



TAMPA GENERAL HOSPITAL 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

HERNANDO COUNTY



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LETTER FROM THE TAMPA GENERAL PRESIDENT AND CEO

Dear citizens of Hernando 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 (PPACA) to conduct a CHNA once every three years.

At Tampa General, 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 Hernando 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 Hernando County. The All4HealthFL Collaborative members were integral to the outreach and marketing of the stakeholder interviews, focus groups and a community survey.

Crescendo Consulting Group, a woman-owned business with over 20 years of experience conducting Community Needs Assessments across the United States, led 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 Brooksville

Since its founding in 1932, TGH Brooksville has been celebrating its rich heritage as a 120-bed acute care hospital in Hernando County. Our priority is the patient-provider relationship and delivering the highest-quality care.

Our comprehensive offerings include emergency medicine, orthopaedics, cardiology, cardiac catheterization, general and vascular surgery, and outpatient therapy. Our hospital holds Chest Pain Center Accreditation with Primary PCI (percutaneous coronary intervention) and Primary Stroke Center Certification, both prestigious recognitions from the American College of Cardiology ACC Accreditation Services and The Joint Commission, respectively.

Tampa General Hospital Spring Hill

Established in 1991, TGH Spring Hill is a 124-bed acute care hospital serving Hernando County and emphasizing patient-centered health care and safety.

We offer a range of services, from women's health and neonatology to emergency medicine, surgery services and outpatient therapies. 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 and our Primary Stroke Center Certification from The Joint Commission.

All4Health FL Collaborative

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 Hernando 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, the United States Centers for Disease Control and Prevention, and FLHealthCHARTS.

Qualitative Research

Qualitative research included 10 one-on-one stakeholder interviews and three focus groups, speaking with over 40 participants. The primary qualitative data was conducted between September 2024 and February 2025 in-person and virtually. Please note there was a lot of crossovers data 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 460 responses were collected and analyzed. Survey responses are provided for Hernando County in this report.

The **needs prioritization process** was conducted on March 13, 2025, with 39 community partners and Tampa General Hospital members. The meeting consisted of a data presentation, discussion of data, identified 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

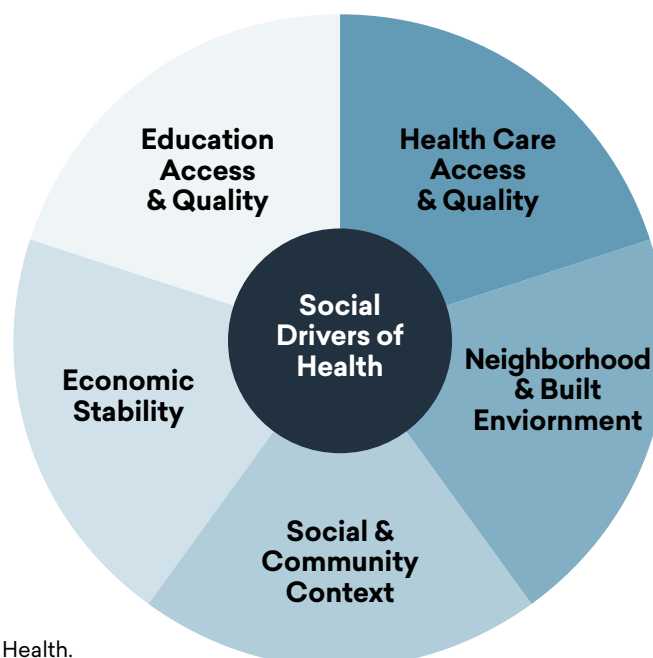
SOCIAL DRIVERS OF HEALTH

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 risks.¹ Clinical care impacts only 20.0% of health outcomes, while social drivers impact as much as 50.0% of health outcomes.² Examples of SDoH include economic stability, safe and affordable housing, access to nutritious foods, and many more. The social drivers of health model³ consists 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 needs identified through 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.

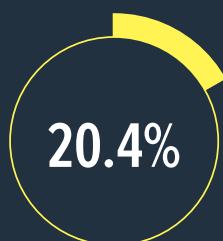
3. ODPHP, n.d. Social Determinants of Health.

DEMOGRAPHICS

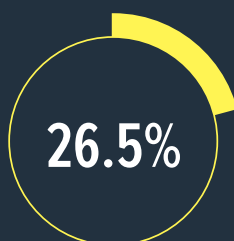
HERNANDO COUNTY, FLORIDA



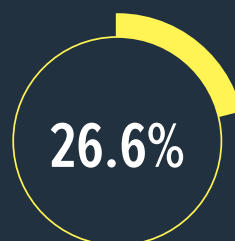
Population by Age



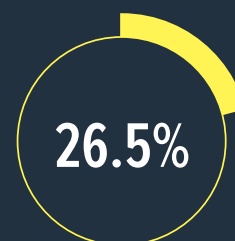
Age Under 19



Age 20-44



Age 45-64



Age 65+

Population Change

172,777

2010

+16.6%

201,512

2023

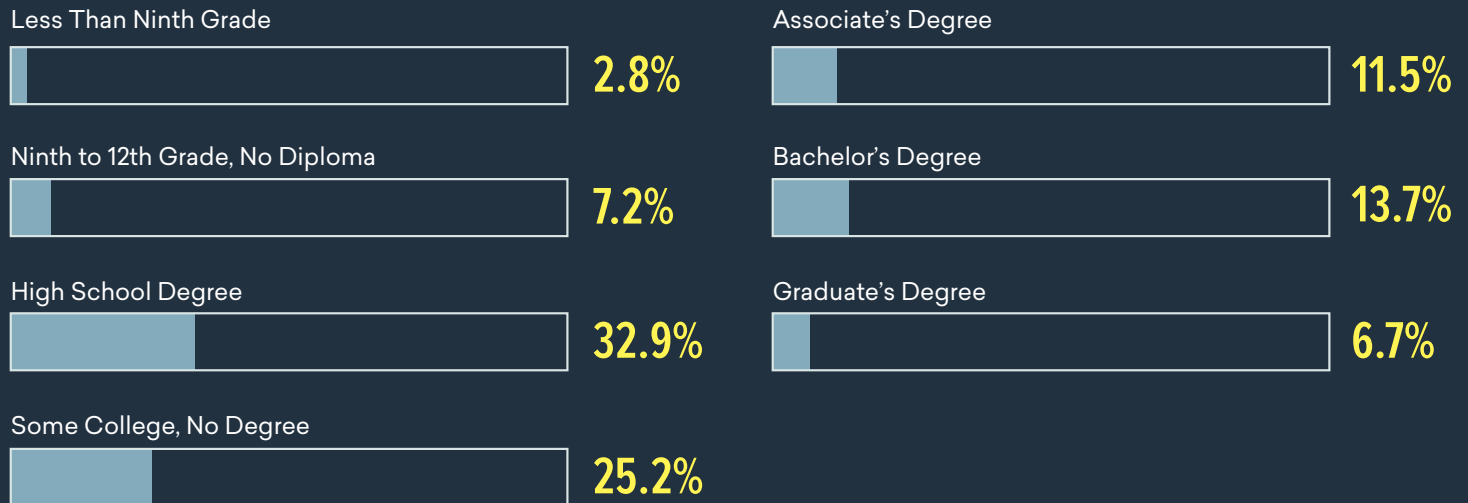
+17.1%

236,043

2032

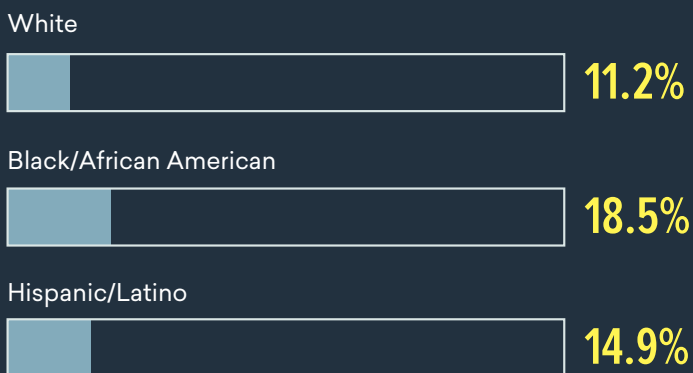
Source: U.S. Census Bureau American Community Survey, 2019-2023, Five-Year Estimates.

Education

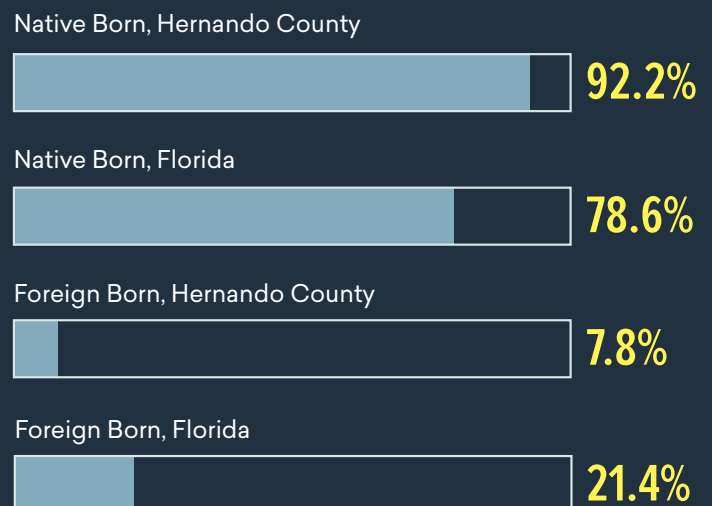


31.9% of Hernando County residents have earned a higher-education degree

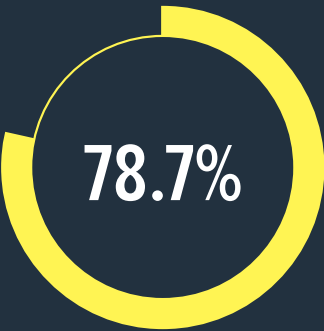
Trend of Population Living in Poverty



Foreign-Born Population



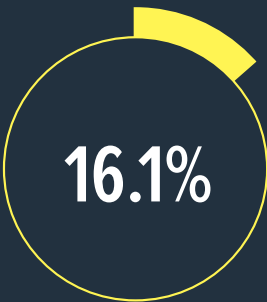
Race/Ethnicity



White



Black/African American



Hispanic/Latino



Two Races
or More



Speak a Language
Other than English
at Home

Economic Well-being

\$63,193

Median Household
Income

12.0%

Households Below
Poverty Line

5.8%

Unemployment
Rate

13.0%

Households Receiving
SNAP Benefits

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

NEEDS PRIORITIZATION PROCESS

The needs prioritization process is a critical step to finalizing the Community Health Needs Assessment. The quantitative and qualitative research for Hernando 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 Hernando County came together to prioritize the most significant health needs for Hernando 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

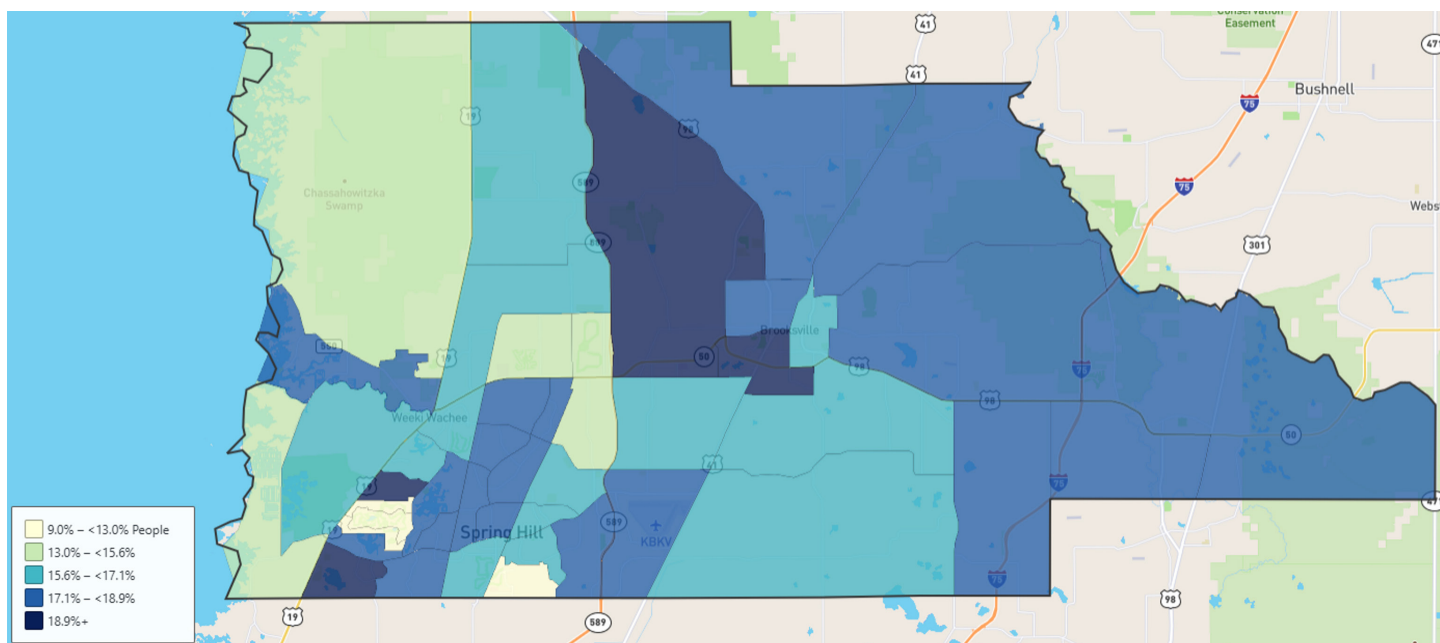
Behavioral health is a critical component of overall health and is deeply connected to the other five drivers of health. Poor mental health can impact physical health and mental health conditions, like depression, and can increase the risk of other health conditions, such as diabetes and Alzheimer's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

— NIMH, 2024

Key secondary data findings

In Hernando County, a significant proportion of adults report experiencing frequent poor mental health days. According to the Behavioral Risk Factor Surveillance System (BRFSS), 16.8% of adults reported 14 or more mentally unhealthy days in the past month. This percentage differs among census tracts, with those living in the darker blue regions experiencing more poor mental health days than those living in green or yellow regions. 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



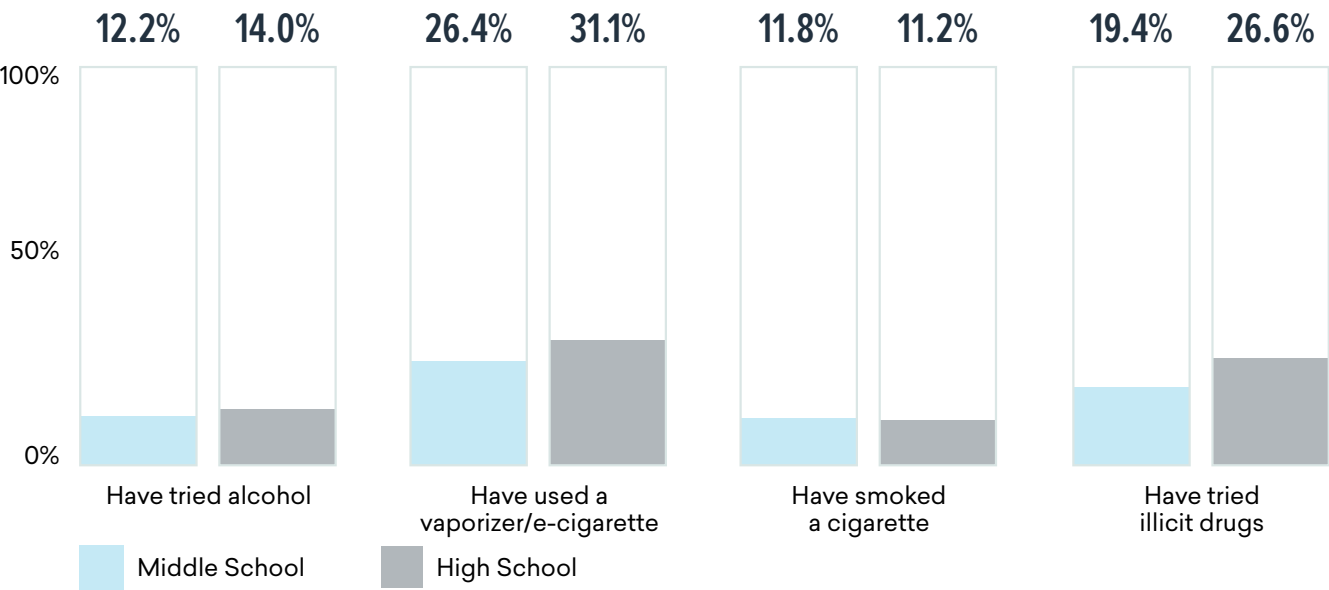
Source: CDC, n.d., BRFSS Places, 2022.

4. CDC, 2024. About Behavioral Health.

Substance use among youth is a growing concern in Hernando County. By high school, over one in four students reports using illicit drugs and nearly one in three has used e-cigarettes or vapes containing nicotine. Among middle school students in Hernando County, substance use patterns begin early: 19.4% have tried illicit drugs, 12.2% have consumed alcohol, and 26.4% have used a vaporizer or e-cigarette at least once in their lifetime.

The reasons teens use substances vary — from peer pressure and stress relief to family patterns and lack of supervision.⁵ 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.

About 1 in 6 adults in Hernando County engage in heavy or binge drinking.

That’s lower than the Florida average of nearly 1 in 5 adults.

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

Source: CDC BRFSS, 2024.

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

In Hernando County, binge drinking is a growing concern among adults. Despite the binge drinking rate being slightly lower in Hernando County (15.0%) 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 Hernando County, the mental health provider ratio is 1,394:1, meaning there are approximately 1,394 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: Number of People per Mental Health Provider, 2024

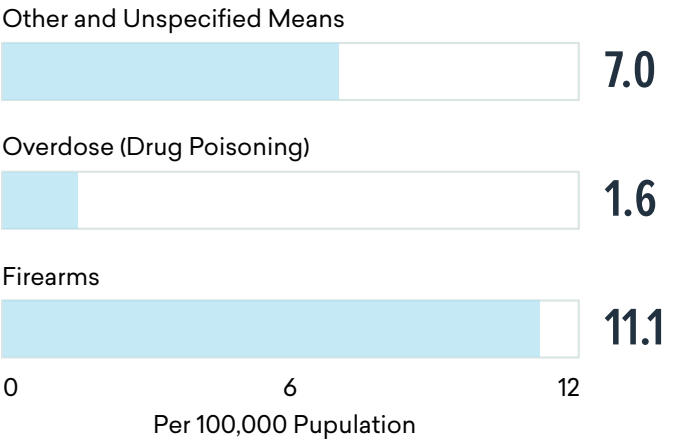
	Hernando County	Florida
Mental Health Provider Ratio	1,394:1	693:1

Source: National Plan and Provider Enumeration System NPI, 2024.

Suicide is another critical indicator of unmet behavioral health needs. Between 2021 and 2023, Hernando County had a suicide rate of 19.7 per 100,000 people, when combining all methods. Notably, firearms were the most common

method, with a rate of 11.1 deaths per 100,000 people. These numbers highlight the importance of upstream prevention, mental health support and safe storage of lethal means.

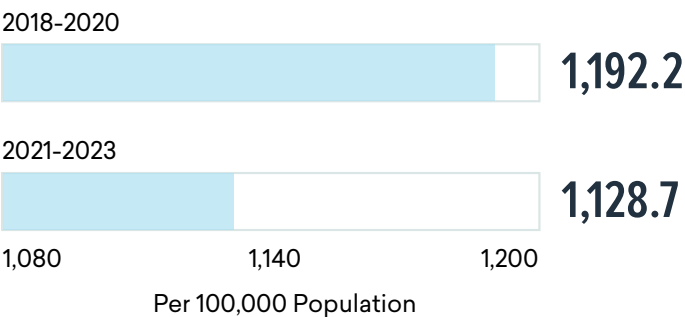
Exhibit 4: Suicide Rate by Means per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d.

Also, behavioral health drives significant use of emergency and inpatient care. In Hernando County, hospitalizations due to mental health disorders occurred at a rate of 1,407.3 per 100,000 people, significantly above the state rate of 963.2.⁹ The county also reported 1,128.7 emergency department visits per 100,000 people for mental health conditions for 2021-2023, reflecting an ongoing demand for crisis services (Exhibit 5).

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

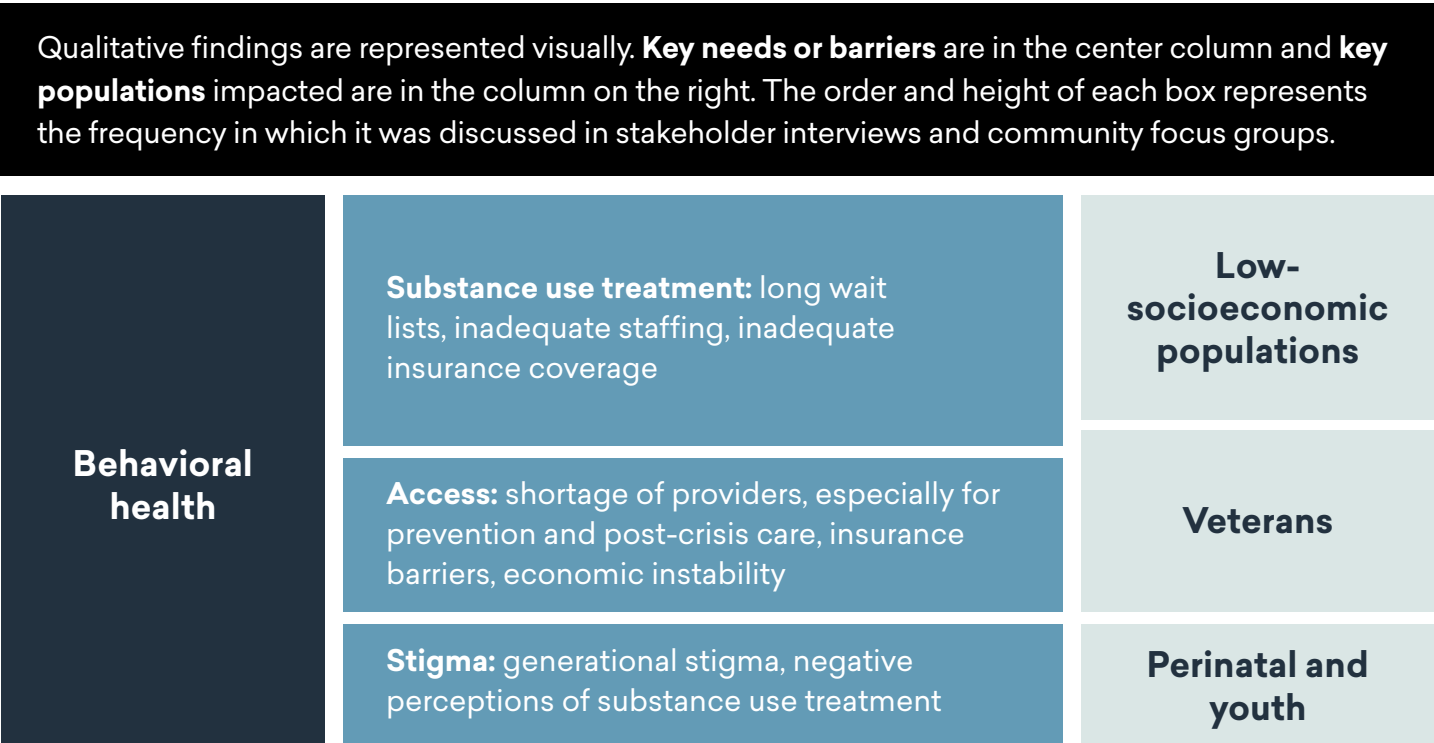


Source: FLHealthCHARTS, n.d.

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

Key qualitative findings

When discussing behavioral health, 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.



Many participants noted an ongoing need for mental health services, especially those that focus on prevention and post-crisis support. Participants shared that a shortage of local behavioral health care providers exacerbates this need. Low-socioeconomic groups, veterans, and perinatal and youth populations were identified by participants as groups particularly in need of services to enhance mental health and well-being.



“In Hernando County, substance exposure is an issue, and also in pregnant women, so we have substance-exposed newborns.”

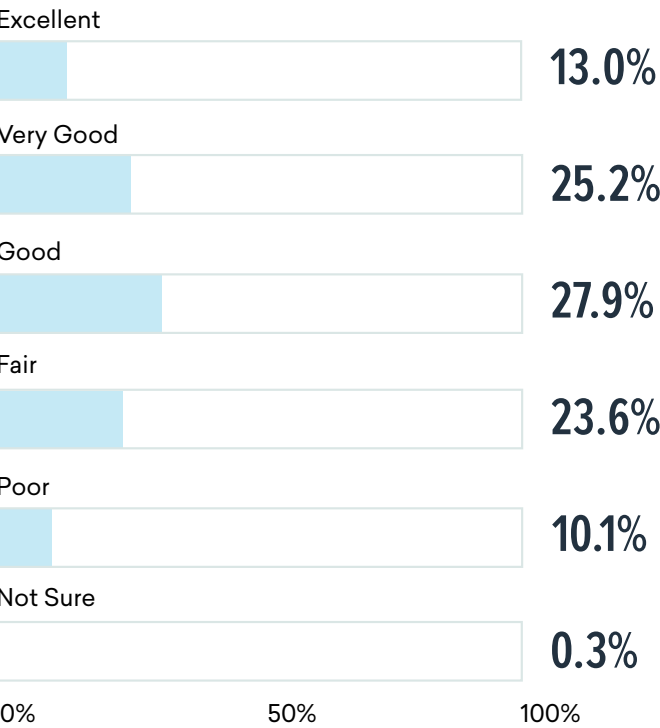
— Stakeholder Interview

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.¹⁰ Such experiences are known to impact long-term mental and physical health outcomes.¹¹

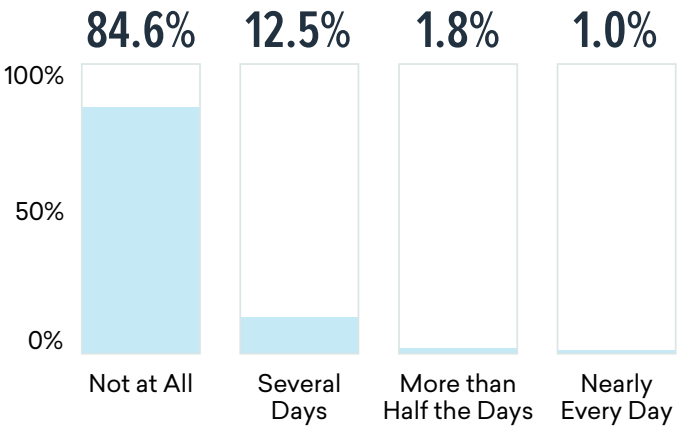
Approximately 38.2% of respondents reported their mental health to be either excellent or very good, while 27.9% of respondents reported their mental health as being good. In Hernando County, 33.7% of respondents reported that their mental health was fair or poor.

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



When asked about self-harm and suicidal thoughts, 84.6% of survey respondents reported never having these thoughts in the past 12 months. About 12.5% indicated experiencing such thoughts several days, while 1.8% reported having them more than half their days and 1.0% reported having them nearly every day.

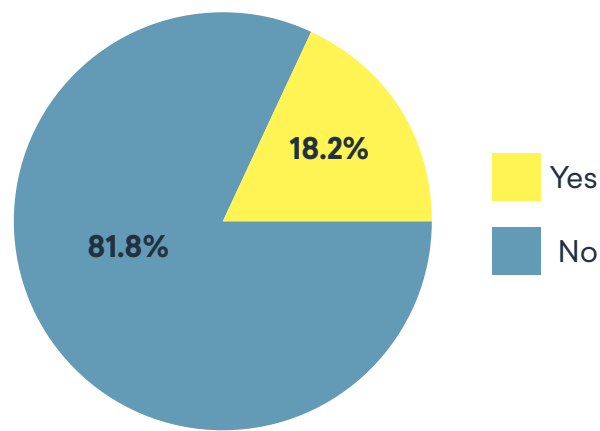
Exhibit 7: In the Past 12 Months, How Often Have You Had Thoughts that You Would Be Better Off Dead or Hurting Yourself in Some Way?



10. CDC, 2024. About Adverse Childhood Experiences.
11. Monnat & Chandler, 2016.

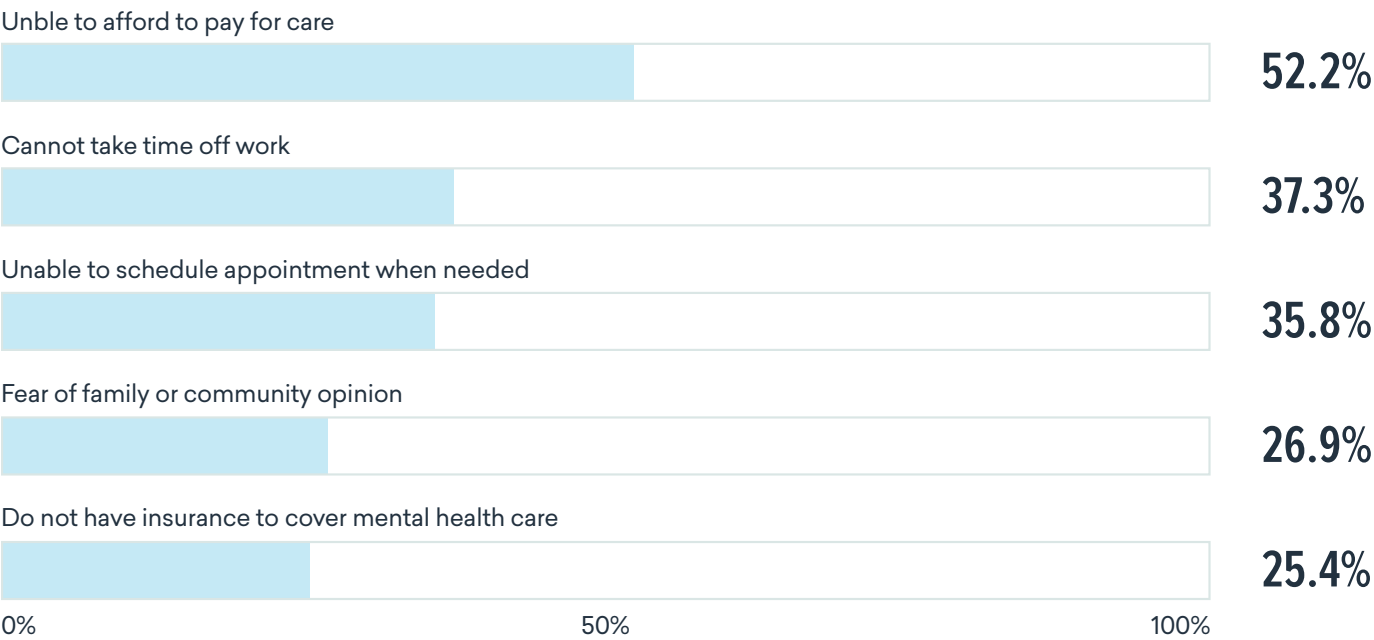
In Hernando County, 18.2% of respondents said that in the past 12 months they needed mental health care but did not get the care they needed.

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 (52.2%), cannot take time off work (37.3%), unable to schedule an appointment when needed (35.8%), fear of family or community opinion (26.9%), and do not have insurance to cover the care (25.4%).

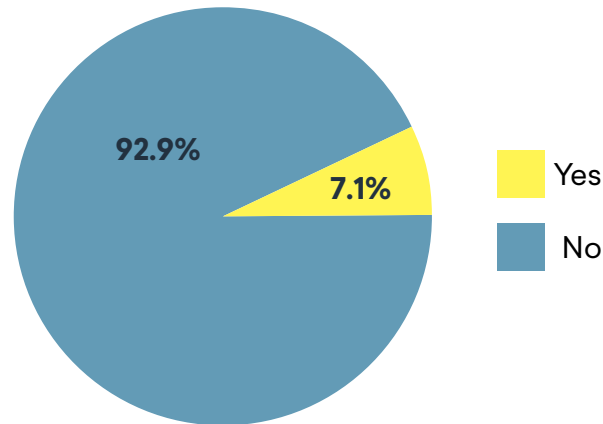
Exhibit 9: What Are Some Reasons That Kept You from Getting Mental Health Care?¹²



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

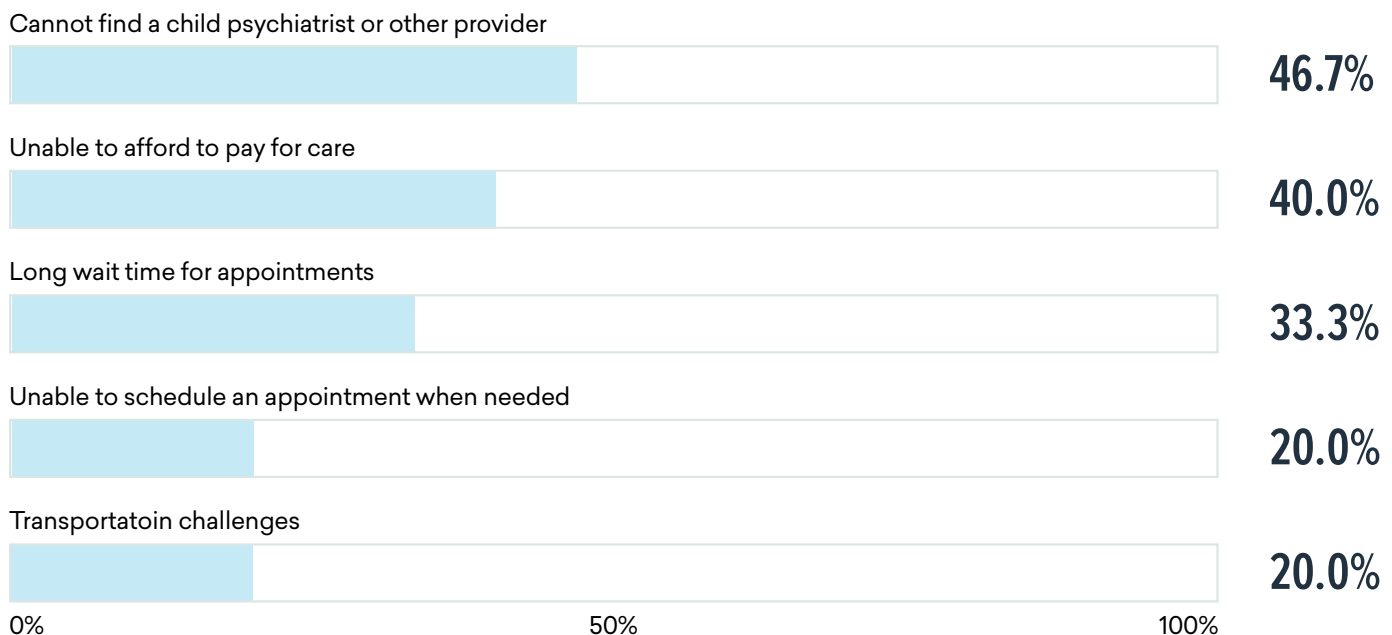
When asked if children at home needed mental or behavioral health care, 7.1% responded that the children needed the care but did not get the care they needed.

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?



The top barriers for children to get the care they needed were as follows: cannot find a child psychiatrist or other provider (46.7%), unable to afford to pay for care (40.0%), long wait time for appointment (33.3%), unable to schedule an appointment when needed (20.0%), and transportation challenges (20.0%).

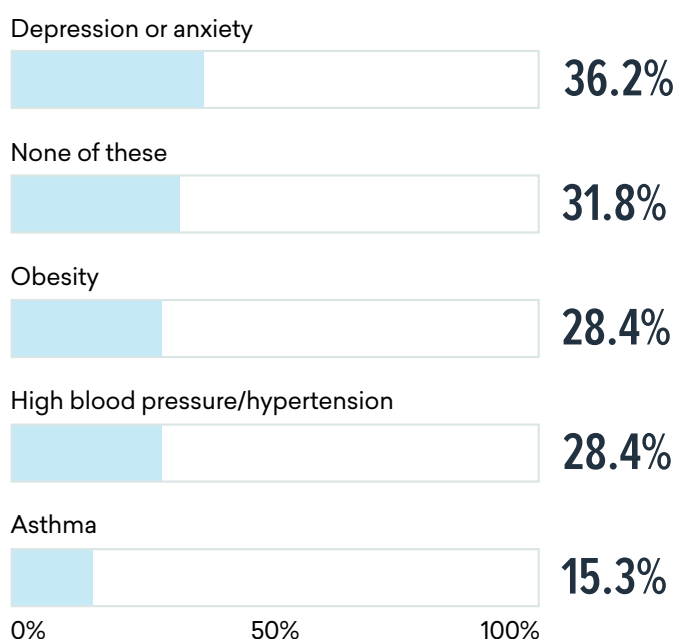
Exhibit 11: What Are Some Reasons That Kept Them from Getting the Mental Care They Needed?¹³



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

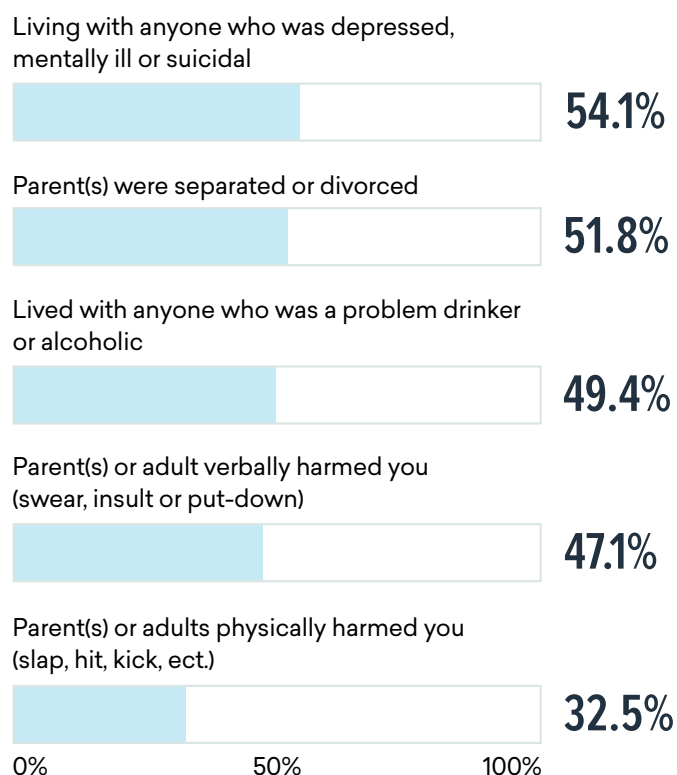
In Hernando County, 36.2% of respondents were told by either a doctor or other medical provider that they have depression or anxiety, which ranks as the top, number one health issue.

Exhibit 12: Have You Ever Been Told by a Doctor or Other Medical Provider that You Had Any of The Following Health Issues?¹⁴



In Hernando County, 21.7% of respondents reported they experienced four or more ACEs before the age of 18. Exhibit 13 presents the percentage of respondents who experienced at least one ACE before the age of 18. More than half of respondents lived with anyone who was depressed, mentally ill or suicidal (54.1%), or their parents were separated or divorced (51.8%). In Hernando County, 49.4% of respondents lived with someone who was a problem drinker or alcoholic. Nearly half of the respondents experienced verbal harm by their parents (47.1%), while 32.5% of respondents were physically harmed by their parents.

Exhibit 13: The Events You Experienced Before Age of 18¹⁵



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

HEALTH CARE ACCESS AND QUALITY

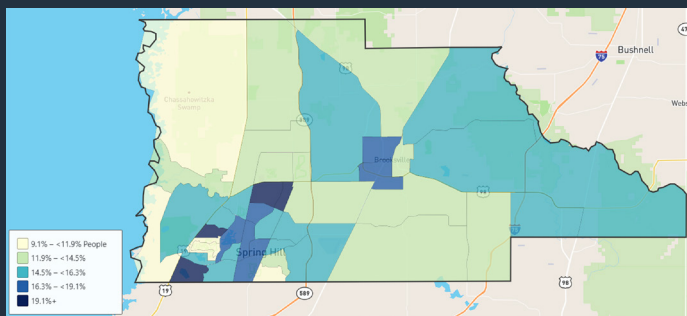
Health care access and quality is one of the five social drivers of health. Individuals without health insurance are less likely to have a primary care provider and may struggle to afford necessary health care services and medications. Increasing insurance coverage is essential to ensure more people 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.¹⁶ Even with health insurance, people may not be able to afford copays and deductibles. In Hernando County, 11.6% of the total population does not have health insurance. Approximately one in five (18.7%) of adults aged 19 to 64 years does not have health insurance, as shown in the darker blue regions on the map below (Exhibit 14).

Exhibit 14: Lack of Health Insurance Among Adults, 2022

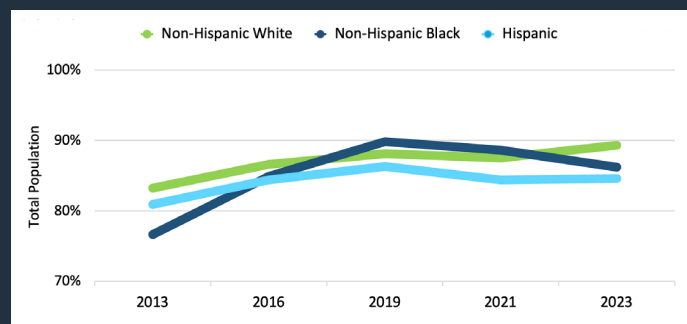


Source: CDC, n.d. BRFSS Places, 2022.

In some census tracts¹⁷ in Hernando County, nearly one in five adults does not have health insurance (Exhibit 14). Additionally, health insurance rates vary by race and ethnicity.

The Hispanic population in Exhibit 15 shows that this population has consistently had the lowest rates of adults with health insurance.

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



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

16. Taber et al., 2015.

17. 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>.

Health Care Access and Quality

Much of Hernando 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.¹⁸

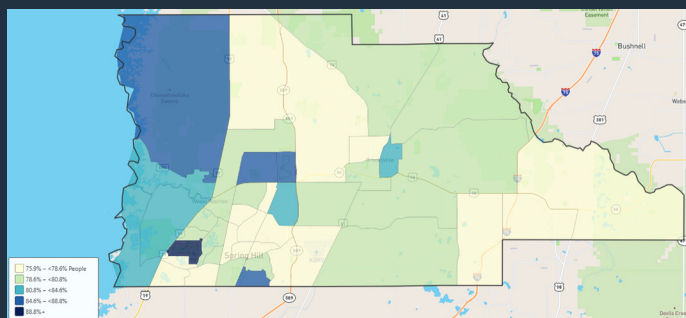
Exhibit 16: Health Care Provider Ratios (People per Provider), 2024

	Hernando County	Florida	United States
Primary Care Physician	910:1	858:1	879:1
Primary Care Nurse Practitioner	1,046:1	800:1	1,110:1
Dentist	2,489:1	1,686:1	1,532:1
Mental Health Provider	1,394:1	693:1	550:1
Pediatrician	1,900:1	879:1	795:1
Obstetrics/Gynecology (OB/GYN)	8,409:1	3,919:1	3,454:1
Midwife and Doula	25,226:1	9,029:1	9,336:1

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

In Hernando County, 79.0% 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, as shown in the lighter regions in the map below (Exhibit 17).

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

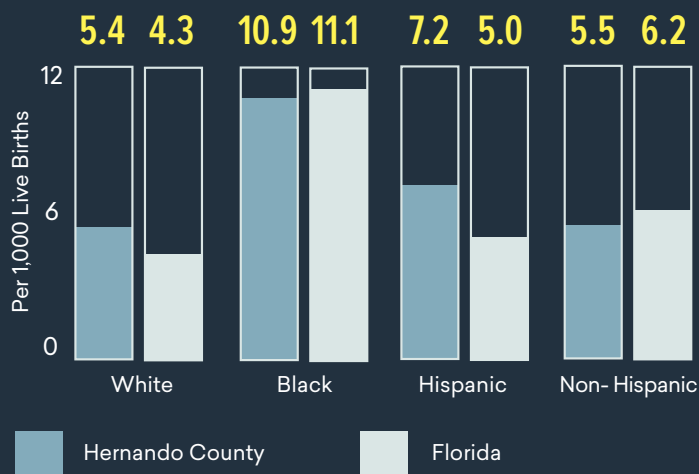


Source: CDC, n.d. BRFSS Places, 2022.

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.¹⁹

In Hernando County, and statewide, 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.²⁰

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



Source: FLHealthCHARTS, n.d.

