

Table of Contents

Executive Summary	1-1
Demographic and Socio-economic Profile	2-1
Introduction	2-1
Population	2-1
Population Growth and Distribution	2-3
Population by Age, Race and Gender.....	2-5
Economic Characteristics	2-11
Income	2-12
Poverty.....	2-14
Employment.....	2-19
Educational Attainment	2-22
Summary of Key Findings.....	2-24
Health Status	3-1
Introduction	3-1
Leading Causes of Death	3-1
Average Annual Crude Mortality Rates.....	3-1
Age-Adjusted Mortality Rates	3-14
Hospitalization	3-34
Birth Indicators	3-44
Birth Rates	3-44
Early Access to Prenatal Care	3-49
Low Birthweight	3-55
Infant Mortality	3-61
Teen Births and Repeat Births.....	3-67
Summary of Key Findings.....	3-75
Health Resource Availability and Access	4-1
Introduction	4-1
Provider and Facility Supply	4-1
Medically Underserved and Health Professional Shortage Areas.....	4-1
Licensed Physicians and Nurses	4-3
Licensed Facilities	4-4
Access to Healthcare	4-5
The Uninsured	4-5
Medicaid	4-6
HMO Enrollment	4-10
Avoidable Hospitalizations	4-11
Summary of Key Findings.....	4-14

Community Health Assessment Survey	5-1
Overview	5-1
Methodology	5-1
Respondent Profile	5-2
Geographic Distribution	5-3
Age, Gender, Race and Ethnicity.....	5-6
Family Income and Household Size.....	5-8
Education.....	5-9
Occupation.....	5-9
Health Status	5-9
Self-Reported Status.....	5-9
Mental Health.....	5-11
Diabetes.....	5-13
Hypertension.....	5-15
Body Weight and Obesity	5-18
Arthritis.....	5-20
Healthcare Utilization and Access	5-21
Access to Health Insurance	5-21
Utilization	5-23
Pharmaceutical Access.....	5-25
Health Behavior, Knowledge and Lifestyle.....	5-27
Food, Nutrition and Exercise.....	5-27
Alcohol and Tobacco Use	5-28
Personal Limitations.....	5-30
Safety Issues	5-31
Screenings and Health Knowledge.....	5-31
Gender Specific Issues	5-33
Summary of Key Findings.....	5-34
Community Input	6-1
Overview	6-1
Interviews with Community Leaders	6-1
Introduction	6-1
Methodology	6-1
Interview Analysis	6-2
Resident Focus Groups	6-9
Introduction	6-9
Methodology	6-9
Focus Group Question and Answer Summaries.....	6-10
Facilitator Observations	6-18
Summary of Key Findings.....	6-18

Table of Contents (Continued)

Special Issues 2006	7-1
Overview	7-1
Pharmaceutical Access.....	7-1
Community Health Survey Insights	7-2
Physician and Participant Surveys on Pharm. Assistance Programs	7-2
Prescription Assistance Program Participant Focus Groups.....	7-11
Mental Health.....	7-16
Community Health Survey Insights	7-16
Mental Health Status Data	7-19
Physician Forum on Mental Health Issues	7-21
Summary of Key Findings	7-22
Mobilizing for Action through Planning and Partnerships	8-1
What is MAPP?	8-1
Community Health Status Assessment.....	8-3
Local Public Health System Assessment.....	8-5
Community Themes and Strengths Assessment	8-9
Forces of Change Assessment.....	8-9
Strategic Issues	8-10
Strategic Issue 1	8-10
Strategic Issue 2	8-11
Action Cycle.....	8-12
Appendix A: Written Version of Community Health Assessment Survey.....	A-1
Appendix B: Script Version of Community Health Assessment Survey.....	B-1
Appendix C: Key Informant Interview Instrument	C-1
Appendix D: Physician Pharmaceutical Access Program Survey Instrument.....	D-1
Appendix E: Resident Pharmaceutical Access Program Survey Instrument	E-1
Appendix F: Resident Client Pharmaceutical Assistance Focus Group Protocols.....	F-1

This page intentionally left blank.

Executive Summary

Introduction

The Hernando County Health Care Advisory Board (HCHCAB) is appointed and charged by the Hernando County Board of County Commissioners (BOCC) with monitoring the health needs of the county's residents and making recommendations about how to meet those needs. Board members include volunteers who are appointed by the BOCC and represent healthcare consumers; healthcare providers, including physicians, dentists and nurse; mental health services; community health organizations; hospitals and the health department. This needs assessment has been developed by the HCHCAB as a way to fulfill its obligation to the county and its residents to provide a basis for focusing the attention of the BOCC and the community on special health issues over the next five years. Additionally, the 2006 Community Health Needs Assessment represents a continuing commitment by the BOCC and the community that began with the creation of the HCHCAB and has now resulted in an ongoing health needs assessment process.

As during the 2000-2001 needs assessment process, the HCHCAB established the Community Health Needs Assessment Subcommittee to develop and coordinate this needs assessment process. During the past year, the WellFlorida Council (formerly known as the North Central Florida Health Planning Council) compiled the majority of the data and information. Subcommittee members reviewed the work of WellFlorida and the various needs assessment sections. In addition, Subcommittee members convened a workshop of community leaders and residents to identify strategic recommendations, utilizing the Center for Disease Control's (CDC) and the National Association of City and County Health Official's (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process. After a final review of the needs assessment, the HCHCAB approved and submitted the needs assessment to the BOCC for consideration.

The needs assessment includes the following sections:

- Demographic and Socioeconomic Profile
- Health Status
- Health Resource Availability and Access
- Community Health Assessment Survey
- Community Input
- Special Issues 2006 (Access to Pharmaceuticals and Mental Health Issues)
- Mobilizing for Action through Planning and Partnerships (Strategic Issues)

The remainder of this Executive Summary provides the summary of key findings from each of these major sections of the report.

Demographic and Socioeconomic Profile

The demographic and socio-economic characteristics of Hernando County residents are reviewed in this section. Demographic and socio-economic characteristics are often strong predictors of healthcare access and health outcome. Indicators selected for review in this section are the most influential in determining the extent of a community's overall health. The information provided in this section helps to establish a profile for the people of Hernando County and to determine demographic and socio-economic barriers and opportunities for the improvement of community health.

Data in this section are presented for Hernando County and compared to Florida. In addition, zip code data is also presented when available and appropriate. Data indicators include population breakdown by age, race and gender; population growth and projections; poverty status; per capita and median income; educational attainment; and employment by industry size and type.

Population

- Hernando County's population now exceeds 150,000.
- During the next 25 years, Hernando County's population is expected to increase 49.3 percent compared to 44.9 percent for Florida.
- The 34609 (Spring Hill) zip code area was the fastest growing zip code from 2000 through 2005 and is expected to show the greatest percentage increase between 2005 and 2010.
- With 31.0 percent of its population older than age 65 compared to 18.1 percent for Florida as a whole, Hernando County is "older" than most counties in Florida.
- The zip codes with the more than 40 percent of their populations age 65 and older are 34606 (Spring Hill) and 34613 (Brooksville) with 43.4 percent and 47.0 percent of their residents older than age 65, respectively.
- Hernando County has a substantially higher percentage (91.6) of white residents than Florida as a whole (76.1). Commensurately, Hernando County has a substantially lower percentage (4.6) of black residents than the state (15.4).
- Only 6.6 percent of Hernando County residents are Hispanic compared to 19.5 percent of all Florida residents. However, Hernando County's Hispanic population grew 55.1 percent compared to 45.1 percent for the state between 2000 and 2005.
- Females outnumber males in Hernando County.

Economic Characteristics

- Median and per capita incomes of Hernando County residents are substantially lower than those of all Florida residents.
- No zip code area has a median income which is higher than Florida. However, the per capita income in zip code 34607 (Spring Hill) is higher than Florida.
- 29.7 percent of Hernando County households have income less than \$25,000 compared to 25.5 percent for the state.

- While 6.0 percent of Florida households have incomes over \$150,000, only 2.6 percent of Hernando County households have the same.
- Only 10.3 percent of persons in Hernando County fall below the federal poverty threshold compared to 12.5 percent for the state. However, 21.5 percent of the population falls between 100 and 200 percent of the federal poverty threshold compared to only 18.7 percent for all of Florida.
- Hernando County has a smaller percentage (16.4) of its children in poverty than the state (17.6).
- Since 2000, the unemployment rate in Hernando County has exceeded the state of Florida (though rates have decreased in both Hernando County and Florida since 2002).
- Hernando County has a slightly higher percentage of small businesses (fewer than 50 employees) than Florida as a whole.
- In Hernando County, 62.5 percent of private business establishments are retail trade and service sector employers.

Educational Attainment

- Nearly 22 percent of Hernando County residents (age 25 and older) have no high school diploma compared to slightly more than 20 percent for Florida as a whole.
- Only 18.6 percent of Hernando County residents have achieved a college degree compared to 29.4 percent of all Florida residents.
- Since 2000, the high school graduation rate has been higher than the state of Florida though in the last two years they have been decreasing.
- In 2004 and 2005, Hernando County's drop-out rates were higher than the state reversing a trend between 2000 and 2003.

Health Status

This section of the assessment reviews the health status of Hernando County residents. The primary focus of the health status assessment is a review of various mortality and hospitalization data. The detailed assessment of the mortality and morbidity of Hernando County residents will enable the community to identify specific health indicators resulting in early death or unnecessary hospitalization and implement programs that will improve the overall health of the community.

The Health Status section will detail various mortality data, hospitalization statistics (in lieu of any other readily available morbidity data sources) and birth indicator data. An analysis of mental health status indicators will be presented in the Special Issues section that focuses on emerging mental health and pharmaceutical issues. Behavioral factors of Hernando County residents are the focus of the Community Health Assessment Survey section.

Leading Causes of Death

- Hernando County's top 10 leading causes of death (based on crude mortality rate) are identical to the state of Florida. However, the rankings of the causes within the top 10 differ between Hernando and Florida. For example, respiratory disease is the third leading cause of death in Hernando County though it is the fourth for all of Florida. In addition, Alzheimer's disease is the sixth leading cause of death in Hernando County while it is the seventh leading cause of death for Florida.
- Diabetes is the third leading cause of death for black residents in Hernando County compared to the seventh for white residents. In addition, nephritis, perinatal conditions and HIV (albeit in small numbers with one death or fewer per year on average) are in the top 10 causes for black residents while influenza and pneumonia, suicide and liver disease are not.
- Unintentional injury was the third leading cause of death for Hispanic residents between 2000-2004 compared to only the fifth leading cause of death for whites and the sixth leading cause of death for blacks. While respiratory disease is a high ranking cause of death for white and black residents of Hernando County, was only the eighth leading cause of death for Hispanic residents between 2000-2004.
- In the 2001 needs assessment, it was reported that county residents had age-adjusted mortality rates that were higher than the state for six of the 10 leading causes of death. Recent data shows that Hernando County now exceeds the state's age-adjusted mortality rate in nine out of the top 10 causes of death. Only the age-adjusted death rate for pneumonia and influenza is lower in Hernando County than for Florida as a whole.
- Respiratory disease exhibits perhaps the most troubling disparity pattern among blacks and whites. Respiratory disease age-adjusted mortality rates for white residents in Florida are substantially higher than that of black residents. However, not only are the Hernando County rates for both white and black residents substantially worse than Florida but the age-adjusted death rate for blacks actually exceeds the rate for whites by a wide margin.

Hospitalization

- The leading cause of hospitalization in Hernando County in 2004 was for being a normal newborn. Heart failure and shock followed by chest pain make up the second and third leading causes of hospitalization for all residents. Vaginal delivery and chronic obstructive pulmonary (respiratory) disease round out the top five.
- Esophagitis, gastroenteritis, and miscellaneous digestive issues is a top 5 cause for all age groups. It is also noteworthy that psychoses is the second leading cause of hospitalization of Hernando County residents age 18-64.

Birth Indicators

- Birth rates in Hernando County have remained remarkably steady and consistently below Florida's rates.

- Early access to prenatal care has been remarkably stable in Hernando County over the last decade. In addition, the early access to prenatal care rate has been substantially higher than the Florida rate since 1996.
- Low birthweight rates have decreased in Hernando County over the last decade. In addition, the low birthweight rate in Hernando County has been substantially lower than the Florida rate since 1996.
- The low birthweight rate for black residents is nearly twice that of white residents.
- Infant mortality has been creeping up in Hernando County and has exceeded the state infant mortality rate in recent years.
- The infant mortality rate for black residents is substantially higher than that of both Hispanic and white residents.
- Ten birth rates have decreased substantially for Hernando County teens in the last decade. In addition, the teen birth rate in Hernando County has been substantially lower than the Florida rate since 1996.

Health Resource Availability and Access

This section will address the availability of health care resources to the residents of Hernando County. The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's healthcare delivery system. Without an adequate supply of healthcare facilities, providers and services, maintaining good health status is a daunting challenge. Fewer facilities, providers and services means diminished opportunity to obtain healthcare in a timely fashion. Limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb indigent and charity care as there are fewer providers upon which to distribute the burden.

Provider and Facility Supply

- The low income population of Hernando County has been designated as a medically underserved population by the federal government.
- The low income and migrant farmworker population has been designated a health professional shortage area by the federal government for primary medical care and mental health care.
- The low income population has been designated a health professional shortage area by the federal government for dental care.
- The rate of licensed physicians and doctors of osteopathy per 100,000 population, with license addresses in Hernando County, is less than half that for Florida.
- The rate of licensed LPN/RNs per 100,000 population, with license address in Hernando County, is slightly higher than for Florida.

Access to Healthcare

- In 2005, there were nearly 18,000 non-elderly uninsured in Hernando County.

- The percentage of non-elderly uninsured in Hernando County in 2005 was 17.3 percent compared to 19.2 percent for the state.
- As of December 31, 2005, there were 18,220 Medicaid eligibles in Hernando County.
- Between 2001 and 2005, the eligible Medicaid population in Hernando County grew more than twice as fast as the total population (37 percent versus 15 percent).
- Between 2000 and 2005, the uninsured population of Hernando County grew 19.8 percent while the total population grew only 15.1 percent.
- Prescribed drugs comprise nearly 21 percent of Medicaid expenditures in Hernando County compared to only 16 percent for the state.
- As of December 31, 2005, there were 247.2 HMO enrollees per 100,000 population in Hernando County compared to 217.4 per 100,000 for the state as a whole.
- The avoidable hospitalization rate in Hernando County is 22.9 per 1,000 population compared to 15.6 per 1,000 for Florida.
- The 2001 needs assessment reported 15.2 avoidable hospitalizations per 1,000 Hernando County residents in 1998. This represents a slightly more than 50 percent increase in unavoidable hospitalizations between 1998 and 2004.
- In 2004, there were 2,375 avoidable hospitalizations which incurred more than \$73 million in charges.

Community Health Assessment Survey

As during the 2001 needs assessment process and as part of any comprehensive needs assessment, information about the health behaviors and personal healthcare needs of Hernando County residents was collected via telephone surveys. The survey was designed to mirror various components of the Center for Disease Control's *Behavioral Risk Factor Surveillance System* (BRFSS) and the National Center for Health Statistics' *National Health Interview Survey* (NHIS). A written version of the survey, with each question indexed by the section of this chapter's writeup in which the question is detailed, is included in Appendix A. In Appendix B, there is version of the survey in script form which was read by survey researchers over the phone during each phone survey.

Information collected included demographic characteristics such as age, race, gender, income and occupation; health risks and health behaviors such as weight, smoking, physical activity, traffic safety and participation in screening programs; and healthcare utilization data such as contact with physicians and other providers and treatment for recent illness or injury.

The telephone survey process was designed to provide a representative look at the community. In addition, sampling and surveying was done to ascertain information for three pre-determined geographic regions within the county (detailed later in the chapter in Figures 5-1 and 5-2 and Table 5-3).

At nearly 100 questions, the survey is quite lengthy. This section of the needs assessment details much of the information focusing especially on noteworthy observations in current data and selected comparisons with 2001 survey data. A separate hard copy addendum to this needs

assessment will be provided to the Hernando County Health Care Advisory Board and its Needs Assessment Subcommittee. This addendum will include frequency tables for all questions for the entire county as well as frequency tables for all questions for each of the three geographic areas. In addition, CD-ROM copies of the entire survey respondent database will be provided. Both of these resources will allow for ongoing research into survey results tailored to special projects and community data needs.

Health Status

- Nearly 74 percent of survey respondents assessed their general health status to be good to excellent. This good to excellent health status rating for Hernando County survey respondents is substantially lower than that for the nation as a whole (based on the NHIS) and for Florida (based on BRFSS).
- Health status was inversely associated with age; as age increased the percentage of adults with good through excellent general and physical health decreased. Interestingly, this trend is exactly the opposite for mental health status as self-rating of ones mental health status from good to excellent increases as age increases.
- For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
- More than 15 percent of the 2006 Hernando County survey respondents responded that they have been told that they have diabetes. This is more than twice the national average and nearly twice the Florida average. In addition, this is substantially higher than the 10.0 percent reported in the 2001 Hernando County survey.
- Slightly more than 44 percent of 2006 Hernando County community health assessment survey respondents reported having been told that they had hypertension.
- The percent of female, male, 45-64 and 65 and older respondents with hypertension rose sharply between 2001 and 2006. Only the 18-44 group demonstrated a substantial decrease in the percentage of respondents with hypertension.
- The overall average body mass index (BMI) for respondents was 27.4 which places the respondents as a group into the overweight category. In fact, every demographic sub-population (except American Indians) among respondents had an average BMI in the overweight range.

Healthcare Utilization and Access

- Of the 753 participants in the 2006 survey, 102 of them (13.5 percent) indicated that they do not have any form of health insurance. The *2004 Florida Health Insurance Study (FHIS)* estimated that 17.3 percent of Hernando County's and 19.2 percent of Florida's non-elderly (0-64) population was uninsured. The 2005 Florida BRFSS estimated that 20.3 percent of Florida residents have no form of health insurance coverage.
- Slightly more than 86 percent of respondents indicated that they have a regular doctor, or a doctor they think of as their personal doctor or healthcare provider. In 2001, of the respondents that reported that they had a regular doctor, 81.6 percent said that their

regular doctor was in Hernando County; however, in the 2006 survey, only 72.1 percent of the respondents with a regular doctor said that doctor was located in Hernando County.

- Slightly more than 75 percent of respondents reported that they have one or more than one particular clinic, healthcare center, hospital or other facility that they go to when they are sick or need advice about their health. Nearly 23 percent indicated that they do not have a usual place of care which is nearly 1.5 times the national average.
- Whereas 75 percent of all respondents have a usual place where they seek medical care, only 21 percent have a usual place where they go when they are sick or need advice about their emotional or mental health. This difference is partially attributable to the difference in demand between medical care and emotional/mental healthcare.
- Slightly more than 24 percent of respondents reported that they needed dental care in the past 12 months but did not get it because they could not afford it. In addition, 17.3 percent indicated the same for prescription medications and 5.7 percent for mental healthcare or counseling.
- Respondents were also asked about various barriers to medical care and care for emotional/mental health. In general, for both types of care, the top four barriers were related to affordability and insurance.
- Nearly five percent of the respondents indicated that they have participated in a program sponsored by any major drug company that allowed them to get prescription medicines at no charge.

Health Behavior, Knowledge and Lifestyle

- In 2006, 73.7 percent of respondents indicated that they adhered to a low fat diet, while 41.4 percent indicated they follow a high fiber diet. These reflect slight increases over the 2001 percentages.
- Nearly 42 percent of Hernando County survey respondents indicated that they ate five or more servings of fruits and vegetables daily. Twenty-five percent of all respondents reported that they ate fatty meat, cheese, fried foods or eggs every day.
- 5.8 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem.
- Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem.
- Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.
- Forty-one of the 44 respondents (93.2 percent) who indicated a drinking problem were white.
- The 2006 Hernando County telephone survey is consistent with national and state estimates as 21.5 percent of respondents indicated that they are still smoking.
- In the 2006 Hernando County community health assessment survey, 80.2 percent of respondents indicated that they always wear seatbelts when driving. This compares favorably to the 77.4 percent of respondents in the 2001 survey.

- For those respondents with children, nearly 87 percent indicated that their children always used a safety seat or seatbelt when they ride in a car, truck or van. Only 1.5 percent reported that their children never used seat belts. This is much better than the 77.4 percent that always used and 4.7 percent that never used in the 2001 survey.
- According to the 2005 Florida BRFSS, 20.9 percent of indicated they have never had their cholesterol checked. Hernando County survey respondents compare favorably as only 7.2 percent of respondents indicated that they never had their cholesterol checked.
- While the percentage of female respondents who ever had a clinical breast exam dropped only slightly since 2001, the percentage of female respondents who indicated that they had a PAP smear within the last year decreased substantially. While percentages declined in two key areas for female respondents, male respondents reported higher percentages over 2001 that they had a rectal/prostate exam and they had a PSA test.

Community Input

The perspective and voices of residents, providers, patients and key leaders and decision makers (i.e. community input) are critical when assessing the healthcare needs of any community. Quantitative data on demographics and health status and outcome alone do not paint the full picture of a community's healthcare needs and issues and its ability to address those needs and issues. The Health Needs Assessment Subcommittee has insured that ample qualitative and community perspective information is incorporated into the needs assessment. This is reflected in other sections of the needs assessment in the community health survey section as well as the surveys, focus groups and physician forum in the special needs section.

This section focuses on two critical areas of public perspective. The first provides results from interviews with individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the county. The second details focus groups conducted with groups of special interest in the community: senior citizens, African Americans and the low-income working population.

The following are the key observations derived from an analysis of the comments and insights gathered during the community input phase of the needs assessment:

- While community leaders indicated that the county does a good job in meeting the basic and routine care needed by residents, participants generally believed that more affordable preventive and basic care is needed.
- Dental services are a key area of concern identified by both community leaders and focus group participants.
- Focus group participants identified having access to more resources that promote healthy lifestyles as a key area of concern, while this was not mentioned by community leaders.
- The lack of affordable healthcare for the uninsured and underinsured was clearly an area of concern for both groups.
- Both community leaders and focus group participants called for some forms of information outreach. Some community leaders advocated the concept of a health

resources and referral information clearinghouse. Focus groups participants identified the need for centralized marketing strategies to inform the public on available healthcare resources in the community.

Special Issues 2006

Though the Hernando County Health Needs Assessment is comprised of a wide variety of quantitative and qualitative data and information on the overall healthcare picture and the factors that shape this picture, previous needs assessment processes have demonstrated that certain issues warrant special attention. For the 2006 needs assessment, the Hernando County Health Care Advisory Board and its Community Health Assessment Subcommittee directed that additional information be gathered on two areas of major concern nationally, throughout Florida and in Hernando County.

These were identified as access to pharmaceuticals and mental health issues. During the needs assessment process, a variety of tactics were employed to gain specific insights on these two critical issues. To gauge pharmaceutical access issues in Hernando County, pharmaceutical questions were added to the community health assessment survey. In addition, physicians and participants were surveyed regarding their experiences with pharmaceutical assistance programs (PAP). Similarly for mental health issues, community health assessment surveys were refined or added and a physician forum focusing solely on mental health issues was conducted.

It is the intent of the sections that follow to provide additional insights and increased community perspective into these two critical issues.

Pharmaceutical Access

Seven hundred fifty-three Hernando County residents completed the community health assessment survey. Of the 95 questions on the survey, six of those questions directly concerned pharmaceutical usage and access. Key results related to these questions are as follows:

- Nearly 40 percent of all respondents indicated that they are currently taking medicine for high blood pressure.
- Slightly more than 17 percent of the respondents reported that in the last 12 months there were times when they needed prescription medicines but did not get them because they could not afford them.
- Nearly five percent of the respondents indicated that they have participated in a program, sponsored by any major drug company that allowed them to get prescription medicines at no charge.
- Of the persons who participate in the prescription drug programs, more than half were assisted by their doctor to enroll in the program. Nearly all of the remaining respondents were helped by someone other than their doctor, Access Hernando, Hernando County Health and Human Services or the Health Department.

- More than 70 percent of the respondents reported taking prescription drugs on a daily basis. Nearly 46 percent of those taking prescription drugs daily indicated that they take four or more per day.

Surveys were also conducted of physicians and patients who participate in pharmaceutical access programs (PAP). Key results of these surveys include:

- Only seven percent of the physician respondents believe that none of their patients have difficulties accessing pharmaceuticals. This implies that 93 percent of physician respondents believe that some fraction of their patients have difficulty accessing pharmaceuticals. More than 38 percent of doctors answered that they believe one-quarter to one-half of their patients have difficulties obtaining their medications. Nearly 12 percent believe that more than half of their patients have difficulty accessing their medications.
- Nearly 74 percent of the physicians responding to the survey participate in PAPs. Interestingly, nearly 86 percent of primary care physician respondents indicated they participate in PAPs while only two-thirds of specialty care respondents indicated likewise.
- Nearly 36 percent of physician survey respondents answered that one-fourth or more of their patients have foregone medications or altered dosages due to inaffordability.
- Physician respondents who participate in PAPs were asked to identify what they felt the main barriers were to participation in PAPs by their clients. Nearly 65 percent of the respondents felt that the paperwork is too long. In addition, nearly 55 percent indicated that a major barrier is that medications needed by their clients are not part of the programs.
- Slightly more than 74 percent of the PAP client survey respondents indicated that they have no health insurance. With slightly more than 14 percent, Medicaid is the next most prevalent form of health insurance among respondents. Almost 90 percent of the respondents either have no form of health insurance or are Medicaid recipients.
- With such a high percentage of respondents indicating that medications are no affordable at some point in time, it is not surprising that a respondent might not take a medication or take smaller doses in order to save money. While nearly 26 percent of the respondents indicated that they never purposefully do not take or alter dosages of their medications to save money, nearly 74 percent have at least sometimes resorted to that unhealthy and potentially dangerous strategy.
- Of course, because in general PAP participants are comprised of low-income individuals, it is not surprising that cost is cited most frequently by respondents as the main reason medication access is difficult. Another major issue is that all medications are not covered by their PAP (or free program).

Focuses groups of PAP program clients allowed for qualitative data to be gathered to complement data obtained in the client survey. Key results include:

- According to participants, without the PAP and IDP programs, they would do without medications or be forced to eliminate other essentials from their monthly budgets, such as food, rent, or other necessities.

- In spite of noted difficulties and concerns, participants are thankful for the assistance.
- Participants expressed urgency and need for a pharmacy at the health department or offer a mail pharmacy service.
- Many participants indicated that paperwork and length of time for appointments as the most frustrating part of the IDP and PAP programs.

Mental Health

Data on mental health issues were obtained from two sources: the community health assessment survey and mental health status data obtained as part of the needs assessment process. Key findings from the community health assessment survey include:

- CAGE, an internationally used assessment instrument for identifying problems with alcohol and developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies and the University of North Carolina at Chapel Hill, was incorporated into the community health assessment survey. CAGE questioning yielded the following observations:
 - Nearly 6 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem.
 - Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem.
 - Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.
- A battery of six questions from the National Center for Health Statistics' National Health Interview Survey (NHIS) was utilized to evaluate the extent to which respondents were in psychological distress during the past 30 days, which is an indicator of potential need for services. These questions yielded the following:
 - For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
 - Slightly more than five percent of respondents indicated that the feelings discussed in the psychological distress questions interfered with their life activities "a lot." Nearly 12 percent of the respondents indicated that these feelings "somewhat" interfered with life activities.

Key observations from the health status data include:

- Between 2000 and 2003, the rate of hospitalizations due to mental health issues in Hernando County was substantially higher than the state. In 2004, for the first time since 2000, the rate of mental health hospitalizations for Hernando County residents was less than that of the state.
- Domestic violence rates in Hernando County have been substantially higher than Florida as a whole since 2000.

- Baker Act initiations are substantially higher in Hernando County than in Florida and have been increasing since 2000.

Mobilizing for Action through Planning and Partnerships (Strategic Issues)

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health, developed in a partnership between the National Association of City and Community Health Officials (NACCHO) and the Centers for Disease Control (CDC). Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

Community ownership is the fundamental component of MAPP. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and, ultimately, results in effective, sustainable solutions to complex problems.

Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

Figure 8-1 provides a graphic that illustrates the process a community undertakes when implementing the MAPP process. The 2001 and 2006 needs assessment processes and subsequent initiatives have largely been guided by the MAPP process illustrated in Figure 1. In 2006 there has been a more concerted effort to more closely follow the roadmap established by MAPP.

In the MAPP model, the "phases" of the MAPP process are shown in the center of the model, while the four MAPP Assessments - the key content areas that drive the process - are shown in the four outer arrows.

In the illustrated "community roadmap", the process is shown moving along a road that leads to "a healthier community."

To initiate the MAPP process, lead organizations in the community begin by organizing themselves and preparing to implement MAPP (Organize for Success/Partnership Development). Community-wide strategic planning requires a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is Visioning. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the

community answers questions such as "What would we like our community to look like in 10 years?"

Next, the **four MAPP assessments**, are conducted, providing critical insights into challenges and opportunities throughout the community:

The **Community Health Status Assessment (CHSA)** identifies priority issues related to community health and quality of life. Questions answered during the phase include "How healthy are our residents?" and "What does the health status of our community look like?"

The **Local Public Health System Assessment (LPHSA)** is a comprehensive assessment of all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions "What are the activities, competencies, and capacities of our local public health system?" and "How are the *Essential Services* being provided to our community?" Essential Services are basic services used in public health to promote health and prevent disease.

The **Community Themes and Strengths Assessment (CHSA)** provides a deep understanding of the issues residents feel are important by answering the questions "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

The **Forces of Change Assessment (FCA)** focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates. This answers the questions "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Once a list of challenges and opportunities has been generated from each of the four assessments, the next step is to identify **strategic issues**. During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that must be addressed for the community to achieve its vision.

After issues have been identified, participants formulate goals and strategies for addressing each issue.

The final phase of MAPP is the **action cycle**. During this phase, participants plan, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure continued success. The action cycle is the next step of this process and should be engaged by the community, the HCHCAB and the BOCC.

This Executive Summary provides the strategic issues formulated as a result of the MAPP process. These priority strategic issues, based on a comprehensive review of all of the data in this needs assessment and an issue development workshop, are provided as follows.

Strategic Issue 1

How can we re-distribute, re-direct or re-allocate dollars already spent in the Hernando County healthcare system to foster more accessibility, higher quality of care and better health outcomes?

Goal: Not decided upon at the Community MAPP Workshop. Cost and expenditure data will have to be looked at and analyzed before a measurable goal can be determined.

Potential Outcome Objectives:

(Long term 5-10 years)

1. Effective health education and appropriate use activities for citizens will be established-example; virtual reality type of education via software and computer will be in place.
2. A paradigm shift in providers' modes of practice from treatment-oriented to prevention-oriented will be realized.
3. Policies that incorporate positive reinforcement for prevention over treatment both among providers and patients will be realized.
4. Changes in patients knowledge and expectations (measure via survey questions and changes in causes of ER visits, reduction in non urgent use of ER) will be demonstrated.
5. A system for educating businesses, providers, the community, parents and children about prevention techniques will be in place that institutionalizes the best health practices and identifies appropriate use of services. This system will not only emphasize the health benefits of prevention but the economic and productivity benefits as well.
6. An ongoing system of tracking both public and private investments in healthcare and expenditures that is integrated with healthcare access and outcome indicators will be functioning.

Strategic Issue 2

How can we engage our community in being responsible for their own physical and mental well-being?

Goals:

- By 2010 a positive impact on health status will be achieved in Hernando County.
- By 2015 Hernando County will be the healthiest county in Florida.

Potential Outcome Objectives:

Many of the objectives identified for Strategic Issue 2 also allow for determination if the goals for Strategic Issue 1 are being met. These follow below.

(Long term 5-10 years)

1. Policies that incorporate positive reinforcement for prevention over treatment both among providers and patients will be realized.
2. A system for educating businesses, providers, the community, parents and children about prevention techniques will be in place that institutionalizes the best health practices and identifies appropriate use of services. This system will not only emphasize the health benefits of prevention but the economic and productivity benefits as well.
3. Synergies will be realized that will allow individuals and the community to work collectively to achieve common healthcare goals.
4. Synergies will be realized that will allow providers to work collectively to address common healthcare issues.
5. Improved provider and patient cultural competencies will be demonstrated so that culture will not be a barrier to receiving effective and efficient healthcare.

Demographic and Socio-economic Characteristics

Introduction

The demographic and socio-economic characteristics of Hernando County residents are reviewed in this section. Demographic and socio-economic characteristics are often strong predictors of healthcare access and health outcome. Indicators selected for review in this section are the most influential in determining the extent of a community's overall health. The information provided in this section helps to establish a profile for the people of Hernando County and to determine demographic and socio-economic barriers and opportunities for the improvement of community health.

Data in this section are presented for Hernando County and compared to Florida. In addition, zip code data is also presented when available and appropriate. Data indicators include population breakdown by age, race and gender; population growth and projections; poverty status; per capita and median income; educational attainment; and employment by industry size and type.

Population

Clearly, the number of people in a community is the leading determinant of the demand for healthcare services. Hernando County, which has a population of more than 150,000 (Table 2-1), is located in west central Florida on the Gulf of Mexico (Figure 2-1). The county is bordered by Citrus County on the north, Sumter County on the east and Pasco County on the south. As seen in Figure 2-1, Hernando is one of 16 counties in north central Florida that comprise the Local Health Planning District 3 as designated by the Florida Agency for Health Care Administration (AHCA). The city of Brooksville, the county seat, is the only major incorporated municipality in the county. Brooksville's population is slightly more than 7,200.

For various population data elements, data are presented by zip code. Most zip codes in Hernando County are self-contained within the boundaries Hernando County. However, the Ridge Manor area and extreme east Hernando County are also comprised of the Hernando County zip code of 34602 and the Sumter County zip code 33597 and the Pasco County zip code of 33523 (Figure 2-2). In the population information presented, Ridge Manor area data is estimated by summing the data element in question for each of the zip codes which are entirely within Hernando County. This sum is then subtracted from the overall Hernando County total for the data in question. The difference between the overall Hernando County total and the sum of the data from all of the zip codes then represents the value for the Ridge Manor area for the data in question. For example, as seen in Table 2-1, the total 2005 population is 150,583. The sum of population in all zip codes is 145,223. The Ridge manor area population is then 5,360 (150,583 minus 145,223).

Figure 2-1. Hernando County and the Local Health Planning District 3.

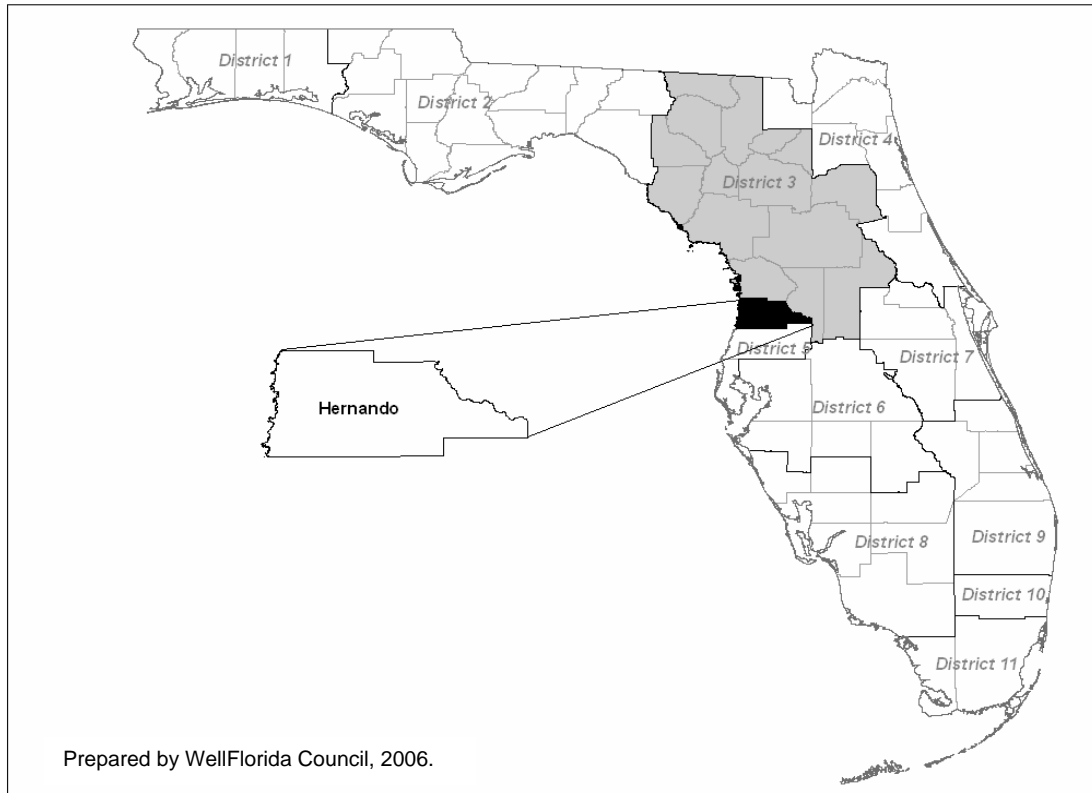
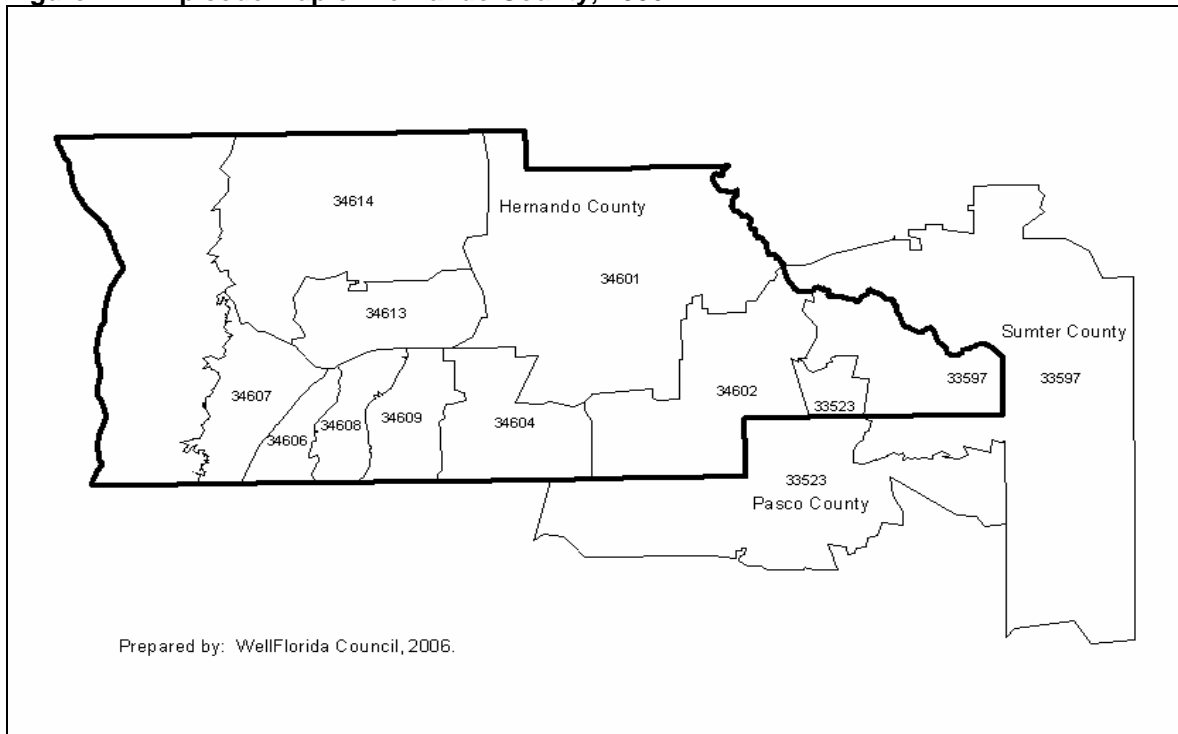


Figure 2-2. Zip code map of Hernando County, 2006.



Population Growth and Distribution

Between 1980 and 2000, Hernando County was one of Florida's and the nation's fastest growing areas. The population in Hernando County changed 194.1 percent between 1980 and 2000 compared to only 57.4 percent for the state. While growth has still been steady, it has leveled off somewhat. As seen in Table 2-1, the percent change in population between 2000-2005 in Hernando County was 15.1 compared to 12.4 percent for the state. This growth trend, where Hernando County outpaces the state (but not at the same levels as seen between 1980 and 2000), is expected to continue through 2010 and beyond.

The largest zip codes in Hernando County by population size are all Spring Hill zip codes (34609, 34606 and 34608). At the zip code level, all zip code areas (and the Ridge Manor area) are expected to grow faster than the state of Florida as a whole as Table 2-1 shows that the percent change in population of all zip code areas in Hernando County for 2005 through 2010 exceeds the state percentage. From 2000 to 2005, 34609 (Spring Hill) had the greatest percent change of all zip code areas in Hernando County. This area (34609) is projected to have the greatest percentage increase (19.5) again from 2005-2010.

Table 2-1. Population growth and percent change by zip code, Hernando County and Florida, 2000-2010.

Area	2000 Population	2005 Population	2010 Population	Percent Change 2000 - 2005	Percent Change 2005 - 2010	Percent Change 2000 - 2010
34601 Brooksville	21,043	23,243	26,566	10.5	14.3	26.2
34602 Brooksville	5,883	6,576	7,550	11.8	14.8	28.3
34604 Brooksville	6,402	7,152	8,146	11.7	13.9	27.2
34606 Spring Hill	23,990	26,996	31,083	12.5	15.1	29.6
34607 Spring Hill	7,037	8,105	9,421	15.2	16.2	33.9
34608 Spring Hill	23,102	26,670	31,012	15.4	16.3	34.2
34609 Spring Hill	21,982	27,051	32,320	23.1	19.5	47.0
34613 Brooksville	13,657	16,033	18,778	17.4	17.1	37.5
34614 Brooksville	2,938	3,397	3,955	15.6	16.4	34.6
Ridge Manor Area *	4,768	5,360	6,170	12.4	15.1	29.4
Hernando	130,802	150,583	175,001	15.1	16.2	33.8
Florida	15,982,378	17,926,011	20,140,366	12.2	12.4	26.0

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Please note that the data in Tables 2-1 and 2-2 come from two different sources as zip code data projections are available from one source through 2010 and whole county population projections are available from another source through 2030. For this reason, total population estimates for all of Hernando County for the same year might differ in the two tables as the sources employ

different estimating techniques. For example, in Table 2-1 the 2005 Hernando County population estimate is 150,583 while it is 148,425 in Table 2-2.

As stated, data is not available projecting population growth in zip code areas beyond 2010. Long-term (10, 15, 20 and 25-year) population growth projections for Hernando County and Florida have been provided from the Bureau of Economic and Business Research at the University of Florida (Table 2-2). Table 2-2 shows that through 2030 Hernando County will experience population growth at rates slightly exceeding the state rate.

Table 2-2. Population growth and percent change, Hernando County and Florida, 2005-2030.

Year	Number		Percent Change		
	Hernando County	Florida	Year	Hernando County	Florida
2005	148,425	17,872,295			
2015	179,479	21,280,260	2005-2015	20.9	19.1
2020	194,214	22,894,140	2005-2020	30.8	28.1
2025	208,403	24,449,152	2005-2025	40.4	36.8
2030	221,625	25,898,476	2005-2030	49.3	44.9

Source: Bureau of Economic and Business Research, University of Florida, *Florida Population Studies, 2004*. Prepared by: WellFlorida Council, 2006.

As shown in Table 2-3, Brooksville and Weeki Wachee are the only incorporated areas of Hernando County. The population in the Hernando County unincorporated areas increased 11.7 percent from 2000 through 2004, while the growth of unincorporated areas in the state was only 7.3 percent.

Table 2-3. Population by municipality, incorporated and unincorporated areas, Hernando County and Florida, 2000 and 2004.

Area	2000 Population	2004 Population	Total Change 2000-04	
			Number	Percent
Hernando County	130,802	145,207	14,405	11.0
Brooksville (Incorporated)	7,264	7,279	15	0.2
Weeki Wachee (Incorporated)	12	8	-4	-33.3
Unincorporated	123,526	137,920	14,394	11.7
Florida	15,982,824	17,516,732	1,533,908	9.6
Incorporated	7,904,403	8,848,451	944,048	11.9
Unincorporated	8,078,421	8,668,281	589,860	7.3

Source: Bureau of Economic and Business Research, University of Florida, *Florida Estimates of Population, 2004*. Prepared by: WellFlorida Council, 2006.

Population by Age, Race and Gender

Age, race and gender are all factors that contribute to, or at the very least, help describe aspects of healthcare access and health outcome in the United States. For example, older persons will have more healthcare service needs and be suffering from high mortality compared to their younger counterparts. Additionally, healthcare research in the United States has long shown racial disparities exist in access to healthcare and in key health outcomes. Gender also influences the healthcare needs of individuals, especially at different critical stages of life. Reviewing population characteristics by age, race and gender is a critical part of health needs assessment in order to identify differences and disparities that exist among population groups.

Age

As seen in Figure 2-3 and Table 2-4, Hernando County has an older population than Florida as a whole. More than 40,000 of Hernando County's residents are age 65 and older. This equates to 31 percent of the population being 65+ while the state of Florida as a whole only has 18.1 percent of its population age 65 and older. Because of the high percentage of seniors in the Hernando County population, the percentage of working-age adults (18-64) and children (age 17 and under) substantially lower than the percentages for the state of Florida as a whole.

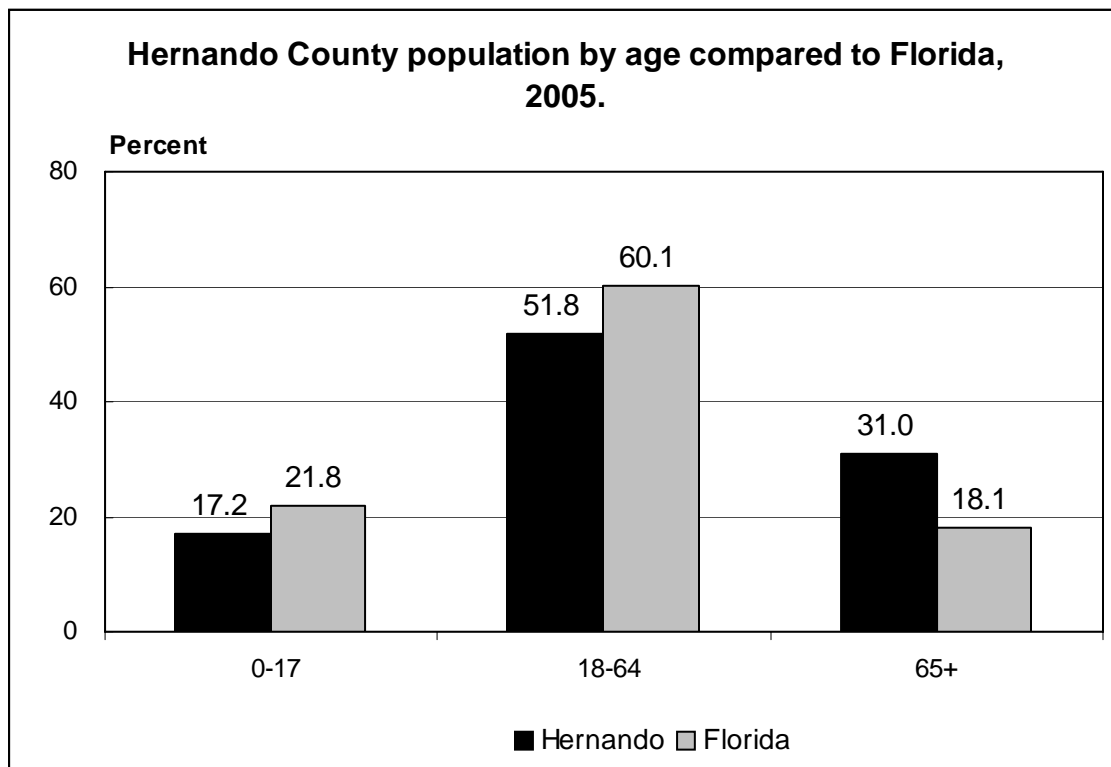
Table 2-4 shows that only zip codes 34602 (17.3 percent), 34604 (14.5 percent) 34614 (18.0 percent) have a lower percentage of residents age 65 and over than the state of Florida (18.1 percent). Two zip codes have percentages of residents age 65 and older greater than 40 percent: 34606 (43.4 percent) and 34613 (47.0 percent).

With such a relatively high proportion of adults age 65 and older compared to the state, it is expected that the proportion of those age 0-17 and 18 to 64 would be much lower for Hernando and its zip code areas. This is the case as Table 2-4 demonstrates that 51.8 percent of Hernando County residents are age 18 to 64 while 60.1 percent of Florida residents are within that age group. Not surprisingly, while 17.2 percent of Hernando County residents are between the ages of 0 and 17, 21.8 percent of all Florida residents fall within that age group.

Only one (34604) of Hernando County's 10 zip code areas has a higher percentage of those age 18 to 64 than the state. Similarly, only three (34602, 34614 and Ridge Manor area) have a higher percentage of those age 0 to 17 than the state.

Table 2-5 provides a detailed breakdown of population by age. Of particular interest is the percentage of residents over the age of 85. A community's oldest residents have unique healthcare issues and, obviously, suffer mortality at greater rates than younger age groups. Typically, older residents by their very age are not as healthy as younger residents and generate many healthcare system needs. Communities with higher percentages of older residents will generate a greater demand for resources necessary to meet the needs of those older residents. There are nearly 5,300 residents age 85 and older in Hernando County. This accounts for 3.5 percent of the county's population, while only 2.5 percent of the state's population is age 85 and older. In fact, the percentage of residents age 85 and older in 34606 and 34613 is more than two times that for Florida.

Figure 2-3. Hernando County population by age compared to Florida, 2005.



Source: ESRI Business Solutions, 2005.
Prepared by: WellFlorida Council, 2006.

Table 2-4. Population by age, by zip code, Hernando County and Florida, 2005.

Area	2005 Population	0-17		18-64		65+	
		Number	Percent	Number	Percent	Number	Percent
34601 Brooksville	23,243	4,904	21.1	13,132	56.5	5,206	22.4
34602 Brooksville	6,576	1,499	22.8	3,939	59.9	1,138	17.3
34604 Brooksville	7,152	1,538	21.5	4,577	64.0	1,037	14.5
34606 Spring Hill	26,996	3,914	14.5	11,365	42.1	11,716	43.4
34607 Spring Hill	8,105	940	11.6	4,482	55.3	2,683	33.1
34608 Spring Hill	26,670	4,401	16.5	13,815	51.8	8,454	31.7
34609 Spring Hill	27,051	5,086	18.8	14,743	54.5	7,223	26.7
34613 Brooksville	16,033	1,732	10.8	6,766	42.2	7,536	47.0
34614 Brooksville	3,397	785	23.1	2,001	58.9	611	18.0
Ridge Manor Area *	5,360	1,102	20.6	3,181	59.4	1,077	20.1
Hernando	150,583	25,900	17.2	78,002	51.8	46,681	31.0
Florida	17,926,011	3,907,870	21.8	10,773,533	60.1	3,244,608	18.1

Source: ESRI Business Solutions, 2005.
* The Ridge Manor Area is an estimated number.
Prepared by: WellFlorida Council, 2006.

Table 2-5. Population by age, by zip code, Hernando County and Florida, 2005.

Area	2005 Population	0-4		5-9		10-14	
		Number	Percent	Number	Percent	Number	Percent
34601 Brooksville	23,243	1,395	6.0	1,255	5.4	1,418	6.1
34602 Brooksville	6,576	401	6.1	381	5.8	447	6.8
34604 Brooksville	7,152	365	5.1	358	5.0	493	6.9
34606 Spring Hill	26,996	1,134	4.2	999	3.7	1,161	4.3
34607 Spring Hill	8,105	219	2.7	219	2.7	316	3.9
34608 Spring Hill	26,670	1,147	4.3	1,147	4.3	1,253	4.7
34609 Spring Hill	27,051	1,271	4.7	1,244	4.6	1,542	5.7
34613 Brooksville	16,033	465	2.9	417	2.6	529	3.3
34614 Brooksville	3,397	207	6.1	190	5.6	248	7.3
Ridge Manor Area *	5,360	323	6.0	265	4.9	272	5.1
Hernando	150,583	6,927	4.6	6,475	4.3	7,680	5.1
Florida	17,926,011	1,075,561	6.0	1,021,783	5.7	1,147,265	6.4
Area	15-24		25-44		45-64		
	Number	Percent	Number	Percent	Number	Percent	
34601 Brooksville	2,789	12.0	4,997	21.5	6,159	26.5	
34602 Brooksville	796	12.1	1,453	22.1	1,960	29.8	
34604 Brooksville	1,130	15.8	1,910	26.7	1,867	26.1	
34606 Spring Hill	2,160	8.0	4,238	15.7	5,642	20.9	
34607 Spring Hill	600	7.4	989	12.2	3,096	38.2	
34608 Spring Hill	2,587	9.7	4,854	18.2	7,254	27.2	
34609 Spring Hill	2,976	11.0	5,059	18.7	7,764	28.7	
34613 Brooksville	1,010	6.3	1,908	11.9	4,185	26.1	
34614 Brooksville	431	12.7	747	22.0	968	28.5	
Ridge Manor Area *	580	10.8	1,251	23.3	1,462	27.3	
Hernando	15,058	10.0	27,406	18.2	40,356	26.8	
Florida	2,312,455	12.9	4,678,689	26.1	4,463,577	24.9	
Area	65-84		85+		18+		
	Number	Percent	Number	Percent	Number	Percent	
34601 Brooksville	4,393	18.9	814	3.5	18,339	78.9	
34602 Brooksville	1,006	15.3	132	2.0	5,077	77.2	
34604 Brooksville	951	13.3	86	1.2	5,614	78.5	
34606 Spring Hill	10,366	38.4	1,350	5.0	23,082	85.5	
34607 Spring Hill	2,480	30.6	203	2.5	7,165	88.4	
34608 Spring Hill	7,308	27.4	1,147	4.3	22,269	83.5	
34609 Spring Hill	6,655	24.6	568	2.1	21,965	81.2	
34613 Brooksville	6,670	41.6	866	5.4	14,301	89.2	
34614 Brooksville	571	16.8	41	1.2	2,612	76.9	
Ridge Manor Area *	1,011	18.9	66	1.2	4,258	79.4	
Hernando	41,410	27.5	5,270	3.5	124,683	82.8	
Florida	2,796,458	15.6	448,150	2.5	14,018,141	78.2	

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Race and Ethnicity

Table 2-6 and Figure 2-4 provide information on the race of the population in Hernando County. While the percentage of the Florida population that is white is 76.1 percent, Hernando County's white residents comprise 91.6 percent of the county total. As such, while the black population in Florida is 15.4 percent of the total population, the black population is 4.6 percent of Hernando County's total. The greatest concentration of black population, as a percentage of total population, resides in the Brooksville zip codes of 34601 and 34602.

Table 2-6. Population by race, by zip code, Hernando County and Florida, 2005.

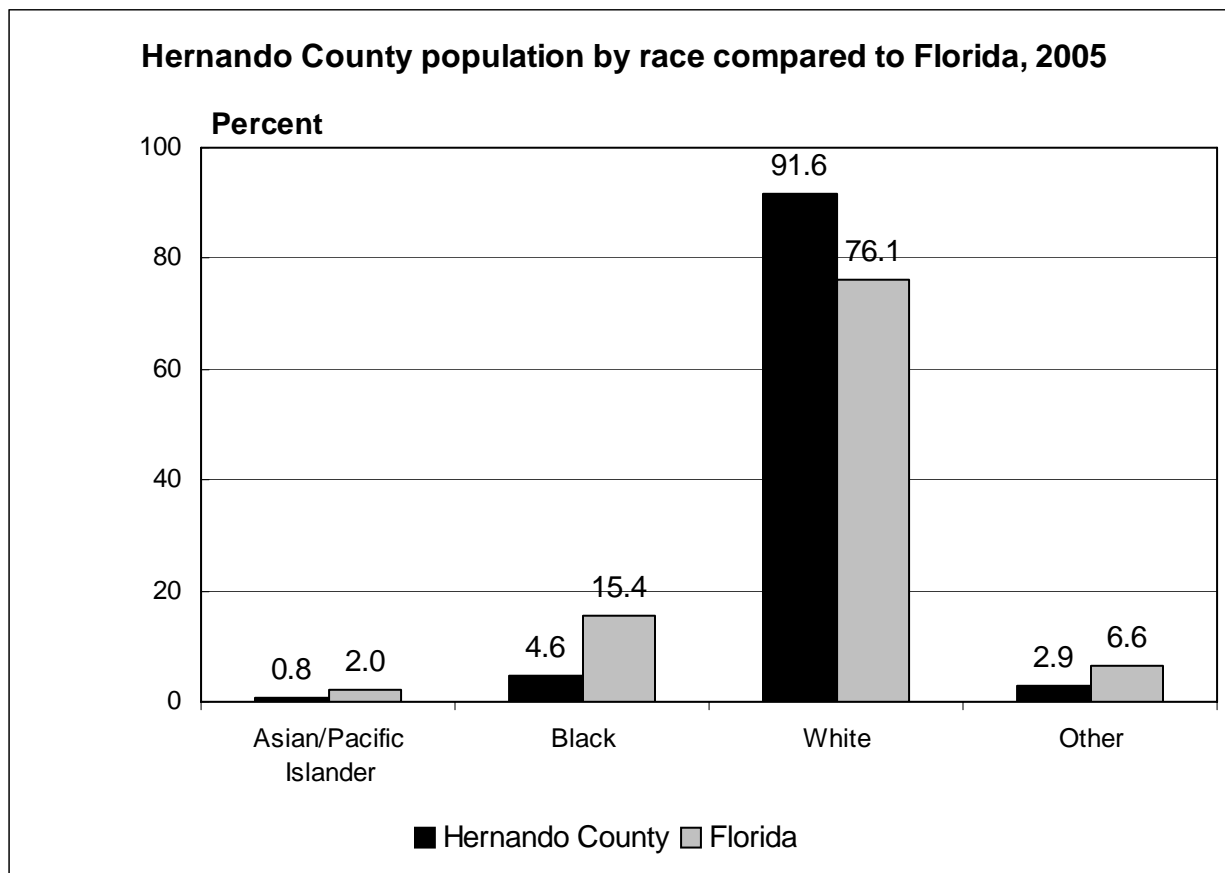
Area	2005 Population	Asian/Pacific Islander		Black	
		Number	Percent	Number	Percent
34601 Brooksville	23,243	209	0.9	3,022	13.0
34602 Brooksville	6,576	33	0.5	671	10.2
34604 Brooksville	7,152	50	0.7	565	7.9
34606 Spring Hill	26,996	189	0.7	594	2.2
34607 Spring Hill	8,105	138	1.7	170	2.1
34608 Spring Hill	26,670	240	0.9	773	2.9
34609 Spring Hill	27,051	271	1.0	920	3.4
34613 Brooksville	16,033	96	0.6	112	0.7
34614 Brooksville	3,397	17	0.5	24	0.7
Ridge Manor Area *	5,360	0	0.0	76	1.4
Hernando	150,583	1,205	0.8	6,927	4.6
Florida	17,926,011	358,520	2.0	2,760,606	15.4
Area	White		Other		
	Number	Percent	Number	Percent	
34601 Brooksville	19,315	83.1	697	3.0	
34602 Brooksville	5,701	86.7	171	2.7	
34604 Brooksville	6,272	87.7	265	3.7	
34606 Spring Hill	25,349	93.9	864	3.2	
34607 Spring Hill	7,643	94.3	154	1.9	
34608 Spring Hill	24,830	93.1	827	3.1	
34609 Spring Hill	25,076	92.7	784	2.9	
34613 Brooksville	15,552	97.0	273	1.7	
34614 Brooksville	3,224	94.9	132	3.8	
Ridge Manor Area *	4,971	92.7	312	5.8	
Hernando	137,934	91.6	4,517	2.9	
Florida	13,641,694	76.1	1,165,191	6.6	

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Figure 2-4. Hernando County population by race compared to Florida, 2005.



Source: ESRI Business Solutions, 2005.
 Prepared by: WellFlorida Council, 2006.

As seen in Table 2-7 and Figure 2-5, nearly 20 percent of Florida’s total population is of Hispanic ethnicity. This percentage is substantially lower in Hernando County (6.6 percent) than for the state as a whole. The Hernando County zip code area with the lowest percentage (3.8) of Hispanic residents is 34613 (Brooksville), while the zip code area with the highest percentage (9.2) is 34608 (Spring Hill).

In 2000, 6,409 (4.9 percent) of Hernando County residents were Hispanic. In 2005, as seen in Table 2-7, 9,938 (6.6 percent) of Hernando County’s residents were Hispanic, an increase of 55.1 percent from 2000. While the overall percentage of Hispanics in the total Hernando population remains well below the percentage of Hispanics in the Florida population, the Hispanic population in Florida only grew at 45.1 percent from 2000-2005 compared to Hernando County’s 55.1 percent.

Table 2-7. Population by Hispanic ethnicity, by zip code, Hernando County and Florida, 2005.

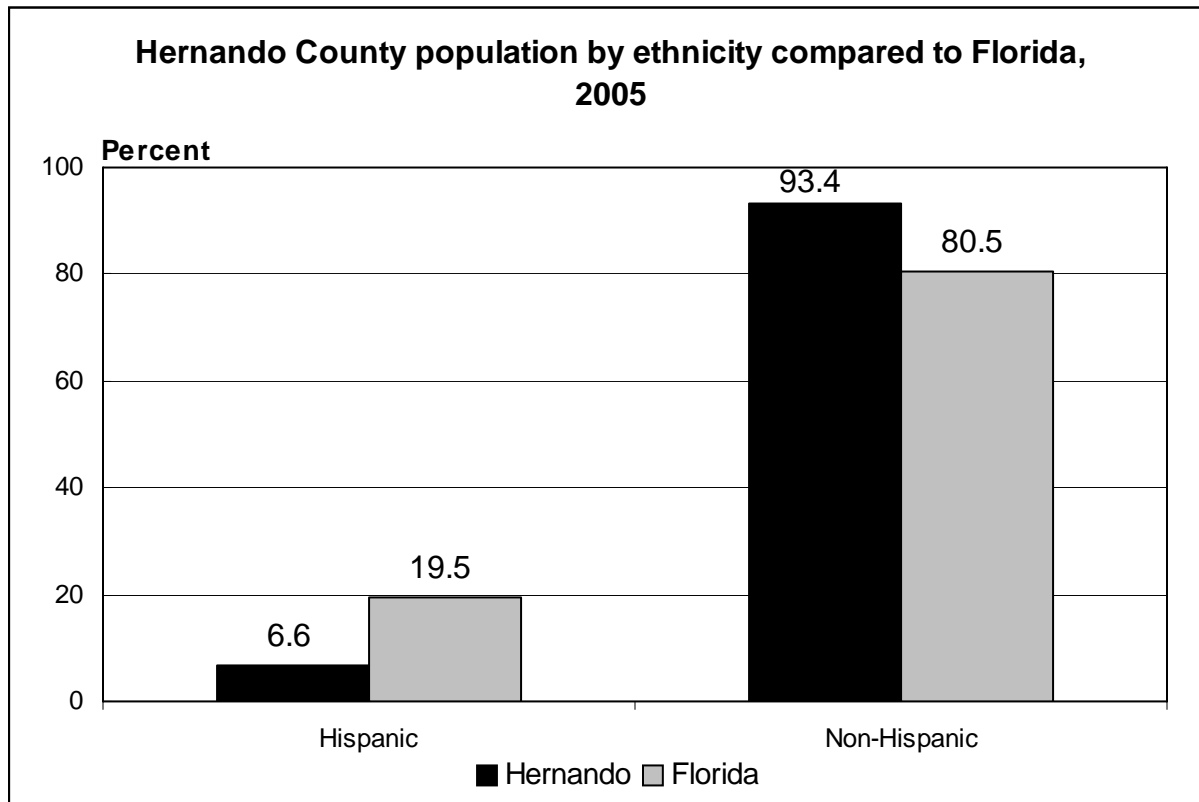
Area	2005 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
34601 Brooksville	23,243	906	3.9	22,337	96.1
34602 Brooksville	6,576	362	5.5	6,214	94.5
34604 Brooksville	7,152	486	6.8	6,666	93.2
34606 Spring Hill	26,996	1,998	7.4	24,998	92.6
34607 Spring Hill	8,105	292	3.6	7,813	96.4
34608 Spring Hill	26,670	2,454	9.2	24,216	90.8
34609 Spring Hill	27,051	2,353	8.7	24,698	91.3
34613 Brooksville	16,033	609	3.8	15,424	96.2
34614 Brooksville	3,397	228	6.7	3,169	93.3
Ridge Manor Area *	5,360	251	4.7	5,109	95.3
Hernando	150,583	9,938	6.6	140,645	93.4
Florida	17,926,011	3,495,572	19.5	14,430,439	80.5

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Figure 2-5. Hernando County population by ethnicity compared to Florida, 2005.



