



2023-2028



LAFAYETTE COUNTY

COMMUNITY HEALTH ASSESSMENT

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In January 2023, WellFlorida Council and the Florida Department of Health in Lafayette County began to assemble a team from public health, social services, education, and more to develop and initiate this Community Health Assessment process. In collaboration with the ensuing core team, the strategic planning process was carried out according to Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based, community-driven framework for improving community health. Through data collection, analysis, and discussions, the following 2023 Lafayette County Community Health Assessment report was developed along with the accompanying 2023 Lafayette and Suwannee County Community Health Assessment Technical Appendix.

ASSESSMENT	DESCRIPTION	KEY FINDINGS
Community Health Status Assessment	Secondary data covering Demographics, Socio-economics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, and Health Care Access and Usage.	<ul style="list-style-type: none"> • Large incarcerated population, high rates of poverty and food insecurity, high graduation rates, low educational attainment • Top causes of death: heart disease, cancer, COVID-19, CLRD • Low rates of Baker Acts, mental health discharges and ED visits • Risky health behaviors including tobacco use, overweight and obesity, lack of screenings, low rates of first trimester care • Limited facilities, lacking providers, low use of ED and hospital
Community Themes and Strengths Assessment	Survey feedback collected from community members on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Lafayette County.	<ul style="list-style-type: none"> • Top health factors and issues included access to health care, substance/drug abuse, job opportunities, practice of religious/spiritual values, access to food, low crime, diabetes, and cancer • Specialty, urgent care, imaging were most difficult to obtain • 58.7% lacked needed dental care (mainly due to cost, insurance or provider availability), 17.5% mental health care (provider availability), 17.5% primary care (appointment availability)
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Lafayette County.	<ul style="list-style-type: none"> • Social trends including rising obesity, vaping, animal bites, food insecurity, population growth, limited EMS, senior isolation, sweets as rewards/fundraising, no access to higher education • Economic factors of lack of childcare and lodging for visitors, expansion of agribusiness, development on equestrian center site
Community Partner Assessment	Surveys activities, resources, and capacity of partners involved in the health assessment process.	<ul style="list-style-type: none"> • Common priority populations of families, homeless, and elderly; issues of mental health, family and maternal health, tobacco use • Capacities include staff support of community engagement and relationship building, staff time, policy and advocacy skills
Strategic Priorities	<ul style="list-style-type: none"> • Socio-economic Factors • Chronic Disease 	<ul style="list-style-type: none"> • Maternal and Child Health • Unintentional Injury

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

In November 2022, the Florida Department of Health launched the 2023 Community Health Assessment (CHA) process in Lafayette County. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Lafayette County and better understand the causes and contributing factors to health and quality of life in the county; and secondly, to prioritize those identified gaps and concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Lafayette County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every five (5) years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Lafayette County. This body, called the 2023 Lafayette County CHA Steering Committee, guided the process and assured that the health needs and issues of all Lafayette County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Lafayette County for the larger goal of improving health outcomes and quality of life for all residents in Lafayette County.

Process and Methodology

This comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). In 2023, NACCHO released an updated version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework for community health assessments (CHA). The new version, MAPP 2.0, replaced the Local Public Health System Assessment with the Community Partner Assessment. This new assessment provides partners involved in a MAPP-based community health assessment process a structured way to look critically at their individual activities and resources and their collective capacity as a network of community partners to address health issues, gaps, and system challenges as they work together towards improving population health outcomes.

Although MAPP 2.0 was released after the initiation of the 2023 Lafayette County Community Health Assessment, the Lafayette Steering Committee opted to include the Community Partner Assessment in the 2023 CHA. As such, the 2023 Lafayette CHA followed a modified MAPP and MAPP 2.0 process.

Strategies to establish the assessment of social determinants of health, quality of life, and health disparities have been included in the Lafayette County MAPP process. Use of the MAPP tools and techniques helped Lafayette County ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

Assessments

The health of a community is generally measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex nature of determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data

sources. Data was generated from four (4) core assessments to inform the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

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

- Executive Summary
- Introduction and Assessment Methodology
- Organizing for Success and Partnership Development
- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Community Partner Assessment
- Intersecting Themes and Key Considerations
- Resources and Assets
- Appendices
 - ▶ Appendix A – Steering Committee Members
 - ▶ Appendix B – Community Themes and Strengths Assessment Community Survey
 - ▶ Appendix C – Community Partner Assessment Survey

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Lafayette County and Suwannee County Community Health Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system assessment. A myriad of secondary data sources was used to examine the health of Lafayette County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health’s Florida HealthCHARTS, and the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Lafayette County. More information on ZCTAs as well as a list of ZCTAs for Lafayette County can be found in the Technical Notes section of the *2023 Lafayette County and Suwannee County Community Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 32066 Mayo. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: “How healthy is the community?”.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community’s input and perspective into the health problems and needs of the community. In order to determine the community’s perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering 63 responses. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment

segment of this report and seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”.

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on April 6, 2023, with the Lafayette County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”

Community Partner Assessment

The Community Partner Assessment provides partners involved in a MAPP-based community health assessment process a structured way to look critically at their individual activities and resources and their collective capacity as a network of community partners to address health issues, gaps, and system challenges as they work together towards improving population health outcomes.

Intersecting Themes and Key Considerations

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

Identified Health Priorities

The CHA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and consensus, the Steering Committee arrived at the four (4) strategic priority issue areas listed below:

- Socio-economic factors
 - ▶ Homelessness, housing, and shelters
 - ▶ Food insecurity, with a focus on sustainability of current programs
 - ▶ Mental health, with a focus on linkage to care
 - ▶ Dental health, with a focus on access to care
 - ▶ Broadband fiber optic network expansion that includes education on use
- Chronic Disease
 - ▶ Obesity
 - ▶ Physical activity
 - ▶ Tobacco use
 - ▶ Self-management education

-
- ▶ Nutrition and healthy lifestyle education
 - Unintentional Injury
 - ▶ Drownings
 - ▶ Motor vehicle injuries
 - Car seat provision and education
 - ▶ Pedestrian safety
 - ▶ Animal bites
 - ▶ Farm and agricultural industry injuries
 - ▶ Falls and slips
 - Maternal and Child Health
 - ▶ Low birthweight births
 - ▶ Breastfeeding rates
 - ▶ Late entry into prenatal care
 - ▶ Access to care, given that:
 - The nearest birthing facility is an hour away
 - No Obstetric/Gynecological provider in the county
 - ▶ Parenting education
 - Especially surrounding awareness of youth social and behavioral issues
 - Including grandparents raising grandchildren

Action and Implementation

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

FIGURE 1: MAPP PROCESS DIAGRAM



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

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



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

Using the Community Health Assessment

The 2023 Lafayette County Community Health Assessment (CHA) is intended to address the core MAPP assessments that are designated as key components of a best practice needs assessment designed by NACCHO and the CDC. The identification of local health needs and health issues of the community comes from an analysis of the intersecting themes in each of these sections. The chief objectives of this CHA are the following:

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

Technical Appendix

While the 2023 Lafayette County Community Health Assessment is undoubtedly a stand-alone document, the CHA has been designed to work in concert with the accompanying *2023 Lafayette County and Suwannee County Health Assessment Technical Appendix* (referred to going forward as the 2023 Technical Appendix). Whereas the CHA presents data and issues at a higher, more global level for the community, all of the data in the CHA that has been used for identifying community health issues are addressed on a granular level of detail in the 2023 Technical Appendix. Thus, for most data that are addressed in the main CHA, the 2023 Technical Appendix presents these data in finer detail, breaking down data sets where appropriate and when available. The 2023 Technical Appendix is an invaluable companion resource to the CHA, as it allows the community to dig deeper into the issues presented in order to more readily understand the contributing factors, causes, and wide range of effects on health and quality of life.

ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

Organizing for Success and Partnership Development

Having broad community representation during the community health assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. A diverse array of community leaders from a broad spectrum of agencies and organizations were invited to participate in the assessment process as Steering Committee members. The list of Lafayette County Community Health Assessment Steering Committee members and their affiliations can be found in Appendix A. As part of this modified MAPP-based assessment, Lafayette County community partners took part in the new MAPP 2.0 community partner assessment to better understand the interests and capacities of health improvement planning collaborators. For a full description of the process and findings, please see the Community Partner Assessment section in this document.

The Visioning Process

At the January 4, 2023 kick-off meeting of the Lafayette County Community Health Assessment, Steering Committee members participated in a visioning exercise to define health, identify the characteristics of a healthy Lafayette County, envision the community health system in the next three to five years, and visualize the needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions:

- What characteristics, factors, and attributes are needed to create and support a healthy Lafayette County?
- What does having a healthy community mean?
- What are the policies, environments, actions, and behaviors needed to support a healthy community?

FIGURE 3: VISIONING WORD CLOUD, LAFAYETTE COUNTY, 2023



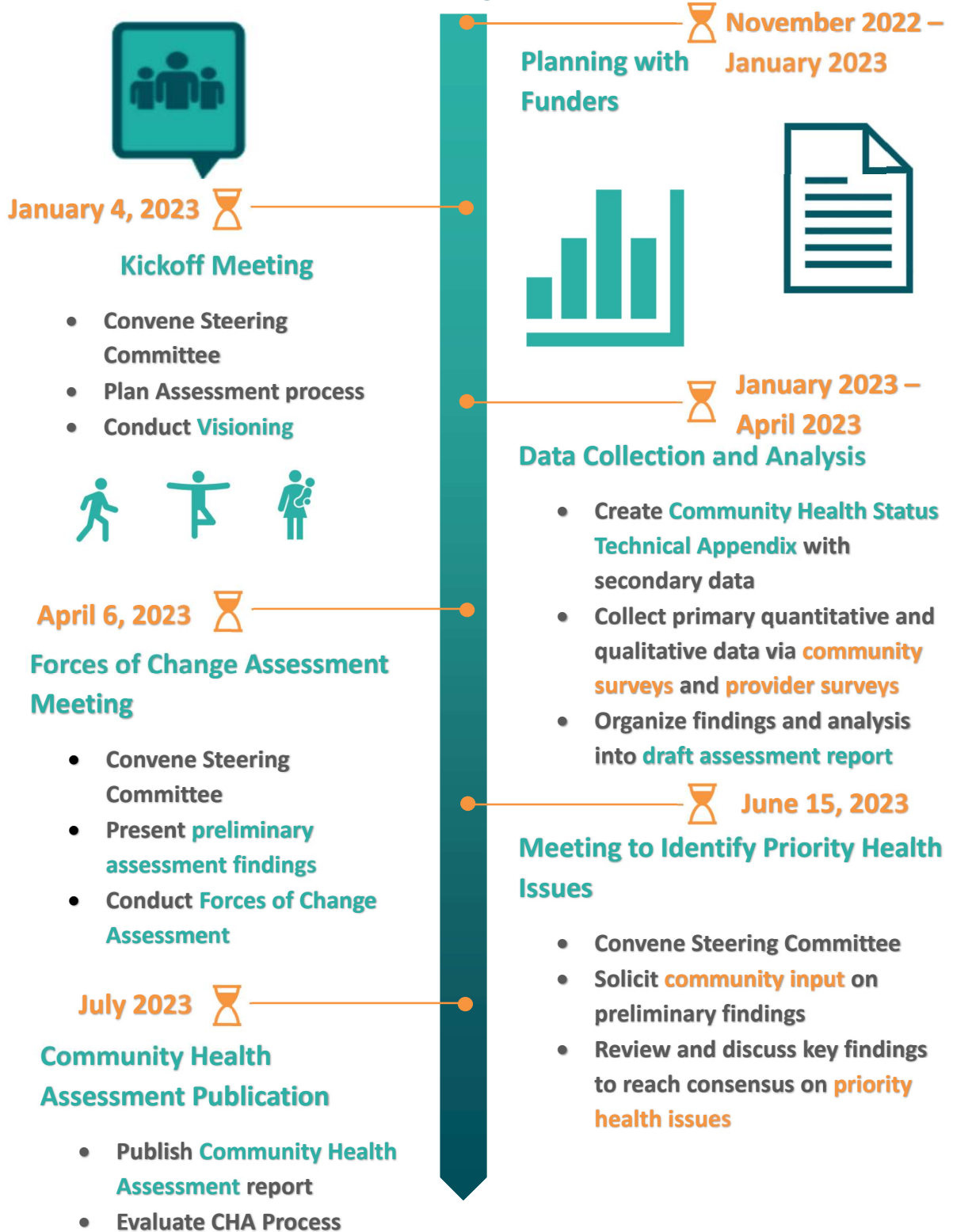
Source: Lafayette County visioning discussion, January 4, 2023. Prepared by WellFlorida Council, using WordItOut.com, 2023.

TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, LAFAYETTE COUNTY, 2023

Populations of Concern	
Individuals and families with low incomes	Senior citizens especially those who are isolated
Migrant workers and their families	Infants, young children, teens
Attributes of a Healthy Community	
Healthcare System Factors and Characteristics	Behavior- and Environmental-related Factors
Equitable access to healthcare services including primary, dental, mental and behavioral health, prenatal/OB care, substance abuse treatment	Safe and affordable housing and utilities, transportation, education, food
Accessible chronic disease management	Employment opportunities with benefits
Affordable pharmacy plans for medicines and medical equipment	High quality education system including technical and vocational training, and college
Providers who accept benefit programs such as Medicaid and Medicare and health insurance plans	Public safety services (Fire/Rescue, EMS, law enforcement)
	Recreation opportunities for all ages, abilities
Actions Needed to Be a Healthy Community	
Improve communication and coordination	
Work to remove barriers to healthcare, social services, and educational opportunities	
Promote collaboration, provide leadership, and welcome diverse ideas for improving community health	

Source: Lafayette County visioning discussion, January 4, 2023. Prepared by WellFlorida Council, 2023.

2022-2023 Lafayette County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

The community health status assessment highlights key findings from the *2023 Suwannee County and Lafayette County Community Health Assessment Technical Appendix*, referred to henceforth as the 2023 Technical Appendix. The assessment data was prepared by WellFlorida Council, Inc., using a diverse array of sources including the Florida Department of Health Office of Vital Statistics, the U.S. Census Bureau, and the Florida Agency for Health Care Administration.

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

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

Many of the data tables in the 2023 Technical Appendix contain standardized rates for the purpose of comparing Lafayette County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary includes references to specific tables in the 2023 Technical Appendix so that users can refer to the numbers and the rates in context.

Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. Periodically reviewing key demographic and socioeconomic indicators is crucial to understanding current health issues and anticipating future health needs. The 2023 Technical Appendix includes data on current population numbers and distribution by age, sex, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Lafayette County demographic and socioeconomic profile.

Population

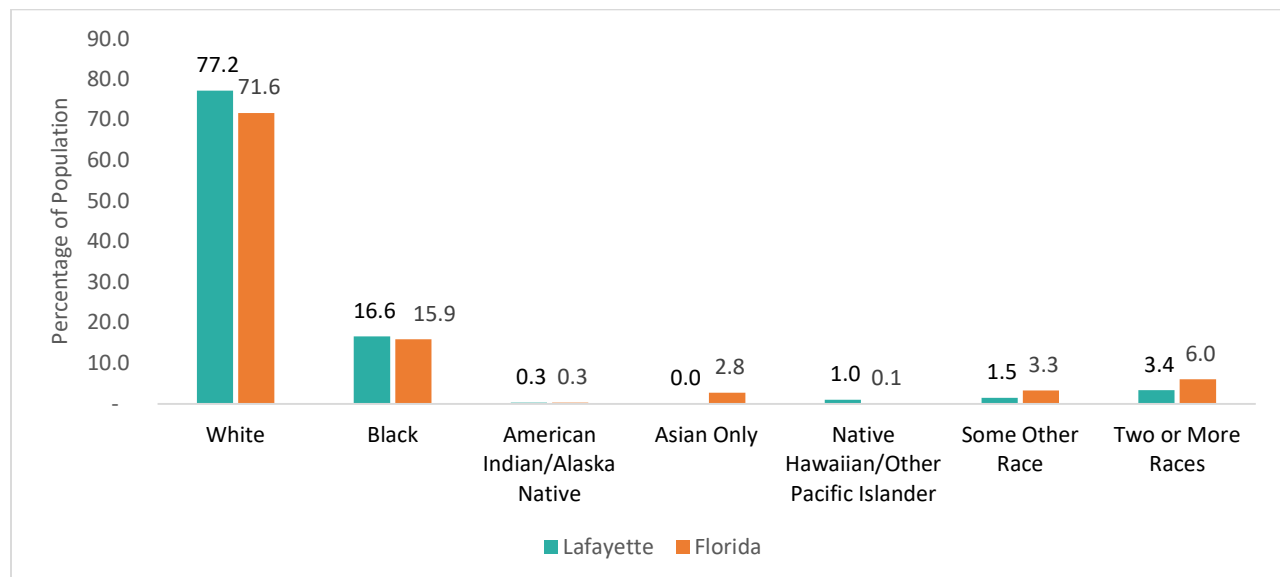
The 2020 U.S. Census recorded Lafayette County's population at 8,226. The University of Florida Bureau of Economic Business Research population estimates for 2010-2045 predict a 7.5 percent increase for 2030. The 2020 U.S. Census data gives a snapshot of the demographics of Lafayette County and Florida in 2020. However, most of

the data in this report refers to calculations based on the 2017-2021 American Community Survey (ACS) estimates, including all the zip code level data. The ACS estimates are a five-year average that is updated every year; for example, the current set of estimates is for 2017-2021, while the upcoming set of estimates will be for 2018-2022. Although both the U.S. Census and ACS estimates are conducted by the U.S. Census Bureau, only the official U.S. Census is administered to the entire population; the ACS is completed by only a subset of the population, and is therefore an estimate, not an official count. Since detailed breakdown of the U.S. Census data is not yet publicly available, including zip code level data, for the rest of this report we will be using the 2017-2021 ACS estimates, and the population of Lafayette County will be considered 8,343, according to this most recent estimate, unless specified otherwise (Table 5, 2023 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2023 Technical Appendix.

Race

According to the 2020 U.S. Census, Lafayette County’s population was 77.4 percent White, 12.7 percent Black, 0.3 percent American Indian and Alaska Native, 0.1 percent Asian, 0.1 percent Native Hawaiian and Other Pacific Islander, 5.1 percent some other race, and 4.3 percent two or more races (Table 4, 2023 Technical Appendix). While the 2020 U.S. Census data provides valuable insight into Lafayette County’s racial distribution it was not used by most of the sources and estimates made in this report. Rather, ACS estimates are used for reasons explained above. Thus, it is useful to consider overall racial distribution according to the 2017-2021 ACS estimates. This shows 77.2 percent of the Lafayette County population as White, 16.6 percent as Black, 3.4 percent as Two or More Races, 1.0 Native Hawaiian and Other Pacific Islander, 0 percent as Asian Only, 0.3 percent as American Indian or Alaska Native Only, and 1.5 percent as Some Other Race (Table 5, 2023 Technical Appendix). Again, using the newer ACS estimates to examine race, we find most of the limited American Indian and Alaska Native population live in Mayo as does the majority of the Black population, accounting for 19.8 percent of Mayo’s total population. Those who identify as some other race and of two or more races account for 1.8 and 4.0 percent of the population, respectively, in Mayo (Table 5, 2023 Technical Appendix). In comparison to Florida, Lafayette County is somewhat less racially diverse, as seen in the figure below.