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

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

20. CDC, 2022. Infant Mortality.

Early prenatal care, particularly in the first trimester, is a key factor in improving outcomes.²¹ In Hernando County, non-Hispanic mothers had the highest rate of early prenatal care at 75.8%, while Hispanic mothers had the lowest at 71.0%. While some groups in Hernando exceed state averages, the data reveals continued disparities in access to timely prenatal care across racial and ethnic groups.

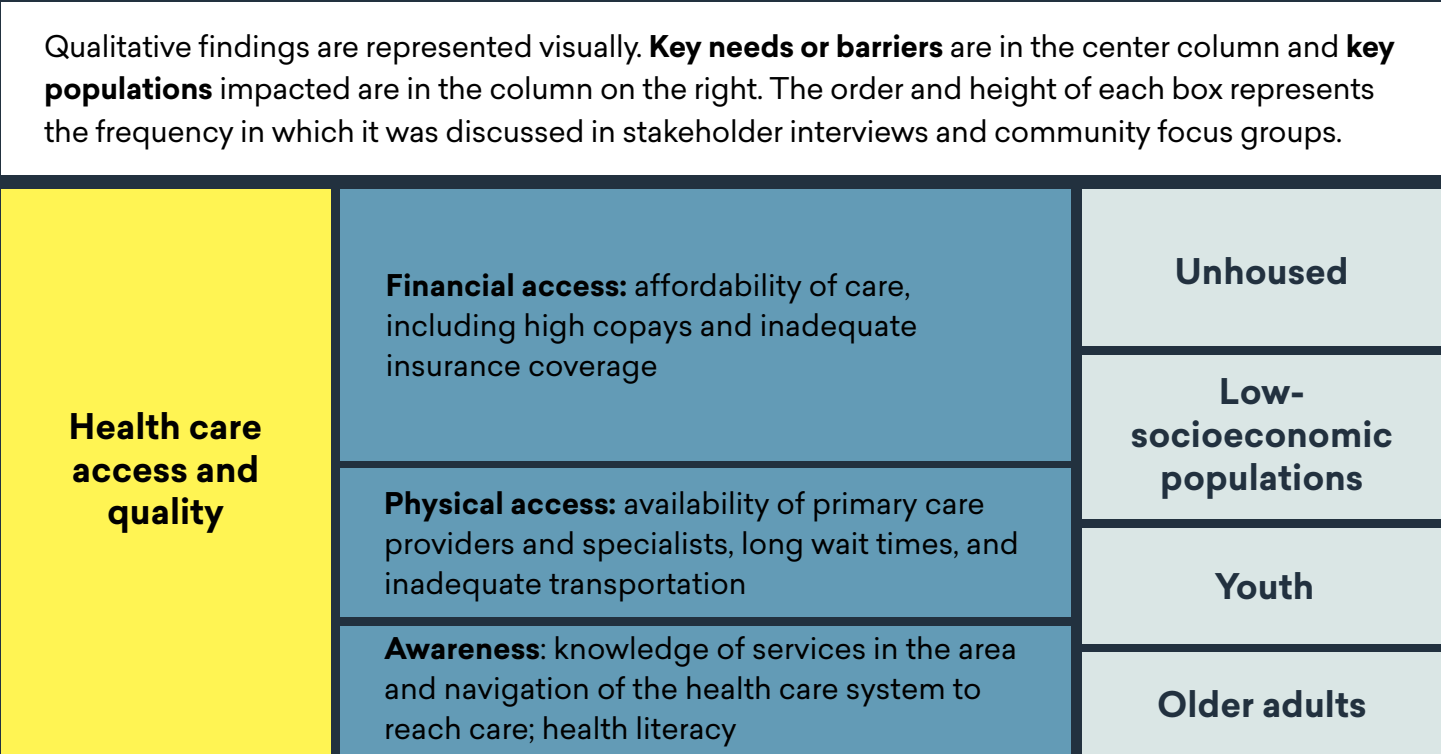
Exhibit 19: Births with Prenatal Care in the First Trimester, by Race/Ethnicity, 2021-2023

	Hernando County	Florida
White	75.7%	74.3%
Black	72.2%	63.7%
Hispanic	71.0%	70.5%
Non-Hispanic	75.8%	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.



21. 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 Hernando County. Adequate staffing of specialty care providers, chronic disease prevention and assistance with navigating the complex health care system were repeatedly mentioned as strategies to improve health care access.

“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, and it just creates a really bad situation as far as that goes.”

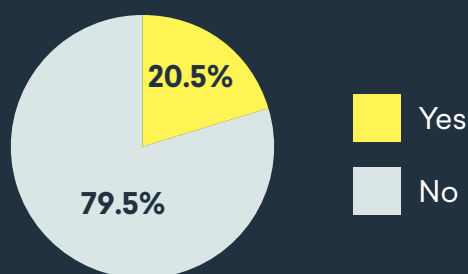
— Stakeholder Interview

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, 20.5% of the respondents replied that they needed medical care in the past 12 months but did not get it.

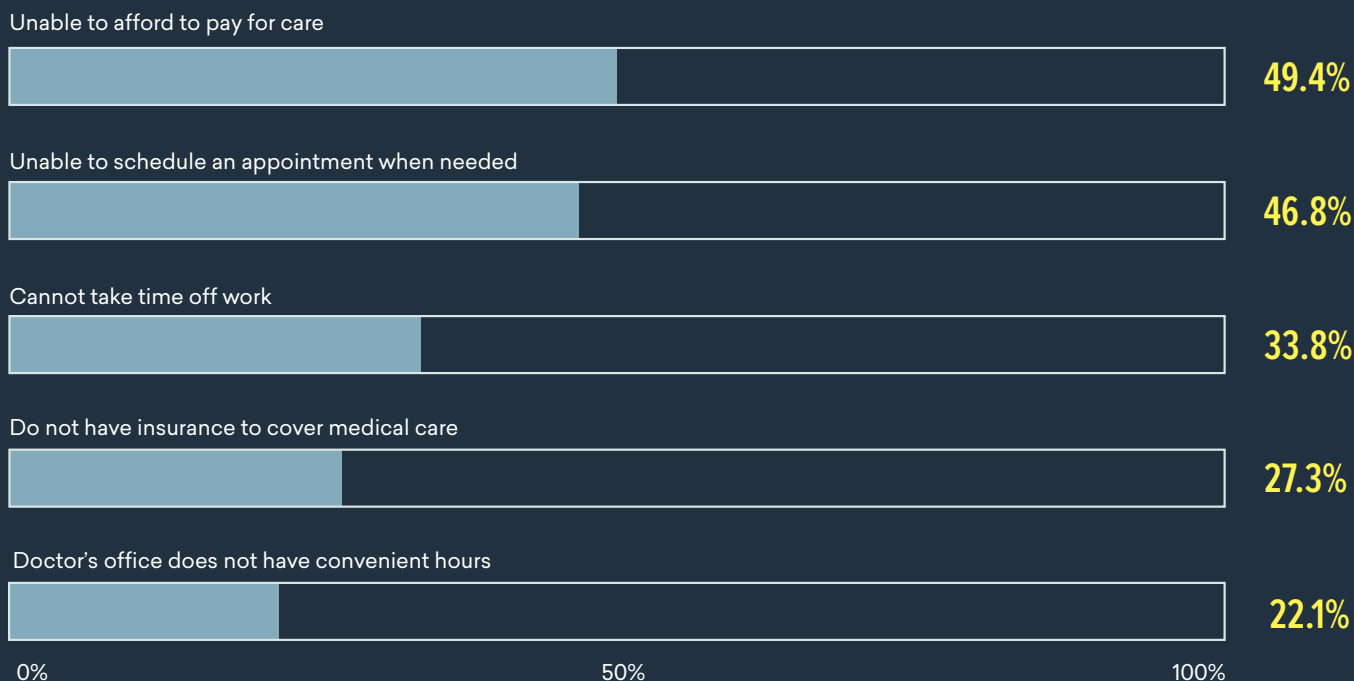
Exhibit 20: Was There a Time in the Past 12 Months When You Needed Medical Care but Did Not Get the Care You Needed?



Health Care Access and Quality

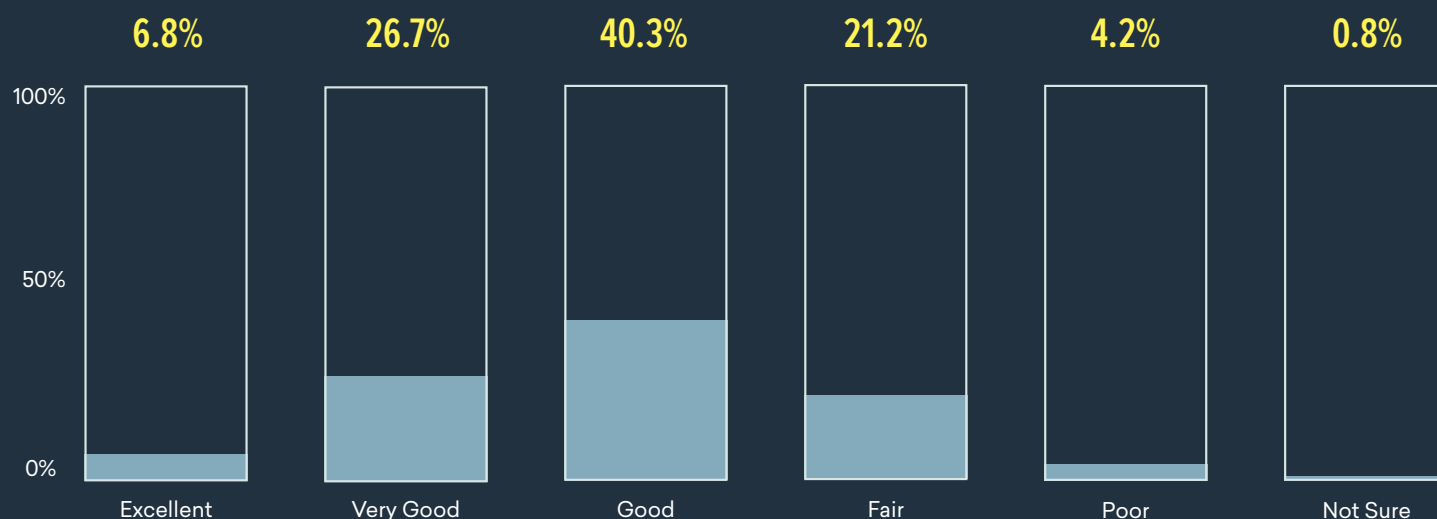
The top five reasons for not getting the care needed are due to being unable to afford to pay for care (49.4%), being unable to schedule an appointment when needed (46.8%), cannot take time off work (33.8%), do not have insurance to cover the care (27.3%) and the doctor's office does not have convenient hours (22.1%).

Exhibit 21: What Are Some Reasons That Kept You from Getting Medical Care?²²



In Hernando County, 33.5% of respondents said their own personal health was excellent or very good. Two in five respondents (40.3%) replied that their personal health was good. Approximately one-fourth (25.4%) of respondents said their own health was either fair or poor.

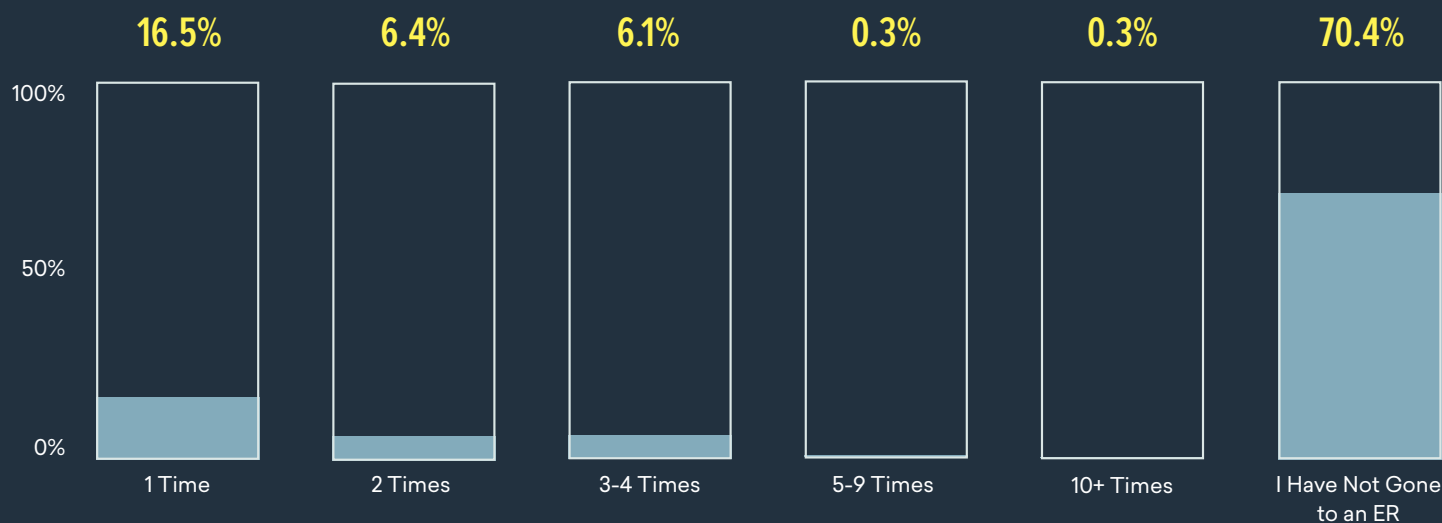
Exhibit 22: Overall, How Would You Rate Your Own Personal Health?



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

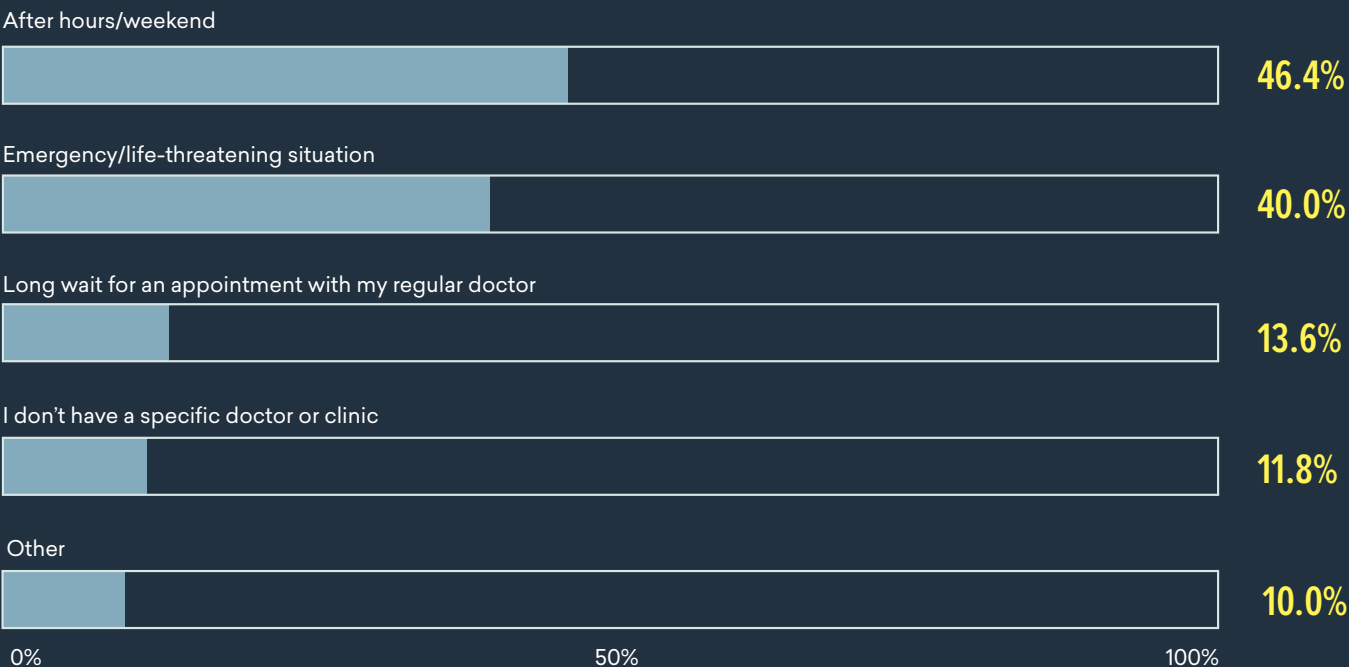
Approximately 22.9% of respondents went to the ER one to two times in the past 12 months, while 6.1% of respondents went to the ER three to four times. Less than 1.0% of respondents went to the ER five or more times in the past 12 months.

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?



Nearly half of the respondents went to the emergency room (ER) instead of the doctor’s office because their health issue occurred after-hours or on a weekend (46.4%). In Hernando County, 40.0% of respondents went to the ER because of an emergency or life-threatening situation.

Exhibit 24: What Are the Main Reasons You Used the ER Instead of Going to a Doctor’s Office or Clinic?²³



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

ECONOMIC STABILITY

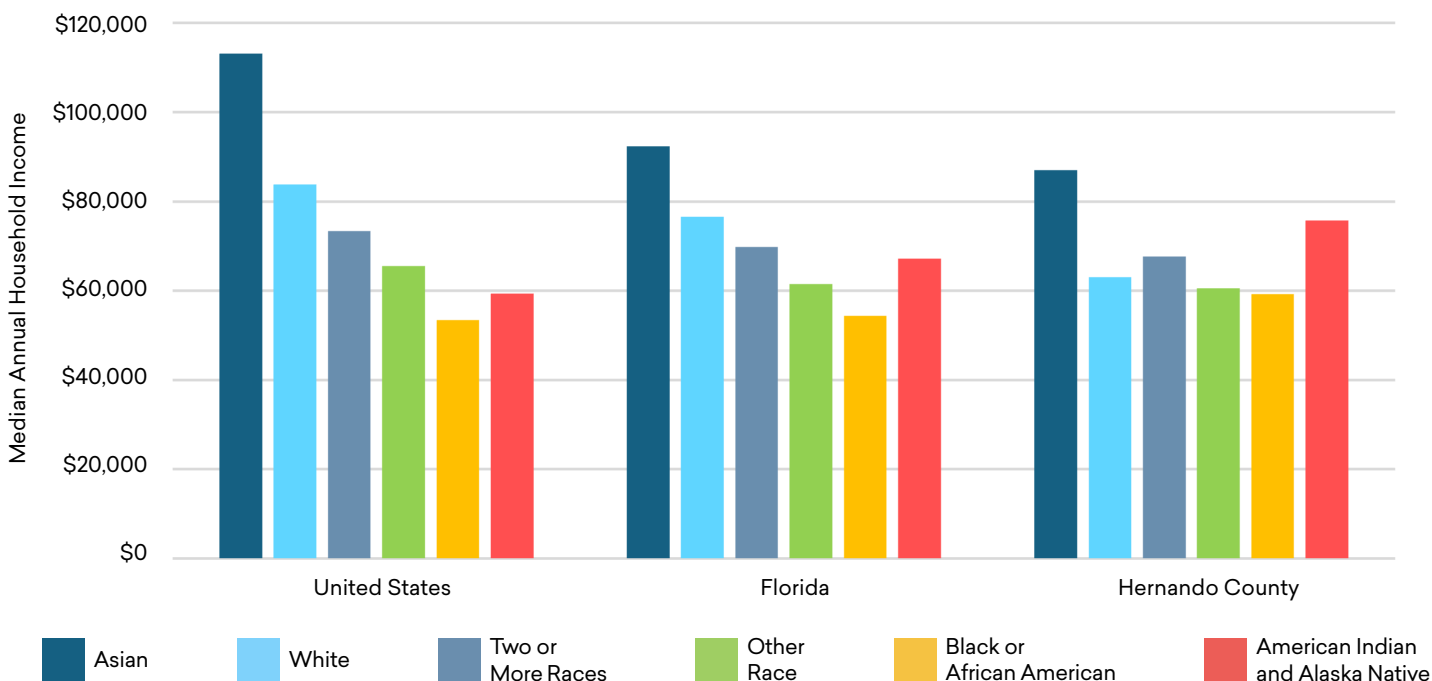
Economic stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access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

— CDC, 2023

Key secondary data findings

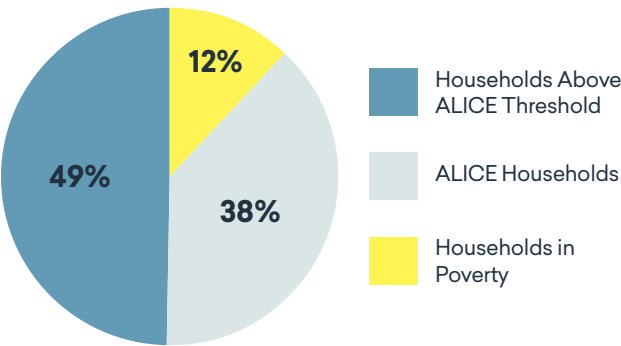
Economic stability plays a key role in overall health outcomes, as financial insecurity can limit access to health care, nutritious food and stable housing. In Hernando County, the median household income is \$63,193 annually, \$8,518 less than Florida's \$71,711 median household income and \$15,345 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



Poverty is a well-established driver of health outcomes. In Hernando County, 12.0% of the population lives below the poverty line, a similar percentage to both the state (12.6%) and national (12.4%) averages.²⁴ However, traditional poverty metrics often undercount those struggling to meet basic needs.²⁵

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



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

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

 **\$35.60 per hour**

At the current minimum wage of \$12/hour, a worker would need to work over 118 hours per week just to afford rent in Hernando County.

Source: NLIHC, 2024

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

25. Kilduff, 2022.

26. United for ALICE, n.d. About Us — Meet ALICE.

27, 28, 29. U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

30. Turcios, 2023.

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.²⁶ In Hernando County, 38.0% of households are considered ALICE.

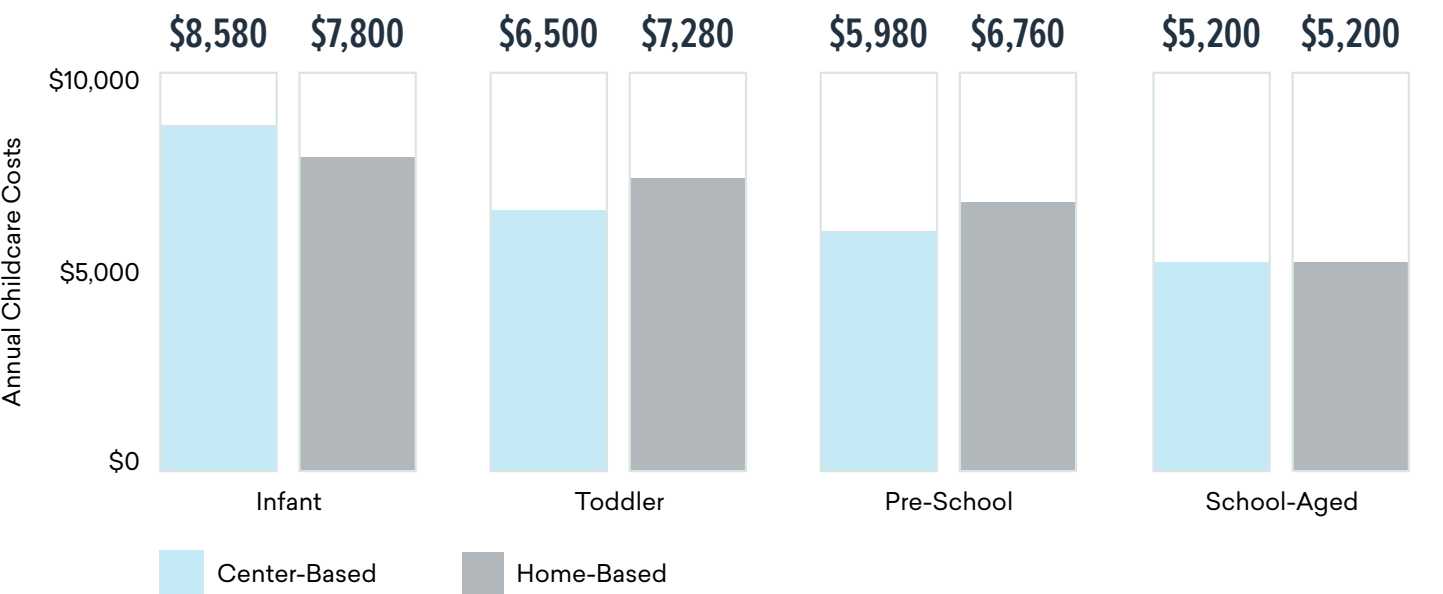
Housing is one of the most immediate and essential costs for households. When income does not keep pace with local housing costs, residents may face housing instability or become severely cost burdened — spending a disproportionate share of their income on rent or mortgage payments. In Hernando County, 23.6% of low-income households currently spend 50.0% or more of their income on housing costs alone.²⁷

Additionally, the median home value in Hernando County is \$240,400, lower than the state median of \$325,000 — but still out of reach for many working families.²⁸ The disconnect between wages, rental costs and homeownership opportunities highlights the affordability challenges faced by many Hernando County residents.

Internet access is essential for employment, education, health care (including telehealth) and civic participation. In Hernando County, 6.9% of households lack internet access, matching Florida’s overall percentage of households without internet access (6.8%).²⁹ Limited connectivity can disproportionately impact rural communities, low-income families and older adults.³⁰

Childcare remains a critical yet costly need for working families in Hernando County. Center-based infant care in 2022 had a cost of \$8,580 annually, with home-based options slightly lower at \$7,800. Although childcare costs decline with age, even school-aged care was \$5,200 annually in 2022 for home-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.

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



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

To put this situation in context, the median household income in Hernando County is \$44,039.³¹ A family spending approximately \$22,212 per year on housing³² and \$6,565 on childcare³³ would be left with just \$15,262 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 Hernando County community.

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

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

33. 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 identified economic instability and a lack of livable wages in the area as being at the root of many issues highlighted throughout stakeholder interviews and focus groups. They shared that high-paying jobs and job training are needed. Additionally, participants noted that a growing 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.



“In the middle class, I make too much to get Medicaid, but don’t make enough to actually get insurance. You can’t qualify for insurance until we were a family of five It’s hard to balance the between.”

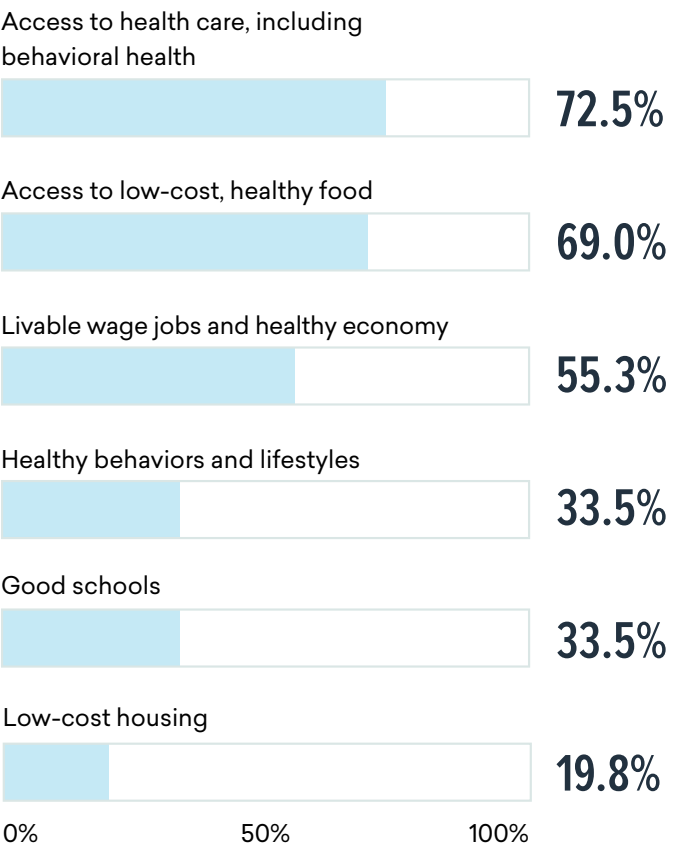
— Focus Group Participant

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.

More than half of the respondents (50.5%) 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 access to health care (71.5%) and access to low-cost healthy food (65.6%) are ranked by respondents as the top two most important factors to improve the quality of life in the community.

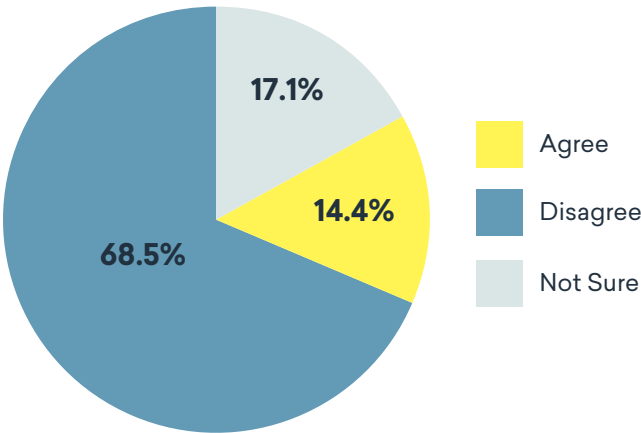
Exhibit 28: Please Read the List Below. Which Do You Believe Are the 5 Most Important Factors to Improve the Quality of Life in a Community?³⁴



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

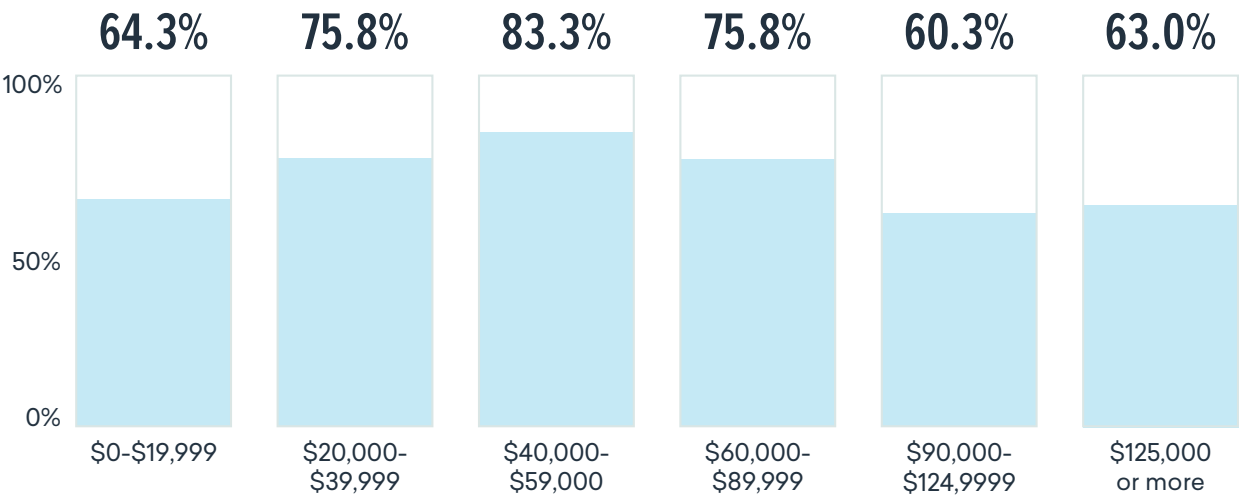
Exhibits 29 through 32 presents respondents' opinions on the availability of livable wage jobs, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement “There are plenty of livable wage jobs available,” 68.5% of respondents disagreed.

Exhibit 29: There Are Plenty of Livable Wage Jobs Available for Those Who Want Them³⁴



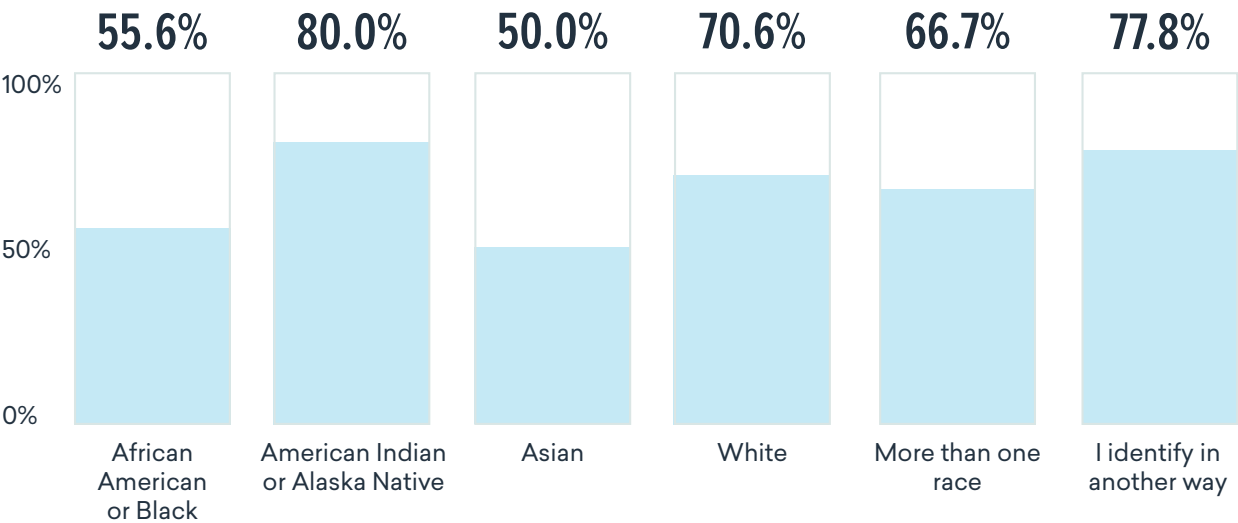
Across all income brackets, more than half of respondents expressed disagreement. Individuals who earn an income between \$40,000 and \$59,999 expressed the highest disagreement (83.3%), followed by individuals who earn \$20,000-\$39,999 and \$60,000-\$89,999 (75.8%).

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



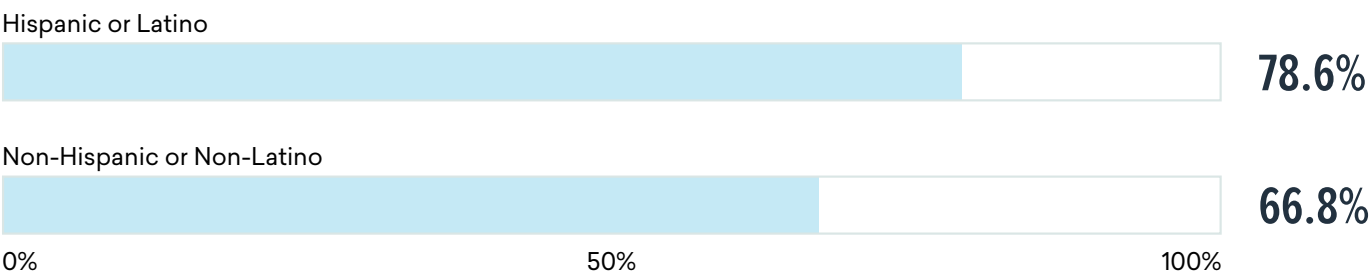
Similarly, a majority of respondents from each racial group disagreed, with 80.0% of American Indian or Alaska Native respondents expressing disagreement – the highest among all groups – followed by individuals identifying in another way (77.8%).

Exhibit 31: Disagree by Race – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them³⁵



Additionally, 78.6% of Hispanic respondents disagreed with the statement and 66.8% non-Hispanic respondents disagreed with the statement.

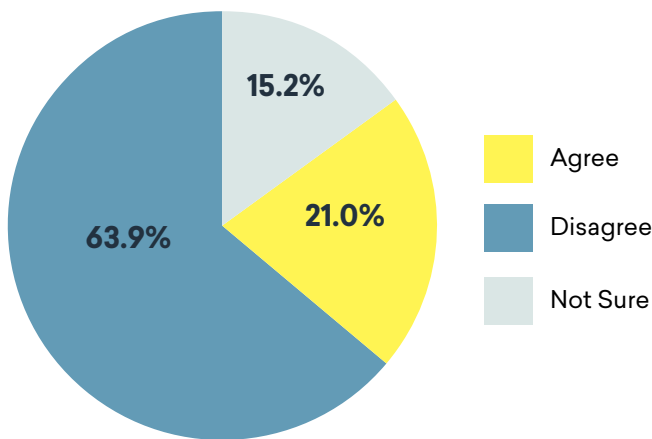
Exhibit 32: Disagree by Ethnicity – There Are Plenty of Livable Wage Jobs Available for Those Who Want Them



35. “Native Hawaiian or Pacific Islander” was excluded due to a lack of response from survey respondents.

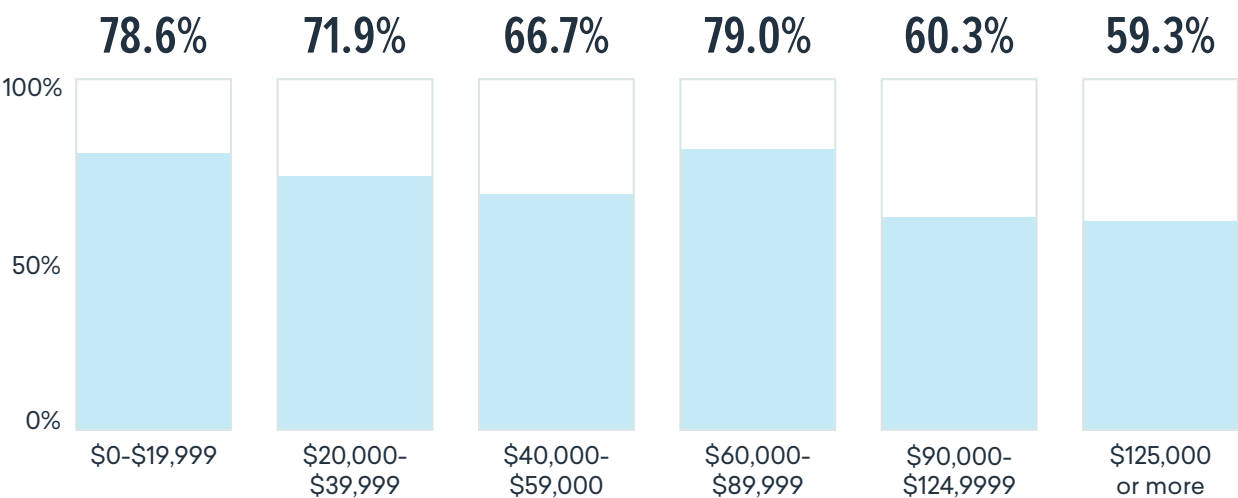
Exhibits 33 through 36 presents respondents’ opinions on affordable places to live, with results analyzed by income level, race and ethnicity. When asked whether they agreed with the statement “There are affordable places to live in my community,” 63.9% of respondents disagreed.

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



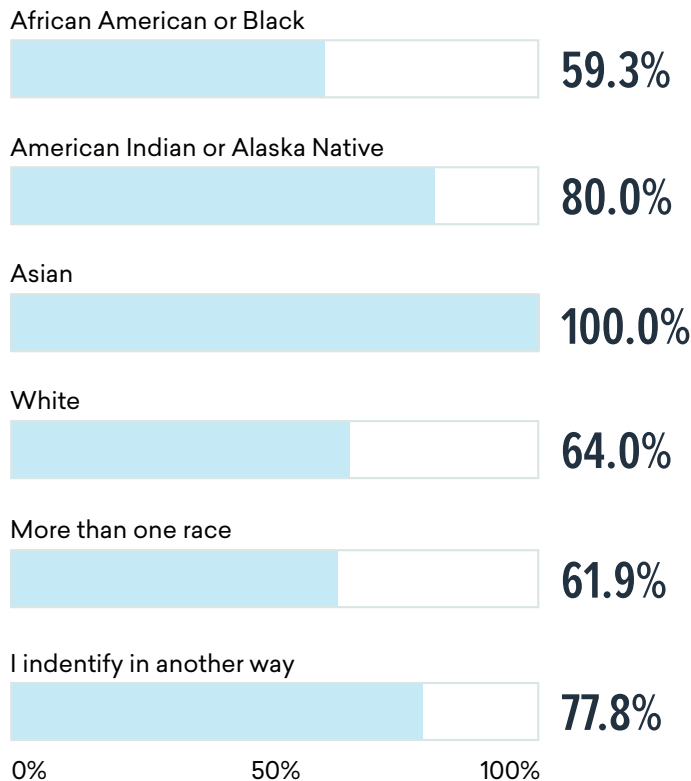
Across all income brackets, an individual who has an income between \$60,000 and \$89,999 expressed the highest disagreement (79.0%), followed by an individual who earns below \$19,999 (78.6%).

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



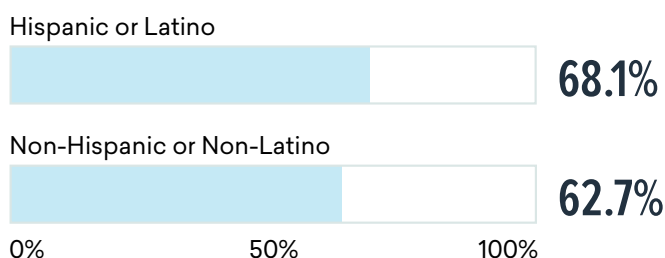
A majority of respondents from each racial group disagreed, with all Asian survey respondents disagreeing with the statement, followed by American Indian or Alaska Native (80.0%).

Exhibit 35: Disagree by Race – There Are Affordable Places to Live in My Community³⁶



Approximately 68.1% of Hispanic respondents disagreed with the statement, and 62.7% of respondents who are non-Hispanic expressed disagreement.

Exhibit 36: Disagree by Ethnicity – There Are Affordable Places to Live in My Community³⁷



36, 37. Interpret with caution due to low response rate.

Exhibits 37 and 38 ask respondents a series of questions regarding housing security. In Hernando County, 9.4% 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, 3.7% 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?

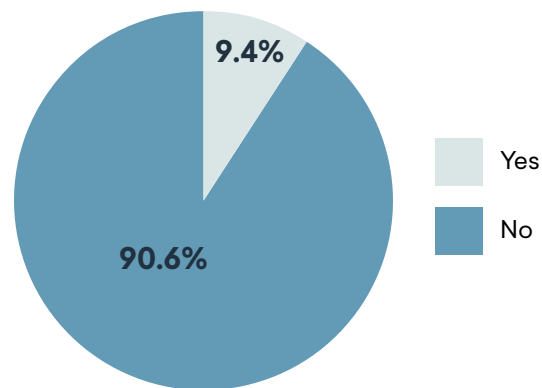
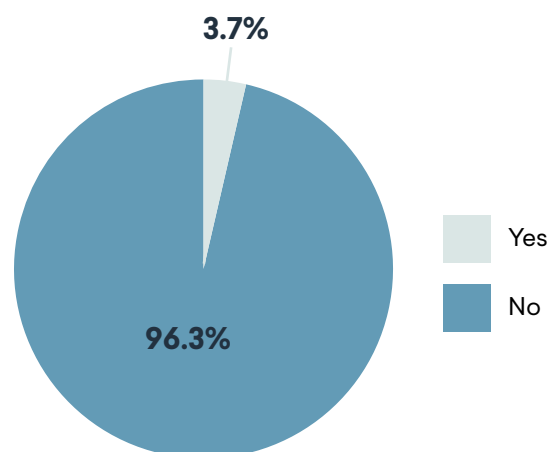


Exhibit 38: In the Past 12 Months, Has Your Utility Company Shut Off Your Service for Not Paying Your Bills?



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 the leading cause of death in Hernando County, accounting for 184.5 deaths per 100,000 people in 2023. This mirrors national trends, where cardiovascular disease remains a top contributor to mortality and long-term disability. Heart disease includes a range of conditions that affects the heart's structure and function, such as coronary artery disease, arrhythmias and heart failure.³⁸ Many of these conditions are preventable through lifestyle changes, early detection and consistent access to health care.

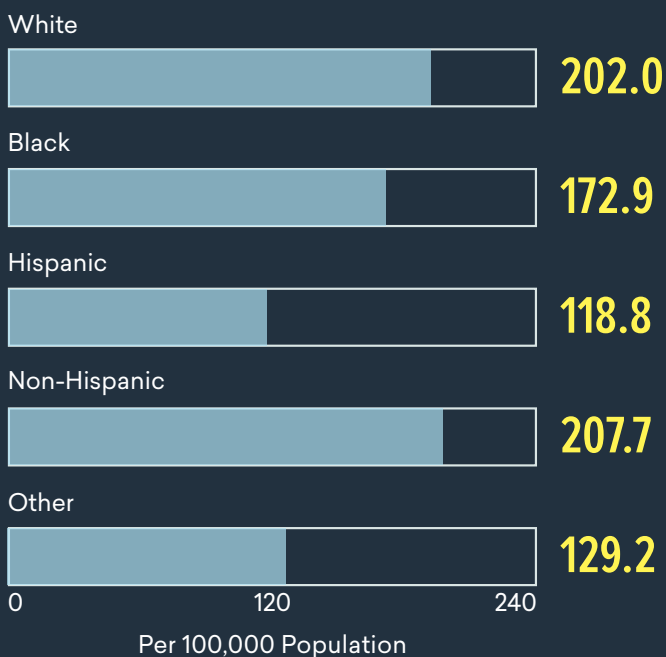
In Hernando County, age-adjusted death rates from heart disease were highest among non-Hispanic (207.7 per 100,000 people) residents, followed by White (202.0) and Black (172.9) residents.