Source: ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

Gender

Females typically have longer life expectancies in the United States and in Florida. Because of this phenomenon, communities which are older, such as Hernando County, tend to have a higher percentage of females in the population. Table 2-8 shows that this is the case in Hernando County. While 51.2 percent of Florida residents are female, 52.6 percent of Hernando County residents are female. The 34614 (Brooksville) zip code area is the only one in Hernando County that has a higher percentage of males than females.

Table 2-8. Population by gender, by zip code, Hernando County and Florida, 2005.

Area	2005 Population	Males		Females	
		Number	Percent	Number	Percent
34601 Brooksville	23,243	10,947	47.1	12,296	52.9
34602 Brooksville	6,576	3,176	48.3	3,400	51.7
34604 Brooksville	7,152	3,526	49.3	3,626	50.7
34606 Spring Hill	26,996	12,499	46.3	14,497	53.7
34607 Spring Hill	8,105	3,947	48.7	4,158	51.3
34608 Spring Hill	26,670	12,482	46.8	14,188	53.2
34609 Spring Hill	27,051	12,930	47.8	14,121	52.2
34613 Brooksville	16,033	7,536	47.0	8,497	53.0
34614 Brooksville	3,397	1,709	50.3	1,688	49.7
Ridge Manor Area *	5,360	2,624	49.0	2,736	51.0
Hernando	150,583	71,376	47.4	79,207	52.6
Florida	17,926,011	8,747,893	48.8	9,178,118	51.2

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Economic Characteristics

The economic status of a region yields insights into the health status of that area, and is one of the most reliable predictors of health access. Some of the most critical include income, poverty status and employment. Higher incomes, lower poverty and better employment have all been shown to impact health access and health outcome favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to healthcare and adverse health outcomes. In this section, these standard measures of income, poverty status and employment are used to compare Hernando County with the state of Florida.

Income

As shown in Table 2-9, the median household income for Hernando County (\$37,303) is substantially lower than the state (\$45,531). The median household income in Hernando County varies from a low of \$31,823 in 34613 (Brooksville) to a high of \$44,763 in 34607 (Spring Hill). No zip code area in Hernando County has a median income higher than the state of Florida.

Table 2-9 also shows per capita income levels for Hernando County and all of its zip code areas as they compare to the state. As with median income, the per capita income in Hernando County (\$21,205) is less than Florida (\$25,688). Per capita income in Hernando County ranges from a low of \$18,164 in 34604 (Brooksville) to a high of \$29,221 in 34607 (Spring Hill).

Median and per capita income estimates are not available for the Ridge Manor area because it is comprised of multiple zip codes.

Table 2-9. Median household income and per capita income by zip code, Hernando County and Florida, 2005.

Area	Total Households	Average Household Size	Median Household Income	Per Capita Income
34601 Brooksville	9,783	2.3	\$33,557	\$19,424
34602 Brooksville	2,548	2.6	42,509	20,033
34604 Brooksville	2,438	2.6	40,513	18,164
34606 Spring Hill	12,473	2.2	36,259	22,281
34607 Spring Hill	3,658	2.2	44,763	29,221
34608 Spring Hill	11,344	2.3	37,534	20,429
34609 Spring Hill	10,784	2.5	41,722	20,674
34613 Brooksville	7,697	2.1	31,823	22,091
34614 Brooksville	1,283	2.7	36,792	20,080
Ridge Manor Area *	2,214	NA	NA	NA
Hernando	64,222	2.3	37,303	21,205
Florida	7,094,782	2.5	\$45,531	\$25,688

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

NA = Not available.

Prepared by: WellFlorida Council, 2006.

Table 2-10 depicts household income distribution in Hernando County by zip code. The percentage of households with less than \$25,000 total household income ranges from 21.2 percent in 34609 (Spring Hill) to 36.1 percent in 34601 (Brooksville). Eight of the 10 Hernando County zip code areas have a higher proportion of residents with incomes under \$25,000 than the state of Florida.

At the opposite end of the spectrum, while 6.0 percent of Florida households have incomes over \$150,000, only 2.6 percent of Hernando County households have the same. Only one (34607 –

Spring Hill) of Hernando County's 10 zip code areas have a higher proportion of households with incomes above \$150,000 than the state.

Table 2-10. Household by income levels, by zip code, Hernando County and Florida , 2005.

Area	2005 Total Households	Less than \$25,000		\$25,000-\$49,999		
		Number	Percent	Number	Percent	
34601 Brooksville	9,783	3,532	36.1	3,150	32.2	
34602 Brooksville	2,548	678	26.6	861	33.8	
34604 Brooksville	2,438	666	27.3	946	38.8	
34606 Spring Hill	12,473	3,879	31.1	4,453	35.7	
34607 Spring Hill	3,658	896	24.5	1,086	29.7	
34608 Spring Hill	11,344	3,346	29.5	4,072	35.9	
34609 Spring Hill	10,784	2,286	21.2	4,227	39.2	
34613 Brooksville	7,697	2,740	35.6	2,856	37.1	
34614 Brooksville	1,283	412	32.1	402	31.3	
Ridge Manor Area *	2,214	639	28.9	874	39.5	
Hernando	64,222	19,074	29.7	22,927	35.7	
Florida	7,094,782	1,809,169	25.5	2,050,392	28.9	
Area	\$ 50,000-\$99,999		\$100,000-\$149,999		\$150,000 and Over	
	Number	Percent	Number	Percent	Number	Percent
34601 Brooksville	2,465	25.2	421	4.3	225	2.3
34602 Brooksville	795	31.2	153	6.0	64	2.5
34604 Brooksville	661	27.1	110	4.5	56	2.3
34606 Spring Hill	3,280	26.3	574	4.6	287	2.3
34607 Spring Hill	1,075	29.4	344	9.4	256	7.0
34608 Spring Hill	3,222	28.4	522	4.6	193	1.7
34609 Spring Hill	3,397	31.5	669	6.2	205	1.9
34613 Brooksville	1,501	19.5	377	4.9	231	3.0
34614 Brooksville	337	26.3	58	4.5	73	5.7
Ridge Manor Area *	542	24.5	113	5.1	80	3.6
Hernando	17,276	26.9	3,340	5.2	1,670	2.6
Florida	2,121,340	29.9	681,099	9.6	425,687	6.0

Source: ESRI Business Solutions, 2005.

* The Ridge Manor Area is an estimated number.

Prepared by: WellFlorida Council, 2006.

Poverty

Each year, the United State’s Department of Health and Human Services (DHHS) establishes national poverty levels (Table 2-11). These levels are established by comparing annual income to “poverty thresholds.” The thresholds vary by family size. For example, a family of four living in the 48 contiguous states and D.C is considered to be living in poverty in 2005 if the household income is below \$19,350. A poverty rate for a county is the percentage of the county’s individuals that have an annual income or live in a household with an annual income below the poverty threshold.

Table 2-11. 2005 Federal poverty levels.

Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$9,570	\$11,950	\$11,010
2	12,830	16,030	14,760
3	16,090	20,110	18,510
4	19,350	24,190	22,260
5	22,610	28,270	26,010
6	25,870	32,350	29,760
7	29,130	36,430	33,510
8	32,390	40,510	37,260
For each additional person add	\$3,260	\$4,080	\$3,750

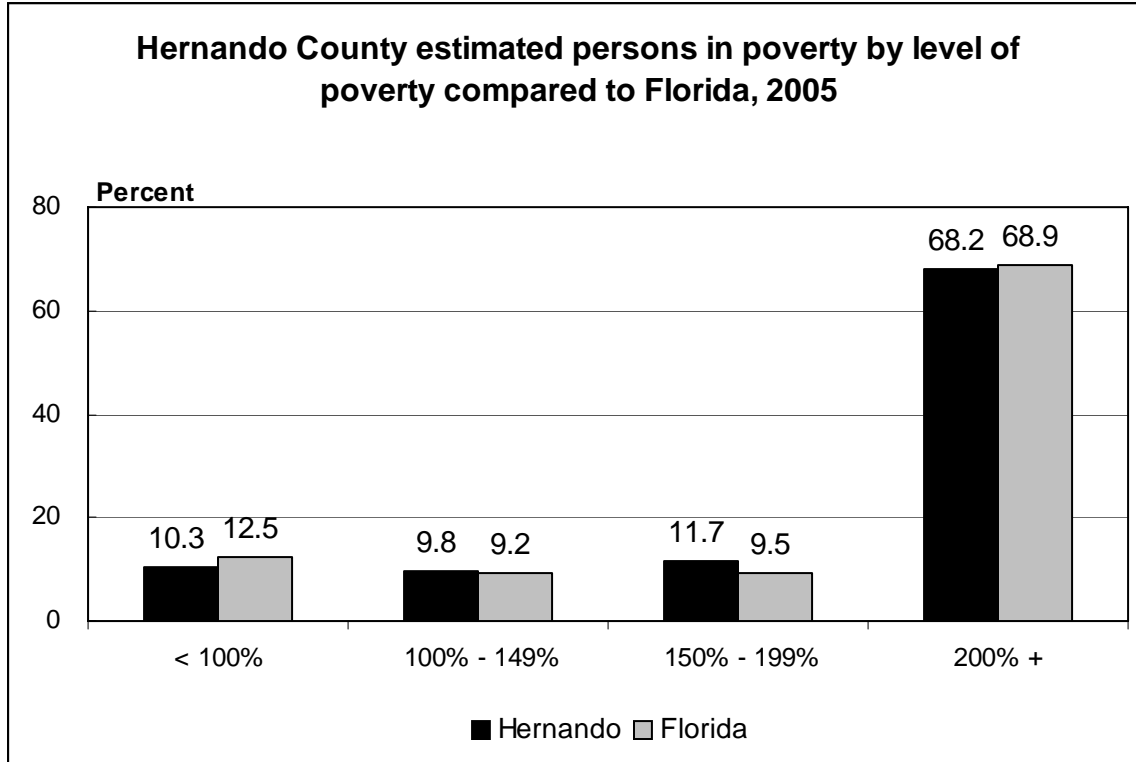
Source: Federal Register, vol. 70, no. 33, February 18, 2005.
 Prepared by: WellFlorida Council, 2006.

Poverty data is estimated during each decennial census. The latest poverty rates available are for the 2000 census (based on 1999 income. In order to calculate numbers of persons, children and households in poverty (Tables 2-12 through 2-14), the 2000 census poverty percentages are used with the 2005 population data.

Figure 2-6 shows that, in terms of poverty rate, Hernando County compares favorably to the state as a whole. While 12.5 percent of Florida’s population is estimated to be in poverty, only 10.3 percent of Hernando County’s population lives below the poverty threshold (i.e. 100 percent of the federal poverty level). However, Figure 2-6 and Table 2-12 shows that 21.5 percent of Hernando County residents are estimated to be between 100 and 200 percent of the federal poverty level compared to only 18.7 percent for all of Florida. While Hernando County does not have the high levels of very low-income persons it does have a high percentage of lower middle income folks. This is reflected in the earlier analysis of the median and per capita incomes.

An examination of poverty status by zip code (Table 2-13) reveals that the 34601 (Brooksville) is the only zip code area in Hernando County with a poverty rate (17.0 percent) higher than that of Florida (12.5 percent). In addition, while in Florida 17.6 percent of all children live at or below the poverty threshold, Hernando has a smaller percentage (16.4) of its children in poverty than the state. 34601 (Brooksville) and 34614 (Brooksville) have a higher percentage of their households in poverty than Florida as a whole. Table 2-14 shows that three Spring Hill zip codes (34607, 34608 and 34609) have greater percentages of persons living above 200 percent of the federal poverty level compared to Florida thus underscoring their relative affluence.

Figure 2-6. Hernando County estimated persons in poverty by level of poverty compared to Florida, 2005.



Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.
Prepared by: WellFlorida Council, 2006.

Table 2-12. Estimated persons in poverty by level of poverty, by zip code, Hernando County and Florida, 2005.

Level of Poverty	Hernando		Florida	
	Estimated Number	Percent *	Estimated Number	Percent*
< 100%	15,562	10.3	2,243,001	12.5
100%-124%	6,084	4.0	778,400	4.3
125%-149%	8,631	5.7	866,778	4.8
150%-174%	8,661	5.8	839,216	4.7
175%-184%	3,945	2.6	364,368	2.0
185%-199%	5,050	3.4	491,429	2.7
200% +	102,651	68.2	12,342,819	68.9
Total Population (2005)	150,583		17,926,011	

* Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.
Prepared by: WellFlorida Council, 2006.

Table 2-13. Estimated persons, children and households in poverty, by zip code, Hernando County and Florida, 2005.

Area	Persons (All Ages)			Children (0-17)		
	Total Population	Percent in Poverty*	Estimated Number in Poverty	Total Population	Percent in Poverty*	Estimated Number in Poverty
34601 Brooksville	23,243	17.0	3,951	4,904	23.6	1,157
34602 Brooksville	6,576	9.8	644	1,499	14.7	220
34604 Brooksville **	7,152	NA	---	1,538	NA	---
34606 Spring Hill	26,996	10.3	2,781	3,914	21.4	838
34607 Spring Hill	8,105	6.3	511	940	5.5	52
34608 Spring Hill	26,670	10.3	2,747	4,401	17.5	770
34609 Spring Hill	27,051	7.2	1,948	5,086	9.3	473
34613 Brooksville	16,033	7.4	1,186	1,732	12.7	220
34614 Brooksville	3,397	11.0	374	785	7.7	60
Ridge Manor Area ***	5,360	NA	---	1,102	NA	---
Hernando	150,583	10.3	15,510	25,900	16.4	4,248
Florida	17,926,011	12.5	2,240,751	3,907,870	17.6	687,785
Area	Households					
	Total Population	Percent in Poverty*	Estimated Number in Poverty			
34601 Brooksville	9,783	16.2	1,585			
34602 Brooksville	2,548	11.3	288			
34604 Brooksville **	2,438	NA	---			
34606 Spring Hill	12,473	9.0	1,123			
34607 Spring Hill	3,658	7.2	263			
34608 Spring Hill	11,344	9.1	1,032			
34609 Spring Hill	10,784	7.0	755			
34613 Brooksville	7,697	7.7	593			
34614 Brooksville	1,283	15.2	195			
Ridge Manor Area ***	2,214	NA	---			
Hernando	64,222	9.8	6,294			
Florida	7,094,782	11.7	830,089			

* Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

** Zip code was not valid in 2000 census.

*** The Ridge Manor Area is an estimated number.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

NA = Not available.

Prepared by: WellFlorida Council, 2006.

Table 2-14. Estimated persons in poverty by level of poverty, by zip code, Hernando County and Florida, 2005.

Area	Total Population	< 100% of Poverty		100%-124% of Poverty	
		Percent in Poverty*	Estimated Number in Poverty	Percent in Poverty*	Estimated Number in Poverty
34601 Brooksville	23,243	17.0	3,951	6.7	1,565
34602 Brooksville	6,576	9.8	644	6.9	456
34604 Brooksville **	7,152	NA	---	NA	---
34606 Spring Hill	26,996	10.3	2,781	4.0	1,080
34607 Spring Hill	8,105	6.3	511	2.0	165
34608 Spring Hill	26,670	10.3	2,747	3.4	912
34609 Spring Hill	27,051	7.2	1,948	3.1	832
34613 Brooksville	16,033	7.4	1,186	3.7	594
34614 Brooksville	3,397	11.0	374	3.6	121
Ridge Manor Area ***	5,360	NA	---	NA	---
Hernando	150,583	10.3	15,562	4.0	6,084
Florida	17,926,011	12.5	2,243,001	4.3	778,400
Area	Total Population	125%-149% of Poverty		150%-174% of Poverty	
		Percent in Poverty*	Estimated Number in Poverty	Percent in Poverty*	Estimated Number in Poverty
34601 Brooksville	23,243	4.8	1,118	6.3	1,457
34602 Brooksville	6,576	5.4	357	5.4	358
34604 Brooksville **	7,152	NA	---	NA	---
34606 Spring Hill	26,996	7.1	1,910	6.3	1,693
34607 Spring Hill	8,105	2.6	214	5.3	431
34608 Spring Hill	26,670	5.6	1,495	5.2	1,394
34609 Spring Hill	27,051	5.2	1,412	5.1	1,390
34613 Brooksville	16,033	8.0	1,281	5.8	929
34614 Brooksville	3,397	3.9	132	4.9	168
Ridge Manor Area ***	5,360	NA	---	NA	---
Hernando	150,583	5.7	8,631	5.8	8,661
Florida	17,926,011	4.8	866,778	4.7	839,216

* Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

** Zip code was not valid in 2000 census.

*** The Ridge Manor Area is an estimated number.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

NA = Not available in the Census data.

Prepared by: WellFlorida Council, 2006.

Table 2-14 (cont.). Estimated persons in poverty by level of poverty, by zip code, Hernando County and Florida, 2005.

Area	Total Population	175%-184% of Poverty		185%-199% of Poverty	
		Percent in Poverty *	Estimated Number in Poverty	Percent in Poverty*	Estimated Number in Poverty
34601 Brooksville	23,243	3.3	771	2.9	666
34602 Brooksville	6,576	2.0	129	2.5	164
34604 Brooksville **	7,152	NA	---	NA	---
34606 Spring Hill	26,996	2.2	587	4.1	1,110
34607 Spring Hill	8,105	0.6	51	4.0	325
34608 Spring Hill	26,670	2.5	672	2.5	675
34609 Spring Hill	27,051	2.8	759	2.8	759
34613 Brooksville	16,033	3.5	566	3.6	570
34614 Brooksville	3,397	4.6	156	6.0	204
Ridge Manor Area ***	5,360	NA	---	NA	---
Hernando	150,583	2.6	3,945	3.4	5,050
Florida	17,926,011	2.0	364,368	2.7	491,429
Area	Total Population	200% + of Poverty			
		Percent in Poverty*	Estimated Number in Poverty		
34601 Brooksville	23,243	59.0	13,707		
34602 Brooksville	6,576	68.0	4,472		
34604 Brooksville **	7,152	NA	---		
34606 Spring Hill	26,996	66.1	17,834		
34607 Spring Hill	8,105	79.0	6,406		
34608 Spring Hill	26,670	70.4	18,780		
34609 Spring Hill	27,051	73.8	19,952		
34613 Brooksville	16,033	68.0	10,908		
34614 Brooksville	3,397	66.0	2,243		
Ridge Manor Area ***	5,360	NA	---		
Hernando	150,583	68.2	102,651		
Florida	17,926,011	68.9	12,342,819		

* Note: Poverty percentages from the 2000 Census are used as poverty percentage estimates for 2005 in order to estimate the number in poverty in 2005.

** Zip code was not valid in 2000 census.

*** The Ridge Manor Area is an estimated number.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

NA = Not available in the Census data.

Prepared by: WellFlorida Council, 2006.

Employment

Health insurance benefits by employers or being the spouse or dependent of someone whose employer provides health insurance are still the most common ways to obtain private health insurance in the United States. Unemployed individuals are thus vastly less likely to have private health insurance coverage. In addition, smaller companies and retail and service sector employers have been shown to have more difficulty in providing health insurance for their employees. For these reasons, unemployment rates and type and size of employer data for Hernando County is provided in this section.

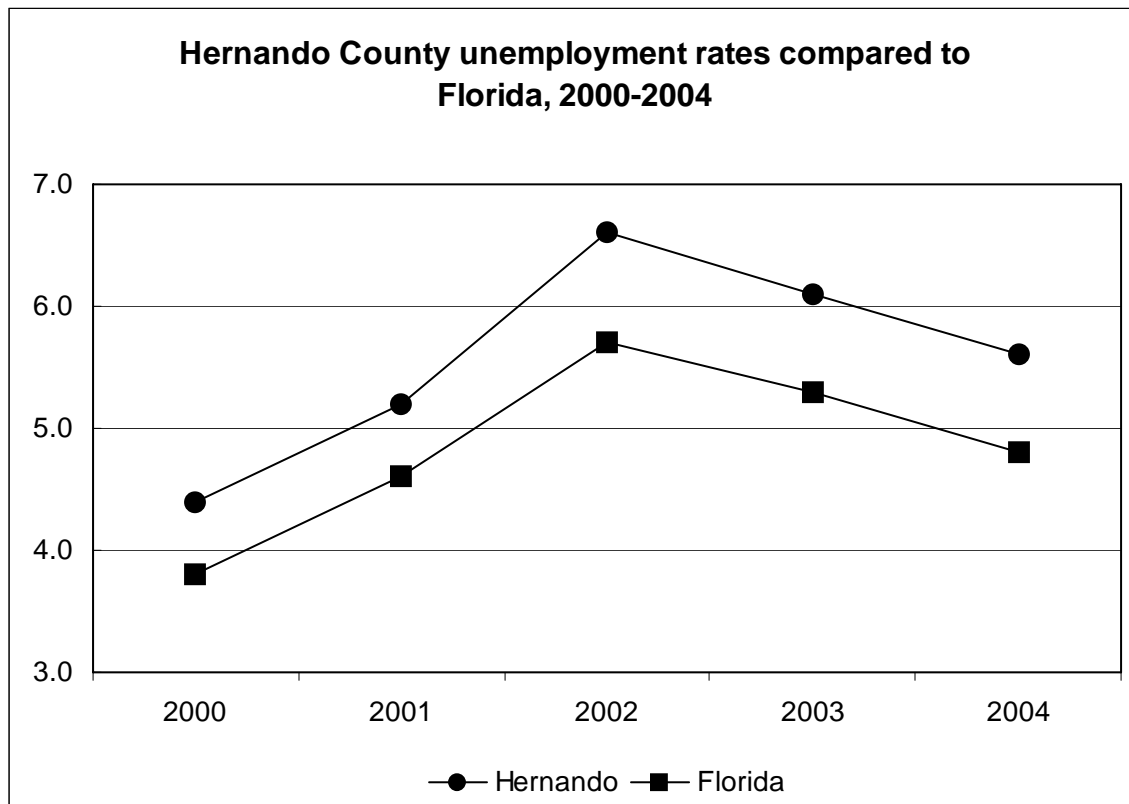
As seen in Table 2-15 and Figure 2-7, the unemployment rate in Hernando County has been consistently higher than the state of Florida since 2000. Like Florida and the rest of the nation, the unemployment rate in Hernando County has been decreasing since 2002.

Table 2-15. Unemployment rates, Hernando County and Florida, 1999-2004.

Area	1999	2000	2001	2002	2003	2004
Hernando	3.5	4.4	5.2	6.6	6.1	5.6
Florida	4.0	3.8	4.6	5.7	5.3	4.8

Source: Labor Market Info, Florida Research & Economic Database, assessed 1-19-06.
Prepared by: WellFlorida Council, 2006.

Figure 2-7. Hernando County unemployment rates compared to Florida, 2000-2004.



Source: Labor Market Info, Florida Research & Economic Database, assessed 1-19-06.
Prepared by: WellFlorida Council, 2006.

Table 2-16 depicts that 96.4 percent of Hernando County businesses are small (defined as fewer than 50 employees) compared to 95.4 percent for Florida as a whole. In addition, Table 2-17 shows the number of employees in small businesses.

Table 2-18 shows that 62.5 percent of businesses in Hernando County are retail trade and service sector employers compared to 63.1 percent for Florida. Employees of smaller businesses in the retail trade and service sectors are workers who are the least likely to have access to or to be able to afford private healthcare insurance.

Retail trade and service sector includes the following:

- Retail sales;
- Administration and support;
- Waste management;
- Healthcare and social assistance;
- Educational services;
- Arts, entertainment and recreation
- Lodging and food services;
- Other services (not including public administration or government).

Larger employers, especially those in the public administration and governmental sectors (like many of those listed in Table 2-19), are more likely to offer health insurance to and in many instances provide a subsidy to their employees for healthcare insurance.

Table 2-16. Small (non-governmental) businesses*, Hernando County and Florida, 2003.

Area	Total Business**	Number of Small Businesses	Small Business as a Percent of Total Businesses
Hernando	2,683	2,587	96.4
Florida	460,746	439,702	95.4

* Small businesses are those that employ fewer than 50 employees.

** The U.S. Census Bureau determines small businesses from a sample of businesses; thus, these are not all businesses in Hernando County but a representative sample of businesses. Governmental and public administration businesses are not included in the sample.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2003*.

Prepared by: WellFlorida Council, 2006.

Table 2-17. Employees in small (non-governmental) businesses*, Hernando County and Florida, 2002.

Area	Total Employees**	Number of Employees in Small Businesses	Small Business Employees as a Percent of Total Employees
Hernando	24,494	9,174	37.5
Florida	6,366,964	1,784,598	28.0

* Small businesses are those that employ less than 50 employees.

** The U.S. Census Bureau determines then number of employees from a sample of businesses; thus, total employees reflects the total employees in the sample. Governmental and public administration businesses are not included in the sample.

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns Special Report, 2002*.

Prepared by: WellFlorida Council, 2006.

Table 2-18. Retail trade and service (nongovernmental) businesses, Hernando County and Florida, 2003.

Area	Total Businesses*	Retail Trade **		Services**	
		Number	Percent	Number	Percent
Hernando	2,683	407	15.2	1,269	47.3
Florida	460,746	70,306	15.3	220,186	47.8

* The U.S. Census Bureau determines this from a sample of businesses; thus, total businesses reflects the total businesses in the sample. Governmental and public administration businesses are not included in the sample.

** North American Industry Classification (NAIC) codes for retail trade: 44-45; services: 54-56, 61, 62, 71, 72, 81.

These include, for example,

Source: U.S. Department of Commerce, Census Bureau, *County Business Patterns, 2003*.

Prepared by: WellFlorida Council, 2006.

Table 2-19. Hernando County top employers, 2004.

Name	Type	Number of Employees
Hernando County School Board	Government	2,400
Wal-Mart Distribution Center	Distribution Center	1,600
Hernando County Government	Government	1,200
Oak Hill Hospital	Healthcare	850
Regional Healthcare	Healthcare	763
Southwest Florida Water Management District	Government	735
Sparton Electronics	Manufacturer	325
SunTrust Bank	Banking	308
Rinker Materials/FCS	Mining & Cement	300
Evergreen Woods, Inc.	Residential Care	160
Accuform, Inc.	Manufacturer	149
Commercial Carrier Corporation	Transportation	145
Cemex, Inc.	Manufacturer	126

Source: Hernando County Office of Business Development, 2004.

Prepared by: WellFlorida Council, 2006.

Educational Attainment

Today's complex healthcare systems and treatment guidelines are often difficult to navigate and understand. Generally, persons with higher educational levels utilize healthcare systems somewhat more effectively and efficiently than their counterparts without higher levels of educational attainment. In addition, research has suggested that educational level also has a bearing on health outcome.

Nearly 22 percent of Hernando County residents (age 25 and over) have no high school diploma compared to slightly more than 20 percent for Florida as a whole (Table 2-20). For nearly 60 percent of Hernando County's residents, a high school diploma was their highest educational attainment compared to nearly 51 percent for Florida residents. Only 18.6 percent of Hernando County residents achieved a college degree compared to 29.4 percent of all Florida residents.

As seen in Table 2-21, the high school graduation rate in Hernando County since 2000 has been higher than the state of Florida. Figure 2-8 shows that while graduation rates have indeed generally been higher than the state they have begun to trend downward in comparison. Similarly, from 2000-2003, the drop-out rates also compared favorably to Florida with lower rates in Hernando County than for all of Florida. However, in 2004 and 2005, Hernando County's drop-out rates were higher than for the state. Note that graduation and drop-out rates do not add up to 100 percent due to the fact of high mobility of students in the school system. There are neither graduation nor drop-out rates available for students that leave the Hernando County school system.

Table 2-20. Estimated number of persons 25 and over by highest level of educational attainment, Hernando County and Florida, 2005.

Area	Population 25+	No High School Diploma		High School Diploma		College Degree	
		Percent*	Estimated Number	Percent*	Estimated Number	Percent*	Estimated Number
34601 Brooksville	16,363	24.3	3,980	55.2	9,025	20.5	3,358
34602 Brooksville	4,551	24.8	1,129	60.6	2,759	14.6	662
34604 Brooksville **	4,813	NA	---	NA	---	NA	---
34606 Spring Hill	21,597	19.5	4,216	60.5	13,067	20.0	4,313
34607 Spring Hill	6,768	13.5	911	58.4	3,955	28.1	1,901
34608 Spring Hill	20,563	21.5	4,422	61.0	12,549	17.5	3,591
34609 Spring Hill	20,045	20.4	4,086	62.4	12,508	17.2	3,451
34613 Brooksville	13,628	24.7	3,366	58.0	7,900	17.3	2,362
34614 Brooksville	2,327	23.3	543	64.7	1,506	12.0	279
Ridge Manor Area ***	3,789	NA	---	NA	---	NA	---
Hernando	114,443	21.5	24,643	59.8	68,485	18.6	21,315
Florida	12,386,874	20.1	2,494,249	50.5	6,256,986	29.4	3,635,638

* Note: Educational attainment percentages from the 2000 Census are used as educational attainment estimates for 2005 in order to estimate the number in poverty in 2005.

** Zip code was not valid in 2000 census.

*** The Ridge Manor Area is an estimated number.

Source: U.S. Department of Commerce, Census Bureau, Summary File 3, 2000; ESRI Business Solutions, 2005.

NA = Not available.

Prepared by: WellFlorida Council, 2006.

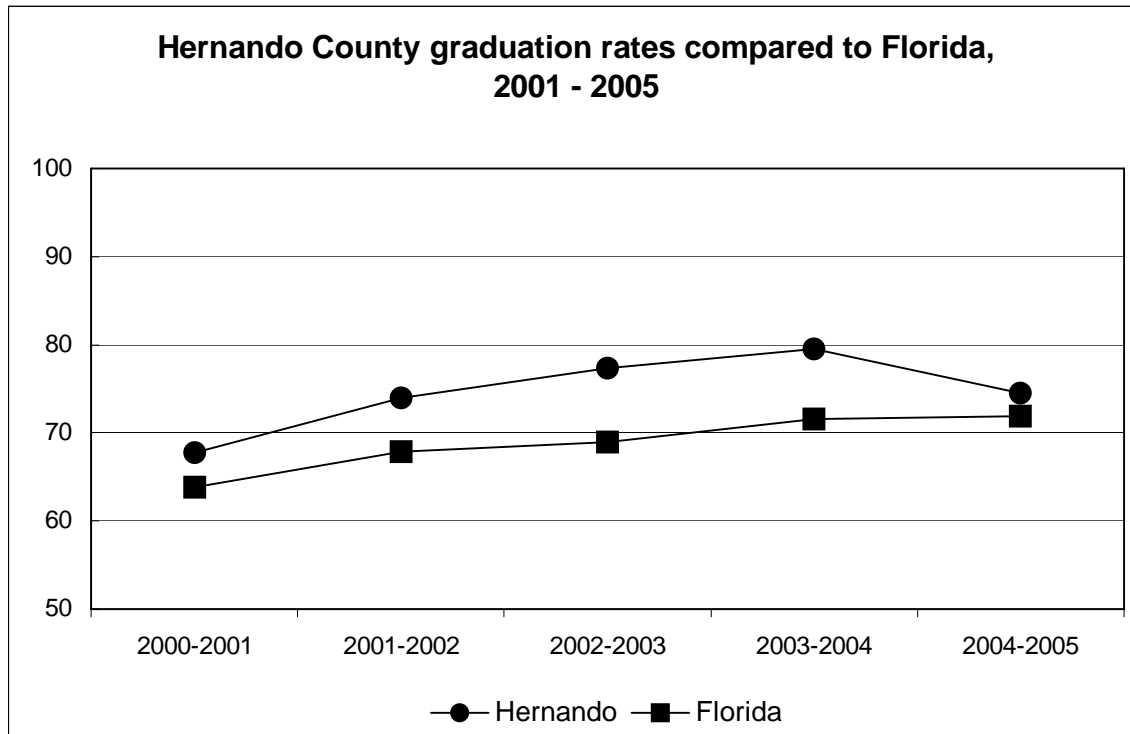
Table 2-21. Graduation and dropout rates, Hernando County and Florida , 2000 - 2004.

Area	School Year					
	1999-2000		2000-2001		2001-2002	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Hernando	67.4	2.9	67.8	2.0	74.0	2.1
Florida	62.3	4.6	63.8	3.8	67.9	3.2
Area	School Year					
	2002-2003		2003-2004		2004-2005	
	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate	Graduation Rate	Dropout Rate
Hernando	77.3	1.9	79.5	3.2	74.5	3.1
Florida	69.0	3.1	71.6	2.9	71.9	2.8

Source: Florida Department of Education, Statistical Brief, 2005.

Prepared by: WellFlorida Council, 2006.

Figure 2-8. Hernando County graduation rates compared to Florida, 2001 - 2005.



Source: Florida Department of Education, Statistical Brief, 2005.
 Prepared by: WellFlorida Council, 2006.

Summary of Key Findings

Population

- Hernando County’s population now exceeds 150,000.
- During the next 25 years, Hernando County’s population is expected to increase 49.3 percent compared to 44.9 percent for Florida.
- The 34609 (Spring Hill) zip code area was the fastest growing zip code from 2000 through 2005 and is expected to show the greatest percentage increase between 2005 and 2010.
- With 31.0 percent of its population older than age 65 compared to 18.1 percent for Florida as a whole, Hernando County is “older” than most counties in Florida.
- The zip codes with the more than 40 percent of their populations age 65 and older are 34606 (Spring Hill) and 34613 (Brooksville) with 43.4 percent and 47.0 percent of their residents older than age 65, respectively.
- Hernando County has a substantially higher percentage (91.6) of white residents than Florida as a whole (76.1). Commensurately, Hernando County has a substantially lower percentage (4.6) of black residents than the state (15.4).

- Only 6.6 percent of Hernando County residents are Hispanic compared to 19.5 percent of all Florida residents. However, Hernando County's Hispanic population grew 55.1 percent compared to 45.1 percent for the state between 2000 and 2005.
- Females outnumber males in Hernando County.

Economic Characteristics

- Median and per capita incomes of Hernando County residents are substantially lower than those of all Florida residents.
- No zip code area has a median income which is higher than Florida. However, the per capita income in zip code 34607 (Spring Hill) is higher than Florida.
- 29.7 percent of Hernando County households have income less than \$25,000 compared to 25.5 percent for the state.
- While 6.0 percent of Florida households have incomes over \$150,000, only 2.6 percent of Hernando County households have the same.
- Only 10.3 percent of persons in Hernando County fall below the federal poverty threshold compared to 12.5 percent for the state. However, 21.5 percent of the population falls between 100 and 200 percent of the federal poverty threshold compared to only 18.7 percent for all of Florida.
- Hernando County has a smaller percentage (16.4) of its children in poverty than the state (17.6).
- Since 2000, the unemployment rate in Hernando County has exceeded the state of Florida (though rates have decreased in both Hernando County and Florida since 2002).
- Hernando County has a slightly higher percentage of small businesses (fewer than 50 employees) than Florida as a whole.
- In Hernando County, 62.5 percent of private business establishments are retail trade and service sector employers.

Educational Attainment

- Nearly 22 percent of Hernando County residents (age 25 and older) have no high school diploma compared to slightly more than 20 percent for Florida as a whole.
- Only 18.6 percent of Hernando County residents have achieved a college degree compared to 29.4 percent of all Florida residents.
- Since 2000, the high school graduation rate has been higher than the state of Florida though in the last two years they have been decreasing.
- In 2004 and 2005, Hernando County's drop-out rates were higher than the state reversing a trend between 2000 and 2003.

This page intentionally left blank.

Health Status

Introduction

This section of the assessment reviews the health status of Hernando County residents. The primary focus of the health status assessment is a review of various mortality and hospitalization data. The detailed assessment of the mortality and morbidity of Hernando County residents will enable the community to identify specific health indicators resulting in early death or unnecessary hospitalization and implement programs that will improve the overall health of the community.

The Health Status section will detail various mortality data, hospitalization statistics (in lieu of any other readily available morbidity data sources) and birth indicator data. An analysis of mental health status indicators will be presented in the Special Issues section that focuses on emerging mental health and pharmaceutical issues. Behavioral factors of Hernando County residents are the focus of the Community Health Assessment Survey section.

Leading Causes of Death

Average Annual Crude Mortality Rates

Rates for All Residents

Average annual crude (i.e. number of deaths) mortality rates are utilized to identify the major causes of death in the county. These rates assist providers and community leaders in healthcare delivery and policy in determining the medical service, prevention and education service needs of the community.

Since the 1950s, heart disease has been the leading cause of death in the nation and the state. Hernando County, with an average of 604 heart disease deaths per year from 2000-2004, is no exception (Table 3-1). This equates to approximately 462 heart disease deaths per 100,000 population during this time period. 34613 (Brooksville) has the highest average crude heart disease mortality rate and 34602 has the lowest. However, discrepancies in age distribution make it difficult to compare different geographic regions. It is more effective to utilize the age-adjusted mortality rate (later in this section) to compare among differing geographic areas.

Table 3-1 compares Hernando County with the state for annual crude mortality rates. All of Hernando County's leading causes of death are presented. The rank of that cause of death for Hernando County is in parentheses next to the causes of death on the table.

Hernando County's top10 leading causes of death are identical to the state of Florida. However, the rankings of the causes within the top 10 differ between Hernando and Florida. For example,

respiratory disease is the third leading cause of death in Hernando County though it is the fourth for all of Florida. In addition, Alzheimer's disease is the sixth leading cause of death in Hernando County while it is the seventh leading cause of death for Florida.

Rates by Race and Ethnicity

Tables 3-2, 3-3 and 3-4 show crude mortality rates for 2000-2004 for white residents, black residents and Hispanic residents, respectively. Because of the relatively small number of black and Hispanic residents in Hernando County (as detailed in the Demographic and Socioeconomic Profile section), analysis of their crude rates should be done carefully and with perspective. The low numbers in the population translate to low numbers overall and even fewer deaths. These few numbers of deaths and relatively low populations yield crude rates which are subject to wide fluctuation on an annual basis. This could result in dramatic shifts in the leading causes of death for black and Hispanic residents from year-to-year in Hernando County. Though attempts have been made to dampen this effect by utilizing a five-year average rate.

Because white residents make up the overwhelming majority of Hernando County's population, they drive the overall leading causes of death in Hernando County. As such, the top 10 leading causes of death for white residents mirrors the top 10 for all residents of Hernando County (Table 3-2).

For black and Hispanics residents, the picture is somewhat different. As seen in Table 3-3, diabetes is the third leading cause of death for black residents in Hernando County compared to the seventh for white residents. In addition, nephritis, perinatal conditions and HIV (albeit in small numbers with one death or fewer per year on average) are in the top 10 causes for black residents while influenza and pneumonia, suicide and liver disease are not.

Hispanics residents of Hernando County also have varied leading causes of death (based on average annual crude mortality rates) compared to their white and black counterparts. Table 3-4 shows that unintentional injury was the third leading cause of death for Hispanic residents between 2000-2004 compared to only the fifth leading cause of death for whites and the sixth leading cause of death for blacks. While respiratory disease is a high ranking cause of death for white and black residents of Hernando County, was only the eighth leading cause of death for Hispanic residents between 2000-2004.

Table 3-1a. Average annual crude mortality rates per 100,000 population for all races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes		Heart Disease (1)		Cancer (2)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	352.6	1,680.3	100.4	478.5	73.0	347.9
34602 Brooksville	65.8	1,106.4	16.0	269.0	17.6	295.9
34604 Brooksville	44.4	NA	8.6	NA	12.0	NA
34606 Spring Hill	452.4	1,871.0	127.8	528.6	115.2	476.4
34607 Spring Hill	104.0	1,488.9	30.4	435.2	28.8	412.3
34608 Spring Hill	386.0	1,685.1	106.4	464.5	99.0	432.2
34609 Spring Hill	338.8	1,188.8	94.2	330.5	96.0	336.9
34613 Brooksville	284.4	2,065.8	80.4	584.0	74.8	543.3
34614 Brooksville	31.8	1,146.4	10.2	367.7	8.0	288.4
Hernando	2,173.0	1,661.3	604.0	461.8	552.2	422.2
Florida	166,864.4	1,044.1	48,869.8	305.8	39,023.6	244.2

Area	Respiratory (3)		Stroke (4)		Unintentional Injuries	
	All (5)					
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	28.2	134.4	22.0	104.8	13.2	62.9
34602 Brooksville	6.8	114.3	2.2	37.0	3.0	50.4
34604 Brooksville	2.8	NA	1.2	NA	2.0	NA
34606 Spring Hill	29.8	123.2	30.4	125.7	12.8	52.9
34607 Spring Hill	6.2	88.8	6.6	94.5	3.0	42.9
34608 Spring Hill	25.8	112.6	25.0	109.1	14.2	62.0
34609 Spring Hill	19.8	69.5	22.0	77.2	11.4	40.0
34613 Brooksville	26.0	188.9	17.6	127.8	9.0	65.4
34614 Brooksville	3.0	108.1	0.6	21.6	1.8	64.9
Hernando	155.2	118.7	137.6	105.2	75.6	57.8
Florida	8,903.0	55.7	10,100.6	63.2	7,324.0	45.8

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-1a. Average annual crude mortality rates per 100,000 population for all races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Unintentional Injuries		Alzheimer's (6)		Diabetes (7)	
	MV Crashes		Avg Num	Rate	Avg Num	Rate
	Avg Num	Rate				
34601 Brooksville	5.8	27.6	14.4	68.6	12.6	60.0
34602 Brooksville	1.6	26.9	1.2	20.2	1.6	26.9
34604 Brooksville	1.2	NA	1.0	NA	2.0	NA
34606 Spring Hill	4.4	18.2	15.4	63.7	12.8	52.9
34607 Spring Hill	1.0	14.3	3.8	54.4	2.0	28.6
34608 Spring Hill	5.0	21.8	12.8	55.9	12.0	52.4
34609 Spring Hill	5.4	18.9	8.2	28.8	10.2	35.8
34613 Brooksville	3.6	26.1	10.0	72.6	10.6	77.0
34614 Brooksville	0.6	21.6	0.6	21.6	0.8	28.8
Hernando	31.4	24.0	69.0	52.8	68.0	52.0
Florida	3,068.8	19.2	3,908.0	24.5	4,632.6	29.0

Area	Influenza and Pneumonia (8)		Suicide (9)		Liver (10)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	4.4	21.0	5.6	26.7	3.8	18.1
34602 Brooksville	0.2	3.4	0.6	10.1	0.4	6.7
34604 Brooksville	1.2	NA	1.4	NA	0.4	NA
34606 Spring Hill	6.8	28.1	6.0	24.8	5.4	22.3
34607 Spring Hill	1.6	22.9	1.2	17.2	0.8	11.5
34608 Spring Hill	5.6	24.4	4.6	20.1	4.4	19.2
34609 Spring Hill	6.6	23.2	3.8	13.3	2.2	7.7
34613 Brooksville	3.6	26.1	2.0	14.5	3.0	21.8
34614 Brooksville	0.4	14.4	0.4	14.4	0.6	21.6
Hernando	31.4	24.0	26.6	20.3	22.2	17.0
Florida	3,180.8	19.9	2,285.6	14.3	2,104.0	13.2

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006

Table 3-1a. Average annual crude mortality rates per 100,000 population for all races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Septicemia (12)		Parkinson's (13)		Nephritis (14)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	3.2	15.2	2.8	13.3	3.0	14.3
34602 Brooksville	1.0	16.8	1.0	16.8	0.6	10.1
34604 Brooksville	0.6	NA	0.6	NA	0.4	NA
34606 Spring Hill	3.8	15.7	3.4	14.1	5.6	23.2
34607 Spring Hill	1.2	17.2	1.6	22.9	1.0	14.3
34608 Spring Hill	5.2	22.7	4.2	18.3	2.6	11.4
34609 Spring Hill	2.4	8.4	3.4	11.9	3.4	11.9
34613 Brooksville	1.6	11.6	2.4	17.4	1.6	11.6
34614 Brooksville	---	---	0.6	21.6	0.2	7.2
Hernando	21.2	16.2	20.6	15.7	19.4	14.8
Florida	1,759.4	11.0	1,302.6	8.2	2,185.4	13.7

Area	HIV (17)		Homicide (18)		Perinatal Conditions (20)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	1.6	7.6	2.0	9.5	1.0	4.8
34602 Brooksville	---	---	0.4	6.7	---	---
34604 Brooksville	---	NA	---	NA	0.2	NA
34606 Spring Hill	0.6	2.5	0.4	1.7	0.4	1.7
34607 Spring Hill	0.2	2.9	---	---	---	---
34608 Spring Hill	1.0	4.4	0.8	3.5	1.4	6.1
34609 Spring Hill	1.0	3.5	0.4	1.4	0.6	2.1
34613 Brooksville	1.2	8.7	0.6	4.4	0.2	1.5
34614 Brooksville	---	---	0.2	7.2	---	---
Hernando	5.6	4.3	5.4	4.1	3.8	2.9
Florida	1,727.2	10.8	987.6	6.2	775.8	4.9

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S.

Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-1b shows the leading causes of death, based on crude deaths and crude death rates, for the following age groups: 0-17, 18-64 and 65 and over. As seen in Table 3-1b, the unintentional injury death rate for Hernando County for 2000-2004 is nearly twice as high than the rate for all of Florida. Motor vehicle crash (which is a form of unintentional injury) death rates are also nearly twice as high for Hernando County residents age 0-17 when compare to their Florida counterparts.

Of the three age groups portrayed in Table 3-1b, the 18-64 age group compares least favorably to their statewide counterparts. The death rates for the top five causes of death in Hernando County for residents age 18-64 are all substantially higher than the death rates for Florida residents age 18-64.

Unlike those age 18-64, death rates for three of the top five causes of death for Hernando County residents age 65 and older are substantially lower than the rates of their counterparts for Florida as a whole. In addition, the cancer and respiratory disease death rates for residents age 65 and older in Hernando County are only slightly higher than Florida's rates.

Table 3-1b. Top 5 causes of death by age group in Hernando County and Florida, 2000-2004.

Cause of Death	0-17 Years of Age			
	Hernando County		Florida	
	Number of Deaths	Rate Per 100,000 Population	Number of Deaths	Rate Per 100,000 Population
All Causes	90	70.2	12,619	66.5
Unintentional Injuries	35	27.3	2,652	14.0
MV Crashes	17	13.3	1,334	7.0
Perinatal Conditions	19	14.8	3,869	20.4
Congenital Anomalies	13	10.1	1,664	8.8
Cancer	4	3.1	499	2.6
Heart Disease	3	2.3	286	1.5
Cause of Death	18-64 Years of Age			
	Hernando County		Florida	
	Number of Deaths	Rate Per 100,000 Population	Number of Deaths	Rate Per 100,000 Population
All Causes	1,823	514.1	185,389	367.9
Cancer	568	160.2	51,903	103.0
Heart Disease	365	102.9	34,599	68.7
Unintentional Injuries	206	58.1	22,932	45.5
MV Crashes	109	30.7	11,008	21.8
Suicide	93	26.2	8,522	16.9
Respiratory Disease	71	20.0	5,247	10.4
Cause of Death	65+ Years of Age			
	Hernando County		Florida	
	Number of Deaths	Rate Per 100,000 Population	Number of Deaths	Rate Per 100,000 Population
All Causes	8,925	4,306.5	630,298	5,248.1
Heart Disease	2,647	1,277.2	206,557	1,719.9
Cancer	2,188	1,055.8	116,777	972.3
Respiratory Disease	701	338.2	39,075	325.4
Stroke	619	298.7	44,518	370.7
Influenza and Pneumonia	145	70.0	13,702	114.1

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; CHARTS population accessed 8-6-06.

Prepared by: WellFlorida Council, 2006.

Table 3-2. Average annual crude mortality rates per 100,000 population for white races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes		Heart Disease (1)		Cancer (2)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	322.8	1,810.9	94.8	531.8	66.2	371.4
34602 Brooksville	61.8	1,168.7	15.4	291.2	17.0	321.5
34604 Brooksville	43.0	NA	8.4	NA	11.8	NA
34606 Spring Hill	448.4	1,952.9	127.0	553.1	114.4	498.2
34607 Spring Hill	101.8	1,529.4	29.6	444.7	28.6	429.7
34608 Spring Hill	375.6	1,736.5	103.8	479.9	97.0	448.5
34609 Spring Hill	330.6	1,249.1	92.6	349.9	93.6	353.6
34613 Brooksville	283.2	2,111.9	80.0	596.6	74.2	553.3
34614 Brooksville	31.8	1,185.2	10.2	380.2	8.0	298.2
Hernando	2,110.4	1,737.6	591.0	486.6	538.4	443.3
Florida	148,208.6	1,189.0	44,177.4	354.4	35,188.6	282.3

Area	Respiratory (3)		Stroke (4)		Unintentional Injuries	
					All (5)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	26.2	147.0	20.2	113.3	11.8	66.2
34602 Brooksville	6.6	124.8	2.2	41.6	2.8	53.0
34604 Brooksville	2.6	NA	1.2	NA	2.0	NA
34606 Spring Hill	29.6	128.9	30.0	130.7	12.8	55.7
34607 Spring Hill	6.2	93.1	6.6	99.2	3.0	45.1
34608 Spring Hill	25.0	115.6	23.8	110.0	13.8	63.8
34609 Spring Hill	19.6	74.1	21.4	80.9	11.0	41.6
34613 Brooksville	26.0	193.9	17.6	131.2	9.0	67.1
34614 Brooksville	3.0	111.8	0.6	22.4	1.8	67.1
Hernando	151.6	124.8	133.4	109.8	73.0	60.1
Florida	8,427.6	67.6	8,818.2	70.7	6,383.4	51.2

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-2. Average annual crude mortality rates per 100,000 population for white races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Unintentional Injuries		Alzheimer's (6)		Diabetes (7)	
	MV Crashes		Avg Num	Rate	Avg Num	Rate
	Avg Num	Rate				
34601 Brooksville	5.4	30.3	13.8	77.4	10.4	58.3
34602 Brooksville	1.4	26.5	1.2	22.7	1.2	22.7
34604 Brooksville	1.2	NA	1.0	NA	1.6	NA
34606 Spring Hill	4.4	19.2	15.0	65.3	12.8	55.7
34607 Spring Hill	1.0	15.0	3.8	57.1	1.8	27.0
34608 Spring Hill	4.6	21.3	12.6	58.3	11.0	50.9
34609 Spring Hill	5.2	19.6	8.0	30.2	9.6	36.3
34613 Brooksville	3.6	26.8	10.0	74.6	10.4	77.6
34614 Brooksville	0.6	22.4	0.6	22.4	0.8	29.8
Hernando	30.0	24.7	67.6	55.7	63.0	51.9
Florida	2,574.2	20.7	3,712.6	29.8	3,758.8	30.2

Area	Influenza and Pneumonia (8)		Suicide (9)		Liver (10)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	4.0	22.4	5.6	31.4	3.2	18.0
34602 Brooksville	0.2	3.8	0.6	11.3	0.4	7.6
34604 Brooksville	1.2	NA	1.4	NA	0.4	NA
34606 Spring Hill	6.8	29.6	6.0	26.1	5.4	23.5
34607 Spring Hill	1.6	24.0	1.2	18.0	0.8	12.0
34608 Spring Hill	5.4	25.0	4.6	21.3	4.4	20.3
34609 Spring Hill	6.4	24.2	3.8	14.4	2.0	7.6
34613 Brooksville	3.6	26.8	2.0	14.9	3.0	22.4
34614 Brooksville	0.4	14.9	0.4	14.9	0.6	22.4
Hernando	30.6	25.2	26.6	21.9	21.4	17.6
Florida	2,870.4	23.0	2,144.2	17.2	1,931.6	15.5

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Table 3-2. Average annual crude mortality rates per 100,000 population for white races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Septicemia (12)		Parkinson's (13)		Nephritis (14)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	3.2	18.0	2.8	15.7	2.4	13.5
34602 Brooksville	0.8	15.1	1.0	18.9	0.6	11.3
34604 Brooksville	0.6	NA	0.6	NA	0.4	NA
34606 Spring Hill	3.8	16.5	3.2	13.9	5.4	23.5
34607 Spring Hill	1.2	18.0	1.4	21.0	1.0	15.0
34608 Spring Hill	4.6	21.3	4.0	18.5	2.6	12.0
34609 Spring Hill	2.4	9.1	3.0	11.3	3.2	12.1
34613 Brooksville	1.6	11.9	2.4	17.9	1.6	11.9
34614 Brooksville	---	---	0.6	22.4	0.2	7.5
Hernando	20.2	16.6	19.6	16.1	18.4	15.1
Florida	1,509.0	12.1	1,260.8	10.1	1,810.2	14.5

Area	HIV (17)		Homicide (18)		Perinatal Conditions (20)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	0.8	4.5	1.6	9.0	0.6	3.4
34602 Brooksville	---	---	0.2	3.8	---	---
34604 Brooksville	---	NA	---	NA	0.2	NA
34606 Spring Hill	0.6	2.6	0.4	1.7	0.4	1.7
34607 Spring Hill	0.2	3.0	---	---	---	---
34608 Spring Hill	1.0	4.6	0.8	3.7	1.0	4.6
34609 Spring Hill	1.0	3.8	0.4	1.5	0.4	1.5
34613 Brooksville	1.2	8.9	0.6	4.5	0.2	1.5
34614 Brooksville	---	---	0.2	7.5	---	---
Hernando	4.8	4.0	4.6	3.8	2.8	2.3
Florida	661.0	5.3	531.0	4.3	412.4	3.3

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Table 3-3. Average annual crude mortality rates per 100,000 population for black races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes		Cancer (1)		Heart Disease (2)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	28.6	1,168.3	6.4	261.4	5.6	228.8
34602 Brooksville	3.8	763.1	0.6	120.5	0.6	120.5
34604 Brooksville	1.4	NA	0.2	NA	0.2	NA
34606 Spring Hill	3.6	801.8	0.8	178.2	0.8	178.2
34607 Spring Hill	1.6	1,280.0	0.2	160.0	0.6	480.0
34608 Spring Hill	9.4	1,681.6	2.0	357.8	2.6	465.1
34609 Spring Hill	7.0	659.1	2.4	226.0	1.4	131.8
34613 Brooksville	0.4	519.5	0.2	259.7	0.2	259.7
34614 Brooksville	---	---	---	---	---	---
Hernando	57.4	1,076.9	12.8	240.2	12.2	228.9
Florida	17,699.2	757.8	3,605.4	154.4	4,472.4	191.5

Area	Diabetes (3)		Stroke (4)		Respiratory (5)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	2.0	81.7	1.8	73.5	2.0	81.7
34602 Brooksville	0.4	80.3	---	---	0.2	40.2
34604 Brooksville	0.4	NA	---	NA	0.2	NA
34606 Spring Hill	---	---	0.4	89.1	0.2	44.5
34607 Spring Hill	0.2	160.0	---	---	---	---
34608 Spring Hill	0.8	143.1	1.2	214.7	0.6	107.3
34609 Spring Hill	0.4	37.7	0.4	37.7	0.2	18.8
34613 Brooksville	---	---	---	---	---	---
34614 Brooksville	---	---	---	---	---	---
Hernando	4.2	78.8	4.0	75.0	3.4	63.8
Florida	836.2	35.8	1,210.8	51.8	445.4	19.1

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-3. Average annual crude mortality rates per 100,000 population for black races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Unintentional Injuries				Alzheimer's (7)	
	All (6)		MV Crashes			
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	1.2	49.0	0.4	16.3	0.6	24.5
34602 Brooksville	0.2	40.2	0.2	40.2	---	---
34604 Brooksville	---	NA	---	NA	---	NA
34606 Spring Hill	---	---	---	---	0.4	89.1
34607 Spring Hill	---	---	---	---	---	---
34608 Spring Hill	0.2	35.8	0.2	35.8	0.2	35.8
34609 Spring Hill	0.4	37.7	0.2	18.8	0.2	18.8
34613 Brooksville	---	---	---	---	---	---
34614 Brooksville	---	---	---	---	---	---
Hernando	2.2	41.3	1.2	22.5	1.4	26.3
Florida	858.2	36.7	451.6	19.3	186.0	8.0

Area	Nephritis (8)		Perinatal Conditions (8)		HIV (10)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	0.6	24.5	0.4	16.3	0.8	32.7
34602 Brooksville	---	---	---	---	---	---
34604 Brooksville	---	NA	---	NA	---	NA
34606 Spring Hill	0.2	44.5	---	---	---	---
34607 Spring Hill	---	---	---	---	---	---
34608 Spring Hill	---	---	0.4	71.6	---	---
34609 Spring Hill	0.2	18.8	0.2	18.8	---	---
34613 Brooksville	---	---	---	---	---	---
34614 Brooksville	---	---	---	---	---	---
Hernando	1.0	18.8	1.0	18.8	0.8	15.0
Florida	363.2	15.6	350.2	15.0	1,059.0	45.3

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-3. Average annual crude mortality rates per 100,000 population for black races by leading causes of deaths, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Homicide (10)		Parkinson's (10)		Septicemia (10)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	0.4	16.3	---	---	---	---
34602 Brooksville	0.2	40.2	---	---	0.2	40.2
34604 Brooksville	---	NA	---	NA	---	NA
34606 Spring Hill	---	---	0.2	44.5	---	---
34607 Spring Hill	---	---	---	---	---	---
34608 Spring Hill	---	---	0.2	35.8	0.4	71.6
34609 Spring Hill	---	---	0.4	37.7	---	---
34613 Brooksville	---	---	---	---	---	---
34614 Brooksville	---	---	---	---	---	---
Hernando	0.8	15.0	0.8	15.0	0.8	15.0
Florida	443.6	19.0	34.4	1.5	239.8	10.3

Area	Influenza and Pneumonia (14)		Liver (14)		Suicide (No Rank)	
	Avg Num	Rate	Avg Num	Rate	Avg Num	Rate
34601 Brooksville	0.4	16.3	0.6	24.5	---	---
34602 Brooksville	---	---	---	---	---	---
34604 Brooksville	---	NA	---	NA	---	NA
34606 Spring Hill	---	---	---	---	---	---
34607 Spring Hill	---	---	---	---	---	---
34608 Spring Hill	0.2	35.8	---	---	---	---
34609 Spring Hill	---	---	---	---	---	---
34613 Brooksville	---	---	---	---	---	---
34614 Brooksville	---	---	---	---	---	---
Hernando	0.6	11.3	0.6	11.3	---	---
Florida	293.6	12.6	157.2	6.7	121.4	5.2

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get a crude rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-4. Average annual crude mortality rates per 100,000 population for Hispanics by leading causes of deaths, Hernando County and Florida, 2000-2004.

Cause of Death	Hernando County		Florida	
	Avg. Number	Crude Rate Per 100,000 Population	Avg. Number	Crude Rate Per 100,000 Population
All Causes	50.6	768.2	14,856.2	553.8
Heart Diseases (1)	12.8	194.3	5,679.4	211.7
Cancer (2)	10.6	160.9	3,188.0	118.8
Unintentional Injury (3)	4.2	63.8	935.2	34.9
Motor Vehicle Crashes	2.0	30.4	536.6	20.0
Stroke (4)	3.2	48.6	792.2	29.5
Alzheimer's Disease (5)	1.8	27.3	390.2	14.5
Chronic Liver Diseases & Cirrhosis (6)	1.6	24.3	294.4	11.0
Diabetes Mellitus (7)	1.4	21.3	532.2	19.8
Chronic Lower Respiratory Diseases (8)	1.0	15.2	520.8	19.4
Influenza & Pneumonia (9)	1.0	15.2	306.8	11.4
Suicide (10)	1.0	15.2	210.8	7.9

Numbers in parentheses (*) are the rank of that cause of death for Hernando County.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Age-Adjusted Mortality Rates

To further explore the health status of Hernando County residents, age-adjusted mortality rates are used to compare Hernando County to Florida and zip codes within Hernando County. In order to compare accurately mortality rates between differing geographic areas, adjustments must be made to account for the differences in age-group distributions between populations. This is called “age-adjusting” a mortality rate. The age-group distribution of a “standard” population is used for this purpose. The standard population for purposes of this study is the 2000 U.S. population.

Age-adjusted rates are those rates that would have been observed if the age distribution of the areas being compared were the same as that of the standard 2000 U.S. population. Basically, age-adjusted rates represent a summary or indicator rate by cause of death and permit an unbiased comparison regardless in difference in age distribution of populations being compared.

Rates for All Residents

Table 3-5 presents an examination of the age-adjusted mortality rate for the 20 leading causes of death in Hernando County for 2000-2004 compared to Florida. The table also shows age-adjusted mortality rates by zip code. Careful consideration should be taken when comparing zip code rates. Populations in zip code areas vary widely. Larger zip codes generally have greater numbers of deaths, which result in more predictable and less variable rates. Smaller zip code areas generate smaller numbers of deaths and are prone to wider variation in rates, especially among causes of death that result in very few deaths annually.

In the 2001 needs assessment (based on 1999 death data), it was reported that county residents had age-adjusted mortality rates that were higher than the state for six of the 10 leading causes of death. Recent data in Table 3-5 shows that Hernando County now exceeds the state's age-adjusted mortality rate in nine out of the top 10 causes of death. Only the age-adjusted death rate for pneumonia and influenza is lower in Hernando County than for Florida as a whole.

Though the Hernando County age-adjusted heart disease mortality rate is only slightly higher than the states, the rate in 34614 (Brooksville) is nearly double the state rate. Actually, age-adjusted heart disease death rates are lower than the state rate in four of the zip code areas (34602, 34606, 34608 and 3461).

All of the zip code areas in Hernando County have a higher age-adjusted mortality rate than Florida for cancer. Respiratory disease demonstrates the same pattern. All zip codes in Hernando County have higher respiratory disease age-adjusted mortality rates for 2000-2004 than Florida as a whole. In fact, the death rate in 34614 (Brooksville) is more than double the state rate. Figure 3-1 shows graphically that for the top 5 causes of death, overall Hernando County does not compare favorably to the state.

Table 3-5. Age adjusted mortality rates per 100,000 population for all races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes	Heart Disease (1)	Cancer (2)	Respiratory (3)	Stroke (4)
34601 Brooksville	1,039.2	273.7	220.4	74.8	59.1
34602 Brooksville	911.8	211.5	231.7	89.7	33.5
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	836.0	217.3	194.5	46.0	50.7
34607 Spring Hill	927.3	276.7	213.9	54.7	66.2
34608 Spring Hill	831.5	209.2	204.6	46.3	46.9
34609 Spring Hill	884.3	242.2	227.8	49.2	58.1
34613 Brooksville	853.0	218.3	204.8	62.8	43.7
34614 Brooksville	1,383.4	451.9	267.0	106.2	57.1
Hernando	908.2	235.7	218.1	56.0	52.3
Florida	822.8	232.4	191.3	41.6	47.7

Area	Unintentional Injuries		Alzheimer's (6)	Diabetes (7)	Influenza and Pneumonia (8)
	All (5)	MV Crashes			
34601 Brooksville	63.4	30.7	34.8	36.9	12.8
34602 Brooksville	54.2	30.3	18.5	20.4	3.4
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	60.3	24.8	23.5	21.7	9.2
34607 Spring Hill	41.8	15.1	42.7	14.5	13.6
34608 Spring Hill	54.2	24.2	24.2	29.3	11.5
34609 Spring Hill	38.5	18.0	25.4	24.1	18.2
34613 Brooksville	66.5	32.8	25.7	29.1	10.8
34614 Brooksville	82.9	43.1	77.5	23.6	8.9
Hernando	57.3	27.0	26.7	27.2	12.3
Florida	43.6	19.0	17.9	22.6	15.1

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-5. Age adjusted mortality rates per 100,000 population for all races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Suicide (9)	Liver (10)	Septicemia (12)	Parkinson's (13)
34601 Brooksville	26.9	15.2	9.1	6.7
34602 Brooksville	10.8	4.9	13.5	15.1
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	31.0	17.0	5.1	4.9
34607 Spring Hill	12.2	5.7	7.5	15.3
34608 Spring Hill	21.9	10.9	11.3	7.1
34609 Spring Hill	13.2	6.4	6.1	8.8
34613 Brooksville	12.0	15.6	5.2	4.5
34614 Brooksville	33.0	19.7	---	34.7
Hernando	20.9	11.9	8.5	7.2
Florida	13.7	11.6	8.6	5.9

Area	Nephritis (14)	HIV (17)	Homicide (18)	Perinatal Conditions (20)
34601 Brooksville	8.9	8.9	11.5	6.2
34602 Brooksville	7.4	---	6.1	---
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	12.0	4.4	1.7	2.8
34607 Spring Hill	8.2	2.3	---	---
34608 Spring Hill	4.4	5.7	5.4	11.2
34609 Spring Hill	8.4	3.8	1.8	3.3
34613 Brooksville	3.8	14.2	4.3	3.7
34614 Brooksville	25.8	---	7.7	---
Hernando	7.7	5.4	5.4	4.8
Florida	10.4	10.9	6.4	5.7

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Rates by Race and Ethnicity

Because white residents make up the overwhelming majority of Hernando County's population, they drive the age-adjusted mortality rates in Hernando County much as they do the crude rates. As such, Figure 3-1a demonstrates an identical situation for white residents as for all residents in Figure 3-1. The unfavorable comparison with the state of white resident age-adjusted death rates for leading causes of death is reflected in the poor overall rates for all residents. Trends in the white population's age-adjusted mortality rates therefore mirror those for the total population.

