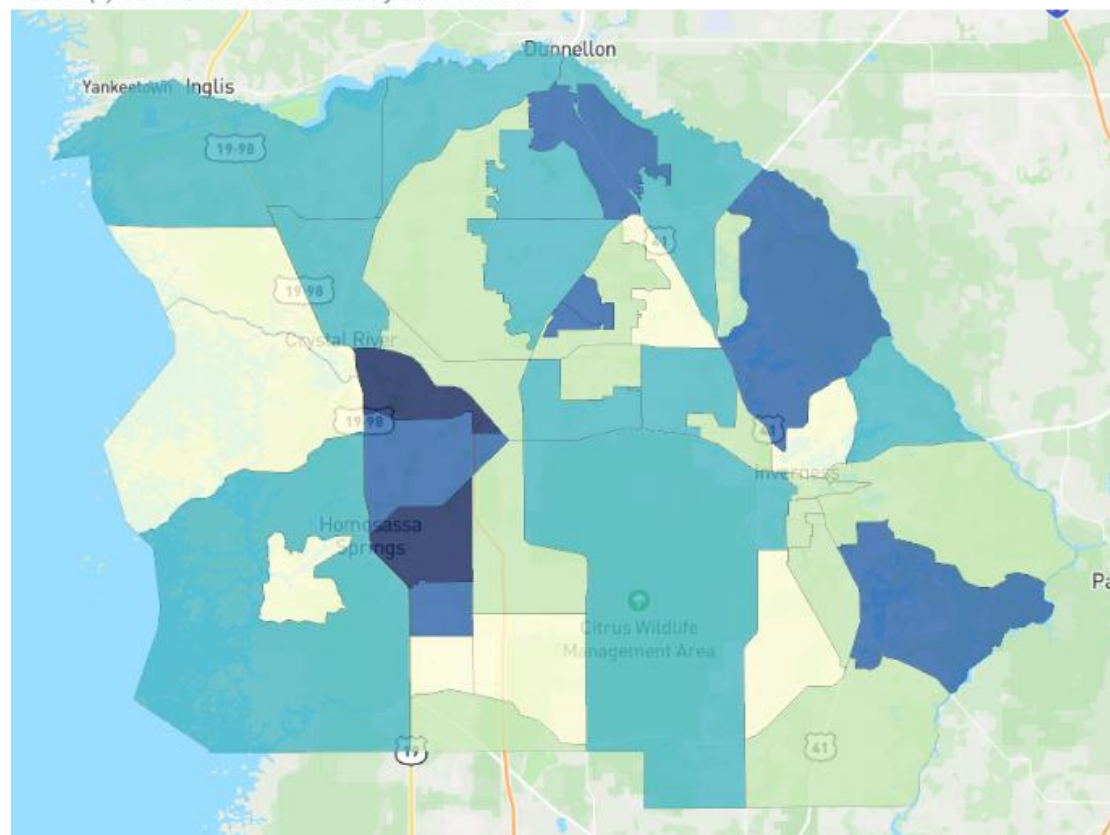


Economic Stability

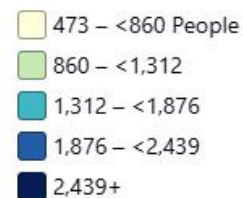
Citrus County

Low Income Population (Income is 200% or Under the Poverty Level)

Source(s): US Census Bureau ACS 5-year 2019-2023



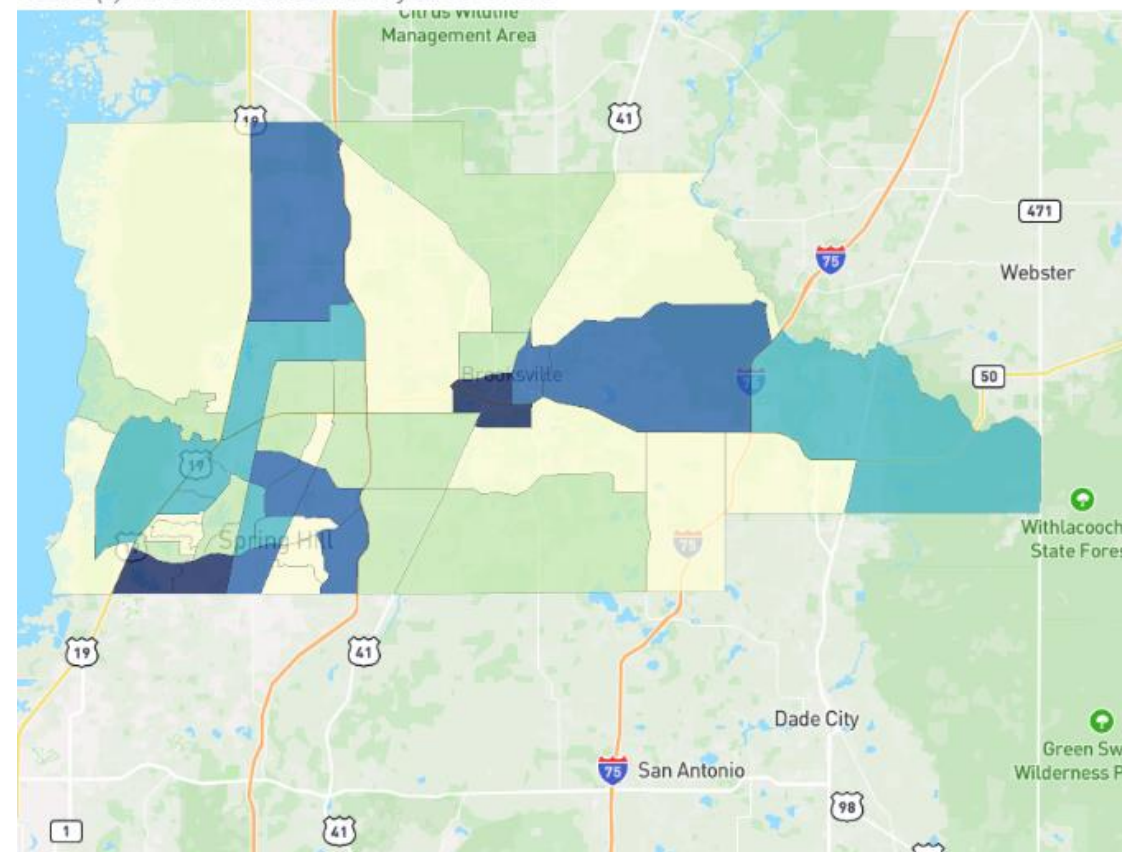
Low Income Population (Income is 200% or Under the Poverty Level)



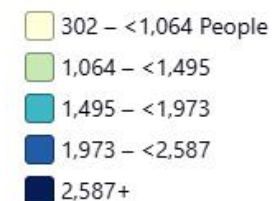
Hernando County

Low Income Population (Income is 200% or Under the Poverty Level)

Source(s): US Census Bureau ACS 5-year 2019-2023



Low Income Population (Income is 200% or Under the Poverty Level)



Source: 2023 ACS 5-Year Estimates

Citrus County



25.0%
Reported needing medical care and not receiving it

Top 5 Reasons

- 1. Unable to afford to pay for care
- 2. Unable to schedule an appointment when needed
- 3. Cannot take time off work
- 4. Doctor’s office does not have convenient hours

Hernando County



20.5%
Reported needing medical care and not receiving it

Top 5 Reasons

- 1. Unable to afford to pay for care
- 2. Unable to schedule an appointment when needed
- 3. Cannot take time off work
- 4. Do not have insurance to cover medical care
- 5. Doctor’s office does not have convenient hours

“No FQHC or free clinic in Citrus County. During hurricanes Helene and Milton, an organization associated with the Catholic Diocese had doctors come and anyone could visit them.”
— Community Stakeholder

“I think we have a need for primary care across the board, in both ... in Hernando and Citrus [counties], we don’t have enough primary care providers. We have a need for services for people that are under or uninsured in that mix as well.”
— Community Stakeholder