Causes of Death: Top Causes (per 100,000 People)	
Heart Disease	184.5
Cancer	180.3
Unintentional Injury	85.0

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

38. AHA, 2024. What Is Cardiovascular Disease?

Exhibit 39: Age-adjusted Deaths from Heart Disease, Rate per 100,000 Population, 2021-2023

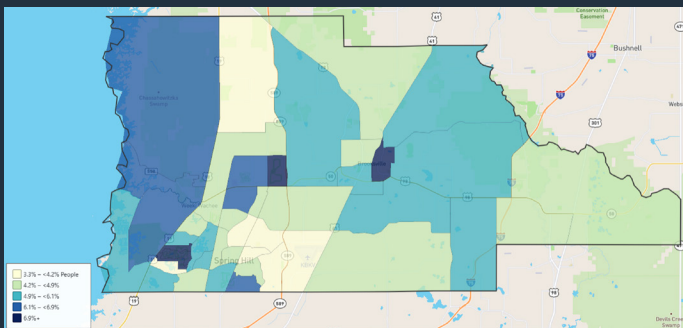


Source: FLHealthCHARTS, n.d

Strokes are another major concern, often linked to uncontrolled high blood pressure and other cardiovascular risk factors.³⁹

In Hernando County, 5.0% of adults reported having had a stroke in 2022, according to CDC data. Some areas of the county report rates above 6.0%, as shown in the darker blue regions on the map below, signaling a need for focused prevention and support services.

Exhibit 40: Stroke Among Adults, 2022



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

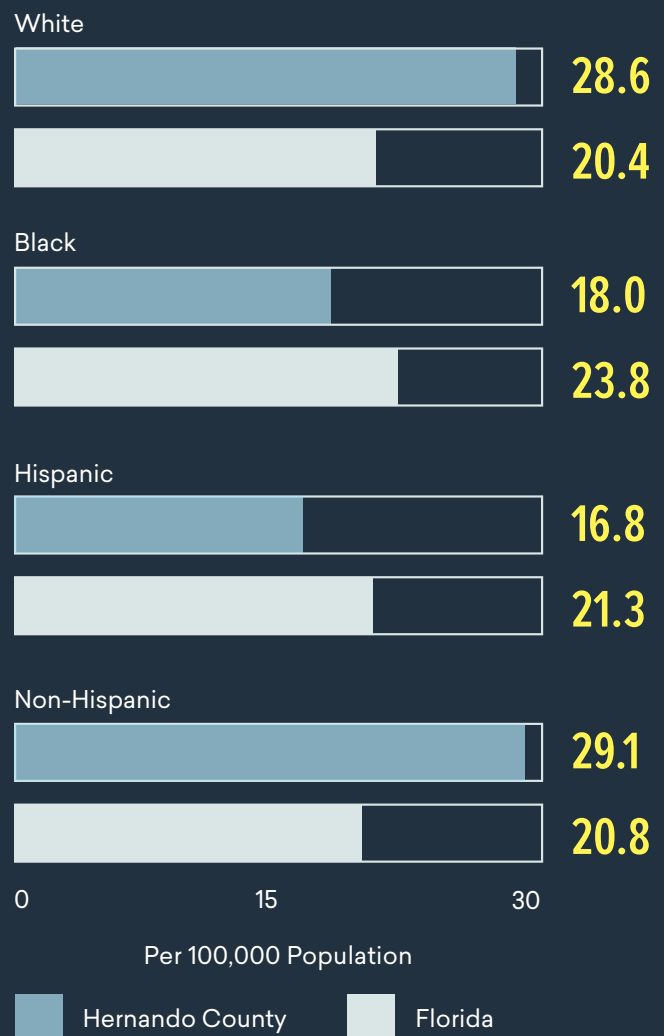
Differences in outcomes by race and ethnicity reveal important patterns in how heart disease and stroke affect the community. Exhibit 41 shows death rates from heart attacks (acute myocardial infarction) by race and ethnicity.

In Hernando County, White residents had a significantly higher death rate of 28.6 per 100,000 people, compared to Florida's rate of 20.4. Black residents had a comparatively lower death rate of 18.0, which is below the state average of 23.8.

Among Hispanic residents, the death rate was 16.8 in Hernando County, lower than the state average of 21.3. In contrast, non-Hispanic residents experienced a higher death rate of 29.1, which is

well above the Florida average 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 41: Deaths from Acute Myocardial Infarction (Heart Attack), Rate per 100,000 Population by Race, 2021-2023

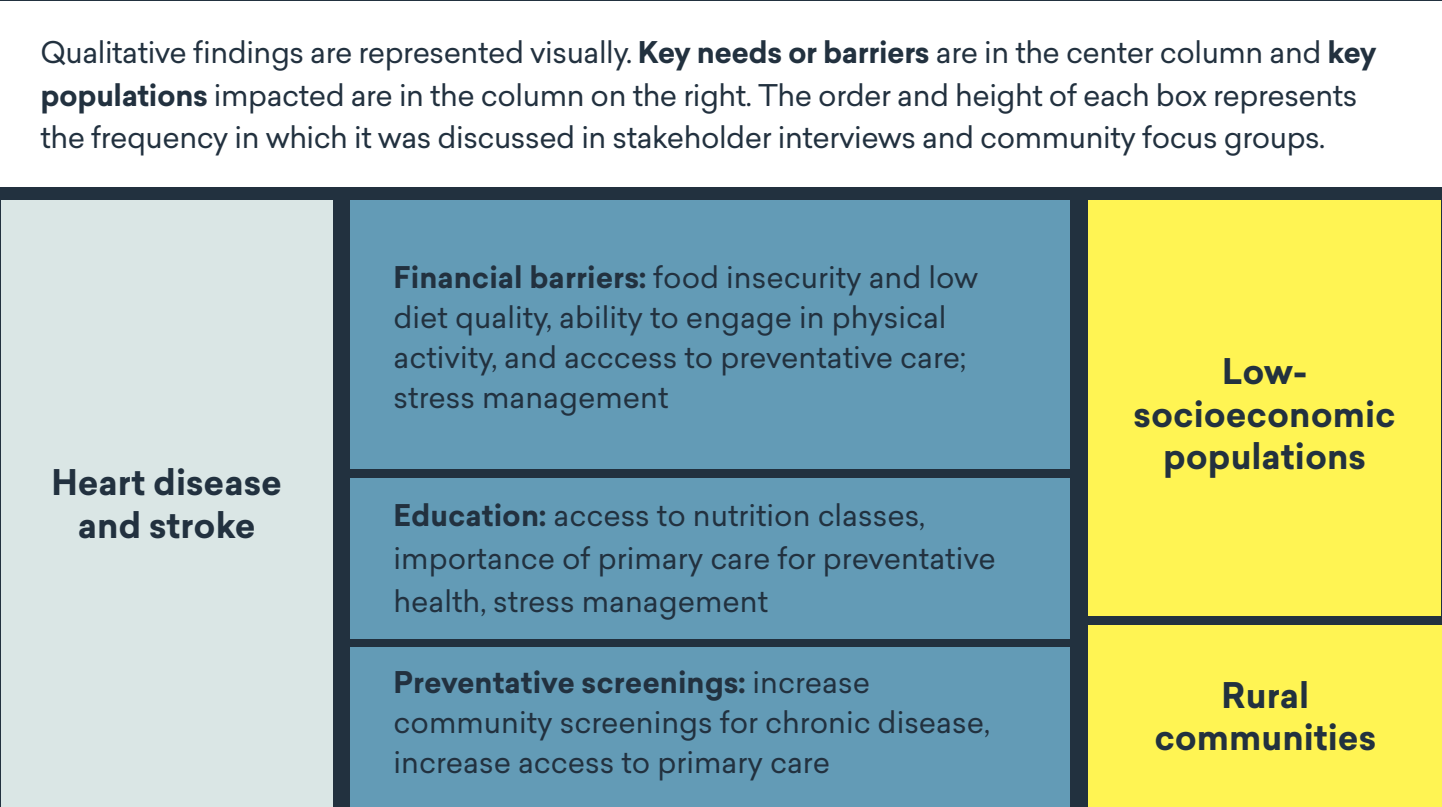


Source: FLHealthCHARTS, n.d.

39. WHO, 2021. Cardiovascular Diseases.

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.



Participants’ discussions regarding heart disease and stroke centered on preventive efforts and the barriers that inhibit engaging in preventative behaviors, including food insecurity, low levels of health literacy and primary care access. They connected compounded needs that low-income families often face with the lack of self-care in the community. Therefore, those with limited financial resources and limited health literacy were noted as being at higher risk in addition to those living in more rural areas of Hernando County.



“A lot of parents who are holding down a job and are taking care of kids and their parents, and they have to do all the work, and the self-care falls off the plate.”

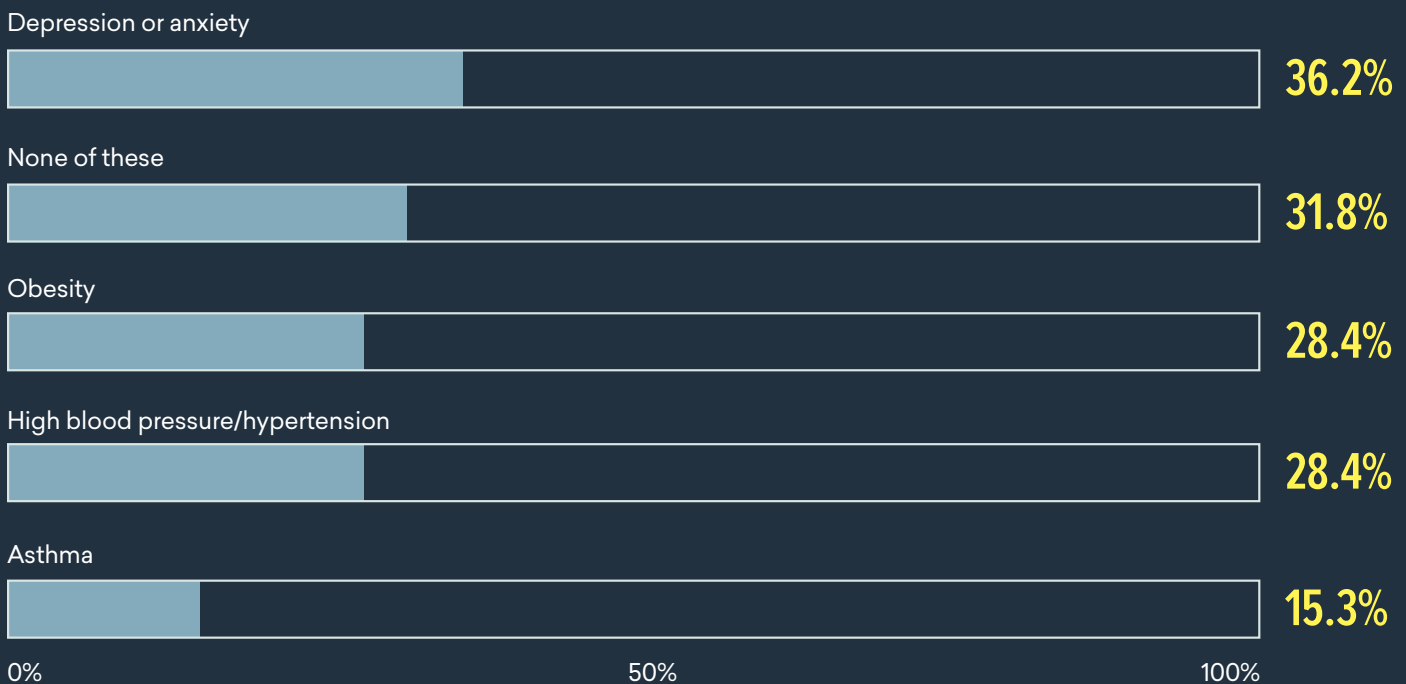
— Focus Group Participant

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 Hernando County, 28.4% of the respondents have been told by a doctor or other medical provider that they have high blood pressure or hypertension.

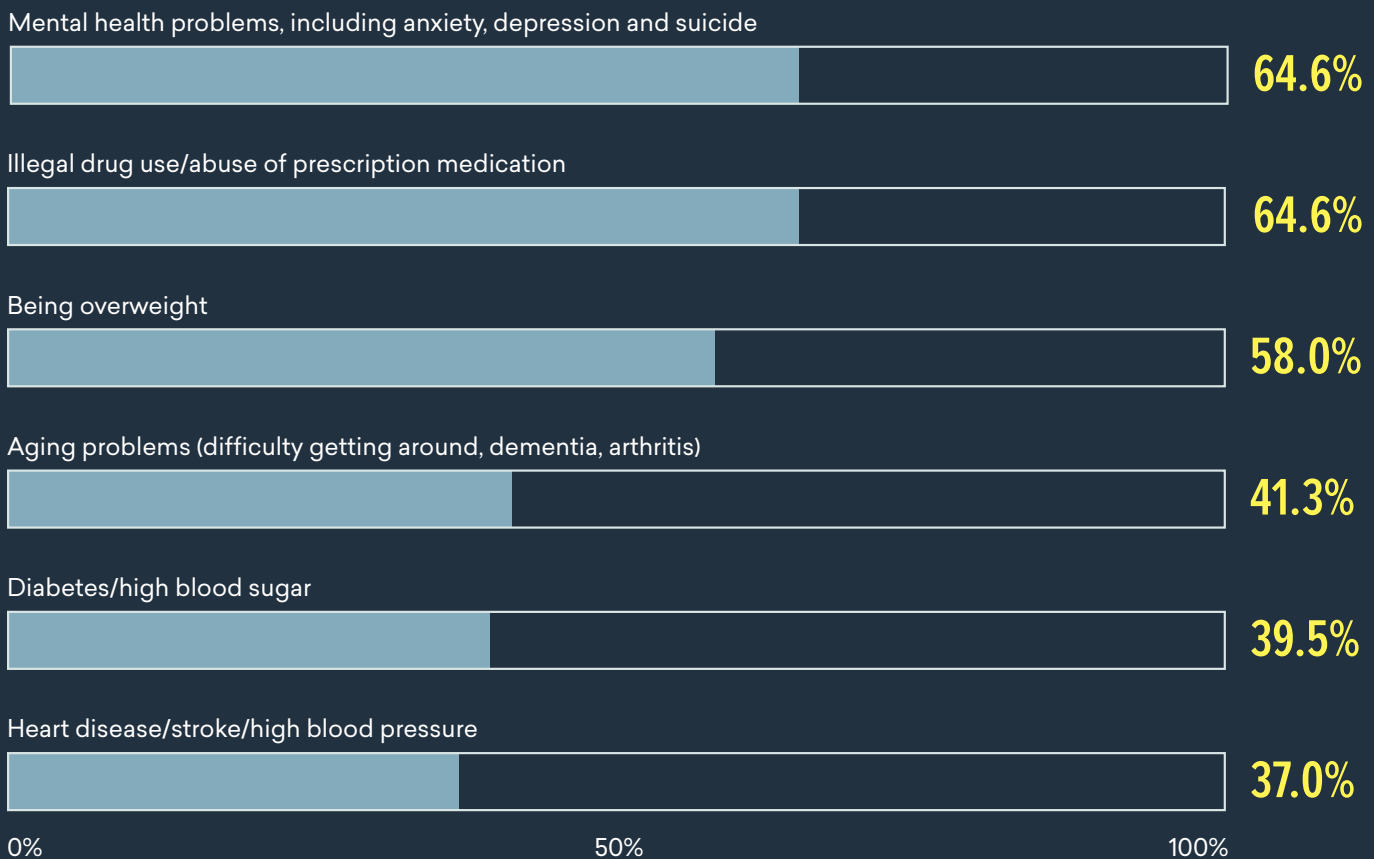
Exhibit 42: Have You Ever Been Told by a Doctor or Other Medical Provider that You Had Any of the Following Health Issues?⁴⁰



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

When asking respondents about the most important health issue to address to improve the health of the community, 37.0% of respondents said heart disease, stroke or high blood pressure is an important issue, which ranks sixth among the priority health issues. In addition, 64.6% of respondents said mental health problems are the top priority issue to address, followed by illegal drug use (64.6%), being overweight (58.0%) and aging problems (41.3%).

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?⁴¹



41. The top five factors along with “heart disease, stroke or high blood pressure” are presented in the exhibit. For the complete list, please refer to the Appendices.

EXERCISE, NUTRITION AND WEIGHT

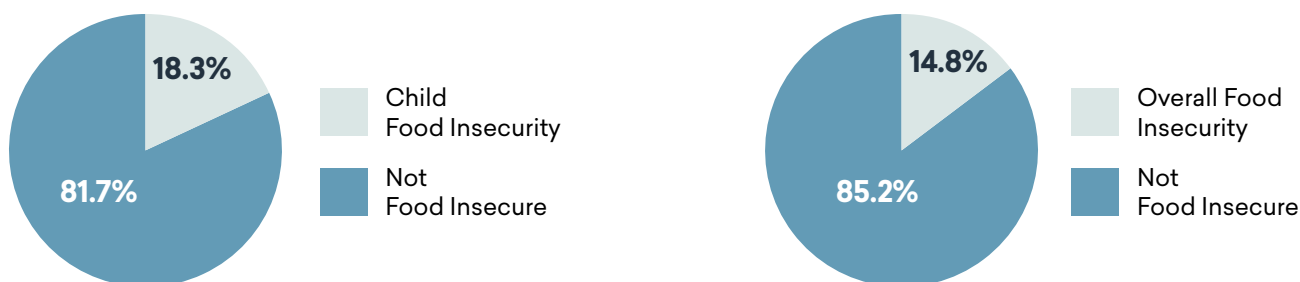
Engaging in regular physical activity offers both immediate and long-term health benefits. It can enhance brain function, strengthen bones and muscles, and improve the ability to carry out daily tasks. Proper nutrition also is a vital component to healthy well-being at every stage of life.

— CDC, 2024

Key secondary data findings

The child food insecurity rate in Hernando County is 18.3%, considerably higher than the overall food insecurity rate of 14.8%. This data means that nearly one in five 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.⁴²

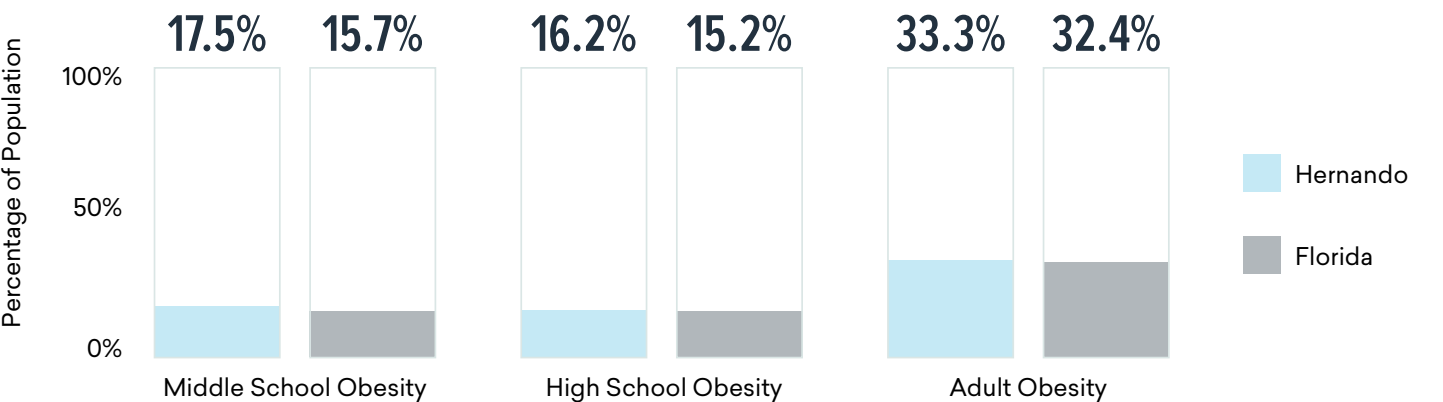
Exhibit 44: Food-Insecure Individuals in Hernando County by Age, 2023



42. Feeding America (n.d.). Child Hunger Facts.

Weight-related health concerns are prevalent across all age groups in Hernando County. According to 2021-2023 data, nearly one in three adults and over one in six 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.⁴³ 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.⁴⁴

Exhibit 45: Hernando County Adolescent and Adult Obesity, 2022



Source: FLHealthCHARTS, n.d.

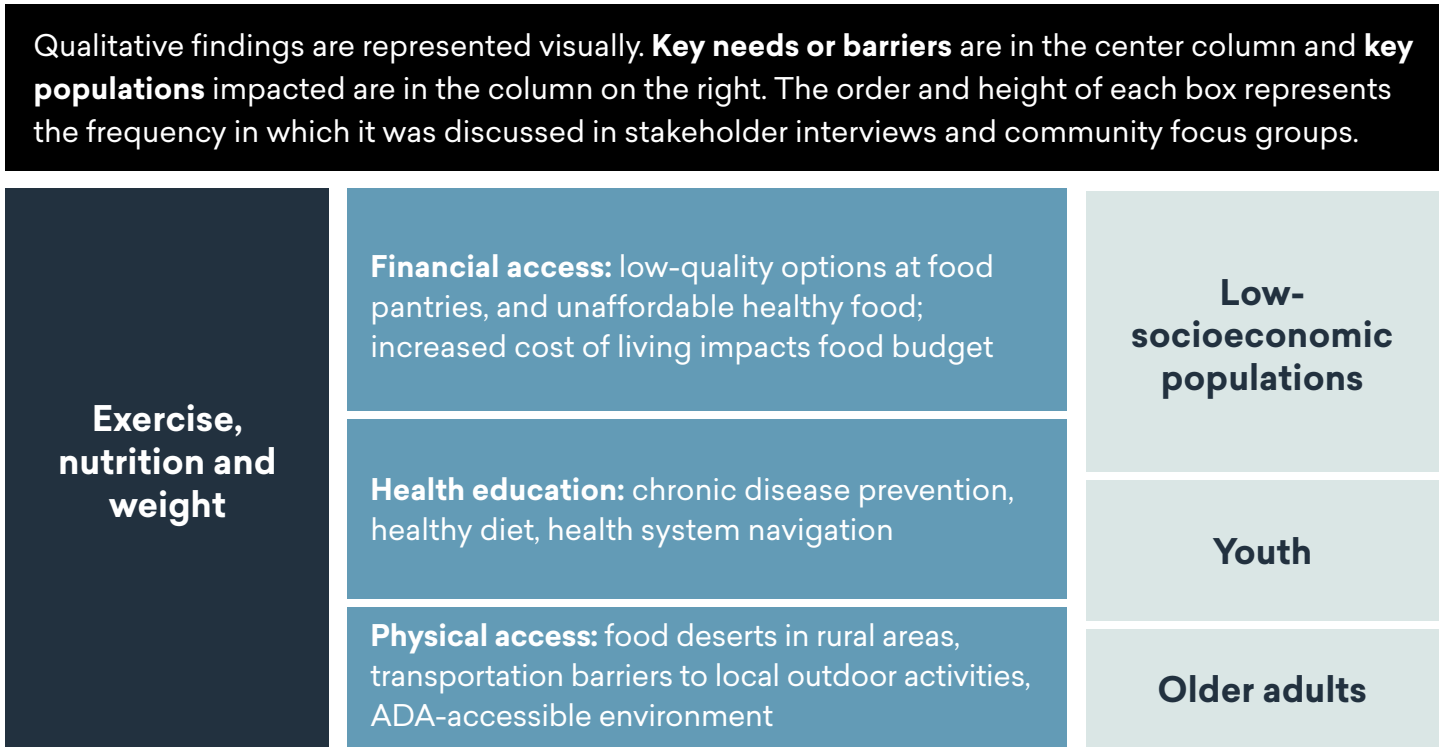
Additionally, 68.6% of elementary school students in Hernando County are eligible for free or reduced-price lunch, indicating widespread economic vulnerability and reliance on school-based nutrition programs to meet daily food needs.⁴⁵ At the household level, 13.0% of Hernando County households receive Supplemental Nutrition Assistance Program (SNAP) benefits, a similar proportion to both Florida (12.6%) and the United States (11.8%).⁴⁶

These figures highlight ongoing challenges related to food access and affordability – issues that not only affect dietary habits but also 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.^{47, 48}

43. NIDDK, 2023. Health Risks of Overweight & Obesity.
44. Balasundaram, P., Krishna, S. (NIH), 2023.
45. FLHealthCHARTS, n.d. Elementary.
46. U.S. Census Bureau, n.d. American Community Survey, 2019-2023.
47. CDC. 2023. Healthy Food Environments.
48. ODPHP, n.d. Access to Foods.

Key qualitative findings

When discussing exercise, nutrition and weight, 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 discussed the factors that impact community members’ weight, nutrition and exercise in Hernando County. They noted that financial and physical barriers can prevent community members from accessing nutritious food. Specifically, they shared that those who rely on food pantries may lack access to nutrient-dense food. Stakeholders identified health education initiatives as a strategy to improve healthy behaviors.



“Access to food and food insecurity. If a child is eating well, they’ll likely do well in school, but the reverse is true also.”

— 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.⁴⁹ This maintenance 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.⁵⁰

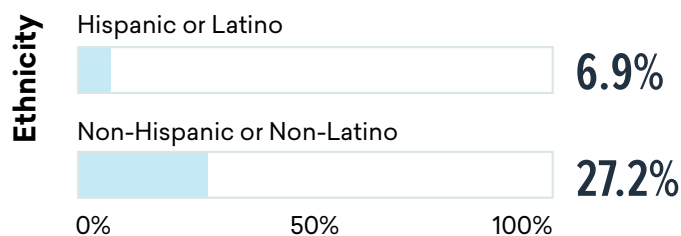
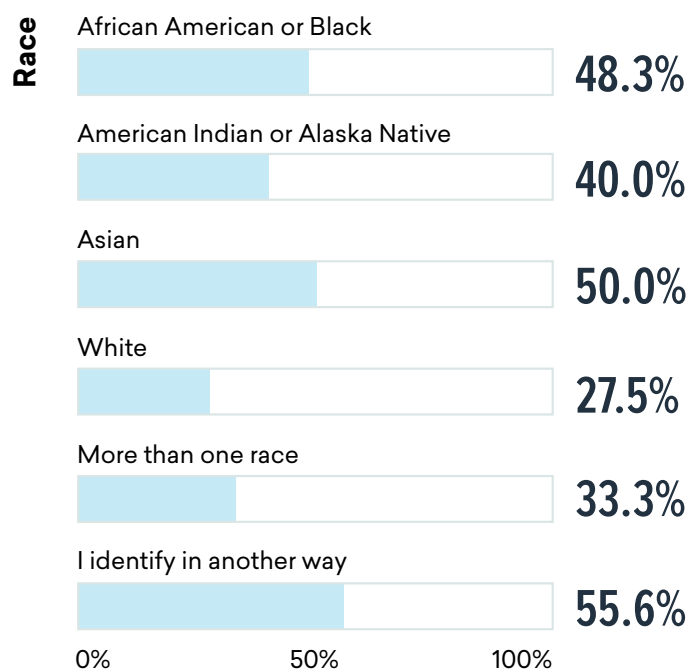
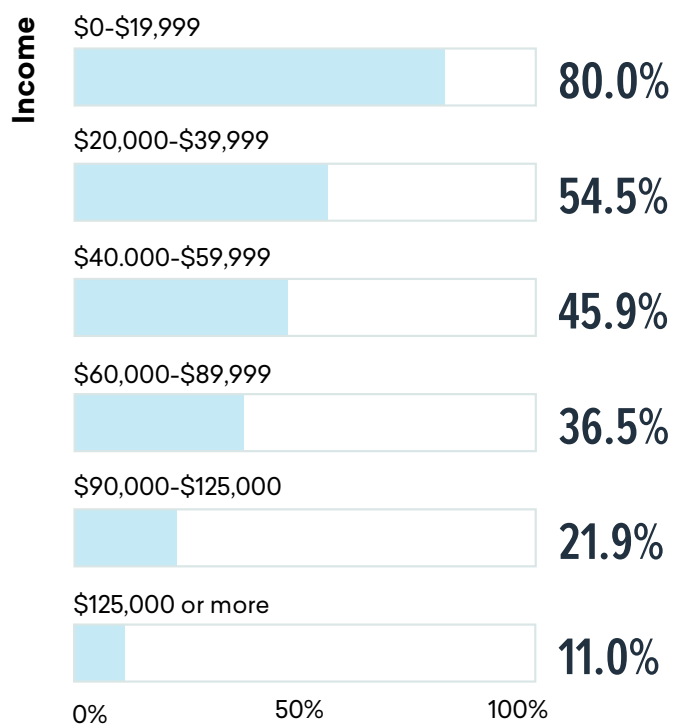
In Hernando County, 31.9% of people experienced food insecurity. Among the different income groups, as income increases, food insecurity decreases. Respondents who identify their race in another way experienced the highest food insecurity, followed by the multiracial group (55.6%). White respondents experienced the lowest food insecurity (27.5%). Respondents who are non-Hispanic or non-Latino experienced higher food insecurity (27.2%) compared to Hispanic or Latino (6.9%) respondents.⁵¹

49. Gropper, 2023.

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

51. “Native Hawaiian or Pacific Islander” was 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. In Hernando County, 28.0% reported that it was often true or sometimes true that they worried their food would run out before they had money to buy more, and 24.1% of respondents reported often true or sometimes true that the food they bought did not last, and they lacked the money to get more.

Additionally, 13.0% of respondents reported receiving emergency food from a church, food pantry, food bank or soup kitchen in the past 12 months. While 57.7% agreed that it is easy to get healthy food, 35.8% disagreed with this statement.

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

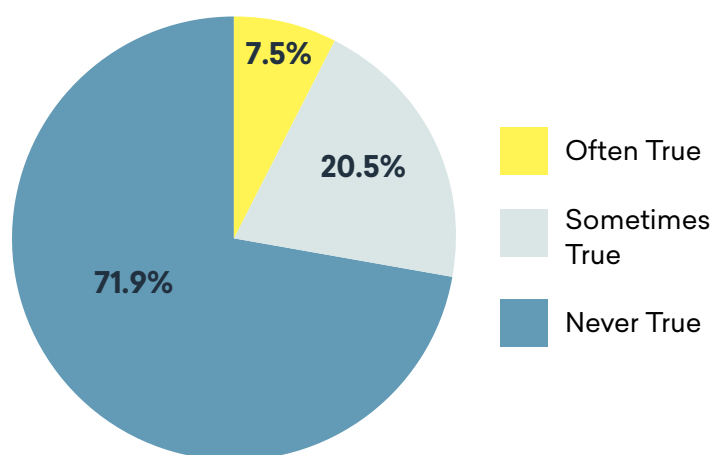


Exhibit 48: In the Past 12 Months, the Food That We Bought Just Did Not Last, and We Did Not Have the Money to Get More

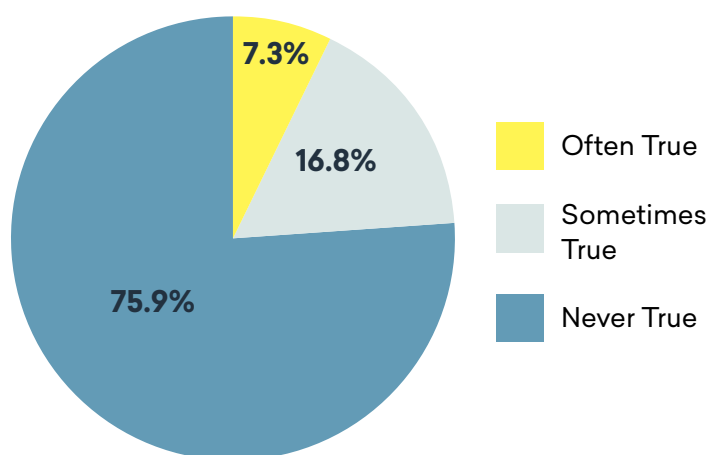


Exhibit 49: Did You Ever Get Emergency Food from a Church, Food Pantry or Food Bank, or Eat in a Soup Kitchen?

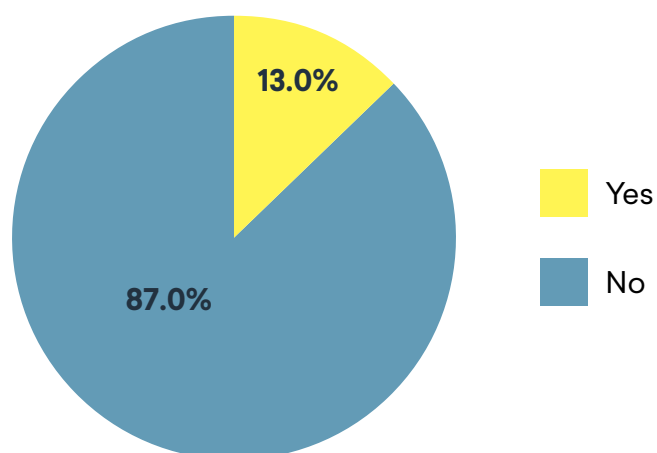
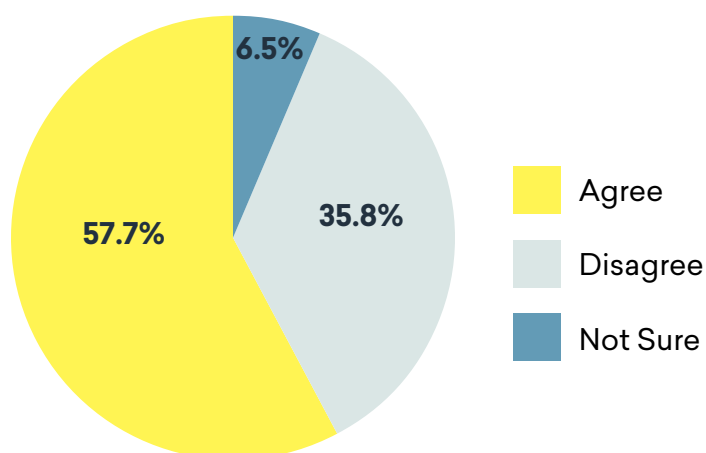


Exhibit 50: I Am Able to Get Healthy Food Easily



NEIGHBORHOOD AND BUILT ENVIRONMENT

The neighborhood and built environment of Hernando 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 Hernando County relied on a car to get where they needed to go. About 74.4% of workers in the county drove alone to work, more than the state or national average. Less than 1.0% of people used public transportation, which is far lower than the rest of Florida (1.2%) and the U.S. (3.5%).⁵²

Exhibit 51: Means of Transportation to Work, 2023

	Hernando County	Florida
Worked at Home	12.8%	13.3%
Walked	1.2%	1.3%
Bicycled	0.3%	0.5%
Carpooled	9.3%	8.7%
Drove Alone	74.4%	73.3%
Used Public Transportation	0.3%	1.2%
Other	1.3%	1.7%

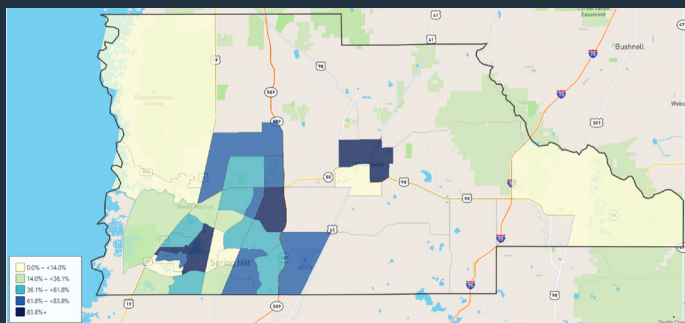
Source: U.S. Census Bureau, n.d. American Community Survey, 2019-2023, Five-Year Estimates.

The average commute in Hernando County is 30.4 minutes, which is longer than most areas. Although only 5.0% of households don't have a vehicle, those without cars face big challenges in getting to work, stores and health care.⁵³

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

Many parts of Hernando County are considered “food deserts” — places where people live far from full-service grocery stores or places to buy fresh food, as shown in the dark blue regions on the map below (Exhibit 52). According to the USDA, thousands of residents in Hernando 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.⁵⁴

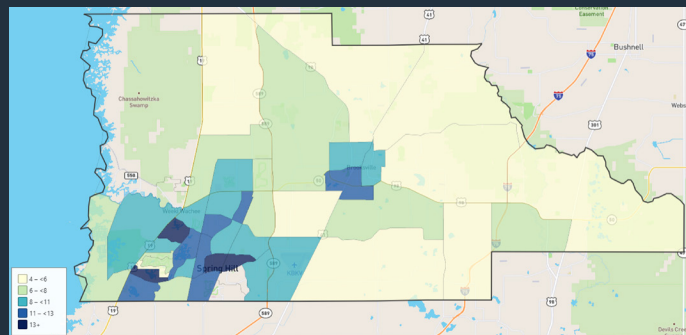
Exhibit 52: Census Tracts With Low Access to Healthy Food, 2019



Source: USDA ERS, n.d. FARA, 2019.

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 Hernando County, higher walkability scores (seen in the dark blue areas on the map in Exhibit 53) are concentrated on the southwestern side of the county; however, most of the county shows low walkability scores. These areas may lack sidewalks, pedestrian crossings or destinations within walking distance — limiting residents’ ability to walk for errands, exercise or commuting.

Exhibit 53: National Walkability Index, 2021

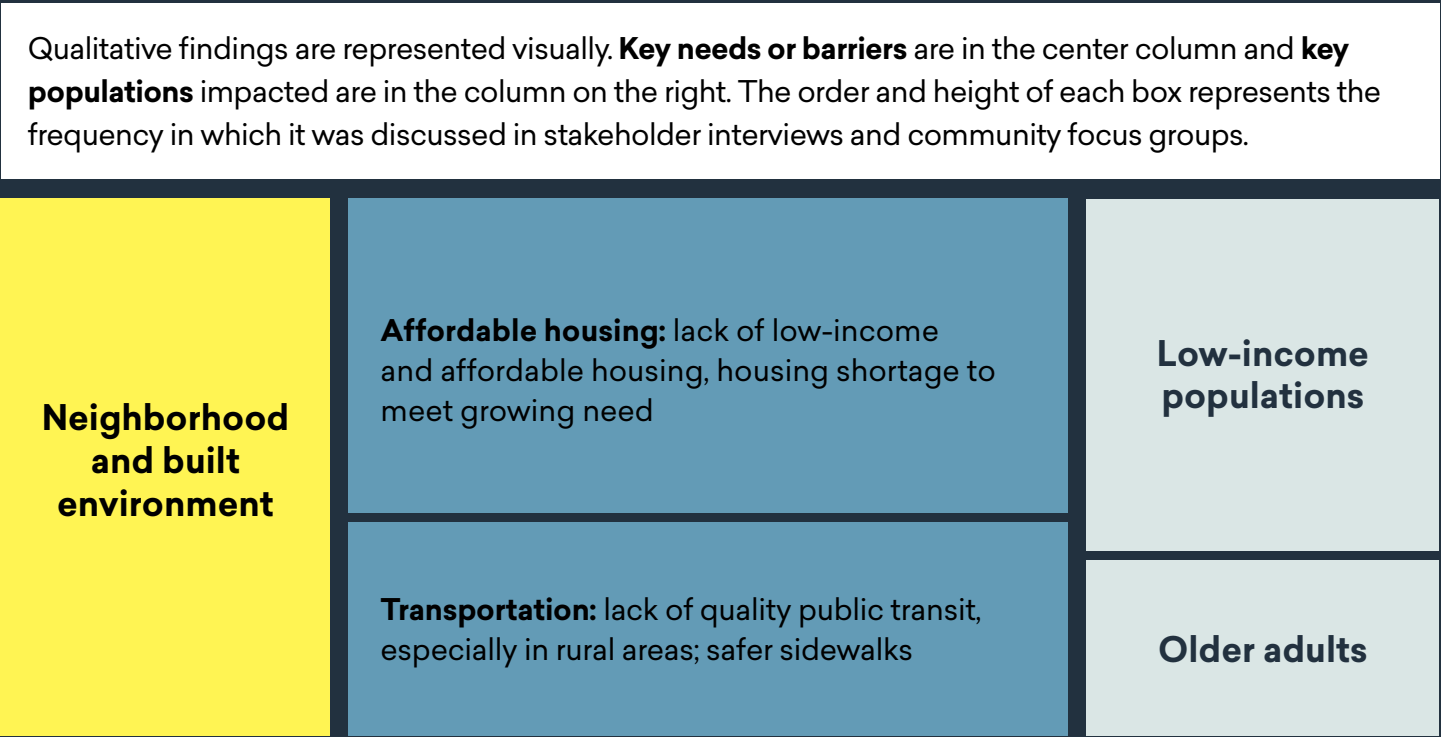


Source: EPA, n.d.

54. 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 noted a lack of affordable housing in the area and associated this with a rising number of unhoused individuals. They also identified a growing ALICE population in the county who struggle to find affordable housing. In Hernando County, there are also transportation barriers that limit access to health care and employment, including limited public transit and unsafe conditions for pedestrians.



“In general, it’s kind of the scenario of, ‘well, the buses only run from this time to this time. And then I have to get to work. So if I have a doctor’s appointment, I’m either taking a half a day or a whole day just to go to a doctor’s appointment. So now I’m off work for a day.’”

— Focus Group Participant

Key community survey findings

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

More than 76.8% of respondents expressed concerns about severe weather events, such as hurricanes or tornadoes, impacting their health, followed by 55.2% of respondents thinking that rising temperatures or excess heat will impact their own health. Poor water quality ranks as the third most concerning environmental issue, with 42.3% of respondents replying 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?⁵⁵

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



Rising temperatures/excess heat



Poor water quality



Diseases caused by ticks or mosquitos (e.g., Lyme, West Nile, Zika, etc.)



Outdoor air pollution/poor air quality



0%

50%

100%

55. 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 44.1% of respondents agreeing and 32.9% disagreeing that it is a problem. In Hernando County, 59.0% of respondents disagreed that their neighborhoods have good sidewalks. Although 53.4% of respondents disagreed that air pollution is a problem in their community, 49.7% of respondents agreed that extreme heat is a concern.

