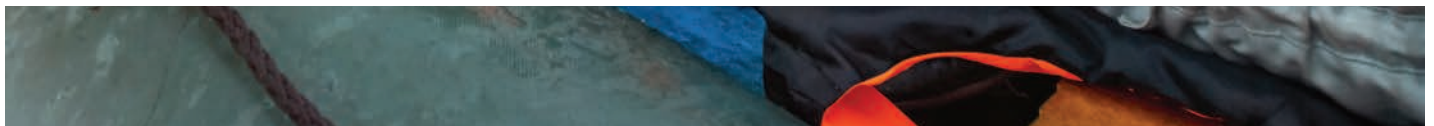


UF HEALTH CENTRAL FLORIDA

COMMUNITY HEALTH NEEDS ASSESSMENT

LEESBURG HOSPITAL



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Acknowledgments

The 2022 UF Health Central Florida Community Health Needs Assessment was made possible by the hard work and dedication of the UF Health Central Florida Steering Committee and key community leaders, representing different geographical and professional areas of UF Health Leesburg Hospital and UF Health The Villages® Hospital service areas. A special thanks to:

Debra Andree, MD, President/Chief Executive Officer, Community Health Centers

Phyllis Baum, Vice President/Chief Quality Officer, UF Health Central Florida

Senator Dennis Baxley, State of Florida Representative, District 12

Roger Beyers, Chair, UF Health Central Florida Local Advisory Board

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Executive Summary and Introduction to Community Health Needs Assessments

GENERAL

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

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

UF Health Central Florida engaged the services of WellFlorida Council to complete the 2021-2022 Community Health Needs Assessment for The Villages® Hospital and UF Health Leesburg Hospital. This report serves as the CHNA for the UF Health Leesburg Hospital Service Area. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves north central Florida, including the UF Health Central Florida Service Areas of Lake, Marion and Sumter Counties along with thirteen other counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that

build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools, and services necessary to identify their most pressing issues (e.g., community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The UF Health Central Florida Steering Committee and WellFlorida based the 2021-2022 CHNA effort on a nationally recognized model and best practice for completing health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and CDC's vision for implementing MAPP is:

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

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

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment (conducted as a combined Visioning and Strengths, Weaknesses, Opportunities and Threats (SWOT) discussion)
- Local Public Health System Assessment (LPHSA)*

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on key community health needs. The results of three of the MAPP assessments are integrated into the 2021-2022 CHNA. Please note, this document is a health needs assessment and its purpose is to uncover or substantiate the health needs and health issues in the service area. This report will not establish priority goals and objectives for addressing these issues or create a strategic plan for achieving those goals and objectives. These are the next phases of the MAPP process referred to as the Community Health Improvement Plan (CHIP) or implementation plan.

*The LPHSA was omitted from this process given that it is typically completed and facilitated by the local health department. The LPHSA measures how well the local public health system (county-level) delivers the 10 Essential Public Health Services. Each county health department should complete the LPHSA every five years. In addition, the MAPP framework is undergoing revisions that will substitute an updated capacity assessment that will be available in the future.

The UF Health Leesburg Hospital Service Area includes five (5) zip codes from Lake County, one (1) zip code from Marion County, and four (4) zip codes from Sumter County. The Lake County zip codes are 34748 and 34788 Leesburg, 34731 Fruitland Park, 32159 Lady Lake, and 32778 Tavares. The Marion County zip code is Summerfield 34491 and the Sumter County zip codes include 32162 and 32163 The Villages, 34785 Wildwood, and 33513 Bushnell. The zip code areas chosen were based on the top 75 percent of discharges

from the hospital during the 2020 fiscal year. The six-month assessment process began in November 2021 and concluded in April 2022.

ORGANIZATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

The *2021-2022 UF Health Leesburg Hospital Community Health Needs Assessment* is comprised of the following main sections:

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

USING THE COMMUNITY HEALTH NEEDS ASSESSMENT

The *2021-2022 UF Health Leesburg Hospital Community Health Needs Assessment Report* is designed so that the two major sections, Community Health Status and Community Themes and Strengths address the core MAPP assessments that are designated as key components of a comprehensive community health needs assessment. The identification of broad health needs of the community comes from an analysis of the intersecting themes in each of these sections. Overall, the main objectives of this CHNA are the following:

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

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

While the *2021-2022 UF Health Leesburg Hospital Community Health Needs Assessment Report* is a stand-alone document, the report works in concert with the accompanying *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* (also referred to in this document as the Technical Appendix). Thus, for most data that are briefly addressed in this report, the *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* presents these data at a level of detail breaking data sets down, for example, by zip code, race, ethnicity, and gender, where appropriate and when available. The *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* is an invaluable companion resource to the *2021-2022 UF Health Leesburg Hospital Community Health Needs Assessment Report*, and it will allow the community to delve deeper into the issues identified for a more comprehensive understanding of the scope, prevalence and the populations impacted.

The *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* is comprised of more than 140 tables, 12 graphs, and supporting material across nearly 300 pages. The *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* is organized into the following major data sections:

- Demographics and Socioeconomics
- Mortality
- Mental Health
- Maternal and Infant Health
- Health Behaviors
- Infectious Diseases
- Health Care Access and Utilization
- Technical Notes

Please note that many of the data tables in the *2021-2022 UF Health Leesburg Hospital Community Health Needs Assessment* and in the *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* contain standardized rates for the purpose of comparing Lake, Marion and Sumter Counties to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence and prevalence rates are low; thus, small variations from year to year can result in substantial shifts in the standardized rates.

KEY OBSERVATIONS

Presented below are the intersecting themes which, in essence, comprise an overview of the major health needs and issues that emerged over the course of this community health needs assessment in the UF Health

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Leesburg Hospital (UFHLH) and UF Health Central Florida (UFHCF) Service Areas. These themes, needs and issues are addressed further in the Recommendations and Next Steps section of this CHNA report. That section includes an enumeration of potential strategic areas of opportunity as well as a compilation of evidence-based and promising practice resources for consideration in the creation of the implementation strategy and action plan to address the identified priority issues.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

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

Community Health Status

INTRODUCTION

The Community Health Status section represents the results of the community health status assessment which is one of the four core MAPP assessments for community health needs assessment and community health improvement planning. The data in this section and in the *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* were compiled and tabulated from multiple sources including, but not limited to, the United States Census Bureau; Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (BRFSS); Florida Department of Health's Office of Vital Statistics; Florida Agency for Health Care Administration (ACHA); University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation.

Many of the data tables in this section and in the *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* report contain standardized rates for the purpose of comparing the UF Health Leesburg Hospital (UFHLH) Service Area to Florida as a whole. It is advisable to interpret these rates with caution when incidence and prevalence and incidence rates are low (i.e., the number of cases is small); thus, small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the Technical Appendix so that users can refer to the numbers and the rates in context.

COVID-19 AND ITS IMPACT

The State of Florida officially reported its first COVID-19 case on March 1, 2020. The COVID-19 pandemic was declared a state of emergency via Executive Order 20-52 from Governor Ron DeSantis on March 9, 2020. It is important to note that a majority of health status indicators discussed within this assessment have been impacted in some way by COVID-19, most notably, access to healthcare and healthcare utilization. The majority of data discussed within this assessment ranges from years 2015-2019, prior to COVID-19's onset. Other data range from years 2018-2020, including the first year of the pandemic; further, data cover 2021, the first full calendar year of globally living with COVID-19.

HEALTH DISPARITIES AND HEALTH EQUITY

The Centers for Disease Control and Prevention (CDC) defines health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations” (<https://www.cdc.gov/healthyouth/disparities/index.htm>, accessed February 15, 2022). Health equity is described as “the attainment of the highest level of health for all people” (https://www.cdc.gov/minorityhealth/publications/health_equity/index.html, accessed February 15, 2022). The World Health Organization states that the social determinants of health – those conditions in which people are born, grow, live, work, and age – are principally responsible for health inequities (https://www.who.int/social_determinants/en/, accessed February 15, 2022). Health disparities, or differences in health status, were found during the course of the UF Health Central Florida Community

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Health Needs Assessment process. The assessment also examined potential forces of health inequity as outlined by the Prevention Institute.

(https://preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20_Full_Report.pdf) accessed February 15, 2022). According to the Prevention Institute, determinants of health include 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality health care. The need for measurable indicators in each of these three (3) domains is emphasized. Below we discuss patterns of health disparity and potential indicators of health inequity for the UF Health Central Florida (UFHCF) Service Area.

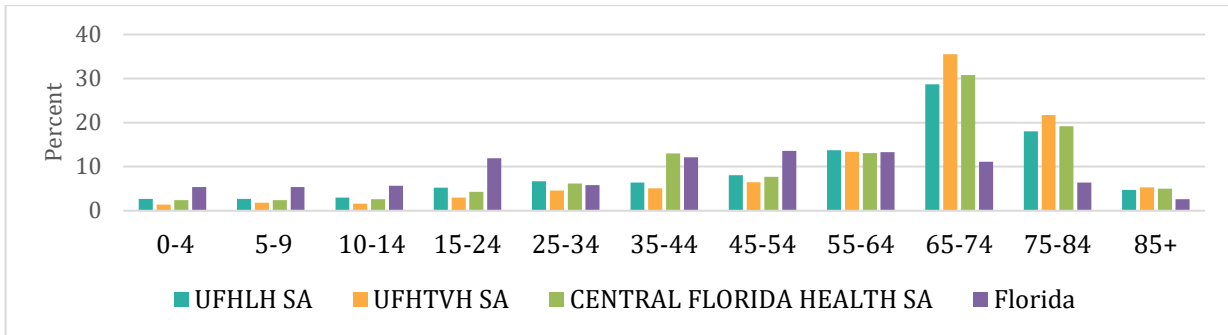
DEMOGRAPHICS AND SOCIOECONOMICS

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

POPULATION

Population growth is a key determinant of the healthcare services a community requires to be able to sustain positive health behaviors and improved health outcomes. The UFHLH Service Area primarily serves an older adult population greater than 55 years of age at 65.1 percent of the population, compared to 68.6 percent in the UFHCF Service Area and 33.4 percent in Florida as a whole (Table 12).

FIGURE 1. POPULATION ESTIMATES BY AGE GROUPS BY PERCENT OF POPULATION, UF HEALTH CENTRAL FLORIDA (UFHCF), UF HEALTH LEESBURG HOSPITAL (UFHLH), THE VILLAGES REGIONAL HOSPITAL (UFHTVH) SERVICE AREAS (SA), 2015-2019.

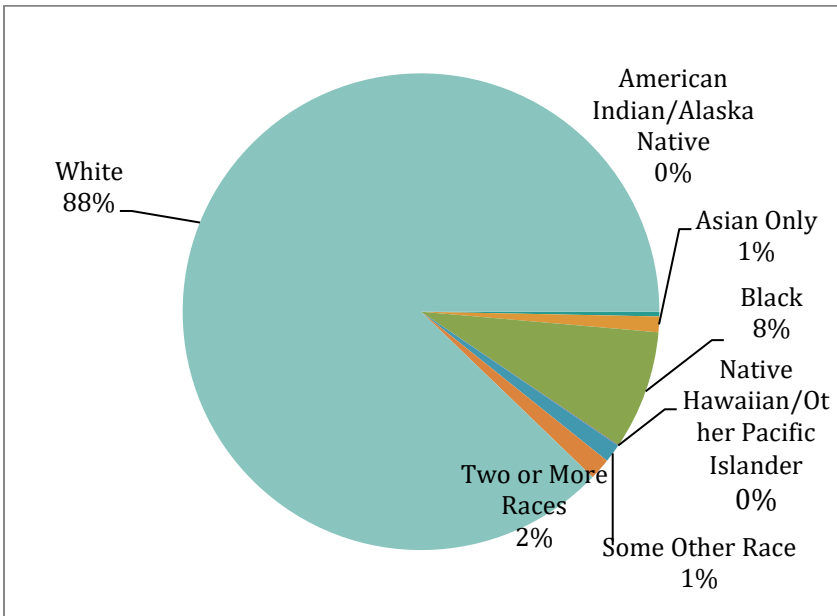


Source: Table 12, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

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As seen in Figure 2 below, the overwhelming majority of the UFHLH Service Area population is White (87.8 percent) which is comparable to the UFHCF Service Area (88.6 percent) but higher than Florida overall (75.1 percent) (Table 9). The Black, American Indian and Alaska Native, Asian only, and Native Hawaiian and Other Pacific Islander populations comprise 8.1, 0.3, 1.1, and 0.04 percent of the UFHLH Service Area, respectively, while 1.2 percent identify themselves as another race and 1.5 percent identify as having two or more races (Table 9). By 2015-2019 American Community Survey (ACS), U.S. Census Bureau estimates, 92.3 percent of the population in the UFHLH Service Area identified as non-Hispanic or Latino, which is comparable to 93.1 percent in the UFHCF Service Area and 94.3 percent in the UFHTVH Service Area, but notably larger than the percentage of non-Hispanics in Florida as a whole at 74.4 percent (Table 10).

FIGURE 2. UF HEALTH LEESBURG HOSPITAL (UFHLH) SERVICE AREA POPULATION ESTIMATES BY RACE, 2015-2019.



Source: Table 9, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

LIFE EXPECTANCY

Considering all races and ethnicities, the longest life expectancy for males, when using a three-year estimate period (2017-2019) was found in Sumter County (78.0 years) followed by Lake County (75.6 years), and Marion County (72.7 years), compared to Florida (77.0 years) (Table 4). For females, when using a three-year estimate period (2017-2019), the longest life expectancy was also in Sumter County (82.2 years), followed by Lake County (81.0 years), and Marion County (79.5 years), compared to Florida (82.6 years) (Table 4). Table 1 below displays life expectancy data for Lake, Marion and Sumter Counties compared to

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Florida; please note that numbers displayed in red indicate where life expectancy fell below the state life expectancy projection.

As often seen throughout the state of Florida, there was a disparity in life expectancy in the Black population as compared to the White population in the UFHLH Service Area counties. A stark disparity was found in Sumter County, with an almost five-year difference between the White and Black life expectancy (80.2 years and 75.0 years, respectively) (Table 5). While Sumter County had the highest overall life expectancy of all three counties, its Black residents had the lowest life expectancy in the UFHCF Service Area.

TABLE 1. LIFE EXPECTANCY BY RACE AND ETHNICITY AND YEAR, UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES AND FLORIDA, 2015-2017 - 2017-2019.

County	Year	Race and Ethnicity				
		Total	White	Black	Hispanic	Non-Hispanic
Lake	2017-2019	78.3	78.5	76.0	82.6	77.7
Marion	2017-2019	76.1	76.0	76.2	79.0	75.9
Sumter	2017-2019	80.1	80.2	75.0	84.3	79.6
Florida	2017-2019	79.8	80.0	77.7	83.6	78.9
Lake	2016-2018	78.6	78.7	77.3	83.4	78.0
Marion	2016-2018	75.9	75.9	75.9	79.3	75.7
Sumter	2016-2018	80.2	80.1	76.4	88.9	79.7
Florida	2016-2018	79.7	79.9	77.7	83.4	78.8
Lake	2015-2017	78.5	78.7	77.2	84.2	78.0
Marion	2015-2017	76.5	76.5	76.1	79.6	76.3
Sumter	2015-2017	80.4	80.1	77.0	NA	79.9
Florida	2015-2017	79.7	79.9	77.8	83.3	78.9

Source: Tables 5-6, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

ECONOMIC CHARACTERISTICS

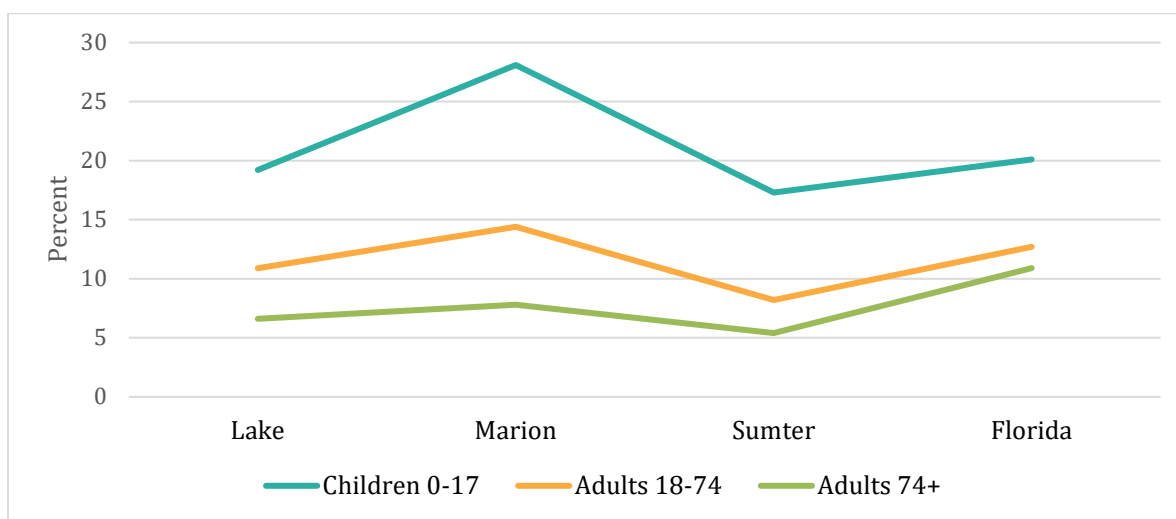
According to 2016-2019 ACS data, 10.4 percent of the population in the UFHLH Service Area had a lower percentage of individuals having lived in poverty in the past 12 months than Florida overall (14.0 percent). The UFHCF Service Area is nearly the same at 10.1 percent whereas the UFHTVH Service Area population fares better at only 8.1 percent. Within the UFHLH Service Area, the zip codes where this indicator of poverty are highest included: 33513 (Bushnell, Sumter County) at 16.0 percent, 34748 (Leesburg, Lake County) at 15.7 percent, and 34731 (Fruitland Park, Lake County) at 14.0 percent. Zip code 32162 (The Villages, Sumter County) had the lowest percentage of poverty at only 4.7 percent. Across the three counties in the UFHLH Service Area for this same period, Marion County had the highest percentage of individuals having lived in poverty in the past 12 months (16.1 percent) which is higher than the state of Florida (14.0 percent). Lake County had 12.0 percent of its population living in poverty and Sumter County had 8.2

percent, both of which were lower than the percentage of Florida residents living in poverty overall (Table 24).

Gender differences can be seen in rates of poverty. For 2015-2019, the percentage of males having lived in poverty in the past 12 months in the UFHLH Service Area (9.5 percent) was nearly the same as the overall UFHCF Service Area (9.1 percent) but higher than UFHTVH Service Area at 7.2 percent. Both were below the 12.9 percent state rate of males having lived in poverty in the past 12 months in Florida. Similarly, the percentage of females having lived in poverty in the UFHLH Service Area (11.3 percent) was nearly the same as the UFHCF Service Area at 11.0 percent but higher than the UFHTVH rate of 8.8 percent. Although these rates for females were lower than the state rate of 15.1 percent, the rates were higher than for males in the same geographic areas. When compared by service area county, both Marion County males at 15.0 percent and females at 17.1 percent had the highest rates for this poverty measure, as both rates exceeded state rates (12.9 and 15.1 percent, respectively). Sumter County males and females had the lowest rates at 7.4 and 8.9 percent, respectively. Lake County’s male and female rates (11.0 and 13.0, respectively) were lower than state rates but higher than the UFHCF Service Area rate (9.1 and 11.0, respectively) (Table 28).

Poverty rates for children (0-17 years of age) exceeded state rates in the UFHLH Service Area. Data show that from 2015-2019 in the UFHLH Service Area 25.3 percent of children lived in poverty in the past 12 months compared to 26.9 percent in the UFHCF Service Area and 20.1 percent statewide. The greatest percentage of children living in poverty were in Marion and Lake Counties at 28.1 and 19.2 percent, respectively, compared to Sumter County at 17.3 percent and Florida at 20.1 percent (Table 24).

FIGURE 3. ESTIMATED PERCENT OF INDIVIDUALS BY AGE IN POVERTY IN THE PAST 12 MONTHS, UF HEALTH CENTRAL FLORIDA COUNTIES, FLORIDA, 2015-2019.



Source: Table 24, 25, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

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Similar to the UFHCF Service Area and Florida overall, differences in poverty rates by race were found in the UFHTVH Service Area. For 2015-2019, the estimated percentage of Black residents having lived in poverty in the past 12 months in the UFHLH Service Area was 25.7 percent compared to 9.1 percent for White residents. This percentage for Black residents was the same as the UFHCF Service Area (25.7 percent) but higher than the state (22.8 percent). Stark differences in poverty rates for White and Black residents were seen in the UFHCF Service Area counties. As seen in the table that follows, the percentages of the Black population in Marion and Sumter Counties (32.8 and 24.3 percent, respectively) having lived in poverty in the past 12 months exceeded the state (22.0 percent). The poverty rate for the White population in Marion County (13.5 percent) also exceeded that of the state for White residents (12.1 percent) (Table 29).