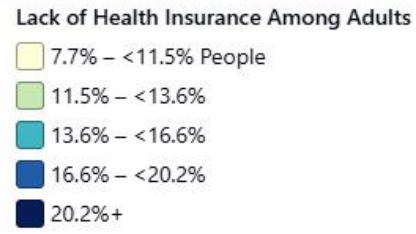
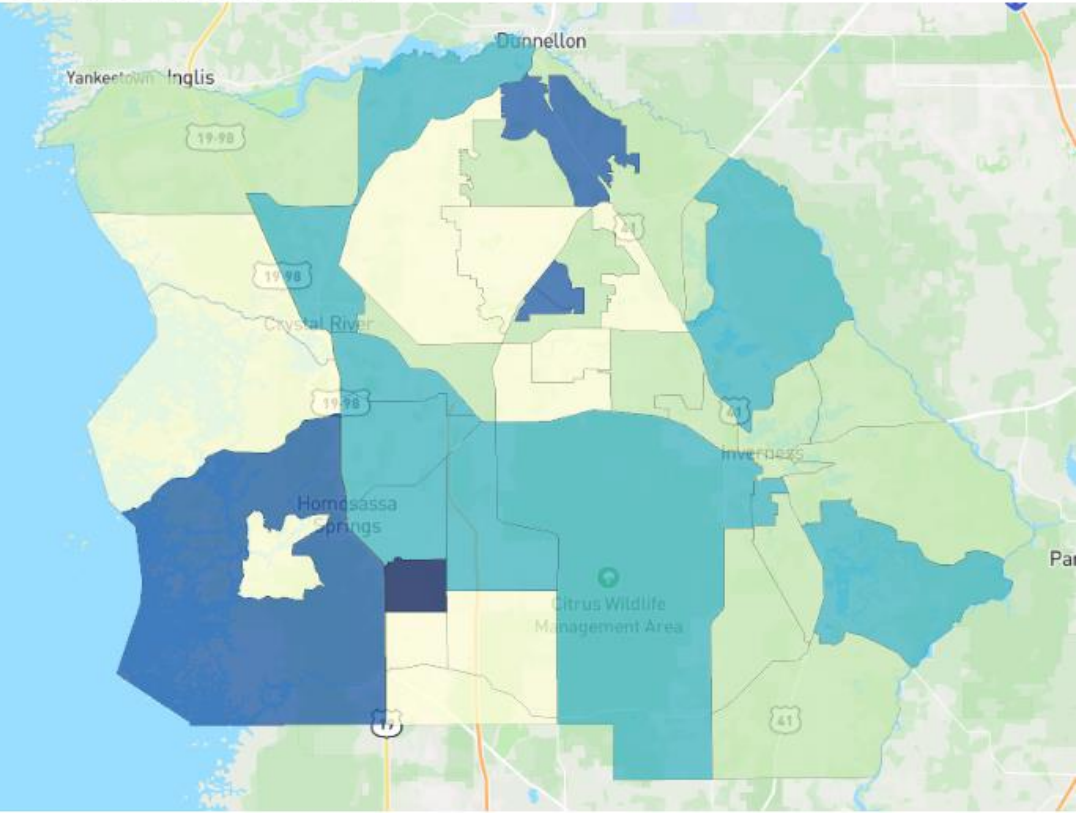
Source: CHNA Survey



Access to Health & Quality

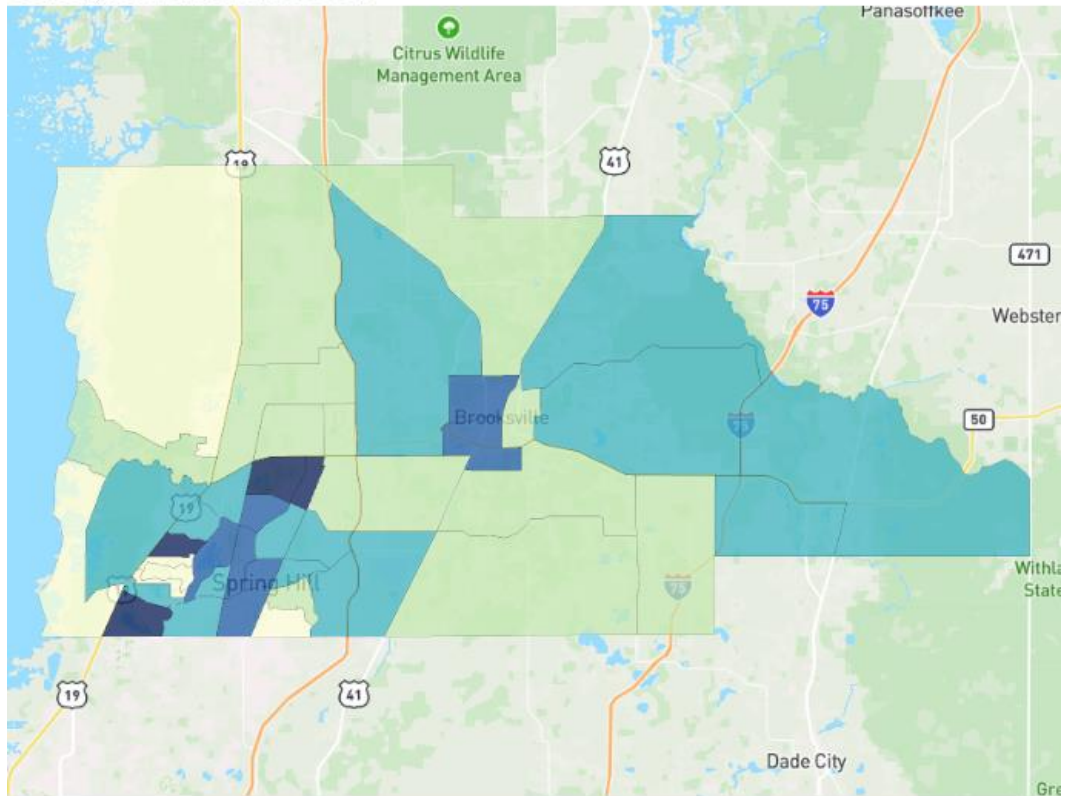
Citrus County

Lack of Health Insurance Among Adults
Source(s): CDC BRFSS PLACES 2022



Hernando County

Lack of Health Insurance Among Adults
Source(s): CDC BRFSS PLACES 2022



Source: CDC BRFSS



36.5% of survey respondents were diagnosed by a medical provider with depression or anxiety in **CITRUS COUNTY**

36.2% of survey respondents were diagnosed by a medical provider with depression or anxiety in **HERNANDO COUNTY**

“In Hernando County, substance exposure is an issue, and in pregnant women, so we have substance exposed newborns. There is Hernando community coalition is doing work in the prevention space.
— Community Stakeholder

“We need substance use facilities for youth in the area. On an outpatient basis we have a good amount. We don’t have a ton of inpatient substance use and mental health. Especially for uninsured folks.”
— Focus Group Participant



49.9% of high school students have used alcohol or any illicit drugs in their lifetimes in **CITRUS COUNTY**

48.9% of high school students have used alcohol or any illicit drugs in their lifetimes in **HERNANDO COUNTY**



37.5% of high school students have used a vaporizer/e-cigarette in their lifetimes in **CITRUS COUNTY**

14.6% of high school students have used a vaporizer/e-cigarette in their lifetimes in **HERNANDO COUNTY**

Source: CHNA Survey, CDC BRFSS

Chronic Disease & Health Status

Leading Causes of Death (per 100,000)

	Citrus County	Hernando County
Heart Disease	492.1	381.3
Cancer	403.0	306.5
COVID-19	304.3	278.6
Accidents/ Unintentional Injuries	133.5	123.6
Birth Defects	152.5	69.8
Chronic Lower Respiratory Disease	167.0	101.2
Diabetes	74.0	80.7
Alzheimer's Disease	25.3	30.4
Suicide	34.8	17.9
Chronic Liver Disease/Cirrhosis	38.6	20.9

33.0% of survey respondents told by medical provider they have hypertension and/or heart disease in **CITRUS COUNTY**