Exhibit 55: Crime Is a Problem in My Community

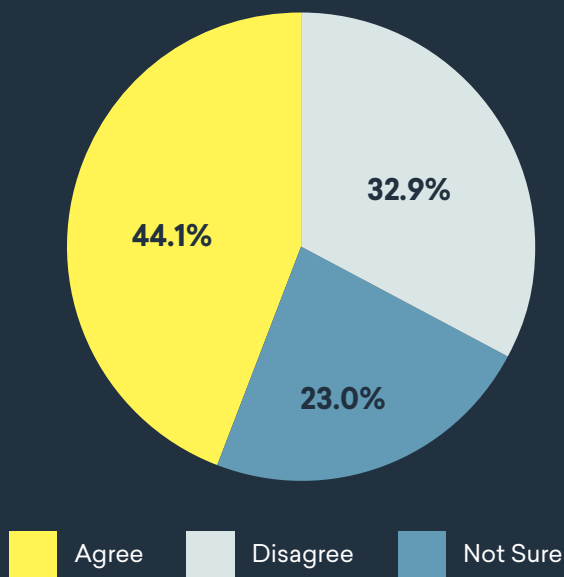


Exhibit 56: There Are Good Sidewalks for Walking Safely

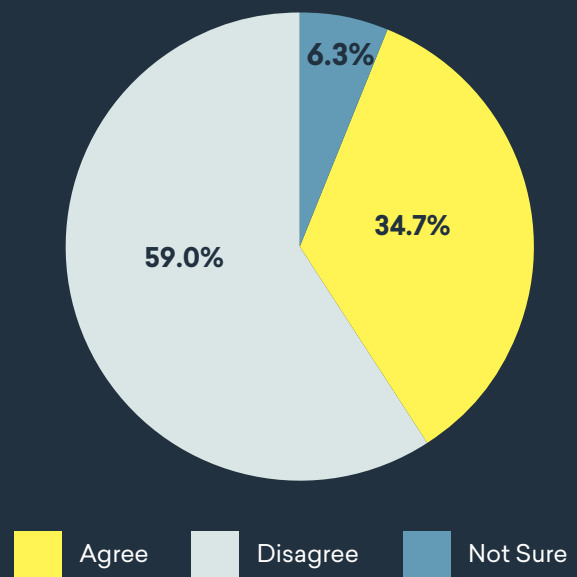


Exhibit 57: Air Pollution Is a Problem in My Community

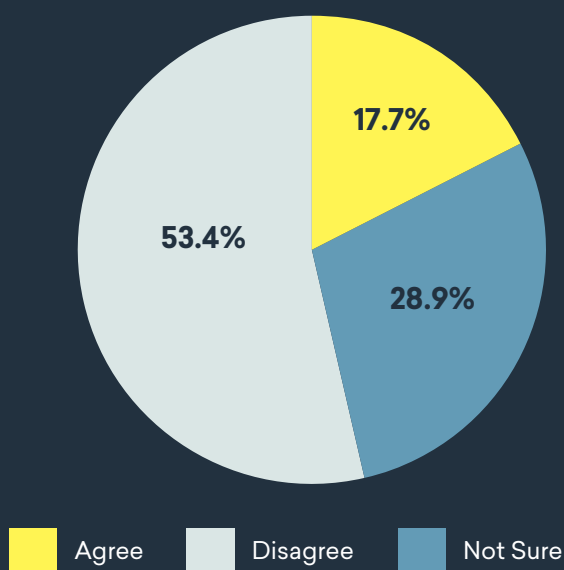
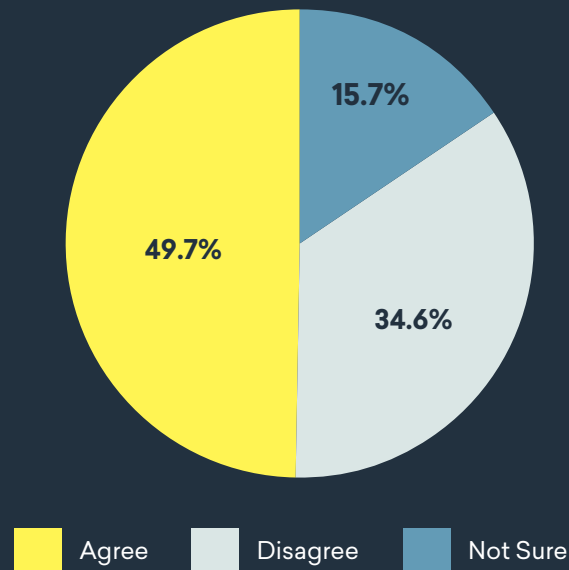


Exhibit 58: Extreme Heat Is a Problem in My Community



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 Hernando 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 2021.⁵⁶

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 173.2 per 100,000 people, which is higher than the statewide rate of 136.5.⁵⁷

	Hernando County	Florida
Cancer Death Rate (per 100,000)	173.2	136.5

Cancer affects men and women differently in Hernando County. From 2020 to 2022, men had a significantly higher death rate (157.0 per 100,000) than did women (192.8 per 100,000).⁵⁸

	Men	Women
Cancer Death Rate (per 100,000)	157.0	192.8

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

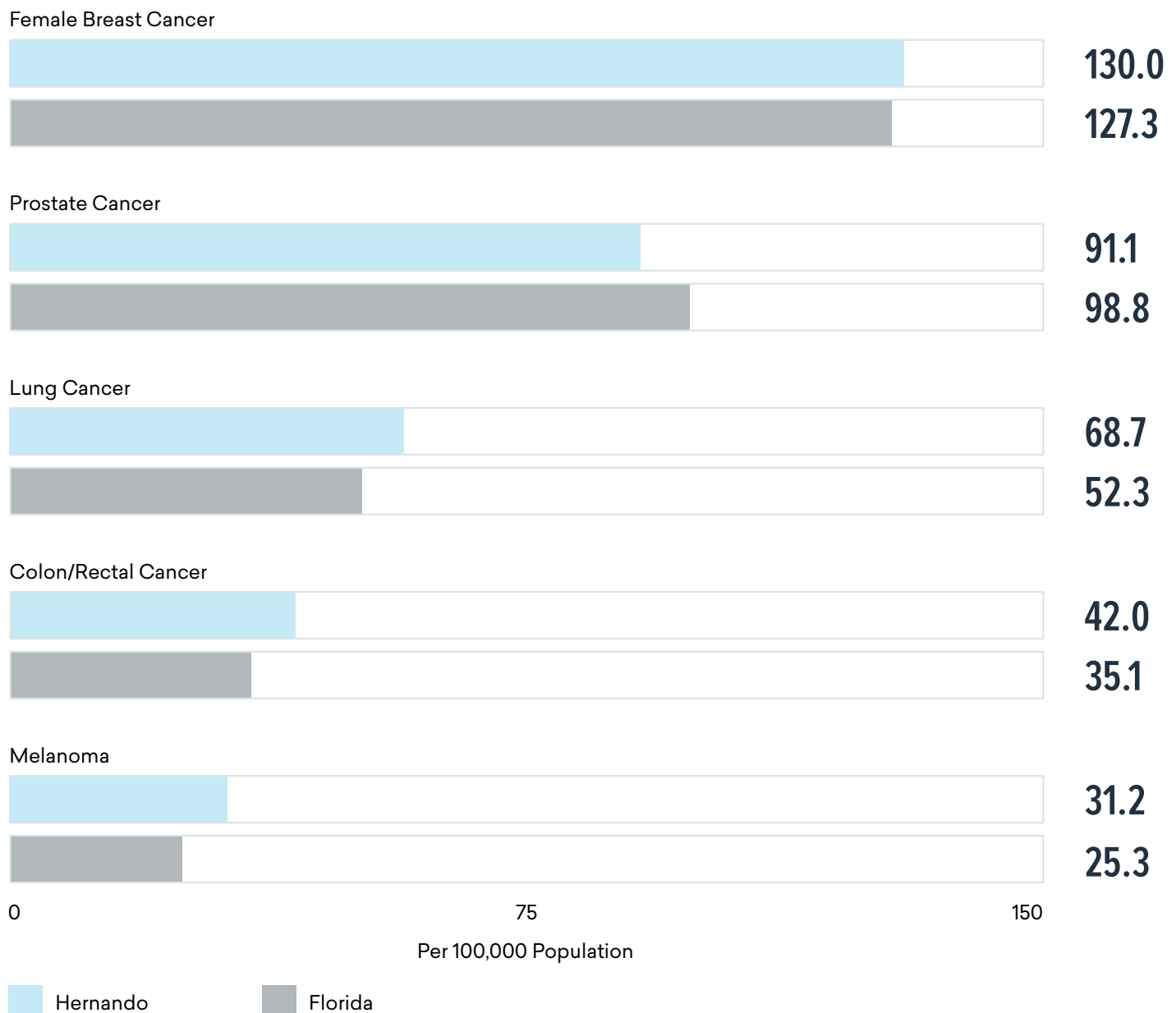
56. CDC WONDER, n.d. Causes of Death, 2021.

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

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

Cancer incidence rates in Hernando County were higher in 2020-2022 than were the state averages for several common cancers. The rate of female breast cancer was 130.0 per 100,000 people in Hernando County, compared to 127.3 statewide. Prostate cancer occurred at a rate of 91.1 per 100,000 people, below the state rate of 98.8. However, lung cancer incidence was notably higher in the county at 68.7 per 100,000 people, 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, Hernando 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.

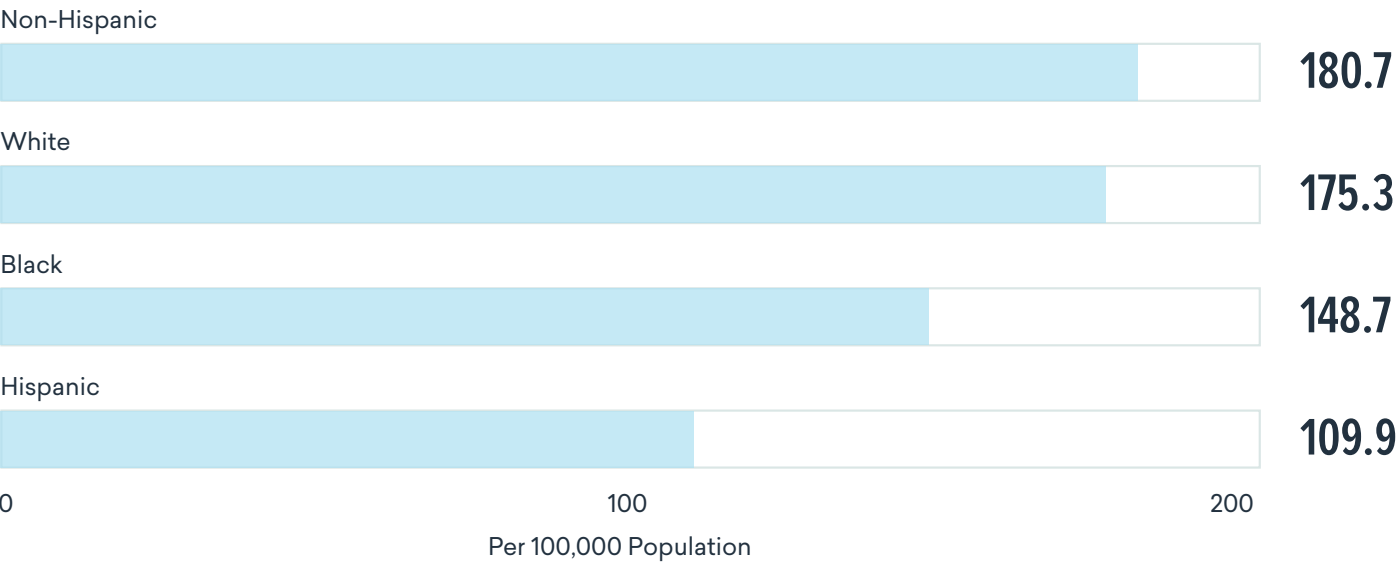
Exhibit 60: Age-adjusted Cancer Death Rates, per 100,000 Population by Type, 2021-2023

	Hernando County	Florida
Female Breast Cancer	22.5	18.4
Prostate Cancer	17.6	16.6
Lung Cancer	42.7	29.6
Colon/Rectal Cancer	16.5	12.3

Source: FLHealthCHARTS, n.d.

Rates of cancer-related deaths also vary across racial and ethnic groups. The highest rates were observed among non-Hispanic residents, at 180.7 deaths per 100,000 people, followed by White residents at 175.3 and Black residents at 148.7. Hispanic residents had the lowest cancer death rate at 109.9 per 100,000 people.

Exhibit 61: Cancer Death Rate, by Race/Ethnicity, per 100,000 Population, 2021-2023



Source: FLHealthCHARTS, n.d.

Key qualitative findings

There was a lack of qualitative data related to cancer in Hernando County; therefore, the qualitative key findings were not visualized specifically to cancer in Hernando 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.

“[We need] primary care and specialty care, including colonoscopy.”
— Stakeholder Interview

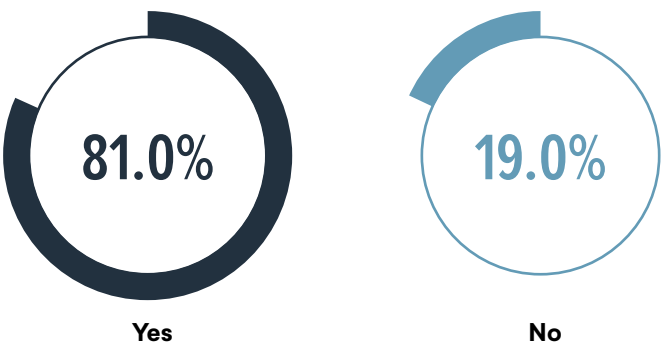
“Doctors are not getting high enough reimbursement, so they don’t want to take some patients. Specialist doctors are difficult to find. I have to travel two hours away. It seems that specialists are in the bigger cities, and many people travel two hours away.”
— Focus Group Participant

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 as cancer risks.⁵⁹

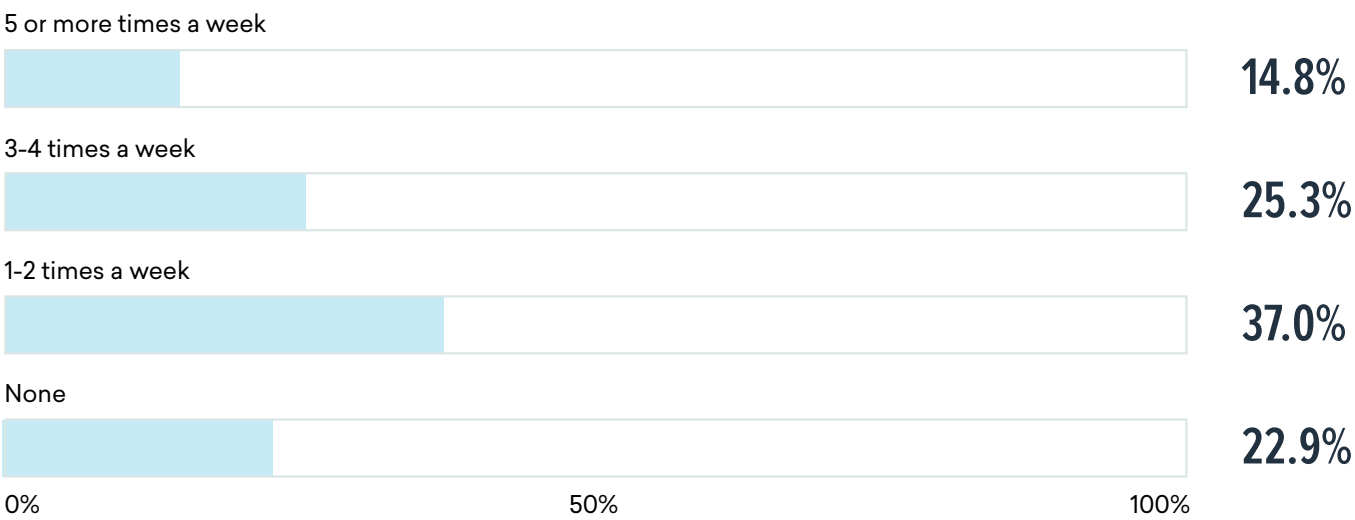
In Hernando County, 81.0% of respondents do not eat at least 5 cups of fruit or vegetables every day.

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



Approximately 14.8% of respondents exercise five or more times a week; more than half of the respondents (62.3%) exercise between one and four times a week.

Exhibit 63: How Often Do You Exercise Every Week?



59. Brunet et al., 2013.

CONCLUSION

The next three years will harbor a lot of unknowns, but what is known about Hernando 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 Bravera Health hospitals in the county, Tampa General, in partnership with their local community partners, is well suited to address some of the social drivers of health and health needs within Hernando County.





HERNANDO 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	Hernando County
Total Population	332,387,540	21,928,881	201,512
Population Below Poverty Level	12.4%	12.6%	12.0%
Unemployment Rate	5.2%	4.8%	5.8%
Median Household Income	\$78,538	\$71,711	\$63,193
Percent of Low-Income Households Severely Cost-Burdened	31.0%	35.9%	23.6%
No High School Diploma	10.6%	10.4%	9.9%
Uninsured Population	8.4%	11.7%	11.6%

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

EXHIBIT 2: HOUSEHOLD CHARACTERISTICS AND MINORITY STATUS, 2023

	United States	Florida	Hernando County
Population Under Age 18	22.2%	19.6%	18.5%
Population Age 65 and Over	16.8%	21.1%	26.6%
Single-Parent Household	24.8%	27.4%	22.8%
Living with a Disability	12.8%	13.3%	19.3%
English Language Proficiency	8.4%	12.1%	4.0%
Racial and Ethnic Minority	41.8%	48.6%	26.6%

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

EXHIBIT 3: HOUSING TYPE AND TRANSPORTATION, 2023

	United States	Florida	Hernando County
Multi-Unit Housing Structures ¹	26.7%	30.4%	6.6%
Mobile Homes	5.7%	8.2%	15.6%
No Vehicle	8.3%	5.9%	5.0%
Overcrowded Housing Units	3.4%	3.2%	1.7%
Group Quarters	2.4%	2.2%	1.0%

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	Hernando County
Total Population (2032)	364,066,358	25,075,386	236,043
Percent Change (2020–2032)	+9.8%	+16.4%	+21.3%
Total Population (2020)	331,449,281	21,538,187	194,515
Total Population (2010)	308,745,538	18,801,310	172,777
Percent Change (2010–2020)	+7.4%	+14.6%	+12.6%

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	Hernando County
Median Age (2023)	38.7	42.6	47.4
Median Age (2010)	37.2	40.7	47.2
Percent Change (2010–2023)	+4.0%	+4.7%	+0.4%

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	Hernando County
Under Age 18	22.2%	19.6%	18.5%
Age 18 to 64	61.0%	59.2%	54.9%
Age 65 and Over	16.8%	21.1%	26.6%
Age Under 5	5.7%	5.1%	4.3%
Age 5 to 9	6.0%	5.3%	4.8%
Age 10 to 14	6.5%	5.8%	5.9%
Age 15 to 19	6.6%	5.8%	5.4%
Age 20 to 24	6.5%	5.8%	4.7%
Age 25 to 34	13.7%	12.7%	10.8%
Age 35 to 44	13.1%	12.5%	11.0%
Age 45 to 54	12.3%	12.4%	12.0%
Age 55 to 59	6.4%	6.8%	7.0%
Age 60 to 64	6.4%	6.8%	7.6%
Age 65 to 74	10.0%	11.7%	14.5%
Age 75 to 84	4.9%	6.8%	9.1%
Age Over 85	1.9%	2.6%	2.9%

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

EXHIBIT 7: POPULATION BY RACE (ALONE), 2023

	United States	Florida	Hernando County
White	63.4%	59.9%	78.7%
Black or African American	12.4%	15.3%	5.0%
Two or More Races	10.7%	16.0%	10.1%
Other Race	6.6%	5.6%	4.5%
Asian	5.8%	2.9%	1.4%
American Indian and Alaska Native	0.9%	0.3%	0.2%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%

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

EXHIBIT 8: POPULATION BY ETHNICITY, 2023

	United States	Florida	Hernando County
Hispanic or Latino	19.0%	26.7%	16.1%

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

EXHIBIT 9: POPULATION BY SEX, 2023

	United States	Florida	Hernando County
Females	50.5%	50.9%	51.4%
Males	49.5%	49.1%	48.6%

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	Hernando County
English Only	78.0%	69.9%	87.5%
Spanish	13.4%	22.2%	9.6%
Asian-Pacific Islander	3.5%	1.6%	0.9%
Other Indo-European	3.8%	5.6%	1.9%
Other	1.2%	0.8%	0.2%

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

EXHIBIT 11: FOREIGN-BORN POPULATION, 2023

	United States	Florida	Hernando County
Naturalized US Citizen	7.3%	12.5%	5.3%
Not a US Citizen	6.6%	8.9%	2.5%

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	Hernando 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%	9.6%
Age 35 to 64	12.4%	11.7%	19.1%
Age 65 to 74	24.0%	22.0%	26.4%
Age 75 and Over	46.5%	43.4%	46.9%

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	Hernando County
Ambulatory Difficulty	6.3%	6.9%	10.3%
Cognitive Difficulty	5.1%	5.1%	6.8%
Independent Living	4.5%	4.7%	6.9%
Hearing Difficulty	3.6%	3.8%	6.1%
Vision Difficulty	2.4%	2.5%	3.4%

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	Hernando County
American Indian and Alaska Native	15.7%	15.5%	27.0%
White	13.9%	15.1%	20.4%
Black or African American	14.5%	12.2%	15.0%
Other Race	10.0%	11.2%	19.8%
Two or More Races	10.9%	10.7%	15.1%
Native Hawaiian and Other Pacific Islander	12.7%	11.7%	17.0%
Asian	7.9%	8.8%	10.8%

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	Hernando County
Hispanic or Latino	9.9%	10.5%	15.2%

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	Hernando County
Bachelor's Degree or Higher (2023)	35.0%	33.2%	20.4%
Bachelor's Degree or Higher (2010)	28.2%	26.0%	16.2%
Percent Change (2010–2023)	24.1%	27.7%	25.9%

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	Hernando County
Less than 9th Grade	4.7%	4.3%	2.8%
9th to 12th Grade, No Diploma	5.9%	6.1%	7.2%
High School Diploma	26.2%	27.4%	32.9%
Some College, No Degree	19.4%	18.9%	25.2%
Associate's Degree	8.8%	10.1%	11.5%
Bachelor's Degree	21.3%	20.7%	13.7%
Graduate Degree	13.7%	12.5%	6.7%

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	Hernando County
White	37.7%	35.9%	20.0%
Two or More Races	28.2%	31.5%	22.0%
Native Hawaiian and Other Pacific Islander	19.0%	25.8%	51.3%
Other Race	15.6%	23.6%	18.0%
Black or African American	24.7%	22.3%	21.7%
American Indian and Alaska Native	16.2%	20.1%	30.7%

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	Hernando County
Hispanic or Latino	19.9%	28.3%	16.6%

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

EXHIBIT 20: CHILD CARE CENTERS, 2021

	United States	Florida	Hernando County
Child Care Centers	77,383	4,563	318

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	Hernando County
Total Households Below Poverty Level (2023)	12.7%	12.6%	12.0%
Total Households Below Poverty Level (2010)	13.1%	13.0%	11.8%
Percent Change (2010–2023)	-3.1%	-3.1%	+1.7%

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	Hernando County
100% - 124% FPL	3.8%	4.1%	4.6%
125% - 149% FPL	4.0%	4.5%	5.3%
150% - 184% FPL	5.7%	6.5%	6.6%
185% - 199% FPL	2.6%	2.9%	3.6%
200% and Over FPL	71.5%	69.3%	67.9%

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	Hernando County
People Below Poverty Level	12.4%	12.6%	12.0%
RACE			
American Indian and Alaska Native	21.8%	17.9%	24.7%
Asian	9.9%	10.1%	6.0%
Black or African American	21.3%	19.5%	18.5%
Native Hawaiian and Other Pacific Islander	17.2%	12.8%	0.0%
Other Race	18.2%	18.0%	20.5%
Two or More Races	14.7%	13.5%	11.9%
White	9.9%	10.2%	11.2%
ETHNICITY			
Hispanic or Latino	16.9%	15.1%	14.9%
AGE			
Age Under 5	17.6%	18.2%	16.2%
Age Under 18	16.3%	16.9%	15.5%
Age 18 to 64	11.6%	11.6%	12.0%

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	Hernando County
Median Household Income (2023)	\$78,538	\$71,711	\$63,193
Median Household Income (2010)	\$52,762	\$47,827	\$44,039
Percent Change (2010–2023)	+48.9%	+49.9%	+43.5%

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

EXHIBIT 25: MEDIAN HOUSEHOLD INCOME BY RACE, 2023

	United States	Florida	Hernando County
Asian	\$113,106	\$92,402	\$103,723
White	\$83,784	\$76,644	\$85,039
Native Hawaiian and Other Pacific Islander	\$78,640	\$80,763	\$60,084
Two or More Races	\$73,412	\$69,877	\$66,343
Other Race	\$65,558	\$61,497	\$58,106
Black or African American	\$53,444	\$54,426	\$55,589
American Indian and Alaska Native	\$59,393	\$67,217	\$52,399

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

EXHIBIT 26: MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2023

	United States	Florida	Hernando County
Hispanic or Latino	\$68,890	\$66,556	\$61,330

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

EXHIBIT 27: EMPLOYMENT BY INDUSTRY, 2023

	United States	Florida	Hernando County
Office and Administrative Support	10.1%	11.1%	12.2%
Sales	8.8%	10.7%	10.7%
Management	10.8%	11.0%	8.3%
Food Preparation and Serving	4.9%	5.7%	5.7%
Business and Finance	5.6%	5.5%	4.0%
Construction and Extraction	4.7%	5.1%	6.2%
Education, Training, and Library	5.9%	4.8%	4.4%
Building, Grounds Cleaning, and Maintenance	3.2%	4.1%	3.6%
Health Diagnosis and Treating Practitioners	4.2%	4.2%	4.2%
Transportation	3.6%	4.0%	5.0%
Installation, Maintenance, and Repair	2.9%	3.1%	3.8%
Production	5.1%	3.0%	3.8%
Material Moving	3.6%	3.1%	3.1%
Computer and Mathematical	3.5%	2.9%	2.2%
Healthcare Support	3.1%	2.8%	3.5%
Personal Care and Service	2.4%	2.7%	2.1%
Health Technologist and Technicians	1.8%	2.0%	3.3%
Arts, Design, Entertainment, Sports, and Media	2.0%	1.9%	1.6%
Architecture and Engineering	2.1%	1.6%	1.1%

	United States	Florida	Hernando County
Community and Social Service	1.7%	1.4%	1.4%
Legal	1.1%	1.3%	0.8%
Fire Fighting and Prevention	1.1%	1.3%	1.2%
Law Enforcement	0.9%	0.9%	1.4%
Life, Physical, and Social Science	1.1%	0.7%	0.4%
Farming, Fishing, and Forestry	0.6%	0.4%	0.3%

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

EXHIBIT 28: HOUSEHOLDS RECEIVING SNAP, 2023

	United States	Florida	Hernando County
Households Receiving Food Stamps / SNAP	11.8%	12.6%	13.0%

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	Hernando County
Elementary School Students Eligible for Free / Reduced Lunch	55.1%	63.8%

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, 2021

	Florida	Hernando County
Child Food Insecurity Rate	14.3%	14.3%

Source: Feeding America, Map the Meal Gap, 2021

Domain 4: Neighborhood and Built Environment

EXHIBIT 31: HOUSING COSTS AND HOME VALUE, 2019 AND 2023²

	United States	Florida	Hernando County
Median Household Income	\$78,538	\$71,711	\$63,193
Median Home Value	\$303,400	\$325,000	50.2%
Renter Excessive Housing Costs	48.7%	55.0%	20.7%
Owner Excessive Housing Costs	21.8%	26.2%	3.7%
Renter Housing Mobile Homes*	21.9%	13.9%	8.9%
Owner Housing Mobile Homes*	18.1%	25.3%	1.6%
Homeowner Vacancy Rate	1.4%	2.0%	\$63,193

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

EXHIBIT 32: FAIR MARKET RENT (FMR), 2023

	Hernando County
0 Bedrooms	\$1,291
1 Bedrooms	\$1,381
2 Bedrooms	\$1,659
3 Bedrooms	\$2,123
4 Bedrooms	\$2,603

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

²*U.S. HUD CHAS 2015-2019

EXHIBIT 33: HOUSEHOLD COMPOSITION, 2023

	United States	Florida	Hernando County
Households with Children	29.9%	26.5%	25.4%
Households with Grandparents Responsible for Grandchildren	1.3%	1.2%	1.3%

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

EXHIBIT 34: TRANSPORTATION TO WORK, 2023

	United States	Florida	Hernando County
Average Travel Time to Work (in minutes)	26.6	28.0	30.4
Commute by Public Transit	3.5%	1.2%	0.3%
Commute by Drive Alone	70.2%	72.1%	74.4%

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

EXHIBIT 35: BROADBAND, 2023

	United States	Florida	Hernando County
Households Without Internet Access	7.7%	6.8%	6.4%
Number of Internet Providers (2021)	2,126	72	11

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 36: UNINSURED POPULATION, 2023

	United States	Florida	Hernando County
Uninsured Age Under 6	4.5%	5.7%	4.2%
Uninsured Age 6 to 18	5.8%	8.1%	9.0%
Uninsured Age 19 to 64	12.0%	17.5%	18.7%
Uninsured Age 65 and Over	0.8%	1.1%	0.4%
Employer-based Health Insurance Alone	46.0%	37.7%	31.8%
Direct-purchase Health Insurance Alone	6.2%	10.5%	7.7%
Tricare / Military Health Coverage Alone	0.9%	1.1%	1.1%
Medicare Coverage Alone	6.1%	9.0%	12.3%
Medicaid / Means-tested Coverage Alone	15.0%	11.9%	13.4%
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 37: UNINSURED BY RACE, 2019 TO 2023

	United States	Florida	Hernando County
2023			
White	6.6%	9.8%	10.9%
Black	9.5%	13.8%	13.8%
Asian	5.9%	9.2%	8.3%
Two or More Races	13.0%	15.0%	13.6%
2021			
White	7.4%	11.2%	12.7%
Black	9.9%	14.9%	11.4%
Asian	6.3%	10.7%	16.6%
Two or More Races	12.0%	15.2%	13.6%
2019			
White	7.9%	11.9%	12.3%
Black	10.1%	15.2%	10.2%
Asian	6.7%	11.8%	14.4%
Two or More Races	7.7%	12.2%	9.5%

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

EXHIBIT 38: UNINSURED BY ETHNICITY, 2019 TO 2023

	United States	Florida	Hernando County
202			
Hispanic	17.5%	17.1%	15.4%
White Alone, Not Hispanic or Latino	5.7%	8.7%	10.7%
2021			
Hispanic	17.7%	18.2%	15.6%
White Alone, Not Hispanic or Latino	6.0%	9.3%	12.5%
2019			
Hispanic	18.2%	19.1%	13.7%
White Alone, Not Hispanic or Latino	5.9%	9.2%	11.9%

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

EXHIBIT 39: MEDICARE ENROLLMENT

	Florida	Hernando County
Medicare Enrollment (2023)	5,023,830	62,357
Population 65 and Over	4,630,733	53,527

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 43: BINGE DRINKING, 2022

	Florida	Hernando County
Adults Who Engage In Heavy or Binge Drinking	18.0%	14.9%
Middle School Students Reporting Binge Drinking	3.0%	3.4%
High School Students Reporting Binge Drinking	7.5%	5.4%

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

EXHIBIT 44: MIDDLE SCHOOL STUDENTS' SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Hernando County
Any Illicit Drug	16.7%	19.4%
Any Illicit Drug Other Than Marijuana	12.0%	11.9%
Alcohol Only	11.7%	12.2%
Alcohol or Any Illicit Drug	28.2%	31.4%
Any Illicit Drug But No Alcohol	7.5%	7.5%
Cigarette Use	5.0%	11.8%
Vaporizer / E-cigarette (Nicotine)	13.1%	26.4%

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

EXHIBIT 45: HIGH SCHOOL STUDENTS SELF-REPORTED DRUG USE IN LIFETIME, 2022

	Florida	Hernando County
Any Illicit Drug	29.3%	30.2%
Any Illicit Drug Other Than Marijuana	12.5%	12.1%
Alcohol Only	16.2%	19.2%
Alcohol or Any Illicit Drug	45.3%	48.9%
Any Illicit Drug But No Alcohol	7.1%	7.0%
Cigarette Use	8.6%	7.3%
Vaporizer / E-cigarette (Nicotine)	25.5%	14.6%

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

EXHIBIT 46: ALCOHOL-CONFIRMED MOTOR VEHICLE TRAFFIC CRASHES, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Alcohol-Confirmed Motor Vehicle Traffic Crashes	22.6	22.6

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

EXHIBIT 47: AGE-ADJUSTED DRUG POISONING DEATHS, PER 100,000 POPULATION, 2020-2022

	Florida	Hernando County
Age-Adjusted Drug Poisoning Deaths	35.4	51.7

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 48: AGE-ADJUSTED SUICIDE RATE BY METHOD, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Firearms	7.8	11.1
Overdose (Drug Poisoning)	1.4	1.6
Other and Unspecified Means	6.2	7

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

EXHIBIT 49: AGE-ADJUSTED HOSPITALIZATIONS FROM MENTAL DISORDERS, 2021- 2023

	Florida	Hernando County
Hospitalizations From Mental Disorders	963.2	1,407.3

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 50: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM MENTAL DISORDERS, PER 100,000 POPULATION, 2020- 2023

	Florida	Hernando County
2021-2023	971.7	1,128.7
2018-2020	1,188.6	1,192.2

Source: Florida Agency for Health Care Administration (AHCA)

EXHIBIT 51: CHILDREN RECEIVING MENTAL HEALTH TREATMENT SERVICES PER 100,000 POPULATION, 2020 TO 2023

	Florida	Hernando County
2021-2023	4.5	7.3
2018-2020	6.9	7.5

Source: Florida Department of Children and Families (DCF)

Health Indicators

EXHIBIT 52: BIRTH RATE PER 1,000 POPULATION, 2021

	United States	Florida	Hernando County
Birth Rate	11.0	9.9	8.1

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

EXHIBIT 53: DEATH RATE PER 100,000 POPULATION, 2021

	United States	Florida	Hernando County
Death Rate	10.4	12.0	18.4

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

EXHIBIT 54: LIFE EXPECTANCY, 2020- 2022

	United States	Florida	Hernando County
Life Expectancy	76.4	78.0	74.1

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

EXHIBIT 55: LEADING CAUSES OF DEATH (RATE PER 100,000 POPULATION), 2021

	United States	Florida	Hernando County
Heart Disease	173.8	151.3	381.3
Cancer	146.6	141.6	306.5
COVID-19	104.1	111.7	278.6
Accidents / Unintentional Injuries	64.7	74.7	123.6
Birth Defects	41.1	46.5	69.8
Chronic Lower Respiratory Disease	34.7	32.0	101.2
Diabetes	25.4	24.8	80.7
Alzheimer's Disease	31.0	19.6	30.4
Suicide	14.1	14.0	17.9
Chronic Liver Disease / Cirrhosis	14.5	13.6	20.9

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

EXHIBIT 56: FETAL DEATHS (STILLBIRTHS), PER 1,000 DELIVERIES, 2020 TO 2022

	Florida	Hernando County
2020-2022	6.9	7.2
2018-2020	6.8	7.7

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 57: INFANT MORTALITY, PER 1,000 LIVE BIRTHS, (AGED 0-364 DAYS), 2020-2022

	Florida	Hernando County
2020-2022	5.9	5.8
2018-2020	6.0	5.9

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 58: INFANT CHARACTERISTICS, PER 100,000 POPULATION, 2019 TO 2022

	Florida	Hernando County
2020-2022		
Low Birth Weight (percent of total births)	8.9%	8.6%
Infant Mortality Rate per 1,000 Live Births	5.9	5.8
Teen Birth Rate (under 18), per 1,000 Population	2.0	1.9
2017-2019		
Low Birth Weight (percent of total births)	8.8%	8.9%
Infant Mortality Rate per 1,000 Live Births	6.0	7.6
Teen Birth Rate (under 18), per 1,000 Population	2.4	2.1

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

EXHIBIT 59: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Cancer Death Rate	136.5	173.2
Cancer Death Rate by Sex		
Male	159.0	192.8
Female	118.6	157.0

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

EXHIBIT 60: AGE-ADJUSTED CANCER DEATH RATE BY TYPE, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Female Breast Cancer	18.4	22.5
Prostate Cancer	16.6	13.8
Lung Cancer	29.6	42.7
Colon / Rectal Cancer	12.3	16.5

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

EXHIBIT 61: AGE-ADJUSTED CANCER DEATH RATE, PER 100,000 POPULATION, BY RACE AND ETHNICITY, 2021-2023

	Florida	Hernando County
Non-Hispanic	143.8	180.7
Hispanic	106.5	109.9
Other	107.5	109.5
Black	138.5	148.7
White	136.9	175.3

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

EXHIBIT 62: DISPARITIES IN DIABETES DEATH RATE, PER 100,000 POPULATION, 2020-2022

	Florida	Hernando County
Non-Hispanic	23.1	38.7
Hispanic	21.7	34.0
Black	44.3	37.4
White	19.8	31.5

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 63: AGE-ADJUSTED EMERGENCY DEPARTMENT VISITS FROM DIABETES, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
2021-2023	215.7	213.7

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

EXHIBIT 64: DISPARITIES IN PERSONS LIVING WITH HIV, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Non-Hispanic	561.3	240.6
Hispanic	580.2	344.2
Black	1573.5	834.2
White	293.6	200.1

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 65: DISPARITIES IN HIV/AIDS DIAGNOSES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Non-Hispanic	8.6	3.2
Hispanic	8.8	6.2
Black	27.0	9.1
White	3.5	2.9

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 66: REPORTABLE AND INFECTIOUS DISEASES, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
AIDS Diagnoses	8.7	3.7
HIV Diagnoses	19.6	7.7
Chlamydia	484.3	554.4
Gonorrhea	202.9	75.5
Syphilis	80.7	28.1
Salmonella Poisoning (Salmonellosis)	30.5	13.5
Hepatitis B, Acute	3.4	3.2

Source: Florida Department of Health, Bureau of Vital Statistics

EXHIBIT 67: STROKE AMONG ADULTS, 2022

	Florida	Hernando County
2022	3.6%	5.0%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

EXHIBIT 68: AGE-ADJUSTED DEATHS FROM HEART DISEASES, BY RACE AND ETHNICITY, PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
Non-Hispanic	149.4	207.7
Hispanic	109.7	118.8
Other	103.9	129.2
Black	166.0	172.9
White	138.9	202.0

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

EXHIBIT 69: AGE-ADJUSTED RATE OF HOSPITALIZATIONS AND DEATHS FROM UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2019 TO 2022

	Florida	Hernando County
2020-2022		
Unintentional Falls		
Death Rate	11.6	13.8
Hospitalization Rate	253.3	252.2
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	16.2	14.8
Hospitalization Rate	79.3	75.2
Firearm Injuries		
Non-Fatal Hospitalization Rate	6.3	6.4
Emergency Room Visits	5.9	6.3
2017-2019		
Unintentional Falls		
Death Rate	10.0	11.7
Hospitalization Rate	242.8	276.4
Motor Vehicle Fatalities and Hospitalizations		
Death Rate	14.8	13.5
Hospitalization Rate	76.9	72.3
Firearm Injuries		
Non-Fatal Hospitalization Rate	4.2	3.8
Emergency Room Visits	4.9	3.6

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

EXHIBIT 70: HOSPITALIZATIONS FOR NEAR DROWNINGS PER 100,000 POPULATION AGES 1-5, 2020 TO 2023

	Florida	Hernando County
2021-2023	4.5	2.6
2018-2020	6.9	6.2

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

EXHIBIT 71: AGE-ADJUSTED RATE OF LEADING CAUSES OF FATAL UNINTENTIONAL INJURIES, PER 100,000 POPULATION, 2022

	Florida	Hernando County
2020-2022		
Falls	11.6	13.8
Motor Vehicle Crashes	16.2	14.8
Drowning	2.1	1.9
2017-2019		
Falls	10.0	11.7
Motor Vehicle Crashes	14.8	13.5
Drowning	1.9	1.5

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

EXHIBIT 72: CHILDREN IN FOSTER CARE (AGED 0-17 YEARS), PER 100,000 POPULATION, 2021-2023

	Florida	Hernando County
2021-2023	541.4	675.4

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

	Florida	Hernando County
Infants Under 1	1,481.9	1,804.6

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

	Florida	Hernando County
Age 1 to 4	431.3	542.6
Age 5 to 11	444.2	579.0
Age 12 to 17	402.3	481.7

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

EXHIBIT 75: CHILDREN IN SINGLE-PARENT HOUSEHOLDS, PERCENT OF POPULATION, (AGED 0-17 YEARS), 2020-2022

	Florida	Hernando County
2022	27.9%	28.3%
2021	28.2%	29.4%
2020	28.4%	29.6%

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

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 analyses³ 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. As a result, there is significant overlap within the qualitative analysis for multiple counties.

³ 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

Collaborative Community

Stakeholder interview and focus group participants mentioned the benefits of being in an “small-town” location in which community members know each other and work well together. Individuals shared the community is growing, and with that local organizations are working collectively more often.

“Love the small town feel that we still have here in Hernando County. The community organizations, we know each other, we interact with each other, even in personal ways we interact with one another.”

– 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.” – Stakeholder Interview

“Networking meetings are on the rise. Meetings like this. What Pasco used to be we are now, the hope is that we will grow the way that Pasco grew. We are starting to see the genesis of that here.” – Focus Group Participant

Local Organizations

The local organizations in the area were identified as assets to the community. Organizations including Habitat for Humanity, YouThriveFL the YMCA, and Hernando Coalition were all noted as resources that strengthen the community and bring people together.

“Habitat for Humanity has come back to Hernando County. YouThriveFL helped people to get a home with a higher income threshold. Habitat for Humanity has a lower threshold. They're building six homes in the area.” – Stakeholder Interview

“Places like Hernando Coalition are doing things to fill the gaps.” – Focus Group Participant

Themes

Location and Population Growth

Due to its proximity to Tampa Bay, Hernando County has experienced rapid population growth over the past few years. Many noted that this is a strength and appreciate both the access to this larger metropolitan area, and the small town feel it still holds. However, as the population grows, it also presents challenges related to resource access, cost of living, and local infrastructure.

“The insane amount of development that is going on in Hernando County: everywhere you look there’s 100 homes but there’s no infrastructure for that. We are seeing that on our roads and in the homeless population. Our county is not set up to support the insane amount of homes that are being built. From the hospital perspective, all the hospitals are being overused and that’s creating a barrier in the county.” – Focus Group Participant

“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, 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 Hernando 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.

“Our county suffered a lot of casualties last year, and we are still feeling a lot of that. [...] United Way is coming up with a wellness thing to address some of these things for the people who don’t have a home to go back to. As a community, we don’t have a place to set up the people who don’t have the capability to come back.” – Focus Group Participant

Inter-agency Collaboration and Trust

Individuals in Hernando County noted that a disconnect between local organizations and healthcare systems is causing challenges within the system that prevent people from being able to access care. Participants noted that improving collaboration between local organizations, healthcare systems, and local government is an opportunity for growth in Hernando County.

“We don’t have any hospital to partner with for anyone with overdoses and withdrawals. All too often, we see folks that are back on the drugs because the people fall into the gaps.” – Focus Group Participant

“We are well connected at the organization level, but when working with the hospitals and with the government and the providers, we need them to also buy into these systems.” – Focus Group Participant

A lack of inter-agency collaboration can impact the quality of care provided and the level of trust the community has in the organizations that provide them healthcare and other essential services. Participants noted that my better meeting the needs of certain populations, namely veterans, Deaf individuals, and the special needs community, quality of life and access to services for these groups could be improved.

“There used to be 21-27 deaf centers in Florida, now there are only six. [...] 75% of the time when people are denied the first time and they never get that interpreter, it discourages them from following up later. [...] Developing a mental health professional workforce that can communicate in [American Sign Language] is ideal.” – Stakeholder Interview

“There is not enough ADA recreations. Some parks do have them, but it is not very common. Some stores are not ADA accessible; including no wheelchair shopping carts and service animals are not let in.” – Focus Group Participant

Needs

Healthcare Access

Barriers to Access

Participants noted that access to healthcare in Hernando County is affected by a number of factors, including the cost of care, awareness of resources, limited access to providers, especially specialists and those that accept Medicaid and Medicare insurance coverage. Stakeholders noted that increased education regarding what resources exist and when to utilize them could be beneficial.

“Specialists are missing across the board. Parents with infants who are questioning an [autism spectrum disorder] diagnosis we don’t have the folks here for that. Then insurance also comes into the field.” – Focus Group Participant

“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

“We need more doctors that take Medicaid. With Medicare for disability and seniors, there are new rules that make it difficult. There are long wait times – it’s a two-year waitlist to be seen by a provider.” – Focus Group Participant

Behavioral and Mental Health

Social Drivers and Barriers

Participants shared that when individuals are seeking behavioral healthcare services, a lack of access to and awareness of resources, inadequate insurance coverage, limited providers, and stigma act as significant barriers that prevent them from reaching care.

“It’s the biggest, I would say it’s maybe even bigger than access to care is the stigma. Yeah. It’s really big. It’s huge. And it’s a constant fight. It’s a constant struggle.” - Stakeholder Interview

“[We need] substance use facilities for youth in the area. [...] I have clients in other counties because we can’t house them here. And then we have clients who can’t go to other counties because of their restrictions, because it brings up things with probation.” – Focus Group Participant

“I think in general, I would say psychiatry specifically, most counties have a crazy wait list for psychiatrists and med management.” – Stakeholder Interview

Substance Use

When considering the type of behavioral healthcare needed, substance use treatment was the most frequently identified need. Although some shared that progress has been made, they also identified a need for access to Narcan, medication-assisted treatment, and facilities for youth in the area.

Financial Stress

Cost of Living

The undercurrent of many stakeholder interviews and focus groups was focused on financial access to essential services. Hernando County residents are feeling the effects of the rising cost of living, which 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. It's also driving an increase in the ALICE population.

"In the middle class, I make too much to get Medicaid, but don't make enough to actually get insurance. You can't qualify for insurance until we were a family of 5 [...] It's hard to balance the between." – Focus Group Participant

"We need more places around here that don't just pay minimum wage." – Focus Group Participant

Funding

Participants expressed concern regarding a lack of funding that many of the local organizations provide services for vulnerable populations. Without a secure funding source, organizations are unable to procure resources for populations in need, and also face staffing shortages that impacts they ability to provide these resources.

"I think overall, both Hernando and Citrus are under resourced and in terms of funding, funding, and you know, all the things that that has implications on, such as space for programs and the like." – Stakeholder Interview

"We had a conversation about losing all federal grant funding. We are all funded by federal programs. If we lost this funding, all of these services at this table that are going to disappear overnight. Not even just direct financial money to people – it's also the money to pay staffing." – Focus Group Participant

Childcare

When individuals do not have sufficient childcare options, it impacts their ability to maintain employment and thus their economic stability. In Hernando County residents shared that a lack of before and after school care makes parental employment difficult, especially with a recent change to school hours.