TABLE 2. ESTIMATED NUMBER AND PERCENT OF INDIVIDUALS BY RACE IN POVERTY IN THE PAST 12 MONTHS, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2015-2019.

Area	White	Black
Lake County	10.6	19.4
Marion County	13.5	32.8
Sumter County	7.6	24.3
Florida	12.1	22.0

Source: Table 29, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

In the UFHLH Service Area, Sumter County per capita income and median household income for all races exceeded the state figures as well as those for Lake and Marion Counties for 2015-2019. White residents in Sumter County recorded higher per capita income and median household income than all races in Marion and Lake Counties. Disparity was also found when examining the income gap between the same race in different counties. Most notably, the per capita income for Black residents in Sumter County was \$12,207, compared to the per capita income of Black residents in Lake County at \$18,647. The per capita income for Black residents statewide is \$20,099, higher than all counties in the service area. The median household income for Lake County Hispanics at \$49,499 was the highest among the UFHLH Service Area counties and slightly above the state figure of \$49,266 (Table 32).

TABLE 3. PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME FOR ALL RACES, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2015-2019.

Indicator	Lake County	Marion County	Sumter County	Florida
Per Capita Income in the Past 12 Months (All Races)	\$ 28,348	\$ 25,839	\$ 35,560	\$ 31,619
Median Household Income (All Races)	\$ 54,513	\$ 45,371	\$ 57,226	\$ 55,660

Source: Tables 32, 35, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

EDUCATIONAL ATTAINMENT

According to ACS estimates for 2015-2019, those in the UFHLH Service Area 25 years of age and older whose highest level of education completed was a high school diploma (including equivalency diplomas and some college but no degree) for all genders was 55.6 percent; the comparable state rate was 48.5 percent. Those with a college degree (including Associate’s, Bachelor’s, Master’s, professional and doctorate degrees) for the UFHLH Service Area represented 36.1 percent of the population compared to 39.7 percent for Florida (Table 46). For the 2019-2020 school year, of the UFHLH Service Area counties, Lake County achieved the best high school graduation rate at 91.2 percent which exceeded the 90.0 state rate and outpaced Sumter County at 88.0 percent and Marion County at 87.1 percent. Lake County also recorded the highest high school dropout rate for the service area for 2018-2019 at 4.8 percent, performing worse than the state at 3.4 percent, and Marion and Sumter Counties at 3.6 and 4.1 percent, respectively (Table 45).

MORTALITY AND MORBIDITY

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

CAUSES OF DEATH

The top five leading causes of death in the UFHLH Service Area for all races in 2018-2020 were: Heart Disease, Cancer, Unintentional Injuries, Chronic Lower Respiratory Disease (CLRD) and Stroke. For the UFHCF Service Area, the five leading causes of death were the same as the UFHLH and UFHTVH Service Areas, in differing rank order. For the state of Florida, the five leading causes of death were the same as the UFHLH and UFHCF Service Area, with a slight difference in rank order: Heart Disease, Cancer, Stroke, Unintentional Injuries, Chronic Lower Respiratory Disease (CLRD). Heart Disease was the top leading cause of death for the UFHLH and UFHCF Service Areas and the state of Florida. Cancer was the leading cause of

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death for the UFHTVH Service Area (Table 54). Note that the onset of the COVID-19 pandemic in March 2020 impacted death rates for the entirety of the 2018-2020 time period.

As seen in the table below, age-adjusted death rates for the top five causes of death in the CFH Service Area Counties had vast differences between each other. When compared to Florida overall, Lake and Marion Counties had higher rates than the state for all top five leading causes of death, except stroke. The age-adjusted death rates for Sumter County were lower than the state for all top five leading causes of death, except unintentional injuries.

TABLE 4. AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION FOR ALL RACES FOR TOP CAUSES OF DEATH, UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES AND FLORIDA, 2018-2020.

Cause of Death	Lake County		Marion County		Sumter County		Florida	
	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age Adjusted Death Rate Per 100,000 Population
Heart Disease	1,069.0	159.5	1,476.0	210.3	508.3	133.6	44,727.0	145.7
Cancer	1,004.0	153.2	1,143.0	168.2	530.3	133.4	45,494.7	142.5
Unintentional Injuries	360.7	78.3	469.7	108.2	151.0	83.7	13,938.7	59.0
Chronic Lower Respiratory Disease (CLRD)	285.0	41.3	344.7	46.5	105.7	26.7	12,045.7	36.2
Stroke	268.0	39.1	181.7	25.6	116.7	28.9	14,154.0	42.3

Source: Table 57, 2022 UF Health Central Florida Health Community Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

When examining the top five leading causes of death by zip code, geographic disparities were found within the UFHCF Service Area for the 2018-2020 time period.

Heart Disease was the number one leading cause of death within the service area, as both UFHLH and UFHTVH had higher Age-Adjusted Death Rates (AADRs) (152.8 and 148.3 per 100,000 population, respectively) as compared to the state (143.1 per 100,000 population). The zip codes most burdened by Heart Disease in the UFHLH Service Area included: 34491 (Summerfield, Marion County), 33513 (Bushnell, Sumter County), and 34785 (Wildwood, Sumter County); the zip codes most burdened by Heart Disease in the UFHTVH Service Area included: 34491 (Summerfield, Marion County), 34785 (Wildwood, Sumter County), and 32159 (Lady Lake, Lake County) (Table 60). Of note is the overlap in both the UFHLH and UFHTVH Service Area zip codes of 34491 and 34785.

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Cancer was the second leading cause of death within the service area, as both UFHLH and UFHTVH had higher AADRs (145.1 and 142.9 per 100,000 population, respectively) as compared to the state (140.5 per 100,000 population). The zip codes most burdened by Cancer in the UFHLH Service Area included: 34731 (Fruitland Park, *Lake County*), 34491 (Summerfield, *Marion County*), and 32163 (The Villages, *Sumter County*); the zip codes most burdened by Cancer in the UFHTVH Service Area included: 34491 (Summerfield, *Marion County*), 32163 (The Villages, *Sumter County*), and 32162 (The Villages, *Sumter County*) (Table 61). Of note is the overlap in both the UFHLH and UFHTVH Service Area zip codes of 34491 and 32163.

Unintentional injury was the third leading cause of death within the service area, as both UFHLH and UFHTVH had higher AADRs (86.3 and 77.9 per 100,000 population, respectively) as compared to the state (59.2 per 100,000 population). The zip codes most burdened by Unintentional Injuries in the UFHLH Service Area included: 34491 (Summerfield, *Marion County*), 34788 (Leesburg, *Lake County*), 32162 (The Villages, *Sumter County*), and 33513 (Bushnell, *Sumter County*); the zip codes most burdened by Unintentional Injuries in the UFHTVH Service Area included: 34491 (Summerfield, *Marion County*), 32162 (The Villages, *Sumter County*), and 34785 (Wildwood, *Sumter County*) (Table 62). Of note is the overlap in both the UFHLH and UFHTVH Service Area zip codes of 34491 and 32162.

Chronic Lower Respiratory Disease (CLRD) was the fourth leading cause of death within the service area, but both UFHLH and UFHTVH had lower AADRs (34.9 and 28.3 per 100,000 population, respectively) as compared to the state (35.5 per 100,000 population). However, within the UFHCF Service Area, some zip codes had higher age-adjusted death rates for CLRD than the state (Table 66).

Stroke was the fifth leading cause of death within the service area, but both UFHLH and UFHTVH had lower AADRs (31.9 and 30.8 per 100,000 population, respectively) as compared to the state (41.5 per 100,000 population). However, within the UFHCF Service Area, some zip codes had higher age-adjusted death rates for Stroke than the state (Table 64).

When examining the top five leading causes of death by race and ethnicity, racial and ethnic disparities were also found within the UFHCF Service Area for the 2018-2020 time period.

Black residents in Sumter County had the overall highest AADR for Heart Disease (252.2 per 100,000 population), which was higher than the statewide Heart Disease AADR for all races (145.7 per 100,000 population) and the statewide Heart Disease AADR for Black residents (172.8 per 100,000 population). Black residents in Lake and Marion Counties also had higher AADRs for Heart Disease (182.3 and 222.7 per 100,000 population, respectively) as compared to the state. Hispanic and White residents in Marion County also had higher AADRs for Heart Disease (162.0 and 209.3 per 100,000 population, respectively) as compared to the statewide Hispanic and White AADR for Heart Disease (117.2 and 142.5 per 100,000 population, respectively) (Tables 57-58).

White residents in Marion County had the overall highest AADR for Cancer (172.3 per 100,000 population), which was higher than the statewide Cancer AADR for all races (142.5 per 100,000 population) and the statewide Cancer AADR for White residents (142.6 per 100,000 population). Hispanic residents in Marion

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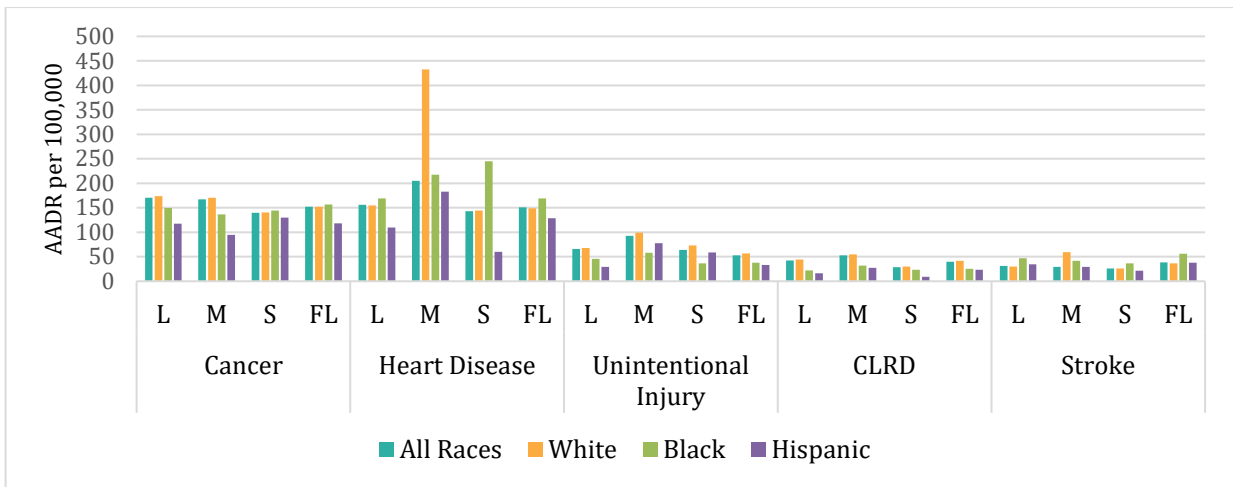
County had a higher AADR for Cancer (118.1 per 100,000 population) than the statewide Cancer AADR for Hispanic residents (109.1 per 100,000 population). Black residents in Lake County had the second highest AADR for Cancer within the Service Area (168.2 per 100,000 population), which was higher than the statewide Black AADR for Cancer (149.0 per 100,000 population) (Tables 57-58).

White, Black, and Hispanic residents in Lake, Marion, and Sumter Counties all had higher AADRs for Unintentional Injury than the statewide Unintentional Injury AADRs for their respective race and ethnicity (Tables 57-58)

White residents in Marion County had the overall highest AADR for CLRD (48.6 per 100,000 population), which was higher than the statewide CLRD AADR for all races (36.2 per 100,000 population) and the statewide White AADR for CLRD (38.1 per 100,000 population). Black residents in Lake County had a higher AADR for CLRD (33.8 per 100,000 population) than the statewide Black AADR for CLRD (23.4 per 100,000 population). Hispanic residents in Lake, Marion, and Sumter Counties all had lower AADRs for CLRD as compared to the statewide Hispanic AADR for CLRD (20.8 per 100,000 population) (Tables 57-58).

Black residents in Lake County had the overall highest AADR for stroke (56.8 per 100,000 population), which was higher than the statewide Stroke AADR for all races (42.3 per 100,000 population), but lower than the statewide Black AADR for Stroke (61.2 per 100,000 population). Hispanic residents in Lake and Sumter Counties had higher AADRs for Stroke (44.7 and 53.1 per 100,000 population, respectively) as compared to the statewide Hispanic AADR for Stroke (41.9 per 100,000 population). White residents in Lake, Marion, and Sumter Counties all had lower AADRs for Stroke compared to the statewide White AADR for Stroke (Tables 57-58).

FIGURE 4. COMPARISON OF AGE-ADJUSTED DEATH RATES (AADR) PER 100,000 POPULATION FOR ALL RACES AND HISPANICS FOR LEADING CAUSES OF DEATH, UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES AND FLORIDA, 2018-2020 (L=LAKE, M=MARION, S=SUMTER, FL=FLORIDA).



Source: Tables 57, 58, 2022 Central Florida Health Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

BEHAVIORAL RISK FACTORS

The presence of wise health behaviors and the absence of negative health decisions are the cornerstones of a healthy community. Towards this end, national and state governments have invested substantial resources to understand the health behaviors of residents. This Behavioral Risk Factors section details data on selected health behaviors. These data are collected annually at the national and state levels and in Florida at the county level every three years by telephone survey as part of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). Because BRFSS data are not available at the zip code level, data for select indicators are presented at the county level for Lake, Marion, and Sumter Counties to illustrate health behaviors in the UFHLH Service Area. Categories of health behaviors are presented in order below. The BRFSS data are provided in their entirety in Table 113 of the *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix*.

CANCER SCREENINGS

Women forty years of age and older in Lake and Marion Counties reported having a mammogram in the past year at lower percentages (60.4 percent and 54.5 percent, respectively) than women in Sumter County (80.3 percent) and statewide (60.8 percent). The percentage of women 18 years of age and older who received a Pap test in the past year was 40.9 percent in Lake County, 47.1 percent in Marion County, and 37.3 percent in Sumter County; the state rate was 48.4 percent (Table 102).

Prostate-specific Antigen Test (PSA) testing rates among men aged 50 and older were higher across the UFHLH Service Area counties than statewide. Statewide, 54.9 percent of men reported having had a PSA test in the past two years compared to 54.9 percent statewide and 55.5 percent in Lake County, 59.1 percent in Marion County, and 77.6 percent in Sumter County. The percentage of men aged 50 years and older who had ever had a PSA test in all three of the service area counties exceeded the 67.5 state rate. Sumter County men had the highest rate at 90.5 percent, followed by Marion County at 72.3 percent and Lake County at 70.3 percent (Table 101).

The percentage of adults 50 years of age and older who received a blood stool test in the past year fell below the statewide percentage (16.0 percent) in both Lake and Sumter Counties (15.0 percent and 14.6 percent, respectively), while Marion County (18.0 percent) exceeded the state (Table 100). Adults over the age of 50 years in Lake, Marion, and Sumter Counties reported higher percentages (44.5, 41.4, and 47.4 percent, respectively) of having ever had a blood stool test as compared to the state (36.0 percent) (Table 100). The percentage of adults over the age of 50 who received a sigmoidoscopy or colonoscopy in the past five years was higher than the state percentage in Marion and Sumter Counties.

CARDIOVASCULAR DISEASE

In 2019, adults in the UFHLH Service Area reported higher than state rates of cardiovascular problems. The percentage of adults who reported they ever had a stroke in Marion and Sumter Counties (6.3 and 6.6 percent, respectively) was double that of the statewide percentage (3.6 percent). Among Marion and Sumter County adults, more reported (16.3 and 16.4 percent, respectively) ever having had a heart attack, angina or coronary heart disease or stroke, than statewide (9.5 percent). When reported alone, the percentage of

adults who have ever had a heart attack was higher across the UFHLH Service Area counties than the state (4.7 percent), with the largest difference noted in Marion County (9.6 percent) (Table 113).

DIABETES

In 2019, the percentage of adults who reported having diagnosed diabetes was higher in all UFHLH Service Area counties compared to the state (11.8 percent). Sumter County had the highest percentage of adults with diagnosed diabetes (18.5 percent), followed by Marion and Lake Counties (16.8 and 12.6 percent, respectively). Adults in the UFHLH Service Area counties reported having pre-diabetes at near similar percentages compared to the state. The percentage of adults who ever had diabetes self-management education fell below the statewide percentage in Lake, Marion, and Sumter Counties (54.2, 41.5, and 60.3 percent, respectively) (Table 113).

HEALTHCARE ACCESS AND INSURANCE COVERAGE

Differences in healthcare access and coverage were found when comparing Lake, Marion, and Sumter Counties. In 2019, the percentage of adults who have a personal doctor was higher for all UFHLH Service Area counties as compared to the state (72.0 percent overall). Adults in Sumter County had the highest percentage of adults with a personal doctor (86.0 percent) as compared to Lake and Marion Counties (73.2 and 78.3 percent, respectively). Additionally, the percentage of adults with any type of health care insurance coverage was higher in the UFHLH Service Area counties as compared to the state (84.2 percent). Adults in Sumter County had the highest percentage of adults with any type of health care insurance coverage (90.5 percent) as compared to Lake and Marion Counties (85.2 and 84.9 percent, respectively) (Table 113).

Although residents in these counties had higher percentages of insured individuals, the cost of health care caused higher percentages of adults to forgo seeing a doctor within the past year due to cost, as compared to the state (16.0 percent). The highest percentage of adults who could not see a doctor in the past year due to cost was in Marion County (19.1 percent). In Lake County, 13.6 percent of adults could not see a doctor in the past year due to cost. However, adults in Sumter County fared better than the state and Lake and Marion Counties, as 9.5 percent of Sumter County adults could not see a doctor in the past year due to cost (Table 113).

Overall, the percentage of adults in the UFHLH Service Area who had a medical checkup in the past year was higher than the state (78.8 percent). Sumter County had the highest percentage of adults who had a medical checkup in the past year at 89.1 percent, followed by Marion and Lake Counties (83.4 and 79.0 percent, respectively) (Table 113).

HEALTH STATUS AND QUALITY OF LIFE

Across the UFHLH Service Area in 2019, the percentage of adults who reported poor physical health on 14 or more of the past 30 days exceeded the statewide percentage (13.8 percent). At 15.7 percent, Marion County adults had the highest percentage, followed by Marion and Sumter Counties (14.8 and 14.0 percent, respectively). Relatedly, the average number of unhealthy physical days in the past 30 days reported was highest in Lake County at 5.0 days, followed by 4.8 days in Marion County and 4.3 days in Lake County; the state average was 4.4 days. Among the three UFHLH Service Area counties, Marion County adults reported

the poorest health-related quality of life indicators, as 26.4 percent reported that their overall health was “fair” or “poor;” 14.3 percent reporting having had poor mental health on 14 or more of the past 30 days; and 18.3 percent whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Table 113).

HIV/AIDS

In 2019, the percentage of adults (those less than 65 years of age) who reported ever having been tested for the Human Immunodeficiency Virus (HIV) in the UFHLH Service Area was lower than the state overall (60.7 percent). Marion County had the highest percentage of adults under the age of 65 who reported ever having been tested for HIV (55.9 percent), followed by Lake County and then Sumter County (49.1 and 44.4 percent, respectively) (Table 113).

The percentage of adults (all ages) who had ever been tested for HIV in the UFHLH Service Area was again lower than the state overall (50.7 percent). Marion County had the highest percentage of adults who reported ever having been tested for HIV (44.0 percent), followed by Lake County and then Sumter County (37.1 and 25.5 percent, respectively) (Table 113).

IMMUNIZATIONS

Overall, self-reported immunization rates for 2019, including those adults who have received a flu shot and/or a pneumococcal vaccination in the past year and/or ever, across Lake and Sumter Counties were better than those for the state as a whole. However, self-reported immunization rates for Marion County were below the state and other UFHLH Service Area counties' percentages for all indicators except the percentage of adults who have ever received a pneumococcal vaccination (Table 113).

OVERWEIGHT AND OBESITY AND PHYSICAL ACTIVITY

In 2019, the statewide percentage of adults who reported being overweight or obese was 64.6 percent. Percentages in Sumter and Marion Counties exceeded the state (71.4 and 66.8 percent, respectively), but were lower in Lake County (64.4 percent). When considered separately, obesity rates for the three counties all exceeded the statewide percentage. However, the percentage of adults who reported being overweight only exceeded the statewide percentage of 37.6 percent in Sumter County (43.8 percent). When reviewing self-reported physical activity levels, Marion County adults reported being sedentary at a higher percentage than the state rate (32.3 percent compared to 26.5 percent) (Table 113).