FIGURE 4: POPULATION BY RACE, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 5, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Ethnicity

Further considering the 2017-2021 ACS estimates, an estimated 14.5 percent of the Lafayette County population identifies as Hispanic or Latino, compared with 26.2 percent of Florida. Lafayette County Hispanics account for 11.3 percent of zip code tabulation area (ZCTA) 32066 Mayo’s population (Table 6, 2023 Technical Appendix).

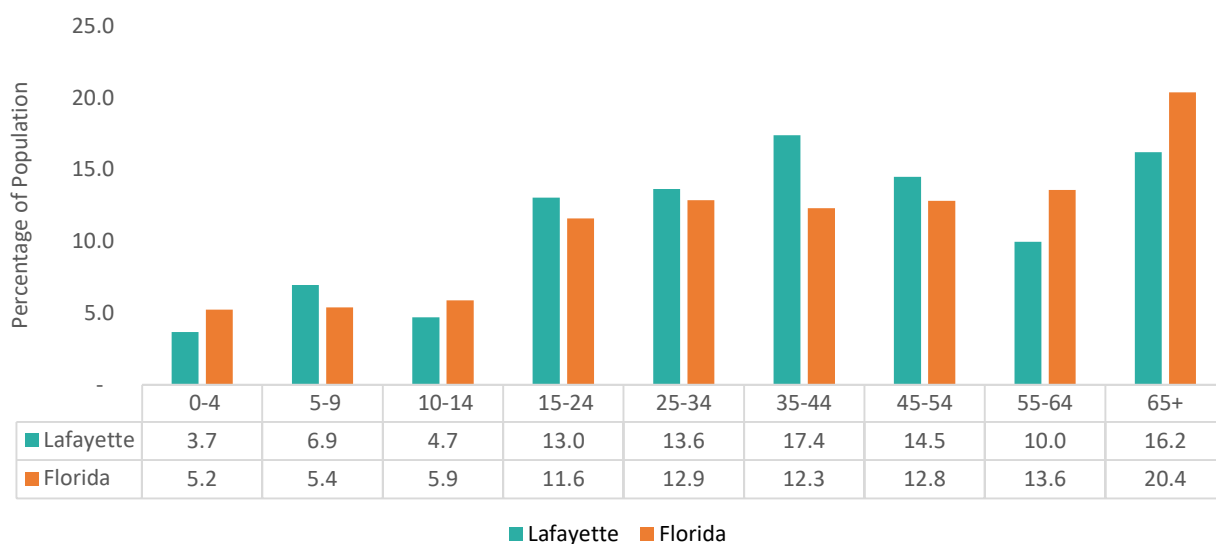
Sex

In Lafayette County, males comprise 61.7 percent of the population and females 38.3 percent. According to these estimates, 32066 Mayo has the largest percentage of male residents with 64.1 percent of the population recorded as male. Interestingly, ZCTA 32013 Day is comprised entirely (100.0 percent) of female residents (Table 7, 2023 Technical Appendix).

Age

Lafayette County’s working age population (that is, age groups from 15-24 through 55-64) represents 68.5 percent of the total population compared with 62.3 percent for the same age groups for Florida as a whole. Lafayette County has considerably fewer persons aged 65 years and older compared with the state (16.2 percent versus 20.4 percent) (Table 8, 2023 Technical Appendix). The figure below displays the age distribution of Lafayette County and the state in more detail.

FIGURE 5: POPULATION BY AGE GROUP, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 8, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

For 2017-2021, about 14.4 percent of 32066 Mayo’s population was aged 65 years and older. At the other end of the age spectrum, 13.8 percent of Mayo’s population was comprised of infants and children from 0 to 14 years of age. As the largest population center in Lafayette County, Mayo’s population was made up of 71.5 percent of the working age persons (15-24 years through 55-64 years) (Table 8 of the 2023 Technical Appendix). When examining connections between age and other demographic elements of the Lafayette County population for the same time period, a few interesting factors may be noted. A much greater percentage of the Lafayette County female population is reported of retirement age of 65 and older (22.8 percent) as compared with the male population (12.1 percent). Similarly, a greater percentage of the Lafayette County White population was of retirement age

(19.7 percent) as compared with the Black population (3.5 percent). The Hispanic population in the 65 years and older age group comprises 7.5 percent of the Lafayette County population, all of whom were recorded as residents of 32066 Mayo. The Lafayette County youth population (0 to 17 years) was comprised of 20.4 percent Whites and 15.8 percent Blacks with all but 2.7 percent of these youths residing in 32066 Mayo (Tables 9-12, 2023 Technical Appendix).

Families and Households

The U.S. Census Bureau defines a family as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Also, a household is any group of people living together or an individual living alone and includes both family households and non-family households. Lafayette County is home to approximately 1,703 families according to the most recent 2017-2021 ACS estimates, of which the average family size is 3.52 people (3.16 for Florida). Married Couple families are most numerous in Lafayette County, followed by Female Head of Household, No Husband Present families, then Male Head of Household, No Wife Present (Tables 16-17, 2023 Technical Appendix).

Of the 116 reported total grandparent householder population in 2017-2021, 59.5 percent of grandparent householders were responsible for their own grandchildren under the age of 18. This same figure was only 44.1 percent for Florida overall. For the lone ZCTA in Lafayette County with grandparent householders, 32066 Mayo, 68.3 percent of them were responsible for their own grandchildren under the age of 18. Among these Lafayette County grandparent households, all (100.0 percent) were reported to have a parent present, contrasting with only 63.9 percent in Florida as a whole (Tables 14-15, 2023 Technical Appendix).

According to 2017-2021 ACS estimates, approximately 1,380 individuals or 16.5 percent of the population in Lafayette County live in group quarters, which include correctional institutions and nursing homes. This is remarkably higher than the state rate of 1.9 percent (Table 13, 2023 Technical Appendix).

Languages Spoken

ACS data documents the languages spoken by Lafayette County residents ages five (5) years and older. Among this demographic, 82.6 percent speak only English in Lafayette County compared with 70.2 percent in Florida, and among those who speak other languages in Lafayette County 28.8 percent speak English less than “Very Well” compared with 39.6 percent in Florida. Of the individuals who speak other languages, 90.8 percent speak Spanish and 5.9 percent speak other Asian and Pacific Island languages (Table 19, 2023 Technical Appendix).

Life Expectancy

The table below presents life expectancy by sex and race for Lafayette County and Florida. Life expectancy of Lafayette County residents falls short of their Florida counterparts by more than three (3) years (75.0 years versus 78.5 years). The White population in Lafayette County on average lives 75.1 years while statewide life expectancy for Whites is 78.9 years. Lafayette County males live an average of almost four (4) years less than females in their county and more than two (2) average years less than males statewide. Lafayette County females also have a shorter life expectancy at 77.0 years when compared with Florida females at 81.5 years (Table 20, 2023 Technical Appendix).

TABLE 2: LIFE EXPECTANCY BY SEX, LAFAYETTE COUNTY AND FLORIDA, 2019-2021

	Lafayette County (in years)	Florida (in years)
Overall	75.0	78.5
Females	77.0	81.5
Males	73.3	75.5
White	75.1	78.9
Black	--	78.3
Hispanic	--	81.9
Non-Hispanic	--	77.6

Note: Blanks indicate insufficient data to compute a valid estimate

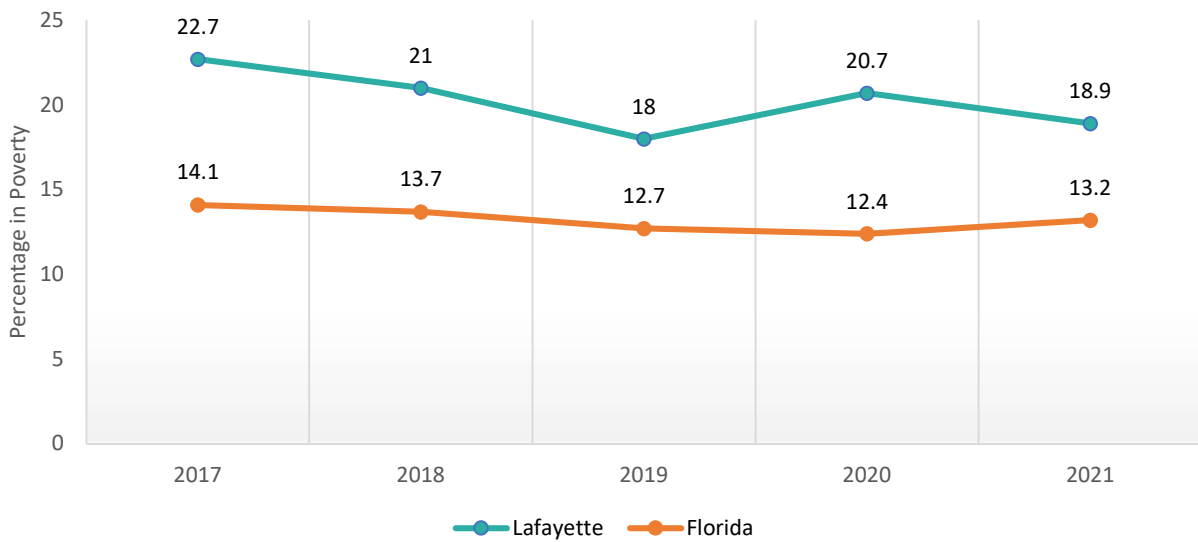
Source: Table 20, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Economic Characteristics

Poverty

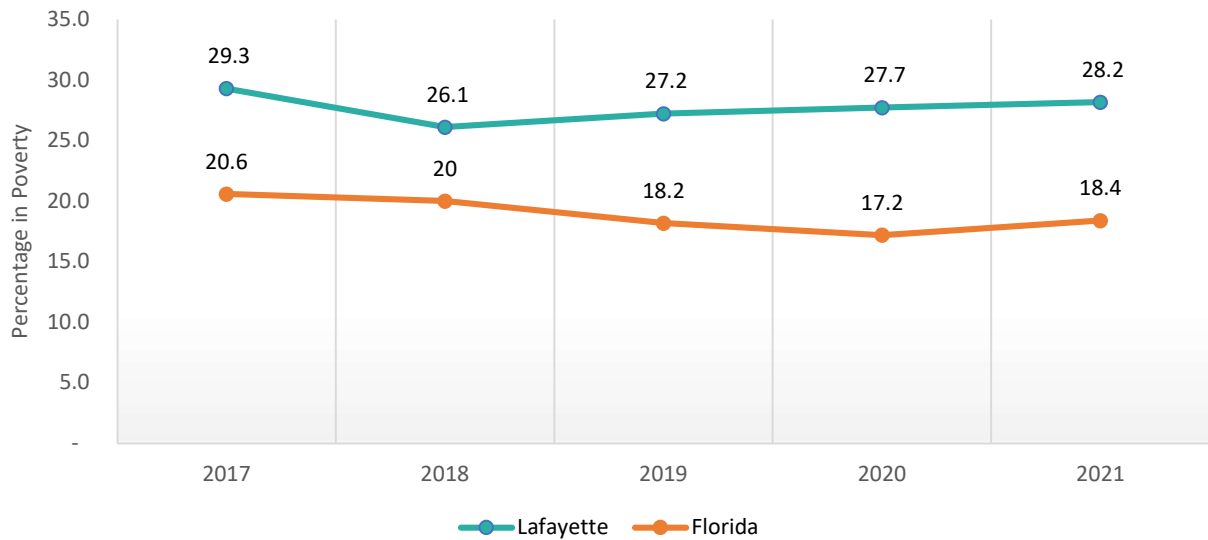
The U.S. Census Bureau Small Area Income and Poverty Estimates for 2021 report the percentage of persons in poverty in Lafayette County at 18.9 percent for all ages and at 28.2 percent of children under 18; Florida rates are lower in both categories at 13.2 percent for all ages and 18.4 percent of children (Table 21, 2023 Technical Appendix).

FIGURE 6: PERCENTAGE OF PERSONS IN POVERTY, ALL AGES, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 7: PERCENTAGE OF CHILDREN UNDER AGE 18 IN POVERTY, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 21, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The ACS also creates estimates of poverty levels for the United States and provides a more detailed breakdown of poverty levels by income, ZCTA, race, and ethnicity. Since these 2017-2021 ACS estimates use a different sample and different methodology, the numbers are slightly different from the 2021 U.S. Census Bureau Small Area Income and Poverty estimates. Specifically, the ACS estimates that 15.0 percent of Lafayette County individuals overall were in poverty in the past 12 months (13.1 percent for Florida), and 13.8 percent of Lafayette County children (0 to 17 years of age) were in poverty (18.2 percent for Florida). Similarly for the same time period, 15.2 percent of individuals overall in ZCTA 32066 Mayo were reported to be in poverty along with 17.3 percent of children (Table 22, 2023 Technical Appendix).

By age for 2017-2021 in the categories of below 100 percent of poverty and between 100 to 199 percent poverty, Lafayette County adults aged 18 – 64 years had higher than state rates at 14.8 and 19.2 percent, respectively, compared with state rates of 12.2 and 17.6 percent. A different scenario emerged for Lafayette County children with lower than state rates for below 100 percent poverty (13.8 compared with 18.2 percent) and higher than state rates for between 100 to 199 percent poverty at 34.4 percent compared with 24.2 percent for the state (Table 24, 2023 Technical Appendix).

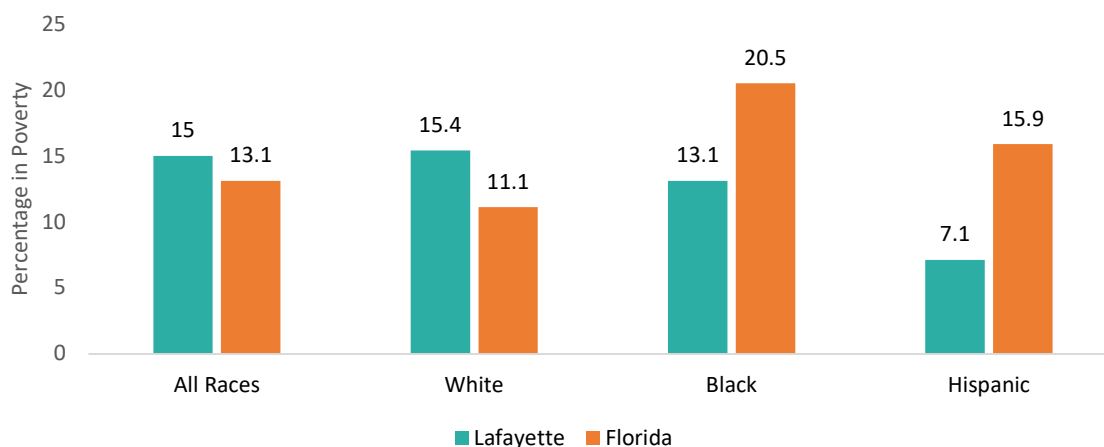
By sex, poverty rates were twice as high among females in Lafayette County (20.6 percent) as compared with males (10.2 percent), both rates are greater than for their state counterparts (14.1 percent and 12.0 percent, respectively) (Table 25, 2023 Technical Appendix).

For 2017-2021 by households, 14.6 percent of family households and 17.9 percent of all households were in poverty in Lafayette County. The estimated percentage of poverty reported for Lafayette County female head of household with no husband present families was exponentially higher at 54.3 percent compared with Lafayette County male head of households with no wife present at 5.1 percent. The Lafayette County female head of household rate was also more than twice the state rate of 22.2 percent (Table 27, 2023 Technical Appendix).

Poverty affects people of color disproportionately throughout the state of Florida and in Lafayette County. In Lafayette County, 15.4 percent of White residents lived in poverty in the past 12 months according to 2017-2021

ACS estimates compared with 11.1 percent of White Florida residents. Unlike for the state as a whole, Black Lafayette County residents experienced poverty at lower rates than their White counterparts. About 13.1 percent of Black Lafayette County residents lived in poverty, compared with 20.5 in Florida. Hispanics living in Lafayette County were also reported to have experienced poverty at lower percentages than all races, Whites and Blacks for both their Lafayette County and Florida counterparts. Data shows that 7.1 percent of Lafayette County Hispanics lived in poverty compared with 15.9 percent in Florida (Table 26, 2023 Technical Appendix). A more detailed breakdown of poverty by race and ethnicity can be seen in the figure below.

FIGURE 8: ESTIMATED PERCENTAGE OF PERSONS IN POVERTY BY SELECTED RACES AND ETHNICITY FOR THOSE IN POVERTY IN THE PAST 12 MONTHS, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 26, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

ALICE Households

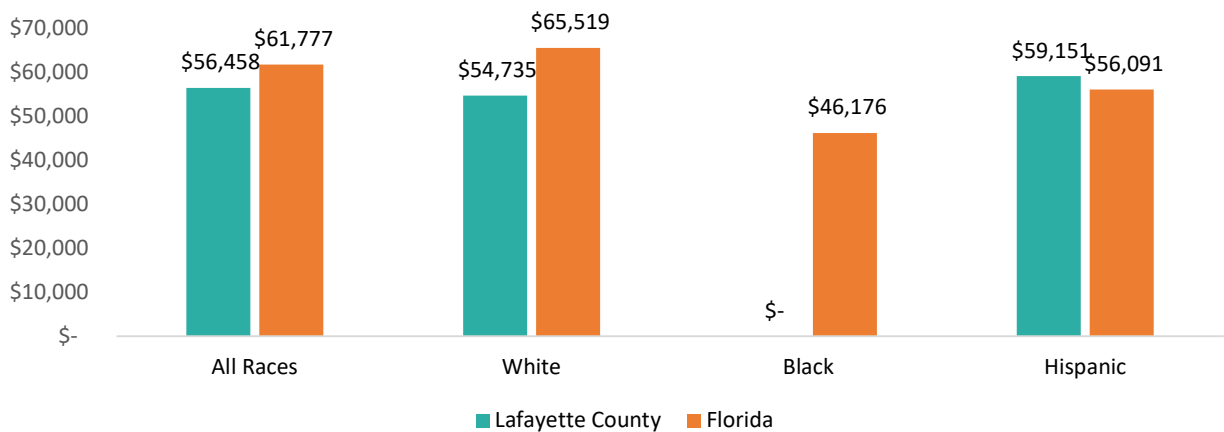
United Way’s ALICE household reports, or Asset Limited, Income Constrained, Employed household studies, provide quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. United Way’s methodology is reviewed by outside experts and supported with an independent Research Advisory Committee in each state; more information can be found at <https://www.unitedforalice.org/overview>. The following data is taken from the 2023 ALICE Report, which contains information collected in 2021, located in Table 29 of the 2023 Technical Appendix.