"They also changed the school times. It starts at 9:15 and ends at 4:00, with no before and after school care." – Focus Group Participant

"It makes it so hard for parents because there are no before and after school care. Parents can't work a nine to five because they have to take their kids to school but then finances aren't coming through." – Focus Group Participant

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. Participants identified a specific concern for the legal-involved population, in which a lack of housing post-incarceration can increase recidivism.

“When folks are coming out of the jails and want to come back to the community they end up going back to the same people place and things because they have no safe and stable homes to come.” - Focus Group Participant

“We have no homeless shelters. We provide domestic violence shelter, but they have to be actively experiencing challenges.” – Focus Group Participant

Transportation

Participants identified that Hernando County has limited public transportation, which increases reliance on cars and pedestrian travel. They noted that more available public transportation would be beneficial to the community, and a focus on making roads and walkways safer is needed. Individuals with disabilities face particular barriers when it comes to transportation. For individuals who cannot drive, the public transportation limits their ability to reach much needed resources. Additionally, there are limited resources for school transportation.

“We’re in need of sidewalks in a lot of areas in the community.” – Focus Group Participant

“[Individuals with disabilities] have to rely on parents or friends or sometimes they use the city busses. In Hernando County transportation is the most difficult thing. It’s very limited with schedules starts at 7 am -5pm so we cannot rely on them for after hours.” – Focus Group Participant

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 460 valid survey responses from Hernando 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 Hernando 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

AGE	HERNANDO COUNTY
18 to 24	15.4%
25 to 34	14.9%
35 to 44	16.9%
45 to 54	23.0%
55 to 64	18.6%
65 to 74	9.0%
75 or Older	2.2%
ETHNICITY	
Yes, Hispanic or Latino	20.4%
No, not Hispanic or Latino	79.6%
RACE	
More Than One Race	6.7%
African American or Black	9.1%
American Indian or Alaska Native	1.4%
Asian	1.0%
Native Hawaiian or Pacific Islander	0.0%
White	81.8%

EXHIBIT 77: RESPONDENTS' GENDER IDENTITY

GENDER	HERNANDO COUNTY
Man	16.8%
Woman	81.4%
Trans Women / Trans Feminine Spectrum	0.4%
Trans Man / Trans Masculine Spectrum	0.2%
Non-Binary / Genderqueer	1.1%
LGBTQIA+	
Yes	10.1%
No	89.9%

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

	HERNANDO COUNTY
Arabic	0.0%
Chinese	0.0%
English	93.2%
French	0.2%
German	0.2%
Haitian Creole	0.0%
Russian	0.0%
Spanish	5.9%
Vietnamese	0.0%
I speak another language	0.0%

EXHIBIT 79: HOW WELL DO YOU SPEAK ENGLISH?

	HERNANDO COUNTY
Very well	94.3%
Well	4.1%
Not well	0.7%
Not at all	0.9%

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

	HERNANDO COUNTY
Less than high school	2.4%
Some high school, but no diploma	1.1%
High school diploma or GED	11.5%
Some college, no degree	22.2%
Vocational / Technical / Trade school	7.6%
Associate degree	20.5%
Bachelor's degree	22.2%
Master's / Graduate or professional degree or higher	12.4%

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

	HERNANDO COUNTY
\$0 to \$9,999	2.6%
\$10,000 to \$19,999	2.4%
\$20,000 to \$29,999	5.2%
\$30,000 to \$39,999	7.9%
\$40,000 to \$49,999	8.4%
\$50,000 to \$59,999	8.9%
\$60,000 to \$69,999	6.6%
\$70,000 to \$79,999	7.1%
\$80,000 to \$89,999	4.7%
\$90,000 to \$99,999	7.9%
\$100,000 to \$124,999	14.2%
\$125,000 to \$149,999	7.3%
\$150,000 or more	16.8%

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

	HERNANDO COUNTY
Employed, working full-time	73.2%
Employed, working part-time	11.1%
Self-employed / Contract	3.1%
Not employed, looking for work	2.4%
Not employed, not looking for work	1.3%
Disabled, not able to work	1.1%
Retired	7.2%
Student	13.3%

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

	HERNANDO COUNTY
I drive a car	93.5%
I ride a motorcycle or scooter	0.2%
I take the bus	0.7%
I ride bicycle	0.0%
I walk	0.0%
Someone drives me	5.0%
I take an Uber / Lyft	0.4%
I take a taxi / cab	0.0%
Some other way	0.2%

EXHIBIT 84: ARE YOU...?

	HERNANDO COUNTY
A veteran	4.0%
In active duty	0.2%
National Guard / Reserve	0.2%
None of these	95.6%

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

	HERNANDO COUNTY
Yes	54.5%
No	45.5%

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

	HERNANDO COUNTY
I pay cash / I don't have insurance	7.2%
Medicare or Medicare HMO	8.3%
Medicaid or Medicaid HMO	3.1%
Commercial health insurance (from Employer)	70.2%
Marketplace insurance plan	3.9%
Veteran's Administration	1.3%
TRICARE	1.5%
Indian Health Services	0.0%
County health plan	1.5%
I pay another way	2.9%

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

	HERNANDO COUNTY
Yes	7.7%
No	88.6%
I don't know	3.7%

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

	HERNANDO COUNTY
Medicaid lost	31.4%
I lost my job	20.0%
I switched to part-time or lost eligibility at my job	5.7%
I turned 26 and / or lost coverage under my parents' plan	2.9%
I can't afford coverage	22.9%
Other	17.1%

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

	HERNANDO COUNTY
1	7.8%
2	33.7%
3	21.7%
4	19.3%
5 or more	17.4%

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

	HERNANDO COUNTY
Yes	10.7%
No	89.3%

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

	HERNANDO COUNTY
A physical disability	54.2%
An emotional or behavioral disability or psychiatric condition	25.0%
A cognitive or intellectual disability	45.8%
Hard of hearing or deafness	8.3%
Visually impaired or blind	4.2%
A chronic health condition	37.5%
I don't know	0.0%
Other	10.4%

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

	HERNANDO COUNTY
Government caregiving agency or program	5.7%
Private caregiving agency or program	8.6%
Family / Friends as caregivers	57.1%
Respite care programs for short-term care	0.0%
Other	34.3%

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

	HERNANDO COUNTY
Rent or mortgage	43.8%
Groceries	56.3%
Diapers	6.3%
Hygiene products (i.e., period products, soap, shampoo, etc.)	28.1%
Gas for car	50.0%
Utilities (i.e., electricity, water, internet, etc.)	50.0%
Medication	28.1%
Dental care	25.0%
Vision care	12.5%
Other	15.6%

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

	HERNANDO COUNTY
Yes	16.7%
No	83.3%

EXHIBIT 95: IF SO, HOW?

	HERNANDO COUNTY
No access to stable caregiving services / Inconsistent caregiving aids	28.6%
Cannot afford caregiving services	28.6%
Makes more sense to stay home and be a full- time caregiver	42.9%
Other	0.0%

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

	HERNANDO COUNTY
Yes	63.8%
No	36.2%

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

	HERNANDO COUNTY
With spouse or partner	44.2%
With family, including other children	34.9%
With friends	37.2%
At work	27.9%
With my faith community	4.7%
No impact on my personal relationships	27.9%

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

		HERNANDO COUNTY
I have enough time to exercise at my home or local gym	Disagree	64.4%
	Agree	35.6%
I regularly participate in activities that bring me joy	Disagree	63.0%
	Agree	37.0%
I have enough energy to get through my days	Disagree	50.0%
	Agree	50.0%
I get adequate sleep most nights	Disagree	52.2%
	Agree	47.8%
I eat healthy most of the time	Disagree	43.5%
	Agree	56.5%

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

	HERNANDO COUNTY
None	58.8%
1	21.3%
2	12.1%
3	4.8%
4	1.8%
5	0.4%
6 or more	0.9%

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?

	HERNANDO COUNTY
Yes	3.8%
No	96.2%

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

	HERNANDO COUNTY
Am not sure how to find a doctor	0.0%
Unable to afford to pay for care	62.5%
Cannot find a pediatric specialist	12.5%
Long wait time for appointments	12.5%
Cannot take time off work	12.5%
Unable to find a doctor who takes my insurance	12.5%
Cannot take child out of class	0.0%
Do not have insurance to cover medical care	12.5%
Doctor's office does not have convenient hours	0.0%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	37.5%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	37.5%

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?

	HERNANDO COUNTY
Yes	11.3%
No	88.7%

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

	HERNANDO COUNTY
Am not sure how to find a doctor	4.8%
Unable to afford to pay for care	61.9%
Cannot find a pediatric dentist	9.5%
Long wait time for appointments	14.3%
Cannot take time off work	19.0%
Unable to find a doctor who takes my insurance	14.3%
Cannot take child out of class	9.5%
Do not have insurance to cover dental care	28.6%
Doctor's office does not have convenient hours	4.8%
Transportation challenges	0.0%
Unable to schedule an appointment when needed	9.5%

EXHIBIT 104: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE DENTAL CARE THEY NEEDED?

	HERNANDO COUNTY
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	9.5%

EXHIBIT 105: 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?

	HERNANDO COUNTY
Yes	7.1%
No	92.9%

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

	HERNANDO COUNTY
Am not sure how to find a doctor	6.7%
Unable to afford to pay for care	40.0%
Cannot find a child psychiatrist or other provider	46.7%
Long wait time for appointments	33.3%
Cannot take time off work	13.3%
Unable to find a doctor who takes my insurance	13.3%
Cannot take child out of class	13.3%

EXHIBIT 107: WHAT ARE SOME REASONS THAT KEPT THEM FROM GETTING THE MENTAL AND / OR BEHAVIORAL HEALTH CARE THEY NEEDED?

	HERNANDO COUNTY
Do not have insurance to cover medical care	20.0%
Doctor's office does not have convenient hours	20.0%
Transportation challenges	20.0%
Unable to schedule an appointment when needed	20.0%
Unable to find a doctor who knows or understands my culture, identity, or beliefs	0.0%
Other	6.7%

EXHIBIT 108: 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.

	HERNANDO COUNTY
Accidents and injuries	30.7%
Anxiety and / or depression	53.4%
Asthma	10.8%
Attention-deficit / Hyperactivity Disorder (ADHD)	30.1%
Dental care	44.3%
Diabetes	10.2%
Drug or alcohol use	22.7%

EXHIBIT 109: 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.

	HERNANDO COUNTY
Eye health (vision)	17.6%
Gender affirming care	4.0%
Healthy food / Nutrition	44.9%
Healthy pregnancies and childbirth	8.0%
Immunizations (common childhood vaccines, like mumps, measles, chicken pox, etc.)	22.2%
Infectious disease	3.4%
Mental or behavioral health (other than anxiety and depression)	50.6%
Obesity	21.0%
Physical activity	25.0%
Respiratory health other than asthma (RSV, cystic fibrosis)	4.5%
Safe sex practices and teen pregnancy	19.3%
Special needs (physical / chronic / behavioral)	33.5%
Suicide prevention	28.4%
Vaping, cigarette, cigar, cigarillo, or E-cigarette use	27.8%
Other	4.5%

EXHIBIT 110: WHEN YOU THINK ABOUT OTHER IMPORTANT NEEDS OR CONCERNS THAT AFFECT CHILD HEALTH IN YOUR COMMUNITY, PLEASE RANK THE TOP 5.

	HERNANDO COUNTY
Access to benefit (Medicaid, WIC, SNAP)	39.3%
Access to or cost of childcare	44.0%
Bullying and violence in school	48.2%
Domestic violence, child abuse and / or child neglect	35.1%
Educational needs	39.9%
Family member alcohol or drug use	23.2%
Housing	35.7%
Human trafficking	15.5%
Hunger or access to healthy food	36.3%
Lack of employment opportunities	22.6%
Language barriers	4.2%
Messaging on social media	16.7%
Neighborhood crime and community violence	11.3%
Parenting education (parenting skill for child development)	28.6%
Racism and discrimination	15.5%
Safe neighborhoods and places for children	38.7%
Traffic safety	19.0%
Transportation challenges	20.8%
Other	6.5%

EXHIBIT 111: OVERALL, HOW WOULD YOU RATE THE HEALTH OF THE COMMUNITY IN WHICH YOU LIVE?

	HERNANDO COUNTY
Very unhealthy	5.1%
Unhealthy	19.5%
Somewhat healthy	44.2%
Healthy	18.8%
Very healthy	3.3%
Not sure	9.1%

EXHIBIT 112: PLEASE READ THE LIST OF RISKY BEHAVIORS, WHICH 5 DO YOU BELIEVE ARE MOST HARMFUL TO THE OVERALL HEALTH OF YOUR COMMUNITY?

	HERNANDO COUNTY
Alcohol abuse / Drinking too much alcohol (beer, wine, spirits, mixed drinks)	58.8%
Distracted driving (texting, eating, talking on the phone)	65.2%
Driving while under the influence	41.2%
Dropping out of school	12.6%
Gambling, sports betting	4.5%
Illegal drug use / Abuse or misuse of prescription medications	70.9%
Lack of exercise	41.7%
Not getting 'shots' to prevent disease	13.3%
Not locking up guns	15.9%
Not seeing a doctor while you are pregnant	5.9%
Not using seat belts / Not using child safety seats	13.5%
Not wearing helmets	10.2%
Poor eating habits	46.9%
Too much screen time / Social media	41.5%
Unsafe sex including not using birth control	15.4%
Vaping, cigarette, cigar, cigarillo, or e-cigarette use	55.2%

EXHIBIT 113: 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?

	HERNANDO COUNTY
Aging problems	41.3%
Being overweight	58.0%
Cancers	26.3%
Child abuse / Neglect	20.8%
Clean environment / Air and water quality	14.9%
Dental problems	17.2%
Diabetes / High blood sugar	39.5%
Domestic violence / Rape / Sexual assault / Human trafficking	27.8%
Extreme heat	10.6%
Gun-related injuries	10.9%
Heart disease / Stroke / High blood pressure	37.0%
HIV / AIDS / Sexually Transmitted Diseases (STDs)	8.4%
Homicide	5.1%
Illegal drug use / Abuse of prescription medication	64.6%
Infant death	0.8%
Infectious diseases like Hepatitis, TB, etc.	4.6%
Mental health problems including anxiety, depression, and suicide	64.6%

	HERNANDO COUNTY
Motor vehicle crash injuries	31.6%
Respiratory / Lung disease	8.9%
Social isolation	16.2%
Teenage pregnancy	5.6%

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

	HERNANDO COUNTY
Access to good health information	26.8%
Access to health care, including behavioral health	72.5%
Access to low-cost, healthy food	69.0%
Arts and cultural events	6.5%
Clean environment / Air and water quality	20.0%
Disaster preparedness	8.0%
Emergency medical services	17.0%
Good place to raise children	18.0%
Good schools	33.5%
Healthy behaviors and lifestyles	33.5%
Increased shade / Tree canopy	2.8%
Livable wage jobs and healthy economy	55.3%
Low-cost childcare	16.5%
Low crime / Safe neighborhoods	20.8%
Low-cost health insurance	28.5%
Low-cost housing	19.8%
Parks and recreation	13.3%
Public transportation	8.3%
Religious or spiritual values	8.8%

	HERNANDO COUNTY
Sidewalks / Walking safety	11.5%
Strong community / Community knows and supports each other	16.3%
Strong family life	17.5%
Tolerance / Embracing diversity	8.5%

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

	HERNANDO COUNTY	
Illegal drug use / prescription medicine abuse is a problem in my community	Agree	72.2%
	Disagree	6.3%
	Not sure	21.5%
I have no problem getting the health care services I need	Agree	54.7%
	Disagree	37.7%
	Not sure	7.6%
We have great parks and recreational facilities	Agree	48.5%
	Disagree	39.1%
	Not sure	12.4%
Public transportation is easy to get to if I need it	Agree	25.9%
	Disagree	44.7%
	Not sure	29.4%
There are plenty of livable wage jobs available for those who want them	Agree	14.4%
	Disagree	68.5%
	Not sure	17.1%

	HERNANDO COUNTY	
Crime is a problem in my community	Agree	44.1%
	Disagree	32.9%
	Not sure	23.0%
Air pollution is a problem in my community	Agree	17.7%
	Disagree	53.4%
	Not sure	28.9%
Extreme heat is a problem in my community	Agree	49.7%
	Disagree	34.6%
	Not sure	15.7%
I feel safe in my community	Agree	67.2%
	Disagree	17.7%
	Not sure	15.2%
There are affordable places to live in my community	Agree	21.0%
	Disagree	63.9%
	Not sure	15.2%

	HERNANDO COUNTY	
The quality of health care is good in my community	Agree	31.0%
	Disagree	48.6%
	Not sure	20.4%
There are good sidewalks for walking safely	Agree	34.7%
	Disagree	59.0%
	Not sure	6.3%
There are healthy things for youth to do in my community	Agree	33.8%
	Disagree	45.7%
	Not sure	20.5%
I am able to get healthy food easily	Agree	57.7%
	Disagree	35.8%
	Not sure	6.5%

EXHIBIT 116: IN THE PAST 12 MONTHS, HAS A FEAR FOR YOUR OWN SAFETY MADE YOU AVOID SOCIAL GATHERINGS OR EVENTS?

	HERNANDO COUNTY
Yes	27.3%
No	72.7%

EXHIBIT 117: HAVE YOU OR A MEMBER OF YOUR IMMEDIATE HOUSEHOLD BEEN INJURED BY OR THREATENED WITH A FIREARM?

	HERNANDO COUNTY
Injured	0.8%
Threatened	7.3%
Both	1.5%
Neither	90.4%

EXHIBIT 118: BELOW ARE SOME STATEMENTS ABOUT YOUR CONNECTIONS WITH THE PEOPLE IN YOUR LIFE. PLEASE TELL US IF YOU AGREE OR DISAGREE WITH EACH STATEMENT.

	HERNANDO COUNTY
I am happy with my friendships and relationships	Agree 90.2%
	Disagree 6.3%
	Not sure 3.5%
I have enough people I can ask for help at any time	Agree 79.5%
	Disagree 15.9%
	Not sure 4.5%
My relationship and friendships are as satisfying as I would want them to be	Agree 79.8%
	Disagree 13.4%
	Not sure 6.8%

EXHIBIT 119: IN THE PAST 12 MONTHS, HOW OFTEN HAVE YOU HAD THOUGHTS THAT YOU WOULD BE BETTER OFF DEAD OR HURTING YOURSELF IN SOME WAY?

	HERNANDO COUNTY
Not at all	84.6%
Several days	12.5%
More than half the days	1.8%
Nearly every day	1.0%

EXHIBIT 120: IN THE PAST 12 MONTHS, I WORRIED ABOUT WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE.

	HERNANDO COUNTY
Often true	7.5%
Sometimes true	20.5%
Never true	71.9%

EXHIBIT 121: IN THE PAST 12 MONTHS, THE FOOD THAT WE BOUGHT JUST DID NOT LAST, AND WE DID NOT HAVE MONEY TO GET MORE.

	HERNANDO COUNTY
Often true	7.3%
Sometimes true	16.8%
Never true	75.9%

EXHIBIT 122: IN THE PAST 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 SOUP KITCHEN?

	HERNANDO COUNTY
Yes	13.0%
No	87.0%

EXHIBIT 123: DO YOU EAT AT LEAST 5 CUPS OF FRUITS OR VEGETABLES EVERY DAY?

	HERNANDO COUNTY
Yes	19.0%
No	81.0%

EXHIBIT 124: HOW MANY TIMES A WEEK DO YOU USUALLY DO 30 MINUTES OR MORE OF MODERATE-INTENSITY PHYSICAL ACTIVITY

	HERNANDO COUNTY
5 or more times a week	14.8%
3-4 times a week	25.3%
1-2 times a week	37.0%
None	22.9%

EXHIBIT 125: 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?

	HERNANDO COUNTY
Yes	1.0%
No	99.0%

EXHIBIT 126: ARE YOU WORRIED OR CONCERNED THAT IN THE NEXT 2 MONTHS YOU MAY NOT HAVE STABLE HOUSING THAT YOU OWN, RENT, OR STAY?

	HERNANDO COUNTY
Yes	9.4%
No	90.6%

EXHIBIT 127: THE PAST 12 MONTHS, HAS YOUR UTILITY COMPANY SHUT OFF YOUR SERVICE FOR NOT PAYING YOUR BILLS?

	HERNANDO COUNTY
Yes	3.7%
No	96.3%

EXHIBIT 128: ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING ENVIRONMENTAL OR CLIMATE RELATED CONCERNS IMPACTING YOUR HEALTH?

	CITRUS COUNTY
Diseases caused by ticks or mosquitoes	39.7%
Indoor air pollution / Poor air quality	17.4%
Outdoor air pollution / Poor air quality	32.3%
Poor water quality	42.3%
Rising sea waters	21.6%
Rising temperatures / Excess heat	55.2%
Severe weather events	76.8%

EXHIBIT 129: OVERALL, HOW WOULD YOU RATE YOUR OWN PERSONAL HEALTH?

	HERNANDO COUNTY
Excellent	6.8%
Very good	26.7%
Good	40.3%
Fair	21.2%
Poor	4.2%
Not sure	0.8%

EXHIBIT 130: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MEDICAL CARE BUT DID NOT GET THE CARE YOU NEEDED?

	HERNANDO COUNTY
Yes	20.5%
No	79.5%

EXHIBIT 131: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MEDICAL CARE?

	HERNANDO COUNTY
Unable to schedule an appointment when needed	46.8%
Am not sure how to find a doctor	5.2%
Unable to find a doctor who takes my insurance	20.8%
Unable to afford to pay for care	49.4%
Doctor's office does not have convenient hours	22.1%
Transportation challenges	6.5%
Do not have insurance to cover medical care	27.3%
Cannot take time off work	33.8%
Unable to find a doctor who knows or understands my culture	13.0%
Other	18.2%

EXHIBIT 132: THINKING ABOUT YOUR MENTAL HEALTH, WHICH INCLUDES STRESS, DEPRESSION, AND PROBLEMS WITH EMOTIONS, HOW WOULD YOU RATE YOUR OVERALL MENTAL HEALTH?

	HERNANDO COUNTY
Excellent	13.0%
Very good	25.2%
Good	27.9%
Fair	23.6%
Poor	10.1%
Not sure	0.3%

EXHIBIT 133: WAS THERE A TIME IN THE PAST 12 MONTHS WHEN YOU NEEDED MENTAL HEALTH CARE BUT DID NOT GET THE CARE YOU NEEDED?

	HERNANDO COUNTY
Yes	18.2%
No	81.8%

EXHIBIT 134: WHAT ARE SOME REASONS THAT KEPT YOU FROM GETTING MENTAL HEALTH CARE?

	HERNANDO COUNTY
Am not sure how to find a doctor / Counselor	23.9%
Unable to afford to pay for care	52.2%
Unable to schedule an appointment when needed	35.8%
Transportation challenges	6.0%
Do not have insurance to cover mental health care	25.4%
Fear of family or community opinion	26.9%
Unable to find a doctor / Counselor who takes my insurance	14.9%
Cannot take time off work	37.3%
Doctor / Counselor office does not have convenient hours	17.9%
Unable to find a doctor who knows or understands my culture	14.9%
Other	10.4%

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

	HERNANDO COUNTY
Yes	22.8%
No	77.2%

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

	HERNANDO COUNTY
Unable to schedule an appointment when needed	23.2%
Am not sure how to find a doctor	2.4%
Unable to find a doctor who takes my insurance	42.7%
Unable to afford to pay for care	80.5%
Doctor's office does not have convenient hours	18.3%
Transportation challenges	6.1%
Do not have insurance to cover medical care	13.4%
Cannot take time off work	19.5%
Unable to find a doctor who knows or understands my culture	1.2%
Other	11.0%

EXHIBIT 137: IN THE PAST 12 MONTHS, HOW MANY TIMES HAVE YOU GONE TO AN EMERGENCY ROOM ABOUT YOUR OWN HEALTH?

	HERNANDO COUNTY
1 time	16.5%
2 times	6.4%
3-4 times	6.1%
5-9 times	0.3%
10 or more times	0.3%
I have not gone to a hospital ER in the past 12 months	70.4%

EXHIBIT 138: WHAT ARE THE MAIN REASONS YOU USED THE EMERGENCY ROOM INSTEAD OF GOING TO A DOCTOR'S OFFICE?

	HERNANDO COUNTY
After hours / Weekend	46.4%
I don't have a doctor / Clinic	11.8%
Long wait for an appointment with my regular doctor	13.6%
Cost	5.5%
Emergency / Life-threatening situation	40.0%
Referred by a doctor	7.3%
I don't have insurance	8.2%
Other	10.0%

EXHIBIT 139: HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER MEDICAL PROVIDER THAT YOU HAD ANY OF THE FOLLOWING HEALTH ISSUE?

	HERNANDO COUNTY
Asthma	15.3%
Cancer	6.7%
COPD	1.9%
Depression or Anxiety	36.2%
Diabetes / High blood sugar	13.9%
Heart Disease	6.7%
High blood pressure / Hypertension	28.4%
HIV / AIDS	0.8%
Obesity	28.4%
Stroke	0.6%
None of these	31.8%

EXHIBIT 140: HOW OFTEN DO YOU USE ANY OF THE FOLLOWING PRODUCTS: CHEWING TOBACCO, SNUFF, SNUS, DIP, CIGARETTES, CIGARS, OR LITTLE CIGARS?

	HERNANDO COUNTY
I don't use these products	92.2%
On some days	3.6%
Once a day	0.0%
More than once a day	4.2%

EXHIBIT 141: 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?

	HERNANDO COUNTY
I don't use these products	92.5%
On some days	2.5%
Once a day	0.3%
More than once a day	4.7%

EXHIBIT 142: 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	19.2%
	A few times a month	13.9%
	A few times a year	30.1%
	Never	36.8%
You receive poorer service than other people at restaurants or stores	At least once a week	2.5%
	A few times a month	7.0%
	A few times a year	28.5%
	Never	62.0%

		HERNANDO COUNTY
People act as if they think you are not smart	At least once a week	11.2%
	A few times a month	10.4%
	A few times a year	24.2%
	Never	54.2%
People act as if they are afraid of you	At least once a week	2.8%
	A few times a month	3.4%
	A few times a year	12.0%
	Never	81.8%
You are threatened or harassed	At least once a week	2.2%
	A few times a month	4.5%
	A few times a year	16.2%
	Never	77.2%
People criticized your accent or the way you speak	At least once a week	3.3%
	A few times a month	3.3%
	A few times a year	11.1%
	Never	82.2%

EXHIBIT 143: WHAT DO YOU THINK ARE THE MAIN REASONS FOR THESE EXPERIENCES?

	HERNANDO COUNTY
Your ancestry or national origins	8.6%
Your race	16.3%
Your gender	24.3%
Your age	24.6%
Your religion	5.0%
Your height	5.0%
Your weight	14.2%
Your sexual orientation	3.6%
Some other aspect of your physical appearance	12.5%
A physical disability	1.8%
A mental health condition	7.7%
Your education or income level	13.9%
I have not had these experiences	39.8%

EXHIBIT 144: PLEASE CHECK THE EVENTS YOU EXPERIENCED BEFORE THE AGE OF 18

	HERNANDO COUNTY
Lived with anyone who was depressed, mentally ill, or suicidal	54.1%
Lived with anyone who was a problem drinker or alcoholic	49.4%
Lived with anyone who used illegal street drugs or who abused prescription medications	29.0%
Lived with anyone who served time or was sentenced to serve in jail or prison	16.5%
Parent(s) were separated or divorced	51.8%
Parent(s) or adults experienced physical harm	22.0%
Parent(s) or adults physically harmed you	32.5%
Parent(s) or adult verbally harmed you	47.1%
Adult or anyone at least 5 years older touched you sexually	19.2%
Adult or anyone at least 5 years older made you touch them sexually	9.4%
Adults or anyone at least 5 years older forced you to have sex	6.7%

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
- ☐ 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 Employer) |
| ☐ 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 how to find a doctor ☐ Am not sure
- ☐ Unable to find a doctor who takes my insurance afford to pay for care ☐ Unable to

- | | |
|--|--|
| ☐ 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 | ☐ Very good | ☐ Good | ☐ Fair | ☐ Poor | ☐ |
| Not Sure | | | | | |

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
- ☐ 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
- ☐ Am not sure
- ☐ 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 don't have insurance
- ☐ 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://hcfl.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.

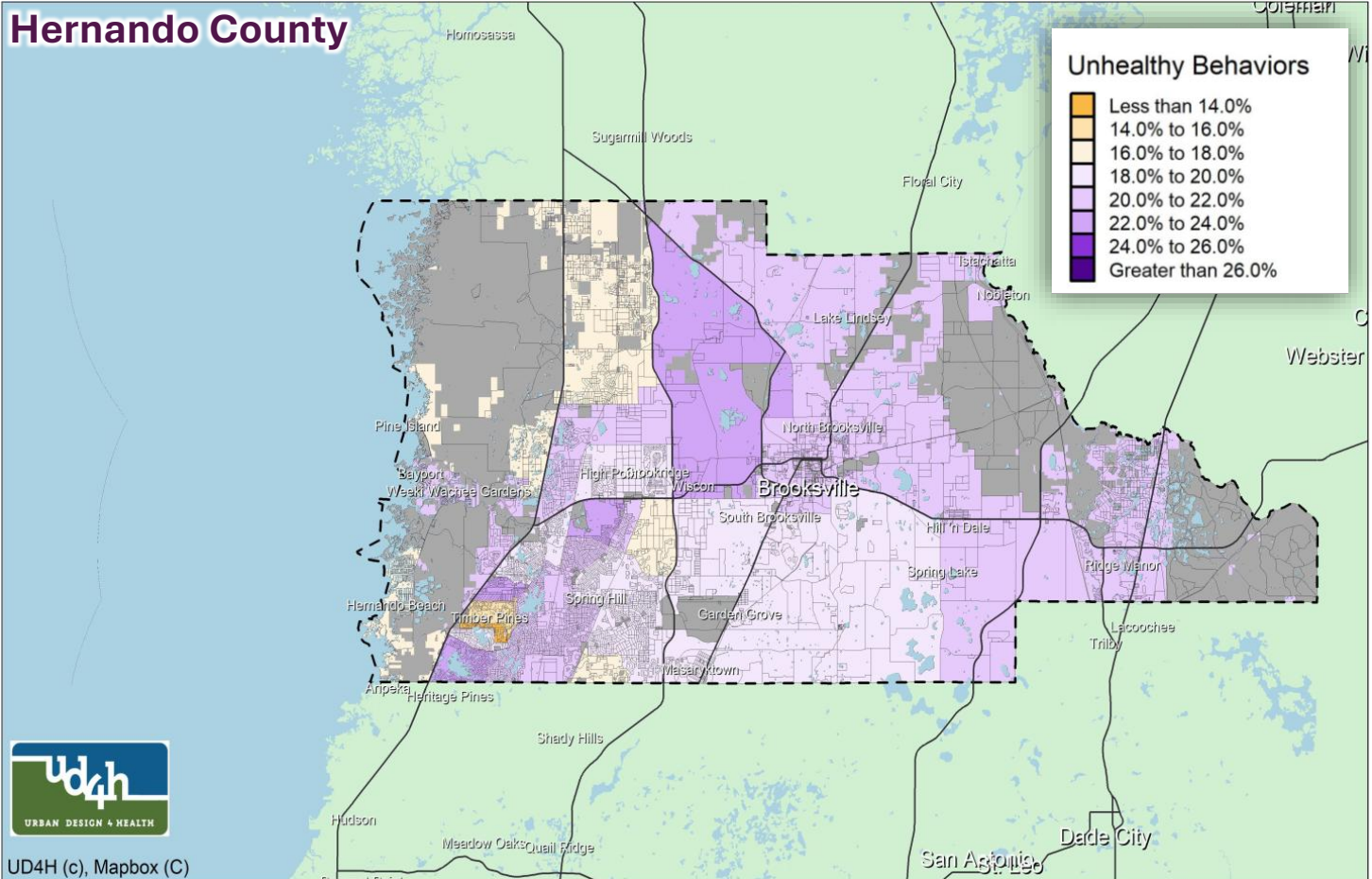
TEDTalk: How Childhood Trauma Affects Health Across a Lifetime
(<https://ed.ted.com/lessons/eczPoVp6>)

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

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).

Hernando County



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

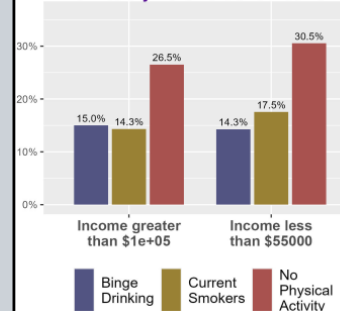
Current Smokers: Percent adults reporting smoking some days currently. Smoking and secondhand smoke exposure cause 480,000+ deaths each year in the US.

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.

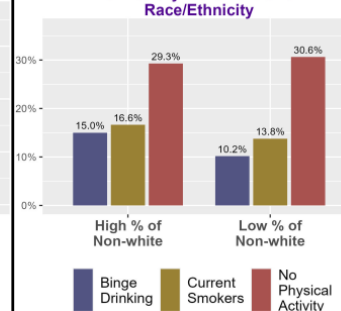
Physical Inactivity: Percent of adults reporting no leisure time physical activity. Regular physical activity elicits multiple health benefits in the prevention and management of chronic diseases

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.

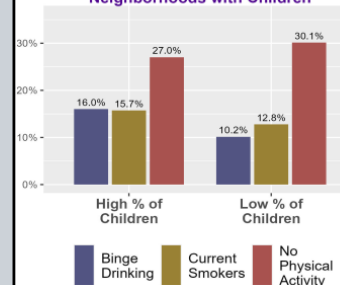
Unhealthy Behaviors and Income



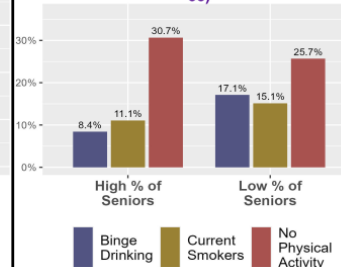
Unhealthy Behaviors and Race/Ethnicity



Unhealthy Behaviors and Neighborhoods with Children



Unhealthy Behaviors and Neighborhoods with Seniors (over 65)



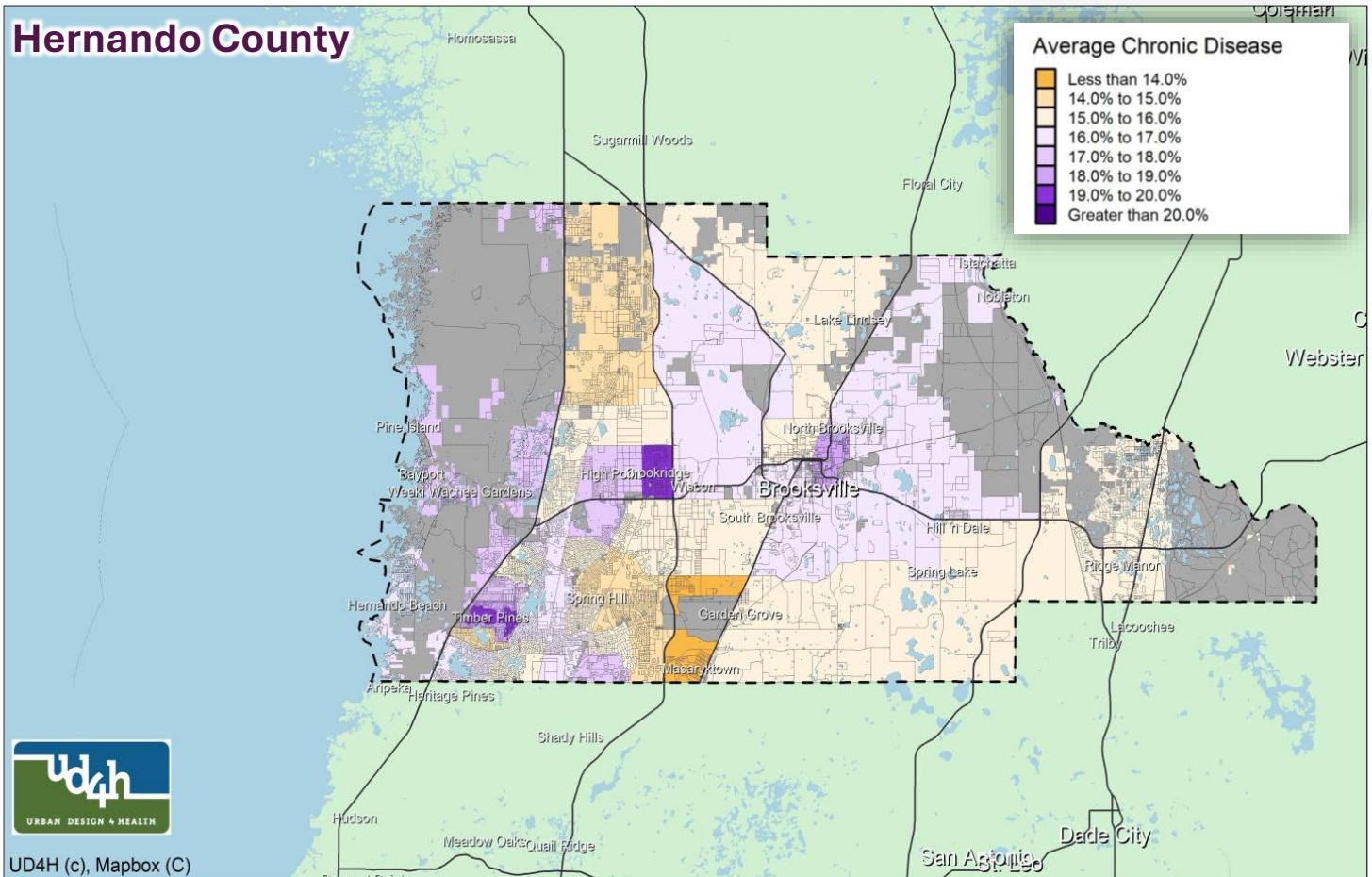


All4HealthFL Collaborative Community Health Needs Assessment Average Chronic Disease



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).

Hernando County



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

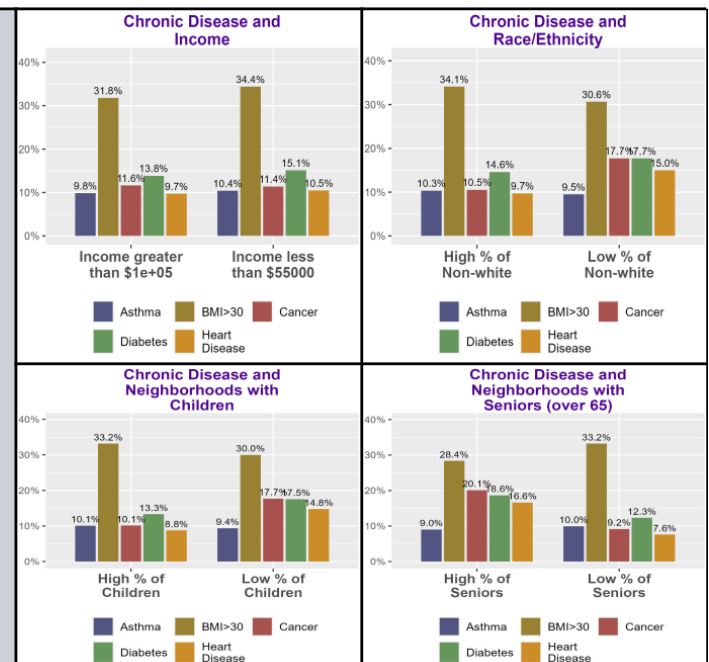
Heart Disease: Percent adults reporting that they were diagnosed in the past with coronary heart disease.

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.

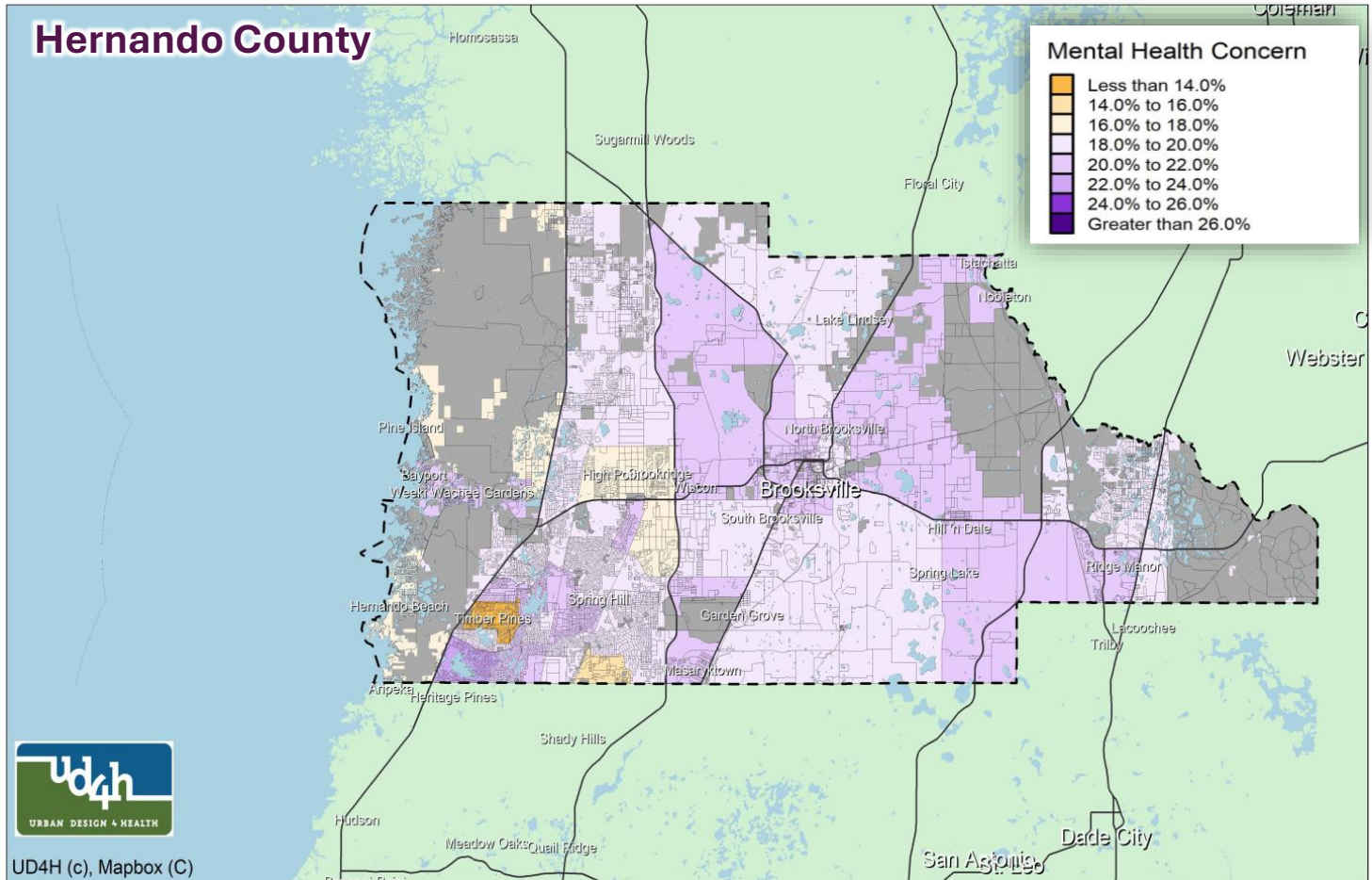




All4HealthFL Collaborative Community Health Needs Assessment Mental Health Concern



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.



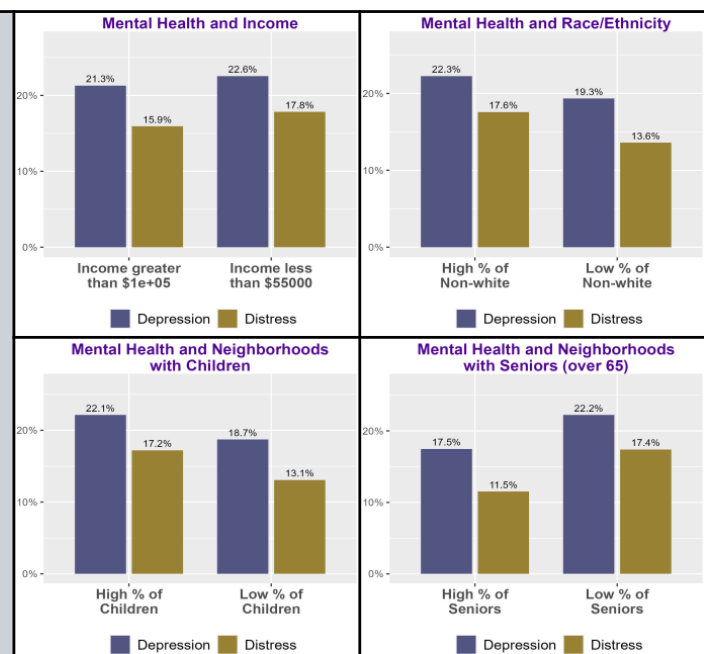
Metric: Average prevalence of two mental health concerns (Depression, and frequent Mental Distress) in adults at the US Census Tract level.