SUBSTANCE AND TOBACCO USE

In 2019, the percentage of adults who engaged in heavy or binge drinking across the UFHLH Service Area was below the statewide percentage of 18.0 percent. When comparing tobacco use percentages across the UFHLH Service Area, Lake County and Marion County had higher rates of current smokers (15.9 and 18.3 percent, respectively) than the state (14.8 percent) and Sumter County (11.7 percent). The percentage of adults who currently use chewing tobacco, snuff, or snus some days or every day was higher in Marion and Sumter Counties (2.9 and 3.0, respectively) than the state (2.2 percent); use in Lake County was on par with statewide use (2.2 percent). All three service area counties had lower percentages of adults who had never

smoked as compared to the state. Relatedly, all three service area counties had higher percentages of adults who are former smokers. The percentage of current e-cigarette use was higher across the state than in the UFHLH Service Area (Table 113).

MATERNAL AND INFANT HEALTH

During the 2018-2020 time period there were 4,246 births for all races in the UFHLH Service Area (Table 92). During the same time period, there were 27 infant deaths, with disparate rates noted in some zip codes within the service area. Disparate rates were noted in the following zip codes: 34785 (Wildwood, *Sumter County*), 34731 (Fruitland Park, *Lake County*), 32778 (Tavares, *Lake County*), 34788 (Leesburg, *Lake County*), and 32159 (Lady Lake, *Lake County*). Most notable was the infant death rate in zip code 34785 (16.4 per 1,000 total live births), more than double the state's rate (6.0 per 1,000 total live births). The overall infant death rate in the UFHLH Service Area was 6.4 per 1,000 total live births, similar to the overall infant death rate in the UFHTVH Service Area at 6.3 per 1,000 total live births (Table 93). The infant death rate in the UFHCF Service Area and Florida overall was 6.0 per 1,000 total live births.

Disparities were noted in infant death rates within the UFHLH Service Area when examined by race and ethnicity during the 2018-2020 time period. Within the UFHLH Service Area, the White, Black, and Hispanic infant death rates were: 4.4, 13.0, and 6.0 per 1,000 total live births, respectively. Within the UFHCF Service Area, the White, Black, and Hispanic infant death rates were: 3.3, 14.1, and 5.8 per 1,000 total live births, respectively. The statewide infant death rates for White, Black, and Hispanic infants were: 4.3, 11.0, and 5.0 per 1,000 total live births, respectively (Table 93). The Black and Hispanic infant death rates for both the UFHLH and UFHCF Service Areas were higher than the statewide Black and Hispanic infant death rates.

Within the same time period, the percentage of low birthweight births for all races in the UFHLH Service Area was 9.5 percent, which was similar to the UFHCF Service Area (9.9 percent) but higher than the state overall (8.7 percent). Disparities were noted between White and Black low birthweight births within the UFHLH and UFHCF Service Areas. Low birthweight births occurred at a higher percentage among Black individuals as compared to White in the UFHLH Service Area (13.8 and 8.4 percent, respectively); the comparable statewide percentage for low birthweight births among Black individuals was 14.0 percent and 7.1 percent among White individuals (Table 94). Low birthweight births occurred at approximately the same rate for Hispanics within the UFHLH Service Area and Florida overall.

During the 2016-2020 time period, statewide teen birth rates decreased, but teen birth rates in the UFHLH, UFHTVH, and UFHCF Service Areas increased overall. The teen birth rate in the UFHLH and UFHCF Service Areas (1.9 and 2.0 percent, respectively) were approximately double the statewide percentage (1.0 percent) (Table 96).

During the 2018-2020 time period, women of all races in the UFHLH and UFHCF Service Areas had higher percentages (70.5 and 70.8 percent, respectively) of first trimester care than the state overall (69.3 percent) (Table 95). However, differences were noted when examining the percent of women who received care in the first trimester by race and ethnicity. White women received first trimester care in slightly lower percentages in the UFHLH and UFHCF Service Areas (71.2 percent in both) compared to the state (71.7

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percent). Black women received first trimester care in higher percentages in the UFHLH and UFHCF Service Areas (68.2 and 69.0, respectively) compared to the state (62.1 percent). Hispanic women received first trimester care in slightly lower percentages in the UFHLH and UFHCF Service Areas (66.2 percent in both) compared to the state (69.4 percent) (Table 95).

TABLE 5. MATERNAL HEALTH INDICATORS BY RACE AND ETHNICITY, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH CENTRAL FLORIDA (UFHCF) SERVICE AREA (SA) AND FLORIDA, 2018-2020.

	Race/ Ethnicity	Indicator					
		Total Births	Infant Deaths	Infant Death Rate	Low Birthweight	Low Birthweight (%)	1st Trimester Care (%)
UFHLH SA	All	4,246	27	6.4	405	9.5	70.5
	White	3,157	14	4.4	264	8.4	71.2
	Black	846	11	13.0	117	13.8	68.2
	Hispanic	669	4	6.0	49	7.3	66.2
UFHCF SA	All	3,315	20	6.0	329	9.9	70.8
	White	2,414	8	3.3	208	8.6	71.2
	Black	707	10	14.1	102	14.4	69.0
	Hispanic	515	3	5.8	40	7.8	66.2
Florida	All	651,163	3,875	6.0	56,809	8.7	69.3
	White	461,333	1,986	4.3	32,815	7.1	71.7
	Black	142,639	1,562	11.0	19,982	14.0	62.1
	Hispanic	198,967	988	5.0	14,330	7.2	69.4

Source: Tables 92-95, 2022 *UF Health Central Florida Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2022.

MENTAL HEALTH

Common mental health problems such as anxiety and depression are associated with a variety of other public health issues including substance misuse, domestic violence, and suicide. The following are notable findings related to mental health for the UFHLH Service Area over the 2018-2020 time period:

- Rates of hospitalizations for mental health reasons (for all ages, those aged 0-17, and those 18 years of age and older) in the UFHLH and UFHCF Service Areas were lower than statewide rates. In 2020, Marion County had the highest rate of hospitalizations for mental health reasons (7.7 per 1,000 population) as compared to Lake and Sumter Counties (7.4 and 1.7 per 1,000 population, respectively). Of note were the higher-than-average rates of 11.3 and 8.5 per 1,000 population for all ages in zip codes 34788 (Leesburg, *Lake County*) and 33513 (Bushnell, *Sumter County*), respectively (Table 83).

- Rates of emergency department (ED) visits for mental health reasons (for all ages and those aged 0-17) in the UFHLH Service Area were higher than statewide rates. Historically, those aged 0-17 had higher rates of ED visits for mental health reasons as compared to youth across the state. When comparing 2019 and 2020, there was an increase in rates of ED visits for mental health reasons in both the UFHLH and UFHTVH Service Areas, but a decrease in statewide rates. In 2020, rates of ED visits for mental health reasons (for all ages, those aged 0-17, and those 18 years of age and older) in the UFHLH Service Area were higher than statewide rates. Also of note in 2020 were the higher-than-average rates of 97.1, 96.7, and 91.4 per 1,000 population for all ages in zip codes 32778 (Tavares, *Lake County*), 34788 (Leesburg, *Lake County*) and 34491 (Summerfield, *Marion County*), respectively (Table 84).
- Suicide ranked among the leading causes of death for residents 0-44 years of age (YOA) in the UFHCF Service Area Counties for 2018-2020 (Tables 73-74). The crude death rates for residents 0-17 YOA exceeded the state crude rate in all counties in the UFHCF Service Area. The crude death rates for residents 18-44 YOA exceeded the state crude rate (16.0 per 100,000 population) in Lake and Marion Counties but was slightly less in Sumter County (13.8 per 100,000 population) (Table 74). The age-adjusted death rate for suicide deaths was higher overall in the UFHLH, UFHTVH, and UFHCF Service Areas (21.2, 15.9, and 22.1 per 100,000 population, respectively) than the state rate (14.4 per 100,000 population) (Table 70).
- According to 2019 BRFSS data, the percentage of adults who had poor mental health on 14 or more of the past 30 days was highest in Marion County at 14.3 percent; Lake and Sumter Counties (12.5 and 10.3 percent, respectively) were lower than the state's average (13.8 percent). The percentage of adults with good mental health for the past 30 days was highest in Sumter County (89.7 percent), followed by Lake and Marion Counties (87.5 and 85.7 percent, respectively), as compared to the state (86.2 percent) (Table 113).
- In 2020, the rate of domestic violence offenses per 100,000 population in Marion County (1,015.9 per 100,000 population) was more than double the rate of the state (492.2 per 100,000 population). The domestic violence rates in Lake and Sumter County (465.8 and 363.1 per 100,000 population, respectively) were lower than the rates in Marion County and Florida as a whole (Table 91).

Numbers and rates of involuntary exam initiations, also known as “Baker Acts,” in the three UFHLH Service Area counties for 2009-2020 are displayed in the table below. Lake and Sumter Counties rates are below state rates per 100,000 population for the entirety of the reporting period. Marion County Baker Act rates exceeded state rates early in the reporting period then dropped beginning in 2012 (Table 99).

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TABLE 6. NUMBER AND RATE PER 100,000 POPULATION OF INVOLUNTARY EXAM INITIATIONS (BAKER ACTS) FOR RESIDENTS OF UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES AND FLORIDA, 2009-2019.

Year	Lake County		Marion County		Sumter County		Florida	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
2018-2019	2,875	840	4,076	1,147	573	456	210,992	1,007
2017-2018	3,041	917	3,757	1,076	590	489	205,781	1,005
2016-2017	2,860	883	3,016	872	497	419	199,944	992
2015-2016	2,571	812	3,045	892	466	403	194,354	981
2014-2015	2,285	738	3,100	919	480	432	187,999	964
2013-2014	2,195	724	3,072	917	417	397	177,006	919
2012-2013	2,076	693	2,534	761	367	366	163,850	859
2011-2012	2,071	694	2,939	886	352	364	154,655	818
2010-2011	1,967	662	3,147	950	339	363	145,290	773
2009-2010	1,887	646	2,999	908	306	321	141,285	754

Source: Table 86, *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2022.

HEALTHCARE ACCESS AND UTILIZATION

Although health insurance and access to healthcare services do not necessarily prevent illness, early intervention and long-term management resources can help to improve and maintain quality of life and minimize premature death. It is therefore useful to consider insurance coverage and healthcare access in a community health needs assessment. The *2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix* includes data on insurance coverage, Medicaid eligibility, healthcare resources and usage as well as healthcare expenditures by payor source. Key findings from these data sets are presented in sections below.

SHORTAGE AND MEDICALLY UNDERSERVED AREAS

A Health Professional Shortage Area (HPSA) is defined as a geographic area, population group or facility designated by the U.S. Department of Health and Human Services Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers. A HPSA may be a geographic area such as a county or service area, represent a specific demographic such as low-income population, or be a designated institution such as a Federally Qualified Health Center. The score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100% of the federal poverty level, infant mortality rate or low birthweight rate (depending on which score is higher), and travel time or distance to nearest available source of care (also, depending on which score is higher). The scores range from 0 to 26 for Dental Health HPSAs and 0-25 for Primary Care and Mental Health HPSAs, where the higher the score, the greater the priority.

- The **dental** HPSAs for Lake County, Marion, County and Sumter County include one (1) population group (“low income/migrant farm workers”), five (5) correctional facilities, ten (10) rural health centers, one (1) Federally Qualified Health Center (FQHC) Look-Alike, and three (3) FQHCs. The type of HPSAs with the highest priority scores for all three (3) counties are the FQHC Look-Alike (with a score of 26) and all three FQHCs (also with a score of 26) (Table 122).
- The **mental health** HPSAs for Lake, Marion, and Sumter Counties include three (3) population groups (one “low income/migrant farm workers” and two “low income”), four (4) correctional facilities, ten (10) rural health centers, one (1) Federally Qualified Health Center (FQHC) Look-Alike, and three (3) FQHCs. The type of HPSA with the highest priority score for all three (3) counties are two FQHCs (with scores of 24) and the FQHC Look-Alike (with a score of 23) (Table 122).
- The **primary care** HPSAs for Lake, Marion, and Sumter Counties include three (3) population groups (all three are “low income”) , five (5) correctional facilities, one (1) FQHC Look-Alike, three (3) FQHCs, and ten (10) rural health centers. The type of HPSA with the highest priority score is the FQHC (with scores of 22 and 21) (Table 122).

Medically underserved areas (MUAs) and medically underserved populations (MUPs) are sister programs to the Health Professional Shortage Areas (HPSA). MUAs and MUPs are areas or populations designated by the Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. The lowest possible score is zero (0) and indicates the highest need while the highest score of 100 indicates areas of lowest need. As of 2022, the MUA with the greatest need in the UFHCF Service Area is located in Lake County (“low income/migrant farm workers”) with a score of 45.6. Marion County (“low income/migrant farm workers”) was close behind with a score of 50.9, while Sumter County scored 46.6. For the same time period, there was an MUP designated as “low income” in North Lake County (with a score of 45.6) (Table 122).

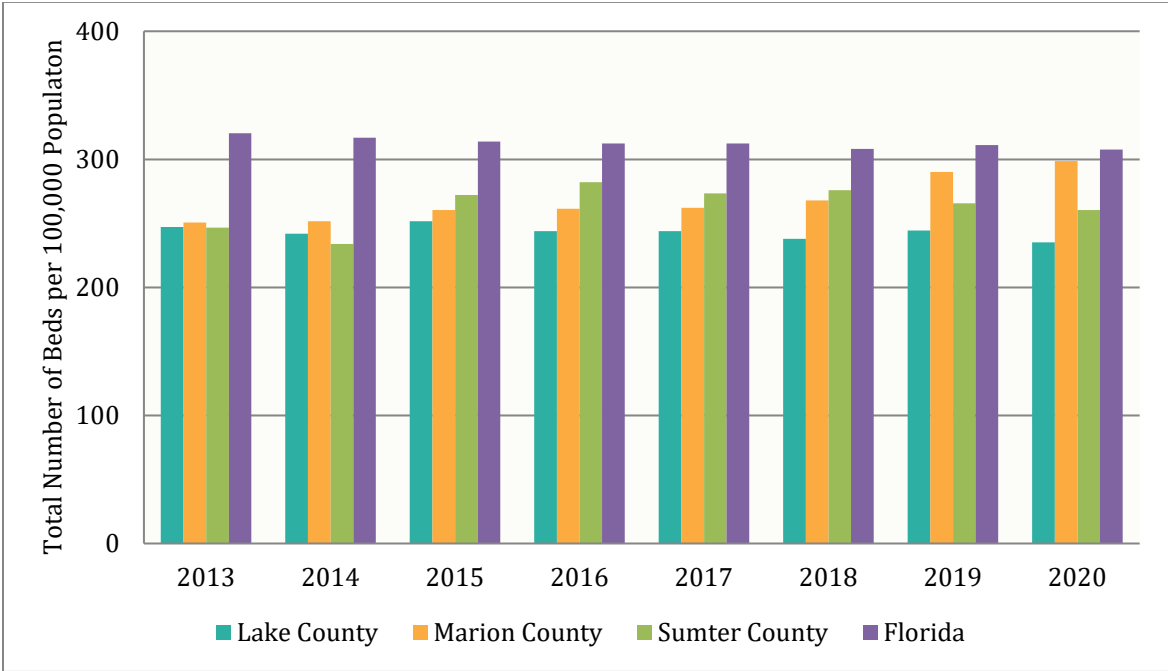
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HEALTHCARE FACILITIES

A variety of licensed healthcare service facilities are located within the UFHCF Service Area counties. In 2022, there were 51 Assisted Living Facilities (ALFs) in Lake County, 34 ALFs in Marion County, and 15 ALFs in Sumter County; the rate of ALFs per 100,000 population in each county fell below the state rate (14.0 per 100,000 population). Regarding healthcare clinics, UFHCF Service Area Counties fell short of the state rate (12.7 per 100,000 population) in all three counties; each county’s individual rate was approximately half of the state’s rate. The Lake, Marion, and Sumter County hospital bed rates (1.0, 1.6, and 1.2 per 100,000 population, respectively) were similar to the state’s rate (1.4 per 100,000 population).

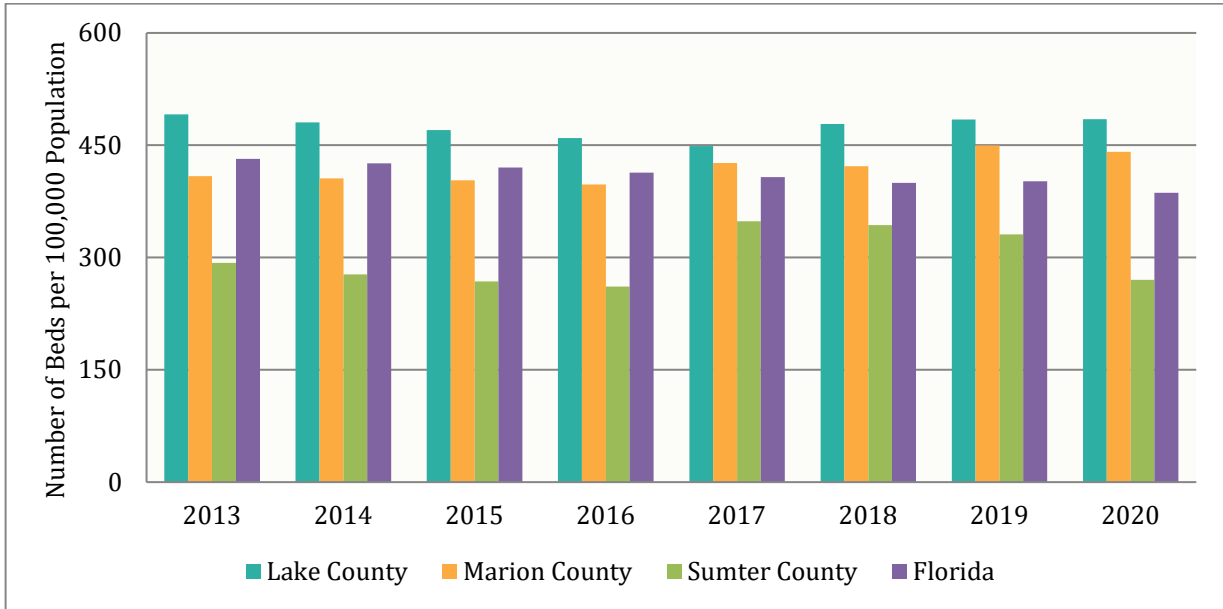
Displayed in Figures 5 and 6 below are the numbers and rates of hospital and nursing home beds per 100,000 population in the three UFHCF Service Area counties. Individual county rates fell short of the 2020 state rate of 306.3 hospital beds per 100,000 population in each county. When comparing 2019 and 2020 rates, the rate of hospital beds per 100,000 decreased in Lake and Sumter Counties, but increased in Marion County. Individual county rates surpassed the state rate of 386.5 nursing home beds per 100,000 in Lake and Marion Counties (485.0 and 441.1 nursing home beds per 100,000, respectively), but fell short in Sumter County (270.0 nursing home beds per 100,000) (Table 126). When comparing 2019 and 2020 rates, the rate of nursing home beds per 100,000 decreased in Marion and Sumter Counties, but slightly increased in Lake County.

FIGURE 5. TOTAL HOSPITAL BEDS PER 100,000 POPULATION, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2013-2020.



Source: Table 126, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

FIGURE 6. TOTAL NURSING HOME BEDS PER 100,000 POPULATION, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2013-2020.



Source: Table 126, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

PHYSICIAN AND DENTIST AVAILABILITY

During 2020-2021, rates of total physicians per 100,000 population in all three UFHCF Service Area Counties fell below the state (314.0 total physicians per 100,000 population); the rates for Lake, Marion, and Sumter Counties were 206.1, 208.3, and 145.5 per 100,000 population, respectively (Table 127). When examining physician availability by specialty type, it was found that all three UFHCF Service Area Counties fell below the state rate for OB/GYN physicians (9.2 OB/GYNs per 100,000 population) and the state rate for pediatricians (21.9 pediatricians per 100,000 population) (Table 127).

Over the same time period, dentists were also in short supply in the UFHCF Service Area. All three counties in the UFHCF Service Area fell below the state rate of 56.7 dentists per 100,000 population; the rates for Lake, Marion, and Sumter Counties were 39.0, 38.9, and 27.0 per 100,000 population, respectively (Table 128).