14.5% of survey respondents told by medical provider they have diabetes in **CITRUS COUNTY**

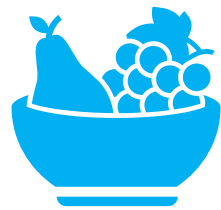
28.4% of survey respondents told by medical provider they have hypertension and/or heart disease in **HERNANDO COUNTY**

13.9% of survey respondents told by medical provider they have diabetes in **HERNANDO COUNTY**

Source: CDC WONDER, CHNA Survey

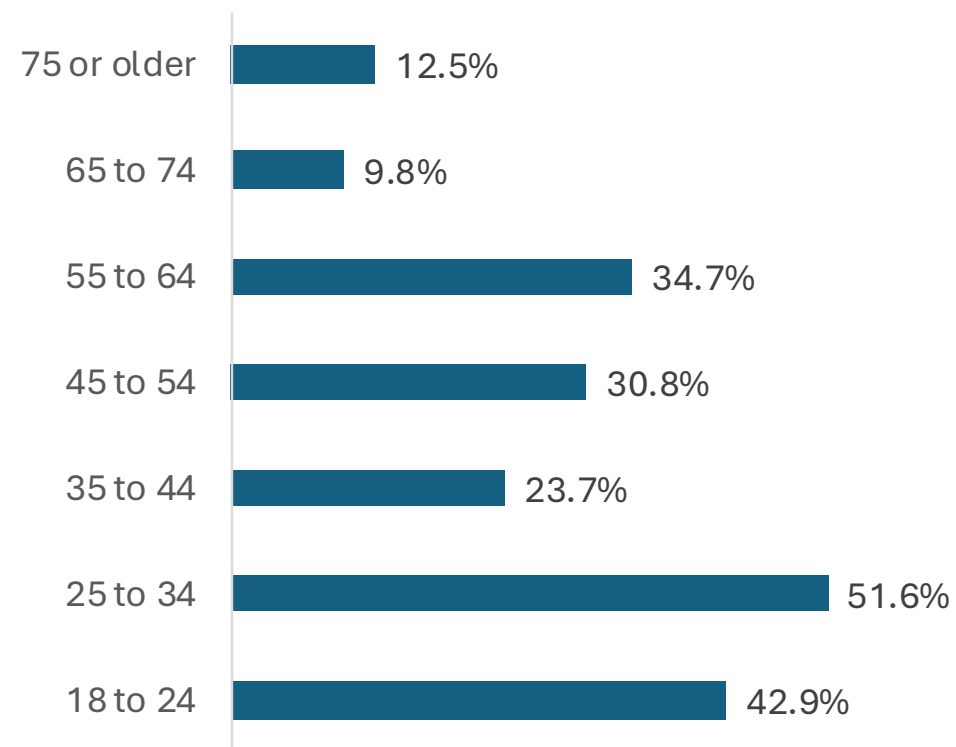
Neighborhood and Built Environment

Citrus County

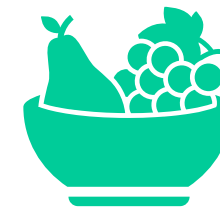


29.1% of survey respondents
self-reported food insecurity

Food Insecure by Age

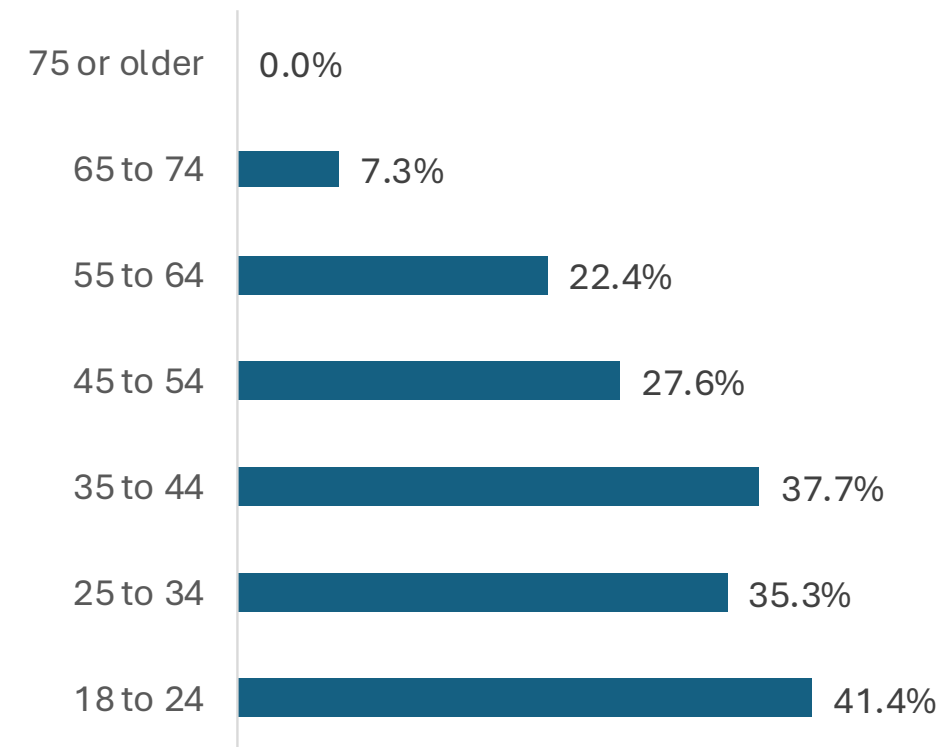


Hernando County



29.1% of survey respondents
self-reported food insecurity

Food Insecure by Age



Source: CHNA Survey



Social and Community Context

Citrus County



43.8% of survey respondents agreed that crime is a problem in their community



22.7% of survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

Hernando County



44.1% of survey respondents agreed that crime is a problem in their community



27.3% of survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

Most Important Factors to Improve the Quality of Life in Both Counties

1. Access to health care, including behavioral health care
2. Access to low-cost healthy food
3. Livable wage jobs and healthy economy

Community Needs

Behavioral
Health

Cancer

Economic
Stability

Exercise,
Nutrition &
Weight

Health Care
Access &
Quality

Heart Disease
& Stroke

Neighborhood
& Built
Environment

Community Needs

Priority Area	Top Community Needs
Behavioral Health	Mental health Substance misuse
Cancer	Chronic disease education and prevention Specialty care access
Economic Stability	Basic needs, including affordable housing, childcare Economic stability, including jobs and workforce
Exercise, Nutrition & Weight	Food insecurity Social services for older adults (meals)
Health Care Access & Quality	General awareness of resources and services Linguistically and culturally appropriate care Primary care access Specialty care access, especially maternal health
Heart Disease & Stroke	Chronic disease education and prevention Specialty care access Risky/lifestyle behaviors
Neighborhood & Built Environment	Basic needs, including transportation Social services for older adults (transportation)

Questions?

Breakout Session #1: Data Discussion

- What surprises you about the data?
- What factors might explain the patterns we're seeing?
- Do the findings align with your knowledge of your community?

Breakout Session #2: Severity and Feasibility

- What is the magnitude (size) and severity of this need in the community?
- What are the potential outcomes if we don't address this need in the community?
- What are some potential barriers to addressing the need in the community?

Vote



<https://www.surveymonkey.com/r/CitHerNP25>

Breakout Session #3: Potential Strategies

- What is currently being done in the community to address this need?
- What are other opportunities or ideas to address the need in the community?
- What partnerships and collaboration needs to occur to move the dial on addressing this need in the community?

Thank You!