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.



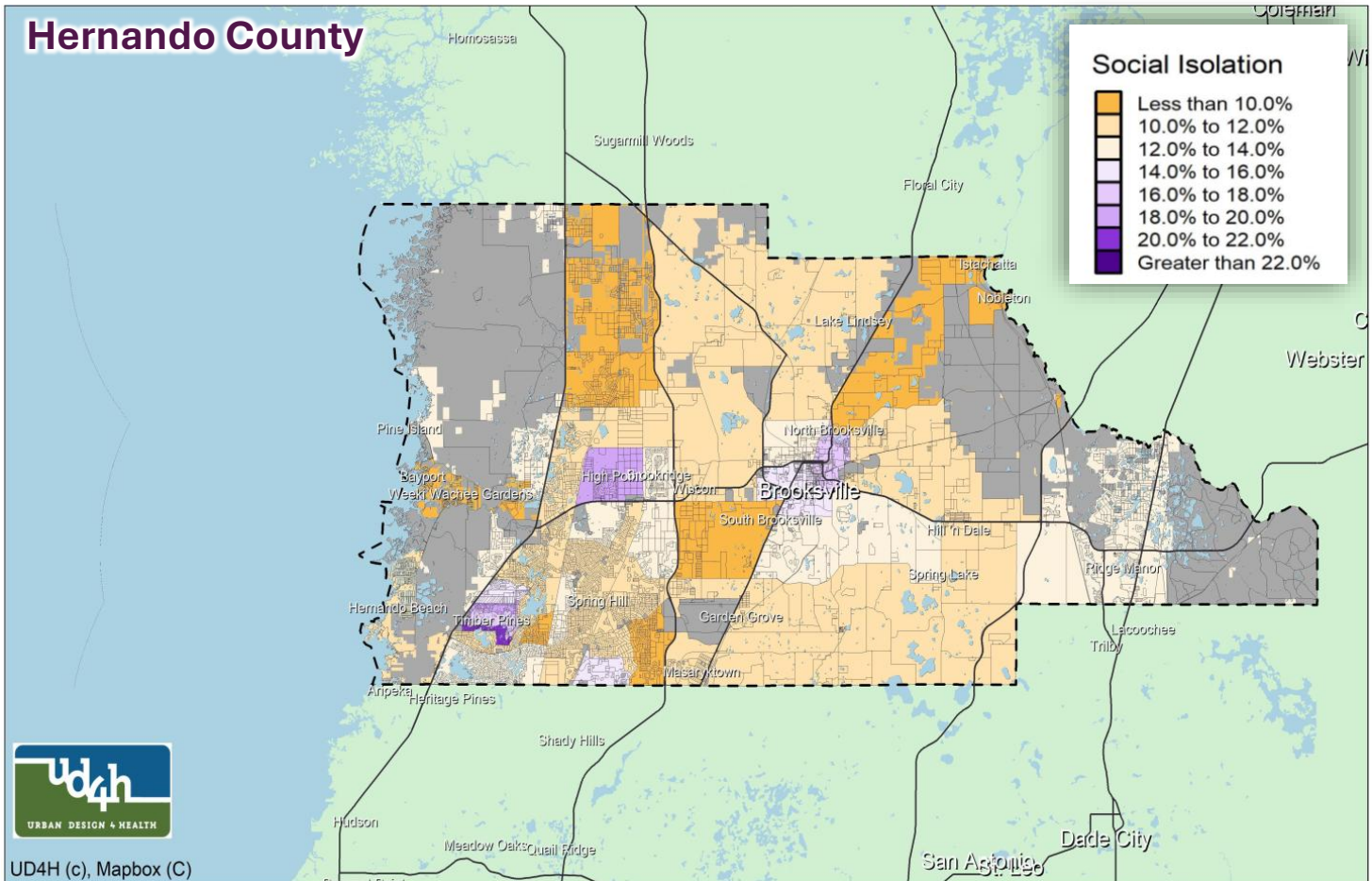


All4HealthFL Collaborative Community Health Needs Assessment Social Isolation



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)

Hernando County



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).

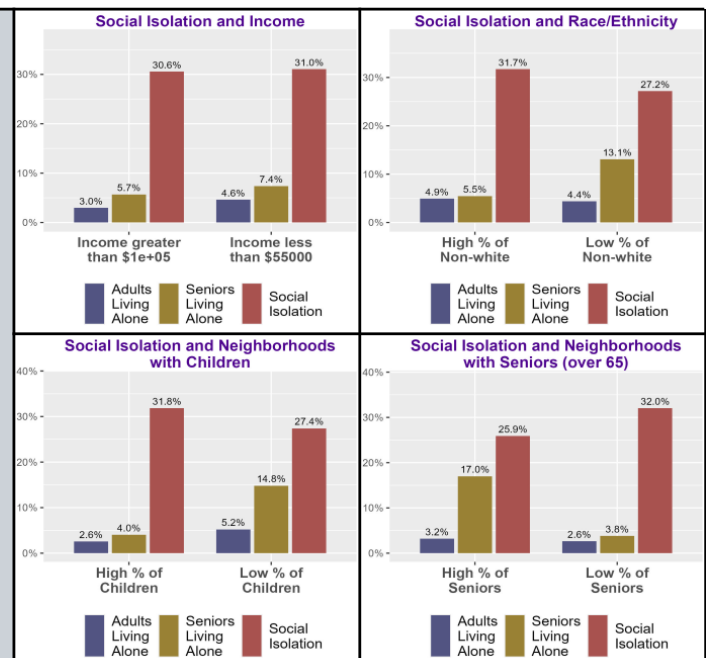
Reported Social Isolation (2024 CDC): Percent of adults reporting that they experienced social isolation

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.



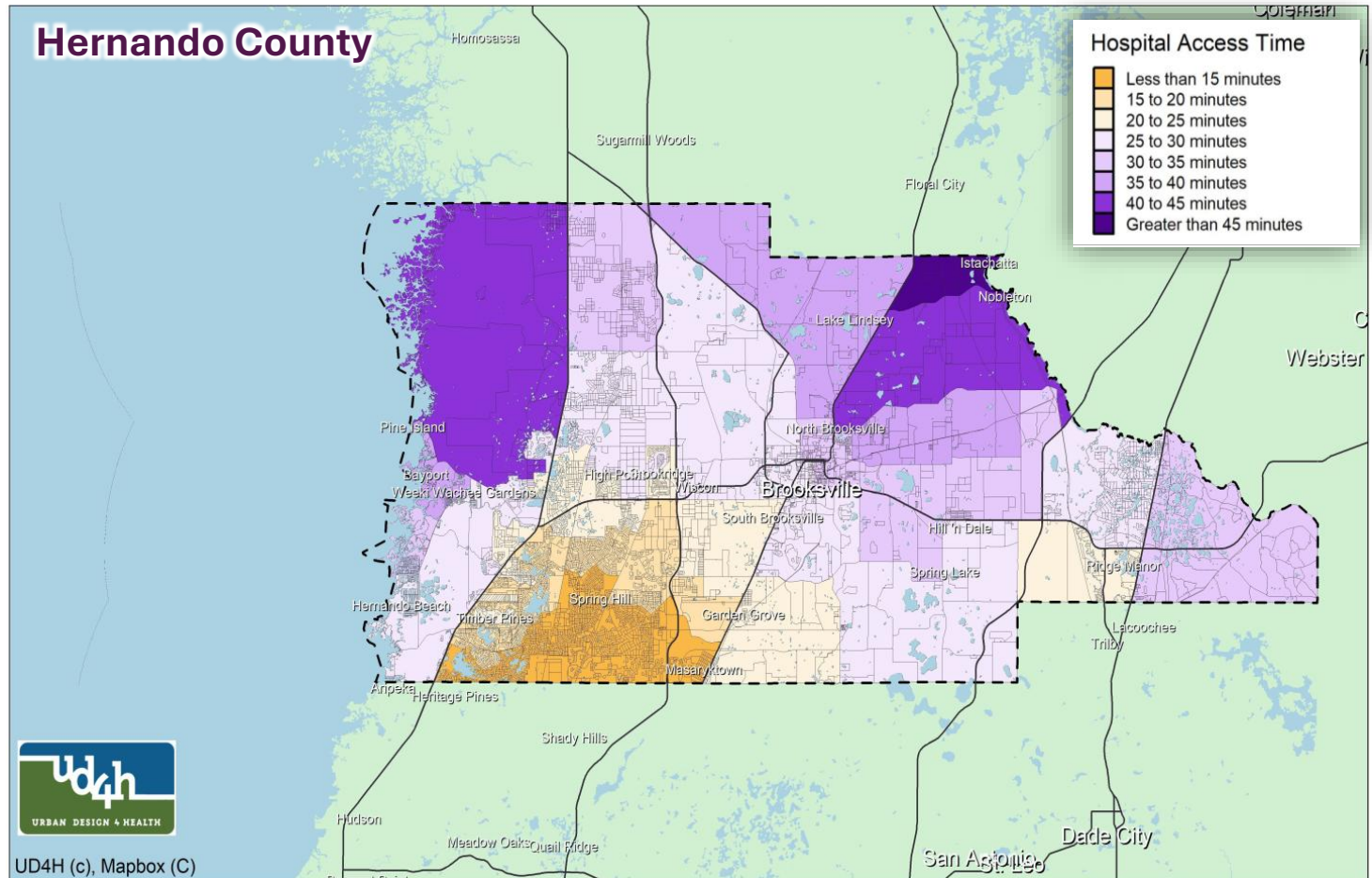


All4HealthFL Collaborative Community Health Needs Assessment

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.

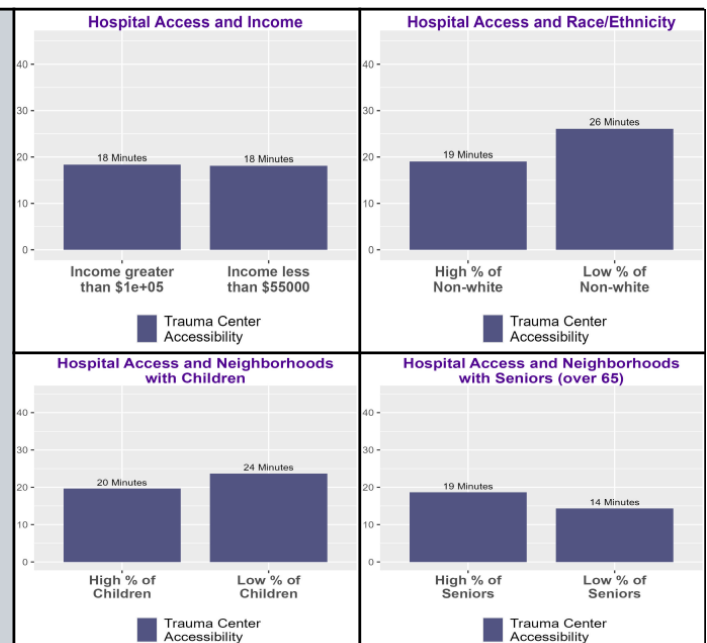


These maps show approximate personal vehicle travel time to the closest “acute care” hospital in the region.

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.



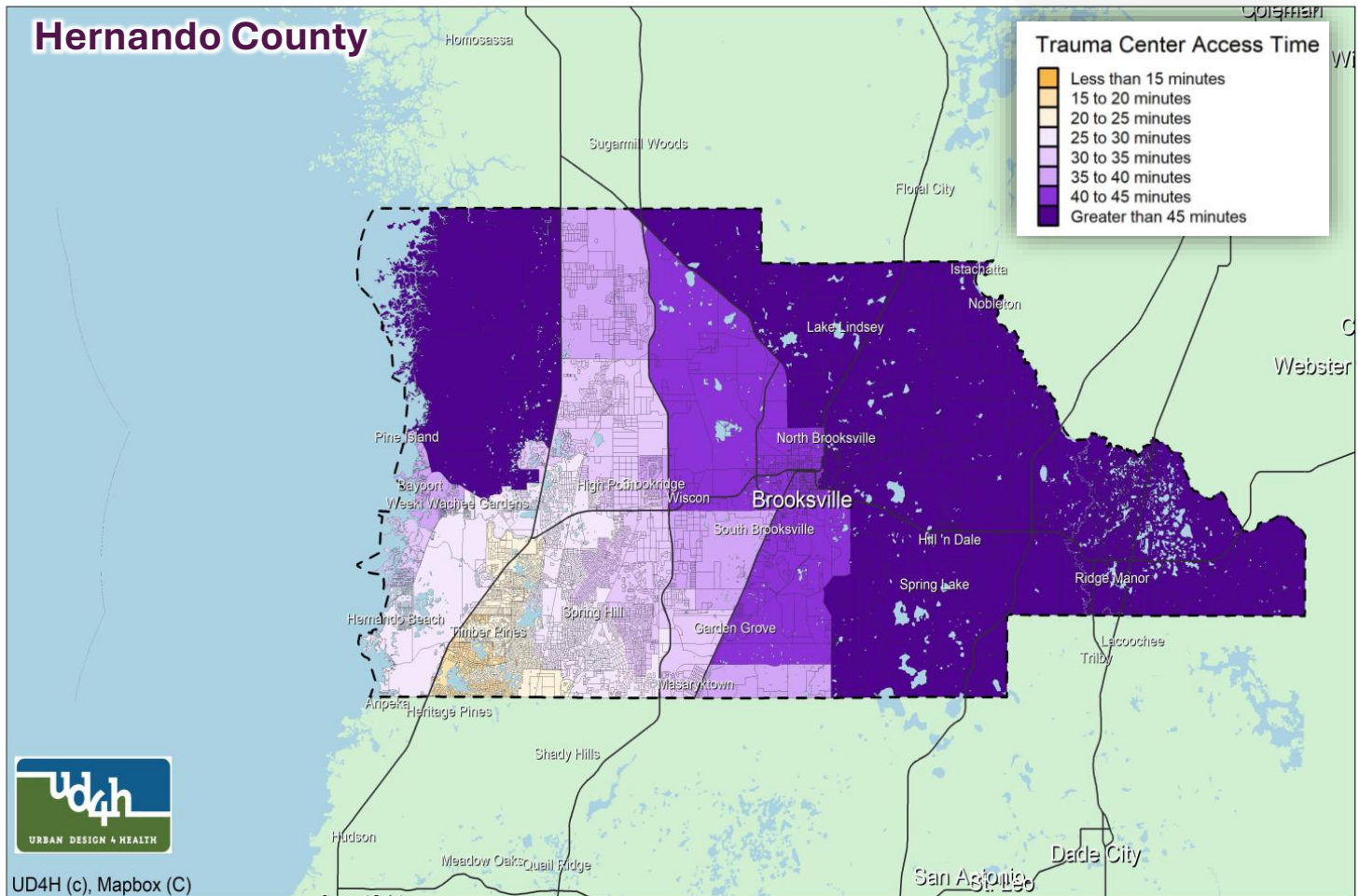


All4HealthFL Collaborative Community Health Needs Assessment



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.

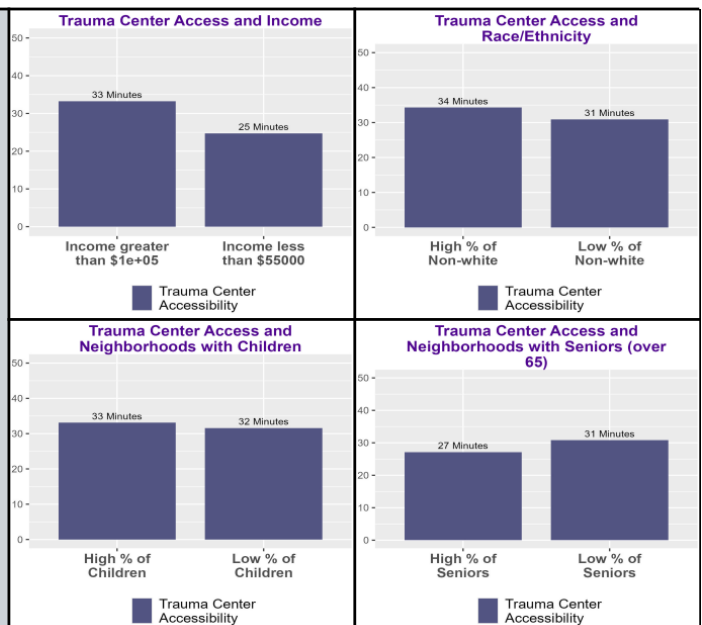


These maps show approximate personal vehicle travel time to the closest “trauma center” hospital in the region.

Population-weighted values for the region are shown below:

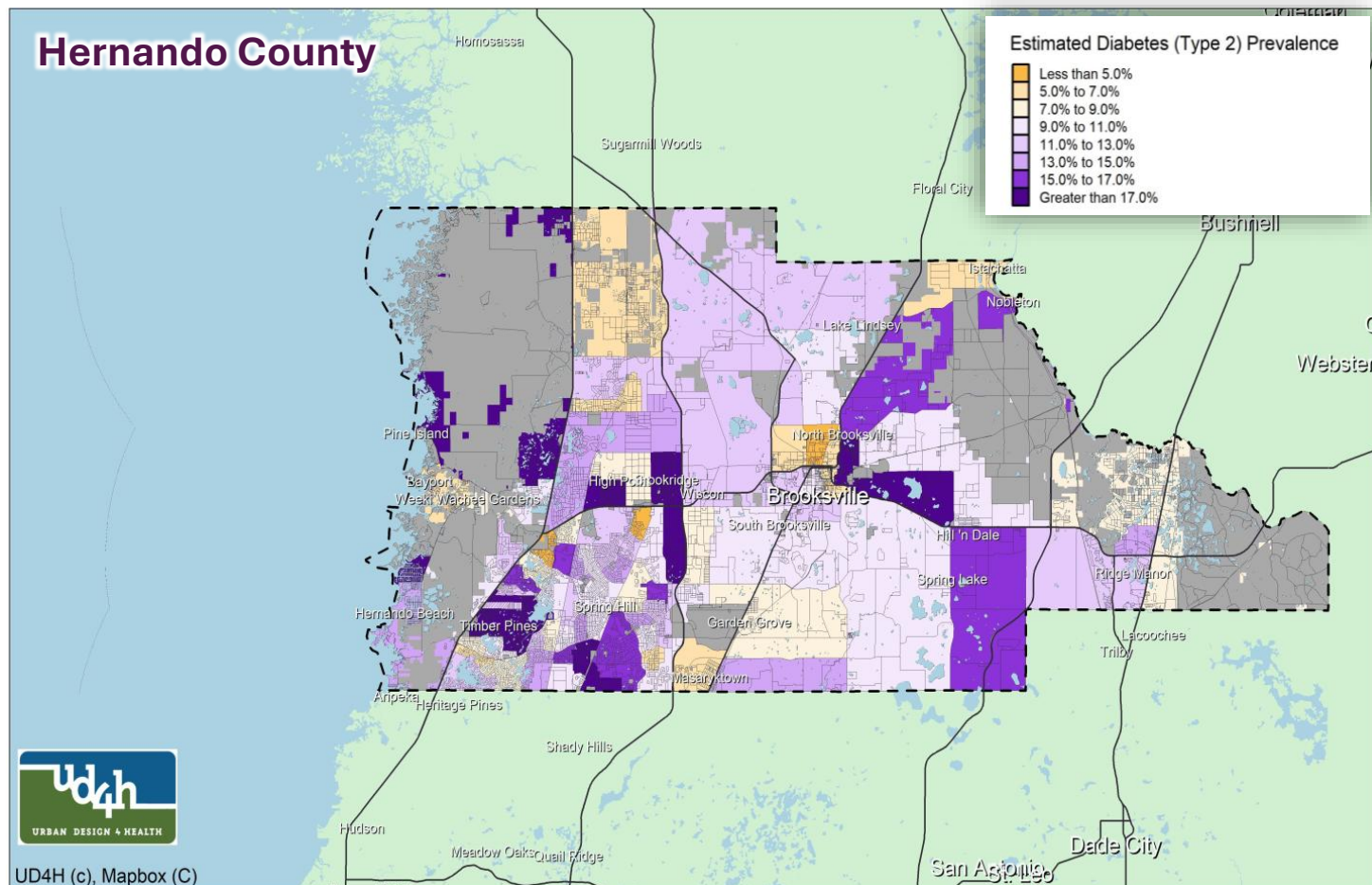
Region	30 min	Manatee	25 min
Citrus	49 min	Marion	25 min
Hardee	50 min	Pasco	33 min
Hernando	32 min	Pinellas	26 min
Highlands	50 min	Polk	32 min
Hillsborough	27 min	Sarasota	30 min

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.



Diabetes (Type 2)

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.

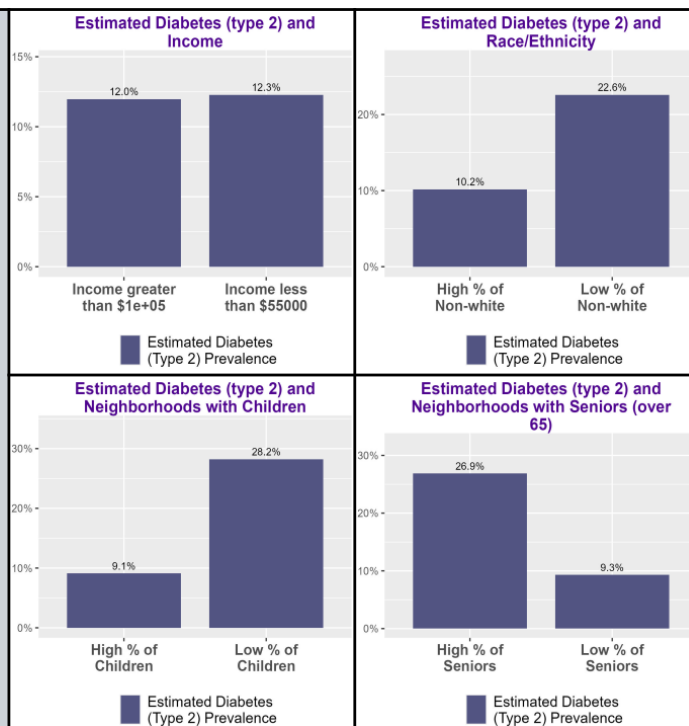


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Type 2 Diabetes is considered preventable and untreated can lead to other chronic diseases.

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.

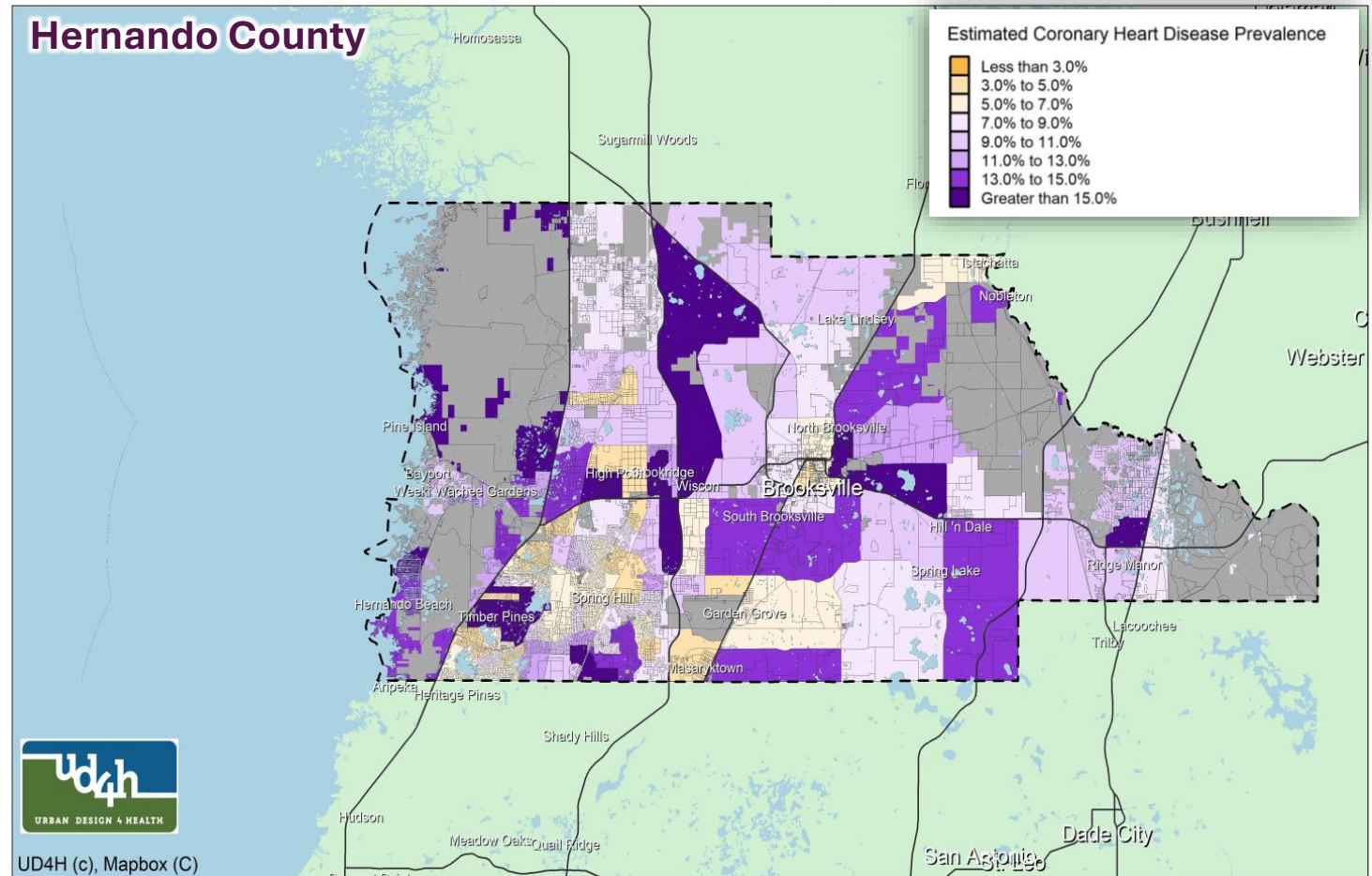




All4HealthFL Collaborative Community Health Needs Assessment Coronary Heart Disease



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.



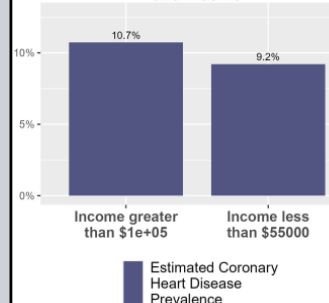
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Coronary Heart Disease is caused by the build-up of plaque in the arteries and increases with age, inactivity, and a poor diet. The CDC estimates that 5% of US adults have diagnosed heart disease.

Population-weighted values for the region are shown below:

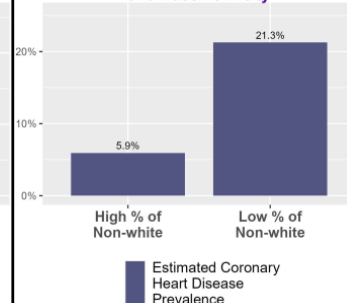
Region	8.5%	Manatee	9.2%
Citrus	13.4%	Marion	10.8%
Hardee	8.3%	Pasco	8.7%
Hernando	10.1%	Pinellas	8.5%
Highlands	12.7%	Polk	8.6%
Hillsborough	6.3%	Sarasota	9.9%

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.

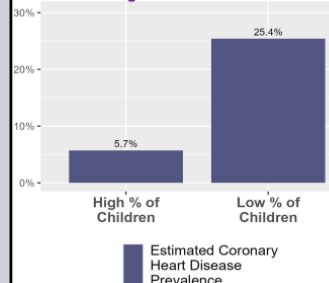
Estimated Coronary Heart Disease and Income



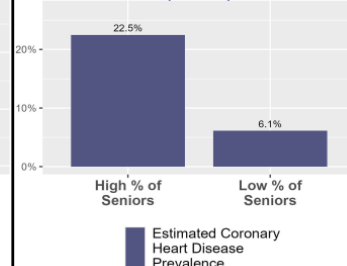
Estimated Coronary Heart Disease and Race/Ethnicity



Estimated Coronary Heart Disease and Neighborhoods with Children

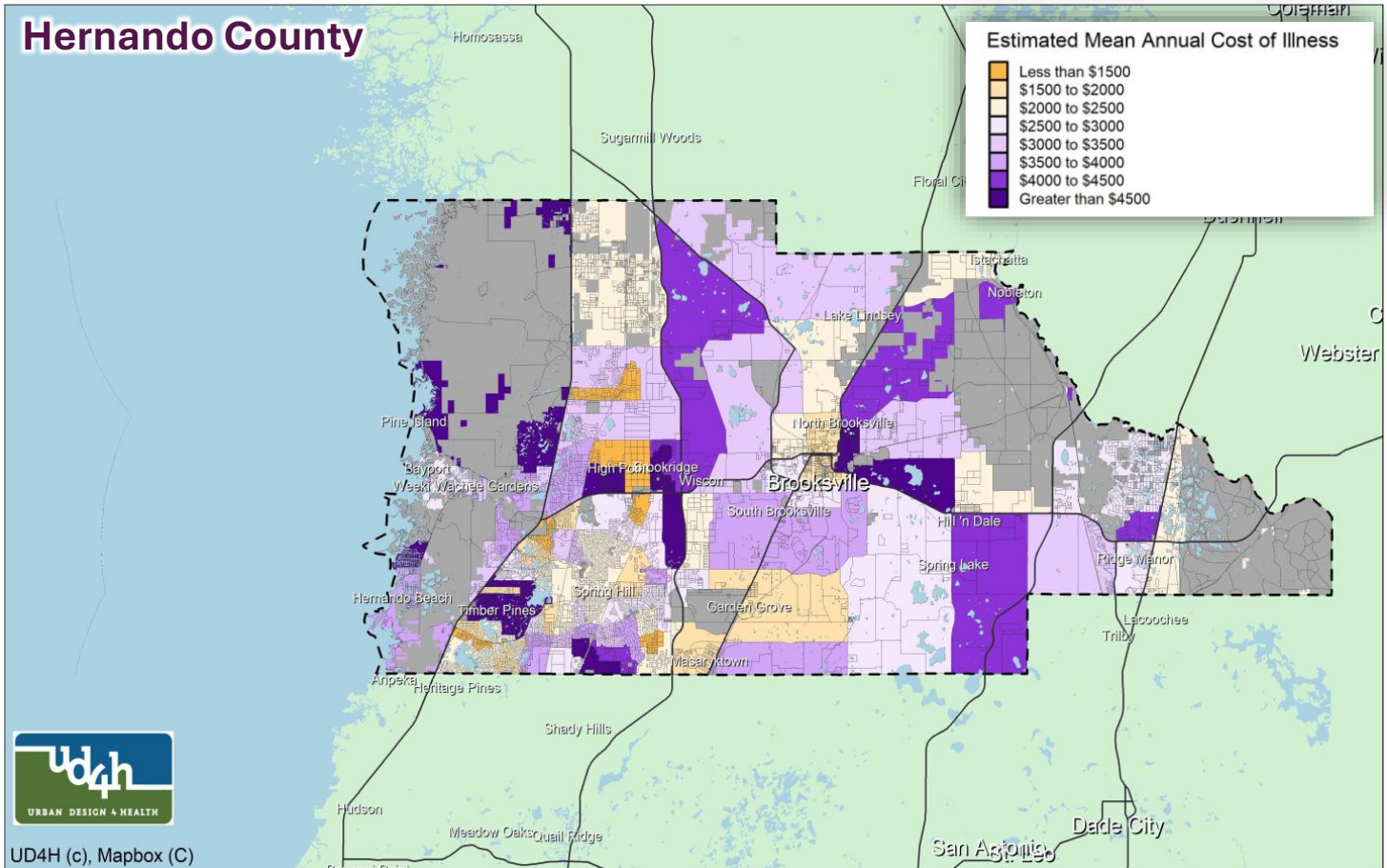


Estimated Coronary Heart Disease and Neighborhoods with Seniors (over 65)



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.

Hernando County

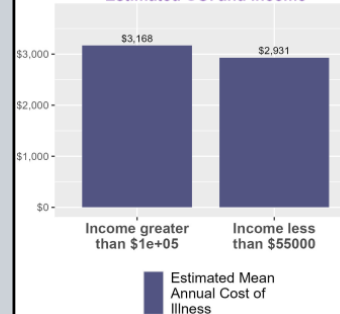


N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. An estimated annual per capita cost of illness is generated from the prevalence rates of type 2 diabetes (\$7k), high blood 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.

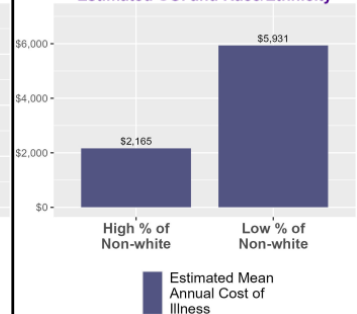
In the All4Health region, N-PHAM estimates that the average per-capita cost of chronic disease is ~\$2,700 (\$12 billion per year for the region). The weighted average for Hernando County is \$3,000

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.

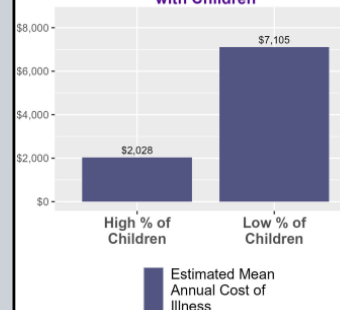
Estimated COI and Income



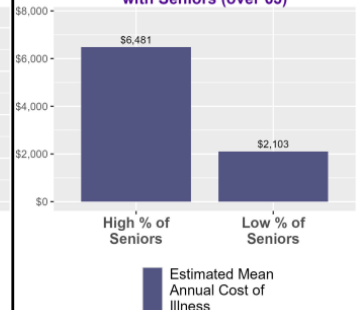
Estimated COI and Race/Ethnicity



Estimated COI and Neighborhoods with Children



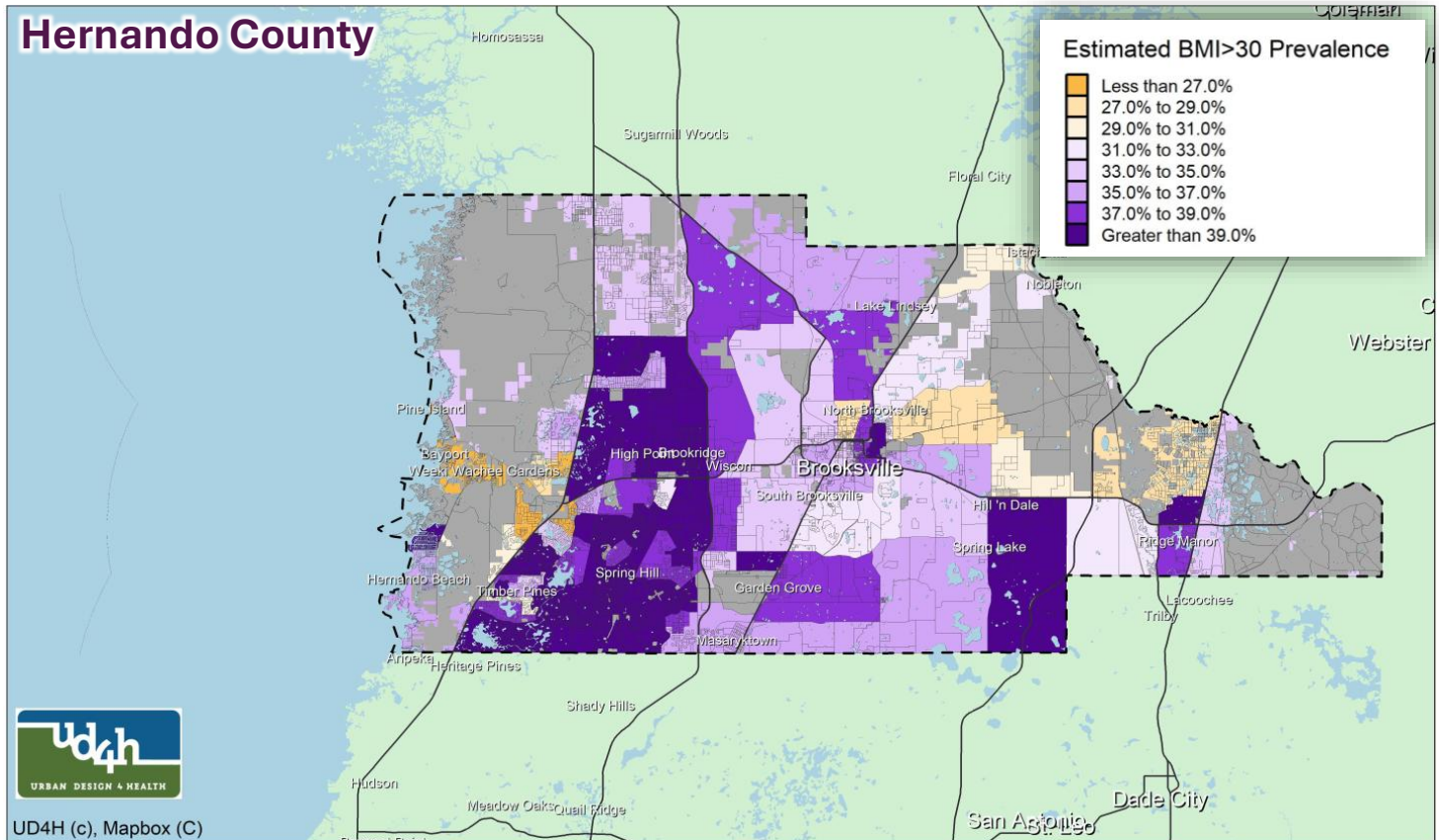
Estimated COI and Neighborhoods with Seniors (over 65)



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.

Hernando County



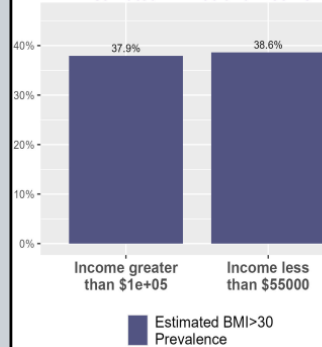
N-PHAM uses evidence-based statistical models from large sample health and activity surveys to estimate chronic disease prevalence and physical activity at small scale geographies. Body Mass Index (BMI) is frequently used to estimate obesity (value of 30 or higher), a risk factor for many chronic health conditions.

Population-weighted values for the region are shown below:

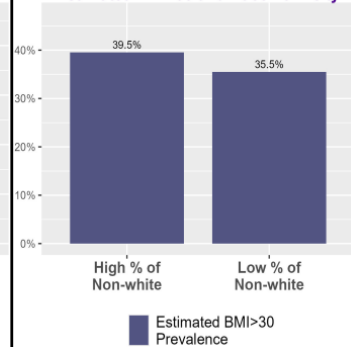
Region	33.6%	Manatee	33.3%
Citrus	35.4%	Marion	40.7%
Hardee	41.2%	Pasco	33.3%
Hernando	38.2%	Pinellas	29.8%
Highlands	39.2%	Polk	38.5%
Hillsborough	32.4%	Sarasota	27.9%

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.

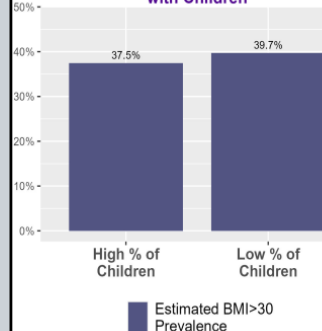
Estimated BMI>30 and Income



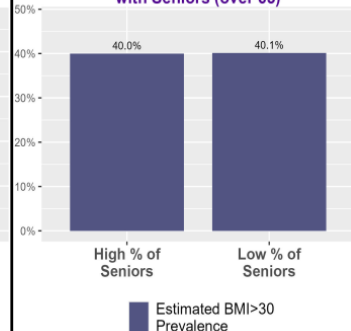
Estimated BMI>30 and Race/Ethnicity



Estimated BMI>30 and Neighborhoods with Children



Estimated BMI>30 and Neighborhoods with Seniors (over 65)



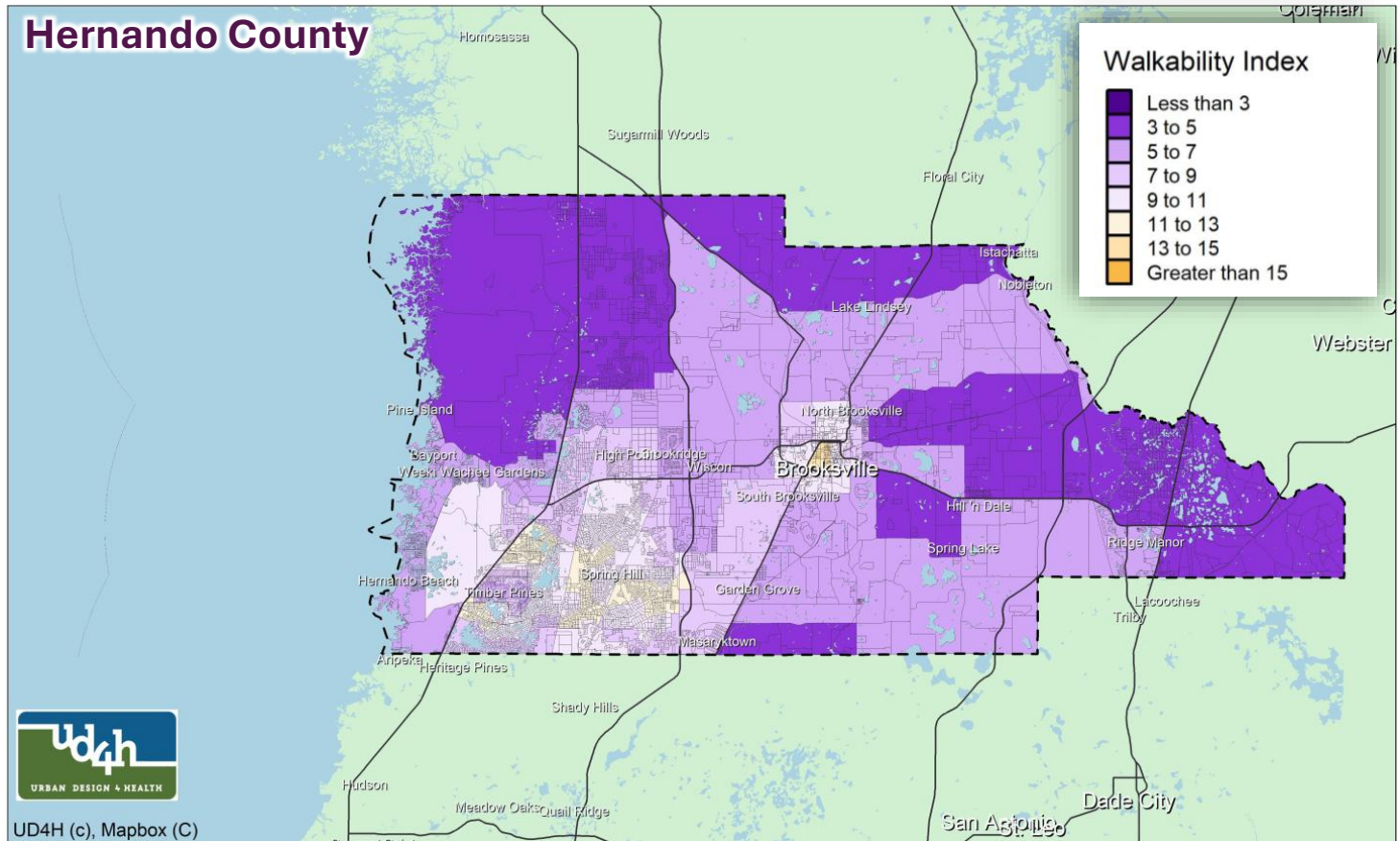


All4HealthFL Collaborative Community Health Needs Assessment National Walkability Index



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.

Hernando County



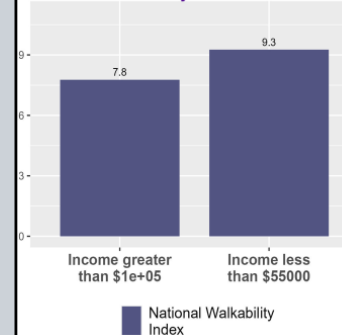
The walkability index is generated from residential neighborhood metrics that include the walkable transportation network, accessible land use mix, density, and access to active transportation alternatives. Neighborhood walkability is associated with physical activity which can impact chronic disease risk.