UNINSURED RATES

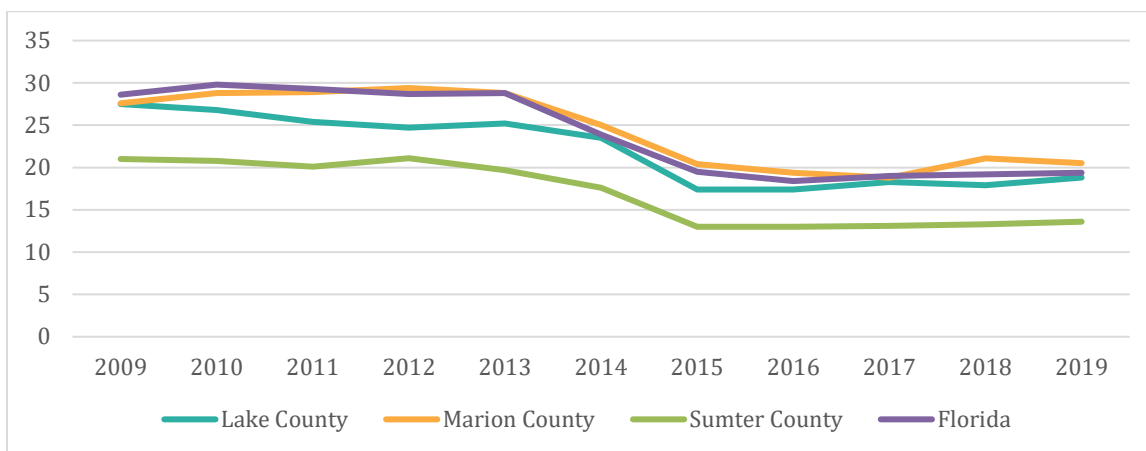
Since 2013, the percentage of uninsured adults (18-64 years of age) has decreased noticeably, as provisions of the Patient Protection and Affordable Care Act went fully into effect. The percentage of uninsured adults in Lake and Sumter Counties has historically been below that of the state over multiple years. However,

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Marion County adults have generally been insured at a lower percentage than adults across the state (Table 39).

The 2015-2019 ACS data (for the total civilian noninstitutionalized population) reflected a lower percentage of uninsured persons across both the UFHLH and UFHTVH Service Areas as compared to the state (12.8 percent). There was an estimated 7.1 percent uninsured in the UFHLH Service Area, with the highest uninsured percentages in the following zip codes: 34748 (Leesburg, *Lake County*) at 11.7 percent, 33513 (Bushnell, *Sumter County*) at 11.1 percent, and 34731 (Fruitland Park, *Lake County*) at 10.8 percent. There was an estimated 4.3 percent uninsured in the UFHTVH Service Area, with the highest uninsured percentages in the following zip codes: 34491 (Summerfield, *Marion County*) at 7.6 percent, 32159 (Lady Lake, *Lake County*) at 6.2 percent, and 34785 (Wildwood, *Sumter County*) at 5.4 percent (Table 41).

FIGURE 7. PERCENT UNINSURED, 18-64 YEARS OF AGE POPULATION, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2009-2019.



Source: Table 39, 2022 *UF Health Central Florida Community Health Needs Assessment Technical Appendix*, prepared by WellFlorida Council, 2022.

MEDICAID

For the purpose of data collection and reporting, the Florida Agency for Health Care Administration (AHCA) Medicaid Program Office recognizes those enrolled in the Medicaid medical assistance program as “Medicaid Eligibles.” As shown in the table below, the percent of the population in Lake and Sumter Counties who were Medicaid eligible was lower than the state percent in the 2019-2021 time period. The percent of the population in Marion County who was Medicaid eligible was higher than the state percent in the same three-year time period. Since 2015, the percent of the population who was Medicaid eligible had been decreasing. The onset of the COVID-19 pandemic in 2020 caused an increase in Medicaid enrollment not only in Florida, but across the United States for all age groups.

TABLE 7. NUMBER OF MEDICAID ELIGIBLES AND PERCENT OF TOTAL POPULATION, UF HEALTH CENTRAL FLORIDA COUNTIES BY COUNTY AND FLORIDA (AS OF DECEMBER OF EACH YEAR), ALL AGES, 2019-2021.

Year	Area	Total Population	Medicaid Eligibles	
			Number	Percent
2019	Lake County	354,537	58,089	16.4
	Marion County	360,053	76,254	21.2
	Sumter County	130,642	10,850	8.3
	Florida	21,268,553	3,779,655	17.8
2020	Lake County	368,828	71,740	19.5
	Marion County	367,247	90,979	24.8
	Sumter County	133,310	12,859	9.6
	Florida	21,640,766	4,529,356	20.9
2021	Lake County	376,749	80,835	21.5
	Marion County	376,107	101,828	27.1
	Sumter County	154,323	14,664	9.5
	Florida	22,005,587	5,060,593	23.0

Source: Table 123, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

INSURANCE UTILIZATION

Within the UFHLH Service Area during 2018-2020, Medicare as the payor source covered the largest percent of discharges and patient days. In 2020, the Medicare payor source figures were 69.7 percent of discharges and 72.6 percent of patient days, which were lower than the previous year’s figures. Private insurance covered the second largest percent of discharges and patient days over the same time period, followed by Medicaid. Between 2019 and 2020, Medicaid as a payor source slightly increased, as could be expected with the increase in Medicaid eligibles across the state. VA/Tri-Care comprised the smallest payor source during 2018-2020 (Table 132).

INPATIENT UTILIZATION

Within the UFHLH Service Area during 2020, the highest percentage of hospital discharges was seen for residents in zip code 32162 (The Villages, *Sumter County*) (19.9 percent). The second highest percentage of hospital discharges was seen for residents in zip code 34748 (Leesburg, *Lake County*) (18.1 percent), followed by zip code 32159 (Lady Lake, *Lake County*) (12.6 percent). The average length of stay (ALOS) was longest for residents in zip codes 34748 (Leesburg, *Lake County*) and 34785 (Wildwood, *Sumter County*) at 5.4 days. The ALOS for the UFHLH and UFHCF Service Areas (5.0 and 5.1 days, respectively) were slightly lower than the ALOS statewide (5.2 days) (Table 131).

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TABLE 8. TOTAL NUMBER AND PERCENT OF DISCHARGES AND PATIENT DAYS BY ZIP CODE FOR UF HEALTH LEESBURG HOSPITAL (UFHLH), UF HEALTH THE VILLAGES HOSPITAL (UFHTVH), UF HEALTH CENTRAL FLORIDA (UFHCF) SERVICE AREA (SA) AND FLORIDA, CALENDAR YEAR 2020.

Area	Discharges	Discharge Rate Per 1,000 Population	Percent of Discharges	Patient Days	Percent of Patient Days	ALOS *
UF Health Leesburg Hospital Service Area						
34748 Leesburg (L)	7,419	174.1	18.1	40,250	19.5	5.4
32162 The Villages (S)	8,147	161.7	19.9	40,570	19.6	5.0
34785 Wildwood (S)	2,269	116.7	5.5	12,303	6.0	5.4
32163 The Villages (S)	3,015	100.0	7.3	13,735	6.6	4.6
34731 Fruitland Park (L)	1,667	148.8	4.1	8,162	3.9	4.9
32159 Lady Lake (L)	5,181	167.7	12.6	26,647	12.9	5.1
34788 Leesburg (L)	3,013	151.5	7.3	15,218	7.4	5.1
34491 Summerfield (M)	4,806	164.7	11.7	23,430	11.3	4.9
33513 Bushnell (S)	1,864	141.3	4.5	8,465	4.1	4.5
32778 Tavares (L)	3,660	167.6	8.9	17,933	8.7	4.9
UFHLH SA Total	41,041	152.7	100.0	206,713	100.0	5.0
UF Health The Villages® Hospital Service Area						
32162 The Villages (S)	8,147	161.7	34.8	40,570	34.8	5.0
32159 Lady Lake (L)	5,181	167.7	22.1	26,647	22.8	5.1
34491 Summerfield (M)	4,806	164.7	20.5	23,430	20.1	4.9
32163 The Villages (S)	3,015	100.0	12.9	13,735	11.8	4.6
34785 Wildwood (S)	2,269	116.7	9.7	12,303	10.5	5.4
UFHTVH SA Total	23,418	146.3	100.0	116,685	100.0	5.0
Service Area Compared to State						
CFH SA Total	35,517	151.9	100.0	180,315	100.0	5.1

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Area	Discharges	Discharge Rate Per 1,000 Population	Percent of Discharges	Patient Days	Percent of Patient Days	ALOS *
	2020					
Lake County	53,662	145.9	2.1	261,199	2.0	4.9
Marion County	54,764	147.8	2.1	267,259	2.0	4.9
Sumter County	6,172	44.6	0.2	31,119	0.2	5.0
Florida	2,561,632	118.7	100.0	13,214,247	100.0	5.2

Note: ALOS = Average Length of Stay, L = Lake County, M = Marion County, S = Sumter County

Source: Table 131, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

AVOIDABLE HOSPITALIZATIONS AND DISCHARGES

During the 2018-2020 time period, the most common reason for an avoidable discharge for residents under the age of 65 in the UFHLH Service Area was dehydration. During the same time period, other conditions that were consistently among the top reasons for avoidable discharges included: Cellulitis, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure, Nutritional Deficiencies and problems related to Diabetes (Table 136).

When examining 2020 avoidable discharge rates within the UFHLH Service Area by zip code, the highest rates were found in the following zip codes: 32778 (Tavares, *Lake County*) at 21.0 per 1,000 population, 34788 (Leesburg, *Lake County*) at 20.8 per 1,000 population, and 34748 (Leesburg, *Lake County*) at 19.2 per 1,000 population. The avoidable discharge rates in the aforementioned zip codes exceeded the rates in the UFHLH, UFHTVH, and UFCFH Service Areas (14.1, 9.9, and 13.2 per 1,000 population, respectively), as well as the state rate (11.5 per 1,000 population) (Table 134).

Over the 2018-2020 time period, the rate of preventable dental hospitalizations for the UFHLH Service Area was on par with rates in the UFHTVH and UFHCF Service Areas, as well as the statewide rate. In 2020, Marion County had the highest preventable dental hospitalization rate (1.0 per 1,000 population) as compared to Lake and Sumter Counties (0.7 and 0.3 per 1,000 population, respectively). Of note was the higher than average rate of 1.0 per 1,000 population in zip codes 34788 (Leesburg, *Lake County*) and 34491 (Summerfield, *Marion County*), as compared to the UFHCF Service Area and state (0.7 and 0.8 per 1,000 population, respectively) (Table 130).

EMERGENCY DEPARTMENT (ED) VISITS

From 2018-2020, the most commonly reported reasons for an emergency department (ED) visit in the UFHLH Service Area were: chest pain, cough, unspecified abdominal pain, headache, fever, and shortness of breath (Table 140). Note that these commonly reported reasons account for ED visits which do not result in a patient being admitted for inpatient care.

During 2020, the largest payor source for ED visits in the UFHLH Service Area was Medicare, followed by Medicaid, and private insurance (44.2, 20.3, and 16.9 percent, respectively); on par with the UFHCF Service area (46.8, 19.3, and 16.1 percent, respectively). The UFHTVH Service Area had a higher percentage of Medicare as a payor source, followed by Medicaid, and private insurance (56.1, 15.0, and 14.4 percent). The UFHLH, UFHTVH, and UFHCF Service Areas each have higher Medicare payor source percentages than the state, while the Medicaid and private insurance payor source percentages were lower than the state (Table 139).

When examining 2019 avoidable emergency department (ED) visit rates within the UFHLH Service Area by zip code, the highest rates were found in the following zip codes: 34748 (Leesburg, *Lake County*) at 244.8 per 1,000 population, 34491 (Summerfield, *Marion County*) at 231.2 per 1,000 population, and 32778 (Tavares, *Lake County*) at 203.9 per 1,000 population. The avoidable ED visit rates in the aforementioned zip codes exceeded the overall rates in the UFHLH, UFHTVH, and UFHCF Service Areas (152.6, 117.8, and 147.9 per 1,000 population, respectively), as well as the state rate (190.8 per 1,000 population) (Table 138).

Rates of emergency department (ED) visits for mental health reasons (for all ages and those aged 0-17) in the UFHLH Service Area were higher than statewide rates. Historically, those aged 0-17 had higher rates of ED visits for mental health reasons as compared to youth across the state. When comparing 2019 and 2020, there was an increase in rates of ED visits for mental health reasons in both the UFHLH and UFHTVH Service Areas, but a decrease in statewide rates. In 2020, rates of ED visits for mental health reasons (for all ages, those aged 0-17, and those 18 years of age and older) in the UFHLH Service Area were higher than statewide rates. Also of note in 2020 were the higher-than-average rates of 97.1, 96.7, and 91.4 per 1,000 population for all ages in zip codes 32778 (Tavares, *Lake County*), 34788 (Leesburg, *Lake County*) and 34491 (Summerfield, *Marion County*), respectively (Table 84).

Over the 2018-2020 time period, the rate of preventable ED visits for the UFHLH Service Area was higher than the UFHTVH Service Area and statewide rates. In 2020, Marion County had the highest preventable dental ED visit rate (11.5 per 1,000 population) as compared to Lake and Sumter Counties (7.3 and 3.8 per 1,000 population, respectively). Of note were the higher-than-average rates of 11.5 and 11.1 per 1,000 population in zip codes 34788 (Leesburg, *Lake County*) and 34491 (Summerfield, *Marion County*), respectively (Table 129).

COVID-19

For the purposes of this discussion, note that age-adjusted death rates, case counts, vaccines, hospital discharges, and ED visits specific to COVID-19 were only reported at the county and statewide levels; no zip code data were available.

AGE-ADJUSTED DEATH RATES

As seen below, there are notable disparities in age-adjusted death rates (AADRs) for COVID-19 when considering race, ethnicity, and gender. Black individuals in all three counties had the highest AADR, when disaggregated by race and ethnicity. The Black AADR in Marion County was highest across the UFHCF Service Area at 118.5 per 100,000 population, compared to the state rate of 106.0 per 100,000 population.

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Hispanics across the three counties had the second highest overall AADR. The Hispanic AADR in Marion County was the second highest across the UFHCF Service Area at 96.1 per 100,000 population, as compared to the state rate of 89.8 per 100,000. There was also a difference noted between the male and female AADR for COVID-19, as men died at higher rates due in all three counties and across the state (Table 82).

TABLE 9. AGE-ADJUSTED DEATHS FROM COVID-19 BY RACE, ETHNICITY, AND GENDER, UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA, 2020.

Indicator	Lake County		Marion County		Sumter County		Florida	
	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons	Number	Rate Per 100,000 Persons
All Races	293	42.9	435	60.0	119	27.9	19,157	57.4
White Races	244	39.1	364	54.8	107	25.3	15,034	51.1
Black Races	43	101.9	63	118.5	8	101.7	3,515	106.0
Hispanics	42	82.7	47	96.1	3	33.9	5,212	89.8
Non-Hispanics	251	39.3	384	55.6	116	28.0	13,831	50.1
Males	154	50.1	264	79.2	78	36.4	10,938	73.5
Females	139	36.6	171	43.6	41	20.0	8,219	43.8

Source: Table 82, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

CASES

The table below details the cumulative cases of COVID-19, with an official reporting period of March 1, 2020 to January 27, 2022.

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TABLE 10. NUMBER OF CUMULATIVE CASES OF COVID-19 FOR UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA (AS OF JANUARY 27, 2022).

	Lake County	Marion County	Sumter County	Florida
2021 Population	377,680	372,469	137,317	21,975,117
	(Cumulative: March 1, 2020 - January 27, 2022)			
Number of Cases	78,050	76,962	19,492	5,478,671
Percent Case Positivity	25.3	29.8	21.4	26.4

Source: Table 116, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

VACCINES

The table below details the total number of persons vaccinated for COVID-19, with an official reporting period of March 1, 2020 to January 27, 2022. Note that the first COVID-19 vaccine, Pfizer-BioNTech became available under Emergency Use Authorization (EUA) from the U.S. Food & Drug Administration (FDA) since December 11, 2020. Marion County has a lower percentage of its five years and older (5+) population vaccinated against COVID-19, as compared to Lake and Sumter Counties. Sumter County has the highest percentage of its 5+ population vaccinated (76.0 percent) than the state (73.0 percent) (Table 117).

TABLE 11. NUMBER OF PEOPLE VACCINATED FOR COVID-19 FOR CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA (AS OF JANUARY 27, 2022).

	Lake County	Marion County	Sumter County	Florida
2021 Population	377,680	372,469	137,317	21,975,117
	(Cumulative: Since March 1, 2020 - January 27, 2022)			
Number of People Vaccinated	245,630	222,410	102,490	15,191,315
Percent 5+ Vaccinated	68.0	63.0	76.0	73.0

Source: Table 117, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

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HOSPITAL DISCHARGES

The table below details the number and rate of discharges for COVID-19 within the UFHCF Service Area. The rate of hospitalizations peaked during the July - September 2020 quarter due to the rapid spread of the delta variant during summer 2020. Marion County exceeded the state rate during the July - September 2020 quarter; Marion and Lake County exceeded the state rate during the October - December 2020 quarter.

TABLE 12. NUMBER AND RATE OF DISCHARGES FOR COVID-19 PER 100,000 POPULATION FOR UF HEALTH CENTRAL FLORIDA COUNTIES AND FLORIDA (APRIL - DECEMBER 2020).

Area	Total Population (2020)	April - June 2020		July - September 2020		October - December 2020	
		Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Lake County	368,828	173	46.9	1,020	276.6	918	248.9
Marion County	367,247	75	20.4	1,198	326.2	839	228.5
Sumter County	133,310	68	51.0	157	117.8	143	107.3
Florida	21,640,766	19,374	89.5	65,147	301.0	43,191	199.6

Note: COVID ICD 10 Code = "U07.1". Discharges were checked against the admitting diagnosis field, the principal diagnosis field and all 30 other diagnosis fields. If the code was in any of these fields it was pulled for COVID.

Source: Table 117, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

EMERGENCY DEPARTMENT (ED) VISITS

The table below details the number and rate of emergency department (ED) visits for COVID-19 within the UFHCF Service Area for April 2020 to December 2020. The rate of ED visits peaked during the July - September quarter due to the rapid spread of the delta variant during summer 2020. Lake County exceeded the state rate during the October - December quarter. Marion County had the lowest ED visit rate throughout the entire time period (Table 141).

TABLE 13. NUMBER AND RATE OF ED VISITS FOR COVID-19 PER 100,000 POPULATION BY QUARTER FOR CENTRAL FLORIDA HEALTH COUNTIES AND FLORIDA (APRIL - DECEMBER 2020).

Area	Total Population (2020)	April - June 2020		July - September 2020		October - December 2020	
		Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population	Number	Rate Per 100,000 Population
Lake County	368,828	256	69.4	936	253.8	1,031	279.5
Marion County	367,247	65	17.7	551	150.0	568	154.7
Sumter County	133,310	88	66.0	229	171.8	235	176.3
Florida	21,640,766	30,798	142.3	80,138	370.3	59,802	276.3

Note: COVID ICD 10 Code = "U07.1". Discharges were checked against the admitting diagnosis field, the principal diagnosis field and all 30 other diagnosis fields. If the code was in any of these fields it was pulled for COVID.

Source: Table 141, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

COUNTY HEALTH RANKINGS

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

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

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health

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outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2021. In the latest rankings, out of 67 counties in the state, Lake County ranked 30th for health outcomes and 18th for health factors; Marion County ranked 54th for health outcomes and 38th for health factors; and Sumter County ranked 28th for health outcomes and 32nd for health factors. Factors and indicators that contributed to each of the UFHLH Service Area counties' rankings are briefly described below. County Health Ranking scores for the three service area counties are displayed in the table that follows.

- Lake County ranked 30th for mortality and morbidity, it also ranked 5th for clinical care, 20th for health behavior and social & economic factors, and 39th for its physical environment.
- Marion County ranked 59th and 47th for mortality and morbidity, respectively; it also ranked 35th for health behavior, ranked 29th for clinical care, 47th for social & economic factors, and 53rd for its physical environment.
- Sumter County ranked 37th and 16th for mortality and morbidity, respectively; it also ranked 13th for health behavior, 12th for clinical care, 48th for social & economic factors, and 30th for its physical environment.

HEALTH FACTORS AND HEALTH OUTCOME SCORES

Health factors influence the health of a community and include socioeconomic factors, health behaviors, and clinical care. As seen in the table below, the overall health outcomes ranking in Marion County (54th) was much lower than both Sumter (28th) and Lake Counties (30th). In the UFHLH Service Area, Marion County fared worse in both health factors and outcomes than Lake and Sumter Counties.

TABLE 14. COUNTY HEALTH RANKING SCORES FOR UF HEALTH CENTRAL FLORIDA (UFHCF) SERVICE AREA COUNTIES, 2010-2021.