Katelyn Michaud, Managing Principal

katelynm@crescendocg.com

Tara Auclair, Director

taclair@crescendocg.com



CITRUS COUNTY
DEMOGRAPHICS



158,693 People

Median Age

56.9



49.0%

Male

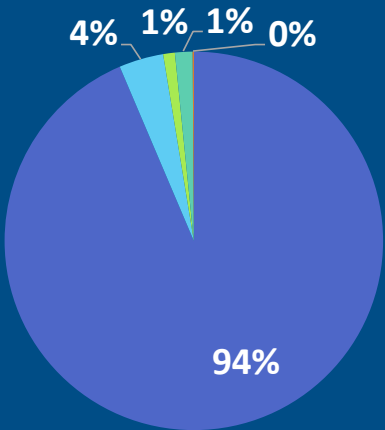


51.0%

Female

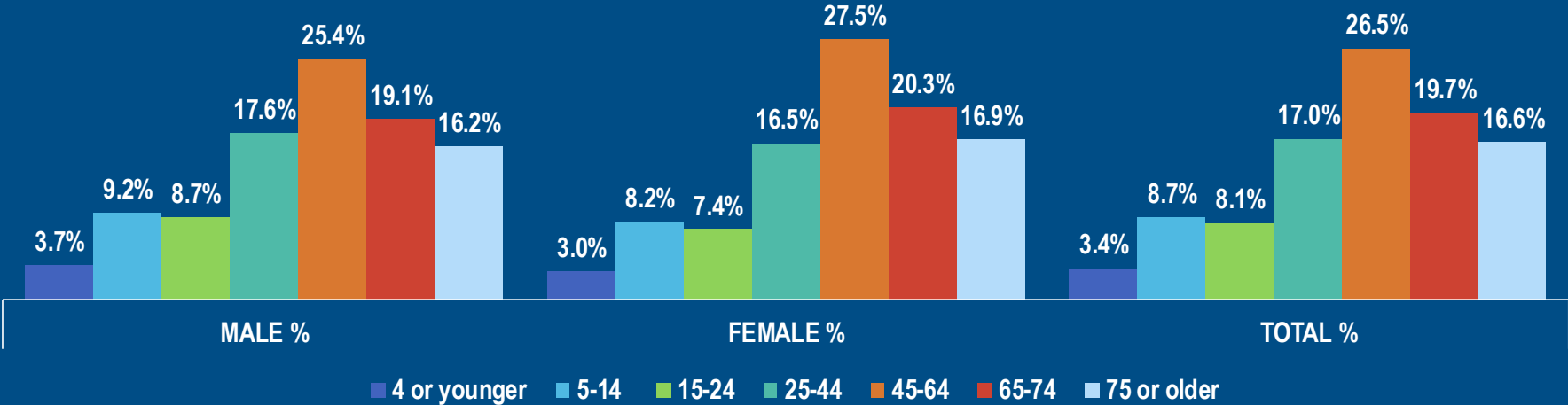


POPULATION AGE 5+ BY LANGUAGE
SPOKEN AT HOME



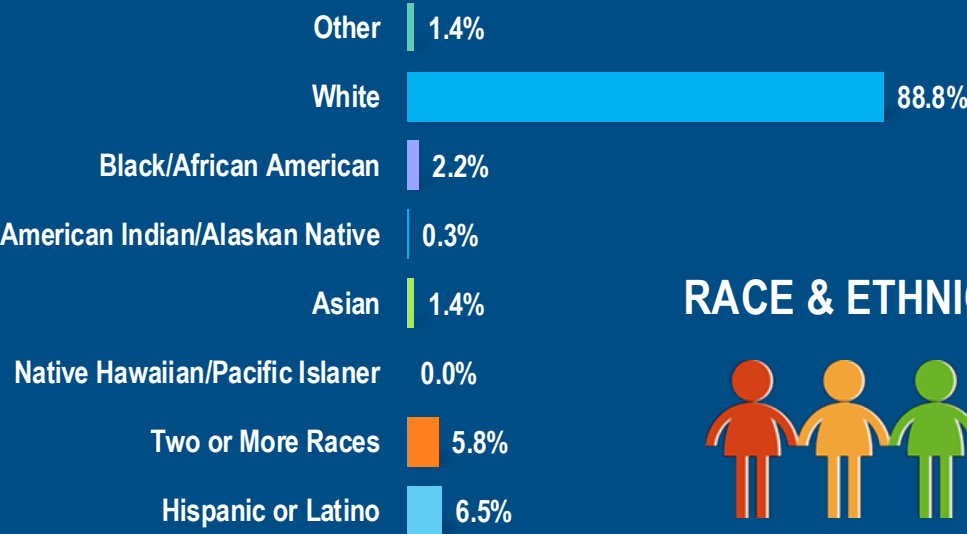
- Speak Only English
- Speak Spanish
- Speak Asian/Pac Islander Lang
- Speak Indo-European Lang
- Speak Other Lang

CITRUS COUNTY POPULATION BY AGE AND GENDER 2023



Level of Education, Age 25+	Citrus County	Florida	U.S.
Less than 9 th Grade	2.5%	4.3%	4.7%
9 th to 12 th Grade, No Diploma	6.6%	6.1%	5.9%
High School Graduate or G.E.D	38.0%	27.4%	26.2%
Some College, No Degree	22.6%	18.9%	19.4%
Associate's Degree	9.9%	10.1%	8.8%
Bachelor's Degree	12.7%	20.7%	21.3%
Graduate or Professional Degree	7.7%	12.5%	13.7%

5.7% Of
the Population
Foreign Born



RACE & ETHNICITY



12.7% Of
the Population
are Veterans

CITRUS COUNTY ECONOMIC BREAKDOWN

Median Household Income



\$55,355

With a \$29.81

Mean Hourly Wage, 2023

Tampa-St. Petersburg-Clearwater Data*



Unemployment Rate

6.8% Age 16+, 2024

Workers by Means of Transportation to Work, 2023	Citrus County	Florida
Worked at Home	12.1%	13.3%
Walked	0.9%	1.3%
Bicycle	0.4%	0.5%
Carpooled	8.5%	8.7%
Drove Alone	76.3%	73.3%
Public Transport	0.2%	1.2%
Other	1.1%	1.7%



8.9% Population Change 2020-2023

\$223,200



Median Property Value



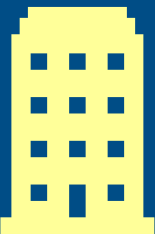
89.8%

Have Internet Subscriptions



We have a need for services for people that are under or uninsured in that mix as well. People are moving here, and they, don't have health insurance, and there aren't enough providers, and it just creates a really bad situation as far as that goes. And then other issues that I see bubbling up are jobs that pay a livable wage, so we have a lot of people in Hernando and Citrus counties living in the ALICE model.

– Stakeholder Interview



46.3%

Renters Who Pay More Than 35% of Their Income



15.5% Of

Households are Below Poverty Level

ACCESS TO HEALTH & SOCIAL SERVICES CITRUS COUNTY



100 Primary Care Providers
Per 100,000 Population



34 Dentists
Per 100,000 Population



67 Mental Health Providers
Per 100,000 population



I think we have a need for primary care across the board, in both in Hernando and Citrus County, we don't have enough primary care providers. We have a need for services for people that are under or uninsured in that mix as well.
-Community Stakeholder



“Was there a time in the last 12 months when you needed medical care but did not get the care you needed?”