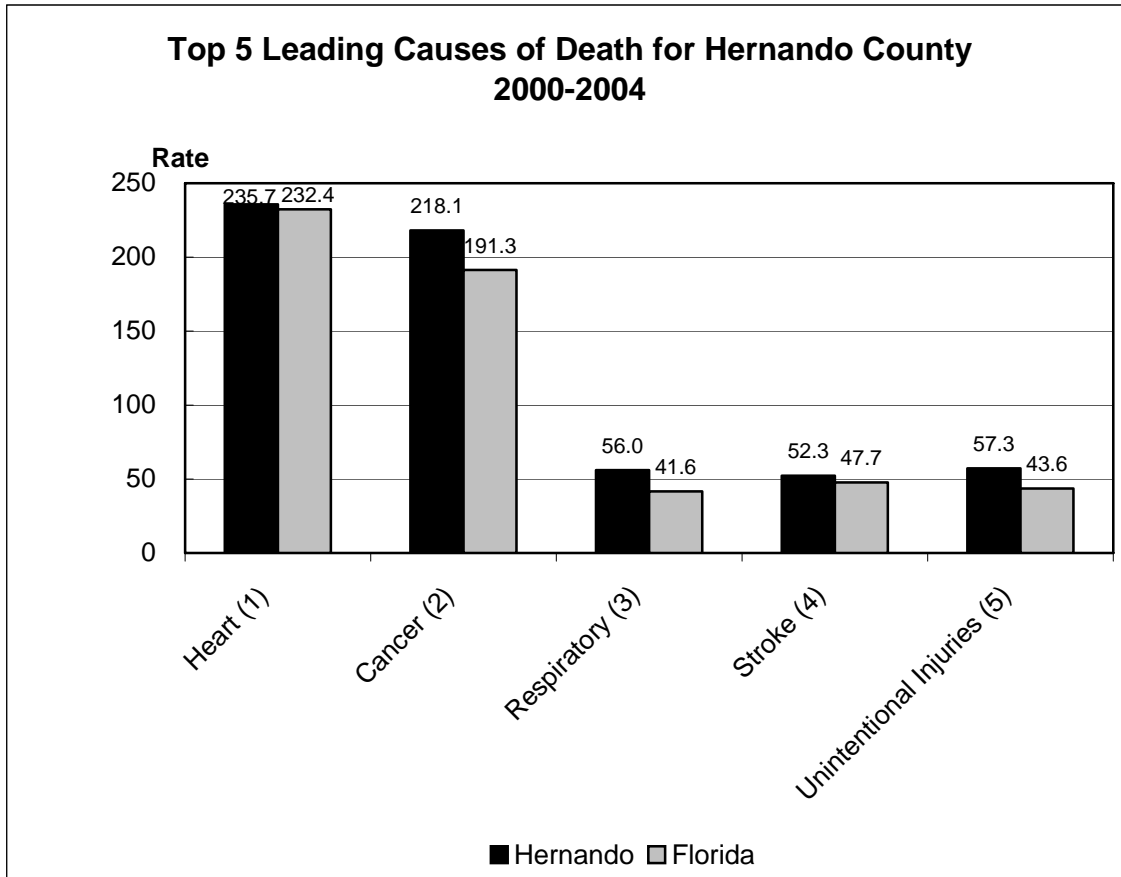
There are, however, substantial differences in the black resident population. Like the crude rate, age-adjusted mortality rates can also be affected by small numbers of population and few deaths. Because of the relatively small number of black residents in Hernando County (as detailed in the Demographic and Socioeconomic Profile section), analysis of their age-adjusted mortality rates should be done carefully and with perspective. The low numbers in the population translate to low numbers overall and even fewer deaths.

These few numbers of deaths and relatively low populations yield age-adjusted rates which are subject to wide fluctuation on an annual basis. This could result in dramatic shifts in the leading causes of death for black and Hispanic residents from year-to-year in Hernando County. Though attempts have been made to dampen this effect by utilizing a five-year average rate. It should be noted that age-adjusted death rates are not calculated for the Hispanic population because the age-specific population estimates needed to calculate an age-adjusted death rate are not available for the study period between 2000-2004.

Unlike white residents, black residents actually compare favorably to their state counterparts in two areas. Age-adjusted mortality rates for heart disease and stroke for black Hernando County residents are lower than for black residents throughout Florida (Figure 3-1b). In fact, the age-adjusted heart disease death rates are almost 25 percent below the state rate. However, age-adjusted respiratory disease mortality rate is more than twice as high as that for black residents statewide.

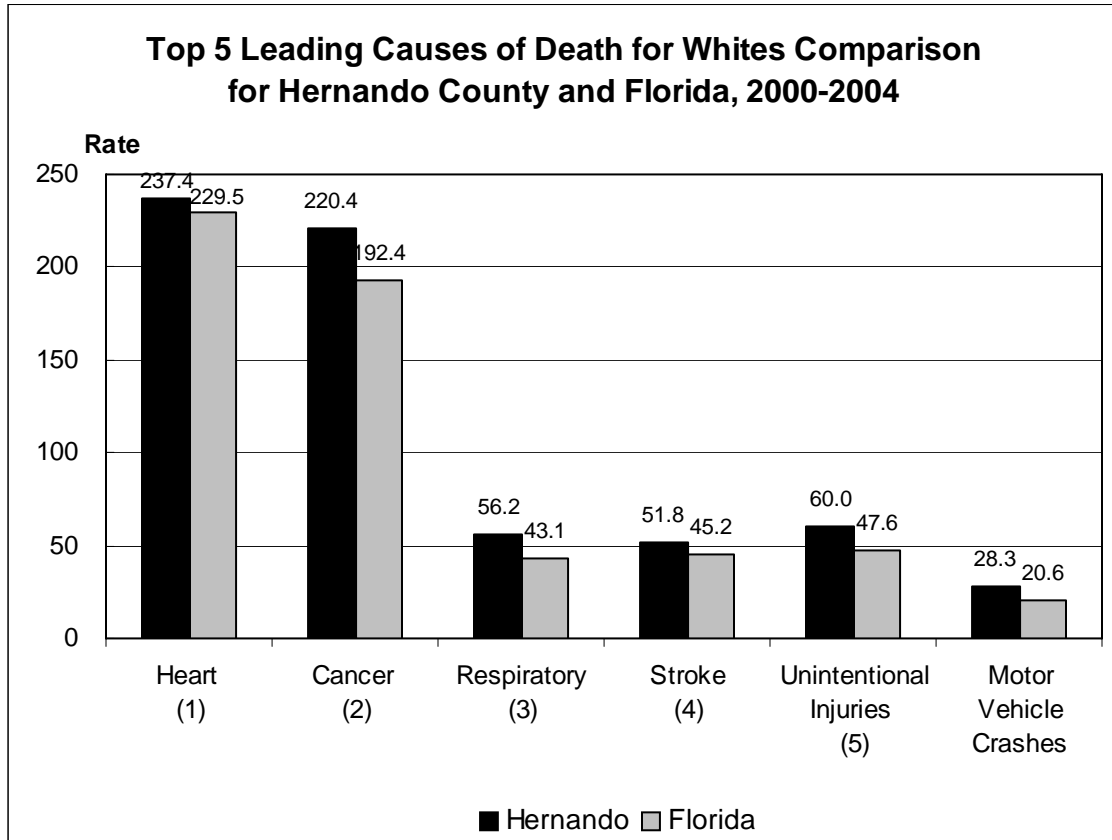
Table 3-7 provides an overview of age-adjusted death rates for black residents in Hernando County between 2000-2004. This data is provided for completeness and to assist policymakers and health planners. However, it is easily seen in the data that rates for many of the zip codes for many of the causes cannot be calculated as there were no deaths for the particular cause during the five-year study period from 2000-2004.

Figure 3-1. Age adjusted mortality rates per 100,000 population for all races for top 5 leading causes of death, Hernando County and Florida, 2000-2004.



Numbers in parentheses (*) are the rank of that cause of death for Hernando County.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004;
 U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.
 Prepared by: WellFlorida Council, 2006.

Figure 3-1a. Age adjusted mortality rates per 100,000 population for whites for top 5 leading causes of death, Hernando County and Florida, 2000-2004.

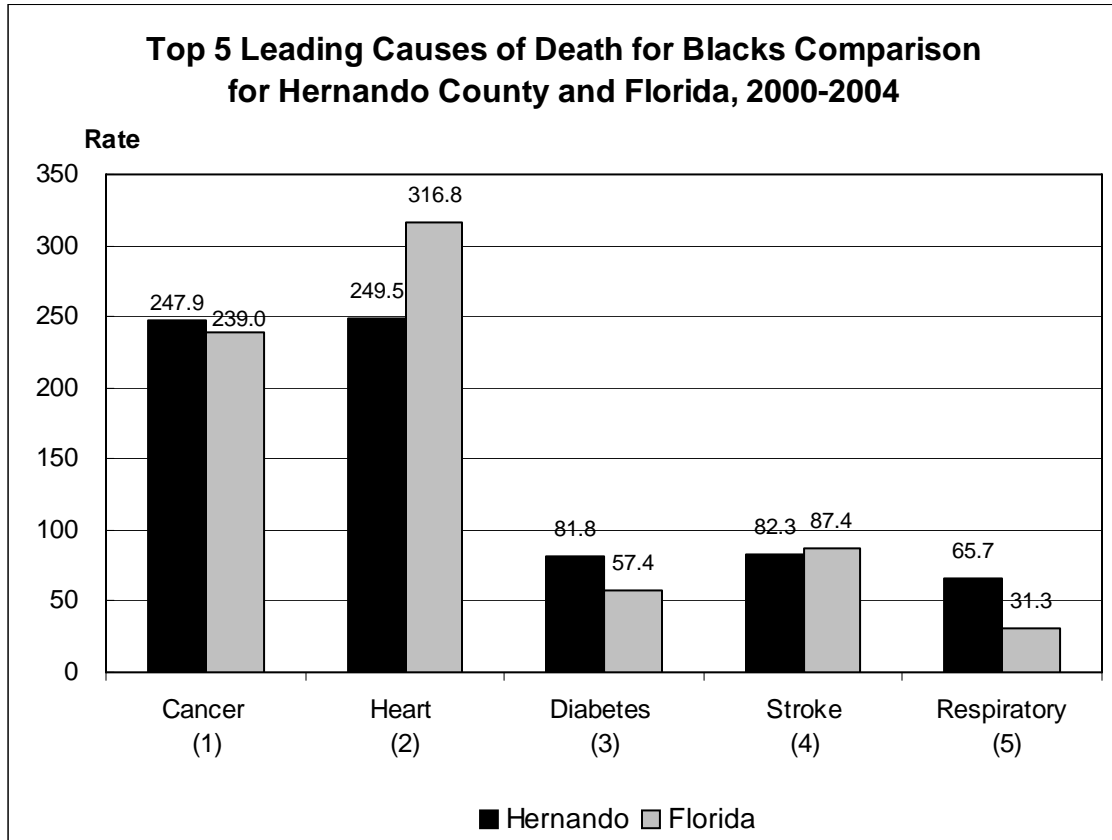


Numbers in parentheses (*) are the rank of that cause of death for Florida.

Rate: Age Adjusted death rate per 100,000 population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Figure 3-1b. Age adjusted mortality rates per 100,000 population for blacks for top 5 leading causes of death, Hernando County and Florida, 2000-2004.



Numbers in parentheses (*) are the rank of that cause of death for Hernando County.

Rate: Age Adjusted death rate per 100,000 population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Table 3-6. Age adjusted mortality rates per 100,000 population for white races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes	Heart (1)	Cancer (2)	Respiratory (3)	Stroke (4)
34601 Brooksville	1,060.4	273.6	216.2	74.1	57.1
34602 Brooksville	898.2	214.1	235.8	91.9	35.5
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	898.7	222.2	197.6	46.9	50.4
34607 Spring Hill	903.7	275.1	219.2	55.7	67.5
34608 Spring Hill	869.4	209.4	206.6	45.0	45.8
34609 Spring Hill	889.7	248.3	232.0	50.8	58.8
34613 Brooksville	908.8	218.4	205.0	63.5	44.0
34614 Brooksville	1,269.8	456.0	271.9	107.8	57.3
Hernando	912.6	237.4	220.4	56.2	51.8
Florida	812.4	229.5	192.4	43.1	45.2

Area	Unintentional Injuries		Alzheimer's (6)	Diabetes (7)	Influenza and Pneumonia (8)
	All (5)	MV Crashes			
34601 Brooksville	66.2	34.5	35.2	31.5	12.3
34602 Brooksville	56.2	29.1	19.7	16.1	3.7
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	65.2	26.9	23.1	22.3	9.4
34607 Spring Hill	43.7	15.7	43.3	13.6	13.8
34608 Spring Hill	56.2	24.6	24.3	27.3	10.3
34609 Spring Hill	40.9	19.3	25.5	23.9	18.6
34613 Brooksville	69.5	34.6	25.9	29.1	11.0
34614 Brooksville	84.7	43.6	77.5	24.1	9.0
Hernando	60.0	28.3	26.9	25.8	12.1
Florida	47.6	20.6	18.3	20.3	14.9

Numbers in parentheses (*) are the rank of that cause of death for Hernando County. Avg Num = Average number of deaths.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-6. Age adjusted mortality rates per 100,000 population for white races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Suicide (9)	Liver (10)	Septicemia (12)	Parkinson's (13)
34601 Brooksville	31.6	14.3	9.9	7.1
34602 Brooksville	12.3	5.2	11.5	16.0
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	33.3	17.7	5.2	4.4
34607 Spring Hill	12.6	5.9	7.6	12.4
34608 Spring Hill	23.5	11.4	8.7	6.9
34609 Spring Hill	14.3	6.0	6.4	8.4
34613 Brooksville	12.4	16.1	5.3	4.5
34614 Brooksville	33.3	20.4	---	34.9
Hernando	22.7	12.0	8.1	7.0
Florida	15.9	12.4	8.1	6.2

Area	Nephritis (14)	HIV (17)	Homicide (18)	Perinatal Conditions (20)
34601 Brooksville	8.2	5.5	11.0	5.0
34602 Brooksville	7.8	---	3.3	---
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	12.1	4.8	1.8	3.1
34607 Spring Hill	8.6	2.5	---	---
34608 Spring Hill	4.5	6.1	5.8	9.1
34609 Spring Hill	8.4	4.1	2.0	2.4
34613 Brooksville	3.8	14.8	4.4	3.8
34614 Brooksville	25.8	---	7.9	---
Hernando	7.6	5.1	5.0	4.1
Florida	9.4	5.3	4.4	4.5

Numbers in parentheses (*) are the rank of that cause of death for Hernando County.
 NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-7. Age adjusted mortality rates per 100,000 population for black races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004.

Area	All Causes	Cancer (1)	Heart (2)	Diabetes (3)	Stroke (4)
34601 Brooksville	1,421.3	309.2	291.1	94.0	88.3
34602 Brooksville	1,158.9	168.0	196.6	127.2	---
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	666.8	186.4	115.3	-	87.4
34607 Spring Hill	1,389.5	47.2	558.9	81.5	---
34608 Spring Hill	1,337.6	317.3	357.1	115.2	176.1
34609 Spring Hill	737.6	257.9	131.4	30.8	35.6
34613 Brooksville	508.1	146.7	361.4	---	---
34614 Brooksville	---	---	---	---	---
Hernando	1,174.9	247.9	249.5	81.8	82.3
Florida	1,145.3	239.0	316.8	57.4	87.4

Area	Respiratory (5)	Unintentional Injuries		Alzheimer's (7)	Nephritis (8)
		All (6)	MV Crashes		
34601 Brooksville	103.1	49.4	12.6	32.5	36.3
34602 Brooksville	69.0	69.1	69.1	---	---
34604 Brooksville	NA	NA	NA	NA	NA
34606 Spring Hill	39.7	-	-	77.5	38.8
34607 Spring Hill	---	---	---	---	---
34608 Spring Hill	95.5	16.1	16.1	20.9	---
34609 Spring Hill	10.4	30.8	10.4	34.5	20.4
34613 Brooksville	---	---	---	---	---
34614 Brooksville	---	---	---	---	---
Hernando	65.7	42.6	20.8	34.4	26.0
Florida	31.3	41.5	20.7	15.7	25.4

Numbers in parentheses (*) are the rank of that cause of death for Hernando County.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Table 3-7. Age adjusted mortality rates per 100,000 population for black races by leading causes of death, by zip code, Hernando County and Florida, 2000-2004 Continued.

Area	Perinatal Conditions (8)	Septicemia (10)	Parkinson's (10)	HIV (10)
34601 Brooksville	13.8	---	---	42.5
34602 Brooksville	---	58.2	---	---
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	---	---	39.7	---
34607 Spring Hill	---	---	---	---
34608 Spring Hill	55.3	66.6	16.1	---
34609 Spring Hill	55.3	---	30.8	---
34613 Brooksville	---	---	---	---
34614 Brooksville	---	---	---	---
Hernando	20.6	18.2	13.1	19.5
Florida	12.5	16.2	2.7	51.1

Area	Homicide (10)	Influenza and Pneumonia (14)	Liver (14)	Suicide (No Rank)
34601 Brooksville	13.3	23.7	26.8	---
34602 Brooksville	58.6	---	---	---
34604 Brooksville	NA	NA	NA	NA
34606 Spring Hill	---	---	---	---
34607 Spring Hill	---	---	---	---
34608 Spring Hill	---	43.7	---	---
34609 Spring Hill	---	---	---	---
34613 Brooksville	---	---	---	---
34614 Brooksville	---	---	---	---
Hernando	17.2	15.0	12.7	---
Florida	18.4	20.6	9.1	5.5

Numbers in parentheses (*) are the rank of that cause of death for Hernando County.

NA = zip code 34604 was not available in the 2000 census; therefore there was no population available to use in calculations to get an age adjusted mortality rate.

A " --- " indicates there were zero deaths, and thus no rate in that area during the 5-year time period.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1.

Prepared by: WellFlorida Council, 2006.

Health Disparities

Figure 3-2 through Figure 3-7 gives us a glimpse at the health disparities that exist in Hernando County as they do throughout Florida and the United States. However, there is some good news in these numbers.

Figure 3-2 compares the age-adjusted heart disease mortality rates for white and black residents in Hernando County and for Florida. Though the black resident rate is indeed higher than the white resident rate in Hernando County, the disparity in rates is much less pronounced than for Florida as a whole.

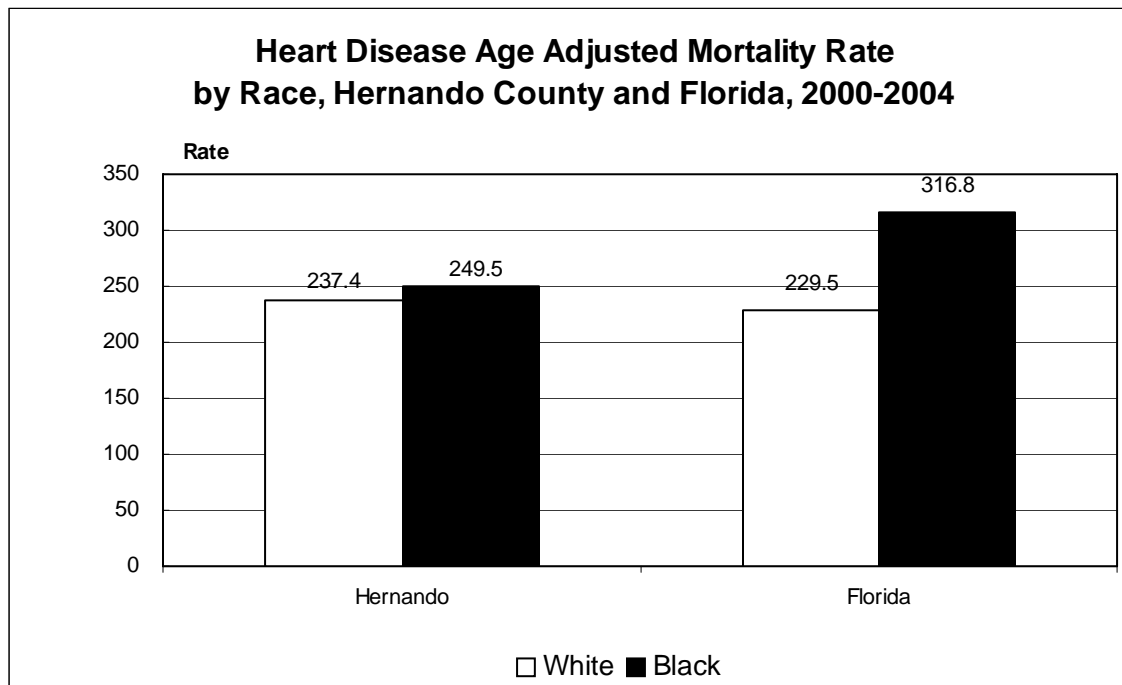
Age-adjusted death rates for cancer follow a similar pattern (Figure 3-3). While both the white and black residents of Hernando County fair poorly than their counterparts throughout the state in terms of age-adjusted cancer death rates, the disparity gap is smaller in Hernando County than for the state.

Respiratory disease exhibits perhaps the most troubling disparity pattern. As seen in Figure 3-4, respiratory disease age-adjusted mortality rates for white residents in Florida are substantially higher than that of black residents. However, not only are the Hernando County rates for both white and black residents substantially worse than Florida but the age-adjusted death rate for blacks actually exceeds the rate for whites by a wide margin.

The disparity gaps in stroke and unintentional injury age-adjusted mortality rates (Figures 3-5 and 3-6) mirror the gaps at the state level. Black residents die at a disproportionate rate from stroke than their white counterparts while white residents die at a disproportionate rate from unintentional injury compared to their black resident counterparts.

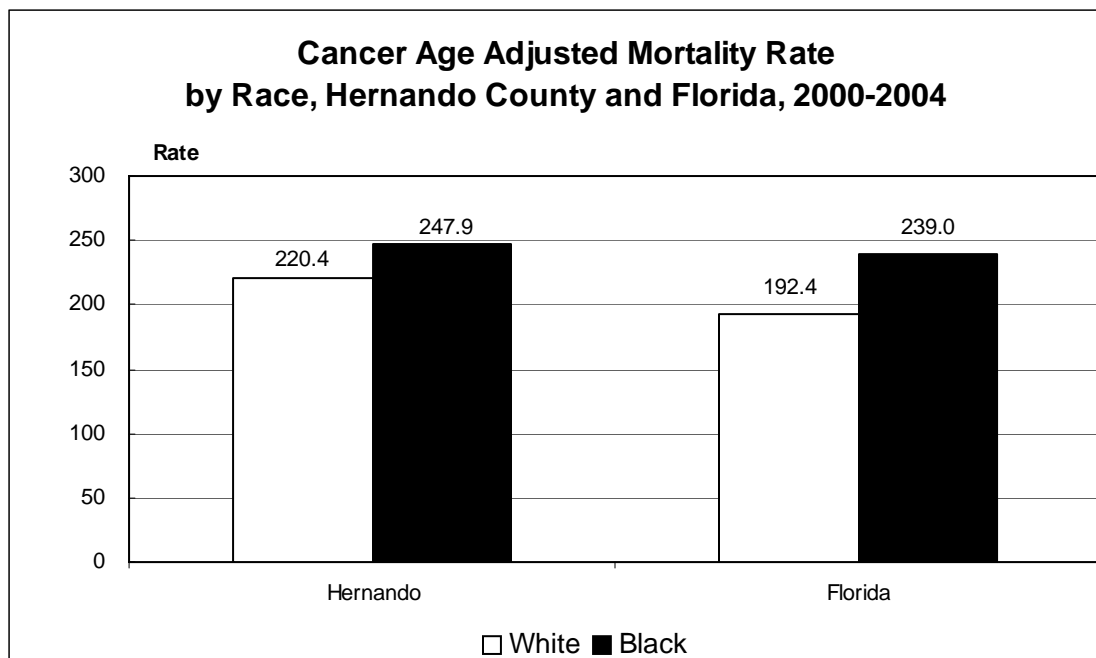
Figure 3-7 also shows another area of disparity concern. Typically, diabetes is one of the most disparate disease states the United States often with death rates of black residents at two times or more than their white counterparts. While the age-adjusted death rates for diabetes among blacks throughout Florida is more than twice the white rate, in Hernando County, the age-adjusted diabetes mortality rate for black residents is more than three times that of white residents.

Figure 3-2. Heart disease age adjusted mortality rate per 100,000 population by race, Hernando County and Florida, 2000-2004.



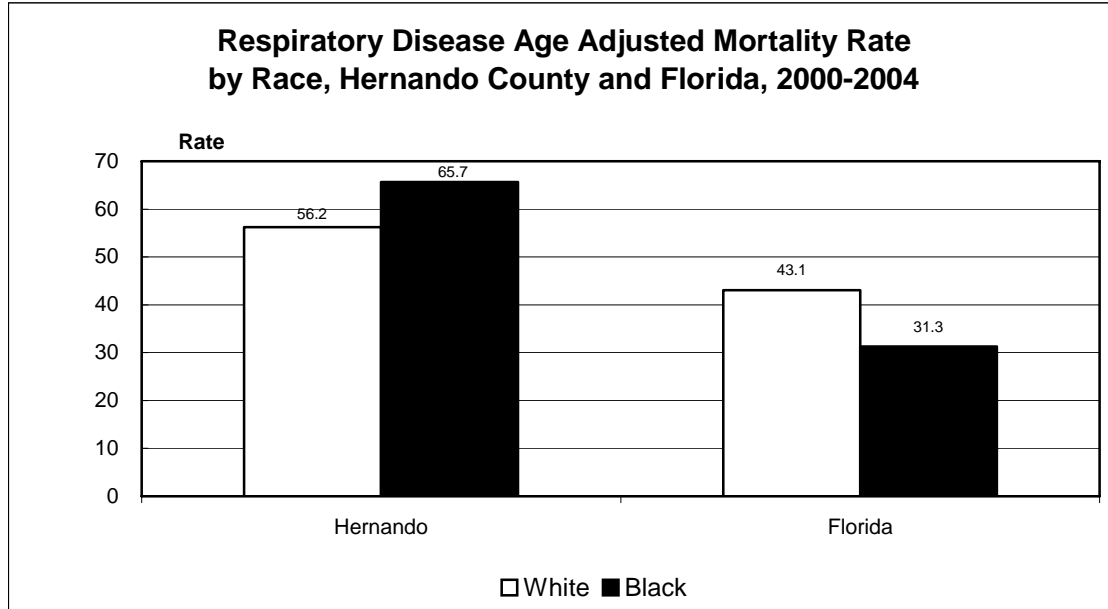
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Figure 3-3. Cancer age adjusted mortality rate per 100,000 population by race Hernando County and Florida, 2000-2004.



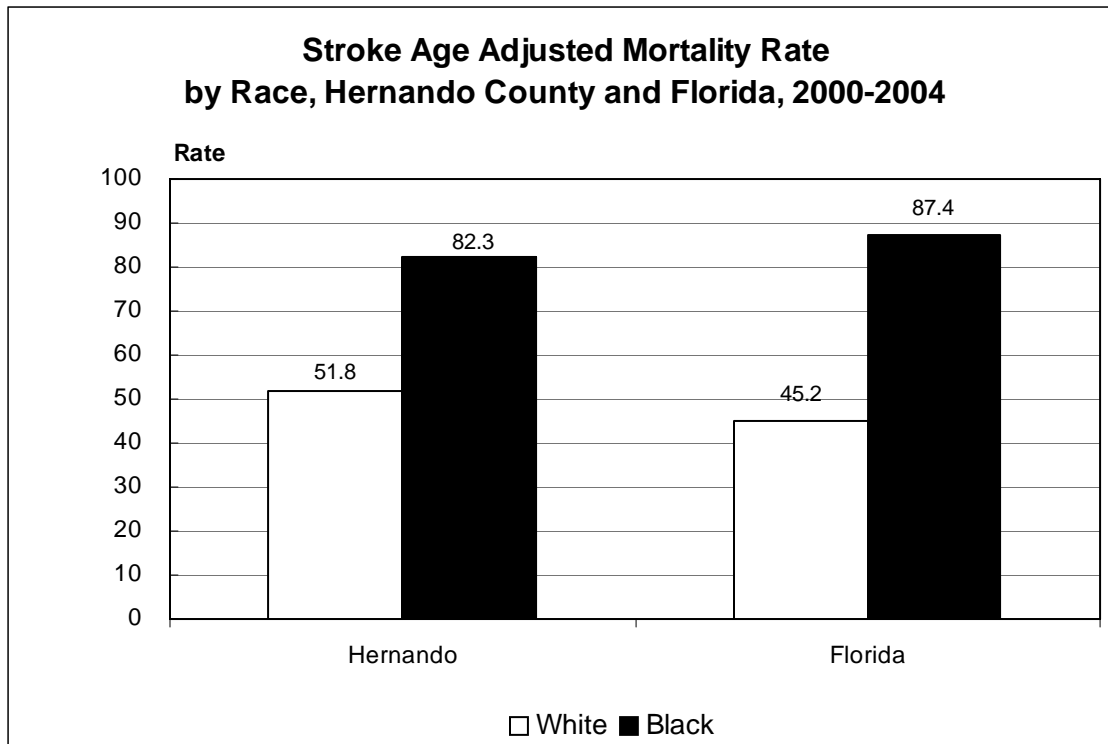
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Figure 3-4. Respiratory disease age adjusted mortality rate per 100,000 population by race, Hernando County and Florida, 2000-2004.



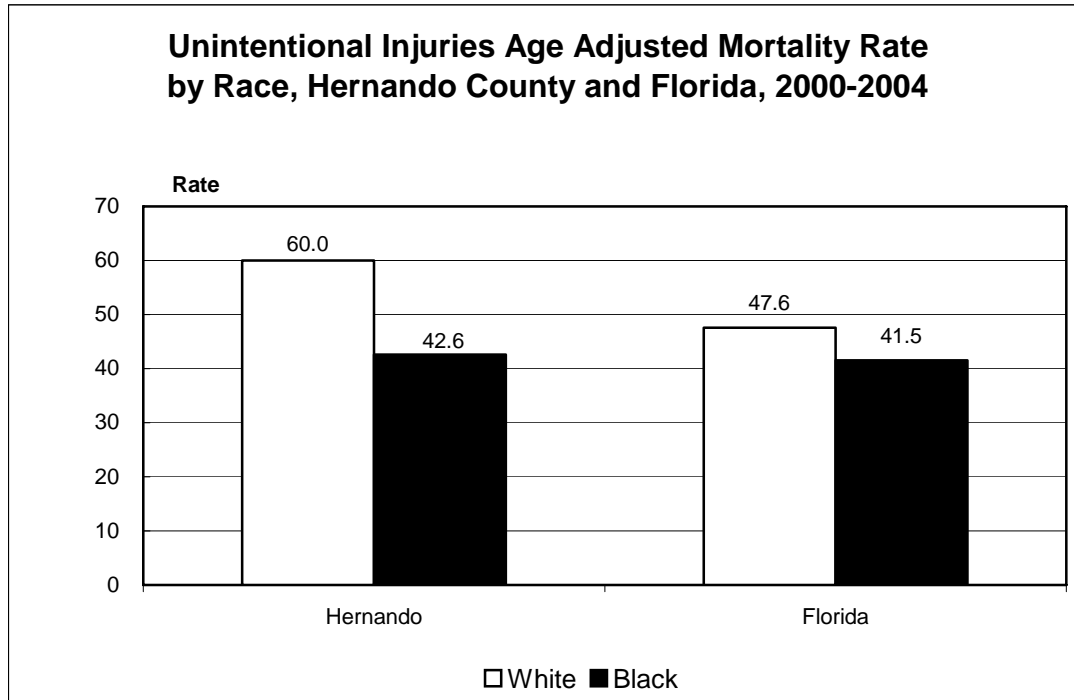
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Figure 3-5. Stroke age adjusted mortality rate per 100,000 population by race, Hernando County and Florida, 2000-2004.



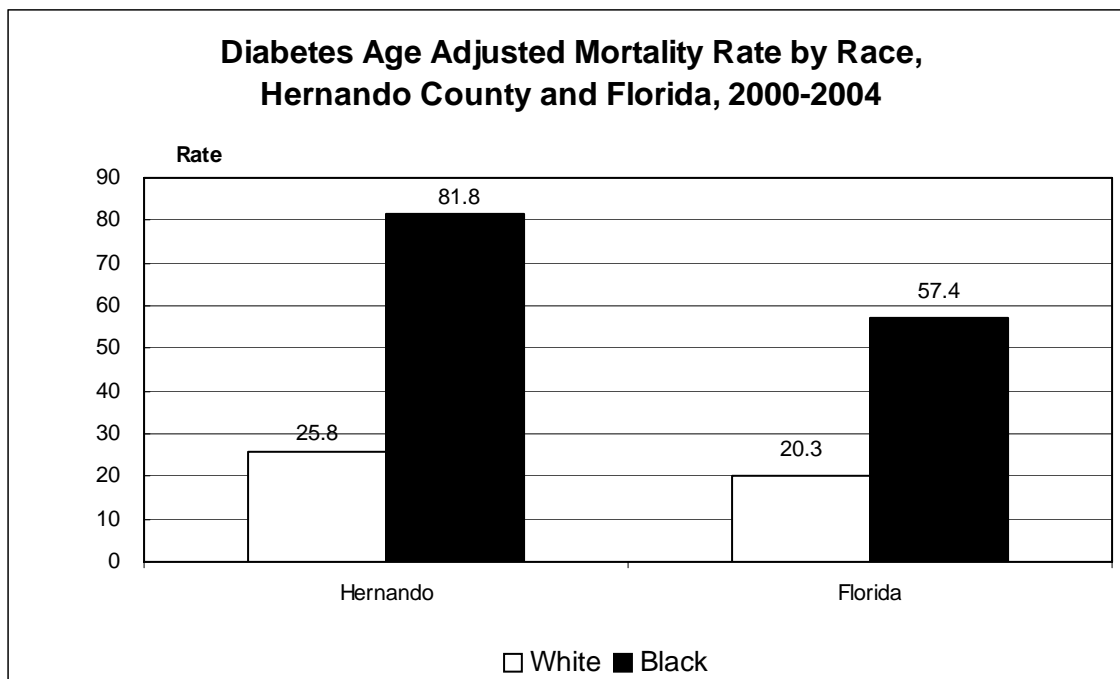
Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Figure 3-6. Unintentional injuries age adjusted mortality rate per 100,000 population by race, Hernando County and Florida, 2000-2004.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Figure 3-7. Diabetes age adjusted mortality rate per 100,000 population by race, Hernando County and Florida, 2000-2004.



Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000 Summary File 1. Prepared by: WellFlorida Council, 2006.

Trends

Table 3-8 and Figures 3-8 through 3-13 detail trends since 1996 in the top 5 causes of death in Hernando County. Figure 3-8 shows that since 1996 the age-adjusted mortality rates for both Hernando and the state have been decreasing. In fact, the rate in Hernando has just fallen below that of the state for the first time in many years.

As seen in Figure 3-9, Hernando's age-adjusted cancer mortality rate is substantially higher than Florida. While the state rate has continued to slightly decrease over the last 10 years, Hernando County's rate seems to have leveled off somewhat.

Figure 3-10 confirms the data that has previously been presented on respiratory disease. While the state's mortality rate has leveled off in recent years, the death rate due to respiratory disease in Hernando County is climbing.

The age-adjusted stroke mortality rate has been decreasing slowly in Florida for the last 10 years (Figure 3-11). However, Hernando County's rate has begun to creep upward in recent years contrary to the state trend.

The age-adjusted unintentional injury mortality rate (Figure 3-12) is climbing much more precipitously than the state rate. Much of this increase in Hernando County is being fueled by an increasing motor vehicle crash death rate (Figure 3-13). Motor vehicle crash death rates have remained relatively steady for Florida over the past 10 years.

Table 3-8. Age adjusted mortality rate per 100,000 population for all races for the top 5 leading causes of death in Hernando County, 1996-2004.

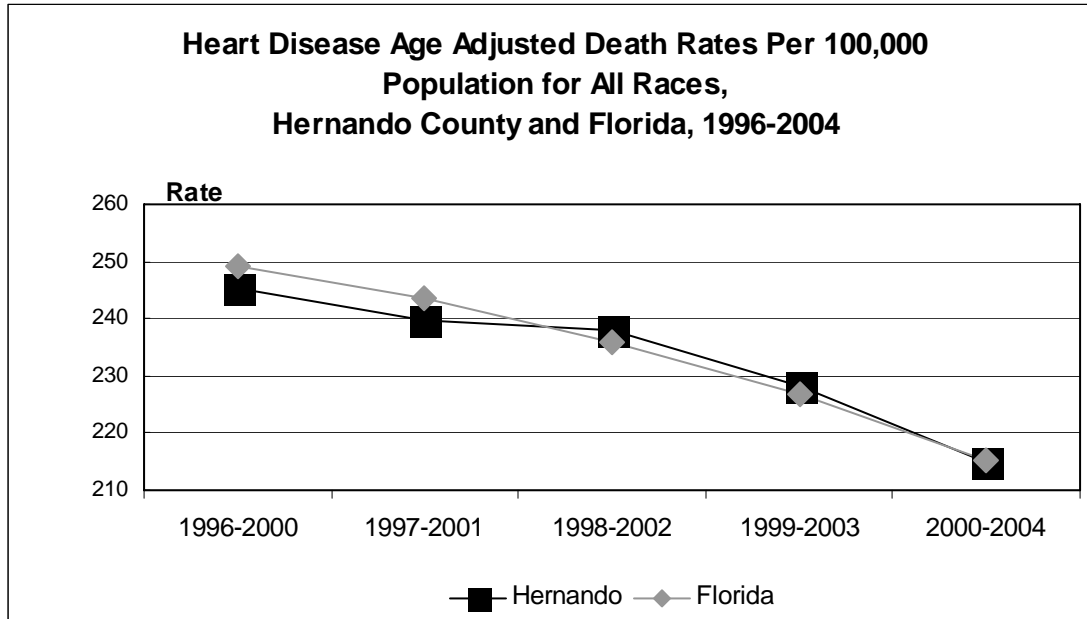
Cause of Death	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida	Hernando County	Florida
All Causes	820.0	809.8	828.2	803.7	836.7	794.3	842.3	784.3	833.9	766.2
Heart (1)	245.2	249.3	239.6	243.6	237.9	235.8	228.1	226.9	214.9	215.3
Cancer (2)	211.0	193.5	208.4	190.3	204.9	186.1	204.9	182.6	203.4	178.9
Respiratory (3)	42.9	40.4	45.4	40.7	46.7	40.5	49.8	40.2	51.5	38.9
Stroke (4)	49.9	50.1	49.3	49.3	47.2	48.1	47.4	46.6	47.3	44.2
Unintentional Injuries (5)	35.5	35.8	39.0	36.9	43.2	38.2	48.2	39.8	53.7	41.3
MV Crashes	21.4	17.2	21.8	17.1	23.1	17.2	23.7	17.3	25.4	18.0

Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-8. Heart disease age adjusted mortality rate per 100,000 population for all races, 1996-2004.

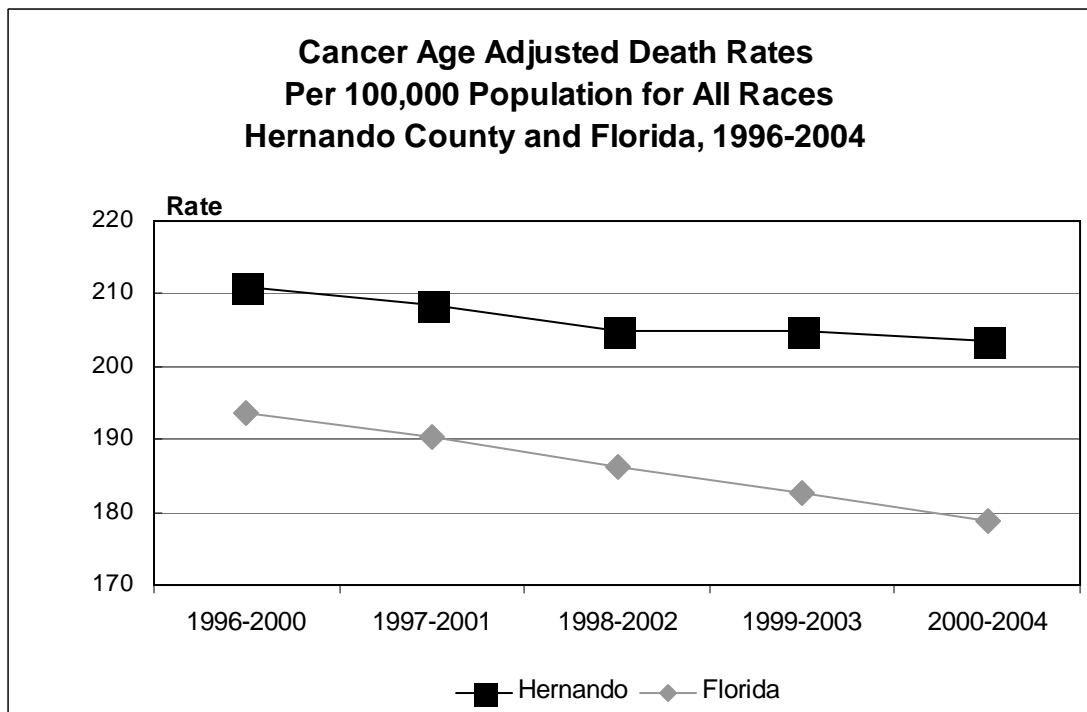


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-9. Cancer age adjusted mortality rate per 100,000 population for all races, 1996-2004.

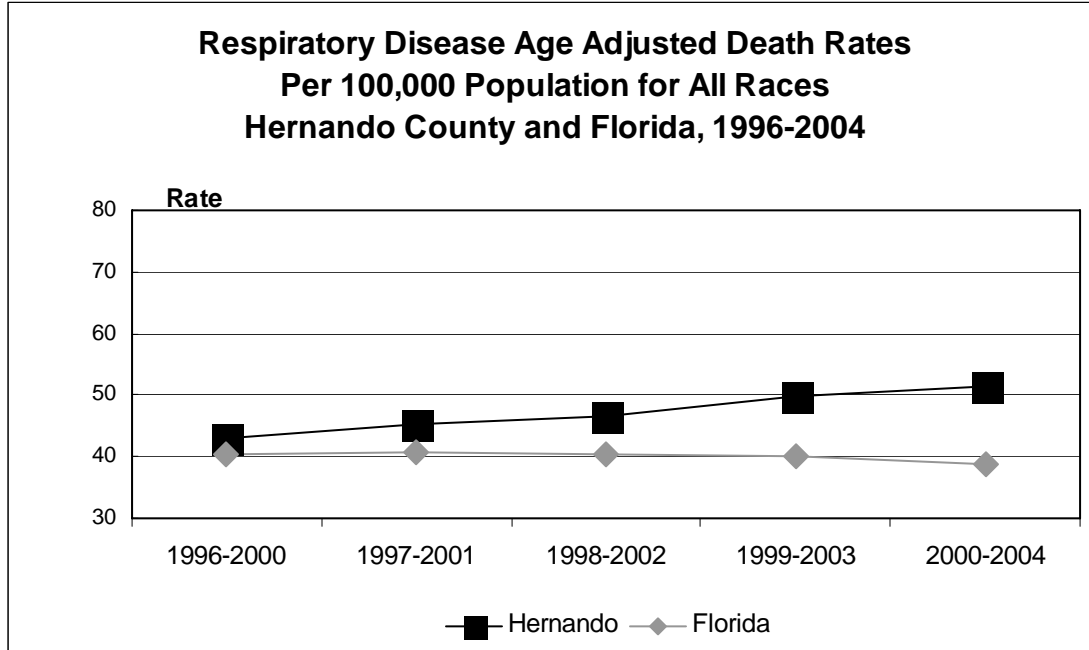


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

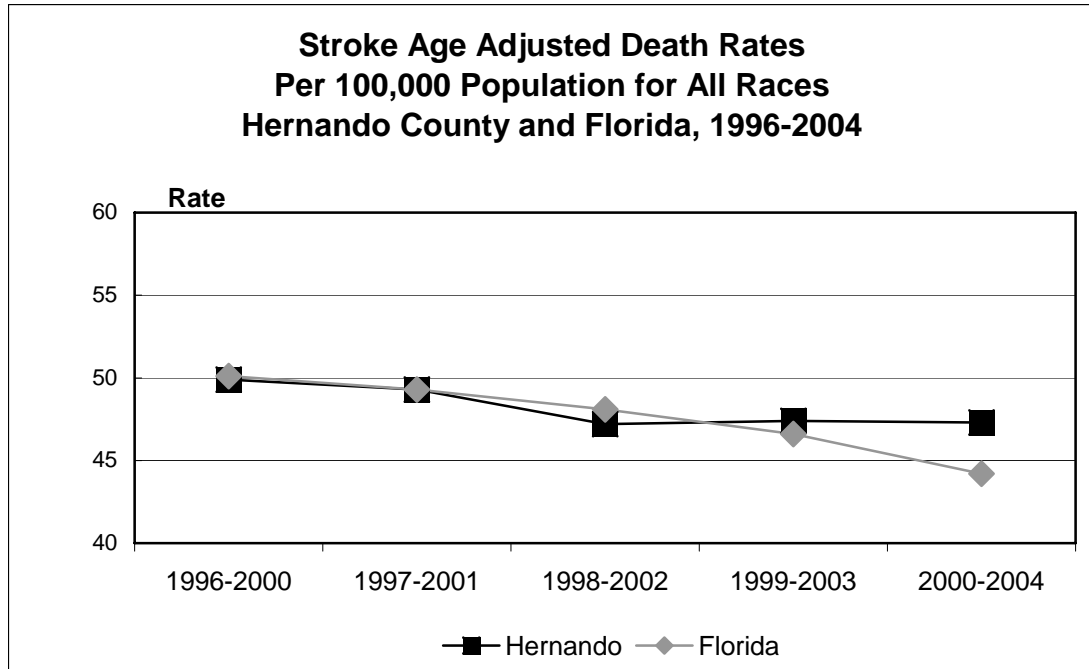
Prepared by: WellFlorida Council, 2006.

Figure 3-10. Respiratory disease age adjusted mortality rate per 100,000 population for all races, 1996-2004.



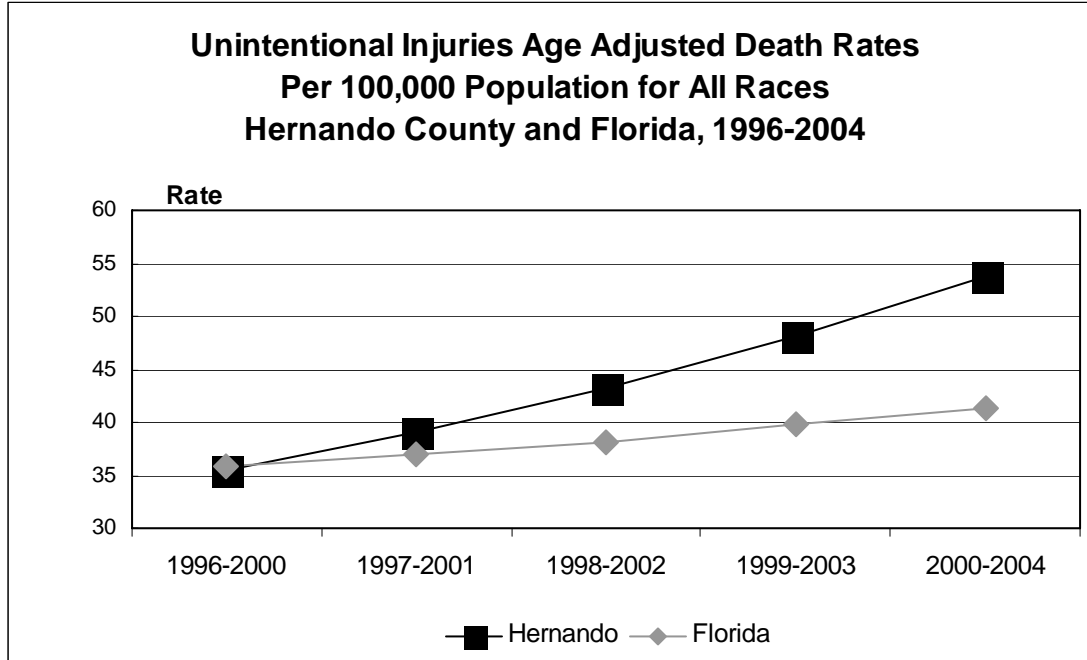
Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.
 Prepared by: WellFlorida Council, 2006.

Figure 3-11. Stroke age adjusted mortality rate per 100,000 population for all races, 1996-2004.



Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.
 Prepared by: WellFlorida Council, 2006.

Figure 3-12. Unintentional injuries age adjusted mortality rate per 100,000 population for all races, 1996-2004.

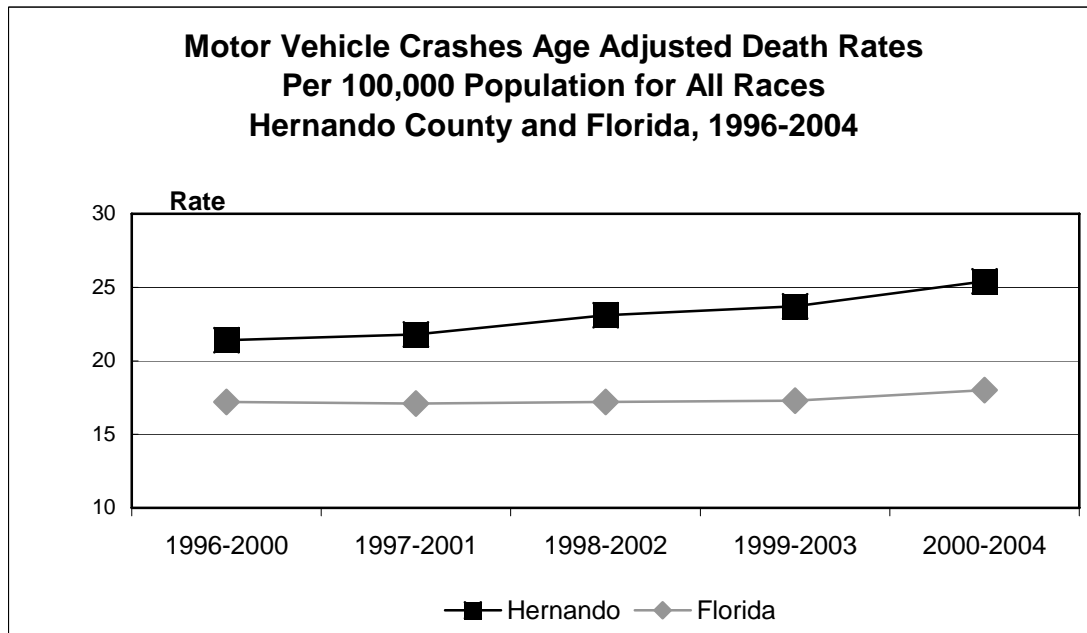


Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-13. Motor vehicle crashes age adjusted mortality rate per 100,000 population for all races, 1996-2004.



Rates in trend tables and graphs may differ slightly from those displayed earlier in the section as these populations estimates come from different sources and influence the calculation of the rates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Hospitalization

Tables 3-9 through 3-17 provide a glimpse at the major causes of hospitalization, based on diagnostic related group (DRG) codes, for various populations within Hernando County. Table 3-9 summarizes the top 5 causes of hospitalization for the following populations in Hernando County:

- All residents
- Females
- Males
- Black residents
- White residents
- Age 0-17
- Age 18-64, and
- Age 65 and older.

As seen in Table 3-9, the leading cause of hospitalization in Hernando County in 2004 was for being a normal newborn. In 2004, there were more than 1,000 normal newborn hospitalizations of Hernando County residents (Figure 3-10). Heart failure and shock followed by chest pain make up the second and third leading causes of hospitalization for all residents. Vaginal delivery and chronic obstructive pulmonary (respiratory) disease round out the top five.

Table 3-9 demonstrates a pattern that is seen in much of the other health status data. Because white residents make up such a large percentage of the total population, leading reasons for hospitalization among white residents mirrors the top five for all residents exactly.

The analysis of leading causes of hospitalization yield some interesting insights. Of course, for children age 0-17 their overwhelmingly leading cause of hospitalization is being born (i.e. normal newborn). However, bronchitis and asthma is their second leading cause.

Interestingly, esophagitis, gastroenteritis, and miscellaneous digestive issues is a top 5 cause for all age groups. It is also noteworthy that psychoses is the second leading cause of hospitalization of Hernando County residents age 18-64.

Tables 3-9 through 3-17 also show some of the impact of these leading causes of hospitalization by showing the patient days and average length of stay associated with each cause.

Table 3-9. Top 5 leading causes of hospitalization for various Hernando County resident populations, calendar year 2004.

Population	1 st Cause	2 nd Cause	3 rd Cause	4 th Cause	5 th Cause
All Residents	Normal Newborn	Heart Failure and Shock	Chest Pain	Vaginal Delivery without Complications	Chronic Obstructive Pulmonary Disease
Females	Vaginal Delivery without Complications	Chest Pain	Normal Newborn	Esophagitis, Gastroenteritis and Misc. Digestive	Chronic Obstructive Pulmonary Disease
Males	Normal Newborn	Heart Failure and Shock	Percutaneous Cardiovascular Procedure with Stent	Chest Pain	Simple Pneumonia and Pleurisy
Black	Vaginal Delivery without Complications	Heart Failure and Shock	Normal Newborn	Chest Pain	Psychoses
White	Normal Newborn	Heart Failure and Shock	Chest Pain	Vaginal Delivery without Complications	Chronic Obstructive Pulmonary Disease
0-17	Normal Newborn	Bronchitis and Asthma	Neonate with Other Problems	Esophagitis, Gastroenteritis and Misc. Digestive	Nutritional and Metabolic Disorders
18-64	Vaginal Delivery without Complications	Psychoses	Chest Pain	Cesarean Section	Esophagitis, Gastroenteritis and Misc. Digestive
65+	Heart Failure and Shock	Chronic Obstructive Pulmonary Disease	Simple Pneumonia and Pleurisy	Major Joint and Limb Procedures of Lower Extremity	Esophagitis, Gastroenteritis and Misc. Digestive

Source: AHCA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, Inc.

Table 3-10. Hospital discharges for all Hernando County residents by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	1,037	3.8	1,903	1.8
Heart failure and shock (127)	924	3.4	4,619	5.0
Chest Pain (143)	897	3.3	1,975	2.2
Vaginal delivery without complicating diagnoses (373)	841	3.1	1,607	1.9
Chronic obstructive pulmonary disease (088)	766	2.8	3,859	5.0
Psychoses (430)	700	2.6	5,251	7.5
Simple pneumonia and pleurisy, age > 17 with CC (089)	693	2.5	3,989	5.8
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	686	2.5	2,835	4.1
Major joint and limb reattachment procedures of lower extremity (209)	639	2.3	2,830	4.4
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	576	2.1	984	1.7
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	516	1.9	2,220	4.3
Septicemia, age > 17 (416)	490	1.8	3,514	7.2
Atherosclerosis with CC (132)	428	1.6	1,259	2.9
Cardiac arrhythmia and conduction disorders with CC (138)	406	1.5	1,394	3.4
GI hemorrhage with CC (174)	386	1.4	1,778	4.6
All Others	17,358	63.5	88,267	5.1
Total	27,343	100.0	128,284	4.7

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-11. Hospital discharges for female Hernando County residents by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Vaginal delivery without complicating diagnoses (373)	841	5.6	1,607	1.9
Chest Pain (143)	551	3.7	1,245	2.3
Normal Newborn (391)	539	3.6	997	1.8
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	457	3.0	1,952	4.3
Chronic obstructive pulmonary disease (088)	451	3.0	2,408	5.3
Heart failure and shock (127)	445	3.0	2,290	5.1
Psychoses (430)	383	2.5	2,876	7.5
Major joint and limb reattachment procedures of lower extremity (209)	374	2.5	1,678	4.5
Simple pneumonia and pleurisy, age > 17 with CC (089)	366	2.4	2,215	6.1
Cesarean section without CC (371)	327	2.2	910	2.8
Septicemia, age > 17 (416)	266	1.8	1,977	7.4
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	221	1.5	965	4.4
Cardiac arrhythmia and conduction disorders with CC (138)	220	1.5	774	3.5
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	217	1.4	403	1.9
GI hemorrhage with CC (174)	204	1.4	1,000	4.9
All Others	9,179	61.0	45,008	4.9
Total	15,041	100.0	68,305	4.5

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-12. Hospital discharges for male Hernando County residents by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	498	4.0	906	1.8
Heart failure and shock (127)	479	3.9	2,329	4.9
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	359	2.9	581	1.6
Chest Pain (143)	346	2.8	730	2.1
Simple pneumonia and pleurisy, age > 17 with CC (089)	327	2.7	1,774	5.4
Psychoses (430)	317	2.6	2,375	7.5
Chronic obstructive pulmonary disease (088)	315	2.6	1,451	4.6
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	295	2.4	1,255	4.3
Major joint and limb reattachment procedures of lower extremity (209)	265	2.2	1,152	4.3
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	229	1.9	883	3.9
Atherosclerosis with CC (132)	227	1.8	640	2.8
Septicemia, age > 17 (416)	224	1.8	1,537	6.9
Cardiac arrhythmia and conduction disorders with CC (138)	186	1.5	620	3.3
GI hemorrhage with CC (174)	182	1.5	778	4.3
Circulatory disorders except acute myocardial infarction with cardiac catheterization without complex diagnoses (125)	177	1.4	530	3.0
All Others	7,876	64.0	42,438	5.4
Total	12,302	100.0	59,979	4.9

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-13. Hospital discharges for white race Hernando County residents by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	973	3.8	1,775	1.8
Heart failure and shock (127)	868	3.4	4,364	5.0
Chest Pain (143)	844	3.3	1,844	2.2
Vaginal delivery without complicating diagnoses (373)	764	3.0	1,440	1.9
Chronic obstructive pulmonary disease (088)	746	2.9	3,784	5.1
Psychoses (430)	670	2.6	5,037	7.5
Simple pneumonia and pleurisy, age > 17 with CC (089)	669	2.6	3,858	5.8
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	657	2.5	2,701	4.1
Major joint and limb reattachment procedures of lower extremity (209)	617	2.4	2,748	4.5
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	556	2.2	939	1.7
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	479	1.9	2,028	4.2
Septicemia, age > 17 (416)	467	1.8	3,302	7.1
Atherosclerosis with CC (132)	412	1.6	1,197	2.9
Cardiac arrhythmia and conduction disorders with CC (138)	396	1.5	1,362	3.4
GI hemorrhage with CC (174)	366	1.4	1,688	4.6
All Others	16,354	63.3	82,488	5.0
Total	25,838	100.0	120,555	4.7

Source: ACHA Detailed Discharge Data, CY 2004.
 Prepared by: WellFlorida Council, 2006.

Table 3-14. Hospital discharges for black race Hernando County residents by top 16 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Vaginal delivery without complicating diagnoses (373)	50	4.9	107	2.1
Heart failure and shock (127)	42	4.1	201	4.8
Normal Newborn (391)	42	4.1	94	2.2
Chest Pain (143)	42	4.1	109	2.6
Psychoses (430)	26	2.6	174	6.7
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	25	2.5	118	4.7
Cesarean section without CC (371)	22	2.2	72	3.3
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	21	2.1	88	4.2
Other antepartum diagnoses with medical complications (383)	18	1.8	42	2.3
Renal failure (316)	17	1.7	96	5.6
GI hemorrhage with CC (174)	16	1.6	71	4.4
Septicemia, age > 17 (416)	16	1.6	157	9.8
Diabetes, age > 35 (294)	15	1.5	64	4.3
Chronic obstructive pulmonary disease (088)	14	1.4	50	3.6
Simple pneumonia and pleurisy, age > 17 with CC (089)	14	1.4	86	6.1
Circulatory disorders except acute myocardial infarction with cardiac catheterization without complex diagnoses (125)	14	1.4	37	2.6
All Others	625	61.3	3,315	5.3
Total	1,019	100.0	4,881	4.8

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-15. Hospital discharges for Hernando County residents (0-17 years of age) by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Normal Newborn (391)	1,037	42.3	1,903	1.8
Bronchitis and asthma, age 0-17 (098)	142	5.8	337	2.4
Neonate with other significant problems (390)	121	4.9	332	2.7
Esophagitis, gastroenteritis and misc digestive disorders, age 0-17 (184)	108	4.4	231	2.1
Nutritional and misc metabolic disorders, age 0-17 (298)	75	3.1	142	1.9
Prematurity without major problems (388)	71	2.9	433	6.1
Viral illness and fever of unknown origin, age 0-17 (422)	53	2.2	113	2.1
Simple pneumonia and pluerisy age 0-17 (091)	52	2.1	150	2.9
Extreme immaturity or respiratory distress syndrome of neonate (386)	44	1.8	1,080	24.5
Full term neonate with major problems (389)	44	1.8	283	6.4
Seizure and headache, age 0-17 (026)	39	1.6	111	2.8
Urinary stones without CC (322)	37	1.5	90	2.4
Neonates, died or transferred to another acute care facility (385)	36	1.5	542	15.1
Otitis media and URI, age 0-17 (070)	34	1.4	69	2.0
Vaginal delivery without complicating diagnoses (373)	33	1.3	66	2.0
All Others	523	21.4	3,170	6.1
Total	2,449	100.0	9,052	3.7

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-16. Hospital discharges for Hernando County residents (18-64 years of age) by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Vaginal delivery without complicating diagnoses (373)	808	7.6	1,541	1.9
Psychoses (430)	588	5.5	4,161	7.1
Chest Pain (143)	561	5.3	1,182	2.1
Cesarean section without CC (371)	321	3.0	892	2.8
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	286	2.7	1,033	3.6
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	190	1.8	302	1.6
Chronic obstructive pulmonary disease (088)	186	1.8	824	4.4
Circulatory disorders except acute myocardial infarction with cardiac catheterization without complex diagnoses (125)	176	1.7	504	2.9
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 without CC (183)	166	1.6	402	2.4
Simple pneumonia and pleurisy, age > 17 with CC (089)	164	1.5	828	5.0
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	164	1.5	677	4.1
Uterine and adnexa procedures for nonmalignancy without CC (359)	162	1.5	364	2.2
Heart failure and shock (127)	141	1.3	681	4.8
Laparoscopic cholecystectomy without common duct exploration without CC (494)	130	1.2	292	2.2
Major joint and limb reattachment procedures of lower extremity (209)	127	1.2	515	4.1
All Others	6,451	60.7	30,913	4.8
Total	10,621	100.0	45,111	4.2

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Table 3-17. Hospital discharges for Hernando County residents (65+ years of age) by top 15 leading reasons of hospitalizations, calendar year 2004.

Diagnostic Related Group	Discharges	Percent	Patient Days	Average Length of Stay
Heart failure and shock (127)	783	5.5	3,938	5.0
Chronic obstructive pulmonary disease (088)	578	4.0	3,032	5.2
Simple pneumonia and pleurisy, age > 17 with CC (089)	529	3.7	3,161	6.0
Major joint and limb reattachment procedures of lower extremity (209)	512	3.6	2,315	4.5
Esophagitis, gastroenteritis and misc digestive disorders, age > 17 with CC (182)	400	2.8	1,802	4.5
Percutaneous cardiovascular procedure with drug-eluting stent without AMI (527)	386	2.7	682	1.8
Septicemia, age > 17 (416)	367	2.6	2,553	7.0
Circulatory disorders except acute myocardial infarction with cardiac catheterization and complex diagnosis (124)	351	2.5	1,539	4.4
Chest Pain (143)	336	2.4	793	2.4
GI hemorrhage with CC (174)	320	2.2	1,491	4.7
Cardiac arrhythmia and conduction disorders with CC (138)	313	2.2	1,132	3.6
Atherosclerosis with CC (132)	310	2.2	941	3.0
Syncope and collapse with CC (141)	261	1.8	918	3.5
Transient ischemia (524)	236	1.7	836	3.5
Circulatory disorders with acute myocardial infarction and major complications discharged alive (121)	235	1.6	1,394	5.9
All Others	8,356	58.5	47,594	5.7
Total	14,273	100.0	74,121	5.2

Source: ACHA Detailed Discharge Data, CY 2004.
Prepared by: WellFlorida Council, 2006.