The ALICE report calculates household survival budgets by family type and size in an attempt to reflect the minimum income necessary to meet basic living expenses in a county or state. For example, the household survival budget for a single adult in Lafayette County is estimated at 25,980 dollars per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to 57,648 dollars. ALICE households earn more than the federal poverty guidelines but less than these household survival budgets. In Lafayette County, 34.0 percent of households meet the criteria to be ALICE households. In Florida this figure is 32.0 percent. The number of ALICE households is higher among seniors aged 65 and older, with 37.0 percent being categorized as ALICE households in Lafayette County although it is lower than the percentage for Florida seniors (40.0 percent) (Table 29, 2023 Technical Appendix).

Income

Median household income varies by race and ethnicity, as shown by the ACS 2017-2021 estimates in the figure below. Please note that due to small numbers there was insufficient data to calculate a valid estimate for Lafayette County Blacks and for ZCTA 32013 Day. Median household incomes for all races, Whites, and Hispanics in 32066 Mayo were slightly higher than for the county as a whole. For all races and Whites median household incomes were lower than for the state. Lafayette County Hispanics had higher median incomes when contrasted with the state figure (Table 30, 2023 Technical Appendix).

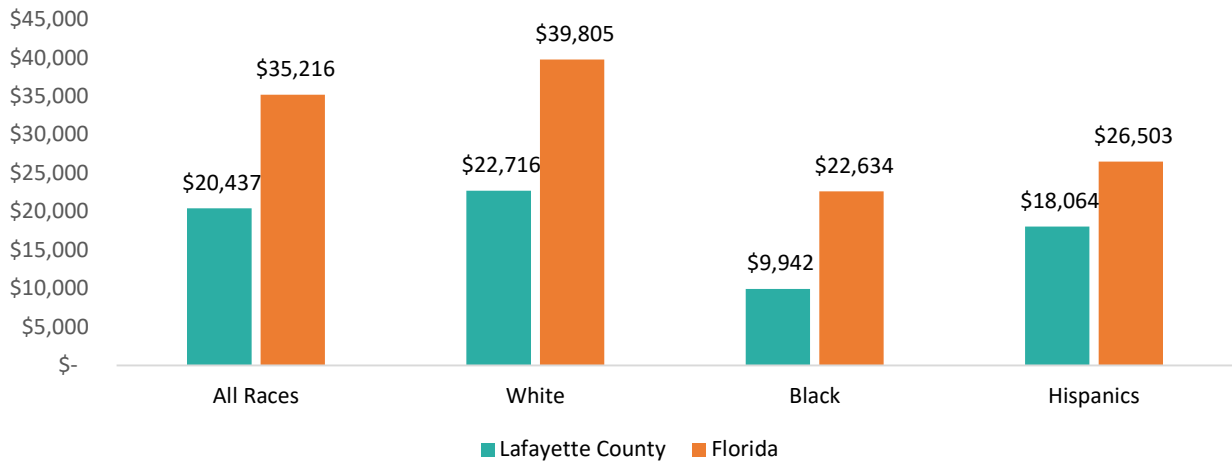
FIGURE 9: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 30, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

For the same timeframe, average household income shows a similar pattern with the Lafayette County average household income documented at 64,022 dollars compared with 88,267 dollars for Florida. Per capita income for Lafayette County and Florida can be seen by race and ethnicity in the figure below. By ZCTA for 32066 Mayo, per capita incomes were less than for the county overall for all races and Whites but higher in the ZCTA for Blacks and Hispanics. Per capita incomes were lower than state incomes for all Lafayette population groups (Tables 31 and 32, 2023 Technical Appendix).

FIGURE 10: PER CAPITA INCOME BY RACE AND ETHNICITY, LAFAYETTE COUNTY AND FLORIDA, 2017-2021

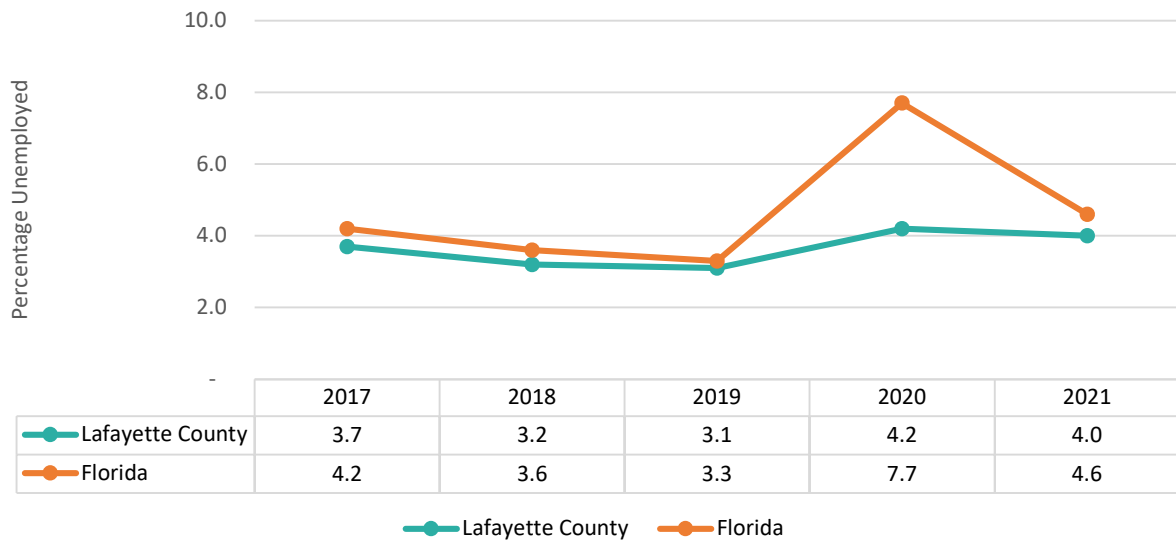


Source: Table 32, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Employment

The past five (5) years of data available from 2017-2021 shows that Lafayette County unemployment rates have generally been slightly lower than state rates. More details are presented in the figure below. The unemployment rate for ZCTA 32066 Mayo at 5.8 percent was almost the same as the overall Lafayette County rate of 5.9 (Table 36 and 37, 2023 Technical Appendix).

FIGURE 11: UNEMPLOYMENT RATES, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 36, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The overwhelming majority (98.9 percent) of non-governmental businesses in Lafayette County are small, employing less than 50 people. Of Lafayette County’s non-governmental businesses, 16.1 percent are retail trade

and 41.9 percent provide services. The 2020 U.S. Census Bureau estimates report state rates for the same types of businesses at 12.6 percent and 51.8 percent, respectively (Tables 42 and 43, 2023 Technical Appendix).

Transportation

The 2017-2021 ACS estimates show that only 0.9 percent of Lafayette County households with workers ages 16 and over do not have any vehicles available. In Lafayette County 90.0 percent of workers drive alone to work while 4.8 percent carpool. Only 0.1 percent use public transportation. For those Lafayette County workers who drive alone the largest proportion have a 30-34 minute commute (27.5 percent) while 5.2 percent have an hour or more commute and 17.2 percent drive less than ten (10) minutes (Tables 54 and 55, 2023 Technical Appendix).

Education

Educational attainment is an important social determinant of health that is often strongly linked with health behaviors and outcomes, employment opportunities, and lifetime earnings. According to ACS 2017-2021 estimates for the population that is 25+ years of age, far fewer Lafayette County residents have obtained a college degree when compared with the state as a whole. A greater percentage (64.0 percent) of Lafayette County residents have a high school diploma as their highest level of educational attainment. The table below provides additional data on educational achievement along with high school graduation and dropout rates. Of note are the most recent Lafayette County graduation and dropout rates. Lafayette County’s impressively high graduation rates have exceeded state rates for the past five (5) academic years. Equally commendable dropout rates that have fallen to less than half the state rate were reported for the five (5) academic years shown (Tables 38 and 39, 2023 Technical Appendix).

TABLE 3: HIGH SCHOOL GRADUATION RATES, SCHOOL DROPOUT RATES, AND HIGHEST LEVEL OF SCHOOL COMPLETED, LAFAYETTE COUNTY AND FLORIDA

High School Graduation Rate			School Dropout Rate			Highest Level of School Completed by Percent of Population 25+ Year of Age, 2017-2021		
Year	Lafayette	Florida	Year	Lafayette	Florida	Level	Lafayette	Florida
2016-17	88.2	82.3	2016-17	1.2	4.0	No high school diploma	21.0	10.2
2017-18	97.4	86.1	2017-18	1.3	3.5			
2018-19	98.8	86.9	2018-19	1.2	3.4	High school diploma	64.0	46.9
2019-20	97.7	90.0	2019-20	0	3.1	College degree	15.1	42.8
2020-21	97.5	90.0	2020-21	0	3.2			

Source: Tables 38 and 39, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The Florida Department of Education reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. Although in 2020 an increase in the percentage of Lafayette County kindergarteners who were school-ready was reported, the county rate of 53.1 percent lags when compared with the state rate of 56.9 percent. In 2021, 12.2 percent of elementary students were not promoted, more than four (4) times higher than the state rate of 2.5 percent. Data was not

available on the number and percentage of Lafayette County middle school students not promoted (Table 40, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates are estimated by Feeding America, a national nonprofit network of food banks that operates in every county in the country. Their estimates are made using a tested model based on Current Population Survey (CPS) food security questionnaire data, and it considers, among other things, unemployment rates, poverty rates, and disability rates.

TABLE 4: PERCENT FOOD INSECURITY, ALL AGES AND CHILDREN, LAFAYETTE COUNTY AND FLORIDA, 2016-2020

Year	All Ages		Children	
	Lafayette County	Florida	Lafayette county	Florida
2016	19.8	13.9	20.9	20.0
2017	13.8	13.4	19.1	20.4
2018	14.7	13.0	20.1	19.4
2019	10.6	12.0	13.1	17.1
2020	12.2	10.6	13.4	15.7

Source: Table 41, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

In 2021 about 15.5 percent of Lafayette County households received cash public assistance or food stamps, which was slightly higher than for Florida overall at 14.1 percent of the state’s households. Notably, almost a third (31.3 percent) of Lafayette County households that receive cash assistance or food stamps have at least one resident who is 60 years of age or older which is lower than the state rate at 41.2 percent (Tables 50 and 51, 2023 Technical Appendix).

Another consideration is the percentage of students eligible for free or reduced lunch in the public school system. As of 2021, eligibility rates were higher for Lafayette County kindergarten and elementary school students (65.2 and 61.4 percent, respectively) than for Florida students in those categories (53.4 and 56.6 percent, respectively). For Lafayette County pre-kindergarteners for the same year only 49.0 percent were eligible compared with 61.0 percent in Florida and fewer Lafayette County middle school students (50.7 percent) were eligible when compared with the state rate (55.1 percent) (Table 47, 2023 Technical Appendix).

Housing Data

According to 2017-2021 ACS estimates, Lafayette County has 3,406 housing units, about 27.0 percent of which were vacant (16.5 percent in Florida). An estimated 13.7 percent of owner-occupied households face monthly housing costs that are 30 percent or more of the household income, notably lower than for the state at 25.3 percent. This rate was higher among those in renter-occupied housing units in Lafayette County with 39.4 percent having housing costs that are 30 percent or more of the household income. At a rate higher than for the state approximately 16.6 percent of the Lafayette population suffered severe housing problems such as homes with no electricity, failing plumbing systems, structural issues, or inadequate heating or cooling. There were zero (0) reported homeless individuals in Lafayette County in 2021 (Table 44, 2023 Technical Appendix).

Incarcerations

Rates of incarcerations as recorded by the Florida Department of Corrections have fluctuated over the past five (5) years for Lafayette County. In 2022 Lafayette County's incarceration rate was 3.7 individuals per 1,000 population compared with 2.5 in Florida. Similarly for 2021, the rate of inmate admissions for those 19 years of age and older was higher in Lafayette County than for the state at 183.7.1 per 100,000 population for Lafayette compared with 104.0 for Florida. Recidivism rates for Lafayette County were lower than state rates for the period of 2016-2018, with a return rate of 18.8 percent in the 36 months following 2018 releases; the state rate was 21.2 percent (Tables 56-58, 2023 Technical Appendix).

Voter Registration

Lafayette County reported having 4,528 registered voters as of January 31, 2023. Approximately 65.4 percent of all registered voters cast a ballot in the 2018 general election which was higher than the state percentage of 62.0 percent. A total of 2,854 ballots were cast, of which 1,459 were cast on election day with another 853 at early voting, and 509 by domestic vote-by-mail (Tables 59 and 60, 2023 Technical Appendix).

Mortality and Morbidity

Disease and death rates are some of the most direct and traditional measures of health and well-being in a community. Lafayette County has higher mortality rates than the state among All Races, White Races, Black Races, and Hispanics, as well as lower life expectancy and higher rates of Years of Potential Life Lost (YPLL). This section details the various causes of death recorded and how they break down by race, ethnicity, and sex across the county and the state. Zip code level data is presented when available.

It is important to note that this section may have numbers that are suppressed due to a small sample size, as specific causes of morbidity and mortality by race, ethnicity, and/or zip code can be rare. It is also noteworthy that the data that is available for small samples sizes should be interpreted with caution, as these rates can fluctuate greatly from year to year with just a few cases or individuals of interest being added or taken away. These instances are generally noted in the narrative below but will not always be isolated in the 2023 Technical Appendix.

Causes of Death

Overall mortality rates for Lafayette County residents are higher than state rates according to 2019-2021 Florida Department of Health, Bureau of Vital Statistics estimates. These age-adjusted mortality rates are reported at 949.0 deaths per 100,000 population for Lafayette County and 740.1 deaths for Florida. For this period, age-adjusted mortality rates for Lafayette County have fluctuated, with age-adjusted mortality rates rising specifically among deaths due to cancer, COVID-19, Chronic Lower Respiratory Disease (CLRD), unintentional injuries, stroke, diabetes, hypertension, and influenza and pneumonia. The table below presents the top 10 causes of death for Lafayette County, ranked from most common to least common, with Florida rankings for comparison. Heart disease and cancer are the leading causes of death in Lafayette County, each accounting for 19.5 percent of all deaths. Most causes of death have an age-adjusted mortality rate that is higher than the state rate. Rates that are of particular concern include cancer (191.2 deaths per 100,000 versus 137.7 for Florida, COVID-19 (185.2 deaths versus 108.8), CLRD (67.2 deaths versus 30.7), unintentional injuries (106.5 versus 72.8), stroke (65.6 deaths versus 48.7), and influenza and pneumonia (24.1 versus 8.4) (Tables 61, 65-67, and 69, 2023 Technical Appendix).

TABLE 5: RANKED CAUSES OF DEATH, ALL RACES, LAFAYETTE COUNTY AND FLORIDA, 2019-2021

Cause of Death	Lafayette County	Florida
Heart Disease	1 T	1
Cancer	1 T	2
COVID-19	3	3
Chronic Lower Respiratory Disease (CLRD)	4	6
Unintentional Injury	5	4
Cerebrovascular Diseases (Stroke)	6	5
Diabetes Mellitus (Diabetes)	8T	7
Chronic Liver Disease & Cirrhosis (Liver Disease)	NR	9
Alzheimer's Disease	7	8
Hypertension	8T	NR

*T = Tied; NR = Not Ranked

Source: Table 61, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Differences in Mortality by Zip Code

With data available for only one ZCTA in Lafayette County, 32066 Mayo's age-adjusted death rate per 100,000 population at 1,092.5 deaths closely resembles the overall county rate of 1,112 deaths for 2019-2021. The starkest contrast between the 32066 Mayo age-adjusted rate and the county rate can be seen for COVID-19 with a ZCTA 32066 Mayo rate of 84.2 deaths compared with 127.1 deaths for Lafayette County. For the same timeframe, cancer death rates for Lafayette County at 211.2 deaths per 100,000 population exceeded the ZCTA-specific rate of 194.5 deaths in 32066 Mayo. Unintentional injury death rates also are notably different for the county as a whole at 63.4 deaths versus 58.4 deaths per 100,000 for 32066 Mayo (Tables 75-84, 2023 Technical Appendix).

Differences in Mortality by Sex

For 2019-2021 Lafayette County males and females shared the top three (3) causes of death as cancer, heart disease and COVID-19; however, these causes fell in different order. For females the rank order was cancer, heart disease and COVID-19 while for males cancer and COVID-19 tied for first rank followed by heart disease. Stroke is the fourth leading cause of death for females, followed by CLRD and unintentional injury (tied). For Lafayette County males unintentional injuries and CLRD are the next highest ranked causes of death (Table 62, 2023 Technical Appendix).

The all-cause age-adjusted mortality rate for females in Lafayette County has risen from 2017-2021. Female cancer death rates have fluctuated with a precipitous decline from 2020 to 2021. Falling age-adjusted death rates for Lafayette County females can also be seen for heart disease and CLRD. Rising rates were noted for stroke and unintentional injuries. Among Lafayette County males, rising CLRD and stroke death rates were reported as were falling death rates for all causes, heart disease, cancer, unintentional injuries and diabetes (Tables 73 and 74, 2023 Technical Appendix).