25.0% Responded ‘Yes’

Top 5 Reasons Why Respondents Say They Didn't Get The Medical Care They Needed

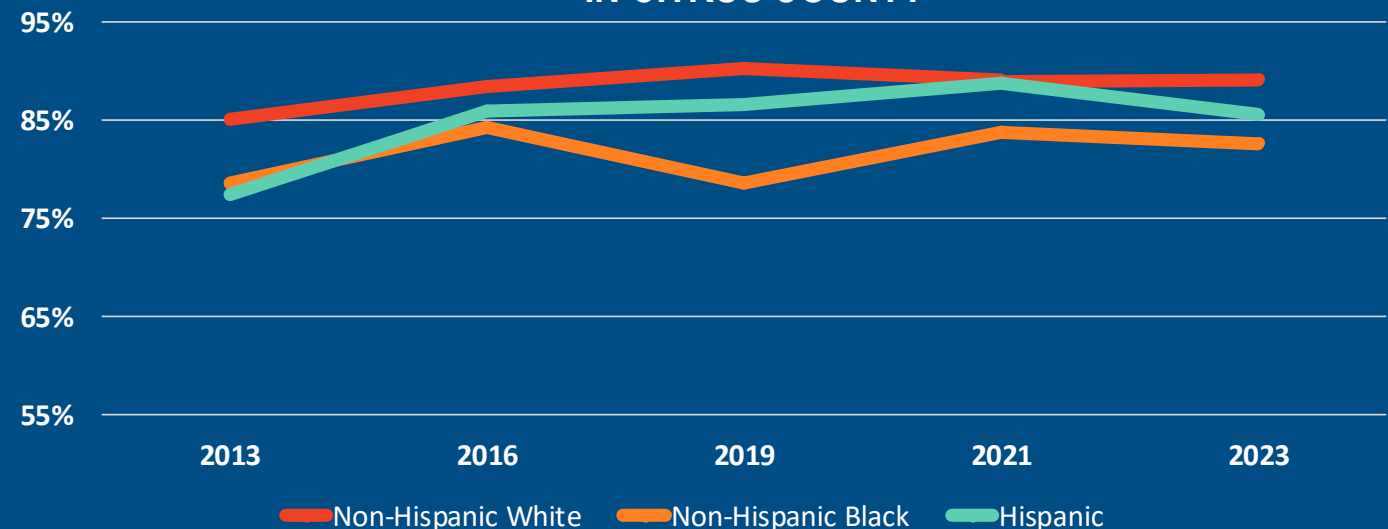
1. Unable to afford to pay for care
2. Unable to schedule an appointment when needed
3. Cannot take time off work
4. Doctor's office does not have convenient hours
5. Unable to find a doctor who knows or understands my culture, identity, or beliefs

Low-income populations in Citrus County are federally designated Primary Care, Mental Health and/or Dental Provider Shortage Areas



90.9% Of children in Polk County have health insurance, 2023

ADULTS WITH HEALTH CARE INSURANCE COVERAGE IN CITRUS COUNTY



88.1%

Of adults with health insurance, 2023

80.9%

Of adults who have had a medical checkup in the past year, 2022

7.2%

Of survey respondents who reported their child needed medical care in the past 12 months and did not receive it.

15.8

Preventable hospitalizations under 65 from dental conditions, 3 year rolling 2020-2022, rate per 100,000



BEHAVIORAL HEALTH CITRUS COUNTY

(Mental Health and Substance Misuse)

57.0%

Of survey respondents ranked mental health as the most pressing health issue

24.5%

Of survey respondents reported experiencing 4 or more Adverse Childhood Experiences (ACEs) before age 18

40.9% of Middle School Students Report having used alcohol or illicit drugs in their lifetime

14.6% of Adults engage in heavy or binge drinking

24.4 Alcohol-Confirmed Motor Vehicle Traffic Crashes per 100,000 Pop.

49.9% of High School Students Report having used alcohol or illicit drugs in their lifetime

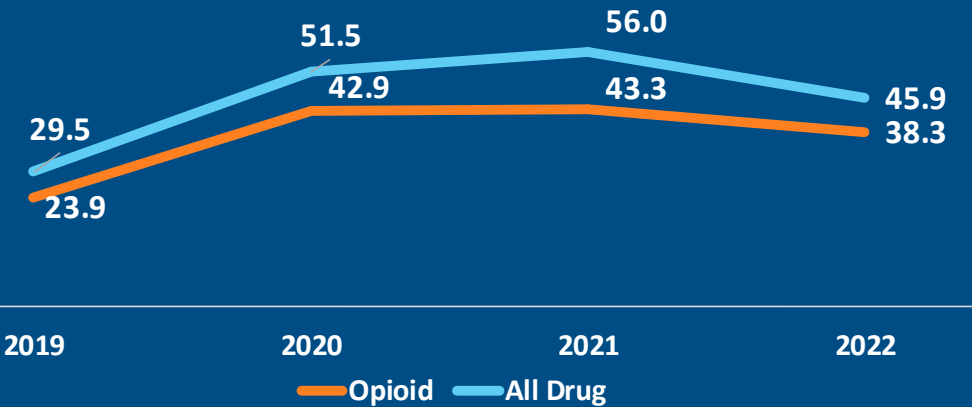
37.5% of high school students have used a vaporizer/E-cigarette, 2022

24.6% of middle school students have used a vaporizer/E-cigarette, 2022

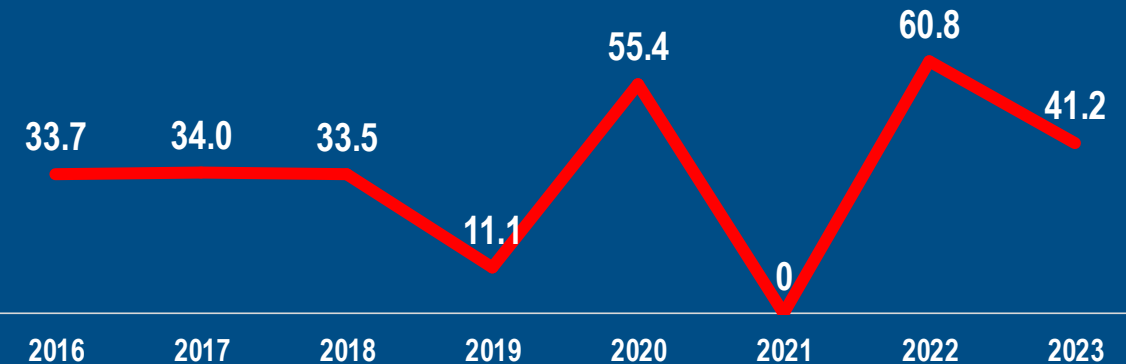
13.5% of adults regularly smoke cigarettes, 2022



DRUG OVERDOSE DEATHS



CITRUS HOSPITALIZATIONS FOR EATING DISORDERS RATE PER 100,000 POPULATION*, AGES 12-18

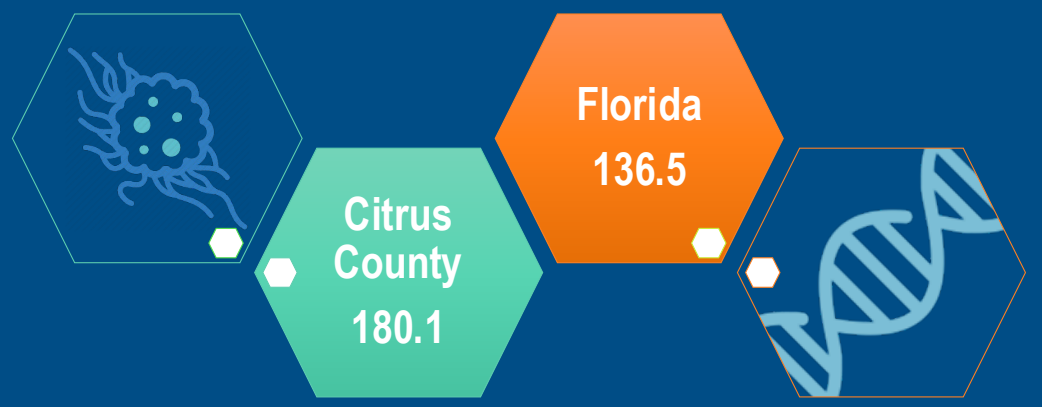


10.3% of survey respondents indicated they had thoughts that they would be better off dead or of hurting themselves in some way for **several days, more than half of the days or nearly every day** over the last **12 months**.