Birth Indicators

Birth outcome indicators are a critical measure of a society and a community's health status. Unfortunately, Florida's birth outcome indicators in the last decade have consistently ranked in the bottom half of the nation according to the *National Kids Count Data Book* prepared by the Annie E. Casey Foundation.

Overall, these rankings remain poor for Florida but progress has been made. Progress has also been seen in these indicators in Hernando County, though work remains to be done, especially in the disparity of outcome between races and ethnicities.

Birth Rates

Table 3-18 shows that between 2000-2004, Hernando County's birth rate was substantially lower than the state as a whole. This is to be expected in a county with such a large population of senior citizens who are beyond the traditional age of childbearing. While the birth rates of black residents remain nearly double that of white residents, the white and black Hernando County birth rates remain substantially lower than the rates for their counterparts throughout the state. Again, the age distribution of the populations is the most likely explanatory factor.

Figure 3-14 and Table 3-19 shows that birth rates in Hernando County have remained remarkably steady and consistently below Florida's rates. Due to the limitations of collecting data on the Hispanic population, birth rates cannot be calculated. However, Table 3-20 shows that like the Hispanic population in general, the number of Hispanic births in Hernando County has increased substantially since 1996.

Figure 3-15, compares the birth rates of white and black residents within various zip codes. Again, because of potentially small numbers when broken down to the zip code level, care should be taken when analyzing these rates and before policy or implementation assumptions are made.

Table 3-18. Birth rates per 1,000 population by race, by zip code, Hernando County and Florida, 2000-2004.

Area	All Races		White Races		Black Races	
	Number	Rate	Number	Rate	Number	Rate
34601	1,279	12.2	999	11.2	247	20.2
34602	363	12.2	301	11.4	60	24.1
34604	260	---	245	---	7	---
34606	1,038	8.6	988	8.6	28	12.5
34607	189	5.4	179	5.4	3	4.8
34608	1,071	9.4	1,002	9.3	35	12.5
34609	1,245	8.7	1,173	8.9	43	8.1
34613	366	5.3	354	5.3	5	13.0
34614	149	10.7	146	10.9	1	18.2
Hernando	6,295	9.6	5,707	9.4	441	16.5
Florida	1,045,603	13.1	771,345	12.4	234,562	20.1

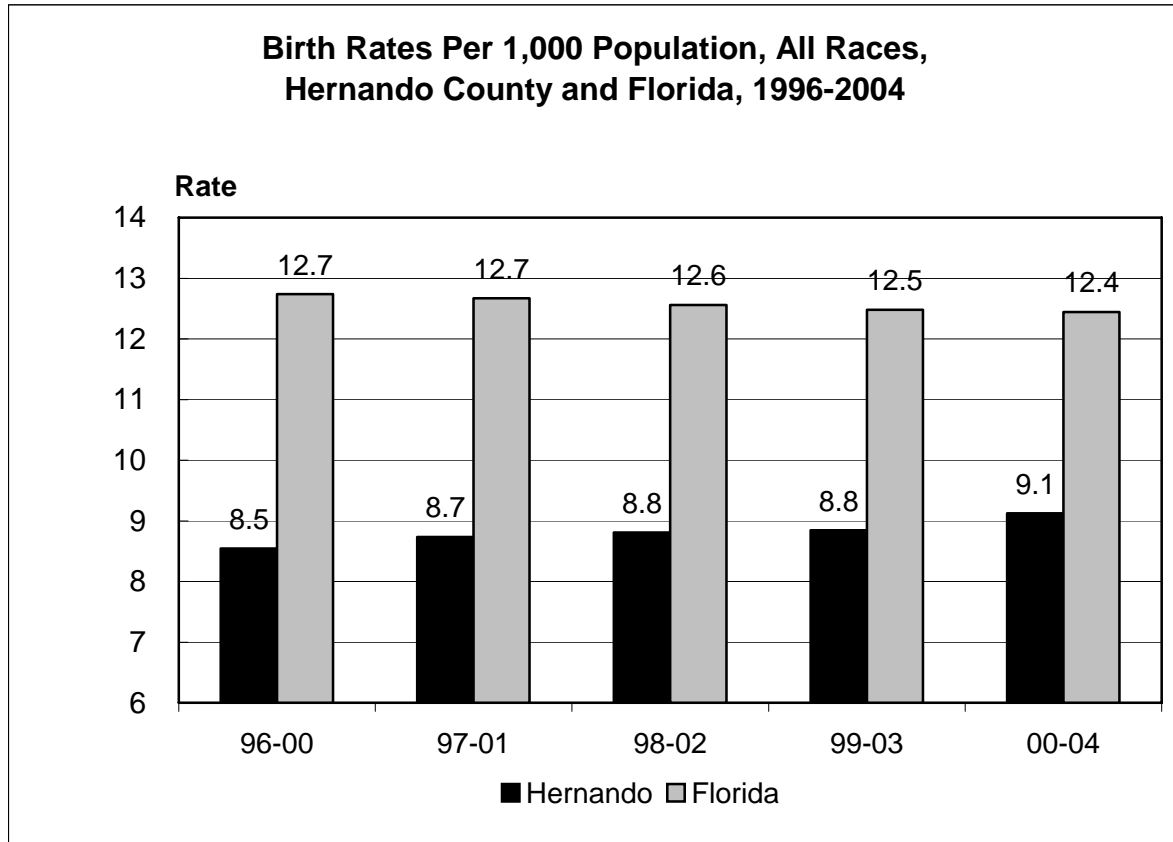
A "---" indicates zip code 34604 was not available in the 2000 Census; therefore there was no population available to use to calculate a rate.

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000.

Prepared by: WellFlorida Council, 2006.

Figure 3-14. Birth rates per 1,000 total population for all races, Hernando County and Florida, 1996-2004.



Rates are per 1,000 total population. Rates may differ slightly from Table 3-X as they are based on different population Estimates.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-19. Birth rates per 1,000 total population by race, Hernando County and Florida, 1996-2004.

Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	5,388	8.5	5,616	8.7	5,788	8.8	5,948	8.8	6,295	9.1
Florida	978,199	12.7	994,661	12.7	1,007,937	12.6	1,024,616	12.5	1,045,603	12.4
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	4,929	8.2	5,132	8.4	5,286	8.5	5,409	8.5	5,707	8.8
Florida	728,470	11.5	737,702	11.4	746,062	11.3	757,596	11.3	771,345	11.2
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	375	14.2	382	14.0	390	13.8	417	14.3	441	14.7
Florida	222,327	19.0	227,164	18.8	229,807	18.5	232,607	18.2	234,562	17.9

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

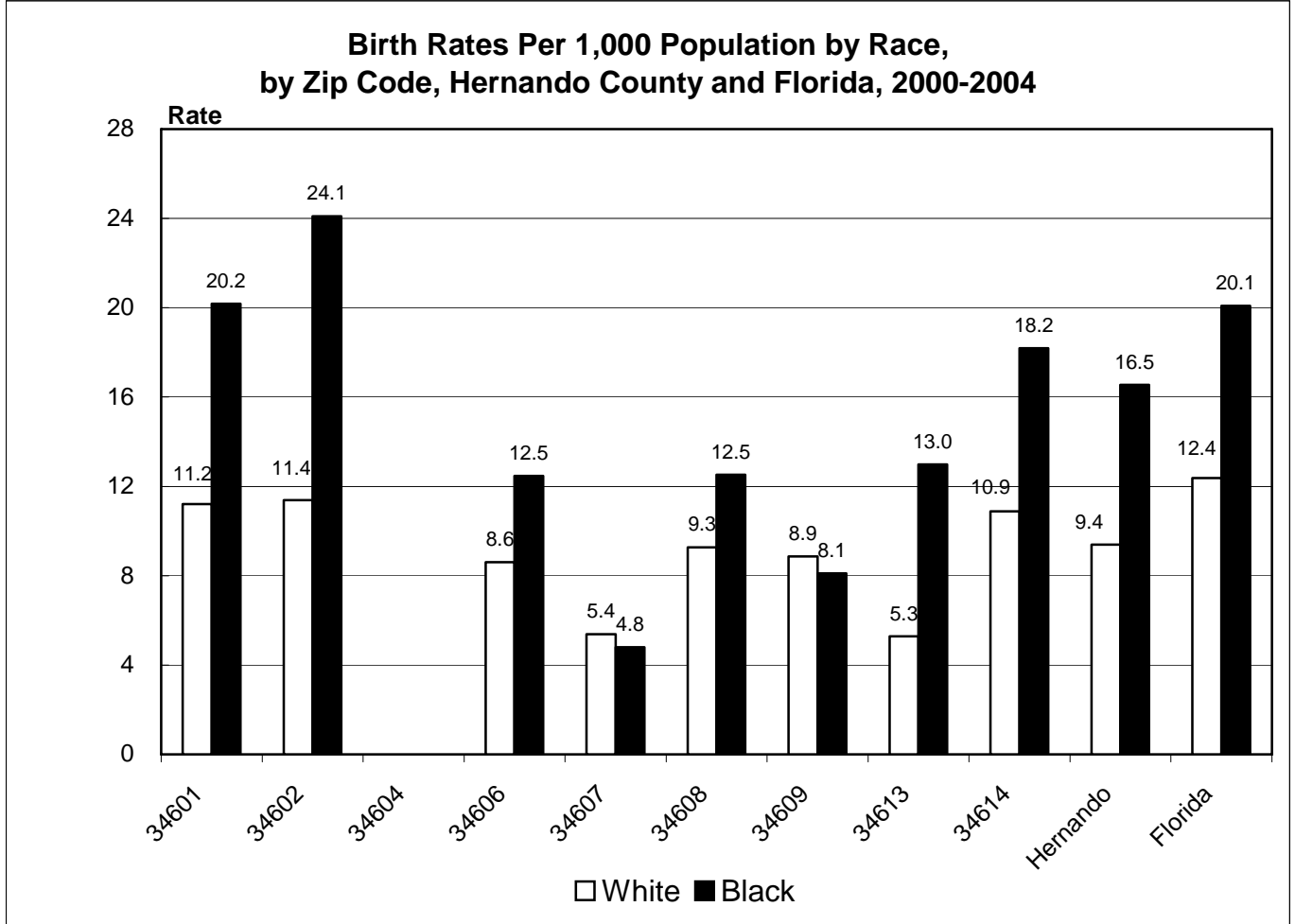
Table 3-20. Hispanic resident live births Hernando County and Florida, 1996-2004.

County	1996-2000	1997-2001	1998-2002	1999-2003	2000-2004
Hernando	302	339	378	416	489
Florida	199,856	213,799	228,069	243,402	260,448

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Figure 3-15. Birth rates per 1,000 population by race, by zip code, Hernando County and Florida, 2000-2004.



Zip code 34604 was not available in the 2000 Census; therefore there was no population available to use in calculating rates.

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004; U.S. Department of Commerce, Bureau of the Census, 2000.

Prepared by: WellFlorida Council, 2006

Early Access to Prenatal Care

During the 1990s, Florida experienced several improvements on measures that reflect the status of maternal and child health, including reductions in the births to mothers who regularly smoked, repeat births to teenagers and births to women who received no or late prenatal care. The proportion of births to mothers who received late or not prenatal care was cut in half from 7.0 percent in 1990 to 3.5 percent in 1998. During this time, substantial gains were also made in the percentage of mothers who received early access to prenatal care (defined as care in their first trimester).

Table 3-21 shows that nearly 90 percent of births in Hernando County between 2000-2004 had early access to prenatal care. This is substantially higher than the 81.4 percent for all Florida births. While the rate of early access to prenatal care was disparately higher for white residents than for black residents, both white residents and black residents fared better than their counterparts throughout Florida.

Figure 3-16, compares the early access to prenatal care rates of white and black residents within the county zip codes. Again, because of potentially small numbers when broken down to the zip code level, care should be taken when analyzing these rates and before any policy or implementation assumptions made.

Table 3-22 and Figure 3-17 show that early access to prenatal care has been remarkably stable in Hernando County over the last decade. In addition, the early access to prenatal care rate has been substantially higher than the Florida rate since 1996.

This is also the case for Hispanic mothers in Hernando County. Table 3-23 and Figure 3-18 show that Hispanic mothers in Hernando County have higher rates of access to early prenatal care than for Hispanic mothers throughout Florida. However, echoing a trend also seen at the state level, early access rates dropped precipitously in 2000-2004.

Table 3-21. Percent of births with early access to care by race, by zip code, Hernando County and Florida, 2000-2004.

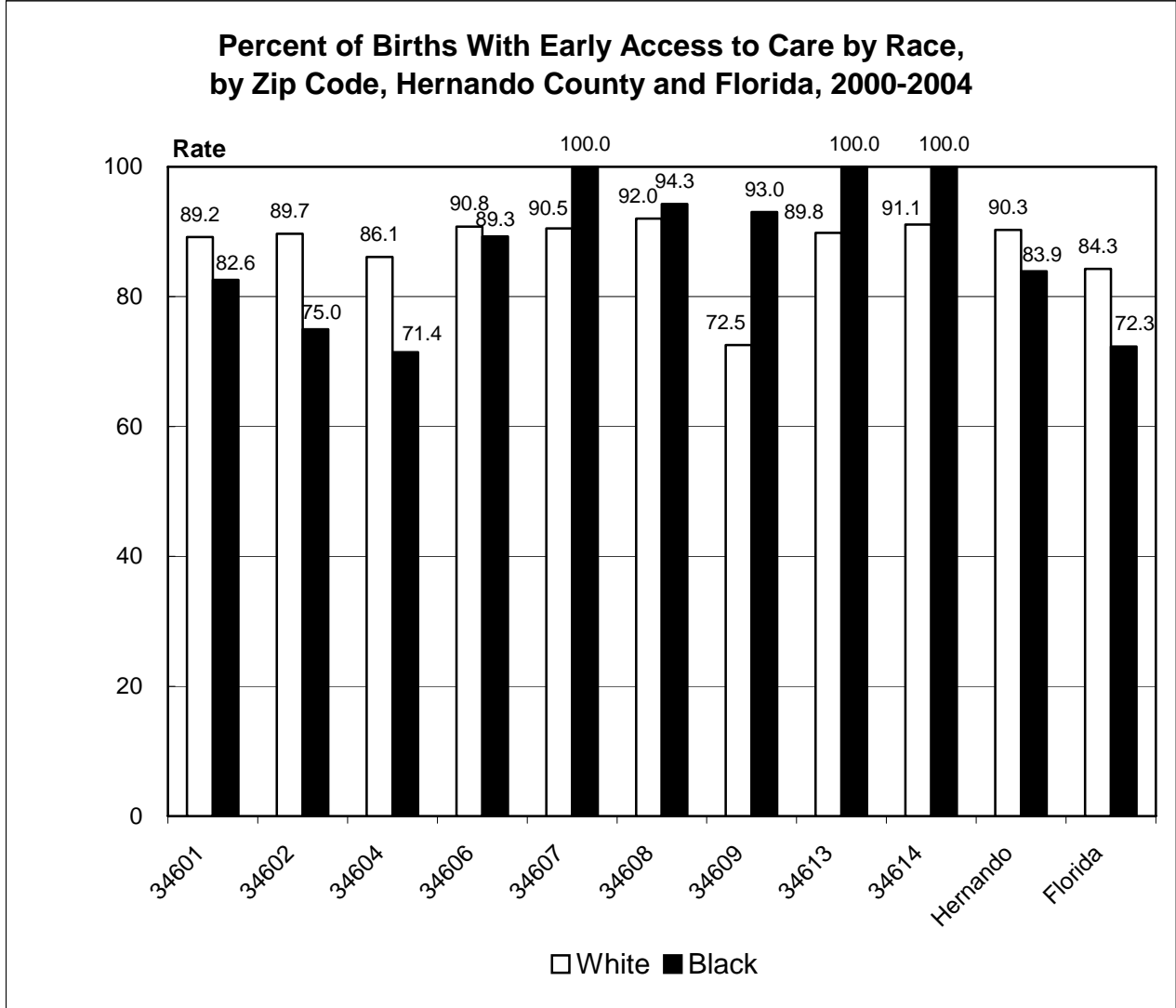
Area	All Races		White Races		Black Races	
	Number	Percent	Number	Percent	Number	Percent
34601	1,123	87.8	891	89.2	204	82.6
34602	317	87.3	270	89.7	45	75.0
34604	224	86.2	211	86.1	5	71.4
34606	939	90.5	897	90.8	25	89.3
34607	172	91.0	162	90.5	3	100.0
34608	985	92.0	922	92.0	33	94.3
34609	1,143	91.8	851	72.5	40	93.0
34613	328	89.6	318	89.8	5	100.0
34614	135	90.6	133	91.1	1	100.0
Hernando	5,648	89.7	5,152	90.3	370	83.9
Florida	850,600	81.4	649,954	84.3	169,648	72.3

Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-16. Percent of births with early access to care by race, by zip code, Hernando County and Florida, 2000-2004.



Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-22. Percent of births with early access to care by race, Hernando County and Florida, 1996-2004.

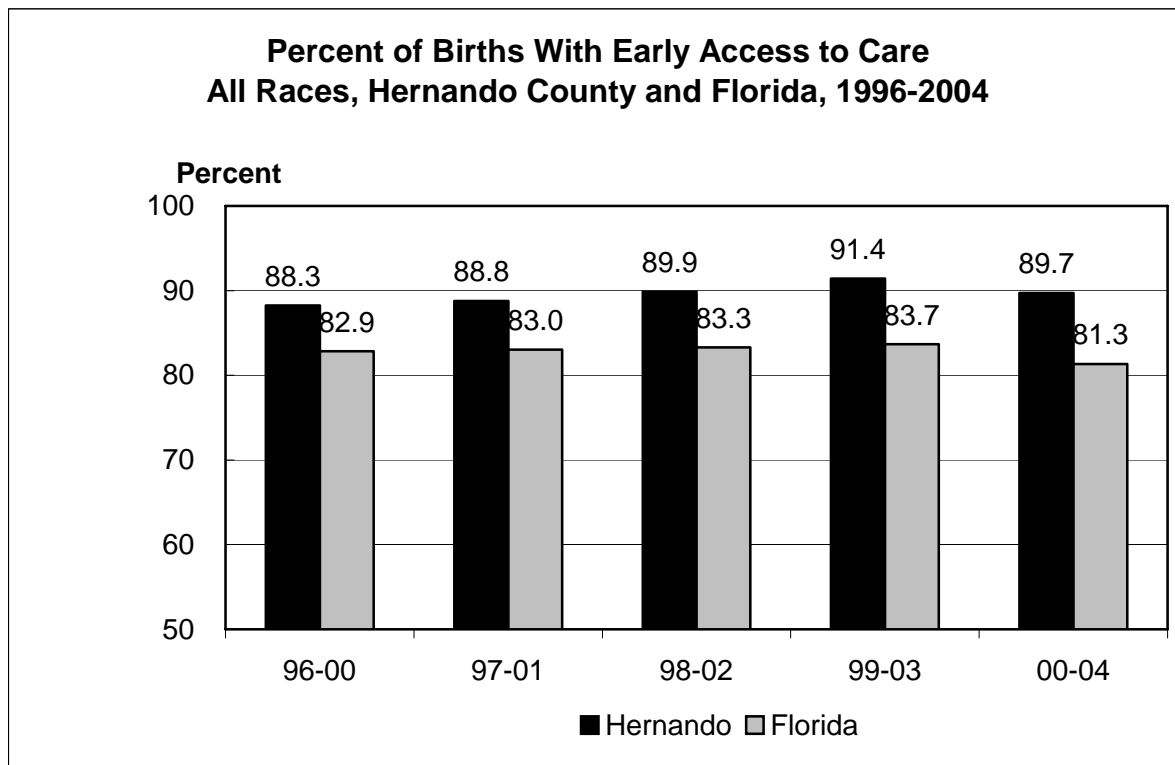
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	4,755	88.3	4,985	88.8	5,201	89.9	5,438	91.4	5,648	89.7
Florida	810,489	82.9	825,719	83.0	839,620	83.3	857,515	83.7	850,600	81.3
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	4,389	89.0	4,598	89.6	4,789	90.6	4,979	92.1	5,152	90.3
Florida	628,608	86.3	637,361	86.4	645,536	86.5	657,001	86.7	649,954	84.3
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	295	78.7	298	78.0	316	81.0	351	84.2	370	83.9
Florida	159,493	71.7	164,140	72.3	168,045	73.1	172,377	74.1	169,648	72.3

Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-17. Percent of births with early access to care for all races, Hernando County and Florida, 1996-2004.



Percent of total births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-23. Percent of Hispanic moms who had early access to prenatal care, Hernando County and Florida, 1996-2004.

County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hernando	254	84.1	290	85.5	332	87.8	381	91.6	375	76.7
Florida	161,544	80.8	173,312	81.1	185,878	81.5	199,567	82.0	170,583	65.5

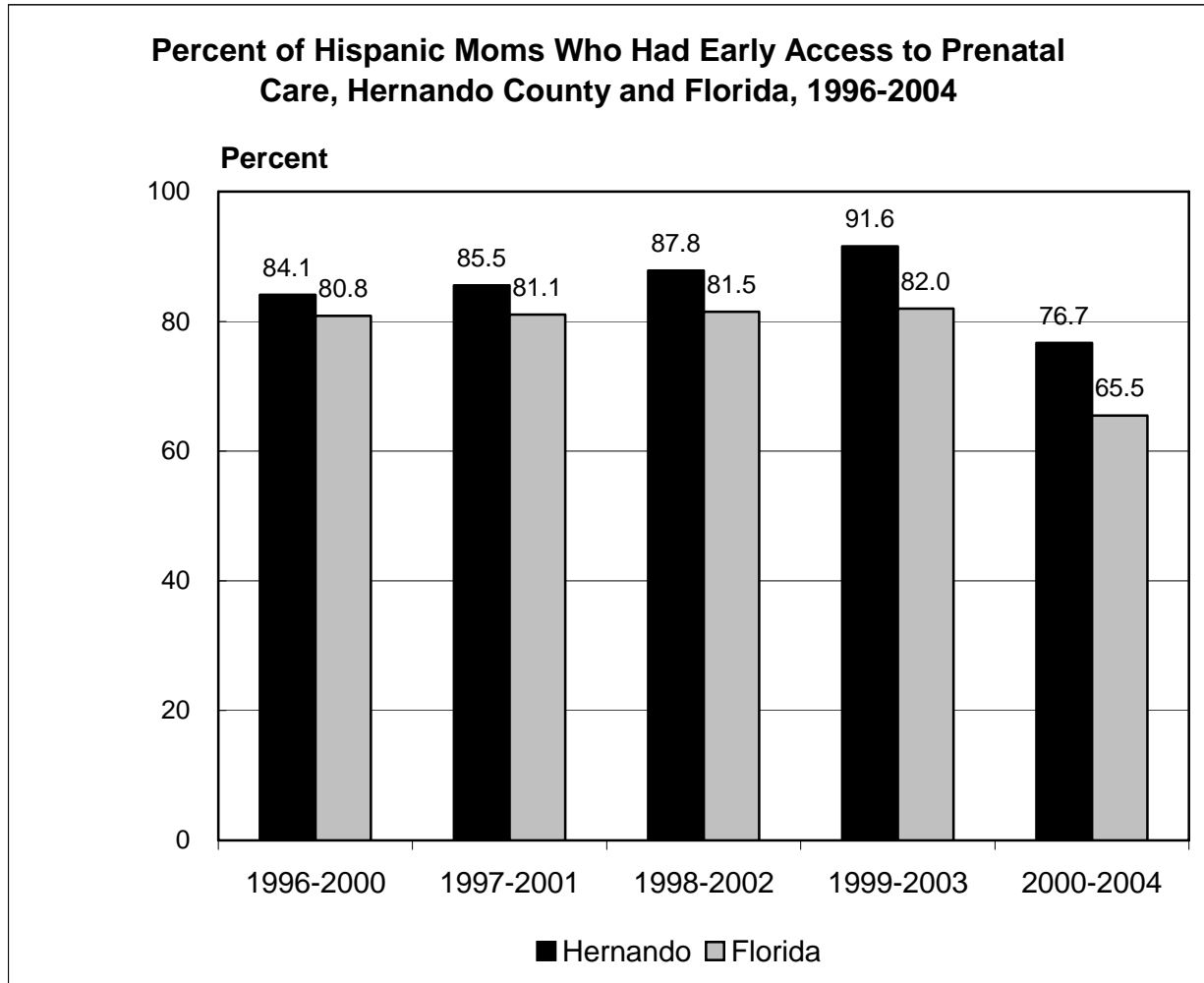
Early access to prenatal care means care began in first trimester.

Percent of all Hispanic births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Figure 3-18. Percent of Hispanic moms who had early access to prenatal care, Hernando County and Florida, 1996-2004.



Percent of all Hispanic births.

Early access to prenatal care means care started in first trimester.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Low Birthweight

An infant may be born small for gestational age, early or a combination of the two. A low birthweight infant is defined as weighing less than 2,500 grams (5 pounds 8 ounces) at birth. Low birthweight babies may face serious health problems as newborns and are at increased risk for long-term disabilities and may require adaptive care throughout their lifespan.

Table 3-24 shows that there nearly 70 babies per 1,000 live births annually in Hernando County between 2000-2004 were low birthweight. This is lower than the 83.4 low birthweight births per 1,000 Florida live births. Unfortunately, the low birthweight rate for black residents is nearly twice that of white residents. The low birthweight rate for black residents is also slightly higher than the rate for their counterparts throughout the state.

Figure 3-19, compares the low birthweight rates of white and black residents within various zip codes. Again, because of potentially small numbers when broken down to the zip code level, care should be taken when analyzing these rates and before any policy or implementation assumptions are made.

Table 3-25 and Figure 3-20 show that low birthweight rates have decreased in Hernando County over the last decade. In addition, the low birthweight rate in Hernando County has been substantially lower than the Florida rate since 1996.

Table 3-26 and Figure 3-21 show that Hispanic low birthweight rates have remained generally higher than the county average. Hispanic low birthweight rates are generally higher than white residents and substantially lower than black residents . Hispanic low birthweight rates have fluctuated throughout the last decade.

Table 3-24. Low birthweight rates per 1,000 live births by race, by zip code, Hernando County and Florida, 2000-2004.

Area	All Races		White Races		Black Races	
	Number	Rate	Number	Rate	Number	Rate
34601	108	84.4	74	74.1	33	133.6
34602	22	60.6	11	36.5	11	183.3
34604	22	84.6	21	85.7	-	-
34606	65	62.6	62	62.8	1	35.7
34607	14	74.1	12	67.0	-	-
34608	75	70.0	66	65.9	4	114.3
34609	80	64.3	55	46.9	5	116.3
34613	20	54.6	20	56.5	-	-
34614	9	60.4	9	61.6	-	-
Hernando	440	69.9	371	65.0	57	129.3
Florida	87,163	83.4	53,839	69.8	29,955	127.7

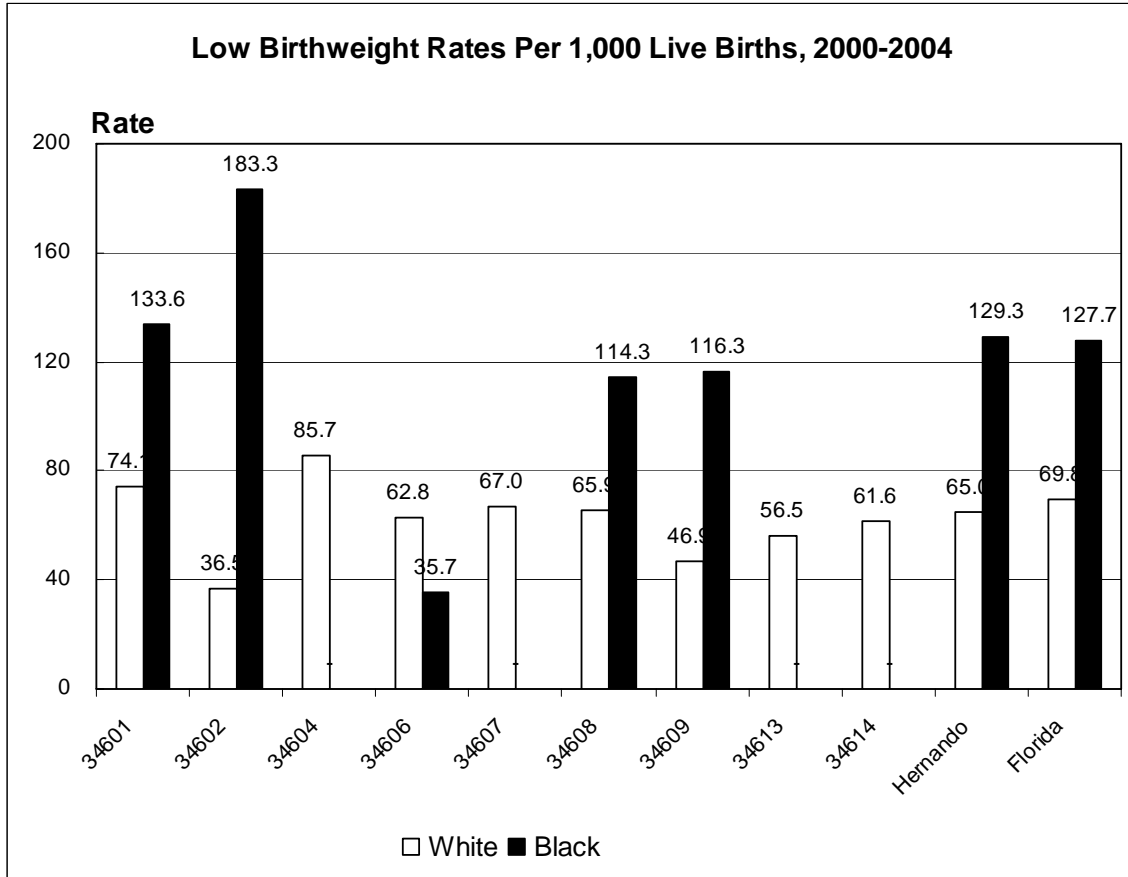
Rates are per 1,000 live births.

A "----" means there were zero deaths during that five year period, therefore there is no rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-19. Low birthweight rates per 1,000 live births by race, by zip code, Hernando County and Florida, 2000-2004.



Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-25. Low Birthweight rates per 1,000 live births by race, Hernando County and Florida, 1996-2004.

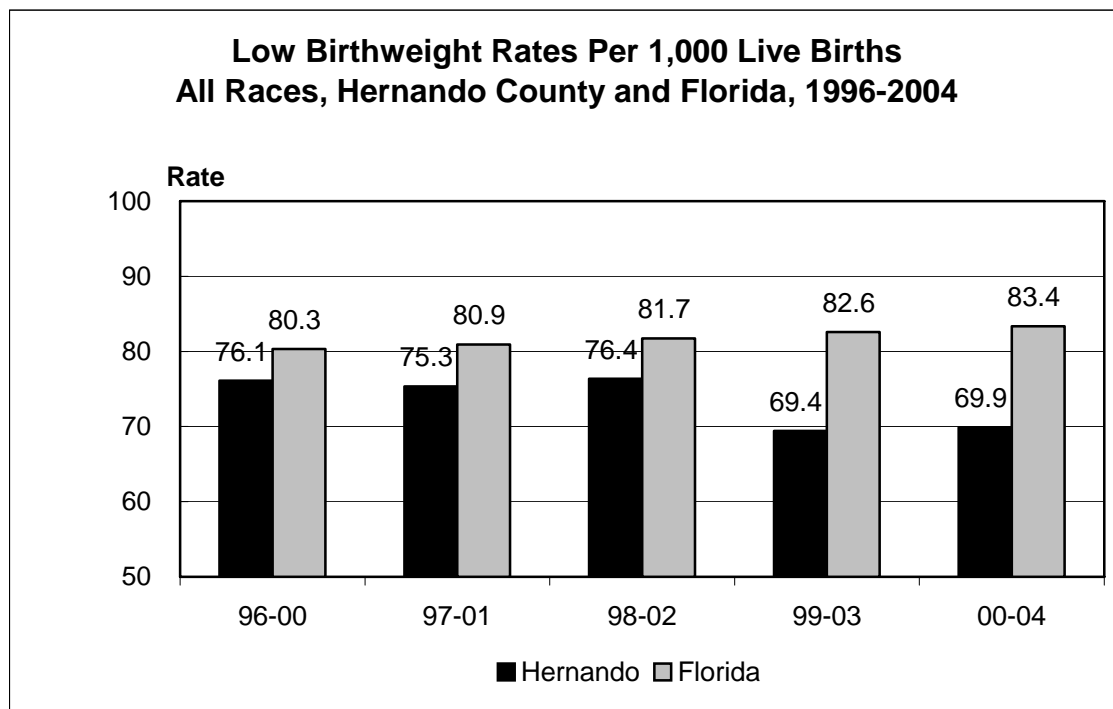
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	410	76.1	423	75.3	442	76.4	413	69.4	440	69.9
Florida	78,554	80.3	80,480	80.9	82,369	81.7	84,619	82.6	87,163	83.4
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	355	72.0	364	70.9	385	72.8	350	64.7	371	65.0
Florida	49,002	67.3	50,014	67.8	51,135	68.5	52,385	69.1	53,839	69.8
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	48	128.0	47	123.0	45	115.4	48	115.1	57	129.3
Florida	27,299	122.8	28,015	123.3	28,571	124.3	29,342	126.1	29,955	127.7

Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure. 3-20. Low birthweight rates for all races, Hernando County and Florida, 1996-2004.



Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-26. Hispanic low birthweight and rates per 1,000 live births Hernando County and Florida, 1996-2004.

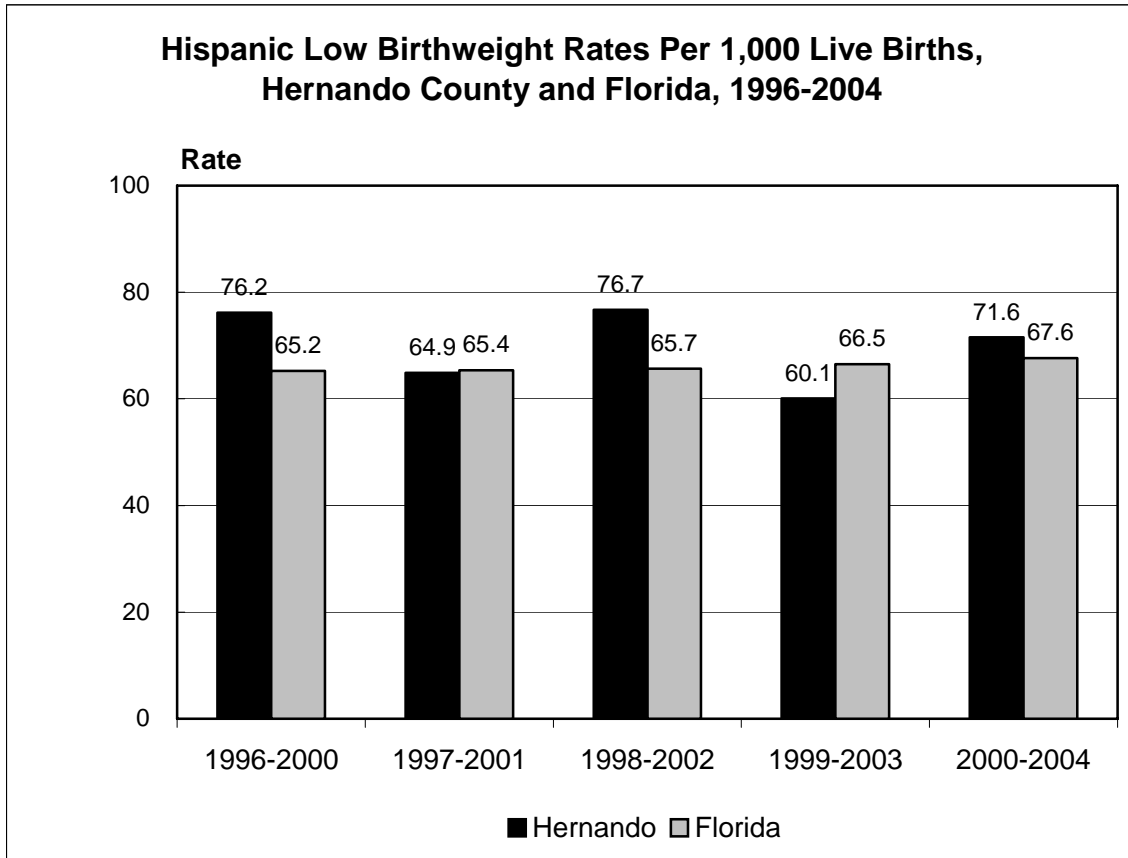
County	1996-2000		1997-2001		1998-2002		1993-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	23	76.2	22	64.9	29	76.7	25	60.1	35	71.6
Florida	13,037	65.2	13,980	65.4	14,975	65.7	16,188	66.5	17,616	67.6

Rate is per 1,000 live births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Figure 3-21. Hispanic low birthweight rates per 1,000 live births Hernando County and Florida, 1996-2004.



Rate is per 1,000 live births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Infant Mortality

Infant mortality is an excellent indicator of health status and is used to compare the health and well-being of populations across and within countries. Infant mortality is defined as the number of deaths to infants less than one year per 1,000 live births.

Table 3-27 shows that there were 7.6 deaths per 1,000 live births in Hernando County between 2000-2004. This is slightly higher than the Florida infant mortality rate for the same time period. The infant mortality rate for white residents of Hernando County is also slightly higher than for white residents of Florida as a whole. However, the infant mortality rate for black residents is more than three times higher than white residents. In addition, the infant mortality rate for black residents of Hernando County is substantially higher than their counterparts throughout the state.

Figure 3-22, compares the infant mortality rates of white and black residents within various zip codes. Again, because of potentially small numbers when broken down to the zip code level, care should be taken when analyzing these rates and before any policy or implementation assumptions are made.

Table 3-28 and Figure 3-23 show that infant mortality has been creeping up in Hernando County over the last decade.

Table 3-29 and Figure 3-24 show that Hispanic infant mortality. The numbers of deaths are so small that the numbers are subject to wide variation and comparison with other races or geographic areas should be done with caution.

Table 3-27. Infant mortality rates per 1,000 live births by race, by zip code, Hernando County and Florida, 2000-2004.

Area	All Races		White Races		Black Races	
	Number	Rate	Number	Rate	Number	Rate
34601	10	7.8	5	5.0	5	20.2
34602	5	13.8	3	10.0	2	33.3
34604	3	11.5	3	12.2	-	-
34606	7	6.7	7	7.1	-	-
34607	-	-	-	-	-	-
34608	11	10.3	8	8.0	2	57.1
34609	7	5.6	6	5.1	1	23.3
34613	4	10.9	4	11.3	-	-
34614	-	-	-	-	-	-
Hernando	48	7.6	37	6.5	10	22.7
Florida	7,586	7.3	4,324	5.6	3,126	13.3

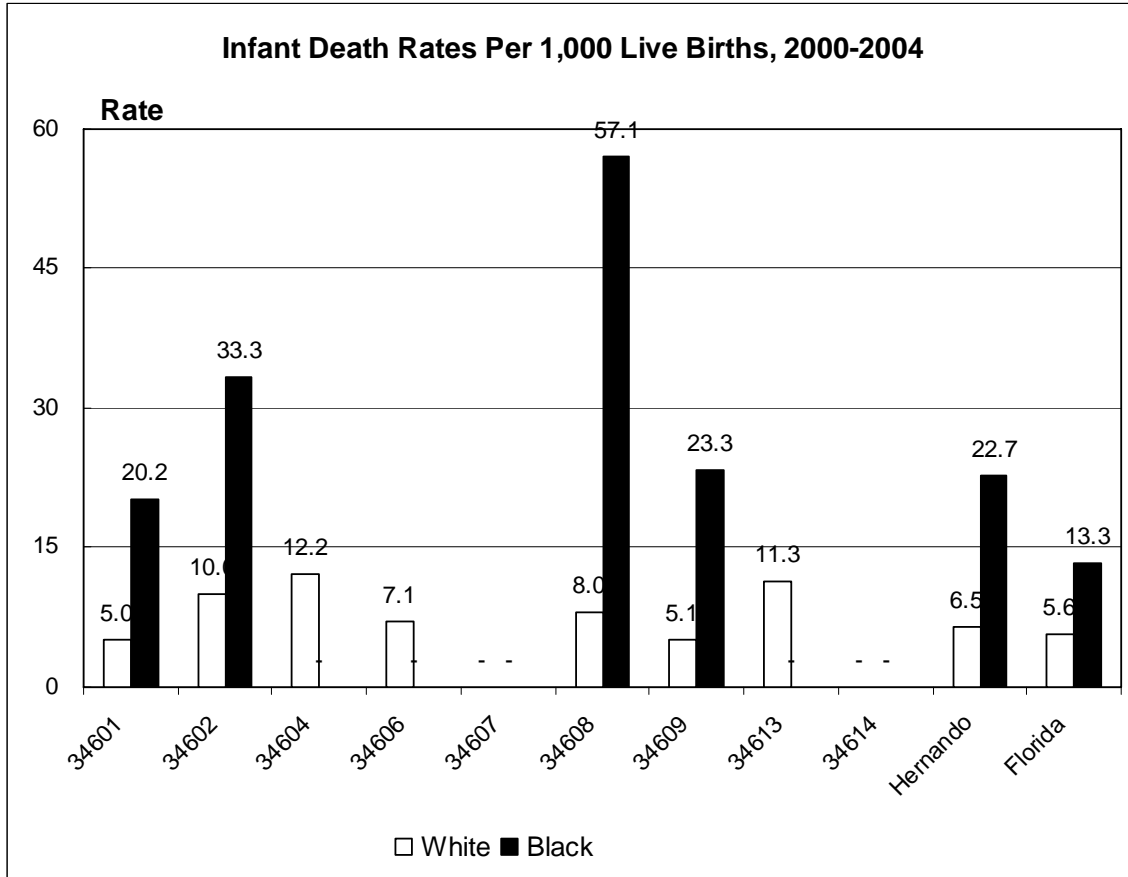
Rates are per 1,000 live births.

A "---" means there were zero deaths during that five year period, therefore there is no rate.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-22. Infant mortality rates per 1,000 live births by race, by zip code, Hernando County and Florida, 2000-2004.



Rates are per 1,000 live births.
 Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2004.
 Prepared by: WellFlorida Council, 2006.

Table 3-28. Infant mortality rates per 1,000 live births by race, Hernando County and Florida, 1996-2004.

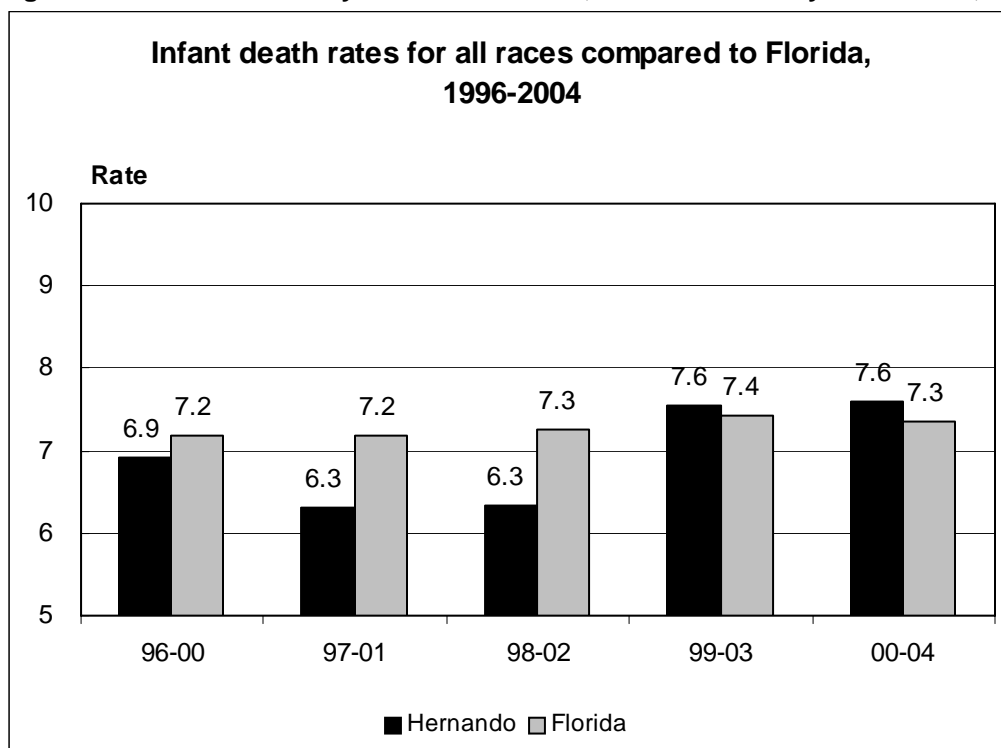
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	39	6.9	40	6.3	40	6.3	44	7.6	48	7.6
Florida	7,043	7.2	7,133	7.2	7,323	7.3	7,492	7.4	7,586	7.3
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	33	6.7	33	6.4	33	6.2	37	6.8	37	6.5
Florida	4,101	5.6	4,119	5.6	4,206	5.6	4,263	5.6	4,324	5.6
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	5	13.3	6	15.7	5	12.8	6	14.4	10	22.7
Florida	2,845	12.8	2,916	12.8	3,011	13.1	3,110	13.4	3,126	13.3

Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-23. Infant mortality rates for all races, Hernando County and Florida, 1996-2004.



Rates are per 1,000 live births.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-29. Hispanic infant mortality and rates per 1,000 live births Hernando County and Florida, 1996-2004.

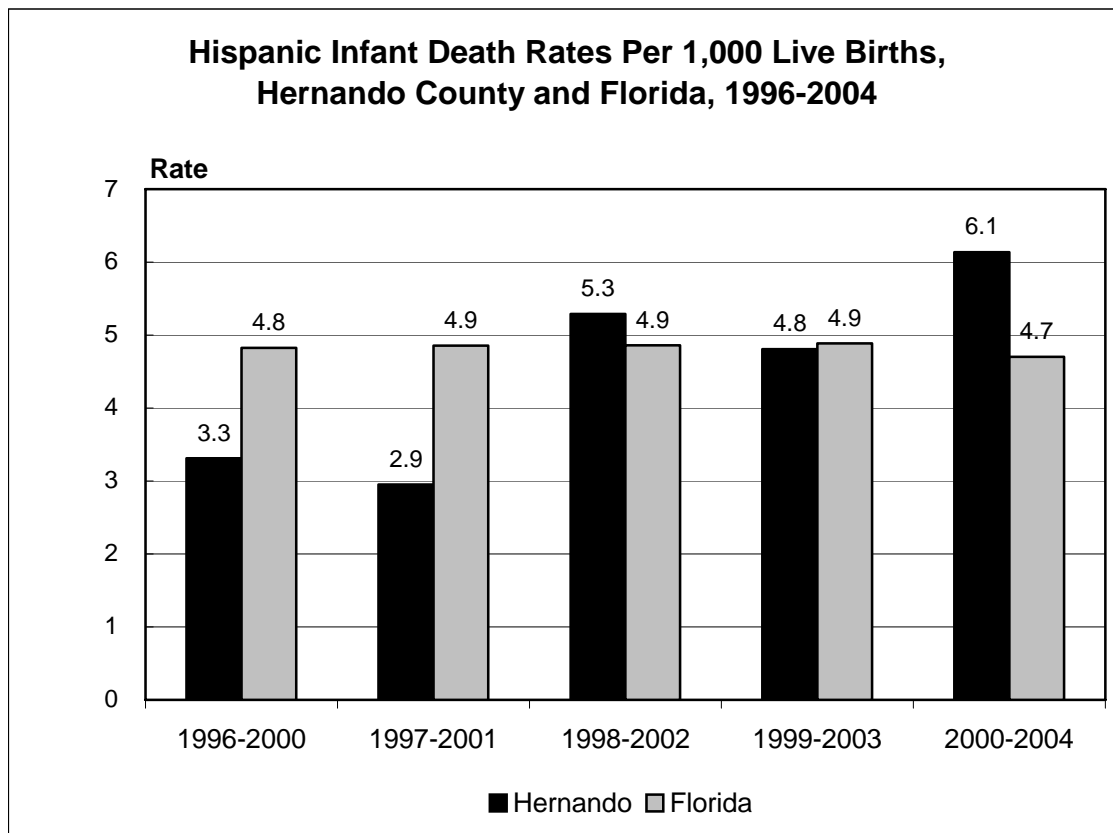
County	1996-2000		1997-2001		1998-2002		1993-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	1	3.3	1	2.9	2	5.3	2	4.8	3	6.1
Florida	964	4.8	1,038	4.9	1,108	4.9	1,189	4.9	1,225	4.7

Rate is per 1,000 live births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Figure 3-24. Hispanic infant mortality and rates per 1,000 live births Hernando County and Florida, 1996-2004.



Rate is per 1,000 live births.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006

Teen Births and Repeat Births

Teens are often unprepared for the realities of childbirth. This lack of preparation is often translated into poor health for the child if the teen does not have an adequate support structure to assist her with raising and caring for the child. As such, teen birth rates are also an excellent indicator or marker for a healthy community. In general, the lower the teen birth rate, the “healthier” a community.

Table 3-30 shows that teen birth rates (defined as births to females age 15-17 per 1,000 females age 15-17 in the population) were substantially lower in Hernando County between 2000-2004 than Florida. While the black teen birth rate is indeed substantially higher than for white teens in Hernando County, the white and black rates are both substantially lower than their counterparts for the entire state.

Figure 3-25, compares the teen birth rates of white and black residents within the county zip codes. Again, because of potentially small numbers when broken down to the zip code level, care should be taken when analyzing these rates and before any policy or implementation assumptions are made.

Table 3-31 and Figure 3-26 show that teen birth rates have decreased substantially for Hernando County teens in the last decade. In addition, the teen birth rate in Hernando County has been substantially lower than the Florida rate since 1996. Hispanic teen birth rates have also been typically lower in Hernando County than state rates since 1996 (Table 3-32 and Figure 26).

Repeat birth rates to mothers age 15-19 have fluctuated since 1997 (Table 3-33 and Figure 27). For 1999-2003, the rate in Hernando actually exceeded the state, though the rates from the other time periods were below the state rate including the most recent 2000-2004 rate.

Table 3-30. Teen birth rates per 1,000 females 15-17 by race, by zip code, Hernando County and Florida, 2000-2003.

Area	All Races		White Races		Black Races	
	Number	Rate	Number	Rate	Number	Rate
34601	52	31.1	39	31.1	13	39.6
34602	13	24.4	9	21.6	4	45.5
34604	15	---	15	---	0	---
34606	28	21.2	27	23.0	0	0.0
34607	2	4.7	2	5.0	0	0.0
34608	21	16.0	19	15.7	1	27.8
34609	22	10.0	19	9.6	2	22.7
34613	14	23.3	14	25.2	0	0.0
34614	3	11.0	3	11.2	0	0.0
Hernando	177	20.4	168	22.2	21	34.3
Florida	31,313	26.4	22,287	27.4	14,213	56.1

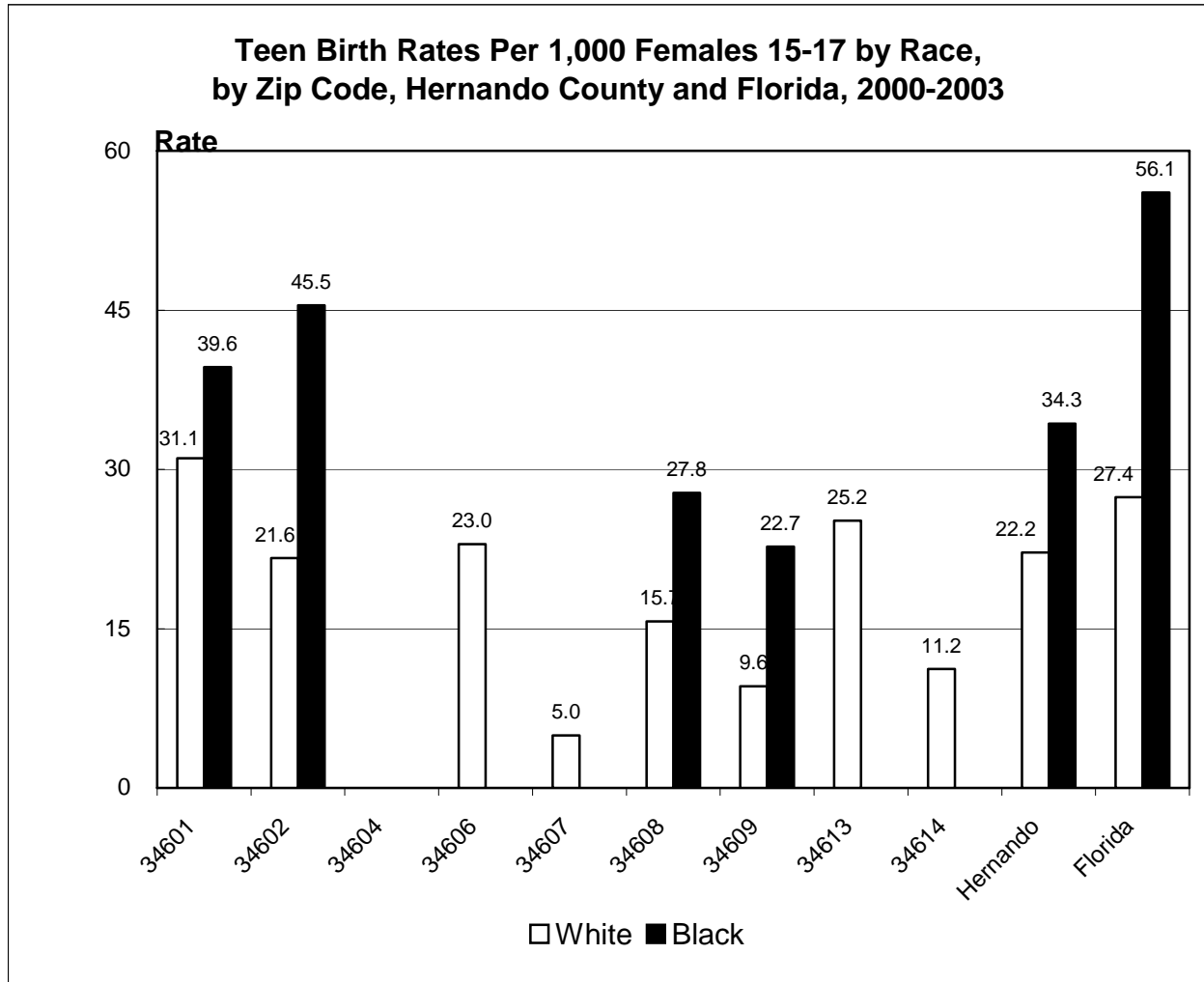
A "---" indicates zip code 34604 was not available in the 2000 Census; therefore there was no population available to use to calculate a rate.

Rates are per 1,000 total population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2003; U.S. Department of Commerce, Bureau of the Census, 2000.

Prepared by: WellFlorida Council, 2006.

Figure 3-25. Teen birth rates per 1,000 females 15-17 by race, by zip code, Hernando County and Florida, 2000-2003.



Zip code 34604 was not available in the 2000 Census, therefore there was no population available to use in calculating rates.

Rates are per 1,000 females 15-17 population.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 2000-2003; U.S. Department of Commerce, Bureau of the Census, 2000.

Prepared by: WellFlorida Council, 2006.

Table 3-31. Teen birth rates per 1,000 females 15-17 years of age by race, Hernando County and Florida, 1996-2004.

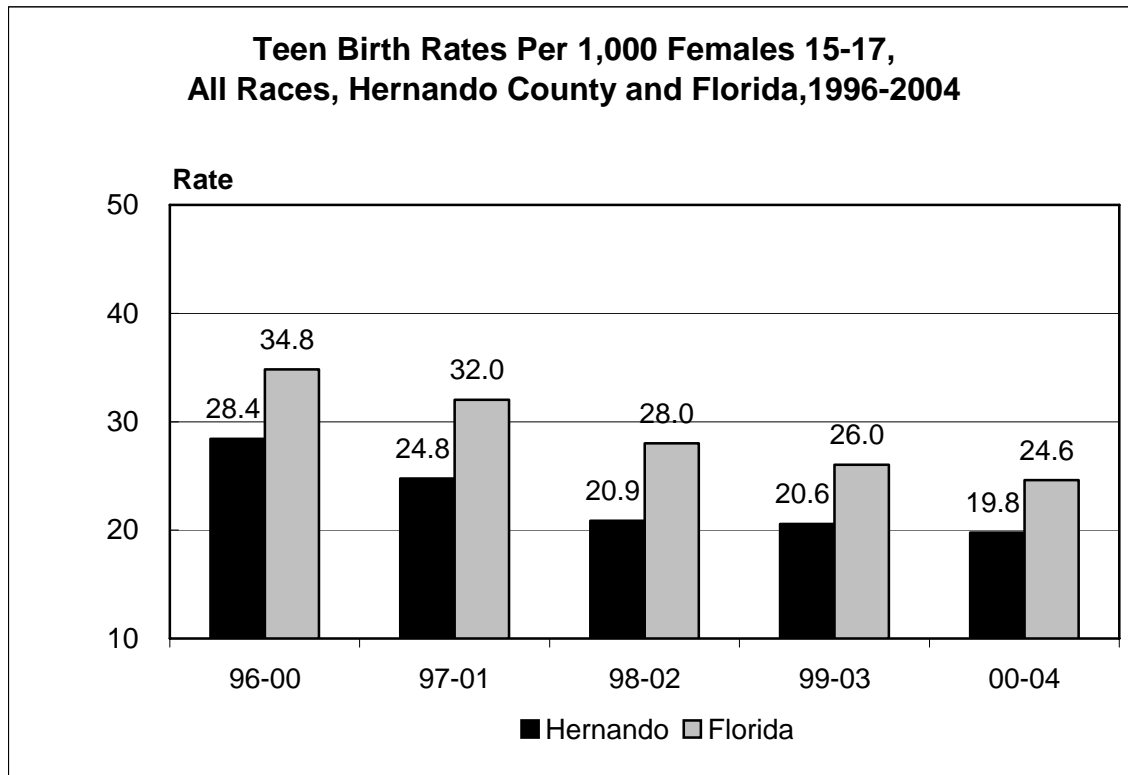
Area	All Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	271	28.4	249	24.8	229	20.9	229	20.6	226	19.8
Florida	45,633	34.8	44,141	32.0	42,123	28.0	40,077	26.0	38,749	24.6
Area	White Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	228	26.5	215	23.7	201	20.2	211	20.8	222	21.3
Florida	26,449	27.4	25,674	25.2	24,738	22.0	27,479	23.9	29,082	24.7
Area	Black Races									
	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	41	55.8	33	43.4	26	32.5	30	37.5	32	39.8
Florida	18,586	60.3	17,831	55.9	16,746	50.6	17,658	51.7	17,929	51.5

Rates are per 1,000 females 15-17 years of age.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-26. Teen birth rates per 1,000 females 15-17, all races, Hernando County and Florida, 1996-2004.



Rates are per 1,000 females 15-17 years of age.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1996-2004.

Prepared by: WellFlorida Council, 2006.

Table 3-32. Hispanic teen births 15-17 and rates per 1,000 females 15-17, Hernando County and Florida, 1996-2004.

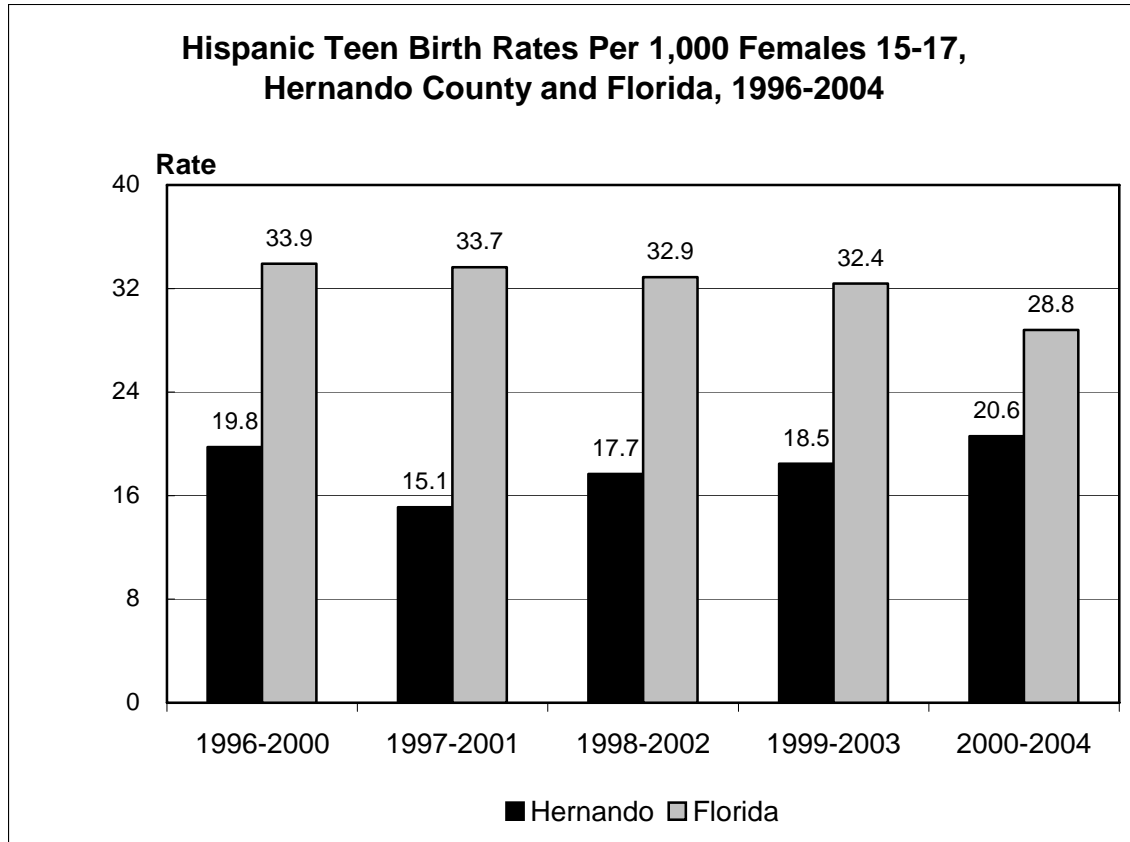
County	1996-2000		1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	16	19.8	13	15.1	16	17.7	17	18.5	21	20.6
Florida	9,253	33.9	9,621	33.7	9,826	32.9	10,012	32.4	10,287	28.8

Rate is per 1,000 Hispanic females 15-17 years of age.

Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.

Prepared by: WellFlorida Council, 2006.

Figure 3-27. Hispanic teen birth rates per 1,000 females 15-17, Hernando County and Florida, 1996-2004.



Rate is

Rate per 1,000 Hispanic females 15-17 years of age.
 Source: CHARTS, Florida Department of Health, Office of Vital Statistics, May 3, 2006.
 Prepared by: WellFlorida Council, 2006.

Table 3-33. Repeat birth rates to moms 15-19 who had a previous birth for all races, Hernando County and Florida, 1997-2004.

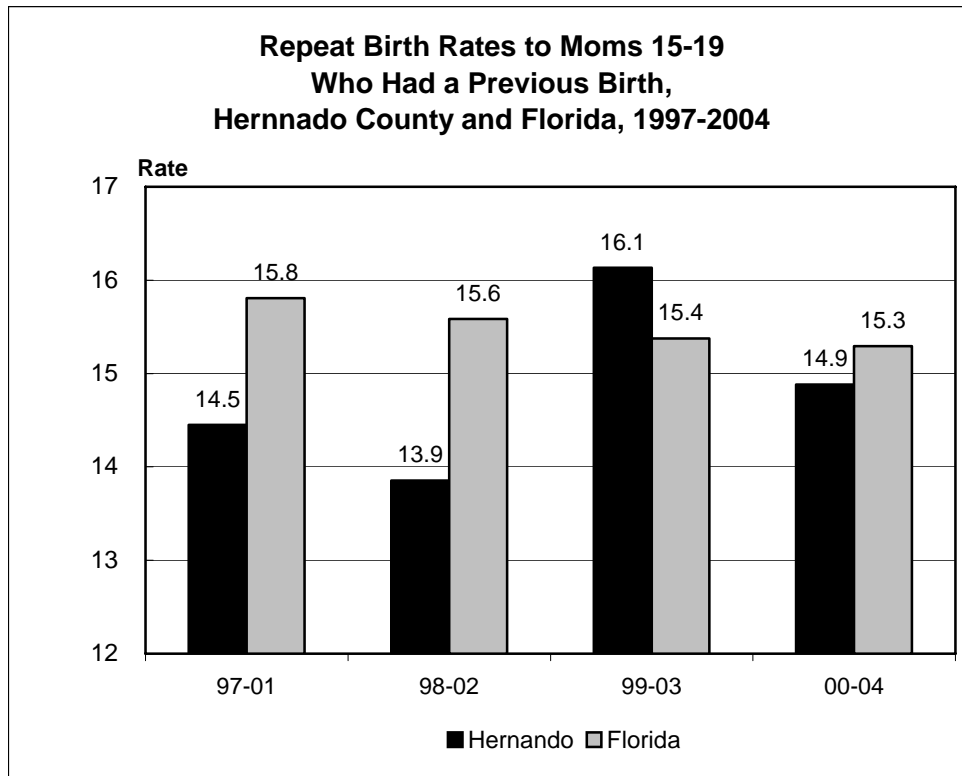
Area	1997-2001		1998-2002		1999-2003		2000-2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	149	14.5	137	13.9	146	16.1	128	14.9
Florida	27,534	15.8	26,419	15.6	25,157	15.4	23,956	15.3

Rates are per 1,000 moms 15-19 who had a previous birth.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2004.