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Lake County												
HEALTH OUTCOMES	25	20	16	19	18	19	14	24	24	26	24	30
<i>Mortality</i>	21	24	25	23	23	21	23	27	26	27	24	30
<i>Morbidity</i>	33	22	11	11	13	15	14	23	20	20	20	30
HEALTH FACTORS	16	12	13	14	16	16	17	22	24	23	20	18
<i>Health Behavior</i>	14	9	8	10	10	11	15	21	21	24	18	20

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	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Lake County												
<i>Clinical Care</i>	31	14	20	13	12	19	14	18	12	4	6	5
<i>Social & Economic Factors</i>	14	20	22	19	23	17	17	20	21	28	25	20
<i>Physical Environment</i>	42	45	42	23	23	31	42	48	51	56	28	39
Marion County												
HEALTH OUTCOMES	45	49	48	44	41	42	49	43	49	52	53	54
<i>Mortality</i>	43	43	46	44	44	48	47	48	50	59	64	59
<i>Morbidity</i>	53	53	49	50	36	39	51	36	40	41	44	47
HEALTH FACTORS	36	44	44	39	40	38	34	36	38	40	38	38
<i>Health Behavior</i>	30	32	37	39	43	42	26	28	33	33	32	35
<i>Clinical Care</i>	23	21	17	20	21	30	23	23	18	18	23	29
<i>Social & Economic Factors</i>	51	57	55	52	49	49	47	50	53	51	51	47
<i>Physical Environment</i>	23	22	49	37	20	19	39	50	45	43	48	53
Sumter County												
HEALTH OUTCOMES	24	24	26	24	30	27	17	15	19	20	22	28
<i>Mortality</i>	31	22	17	30	30	28	28	24	36	33	32	37
<i>Morbidity</i>	18	27	36	19	33	28	13	15	9	6	10	16
HEALTH FACTORS	20	23	12	13	11	7	13	13	21	25	25	32
<i>Health Behavior</i>	13	12	12	8	6	6	3	1	2	2	1	13
<i>Clinical Care</i>	36	13	6	5	5	6	4	4	3	9	8	12
<i>Social & Economic Factors</i>	22	38	27	27	29	28	49	55	60	57	57	48
<i>Physical Environment</i>	28	48	13	13	5	5	2	3	18	16	18	30

Source: Table 2, 2022 UF Health Central Florida Community Health Needs Assessment Technical Appendix, prepared by WellFlorida Council, 2022.

Community Themes and Strengths

Quantitative data from an array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community perspective of health and the healthcare experience are essential to fully understanding the health of the community. The UF Health Leesburg Hospital (UFHLH) generated community perspectives on health and the healthcare system in the service area through surveying. Community surveys of residents and healthcare providers were conducted. The key observations and findings from the surveys comprise the Community Themes and Strengths Assessment and are presented below.

COMMUNITY SURVEY AND HEALTHCARE PROFESSIONAL SURVEY

METHODOLOGY

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

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

There were 702 respondents to the community survey and 106 to the healthcare professional survey. After eliminating the incomplete and ineligible surveys, there were 608 community surveys and 23 healthcare professional surveys for analysis. The survey instruments are included in the Appendix. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides in the UF Health Central Florida service area including Lake, Marion, and Sumter Counties. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis.

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

OBSERVATIONS FROM THE COMMUNITY SURVEY

Tables 14-26 below summarize the over-arching community health and healthcare issues questions asked of community members and healthcare professionals. In general, the top five or the leading responses for each question are presented. Where sufficient data are available, responses are presented by the UF Health Central Florida service areas of UF Health Leesburg Hospital (UFHLH) and UF Health The Villages® Hospital (UFHTVH) and the service area counties (Lake, Marion, Sumter). Questions regarding the following topics are included in the analysis:

- Community's most important health-related problems that should be addressed
- Behaviors with greatest impact on overall health
- Healthcare services that are difficult to obtain
- Barriers to receiving dental, primary and mental health care
- COVID-19 pandemic-related health behaviors and challenges

Some noteworthy observations include:

- The issues ranked as the most important health-related problems showed some common themes across the service area. Age-related issues were among the top-ranked issues across all service areas and counties. Access to sufficient and nutritious food emerged as the second top-ranked issues across the service area. Among the top five ranked issues were also mental health problems, access to long-term care, dementia, access to primary/family healthcare services, and affordable assisted living facilities (Table 15 below).
- Across the service area, behaviors with the greatest negative impact on health were drug abuse and alcohol abuse. Also ranked highly among the negative behaviors were distracted driving, tobacco use, eating unhealthy foods and drinking sugar-sweetened beverages, lack of personal responsibility, and lack of physical activity. (Table 16 below).
- At the top of the list of healthcare services rated as difficult to obtain were mental and behavioral care, preventive care, and alternative medicine and therapies. Dental care, emergency room care and in-patient hospital care were singled out as a difficult to obtain service in the UFHLH service area as well as in each of the three service area counties (Table 17 below).
- While not all survey respondents experienced challenges in receiving dental, primary and/or mental health/substance use care, those who did frequently cited cost and insurance coverage as barriers and long waits or lack of appointment availability were also common problems (Tables 18-20 below).
- The COVID-19 pandemic presented challenges on households in the UFHLH service area and in the UFHCF service area in general. A notable potential impact on personal health and the healthcare system was the reported delay in getting routine and needed health and dental care (Tables 21-23 below).

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TABLE 14. DEMOGRAPHICS OF COMMUNITY SURVEY RESPONDENTS, UF HEALTH CENTRAL FLORIDA SERVICE AREAS (LEESBURG HOSPITAL AND THE VILLAGES® HOSPITAL) AND COUNTIES, 2022.

	UFHLH N=389		UFHTVH N=208		Lake County N=264		Marion County N=194		Sumter County N=150		3 County Total N=608	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Age												
18-24	7	1.8	6	2.9	3	1.1	2	1.0	4	2.7	9	1.5
25-29	80	20.6	45	21.6	48	18.2	44	22.7	40	26.7	132	21.7
30-39	137	35.2	69	33.2	79	29.9	91	46.9	45	30.0	215	35.4
40-49	88	22.6	53	13.6	56	21.2	40	20.6	41	27.7	137	22.5
50-59	19	4.9	12	5.8	18	6.8	8	4.1	3	2.0	29	4.8
60-64	23	5.9	9	4.3	29	11.0	2	1.0	4	2.7	35	5.8
65-69	6	1.5	2	-	8	3.0	3	1.5	3	2.0	14	2.3
70-79	23	5.9	12	5.8	16	6.0	4	2.0	10	6.7	30	4.9
80 or older	6	1.5	0	-	7	2.7	0	0	0	0	7	1.2
Prefer not to answer	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Male	193	49.6	95	45.7	123	46.6	100	51.5	77	51.3	300	49.3
Female	191	49.1	112	53.8	139	52.6	89	45.9	72	48.0	300	49.3
Transgender	3	1.0	1	-	2	-	4	2.0	0	0	6	1.0
Prefer not to answer	1	-	0	0	0	0	0	0	1	-	1	-
Other	1	-	0	0	0	0	1	-	0	0	1	-
Race												
American Indian/ Alaskan Native	6	1.5	3	1.4	5	1.9	5	2.6	4	2.7	14	2.3
Asian	9	2.3	6	2.9	3	1.1	9	4.6	1	-	13	2.1
Black or African American	51	13.1	16	7.7	43	16.3	20	10.3	18	12.0	81	13.3
Native Hawaiian/Pacific Islander	4	1.0	0	0	4	1.5	5	2.6	0	0	9	1.9
Two or more races	2	-	1	-	1	-	2	1.0	2	1.3	5	-
White	312	80.2	180	86.5	203	76.9	152	78.4	124	82.7	479	78.8
Other	1	-	0	0	1	-	0	0	0	0	1	-
Prefer not to answer	4	1.0	2	1.0	4	1.5	1	-	1	-	6	1.0
Hispanic, Latino or Spanish Origin												
Not of Hispanic, Latino or Spanish origin	296	76.0	148	71.2	186	70.5	154	79.4	133	88.7	473	77.8
Mexican, Mexican-American, Chicano origin	69	17.7	47	22.6	55	20.8	32	16.5	11	7.3	98	16.1
Puerto Rican origin	10	2.6	6	2.9	8	3.0	6	3.0	3	2.0	17	2.8

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	UFHLH N=389		UFHTVH N=208		Lake County N=264		Marion County N=194		Sumter County N=150		3 County Total N=608	
Cuban	2	-	1	-	2	-	0	0	1	-	3	-
Other Hispanic, Latino or Spanish origin	7	1.8	4	1.9	7	2.7	0	0	0	0	7	1.2
Prefer not to answer	5	1.3	2	1.0	6	2.3	2	1.0	2	1.3	10	1.6
Highest Level of Education Completed												
Elementary/Middle School	4	1.0	4	1.9	4	1.5	2	1.0	2	1.3	8	1.3
High school diploma or GED	41	10.5	16	7.7	37	14.0	14	7.2	7	4.7	58	9.5
Technical/Community College	73	18.8	34	16.3	42	15.9	48	24.7	31	20.7		17.9
4-year College/Bachelor's Degree	108	27.8	68	32.7	79	29.9	49	25.2	33	22.0	161	26.5
Graduate/Advanced degree	81	20.8	46	22.1	52	19.7	45	23.2	38	25.3	135	22.2
Some college	79	20.3	40	19.2	49	18.6	34	17.5	38	0	121	19.9
Other	0	0	0	0	0	0		0	0	0	121	19.9
Prefer not to answer	3	-	0	0	1	-	2	1.0	1	-	4	-
Current Employment Status (more than one may apply)												
Employed (Full-time)	225	57.8	132	63.5	146	55.3	126	64.9	77	51.3	349	55.6
Employed (Part-time)	98	25.2	51	24.5	55	20.8	48	24.7	52	34.7	155	25.5
Full-time Student	8	2.1	3	1.4	6	2.3	5	2.6	2	1.3	13	2.1
Part-time Student	5	1.3	3	1.4	5	1.9	1	-	0	0	6	1.0
Homemaker	7	1.8	4	1.9	4	1.5	3	1.5	2	1.3	9	1.5
Retired	51	13.1	19	9.1	46	17.4	9	4.6	14	9.3	69	11.3
Self-employed	3	-	1	-	3	1.1	3	1.5	1	-	7	1.2
Unemployed	4	1.0	0	0	6	2.3	3	1.5	3	2.0	12	2.0
Work two or more jobs	7	1.8	2	1.0	3	1.1	1	-	3	2.0	7	1.2
Prefer not to answer	1	-	0	0	0	0	1	-	0	0	2	-
Other: Disabled	2	-	0	0	4	1.5	4	2.0	1	-	0	0
Mechanism for Payment of Health Care (more than one may apply)												
Health insurance offered through job or family member's job	115	29.6	62	29.8	77	29.2	69	35.6	44	29.3	190	31.3
Health insurance that you pay on own (includes through Obamacare/ACA/marketplace)	71	18.3	30	14.4	42	15.9	40	20.6	41	27.3	123	20.2
Do not have health insurance	14	3.6	6	2.9	14	5.3	16	8.2	3	2.0	33	5.4
Medicaid	63	16.2	38	18.3	37	14.0	37	19.1	24	16.0	98	16.1
Medicare	147	37.8	85	40.9	117	44.3	56	28.9	38	25.3	211	34.7
Military coverage/Tricare	66	17.0	34	16.3	37	14.0	27	13.9	21	14.0	85	14.0

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	UFHLH N=389		UFHTVH N=208		Lake County N=264		Marion County N=194		Sumter County N=150		3 County Total N=608	
Pay cash	89	22.9	61	29.3	68	25.8	27	13.9	23	15.3	118	19.4
Other	1	-	0	0	2	-	0	0	1	-	3	-
Combined Annual Household Income												
Less than \$10,000	7	1.8	2	1.0	7	2.6	4	2.0	4	2.7	15	2.5
\$10,000 - \$19,999	19	4.9	3	1.4	18	6.8	8	4.1	5	3.3	31	5.0
\$20,000 - \$29,999	18	4.6	10	4.8	19	7.2	21	10.8	6	4.0	46	7.6
\$30,000 - \$49,999	28	7.2	9	4.3	28	10.6	14	7.2	7	4.7	49	8.0
\$50,000 - \$74,999	48	12.3	34	16.3	38	14.4	17	8.8	7	4.7	62	10.2
\$75,000 - \$99,999	27	6.9	16	7.7	17	26.6	17	8.8	4	2.7	38	6.3
\$100,000 - \$124,999	34	8.7	23	11.0	26	9.8	16	8.2	7	4.7	49	8.0
\$125,000 - \$149,999	172	44.2	93	44.7	89	53.7	83	42.8	93	62.0	265	43.6
\$150,000 - \$174,999	14	3.6	10	4.8	4	1.5	5	2.6	10	6.7	19	3.1
\$175,000 - \$199,999	4	1.0	1	-	3	1.1	1	-	2	1.3	6	1.0
\$200,000 or more	6	1.5	4	1.9	5	1.9	3	1.5	2	1.3	10	1.6
Prefer not to answer	12	3.1	3	1.4	10	3.8	5	2.6	3	2.0	18	3.0

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

What are the most important health-related problems that need to be addressed in your community? Pick your top three (3).

TABLE 15. TOP 5 RANKED MOST IMPORTANT HEALTH-RELATED PROBLEMS THAT NEED TO BE ADDRESSED, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

Rank	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
1	Age-related issues (23.1)	Age-related issues (28.3) (tie)	Mental health problems (27.3)	Access to sufficient and nutritious food (33.0)	Access to long-term care (24.0)
2	Access to sufficient and nutritious food (22.6)	Dementia (28.3) (tie)	Access to sufficient and nutritious food (25.4) (tie)	Access to primary/family health care (28.4)	Access to sufficient and nutritious food (22.0)
3	Dementia (22.1)	Mental health problems (26.9)	Age-related issues (25.4) (tie)	Access to long-term care (25.8)	Access to primary/family health care (21.3)

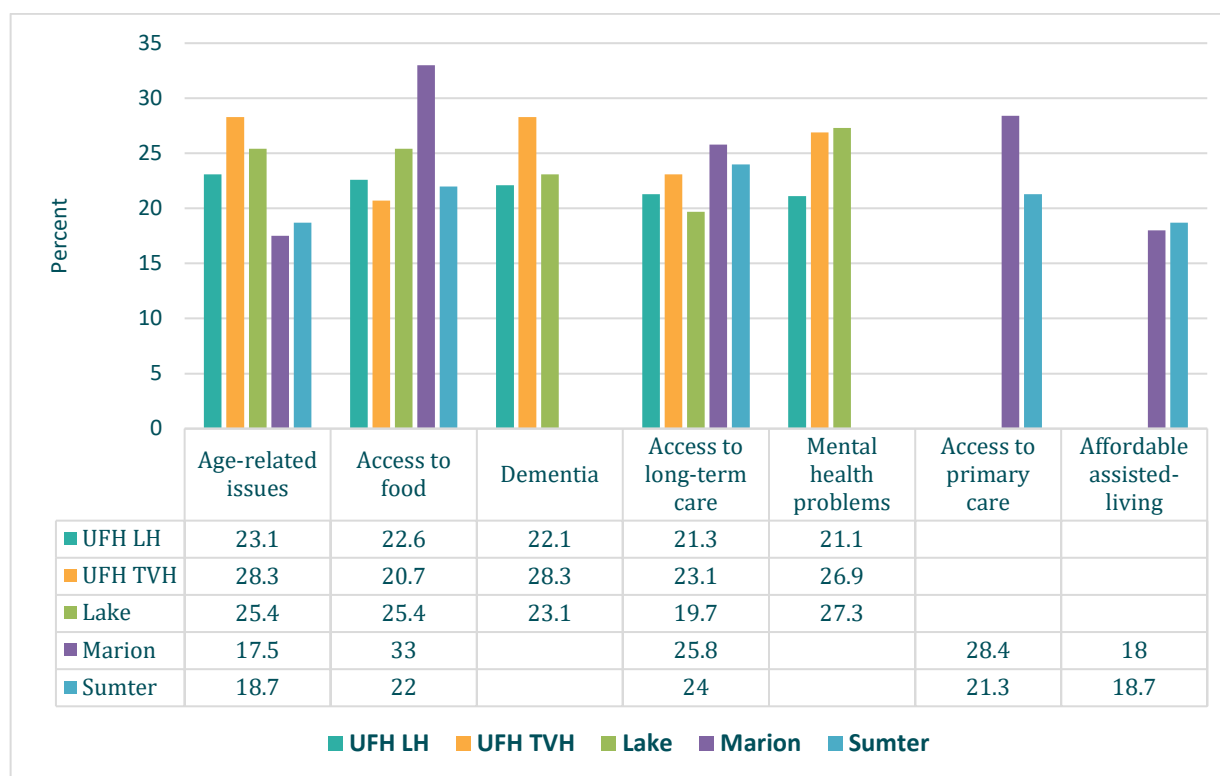
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Rank	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
4	Access to long-term care (21.3)	Access to long-term care (23.1)	Dementia (23.1)	Affordable assisted-living facilities (18.0)	Dementia (20.0)
5	Mental health problems (21.1)	Access to sufficient and nutritious food (20.7)	Access to long-term care (19.7)	Age-related issues (17.5)	Affordable assisted-living facilities (18.7) (tie) Age-related issues (18.7) (tie)

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Note: Aqua shaded boxes denote issues that were ranked in the top five by all geographic areas.

FIGURE 8. TOP 5 RANKED MOST IMPORTANT HEALTH-RELATED PROBLEMS THAT NEED TO BE ADDRESSED, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

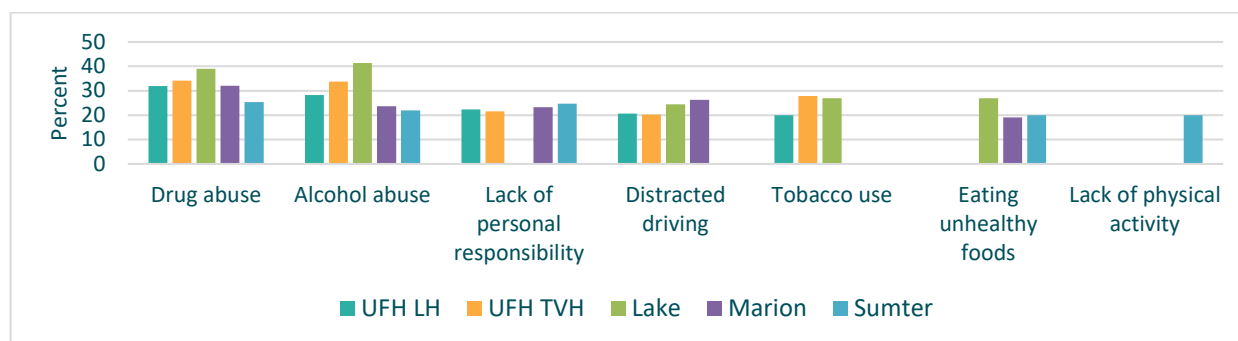
TABLE 16. TOP 5 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON THE HEALTH OF PEOPLE IN YOUR COMMUNITY, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

Rank	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
1	Drug abuse (31.9)	Drug abuse (34.1)	Alcohol abuse (41.3)	Drug abuse (32.0)	Drug abuse (25.3)
2	Alcohol abuse (28.3)	Alcohol abuse (33.7)	Drug abuse (39.0)	Distracted driving (26.3)	Lack of personal responsibility (24.7)
3	Lack of personal responsibility (22.4)	Tobacco use, vaping, chewing tobacco (27.9)	Eating unhealthy foods, drinking sugar-sweetened beverages (26.9) (tie)	Alcohol abuse (23.7)	Alcohol abuse (22.0)
4	Distracted driving (20.6)	Lack of personal responsibility (21.6)	Tobacco use, vaping, chewing tobacco (26.9)(tie)	Lack of personal responsibility (23.2)	Eating unhealthy foods, drinking sugar-sweetened beverages (20.0) (tie)
5	Tobacco use, vaping, chewing tobacco (20.0)	Distracted driving (20.2)	Distracted driving (24.5)	Eating unhealthy foods, drinking sugar-sweetened beverages (19.1)	Lack of physical activity (20.0) (tie)

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Note: Aqua shaded boxes denote issues that were ranked in the top five by all geographic areas.

FIGURE 9. TOP 5 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON THE HEALTH OF PEOPLE IN YOUR COMMUNITY, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND SERVICE AREA COUNTIES, 2022.