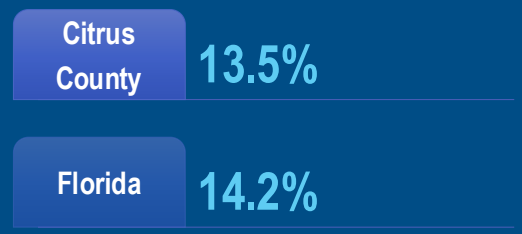
36.5% of survey respondents were diagnosed by a medical provider with **Depression or Anxiety**

CANCER DEATH RATE

(Age-adjusted per 100,000 population, 2021-2023)



Adults who regularly smoke cigarettes, 2022

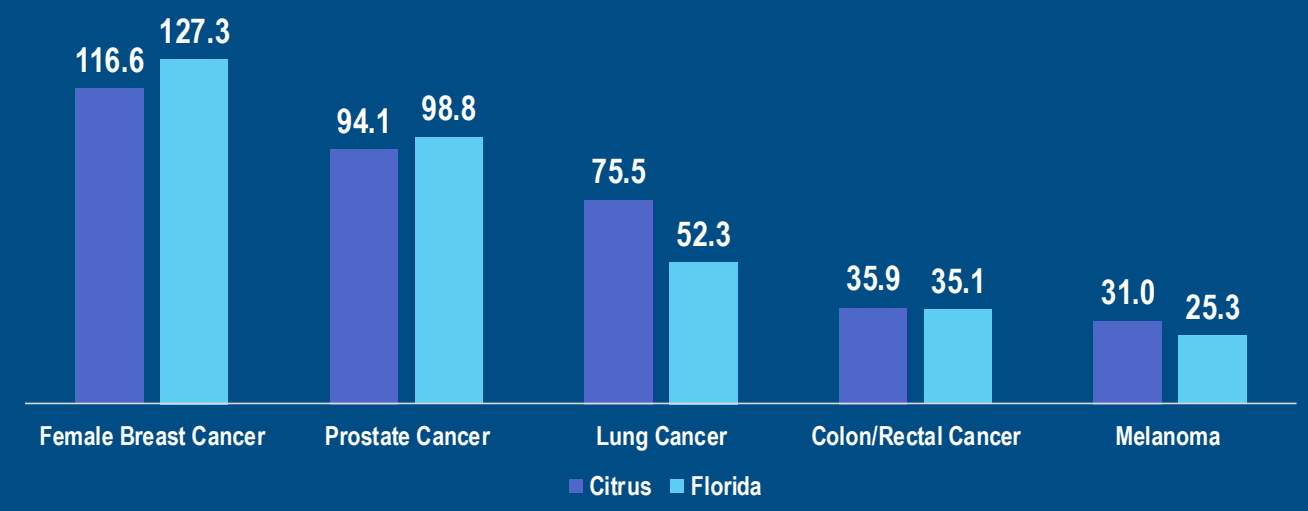


40.0% of survey respondents ranked Vaping, cigarette, cigar cigarillo, or e-cigarette use as a top risky behavior that is harmful to health.

CANCER DEATH RATE IN CITRUS BY RACE/ETHNICITY
(Age-adjusted per 100,000 population, 2021-2023)

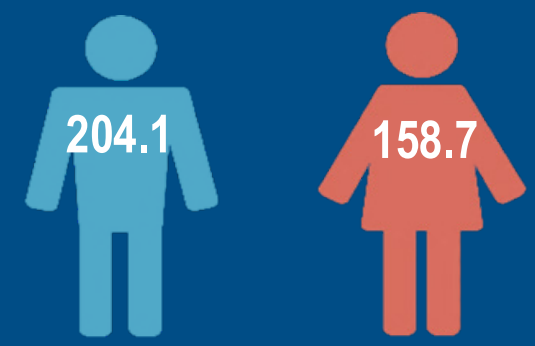


CANCER INCIDENCE RATE: CITRUS COUNTY
(Average age-adjusted per 100,000 population, 2020-2022)

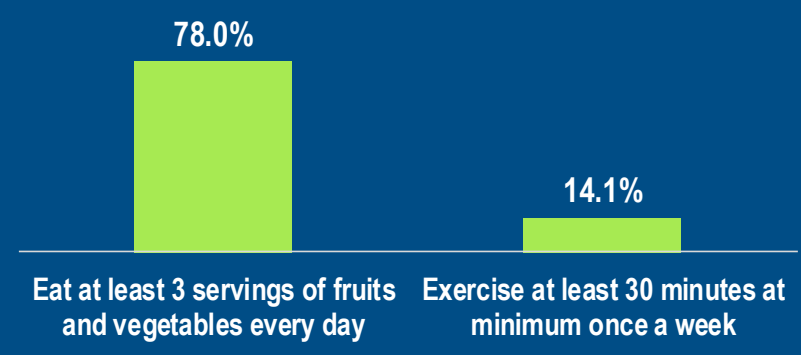


CANCER DEATH RATES BY TYPE (Average age-adjusted deaths per 100,000 population, 2021-2023)		
Type of Cancer	Citrus County	Florida
Female Breast Cancer	20.0	18.4
Prostate Cancer	17.8	16.6
Lung Cancer	49.0	29.6
Colon/Rectal Cancer	13.9	12.3

CANCER DEATH RATE BY GENDER
(Age-Adjusted per 100,000 Population, 2020-2022)



Cancer Prevention Indicator:
Survey respondents who answered “NO” to the following

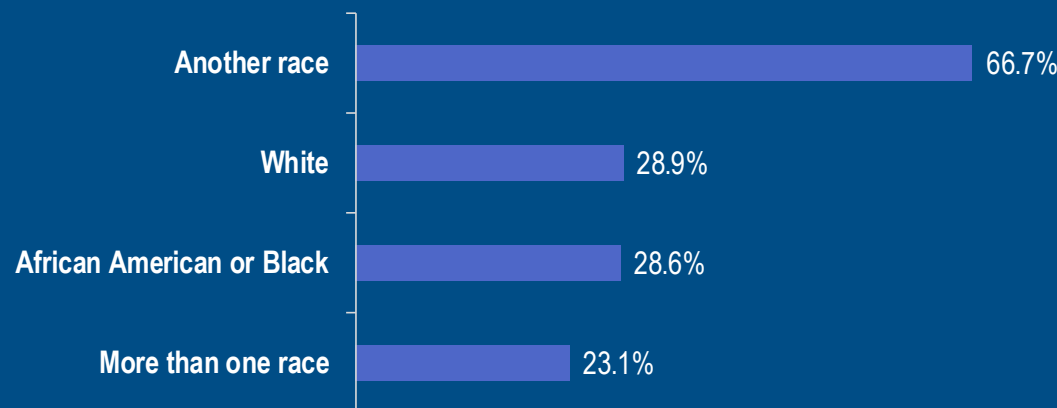


*Age-adjusted rates is a way to make fairer comparisons between groups with different age distributions. A “standard” population distribution is used to adjust death and hospitalization rates.

29.1% of survey respondents self-reported food insecure



SURVEY RESPONDENTS FOOD INSECURITY BY RACE

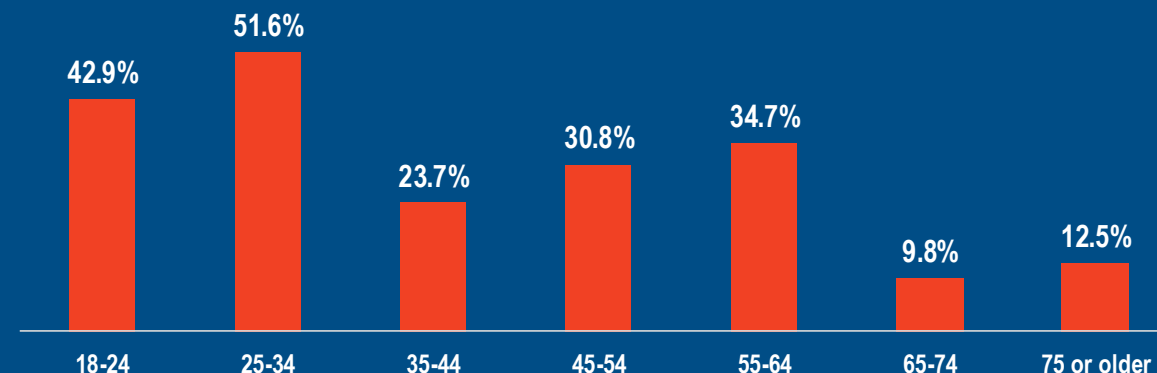


13.7% responded 'yes'

In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?