Differences in Mortality by Race and Ethnicity

Both Whites and Blacks experience unique disparities when examining age-adjusted mortality rates. Lafayette County Blacks have a higher overall mortality rate compared with Whites and in particular have higher age-adjusted mortality rates due to:

- Heart disease at 382.4 deaths per 100,000 population as compared with 186.3 White deaths
- Unintentional injury at 162.6 deaths per 100,000 population as compared with 53.1 White deaths
- Essential hypertension at 94.3 deaths per 100,000 population as compared with 14.2 White deaths
- COVID-19 at 127.1 deaths per 100,000 population as compared with 107.4 White deaths

Although Whites in Lafayette County generally have lower overall age-adjusted mortality rates, higher age-adjusted mortality rates were noted due to:

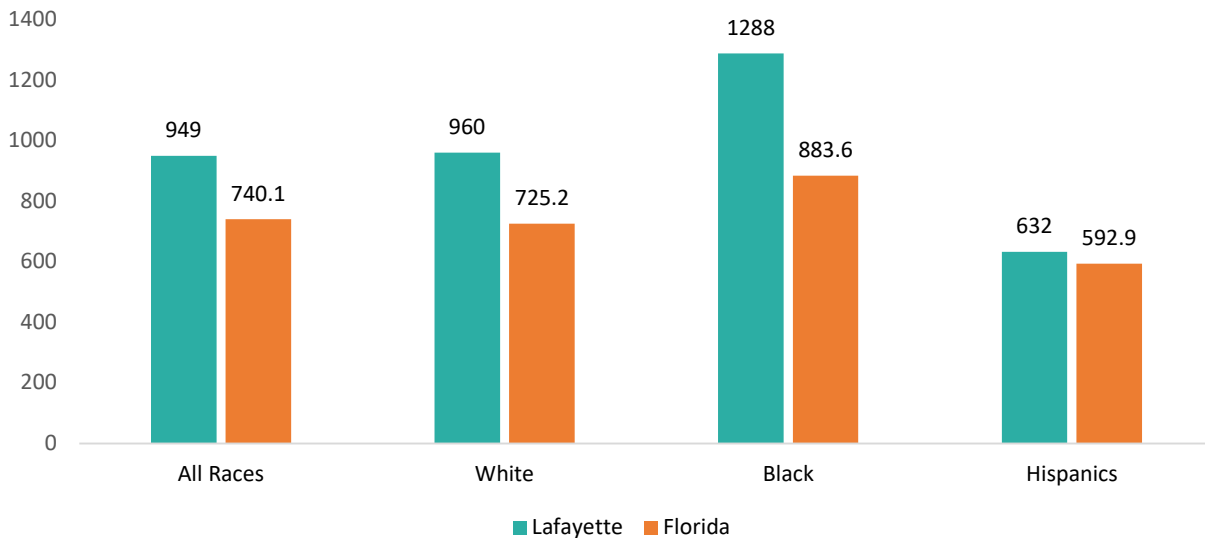
- Cancer at 192.2 deaths per 100,000 population as compared with 188.8 Black deaths
- CLRD at 69.4 deaths per 100,000 population as compared with 32.8 Black deaths

These statistics and more can be found in Table 68 of the 2023 Technical Appendix.

Data in this report considers differences in mortality by ethnicity by comparing Hispanic mortality rates to mortality rates for all races, or the county overall. For 2019-2021 Hispanic Lafayette County residents have lower age-adjusted mortality rates than the county overall. Specifically, lower death rates were noted for Hispanics compared with all races for cancer. Higher age-adjusted death rates were found in the following causes: (as found in Table 67 of the 2023 Technical Appendix):

- CLRD at 100.1 deaths per 100,000 population among Hispanics versus 68.6 among all races
- Unintentional injury at 153.5 deaths per 100,000 population among Hispanics versus 60.7 among all races
- COVID-19 at 153.5 deaths per 100,000 population among Hispanics versus 109.3 among all races

FIGURE 12: AGE-ADJUSTED MORTALITY RATES BY RACE AND ETHNICITY FOR ALL CAUSES OF DEATH, LAFAYETTE COUNTY AND FLORIDA, 2019-2021



Source: Table 65, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Differences in Mortality by Age

In Lafayette County from 2019-2021 there were four (4) deaths among children aged 0 to 17 years. The leading cause of death was unintentional injury, accounting for three (3) deaths. The remaining cause of death was medical and surgical complications. This yields an overall crude death rate of 77.9 deaths per 100,000 population, surpassing the state rate of 50.1 deaths per 100,000 population (Table 85, 2023 Technical Appendix).

For those aged 18-44 years, Lafayette County recorded a much lower all-causes crude mortality rate at 120.2 deaths compared with Florida at 192.8 deaths per 100,000 for 2019-2021. The leading causes in this age group were cancer and unintentional injury, both with crude rates of 40.1 deaths. Interestingly, the crude cancer mortality rate exceeded the state rate of 14.3 deaths and while the unintentional injury rate was well below the state rate of 78.9 deaths. The next causes of death tied in ranking for Lafayette County residents aged 18-44 years; these were stroke, COVID-19, and influenza and pneumonia, none of which ranked in the top five for the state (Table 86, 2023 Technical Appendix).

Crude death rates were noticeably higher for the Lafayette County population aged 45-64 years. For 2019-2021 their crude death rate for all causes was 1,118.3 per 100,000 population; the state crude rate was 753.6 deaths. The leading causes were as follows:

- Cancer (275.7 deaths per 100,000 for Lafayette County versus 182.0 for the state)
- Heart disease (291.1 deaths per 100,000 versus 131.4 for the state)
- COVID-19 (107.2 deaths per 100,000 versus 73.0 for the state)
- Other causes (107.2 deaths per 100,000; no data for the state as a whole)

Among those 65-84 years of age, the crude death rate was 3,819.4 deaths per 100,000 for Lafayette County and 2,682.2 for Florida for 2019-2021. The leading causes for Lafayette County were cancer, heart disease, COVID-19,

other causes of death, and CLRD. All Lafayette County crude mortality rates were higher than for the state at large (Table 88, 2023 Technical Appendix).

The 2019-2021 data shows that among those aged 85 years old and older, the Lafayette County all-cause crude mortality rate was higher at 13,374.5 deaths per 100,000 population compared with 12,305.9 deaths for Florida. Lafayette County's top five (5) causes of death for this age group were other causes, heart disease, cancer, stroke, and COVID-19 (Table 89, 2023 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that there were 11,283.6 years of potential life lost (YPLL) under the age of 75 per 100,000 population of Lafayette County in 2021. This is greater than the state rate of 10,015.4 for the same year. Examining this data by race shows that most recently Blacks experienced a much higher rate of YPLL than Whites at 15,828.9 and 10,971.9 YPLL per 100,000 population, respectively. The Lafayette County Black YPLL in 2021 was almost three (3) times the number in 2020 (Table 92, 2023 Technical Appendix).

Females typically have lower rates of YPLL than males. This is the case for 2021 state data with females at 7,217.7 YPLL per 100,000 population compared with males at 12,826.9 YPLL. However, most recently in Lafayette County female YPLL figures (11,011.7 YPLL) were close to their male counterparts at 11,487.6 YPLL. The YPLL rate per 100,000 population in Lafayette County has been increasing for both sexes since 2019 (Table 93, 2023 Technical Appendix).

Data shows the main contributors to YPLL in both Lafayette County and the state are cancer, unintentional injury, and heart diseases. While unintentional injury is the leading source of years of potential life lost for the state as a whole (1,844.4 per 100,000 population), it is the second leading source for Lafayette County at 1,866.1 YPLL. Cancer accounts for 2,246.7 YPLL per 100,000 for the Lafayette County population under 75 years of age with heart disease accounting for 1,835.2 YPLL. When compared with state figures, Lafayette County YPLL rates are higher than the state for ten of the twelve causes of death examined (Table 94, 2023 Technical Appendix).

COVID-19

There were 15 deaths attributed to COVID-19 in 2020 among Lafayette residents; another 22 deaths occurred in 2021. The age-adjusted death rates for that same year for all races in Lafayette County was 185.2 deaths per 100,000 population, markedly higher than the state rate of 108.8. A glaring disparity exists between males and females, with males suffering an age-adjusted death rate of 225.4 deaths per 100,000 population as compared with 142.1 among females (Table 95, 2023 Technical Appendix). Differences between races was recorded as well with the age-adjusted death rate for Lafayette County Whites at 190.2 deaths compared with 94.8 deaths per 100,000 population for Blacks (Table 95, 2023 Technical Appendix).

Suicide

To control for potentially large variations from year to year, the Florida Department of Health Bureau of Vital Statistics calculates suicide rates using three-year averages in order to more accurately reflect the overall trend. From 2019-2021, two (2) suicide deaths occurred among Lafayette County residents for a rate of 6.0 age-adjusted deaths per 100,000 population for all races. These deaths occurred among non-Hispanic White residents and yielded a rate of 74.1 years of potential life lost per 100,000 Lafayette County population under the age of 75 years (Tables 96 and 97, 2023 Technical Appendix).

Heart Disease Mortality

For 2019-2021, heart disease tied with cancer as the first leading cause of death in Lafayette County and is the leading cause of death in Florida, accounting for 19.5 percent of county deaths at a rate of 186.8 age-adjusted deaths per 100,000 population, and 20.7 percent of state deaths at a rate of 144.5 deaths per 100,000 population for all races (Tables 61, 66, and 67, 2023 Technical Appendix). The single most common cause of heart disease deaths in Lafayette County was acute myocardial infarction, also known as a heart attack. Table 101 in the 2023 Technical Appendix gives a more detailed breakdown of heart disease deaths by type. When comparing males and females, Lafayette County males have a higher age-adjusted mortality rate due to heart attacks (51.5 deaths per 100,000 compared with 38.9 among females). Lafayette County males also have a higher age-adjusted mortality rates due to heart failure (32.6 deaths per 100,000 compared with 15.9 for females) (Table 102, 2023 Technical Appendix).

Cancer Mortality

Cancer tied with heart disease as the leading causes of death in Lafayette County for all races and is the second leading cause of death in Florida, accounting for 19.5 percent of all county deaths at an age-adjusted rate of 183.7 deaths per 100,000 population of all races, as compared with 19.5 percent of all state deaths at a rate of 139.7 deaths per 100,000 population (Tables 61, 66, and 67, 2023 Technical Appendix). Among all races, Lafayette County experiences higher age-adjusted death rates than the state due to the following cancer types:

- Bladder
- Breast
- Colon, Rectum, Anus
- Esophagus
- Larynx
- Lip, Oral, Pharynx
- Non-Hodgkin's Lymphoma
- Pancreatic
- Prostate
- Stomach
- Trachea, Bronchus, and Lung Cancer

Using 2019-2021 data, rates by ethnicity show that Hispanic Lafayette County residents have a much lower rate of all cancer deaths compared with all races: 100.1 per 100,000 age-adjusted deaths as compared with 183.7. However, given that this is based on only one (1) Hispanic death in the three (3) year period, this number should be interpreted with caution. By race, White cancer deaths occurred at a slightly higher rate than Black cancer deaths: 192.2 per 100,000 as compared with 188.8, respectively. By ethnicity or race and type of cancer, these numbers become very small and easily inflated due to the small sample size, so we will withhold further comment. However, more data can be found in Table 98 of the 2023 Technical Appendix.

Age-adjusted cancer death rates are higher among males than females in Lafayette County at 207.9 deaths per 100,000 population as compared with 172.9. However, in 2019-2021 females had a higher number and age-adjusted death rate from trachea, bronchus, and lung cancer than Lafayette County males (44.1 deaths compared with 42.8 deaths per 100,000 population). With five (5) deaths for breast cancer for females and five (5) deaths for colon, rectum and anus cancer for males each had nearly double the state rates (37.7 deaths and 30.5 deaths per 100,000 population compared with 18.6 deaths and 14.6 deaths per population for the state) (Table 99, 2023 Technical Appendix).

Cancer Incidence

Incidence rates are the number of cases that occur in a certain population during a specified time period. When combined with cancer mortality rates, cancer incidence rates provide important details regarding the burden of disease and access to care in a community. However, it should be noted that the following age-adjusted cancer incidence rates are based on 2017-2019 estimates and are therefore not directly comparable to the 2019-2021

cancer mortality rates discussed previously. All information in this subsection is taken from Table 100 of the 2023 Technical Appendix.

The age-adjusted incidence rate of all cancers in Lafayette County from 2017-2019 was 356.7 cases per 100,000 population which was lower than the state rate of 450.2 cases per 100,000. Cancer incidence rates were remarkably higher among Blacks in Lafayette County (788.2 cases per 100,000) than Whites (329.4).

Some data points on age-adjusted cancer incidence rates for Lafayette County that stand out include the following:

- Female breast cancer incidence at 144.5 cases per 100,000 compared with 123.3 for Florida (all races)
- Lung cancer incidence at 82.5 cases per 100,000 versus 55.8 cases per 100,000 for Florida (all races)

Mental Health

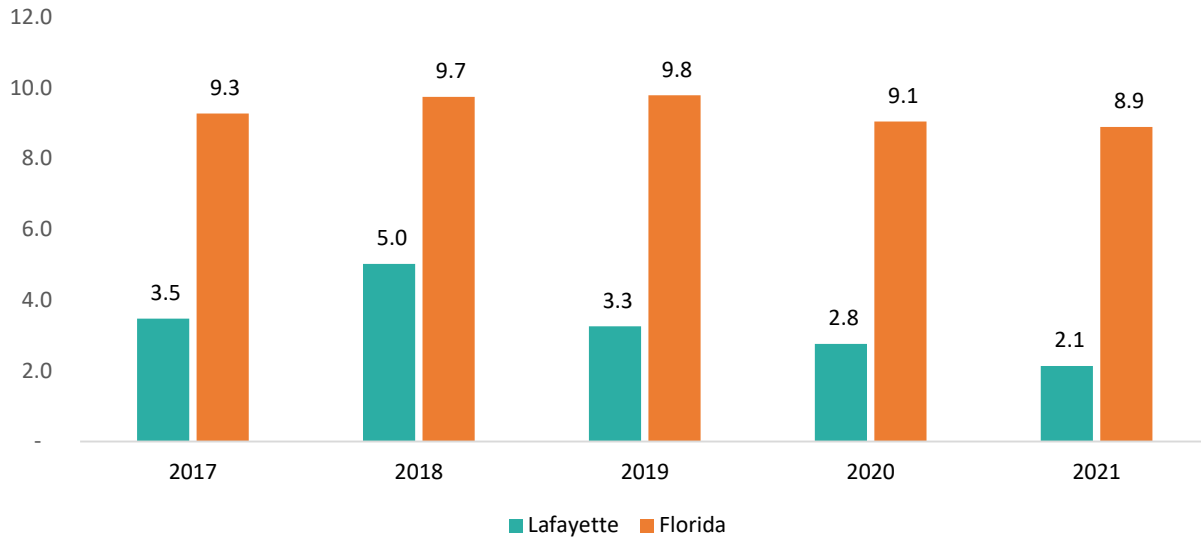
Hospital discharge and emergency data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults live with some form of mental illness. Common mental health issues, including anxiety and depression,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

Hospitalization and Emergency Department (ED) Usage

Florida hospital discharge data indicates that Lafayette County has rates of hospitalization for mental health reasons that are lower than those of the state, as shown in the figure below. In the most recent year of data available, 2021, Lafayette County had a lower rate of hospitalizations for mental health reasons among children than the state (0.6 hospitalizations per 1,000 population in Lafayette and 5.9 in Florida) as well as lower hospitalization rates for adults 18 years of age and older (2.5 hospitalizations per 1,000 population compared with 9.6 hospitalizations for Florida). By ZCTA, 32066 Mayo recorded the same rate of hospitalizations for mental health reasons at 2.7 per 1,000 population as for Lafayette County as a whole; both rates were lower than the state rate of 9.2 visits per 1,000 population for 2021 (Tables 104 and 105, 2023 Technical Appendix).

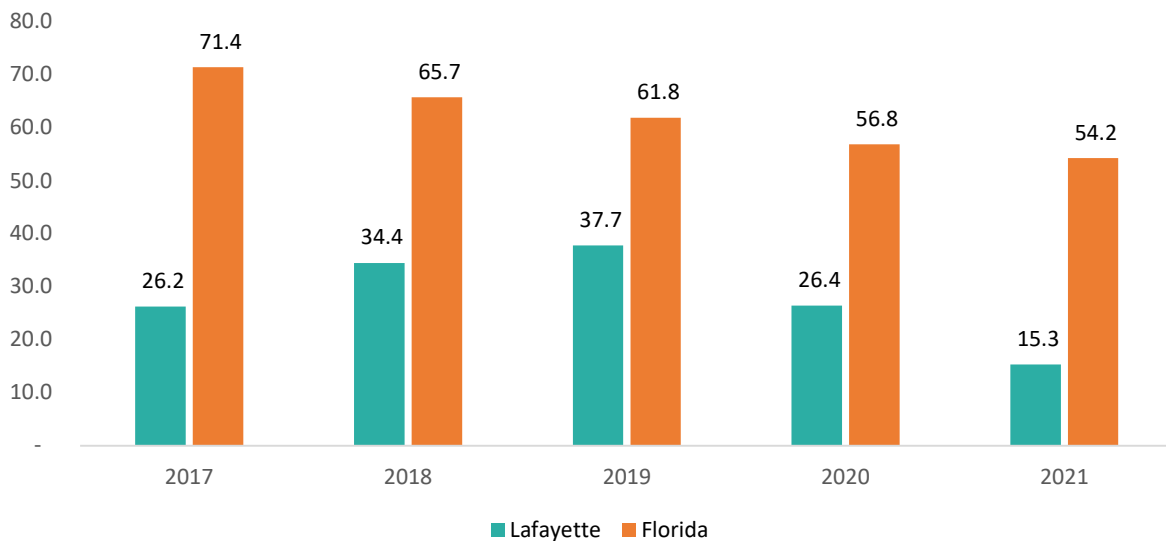
For 2017-2021, all ages saw a much lower rate than the state of ED visits for mental health reasons by Lafayette County residents, as depicted in the figure below. Among children under 18 years of age for 2021, this rate was 7.1 visits per 1,000 population (11.3 for Florida). Among adults, this rate was 17.2 visits per 1,000 population (64.7 for Florida). These rates among all ages and among adults have fluctuated but most recently decreased as have state rates. The highest rate of ED visits for mental health reasons in 2021 was found in 32066 Mayo at 57.1 visits per 1,000 population, slightly higher than the state rate of 54.9 hospitalizations per 1,000 population (Tables 104 and 105, 2023 Technical Appendix).

FIGURE 13: MENTAL HEALTH HOSPITALIZATION RATE PER 1,000 POPULATION, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 14: MENTAL HEALTH EMERGENCY DEPARTMENT VISIT RATE PER 1,000 POPULATION, LAFAYETTE COUNTY AND FLORIDA, 2017-2021



Source: Table 104, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Involuntary Exam Initiations (Baker Acts)

Involuntary Exam Initiations, or Baker Acts, are an important reflection of access to care for those who could be a harm to themselves or others in a community. In Lafayette County, 37 Baker Acts occurred during the 2020-2021 fiscal year. The rate of Baker Acts among children under 18 was 233.6 Baker Acts per 100,000 population in

Lafayette County, which was much lower than the state rate of 900.4 occurrences. Similarly, Baker Act rates were remarkably lower among adults aged 18-24 years (328.7 occurrences per 1,000 population), adults 25-64 years (566.4 per 1,000 population) and adults aged 65 and older (199.2 per 1,000 population) in Lafayette County when compared with state rates (1,418.1, 1,039.1, and 294.3 occurrences per 1,000 population, respectively) (Table 108, 2023 Technical Appendix).