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 17. RATING OF HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

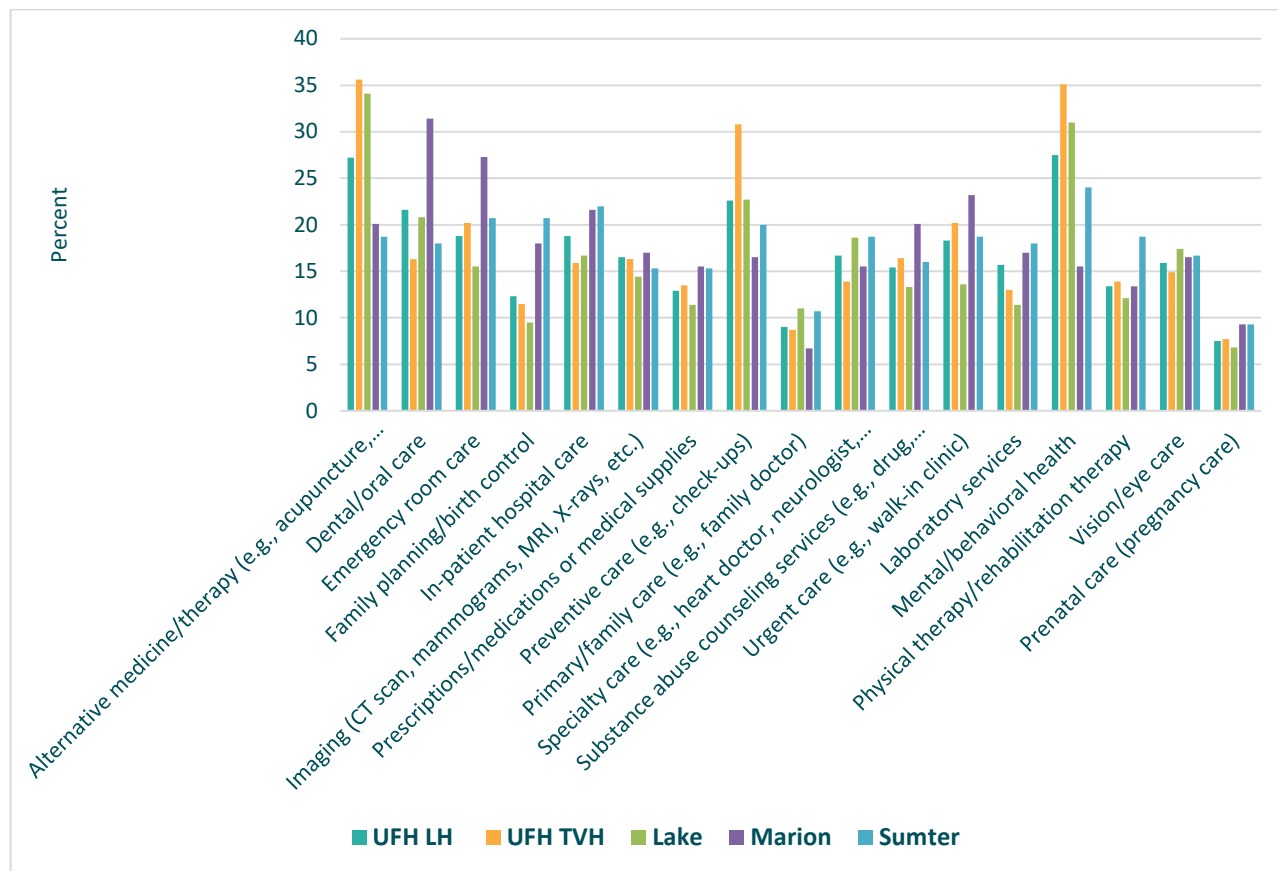
Healthcare Service	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)	27.2	35.6	34.1	20.1 (tie)	18.7
Dental/oral care	21.6	16.3	20.8	31.4	18.0
Emergency room care	18.8 (tie)	20.2	15.5	27.3	20.7 (tie)
Family planning/birth control	12.3	11.5	9.5	18.0	20.7 (tie)
In-patient hospital care	18.8 (tie)	15.9	16.7	21.6	22.0
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	16.5	16.3	14.4	17.0	15.3
Prescriptions/medications or medical supplies	12.9	13.5	11.4	15.5	15.3
Preventive care (e.g., check-ups)	22.6	30.8	22.7	16.5	20.0
Primary/family care (e.g., family doctor)	9.0	8.7	11.0	6.7	10.7
Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)	16.7	13.9	18.6	15.5	18.7
Substance abuse counseling services (e.g., drug, alcohol)	15.4	16.4	13.3	20.1 (tie)	16.0
Urgent care (e.g., walk-in clinic)	18.3	20.2	13.6	23.2	18.7
Laboratory services	15.7	13.0	11.4	17.0	18.0
Mental/behavioral health	27.5	35.1	31.0	15.5	24.0
Physical therapy/rehabilitation therapy	13.4	13.9	12.1	13.4	18.7
Vision/eye care	15.9	14.9	17.4	16.5	16.7
Prenatal care (pregnancy care)	7.5	7.7	6.8	9.3	9.3

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Note: Aqua shaded boxes denote top five (5) ranked by percent in each geographic area. Highest ranked is bolded.

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FIGURE 10. RATING OF HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, BY PERCENT OF RESPONSES, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 18. DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

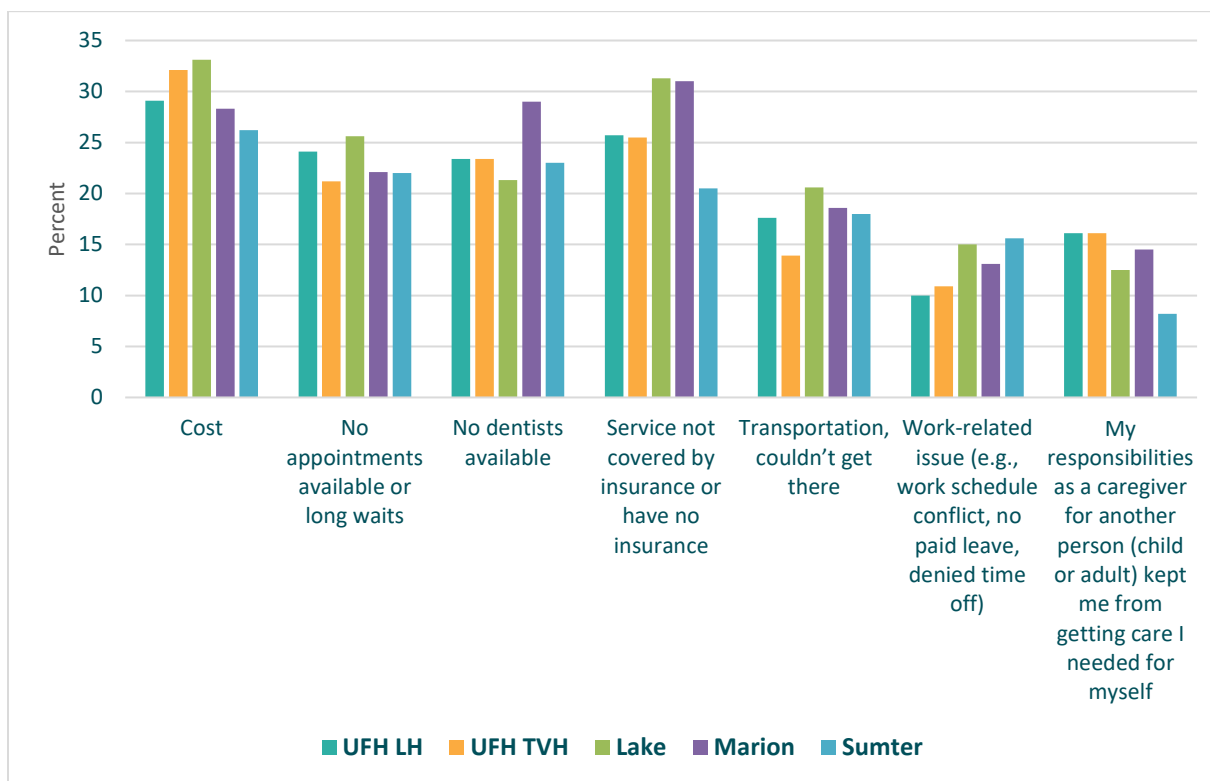
Dental Care	UFHLH	UFHTVH	Lake County	Marion County	Sumter County
Received needed care or didn't need care	32.9	34.1	39.4	25.3	18.7
Did not receive needed care	67.1	65.9	60.6	74.7	81.3

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Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)					
Cost	29.1	32.1	33.1	28.3	26.2
No appointments available or long waits	24.1	21.2	25.6	22.1	22.0
No dentists available	23.4	23.4	21.3	29.0	23.0
Service not covered by insurance or have no insurance	25.7	25.5	31.3	31.0	20.5
Transportation, couldn't get there	17.6	13.9	20.6	18.6	18.0
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	10.0	10.9	15.0	13.1	15.6
My responsibilities as a caregiver for another person (child or adult) kept me from getting care I needed for myself	16.1	16.1	12.5	14.5	8.2

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

FIGURE 10. REASONS DENTAL CARE WAS NOT RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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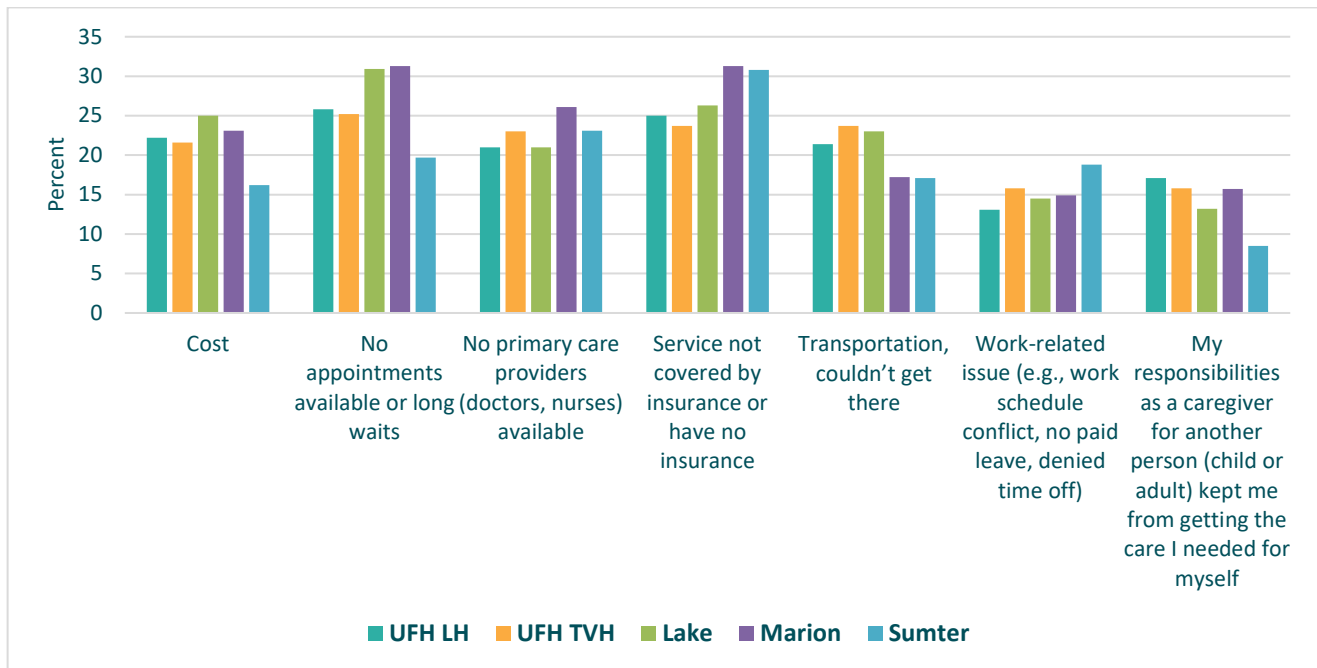
During the past 12 months was there a time you needed to see a primary care/family care doctor for health care but couldn't? AND What were the reasons you could not get the primary/family care you needed in the past 12 months? Choose ALL that apply.

TABLE 19. PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

Primary Care	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
Received needed care or didn't need care	35.2	33.2	42.4	30.1	22.0
Did not receive needed care	64.8	66.8	57.6	69.1	78.0
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)					
Cost	22.2	21.6	25.0	23.1	16.2
No appointments available or long waits	25.8	25.2	30.9	31.3	19.7
No primary care providers (doctors, nurses) available	21.0	23.0	21.0	26.1	23.1
Service not covered by insurance or have no insurance	25.0	23.7	26.3	31.3	30.8
Transportation, couldn't get there	21.4	23.7	23.0	17.2	17.1
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	13.1	15.8	14.5	14.9	18.8
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	17.1	15.8	13.2	15.7	8.5

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

FIGURE 11. PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 20. MENTAL HEALTH/SUBSTANCE USE CARE RECEIVED AND WHAT PREVENTED CARE FROM BEING RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND UF HEALTH CENTRAL FLORIDA SERVICE AREA COUNTIES, 2022.

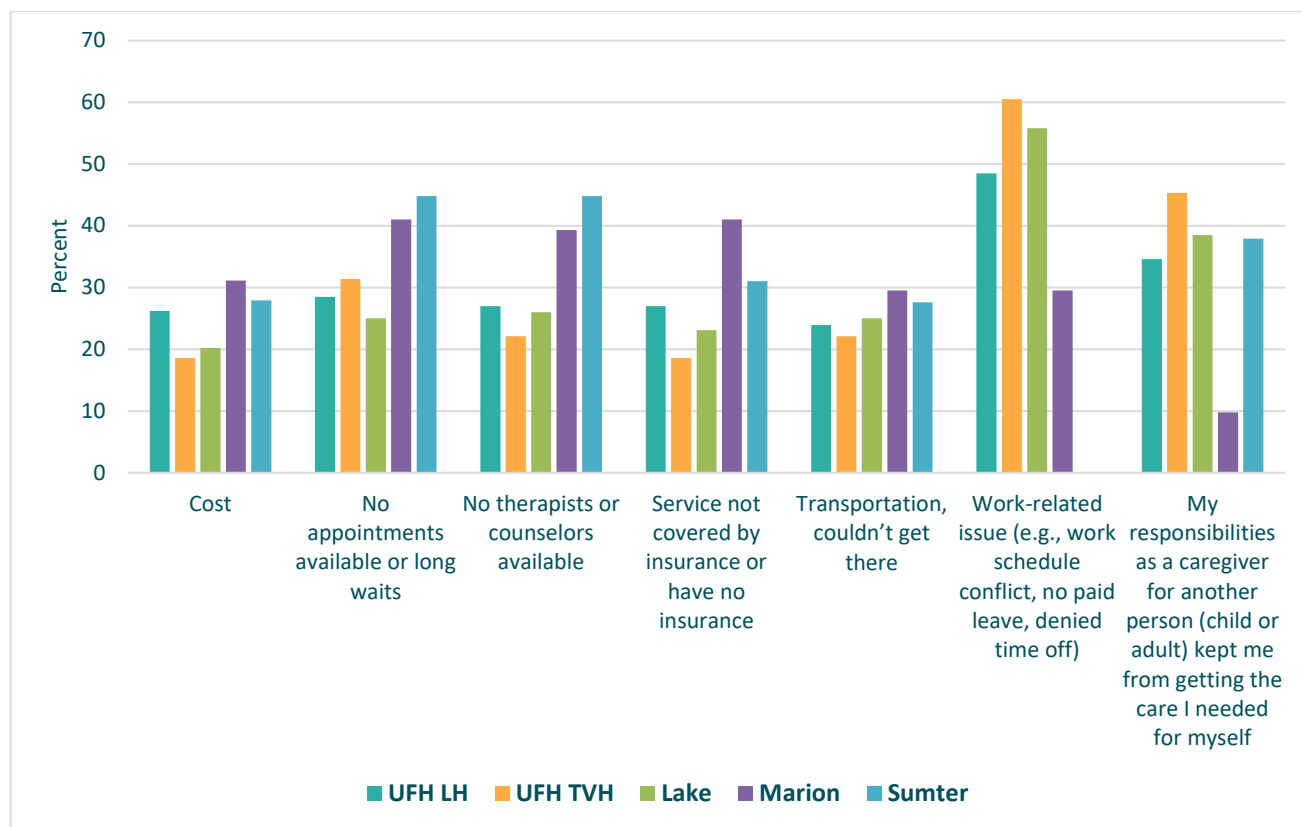
Care by Therapist or Counselor for Mental Health or Substance Use Issue	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
Received needed care or didn't need care	33.4	58.7	60.6	68.6	80.7
Did not receive needed care	66.6	41.3	39.4	31.4	19.3
Reasons Care was Not Received (by Percent of Those Who Did Not Receive Care)					
Cost	26.2	18.6	20.2	31.1	27.9
No appointments available or long waits	28.5	31.4	25.0	41.0	44.8
No therapists or counselors available	27.0	22.1	26.0	39.3	44.8

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Care by Therapist or Counselor for Mental Health or Substance Use Issue	UFH LH	UFH TVH	Lake County	Marion County	Sumter County
Service not covered by insurance or have no insurance	27.0	18.6	23.1	41.0	31.0
Transportation, couldn't get there	23.9	22.1	25.0	29.5	27.6
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	48.5	60.5	55.8	29.5	
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	34.6	45.3	38.5	9.8	37.9

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

FIGURE 12. MENTAL HEALTH/SUBSTANCE USE CARE RECEIVED AND WHAT PREVENTED CARE FROM BEING RECEIVED, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND SERVICE AREA COUNTIES, 2022



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 21. IMPACT OF COVID-19 PANDEMIC ON RESPONDENT HOUSEHOLD, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022

Issue	UFH LH			UFH TVH			Lake, Marion, Sumter		
	Neg	No	Pos	Neg	No	Pos	Neg	No	Pos
Child care (ability to get care for child/children)	30.9	49.6	19.5	31.3	47.1	21.6	32.2	48.2	19.6
Employment (ability to keep job, have steady income)	40.9	39.1	20.0	44.7	37.5	17.8	39.1	40.8	20.0
Food (have enough food to feed you and your household)	36.0	42.7	21.3	41.8	33.7	24.5	36.5	41.9	21.6
Housing (ability to find housing, pay rent or mortgage)	28.5	51.4	20.1	23.1	56.3	20.7	29.6	49.3	21.0
Schooling, education (ability to complete school-related assignments, activities, programs)	35.7	45.5	18.8	41.8	41.8	16.4	36.7	46.6	16.8
Transportation (ability to use public transportation, shared ride services)	27.3	53.5	19.3	27.9	51.0	21.2	30.4	51.5	18.0
Utilities (ability to get and pay for electricity, gas, water, internet services)	29.6	49.9	20.6	30.8	50	19.2	30.6	49.0	20.4

Key: Neg = Negative impact (worsened or made more difficult); No = No impact (no change, remains the same); Pos = Positive impact (improved or made better or easier)

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 22. IMPACT OF COVID-19 PANDEMIC ON SURVEY RESPONDENT HEALTH-RELATED ACTIVITIES, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.

Issue	UFH LH			UFH TVH			Lake, Marion, Sumter		
	Neg	No	Pos	Neg	No	Pos	Neg	No	Pos
Physical activity exercise	29.6	47.6	22.9	28.9	47.1	24.0	33.9	43.1	23.0
Nutrition, eating habits	34.7	43.7	21.6	41.8	38.0	20.2	33.9	43.9	22.2

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Issue	UFH LH			UFH TVH			Lake, Marion, Sumter		
	Neg	No	Pos	Neg	No	Pos	Neg	No	Pos
Getting routine healthcare services	39.1	40.1	20.8	49.5	31.3	19.2	38.5	41.0	20.6
Getting needed or routine dental care	31.9	47.0	21.1	30.3	47.6	22.1	34.0	45.2	20.7
Getting needed or routine mental health care	37.0	40.1	22.9	47.6	32.1	20.2	35.2	44.1	20.7

Key: Neg = Negative impact (worsened or made more difficult); No = No impact (no change, remains the same); Pos = Positive impact (improved or made better or easier)

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Has your use of tobacco products (such as cigarettes, e-cigarettes, vaping products, cigars, chew) changed during the Coronavirus (COVID-19)?

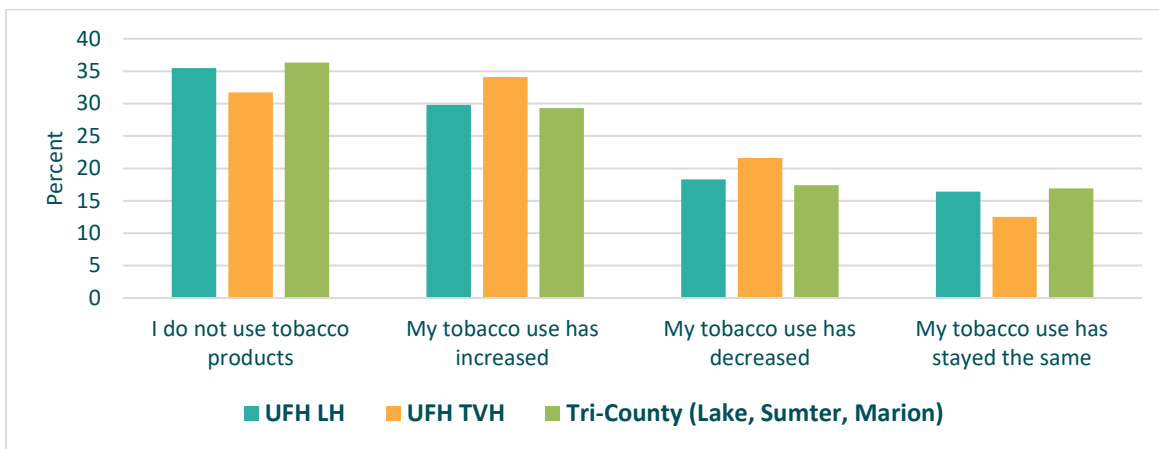
TABLE 23. IMPACT OF COVID-19 PANDEMIC ON SURVEY RESPONDENT USE OF TOBACCO PRODUCTS, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.