Prepared by: WellFlorida Council, 2006.

Figure 3-28. Repeat birth rates to moms 15-19 who had a previous birth, 1997-2004.



Rates are per 1,000 moms 15-19 who had a previous birth.

Source: State of Florida, Department of Health, Office of Vital Statistics, Public Health Statistics, 1997-2004.

Prepared by: WellFlorida Council, 2006.

Summary of Key Findings

Leading Causes of Death

- Hernando County's top 10 leading causes of death (based on crude mortality rate) are identical to the state of Florida. However, the rankings of the causes within the top 10 differ between Hernando and Florida. For example, respiratory disease is the third leading cause of death in Hernando County though it is the fourth for all of Florida. In addition, Alzheimer's disease is the sixth leading cause of death in Hernando County while it is the seventh leading cause of death for Florida.
- Diabetes is the third leading cause of death for black residents in Hernando County compared to the seventh for white residents. In addition, nephritis, perinatal conditions, HIV, homicide, Parkinson's and septicemia (albeit in small numbers with one death or fewer per year on average) are in the top 10 causes for black residents while influenza and pneumonia, suicide and liver disease are not.
- Unintentional injury was the third leading cause of death for Hispanic residents between 2000-2004 compared to only the fifth leading cause of death for whites and the sixth leading cause of death for blacks in Hernando County. While respiratory disease is a high-ranking cause of death for white and black residents of Hernando County, it was only the eighth leading cause of death for Hispanic residents between 2000-2004.
- In the 2001 needs assessment, it was reported that county residents had age-adjusted mortality rates that were higher than the state for six of the 10 leading causes of death. Recent data shows that Hernando County now exceeds the state's age-adjusted mortality rate in nine out of the top 10 causes of death. Only the age-adjusted death rate for pneumonia and influenza is lower in Hernando County than for Florida as a whole.
- Respiratory disease exhibits perhaps the most troubling disparity pattern among blacks and whites. Respiratory disease age-adjusted mortality rates for white residents in Florida are substantially higher than that of black residents. However, not only are the Hernando County rates for both white and black residents substantially worse than Florida but the age-adjusted death rate for blacks actually exceeds the rate for whites by a wide margin.

Hospitalization

- The leading cause of hospitalization in Hernando County in 2004 was for being a normal newborn. Heart failure and shock followed by chest pain make up the second and third leading causes of hospitalization for all residents. Vaginal delivery and chronic obstructive pulmonary (respiratory) disease round out the top five.
- Esophagitis, gastroenteritis, and miscellaneous digestive issues is a top 5 cause for all age groups. It is also noteworthy that psychoses is the second leading cause of hospitalization of Hernando County residents age 18-64.

Birth Indicators

- Birth rates in Hernando County have remained remarkably steady and consistently below Florida's rates.
- Early access to prenatal care has been remarkably stable in Hernando County over the last decade. In addition, the early access to prenatal care rate has been substantially higher than the Florida rate since 1996.
- Low birthweight rates have decreased in Hernando County over the last decade. In addition, the low birthweight rate in Hernando County has been substantially lower than the Florida rate since 1996.
- The low birthweight rate for black residents is nearly twice that of white residents in Hernando County.
- Infant mortality has been creeping up in Hernando County and has exceeded the state infant mortality rate in recent years.
- The infant mortality rate for black residents is substantially higher than that of both Hispanic and white residents.
- Birth rates have decreased substantially for Hernando County teens in the last decade. In addition, the teen birth rate in Hernando County has been substantially lower than the Florida rate since 1996.

Health Resource Availability and Access

Introduction

This section will address the availability of health care resources to the residents of Hernando County. The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's healthcare delivery system. Without an adequate supply of healthcare facilities, providers and services, maintaining good health status is a daunting challenge. Fewer facilities, providers and services means diminished opportunity to obtain healthcare in a timely fashion. Limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb indigent and charity care as there are fewer providers upon which to distribute the burden.

Provider and Facility Supply

Medically Underserved and Health Professional Shortage Areas

Medically Underserved Areas (MUA) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

As defined by the federal government's Health Resources and Services Administration (HRSA), the medically underserved area or population (MUA/P) designation involves the application of the Index of Medical Underservice (IMU) to data on a service area to obtain a measurement of underservice for a defined area or population. The IMU scale runs from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables – ratio of primary medical care physicians per 1,000 population; infant mortality rate; percentage of population with incomes below the federal poverty level; and percentage of the population age 65 or older. The value of each of these variables for the service area is created to a weighted value, according to established criteria. The four values are then summed to obtain an area's IMU score.

In February 2002, the Hernando County low income population was designated as an MUP. The low income population of Hernando County received a score of 46.2 which placed it substantially below the 62.0 threshold. The MUP has not been updated or reviewed since 2002 (nor does the federal government require a regular and ongoing update of the IMU and MUP designation).

HRSA also evaluates primary care, dental and mental health care shortage areas and populations on a regular basis. The Shortage Designation Branch in the HRSA Bureau of Health Professions has developed shortage designation criteria and utilizes them to determine whether or not a geographic area or population group is a Health Professional Shortage Area (HPSA) in one of the three critical service areas. More than 34 federal programs depend on the shortage designation to determine eligibility or as a funding preference. About 20 percent of the U.S. population resides in primary medical care HPSAs. The following criteria are utilized for primary medical care shortage designations:

A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
 - a. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 - b. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration

Hernando County has HPSA designations for all three of the core service areas: primary medical care, dental care and mental health care. These designations are for different populations and are summarized in Table 4-1. A federally qualified community health center and its service area are automatically designated by the federal government as a HPSA for each of the core service areas. The community health center located at the Hernando County Health Department received these designations in September 2005.

The low income/migrant farmworker (February 2002) and correctional institution populations (January 2004) have been designated as primary medical care HPSAs. The low income population has been designated a dental health HPSA in July 2002. The low income/migrant farmworker population was designated a mental health HPSA in July 2002 as well.

HPSAs are customarily reviewed every four years. The review of primary medical care, dental care and mental health care should occur sometime in 2006 or in early 2007.

Table 4-1. Summary of Health Professional Shortage Areas (HPSAs) and Medically Underserved Area Populations (MUA/Ps), Hernando County, June 2006.

Professional Shortage Area/ Underserved Area	Designation Status	Designation Type			
		Low Income/Migrant Farmworker Population	Low Income Population	Correctional Institution	Community Health Center
Primary Health	Yes	Yes	No	Yes	Yes
Dental Health	Yes	No	Yes	No	Yes
Mental Health	Yes	Yes	No	No	Yes
Medically Underserved	Yes	No	Yes	No	No

Source: US Department of Health and Human Services, Bureau of Health Professions, June 30, 2006.

Licensed Physicians and Nurses

The availability of licensed physicians and nurses is critical to meeting the healthcare needs of a community. However, it is often difficult to get an accurate number of physicians and nurses that are practicing and providing services in a community. The Florida Department of Health's Division of Medical Quality Assurance licenses these professionals. However, the county of record for licensees in the database corresponds to their mailing address which may or may not be identical to the county in which they are providing services.

This fact should be taken into account when viewing Tables 4-2 and 4-3. According to Table 4-2, there are 531.9 licensed medical doctors and doctors of osteopathy per 100,000 for all of Florida while there are only 206.5 per 100,000 population for Hernando County. Of course, this number does not capture those doctors that provide services in Hernando County but who are licensed elsewhere and doctors that are licensed in Hernando County but provide services in another county.

Table 4-3 shows that while Florida has nearly 2,433 licensed LPN and RNs per 100,000 population, Hernando County exceeds this rate with nearly 2,565 per 100,000 population. Of course this number does not capture those LPN/RNs that provide services in Hernando County but who are licensed elsewhere and nurses that are licensed in Hernando County but provide services in another county.

Table 4-2. Number and rate of licensed medical doctors and doctors of osteopathy, Hernando County and Florida, 2006.

Region	Number by Type			Rate Per 100,000 Population
	MD	DO	MD/DO Total	
Hernando County	278	+33	311	206.5
Florida	86,810	8,530	95,340	531.9

Source: Office of the Governor Population Estimates, 2005; Florida Department of Health Division of Medical Quality Assurance, 2006.

Table 4-3. Number and rate of licensed practical nurses and registered nurses, Hernando County and Florida, 2006.

Region	Number by Type			Rate Per 100,000 Population
	LPN	RN	LPN/RN Total	
Hernando County	1,373	2,489	3,862	2,564.7
Florida	113,549	320,781	434,330	2,422.9

Source: Office of the Governor Population Estimates, 2005; Florida Department of Health Division of Medical Quality Assurance, 2006.

Licensed Facilities

Table 4-4 is presented solely as an overview of the inventory of licensed facilities in Hernando County. The total number of facilities and total capacity change regularly. For the most up-to-date numbers on licensed facilities, consult www.Floridahealthstat.com.

Table 4-4. Licensed facilities by type in Hernando County, 2006.

Type of Facility	Total Number	Total Capacity
Adult Family Care Home	21	99
Ambulatory Surgical Center	7	14
Assisted Living Facilities	17	1,015
Clinical Laboratories	11	NA
Comm. Mental Health - Part Hosp pgm	3	NA
Comprehensive Outpatient Rehab Facility	2	NA
Crisis Stabilization Unit	1	10
End Stage Renal Disease	1	NA
HCC – Exemptions	70	NA
Health Care Clinic	10	NA
Health Care Services Pool	2	NA
Health Maintenance Organization	1	NA
Home Health Agency	19	NA
Home Medical Equipment	10	NA
Homemaker and Companion Services	4	NA
Hospital	5	568
Nurse Registry	1	NA
Rehab Agency	8	NA
Rural Health Clinic	2	NA
Skilled Nursing Facility	5	660

NA = Not available or not applicable

Source: Agency for Health Care Administration, Floridahealthstat.com, 2006.

Prepared by: WellFlorida Council, 2006.

Access to Healthcare

The Uninsured

Utilizing estimates from the *2004 Florida Health Insurance Study*, conducted by the Florida Agency for Health Care Administration, in 2005, 19.2 percent of Floridians, more than 2.8 million residents, under the age of 65 were uninsured. In Hernando County, nearly 18,000 residents age 0-64, more than 17 percent, had no form of public or private health insurance coverage.

The rate of the uninsured in Florida climbed to 19.2 percent compared to 16.8 percent in 2000. Similarly, the uninsured rate also increased, but not as quickly, to 17.3 percent from 16.5 percent in 2000 in Hernando County. Between 2000 and 2005, the number of uninsured residents in Hernando County grew 19.8 percent compared to 15.1 percent for the population as a whole.

Table 4-5. Estimated number of non-elderly (0-64) uninsured by zip code, Hernando County and Florida, 2005.

Area	2005 Population (0-64)	Uninsured	
		Percent	Estimated Number
34601 Brooksville	18,037	16.6	2,994
34602 Brooksville	5,438	16.9	919
34604 Brooksville *	6,115	NA	---
34606 Spring Hill	15,280	17.7	2,705
34607 Spring Hill	5,422	16.5	895
34608 Spring Hill	18,216	17.7	3,224
34609 Spring Hill	19,828	17.6	3,490
34613 Brooksville	8,497	17.1	1,453
34614 Brooksville	2,786	17.4	485
Ridge Manor Area **	4,283	NA	NA
Hernando	103,902	17.3	17,975
Florida	14,681,403	19.2	2,818,829

* The 32604 zip code was not a zip code during the most recent study and therefore no estimate of the uninsured for that zip code is available.

** The Ridge Manor Area is not available.

Source: ESRI Business Solutions, 2005; Agency for Health Care Administration, Florida Health Insurance Study 2004, Zip Code Estimates of People Without Health Insurance. Prepared by: WellFlorida Council, 2006.

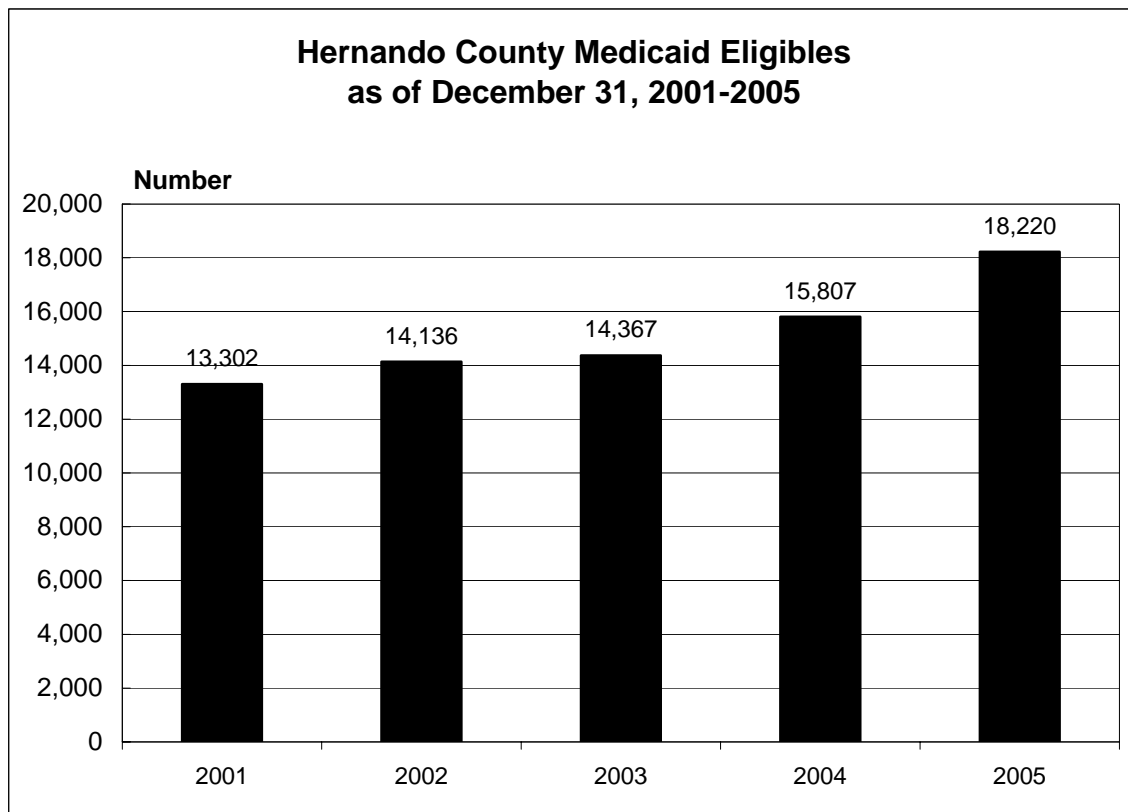
Medicaid

The Florida Medicaid program provides healthcare to various low-income and other special needs groups. The program is administered by the Agency for Health Care Administration and is funded through federal and state cost-sharing, with local counties contributing to inpatient hospital and nursing home services.

In Florida, policy has dictated that eligibility for most Medicaid primary medical care is reserved for pregnant women (up to 185 percent of the federal poverty level) and children. All Medicaid recipients are required to enroll in one of the managed care systems (either a Medicaid HMO or Medipass) implemented by Florida's Medicaid program.

The number of individuals eligible to receive Medicaid varies month by month. Figure 4-1 and Table 4-6 displays data for the year end number of eligibles on December 31 of each year. At year's end in 2005, there were 18,200 Medicaid eligibles in Hernando County compared to only 13,302 as of December 31, 2001. While the number of those eligible for Medicaid grew almost 37 percent between 2001 and 2005, Hernando County's total population grew less than 15 percent. Between 2001 and 2005 the eligible Medicaid population in Hernando County grew more than twice as fast as the total population.

Figure 4-1. Number of Medicaid eligibles in Hernando County as of December 31, 2001-2005.



Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.
Prepared by: WellFlorida Council, 2006.

Table 4-6 shows the number of Medicaid eligibles by zip code for Hernando County from 2001 through 2005. As seen in Table 4-6, a large portion of the Medicaid population growth is attributable to the Medicaid population growth in the 34604, 34606, 34608 and 34609 zip codes.

Table 4-6. Number of Medicaid eligibles by zip code, Hernando County and Florida, as of December 31, 2001-2005.

Area	December 2001	December 2002	December 2003	December 2004	December 2005
34601 Brooksville	4,123	4,322	4,124	4,142	4,311
34602 Brooksville	870	905	837	844	830
34604 Brooksville	670	802	820	847	912
34606 Spring Hill	2,627	2,849	3,006	3,207	3,284
34607 Spring Hill	375	433	440	517	553
34608 Spring Hill	2,155	2,288	2,472	2,952	3,269
34609 Spring Hill	2,292	2,519	2,552	2,735	2,894
34613 Brooksville	1,179	1,282	1,303	1,411	1,427
34614 Brooksville	427	446	465	494	476
Ridge Manor Area *	NA	NA	NA	NA	NA
Hernando	13,302	14,136	14,367	15,807	18,220
Florida	1,962,045	2,102,411	2,051,482	2,168,332	2,233,946

* Not available.

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.

Prepared by: WellFlorida Council, 2006.

Table 4-7 shows the average monthly number of Medicaid eligibles in various age groups for 2005. In Hernando County in 2005, on average, 56 percent of the Medicaid eligibles were age 0-18 compared to 57 percent for Florida. It is noteworthy that in Hernando County nearly 29 percent of Medicaid eligibles were age 21-59 while only slightly more than 24 percent of Florida's Medicaid eligibles were age 21-59.

Table 4-7. Average monthly number of Medicaid eligibles by age in Hernando County and Florida, 2005.

Area	Hernando County		Florida	
	Number	Percent	Number	Percent
0-5	4,052	23.5	558,894	25.2
6-10	2,305	13.4	298,061	13.5
11-18	3,299	19.1	406,221	18.3
19-20	381	2.2	44,147	2.0
21-35	2,255	13.1	251,965	11.4
36-59	2,718	15.7	280,959	12.7
60-64	383	2.2	47,292	2.1
65-74	843	4.9	148,759	6.7
75-84	660	3.8	119,479	5.4
85+	365	2.1	60,085	2.7
Total	17,260	100.0	2,215,861	100.0

Source: Agency for Health Care Administration, Medicaid Program Analysis, 2006.
 Prepared by: WellFlorida Council, 2006.

Table 4-8 shows Medicaid expenditures by type for Hernando County and Florida for a recent 8-month period. Expenditures for this period amounted to more than \$25.5 million (annualized to \$38.3 million). In Hernando County, HMO-PHP services accounted for 24.9 percent of the expenditures compared to only 16.1 percent in Florida as a whole. In addition, prescription drugs accounted for nearly 21 percent of all Medicaid expenditures in Hernando County compared to only 16 percent for all of Florida.

Table 4-8. Medicaid expenditures by type, Hernando County and Florida, July 1, 2005 - March 31, 2006.

Type of Medical Assistance	Hernando County				Florida			
	Clients		Dollars		Clients		Dollars	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Adult Day Care	0	-	\$0.00	-	0	-	\$0.00	-
Ambulatory Surgical	142	1.7	\$56,534.65	0.2	36,781	1.1	\$14,278,208.01	0.1
Birthing Center	0	-	\$0.00	-	1,959	0.1	\$1,129,833.88	0.0
Case Management	164	2.0	\$145,096.00	0.6	81,090	2.5	\$55,409,850.96	0.6
Chiropractor Services	48	0.6	\$5,219.77	0.0	9,375	0.3	\$1,136,909.74	0.0
Comm Mental Services	426	5.1	\$322,799.42	1.3	129,662	4.0	\$196,292,116.04	2.0
Dental Care	741	9.0	\$185,751.97	0.7	306,610	9.4	\$74,720,283.37	0.7
Durable Medical Equipment	149	1.8	\$57,874.07	0.2	52,543	1.6	\$35,590,329.47	0.4
End-Stage Renal	2	0.0	\$4,005.86	0.0	1,397	0.0	\$10,886,363.96	0.1
Well Child Checkups (EPSDT)	392	4.7	\$40,268.74	0.2	360,669	11.1	\$47,025,233.73	0.5
Family Planning	0	-	\$0.00	-	10	0.0	\$447.05	0.0
Hearing Services	13	0.2	\$1,751.72	0.0	11,999	0.4	\$821,864.72	0.0
HMOs – Physician Health Plans	3,884	46.9	\$6,365,091.89	24.9	1,617,732	49.7	\$1,601,382,001.78	16.1
Home and Community Based Services	381	4.6	\$2,563,364.38	10.0	244,519	7.5	\$764,659,421.70	7.7
Home Health	279	3.4	\$1,110,449.51	4.4	97,468	3.0	\$216,604,021.51	2.2
Hospice	45	0.5	\$492,249.51	1.9	16,185	0.5	\$186,647,395.09	1.9
Intermediate Care Facility	1	0.0	\$49,145.79	0.2	3,606	0.1	\$255,509,450.58	2.6
Inpatient Hospital	742	9.0	\$3,106,666.54	12.2	462,254	14.2	\$1,724,615,263.31	17.3
Lab and Xray	763	9.2	\$58,624.93	0.2	415,477	12.8	\$37,553,779.87	0.4
Medipass	1,883	22.7	\$34,539.00	0.1	1,093,581	33.6	\$21,967,380.00	0.2
Nurse Practitioner	549	6.6	\$64,755.28	0.3	202,700	6.2	\$35,330,527.19	0.4
Outpatient Hospital	1,956	23.6	\$874,005.90	3.4	1,101,979	33.9	\$438,882,822.07	4.4
Physician Care	2,838	34.3	\$1,352,803.52	5.3	1,321,492	40.6	\$547,739,194.41	5.5
Podiatry	121	1.5	\$7,568.41	0.0	38,416	1.2	\$3,061,806.72	0.0
Portable Xray	62	0.7	\$3,976.35	0.0	28,927	0.9	\$1,731,785.67	0.0
Practitioner Crossover	5	0.1	\$125.63	0.0	539	0.0	\$16,059.60	0.0
Prescribed Drugs	2,863	34.6	\$5,283,576.54	20.7	1,235,807	38.0	\$1,613,711,665.32	16.2
Primary Care Management	0	-	\$0.00	-	0	-	\$0.00	-
Rural Health	441	5.3	\$83,024.66	0.3	180,797	5.6	\$51,149,043.52	0.5
Rural Hospital Swing Bed	0	-	\$0.00	-	83	0.0	\$1,096,714.89	0.0
Skilled Nursing Facility	657	7.9	\$2,923,218.10	11.5	106,512	3.3	\$1,889,393,675.04	18.9
State Mental Hospital	0	-	\$0.00	-	180	0.0	\$4,471,502.87	0.0
Therapy Services	250	3.0	\$162,428.62	0.6	59,106	1.8	\$91,134,203.69	0.9
Transportation	496	6.0	\$114,701.40	0.4	173,287	5.3	\$43,372,751.96	0.4
Unassigned	1	0.0	\$23,950.00	0.1	203	0.0	\$335,746.74	0.0
Visual	295	3.6	\$20,738.84	0.1	108,305	3.3	\$9,442,133.89	0.1
Total	8,277	--	\$25,514,307.00	100.0	3,253,481	--	\$ 9,977,099,788.35	100.0

Source: Agency for Health Care Administration Medicaid Management Information System Recap of Welfare Medical Assistance Report, July 2005-March 31, 2006.

Prepared by: WellFlorida Council, 2006.

HMO Enrollment

Health maintenance organization (HMO) health insurance plans are often more affordable than standard private insurance and preferred provider organization (PPO) plans. In theory, the insured person is engaged in care management by a primary care provider that leads to more efficient utilization of healthcare resources and subsequent lower costs.

According to the Florida Department of Insurance (DOI), as seen in Table 4-9, 10 of Florida's 33 HMOs are enrolling clients in Hernando County. As of December 31, 2005, more than 37,000 Hernando County residents were enrolled in HMOs. In fact, Hernando County's HMO enrollment rate of 247.2 persons per 1,000 population is substantially higher than the state of Florida rate of 217.4 per 1,000.

Table 4-10 shows that more than 35 percent of Hernando County's HMO enrollment is in Medicare plans compared to only 16 percent statewide. This is indicative of Hernando County's relatively large percentage of senior residents. In the late 1990s Medicare HMOs virtually entirely pulled out of the Hernando County market. The Medicare Modernization Act of 2004 has created powerful incentives for Medicare HMOs to begin enrolling once again.

Table 4-9. Total HMOs and total HMO enrollment, Hernando County and Florida, as of December 31, 2005.

Area	Total HMO's		Total HMO Enrollees		
	Number	Percent of State	Number	Percent of State	Rate Per 1,000 Population
Hernando	10	30.3	37,220	1.0	247.2
Florida	33	100.0	3,896,850	100.0	217.4

* All Others include: Individuals, Small Groups, Healthy Kids and Federal Employees.

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of December 2005; ESRI Business Solutions, 2005.

Prepared by: WellFlorida Council, 2006.

Table 4-10. Total HMO enrollment and percent enrollment by type, Hernando County and Florida, as of December 31, 2005.

Area	Total HMO Enrollees	HMO Enrollment Type					
		Medicare		Medicaid		All Others Public and Private	
		Number	Percent	Number	Percent	Number	Percent
Hernando	37,220	13,122	35.3	8,928	24.0	15,170	40.8
Florida	3,896,850	637,183	16.4	805,315	20.7	2,454,352	63.0

* All Others include: Individuals, Small Groups, Healthy Kids and Federal Employees.

Source: State of Florida, Department of Financial Services, Managed Care Summary Report as of December 2005.

Prepared by: WellFlorida Council, 2006.

Avoidable Hospitalizations

In order to determine appropriate and effective utilization of hospital services and availability of primary care, a methodology has been developed to analyze hospital discharge data for (non-elderly) residents to determine the level of hospitalization for certain illnesses susceptible to primary care intervention. The Institute of Medicine (IOM) defines access as the “timely use of personal health services to achieve the best possible outcome.” This definition suggests that an evaluation of effective utilization and access must include consideration of indicators of health status or health outcomes.

The methodology is based on a study of the impact of the socioeconomic status on hospital use in New York; the results of which were released in 1993. In that study, specific diseases from the International Classification of Disease (ICD) codes were selected and proven in research to be reflective of the efficiency and effectiveness of access to the healthcare delivery system in the region. These diseases were called ambulatory care sensitive (ACS) because they had been shown to be avoidable in many cases if timely and appropriate ambulatory and primary care is available and utilized.

In 2004, there were nearly 23 avoidable hospitalizations per 1,000 population in Hernando County which was substantially higher than the nearly 16 avoidable hospitalizations per 1,000 population for the state as a whole (Table 4-11). The 2001 needs assessment reported 15.2 avoidable hospitalizations per 1,000 Hernando County residents in 1998. This represents a slightly more than 50 percent increase in unavoidable hospitalizations between 1998 and 2004.

Table 4-12 and Figure 4-2 break out these avoidable hospitalizations by payor or insurance status. Oftentimes, the self-pay/charity and Medicaid populations demonstrate a disproportionately high number of avoidable hospitalizations since timely access can be a questionable proposition for these groups. However, in Hernando County, this is not the case.

The percentage of self pay/charity avoidable hospitalizations in Hernando and Florida are nearly identical, and the percentage of Medicaid avoidable hospitalizations are lower in Hernando County in Florida. It is in the all other category (which includes Medicare and all other forms of private insurance) where Hernando County’s avoidable hospitalizations are substantially higher than the Florida’s (as a percentage of overall avoidable hospitalizations).

In total, there were 2,375 avoidable hospitalizations in 2004 resulting in more than \$73 million in charges. As seen in Table 4-13, the overwhelmingly leading cause for avoidable hospitalization is dehydration/volume depletion accounting for more than a third of all avoidable hospitalizations.

Table 4-11. Avoidable hospitalization rates per 1,000 population (age 0-64), Hernando County and Florida, calendar year 2004.

Area	Discharges	Rate Per 1,000 Population
Hernando County	2,375	22.9
Florida	229,713	15.6

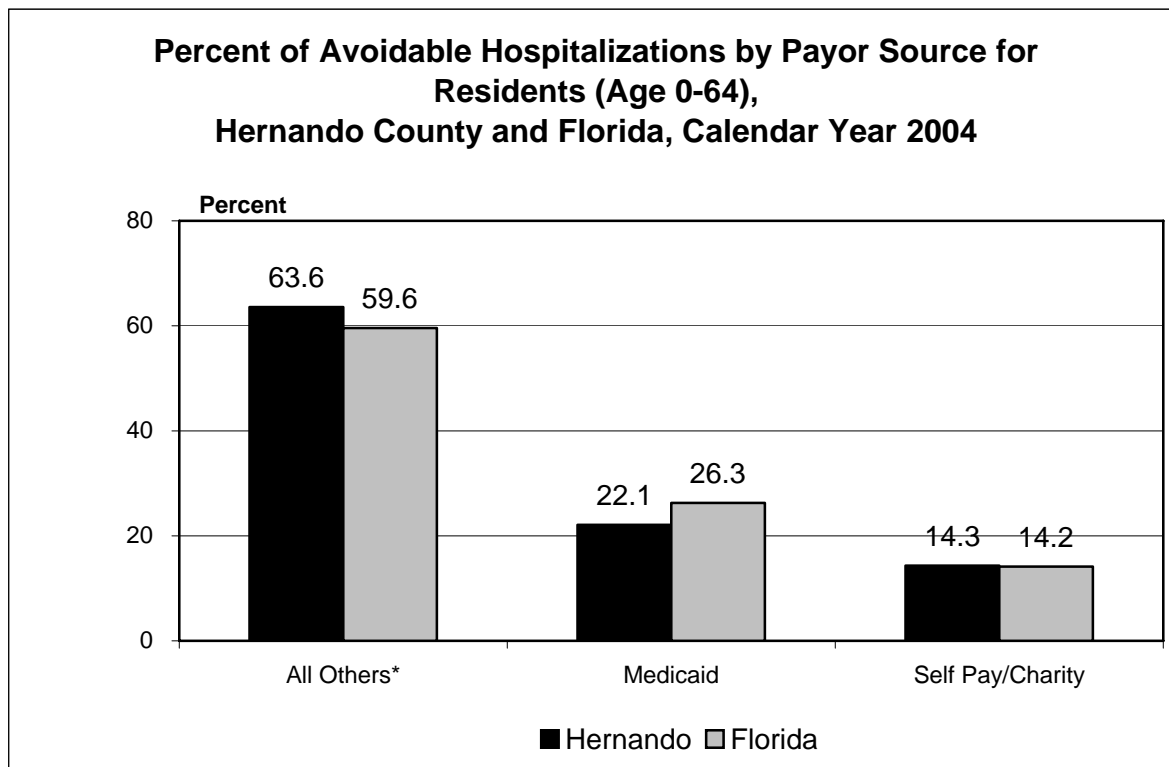
Source: AHCA Detailed Discharge Data, 2004; ESRI Business Solutions, 2004.
Prepared by: WellFlorida Council, 2006.

Table 4-12. Avoidable hospitalizations by payor source for residents 0-64 years of age, Hernando County and Florida, calendar year 2004.

Payor	Hernando County			
	Discharges	Percent	Patient Days	Total Charges
All Other Public and Private Insurance	1,510	63.6	7,101	\$49,049,198
Medicaid	525	22.1	2,047	12,274,263
Self Pay/Charity	340	14.3	1,610	11,835,736
Total	2,375	100	10,758	\$73,159,197
Payor	Florida			
	Discharges	Percent	Patient Days	Total Charges
All Other Public and Private Insurance	136,856	59.6	677,355	\$3,398,372,014
Medicaid	60,347	26.3	288,761	1,283,555,180
Self Pay/Charity	32,510	14.2	141,501	666,703,126
Total	229,713	100.0	1,107,617	\$5,348,630,320

Source: AHCA Detailed Discharge Data, 2004.
Prepared by: WellFlorida Council, 2006.

Figure 4-2. Percent of avoidable hospitalizations by payor source for residents (age 0-64), Hernando County and Florida, calendar year 2004.



Note: All Others includes all other forms of insurance that are not Medicaid or Self Pay/Charity (i.e. all forms of private insurance, all other forms of public insurance including Medicare and military/VA insurance plans).

Source: AHCA Detailed Discharge Data, 2004.

Prepared by: WellFlorida Council, 2006.

Table 4-13. Top 10 avoidable hospitalizations for residents (age 0-64), Hernando County, 2004.

Avoidable Hospitalization	Number	Percent of Total
Dehydration - Volume Depletion	817	34.4
Bacterial Pneumonia	251	10.6
Asthma	189	8.0
Chronic Obstructive Pulmonary Disease	159	6.7
Cellulitis	147	6.2
Kidney/Urinary Infection	126	5.3
Gastroenteritis	123	5.2
Convulsions (Over 5 Years of Age)	107	4.5
Hypertension	65	2.7
Angina	65	2.7
All Others	326	13.7
Total	2,375	2,375

Source: AHCA Detailed Discharge Data, 2004.

Prepared by: WellFlorida Council, 2006.

Summary of Key Findings

Provider and Facility Supply

- The low income population of Hernando County has been designated as a medically underserved population by the federal government.
- The low income and migrant farmworker population has been designated a health professional shortage area by the federal government for primary medical care and mental health care.
- The low income population has been designated a health professional shortage area by the federal government for dental care.
- The rate of licensed physicians and doctors of osteopathy per 100,000 population, with license addresses in Hernando County, is less than half that for Florida.
- The rate of licensed LPN/RNs per 100,000 population, with license address in Hernando County, is slightly higher than for Florida.

Access to Healthcare

- In 2005, there were nearly 18,000 non-elderly uninsured in Hernando County.
- The percentage of non-elderly uninsured in Hernando County in 2005 was 17.3 percent compared to 19.2 percent for the state.
- As of December 31, 2005, there were 18,220 Medicaid eligibles in Hernando County.
- Between 2001 and 2005, the eligible Medicaid population in Hernando County grew more than twice as fast as the total population (37 percent versus 15 percent).
- Between 2000 and 2005, the uninsured population of Hernando County grew 19.8 percent while the total population grew only 15.1 percent.
- Prescribed drugs comprise nearly 21 percent of Medicaid expenditures in Hernando County compared to only 16 percent for the state.
- As of December 31, 2005, there were 247.2 HMO enrollees per 100,000 population in Hernando County compared to 217.4 per 100,000 for the state as a whole.
- The avoidable hospitalization rate in Hernando County is 22.9 per 1,000 population compared to 15.6 per 1,000 for Florida.
- The 2001 needs assessment reported 15.2 avoidable hospitalizations per 1,000 Hernando County residents in 1998. This represents a slightly more than 50 percent increase in unavoidable hospitalizations between 1998 and 2004.
- In 2004, there were 2,375 avoidable hospitalizations which incurred more than \$73 million in charges.

Community Health Assessment Survey

Overview

As during the 2001 needs assessment process and as part of any comprehensive needs assessment, information about the health behaviors and personal healthcare needs of Hernando County residents was collected via telephone surveys. The survey was designed to mirror various components of the Center for Disease Control's *Behavioral Risk Factor Surveillance System* (BRFSS) and the National Center for Health Statistics' *National Health Interview Survey* (NHIS). A written version of the survey, with each question indexed by the section of this chapter's writeup in which the question is detailed, is included in Appendix A. In Appendix B, there is version of the survey in script form which was read by survey researchers over the phone during each phone survey.

Information collected included demographic characteristics such as age, race, gender, income and occupation; health risks and health behaviors such as weight, smoking, physical activity, traffic safety and participation in screening programs; and healthcare utilization data such as contact with physicians and other providers and treatment for recent illness or injury.

The telephone survey process was designed to provide a representative look at the community. In addition, sampling and surveying was done to ascertain information for three pre-determined geographic regions within the county (detailed later in this chapter in Figures 5-1 and 5-2 and Table 5-3).

At nearly 100 questions, the survey is quite lengthy. This section of the needs assessment details much of the information focusing especially on noteworthy observations in current data and selected comparisons with 2001 survey data. A separate hard copy addendum to this needs assessment will be provided to the Hernando County Health Care Advisory Board and its Needs Assessment Subcommittee. This addendum will include frequency tables for all questions for the entire county as well as frequency tables for all questions for each of the three geographic areas. In addition, CD-ROM copies of the entire survey respondent database will be provided. Both of these resources will allow for ongoing research into survey results tailored to special projects and community data needs.

Methodology

The University of Florida Survey Research Center (FSRC), part of the university's Bureau of Economic and Business Research (BEBR), conducted the telephone survey. The sample of residents was randomly selected using the computerized Random Digital Dialing (RDD) system located at the University of Florida. Calls were made between March 2, 2006 and April 30, 2006.

As seen in Table 5-1, 2,271 of those calls (39.5 percent) were eligible to complete the surveys. This was nearly identical to the 39.4 eligibility rate observed during the 2001 survey process. To be eligible, a respondent had to be a resident of Hernando County, at least 18 years old, speaking from a residential home and had to have verbally agreed or refused to complete the survey.

In 2001, only 42.6 percent of the eligible calls refused to respond to the survey. However, during the 2006 survey process, nearly 70 percent of eligible calls did not complete the survey. This is indicative of a growing trend in telephone survey research and may have implications for future needs assessments. It took more than 500 more calls in 2006 to get 250 fewer completed surveys than in 2001.

Table 5-1. Community health assessment telephone survey calls, 2006.

Total Calls Attempted: 5,750			
Eligible Calls: 2,271			
Percent of Calls Attempted: 39.5			
Surveys Completed		Refused to Respond	
Number	Percent	Number	Percent
753	33.2	1,518	66.9

Source: WellFlorida Council telephone survey analysis, 2006.

The analysis in this report is based on responses of the 753 Hernando County residents who participated in the survey. The margin of error for the 750 county-wide survey responses is +/- 3.6 percent within a 95 percent confidence interval. The margin of error of the 250 sub-region survey responses is +/- 6.2 percent within a 95 percent confidence interval.

In some instances, the analysis includes a comparison to the 2001 data or a comparison to state or national data. Where comparisons are made to state or national data, the basis of comparison is either the BRFSS or the NHIS as certain questions from each of those survey instruments were incorporated in the Hernando County survey.

Respondent Profile

Table 5-2 shows some of the basic demographic breakdown of the survey respondents. This basic demographic breakdown of respondents includes:

- Race and ethnicity
- Income
- Age
- Educational attainment
- Occupation
- Family size
- Poverty
- Insurance status

The sections that follow provide a more detailed look at the demographics of the respondents and a comparison to the demographics of the county as a whole.

Table 5-2. Demographic profile of survey respondents, 2006.

Race and Ethnicity			Educational Attainment		
	Number	Percent		Number	Percent
African American	14	1.9	Grade School or less	20	2.7
Asian	5	0.7	Some high school	53	7.0
White	691	91.8	High school graduate/GED	276	36.7
Other	33	4.4	Some college	212	28.2
Hispanic	33	4.4	College graduate	116	15.4
Non-Hispanic	715	95.0	Postgraduate or professional degree	73	9.7
Income			Occupations		
	Number	Percent		Number	Percent
Less than \$10,000	45	6.0	Retired	384	51.0
\$10,000 - \$19,999	98	13.0	Manager, educator, professional	48	6.4
\$20,000 - \$29,999	108	14.3	Homemaker	43	5.7
\$30,000 - \$39,999	93	12.4	Health professional	34	4.5
\$40,000 - \$59,999	136	18.1	Service	31	4.1
\$60,000 and greater	175	23.2	Technical, sales, admin support	28	3.7
			Unemployed	28	3.7
Age Groups			Family Size		
	Number	Percent		Number	Percent
18 - 34	77	10.2	1	182	24.2
35 - 44	83	11.0	2	351	46.6
45 - 54	88	11.7	3	91	12.1
55 - 64	142	18.9	4	74	9.8
65 - 74	192	25.5	5	35	4.7
75 +	170	22.6	6-14	17	2.3
Insurance Status			Poverty		
	Number	Percent		Number	Percent
Uninsured	99	13.2	Below	90	12.0
Insured	651	86.5	Above	560	74.4

Source: Hernando Telephone Survey, 2006.

Prepared by: WellFlorida Council, 2006.

Geographic Distribution

Figures 5-1 and 5-2 and Table 5-3 provide some insight on the delineation of the three geographic sub-regions used in the analysis: East, West and Central Hernando County. Because zip codes are so large and often run from one geographic region within a county to another and often cross over county lines, it was determined to create the geographic partitioning of Hernando County into three sub-regions based on census tract. This was possible, because GeneSys, the company that produced the sample for the University of Florida, utilizes a sophisticated procedure that allocates responses to census tracts based on the phone number exchange. The census tract number has been appended to every survey response so that analysis by census tract could be conducted in the future.

Figure 5-1. Map of zip code areas and census tracts in Hernando County.

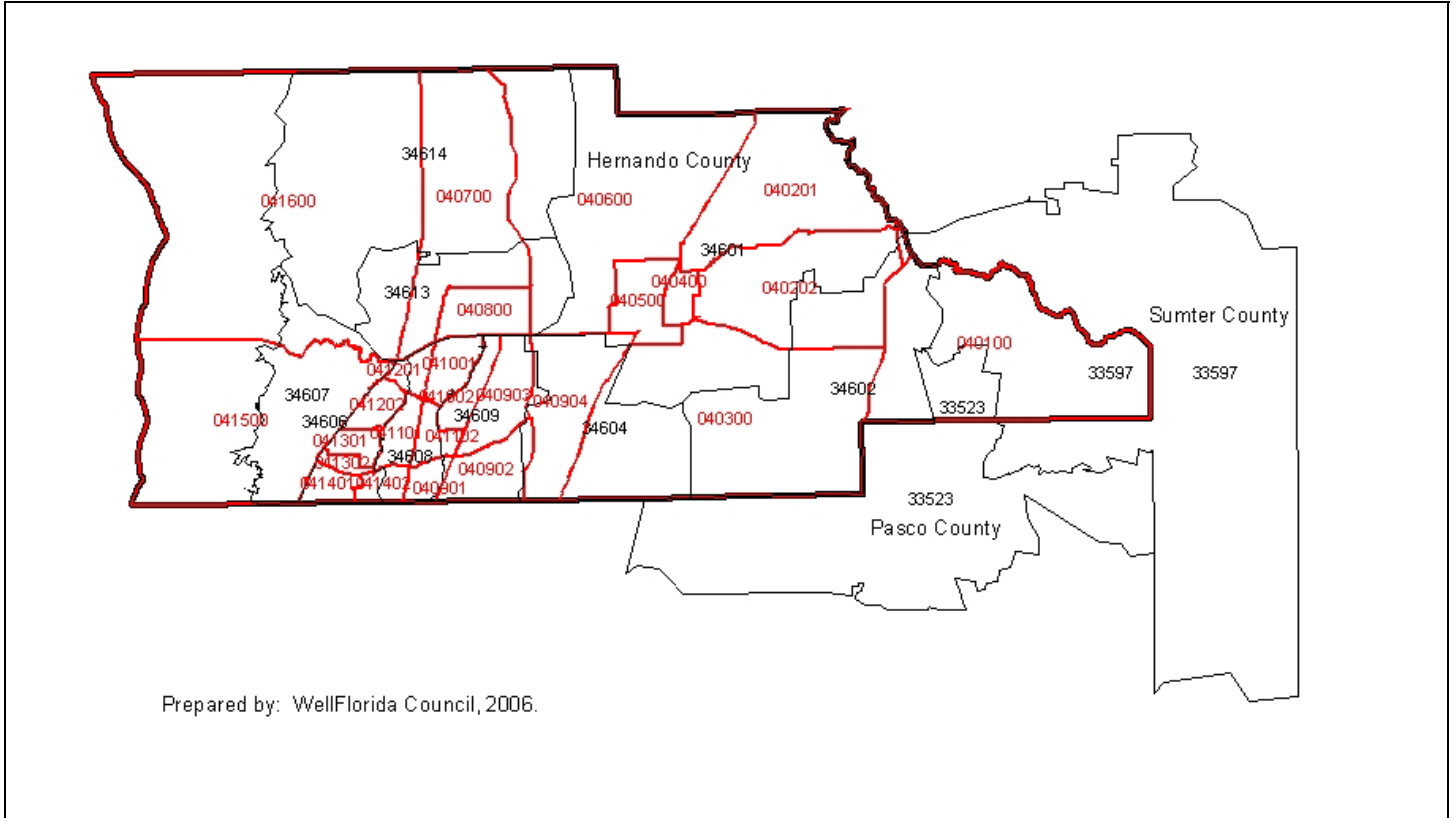


Figure 5-2. Geographic regions for community health assessment survey in Hernando County.

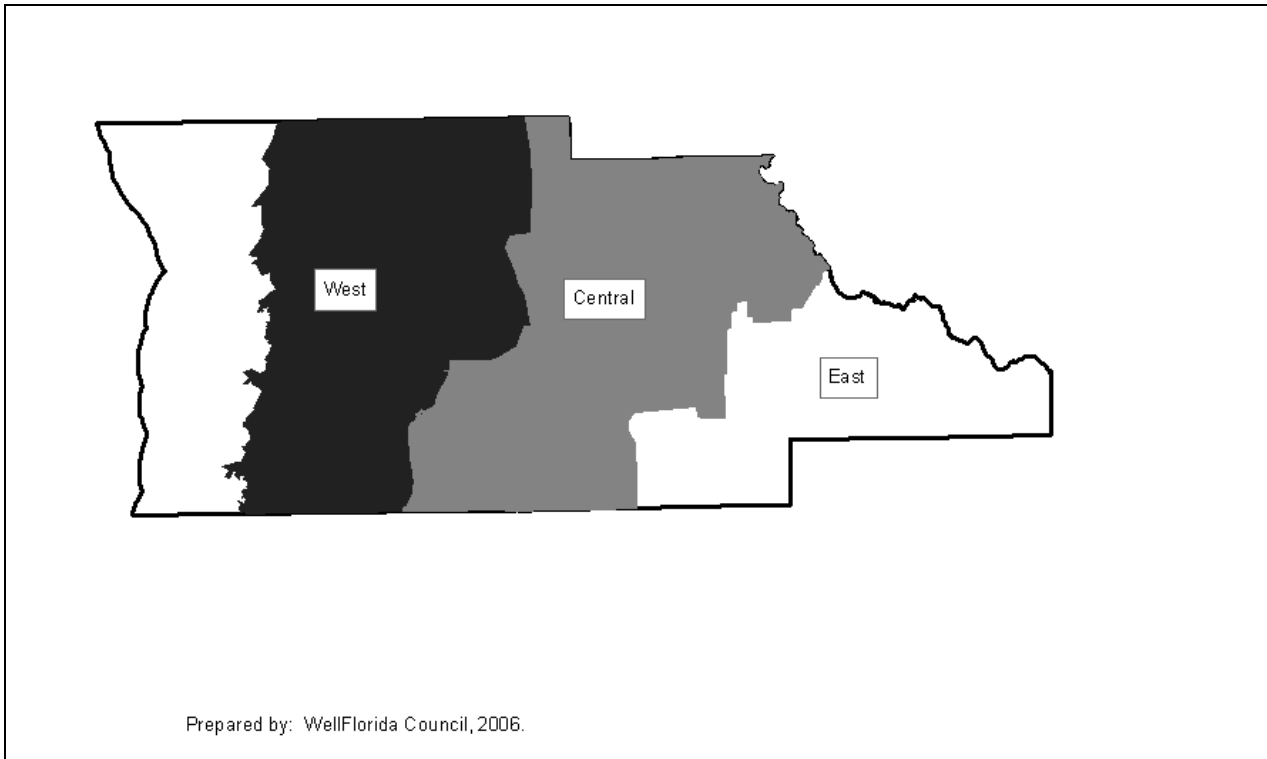


Table 5-3. Geographic distribution of respondents by census tract and region, 2006.

Region	Census Tract	Survey Respondents		2005 Population Distribution	
		Number	Percent	Number	Percent
East	40100	38	15.0	6,146	18.3
	40201	9	3.6	2,456	7.3
	40202	25	9.9	6,641	19.8
	40300	141	55.7	7,275	21.7
	40400	19	7.5	3,691	11.0
	40500	21	8.3	7,384	22.0
	Total	253	100.0	33,593	100.0
Central	40400	1	0.4	3,691	4.7
	40600	12	4.8	5,330	6.8
	40700	11	4.4	5,874	7.5
	40800	63	25.2	7,934	10.1
	40901	5	2.0	4,899	6.3
	40902	13	5.2	9,235	11.8
	40903	21	8.4	8,652	11.1
	40904	7	2.8	4,987	6.4
	41001	7	2.8	6,871	8.8
	41002	11	4.4	6,908	8.8
	41102	8	3.2	6,836	8.7
	41301	91	36.4	7,036	9.0
	Total	250	100.0	78,253	100.0
	West	40800	21	8.4	7,934
40902		1	0.4	9,235	13.9
41101		16	6.4	6,127	9.2
41201		7	2.8	3,038	4.6
41202		17	6.8	7,406	11.1
41301		134	53.6	7,036	10.6
41302		2	0.8	2,929	4.4
41401		9	3.6	5,988	9.0
41402		7	2.8	4,855	7.3
41500		16	6.4	6,405	9.6
41600		20	8.0	5,680	8.5
Total		250	100.0	66,633	100.0

Source: Hernando Telephone Survey, 2006.

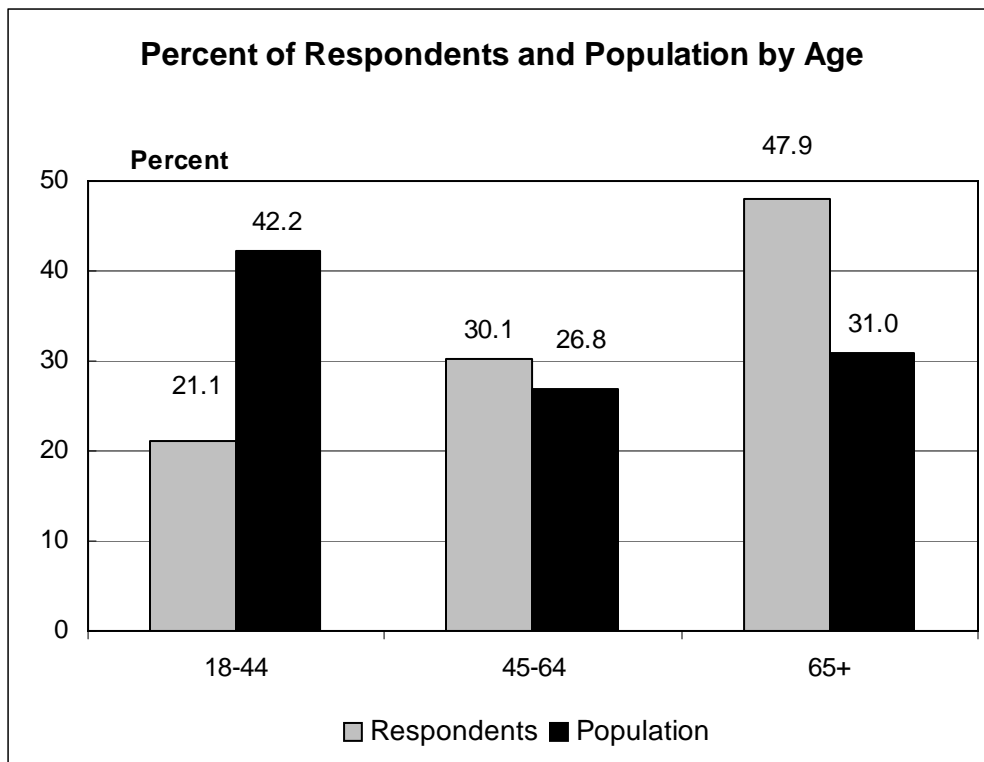
Prepared by: WellFlorida Council, 2006.

Age, Gender, Race and Ethnicity

As illustrated in Figure 5-3, respondents age 45-64 have a similar proportion to the 2005 population. The greatest disparity lies in the youngest and the oldest groups. While 42.2 percent of Hernando County's population is age 18-44, only 21.1 percent of the survey respondents represented that group. And while the senior population (age 65 and older) is only 31.0 percent of the population they represented almost 48 percent of survey respondents.

These disparities should be kept in mind when analyzing the data and when reviewing this analysis. It is possible to construct sampling processes to smooth out these disparities and others that will be discussed but these procedures substantially increase costs.

Figure 5-3. Percent of respondents and population by age, 2006.



Source: Hernando County Telephone Survey, 2006; ESRI Business Solutions, 2005.
Prepared by: WellFlorida Council, 2006.

Table 5-4 shows that 468 of the 753 respondents (62.2 percent) were female while only 285 of the 753 were male (37.8 percent). Based on the 2005 population, females represented 51.2 percent of the population while males represented 48.8 percent.

It is not surprising that a disproportionate number of older and female residents are represented in the sample. Survey research literature has shown that older persons and females are more amenable to participating in a phone survey compared to their younger and male counterparts.

Table 5-4. Number and percent of respondents by age group and gender, 2006.

Age Group	Total		Females		Males	
	Number	Percent	Number	Percent	Number	Percent
18-24	27	3.6	12	2.6	15	5.3
25-34	50	6.6	28	6.0	22	7.7
35-44	82	10.9	53	11.3	29	10.2
45-54	86	11.4	61	13.0	25	8.8
55-64	141	18.7	85	18.2	56	19.6
65-74	191	25.4	127	27.1	64	22.5
75+	170	22.6	98	20.9	72	25.3
Refused	4	0.5	3	0.6	1	0.4
Don't Know	2	0.3	1	0.2	1	0.4
Total	753	100.0	468	100.0	285	100.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

As seen in the Demographic and Socioeconomic profile section of this needs assessment, Hernando County is a predominantly white community. The survey respondents reflect this racial and ethnic disparity. In fact, Hernando's already low percentage of African American and Hispanic residents are underrepresented in the survey sample (Table 5-5).

In Hernando County, African Americans comprise 4.6 percent of the population while they comprise only 1.9 percent of the survey respondents. In addition, while Hispanics represent 6.6 percent of Hernando County's total population, they make up only 4.4 percent of the survey respondents.

Table 5-5. Percent of survey respondents by race and ethnicity compared to Hernando County population, 2006.

Racial / Ethnicity Category	Total		Hernando County Residents (2005)
	Number	Percent	Percent
African - American	14	1.9	4.6
Asian	5	0.7	0.8
White	691	91.8	91.6
Other	36	4.8	3.0
Hispanic	33	4.4	6.6
Non-Hispanic	715	95.0	93.4

Source: Hernando Telephone Survey, 2006; ESRI Business Solutions, 2005.
Prepared by: WellFlorida Council, 2006.

Family Income and Household Size

Family income and size are two criteria used by the federal government to determine poverty levels in the U.S. Respondents were asked to provide income levels and number of persons residing in the household. As reported in Table 5-6, 13.0 percent of the respondents refused to disclose information or do not know their income level; this is up from 8.5 percent in 2001.

Table 5-6. Number and percent of survey respondents by income level, 2006.

Income Level	Number	Percent
Less than \$40,000	344	45.7
\$40,000 - \$79,999	214	28.4
\$80,000 +	97	12.9
Undisclosed	98	13.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

When family income levels are paired with family size, a poverty determination base on the Department of Health and Human Services Federal Poverty Level can be ascertained. According to the self-reported family income and family sizes, 12 percent of survey respondents are in poverty, while more than 74 percent are above poverty. Poverty status was not obtainable for nearly 14 percent of respondents. Respondents with family sizes between 6 and 14 persons had the highest poverty rate with more than 35 percent in poverty.

Table 5-7. Number and percent of survey respondents by family size and poverty level, 2006.

Family Size			Poverty					
			Below		Above		Unknown	
Persons	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1	182	24.2	22	12.1	130	71.4	30	16.5
2	351	46.6	37	10.5	259	73.8	55	15.7
3	91	12.1	10	11.0	73	80.2	8	8.8
4	74	9.8	9	12.2	60	81.1	5	6.8
5	35	4.6	6	17.1	28	80.0	1	2.9
6-14	17	2.3	6	35.3	10	58.8	1	5.9
Unknown	3	0.4	0	0.0	0	0.0	3	100.0
Total	753	100.0	90	12.0	560	74.4	103	13.6

Note: 36 respondents did not know their income, 67 refused to give their income and three respondents did not give their family size.

Source: Hernando Telephone Survey, 2006.

Prepared by: WellFlorida Council, 2006.

Education

As seen previously in Table 5-2, the vast majority (90.3 percent) of the survey respondents completed at least high school, either by obtaining a diploma or a general equivalent degree (GED). This is much higher than the county rate of 59.8 percent and the state rate of 50.5 percent. In addition, slightly more than 25 percent of respondents indicate that they have a college degree compared to only 18.6 percent for Hernando County and 29.4 percent for the state of Florida. In general, the survey respondents are more educated than the Hernando County population as a whole.

Occupation

Of the 753 respondents, 51.0 percent indicate they are retired (compared to 42.9 percent in the 2001 survey). The top five non-retired occupations are manager, educator, professional (6.4 percent); homemaker (5.7 percent); health professional (4.5 percent); service (4.1 percent); and technical, sales and administrative support (3.7 percent). Nearly 25 percent of the respondents reported that their occupation was in one of nine additional categories or as "other." Of interest, only 3.7 percent of respondents indicated that they were unemployed compared to 5.6 percent for Hernando County as a whole.

Health Status

Self-Reported Status

According to the 2004 National Health Interview Survey (NHIS) compiled by the U.S. Department of Health and Human Services, 88 percent of the U.S. adult (age 18 and over) population assessed their health status to be from good to excellent. In addition, the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey estimates that 82.3 percent of all

adults rate their general health status from good to excellent. As seen in Table 5-8, nearly 74 percent of survey respondents assessed their general health status to be good to excellent. This good to excellent health status rating for Hernando County survey respondents is substantially lower than that for the nation as a whole (based on the NHIS) and for Florida (based on BRFSS).

Table 5-8 also shows that health status was inversely associated with age; as age increased the percentage of adults with good through excellent general and physical health decreased. Interestingly, this trend is exactly the opposite for mental health status as self-rating of ones mental health status from good to excellent increases as age increases.

Only 52.2 percent of survey respondents who were below poverty assessed their general health as good to excellent, while more than 78 percent of respondents above poverty indicated a good to excellent health status. This observation mirrors the national experience as the NHIS consistently reports that those in poverty assess their general health worse than those not in poverty. Interestingly, only 53.4 percent of those respondents above poverty assessed their mental health as good to excellent compared to 71.1 percent for those in poverty.

It is not surprising to note that those with private health have the highest self-assessed good to excellent general health status among all respondent categories. However, it is somewhat surprising that uninsured respondents indicated higher good to excellent general, physical and mental health statuses than their publicly-insured counterparts.

Table 5-8. Excellent/good health rating comparison by type of health status, 2006.

Group	Total Respondents	General	Physical	Mental
County	753	73.8	70.8	83.3
18-44	159	83.7	81.1	76.1
45-64	227	74.5	69.6	79.7
65+	361	69.0	67.3	88.6
East	253	71.9	67.8	82.2
Central	250	76.8	72.4	83.6
West	250	72.8	71.2	84.0
Above Poverty	560	78.4	74.6	53.4
Below Poverty	90	52.2	52.2	71.1
Don't Know (1)	36	66.7	61.1	75.0
Refused (2)	67	68.7	68.7	88.1
Private	183	88.5	83.6	88.5
Public	260	66.2	63.5	78.8
Uninsured	99	75.8	75.8	79.8
Multi (3)	127	68.5	60.6	89.8
No Answer	84	71.4	75.0	79.8

(1) Don't Know - are ones that marked either the income level or the grouped income level as don't know.

(2) Refused - are ones that marked either the income level or the grouped income level as refused.

(3) Multi are the ones that said they had public and private insurance.

Source: Hernando Telephone Survey, 2006.

Prepared by: WellFlorida Council, 2006.

Mental Health

The 2006 version of the community health assessment survey included 95 questions, 13 of which addressed various mental health issues (most of which are detailed in the Special Issues 2006 section). One of the most important mental health questions dealt with psychological distress. A battery of six questions from the National Center for Health Statistics' National Health Interview Survey (NHIS) was utilized to evaluate the extent to which respondents were in psychological distress, which is an not only a mental health status indicator but an indicator of potential need for services.

These six psychological distress questions are included from the sample adult core component of the NHIS. These questions ask how often a respondent experienced certain symptoms of psychological distress in the past 30 days. The response codes (0-4) of the six items for each person are summed to yield a scale with a 0-24 range. A value of 13 or more for this scale is typically used in NHIS research to define serious psychological distress. The six questions are as follows:

- During the past 30 days, how often did you feel so sad that nothing could cheer you up?
- During the past 30 days, how often did you feel nervous?

- During the past 30 days, how often did you feel restless or fidgety?
- During the past 30 days, how often did you feel hopeless?
- During the past 30 days, how often did you feel that everything was an effort?
- During the past 30 days, how often did you feel worthless?

NHIS psychological distress questioning in the community health assessment survey yielded the following observations:

- For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
- Slightly more than five percent of respondents indicated that the feelings discussed in the psychological distress questions interfered with their life activities “a lot.” Nearly 12 percent of the respondents indicated that these feelings “somewhat” interfered with life activities.

As seen in Table 5-9, the psychological distress issue is most pronounced in the central region of Hernando County as 6.8 percent of central region respondents indicated that they were in psychological stress within the last 30 days. This response rate was primarily driven by white residents of the central region as they accounted for 13 of the 17 individuals in distress. No African Americans indicated that they were in psychological distress, though this is most likely the result of the small number (14) of African American respondents.

Table 5-10 confirms the mental health status self-assessment data in Table 5-8. Table 5-8 showed that the 18-44 age group had the smallest percentage of mental health self-assessment in the good to excellent range and that his percentage increased as the age groups increased. Table 5-10 shows that 14.5 percent of respondents age 18-44 had psychological distress within the past 30 days while only 2.5 percent of those age 65 and older indicated psychological distress within the past 30 days.

Table 5-9. Percent of survey respondents who had psychological distress within the past 30 days by race 2006.

Race	East (n=253)		Central (n=250)		West (n=250)		Total (n=753)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
African American	0	0.0	0	0.0	0	0.0	0	0.0
White	14	5.5	13	5.2	15	6.0	42	5.6
Other	1	0.4	4	1.6	1	0.4	6	0.8
Total	15	5.9	17	6.8	16	6.4	48	6.4

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Other key mental health-related indicators in the survey include the following:

- Nearly 26 percent of all survey participants responded that they had a personal loss or misfortune in the past year that impacted his/her life.

- Slightly more than nine percent indicated that they had two or more personal losses or misfortunes in the past year that impacted his/her life.
- Slightly more than five percent indicated that they were not satisfied with their lives, and nearly 17 percent indicated that they were only partly satisfied.

Table 5-10. Percent of survey respondents who had psychological distress within the past 30 days by age 2006.

Age	East		Central		West		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
18-44 (n=159)	9	5.7	8	5.0	6	3.8	23	14.5
45 – 64 (n=227)	3	1.3	5	2.2	8	3.5	16	7.0
65 and over (n=361)	3	0.8	4	1.1	2	0.6	9	2.5
Total (n=753)	15	2.0	17	2.3	16	2.1	48	6.4

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Diabetes

Another indicator of both personal and community health status is the prevalence of chronic health conditions. Diabetes is one of the most pernicious chronic health conditions as it can contribute to many systemic health issues if left unchecked or improperly managed.

According to the 2004 NHIS, seven percent of the adult population in the U.S. has been told by a doctor or other health professional that they had diabetes. According to the 2005 Florida BRFSS, 8.8 percent of adult Floridians have been told that they have diabetes.