FOOD INSECURE INDIVIDUALS BY AGE



49.5%

Respondents who disagreed with the statement "There are good sidewalks for walking safely in my neighborhood"

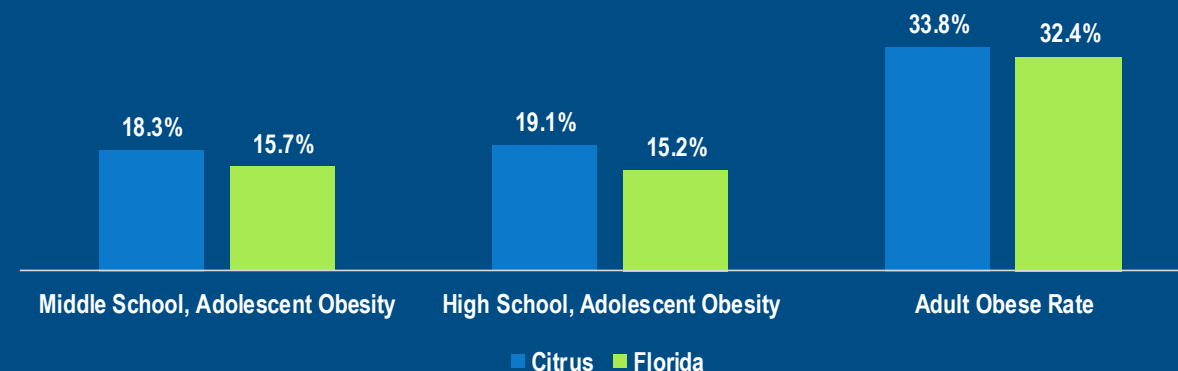
31.9%

Respondents who disagreed with the statement "We have great parks and recreational facilities"

38.1%

Respondents who disagreed with the statement "I am able to get healthy food easily"

CITRUS COUNTY WEIGHT RATES 2022



78.0% Do not eat at least 3 servings of fruits and vegetables every day



14.1% Do not exercise at least 30 minutes at least once a week

14.5%

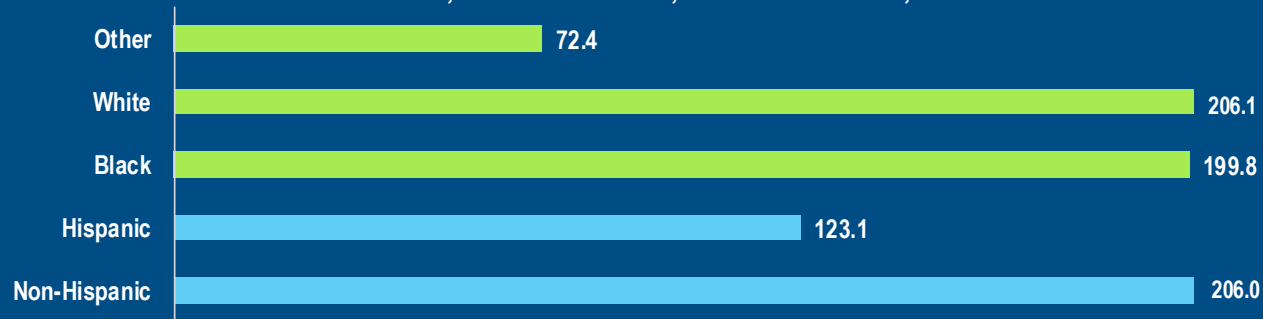
Survey respondents told by medical provider they have diabetes

225.6

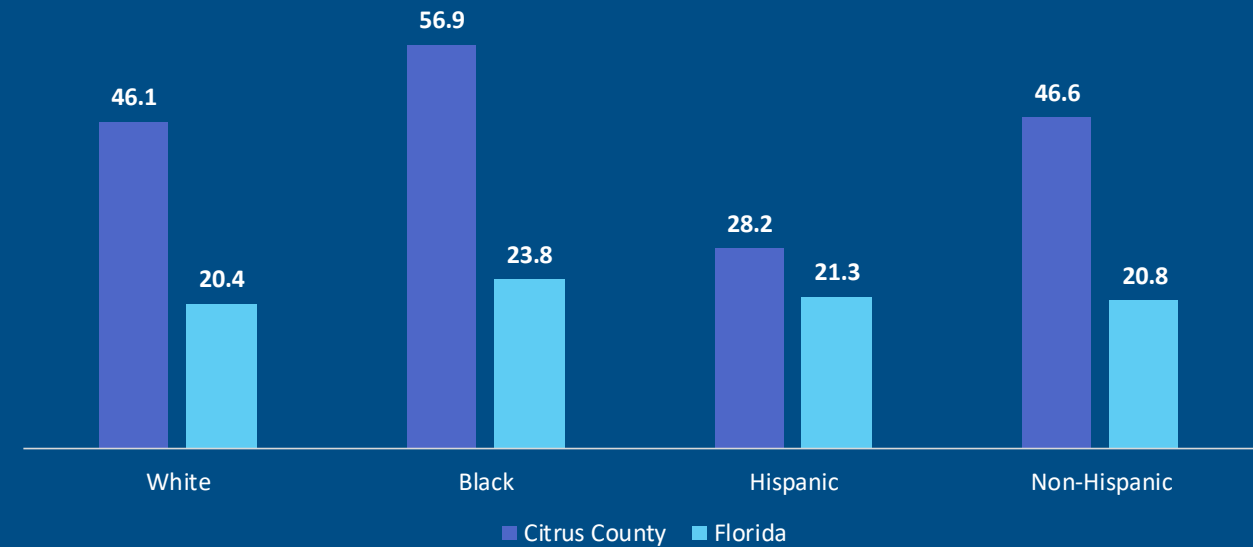
Age adjusted ED visits from diabetes, 3 year rolling 2021-2023, rate per 100k



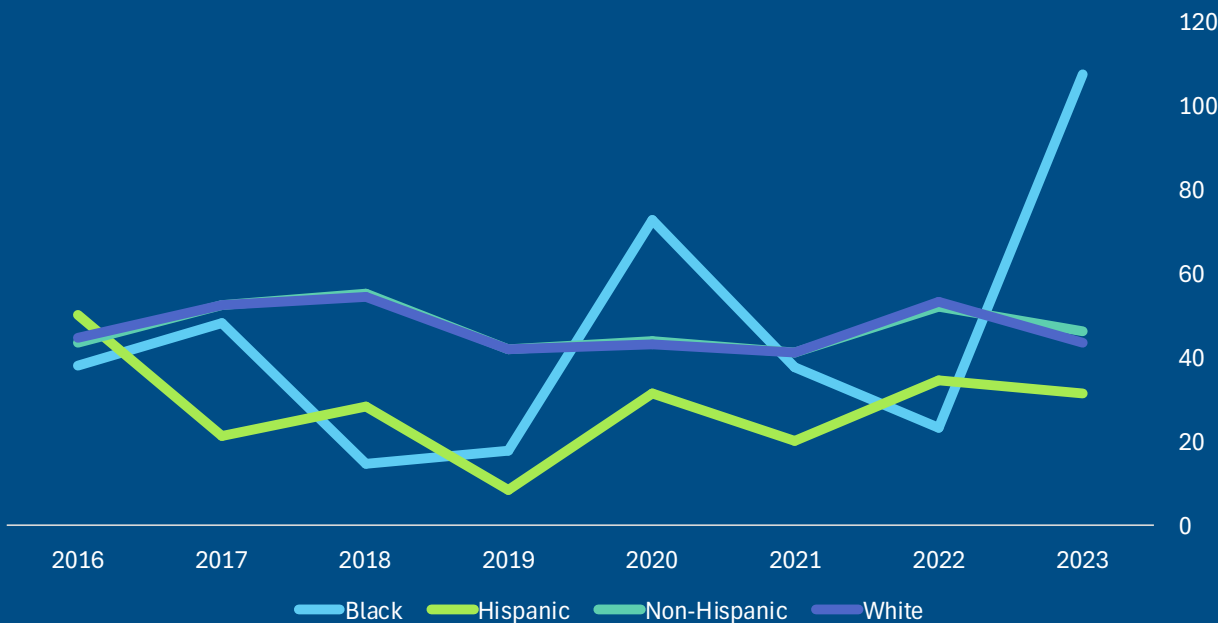
**AGE-ADJUSTED DEATHS FROM HEART DISEASES*,
RATE PER 100,000 POPULATION, 3-YEAR ROLLING, 2020-2022**