In Lafayette County the majority (59.5 percent) of Baker Acts were initiated by law enforcement from 2020-2021; for the state just about half (52.9 percent) were law enforcement-initiated Baker Acts. Another third (35.1 percent) of Baker Acts in Lafayette County were initiated by health professionals with a small percentage done by ex-parte orders (5.4 percent). Involuntary exam initiations were primarily performed by mental health counselors (53.9 percent), followed by psychiatrists and non-psychiatrist physicians (both at 15.4 percent). For Lafayette County residents, the most common facility where care was received was Meridian Behavioral Health Care in Lake City (70.3 percent), followed by UF Health Shands Psychiatric Hospital, HCA Florida Memorial Hospital, and Meridian Behavioral Healthcare Gainesville (5.4 percent each) (Tables 109 and 110, 2023 Technical Appendix).

Mental Health Indicators Among Children

The Florida Youth Tobacco Survey includes questions that serve as indicators of mental health among middle and high school students. In 2022, 10.2 percent of Lafayette County middle and high school students reported doing something to purposely hurt themselves without wanting to die, and 21.6 percent in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities. These numbers are somewhat lower than those for Florida: 13.9 percent and 31.5 percent, respectively (Table 106, 2023 Technical Appendix).

Substance Abuse

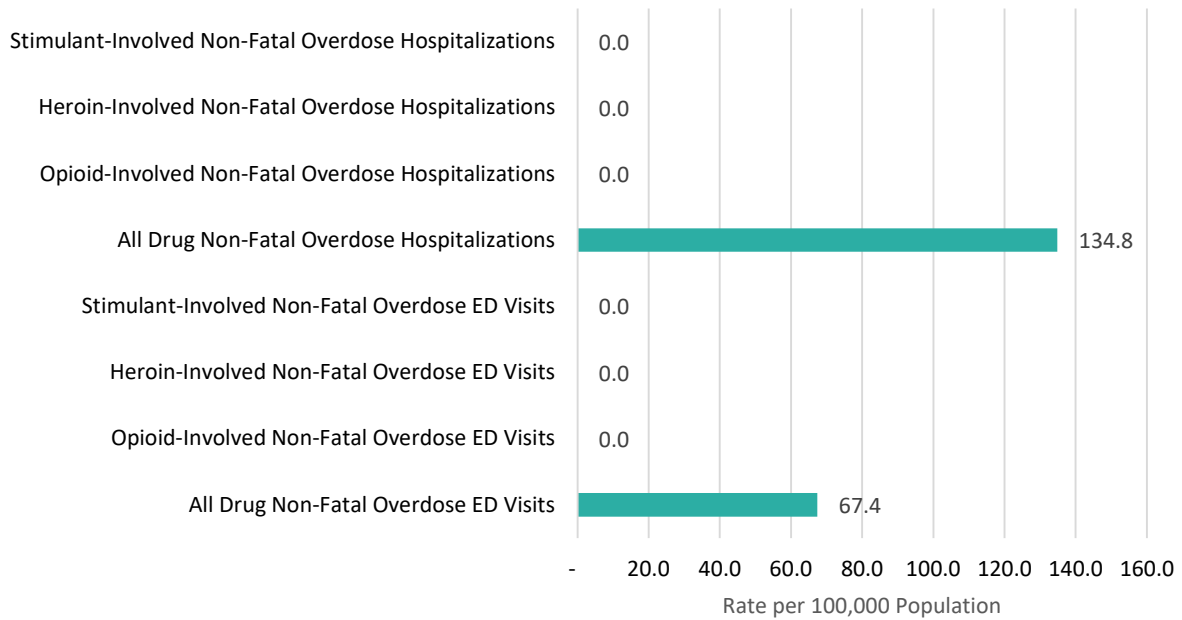
According to 2019 county-level Behavioral Risk Factor Surveillance Survey (BRFSS) data, approximately 15.5 percent of Lafayette County adults report heavy or binge-drinking, which was slightly better than the state rate of 18.0 percent. As of 2021, Lafayette County had better rates than the state for age-adjusted chronic liver disease and cirrhosis deaths for all races (8.0 deaths per 100,000 population versus 13.5 deaths, respectively); however, due to low numbers, use caution when examining these rates (Tables 111 and 112, 2023 Technical Appendix).

Alcohol-confirmed and drug-confirmed motor vehicle crashes, injuries, and fatalities are relatively rare in Lafayette County, and small changes in the number of cases can cause drastic fluctuations in the rates calculated due to the small size of the population. However, these crashes do occur in the county. Therefore, although total motor vehicle crash rates do appear to be lower for the county than the state (539.4 crashes per 100,000 population versus 1,824.7), we will only say that the volatile rates of alcohol-confirmed and drug-confirmed vehicle crashes, injuries, and fatalities were generally higher for Lafayette County when the latest data (2021) was examined (Tables 113 and 114, 2023 Technical Appendix).

In 2020, the last year with complete data available, rates of all drug arrests and adult drug arrests were lower in Lafayette County (149.1 arrests and 188.9 arrests per 100,000 population, respectively) than for Florida as a whole (316.8 arrests and 391.4 arrests per 100,000 population). Since 2015, all drug and adult drug arrest rates have risen and fallen in Lafayette County with a downward trajectory since 2018. Juvenile (ages 0 to 17 years) drug arrests are rare in Lafayette County resulting in a recent arrest rate of zero (0) (Table 117, 2023 Technical Appendix).

Examining overdose emergency department visits and hospitalizations are also of relevance to the health of a community. Rates are depicted in greater detail in the figure below.

FIGURE 15: RATE PER 100,000 POPULATION OF NON-FATAL OVERDOSE EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS, LAFAYETTE COUNTY, 2021



Source: Table 115, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

TABLE 6: NUMBER AND AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION FOR OPIOID AND DRUG OVERDOSE DEATHS, LAFAYETTE COUNTY AND FLORIDA, 2021

Indicators	Lafayette County		Florida	
	Number	Age-Adjusted Death Rate Per 100,000 Persons	Number	Age-Adjusted Death Rate Per 100,000 Persons
Opioid Overdose Deaths	0	0	6,442	31.2
Drug Overdose Deaths	2	24.8	8,093	38.5

Source: Table 116, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Substance Use and Attitudes Among Youth

The Florida Youth and Tobacco Survey collects a variety of indicators related to youth perspectives on and their use of various substances. Many of these can be found in Table 118 of the 2023 Technical Appendix. A few 2020 data points of note for Lafayette County students were the relatively low rates of students who think it is wrong for someone their age to drink beer, wine or hard liquor regularly (71.1 percent compared with 78.3 percent for Florida), students who started drinking alcoholic beverages regularly (at least once a month) at age 13 or younger (6.2 percent versus 2.7 percent for the state), and the percent of Lafayette County youth who engage in binge drinking (13.9 percent compared with 6.7 for the state).

Domestic Violence

There are numerous crimes that are considered domestic violence offenses. For 2020 in Lafayette County the aggregate rate per 100,000 population of domestic violence offenses was 252.3 offenses compared with the much higher state rate of 493.7 offenses per 100,000 population. For Lafayette County most types of offenses had rates of zero (0) (murder, manslaughter, forcible rape, forcible fondling, aggravated stalking, threat/intimidation, and stalking). Offenses in Lafayette County such as aggravated assault (126.1 offenses per 100,000 population) exceeded the state rate of 78.2 offenses while simple assault (also 126.1 offenses per 100,000 population) fell below the state figure of 391.5 offenses per 100,000 population (Tables 119 and 120, 2023 Technical Appendix).

Adverse Childhood Experiences (ACEs)

Florida BRFSS data asks adults about adverse childhood experiences (ACEs) they may have faced. As of 2020, this data was not available at the county level. For Florida overall, 62.5 of all adults experienced at least one ACE and 18.6 percent experienced four (4) or more. These numbers are slightly lower than those found during the previous year. About 69.0 percent of non-Hispanic Blacks experienced at least one ACE, compared with 63.9 percent of non-Hispanic Whites, and 57.5 percent of Hispanics. More details can be found in Table 174 of the 2023 Technical Appendix.

Human Trafficking

Human trafficking statistics are also only available at the state level through the National Human Trafficking Hotline. To summarize, in 2020, Florida saw 738 human trafficking hotline cases, primarily due to sex trafficking. There were 137 registered human trafficking offenses, 940 arrests for prostitution, and 2,921 arrests for non-forcible sex offenses (Table 175, 2023 Technical Appendix).

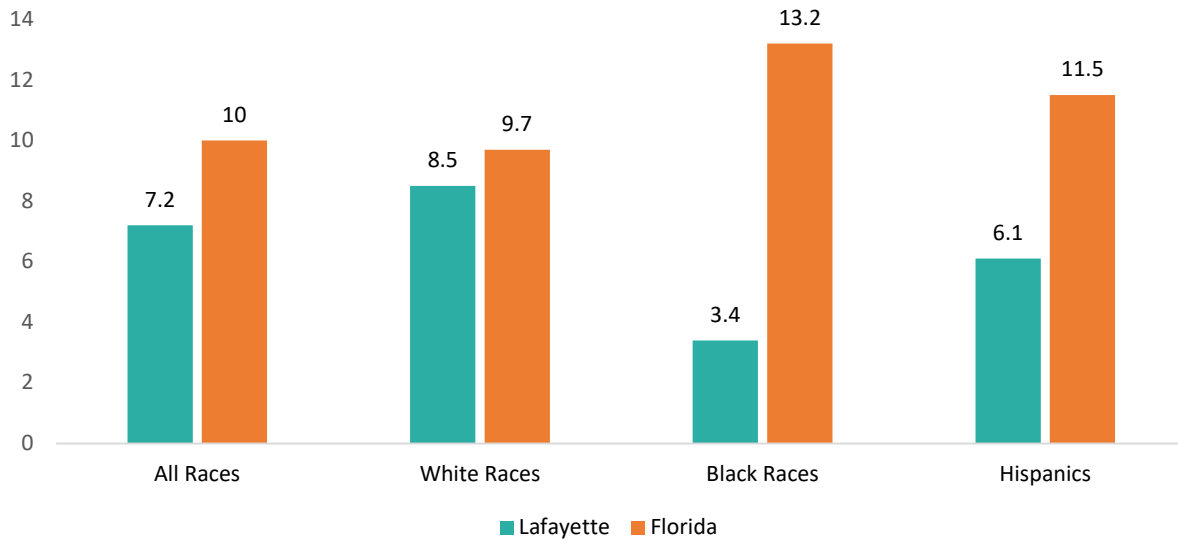
Maternal and Infant Health

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

Birth Rates

As shown in the figure that follows, for 2019-2021 the overall birth rate for Lafayette County was lower than the state rate, with lower rates for Whites, Blacks, and Hispanics. By ZCTA, with one (1) birth recorded in 32013 Day that birth rate rose exponentially to 17.5 births per 1,000 population and caution is urged in interpretation due to low numbers. The other Lafayette County ZCTA 32066 Mayo recorded a birth rate of 7.7 per 1,000 population which was lower than the state rate of 10.0 births per 1,000 population (Table 121, 2023 Technical Appendix).

FIGURE 16: BIRTH RATES PER 1,000 TOTAL POPULATION, BY RACE AND ETHNICITY, LAFAYETTE COUNTY AND FLORIDA, 2019-2021



Source: Table 121, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

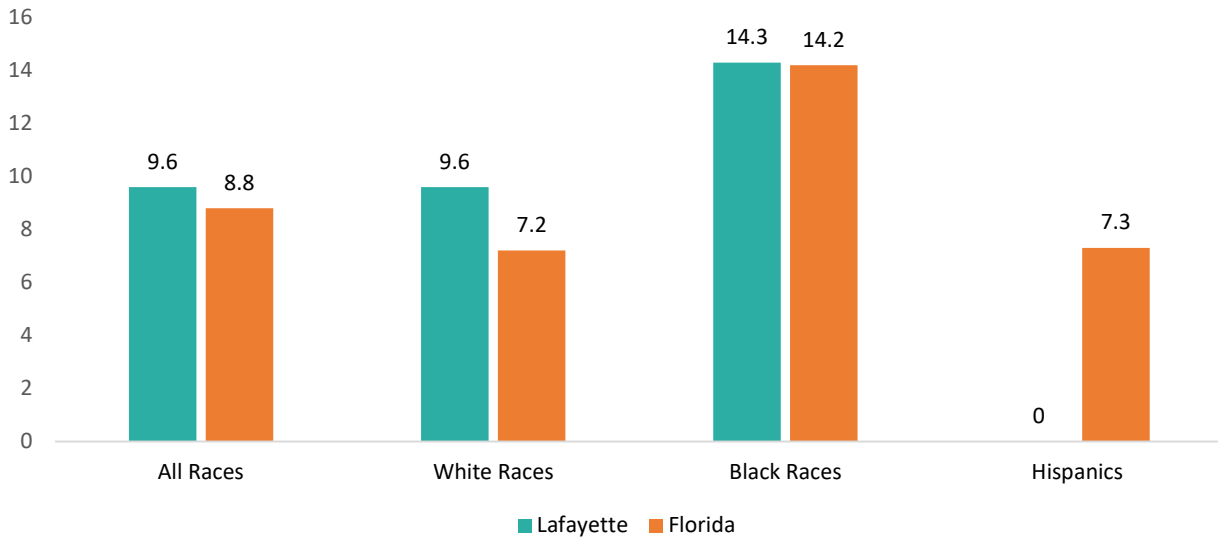
Maternal and Infant Death Rates

Infant deaths are rare occurrences resulting in very small sample sizes. In an area with low population density interpreting these individual rates is difficult and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, Lafayette County sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under one year of age from perinatal conditions, overall neonatal deaths, overall post neonatal deaths, and maternal deaths. With the exception for SUIDS, all are within reasonable limits when compared with the state and accounting for the size of the county. Lafayette County saw one (1) SUID death in 2021 which caused the infant death rate to spike to 15.9 deaths per 1,000 live births; caution is urged in the interpretation of this rate due to very low numbers (Tables 90 and 91, 2023 Technical Appendix). For all races, Lafayette County saw one (1) infant death from 2019-2021, yielding a rate of 6.1 deaths per 1,000 total live births. This number is 5.9 for Florida (Table 122, 2023 Technical Appendix).

Low Birthweight Births

The percentage of births that are of low birthweight also vary noticeably by race and ethnicity, as shown in the figure that follows. Low birthweight is defined as a baby born at less than 5 pounds and 8 ounces. For 2019-2021 in Lafayette County low birthweight birth rates among all races, Whites, and Blacks were slightly higher than state rates. By ZCTA, Whites in 32066 Mayo had a low birthweight birth rate of 10.0 percent compared with 16.7 percent for Blacks in the same ZCTA. Both rates were higher than state rates (Table 123, 2023 Technical Appendix).

FIGURE 17: PERCENT OF LOW BIRTHWEIGHT BIRTHS, BY RACE AND ETHNICITY, LAFAYETTE COUNTY AND FLORIDA, 2019-2021

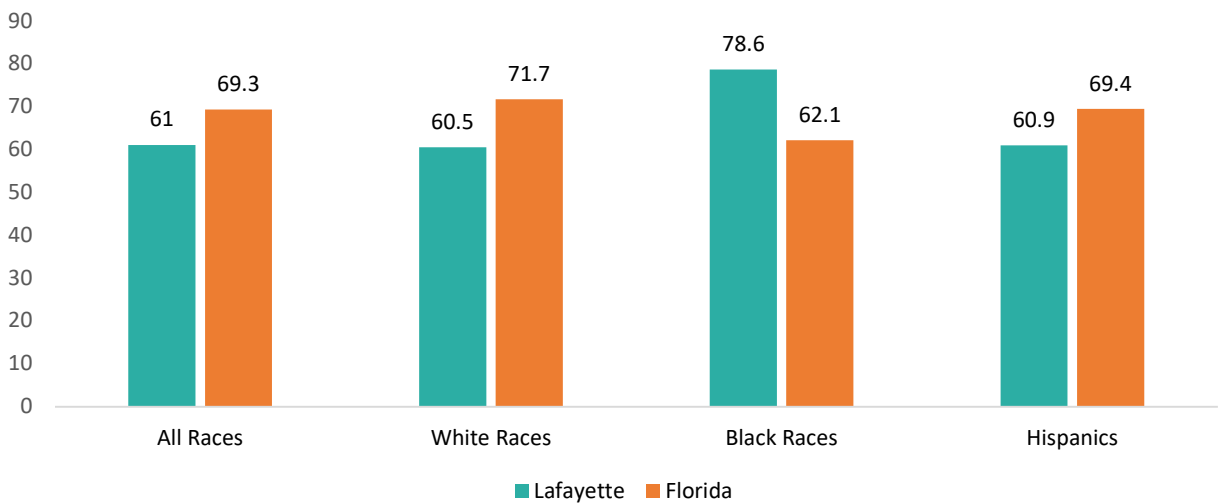


Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

First Trimester Care

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one’s pregnancy. As shown in the figure below the rate of first trimester care for all races, Whites, and Hispanics in Lafayette County were lower than those of the state. It is also noteworthy that Black Lafayette County mothers received first trimester care at a higher rate than White Lafayette County mothers and Black mothers across the state (Table 124, 2023 Technical Appendix).

FIGURE 18: PERCENT OF BIRTHS THAT RECEIVED CARE IN THE FIRST TRIMESTER, BY RACE AND ETHNICITY, LAFAYETTE COUNTY AND FLORIDA, 2019-2021



Source: Table 124, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Teen Births

A total of three (3) births were to teens ages 15-17 in Lafayette County between 2019 and 2021, resulting in 1.8 percent of births being to teens which was higher than the state rate of 1.0 percent. Although easily inflated by the small incidence size, it is noteworthy that the highest percentage of teen births (15.0 percent) during this time was found in ZCTA 32066 Mayo to Hispanic mothers (Table 125, 2023 Technical Appendix).

Governmental Program Supports

For all Lafayette County births from 2019-2021, a total of 115 or 61.5 percent had Medicaid as the payor source. Among Whites 60.5 percent of births were covered by Medicaid while 64.3 percent of Black births had Medicaid as the payor source. Only 39.1 percent of Hispanics births in Lafayette County were covered by Medicaid for the same period (Table 126, 2023 Technical Appendix).

In 2021 approximately 407 individuals in Lafayette County were eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), with approximately 174, or 42.8 percent, being served. In contrast, 63.0 percent of WIC eligibles in Florida were served that same year. The rate of those eligible for WIC in Lafayette County was 4,573.5 individuals per 100,000 population, much higher than the state rate of 2,890.5 (Table 48, 2023 Technical Appendix). In Lafayette County from 2019-2021, 45.5 percent of births of all races were to mothers who had participated in the WIC program. This was a higher percentage than the state rate of 41.4 percent. The percentage of Lafayette County Hispanic births (39.1 percent) and Black births (57.1 percent) in which the mother participated in the WIC program were lower than the state rates (51.1 and 59.0 percent, respectively) (Table 127, 2023 Technical Appendix).