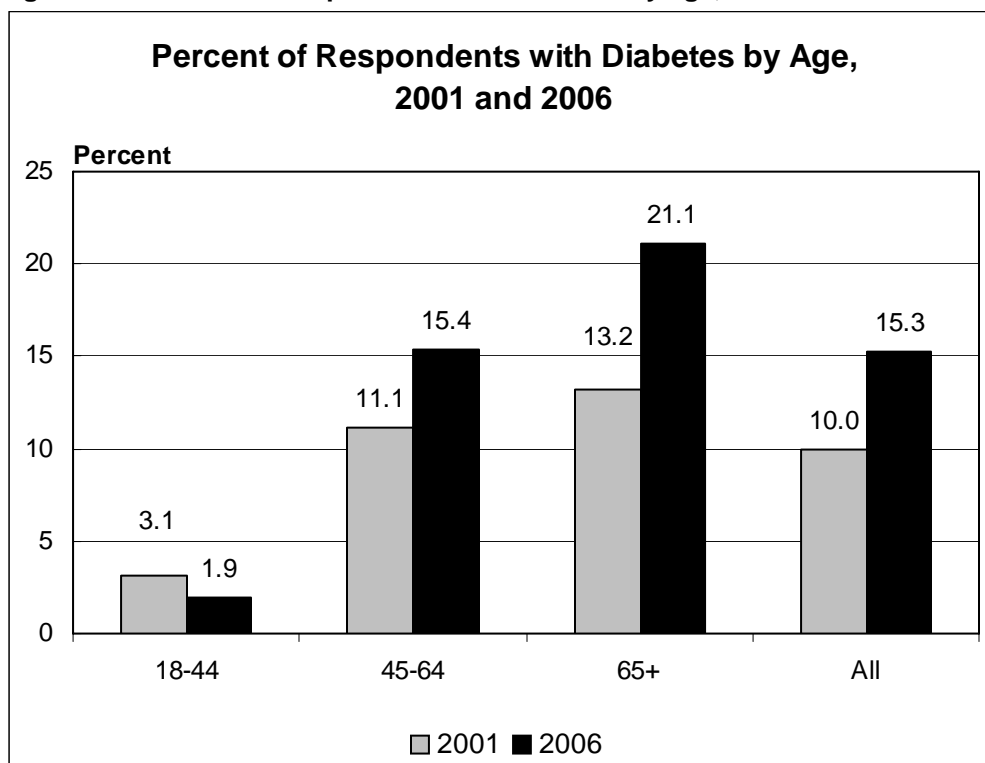
More than 15 percent of the 2006 Hernando County survey respondents responded that they have been told that they have diabetes (Figure 5-4). This is more than twice the national average and nearly twice the Florida average. In addition, this is substantially higher than the 10.0 percent reported in the 2001 Hernando County survey.

Clearly, based on the respondents to the survey, diabetes in Hernando County is trending in the wrong direction. As seen in Figure 5-4, the percentage of respondents with diabetes in the 45-64 and 65 and older age groups increased substantially in the 2006 survey compared to 2001. However, the percentage of diabetes among respondents age 18-44 decreased from 3.1 percent in 2001 to 1.9 percent in 2006.

Table 5-11 shows that 16.0 percent of the respondents in the central region of Hernando County reported that they have been told by a healthcare professional that they have diabetes. This rate is the highest of the three defined geographic regions. Respondents in the west region have the lowest percentage with diabetes (14.4 percent) though this was still much higher than the national and state rates.

As stated above, of the 753 respondents, 115 reported that they had diabetes or had been told by a healthcare professional that they had diabetes. Of these 115, 59 (or 51.3 percent) indicated that they had taken a course or class on how to manage diabetes.

Figure 5-4. Percent of respondents with diabetes by age, 2001 and 2006.



Source: Hernando County Telephone Survey, 2001 and 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-11. Number and percent of survey respondents with diabetes by geographic region.

Region	Number	Percent
East	39	15.4
Central	40	16.0
West	36	14.4
County	115	15.3

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Hypertension

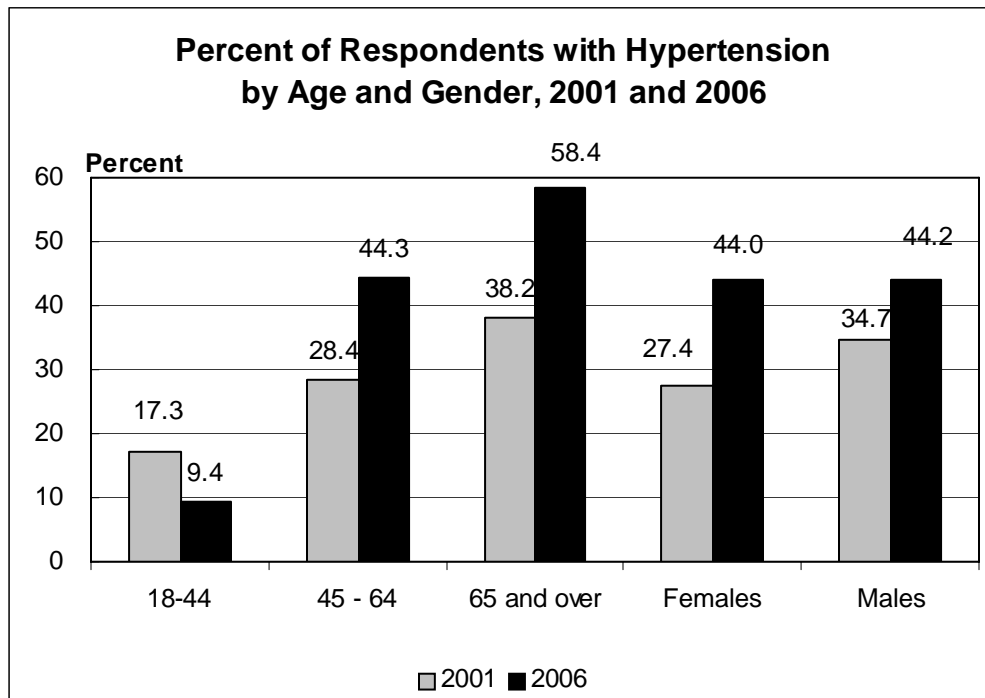
The 2004 NHIS estimated that 22 percent of adults had ever been told by a doctor or other health professional that they had hypertension. According to the 2005 Florida BRFSS, nearly 28 percent of all adult Floridians indicated that they had been told that they had hypertension. Slightly more than 44 percent of 2006 Hernando County community health assessment survey respondents reported having been told that they had hypertension. Like diabetes, the rate of hypertension for respondents compares dismally to that of the nation and Florida.

Figure 5-5 shows the trend between the 2001 and 2006 Hernando County surveys. The percent of female, male, 45-64 and 65 and older respondents with hypertension rose sharply between 2001 and 2006. Only the 18-44 age group demonstrated a substantial decrease in the percentage of respondents with hypertension.

Whereas the west region of Hernando County had the lowest prevalence of diabetes, at 46.0 percent, its respondents indicated the highest percentage of hypertension among the three geographic regions of Hernando County (Table 5-12). Not surprisingly, Table 5-12 shows that despite the region, the greatest number of those with hypertension are in the 65 and older age group.

Of the 332 respondents who have hypertension, slightly more than 90 percent of them are taking medicine for high blood pressure. Only 61 percent (457) of all survey respondents reported knowing their blood pressure and could provide diastolic and systolic numbers. Of those who did not know their exact blood pressure numbers, slightly more than 85 percent categorized their blood pressure as low or normal. There are a variety of discrepancies between whether a respondent had been told they had hypertension and how they self-report their blood pressure. These discrepancies warrant further investigation as opportunities for education on hypertension and high blood pressure may exist.

Figure 5-5. Percent of respondents with hypertension by age and gender, 2001 and 2006.



Source: Hernando County Telephone Survey, 2001 and 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-12. Percent of survey respondents with hypertension by age and region, 2006.

Age Group	East (n=253)		Central (n=250)		West (n=250)	
	Number	Percent	Number	Percent	Number	Percent
18-44	4	1.6	4	2.7	7	2.8
45 - 64	45	17.8	28	11.2	29	11.6
65 and over	63	24.9	70	28.0	79	31.6
Total	112	44.3	102	40.8	115	46.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Body Weight and Obesity

Most Americans know how much they weight and what they would like to weigh for cosmetic reasons. A better basis for identifying optimal body weight is the weight that would be the healthiest for the person. Poor dietary factors contribute substantially to preventable illness and premature death. For the majority of adults who do not smoke or drink excessively, what they eat is the most significant controllable risk factor affecting their long-term health.

The Body Mass Index (BMI), approved by the American Medical Association (AMA) as a method of determining weight status, is such a measure to determine healthy weight. The BMI is calculated using a person’s height and weight. Categories for weight status are underweight, recommended, overweight and obese. Table 5-13 provides the BMI ranges and corresponding weight status.

Table 5-13. Body Mass Index (BMI) groupings.

BMI	Weight Status
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30.0 and Above	Obese

Source: Centers for Disease Control, 2006.
 Prepared by: WellFlorida Council, 2006.

Table 5-14 shows the average BMI calculations for all respondents and for various demographic groups within the respondent population. The overall average BMI for respondents was 27.4 which places the respondents as a group into the overweight category. In fact, as seen in Table 5-14, every demographic sub-population (except American Indians) among respondents had an average BMI in the overweight range.

Healthy People 2010, a comprehensive set of national health goals established by the U.S. Department of Health and Human Services, has targeted that no more than 23 percent of all U.S. residents, 25 percent of all females and 20 percent of all males are obese as measured by BMI. As seen in Table 5-15, in the 2001 Hernando County survey, all respondents as a group and females had achieved these goals, while males were only 0.2 percent over the target. Hernando County has slid backwards since 2001 based on the results of the 2006 survey. The percentage of all, female and male respondents who had BMIs in the obese range rose dramatically and now all are substantially higher than their *Healthy People 2010* goals.

Table 5-16 illustrates the percentage of respondents in 2001 and 2006 that were at recommended weight. These numbers have decreased only slightly between 2001 and 2006 indicating that most of the growth in respondent BMI came from individuals moving from the overweight to the obese category.

Not surprising given respondents' difficulties with BMI, slightly more than 52 percent of survey participants indicated that they were currently trying to lose weight.

Table 5-14. Average Body Mass Index (BMI) by selected groups, 2006.

Group	Number	Average BMI
County	753	27.4
Males	285	28.1
Females	468	26.9
18-44	159	27.0
45-64	227	27.9
65+	361	27.2
African American	14	29.5
White	691	27.3
American Indian	3	24.3
Other	33	27.6
Hispanic	33	29.2
Non-Hispanic	468	26.9
East	253	28.1
Central	250	27.1
West	250	26.9

Source: Hernando County Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-15. Percent of obese survey respondents by gender, 2001 and 2006.

Gender	Healthy People 2010	2001	2006
Females	25.0	17.5	25.9
Males	20.0	20.2	32.6
All	23.0	18.5	28.4

Obese is defined as a body mass index (BMI) of 30 or more. BRFSS recommends that extreme caution should be used when comparing self-reported weight as people tend to under report their weight.

Source: U.S. Department of Health and Human Services. *Healthy People 2010. 2nd Edition*; Hernando Telephone Survey, 2001 and 2006.

Prepared by: WellFlorida Council, 2006.

Table 5-16. Percent of survey respondents at the recommended weight by gender, 2001 and 2006.

Gender	Healthy People 2010	2001	2006
Females	45.0	44.8	43.4
Males	38.0	29.4	30.5
All	42.0	39.1	38.5

Recommended weight is a body mass index (BMI) between 18.5 and 25.
 Source: U.S. Department of Health and Human Services. *Healthy People 2nd Edition*; Hernando Telephone Survey, 2001 and 2006.
 Prepared by: WellFlorida Council, 2006.

Arthritis

Arthritis comprises a variety of disease and related conditions that affect the movable joints of the body: knees, wrists, elbows, fingers, toes, hips and shoulders. Affected joints no longer glide smoothly past one another. Arthritis and other rheumatic conditions are chronic and disabling and affect an estimated 42 million Americans.

According to the 2004 NHIS, 22 percent of adults had ever been told by a doctor or other healthcare professional that they had some form of arthritis. The 2005 Florida BRFSS put this rate at 27.4 percent for adult Floridians. Table 5-17 indicates that in 2006, 44.6 percent of survey respondents had arthritis. Again, this high percentage compared to national and state averages is partially explainable due to the high proportion of elderly respondents in the sample. The 44.6 percent was also an increase over 2001 (however, the percentage of elderly respondents in the 2001 sample is smaller than in the 2006 sample). Table 5-18 shows that the region with the highest percentage of respondents with arthritis was in the east.

Interestingly, though only 45 percent of the respondents indicated that they had arthritis, nearly 55 percent that they had pain, aching, swelling or stiffness in a joint in the last 12 months.

Table 5-17. Percent of respondents with arthritis by age, 2001 and 2006.

Age Group	2001		2006	
	Number	Percent	Number	Percent
18-44	43	14.8	20	12.5
45 – 64	114	36.1	104	45.2
65 and over	213	55.0	212	58.4
Total	370	37.2	336	44.6

Source: Hernando Telephone Survey, 2001 and 2006.
 Prepared by: WellFlorida Council, 2006.

Table 5-18. Number and percent of survey respondents with arthritis by geographic region.

Region	Number	Percent
East	122	48.2
Central	108	43.2
West	108	43.2
County	338	44.9

Source: Hernando Telephone Survey, 2006.
 Prepared by: WellFlorida Council, 2006.

Healthcare Utilization and Access

Access to Health Insurance

Of the 753 participants in the 2006 survey, 102 of them (13.5 percent) indicated that they do not have any form of health insurance. The *2004 Florida Health Insurance Study (FHIS)* estimated that 17.3 percent of Hernando County's and 19.2 percent of Florida's non-elderly (0-64) population was uninsured. The 2005 Florida BRFSS estimated that 20.3 percent of Florida residents have no form of health insurance coverage.

Clearly, the uninsured rates indicated by the respondents were much lower than the FHIS and BRFSS estimates. Typically, senior residents (age 65 and older) are nearly all insured with many national estimates putting the number of senior uninsured at no more than 1.5 percent. The large number of senior residents in the respondent sample was most likely the reason for the lower rates of health insurance coverage. The highest rate of uninsurance was in the west region with the lowest rate observed in the central region.

Table 5-19. Number and percent of survey respondents by type of insurance and by region, 2006.

		Region			
		East	Central	West	County
Number of Respondents		253	250	250	753
Percent Uninsured		13.8	12.4	14.4	13.5
Percent Insured by Type of Coverage*	Medicaid	8.3	12.0	8.4	9.6
	Medicaid and Medicare	4.7	6.8	4.0	5.2
	Medicare	38.7	42.8	48.4	43.3
	Medicare with Supplement	18.6	13.6	20.0	17.4
	Military	9.5	7.2	8.4	8.4
	Commercial	38.3	42.4	42.8	41.2

* Note: These types of insurance were not mutually exclusive in the eyes of the respondents and thus multiple responses were provided such that percentages of insurance by type plus the percent uninsured will add up to more than 100 percent.
 Source: Hernando Telephone Survey, 2006.
 Prepared by: WellFlorida Council, 2006.

Utilization

Sources of Regular Care

Having a Regular Doctor

Slightly more than 86 percent of respondents indicated that they have a regular doctor, or a doctor they think of as their personal doctor or healthcare provider. In 2001, of the respondents that reported that they had a regular doctor, 81.6 percent said that their regular doctor was in Hernando County; however, in the 2006 survey, only 72.1 percent of the respondents with a regular doctor said that doctor was located in Hernando County. Slightly more than 55 percent of the respondents that have a regular doctor not located in Hernando indicated that their doctor was located in Pasco County.

Of the 643 survey participants who have a physician and answered the question on physician satisfaction, 76.1 percent rated this satisfaction at good or excellent. This is down substantially from the 89.9 percent reported in the 2001 survey.

Usual Place of Care

According to the 2004 NHIS, overall 15 percent of U.S. adults were without a usual place of healthcare. Nationally, of those with a usual place of care, 80 percent considered a doctor's office to be their usual place of care. Slightly more than 75 percent of respondents reported that they have one or more than one particular clinic, healthcare center, hospital or other facility that they go to when they are sick or need advice about their health. Nearly 23 percent indicated that they do not have a usual place of care which is nearly 1.5 times the national average. Of those that indicated that they do have a place they go to most often, nearly 82 percent of them reported that place to be a doctor's office. Slightly more than seven percent indicated that their usual place of care is the hospital emergency room or a hospital outpatient department, while five percent indicated a clinic or a health center.

Whereas 75 percent of all respondents have a usual place where they seek medical care, only 21 percent have a usual place where they go when they are sick or need advice about their emotional or mental health. This difference is partially attributable to the difference in demand between medical care and emotional/mental healthcare. Of those that indicated they do have a usual place they go when they are sick or need advice about emotional or mental health, nearly 67 percent reported that they go to a doctor's office. Slightly more than 10 percent indicated a clinic or health center, and only 1.9 percent reported a hospital emergency room or outpatient department.

Last Visit to Care

The 2004 NHIS reports that 83 percent of adults last contacted a doctor or other healthcare professional within the last year. Similarly, slightly more than 81 percent of Hernando County survey respondents indicated that they received medical treatment from a doctor, clinic or other outpatient facility in the last year. Nearly eight percent of all respondents have not seen a doctor

in three or more years. In addition, nearly 11 percent of respondents stated that they had been hospitalized within the last six months.

Nationally, according to the 2004 NHIS, 63 percent of American adults contacted a dentist or other dental health professional within the last year. Only 50.3 percent of Hernando County survey respondents have visited the dentist or a dental clinic within the last year. Slightly more than 13 percent of respondents had not been to the dentist in three or more years.

Barriers to Care

Survey participants were asked if there was anytime during the past 12 months when they needed prescription medications, mental healthcare or counseling and dental care but did not get them because of affordability. Slightly more than 24 percent of respondents reported that they needed dental care in the past 12 months but did not get it because they could not afford it. In addition, 17.3 percent indicated the same for prescription medications and 5.7 percent for mental healthcare or counseling.

Respondents were also asked about various barriers to medical care and care for emotional/mental health (Tables 5-20 and 5-21). In general, for both types of care, the top four barriers were related to affordability and insurance.

Table 5-20. Delay in seeking medical care in past 12 months.

Reason for Delay in Getting Medical Care	Percent Indicating Reason for Delay
Could not afford care	12.5
Does not have insurance	10.9
Could not get appointment soon enough	10.9
Insurance did not cover need	10.8
Had to wait too long once at doctor	9.3
Clinic not open when needed	6.9
Afraid to visit doctor/hospital	4.6
Could not get through on telephone	4.6
Did not know where to find care	3.5
Did not have transportation	3.1

Source: Hernando County Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-21. Delay in seeking care for emotional/mental health issues in past 12 months.

Reason for Delay in Getting Care for Emotional/Mental Health Issues	Percent Indicating Reason for Delay
Does not have insurance	5.6
Could not afford it	4.8
Insurance did not cover need	4.4
Afraid to visit doctor/hospital	2.3
Could not get an appointment soon enough	2.1
Did not know where to find care	2.0
Clinic not open when needed	2.0
Did not have transportation	1.9
Could not get through on telephone	1.2
Had to wait too long once at doctor	1.1

Source: Hernando County Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Pharmaceutical Access

Of the 95 questions on the survey, six of those questions directly concerned pharmaceutical usage and access. Key results related to these questions are as follows:

- Nearly 40 percent of all respondents indicated that they are currently taking medicine for high blood pressure.
- Slightly more than 17 percent of the respondents reported that in the last 12 months there were times when they needed prescription medicines but did not get them because they could not afford them.
- Nearly five percent of the respondents indicated that they have participated in a program sponsored by any major drug company that allowed them to get prescription medicines at no charge.
- Of the persons who participate in the prescription drug programs, more than half were assisted by their doctor to enroll in the program. Nearly all of the remaining respondents were helped by someone other than their doctor. These included: Access Hernando, Hernando County Health and Human Services or the Health Department (where in fact some respondents may see their regular doctors).
- More than 70 percent of the respondents reported taking prescription drugs on a daily basis. Nearly 46 percent of those taking prescription drugs daily indicated that they take four or more per day.

Tables 5-22, 5-23 and 5-24 provide additional detail on daily prescription drug use among survey respondents. Table 5-22 shows that 61.6 percent of survey respondents age 18-44 reported that they had not taken any prescription drugs daily, while only 15.2 percent of participants age 65

and older indicated that they had not taken any prescription drugs daily. Not surprisingly, nearly 33 percent of respondents age 65 and older stated that they took between five and 20 prescriptions daily.

Table 5-23 details prescription drug usage among respondents whose medications are covered by insurance and by those whose insurance does not cover medications. The rates of usage reported are very similar as the demand for medications impacts the insured and the uninsured alike, though the impact of the costs of those medications on the uninsured is often staggering. Similarly, Table 5-24 shows prescription drug usage among respondents in the three geographic regions. These usage rates reported varied only slightly among the geographic regions.

Table 5-22. Number and percent of prescription drugs taken daily by survey respondents by age group, 2006.

Number of Prescription Drugs	All Respondents		18-44 Years of Age		45-64 Years of Age		65 and Over		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0	226	30.0	98	61.6	73	32.2	55	15.2	0	0.0
1-4	349	46.3	54	34.0	107	47.1	188	52.1	0	0.0
5 – 20	172	22.8	7	4.4	47	20.7	118	32.7	0	0.0
Unknown	6	0.8	0	0.0	0	0.0	0	0.0	6	100.0
Total	753	100.0	159	100.0	227	100.0	361	100.0	6	100.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-23. Number and percent of prescription drugs taken daily by survey respondents if medication is covered by insurance, 2006.

Number of Prescription Drugs	All Respondents		Medications Are Covered by Insurance		Medications Are Not Covered by Insurance		Unknown	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0	226	30.0	137	23.9	19	26.8	70	64.2
1-4	349	46.3	294	51.3	34	47.9	21	19.3
5 – 20	172	22.8	142	24.8	18	25.4	12	11.0
Unknown	6	0.8	0	0.0	0	0.0	6	5.5
Total	753	100.0	573	100.0	71	100.0	109	100.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-24. Number and percent of prescription drugs taken daily by Hernando County survey respondents by region, 2006.

Number of Prescription Drugs	East (n=253)		Central (n=250)		West (n=250)	
	Number	Percent	Number	Percent	Number	Percent
0	77	30.4	80	32.0	69	27.6
1-4	119	47.0	118	47.2	118	47.2
5 – 25	57	22.5	52	20.8	63	25.2
Total	253	100.0	250	100.0	250	100.0

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Health Behavior, Knowledge and Lifestyle

Food, Nutrition and Exercise

Over the last decade, the importance of a high fiber and low fat diet has been stressed as a means of ensuring overall health. Table 5-25 shows the results of the high fiber and low fat diet question for both the 2001 and the 2006 community health assessment surveys. The results are mixed between 2001 and 2006. In 2006, 73.7 percent of respondents indicated that they adhered to a low fat diet, while 41.4 percent indicated they follow a high fiber diet. These reflect slight increases over the 2001 percentages. However, these percentages both decreased for those residents age 65 and older between 2001 and 2006. In addition, the percentage of respondents age 45-64 reporting that they followed a low fat diet dropped substantially between 2001 and 2006.

The 2005 Florida BRFSS reports that 26.2 percent of adult Floridians get five or more servings of fruits and vegetables a day. However, nearly 42 percent of Hernando County survey respondents indicated that they ate five or more servings of fruits and vegetables daily. Twenty-five percent of all respondents reported that they ate fatty meat, cheese, fried foods or eggs every day.

Some of these results may seem surprising given the analysis of the BMI presented earlier. Not surprising is the fact that more than 52 percent of respondents are trying to lose weight.

The 2004 NHIS details that 62 percent of American adults never engaged in any leisure time periods of vigorous physical activity lasting 10 minutes or more per week, and that 24 percent engaged in such activity three or more times per week. Only 19.3 percent of Hernando County telephone survey respondents reported that they do not engage in physical activity (of at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster). Nearly 62 percent indicated that they get this type of exercise at least three times per week which is totally contrary to the national averages. Respondents were also asked if they participate in leisure time physical activities such as walking, golfing, bicycling, softball, dancing, weightlifting, etc. Nearly 21 percent of respondents answered this question by stating that they do not perform any leisure time physical activities.

Table 5-25. Percent of survey respondents consuming a high fiber and low fat diet by age, 2001 and 2006.

2001				
Age Group	High Fiber		Low Fat	
	Number	Percent	Number	Percent
18-44	89	30.6	166	57.0
45 – 64	105	33.2	242	76.6
65 and over	199	51.4	320	82.7
Total	393	39.5	728	73.2
2006				
Age Group	High Fiber		Low Fat	
	Number	Percent	Number	Percent
18-44	58	36.3	101	63.1
45 – 64	88	38.3	164	71.3
65 and over	166	45.7	290	79.9
Total	312	41.4	555	73.7

Source: Hernando Telephone Survey, 2001 and 2006.

Prepared by: WellFlorida Council, 2006.

Alcohol and Tobacco Use

The well-researched CAGE questionnaire was incorporated into the community health assessment survey to determine potential alcohol abuse issues.

The CAGE questionnaire was developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies and the University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying problems with alcohol. The CAGE questions are as follows:

- Have you ever felt you should *cut down* (**C**) on your drinking?
- Have people annoyed (**A**) you by criticizing your drinking?
- Have you ever felt bad or guilty (**G**) about your drinking?
- Eye (**E**) opener: Have you ever had a drink the first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE questionnaire is popular for screening, especially in the primary care setting, because it is short, simple, easy to remember, and because it has been proved effective for detecting a range of alcohol problems. Two or more positive responses to the above questions are considered a positive test and may have an alcohol problem which indicates that further assessment is warranted. CAGE questioning in the community health assessment survey yielded the following observations:

- 5.8 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem (Table 5-26).
- Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem (Table 5-26).
- Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.
- Table 5-27 shows that 41 of the 44 respondents (93.2 percent) who indicated a drinking problem were white.

Sixty-five percent of all survey respondents indicated that they currently drink alcohol. Nationally, the NHIS reports that in 2004, 60 percent of all adults drank alcohol. The 2005 Florida BRFSS details that 55.6 percent of adult Floridians have had at least one drink in the past 30 days. The respondents' use of alcohol appears to be somewhat higher than the nation and Florida as a whole.

Table 5-26. Percent of survey respondents who have a clinically significant alcohol issue by age group 2006.

Age Group	East (n=253)		Central (n=250)		West (n=250)		Total (n=753)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
18-44	4	1.6	4	1.6	6	2.4	14	1.9
45 – 64	6	2.4	5	2.0	8	3.2	19	2.5
65 and over	2	0.8	2	0.8	7	2.8	11	1.5
Total	12	4.7	11	4.4	21	8.4	44	5.8

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Table 5-27. Percent of survey respondents who have a clinically significant alcohol issue by race 2006.

Race	East		Central		West		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
African American (n=14)	1	7.1	0	0.0	0	0.0	1	7.1
White (n=691)	11	1.6	10	1.4	20	2.9	41	5.9
Other (n=41)	0	0.0	1	2.4	1	2.4	2	4.9
Total (n=753)	12	1.6	11	1.5	21	2.8	44	5.8

Source: Hernando Telephone Survey, 2006.
Prepared by: WellFlorida Council, 2006.

Based on the 2004 NHIS, it is estimated that 21.5 percent of adults are current smokers. The 2005 Florida BRFSS reports that 21.7 percent of Floridians reported that they were currently smoking. The 2006 Hernando County telephone survey is consistent with these national and state estimates as 21.5 percent of respondents indicated that they are still smoking. Another 38.9

percent reported that they used to smoke. For those that still smoke, 20 cigarettes smoked per day was the amount most frequently indicated by respondents.

Other major tobacco use results include:

- Nearly 17 percent of respondents reported that cigarette and cigar smoking was allowed in their homes.
- Slightly more than 18 percent of respondents reported ever having used cigars. For those that still smoke cigars, one cigar smoked per day was the amount most frequently indicated by respondents.
- Slightly more than 15 percent of respondents reported ever having used a pipe. For those that still smoke pipes, one bowl of pipe tobacco smoked per day was the amount most frequently indicated by respondents.
- Slightly more than six percent of respondents reported ever having used smokeless tobacco. For those that still use smokeless tobacco, one time was the most frequently cited number of times smokeless tobacco was used per day.
- For respondents that indicated that they smoked cigarettes regularly but no longer do, they reported a mean time since last smoking regularly of 21.1 years and a median time since last smoking regularly of 20.0 years.

Personal Limitations

Respondents were asked if they were limited in any activities because of an impairment or health problem. The NHIS asks specific questions about nine different physical activities. In 2004, the NHIS reports that 15 percent of its respondents had great difficulty with at least one of nine physical activities performed without help and without the use of special equipment. These include walking a quarter mile; climbing 10 steps without resting; standing for two hours; sitting for two hours; stooping, bending or kneeling; reaching over the head; using fingers to grasp or handle small objects; lifting or carrying 10 pounds; and pushing or pulling large objects.

While the Hernando telephone survey did not ask about specific activity limitations, it did ask about any activity limitation due to any impairment or health problem. Nearly 36 percent of respondents indicated that they were currently limited in an activity because of an impairment or health problem. Of the 267 respondents that reported a limitation, 16.9 percent identified arthritis as their major impairment. Other leading major impairments included back or neck problem (11.6 percent), walking problem (11.2 percent) and lung/breathing problem (9.4 percent).

Other key results from questions on personal limitations include:

- Of the 267 respondents that reported a major impairment or health problem, slightly more than 90 percent indicated that they have been limited by this impairment for a year or longer.
- Nearly seven percent of the respondents with a major impairment stated that they needed help with personal care needs (e.g. eating, bathing, dressing, getting around the house, etc.).
- Of those respondents that reported needing help with personal care, more than 83 percent indicated that they received this care from a combination of family and or relatives and

83 percent also reported that they receive assistance with personal care from paid employees or health services. Therefore, a combination of family and paid care was the leading source of assistance for respondents with personal care needs.

- Slightly more than 26 percent of respondents with a major impairment indicated that they needed the help of other persons in handling their routine needs (e.g. everyday household chores, doing necessary business, shopping or getting around for other purposes).

Safety Issues

The following are the critical safety issues in the Hernando County telephone survey results:

- In the 2006 Hernando County community health assessment survey, 80.2 percent of respondents indicated that they always wear seatbelts when driving. This compares favorably to the 77.4 percent of respondents in the 2001 survey.
- Of the respondents that ride a motorcycle or ATV, 60.1 percent indicated that they always wear a helmet when riding, and 18.1 percent reported that they never wear a helmet when riding.
- Of the 706 respondents that drive, 79.2 percent reported that they drive at or within five miles per hour of the speed limit. Again, this compares favorably to the 77.7 percent of respondents in the 2001 survey.
- For those respondents with children, nearly 87 percent indicated that their children always used a safety seat or seatbelt when they ride in a car, truck or van. Only 1.5 percent reported that their children never used seat belts. This is much better than the 77.4 percent that always used and 4.7 percent that never used in the 2001 survey.
- For those respondents with children, nearly 59 percent indicated that their children always used bicycle helmet when riding a bicycle. However, 15.9 percent reported that their children never used bicycle helmets. Again, this is better than the 57.0 percent that always used and 23.3 percent that never used in the 2001 survey.
- Nearly seven percent of respondents reported witnessing or becoming involved in a violent fight or attack during the past year. Almost two percent of respondents indicated that they witnessed or became involved in a violent fight or attack four or more times during the past year.

Screenings and Health Knowledge

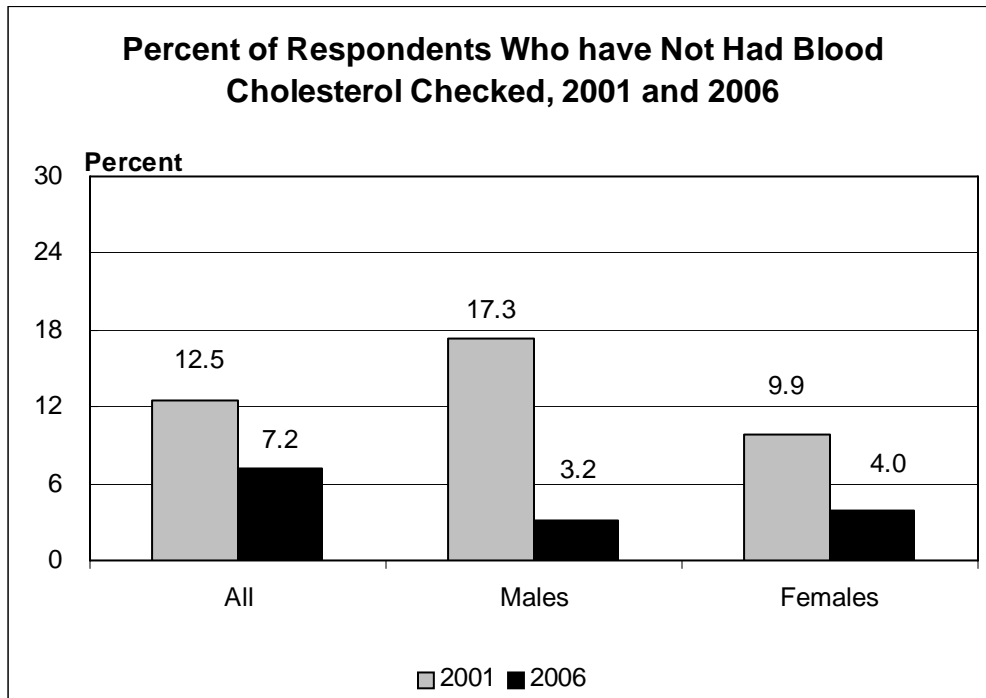
The American Heart Association (AHA) recommends that adults start having their cholesterol checked at age 20, and then at five-year intervals until age 45. Men over 45 and women over 55 need to be checked more frequently. According to the 2005 Florida BRFSS, 20.9 percent of indicated they have never had their cholesterol checked. Hernando County survey respondents compare favorably as only 7.2 percent of respondents indicated that they never had their cholesterol checked. Slightly more than 91.1 percent of respondents reported that they have had their cholesterol checked. As seen in Figure 5-6, the percentage of respondents who never had their blood cholesterol checked dropped substantially from 2001 to 2006.

Respondents were also asked when they had their last blood stool test using a home kit. More than 50 percent of respondents reported using the home test kit during the past year; another 19.1

percent reported using the test kit during the past year; and another 28.8 percent reported using the blood stool test kit two or more years ago.

For the first time in 2006, the Hernando County community health assessment survey asked questions about heart attack warning signs. The following warning signs in Table 5-28 are most closely associated with heart attack: pain or discomfort in the jaw, neck, stomach or back; feelings of indigestion or chest discomfort; anxiety or shortness of breath; and pain or discomfort in the arms or shoulders. For these symptoms, a higher percentage of yes responses was desired. Hernando County survey respondents fared less favorably than the Florida counterparts in recognizing that these four symptoms are associated with a heart attack. In fact, survey respondents only indicated a higher percentage of “yes” responses than Floridians at large for the symptom dealing with pain or discomfort in the jaw, neck, stomach or back.

Figure 5-6. Percent of respondents who have not had blood cholesterol checked by gender, 2001 and 2006.



Source: Hernando County Telephone Survey, 2001 and 2006.
Prepared by: WellFlorida Council, 2006.

In a related question, 73.2 percent of respondents indicated that the first thing they would do if they thought someone was having a heart attack would be to call 911. “Give them an aspirin” was the second most frequent response at 14.1 percent.

Survey participants were also asked if they had a flu shot or influenza vaccine (including a flue vaccine sprayed into the nose). Slightly more than 32 percent of the survey respondents stated that they had received a flu shot or vaccine in the last 12 months.

Table 5-28. Which would you feel if you were having a heart attack?

Potential Heart Attack Symptoms	2006 Hernando Survey		2005 Florida BRFSS	
	Yes (Percent)	No (Percent)	Yes (Percent)	No (Percent)
Pain or discomfort in the jaw, neck, stomach or back.	58.8	41.2	53.3	46.7
Feelings of indigestion or chest discomfort.	81.4	18.6	93.8	6.2
Anxiety or shortness of breath.	74.0	26.0	88.4	11.6
Sudden trouble seeing in one or both eyes.	39.8	60.2	43.0	57.0
Pain or discomfort in the arms or shoulders.	79.0	21.0	87.3	12.7
Surge of energy.	14.5	85.5	NA	NA

Source: Hernando County Telephone Survey, 2006; 2005 Florida BRFSS, Center for Disease Control and Prevention.

Gender-Specific Issues

Tables 5-29 and 5-30 detail some specific female and male health exam and screening issues. According to Table 5-29, 2006 respondent percentages dropped in two of the three key screening areas for women. While the percentage of female respondents who ever had a clinical breast exam dropped only slightly since 2001, the percentage of female respondents who indicated that they had a PAP smear within the last year decreased substantially.

Table 5-29. Female-specific issues.

Exam or Screening Target	2001 (Percent)	2006 (Percent)
Ever had a clinical breast exam	97.3	96.2
Ever had a mammogram	79.9	83.7
PAP smear within last year	44.0	21.8

Source: Hernando County Telephone Survey, 2006.

Other female-specific issues include:

- Of the 468 women surveyed, 12.8 percent (60 women) indicated that they had never had children.
- The mean age of respondent at time of her first born child was 18.6 and the median age was 21.0.
- Nearly 13 percent of the female respondents indicated that they had at least one woman in their natural family (mothers and sisters only) that had breast cancer. Nearly four percent have two or more women in their natural family who have had breast cancer.
- Slightly more than 38 percent of the female respondents reported that they have had a hysterectomy.
- Almost 20 percent of the female respondents reported that they have never had a rectal exam, while nearly 27 percent have had a rectal exam within the past year.

While percentages declined in two key areas for female respondents, male respondents reported higher percentages over 2001 that they had a rectal/prostate exam and they had a PSA test.

Table 5-30. Male-specific issues.

Exam or Screening Target	2001 (Percent)	2006 (Percent)
Ever had a rectal or prostate exam	76.9	85.1
Ever had a PSA test	60.0	66.7

Source: Hernando County Telephone Survey, 2006.

Summary of Key Findings

Health Status

- Nearly 74 percent of survey respondents assessed their general health status to be good to excellent. This good to excellent health status rating for Hernando County survey respondents is substantially lower than that for the nation as a whole (based on the NHIS) and for Florida (based on BRFSS).
- Health status was inversely associated with age; as age increased the percentage of adults with good through excellent general and physical health decreased. Interestingly, this trend is exactly the opposite for mental health status as self-rating of ones mental health status from good to excellent increases as age increases.
- For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
- More than 15 percent of the 2006 Hernando County survey respondents responded that they have been told that they have diabetes. This is more than twice the national average and nearly twice the Florida average. In addition, this is substantially higher than the 10.0 percent reported in the 2001 Hernando County survey.
- Slightly more than 44 percent of 2006 Hernando County community health assessment survey respondents reported having been told that they had hypertension.
- The percent of female, male, 45-64 and 65 and older respondents with hypertension rose sharply between 2001 and 2006. Only the 18-44 group demonstrated a substantial decrease in the percentage of respondents with hypertension.
- The overall average body mass index (BMI) for respondents was 27.4 which places the respondents as a group into the overweight category. In fact, every demographic sub-population (except American Indians) among respondents had an average BMI in the overweight range.

Healthcare Utilization and Access

- Of the 753 participants in the 2006 survey, 102 of them (13.5 percent) indicated that they do not have any form of health insurance. The *2004 Florida Health Insurance Study (FHIS)* estimated that 17.3 percent of Hernando County's and 19.2 percent of Florida's

non-elderly (0-64) population was uninsured. The 2005 Florida BRFSS estimated that 20.3 percent of Florida residents have no form of health insurance coverage.

- Slightly more than 86 percent of respondents indicated that they have a regular doctor, or a doctor they think of as their personal doctor or healthcare provider. In 2001, of the respondents that reported that they had a regular doctor, 81.6 percent said that their regular doctor was in Hernando County; however, in the 2006 survey, only 72.1 percent of the respondents with a regular doctor said that doctor was located in Hernando County.
- Slightly more than 75 percent of respondents reported that they have one or more than one particular clinic, healthcare center, hospital or other facility that they go to when they are sick or need advice about their health. Nearly 23 percent indicated that they do not have a usual place of care which is nearly 1.5 times the national average.
- Whereas 75 percent of all respondents have a usual place where they seek medical care, only 21 percent have a usual place where they go when they are sick or need advice about their emotional or mental health. This difference is partially attributable to the difference in demand between medical care and emotional/mental healthcare.
- Slightly more than 24 percent of respondents reported that they needed dental care in the past 12 months but did not get it because they could not afford it. In addition, 17.3 percent indicated the same for prescription medications and 5.7 percent for mental healthcare or counseling.
- Respondents were also asked about various barriers to medical care and care for emotional/mental health. In general, for both types of care, the top four barriers were related to affordability and insurance.
- Nearly five percent of the respondents indicated that they have participated in a program sponsored by any major drug company that allowed them to get prescription medicines at no charge.

Health Behavior, Knowledge and Lifestyle

- In 2006, 73.7 percent of respondents indicated that they adhered to a low fat diet, while 41.4 percent indicated they follow a high fiber diet. These reflect slight increases over the 2001 percentages.
- Nearly 42 percent of Hernando County survey respondents indicated that they ate five or more servings of fruits and vegetables daily. Twenty-five percent of all respondents reported that they ate fatty meat, cheese, fried foods or eggs every day.
- 5.8 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem.
- Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem.
- Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.
- Forty-one of the 44 respondents (93.2 percent) who indicated a drinking problem were white.

- The 2006 Hernando County telephone survey is consistent with national and state estimates as 21.5 percent of respondents indicated that they are still smoking.
- In the 2006 Hernando County community health assessment survey, 80.2 percent of respondents indicated that they always wear seatbelts when driving. This compares favorably to the 77.4 percent of respondents in the 2001 survey.
- For those respondents with children, nearly 87 percent indicated that their children always used a safety seat or seatbelt when they ride in a car, truck or van. Only 1.5 percent reported that their children never used seat belts. This is much better than the 77.4 percent that always used and 4.7 percent that never used in the 2001 survey.
- According to the 2005 Florida BRFSS, 20.9 percent of indicated they have never had their cholesterol checked. Hernando County survey respondents compare favorably as only 7.2 percent of respondents indicated that they never had their cholesterol checked.
- While the percentage of female respondents who ever had a clinical breast exam dropped only slightly since 2001, the percentage of female respondents who indicated that they had a PAP smear within the last year decreased substantially. While percentages declined in two key areas for female respondents, male respondents reported higher percentages over 2001 that they had a rectal/prostate exam and they had a PSA test.

Community Input

Overview

The perspective and voices of residents, providers, patients and key leaders and decision makers (i.e. community input) are critical when assessing the healthcare needs of any community. Quantitative data on demographics and health status and outcome alone do not paint the full picture of a community's healthcare needs and issues and its ability to address those needs and issues. The Health Needs Assessment Subcommittee has insured that ample qualitative and community perspective information is incorporated into the needs assessment. This is reflected in other sections of the needs assessment in the community health survey section as well as the surveys, focus groups and physician forum in the special needs section.

This section focuses on two critical areas of public perspective. The first provides results from interviews with individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the county. The second details focus groups conducted with groups of special interest in the community: senior citizens, African Americans and the low-income working population.

Interviews with Community Leaders

Introduction

The WellFlorida Council conducted key informant interviews during the month of April 2006 under the direction of the Hernando County Health Care Advisory Board's Health Needs Assessment Subcommittee. The purpose for conducting the interviews was to better understand the perspectives of key community leaders on the health and healthcare needs of Hernando County residents. These interviews intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the county. The findings provide qualitative information and reveal factors affecting the views and sentiments regarding healthcare services in Hernando County. A summary of community leaders' opinions is reported without judging their comments.

Methodology

The Health Needs Assessment Subcommittee compiled a list of key community leaders for the staff of the WellFlorida Council to interview. The list included governmental representatives, including elected officials and public employees; healthcare providers, including physicians, dentists, and mental health professionals; seniors service professionals; children service professionals; pastoral care representatives; and representatives of local businesses and community organizations.

Council staff randomly drew names from the pools of potential contacts provided by the committee. Interviews were conducted by telephone due to time constraints and increased cost of travel. Ten key community leaders agreed to be interviewed, and the interviews were conducted during April and May 2006. To assure the confidentiality of their comments, the names or any other identifying information of the interviewees has not been included in this report.

All interviews were conducted using a standard questionnaire developed under the guidance of the Health Needs Assessment Subcommittee. The protocol used to conduct the interviews is included in Appendix C. Community leaders provided comments on the following issues:

- Overall perspective on healthcare in Hernando County;
- Perception of essential services of the county's healthcare system;
- Opinions of important health issues that affect county residents and types of services needed to address these issues;
- Impressions on specific health services available in the county; and
- Opinions on the parties responsible for initiating and addressing health issues for the county.

Interview Analysis

The leaders interviewed were asked whether they serve on any boards or have any affiliations with healthcare providers in the community that deliver healthcare services that may have helped form their opinions. Generally, the healthcare providers interviewed are members of their professional organizations. Additionally, some serve on the Board of Directors or Community Advisory Board for local hospitals.

The business and community leaders interviewed served on various professional, political, and trade organizations. One business community interviewee serves on the Community Advisory Board of a local hospital.

Among the community leaders who are elected officials or public employees, two serve on either the Board of Directors or the Community Advisory Board for local hospitals. One serves on a board for a voluntary community organization. All interviewees participate in professional organizations and/or agencies advocating particular health care issues.

The interview questions for each community leader are identical. The questions have been grouped into five major categories. A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with statements. This section of the report summarizes what the community leaders said without assessing credibility of their comments.

General Perceptions

Commonly held themes among all community leaders interviewed were the increasing needs of the rapidly expanding population of Hernando County. Though no consensus was agreed upon from all leaders as to the quality of healthcare, their comments indicate their opinions are based on first-hand knowledge and experiences with many components of the healthcare system. Preliminary ruminations range from very general to program-specific. Though all community leaders interviewed expressed increased satisfaction and improvement with overall healthcare from previous years, the majority of leaders expressed deficiencies within the system at program-specific issues.

Community leaders who are healthcare providers expressed general positive impressions of the healthcare system. Many providers noted the addition of hospitals with specialty services as the most impressionable approbation for the healthcare system overall. One provider noted that “good strides” have been made in the county in the past several years.

Deficiencies of the healthcare system noted by providers interviewed include (order does not indicate ranking):

- Lack of services for low-income uninsured and underinsured populations;
- Lack of transportation services for low-income residents;
- Need for additional adult daycare services, nursing homes, and facilities servicing the elderly population;
- Need for additional low-income dental services;
- Need for additional preventive and health maintenance assistance for uninsured population.

Community leaders representing business and community organizations have primarily positive impressions of the healthcare system in Hernando County. They laud the introduction of more hospital services and specialty services within the community. “I think the hospitals meet the needs,” said a business leader of who has lived in the county for 26 years. This view reflects other general comments of the other members of this group.

The major deficiencies sited among the group were the need for additional services for the low-income uninsured and transportation services. An interviewee discussed the increasing population of the county for the age group of 25 to 45 years olds. “This is having a heavy impact on healthcare, schools, and resources in the county.” Another discussed the need for healthcare services to reach all county residents equally, “they need to reach all of the populations, the needy as well as those that have means.”

In the elected officials and public employees group, there are diverse opinions among the leaders regarding healthcare in the county. One leader states that, “services are marginal as far as availability. If you got something serious wrong you don’t want to hang around Hernando.” While another states, “The system is very diversified and has a good variety of specialists and hospitals.”

Other shortcomings noted were:

- “The county is a very service oriented community with that many are not offered health insurance.”

- “Prescription drug assistance is a big need, and we must continue to offer a discount to residents in need.”
- “Mental health services are severely under funded unfortunately.”
- “We need a substance abuse intervention and treatment piece for alcohol and drug abuse.”
- “No trauma center, but we still have Bayflite.”

Essential Services

The community leaders were asked to list some of the essential services of the healthcare system in Hernando County. The top five essentials indicated were hospitals, trauma center, prescription drugs, indigent care, and referral clearinghouse.

Hospitals

The community leaders expressed general satisfaction with hospital services throughout the county. A community leader states, “The competition between hospitals is great, it has lead to more services such as the Cardiac Center that just opened.” The eastern portion of the county was noted as more likely to seek care outside of Hernando due to disproportionate travel. As a health provider states, “The east side of the county has a greater need to get physicians. They do have ambulance service—most travel to Dade City for care.”

Trauma Center

Healthcare providers noted a trauma center as the most essential service lacking in the county. The leaders stated that Bayflite medical helicopter continues to transport trauma patients to nearby facilities, but as populations continue to escalate, “The need for trauma services directly in the county should be evaluated.”

Prescription Drug Assistance

The accessibility of prescription drugs for the elderly and indigent populations of the county is a necessity for essential healthcare services within the county, according to community leaders in each of the groups. A leader in the business/community organizations said, “A lot of elderly and low-income folks have to decide whether they are going to eat today or take medications.” The issues of making prescriptions “affordable” and “accessible” were stated by each of the leaders interviewed.

Indigent Care

Interviewees in each of the groups expressed a strong belief that indigent care is a vital component of a quality healthcare system for the community. Many leaders felt that services have improved immensely for the indigent population over the last several years, but all agree more resources. The lack of insurance, underinsurance, and lower pay wages were most often recognized as the leading cause for increasing resources for indigent care. “The companies pay

low wages and workers can't secure insurance," stated one community leader. Several community leaders also noted free and reduced cost clinics as a necessity.

Referral Clearinghouse

Community leaders generally agree that quality healthcare in their community requires a comprehensive range of affordable and accessible healthcare services. Leaders referenced an information and referral clearinghouse for healthcare services as a key component of a quality healthcare system. According to leaders, a clearinghouse would be the resource where the community could refer persons to seek services and learn more about community programs. A leader that has been in Hernando less than one year states, "A clearinghouse for referrals of various medical needs would be essential."

Key Healthcare Issues

The community leaders were asked to define the important health issues that affect Hernando County residents and comment on the types of services that are important for addressing these issues. The issues listed most often by leaders were health insurance, prescription drug assistance, services for seniors, and mental health/substance abuse treatment.

Health Insurance

The lower socioeconomic population, single parents, and unaffordable insurance were common themes among all community leaders regarding health insurance issues for Hernando County. The increasing population continues to add burden to this issue. As stated previously, the county is primarily a service industry with most jobs falling into retail, restaurant, and part-time employment. These jobs typically pay lower wages and do not offer insurance benefits. According to many leaders, the employers that do offer insurance in this service sector tend to charge higher premiums and the insurance plans characteristically have higher deductibles for out-of-pocket expenses for the employee. One elected official/public employee states, "Attracting industry that will make insurance more available is all growth related to the county."

Prescription Drug Assistance

Cost was the community leaders consistent issue pertaining to prescription drugs. Many leaders noted that some medications are easier to come by than others. A healthcare provider states, "Mental health prescriptions are hard to come by, while antibiotics may be easier to get." A business/community leader felt that, "The drug industry over price drugs." Many leaders felt that a cap should be placed on the amount of profit drug industry can make on prescriptions and that generic drugs should become more readily available to residents.

Senior Services

The needs of the senior population continue to an ever-increasing issue according to community leaders. Resources, availability, cost, and transportation were commonly listed as key factors

that negatively impact services for seniors. A healthcare provider states, “We need more adult daycare facilities to deal with Alzheimer’s patients and dementia patients.”

Many leaders noted the push by elected officials to get a Veteran’s Affairs Hospital located closer to the county. A community leader states, “The elderly have an accessibility problem. While some transportation is available, the need out grows the resources.”

Additional nursing home facilities were a prominent issue among interviewees. A healthcare providers states, “Over 55% of registered voters are elderly in Hernando County.”

Specific Healthcare Services

Community leaders were asked to share their opinions about the following specific types of healthcare services and their perception of any obstacles to receiving services.

Primary Care

Generally, the community leaders feel that the county adequately provides the basic and routine services that people use most often. Some notable quotes include:

- “Certain populations may lack resources.”
- “Adequately covered.”
- “Good.”
- “On the whole it is available to everyone, but some possibly can’t afford it.”
- “Adequate, depends upon health insurance status.”
- “Needs improved, especially the way finances are setup; a doctor needs to see more patients a day to make money. This leads to increased waiting periods for doctors and specialists.”
- “Fine, adequately meeting the needs.”
- “It’s the biggest need for all citizens.”

Dental Care

Overall, the community leaders feel that the community is not lacking in dental providers, but the cost and availability of providers accepting certain insurance plans is an increasing need.

Some notable quotes include:

- “Absolute necessity, such as adding fluoride to water throughout the county.”
- “Adequate.”
- “Many go out of the county for services.”
- “Unfortunately, it is not a priority to a lot of people.”
- “Have dentists, but lack Medicaid dentists.”
- “It is really hard, even with dental plans, especially for limited incomes.”
- “Really bad for indigent care. A neighbor needed dental care and had to go to Sumter County for care.”
- “Good.”
- “Health department has a great facility. It’s accessible. Healthy Start offers (services) on a sliding fee scale.”

Specialty Care

Though the community leaders are complimentary of the existing specialty services, they note significant deficiencies in certain areas. Some notable quotes include:

- “I think we do a better job because Medicare makes its easier to access.”
- “Short on Thoracic Surgeons, but others are adequately covered.”
- “Good.”
- “Have all available.”
- “Lacking.”
- “It’s a supply and demand issue, the more the population grows the more resources are available.”
- “Not adequate. Most go out of the county for treatment.”
- “Excellent care for oncology, cardiology, pulmonary—the amount of specialty services are adequate.”
- “Orthopedics may be lacking.”
- “If I need it, I go out of the county.”

Mental Health

Most community leaders expressed concern over the lack of resources available for mental health services. Some notable quotes include:

- “Definitely lacking.”
- “The Harbors and Spring Brook are adequately meeting needs.”
- “Lacking, especially in children’s services, no respites care for children.”
- “Needs are being met, but there is a reluctance from some providers to refer patients.”
- “Doesn’t seem to be much available for addiction services.”
- “Very limited.”
- “There are two or three centers. There is adequate coverage.”
- “The Harbors does an excellent job—good throughout county.”

Hospital Care

The hospital care services received praise from a majority of the community leaders. The increased resources over the last couple of years have made the healthcare system favorable in many opinions. Some notable quotes include:

- “Excellent—competition is great.”
- “Adequately meeting needs.”
- “They are fine as long as you have means to pay.”
- “They are understaffed and profit motivated.”
- “They have done lots of planning and are strategically working to meet the needs.”
- “Definitely improving. Still no trauma facilities, but we have the capacity to Bayflite to other areas.”
- “Three hospitals that are good and have adequate coverage.”

Responsibilities for Addressing Healthcare Issues

Generally, the community leaders feel that the responsibility for addressing the basic healthcare issues and services lies upon the community residents, businesses, and government. The actions deemed necessary by the community leaders to address the healthcare issues and services include:

- “We need more providers. We need to bring all persons to the table to address issues. Everyone is responsible. Start with the county commissioners on getting a call for action.”
- “We need to get the community involvement to get action started. Start with the county commission as need increases.”
- “We need to locate services near retirees and the lower socioeconomic areas. Government, providers, insurance companies, and physicians should get involved.”
- “We need to build an infrastructure for a clearinghouse. Social services working closely with churches and faith based communities, but this will be hard because of lack of funding and cooperation among individuals.”
- “Need to make companies more accountable. The insurance commissioner, local government, and state government should hold companies accountable for insurance availability.”
- “The government has to step in and put a cap on increases of prices. This has to start as a grassroots effort and has to be a priority. People need to take time to contact elected officials.”
- “To have government laws and regulations to address concerns. Have big business from pharmaceutical and healthcare companies give back to communities.”

Summary

Overall, the community leaders feel positive about the county’s healthcare system. Many feel that there will always be “more needs”, but the county has greatly improved its overall healthcare infrastructure over the last five years. The addition of hospital trauma services, indigent services, and greater efforts toward customer service has placed the county in higher regards among many community leaders interviewed.

In critiquing specific healthcare issues and services, the community leaders expressed concern for prescription assistance, dental services, and mental health services including addiction treatment. While leaders readily admit the services are available in the county, the affordability and resources are extremely limited in most opinions.

Of all the issues discussed by community leaders, the trepidation regarding indigent care was most often noted as a major concern for the county. The limited resources for the uninsured and the underinsured continue to be high among respondents’ concerns. Generally, the leaders feel that the responsibility for addressing all of these issues rests with the community, businesses, and local and state government.

Resident Focus Groups

Introduction

The purpose of a focus group is to listen and gather information. It is a way to better understand how people feel or think about an issue, product or service. Participants are selected because they have certain characteristics in common that relate to the topic of the focus group¹. As part of the 2006 Community Needs Assessment, the Hernando County Health Care Advisory Board Community Health Assessment Subcommittee conducted six focus groups to increase ability to identify local healthcare trends and patterns. Because the 2001 Hernando County Community Health Needs Assessment revealed an under representation in responses from the African American, senior citizen and working/low-income populations, these three groups were targeted for focus group discussions. The specific purpose of these focus groups was to gather information about health care services in Hernando County.

Methodology

Two trained focus group facilitators conducted six focus groups during the month of October 2005. Two of the groups were comprised of African Americans; two were comprised of senior citizens (65 yrs. of age and older); and two were comprised of individuals from the working/low-income population (below 200% of poverty). Focus group protocols and questions were developed by the facilitators with input from WellFlorida Council, Inc. and Richard A. Krueger, Instructor/Consultant.

Participants for these groups were recruited by newspaper advertisement; recruitment advertisements posted at local shopping centers, churches and neighborhood bulletin boards; and through word of mouth recruiting. A \$25.00 gift card from a local business was offered as a participation incentive and was issued to participants at the conclusion of each meeting. Participant recruitment began approximately three weeks prior to the first group meeting and continued throughout the month of October.

Participant registration was made through a designated telephone line at which time a brief “screening” was performed to insure the appropriateness of the caller for participation in the group, i.e., the caller fit into one of the identified race, age or economic target groups. All qualified individuals scheduled for a focus group received a reminder call the day before their scheduled meeting time.

Three of the focus groups, one from each target population, were held in Brooksville (central part of the county) and three, one from each target population, were held in Spring Hill (west side of county). These two areas of the county are quite diverse. Spring Hill residents are typically “transplants” from other states and comprise a predominantly higher social economic population. The Brooksville area is predominately comprised of long time residents of lower social economic status. The group meeting sites included local libraries, YMCA, Career Central and R.R. Moton Early Intervention Center. Meeting times were varied and included early morning and evening. Meeting rooms were well lit, well ventilated and stocked with tables,

chairs, snacks and drinks to insure a comfortable environment for participants. Meeting length was 1 ½ hour each.

One facilitator acted as discussion moderator and the other as recorder. The meetings were audio tape recorded with the permission of all participants. After introduction and explanation of meeting format, nine questions were sequentially presented to participants for discussion. At the end of each focus group meeting, the recorder gave a summary of the discussion to participants to insure that the notes taken accurately reflected the discussion.

Focus Group Question and Answer Summaries

Q1. Where would you recommend I get health information?

Brief Summary

The most frequent responses to this question from most of the groups were: local county and state agencies, hospitals, physician's offices, and health clinics including the health department. Schools, newspapers, word of mouth and Chamber of Commerce were also mentioned several times as resources. There were mixed feelings concerning the use of the internet to find health information. The African American groups were the only participants that mentioned churches as a health information resource.

Q2. Where would you not recommend I get health information?

Brief Summary

There was consensus from all of the groups in that they would not recommend getting information from a newcomer or someone who isn't knowledgeable about health care. The working low-income groups felt that the health department did not meet their health information needs in a timely manner. Some other suggested places not to go or reference were: bars, "juke joints", and newspaper ads that seem too good to be true.

Notable Quotes

- "Outlandishly expensive" (health department physicals)
- "If the health department isn't there for you, where do you turn?"
- "Call (the health department) and you get the 5-minute run around."
- "After 20 minutes on the phone, you get to someone's voicemail. I had to leave a message and 3 days later they called me back."
- "Beware of ads promising too much."
- "It's difficult to get health information in this county."

Q3. What has helped you or your family to improve or maintain your health?

Brief Summary

Overall, all of the groups felt that having a positive relationship with their physician/medical provider, i.e., trusting, comfortable, concerned, and personal contact has helped them maintain their health.

Most participants felt that applying healthy lifestyle behaviors i.e., eating the proper diet, drinking water, regular exercise, getting adequate rest, having a positive attitude, being social and being involved in other activities has helped them improve or maintain their health.

The African American groups focused more on getting adequate health information; being informed on health facts and information; and knowing their cultural backgrounds and personal medical histories.

Notable Quotes

- “You gotta feel comfortable when you go to the doctor.”
- They’ll tell you what your pros and cons are. When he does that, you know your health is in his best interest.”
- “You can volunteer. Volunteering helped me get out, it made me feel good.”
- “We (my husband and I) found a club to join.”
- “Have a thirst for life.”
- “If your preventive and catch it earlier then it is cheaper.”
- “We are fortunate because my husband retired with benefits of a working person.”

Q4. Do you feel that you or your family has had any barriers to prevent you from maintaining or improving your health?

Brief Summary

Access to Care

- Limited dental services
- Limited specialists, e.g., gerontologist
- Limited physicians in Brooksville
- Limited to who you can see because of your health coverage
- Flexible appointment schedules for working people
- Health department services hard to access

Cost of Care

- Cost of medications
- Additional testing/screenings
- Referral system (having a choice of provider and the frequency of referrals)

Medicaid

The working low-income and the African American groups all felt that there is a label (stigma) placed on individuals that are on Medicaid. They felt that employees that work at the agencies where they received their services treat them as if they are inferior and they don't feel as respected as they would if they were more affluent.

These groups also mentioned that there is a lot of paperwork involved with Medicaid and very confusing.

Lack of Health Information

Consensus of all the groups is a lack of local health information for health concerns and health care, i.e., not knowing how to access information, information not being available, and where to go for health care,

Safety

The senior groups felt that there was a lack of safe places to exercise and be physically active.

Notable Quotes (Access to Care and Cost of Care)

- “Everything closes at 5:00.”
- “It’s been hit or miss finding a doctor.”
- “I do not like the idea you have to go to the doctor they prefer you to go to. I think you should make your own mind up and go to the doctor you want to go to.”
- “I can’t afford the medications, it’s too expensive.”
- “You pay through the nose for dental insurance.”
- “You don’t go to the Dentist unless they (children) start complaining.”
- “It’s all about the money (when you go to the doctor). Don’t even mention Dental.”
- “I had to have some tests and they were very expensive. We couldn’t afford to pay for it a second time. Without insurance, I would have just died then have my husband get into debt.”
- “Health department seems overrun and you can’t talk to a person for several days.”
- “Health department needs to be more user-friendly.”
- “Health department needs to be more streamlined and more up-to-date.”

Notable Quotes (Medicaid, Lack of Health Information and Safety)

- “Why do you act like I am taking it out of your purse? Please be more professional and more nicer. It’s bad enough I have to come to you.”
- “When you are broke, there’s no compassion for you.”
- “If it weren’t for the people in need, they wouldn’t have a job.”
- “(Getting on Medicaid) ...was a very humbling experience.”
- “I used to think that Medicaid was the golden ticket and you can do whatever you wanted.”
- “You are looked down upon when you’re on Medicaid.”
- “Medicaid doesn’t function well. There’s a lot of paperwork.”

- “It’s a stigmatism being on Medicaid.”
- “When you’re new in town, it’s difficult to know what your options and needs are. It’s very difficult to make choices when you have little to no information.”
- “It’s not until you need something, until you realize its missing.”
- “County Extension has all of these things offered maybe they are not doing enough to advertise to get people.”
- “They (the media) don’t tell you what goes on in Hernando County; they only tell you what is in Hillsborough.”
- “There were no sidewalks to even go for a walk.”
- “I would ride if I could but I can’t ride my bike in my neighborhood.”
- “We have a need for a YMCA on this side of town (Brooksville). We need places to walk and exercise.”

Q5. What do you feel are the health needs in our county?

Brief Summary

Each group developed a very comprehensive list of what they felt were the health needs in Hernando County. The following lists were what each individual group agreed upon:

Working Low-income (Brooksville Area)

- Knowledge of medical problems
- Be able to get affordable health care.
- Availability of fresh fruits & vegetables at food pantry.
- Knowledge of locations of walking trails.
- Access to pool in east side of the county.
- Need for affordable healthy foods.
- Distribution of USDA foods.

Working Low-income (Spring Hill Area)

- Low-income housing needed to be “up to standards”
- Mental health services
- Main information resource phone number for all people. (county hotline – advertise through billboards)
- Job skills training for disabled (mentally & physically)
- Health Department needs to be more user friendly
- Surveys to gather health care needs.
- Need of legal services available for low-income.
- Churches and faith base centers need to be more involved (food pantries, information sources, screenings)
- Health Care centers assessable to all areas of the county (walk-in clinic)
- Sick child day care
- Adult dental care (Cobb Dental services children in our county)

- Information resources for grandparents raising grandchildren.