	UFH LH	UFH TVH	Lake, Sumter, Marion
I do not use tobacco products	35.5	31.7	36.3
My tobacco use has increased (such as using more or stronger tobacco products, and/or using tobacco products more frequently)	29.8	34.1	29.3
My tobacco use has decreased (such as using fewer tobacco products or using tobacco products less often)	18.3	21.6	17.4
My tobacco use has stayed the same (no change in the amount or frequency of use)	16.4	12.5	16.9

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

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FIGURE 13. IMPACT OF COVID-19 PANDEMIC ON SURVEY RESPONDENT USE OF TOBACCO PRODUCTS, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

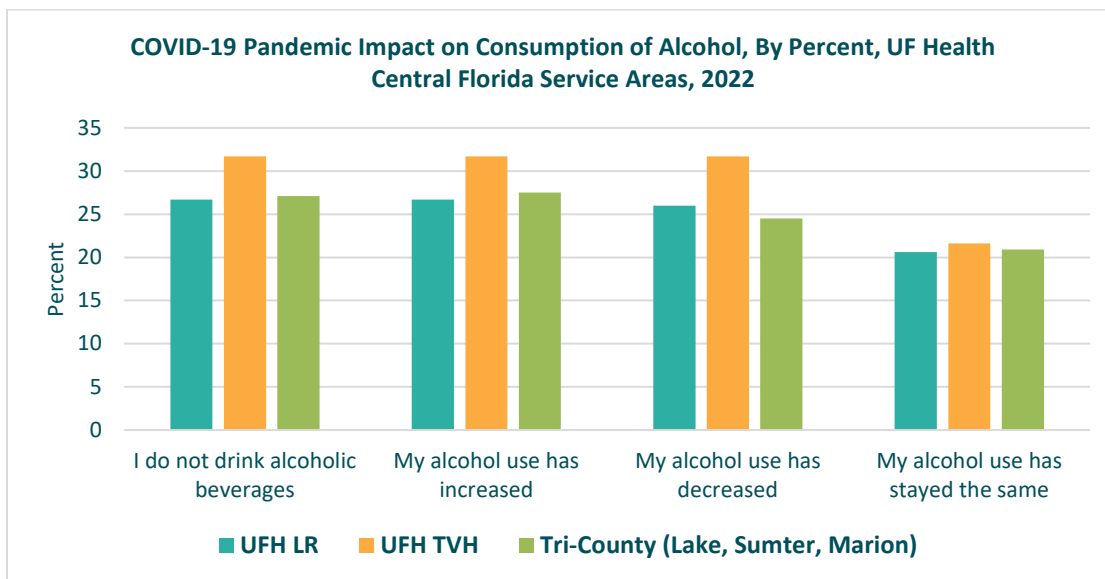
How has your consumption of alcoholic beverages changed during the Coronavirus (COVID-19) pandemic?

TABLE 24. IMPACT OF COVID-19 PANDEMIC ON SURVEY RESPONDENT ALCOHOL CONSUMPTION, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.

	UFH LR	UFH TVH	Lake, Sumter, Marion
I do not drink alcoholic beverage	26.7	31.7	27.1
My alcohol use has increased (drinking more and/or more frequently drinking alcoholic beverages)	26.7	31.7	27.5
My alcohol use has decreased (drinking fewer alcoholic beverages and/or consuming less alcohol)	26.0	31.7	24.5
My alcohol use has stayed the same	20.6	21.6	20.9

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

FIGURE 14. IMPACT OF COVID-19 PANDEMIC ON SURVEY RESPONDENT ALCOHOL CONSUMPTION, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022



Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Did you or a member of your household delay getting healthcare services during the Coronavirus (COVID-19) pandemic?

TABLE 25. DELAYED GETTING HEALTHCARE SERVICES BECAUSE OF COVID-19 PANDEMIC, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.

	UFH LH	UFH TVH	Tri-County (Lake, Sumter, Marion)
Yes	58.6	67.3	60.7
No	38.3	30.8	37.2
Not Sure	3.1	1.9	2.1

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

How did you hear about this survey? Select all that apply.

TABLE 26. HOW SURVEY RESPONDENTS HEARD ABOUT THIS SURVEY, BY PERCENT, UF HEALTH LEESBURG HOSPITAL (UFHLH) AND UF HEALTH THE VILLAGES® HOSPITAL (UFHTVH) SERVICE AREAS AND COMBINED SERVICE AREA COUNTIES, 2022.

Locations (Reported by percent of responses)	UFH LH	UFH TVH	Tri-County (Lake, Sumter, Marion)
Facebook	51.6	53.6	53.6
Twitter	18.9	24.3	17.1
Newspaper advertisement or article	5.3	5.2	5.8
Flyer	4.9	4.1	5.2
Poster	3.3	4.1	3.6
From a family member, friend or co-worker	9.6	5.2	9.7
Website: (wellflorida.org)	1.4	1.2	1.1
Other (Resource Center, word of mouth)	4.9	2.3	4.1

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

OBSERVATIONS FROM THE HEALTHCARE PROFESSIONAL SURVEY

The figures and tables below summarize the responses to the overarching questions that were asked of healthcare professionals serving the residents of the Central Florida Health service area. There were 47 completed surveys included in the analysis. In general, the top five ranked responses for each question are presented. Each figure shows the percentage of healthcare professionals who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Community’s most important health-related problems that should be addressed
- Behaviors with greatest impact on overall health
- Healthcare services that are difficult to obtain
- Barriers to receiving healthcare services
- COVID-19 pandemic-related health behaviors and challenges

Some noteworthy observations include:

- Somewhat different from community members, healthcare professionals ranked homelessness and substance and drug abuse as the most important health-related problems that need to be addressed. Healthcare professionals also ranked mental health problems, access to affordable assisted-living facilities and access to primary/family care as their top issues (Table 28 below).
- By far, healthcare professionals rated eating unhealthy foods/drinking sweetened beverages as the behavior with greatest negative impact on health. This was closely followed by drug abuse, inappropriate use of healthcare services and drug and alcohol abuse. (Table 29 below).

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- Healthcare professionals differed in their assessment of healthcare services that are difficult to obtain in the UFHLH and UFHCF service areas. Mental and behavioral health care was the most commonly highly ranked as difficult to obtain (Table 30 below).
- Barriers to client self-management of chronic diseases or conditions most frequently cited by healthcare professionals were cost, lack of insurance coverage and lack of knowledge (Table 32 below). Cost and insurance issues were also among the barriers that surfaced for community survey respondents.
- More than half of the healthcare professionals who responded to the survey indicated that increasing access to mental health services is a recommended strategy to improve health of residents. A variety of responses were given, many focusing on education and increasing access to services (Table 33 below).

TABLE 27. DEMOGRAPHICS OF UF HEALTH CENTRAL FLORIDA SERVICE AREA HEALTHCARE PROFESSIONAL SURVEY RESPONDENTS, 2022

	North Lake N=10		Sumter/South Marion N=9		Serve Both N=28		Total N=47	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age								
Less than 30	0	0	0	0	1	3.6	1	2.1
30-39	2	20.0	1	11.1	1	3.6	4	8.4
40-49	1	10.0	5	55.6	5	19.7	11	23.5
50-59	2	20.0	0	0	9	32.1	11	23.5
60-64	2	20.0	1	11.1	8	28.5	11	23.5
65-69	1	10.0	0	0	3	10.7	4	8.4
70-79	1	10.0	2	22.2	1	3.6	4	8.4
80 or older	0	0	0	0	0	0	0	0
Prefer not to answer	1	10.0	0	0	0	0	1	2.1
Gender								
Male	2	20.0	6	66.7	5	17.9	13	27.7
Female	7	70.0	3	33.3	22	78.5	32	68.1
Transgender	0	0	0	0	0	0	0	0
Prefer not to answer	1	10.0	0	0	1	3.6	2	4.2
Other	0	0	0	0	0	0	0	0
Race								
American Indian/ Alaskan Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
Black or African American	3	30.0	0	0	3	10.7	6	12.8
Native Hawaiian and Other Pacific Islander	0	0	0	0	0	0	0	0
Two or more races	0	0	0	0	1	3.6	1	2.1
White	6	60.0	7	77.8	20	71.4	33	70.4

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	North Lake N=10		Sumter/South Marion N=9		Serve Both N=28		Total N=47	
Prefer not to answer	1	10.0	1	11.1	3	10.7	5	10.6
Other	0	0	1	11.1	1	3.6	2	4.2
Hispanic, Latino or Spanish Origin								
Not of Hispanic, Latino or Spanish origin	8	80.0	7	77.8	26	92.9	41	87.3
Mexican, Mexican American, Chicano/a origin	0	0	1	11.1	0	0	1	2.1
Puerto Rican origin	0	0	0	0	0	0	0	0
Cuban origin	0	0	0	0	0	0	0	0
Other Hispanic, Latinx or Spanish origin	0	0	0	0	0	0	0	0
Prefer not to answer	2	20.0	1	11.1	2	7.1	5	10.6
Health Profession								
ARNP (all specialties)	0	0	0	0	0	0	0	0
Dentist	0	0	5	55.6	0	0	5	10.6
Dietitian/Nutritionist	0	0	0	0	0	0	0	0
Mental Health Counselor	0	0	0	0	0	0	0	0
Nurse	4	40.0	1	11.1	15	53.5	20	42.4
Occupational Therapist	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	1	3.6	1	2.1
Physician	1	10.0	0	0	0	0	1	2.1
Physician specialties: General Surgery								
Physician Assistant	1	10.0	0	0	0	0	1	2.1
Physical Therapist	1	10.0	1	11.1	1	3.6	3	6.4
Speech Language Pathologist	0	0	1	0	0	0	1	2.1
Other: Technologists, Unit Secretary	3	30.0	1	11.1	11	39.3	15	31.9
Length of Practice in Current Profession								
Less than 5 years	0	0	0	0	3	10.7	3	6.4
5-9 years	0	0	1	11.1	1	3.6	2	4.2
10-14 years	1	10.0	5	55.6	3	10.7	9	19.1
15-19 years	2	20.0	0	0	2	7.1	4	8.4
More than 20 years	6	60.0	3	33.3	19	67.9	28	59.8
Prefer not to answer	1	10.0	0	0	0	0	1	2.1

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

What are the most important health-related problems that need to be addressed in your community? Pick your top three (3).

TABLE 28. TOP 5 RANKED MOST IMPORTANT HEALTH-RELATED PROBLEMS THAT NEED TO BE ADDRESSED, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Rank	North Lake County	Sumter/South Marion	Both	Totals
	Percent of Responses			
1	Homelessness (40.0) (tie)	Homelessness (44.4)	Substance/drug abuse (39.3) (tie)	Substance/drug abuse (25.5)
2	Mental health problems (40.0)	Mental health problems (33.3) (tie)	Affordable assisted-living facilities (39.3) (tie)	Access to primary care (23.4) (tie)
3	Affordable assisted-living facilities (30.0)	Access to sufficient, nutritious food (33.3) (tie)	Heart disease and stroke (35.7)	Affordable assisted living facilities (23.4) (tie)
4	Substance abuse/drug abuse; access to long-term care; access to primary care; age-related problems; obesity; substance/drug abuse (20.0) tie	Access to primary care (33.3) (tie)	Overweight and obesity; homelessness; access to primary care (32.1)	Mental health problems; homelessness; heart disease and stroke (21.3) (tie)
5		Access to long-term care; dementia; diabetes; exposure to excessive/negative media/advertising; motor vehicle crash injuries ; stress; tobacco use (22.2) (tie)		

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

What has the greatest negative impact on the overall health of people in the community? Please choose three (3). (Healthcare professionals answered about the service areas they work in (i.e., north Lake County; Sumter/south Marion; or both.)

TABLE 29. TOP 5 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH OF PEOPLE IN THE COMMUNITY, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Rank	North Lake County	Sumter/South Marion	Both	Totals
	(Percent of Responses)			
1	Eating unhealthy foods/drinking sugar sweetened beverages (20.0)	Drug abuse (55.6)	Eating unhealthy foods/drinking sugar sweetened beverages (53.6)	Eating unhealthy foods/drinking sugar sweetened beverages (38.3)
2	Inappropriate use of healthcare services (13.3)	Eating unhealthy foods/drinking sugar	Alcohol abuse (42.9) (tie)	Alcohol abuse (31.1)

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Rank	North Lake County	Sumter/South Marion	Both	Totals
	(Percent of Responses)			
		sweetened beverages (33.3) (tie)		
3	No or insufficient physical activity (10.0)	Overeating (33.3) (tie)	Inappropriate use of healthcare services (42.9) (tie)	Drug abuse (29.8) (tie)
4	Exposure to excessive and/or negative media and advertising; lack of personal responsibility; not using birth control; poor race/ethnic relations, racism (6.7) (tie)	Alcohol abuse; distracted driving; dropping out of school; lack of personal responsibility; not getting immunizations; not using seat belts; poor race/ethnic relations (22.2) (tie)	Drug abuse (35.7)	Inappropriate use of healthcare services (29.8) (tie)
5			Lack of personal responsibility (28.6)	Lack of personal responsibility (19.1)

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

TABLE 30. RATING OF HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Healthcare Service	North Lake County	Sumter/south Marion	Serve Both	Total
	Percent of Responses			
Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)	20.0	11.1	17.9	17.0
Dental/oral care	10.0	11.1	25.0	19.1
Emergency room care	20.0	44.4 (tie)	32.1	31.9
Family planning/birth control	20.0	22.2	3.6	10.6
In-patient hospital care	20.0	11.1	14.3	14.9
Imaging (CT scan, mammograms, MRI, X-rays, etc.)	10.0	33.3 (tie)	21.4	21.3
Prescriptions/medications or medical supplies	20.0	44.4 (tie)	28.6	25.5
Preventive care (e.g., check-ups)	10.0	0	42.9	27.7
Primary/family care (e.g., family doctor)	10.0	11.1	39.3	27.7
Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)	50.0	11.1	35.7	34.0
Substance abuse counseling services (e.g., drug, alcohol)	50.0	22.2	39.3	38.3
Urgent care (e.g., walk-in clinic)	10.0	11.1	7.1	1.0
Laboratory services	10.0	33.3 (tie)	0	1.0
Mental/behavioral health	80.0	11.1	64.3	57.4
Physical therapy/rehabilitation therapy	20.0	22.2	17.9	19.1

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Healthcare Service	North Lake County	Sumter/south Marion	Serve Both	Total
	Percent of Responses			
Vision/eye care	10.0	0	7.1	6.4
Prenatal care (pregnancy care)	20.0	22.2	3.6	10.6

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

Note: Aqua shaded boxes denote top three (3) ranked by percent in each geographic area. Highest ranked is bolded.

How would you rate the overall accessibility to health care for residents? Please select one (1) choice. (Healthcare professionals answered about the service areas they work in (i.e., north Lake County; Sumter/south Marion; or both.)

TABLE 31. RATING OF RESIDENTS' OVERALL ACCESSIBILITY TO HEALTH CARE, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Rating	North Lake County	Sumter/South Marion	Serve Both	Totals
	Percent of Responses			
Poor	10.0	11.1	7.1	8.5
Fair	60.0	22.2	46.4	44.7
Good	30.0	55.5	35.7	38.3
Very Good	0	11.1	7.1	6.4
Excellent	0	0	3.6	2.1

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

For your client with chronic diseases or conditions, what do you feel are the biggest barriers to the client being able to manage his or her own chronic disease or condition? Please select two (2) choices. (Healthcare professionals answered about the service areas they work in (i.e., north Lake County; Sumter/south Marion; or both.)

TABLE 32. TOP RANKED BARRIERS TO CLIENTS WITH CHRONIC DISEASES OR CONDITIONS BEING ABLE TO MANAGE THEIR CONDITIONS, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Rank	North Lake County	Sumter/South Marion	Both	Totals
	(Percent of Responses)			
1	Cost (60.0) (tie)	Insufficient time with a healthcare provider (55.5)	Cost (75.0)	Cost (67.0)

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Rank	North Lake County	Sumter/South Marion	Both	Totals
	(Percent of Responses)			
2	Lack of insurance coverage (60.0) (tie)	Lack of insurance coverage (44.4) (tie)	Lack of insurance coverage (64.3)	Lack of insurance coverage (59.6)
3	Lack of knowledge	Lack of knowledge (44.4) (tie)	Lack of knowledge (42.9)	Lack of knowledge (38.3)
4	Self-discipline, motivation (30.0)	Cost (33.3) (tie)	Self-discipline, motivation (35.7)	Self-discipline, motivation (34.0)
5	In ability to use technology (10.0) (tie) Insufficient time with a healthcare provider (10.0) tie	Self-discipline, motivation (33.3) (tie)	Insufficient time with a healthcare provider (21.4)	Insufficient time with a healthcare provider (25.5)

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

What can leaders do to help improve the health of your clients and others in the community? Please select all that apply. (Healthcare professionals answered about the service areas they work in (i.e., north Lake County; Sumter/south Marion; or both.)

TABLE 33. STRATEGIES LEADERS CAN TAKE TO IMPROVE HEALTH OF CLIENTS, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Strategies	North Lake County	Sumter/South Marion	Serve Both	Totals
	Percent of Responses			
Create city/county ordinances to promote community health improvement	30.0	11.1	21.4	21.3
Establish community partnerships to address issues collectively	30.0	33.3	39.3	36.2
Establish more community clinics	50.0 (tie)	44.4 (tie)	46.4	46.8 (tie)
Focus on issues of the indigent and uninsured	30.0	33.3	50.0	42.6
Increase access to dental services	0	66.6	28.6	29.8
Increase access to mental health services	90.0	33.3	57.1 (tie)	59.6
Increase access to primary care health services	30.0	44.4(tie)	50.0	44.7
Increase outreach and health education programs	70.0	22.2	46.4	36.2
Initiate efforts to bring more physicians and other healthcare providers to the community	30.0	11.1	53.6 (tie)	40.4
Establish or enhance a community health information exchange	30.0	22.2	32.1	29.8
Promote the use of personal health records (e.g., electronic applications used by patients to maintain and manage their health information in a private, secure and confidential manner)	10.0	11.1	14.3	12.8

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Strategies	North Lake County	Sumter/South Marion	Serve Both	Totals
	Percent of Responses			
Provide education for residents on appropriate use of available services	50.0 (tie)	22.2	53.6 (tie)	46.8 (tie)
Provide education for residents on the services that are available	50.0 (tie)	22.2	57.1 (tie)	48.9
None of the above	0	0	7.1	4.3

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

Note: Aqua shaded boxes denote top three (3) ranked by percent in each geographic area. Highest ranked is bolded.

Do you use telemedicine technology to provide care or services to clients?

TABLE 34. USE TELEMEDICINE TECHNOLOGY TO PROVIDE CARE OR SERVICES, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Yes	20.0	66.7	25.0	31.9
No	80.0	33.3	75.0	68.1

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

Using the scale below, please indicate the ease of telemedicine: (Scale: Very Challenging, Somewhat Challenging, Reasonable Effort Required, Somewhat Easy, Very Easy)

TABLE 35. RATING OF EASE OF USE OF TELEMEDICINE TECHNOLOGY, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Issues Rated	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Use of telemedicine technology for you	Somewhat easy: 100.00	Somewhat challenging: 16.7	Somewhat challenging: 6.7	Somewhat challenging: 8.7
		Reasonable effort required: 66.7	Reasonable effort required: 46.7	Reasonable effort required: 47.8
		Somewhat easy: 16.7	Somewhat easy: 20.0	Somewhat easy: 26.4
		Very easy: 16.7	Very easy: 26.7	Very easy: 17.1

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Issues Rated	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Use of telemedicine technology for your clients	Somewhat easy: 100.00	Reasonable effort required: 83.3	Somewhat challenging: 20.0	Somewhat challenging: 8.7
		Somewhat easy: 16.7	Reasonable effort required: 53.3	Reasonable effort required: 56.5
			Somewhat easy: 20.0	Somewhat easy: 26.0
			Very easy: 6.7	Very easy: 8.7
Incorporating telemedicine into your clinical practice	Somewhat easy: 100.00	Very challenging: 16.7	Very challenging: 13.3	Very challenging: 13.0
		Reasonable effort required: 66.7	Reasonable effort required: 53.3	Reasonable effort required: 52.2
		Somewhat easy: 16.7	Somewhat easy: 20.0	Somewhat easy: 26.1
			Very easy: 13.3	Very easy: 8.7

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

How likely are you to continue using telemedicine in your practice?

TABLE 36. LIKELIHOOD OF CONTINUING USE OF TELEMEDICINE TECHNOLOGY IN PRACTICE, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022

Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Very likely	50.0	10.0	25.0	27.7
Somewhat likely	50.0	40.0	21.4	31.9
Not likely	0	10.0	3.6	4.3
Unsure	0	40.0	50.0	38.3

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 37. CLIENTS DELAY GETTING NEEDED CARE DURING PANDEMIC, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022.

Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Yes	80.0	88.9	89.3	87.2
No	10.0	0	11.1	4.3
Unsure	10.0	11.1	7.1	8.5

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 38. CLIENTS DELAY GETTING ROUTINE CARE DURING PANDEMIC, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022

Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Yes	90.0	77.8	89.3	89.4
No	0	11.1	3.6	2.1
Unsure	10.0	11.1	7.1	8.5

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

Have you observed any deleterious impacts or outcomes in patients' health that can be linked to delayed care?

TABLE 39. OBSERVED DELETERIOUS IMPACTS OR OUTCOMES IN PATIENTS' HEALTH THAT CAN BE LINKED TO DELAYED CARE, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022

Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Yes	80.0	66.7	89.3	83.0
No	0	0	3.6	2.1

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Answer Options	North Lake County	Sumter/South Marion	Serve Both	Total
	Percent of Responses			
Unsure	20.0	33.3	7.1	14.9

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

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

TABLE 40. POTENTIAL IMPACTS OF PANDEMIC-RELATED DELAYED CARE ON ACCESS TO HEALTHCARE SERVICES, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022

Potential Impacts	North Lake County	Sumter/South Marion	Serve Both	Totals
	Percent of Responses – Bold = Top Response			
No impact to access	0	0	0	0
Minimal impact to access	0	0	7.1	4.3
Significant impact to access	20.0	0	14.3	12.8
Longer waits for services and appointments	10.0	0	7.1	6.4
Shorter waits for services and appointments	0	11.1	3.6	4.3
Increased need for routine and specialty healthcare services	20.0	0	10.7	10.6
Decreased need for routine and specialty healthcare services	0	11.1	3.6	4.3
Higher costs to clients and/or provider	0	11.1	14.3	10.6
Continued or expanded use of telemedicine technology	0	22.2	17.9	14.9
Curtailed use of telemedicine technology	0	11.1	7.0	6.4
Increased use of Emergency Department services	10.0	11.1	50.0	34.0
Increased use of urgent care facilities	40.0	11.0	28.6	27.7

Source: UF Health Central Florida Healthcare Professional Survey 2022, prepared by WellFlorida Council, 2022.

How did you hear about this survey? Select all that apply.

TABLE 41. HOW SURVEY RESPONDENTS HEARD ABOUT THIS SURVEY, BY PERCENT OF RESPONSES FROM HEALTHCARE PROFESSIONALS WHO SERVE NORTH LAKE COUNTY, SUMTER/SOUTH MARION COUNTY, OR BOTH, 2022

Locations (Reported by percent of responses)	North Lake County	Sumter/South Marion	Both	Totals
Facebook	0	55.6	17.9	21.3
Twitter	0	0	0	0
Newspaper advertisement or article	10.0	0	3.6	4.3

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Flyer	0	11.1	3.6	4.3
Poster	0	11.1	7.1	6.4
From a family member, friend or co-worker	70.0	11.1	71.4	51.0
Website: (wellflorida.org)	0	11.1	14.3	10.6
Other (Resource Center, word of mouth)	20.0	0	3.6	8.5

Source: UF Health Central Florida Community Health Survey 2022, prepared by WellFlorida Council, 2022.

Recommendations and Next Steps

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

INTERSECTING THEMES AND KEY CONSIDERATIONS

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

- Social Determinants (identified in the Community Health Status Assessment data, SWOT and visioning discussions, and the community and healthcare professional survey data)
 - Aging population
 - Higher rates of poverty among certain sub-populations
 - Food insufficiency and affordability of nutritious foods
 - Lack of affordable housing
 - Technology use including internet access
- Health Status Measures (identified in the Community Health Status Assessment data, SWOT and visioning discussions, and the community and healthcare professional survey data)
 - Infant mortality among all races and ethnicities and birth outcome disparities
 - Overweight and obesity with poor nutrition and eating habits, and physical inactivity as risk factors and contributing causes to chronic diseases and conditions
 - Age-related health problems including chronic diseases and conditions, injuries, impairment and mobility issues
 - Heart Disease, Cancer, Diabetes, Chronic Lower Respiratory Disease, and Stroke
 - Mental health problems including substance, drug and alcohol abuse
 - Dental problems
 - Health outcome disparities among races, ethnicity, and geography
- Healthcare Access and Utilization (identified in the Community Health Status Assessment data, SWOT and visioning discussions, and the community and healthcare professional survey data)

- Inappropriate and over-utilization of healthcare services (e.g., Emergency Department)
- High and rising healthcare costs including services, health insurance, prescription drugs
- Shortages of physicians, nurses, mental health professionals
- Barriers to accessing primary, specialty, mental health and dental care
- Post-pandemic reconnections with healthcare providers including return to regular screenings

KEY CONSIDERATIONS

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

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- *Centers for Disease Control and Prevention Community Health Improvement Navigator*
<http://wwwn.cdc.gov/chidatabase>
- *County Health Rankings Policy Database - University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation*
<http://www.countyhealthrankings.org/policies/>
- *The Community Guide - U.S Department of Health and Human Services, Community Prevention Services Task Force*
<http://www.thecommunityguide.org/index.html>
- *Healthy People 2020 Evidence-Based Resources - U.S. Department of Health and Human Services*
<http://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- *Community Tool Box - The University of Kansas KU Work Group for Community Health and Development*
<http://ctb.ku.edu/en/databases-best-practices>

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

- *Case-Control Study:* A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.
- *Cohort Study:* A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.
- *Cross-Sectional or Prevalence Study:* A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.
- *Effective Practice:* A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.
- *Evidence-Based:* The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as “evidence-based” or as “low,” “moderate” or “strong” depending on the strength of the statistical significance.
- *Evidence-Based (Low or Suggestive):* While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.
- *Evidence-Based (Moderate):* While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-

and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

- *Evidence-Based (Strong)*: The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.
- *Evidence of Ineffectiveness*: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.
- *Experimental Study*: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.
- *Expert Opinion*: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.
- *Experimental Study*: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.
- *Individual Study*: Scientific evaluation of the efficacy of an intervention in a single study.
- *Insufficient Evidence*: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.
- *Mixed Evidence*: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.
- *Nonsystematic Review*: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.
- *Peer-Reviewed*: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.
- *Pilot Study*: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.
- *Practice-based Example*: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.
- *Promising Practice/Good Idea*: The program evaluation is limited to descriptive measures of success.

- *Randomized Control Trial:* A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.
- *Scientifically Supported:* Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.
- *Some Evidence:* Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.
- *Systematic Review:* A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.
- *Systematic Review – Insufficient Evidence:* The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.
- *Systematic Review – Recommended:* The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.
- *Systematic Review – Recommended Against:* The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Table 42 presents some best practices for many of the key health issues and needs areas in the UFHLH Service Area and are worthy of consideration as community interventions. Some of these best practices may already be in place in the area and need enhancement while others represent new opportunities.

TABLE 42. BEST PRACTICES AND INTERVENTIONS FOR UFHLH SERVICE AREA HEALTH ISSUES/NEEDS.

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIDataBase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIDataBase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status

Issue	Practice or Intervention	Effectiveness	Source
	preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.		
Chronic Disease	<p>Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism</p> <p>Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIDataBase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism</p>
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large</p>	Evidence-Based	<p>The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html</p>

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Issue	Practice or Intervention	Effectiveness	Source
	reduction in tooth decay among school-aged children (5 to 16 years of age).		
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide:</p> <p>http://www.thecommunityguide.org/oral/fluoridation.html</p>
Distracted Driving	<p>Evidence-Based Strategies/Interventions Review for Distracted Driving</p> <p>Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.</p>	Systematic Review	<p>Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee:</p> <p>https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf</p>
Infant Mortality and Maternal Child Health	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity,</p>	Systematic Review	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling, feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.</p>		
<p>Infant Mortality and Maternal Child Health</p>	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI) e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.</p>	<p>Systematic Review</p>	<p>The Community Guide: https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-electronic-screening-and-brief-interventions-e-sbi</p>
<p>Mental Health</p>	<p>Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care</p>	<p>Systematic Review</p>	<p>Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.</p>		
Mental Health	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.</p>	Systematic Review	<p>Healthy People 2020: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/mental-health-and-mental-illness-interventions-reduce-depression-among-older-adults-home</p>
Mental Health	<p>School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide: https://www.thecommunityguide.org/findings/violence-school-based-programs</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy</p>	Evidence-Based	<p>CDC Community Health Improvement Navigator:</p>

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Issue	Practice or Intervention	Effectiveness	Source
	<p>living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>		<p>http://wwwn.cdc.gov/CHIData/base/items/mind-exercise-nutritiondo-it-mend-program</p>
Nutrition	<p>Video Game Play This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
Nutrition	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIData/base/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>
Nutrition	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIData/base/items/county-city-and-</p>

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Issue	Practice or Intervention	Effectiveness	Source
	<p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>		<p>community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
<p>Nutrition</p>	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city</p>	<p>Evidence-Based</p>	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIData/base/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results</p>

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Issue	Practice or Intervention	Effectiveness	Source
	departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542

Issue	Practice or Intervention	Effectiveness	Source
	order to prevent the most long-term morbidity		
Obesity	<p>Pounds Off Digitally (POD)</p> <p>Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.</p>	Effective Practice	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</p>
Obesity	<p>Obesity Prevention and Control: Worksite Programs</p> <p>Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at</p>	Systematic Review	<p>The Community Guide: https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>

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Issue	Practice or Intervention	Effectiveness	Source
	<p>children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>		
Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIData/base/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices</p>
Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIData/base/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>		
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p> <p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.</p> <p>Transportation system interventions include one or more policies and projects designed to increase or improve the following: Street connectivity, Sidewalk and trail infrastructure, Bicycle infrastructure, Public transit infrastructure and access.</p> <p>Land use and environmental design interventions include one or more policies, designs, or projects to create or enhance the following:</p> <ul style="list-style-type: none"> Mixed land use environments to increase the diversity and proximity of local destinations where people live, work, and 	Systematic Review	<p>Healthy People 2020: https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>spend their recreation and leisure time</p> <ul style="list-style-type: none"> • Access to parks, and other public or private recreational facilities 		
Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promiseppractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p>	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html</p>

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Issue	Practice or Intervention	Effectiveness	Source
	<ul style="list-style-type: none"> •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities 		
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Evidence-Based	The Hamilton Project: http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug

Issue	Practice or Intervention	Effectiveness	Source
	<p>their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.</p>		<p>addiction-treatment/pharmacotherapies</p>
Substance Abuse	<p>Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.</p>	Best Practice	<p>U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf</p>
Substance Abuse	<p>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.</p>	Evidence-Based	<p>National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders</p>
Tobacco Use	<p>Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies</p>	Systemic Review of Evidence-Based Interventions	<p>Missouri Information for Community Assessment (MICA): https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html</p>
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-</p>

Issue	Practice or Intervention	Effectiveness	Source
	messages or content to distract from cravings.		for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts or other displays to share messages with large audiences. Tobacco-specific campaigns educate current and potential tobacco users about the dangers of tobacco</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>

Appendix

Community Survey

Healthcare Professional Survey

COMMUNITY SURVEY

Dear Neighbor,

What are the most important health and health care issues in your community? UF Health Central Florida, which includes the UF Health Leesburg Hospital and UF Health The Villages® Hospital, in partnership with WellFlorida Council, the local health planning council, invite you to answer this community health needs assessment survey. The survey will be available from Wednesday, November 17, 2021 through Monday, January 31, 2022. Community leaders will use your answers to build a healthier community.

This survey has 18 questions and should take about 10 minutes to finish. Your answers will not be used to identify you.

We are using a raffle to give away ten (10) gift cards worth \$50 each. To enter the raffle:

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

Your phone number and/or email address will remain confidential. Please answer the survey only once. Completing more than one survey will not increase your chances to win a gift card.

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

The survey begins on the following page.

Thank you for sharing your views about health with us!

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

1. What is your age?

- Yes, I am 18 years of age or older
- No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in this region.*

2. Where do you live? Choose ONE

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

3. What is your zip code?

- | | | |
|---|-----------------------------|-----------------------------|
| <input type="radio"/> 32159 | <input type="radio"/> 32778 | <input type="radio"/> 34491 |
| <input type="radio"/> 32162 | <input type="radio"/> 33513 | <input type="radio"/> 34731 |
| <input type="radio"/> 32163 | <input type="radio"/> 33521 | <input type="radio"/> 34748 |
| <input type="radio"/> 32726 | <input type="radio"/> 33597 | <input type="radio"/> 34785 |
| | <input type="radio"/> 34420 | <input type="radio"/> 34788 |
| <input type="radio"/> Other, please specify _____ | | |

4. What are the most important health-related problems that need to be addressed in your community? Pick your top THREE (3).

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

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

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

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

- Alternative medicine/therapy (e.g., acupuncture, naturopathy consult)
- Prescriptions/medications or medical supplies
- Laboratory services

- Dental/oral care
- Emergency room care
- Family planning/birth control
- In-patient hospital care
- Imaging (CT scan, mammograms, MRI, X-rays, etc.)
- Preventive care (e.g., check-ups)
- Primary/family care (e.g., family doctor)
- Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)
- Substance abuse counseling services (e.g., drug, alcohol)
- Urgent care (e.g., walk-in clinic)
- Mental/behavioral health
- Physical therapy/rehabilitation therapy
- Vision/eye care
- Prenatal care (pregnancy care)
- Other, please specify _____

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

- Yes. Please go to Question 8.
- No. I got the dental care I needed or didn't need dental care. Please go to Question 9.

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

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

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

- Yes. Please go to Question 10.
- No. I got the health care I needed or didn't need care. Please go to Question 11.

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

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

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

- Yes. Please go to Question 12.
- No. I did not need to see a therapist or counselor for a mental health or substance use issue or I got the care I needed. Please go to Question 13.

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

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

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

UF HEALTH LEESBURG HOSPITAL

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better or easier)
Child care (ability to get care for child/children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment (ability to keep job, have steady income)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (have enough food to feed you and your household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing (ability to find housing, pay rent/mortgage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schooling, education (ability to complete school-related assignments, activities, and programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (ability to use public transportation, shared ride services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities (ability to get and pay for electricity, gas, water, internet services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Negative impact (worsened or made more difficult)	No impact (no change, remains the same)	Positive impact (improved or made better or easier)
Physical activity, exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting routine or needed healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting needed or routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting routine or needed mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How has your use of tobacco products (such as cigarettes, e-cigarettes, vaping products, cigars, chew) change during the Coronavirus (COVID-19) pandemic?

- I do not use tobacco products
- My tobacco use has increased (such as using more or stronger tobacco products and/or using tobacco products more frequently)
- My tobacco use has decreased (such as using fewer tobacco products or using tobacco products less frequently)
- My tobacco use has stayed the same (no change in the amount or frequency of use)

16. How has your consumption of alcoholic beverages changed during the Coronavirus (COVID-19) pandemic?

- I do not drink alcoholic beverages
- My alcohol use has increased (drinking more and/or more frequently drinking alcoholic beverages)
- My alcohol use has decreased (drinking fewer alcoholic beverages and/or consuming less alcohol)
- My alcohol use has stayed the same

17. Did you or a member of your household delay getting healthcare services because of the pandemic?

- Yes
- No
- Not sure

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

18. What is your age?

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

19. What is your gender?

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

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

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

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

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Two or more races
- White
- I prefer not to answer
- Other (please specify) _____

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

- Elementary/Middle School
- High school diploma or GED
- Technical/Community College/Associate's degree
- 4-year College/Bachelor's degree
- Graduate/Advanced degree
- Some college
- I prefer not to answer
- Other (please specify) _____

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

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

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

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

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

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

26. How did you hear about this survey? Select ALL that apply

- Facebook
- Twitter
- Newspaper advertisement or article
- Flyer
- Poster
- From a family member, friend or co-worker
- Website, please specify the website _____
- Other (please specify) _____

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

Do you want to participate in our raffle to win a \$50 gift card? If you do, write in your email address or phone number so we can contact you if you win.

Email address: _____

Phone number: _____

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

HEALTHCARE PROFESSIONAL SURVEY

2022 UF Health Central Florida Community Health Needs Assessment Health Professional Survey

Dear Health Care Professional,

UF Health Central Florida, which includes the UF Health Leesburg Hospital and UF Health The Villages®, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive community health needs assessment to be completed in May 2022. We request your input as a healthcare professional, on the most pressing health and healthcare issues facing our service areas in North Lake County and Sumter/south Marion County. Your responses will inform community health improvement planning and assist efforts to build a healthier community.

This survey consists of 16 questions and some demographic items. It should take no more than 5-7 minutes to complete. The survey will be available from Monday, December 6, 2021 through Monday, January 31, 2022.

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

1. In what service area do your clients live?

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

2. What is your health care profession?

- Advanced Registered Nurse Practitioner (including all specialties and certification types)
- Dentist
- Dietitian/Nutritionist
- Mental Health Counselor/Substance Abuse Counselor
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physician Assistant
- Physical Therapist
- Speech Language Pathologist
- Other (please specify) _____

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

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

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

3. What are three (3) most important health-related problems that needed to be addressed in north Lake County? Please select three (3) choices.

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

4. What are the three (3) most important health-related problems that need to be addressed in Sumter/south Marion County? Please select three (3) choices.

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

5. What has the greatest negative impact on the overall health of people in north Lake County? Please select three (3) choices.

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

6. What has the greatest negative impact on the overall health of people in Sumter/south Marion County? Please select three (3) choices.

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

7. What health care services are difficult to obtain in north Lake County? Please select all that apply.

- | | | |
|---|---|--|
| <input type="radio"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy) | <input type="radio"/> Prescriptions/medications or medical supplies | <input type="radio"/> Laboratory services |
| <input type="radio"/> Dental/oral care | <input type="radio"/> Preventive care (e.g., check-ups) | <input type="radio"/> Mental/behavioral health |
| <input type="radio"/> Emergency room care | <input type="radio"/> Primary/family care (e.g., family doctor) | <input type="radio"/> Physical therapy, rehabilitation therapy |
| <input type="radio"/> Family planning/birth control | <input type="radio"/> Specialty care (e.g., cardiologist, neurologist) | <input type="radio"/> Vision/eye care |
| <input type="radio"/> In-patient hospital care | <input type="radio"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="radio"/> Prenatal care |

- Imaging (CT scan, MRI)
- Urgent care (e.g., walk-in clinic)
- Other, please specify

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

- Alternative medicine/therapy (e.g., acupuncture, naturopathy)
- Dental/oral care
- Emergency room care
- Family planning/birth control
- In-patient hospital care
- Imaging (CT scan, MRI)
- Prescriptions/medications or medical supplies
- Preventive care (e.g., check-ups)
- Primary/family care (e.g., family doctor)
- Specialty care (e.g., cardiologist, neurologist)
- Substance abuse counseling services (e.g., drug, alcohol)
- Urgent care (e.g., walk-in clinic)
- Laboratory services
- Mental/behavioral health
- Physical therapy, rehabilitation therapy
- Vision/eye care
- Prenatal care
- Other, please specify

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

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

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

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

11. What can leaders in north Lake County do to help improve the health of your clients and others in the community? Please check all that apply.

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

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

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

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

- Poor
- Fair
- Good
- Very Good
- Excellent

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

- Poor
- Fair
- Good
- Very Good
- Excellent

15. Do you use telemedicine to provide care or services to clients?

- Yes
- No

16. Using the scale below, please indicate the ease of:

	Very Challenging	Somewhat Challenging	Reasonable Effort Required	Somewhat easy	Very Easy
Use of telemedicine technology for your clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporating telemedicine into your clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How likely are you to continue using telemedicine in your practice?

- Very likely
- Somewhat likely
- Not likely
- Unsure

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

- Yes
- No
- Unsure

19. Have you found that some clients delay getting routine care during the pandemic?

- Yes
- No
- Unsure

20. Have you observed any deleterious impacts or outcomes in patients' health that can be linked to delayed care?

- Yes
- No
- Unsure

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

- No impact to access
- Minimal impact to access
- Significant impact to access
- Longer waits for services and appointments
- Shorter waits for services and appointments
- Increased need for routine and specialty healthcare services
- Decreased need for routine and specialty healthcare services
- Higher costs to clients and/or provider
- Continued or expanded use of telemedicine technology
- Curtained use of telemedicine technology
- Increased use of Emergency Department services
- Increased use of urgent care facilities
- Other, please specify _____

The next series of questions are general demographic questions.

22. What is your age?

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

23. What is your gender?

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

24. Are you of Hispanic, Latinx or Spanish origin? Choose one.

- No, not of Hispanic, Latinx nor Spanish origin
- Yes, Mexican, Mexican-American or Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- I prefer not to answer
- Yes, another Hispanic, Latinx or Spanish origin. Please specify _____

25. What racial group do you most identify with?

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- Two or more races
- White
- I prefer not to answer
- Other (please specify) _____

26. How long have you practiced in your profession?

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

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

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

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