Health Behaviors

Tobacco Use

According to 2019 BRFSS data, Lafayette County reported higher rates than Florida overall of adults who are current smokers and who currently use chewing tobacco, snuff, or snus some days or every day. Lafayette County had a lower percentage of adult current smokers who tried to quit smoking at least once in the past year compared with Florida (Table 128, 2023 Technical Appendix). The Florida Youth Tobacco Survey (FYTS) collects tobacco indicators among children, and a detailed breakout of these statistics can be found in Table 129 of the 2023 Technical Appendix. In summary, Lafayette County youth (ages 11-17) reported higher rates than the state of having ever tried cigarettes, smokeless tobacco, and electronic vapor products, as well as higher rates of current cigar use, cigars, smokeless tobacco use, and electronic vapor product use. Lafayette County youth reported lower rates of exposure to secondhand cigarette smoke and electronic vapor aerosol (Table 129, 2023 Technical Appendix).

Sexually Transmitted Diseases (STDs)

The Florida Department of Health collects and reports out the number and rate of sexually transmitted diseases, or STDs, by county. Bacterial STDs, which would include chlamydia and gonorrhea, are generally less common in Lafayette County than in the state, with the most recent year of data, 2021, showing a rate of 438.3 bacterial STDs per 100,000 population in Lafayette County and 753.5 bacterial STDs per 100,000 Floridians. In Lafayette County, rates of chlamydia increased from 2017-2020 from 173.4 to 321.1 per 100,000. The rate of chlamydia decreased in 2021 to 292.2 per 100,000 in Lafayette County. All stages of syphilis, a viral STD, were also lower in Lafayette County than at the state level, with overall numbers yielding a rate of 33.7 cases per 100,000 population in

Lafayette in 2021 and 74.7 cases per 100,000 in Florida for that same year. However, total syphilis rates have been as low as 12.0 cases per 100,000 in 2018 and as high as 46.5 cases per 100,000 in 2019 in Lafayette (Table 132, 2023 Technical Appendix).

Lafayette County observes low rates of HIV and AIDS diagnoses, with zero (0) cases of each in 2020 and 2021 resulting in a rate of 0.0 HIV diagnoses and 0.0 AIDS diagnoses per 100,000 Lafayette County residents. The rate of persons with HIV (PWH) this same year was much lower than the state at 179.8 PWH per 100,000 population versus 547.6 for Florida. HIV screening rates in Lafayette County are lower than those of the state, with 44.8 percent of adults having ever been tested for HIV in Lafayette and 50.7 percent in Florida (Tables 133 and 135, 2023 Technical Appendix).

Other Infectious Diseases

Other reportable diseases in Lafayette County generally occur rarely and, given the small population, a small change in the number of cases can cause dramatic fluctuations in the rate of cases seen. In summary, Lafayette County sees few to no cases of Pertussis, Tuberculosis, Hepatitis A, Hepatitis B (Acute), Hepatitis B (Chronic), and Hepatitis C (Acute). There have been a couple spikes in Hepatitis C (Chronic) cases in the past six (6) years of data presented, 2017-2021, but overall cases have declined from 25 cases in 2017 to just two (2) cases in 2021 (Tables 134 and 139, 2023 Technical Appendix).

COVID-19

Cumulatively from March 1, 2020 through March 16, 2023, Lafayette County has seen 3,133 cases of COVID-19 at a percent case positivity rate of 46.6 percent. At this time, 43.0 percent of the population 6 months and older were vaccinated, compared with 73.0 percent of Florida as a whole (Tables 136 and 137, 2023 Technical Appendix).

Immunizations

The Florida Department of Health Bureau of Immunization reports immunization levels for kindergartners and seventh graders through 2021, with this most recent year showing slightly higher immunization rates in Lafayette than the state in both categories (Table 138, 2023 Technical Appendix).

The Florida Behavioral Risk Factor Surveillance System (BRFSS) includes questions on flu shots and pneumonia vaccinations among adults. In Lafayette County, 32.3 percent of the adult population reported receiving a flu shot, including 58.0 percent of adults ages 65 and older, both rates just shy of the state rates of 36.9 percent of Floridian adults and 58.3 percent of Floridian adults ages 65 and older. Pneumonia vaccination rates for adults and for adults age 65 and older were slightly lower in Lafayette County than in Florida: 34.2 percent of all adults as compared with 35.4 percent, and 66.5 percent of adults ages 65 and older as compared with 66.8 percent (Table 140, 2023 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

The following health behavior data is from the Behavioral Risk Factor Surveillance System (BRFSS). The Florida Department of Health conducts the BRFSS survey with financial and technical assistance from the CDC. This state-based telephone surveillance system collects self-reported data from adults on individual chronic health conditions, risk behaviors, and preventive health practices related to the leading causes of morbidity and mortality in the United States. In addition to the annual state-level BRFSS survey, the Florida Department of Health conducts county-level BRFSS surveying every three (3) years. As with all self-reported data, the information can be subject to individual biases in recall and reporting; however, it remains a vital tool for holistic evaluation of community health and a rich source of county-level data on health behaviors. All the information in this subsection refers to the 2017-2019 county-level BRFSS data.

Among Lafayette County adults, 75.3 percent reported having good to excellent overall health. Nearly 17.0 percent reported that poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days. Another 18.3 percent reported that they had been told they had a depressive disorder, compared with 17.7 percent of Floridians (Table 107, 2023 Technical Appendix).

About 35.7 percent of Lafayette County adults experienced some form of disability, slightly higher than the state rate of 31.0 percent. This rate is particularly high among non-Hispanic White residents (40.5 percent) as compared with non-Hispanic White Florida residents (31.9 percent). Rates of nearly every recorded disability were higher in the Lafayette County than in the state, including the percentage of adults who have a vision disability, a hearing disability, a cognitive disability, a self-care disability, and an independent living disability (Table 131, 2023 Technical Appendix).

Approximately 27.0 percent of Lafayette County adults have been told that they have some form of arthritis, gout, lupus, or fibromyalgia (25.1 percent for Florida), 14.9 percent have been told that they have chronic obstructive pulmonary disease, emphysema, or chronic bronchitis (7.7 percent for Florida), and 3.6 percent have ever been told that they had kidney disease (4.0 percent of Florida). Furthermore, 8.8 percent of adults currently have asthma compared to 7.4 percent of Floridians (Tables 141 and 142, 2023 Technical Appendix).

Lafayette County adults report similar rates to the state of having been told they had skin cancer or any other type of cancer, with percentages being slightly lower among non-Hispanic White residents in Lafayette than non-Hispanic White Florida residents. Rates of having been told they had a heart attack (8.2 percent) or that they had angina or coronary heart disease (6.6 percent) were higher in Lafayette County than Florida (4.7 percent for each). Cholesterol awareness indicators were lower than those of the state, with 83.4 percent of Lafayette County adults having checked their cholesterol in the past five (5) years compared with 89.1 percent of Florida adults. However, the rate of those being told they have high blood cholesterol was higher among Lafayette County residents than Florida residents, 32.5 percent in Lafayette County compared with 29.6 percent in Florida (Tables 146-148, 2023 Technical Appendix).

When considering rates of adults who have been tested for diabetes, Lafayette County residents had a higher percentage of adults who have been told they had pre-diabetes than Florida (9.8 percent compared to 9.1 percent, respectively). The percentage of adults who have ever been told they have diabetes in Lafayette County was 10.4 percent compared to 11.7 percent in Florida. The average age at which diabetes was diagnosed was slightly lower in Lafayette County than for Florida residents (47.3 years compared to 48.2 years, respectively) (Table 149, 2023 Technical Appendix).

Cancer Screening

Early detection of cancer has been proven to improve prognosis and health outcomes among cancer patients. Therefore, high rates of cancer screening are a critical component of the well-being of any community. BRFS considers a variety of measures of colorectal cancer screening rates, of which a more detailed breakdown can be found in Table 143 of the 2023 Technical Appendix. In brief, rates of adults 50 years of age or older who received a blood stool test in the past year and who have ever received a blood stool test in Lafayette County was equal to or better than Florida. The rate of those who received a sigmoidoscopy or colonoscopy in the past five (5) years was nearly 10 percentage points less than those of the state. Prostate cancer screening indicators rates were higher in Lafayette County than the state, but rates of mammograms for women 50-74 years of age in the past two years was lower in Lafayette County than in Florida (78.4 and 81.7, respectively) The percentage of Lafayette women aged 21– 65 who received a Pap test in the past three (3) years (2016) was lower than in Florida (68.3 and 78.8, respectively) (Tables 143-145, 2023 Technical Appendix).

Obesity and Overweight

According to 2019 BRFSS data 77.8 percent of Lafayette County adults are obese or overweight, nearly evenly split between the two categories. This is higher than the state rate of 64.62 percent (Table 130, 2023 Technical Appendix).

Health Care Access and Utilization

Selected BRFSS Indicators of Access

The Florida BRFSS includes questions regarding access to and use of health care resources. For example, 79.0 percent of Lafayette County adults reported having any type of health care insurance, 79.8 percent reported having a personal doctor, and 70.1 percent had a medical checkup in the past year. Nearly the same percentage of Lafayette County adults reported they could not see a doctor at least once in the past year due to cost (16.5 percent) compared to the state (16.0 percent). In addition, only 51.5 percent of adults reported visiting a dentist or dental clinic in the past year, compared with 63.0 percent in Florida, and an equally concerning 64.1 percent of adults had a permanent tooth removed because of tooth decay or gum disease, compared with only 47.3 percent of Floridians (Tables 151 and 159, 2023 Technical Appendix).

Youth Indicators of Access

The Florida Youth Tobacco Survey also asks some general questions regarding access to care, specifically among middle and high school students. In this population, in 2020, 22.2 percent of Lafayette County youth reported not having visited a doctor's office in the past 12 months, compared with 29.5 percent of Florida youth, and 23.2 percent reported not visiting a dentist in the past 12 months, compared with only 28.7 percent of Florida youth, suggesting better access to these health services than across the state (Table 152, 2023 Technical Appendix).

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSAs, are geographic entities or facilities that are scored by the National Health Service Corps (NHSC) to assess the need for and prioritization of clinician assignments. Higher scores correspond to a greater need, ranging from 1-25 for primary care and mental health care and 1-26 for dental care. Any score above 18 is considered high priority. Currently there is one (1) Federally Qualified Health Center (FQHC) in Lafayette County that is considered high priority for dental care, primary care, mental health care (Table 153, 2023 Technical Appendix).

TABLE 7: HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) AND MEDICALLY UNDERSERVED AREA (MUA) BY TYPE AND SCORE, LAFAYETTE COUNTY, 2023

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Dental Care				
Low Income Population HPSA	LI -Lafayette County	9/1/2022	0.82	16
Correctional Facility	Mayo Correctional Institution Annex	4/7/2022	0.57	6
Federally Qualified Health Center	North Florida Medical Centers, Inc.	9/10/2021	--	26
Primary Care				
Geographic HPSA	Lafayette County	7/22/2021	0.93	14
Correctional Facility	Mayo Correctional Institution Annex	4/7/2022	0.71	15
Federally Qualified Health Center	North Florida Medical Centers, Inc.	9/10/2021	---	20
Mental Health				
High Needs Geographic HPSA	Lutheran Service MHCA – Circuit 3	3/3/2022	6.92	18
Correctional Facility	Mayo Correctional Institution	4/7/2022	0.73	21
Federally Qualified Health Center	North Florida Medical Centers, Inc.	9/10/2021	---	22
Type	Name	MUA Last Updated Date		Index of Medical Underservice Score
Medically Underserved Area	Lafayette County	9/25/2022		56.1

Source: Table 153, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023. Note: * The score represents the HPSA score developed for use by the National Health Service Corps (NHSC) in determining priorities for the assignment of clinicians.

Environmental Health

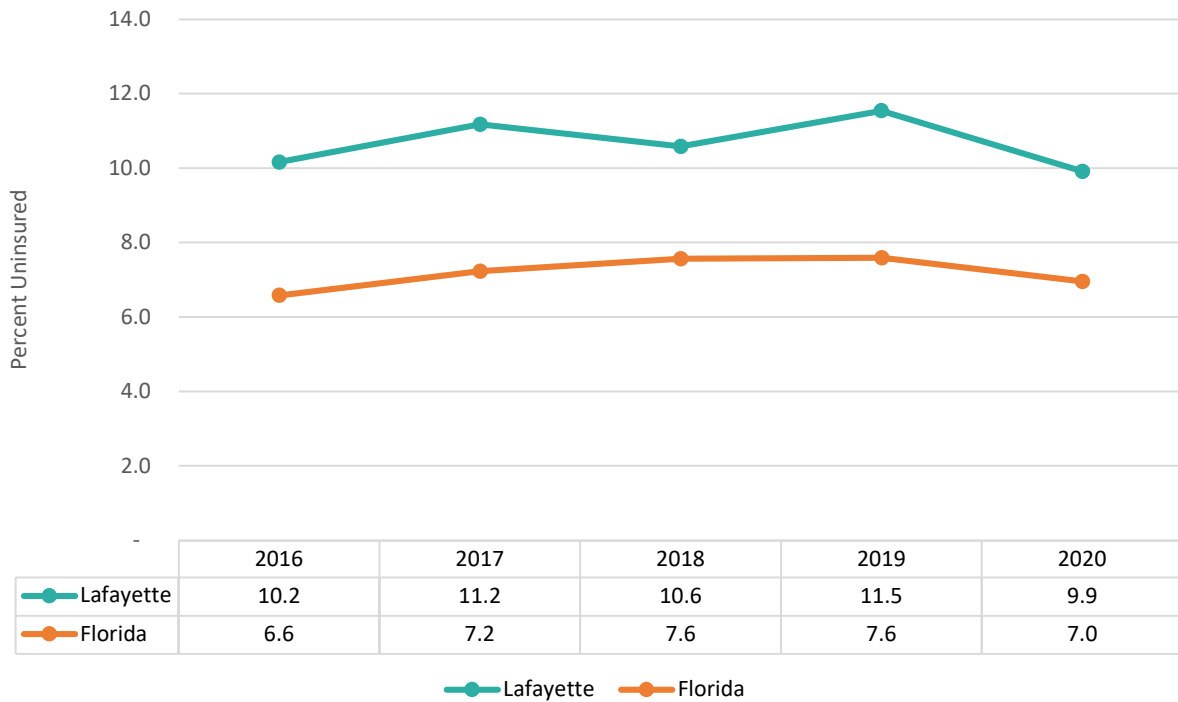
The Florida Department of Environmental Protection reports that 26.7 percent of the Lafayette County population has access to community water supplies as of 2019. In Florida as a whole, 95.0 percent of the population has this access. Further, the Florida Department of Health Public Health Dental program reports that none (0 percent) of the Lafayette County population had access to fluoridated water supplies whereas in Florida 78.1 percent of the state population has this access (Table 45, 2023 Technical Appendix).

The Florida Department of Health also tracks indicators of access to healthy food and healthy living activities. In Lafayette County approximately 4.9 percent of the population live within half of a mile of a park, well less than a percent (0.27 percent) live within half of a mile of a fast-food restaurant, and even fewer (0.19 percent) live within half of a mile of a healthy food source. These numbers are quite slim when looking at Florida in comparison: 40.0 percent within half of a mile of a park, 27.7 percent within half of a mile of a fast-food restaurant, and 27.7 percent within half of a mile of a health food source (Table 46, 2023 Technical Appendix).

Insurance

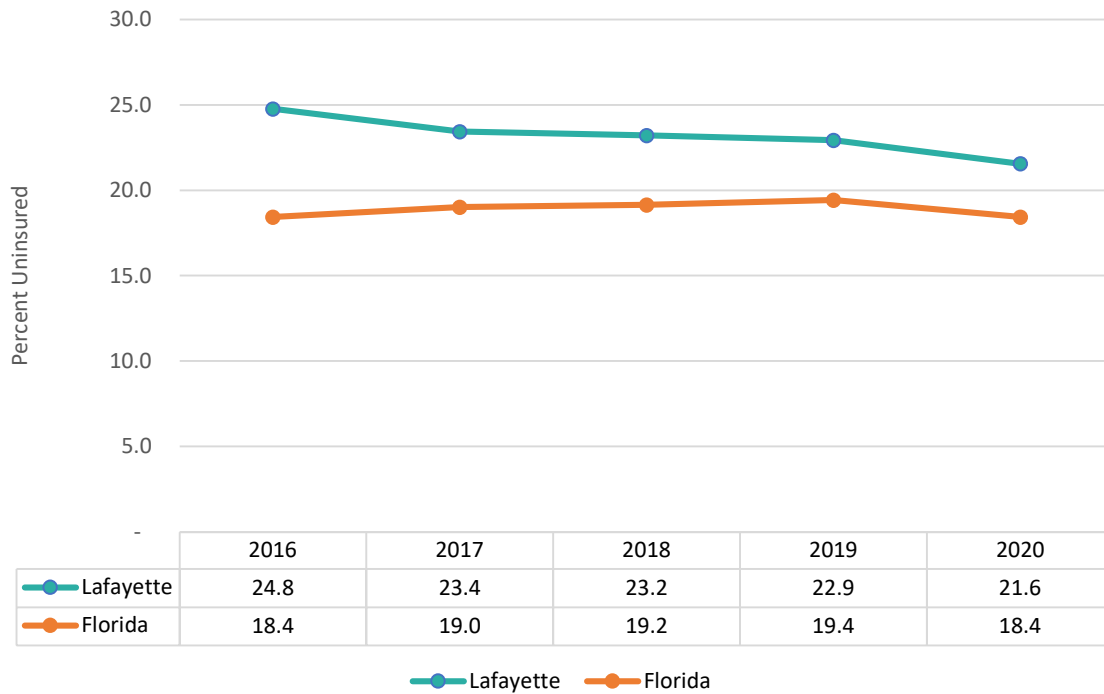
The figures that follow show the rates of uninsured individuals in Lafayette County under the age of 19 and between 18-64 years of age. For both age groups, Lafayette County residents have higher percentages of uninsured than the state. As would be expected because ZCTA 32066 Mayo is the largest and only population center in Lafayette, the percentage of insured (all ages) at 86.6 percent closely mirrors the county-wide figure (86.8 percent) (Tables 154 and 155, 2023 Technical Appendix).