Seniors (Brooksville Area)

- Dental for seniors
- Gyms needed
- More dermatologist needed in county
- YMCA in Brooksville area
- Transportation – more stops, shelters, affordable, wheelchair access
- Better lighting on roads for safety (esp. in Shady Hills, Yonz Road)
- Places to walk needed – sidewalks or gravel areas
- Respite care
- More health aid – housekeeping, shopping for seniors and disabled
- More subsidized assistant living and nursing homes
- Need more help in hospitals
- Senior group activities i.e., trips, picnics, etc.
- Need to know what is available
- Need a shelter workshop – teach seniors and disabled basic needs for living
- Needs for those that fall between income levels. Make too much to get assistance but not enough to pay for services. Raise levels.
- Parenting classes
- Education for teenagers on prevention of sex & drugs – not what you do after.
- More physical activities for children

Seniors (Spring Hill Area)

- Free, minimum, or donation for transportation for seniors and disabled. (Have flashing light for wheelchairs)
- Sidewalks
- Look at safety for wheelchair, pedestrian, and bikes. Difficult to get mail or walk in communities.
- Driving safety class (such as AARP) for young drivers.
- Prohibit cell phone use while driving.
- Financial assistance for middle income. Especially for those who live alone. ***
- Consumer needs to know and be given more information on medical procedures and conditions.
- Consider animals as companions for seniors.
- Organize volunteers to help others needing assistance with such things as housekeeping, shopping, financial matters.

African American (Brooksville Area)

- Culturally sensitive healthy workshops provided.
- Senior age group lowered for services.
- More access to health services.

- Lower cost of services.
- More walk-in clinics based on income. Health needs & household expenses should be considered.
- Mobile health services.
- Designated outreach person to provide health information & help with individual needs such as transportation.
- Americorp needs to be reestablished.
- More health information
- Transportation needed for those not handicapped but with needs (one individual stated she cannot get transportation because she is not in a wheelchair).
- Transportation for other family members to ride with handicap child. (Parent & other small children).
- Disability (SSI) flexes with income. Limits trying to better self. (esp. single parents).
- Unemployment due to health conditions.
- Affordable health insurance.
- Limited open enrollment dates too restrictive.
- Compassion needed for people needing help or assistance (consider a person's self-worth. Not to belittle one's financial situation).

African American (Spring Hill Area)

- Health Education especially on arthritis, aging and included in the school curriculum.
- Local hospitals must work together. Complement each other not compete.
- Each hospital should have its own specialty area.
- Stop medical duplication among the hospitals
- Need to find cause/effect of mental health problems, not mask with medication.
- Dental exam to be offered in schools. (Earlier years in the northern schools a dentist was assigned to each school and provided an annual exam to each child).
- School nurse at each school for screenings not just to dispense medications.
- Marketing of services and health education.
- Money to do the marketing and to correct the above health needs.

Q6-7. What do you consider to be the most important health need in Hernando County?

Brief Summary

There were many health needs listed by each group as seen above. After finalizing their list, participants were asked, "What was the most important health need in the county?" These were our findings.

A common health need for the county mentioned in all of the groups was the need to access affordable healthcare based on income and individual medical conditions, i.e., walk-in clinics, annual free or low cost physical examinations, financial assistance for those that fall between the cracks. All groups also indicated there was a need to increase opportunities for residents to be

proactive with their own health and well-being, i.e., companion pets, access to nutritious foods, health education.

Both working low-income and senior groups from Brooksville felt that having access to pools, exercise programs and facilities for preventive care was a necessity.

The working low-income group was concerned about the high cost of healthy, nutritious foods. They were also concerned about finding a way to get information out to the public, and classes and services available to promote healthy lifestyles.

The senior groups voiced a concern about safety i.e., lighting and sidewalks. Their other concerns were caring for the disabled and having more services available for them, i.e., transportation, respite care and more health aids such as housekeeping and shopping for seniors and the disabled.

One of the African American focus groups primarily consisted of low-income residents whereas the other African American group was more affluent. The low-income group was more concerned about basic healthcare, i.e., dental, eye services (glasses), hearing aids, annual physicals. Additionally, this group felt that there should be an individual devoted to outreach to help with basic health needs such as transportation. The other African American group felt that health education and being able to market health education was the key to health improvement. Their biggest push was education and marketing.

Notable Quotes

- “Have Hernando County produce a pamphlet with local resources listed”
- “People just don’t know where to look for help.”
- “Preventive medicine saves the individual and dollars”
- “The foods, i.e., fish, poultry, fresh fruits and vegetables, that you know are good for your health should be affordable.”
- “There are no fresh fruits and vegetables at the food pantry.”
- “Around these areas, it is pitch black”
- “Senior people need the water. Gold’s and Curves don’t have pools.”
- “Visit the churches; make sure the information gets out there”
- “You can look at the poverty of an area by looking at the amount of teeth the population has”
- “People are not taught what to do for prevention (Dental)”.
- “I want to keep my teeth. I can’t afford to go to a Dentist.”
- “I think its going to do the most good overall. It will alleviate a lot of the problems with the ER, give people a sense of comfort. It’s got to be strategically placed in the county (walk-in clinic)”.
- “Medicaid or Medicare does not pay for glasses”.
- “The poverty level is covered (for health care) better than anybody else if they take advantage of it. If they do not have the knowledge, they are not going to use it.”

Q8. If you were in charge, what would you do?

Brief Summary

Increasing available services, an increase in volunteer/donated resources and regular public service accessibility surveys were common themes among all three groups. The working low-income population would appeal to government for more free programs/ services through increased funding. This group also supported more advertising/marketing of such services. The senior population expressed interest in increasing safe and affordable transportation services. They were also very supportive of establishing a volunteer department that would collect donations to aid people who need financial assistance for medical conditions. Again this would have to be advertised. The African American group suggested that more planning at the top levels would bring about an increase in appropriate services to Hernando County residents.

Notable Quotes

- “Let people know what’s available”
- “Need to pressure the county fathers, county fathers pressure state fathers and they pressure Congress” (to get more money for healthcare)
- “You would have to have the people who are in need tell what they need... have representation”
- “Each medical provider donate 250 hours of free service (community service) each year”
- “Teach a man to fish and you’ll feed him for a lifetime”.
- “Create a “Resource Capital”. No medical advice, resource only, dole out information”.
- “Launch a public relations campaign through the Health Department getting local physicians to see 3-5 patients....”

Q9. What organizations, community groups or individuals do you think could work together to address these health needs?

Brief Summary

All three groups agreed that state and county entities, i.e. health departments, Parks and Recreation Departments and Mid Florida Community Services; hospitals; health care professionals were organizations that should work together to address county health needs. The working low-income and the senior groups also suggested that private industry and churches could be effective partners. The African American populations suggested community leaders such as hospital CEOs, County Commissioners, area physicians and attorneys should be involved in meeting the unmet health care needs of the community.

Notable Quotes

- “There has to be an organization to get to those people who can’t get out (to obtain services)”
- “You’ve got to let the big boys know that the little people are hurting.”
- “There are a lot of organizations out there to help people, but there’s not one place.”

Facilitator Observations

Focus groups were conducted as a qualitative data input to the 2006 Hernando County Community Health Needs Assessment. The 2001 Community Health Needs Assessment responses from the African American, senior and working, low-income were low compared to those of other Hernando County resident populations. Inclusion of focus group input in the 2006 Community Health Needs Assessment will provide decisionmakers and the public with an expanded vision of our community's perception of healthcare in Hernando County. In summary:

- According to participants, there is a need for more affordable healthcare in the county (based on income), i.e., walk-in clinics. In addition, importance was placed on preventive and basic health care needs such as dental care, eye services (glasses), hearing aids, and annual physicals.
- Participants also indicated a need for more affordable healthy lifestyle resources, i.e., pools, walkable communities, healthy food choices (fresh fruits, and vegetables).
- Based on participant response, there appears to be a need for a more centralized marketing strategy/campaign of available healthcare services and programs. There were many comments emanating from the groups that highlighted the lack of participant awareness in programs that already exist and how to access those programs.
- Many participants indicated that the Health Department should focus more on customer service and become more user- friendly.
- Based on participant comments, the feasibility of an outreach program to assist individuals with resources, respite care and transportation for those on limited income and seniors should be investigated.

Summary of Key Findings

The following are the key observations derived from an analysis of the comments and insights gathered during the community input phase of the needs assessment:

- While community leaders indicated that the county does a good job in meeting the basic and routine care needed by residents, participants generally believed that more affordable preventive and basic care is needed.
- Dental services are a key area of concern identified by both community leaders and focus group participants.
- Focus group participants identified having access to more resources that promote healthy lifestyles as a key area of concern, while this was not mentioned by community leaders.
- The lack of affordable healthcare for the uninsured and underinsured was clearly an area of concern for both groups.
- Both community leaders and focus group participants called for some forms of information outreach. Some community leaders advocated the concept of a health resources and referral information clearinghouse. Focus groups participants identified the need for centralized marketing strategies to inform the public on available healthcare resources in the community.

Special Issues: 2006

Overview

Though the Hernando County Health Needs Assessment is comprised of a wide variety of quantitative and qualitative data and information on the overall healthcare picture and the factors that shape this picture, previous needs assessment processes have demonstrated that certain issues warrant special attention. For the 2006 needs assessment, the Hernando County Health Care Advisory Board and its Community Health Assessment Subcommittee directed that additional information be gathered on two areas of major concern nationally, throughout Florida and in Hernando County.

These were identified as access to pharmaceuticals and mental health issues. During the needs assessment process, a variety of tactics were employed to gain specific insights on these two critical issues. To gauge pharmaceutical access issues in Hernando County, pharmaceutical questions were added to the community health assessment survey. In addition, physicians and participants were surveyed regarding their experiences with pharmaceutical assistance programs (PAP). Similarly for mental health issues, community health assessment surveys were refined or added and a physician forum focusing solely on mental health issues was conducted.

It is the intent of the sections that follow to provide additional insights and increased community perspective into these two critical issues.

Pharmaceutical Access

During the 2006 needs assessment process, pharmaceutical access issues were targeted for special consideration. As such, the following techniques were implemented to glean more information about patient and provider issues with pharmaceutical access issues in Hernando County:

- Questions on pharmaceutical access on the community health assessment survey were either re-tooled for better information or added.
- A survey of licensed physicians in Hernando County was conducted to determine their impressions of pharmaceutical/prescription assistance programs (see Appendix D for survey instrument).
- A survey of recent participants in pharmaceutical/prescriptions assistance programs was conducted to determine their perspectives on the programs (see Appendix E for survey instrument).
- Focus groups of pharmaceutical/prescription assistance program participants were conducted to gain in-depth and detailed understanding of their views on the programs (see Appendix F for focus group protocols and questions).

The ensuing sections detail insights from all of these components.

Community Health Survey Insights

Seven hundred fifty-three Hernando County residents completed the community health assessment survey. Of the 95 questions on the survey, six of those questions directly concerned pharmaceutical usage and access. Key results related to these questions are as follows:

- Only 13.2 percent of the survey respondents were uninsured compared to 17.3 percent of Hernando County residents as a whole.
- Nearly 40 percent of all respondents indicated that they are currently taking medicine for high blood pressure.
- Slightly more than 17 percent of the respondents reported that in the last 12 months there were times when they needed prescription medicines but did not get them because they could not afford them.
- Nearly five percent of the respondents indicated that they have participated in a program, sponsored by any major drug company that allowed them to get prescription medicines at no charge.
- Of the persons who participate in the prescription drug programs, more than half were assisted by their doctor to enroll in the program. Nearly all of the remaining respondents were helped by someone other than their doctor, Access Hernando, Hernando County Health and Human Services or the Health Department.
- More than 70 percent of the respondents reported taking prescription drugs on a daily basis. Nearly 46 percent of those taking prescription drugs daily indicated that they take four or more per day.

Physician and Participant Surveys on Pharmaceutical Assistance Programs

Pharmaceutical assistance programs (PAP) are offered by major drug companies to get medications to typically low-income or medically indigent patients who could not otherwise afford prescribed medications. Participating drug companies may offer free medications or medications at steep discounts or with very small co-payments. Nearly all PAPs require that physician sign-off on a patient's PAP application for assistance. Pending patient approval, pharmaceuticals are then either dispensed through the physician's office or through the mail. Customarily, approval for patient participation is granted for short periods of time typically no longer than from three months to a year.

Physician Perspectives on PAPs

Members of the Community Health Assessment Subcommittee of the Hernando County Health Care Advisory Board, with consultation from WellFlorida Council, developed a survey instrument (see Appendix D) to be administered to physicians in order to understand their experiences with PAP. The goal was to mail the survey to all physicians licensed in Hernando County and receive a 10 percent response rate. A 10 percent response rate for a mailed survey is considered to be a slightly above average response rate.

In all, approximately 203 licensed physicians were sent surveys during the months of March and April 2006. Eight of those surveys were returned due to incorrect address information. Eliminating surveys returned due to incorrect address information reduced the maximum possible respondents to 195. Of these maximum possible respondents, 42 surveys were returned for a response rate of 21.6 percent.

Tables 7-1 through 7-4 provide a profile of physicians who responded to the survey. Slightly more than 64 percent of respondents reported that they were in solo practice, while nearly 36 percent belong to group practices. In addition, slightly more than 64 percent indicated they were a specialty physician, and 33 percent that indicated they were primary care doctors.

As seen in Table 7-3, nearly 67 percent answered that they belong to practices with 1,500 or more patients. When asked what payment sources for services are accepted by their practices (Table 4), nearly all (95.2 percent) indicated they accepted private insurance. In addition, nearly 91 percent answered that they accepted self pay/cash and nearly 91 percent indicated that they accept Medicare. No one indicated that they accept patients without insurance.

Table 7-1. Practice type of respondents.

Question 1	Number	Percent
Group	15	35.7
Solo	27	64.3
Total	42	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-2. Physician type of respondents.

Question 2	Number	Percent
Primary	14	33.3
Specialty	27	64.3
No Answer	1	2.4
Total	42.0	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-3. Estimated number of patients served by respondent's practice.

Question 3	Number	Percent
Less than 500	4	9.5
500 – 999	3	7.1
1,000 – 1,499	4	9.5
1,500 – 4,999	16	38.1
5,000 or more	12	28.6
No Answer	3	7.1
Total	42	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-4. Payment sources accepted by respondents.

Question 4	Number	Percent
Private Insurance	40	95.2
Medicaid	27	64.3
Self Pay/Cash	38	90.5
Military/VA	34	81.0
Medicare	38	90.5
Uninsured	0	-
No Answer	1	2.4

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Only seven percent of the physician respondents believed that none of their patients have difficulties accessing pharmaceuticals. More than 38 percent of doctors answered that they believe one-quarter to one-half of their patients have difficulties obtaining their medications. Nearly 12 percent believe that more than half of their patients have difficulty accessing their medications (Table 7-5).

Table 7-5. Estimated percentage of patients with pharmaceutical access difficulties.

Question 5	Number	Percent
None	3	7.1
Less than 25%	15	35.7
25-49%	16	38.1
50-74%	5	11.9
75% or More	0	-
No Answer	3	7.1
Total	42	100

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

As seen in Table 7-6, respondents reported that the greatest reasons that patients have difficulty accessing pharmaceuticals is their affordability (43.5 percent) and inadequate insurance coverage of needed pharmaceuticals (34.8 percent).

Table 7-6. Main reason for patients having difficulty accessing pharmaceuticals.

Question 6	Number	Percent
Inadequate insurance coverage	16	34.8
Medications not affordable	20	43.5
Patient can't get to pharmacy	0	-
Patient does not understand prescription	0	-
Patient does not care or disregards orders	2	4.3
Other	3	6.5
No Answer	5	10.9
Total	46	100

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-7 shows the percentage, estimated by respondents, of their patients that have had to forego medications or alter dosages due to inability to afford the medications. Only 10 percent of physicians estimated that none of their patients have had to forego medications or alter dosages due to affordability issues. Nearly 36 percent of respondents answered that one-fourth or more of their patients have foregone medications or altered dosages due to inaffordability.

Table 7-7. Estimate of percentage of patients that have foregone medications or altered dosage due to inability to afford.

Question 7	Number	Percent
None	4	9.5
Less than 25%	22	52.4
25-49%	11	26.2
50-74%	4	9.5
75% or More	0	-
No Answer	1	2.4
Total	42	100

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Foregoing medications or altering dosages make it difficult to get healthy and is dangerous to a patient's health. In addition, even though much of the lack of adherence to prescribed pharmaceutical regimens is rooted in affordability issues, it is difficult for a physician to treat a patient when treatment orders are altered. Unfortunately, if lack of adherence to a prescribed pharmaceutical regimen, becomes a chronic or regular situation, a physician may have to take the drastic measure of discontinuing seeing the patient. Table 7-8 shows that nearly 29 percent of survey respondents have had to discontinue seeing a patient due to lack of a pharmaceutical regimen adherence issue.

Table 7-8. Percentage of physicians that have discontinued seeing a patient due to lack of pharmaceutical regimen adherence.

Question 8	Number	Percent
No	30	71.4
Yes	12	28.6
Total	42	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Faced with high percentages of their patients having difficulty accessing medications due to affordability, it is not surprising that many physician respondents have turned to PAP programs to help their patients. As seen in Table 7-9, nearly 74 percent of the physicians responding to the survey participate in PAPs. Interestingly, nearly 86 percent of primary care physician respondents indicated they participate in PAPs while only two-thirds of specialty care respondents indicated likewise.

Table 7-9. Participation in indigent drug programs (IDP) or pharmaceutical assistance programs (PAP).

Question 9	Number	Percent
No	10	23.8
Yes	31	73.8
No Answer	1	2.4
Total	42	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Of the 10 respondents that indicated they did not participate in PAPs on behalf of their clients, Table 7-10 shows that most of them stated that they did not participate because it is too much of a hassle.

Table 7-10. Reasons for not participating in PAPs.

Question 10	Number	Percent
Too difficult for patients	1	10.0
Too much of a hassle	6	60.0
Limited benefit to patient	0	-
Utilize free samples instead	0	-
Other	2	20.0
No Answer	1	10.0
Total	10	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Thirty-one of the 42 respondents stated that they participated in PAPs on behalf of their patients. Of these 31 physicians, slightly more than 90 percent indicated that one-fourth or fewer of their current practice clients are participating in a PAP (Table 7-11).

Table 7-11. Estimated percentage of clients participating in PAPs.

Question 11	Number	Percent
None	0	-
Less than 25%	28	90.3
25-49%	1	3.2
50-74%	0	-
75% or More	0	-
No Answer	2	6.5
Total	31	100.0

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Respondents who participate in PAPs were asked to identify what they felt the main barriers were to participation in PAPs by their clients. As seen in Table 7-12, nearly 65 percent of the respondents felt that the paperwork is too long. In addition, nearly 55 percent indicated that a major barrier is that medications needed by their clients are not part of the programs. Also, limited staff to assist patients with application process was identified as a major barrier by more than half of the respondents.

Table 7-12. Barriers to participation in PAPs by patients.

Question 12	Number	Percent
Paperwork is too long	20	64.5
Medications needed not part of programs	17	54.8
Companies are limiting access to IDPs/PAPs	13	41.9
Patients do not complete application process	9	29.0
Inability to understand paperwork	6	19.4
Limited staff to assist patients with process	16	51.6
Long delay in receiving medications	10	32.3
Difficult to maintain long-term enrollment	10	32.3

Source: Doctor Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Participant Perspectives on PAPs

Like physicians, patients participating in PAPs were also provided the opportunity of responding to a survey on PAP issues. In addition, two focus groups were conducted so that current or former PAP participants could provide additional patient perspective on the PAP experience.

Members of the Health Needs Assessment Subcommittee of the Hernando County Health Care Advisory Board, with consultation from WellFlorida Council, also developed the patient survey instrument (see Appendix E). It was determined all patients who participated during the previous one to two years in the PAPs at the Hernando County Health Department, Hernando County Department of Health and Human Services and with Access Hernando. The goal was to mail the survey, and like the physician survey, receive a 10 percent response rate. Again, a 10 percent response rate for a mailed survey is considered to be a slightly above average response rate.

In all, 338 patients were sent surveys during the months of March and April 2006. A small fraction of those surveys were returned due to incorrect address information. Eliminating surveys returned due to incorrect address information reduced the maximum possible respondents. Of these maximum possible respondents, 90 surveys were returned for a response rate of nearly 27 percent. Results of the survey were entered into a database by WellFlorida Council personnel via a Microsoft Access template.

Tables 7-13 through 7-17 provide a profile of physicians who responded to the survey. Slightly more than 71 percent of the PAP participant survey respondents are female, while nearly 29 percent are male. Nearly 78 percent of the respondents are between the ages of 35 and 64, and the vast majority (95.6 percent) identified themselves as full-time residents of Hernando County.

Slightly more than 74 percent of the respondents indicated that they have no health insurance. With slightly more than 14 percent, Medicaid is the next most prevalent form of health insurance among respondents. Almost 90 percent of the respondents either have no form of health insurance or are Medicaid recipients. As seen in Table 7-17, nearly nine percent of the respondents indicated they are participating in the Medicare drug program. Only two of the eight persons who indicated they are participating in the Medicare drug program answered that the program covers all of their needed medications.

Table 7-13. Gender of PAP participant respondent.

Question 1	Number	Percent
Female	64	71.1
Male	26	28.9
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-14. Age of respondent.

Question 2	Number	Percent
18-34	6	6.7
35-54	34	37.8
55-64	36	40.0
65-74	13	14.4
75+	1	1.1
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-15. Residency status of respondent.

Question 3	Number	Percent
Full-time resident	86	95.6
No Answer	1	1.1
Not Full-time	3	3.3
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-16. Insurance status of respondent.

Question 4	Number	Percent
Medicaid	13	14.4
Medicare	7	7.8
No Insurance	67	74.4
Private Insurance	3	3.3
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-17. Participation in Medicare drug program.

Question 5	Number	Percent
No	79	87.8
No Answer	3	3.3
Yes	8	8.9
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

As seen in Table 7-18, nearly 36 percent of the respondents stated that medications are always affordable. That leaves nearly 64 percent who indicated that medications are not affordable at some point in time.

Table 7-18. How often medications are affordable.

Question 6	Number	Percent
Always	32	35.6
Never	20	22.2
No Answer	1	1.1
Often	20	22.2
Sometimes	17	18.9
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

With such a high percentage of respondents indicating that medications are not affordable at some point in time, it is not surprising that a respondent might not take a medication or take smaller doses in order to save money. While nearly 26 percent of the respondents indicated that they never purposefully do not take or alter dosages of their medications to save money, nearly 74 percent have at least sometimes resorted to that unhealthy and potentially dangerous strategy (Table 7-19). This is consistent with the physicians' perspective that many of their patients have had to forego or alter prescribed medication regimens due to medication cost concerns.

Table 7-19. Not taking medications or smaller doses to save money.

Question 7	Number	Percent
Always	13	14.4
Never	23	25.6
No Answer	2	2.2
Often	24	26.7
Sometimes	28	31.1
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Of course, because in general PAP participants are comprised of low-income individuals, it is not surprising that cost is cited most frequently by respondents as the main reason medication access is difficult (Table 7-20). Another major issue is that all medications are not covered by their PAP (or free program). There were a wide variety of other responses that collectively amounted to 13 responses but that individually did not gather more than one response each.

Table 7-20. Main reason medication access is difficult.

Question 8	Number	Percent
All medications not covered by free program	19	21.1
Free Med Program only covers short time	3	3.3
I can't get to pharmacy	2	2.2
Insurance doesn't cover them	9	10.0
No answer	4	4.4
Other	13	14.4
They are too expensive	40	44.4
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Only 4.4 percent of PAP participant respondents indicated that they had been dropped by a doctor due to lack of adherence to a medication regimen (Table 7-21). However, it is interesting to note that more than 34 percent of respondents answered that they have in the past borrowed someone else's medications due to affordability issues (Table 7-22).

Table 7-21. Dropped by doctor due to lack of adherence to medication regimen.

Question 9	Number	Percent
No	86	95.6
Yes	4	4.4
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

Table 7-22. Borrowed someone else's medications due to affordability issues.

Question 10	Number	Percent
No	58	64.4
No Answer	1	1.1
Yes	31	34.4
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

As seen in Table 7-23, half of all respondents have been participating in a PAP for 1 year or longer. In fact, more than 74 percent have been participating for six months or longer.

Table 7-23. Length of participation in PAP.

Question 11	Number	Percent
1 month - 6 months	15	16.7
1 year or longer	45	50.0
6 months - 1 year	13	14.4
Less than 1 month	12	13.3
No answer	5	5.6
Total	90	100.0

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

The most readily identified characteristic of the PAP program by participants is that they have to re-apply too frequently. Nearly 39 percent of all respondents indicated that they indeed had to re-apply too frequently. The long wait to receive medications, be it from the local process side of things or from the pharmaceutical company, was also identified as a major characteristic by more than one-third of PAP participants. While many participants appear to have some difficulty with the PAP programs, nearly 37 percent indicated that they have no problems (Table 7-24).

Table 7-24. Major characteristics of PAP participation.

Question 12	Number	Percent
I have no problems with the program	33	36.7
Medications I need are not in the program	17	18.9
Applying is too hard	13	14.4
My doctor does not participate in the program	2	2.2
I have to re-apply too often	35	38.9
It is hard to understand paperwork	19	21.1
Paperwork is too long	6	6.7
I wait too long to get medications	31	34.4
Too many forms are required	10	11.1
Other: Please see below	14	15.6
No Answer	1	1.1

Source: Client Survey on Pharmaceutical Access Programs, 2006.
Prepared by: WellFlorida Council, 2006.

A more detailed picture on some of these issues identified in the survey is provided by the input of participants of the two focus groups.

Prescription Assistance Program Participant Focus Groups

Introduction

The WellFlorida Council conducted two focus groups during the month of April 2006 on behalf of the Hernando County Health Care Advisory Board's Community Health Assessment Subcommittee. The purpose for conducting the focus group is to better understand and meet the health needs of Hernando County residents. This report will outline how the focus groups were conducted, and the findings of that process. The findings from the focus groups are incorporated into the final recommendations of the Needs Assessment. The protocol used to conduct the focus groups is found in Appendix F.

Methodology

Today, there are a multitude of Patient Assistance Programs (PAP) and Indigent Drug Programs (IDP) throughout Florida and the United States. However, it is evident that not all of these programs will achieve success in a given community. Community perception of health and assistance programs varies greatly across populations. In order to gauge these perceptions of PAP and IDP programs in Hernando County two-trained focus group facilitators from The WellFlorida Council, Inc staff developed focus group protocols and questions to conduct two

focus groups with participants in the various PAP and IDP services available in Hernando County.

Participants for these groups were recruited by flyers sent out to patients currently participating in a PAP or IDP through local community agencies. A \$25.00 gift card from a local business was offered as a participation incentive and was issued to participants at the conclusion of the meeting. Participant recruitment began approximately three weeks prior to the focus group. Registration was made through a designated telephone line at which time a brief “screening” was performed to insure the appropriateness of the caller for participation in the group. All qualified individuals scheduled for a focus group received a reminder call the day before their scheduled meeting time.

Each focus group was held in a community-based setting, which was geographically appropriate for the target population. Participants were advised that the Council and the Health Department would maintain their confidentiality, and were asked to respect one another’s confidentiality once the session had ended. Meeting times of the focus groups were varied and included mid-morning and early afternoon sessions. Meeting room were well lit, well ventilated, and stocked with tables, chairs, snacks, and drinks to ensure a comfortable environment for participants. Meeting length was approximately 1 ½ hour each.

One facilitator acted as the discussion moderator and the other as a recorder. The meetings were audiotape recorded with the permission of all participants. After introductions and explanation of the meeting format, ten questions were sequentially presented to participants for discussion. Participants were encouraged to initiate discussion about concerns, preferences, and other issues that were not necessarily introduced by the facilitator or others in the group, but that they felt relevant to the discussion.

Focus Group Questions and Answer Summaries

Q1. How long have you participated in a free medications program?

Brief Summary

The Hernando County Health Department was responsible for registering seven out of the nine participants for PAP and IDP.

One participant each noted the County Connection Program and Access Hernando. One participant stated they had participated in the free medication program for one year through the County Connection. One participant stated they had participated through Access Hernando for four months.

There was a consensus among the group that they did not have insurance and that they were not eligible for Medicare or Medicaid.

Q2. How did you find out about the free medications program?

Brief Summary

Four participants utilizing the PAP and IDP recognized the Hernando County Health Department with the introduction free medication programs.

One participant each for introduction to the programs noted the County Connection Program and Access Hernando. One participant stated a family member referred to the programs.

Q3. Does the program currently help you get all of your medications or just some of your medications?

Brief Summary

Overall, both groups stated they must pay for some medications. Only three participants stated they received any free medications, but had to pay for the remaining prescriptions that were not covered by the programs.

Notable Quotes

- “Most of the medications are free, some I buy, but if I can’t afford it I just do without.”
- “Most of them are free; they prescribe the ones that are mostly covered. Generics not covered, but they are affordable with the Rx Reach and Rx Assist programs.”
- “The ones at the health department are free, items not covered I don’t get.”
- “Some charge; some no charge.”
- “Antibiotics, mostly not covered.”

Q4. Aside from getting your medications, what do you like best about the free medications programs?

Brief Summary

Overall, all participants felt that having a positive relationship with the staff and physicians was the most valuable part of the program.

Notable Quotes

- “Good experiences make me feel good about using the program.”
- “The availability and staff support. Doctors try to find some ways to get the medicines that will be reduced cost or no cost.”
- “She (staff) needs a medal and she needs more help.”

Q5. What do you like least about the free medication programs?

Brief Summary

There were many concerns regarding the paperwork and length of time to receive refills on prescriptions. Many participants felt there was a lack of communication between the pharmaceutical companies and referring agencies. The unavailability of transportation was also an added concern for participants.

Notable Quotes

- “I got a report that the prescription and the paperwork were not filled out properly and it was two months past due because the doctor never turned any medications in.”
- “My husband uses the program and they have switched our files twice, which meant we had to do more paperwork and turn it all in again.”
- “You have to certify every couple of months.”
- “You have to get an appointment to pickup your medications. Have to travel here and then get charged a dispensing fee. I was charged \$5.00.”
- “Some companies will deliver quickly, but most do not.”

Q6. Prior to joining the free medication programs, how often could you not afford to pay for medications that your doctor prescribed to you?

Brief Summary

The common theme among all participants was that they “did without”. The free medication programs have made the availability of the medications much easier for the low-income participants.

Notable Quotes

- “I paid for some, but most of the time did without.”
- “I got samples, I had no income.”
- “I always had a good income up until this.”
- “I was on Medicaid until my son turned 18, without the Patient Assistance Program I couldn’t get diabetic medicine.”
- “I have to share diabetes supplies because I can’t afford them.”

Q7. Prior to joining the free medications program, how often did you not take medications or take smaller doses in order to save money?

Brief Summary

The common theme among all participants was that they still take lower doses, skip doses, or do not take medications as prescribed even while participating in the free medication programs. Participants noted anxiety toward the end of the prescription and would lower their dosage or not

take medications because they were afraid they would not get the prescriptions refilled. Four participants stated extreme length of time to get refills as the cause for this anxiety.

Notable Quotes

- “I still do it with my diabetic and high blood pressure medicine.”
- “I have to, mainly with my blood pressure medicine.”

Q8. How helpful is the staff in assisting you with applying for the free medications program?

Brief Summary

Overall, the consensus among the groups stated that staff was “good” or “best they can be”. Two participants did state that errors had occurred because of staff.

Notable Quotes

- “They sent in the wrong financial forms, they sent in check stubs of my dead husband.”
- “Staff has gotten better. It seems they need more help.”
- “I have to recertify every time I get a new medicine.”

Q9. Do you have any difficulties with the free medications program application process?

Brief Summary

Several participants noted difficulties with the application process. Paperwork, length of time for appointment with referring agency, and formulary complaints were the common theme of these difficulties.

Notable Quotes

- “I called to get an appointment and it took three days.”
- “No help in getting pain medications.”
- “What do you do if there is 31 days in a month and the prescription is for 30 days.”
- “Living with family that is not blood relatives. Pharmaceutical companies ask for family or household income. Even though the Food Stamp office does not.”
- “Keep information in file up to date.”

Q10. If it were up to you, what would you do to improve the free medications program?

Brief Summary

The idea of universal healthcare, offering a convenient pharmacy at the health department, a mail pharmacy service, and case management for help with refills were the common themes.

Notable Quotes

- “Make sure people get their medications on time.”
- “Have a pharmacy here (health department).”
- “Some sort of case manager to notify of refill and send out paperwork to your home.”

Facilitator Observations

Focus groups were conducted as a qualitative data input for the Patient Assistance Program and Indigent Drug Program, which offer free or reduced cost medications to patients.

In summary:

- According to participants, without the PAP and IDP programs, they would do without medications or be forced to eliminate other essentials from their monthly budgets, such as food, rent, or other necessities.
- In spite of noted difficulties and concerns, participants are thankful for the assistance.
- Participants expressed urgency and need for a pharmacy at the health department or offer a mail pharmacy service.
- Many participants indicated that paperwork and length of time for appointments as the most frustrating part of the IDP and PAP programs.

Mental Health

Similar to pharmaceutical access, mental health issues were also targeted for special consideration. As such, the following techniques were implemented to glean more information about both patient and provider issues with pharmaceutical access issues in Hernando County:

- Questions on mental health status and services access on the community health assessment survey were either re-tooled for better information or added.
- Mental health status data was added to the Health Status section of this report.
- A mental health forum was planned to gauge physician perspectives on how their patients’ mental health issues affect their ability to deliver physical healthcare to them effectively.

The ensuing sections detail insights from all of these components, except for mental health status data which is included in the Health Status section.

Community Health Survey Insights

The 2006 version of the community health assessment survey included 95 questions, 13 of which addressed various mental health issues. Seven hundred fifty-three Hernando County residents completed the community health assessment survey.

Two of the most important sections of mental health questions dealt with alcohol abuse and psychological distress. In order to evaluate the extent of alcohol abuse among respondents, the well-researched CAGE questionnaire was incorporated into the community health assessment survey. A battery of six questions from the National Center for Health Statistics' National Health Interview Survey (NHIS) was utilized to evaluate the extent to which respondents were in psychological distress which is an indicator of potential need for services.

The CAGE questionnaire was developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies and the University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying problems with alcohol. The CAGE questions are as follows:

- Have you ever felt you should *cut down* (**C**) on your drinking?
- Have people annoyed (**A**) you by criticizing your drinking?
- Have you ever felt bad or guilty (**G**) about your drinking?
- Eye (**E**) opener: Have you ever had a drink the first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE questionnaire is popular for screening, especially in the primary care setting, because it is short, simple, easy to remember, and because it has been proved effective for detecting a range of alcohol problems. Two or more positive responses to the above questions are considered a positive test and may have an alcohol problem which indicates that further assessment is warranted. CAGE questioning in the community health assessment survey yielded the following observations:

- Nearly 6 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem.
- Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem.
- Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.

Questions on psychological distress from the NHIS were also included in the survey. These six psychological distress questions are included from the sample adult core component of the NHIS. These questions ask how often a respondent experience certain symptoms of psychological distress in the past 30 days. The response codes (0-4) of the six items for each person are summed to yield a scale with a 0-24 range. A value of 13 or more for this scale is used in NHIS research to define serious psychological distress. The six questions are as follows:

- During the past 30 days, how often did you feel so sad that nothing could cheer you up?
- During the past 30 days, how often did you feel nervous?
- During the past 30 days, how often did you feel restless or fidgety?
- During the past 30 days, how often did you feel hopeless?

- During the past 30 days, how often did you feel that everything was an effort?
- During the past 30 days, how often did you feel worthless?

NHIS psychological distress questioning in the community health assessment survey yielded the following observations:

- For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
- Slightly more than five percent of respondents indicated that the feelings discussed in the psychological distress questions interfered with their life activities “a lot.” Nearly 12 percent of the respondents indicated that these feelings “somewhat” interfered with life activities.

Other key survey results related to mental health issues include the following:

- Nearly 11 percent of the respondents indicated that they have never needed treatment or advice about their emotional or mental health.
- More than 20 percent of the respondents reported that they have a place that they usually go when they are sick or need advice about their emotional or mental health.
- Of the respondents that indicated they have a usual place they seek care or information for mental health issues, two-thirds of them indicated their usual place to be a doctor’s office, and slightly more than 10 percent indicated they go to a clinic or health center. More than 13 percent indicate they go to some other place besides a doctor’s office, clinic or health center, hospital emergency room or hospital outpatient department.
- Slightly more than six percent of all respondents indicate they have delayed getting care for emotional/mental health issues in the last 12 months. The following reasons were given (from most often to least often) for delaying care:
 - Did not have health insurance
 - Could not afford
 - Health insurance did not cover
 - Afraid to visit doctor or hospital
 - Could not get appointment soon enough
 - Clinic/doctor’s office not open when needed
 - Did not know where to find care
 - Did not have transportation
 - Could not get through on telephone
 - Once in office, had to wait too long to see doctor
- Nearly six percent of the respondents reported that in the last 12 months there were times when they needed mental health care or counseling but did not get them because they could not afford them.
- Almost 26 percent of respondents indicated they have suffered a personal loss or misfortune (e.g. job loss, disability, jail term, death of friend or family) during the past year that had a serious impact on their life.

- Slightly more than five percent of respondents indicate they are not satisfied with their lives.
- More than six percent of the respondents indicated that they were a witness or were involved in a violent fight or attack, including domestic violence, where serious injuries could have occurred.
- Slightly more than two percent of the respondents reported that their most difficult impairment or health problem that limits their activities is depression, anxiety or emotional problems.
- Nearly 26 percent of all survey participants responded that they had a personal loss or misfortune in the past year that impacted his/her life.
- Slightly more than nine percent indicated that they had two or more personal losses or misfortunes in the past year that impacted his/her life.
- Slightly more than five percent indicated that they were not satisfied with their lives, and nearly 17 percent indicated that they were only partly satisfied.

Mental Health Status Data

In general, Hernando County does not compare favorably with certain key mental health indicators. These include: rate of hospitalizations due to mental health issues; rates of domestic violence offenses; and rate of Baker Act initiations.

As seen in Table 7-25, between 2000 and 2003, the rate of hospitalizations due to mental health issues in Hernando County was substantially higher than the state. In 2004, for the first time since 2000, the rate of mental health hospitalizations for Hernando County residents was less than that of the state.

Table 7-25. Number and rate of hospitalizations due to mental health issues, 2000-2004. *

Area	2000		2001		2002		2003		2004	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Hernando	1,063	8.1	1,319	9.9	1,192	8.7	1,139	8.0	1,018	7.0
Florida	96,422	6.0	106,361	6.5	123,579	7.4	123,742	7.2	127,257	7.2

Rates are per 1,000 population.

* Mental health issues are defined as DRGs 424-428, 430-433 and 521-523.

Source: AHCA Detailed Discharge Data, 2000-2004, CHARTS assessed 3-22-06.

Prepared by: WellFlorida Council, 2006.

Tables 7-26 and 7-27 show that domestic violence rates in Hernando County were much higher in Hernando County than the state during 2004. In fact, Table 4-27 shows that the domestic violence rates in Hernando County have been substantially higher than Florida as a whole since 2000.

Another measure of poor mental health status is the rate at which residents are involuntarily placed in mental health institutions under the auspices of the Florida Mental Health Act (also known as Baker Act). Table 7-28 shows that Baker Act initiations are substantially higher in Hernando County than in Florida and have been increasing since 2000.

Table 7-26. Total domestic violence offenses by type for Hernando County and Florida, 2004.

Type	Hernando County	Florida
Criminal Homicide	1	184
Manslaughter	0	14
Forcible Rape	7	1,146
Forcible Sodomy	3	407
Forcible Fondling	2	1,146
Aggravated Assault	203	21,494
Aggravated Stalking	0	255
Simple Assault	981	90,079
Threat/Intimidation	29	4,551
Stalking	0	496
Total	1,226	119,772
Population	145,207	17,516,732
Rate Per 100,000 Population	844.3	683.8

Source: Florida Department of Law Enforcement, Crime in Florida, Florida Uniform Crime Report, 2004. Prepared by: WellFlorida Council, 2006.

Table 7-27. Total domestic violence offenses and rates per 100,000 population for Hernando County and Florida, 2000-2004.

Year	Hernando County		Florida	
	Number of Offenses	Rate Per 100,000	Number of Offenses	Rate Per 100,000
2000	1,369	1,042.7	124,629	775.3
2001	1,378	1,032.2	124,016	755.6
2002	1,317	957.0	121,834	726.4
2003	1,367	965.6	120,697	703.2
2004*	1,226	839.0	119,772	680.0

* 2004 rates may be slightly different than in Table 4-26 due to different data source and round-off error. Source: CHARTS, Florida Department of Law Enforcement, 2000-2004. Prepared by: WellFlorida Council, 2006.

Table 7-28. Single year rates for Baker Act initiations in Hernando County and Florida, 2000-2003.

Year	Hernando County		Florida	
	Number	Rate Per 100,000	Number of Offenses	Rate Per 100,000
2000	829	631.4	80,226	499.1
2001	919	688.4	90,368	550.6
2002	948	688.9	99,772	594.9
2003	997	704.2	104,600	609.4

Source: AHCA, The Florida Mental Health Act (The Baker Act) 2003 Annual Report; Florida Department of Health CHARTS assessed March 20, 2006.
Prepared by: WellFlorida Council, 2006.

Physician Forum on Mental Health Issues

The physician forum could not be scheduled in order incorporate the results into the 2006 Health Needs Assessment. This forum will be held as a follow-up to the needs assessment process and the comments and insights will be included in planning and implementation efforts as warranted.

The Health Needs Assessment Subcommittee compiled the following list of questions to be used at the physician forum on mental health issues. These questions should be utilized when the forum is conducted. The questions are as follows:

- What are the greatest or most prevalent mental health issues facing your patients today?
- How prevalent are mental health issues among your patients? Do you sense that these issues have been growing more prevalent, less prevalent or have stayed about the same among your patients over the last five years?
- In what ways have the mental health issues of your clients affected or impacted your treatment of their physical illnesses and their adherence to the treatment regimen? Which of these effects or impacts to you find most challenging when delivering care to your patients?
- Do you feel there is sufficient information available to physicians on the mental health resources in the community? What particularly do you feel is lacking (if anything at all)?
- What types of continuing education opportunities are available to you regarding management of the impact of the mental health care issues of your patients on their treatment? Do you feel continuing education resources in this area of study are lacking or not as helpful as other forms of continuing education? Has there been anything available locally?
- What types of training and educational opportunities on mental health issues and their impact on practice and treatment would you like to see offered?

- What is your perspective on the integration of physical and mental health care? Is there a role for this? Would it work only for certain types of patients? Would it work best with primary physical care integrated into a mental health care specialist's treatment of a patient or with mental health care integrated into a primary care physician's treatment of a patient?
- What could or should be done to help primary and physical care doctors manage the mental health issues that impact the overall treatment of their patients?

Summary of Key Findings

Pharmaceutical Access

Seven hundred fifty-three Hernando County residents completed the community health assessment survey. Of the 95 questions on the survey, six of those questions directly concerned pharmaceutical usage and access. Key results related to these questions are as follows:

- Nearly 40 percent of all respondents indicated that they are currently taking medicine for high blood pressure.
- Slightly more than 17 percent of the respondents reported that in the last 12 months there were times when they needed prescription medicines but did not get them because they could not afford them.
- Nearly five percent of the respondents indicated that they have participated in a program, sponsored by any major drug company that allowed them to get prescription medicines at no charge.
- Of the persons who participate in the prescription drug programs, more than half were assisted by their doctor to enroll in the program. Nearly all of the remaining respondents were helped by someone other than their doctor, Access Hernando, Hernando County Health and Human Services or the Health Department.
- More than 70 percent of the respondents reported taking prescription drugs on a daily basis. Nearly 46 percent of those taking prescription drugs daily indicated that they take four or more per day.

Surveys were also conducted of physicians and patients who participate in pharmaceutical access programs (PAP). Key results of these surveys include:

- Only seven percent of the physician respondents believe that none of their patients have difficulties accessing pharmaceuticals. This implies that 93 percent of physician respondents believe that some fraction of their patients have difficulty accessing pharmaceuticals. More than 38 percent of doctors answered that they believe one-quarter to one-half of their patients have difficulties obtaining their medications. Nearly 12 percent believe that more than half of their patients have difficulty accessing their medications.

- Nearly 74 percent of the physicians responding to the survey participate in PAPs. Interestingly, nearly 86 percent of primary care physician respondents indicated they participate in PAPs while only two-thirds of specialty care respondents indicated likewise.
- Nearly 36 percent of physician survey respondents answered that one-fourth or more of their patients have foregone medications or altered dosages due to inaffordability.
- Physician respondents who participate in PAPs were asked to identify what they felt the main barriers were to participation in PAPs by their clients. Nearly 65 percent of the respondents felt that the paperwork is too long. In addition, nearly 55 percent indicated that a major barrier is that medications needed by their clients are not part of the programs.
- Slightly more than 74 percent of the PAP client survey respondents indicated that they have no health insurance. With slightly more than 14 percent, Medicaid is the next most prevalent form of health insurance among respondents. Almost 90 percent of the respondents either have no form of health insurance or are Medicaid recipients.
- With such a high percentage of respondents indicating that medications are no affordable at some point in time, it is not surprising that a respondent might not take a medication or take smaller doses in order to save money. While nearly 26 percent of the respondents indicated that they never purposefully do not take or alter dosages of their medications to save money, nearly 74 percent have at least sometimes resorted to that unhealthy and potentially dangerous strategy.
- Of course, because in general PAP participants are comprised of low-income individuals, it is not surprising that cost is cited most frequently by respondents as the main reason medication access is difficult. Another major issue is that all medications are not covered by their PAP (or free program).

Focuses groups of PAP program clients allowed for qualitative data to be gathered to complement data obtained in the client survey. Key results include:

- According to participants, without the PAP and IDP programs, they would do without medications or be forced to eliminate other essentials from their monthly budgets, such as food, rent, or other necessities.
- In spite of noted difficulties and concerns, participants are thankful for the assistance.
- Participants expressed urgency and need for a pharmacy at the health department or offer a mail pharmacy service.
- Many participants indicated that paperwork and length of time for appointments as the most frustrating part of the IDP and PAP programs.

Mental Health

Data on mental health issues were obtained from two sources: the community health assessment survey and mental health status data obtained as part of the needs assessment process. Key findings from the community health assessment survey include:

- CAGE, an internationally used assessment instrument for identifying problems with alcohol and developed by Dr. John Ewing, founding director of the Bowles Center for Alcohol Studies and the University of North Carolina at Chapel Hill, was incorporated into the community health assessment survey. CAGE questioning yielded the following observations:
 - Nearly 6 percent of all respondents answered the CAGE questions in such a fashion that indicated that they may have an alcohol problem.
 - Slightly more than 8 percent of residents in west Hernando County indicated that they may have an alcohol problem. This was nearly twice the rate of residents in the east and central that indicated that they may have an alcohol problem.
 - Nearly 9 percent of those age 18-44, slightly more than 8 percent of those age 45-64 and only 3 percent of those age 65 and older indicated that they may have an alcohol problem.
- A battery of six questions from the National Center for Health Statistics' National Health Interview Survey (NHIS) was utilized to evaluate the extent to which respondents were in psychological distress during the past 30 days, which is an indicator of potential need for services. These questions yielded the following:
 - For 2005, the National Health Interview Survey (NHIS) estimated that 3.0 percent of adults age 18 and over experienced serious psychological distress during the last 30 days. 6.4 percent of Hernando County survey respondents indicated that that experienced serious psychological distress within the past 30 days.
 - Slightly more than five percent of respondents indicated that the feelings discussed in the psychological distress questions interfered with their life activities "a lot." Nearly 12 percent of the respondents indicated that these feelings "somewhat" interfered with life activities.

Key observations from the health status data include:

- Between 2000 and 2003, the rate of hospitalizations due to mental health issues in Hernando County was substantially higher than the state. In 2004, for the first time since 2000, the rate of mental health hospitalizations for Hernando County residents was less than that of the state.
- Domestic violence rates in Hernando County have been substantially higher than Florida as a whole since 2000.
- Baker Act initiations are substantially higher in Hernando County than in Florida and have been increasing since 2000.

Mobilizing for Action through Planning and Partnerships

What is MAPP?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health, developed in a partnership between the National Association of City and Community Health Officials (NACCHO) and the Centers for Disease Control (CDC). Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

Community ownership is the fundamental component of MAPP. Because the community's strengths, needs, and desires drive the process, MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and, ultimately, results in effective, sustainable solutions to complex problems.

Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health. Public, private, and voluntary organizations join community members and informal associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

Figure 8-1 provides a graphic that illustrates the process a community undertakes when implementing the MAPP process. The 2001 and 2006 needs assessment processes and subsequent initiatives have largely been guided by the MAPP process illustrated in Figure 1. In 2006 there has been a more concerted effort to more closely follow the roadmap established by MAPP.

In the MAPP model, the "phases" of the MAPP process are shown in the center of the model, while the four MAPP Assessments - the key content areas that drive the process - are shown in the four outer arrows.

In the illustrated "community roadmap", the process is shown moving along a road that leads to "a healthier community."

To initiate the MAPP process, lead organizations in the community begin by organizing themselves and preparing to implement MAPP (**organize for success/partnership development**). Community-wide strategic planning requires a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate.

The second phase of the MAPP process is **visioning**. A shared vision and common values provide a framework for pursuing long-range community goals. During this phase, the

community answers questions such as "What would we like our community to look like in 10 years?"

Next, the **four MAPP assessments**, are conducted, providing critical insights into challenges and opportunities throughout the community:

The **Community Health Status Assessment (CHSA)** identifies priority issues related to community health and quality of life. Questions answered during the phase include "How healthy are our residents?" and "What does the health status of our community look like?"

The **Local Public Health System Assessment (LPHSA)** is a comprehensive assessment of all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions "What are the activities, competencies, and capacities of our local public health system?" and "How are the *Essential Services* being provided to our community?" Essential Services are basic services used in public health to promote health and prevent disease.

The **Community Themes and Strengths Assessment (CHSA)** provides a deep understanding of the issues residents feel are important by answering the questions "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

The **Forces of Change Assessment (FCA)** focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates. This answers the questions "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Once a list of challenges and opportunities has been generated from each of the four assessments, the next step is to **identify strategic issues**. During this phase, participants identify linkages between the MAPP assessments to determine the most critical issues that must be addressed for the community to achieve its vision.

After issues have been identified, participants **formulate goals and strategies** for addressing each issue.

The final phase of MAPP is the **action cycle**. During this phase, participants plan, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure continued success.

Figure 8-1. The MAPP model.



Source: *mapp.naccho.org*, National Association of County and City Health Officials, 2006.

Community Health Status Assessment

Hernando County, through the County Commission and its Hernando County Health Care Advisory Board (HCHCAB), has had a rich tradition of studying, monitoring and analyzing the county's healthcare needs. The community health status assessment (CHSA) requirement for the MAPP process is represented by the community health needs assessments conducted in 2001 and 2006.

The 2006 *Hernando County Health Needs Assessment* included the following sections:

- Demographic and Socioeconomic Profile
- Health Status
- Health Resource Availability and Access
- Community Health Assessment Survey
- Community Input
- Special Issues 2006 (Pharmaceutical Access and Mental Health)

The major findings that will drive healthcare needs, outcomes and policy discussions in the near and long-term future from each of these sections are detailed below.

Demographic and Socioeconomic Profile

- Between 1980 and 200, Hernando County was one of the nation's fastest growing areas with a 194.1 percent increase in population compared to 57.4 percent for Florida.
- Between 2000 and 2020, this population growth will slow from the triple digit increases of the previous decade to nearly 49 percent compared to estimates of 35-40 percent population growth for Florida.
- Hernando County's population has much higher proportions of white and senior (age 65 and older) residents and much lower percentages of African American and Hispanic residents than Florida as a whole. However, between 2000 and 2005, the Hispanic population in Hernando County grew 55 percent compared to 45 percent for Florida as a whole.
- Nearly 32 percent of Hernando County's population is at or below 200 percent of the Federal Poverty Level (FPL). When it comes to healthcare, the vast majority of the uninsured, underinsured, medically indigent and publicly insured persons are at or below 200 percent of the FPL.

Health Status

- In 1999, Hernando County had higher age-adjusted death rates than Florida for six of the 10 leading causes of death. By 2004, Hernando County's age-adjusted death rates have worsened compared to Florida with Hernando's rates higher than the state for nine of the 10 leading causes of death.
- Based on the responses in the 2006 Hernando County community health assessment survey, the percentage of survey respondents who experienced psychological distress within the last 30 days is nearly twice the national average.

Health Resource Availability and Access

- In 2005, there were approximately 36,000 Hernando County residents who were uninsured or Medicaid recipients. This represented slightly more than 24 percent of the total population.
- Between 2001 and 2005, Hernando County's Medicaid population grew more than twice as fast as its total population (37 percent compared to 15 percent).
- The percentage of non-elderly (age 0-64) persons who had no health insurance of any kind grew from 16.8 percent to 17.3 percent between 2001 and 2005.

Community Health Assessment Survey

- The epidemic of being overweight or obese is present in all demographic groups in Hernando County. The community health assessment survey used self-reported heights and weights to calculate Body Mass Indices (BMI) for all survey respondents. When

average BMIs were calculated for every age, race, gender, ethnic or geographic group represented in the survey, all groups had average BMIs that place the groups in the overweight or obese category based on Centers for Disease Control guidelines.

- Based on a comparison of the 2001 and 2006 surveys, diabetes and hypertension prevalence is increasing precipitously in Hernando County.
- There appears to be a substantial disconnect and discrepancy between respondents' self-reported diet and exercise behavior and poor health outcomes (e.g. adverse BMIs and increasing prevalence of diabetes and hypertension).

Community Input

- Community leaders indicated that the county does a good job of meeting the basic and routine care needed by residents. However, senior, African American and working residents participating in focus groups generally reported that more affordable and preventive and basic care is needed.
- Lack of availability of dental care services for the most vulnerable was a key area of concern of both community leaders and residents participating in the focus groups.
- Information outreach and centralized marketing strategies on available healthcare treatment, information, education and referral programs was advocated by both community leaders and residents who participated in the focus groups.

Special Issues 2006 (Pharmaceutical Access and Mental Health)

- The relatively high percentages of persons in psychological distress and using alcohol (based on the community health assessment survey) warrants further investigation.
- Hernando County has compared unfavorably to the state in three critical mental health indicators for the last five years:
 - Domestic violence rates;
 - Mental health hospitalization rates; and
 - Baker Act initiation rates.

Local Public Health System Assessment

The local Public Health System Assessment is a broad assessment, involving all of the organizations and entities that contribute to public health in the community. The Local Public Health System Assessment answers the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”

The local public health system includes all public, private and voluntary entities, as well as individuals and informal associations that contribute to the delivery of public health services.

MAPP brings all of these diverse interests together to determine the most effective way to conduct public health activities.

The MAPP Local Public Health System Assessment includes two primary activities. First, the MAPP Committee discusses the Essential Services and generates a broad understanding of where participants are active. This discussion provides a crucial orientation to the Essential Services. Second, participants complete a performance measurement instrument. The MAPP Local Public Health System Assessment uses the local-level standards found in the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is also based on the 10 Essential Services seen in Table 8-1. By using a nationally developed performance measurement instrument, the following benefits are gained:

- By promoting the use of the same performance measurement instrument within all communities, comparisons can be made and analysis and interpretation activities are more straightforward.
- Responses to the instrument can be tracked over time to identify improvements or changes.
- Linkages between MAPP and NPHPSP benefit both programs. In conducting the Local Public Health System Assessment, MAPP users automatically respond to the NPHPSP instrument, thus eliminating duplicative work. Likewise, NPHPSP respondents can use MAPP as a tool for addressing performance measures results.

The ultimate purpose of the LPHSA is to determine if the local public health system, fully meets, substantially meets, partially meets or does not meet each of the 10 Essential Services (see Table 8-1 for brief description of each of the 10 Essential Services). The results of the LPHSA yielded the following for Hernando County's local public health system:

- Essential Services 2 (diagnose and investigate health problems), 3 (inform, educate and empower), 5 (policy development), 6 (enforce laws and regulations) and 7 (link people to health services) are **fully met**.
- Essential Services 1 (monitor community health), 4 (mobilize community partnerships), 8 (assure a competent workforce) and 9 (evaluate quality) are **substantially met**.
- Essential Service 10 (research for new insights) is **partially met**.
- Every Essential Service has been met to some degree.

Table 8-1. CDC’s Ten Essential Public Health Services – Applied Local Activities.

<p>ESSENTIAL SERVICE #1: MONITOR HEALTH OF THE COMMUNITY</p>
<ul style="list-style-type: none"> • Conduct community health assessment to identify public health risks and inform public health planning • Review available health data to determine most prevalent health problem afflicting community • Identify groups of people who might have a greater chance of becoming ill because of where they live or work, because of social economic situations, or because they have behaviors that can cause health problems • Develop community health profile to educate community and community leaders about public health promotion • Establish website to provide community information about persistent health problems within community and how to prevent these problems
<p>ESSENTIAL SERVICE #2: DIAGNOSE & INVESTIGATE HEALTH COMMUNITY PROBLEMS</p>
<ul style="list-style-type: none"> • Investigate foodborne outbreaks • Communicate serious health threats to community in timely manner • Develop emergency response plans for public health emergencies • Respond to public health emergencies including disease outbreaks or terrorism • Ensure access to laboratory with capacity for sampling
<p>ESSENTIAL SERVICE #3: INFORM, EDUCATE & EMPOWER</p>
<ul style="list-style-type: none"> • Provide health information that is easy for people to get and understand • Develop and provide community with information on seasonal and ongoing public health issues including Influenza and West Nile Virus prevention, cancer and obesity prevention, and bioterrorism preparedness • Provide health promotion activities like cholesterol screening, blood pressure screening, and flu clinics • Support legislation that will improve the community’s health, such as clean indoor air legislation
<p>ESSENTIAL SERVICE #4: MOBILIZE COMMUNITY PARTNERSHIPS</p>
<ul style="list-style-type: none"> • Convene other health organizations (e.g., hospital) within community to develop community-wide health improvement plan • Coordinate agreements between other community health organizations to determine specific roles and responsibilities toward improving community’s health
<p>ESSENTIAL SERVICE #5: POLICY DEVELOPMENT</p>

- Advocate for policies that will improve public health, such as clean indoor air law
- Testify at public hearings in support of legislation that will improve public health

ESSENTIAL SERVICE #6
ENFORCE LAWS AND REGULATIONS

- Enforce public health code
- Protect drinking water supplies
- Conduct timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care)
- Conduct timely environmental inspections (i.e., septic systems, pools, lead abatement)
- Follow up on hazardous environmental exposures and preventable injuries
- Serve quarantine/isolation order to individual infected with infectious diseases such as Tuberculosis, SARS, or Smallpox
- Assist in revising outdated public health laws and development of proposed public health legislation

ESSENTIAL SERVICE #7
LINK PEOPLE TO HEALTH SERVICES

- Establish and maintain referral network for provision of personal health services to ensure that people who cannot afford health care get the care they need
- Distribute mass quantities of antibiotics or vaccines in event of widespread disease outbreak (e.g., pandemic flu) or bioterrorism-related attack (i.e., smallpox or anthrax)
- Identify and locate underserved populations such as low-income families, minorities, and the uninsured
- Provide culturally and language appropriate materials so that special groups of people can be linked with preventive services

ESSENTIAL SERVICE #8
ASSURE A COMPETENT WORKFORCE

- Fund professional development opportunities for staff
- Test emergency response plan during mock event to evaluate performance

ESSENTIAL SERVICE #9
EVALUATE QUALITY

- Monitor trends in disease rates to assess effectiveness of disease prevention activities
- Monitor trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assess effectiveness of health promotion activities
- Evaluate effectiveness of public health programs and services
-

ESSENTIAL SERVICE #10
RESEARCH FOR NEW INSIGHTS

- Monitor rapidly changing disease prevention research and health promotion research
- Revise practices in order to remain current with recommended practices resulting from evidenced-based research

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) was conducted by bringing a group of community leaders together for a day Community MAPP Workshop to discuss the key strengths, weaknesses, opportunities and threats to the healthcare delivery, access and outcome in Hernando County. The workshop included the CTSA, the Forces of Change Assessment and the development of two key strategic issues. The major CTSA points taken from this workshop were:

- Strong community leadership commitment exists to tackle issues.
- Supportive Board of County Commissioners to address healthcare issues.
- Good grant opportunities; underserved designation provides such opportunities.
- Sufficient number of good quality hospitals.
- Diversity is increasing: new people through in-migration, changing age groups, ethnicity.
- County resources are good.
- There is a strong volunteers presence in the community: (e.g. seniors, physicians, pharmacies, community-based organizations and others).
- The Hernando County Master Plan protects rural nature of community and prevents overgrowth.
- Up-to-date health assessments conducted with county specific data, some at zip code and census tract level. Community surveys of residents are also regularly conducted.

Forces of Change Assessment

The Forces of Change Assessment (FCA) was also conducted during the same workshop to evaluate the community themes and strengths. The FCA should result in a comprehensive, but focused, list that identifies key forces impacting the healthcare delivery system. The major FCA points taken from this workshop were:

- Changing demographics
 - In-migration of retirees from other states (with in many cases other more beneficial health systems) is increasing
 - Hispanic population increasing
 - More school age children
 - Increase in working poor population
 - Increased demand for services and expectations for number and quality of services on the health system

- Lack of personal responsibility for wellness
- Weather threats, natural disasters
 - Increasing homeowner insurance rates
 - Increasing construction costs
 - Water conservation, drought related problems
- Medicaid reform
 - Reimbursement policy changes
 - Complicated, unfriendly system for providers
 - It is not so much the reimbursement rate as it is the hassles
 - Complicated certification process for providers
- Growing access to the county via new highways
- Public transportation limitations

Strategic Issues

During the strategic issues identification phase of the MAPP process, the community develops and list of the most important strategic issues facing the community. When addressing strategic issues, the community is being proactive in positioning itself for the future, rather than simply reacting to problems.

Strategic issues should reflect the results of all of the previous MAPP phases. Strategic issues reveal what is truly important from the vast amount of information that was gathered in the four MAPP assessments. Identifying strategic issues can be compared to pouring the assessment findings into a funnel – what emerges is a distilled mix of issues that demand attention. During the Community MAPP Workshop, participants identified two strategic issues for Hernando County, along with some preliminary goals and objectives that still need work from the community group steering the MAPP process. These strategic issues, goals and objectives represent the framework for an emerging discussion and priority setting process.

Strategic Issue 1

How can we re-distribute, re-direct or re-allocate resources already expended in the Hernando County healthcare system to foster more accessibility, higher quality of care and better health outcomes?

Goal: Not decided upon at the Community MAPP Workshop. Cost and expenditure data will have to be looked at and analyzed before a measurable goal can be determined.

Essential Services Impacted:

Essential Service 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Essential Service 9 - Evaluate effectiveness, accessibility and quality of personal and population based health services

Potential Outcome Objectives:

(Long term 5-10 years)

1. Effective health education and appropriate use activities for citizens will be established-example; virtual reality type of education via software and computer will be in place.
2. A paradigm shift in providers' modes of practice from treatment-oriented to prevention-oriented will be realized.
3. Policies that incorporate positive reinforcement for prevention over treatment both among providers and patients will be realized.
4. Changes in patients knowledge and expectations (measure via survey questions and changes in causes of ER visits, reduction in non urgent use of ER) will be demonstrated.
5. A system for educating businesses, providers, the community, parents and children about prevention techniques will be in place that institutionalizes the best health practices and identifies appropriate use of services. This system will not only emphasize the health benefits of prevention but the economic and productivity benefits as well.
6. An ongoing system of tracking both public and private investments in healthcare and expenditures that is integrated with healthcare access and outcome indicators will be functioning.

Strategic Issue 2

How can we engage our community in being more responsible for its own physical and mental well-being?

Goals:

- By 2010 a positive impact on health status will be achieved in Hernando County.
- By 2015 Hernando County will be the healthiest county in Florida.

Essential Services Impacted:

Essential Service 1 - Monitor health status to identify community health problems.

Essential Service 2 - Diagnose and investigate health problems and health hazards in the community.

Essential Service 3 - Inform, educate and empower people about health issues.

Essential Service 4 - Mobilize community partnerships to identify and solve health problems.

Essential Service 5 – Develop and advocate for policies that will improve public health.

Essential Service 9 - Evaluate effectiveness, accessibility and quality of personal and population based health services.

Essential Service 10 - Research for new insights and innovative solutions to health problems

Potential Outcome Objectives:

Many of the same objectives were identified that also allow for determination if the goals for Strategic Issue 1 are being met.