Population-weighted values for the region are shown below:

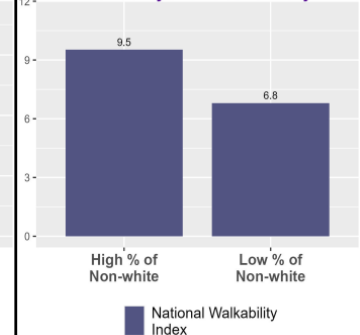
Region	9.4	Manatee	10.1
Citrus	6.8	Marion	7.4
Hardee	5.9	Pasco	8.3
Hernando	8.4	Pinellas	12.5
Highlands	6.3	Polk	7.4
Hillsborough	9.6	Sarasota	10.9

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.

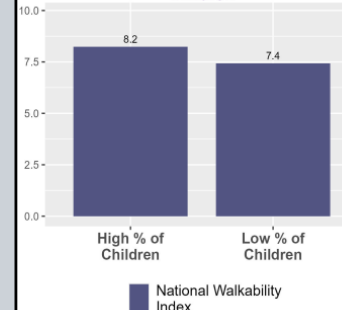
Walkability and Income



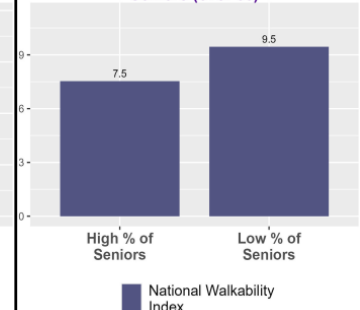
Walkability and Race/Ethnicity



Walkability and Neighborhoods with Children



Walkability and Neighborhoods with Seniors (over 65)



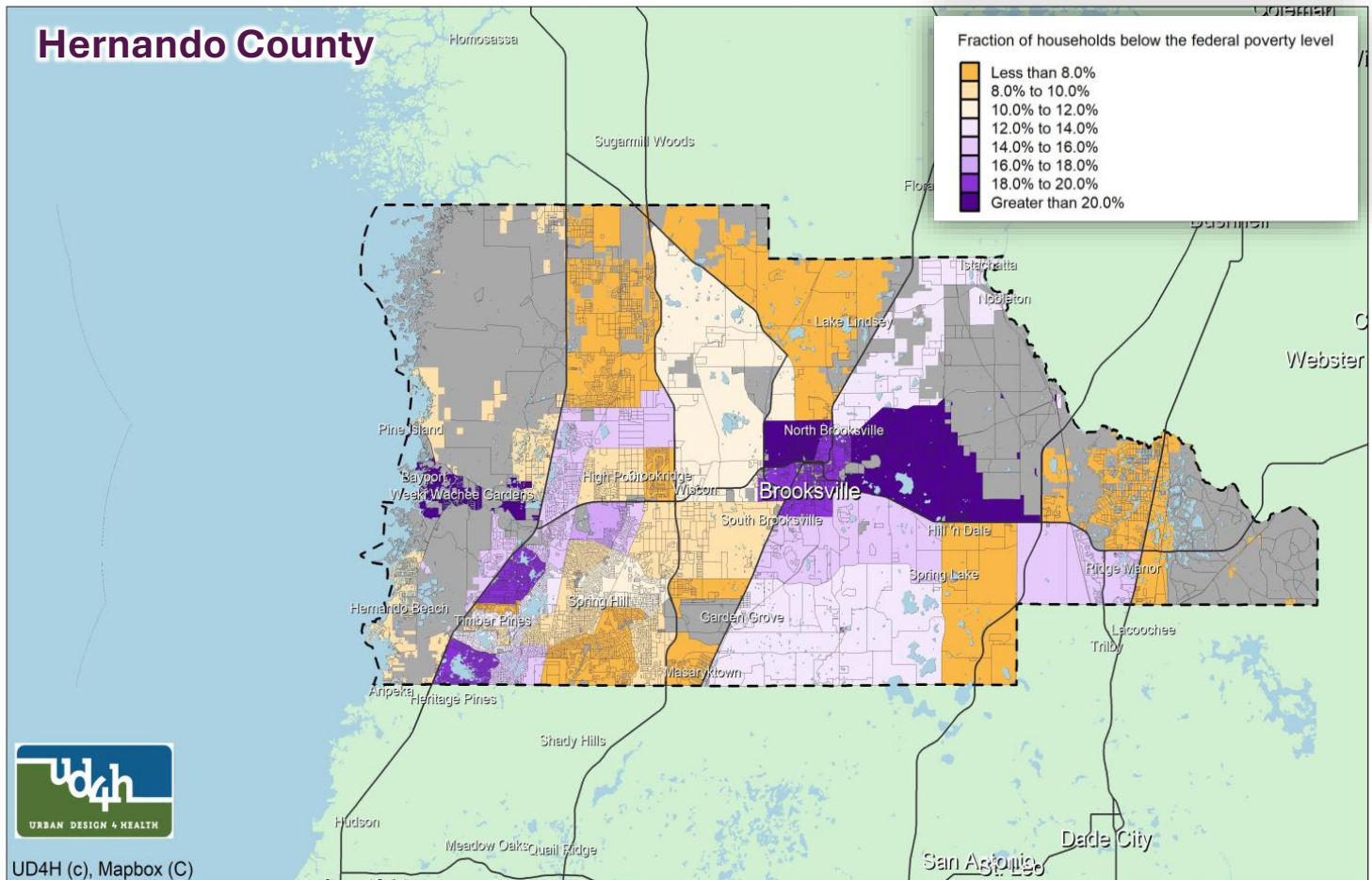


All4HealthFL Collaborative
Community Health Needs Assessment



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.



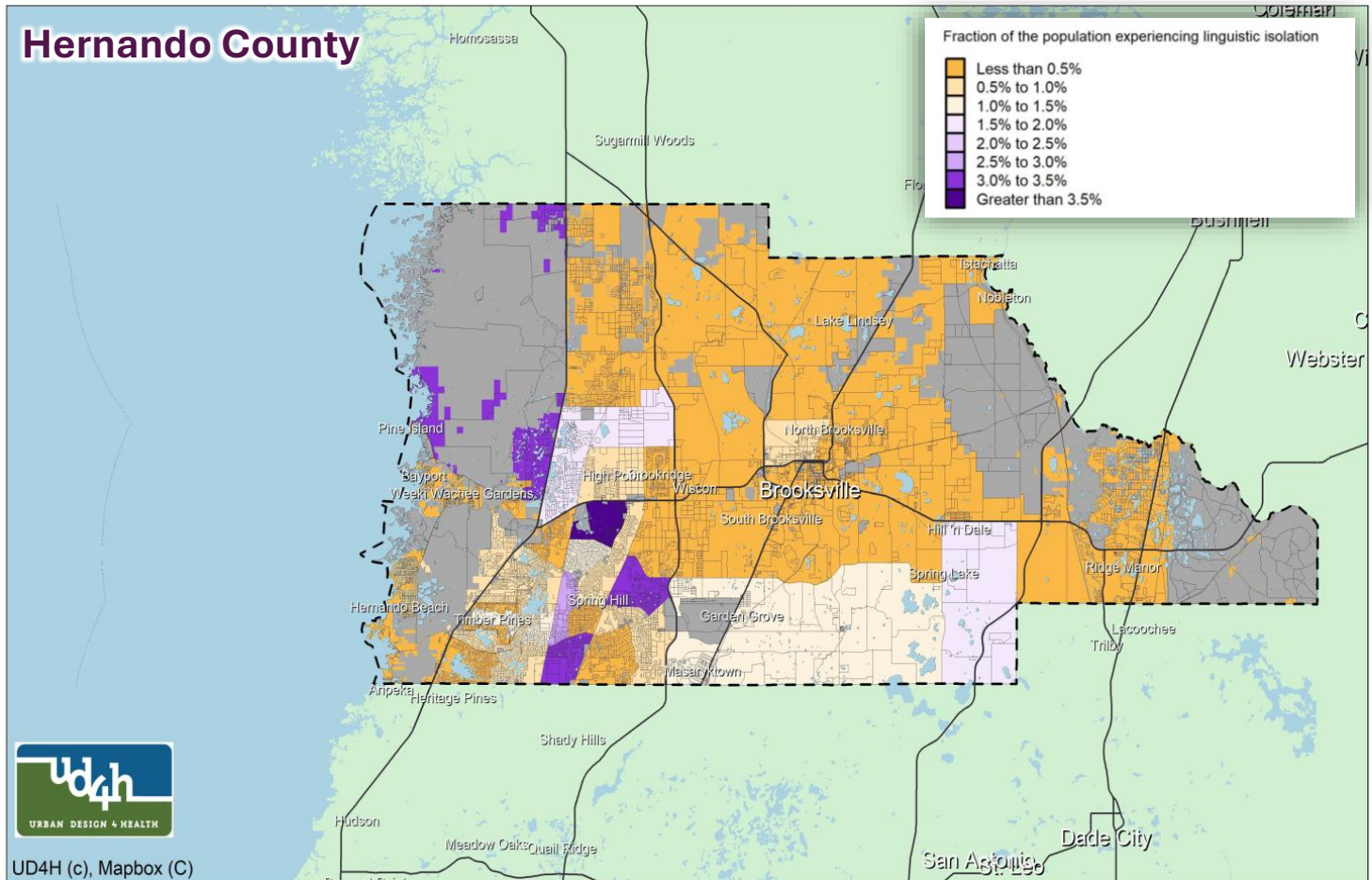


All4HealthFL Collaborative
Community Health Needs Assessment



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.



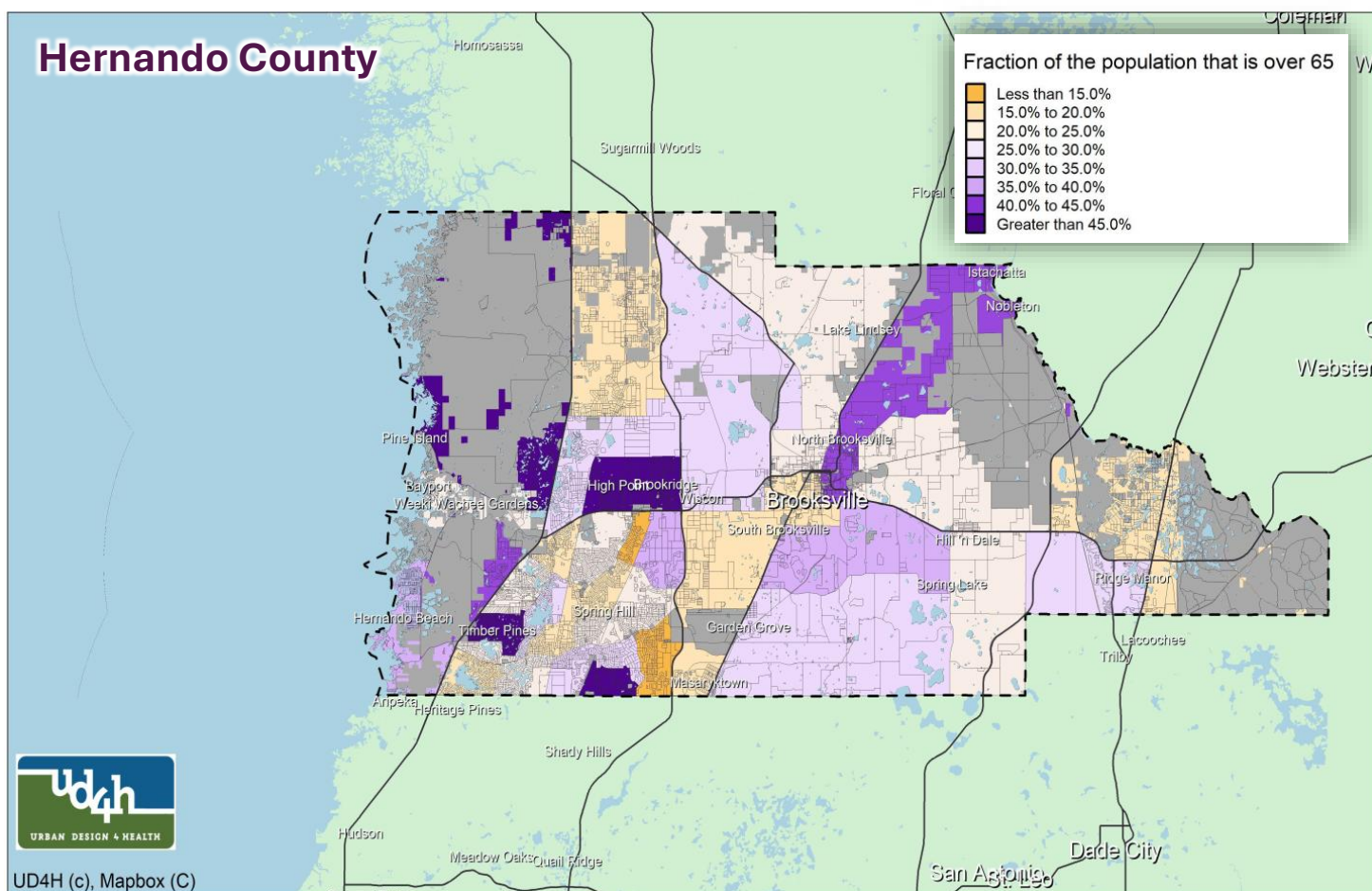


All4HealthFL Collaborative Community Health Needs Assessment



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.



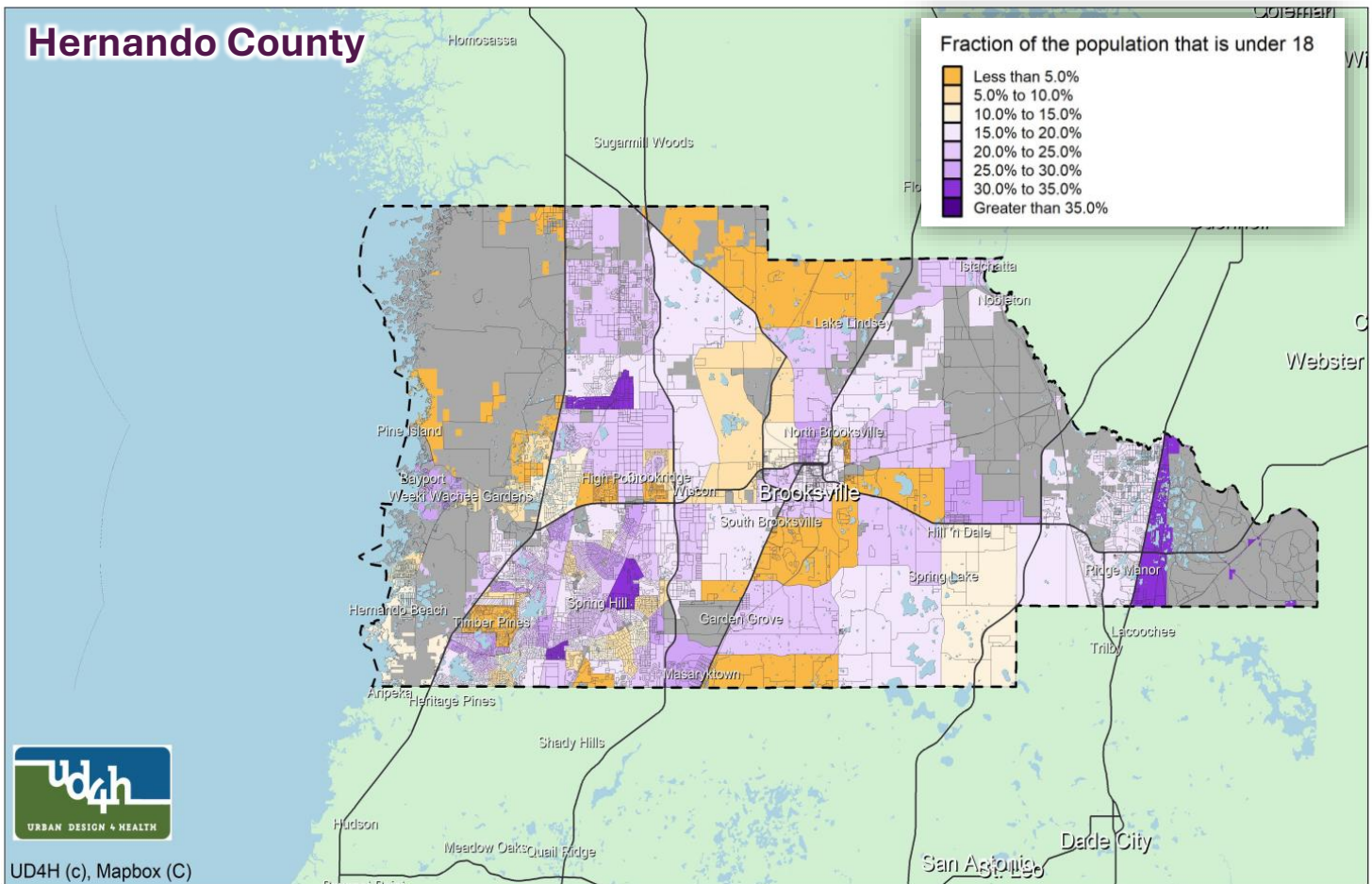


All4HealthFL Collaborative
Community Health Needs Assessment



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.



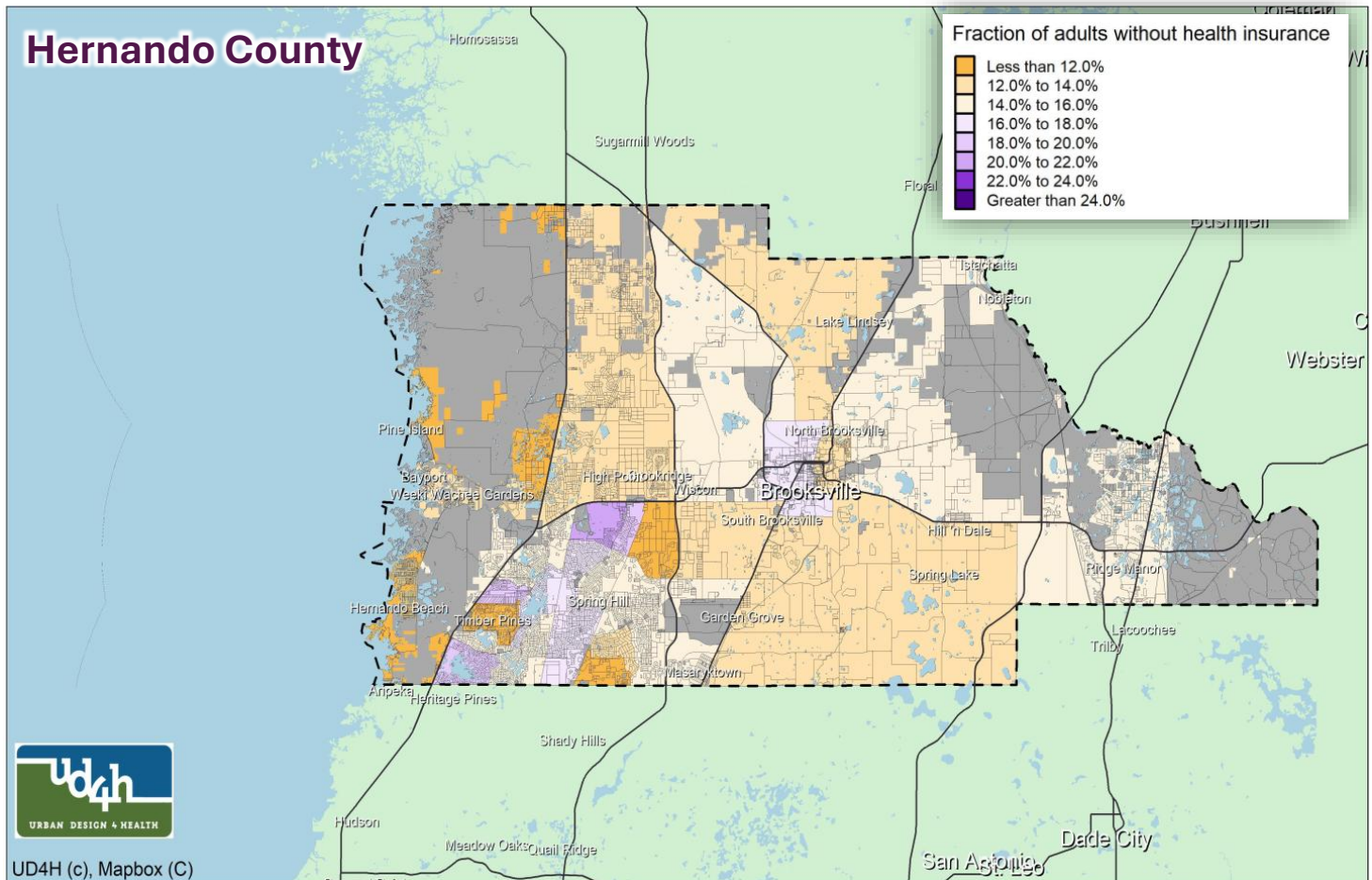


All4HealthFL Collaborative
Community Health Needs Assessment



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





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



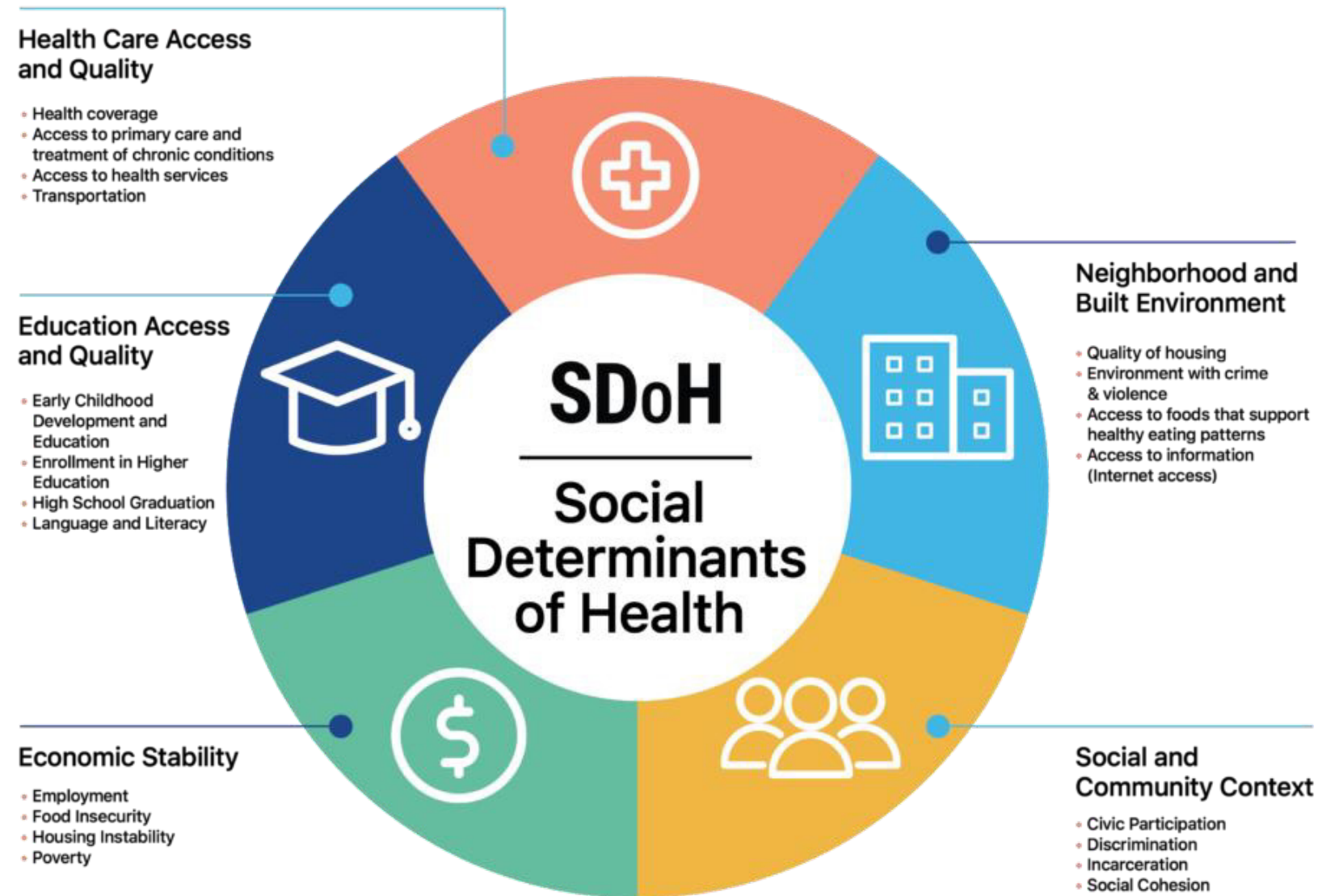
- 5 Stakeholder Interviews
- 4 Focus Groups
- 701 Survey Responses

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

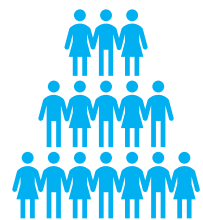
Demographics

Citrus County



158,693

Total Population



+17.1%

Projected Population
Change (2020-2032)



56.9 Years

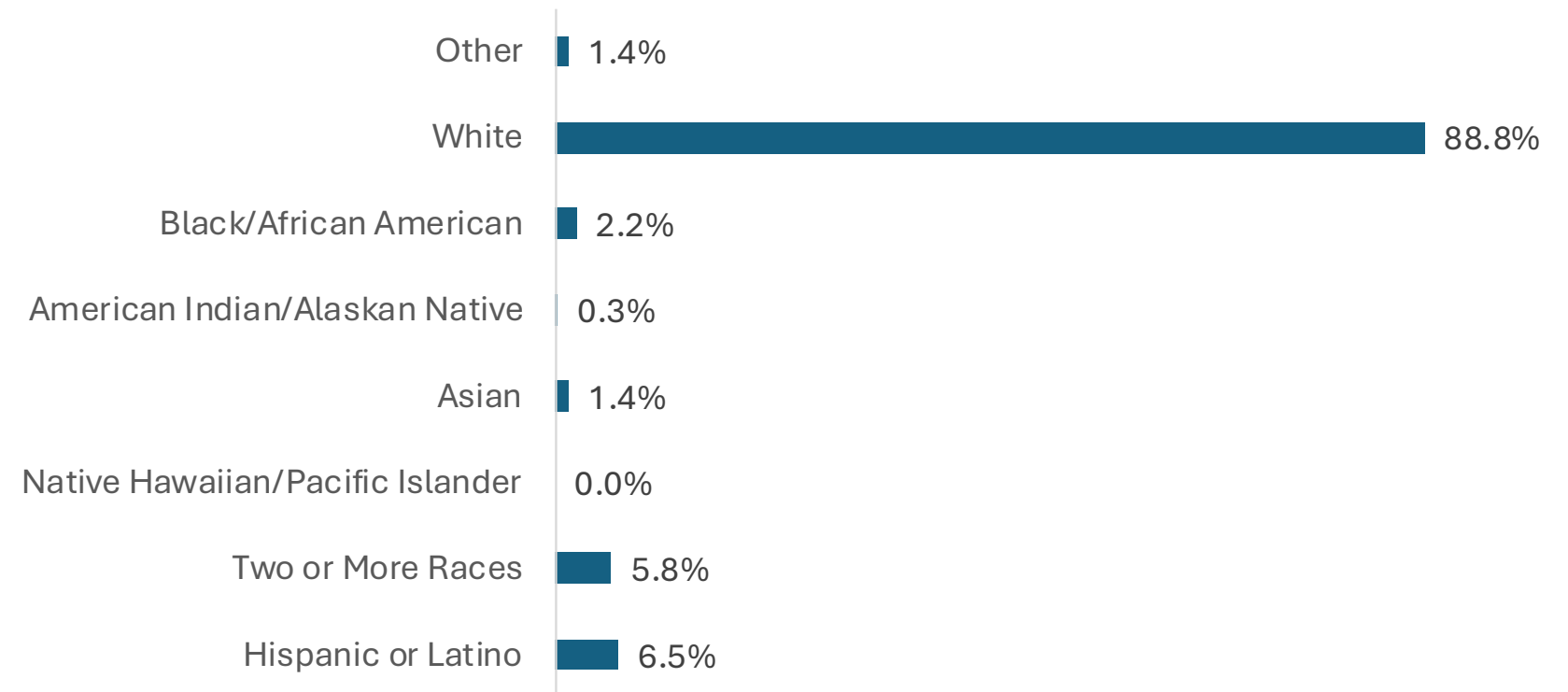
Median Age



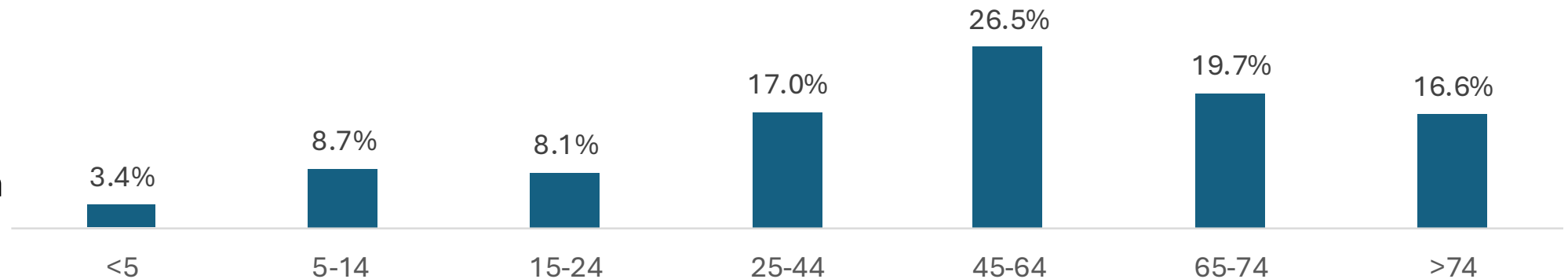
12.7%

Veteran Population

Race & Ethnicity



Age Groups

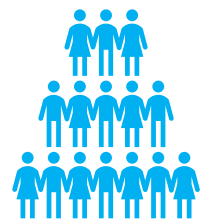


Source: 2023 American Community Survey (ACS) 5-Year Estimates

Demographics Hernando County



201,512
Total Population



+21.3%
Projected Population
Change (2020-2032)

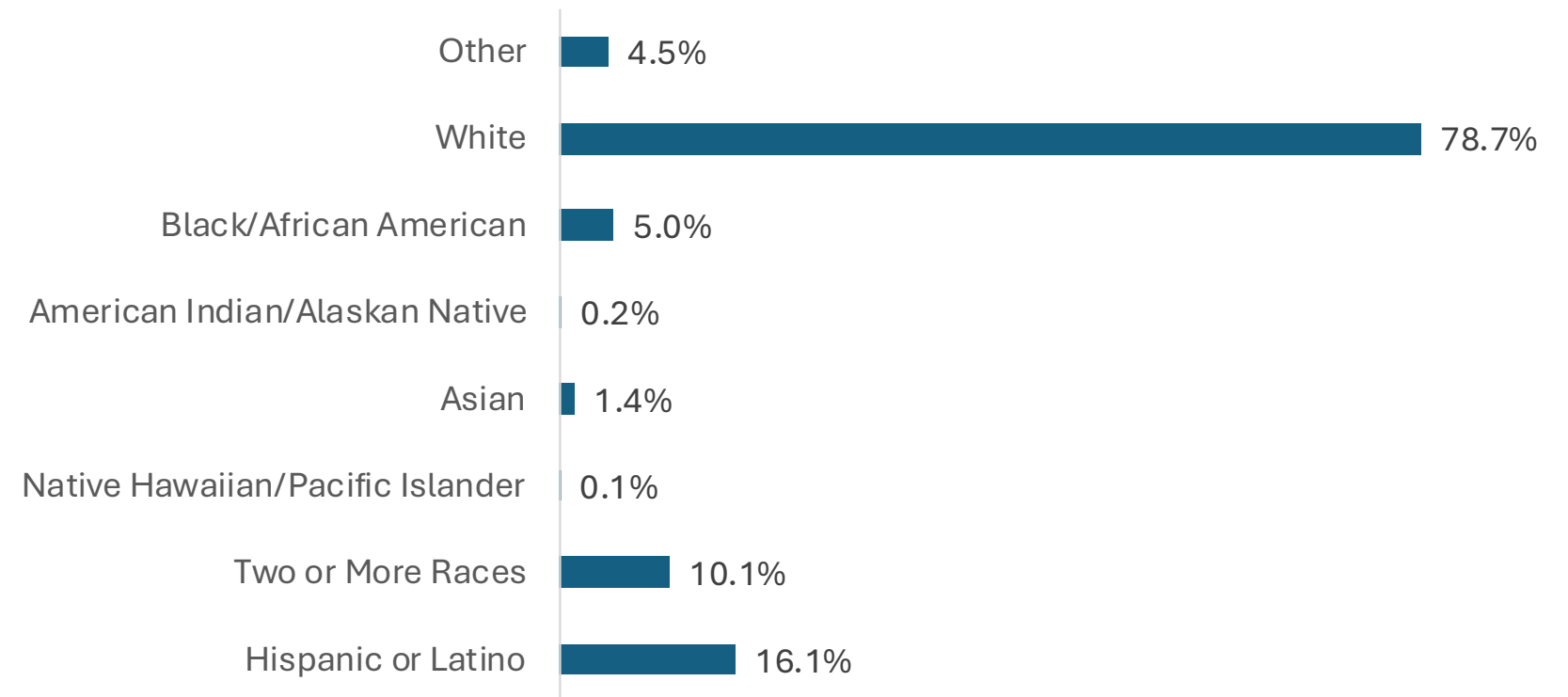


48.1 Years
Median Age

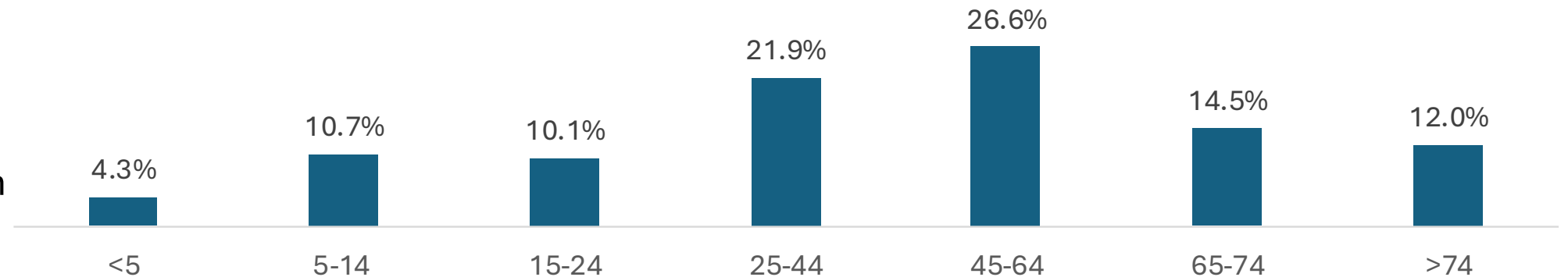


11.7%
Veteran Population

Race & Ethnicity



Age Groups

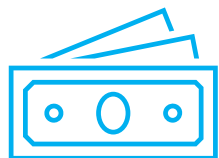


Source: 2023 ACS 5-Year Estimates



Economic Stability

Citrus County



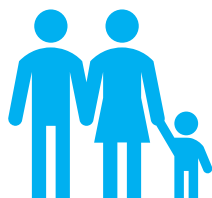
\$55,355

Median Household Income



15.5%

Total Households Below
Poverty Level



36.0%

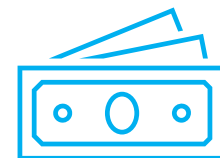
ALICE Households



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

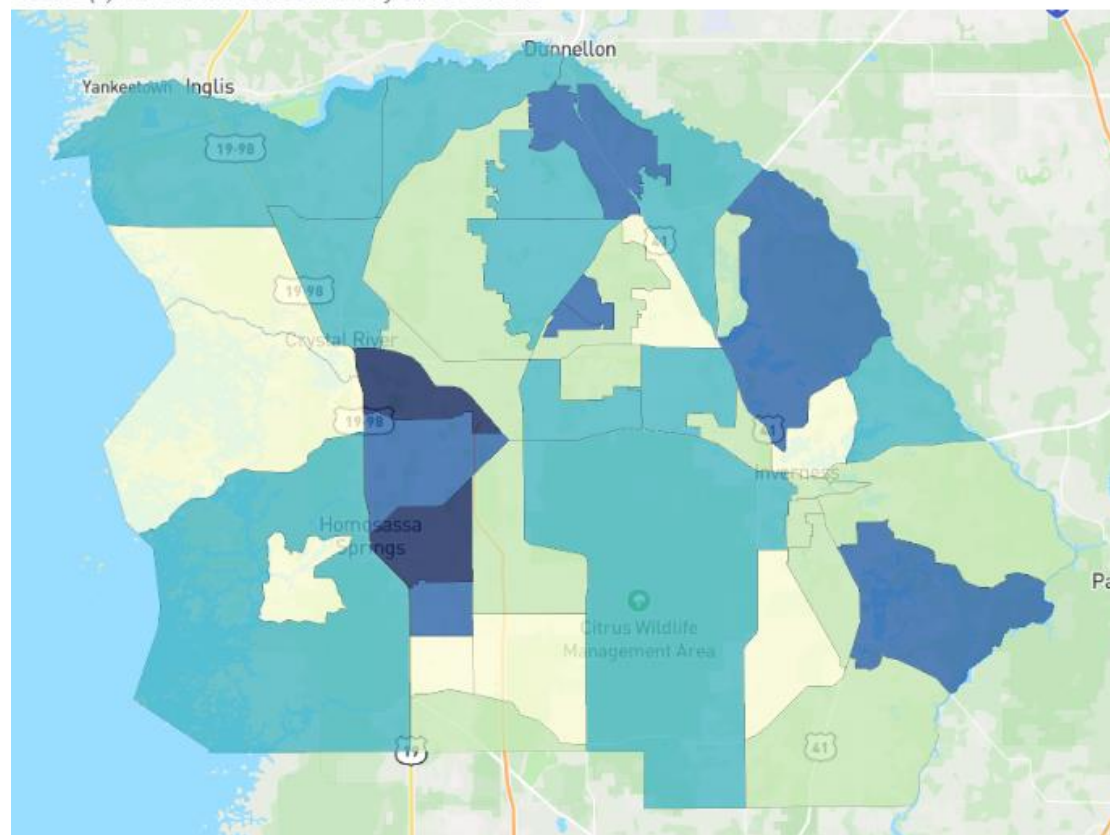
Source: 2023 ACS 5-Year Estimates, United Way ALICE

\$ Economic Stability

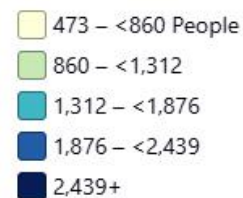
Citrus County

Low Income Population (Income is 200% or Under the Poverty Level)

Source(s): US Census Bureau ACS 5-year 2019-2023



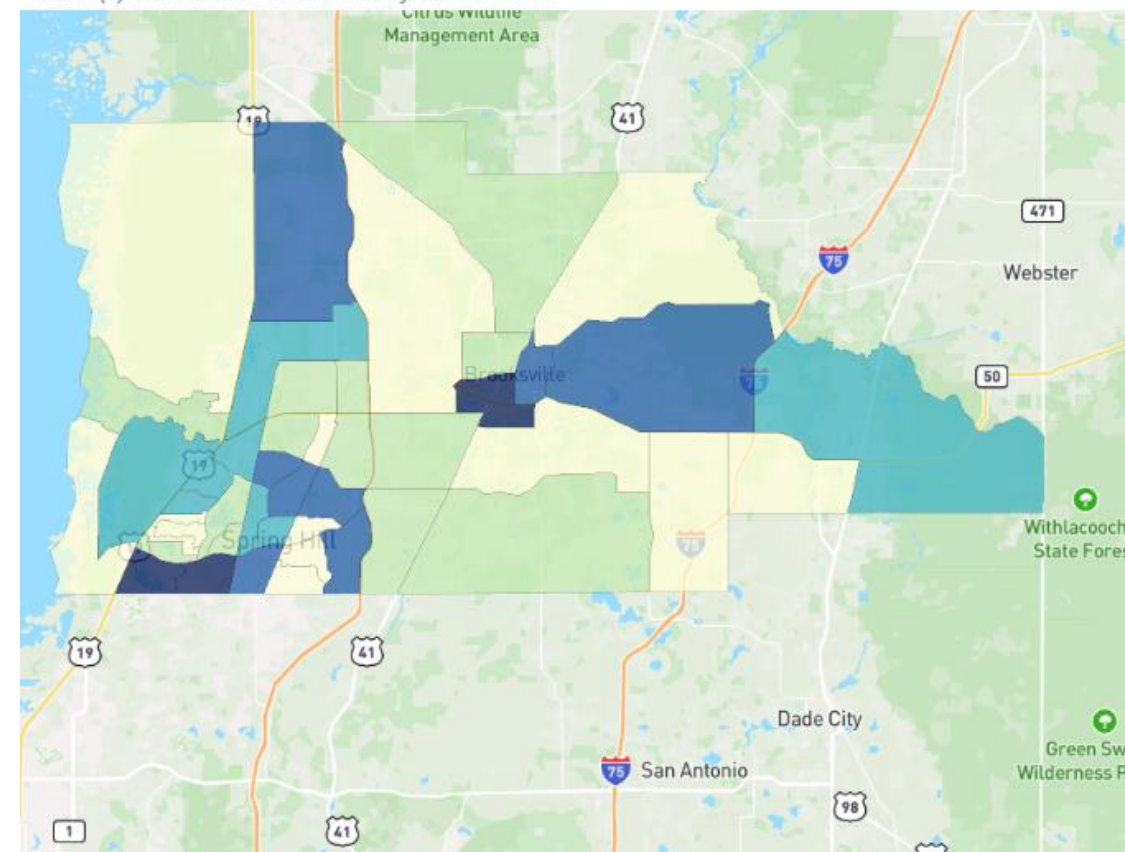
Low Income Population (Income is 200% or Under the Poverty Level)