FIGURE 19: PERCENT UNINSURED UNDER 19 YEARS OF AGE, LAFAYETTE COUNTY AND FLORIDA, 2016-2020



Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

FIGURE 20: PERCENT UNINSURED 18-64 POPULATION, LAFAYETTE COUNTY AND FLORIDA, 2016-2020



Source: Table 154, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Medicaid Benefits

From 2017 through 2021, for all ages of Lafayette County residents the percentages of the population who were deemed Medicaid eligibles have been lower than at the state level. The term Medicaid eligible is defined as those persons who both meet financial requirements and have enrolled in the Medicaid program. This percentage of the population has been rising for both the county and the state for the past three (3) years, most recently at 20.8 percent for Lafayette County in 2021 and 23.0 percent for Florida. This trend is notable among those 0-18 years of age, with 47.1 percent being eligible in 2019 rising to 53.2 percent in 2021. Lafayette County senior citizens aged 65 years and older also have had higher than state percentages of Medicaid eligibles for the past five (5) years. In 2021 roughly a fifth (20.5 percent) of the Lafayette County population comprised the median monthly Medicaid enrollment rate which was lower than the state rate of 22.4 percent (Tables 52 and 53, 2023 Technical Appendix).

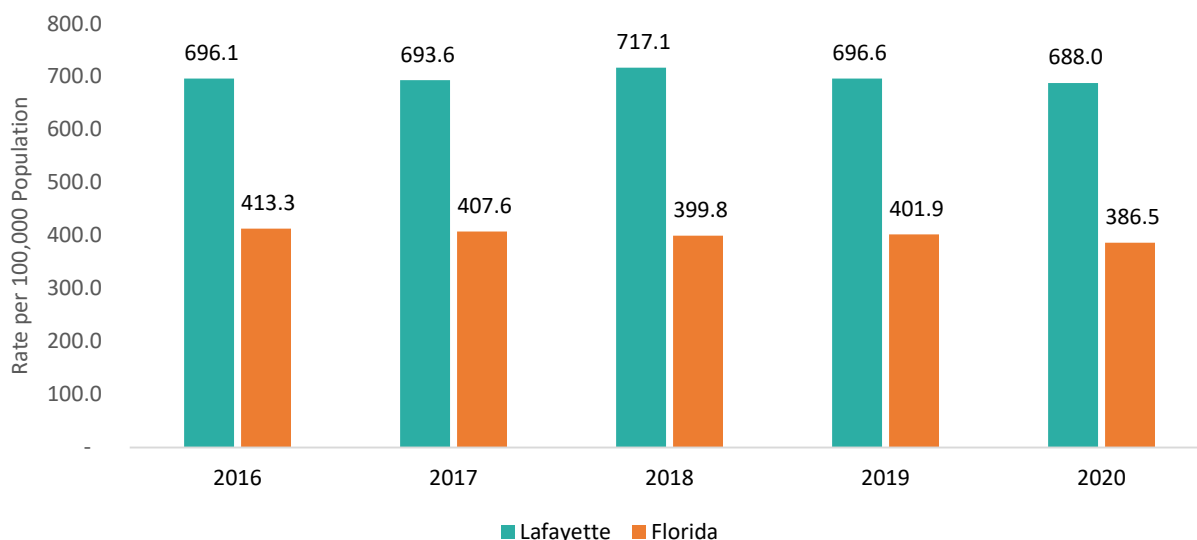
Facilities

Lafayette County has limited health facilities; however, because of the small population three (3) facility types were reported at higher than state rates per 100,000 population in 2023. These include assisted living facilities (22.2 facilities per 100,000 population), nursing homes (11.1 per 100,000 population), and rural health clinics (11.1 per 100,000 population) compared with state rates of 13.3, 3.1, and 0.7 per 100,000 population, respectively. The county lacks an end-stage renal disease center, home health agency, homemaker and companion services, in-patient hospital, and a nurse registry (Table 156, 2023 Technical Appendix).

For at least the last five (5) years (2016-2020) Lafayette County had 60 nursing home beds, most recently resulting in a rate of 688.0 beds per 100,000 population which was much higher than the 386.5 beds per 100,000 population

for the state. However, Lafayette has zero (0) hospital, acute care, specialty, rehabilitation, adult psychiatric, adult substance use, and neonatal intensive care unit beds (Table 157, 2023 Technical Appendix).

FIGURE 21: NURSING HOME BEDS, RATE PER 100,000 POPULATION, LAFAYETTE COUNTY AND FLORIDA, 2016-2020



Source: Table 157, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Providers

Correlating with the aforementioned scarcity of facilities in Lafayette County is the limited number of physicians. As of fiscal year 2020-2021, there was an overall rate of 11.2 physicians per 100,000 population in Lafayette County, a severe deficit in comparison to 314.0 physicians per 100,000 population in Florida. This rate has remained fairly steady for the past five (5) fiscal years with a small uptick in 2017-2018 that reverted to its lower level the next year. By physician types for the most recent fiscal year, Lafayette County saw low rates of:

- Family Practice Physicians (0 per 100,000 population versus 19.2 in Florida)
- Internal Medicine Physicians (0 versus 47.3)
- Obstetrics/Gynecology Physicians (0 versus 9.2)
- Osteopathic Physicians (0 versus 37.5)
- Pediatricians (0 versus 21.9)

This information is drawn from Table 158 in the 2023 Technical Appendix.

The continued lack of dentists who practice in Lafayette County is shown in 2016-2021 data. For the past five (5) fiscal years there have been zero (0) dental care providers in the county. For the state for 2020-2021 the rate was 55.7 dentists per 100,000 population whereas the Lafayette rate was zero (Table 160, 2023 Technical Appendix).

Dental Hospitalizations and Emergency Department (ED) Visits

A lack of access to adequate dental care in a community often manifests as an abundance of avoidable dental hospitalizations and emergency department (ED) visits. Please note that, just as for mental health hospitalizations

and discharges, the data below distinguishes between ED visits, which include only those who are registered in the ED and not admitted for inpatient care, and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care. These data record Lafayette County resident ED visits and hospitalizations, regardless of where they seek care in Florida.

The Florida Agency for Health Care Administration provides detailed discharge data by county and ZCTA, showing that in 2021 Lafayette County residents had a dental hospitalization rate of 0.7 per 1,000 population and a preventable dental hospitalization rate of 0.6 per 1,000 population (compared to 1.0 and 0.8 for Florida, respectively) (Table 162, 2023 Technical Appendix).

In 2021, for Lafayette County residents the dental ED visit rate was 6.5 visits per 1,000 population which was slightly higher but in line with the state rate of 6.4 visits per 1,000 population. The preventable dental ED visit rate for Lafayette County at 6.4 visits per 1,000 was somewhat higher than the state rate of 6.0 visits per 1,000 population. By ZCTA, 32066 Mayo residents have higher than state rates of dental ED visits (7.9 visits per 1,000 population versus 6.4 visits, respectively) as well as preventable ED visits (7.8 per 1,000 population compared with 6.0 visits for the state) (Table 161, 2023 Technical Appendix).

Hospital Discharges by Chronic Disease Type

Examining hospital discharge data by the type of chronic disease responsible brings greater insight into the discussion of health status and priority issues of the Lafayette County community. All of the following subsection refers to information found in Table 164 of the 2023 Technical Appendix.

In 2021 for Lafayette County residents of all races there were 29 coronary heart disease hospital discharges resulting in the age-adjusted rate of 263.2 discharges per 100,000 population which was higher than the state rate of 242.2 per 100,000 population. These age-adjusted discharge rates were notably higher among White residents (248.9 discharges per 100,000 population in 2021) as compared with Black residents (77.4 discharges per 100,000 population). Acute myocardial infarctions, or heart attacks, were also a common cause of hospital discharges (181.3 discharges per 100,000 population) among Lafayette County residents of all races, a rate that is also markedly higher than the state rate (147.2 discharges per 100,000 population) for the same year. For the period of 2017-2021, the discharge rates for coronary heart disease and acute myocardial infarction for Lafayette County have fluctuated. Congestive heart failure hospital discharge rates for Lafayette County residents have trended downward for all races for the past five (5) years resulting in the age-adjusted rate of 1,175.3 per 100,000 population compared with the state rate of 1,254.5 discharges. However, this cardiovascular condition accounts for starkly higher discharge rates among Black Lafayette County residents compared with White residents at age-adjusted discharge rates for 2021 of 5,165.6 per 100,000 and 956.4 per 100,000, respectively. Stroke discharge rates were lower than state rates for all races and Whites in Lafayette County. Low numbers of stroke-related hospital discharges for Lafayette County Blacks and Hispanics prevent the reporting of those rates for 2017-2020.

In 2021 for all races, the hospital discharge rate for diabetes for Lafayette County residents was lower at 1,858.0 discharges per 100,000 population than the state rate (2,258.3 discharges) but much higher among Black Lafayette County residents (5,457.2 discharges) compared with White Lafayette County residents (1,588.1 discharges) as well as in comparison with Blacks statewide (3,960.6 discharges per 100,000 population). For Lafayette County residents of all races (435.8 discharges per 100,000 population), Whites (355.6 discharges), and Blacks (686.7 discharges) hospital discharge rates for asthma were lower than state rates in 2021 (647.4 discharges, 506.4 discharges, and 1,027.0 discharges per 100,000 population, respectively). In contrast, most recently Chronic Lower Respiratory Disease (CLRD) discharge rates were higher for Lafayette County residents of all races (151.2 discharges per 100,000 population) and Whites (171.2 discharges) compared to state rates (148.5 discharges and 127.4 discharges per 100,000 population, respectively).

Racial disparities are underscored by the 2021 discharge data: namely, that Black Lafayette County residents recorded an exponentially higher age-adjusted rate of congestive heart failure hospital discharges (5,165.6 discharges per 100,000 population) as compared with their White counterparts (956.4 discharges), as well as for diabetes discharges (5,457.2 discharges per 100,000 population versus 1,588.1, respectively). Asthma is another condition for which Black Lafayette County residents accumulated a higher hospital discharge rate (686.7 discharges per 100,000 population) compared with White residents (355.6 discharges). Low numbers prevented the reporting of hospital discharge data for some conditions for Lafayette County Black residents and for most conditions for Hispanics.

Hospitalizations and ED Usage

In 2021 in Lafayette County, 701 hospital discharges (all causes) were reported at a rate of 81.4 discharges per 1,000 population, a rate notably lower than the state rate (124.9 discharges per 1,000). By ZCTA, 32066 Mayo had a discharge rate higher than for the county as a whole (97.8 discharges per 1,000 population) but still lower than the overall state rate. Medicare covered 47.4 percent of discharges for Lafayette County residents while Medicaid covered 20.8 percent. These percentages were higher than for the state (44.6 percent and 18.5 percent, respectively). Private insurance was the payor source for 17.5 percent of Lafayette County discharges in 2021 compared with 25.2 percent of discharges for Florida. For the past three (3) years for Lafayette County, the percentage of discharges covered by Medicare has fallen while the percentage of discharges where Medicaid was the payor source has risen. For Lafayette County hospitalizations the leading discharge cause for the past three (3) years (2019-2021) has been septicemia or severe sepsis without mechanical ventilation representing 5.8 percent of discharges in 2021. This was followed by vaginal deliveries (3.7 percent) and normal newborns (3.1 percent) (Tables 165-167, 2023 Technical Appendix).

In 2021 Lafayette County residents made 2,702 ED visits resulting in a rate of 313.7 visits per 1,000 population which was lower than the state rate of 375.4 visits per 1,000 population. For that same year, ZCTA 32013 Day recorded the starkly higher rate of 684.2 visits per 1,000 population. Mayo (ZCTA 32066) at 379.4 ED visits per 1,000 population also had a higher than county and state ED visit rate for 2021. Medicaid was the most common payor source for ED visits made by Lafayette County residents in 2021, accounting for 35.2 percent of payment sources. This was followed by private insurance at 26.1 percent, Medicare at 19.8 percent, and self-payment or non-payment at 13.5 percent. Over the reporting period of 2019-2021, the percentage of Medicaid payment has increased while Medicare and self-payment or non-payment contributions have decreased for Lafayette County resident ED visits. The primary causes for ED visits by Lafayette County residents in 2021 were cough, unspecified abdominal pain, and unspecified fever. These accounted for 5.7 percent and 3.5 percent (tie between abdominal pain and fever) (Tables 171-173, 2023 Technical Appendix).

Avoidable Discharges

Avoidable discharges relate to those hospitalizations that might have been prevented or avoided through earlier access to quality outpatient care. For Lafayette County residents in 2021 an avoidable discharge rate of 6.1 avoidable discharges per 1,000 population under the age of 65 was reported. This was remarkably lower at less than half the state rate of 12.3 avoidable discharges per 1,000. ZCTA 32066 Mayo had a higher rate (7.3 avoidable discharges) than for the county but still lower than for the state. Most of these avoidable discharges for Lafayette County residents were covered by Medicaid (40.9 percent), followed by private insurance (25.0 percent), Medicare (13.6 percent), then self-pay or non-payment and all other (tied at 9.1 percent). For 2021 the percentage of hospital discharges covered by Medicaid for Lafayette County was higher than for the state (26.4 percent) but comparably lower for Medicare and private insurance state rates (21.3 percent and 33.8 percent, respectively). The leading cause of avoidable discharges every year for the past three (3) years. For Lafayette County has been dehydration accounting for 56.8 percent of avoidable discharges in 2021, followed by nutritional deficiencies at 9.1

percent of avoidable discharges and congestive heart failure at 6.8 percent (Tables 168-170, 2023 Technical Appendix).

Avoidable ED Visits

The most recent data available for avoidable ED visits dates back to 2019, when Lafayette County reported an avoidable ED visit rate of 156.2 visits per 1,000 population, notably lower than the state rate of 190.7. The highest rate by ZCTA was found in 32066 Mayo at 184.1 ED visits per 1,000 population (Table 171, 2023 Technical Appendix).

Community Resources and Assets for Improving Health

Lafayette County has resources and assets, although limited, to improve and protect the health and quality of life of the community. This capital may be organized into three broad categories: healthcare resources, community assets, and informational resources.

As designated by the National Health Service as a Health Professional Shortage Area (HPSA), Lafayette County lacks many of the healthcare resources found in other parts of the state and country. Nonetheless, the county is home to various health facilities, including a Federally Qualified Health Center, two assisted living facilities, a designated rural clinic, and a nursing home. With 60 nursing home beds Lafayette County's bed rate at 688.0 beds per 100,000 population was higher than the state rate of 386.5 beds per 100,000 population in 2020 (Table 157, 2023 Technical Appendix).

A large portion of the population is insured, with 9.9 percent of those under 19 years of age and 21.6 percent of those ages 18-64 lacking insurance. About one-fifth (20.8 percent) of the population is enrolled in Medicaid which accounted financially for 20.8 percent of hospital discharges and 35.2 percent of ED visits. Medicare is also widely utilized, covering 47.4 percent of Lafayette County hospital discharges and 19.8 percent of ED visits. Lastly, Lafayette County residents extensively participate in a number of nutritional assistance programs, such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, 50, 127, 154, 166, and 172, 2023 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, 26.7 percent of the Lafayette County population has access to community water supplies, approximately five (5) percent of the county live within half of a mile of a park (Tables 45 and 45, 2023 Technical Appendix). As for social components Appendix A lists the Steering Committee members involved in this community health assessment process. These partners recently participated in the Community Partner Assessment process, a newer component of the assessment process to help catalog capacities for continued health improvement collaborations. These individuals and organizations are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life in Lafayette County. In addition, Lafayette County demonstrates lower rates of unemployment and higher rates of voter participation as compared with the state, as well as encouraging behavioral trends including low rates of STDs and high childhood immunization rates (Tables 37, 60, 132, and 138, 2023 Technical Appendix).

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

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

Health Disparities and Inequities

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

Health Disparities

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities” (<https://www.cdc.gov/aging/disparities/index.htm>, accessed 6/16/2023). Simply put, health disparities are preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Lafayette County and are detailed below. Lafayette County’s small population numbers prevent data disaggregation in some cases; data sources may suppress numbers in order to protect anonymity, data reliability, and risk of misinterpretation.

Life Expectancy and Years of Potential Life Lost

Lafayette County residents on average live about three and one-half years less than their Florida counterparts with a life expectancy of 75.0 years compared with 78.5 for Florida. Life expectancy among males in particular is disadvantaged compared with females, with males living an average of 73.3 years compared with females at 77.0 years. There was insufficient data to compute a valid life expectancy for Lafayette County Blacks and Hispanics (Table 20, 2023 Technical Appendix). The rates for all causes of years of potential life lost (YPLL) for Lafayette County residents under the age of 75 have exceeded state rates for the past five (5) years. Most recently for 2021, the rate was 11,283.6 YPLL per 100,000 population compared with 10,015.4 YPLL for the state. When examined by race for 2021, Lafayette County Blacks had a remarkably higher rate (15,828.9 YPLL per 100,000 population) when compared with Lafayette County Whites (10,917.9 YPLL) and Blacks statewide (12,627.5 YPLL per 100,000 population (Table 92, 2023 Technical Appendix).

Mortality and Morbidity

Mortality and morbidity vary drastically by cause, sex, race, and ethnicity. Some details noted in this report include the following (for 2019-2021 unless otherwise noted):

- Higher age-adjusted mortality rates for all causes of death among Lafayette County residents of all races at 949.0 deaths per 100,000 population versus 740.1 for Florida
- Higher age-adjusted mortality rates for all causes of death among Lafayette County White residents at 960.0 deaths per 100,000 population compared with 725.2 for Whites in Florida statewide
- Higher age-adjusted mortality rates for all causes of death among Lafayette County Black residents at 1,288.0 deaths per 100,000 population compared with 960.0 for Lafayette County White residents
- Higher age-adjusted mortality rates for heart disease among Lafayette County Black residents at 382.4 deaths per 100,000 population compared with 186.3 deaths for Lafayette County White residents
- Higher age-adjusted mortality rates for cancer among Lafayette County White residents at 192.2 deaths per 100,000 population compared with 188.8 deaths for Lafayette County Blacks residents
- Higher age-adjusted mortality rates for CLRD among Lafayette County White residents at 69.4 deaths per 100,000 population compared with 32.8 deaths for Lafayette County Black residents

- Higher age-adjusted mortality rates for unintentional injuries for Lafayette County Black residents at 162.6 deaths per 100,000 population compared with 53.1 deaths for Lafayette County White residents
- Higher age-adjusted mortality rates for COVID-19 among Lafayette County Black residents at 127.1 deaths per 100,000 population compared with 107.4 deaths for Lafayette County White residents
- Higher age-adjusted mortality rates for all causes among Lafayette County males of all races at 1,267.6 compared with 885.4 deaths for Lafayette County females of all races
- Higher age-adjusted cancer incidence rates among Lafayette County White residents at 356.7 cases per 100,000 population as compared with 788.2 cases for Lafayette County Black residents

This data can be found in Tables 65, 68, 73, 74, and 100 of the 2023 Technical Appendix.