(Long term 5-10 years)

1. Policies that incorporate positive reinforcement for prevention over treatment both among providers and patients will be realized.
2. A system for educating businesses, providers, the community, parents and children about prevention techniques will be in place that institutionalizes the best health practices and identifies appropriate use of services. This system will not only emphasize the health benefits of prevention but the economic and productivity benefits as well.
3. Synergies will be realized that will allow individuals and the community to work collectively to achieve common healthcare goals.
4. Synergies will be realized that will allow providers to work collectively to address common healthcare issues.
5. Improved provider and patient cultural competencies will be demonstrated so that culture will not be a barrier to receiving effective and efficient healthcare.

Action Cycle

Work is still needed by the community to finalize and formalize the strategic issues, goals and objectives prior to entering into the action cycle phase of MAPP. The Action Cycle links three key activities - Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner.

The Action Cycle may be the most satisfying and challenging phase of the MAPP process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing the strategic issues. Yet, this is where it becomes increasingly important to sustain the process and continue implementation over time.

The Action Cycle can be summarized as follows:

- **Planning** - Determining what will be done, who will do it, and how it will be done.
- **Implementation** - Carrying out the activities identified in the planning stage.
- **Evaluation** - Determining what has been accomplished.

Based on the NACCHO and CDC MAPP model, the cycle can be completed using the nine steps detailed below. The Action Cycle is the next step for Hernando County and should be the immediate focus of the community following approval of this health needs assessment by the Board of County Commissioners and the Hernando County Health Care Advisory Board.

Planning for Action

Step 1 - Organize for action

The first step in this phase is organizing for action. A subcommittee should be designated to oversee the implementation and evaluation activities. This subcommittee prepares for the subsequent steps and plans for how they will be implemented. If key participants - those who will play a role in implementing and evaluating strategies - are not currently involved in the MAPP process, they should be recruited to participate.

Step 2 - Develop objectives and establish accountability

For successful implementation, it is important to know where you are headed, who is responsible for getting you there, and how you are going to get there. To accomplish this, MAPP participants develop measurable outcome objectives for the identified strategies. Participants then agree on accountability or responsibility for each objective.

Step 3 - Develop action plans

The outcome objectives must now be translated into specific action plans to be carried out by accountable participants. Action planning will help to identify specific activities, timeframes, and needed resources. Action plans may be organization-specific or may call for collective action from a number of organizations.

Implementation

Step 4 - Review action plans for opportunities for coordination

After individual and collective action plans have been developed, the MAPP Committee reviews them to identify common or duplicative activities and seeks ways to combine or coordinate the use of limited community resources. A quick review of the four MAPP Assessments may be useful for exploring assets, strengths, and opportunities.

Step 5 - Implement and monitor action plans

Each MAPP participant should be involved in implementing a minimum of one strategy. In addition, MAPP participants should regularly consider whether other organizations or individuals should be brought on board to more effectively implement strategies. Community awareness and participation ensures that action plans are appropriately and effectively implemented.

Evaluation

Step 6 - Prepare for evaluation activities

When preparing for evaluation, participants should first consider what they are evaluating. An evaluation of the entire MAPP process and each strategy should be conducted. Next, participants should think about the stakeholders that should be involved. These may include individuals whose professional work relates to the activity being implemented, or people who will be affected by its implementation.

Step 7 - Focus the evaluation design

The next step is to design the evaluation. At this stage, the evaluation team should select: the questions that the evaluation will answer, the process for answering these questions, the methodology to be used in collecting answers, a plan for carrying out the evaluation activities, and a strategy for reporting the results of the evaluation.

Step 8 - Gather credible evidence and justify conclusions

During this step, MAPP participants collect data to answer the evaluation questions. Once credible data are gathered, the evaluation team decides what the data indicate: Did the activity do what it set out to do? How effective was it? The evaluation team should also justify its conclusions.

Step 9 - Share lessons learned and celebrate successes

Finally, results of the evaluation are used and shared with others. Evaluation results can improve existing processes and help create new strategies and activities. Evaluation results may also pinpoint successes and positive results. Participants should celebrate these successes. Continuous celebration and recognition of the hard work will go a long way toward sustaining momentum and keeping the process alive.

Appendix A – Community Health Assessment Survey Written Version

THIS IS THE WRITTEN VERSION OF THE SURVEY. AN INTERVIEWER SCRIPT VERSION OF THE SURVEY IS ALSO INCLUDED IN THE APPENDIX.

Hello, my name is _____ and I'm calling on the behalf of the Hernando County Health Care Advisory Board. We are surveying county residents who are at least 18 years old to collect information about health behaviors and personal health care needs. May I speak with the youngest adult male in the household? [If none is available, speak to whoever answered the phone, as long as she or he is at least 18? If no one is available, ask for an appropriate time to call back to administer the survey. If you speak with someone else, repeat the first two sentences] The survey will take about 20 minutes. Some of the questions are personal, but your answers will be strictly confidential. Your number was randomly selected, so I don't know your name and I don't need to know it. Would you be willing to participate?

_____ Yes, but "can't now." [Arrange date and time to call back ask for a first name: Call back date _____ Time _____ 1st Name: _____]

[Read only if asked why are you doing this survey] *The results of this survey will be used to determine the general health status of county residents and to determine what health care services are needed. Your responses will be very helpful in assisting the community with health planning.*

What is your Hernando County zip code? _____ [If not a Hernando County zip code thank her/him and end the call.]

How many months of the year do you reside in Hernando County? _____

First, I need to ask you some questions that pertain to your health and health care habits:

1. How would you describe your general health? [HEALTH STATUS]

_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor

2. Now thinking about your physical health, which includes physical illness and injury, how would you describe your physical health? [HEALTH STATUS]

_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor

3. Now thinking about your mental health which includes stress, depression, and problems with emotions, how would you describe your overall mental health? [HEALTH STATUS]

____ a. Excellent ____ b. Good ____ c. Fair ____ d. Poor

4. About how tall are you without shoes? [HEALTH STATUS]

_____ [No fractions]

5. What is your approximate weight without shoes? [HEALTH STATUS]

_____ [No fractions]

6. Other than during pregnancy, have you EVER been told by a doctor or health professional that you have diabetes [or sugar diabetes]? [HEALTH STATUS]

____ a. Yes ____ b. No (Skip to Question 8) ____ c. Don't know/Not sure

7. Have you EVER taken a course or class in how to manage your diabetes yourself? [HEALTH STATUS]

____ a. Yes ____ b. No ____ c. Don't know/Not sure

8. Have you EVER been told by a doctor or health professional that you have hypertension, also called high blood pressure? [HEALTH STATUS]

____ a. Yes ____ b. No (Skip to Question 10) ____ c. Don't know/Not sure

9. Are you now taking medicine for high blood pressure? [HEALTH STATUS]

____ a. Yes ____ b. No ____ c. Don't know/Not sure

10. Can you tell me what your blood pressure is? [HEALTH STATUS]

____ a. No [Go to 11] ____ b. Yes

____ Systolic [High Number] over ____ Diastolic [Low Number]
[Go to 12]

11. If you do not know the numbers, which of the following would best describe your blood pressure? [HEALTH STATUS]

____ a. High ____ b. Normal or low ____ c. Don't know/Not sure

12. Do you have one person you think of as your personal doctor or health care provider? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. No [*Go to 15*] _____ b. Yes:

13a. Is your doctor in Hernando County? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Yes [*Go to 14*] _____ b. No

13b. In what county is your doctor located? [HEALTHCARE UTILIZATION AND ACCESS]

_____ County

14. How would you rate your satisfaction with your doctor? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor

15. Is there a place that you USUALLY go to when you are sick or need advice about your health? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Yes _____ b. There is NO place (Skip to 17)
_____ c. There is MORE THAN ONE place _____ d. Don't Know

16. What kind of place do you go to most often when you are sick or need advice about your health? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Clinic or health center _____ b. Doctor's office
_____ c. Hospital emergency room _____ d. Hospital outpatient department
_____ e. Some other place (please describe _____)
_____ f. Don't go to one place most often _____ g. Don't know

17. What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Clinic or health center _____ b. Doctor's office
_____ c. Hospital emergency room _____ d. Hospital outpatient department
_____ e. Some other place (please describe _____)
_____ f. Don't go to one place most often _____ g. Don't know

18. Is there a place that you USUALLY go to when you are sick or need advice about your emotional or mental health? [HEALTHCARE UTILIZATION AND ACCESS]

- _____ a. Yes _____ b. There is NO place (Skip to 20)
 _____ c. There is MORE THAN ONE place _____ d. Don't Know

19. What kind of place do you go to most often when you are sick or need advice about your emotional or mental health? [HEALTHCARE UTILIZATION AND ACCESS and SPECIAL ISSUES]

- _____ a. Clinic or health center _____ b. Doctor's office
 _____ c. Hospital emergency room _____ d. Hospital outpatient department
 _____ e. Some other place (please describe _____)
 _____ f. Don't go to one place most often _____ g. Don't know

20. When was the last time you received medical treatment from a doctor, clinic, or other outpatient facility? [HEALTHCARE UTILIZATION AND ACCESS]

- _____ a. Within the last year _____ b. 1 or 2 years ago _____ c. 3 or more years ago

Now I am going to ask some questions about any delay you had in getting medical care. There are many reasons people delay getting medical care. [HEALTHCARE UTILIZATION AND ACCESS]

21. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?	YES (1)	NO (2)	REFUSED (3)	DON'T KNOW (4)
a. You couldn't get through on the telephone.				
b. You couldn't get an appointment soon enough.				
c. Once you got there, you had to wait too long to see the doctor.				
d. The clinic/doctor's office wasn't open when you could get there.				
e. You didn't have transportation.				
f. You didn't know where to find care.				
g. You couldn't afford it.				
h. Your health insurance did not cover the care you needed.				
i. You did not have health insurance.				
j. You were afraid to visit the doctor or hospital.				

22. Have you been hospitalized during the past six months? [HEALTHCARE UTILIZATION AND ACCESS]

_____ a. Yes _____ b. No _____ c. Don't know/Not sure

Now I am going to ask some questions about any delay you had in getting care for emotional/mental health issues. There are many reasons people delay getting care for emotional/mental health issues. [HEALTHCARE UTILIZATION AND ACCESS and SPECIAL ISSUES]

23. Have you delayed getting care for emotional/mental health issues for any of the following reasons in the PAST 12 MONTHS?	YES (1)	NO (2)	REFUSED (3)	DON'T KNOW (4)
a. You couldn't get through on the telephone.				
b. You couldn't get an appointment soon enough.				
c. Once you got there, you had to wait too long to see the doctor.				
d. The clinic/doctor's office wasn't open when you could get there.				
e. You didn't have transportation.				
f. You didn't know where to find care.				
g. You couldn't afford it.				
h. Your health insurance did not cover the care you needed.				
i. You did not have health insurance.				
j. You were afraid to visit the doctor or hospital.				

[The following questions are for women only]

29. If you have children, how old were you when your first child was born? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Years Old _____ Not applicable

30. How often do you examine your breast for lumps? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Daily _____ b. Monthly
_____ c. Once every few months _____ d. Rarely or never

31. About how long has it been since you had your breasts examined by a doctor or nurse? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Less than 1 year ago _____ b. 1 year ago _____ c. 2 years ago
_____ d. 3 or more years ago _____ e. never
_____ f. Don't know/Not sure

32. About how long has it been since you had a mammogram? [Read only if asked: A mammogram is an X-ray of the breast.] [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Less than 1 year ago _____ b. 1 year ago
_____ c. 2 to 3 years ago _____ d. 3 or more years ago
_____ e. never _____ f. Don't know/Not sure

33. How many women in your natural family (mother and sisters only) have had breast cancer? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Women _____ b. None

34. How long has it been since you had a pap smear test? [Read only if asked: A Pap smear is a test for cancer of the cervix.] [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Less than 1 year ago _____ b. 1 year ago
_____ c. 2 to 3 years ago _____ d. 3 or more years ago
_____ e. never _____ f. Don't know/Not sure

35. Have you had a hysterectomy? [*Read only if asked: A hysterectomy is an operation to remove the uterus (womb).*] [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____a. Yes _____b. No _____c. Don't know/ Not sure

36. About how long has it been since you had a rectal exam? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____a. Less than 1 year ago _____b. 1 year ago _____c. 2 years ago
_____d. 3 or more years ago _____e. never
_____f. Don't know/Not sure

[Continue with both men and women]

37. How many different prescription drugs do you take on a daily basis? [*Please only count the number of different drugs taken; don't count the number of times a day you take a drug*] [HEALTHCARE UTILIZATION AND ACCESS and SPECIAL ISSUES]

_____a. Number of different drugs per day

38. DURING THE PAST 12 MONTHS, have you had a flu shot? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____a. Yes _____b. No _____c. Don't know/ Not sure

39. DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____a. Yes _____b. No _____c. Don't know/ Not sure

40. Are you trying to lose weight? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____a. Yes _____b. No _____c. Don't know/ Not sure

41. During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint? [HEALTH STATUS]

_____a. Yes _____b. No _____c. Don't know/ Not sure

42. Have you ever been told by a doctor that you have arthritis? [HEALTH STATUS]

_____a. Yes _____b. No _____c. Don't know/ Not sure

43. Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. Less than 1 year ago b. 1 to 2 years ago
 c. 2 to 5 years ago d. More than 5 years ago
 e. never f. Don't know/Not sure

44. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. When did you have your last blood stool test using a home kit? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. Less than 1 year ago b. 1 to 2 years ago
 c. 2 to 5 years ago d. More than 5 years ago
 e. never f. Don't know/Not sure

45. How long has it been since you last visited a dentist or a dental clinic? [HEALTHCARE UTILIZATION AND ACCESS]

- a. Less than 1 year ago b. 1 to 2 years ago
 c. 2 to 5 years ago d. More than 5 years ago
 e. never f. Don't know/Not sure

46. Was your last visit to the dentist a routine visit? [Read only if asked: A routine dental visit includes having your teeth cleaned and / or X-rays.] [HEALTHCARE UTILIZATION AND ACCESS]

- a. Yes b. No c. Don't know/ Not sure

47. In an average week, how many times do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)? [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

- a. Less than 1 time per week b. 1 or 2 times a week
 c. At least 3 times per week d. None

48. Leisure time physical activity includes things like: walking, golfing, bicycling, softball, dancing, bowling and weight lifting. Which statement best describes how often you participate in leisure time physical activity? [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

- _____ a. I perform 1 or more of these activities daily
- _____ b. I perform 1 or more of these activities weekly
- _____ c. I perform 1 or more of these activities monthly
- _____ d. I do not perform any leisure activities

49. Do you eat five or more servings of fruits and vegetables a day (e.g. ½ cup juice ½ bananas, small apple, ½ cup of chopped green or yellow vegetables, potatoes)? [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

- _____ a. Yes
- _____ b. No
- _____ c. Don't know/ Not sure

50. Do you eat fatty meat, cheese, fried foods, or eggs every day? [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

- _____ a. Yes
- _____ b. No
- _____ c. Don't know/ Not sure

Now I am going to ask some questions about heart attack symptoms and what you would do if you thought someone was having a heart attack. [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

51. Which of the following might you feel if you were starting to have a heart attack? CHOOSE ALL THAT APPLY	YES (1)	NO (2)	REFUSED (3)
a. Pain or discomfort in the jaw, neck, stomach or back.			
b. Feelings of indigestion or chest discomfort.			
c. Anxiety attack or shortness of breath.			
d. Sudden trouble seeing in one or both eyes.			
e. Pain or discomfort in the arms or shoulders.			
f. Surge of energy.			

52. What is the FIRST thing you would do if you thought someone was having a heart attack? [HEALTH BEHAVIOR, KNOWLEDGE AND ACCESS]

- a. Give them an aspirin.
- b. Take them to the hospital.
- c. Call the doctor.
- d. Call 911.
- e. Check vital signs.
- f. Start CPR.
- g. Don't know.

53. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? [Read only if asked: For example, a job loss, disability separation, jail term, or the death of someone close to you.] [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. No b. Yes, 1 serious loss or misfortune c. Yes, 2 or more

54. In general, how satisfied are you with your life? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. Mostly satisfied b. Partly satisfied c. Not satisfied

55. How many times in the last year did you witness or become involved in a violent fight or attack where serious injuries could have occurred which includes domestic violence? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. Never b. 1 time c. 2 or 3 times
 d. 4 or more times e. Don't know/Not sure

These next questions are limitations you may have in your life because of an impairment or health problem.

56. Are you limited in any way in any activities because of an impairment or health problem? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- a. Yes b. No [Go to 62] c. Don't know/Not sure d. Refused

61. Because of your MAJOR impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Yes _____ b. No _____ c. Don't Know/Not sure _____ d. Refused

Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS. [HEALTH STATUS and SPECIAL ISSUES]

62. DURING THE PAST 30 DAYS, how often did you feel:	ALL of the time	MOST of the time	SOME of the time	A LITTLE of the time	NONE of the time	Refused	Don't know
a. So sad that nothing could cheer you up?							
b. Nervous?							
c. Restless or fidgety?							
d. Hopeless?							
e. That everything was an effort?							
f. Worthless?							

63. We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how much did these feelings interfere with your life activities? [HEALTH STATUS and SPECIAL ISSUES]

_____ a. A lot _____ b. Some
 _____ c. A little _____ d. Not at all
 _____ e. Refused _____ f. Don't know

The next questions are about the use of tobacco:

64. Is cigarette or cigar smoking allowed in your home? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Yes _____ b. No

65. Do you now, or have you ever smoked cigarettes, cigars, pipes; or used smokeless tobacco (chewing tobacco, snuff, pouches, etc.)? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. No [*Go to 72*]

_____ b. Yes [*Specify which: _____, Go to related number (s) for each type of tobacco product specified*]

66. CIGARETTES:

How would you describe your cigarette smoking habits? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Used to smoke [*Go to 67*] _____ b. Still smoking [*Go to 68*]

67. USED TO SMOKE:

How many years has it been since you smoked cigarettes fairly regularly? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Years [*Go to 72*]

68. STILL SMOKE:

On average, how many cigarettes a day do you smoke? [*There are 20 Cigarettes in a pack.*] [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Cigarettes per day

69. CIGARS:

How many cigars do you usually smoke per day? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Cigars per day

70. PIPES OF TOBACCO:

How many pipes of tobacco do you usually smoke per day? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Pipes of tobacco per day

71. SMOKELESS TOBACCO:

How many times per day you usually use smokeless tobacco? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ Times per day

The next few questions are about alcohol consumption.

[If a respondent states he/she doesn't drink, check here and go to 76.]:

72. Have you ever felt the need to cut down on drinking? [HEALTH STATUS and SPECIAL ISSUES]

_____ a. Yes _____ b. No

73. Have you ever felt annoyed by criticism about your drinking? [HEALTH STATUS and SPECIAL ISSUES]

_____ a. Yes _____ b. No

74. Have you ever had guilt feelings about drinking? [HEALTH STATUS and SPECIAL ISSUES]

_____ a. Yes _____ b. No

75. Have you ever taken a morning eye-opener? [HEALTH STATUS and SPECIAL ISSUES]

_____ a. Yes _____ b. No

Now, I have some questions about traffic safety:

76. How often do you use seatbelts when you drive or ride in a vehicle (car, truck, van etc.)? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Always _____ b. Nearly Always _____ c. Sometimes
_____ d. Seldom _____ e. Never

77. How often do you use a helmet when you ride a motorcycle or all-terrain vehicle (ATV)? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

_____ a. Always _____ b. Nearly Always _____ c. Sometimes
_____ d. Seldom _____ e. Never
_____ f. Never ride in these types of vehicles

78. On the average, how close to the speed limit do you usually drive? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- _____ a. Not applicable (doesn't drive)
_____ b. At or within 5mph of limit _____ c. 6-10 miles over limit
_____ d. 11-15 mph over limit _____ e. more than 15 mph over limit

79. How many times in the last month did you drive or ride with someone when the driver had, perhaps, too much alcohol to drink? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- _____ a. Times last month _____ b. Never

80. How often does your child(ren) use a safety seat or seatbelt when they ride in a car, truck, van, etc.? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- _____ a. Always _____ b. Nearly Always _____ c. Sometimes
_____ d. Seldom _____ e. Never _____ f. No children

81. How often does your child use a bicycle helmet when riding a bicycle? [HEALTH BEHAVIOR, KNOWLEDGE AND LIFESTYLE]

- _____ a. Always _____ b. Nearly Always _____ c. Sometimes
_____ d. Seldom _____ e. Never _____ f. No children

In closing, I need to ask you some general questions about yourself:

82. How many people live in your household? _____ [DEMOGRAPHICS]

83. How many children age 17 or younger live in your household? _____ [DEMOGRAPHICS]

84. What is your age? [Prompt: If the respondent refuses to respond or hesitates, read them the age groups listed below.] [DEMOGRAPHICS]

- _____ a. 18-19 _____ b. 20-24 _____ c. 25-29 _____ d. 30-34
_____ e. 35-39 _____ f. 40-44 _____ g. 45-49 _____ h. 50-54
_____ i. 55-59 _____ j. 60-64 _____ k. 65-69 _____ l. 70-74
_____ m. 75-79 _____ n. 80-84 _____ o. 85 and over
_____ p. Refused to specify

85. Gender [Code without asking]: [DEMOGRAPHICS]

_____a. Male _____b. Female

86. What is your racial background? [DEMOGRAPHICS]

_____a. African American or Black _____b. White _____c. Asian
_____d. American Indian _____e. Multiple Races
_____f. Other [Specify:_____]

87. Do you consider yourself of Hispanic origin? [DEMOGRAPHICS]

_____a. Yes _____b. No _____c. Don't know/not sure _____d. Refused

88. Which of following ranges best describes your total family income? [*total means all persons in the household who contribute*] [DEMOGRAPHICS]

_____a. Less than \$8,350 _____b. \$8,351 to \$11,250 _____c. \$11,251 to \$14,150
_____d. \$14,151 to \$17,050 _____e. \$17,051 to \$19,950 _____f. \$19,951 to \$29,999
_____g. \$30,000 to \$39,000 _____h. \$40,000 to \$59,999 _____i. \$60,000 or more
_____j. Do not know _____k. Refused to specify

89. Do you have any kind of health coverage including health insurance, prepaid plans, such as HMOs or government plans, such as Medicare or Medicaid? [DEMOGRAPHICS]

_____a. Yes _____b. No [*Go to 92*]

90. What kind of health insurance do you have? [*check which apply*] [DEMOGRAPHICS]

_____a. Medicaid
_____b. Medicare: If yes, does the respondent have a Medicare supplement?
_____b1. Yes _____b2. No _____b3. Don't know
If yes, is the respondent enrolled in the Medicare prescription drug program (Medicare Part D)
_____b4. Yes _____b5 No _____b6. Don't know
_____c. Military health care (Tricare/VA/Champ-VA)
_____d. Private Health Insurance
_____e. No coverage of any type
_____f. Other [Please, specify_____]

91. Does your health insurance cover prescription drugs (medication)?
[DEMOGRAPHICS]

_____ a. Yes _____ b. No

92. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans, such as HMOs or government plans, such as Medicaid? [DEMOGRAPHICS]

_____ a. No _____ b. Yes

93. What is your job occupation? [DEMOGRAPHICS]

_____ a. Health professional _____ b. Manager, educator, professional
_____ c. Homemaker _____ d. Operator, fabricator, laborer
_____ e. Service _____ f. Retired
_____ g. Student _____ h. Technical, sales or administrative support
_____ i. Skilled crafts _____ j. Unemployed
_____ k. Other [Specify: _____]

94. What is the highest grade you completed in school? [DEMOGRAPHICS]

_____ a. Grade School or less _____ b. Some high school
_____ c. High school graduate/GED _____ d. Some college
_____ e. College graduate _____ f. Postgraduate or professional degree

**This completes the survey. Do you have any questions about the study?
Thank you for talking the time to answer the questions. Have a good
(day/evening).**

Appendix B – Community Health Assessment Survey Script

THIS IS THE INTERVIEWER SCRIPT VERSION OF THE SURVEY. A WRITTEN VERSION OF THE SURVEY IS ALSO INCLUDED IN THE APPENDIX.

Question HELLO

Hello, my name is _____. I'm calling from the University of Florida. This is not a sales call.

INTERVIEWER: PRESS 1 TO CONTINUE WITH SURVEY
ALL INTS: PRESS 3 IF THIS IS A SPANISH SURVEY
PRESS M IF AN ANSWERING MACHINE PICKS UP

PRESS CTRL/END TO TERMINATE CALL

Hello, this is _____ from the University of Florida.
This is not a sales call.

(NOTE TO INT: THIS CALL COULD BE A PARTIAL-COMPLETE)

INTERVIEWER: PRESS 1 TO CONTINUE SURVEY
PRESS 3 IF THIS IS A SPANISH SURVEY

Question LANG

INTERVIEWER: YOU CODED THIS SURVEY AS A *SPANISH* CASE. IF THIS IS NOT CORRECT, USE MOUSE TO CLICK ON BACK KEY IN THE LOWER LEFT HAND OF THE SCREEN AND RE-CODE THIS CASE CORRECTLY.

DO NOT PRESS CTRL-END IF THIS IS A SPANISH CASE

SPANISH VERSION IS NOT READY YET
PRESS 2 TO CODE SPANISH CASES AS A CALLBACK FOR ONE WEEK

Question AM

Leave a message on the answering machine (script is below). After you hang up, press Y. If the answering machine cuts you off before you say the record number, press N.

DO NOT PRESS CTRL END ON THIS SCREEN

Hello, my name is __. I'm calling from the University of Florida on behalf of the Hernando County Health Care Advisory Board. We are conducting a research study to determine the health and well-being of Hernando County residents. This is not a sales call. We will try back at a later time, but if you prefer you may contact us toll free at 888-536-2434. Please have this number ready when you call Study 756 record# _____. We have assigned you this unique survey number for interview purposes only to protect your confidentiality. Thanks, and we hope to hear from you soon.

Question HOME

I'm calling on the behalf of the Hernando County Health Care Advisory Board. We are surveying county residents (to collect information) about health behaviors and personal health care needs.

(USE AS NECESSARY -

- * This is not a sales call, we are only interested in your opinion)
- * You can tell them you work for the Bureau of Economic and Business research

Have I reached you on your HOME phone?

INTERVIEWER: IF YES, PRESS 1 TO CONTINUE

IF NO, PRESS 2

Question LIVE

Does anyone LIVE there?

INTERVIEWER: IF YES, ASK TO SPEAK WITH THAT PERSON AND PRESS 1
IF NO, PRESS CTRL/END AND ASSIGN APPROPRIATE CODE

Question ADLT

First, I need to know if you are (under 18 years old or) 18 years old or older.

1 YES, 18 YEARS OLD OR OLDER

2 NO, UNDER 18 YEARS OLD

(INTERVIEWER READ AS NECESSARY -

- * The results of this survey will be used to determine the general health status of county residents and to determine what health care services are needed. Your responses will be very helpful in assisting the community with health planning)

Question ADLTB

May I speak to someone 18 years old or older who lives there?

INTERVIEWER: PRESS 1 IF INFORMANT PASSES PHONE TO ELIGIBLE ADULT

IF NO ELIGIBLE ADULTS, PRESS CTRL/END AND CODE AS
"NO ELIGIBLE RESPONDENT"

IF ELIGIBLE ADULT IS NOT HOME, PRESS CTRL/END AND CODE
AS CALLBACK

Question MOD3

I have to ask some questions of the youngest male ADULT (age 18 or older) who currently resides there.

INTERVIEWER - IF THE YOUNGEST MALE IS NOT AVAILABLE, TAKE ANY ADULT WHO WILL DO THE SURVEY.

May I please speak to him/her?

- 1 Youngest male (or any willing adult if youngest male not available) is same person
- 2 Person passes the phone

Question MOD3B

We are conducting academic research on the behalf of the Hernando County Health Care Board. We are surveying county residents who are at least 18 years old (to collect information) about health behaviors and personal health care needs. May I speak with the youngest adult male in the household?

INTERVIEWER - IF THE YOUNGEST MALE IS NOT AVAILABLE, TAKE ANY ADULT WHO WILL DO THE SURVEY.

May I please speak to him/her?

- 1 Youngest male (or any willing adult if youngest male not available) is same person
- 2 Person passes the phone

Question EXPL

Hello, my name is _____ and I'm calling on the behalf of the Hernando County Health Care Board. We are surveying county residents (to collect information) about health behaviors and personal health care needs.

According to our selection procedures, I need to interview you.

(USE AS NECESSARY -

- * This is not a sales call, we are only interested in your opinion)

INTERVIEWER: HIT 1 TO PROCEED

IF REFUSED, PRESS 2

Question RNAM

The survey will take less than 20 minutes. Some of the questions are personal, but your answers will be strictly confidential. You do not have to answer any question you do not wish to answer. Your number was randomly selected, so I don't know your name. Would you be willing to participate?

(INTERVIEWER READ AS NECESSARY -

* The results of this survey will be used to determine the general health status of county residents and to determine what health care services are needed. Your responses will be very helpful in assisting the community with health planning)

INT: PRESS 1 TO CONTINUE
PRESS 2 IF REFUSES

Question ISEX

RECORD SEX OF RESPONDENT (NOT INFORMANT)

- 1 Male
- 2 Female
- 9 Refused

Question HRES

Are you currently residing in Hernando County?

INT: Residing means living in the county at least 3 months per year
INT: If respondent is not a Hernando County resident then terminate call.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question ZIPCODE

What is your Hernando County zip code?

Enter 5-digit zip code
-8 Don't know
-9 refused

Question MONTH

How many months of the year do you reside in Hernando County?

- (1-12)
- 7 Less than a month
- 8 Don't know
- 9 Refused

Question HCGEN1 (Written Survey Question 1)

First, I need to ask you some questions that pertain to your health and health care habits.

How would you describe your general health?

(INT: This refers to their OVERALL health-- physical & mental)

INT: READ CHOICES.

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

Question HCPHY2 (Written Survey Question 2)

"Physical health" includes physical illness and injury. How would you describe your physical health?

INT: READ CHOICES.

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

Question HCEMO3 (Written Survey Question 3)

"Mental health" includes stress, depression, and problems with emotions. How would you describe your overall mental health?

INT: READ CHOICES

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

Question HCTALL4A (Written Survey Question 4)

About how tall are you (without shoes)?

INT: ENTER NUMBER OF FEET

- (2 - 9) feet
- 8 Don't know

Question HCTALL4B (Written Survey Question 4)

INT: ENTER NUMBER OF INCHES. DO NOT INCLUDE FRACTIONS.

- (0 - 11)
- 8 Don't know
- 9 Refused

Question HCWT5 (Written Survey Question 5)

What is your approximate weight (without shoes)?

INT: ENTER NUMBER OF POUNDS. DO NOT INCLUDE FRACTIONS;
ROUND TO NEAREST POUND. ASK FOR BEST GUESS IF NECESSARY.

- (50 - 999)
- 8 Don't know
- 9 Refused

Question HCDIAB6 (Written Survey Question 6)

Have you EVER been told by a doctor or health professional that you have diabetes (or sugar diabetes) other than during pregnancy?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCDIAB6B (Written Survey Question 7)

Have you EVER taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCBL006 (Written Survey Question 8)

Have you EVER been told by a doctor or health professional that you have hypertension, also called high blood pressure?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCBLO07 (Written Survey Question 9)

Are you now taking medicine for high blood pressure?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCBLO08 (Written Survey Question 10)

Do you know your blood pressure?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCBNUM1 (Written Survey Question 10)

And what is the systolic, or high, number?

(INT: THIS IS THE TOP NUMBER. ENTER HIGH NUMBER.)

- 8 Don't know
- 9 Refused

Question HCBNUM2 (Written Survey Question 11)

And what is your diastolic, or low, number?

(INT: THIS IS THE BOTTOM NUMBER. ENTER LOW NUMBER.)

Question HCBLO09 (Written Survey Question 11)

If you do not know the number(s), which of the following would best describe your blood pressure?

INT: READ CHOICES.

- 1 High
- 2 Normal or low
- 8 Don't know
- 9 Refused

Question HCBLO010 (Written Survey Question 12)

Do you have a regular doctor?

INT: Read if necessary: Your regular doctor is one person you think of as your personal doctor or health care provider.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCD0C11A (Written Survey Question 13)

Is your doctor in Hernando County?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCD0C11B (Written Survey Question 13)

In what county is your doctor located?

(INT: If respondent gives answer not on list, choose -8. Leave note using CTRL N)

- | | | | |
|--------------|-----------------|---------------|---------------|
| 1 Alachua | 22 Glades | 43 Martin | 64 Volusia |
| 2 Baker | 23 Gulf | 44 Monroe | 65 Wakulla |
| 3 Bay | 24 Hamilton | 45 Nassau | 66 Walton |
| 4 Bradford | 25 Hardee | 46 Okaloosa | 67 Washington |
| 5 Brevard | 26 Hendry | 47 Okeechobee | -8 Don't Know |
| 6 Broward | 27 Hernando | 48 Orange | -9 Refused |
| 7 Calhoun | 28 Highlands | 49 Osceola | |
| 8 Charlotte | 29 Hillsborough | 50 Palm Beach | |
| 9 Citrus | 30 Holmes | 51 Pasco | |
| 10 Clay | 31 Indian River | 52 Pinellas | |
| 11 Collier | 32 Jackson | 53 Polk | |
| 12 Columbia | 33 Jefferson | 54 Putnam | |
| 13 Dade | 34 Lafayette | 55 St. Johns | |
| 14 De Soto | 35 Lake | 56 St. Lucie | |
| 15 Dixie | 36 Lee | 57 Santa Rosa | |
| 16 Duval | 37 Leon | 58 Sarasota | |
| 17 Escambia | 38 Levy | 59 Seminole | |
| 18 Flagler | 39 Liberty | 60 Sumter | |
| 19 Franklin | 40 Madison | 61 Suwannee | |
| 20 Gadsden | 41 Manatee | 62 Taylor | |
| 21 Gilchrist | 42 Marion | 63 Union | |

Question HCD0C12 (Written Survey Question 14)

How would you rate your satisfaction with your doctor?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 Don't know
- 9 Refused

Question HCPLA13 (Written Survey Question 14)

Is there one particular clinic, health care center, hospital, or other facility that you usually go to if you are sick or need advice about your health?

(INT: This includes doctor's offices)

(INT: READ CHOICES)

- 1 Yes, only one
- 2 Yes, more than one
- 3 No
- 8 Don't know
- 9 Refused

Question HCLAS13A (Written Survey Question 16)

What kind of place do you go to most often when you are sick or need advice about your health?

INT: READ CHOICES.

- 1 Clinic or health center
- 2 Doctor's office
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place (Specify)
- 7 Don't go to one place most often
- 8 Don't know
- 9 Refused

Question HCLAS13B (Written Survey Question 17)

What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

INT: READ CHOICES.

- 1 Clinic or health center
- 2 Doctor's office
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place (Specify)
- 7 Don't go to one place most often
- 8 Don't know
- 9 Refused

Question HCLAS13C (Written Survey Question 18)

Is there a place that you USUALLY go to when you are sick or need advice about your emotional or mental health?

(INT: This includes doctor's offices)

(INT: READ CHOICES)

- 1 Yes, only one
- 2 Yes, more than one
- 3 No
- 7 Have never needed treatment or advice for mental or emotional health issues
- 8 Don't know
- 9 Refused

Question HCLAS13D (Written Survey Question 19)

What kind of place do you go to most often when you are sick or need advice about your emotional or mental health?

INT: READ CHOICES.

- 1 Clinic or health center
- 2 Doctor's office
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place (Specify)
- 7 Don't go to one place most often
- 8 Don't know
- 9 Refused

Question HCLAST14 (Written Survey Question 20)

When was the last time you received medical treatment from a doctor, clinic or other outpatient facility?

- 1 Within the last year
- 2 1 or 2 years ago
- 3 3 or more years ago
- 8 Don't know
- 9 Refused

Question DELPSC (Written Survey Question 21)

Have you delayed getting medical care at anytime in the last 12 months?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DELP (Written Survey Question 21)

Now I am going to ask some questions about any delay you had in getting medical care. There are many reasons why people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

INT: READ CHOICES. CHECK ALL THAT APPLY. PROBE.

You couldn't get through on the telephone
You couldn't get an appointment soon enough
Once you got there, you had to wait too long to see the doctor
The clinic/doctor's office wasn't open when you could get there
You didn't have transportation
You didn't know where to find care
You couldn't afford it
Your health insurance did not cover the care you needed
You did not have health insurance
You were afraid to visit the doctor or hospital
Other (Specify)
None of the Above (DO NOT READ THIS CHOICE)
Don't Know
Refused

Question DELP2 (Written Survey Question 22)

Have you been hospitalized during the past six months?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DELP3SC (Written Survey Question 23)

Have you delayed getting care for mental or emotional health issues at anytime in the last 12 months?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DELP3 (Written Survey Question 23)

Now I am going to ask some questions about any delay you had in getting care for emotional/mental health issues. There are many reasons people delay getting care for emotional/mental health issues.

Have you delayed getting care for emotional/mental health issues for any of the following reasons in the PAST 12 MONTHS?

INT: READ CHOICES. CHECK ALL THAT APPLY. PROBE.

You couldn't get through on the telephone
You couldn't get an appointment soon enough
Once you got there, you had to wait too long to see the doctor
The clinic/doctor's office wasn't open when you could get there
You didn't have transportation
You didn't know where to find care
You couldn't afford it
Your health insurance did not cover the care you needed
You did not have health insurance
You were afraid to visit the doctor or hospital
Other (Specify)
None of the Above (DO NOT READ THIS CHOICE)
Don't Know
Refused

Question HCMED15 (Written Survey Question 24)

DURING THE PAST 12 MONTHS, was there any time when you needed prescription medicines but didn't get them because you could not afford it?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCMED16 (Written Survey Question 24)

DURING THE PAST 12 MONTHS, was there any time when you needed mental health care or counseling but didn't get it because you could not afford it?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCDOC17 (Written Survey Question 24)

DURING THE PAST 12 MONTHS, was there any time when you needed dental care (including check-ups) but didn't get it because you could not afford it?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCWHY18 (Written Survey Question 25)

DURING THE PAST 12 MONTHS, have you participated in a program, sponsored by any major drug company, that allowed you to get your prescription medicines at no charge?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HCY18B (Written Survey Question 26)

Who assisted you in enrolling in the program that allowed you to get your prescription medicines at no charge?

INT: READ LIST. CHECK ALL THAT APPLY. PROBE.

Your doctor
ACCESS Hernando
County social services
County health department
Someone else (Specify)
Don't know
Refused

Question MORF (Written Survey Question 26)

Who assisted you in enrolling in the program that allowed you to get your prescription medicines at no charge?

INT: READ LIST. CHECK ALL THAT APPLY. PROBE.

Your doctor
ACCESS Hernando
County social services
County health department
Someone else (Specify)
Don't know
Refused

Question MEXAM20 (Written Survey Question 27)

The next set of questions concern male health issues. I know that some are sensitive, but we're asking them of every male respondent. Remember, any information you give me is completely confidential, and you do not have to answer any question that you don't want to.

INT: THESE QUESTIONS ARE FOR MEN ONLY.

About how long has it been since you had a rectal or prostate exam?

- 1 Less than 1 year ago
- 2 1 year ago
- 3 2 years ago
- 4 3 or more years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question MPSA21 (Written Survey Question 28)

Have you ever had a PSA? A PSA is a blood test to see if you might have cancer of the prostate.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question WBORN22 (Written Survey Question 29)

The next set of questions concern feminine health issues. I know that some are sensitive, but we're asking them of every female respondent. Remember, any information you give me is completely confidential, and you do not have to answer any question that you don't want to.

INT: THESE QUESTIONS ARE FOR WOMEN ONLY.

If you have children, how old were you when your first child was born?

- (10 - 60) Years Old
- 7 Never had children
- 8 Don't know
- 9 Refused

Question WLUMP23 (Written Survey Question 30)

How often do you examine your breast for lumps?

INT: READ CHOICES

- 1 Daily
- 2 Monthly
- 3 Once every few months
- 4 Rarely or never
- 8 Don't know
- 9 Refused

Question WEXAM24 (Written Survey Question 31)

About how long has it been since you had your breasts examined by a doctor or nurse?

- 1 Less than 1 year ago
- 2 1 year ago
- 3 2 years ago
- 4 3 or more years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question WTIME25 (Written Survey Question 32)

About how long has it been since you had a mammogram?

INT, READ DEFN IF ASKED: A mammogram is an X-ray of the breast.

- 1 Less than 1 year ago
- 2 1 year ago
- 3 2 to 3 years ago
- 4 3 or more years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question WHIST26 (Written Survey Question 33)

How many women in your natural family have had breast cancer, mother and sisters only?

- (0 - 20) Women
- 8 Don't know
- 9 Refused

Question WPAP27 (Written Survey Question 34)

How long has it been since you had a pap smear test?

INT, READ DEFN IF ASKED:

A Pap smear is a test for cancer of the cervix.

- 1 Less than 1 year ago
- 2 1 year ago
- 3 2 to 3 years ago
- 4 3 or more years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question WHYST28 (Written Survey Question 35)

Have you had a hysterectomy?

INT, READ DEFN IF ASKED:

A hysterectomy is an operation to remove the uterus or womb.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question WREC29 (Written Survey Question 36)

About how long has it been since you had a rectal exam?

- 1 Less than 1 year ago
- 2 1 year ago
- 3 2 years ago
- 4 3 or more years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question NDR30A (Written Survey Question 37)

Do you take any prescription drugs ON A DAILY BASIS?

(INT, Use as necessary: We do not need the names.

Do not include non-prescription drugs. Do not include any drugs taken less often than once a day.)

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NDR30B (Written Survey Question 37)

How many different prescription drugs do you take on a daily basis?

INT: Please only count the number of different drugs taken; don't count the number of times a day you take a drug.

- (0 - 50) Number of different drugs per day
- 8 Don't know
- 9 Refused

Question NFLU31A (Written Survey Question 38/39)

DURING THE PAST 12 MONTHS, have you had a flu shot or an influenza vaccine sprayed in your nose?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NLOSE32 (Written Survey Question 40)

Are you trying to lose weight?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NJOINT33 (Written Survey Question 41)

During the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NARTH34 (Written Survey Question 42)

Have you ever been told by a doctor that you have arthritis?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NCHOL35 (Written Survey Question 43)

Blood cholesterol is a fatty substance found in the blood.
About how long has it been since you last had your
blood cholesterol checked?

- 1 Less than 1 year ago
- 2 1 to 2 years ago
- 3 2 to 5 years ago
- 4 More than 5 years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question NKIT36 (Written Survey Question 44)

A blood stool test is a test that may use a special kit
at home to determine whether the stool contains blood.
When did you have your last blood stool test using a home kit?

- 1 Less than 1 year ago
- 2 1 to 2 years ago
- 3 2 to 5 years ago
- 4 More than 5 years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question NDENT37 (Written Survey Question 45)

How long has it been since you last visited a
dentist or a dental clinic?

- 1 Less than 1 year ago
- 2 1 to 2 years ago
- 3 2 to 5 years ago
- 4 More than 5 years ago
- 5 Never
- 8 Don't know
- 9 Refused

Question NVIS38 (Written Survey Question 46)

Was your last visit to the dentist a routine visit?

INT, Read only if asked: A routine dental visit includes having
your teeth cleaned and / or X-rays.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NPHY39(Written Survey Question 47)

In an average week, how many times do you engage in physical activity, that is, exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster?

- 1 Less than 1 time per week
- 2 1 or 2 times a week
- 3 At least 3 times per week
- 4 None
- 8 Don't know
- 9 Refused

Question NPHY39B (Written Survey Question 48)

Leisure time physical activity includes things like: walking, golfing, bicycling, softball, dancing, bowling and weight lifting. Which statement best describes how often you participate in leisure time physical activity?
INT: READ CHOICES

- 1 I perform 1 or more of these activities daily
- 2 I perform 1 or more of these activities weekly
- 3 I perform 1 or more of these activities monthly
- 4 I do not perform any leisure activities
- 8 Don't Know
- 9 Refused

Question NFRT40 (Written Survey Question 49)

Do you eat five or more servings of fruits and vegetables a day? A serving is half a cup.

INT EXAMPLE: ½ cup juice ½ bananas, small apple, ½ cup of chopped green or yellow vegetables, potatoes

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question NFAT41 (Written Survey Question 50)

Do you eat fatty meat, cheese, fried foods, or eggs every day?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question HATT1 (Written Survey Question 51)

Now I am going to ask some questions about heart attack symptoms and what you would do if you thought someone was having a heart attack.

Which of the following might you feel if you were starting to have a heart attack? Just tell me yes or no for any that apply.

INT: READ CHOICES. CHOOSE ALL THAT APPLY.

Pain/discomfort in the jaw, neck, stomach or back
Feelings of indigestion or chest discomfort
Anxiety attack or shortness of breath
Sudden trouble seeing in one/both eyes
Pain or discomfort in the arms or shoulders
Surge of energy
None of these (DO NOT READ THIS CHOICE)
Don't know
Refused

Question HATT2 (Written Survey Question 52)

What is the FIRST thing you would do if you thought someone was having a heart attack?

- 1 Give them an aspirin.
- 2 Take them to the hospital.
- 3 Call the doctor.
- 4 Call 911.
- 5 Check vital signs.
- 6 Start CPR.
- 7 Other (please specify)
- 8 Don't know
- 9 Refused

Question NLOSS42 (Written Survey Question 53)

Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life?

(EXAMPLES: job loss, disability, separation, jail term, or the death of someone close to you.)

INT: IF YES, Probe for choice two or three

- 1 No
 - 2 Yes, 1 serious loss or misfortune
 - 3 Yes, 2 or more
 - 8 Don't know
 - 9 Refused
- Question NSAT43

In general, how satisfied are you with your life? (**Written Survey Question 54**)

INT: READ CHOICES

- 1 Mostly satisfied
- 2 Partly satisfied
- 3 Not satisfied
- 8 Don't know
- 9 Refused

Question NATT44 (Written Survey Question 55)

How many times in the last year did you witness or become involved in a violent fight or attack, including domestic violence, where serious injuries could have occurred?

- 0 0 (NONE, Never)
- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 or more times
- 8 Don't know
- 9 Refused

Question MLIM45 (Written Survey Question 56)

These next questions are about physical, mental, or emotional problems or limitations you may have in your life.

Are you limited in any way in any activities because of any impairment or health problem?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question MLIM45A (Written Survey Question 57)

What is your main or most difficult impairment or health problem that limits your activities?

INT: DO NOT READ CHOICES. Choose the answer that most closely matches the respondent's answer.

- 1 Arthritis
- 2 Back or neck problem
- 3 Fractures and joint injury
- 4 Walking problem
- 5 Lung/breathing problem
- 6 Hearing problem
- 7 Eye/vision problem
- 8 Diabetes
- 9 Hypertension/high blood pressure
- 10 Cancer
- 11 Depression/anxiety/emotional problem
- 12 Other impairment (Specify)

- 8 Don't know
- 9 Refused

Question MTIM46 (Written Survey Question 58)

For how long have your activities been limited because of your major impairment or health problem?

(INT: ENTER THE NUMBER OF DAYS/WEEKS/MONTHS ON THE NEXT SCREEN)

- 1 0 to 6 Days
- 2 1 to 3 Weeks
- 3 1 to 11 Months
- 4 1 Year or more
- 8 Don't know
- 9 Refused

Question MCARE47 (Written Survey Question 59)

Because of your main or most difficult impairment or a health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question MPAY4 (Written Survey Question 60)

Who usually helps you with your personal care needs, such as eating, bathing dressing, or getting around the house?
(choose all that apply)

INT:If relative is paid, still mark that relative PROBE.

- Husband/wife/partner
- Parent/son/son-in-law/daughter/daughter-in-law
- Other relative
- Friend or Neighbor
- Combination of family and/or relative
- Unpaid volunteer
- Paid employees or health services
- Other
- No one helps me (DO NOT READ)
- Don't know
- Refused

Question MROUT49 (Written Survey Question 61)

Because of any MAJOR impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question FNV50A (Written Survey Question 62)

Next, I am going to ask you some questions about feelings you may have experienced during the past 30 days. For each question, please indicate whether you have felt this way ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, OR NONE OF THE TIME.

DURING THE PAST 30 DAYS, how often did you feel:
So sad that nothing could cheer you up?

(INT: READ CHOICES)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FCM50B (Written Survey Question 62)

DURING THE PAST 30 DAYS, how often did you feel:
Nervous?

(INT: READ CHOICES)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FBL50C (Written Survey Question 62)

(DURING THE PAST 30 DAYS, how often did you feel:)
Restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FHP50D (Written Survey Question 62)

(DURING THE PAST 30 DAYS, how often did you feel:)
Hopeless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FDU50E (Written Survey Question 62)

(DURING THE PAST 30 DAYS, how often did you feel:)
That everything was an effort?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FDU50F (Written Survey Question 62)

(DURING THE PAST 30 DAYS, how often did you feel:)
Worthless?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 8 Don't know
- 9 Refused

Question FDU50G (Written Survey Question 63)

We just talked about a number of feelings you had during the PAST 30 DAYS.
Altogether, how much did these feelings interfere with your life activities?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 8 Don't know
- 9 Refused

Question TOBACC1 (Written Survey Question 64)

The next questions are about the use of tobacco:
Is cigarette or cigar smoking allowed in your home?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question TOBACC2 (Written Survey Question 65)

Do you now, or have you ever smoked cigarettes, cigars, pipes;
or used smokeless tobacco?

INT DEFN: "smokeless tobacco" includes chewing tobacco,
snuff, pouches, etc

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question TUSE5A (Written Survey Question 65)

Which of the following have you used?

INT: READ CHOICES. CHECK ALL THAT APPLY.

Cigarettes
Cigars
Pipes
Smokeless tobacco
Don't know
Refused

Question TCIG59 (Written Survey Question 66)

How would you describe your cigarette smoking habits?

- 1 Used to smoke
- 2 Still smoking
- 8 Don't know
- 9 Refused

Question TCIG60 (Written Survey Question 67)

How many years has it been since you smoked
cigarettes fairly regularly?

- 0 Less than One Year
- (1 - 70) Years
- 8 Don't know
- 9 Not available

Question TCIG61 (Written Survey Question 68)

On average, how many cigarettes a day do you smoke?

INT NOTE: There are 20 Cigarettes in a pack.

- (0 - 200) Cigarettes per day
- 8 Don't know
- 9 Refused

Question TCIG62 (Written Survey Question 69)

How many cigars do you usually smoke per day?

- (0 - 50) Cigars per day
- 8 Don't know
- 9 Refused

Question TPIPE63 (Written Survey Question 70)

How many pipes of tobacco do you usually smoke per day?

- (0 - 50) Pipes of tobacco per day
- 8 Don't know
- 9 Refused

Question TLESS64 (Written Survey Question 71)

How many times per day you usually use smokeless tobacco?

- (0 - 150) Times per day
- 8 Don't know
- 9 Refused

Question AEYE68 (No Direct Link to Written Survey - Used to Determine if a Person Drinks and if Questions 72-75 Should Be Asked)

How would you describe your usual level of alcohol consumption including any beer, spirits, liquors, grain alcohol, or mixed drinks, etc.?

INT, READ LIST

- 1 I have a drink every day
- 2 I have a drink at least once a week
- 3 I have a drink at least once a month
- 4 I drink during special occasions only
- 5 I never drink alcohol
- 8 Don't know
- 9 Refused

Question ACUT65 (Written Survey Question 72)

Have you ever felt the need to cut down on drinking?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question ACRI66 (Written Survey Question 73)

Have you ever felt annoyed by criticism about your drinking?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question AGUILT67 (Written Survey Question 74)

Have you ever had guilt feelings about drinking?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question AGUIL68 (Written Survey Question 75)

Have you ever taken a morning eye-opener?

INT, IF NECESSARY: Have you ever had an alcoholic drink upon awakening?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question TBELT69 (Written Survey Question 76)

Now, I have some questions about traffic safety:

How often do you use seatbelts when you drive or ride in a vehicle (car, truck, van etc.)?

INT: READ LIST.

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 8 Don't know
- 9 Refused

Question TMOTO70 (Written Survey Question 77)

How often do you use a helmet when you ride a motorcycle or all-terrain vehicle (ATV)?

(INT: READ LIST)

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Never ride in these types of vehicles
- 8 Don't know
- 9 Refused

Question TLIM71 (Written Survey Question 78)

On the average, how close to the speed limit do you usually drive?

- 1 Not applicable (doesn't drive)
- 2 At or within 5mph of limit
- 3 6-10 miles over limit
- 4 11-15 mph over limit
- 5 more than 15 mph over limit
- 8 Don't know
- 9 Refused

Question TDRUNK72 (Written Survey Question 79)

How many times in the last month did you drive or ride with someone when the driver had, perhaps, too much alcohol to drink?

- 0 Never
- (1 - 30) Times in last month
- 8 Don't know
- 9 Not availbale

Question TBELT73 (Written Survey Question 80)

How often does your child(ren) use a safety seat or seatbelt when they ride in a car, truck, van, etc.?

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Not Applicable
- 8 Don't know
- 9 Refused

Question THELM74 (Written Survey Question 81)

How often does your child use a bicycle helmet when riding a bicycle?

- 1 Always
- 2 Nearly Always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Not Applicable
- 8 Don't know
- 9 Refused

Question DLIVE79 (Written Survey Question 82)

In closing, I need to ask you some general questions about yourself:

How many people live in your household, including yourself?

- (1 - 20) People
- 8 Don't know
- 9 Refused

Question DLIVE79B (Written Survey Question 83)

How many children age 17 or younger live in your household?

- (0 - 20) People
- 8 Don't know
- 9 Refused

Question DAGE80A (Written Survey Question 84)

What is your age?

INT: IF RESPONDENT REFUSES, PRESS -9
AND READ RANGES ON NEXT SCREEN.

- (18 - 100)
- 8 Don't know
- 9 Refused

Question DAGE80B (Written Survey Question 85)

Which range does your age fall into?

INT: READ LIST. STOP WHEN RESPONDENT INDICATES ANSWER

- 1 18-19
- 2 20-24
- 3 25-29
- 4 30-34
- 5 35-39
- 6 40-44
- 7 45-49
- 8 50-54
- 9 55-59
- 10 60-64
- 11 65-69
- 12 70-74
- 13 75-79
- 14 80-84
- 15 85 and over
- 8 Don't know
- 9 Refused to specify

Question DRAC82 (Written Survey Question 86)

What is your racial background?

INT: READ CHOICES.

- 1 African American
- 2 White
- 3 Asian
- 4 American Indian
- 5 Other
- 8 Don't know
- 9 Refused

Question DHISP83

Do you consider yourself of Hispanic or Latino origin?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DINC84 (Written Survey Question 87)

What was your total yearly family income before taxes from all sources in 2005?

(\$0-\$10000000)

- 8 Don't know
- 9 Refused

Question DINC84A (Written Survey Question 88)

I know you don't want to give your exact income. I have a list of income ranges. As I read the list, please stop me when I get to the income level that best describes your household income in 2005 before taxes from all sources.

INT: READ LIST. STOP WHEN RESPONDENT INDICATES ANSWER

- 1 less than \$10,000
- 2 \$10,000 to \$19,999
- 3 \$20,000 to \$29,999
- 4 \$30,000 to \$39,999
- 5 \$40,000 to \$49,999
- 6 \$50,000 to \$59,999
- 7 \$60,000 to \$79,999
- 8 \$80,000 to \$99,999
- 9 \$100,000 to \$150,000
- 10 Over \$150,000
- 8 Don't know
- 9 Refused

Question DCOV85 (Written Survey Question 89)

Do you have any kind of health coverage including health insurance, prepaid plans, such as HMOs or government plans, such as Medicare or Medicaid?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DINS6A (Written Survey Question 90)

What kind of health insurance do you have (choose all that apply)

- Medicaid
- Medicare
- Medicare supplement
- Medicare prescription drug program (Medicare Part D)
- Military health care (Tricare)
- Private Health Insurance
- Other (Specify)
- None of the Above (DO NOT READ)
- Don't know
- Refused

Question DMED87 (Written Survey Question 91)

Does your health insurance cover prescription drugs, (medication)?

(INT: "YES" ANSWER INCLUDES PARTIAL COVERAGE)

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DDENT88 (Written Survey Question 92)

Do you have any kind of insurance coverage that pays for *some or all* of your routine dental care, including dental insurance, prepaid plans, such as HMOs or government plans, such as Medicaid?

(INT: INCLUDE PARTIAL COVERAGE)

- 1 Yes
- 2 No
- 8 Don't know
- 9 Refused

Question DJOB89 (Written Survey Question 93)

What is your job occupation?

(INT: If respondent says they are disabled choose "Other" and type "disabled" in the pop up box.)

- 1 Health professional
- 2 Manager, educator, professional
- 3 Homemaker
- 4 Operator, fabricator, laborer
- 5 Service
- 6 Retired
- 7 Student
- 8 Technical, sales or administrative support
- 9 Skilled crafts
- 10 Unemployed
- 11 Other(Specify)
- 8 Don't know
- 9 Refused

Question DGRAD90 (Written Survey Question 94)

What is the highest grade you completed in school?

- 1 Grade School or less
- 2 Some high school
- 3 High school graduate/GED
- 4 Some college
- 5 College graduate
- 6 Postgraduate or professional degree
- 8 Don't know
- 9 Refused

Question THANKS

Thank you.

INT: PRESS ANY KEY TO EXIT SURVEY AND CODE APPROPRIATELY.

Question THANKYOU

This completes the survey.

Thank you for taking the time to answer the questions.
Have a good day/evening.

PRESS G TO CONTINUE

DO NOT HIT CTRL/ENTER OR QUIT!!!!!! IF YOU DO THIS WILL NOT BE
COUNTED AS A COMPLETE!!!!!!

Appendix C – Key Informant Interview Instrument

1. How long have lived (or worked) in Hernando County?
2. What is your overall perspective on health care in Hernando County, the services available to meet health care needs and the health of Hernando County residents?
3. What do you think are the most pressing health care needs in Hernando County?
4. What members of Hernando County have more difficulties with health care than others? What are these difficulties? Why do you believe these folks have more difficulties with health care?
5. What do you think are the essential components of a quality health care system for a community like Hernando County? (Prompt: What kinds of services/programs/facilities do you think are necessary for a good system of health care for county residents?) Are we meeting these essential components in Hernando County?
6. What do you think are the important health issues that affect Hernando County residents? (Prompt: you may want to consider separate issues for children, adolescents, and adults and other groups.)
7. Now, I am going to name some specific types of services and ask you to share any impressions you have about them, particularly anything you know about how these services are available to all persons in Hernando County and whether there are any obstacles to receiving these types of services:
 - a. Primary care (the basic and routine services that most people use most often)
 - b. Dental care
 - c. Specialty care
 - d. Pharmaceuticals/Prescriptions
 - e. Mental health
 - f. Hospital care
 - g. Other services?
8. Of all the issues and services we have discussed, which do you think is the most important health care issue?
9. What actions are necessary to address this issue?
10. Who should take responsibility for addressing this issue (or what is the responsibilities of different parties [individuals, providers, government, business] in addressing this issue)?
11. Do you have any additional comments you would like to share about health care in Hernando?
12. It is important that we understand any affiliations you have with health care providers in the community that may have helped form your opinions about these issues. Do you serve on any boards or participate in any organization that delivers health care services?

This page intentionally left blank.

Appendix D – Physician Pharmaceutical Access Survey Instrument

START HERE: Put a check (✓) in the blank by your answer.

1. What best categorizes your practice (please check only one)? Group Solo
2. What best typifies the care you offer (please check only one)? Primary Specialty
3. In your estimation, what is the total number of patients your practice serves (if a group practice include your patients and those of your partners)?
 Less Than 500 500-999 1,000-1,499 1,500-4,999 5,000 or More
4. Please check all sources of payment that your practice accepts for services:
 Private Insurance Self Pay/Cash Medicare
 Medicaid Military/VA Uninsured
5. In your estimation, what percentage of your practice’s patients do you believe has difficulty accessing pharmaceuticals?
 None Less than 25% 25%-49% 50%-74% 75% or More
6. What do you believe is the main reason your patients have difficulty accessing pharmaceuticals (please check only one)?
 Inadequate insurance coverage Medications not affordable
 Patient can’t get to pharmacy Patient does not understand prescription
 Patient does not care or disregards orders Other (please specify: _____)
7. In your estimation, what percentage of your practice’s patients do you believe has had to forego medications or adversely alter taking their prescribed medications because of inability to afford medications?
 None Less than 25% 25%-49% 50%-74% 75% or More
8. Have you ever discontinued seeing a patient due to lack of adherence to a prescribed pharmaceutical regimen?
 Yes No
9. Does your practice participate in indigent drug programs (IDP) or pharmaceutical assistance programs (PAP)?
 Yes (Go to Question 11) No (Go to Question 10)
10. What is the main reason your practice does not participate in IDPs/PAPs (please check only one)?
 Too much of a hassle (too time consuming for staff) Limited benefit to patients
 Too difficult for patients Utilize free samples instead
 Other (please specify: _____)

YOUR SURVEY IS NOW COMPLETE. PLEASE REFER TO MESSAGE AT BOTTOM OF PAGE.

11. In your estimation, what percentage of your practice’s patients participate in pharmaceutical company indigent drug programs (IDP) or pharmaceutical assistance programs (PAP)?
 None Less than 25% 25%-49% 50%-74% 75% or More
12. Which of these are barriers to participation in IDPs or PAPs by your practice’s patients (please check all that apply)?
 Paperwork is too long Inability to understand paperwork
 Medications needed not part of programs Limited staff to assist patients with process
 Companies are limiting access to IDPs/PAPs Long delay in receiving medications
 Patients do not complete application process Difficult to maintain long-term enrollment
 Other (please specify: _____)

END OF SURVEY: PLEASE RETURN TO WELLFLORIDA COUNCIL IN PRE-ADDRESSED, POSTAGE-PAID ENVELOPE

This page intentionally left blank.

This page intentionally left blank.

Appendix F – Resident Client Pharmaceutical Assistance Focus Group Protocols

Good _____ and welcome to this focus group. A focus group is a discussion among people who have something in common. So I'd like to thank you for agreeing to join our discussion group which we will be talking about your experiences with free medications programs in Hernando County.

Other names for free medications programs: indigent drug programs (IDP), pharmaceutical or patient assistance programs (PAP).

My name is Jeff Feller and assisting me with this discussion is Shane Bailey. We are both work for WellFlorida Council and we are conducting these focus groups for the Hernando County Health Care Advisory Board as part of its 2006 Community Health Needs Assessment.

We are conducting 2 of these focus groups in Hernando County. The purpose is for us to understand your experience with participating in the free medications program and what might be done to enhance your experience with that program.

To help manage our discussion, we need to review some guidelines:

- It is important that we hear from everyone and not miss important ideas. So please speak up though only one person should talk at a time.
- We will be on a first name basis but in our final report there will not be any names attached to comments. You may be assured of complete confidentiality. Please respect each other's privacy and agree not to talk about what you hear in this meeting with anyone outside this room.
- We are taping today's meeting. The tape will only be used by our staff to make sure that our written reports are accurate. We do not want to miss any of your comments. Once those reports are complete, we will destroy the tapes.
- If you have a cell phone, please turn them off or put them on vibrate. If you must answer the phone, please do so outside and return as quickly as you can.

Our session will last no longer than one and half hours, and we will not be taking a formal break. If you must use the restroom, they are located _____.

Are there any questions about what we're doing today?

(Participants may ask about incentive payments. Inform them that incentives will be distributed at the conclusion of the discussion group.)

If there are no additional questions, we'll begin. You will notice that we have placed name cards on the table in front of you to help us remember each other's names. Let's find out

some more about each other by going around the room one at a time. Please tell us your name and how long you have lived in Hernando County?

QUESTIONS

Now that we have heard from each of you, I would like to ask some questions for anyone to answer. Please, I ask you to remember to talk one at a time because each one of you have important things to say and we want to make sure that we hear what you have to say. There are not right or wrong answers; we only want to get your input.

1. How long have you participated in a free medications program? Do you participate at the Health Department, with Access Hernando or through your private physician?
2. How did you find out about the free medications program?
3. Does the program currently help you get all of your medications or just some of your medications?
4. Aside from getting your medications, what do you like best about the free medications program?
5. What do you like least about the free medications program?
6. Prior to joining the free medications program, how often could you not afford to pay for the medications that your doctor prescribed to you?
7. Prior to joining the free medications program, how often did you not take medications or take smaller doses in order to save money?
8. How helpful is the staff in assisting you with applying for the free medications program?
9. Do you have any difficulties with the free medications program application process?
10. If it were up to you, what would you do to improve the free medications program?

Our discussion today was to help us understand how your feel about the free medications programs in Hernando County.

Summary

Have we missed anything?

Now, if there are no further comments, we would like to thank you all for your participation in this very important project, and please remember to keep everything you have heard today inside this room and among us.

_____ is now available for distribution of the incentives.

Again, thank you for participating in this discussion with us. We really appreciate your thoughts and comments.