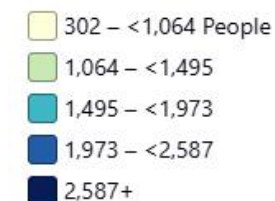
Hernando County

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

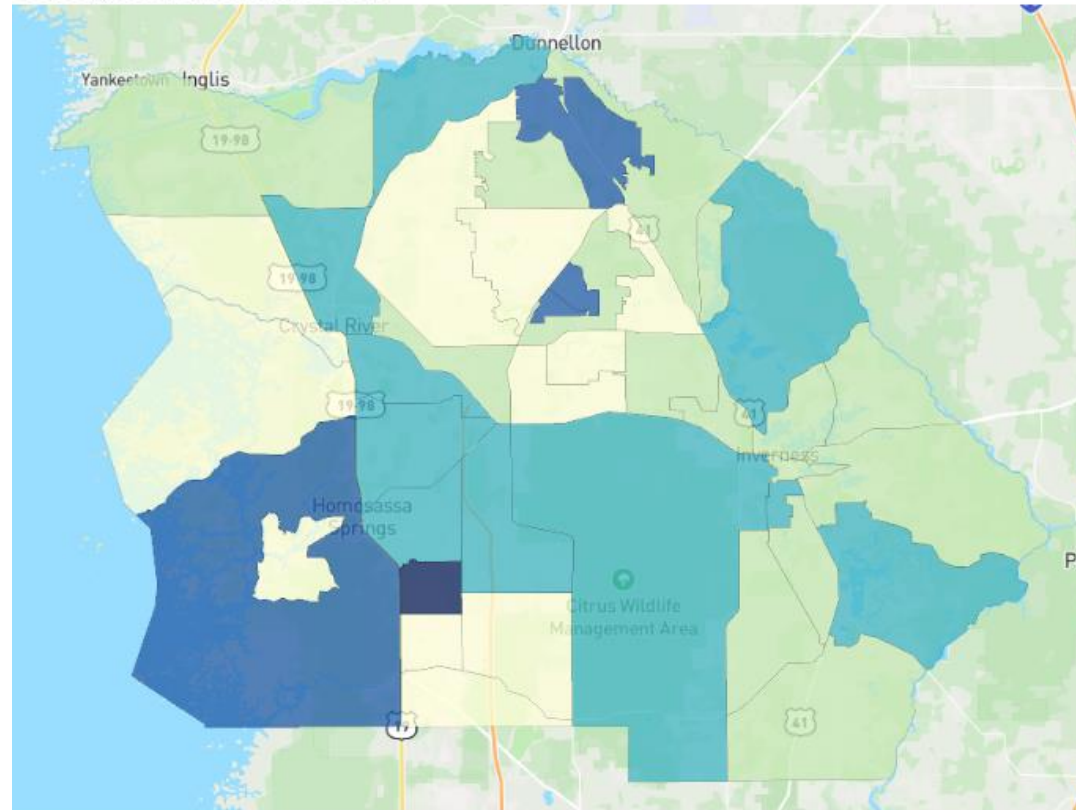


Access to Health & Quality

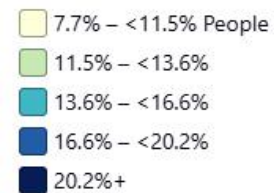
Citrus County

Lack of Health Insurance Among Adults

Source(s): CDC BRFSS PLACES 2022



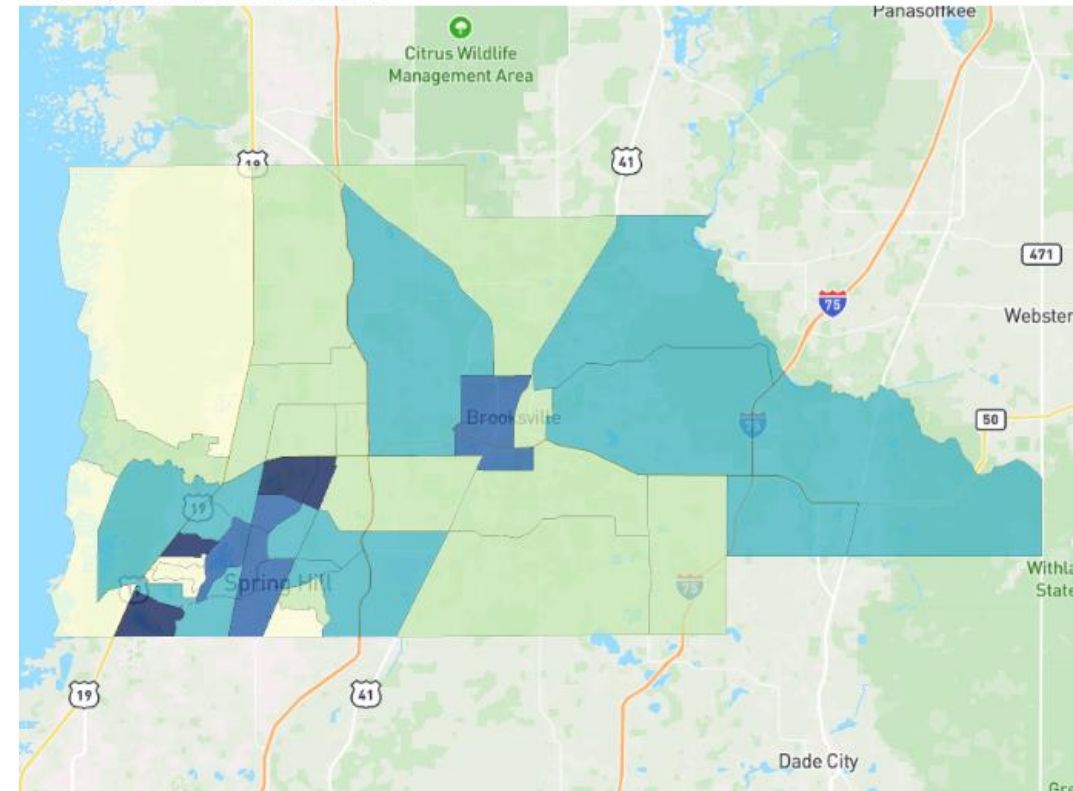
Lack of Health Insurance Among Adults



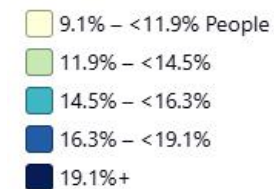
Hernando County

Lack of Health Insurance Among Adults

Source(s): CDC BRFSS PLACES 2022



Lack of Health Insurance Among Adults



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**

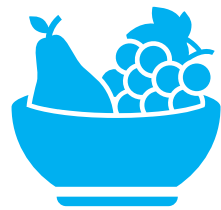
14.5% of survey respondents told by medical provider they have diabetes in **CITRUS COUNTY**

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**

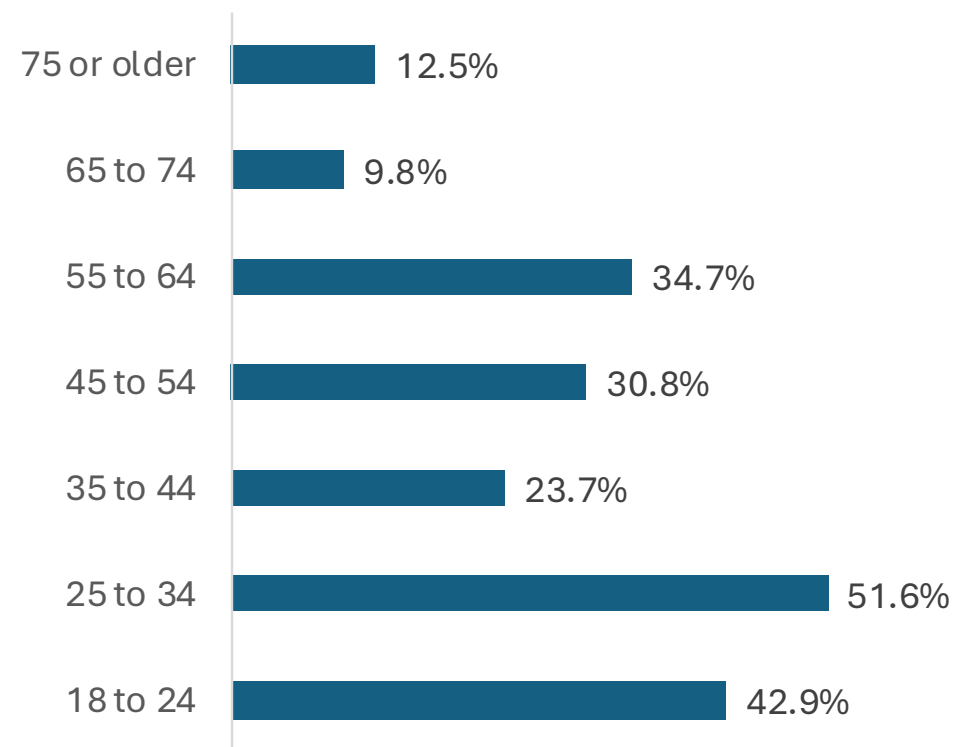
Source: CDC WONDER, CHNA Survey

Citrus County

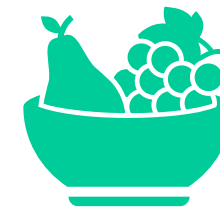


29.1% of survey respondents
self-reported food insecurity

Food Insecure by Age

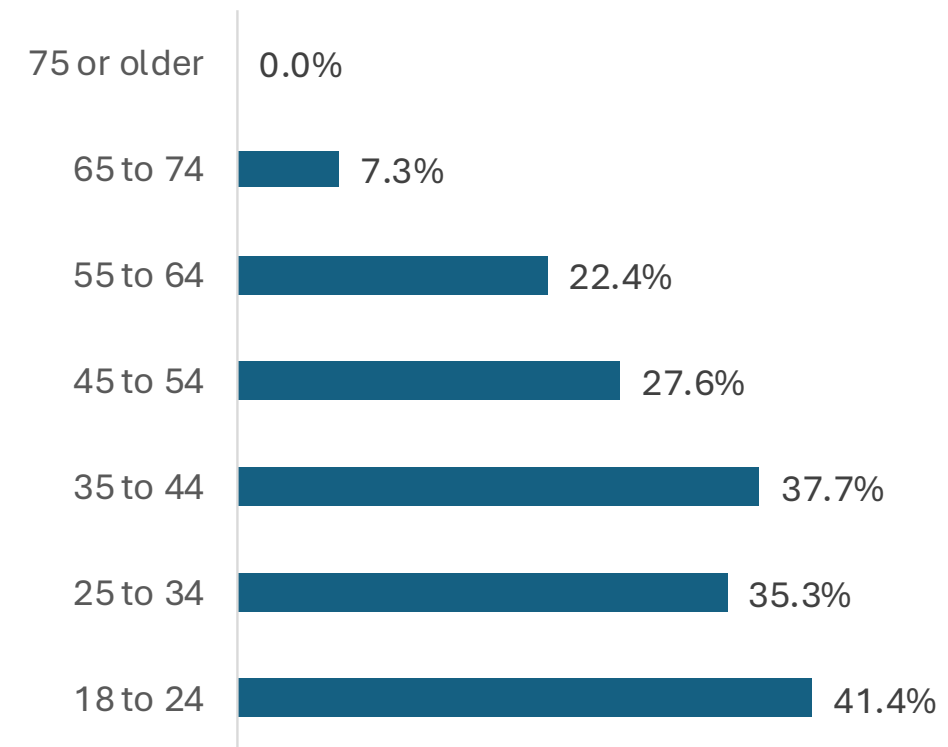


Hernando County



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



HERNANDO COUNTY DEMOGRAPHICS



201,512 People

Median Age
48.1



48.6%

Male

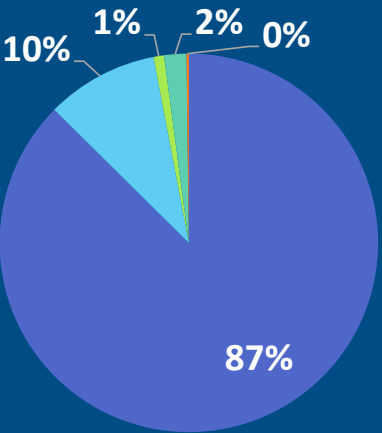


51.4%

Female

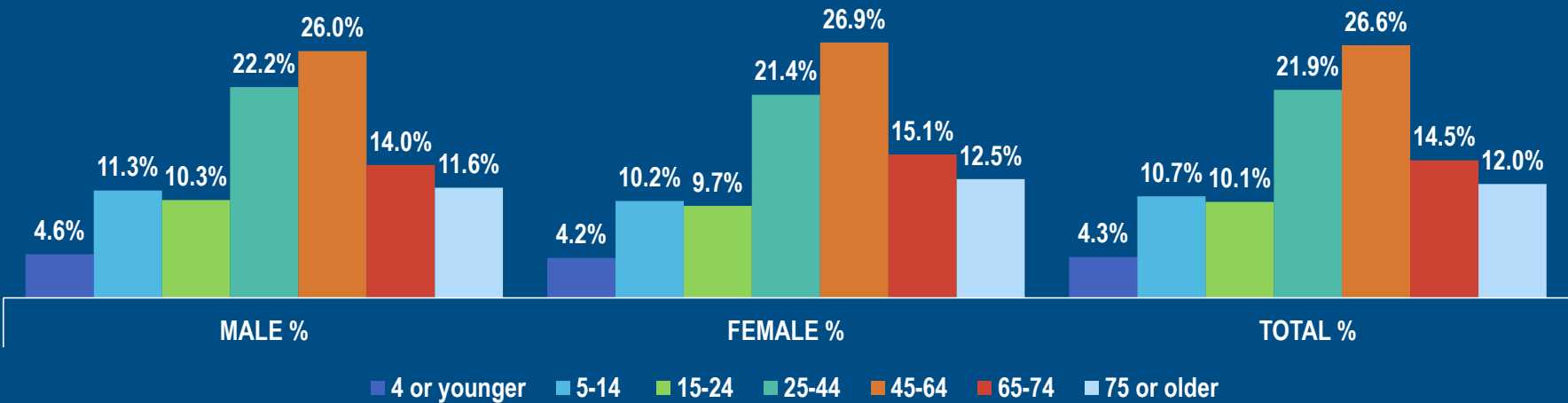


Population Age 5+ by Language
Spoken at Home



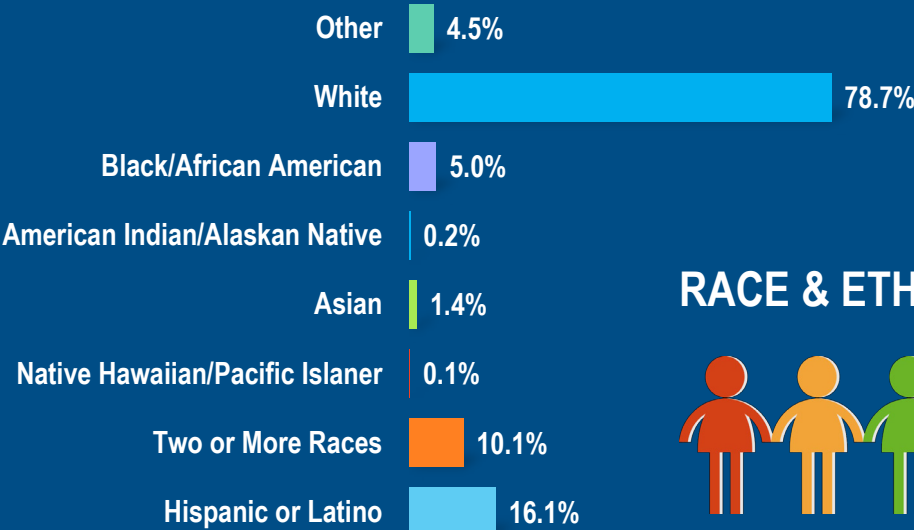
Speak Only English
Speak Spanish
Speak Asian/Pac Islander Lang
Speak Indo-European Lang
Speak Other Lang

HERNANDO COUNTY POPULATION BY AGE AND GENDER 2023

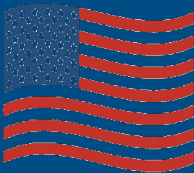


Level of Education, Age 25+	Hernando County	Florida	U.S.
Less than 9 th Grade	2.8%	4.3%	4.7%
9 th to 12 th Grade, No Diploma	7.2%	6.1%	5.9%
High School Graduate or G.E.D	32.9%	27.4%	26.2%
Some College, No Degree	25.2%	18.9%	19.4%
Associate's Degree	11.5%	10.1%	8.8%
Bachelor's Degree	13.7%	20.7%	21.3%
Graduate or Professional Degree	6.7%	12.5%	13.7%

7.8% of
the Population
Foreign Born



RACE & ETHNICITY



11.7% of
the Population
are Veterans

HERNANDO COUNTY ECONOMIC BREAKDOWN

Median Household Income



\$63,193

With a \$29.81

Mean Hourly Wage, 2023

Tampa-St. Petersburg-Clearwater Data*



Unemployment Rate

5.8% Age 16+, 2024



91.2%

Have Internet Subscriptions



12.0% Of

Households are Below Poverty Level

Workers by Means of Transportation to Work, 2023	Hernando County	Florida
Worked at Home	12.8%	13.3%
Walked	1.2%	1.3%
Bicycle	0.3%	0.5%
Carpooled	9.3%	8.7%
Drove Alone	74.4%	73.3%
Public Transport	0.3%	1.2%
Other	1.3%	1.7%



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



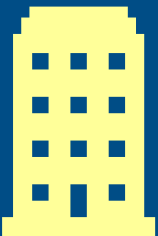
12.6%

Population Change 2020-2023

\$240,700



Median Property Value



43.2%

Renters Who Pay More Than 35% of Their Income

 ACCESS TO HEALTH & SOCIAL SERVICES HERNANDO COUNTY



109 Primary Care Provider
Per 100,000 Population



40 Dentists
Per 100,000 Population



71 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?”
20.5% 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. Do not have insurance to cover medical care
5. Doctor’s office does not have convenient hour

Low-income populations in Hernando County are federally designated Primary Care, Mental Health and/or Dental Provider Shortage Areas

87.4%

Of adults with health insurance, 2023

79.0%

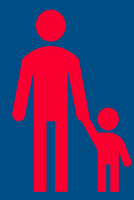
Of adults who have had a medical checkup in the past year, 2022

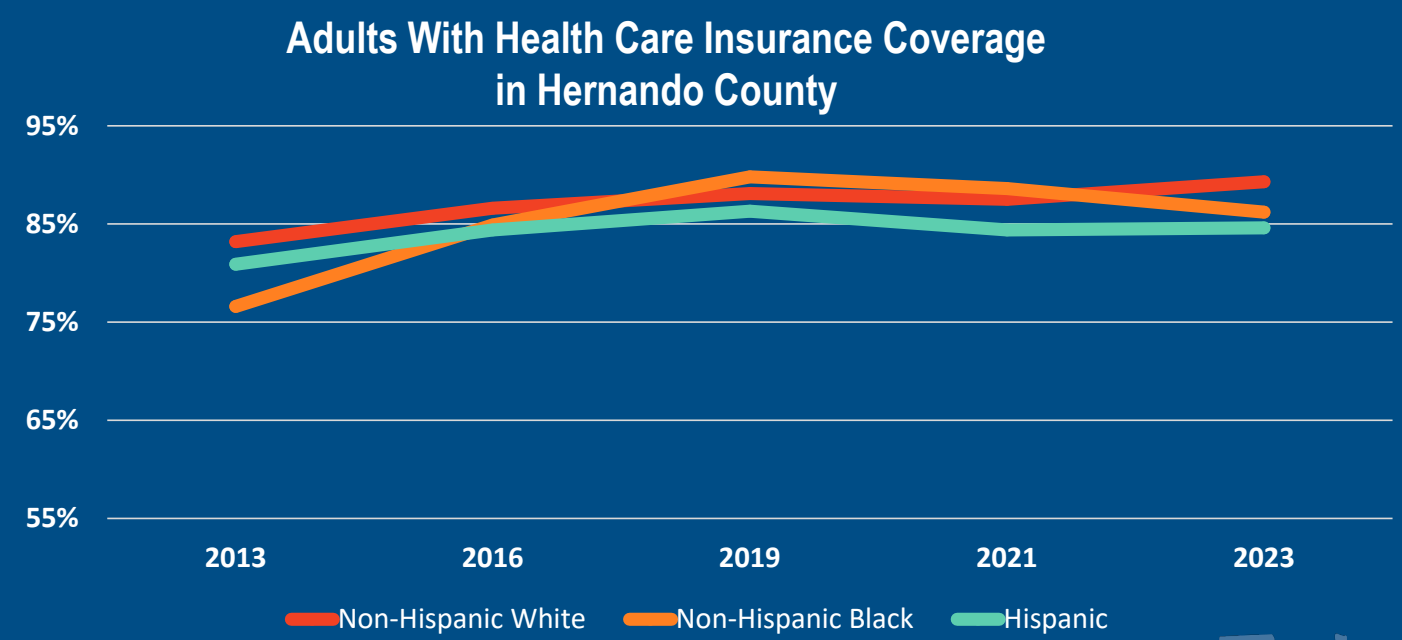
3.8%

Of survey respondents who reported their child needed medical care in the past 12 months and did not receive it.

9.8

Preventable hospitalizations under 65 from dental conditions, 3 year rolling 2021-2023, rate per 100,000

 **92.3%** Of children in Hernando County have health insurance, 2023





BEHAVIORAL HEALTH HERNANDO COUNTY

(Mental Health and Substance Misuse)

64.6%

Of survey respondents ranked mental health as the most pressing health issue

21.7%

Of survey respondents reported experiencing 4 or more Adverse Childhood Experiences (ACEs) before age 18

31.4% of Middle School Students Report having used alcohol or illicit drugs in their lifetime

14.9% of Adults engage in heavy or binge drinking

22.6 Alcohol-Confirmed Motor Vehicle Traffic Crashes per 100,000 Pop.

48.9% of High School Students Report having used alcohol or illicit drugs in their lifetime

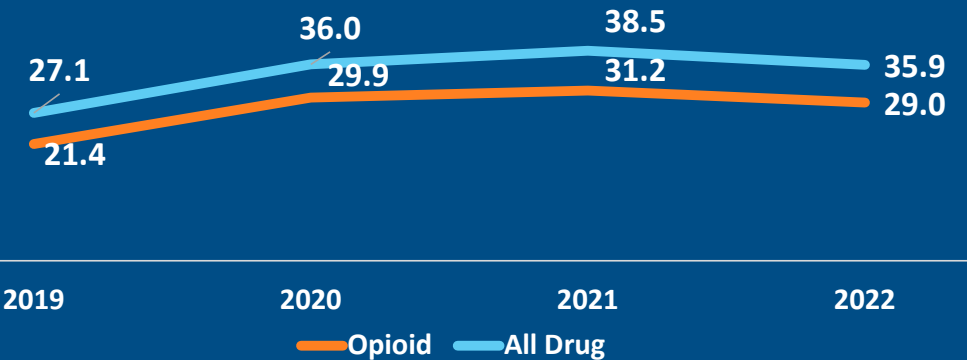
14.6% of high school students have used a vaporizer/E-cigarette, 2022

26.4% of middle school students have used a vaporizer/E-cigarette, 2022

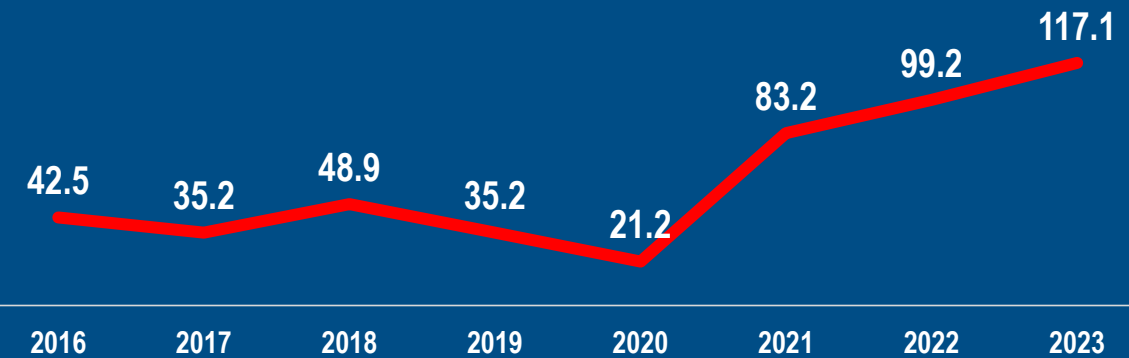
15.9% of adults regularly smoke cigarettes, 2022



DRUG OVERDOSE DEATHS



HERNANDO HOSPITALIZATIONS FOR EATING DISORDERS RATE PER 100,000 POPULATION*, AGES 12-18

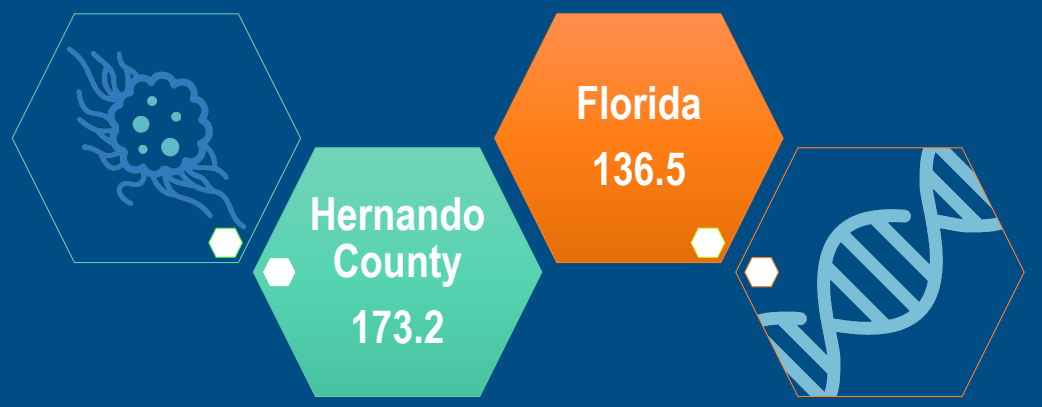


15.4% of survey respondents indicated they had thoughts that they would be better off dead or of hurting themselves in some way for **several days, more than half of the days or nearly every day** over the last **12 months**.

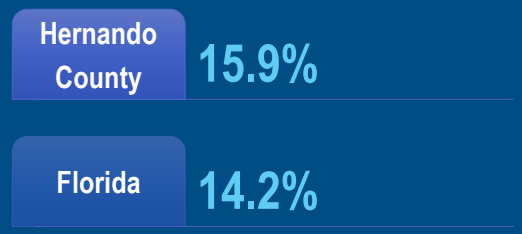
36.2% of survey respondents were diagnosed by a medical provider with **Depression or Anxiety**

CANCER DEATH RATE

(Age-adjusted per 100,000 population*, 2021-2023)

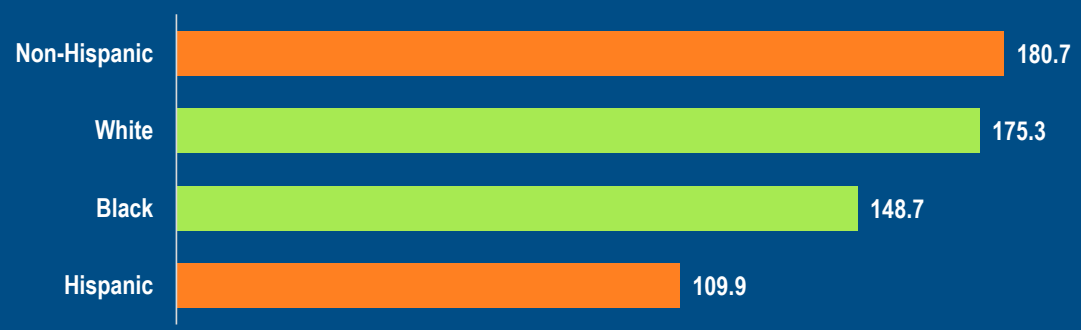


Adults who regularly smoke cigarettes, 2022

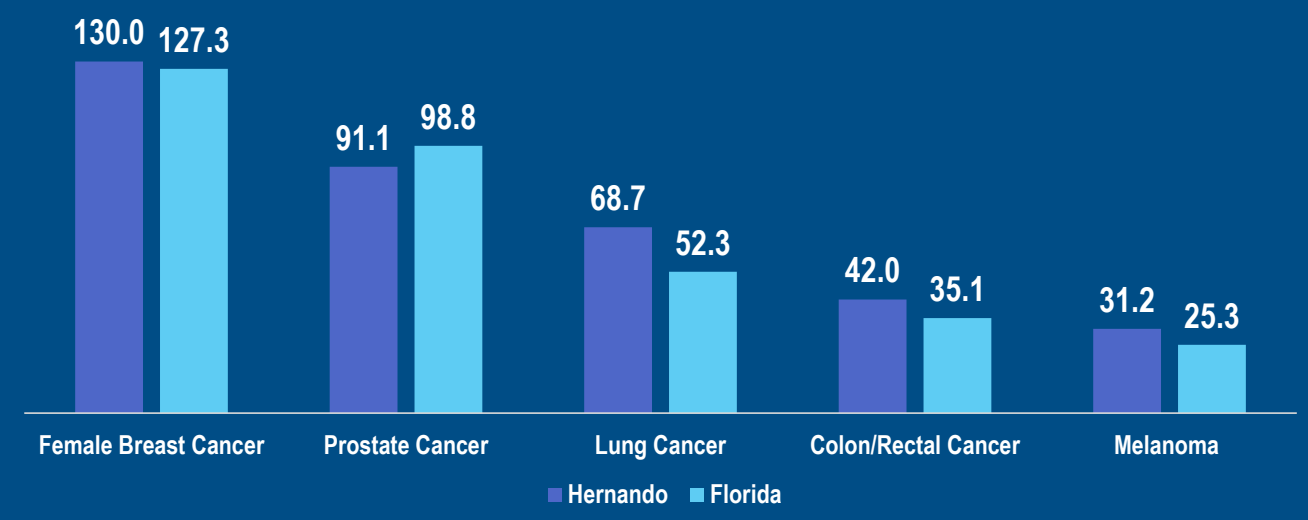


55.2% of survey respondents ranked Vaping, cigarette, cigar cigarillo, or e-cigarette use as a top risky behavior that is harmful to health.

CANCER DEATH RATE IN HERNANDO BY RACE/ETHNICITY
(Age-adjusted per 100,000 population*, 2021-2023)



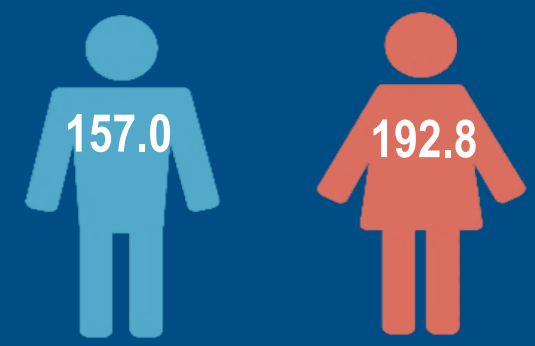
CANCER INCIDENCE RATE: HERNANDO COUNTY
(Average age-adjusted per 100,000 population*, 2020-2022)



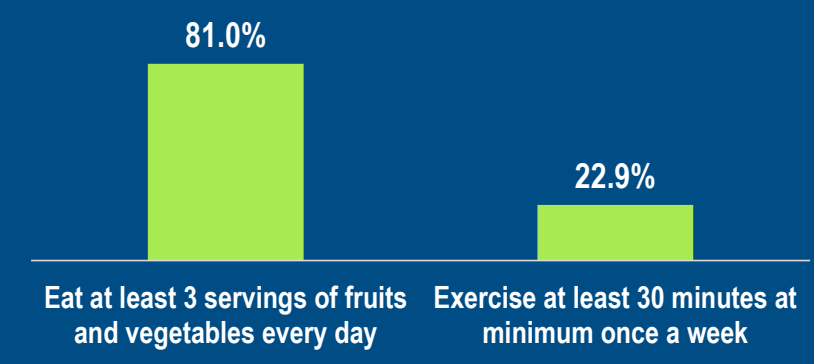
CANCER DEATH RATES BY TYPE
(Average age-adjusted deaths per 100,000 population, 2021-2023)

Type of Cancer	Hernando County	Florida
Female Breast Cancer	22.5	18.4
Prostate Cancer	13.8	16.6
Lung Cancer	42.7	29.6
Colon/Rectal Cancer	16.5	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

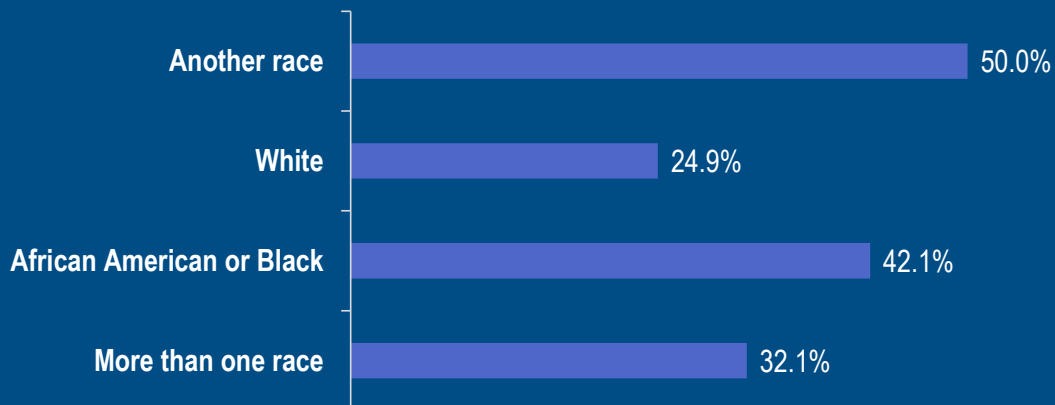


*Age-adjusted rates is a way to make fairer comparisons between groups with different age distributions. A “standard” population distribution is used to adjust death and hospitalization rates.

29.1% of survey respondents self-reported food insecure



SURVEY RESPONDENTS FOOD INSECURITY BY RACE



59.0%

Respondents who disagreed with the statement "There are good sidewalks for walking safely in my neighborhood"

39.1%

Respondents who disagreed with the statement "We have great parks and recreational facilities"

35.8%

Respondents who disagreed with the statement "I am able to get healthy food easily"



81.0% Do not eat at least 3 servings of fruits and vegetables every day



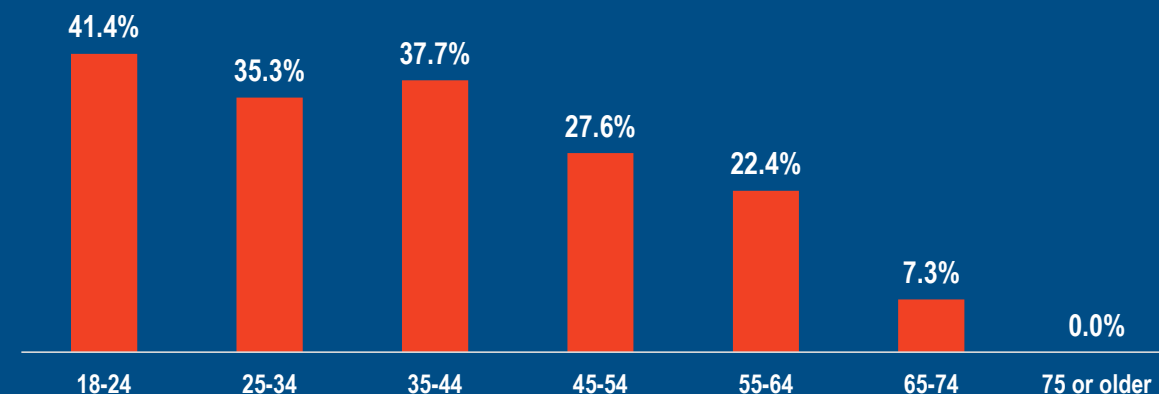
22.9% Do not exercise at least 30 minutes every day

13.0% responded 'yes'

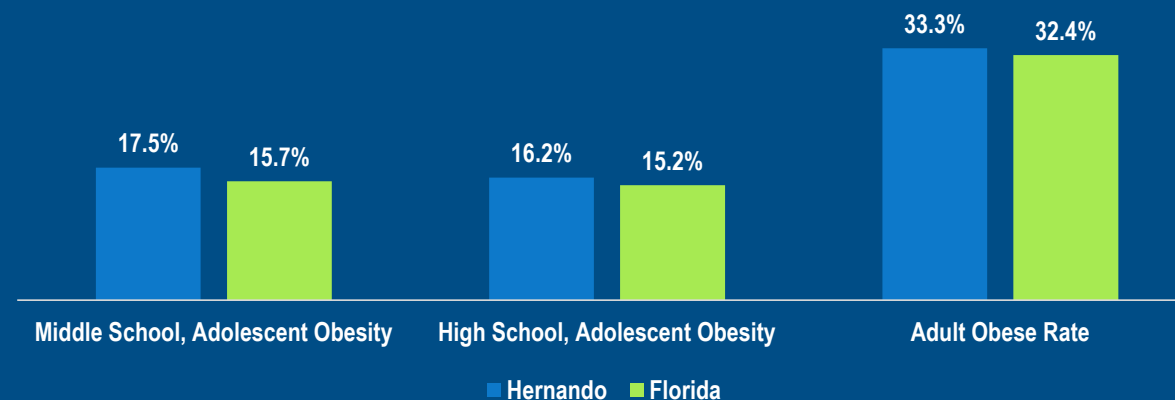
In the last 12 months, did you or anyone living in your home ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?



FOOD INSECURE INDIVIDUALS BY AGE



HERNANDO COUNTY WEIGHT RATES 2022



13.9%

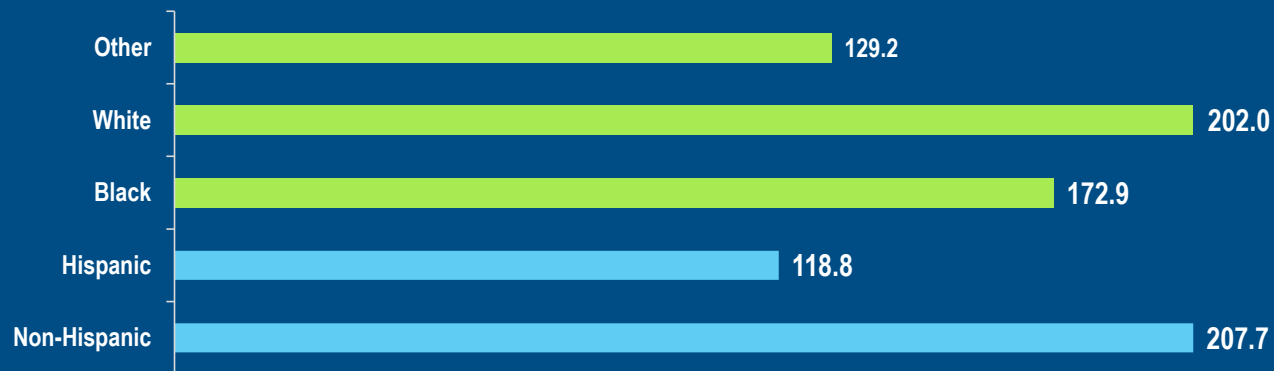
Survey respondents told by medical provider they have diabetes

213.7

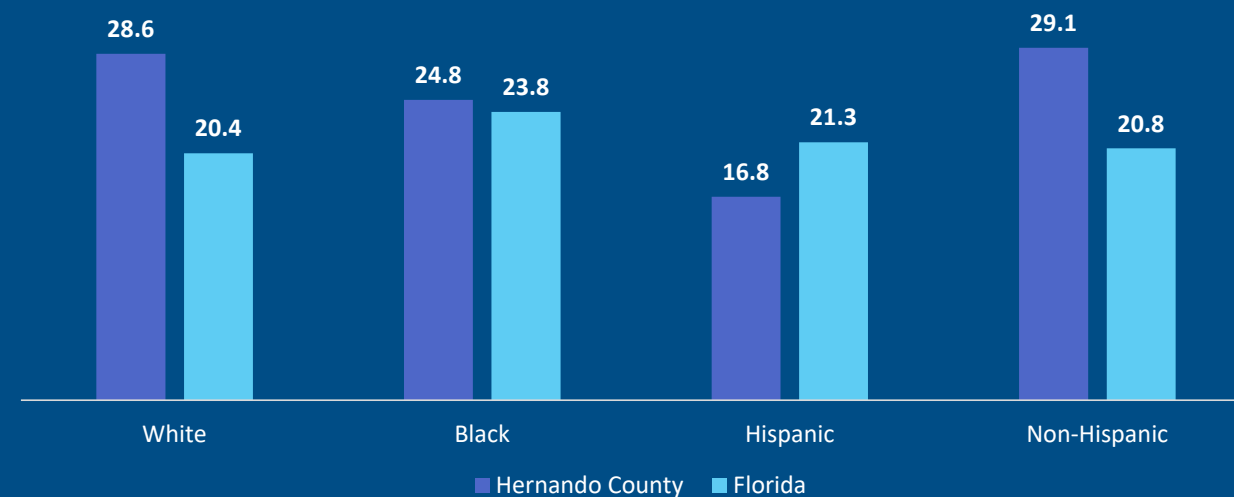
Age adjusted ED visits from diabetes, 3 year rolling 2021-2023, rate per 100k



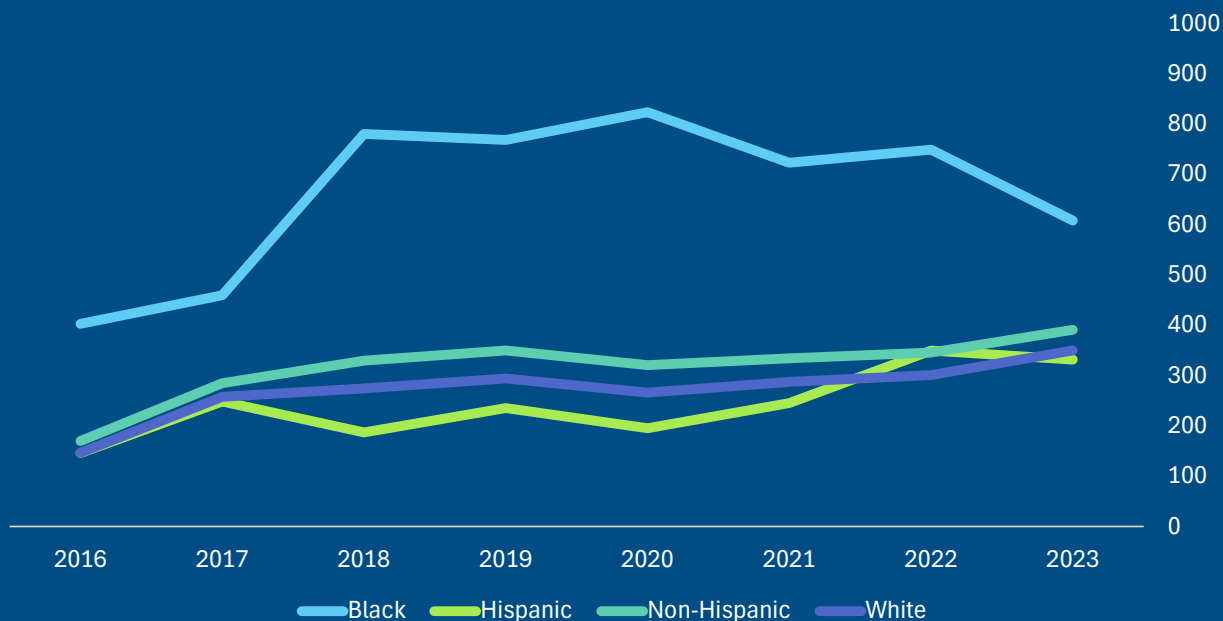
AGE-ADJUSTED DEATHS FROM HEART DISEASES*,
RATE PER 100,000 POPULATION, 3-YEAR ROLLING, 2020-2022



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
HERNANDO COUNTY BY RACE, RATE PER 100,000

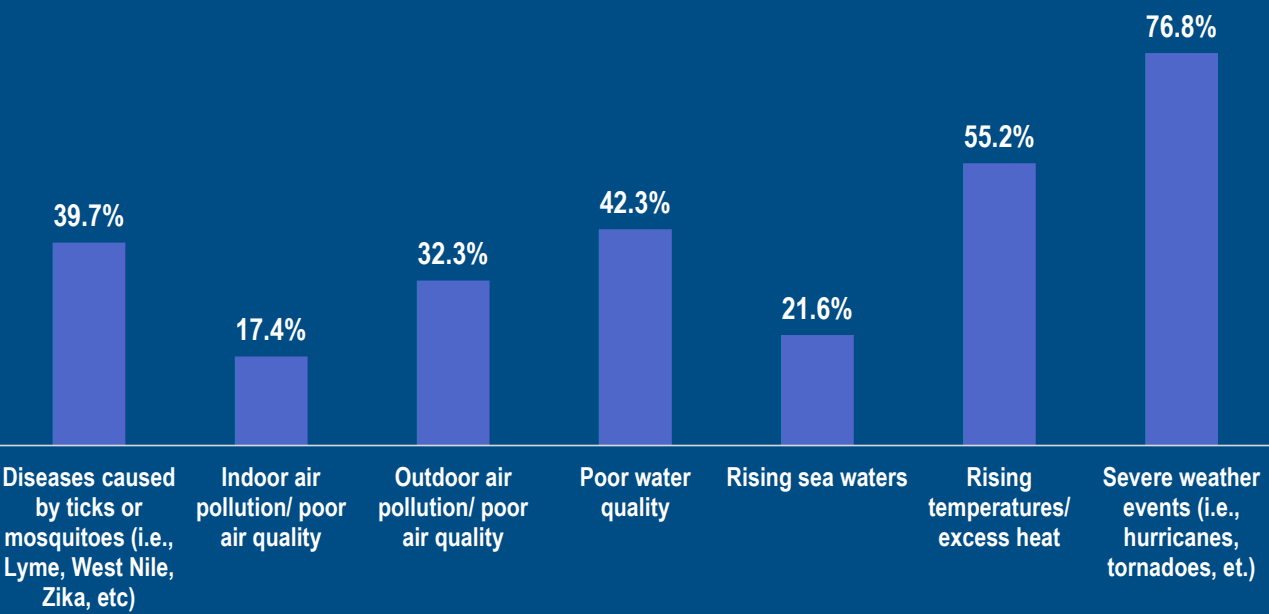


28.4% Of survey respondents told by a medical provider they have Hypertension and/or Heart Disease

5.0% 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



48.2%

Survey respondents reported bullying and violence in school as the top concern that affects child health

44.1%

Survey respondents agreed that crime is a problem in their community

17.7%

Survey respondents disagreed they feel safe in their community

27.3%

Survey respondents have feared for their safety and avoided social gatherings or events in the past 12 months

9.6%

Survey respondents or immediate household members who have been injured, threatened, or both by a firearm

6.7% 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 Hernando County

1. Illegal drug use / Abuse of prescription medication
2. Mental health problems, including anxiety and depression
3. Being overweight
4. Aging problems
5. Diabetes / High blood sugar

Top 5 Most Important Factors to Improve the Quality of Life in a Hernando County

1. Access to health care, including behavioral health care
2. Access to low-cost, healthy food
3. Livable wage jobs and healthy economy
4. Good schools
5. Healthy behaviors and lifestyles

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
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