**DEATHS FROM ACUTE MYOCARDIAL INFARCTION (HEART
ATTACK), RATE PER 100,000, BY RACE, AGE-ADJUSTED 3-
YEAR ROLLING*, 2021-2023**



**Trends in Hospitalizations from Hypertension in Citrus
County by Race, Rate per 100,000**



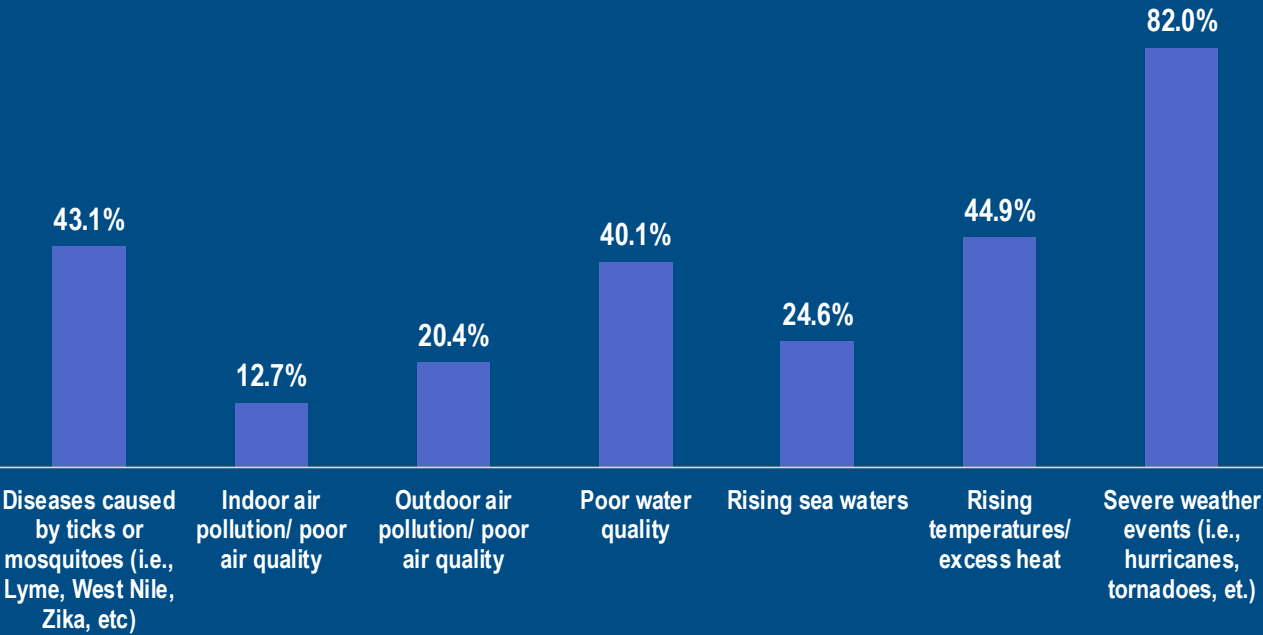
33.0% Of survey respondents told by a medical provider they have Hypertension and/or Heart Disease

5.5% Adults who experienced a stroke, 2022

*Age-adjusted rates is a way to make fairer comparisons between groups with different age distributions. A "standard" population distribution is used to adjust death and hospitalization rates.



ENVIROMENTAL OR CLIMATE-RELATED CONCERNS IMPACTING HEALTH



66.2%

Survey respondents reported bullying and violence in school as the top concern that affects child health

43.8%

Survey respondents agreed that crime is a problem in their community

12.5%

Survey respondents disagreed they feel safe in their community

22.7%

Survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

14.8%

Survey respondents or immediate household members who have been injured, threatened, or both by a firearm

6.0% Survey

respondents who reported being treated with less courtesy or respect than other people at least once a week



Top 5 Most Important Factors that Contribute to Poor Health in Citrus County

1. Being overweight
2. Illegal drug use / Abuse of prescription medication
3. Aging problems
4. Mental health problems, including anxiety and depression
5. Heart disease / Stroke / High blood pressure

Top 5 Most Important Factors to Improve the Quality of Life in a Citrus County

1. Access to health care, including behavioral health care
2. Access to low-cost, healthy food
3. Lovable wage jobs and healthy economy
4. Healthy behaviors and lifestyles
5. Low-cost health insurance

Appendix F: Community Partners and Committee Members

The All4HealthFL Collaborative gratefully acknowledges the participation of a dedicated group of organizations and individuals who gave generously of their time and expertise to help guide this CHNA report.

All4HealthFL Collaborative Leading Members

The following members participated in at least one of the committees during the CHNA research phase.

Name	Credentials	Title	Organization
Sara Osborne (Co-Chair)	MSHSA	Senior Director, Community Benefit	Orlando Health
Kaila Yeager (Former Co-Chair)	MPH, CPH	Planning and Partnerships Program Manager	DOH - Pinellas
Wynton Geary (Co-Chair)			DOH – Hillsborough
Janna Netterfield	MA, MBA	Director of Community Benefit and Engagement	AdventHealth
Alyssa Smith	MPH, CPH	Community Health Program Manager	AdventHealth
Dean Whaley		Executive Director, Strategic Partnerships and Community Engagement	AdventHealth
Lauren Phillips-Koen	MPH, BSN, RN	Community Health Coordinator	AdventHealth
Alison Grooms	MPH, CPH	Community Relations Manager	AdventHealth
Amberhope Montero		Community Health Coordinator	AdventHealth
Lisa Bell	MPH	Director, Community Benefit	BayCare
Stephanie Limanowski	MPH, MBA	Community Benefit Strategist	BayCare
Max Li	MPH, CPH	Community Benefit Data Analyst, Senior	BayCare
Kelci Tarascio	MPH, CPH	Community Outreach Coordinator, Pinellas County	BayCare
Krista Cunningham	MPH, CPH	Senior Community Outreach Coordinator, Hillsborough County	BayCare

Meghan Mapes	MPH, CPH	Community Outreach Coordinator, Polk County	BayCare
Katie Dunn		Community Outreach Coordinator, Pasco County	BayCare
Joel Yap			DOH - Hillsborough
Marissa Khan		Community Health Improvement Plan Coordinator	DOH - Hillsborough
Brittany Merens	MPH	Community Health Promotions and Epidemiology Program Manager	DOH - Pasco
Mia Fournier		CHAT/CHIP Program Lead	DOH – Pinellas
Jenna Levine	MPH, CPH	Director of Public Health Planning	DOH- Polk
Craig Ackerman		Operations Director	DOH – Marion
Angela Holliday	Ed.D	Community Relations and Health Equity Integration Director	Johns Hopkins All Children's
Petra (Vybiralova) Stanton	MSW, CPSTI	Injury Prevention Program Manager	Johns Hopkins All Children's
Karen Diaz Serrano	PhD, MSPH	CHNA and Community Benefits Manager	Johns Hopkins All Children's
Lauren Springfield	MA, MBA	Director, Community Health	Lakeland Regional
Ian Fitzpatrick		Community Benefit Specialist	Moffitt
Meghan Brummert		Community Benefit Manager	Orlando Health
Tamika Powe	MPH, MCHES, CDP, TTS	Manager, Community Benefit and Health Education programs	Tampa General Hospital
Jennifer Siem		Senior Director, Strategic Growth & Governmental Affairs	Tampa General Hospital Brooksville, Spring Hill & Crystal River

Appendix G: Bibliography

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<https://doi.org/10.1016/j.annepidem.2012.10.006>
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