Maternal and Infant Health

There are several measures of maternal and infant health noted in this report. Some of those measures demonstrate racial and ethnic disparities, such as a much higher rate of low birthweight births among Lafayette County Blacks as compared with Whites comprising 14.3 percent of Black births as compared with 9.6 percent of White births for the period of 2017-2021. An appreciably higher percentage of Lafayette County Black births from 2017-2021 received first trimester care when compared with Lafayette County Whites (78.6 percent versus 60.5 percent of births). Further, in 57.1 percent of Lafayette County Black births the mother participated in the WIC program compared with 44.9 percent for White births (Tables 123, 124, and 127, 2023 Technical Appendix).

Health Inequities

Health equity is defined by the CDC as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (<https://www.cdc.gov/nchstp/healthequity/index.html>, accessed 6/16/2023). Therefore, health inequities are “systematic differences in health outcomes” (<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>, accessed 6/16/2023). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 6/16/2023). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services (<https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20 Full Report.pdf>, accessed 6/16/2023).

Structural Drivers – Income, Poverty, and Food Insecurity

Income

Income demonstrates clear discrepancies by race, with per capita income of 22,716 dollars for Lafayette County White residents and 9,942 dollars for Black residents (2017-2021). Of note, Lafayette County Hispanic per capita income also lags at 18,064 dollars when compared with Whites and all race residents of Lafayette County. By ZCTA in Lafayette County, Hispanic per capita income in 32066 Mayo at 24,425 dollars exceeded that for all races, Whites and Blacks. All Lafayette County per capita incomes for 2017-2021 fell well below state figures (Tables 30, 32, 2023 Technical Appendix).

Poverty

The U.S. Census Bureau Small Area Income and Poverty Estimates for 2021 report the percentage of persons in poverty in Lafayette County at 18.9 percent for all ages and at 28.2 percent of children under 18; Lafayette County rates are higher than Florida rates in both categories at 13.2 percent for all ages and 18.4 percent of children (Table

21, 2023 Technical Appendix). When considering five-year ACS estimates, 15.0 percent of Lafayette County individuals overall were in poverty in the past 12 months (13.1 percent for Florida), and 13.8 percent of Lafayette County children (0 to 17 years of age) were in poverty (18.2 for Florida), once again at higher rates than for the state (Table 22, 2023 Technical Appendix).

Poverty rates were higher among females in Lafayette County (20.6 percent in poverty in the past 12 months, 2017-2021) as compared with Lafayette County males (10.2 percent). By household type, Lafayette County Female Head of Household No Husband Present families report the highest rate of poverty at 54.3; only 5.1 percent of Male Head of Household, No Wife Present were reported to be in poverty in the past 12 months. By ethnicity and race, Hispanics had lower rates of poverty (7.1 percent) as compared with Lafayette County overall (15.0 percent), Lafayette County Whites (15.4 percent), and Lafayette County Blacks (13.1 percent) (Tables 25-27, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates calculated by Feeding America place food insecurity estimates for 2020 at 12.2 percent of the Lafayette County population and 10.6 percent of Florida. By the same estimates, 13.4 percent of Lafayette County children endure food insecurity compared to 15.7 percent of Florida children. Approximately 15.5 percent of the Lafayette County population received cash public assistance or food stamps as of 2021, slightly higher than Florida overall at 14.1 percent of the state population. In the same year, rates of students eligible for free/reduced lunch were lower in Lafayette County than for Florida among pre-kindergarteners and middle school students. Lafayette County kindergartners (65.3 percent) and elementary school students (61.4 percent) had higher than state percentages of eligibility for this food benefit (53.4 percent and 56.6 percent for Florida, respectively (Tables 41, 47, and 50, 2023 Technical Appendix).

Community Determinants – Education

Educational attainment is an important social determinant of health that is linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2017-2021 estimates considering the population that is 25+ years of age, far fewer Lafayette County residents have obtained a college degree (12.2 percent) than the state (41.6 percent) and more have a high school diploma as their highest level of educational attainment (61.4 percent for Lafayette, 47.4 percent for Florida). Lafayette County high school graduation rates have climbed over the past five academic years to 97.5 percent, exceeding the state rate of 90.0 percent in 2020-2021. Lafayette County dropout rates were reported at zero (0) percent for the two most recent academic years; Florida's state rate is 3.2 percent) (Tables 38 and 39, 2023 Technical Appendix).

The Florida Department of Education also reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. In Lafayette County, school readiness at kindergarten entry improved to 53.1 percent in 2020 but failed to reach the state percentage (56.9 percent). In 2021, 12.2 percent of elementary students were not promoted, much higher than the state rate of just 2.5 percent. Data on middle school students who were not promoted was reported at zero (0) percent for the past five (5) years, while the state rate was 2.8 percent (Table 40, 2023 Technical Appendix).

Quality Healthcare Services

Differential access to care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, low birthweight birth rates, and other disease outcome differences. The availability of every recorded physician type is lower in Lafayette County than the state, especially family practice physicians, internal medicine doctors, Osteopathic physicians, pediatricians, and dentists as of fiscal year 2020-2021. Lafayette County also lacks a number of healthcare service facilities including an in-patient hospital and other specialty and

facility beds. However, with 60 nursing home beds, Lafayette County has a high rate of nursing home beds at 688.0 beds per 100,000 population, more than one and a half times the state rate of 386.5 (Tables 156-158 and 160, 2023 Technical Appendix). A lack of access to healthcare services can often manifest as an abundance of avoidable hospitalizations and ED visits including for dental and mental health reasons. While avoidable hospitalization discharge rates and ED use rates are generally lower for Lafayette County residents, the rates are not at zero thus still consuming scarce healthcare resources and carrying the potential for negative health outcomes for individuals (Tables 168 and 171, 2023 Technical Appendix).

Priority Populations

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

- Racial minorities, especially the Black population
- Ethnic minorities, especially the Hispanic population
- Low-income individuals, especially children and senior citizens

Summary

In summary, the Lafayette County Community Health Assessment and accompanying *2023 Lafayette and Suwannee County Community Health Assessment Technical Appendix* contain a wealth of information and insight into the social, environmental, behavioral, and healthcare factors associated with health status and health outcomes in Lafayette County, as well as data resources to further analyze these elements of the community and guide future planning and interventions. These findings, while pointing towards the need for further in-depth exploration of certain factors, gaps, and root causes, provide a foundation for guiding discussions and plans to improve health outcomes and quality of life for Lafayette County residents.

Lafayette County continues to face many of the challenges associated with a small, rural community. There are insufficient healthcare providers across the board and limited facilities and resources available to address a host of chronic conditions. These chronic conditions, as well as age-adjusted mortality rates, prove to be very high in Lafayette County, especially age-adjusted mortality rates due to cancer, CLRD, essential hypertension, and COVID-19. These issues contribute to lower quality of life, which manifest in the county's high rate of disabilities, high percentage of residents that report their overall health was "fair" or "poor," and high percentage of residents who have been told they had a depressive disorder. The combination of low rates of providers and facilities and high rates of disease burden in addition to low income can create a lack of access to care that may lead to individuals avoiding or delaying seeking care and can lead to elevated rates of avoidable hospitalizations and ED visits. Uptake of certain healthy behaviors throughout the community are encouraging, such as low rates of reported binge drinking among adults, STDs, and drug overdose deaths, as well as high rates of childhood immunizations. However, other health behavior indicators demand improvement, such as the high rates of tobacco use, overweight and obesity, and avoidable hospital discharges, as well as low rates of mammograms and clinical breast exams. Troubling trends in youth behaviors and attitudes towards alcohol and tobacco use point to areas of concern. Unintentional injuries were noted to be on the rise including motor vehicle crashes, falls among seniors, occupational injuries, and other injuries rarely seen in the past. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research

and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Lafayette County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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

Community Health Surveys

Methodology

A community survey was developed to poll Lafayette County residents about their perspectives and opinions on health issues and the local healthcare system. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in Lafayette County. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included ten (10) core questions with additional items depending on responses, and nine (9) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on February 10, 2023 and was available through March 25, 2023. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 63 complete, eligible surveys. No surveys from Lafayette County residents were completed in Spanish. The overall survey completion rate was calculated at 69.3 percent; note that any surveys deemed ineligible due to non-residency or age were classified as complete because survey respondents replied to all questions for which they were eligible. The eligible, completed surveys from Lafayette County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in the table below. Tabulated results from survey items are presented in the following tables and figures.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Lafayette County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2023 Suwannee County and Lafayette County Community Health Assessment Technical Appendix.

Community Survey Participant Profile

TABLE 8: DEMOGRAPHICS OF LAFAYETTE COUNTY COMMUNITY HEALTH SURVEY RESPONDENTS, 2023

Demographics	n = 63	
	Number	Percent
Age Group		
18-24	4	6.3
25-29	4	6.3
30-39	8	12.7
40-49	12	19.0
50-59	19	30.2
60-64	8	12.7
65-69	1	1.6
70-79	6	9.5
80 or older	1	1.6
Prefer not to answer	0	0
Gender Identity		
Man	9	14.3
Woman	53	84.1
Non-binary	0	0
Prefer not to answer	0	0
Other (1 – undecipherable)	1	1.6
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	0	0
Black or African American	6	9.5
Native Hawaiian and Other Pacific Islander	0	0
Two or more races	0	0
White	54	85.7
Prefer not to answer	3	4.8
Oher	0	0
Ethnicity		
Not of Hispanic, Latino/a/x, or Spanish origin	58	92.1
Of Hispanic, Latino/a/x or Spanish origin	3	4.8
Prefer not to answer	2	3.2
Highest Level of Education Completed		
Elementary/Middle School	0	0

Demographics	n = 63	
	Number	Percent
High school diploma or GED	11	17.5
Technical, community college, 2-yr college or Associate's degree	14	22.2
4-yr college/Bachelor's degree	14	22.2
Graduate/Advanced degree	13	20.6
Some college	9	14.3
Prefer not to answer	2	3.2
Other	0	0
Current Employment Status (may choose all that apply)		
Employed (full-time)	43	68.3
Employed (part-time)	2	3.2
Full-time student	2	3.2
Part-time student	0	0
Homemaker	4	6.4
Retired	9	14.3
Self-employed	1	1.6
Unemployed	3	4.8
Work two or more jobs	1	1.6
Disabled, unable to work	2	3.2
Prefer not to answer	0	0
Other	0	0
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	35	55.6
Health insurance that you pay on your own	15	23.8
Medicaid	11	17.5
Medicare	11	17.5
Military coverage/TriCare or VA	3	4.8
Pay cash	2	3.2
Do not have health insurance	1	1.6
Other		
Combined Annual Household Income		
Less than \$10,000	5	7.9
\$10,000 - \$19,999	5	7.9
\$20,000 - \$29,999	4	6.3
\$30,000 - \$49,999	8	12.7
\$50,000 - \$74,999	12	19.0

Demographics	n = 63	
	Number	Percent
\$75,000 - \$99,999	6	9.5
\$100,000 - \$124,999	6	9.5
\$125,000 - \$149,999	9	14.3
\$150,000 - \$174,999	1	1.6
\$175,000 - \$199,999	0	0
\$200,000 or more	0	0
Prefer not to answer	7	11.1
Zip Code of Residence		
32008 Branford	5	7.9
32013 Day	2	3.2
32066 Mayo	54	85.7
32071 O'Brien	1	1.6
32094 Wellborn	1	1.6
Other	0	0

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023

Observations from Community Survey

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

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

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Lafayette County residents included in the analysis was 63. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

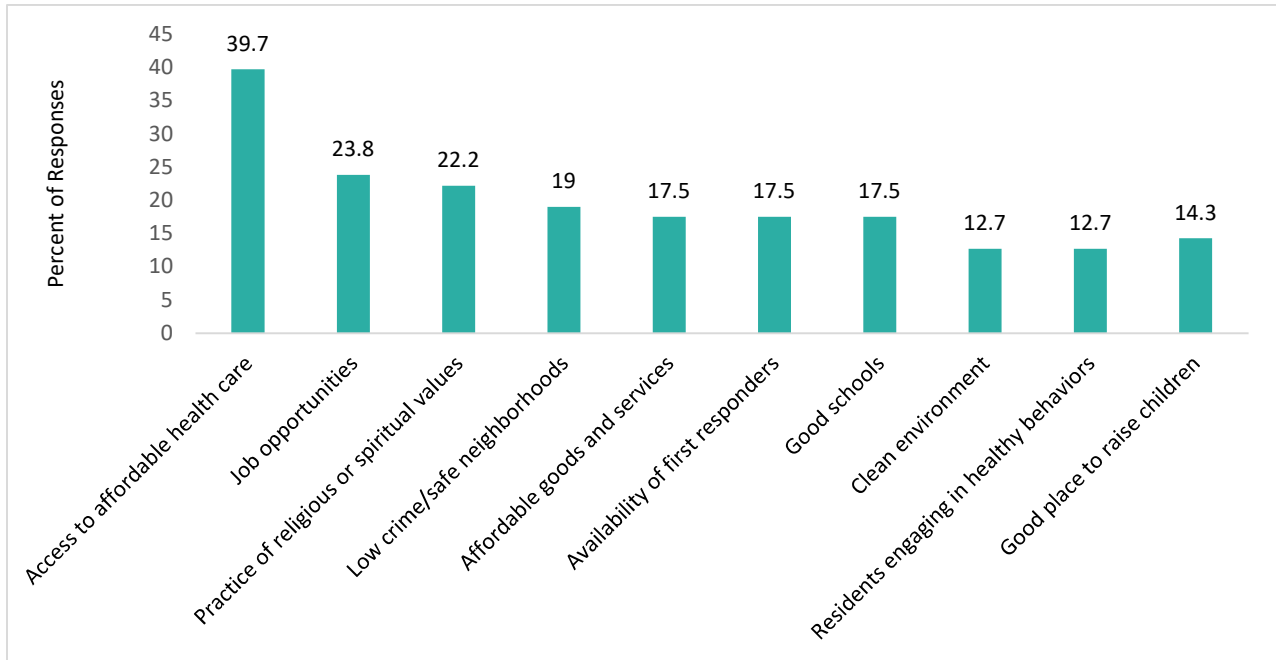
What do you think contributes most to a healthy community? Choose 3.

TABLE 9: MOST IMPORTANT FACTORS THAT CONTRIBUTE TO A HEALTHY COMMUNITY, LAFAYETTE COUNTY, RANKED BY PERCENT OF RESPONSES, 2023

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (50.8 percent)
2	Low crime/safe neighborhoods (25.6 percent)
3	Affordable housing (21.6 percent)
4	Job opportunities for all levels of education (20.5 percent)
5	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (20.3 percent)
6	Access to convenient, affordable, and nutritious foods (19.4 percent)
7	Clean environment (18.9 percent)
8, 9,	Affordable goods and services (13.3 percent)
10	Awareness of health care and social services (13.3 percent)
tie	Residents engaging in healthy behaviors (13.3 percent)
11	Good schools (13.1 percent)
12	Affordable utilities (9.9 percent)
13	Strong economy (9.2 percent)
14	Availability of parks and recreational opportunities (8.6 percent)
15	Strong family ties (6.8 percent)
16	Good place to raise children (5.6 percent)
17	Practice of religious or spiritual values (5.2 percent)
18	Public transportation system (4.7 percent)
19	Low preventable death and disease rates (3.8 percent)
20	Good race/ethnic relations (2.9 percent)
21	Availability of arts and cultural events (2.7 percent)
22,	Low level of child abuse (2.5 percent)
23 tie	Choices of places of worship (2.5 percent)
24,	Low level of domestic violence (1.6 percent)
25,	Low rates of infant and child deaths (1.6 percent)
26 tie	Other (2 each – respect for people, more services, 1 each - rural housing, low crime, no masks (1.6 percent total)

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

FIGURE 22: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

What are the THREE (3) most important health issues in Lafayette County? Choose THREE (3).

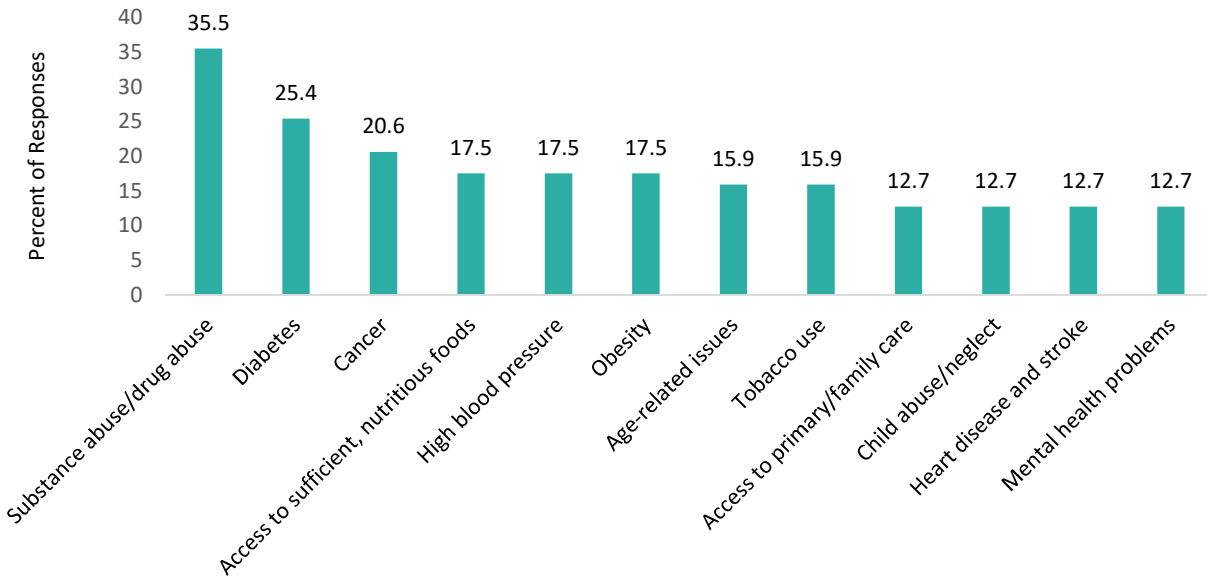
TABLE 10: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN LAFAYETTE COUNTY, RANKED BY PERCENT OF RESPONSES, 2023

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (35.5 percent)
2	Diabetes (25.4 percent)
3	Cancer (20.6 percent)
4, 5, 6 (tie)	Access to sufficient and nutritious food (17.5 percent)
	Obesity (17.5 percent)
	High blood pressure (17.5 percent)
7, 8 (tie)	Tobacco use (includes e-cigarettes, smokeless tobacco use) (15.9 percent)
	Age-related issues (e.g., arthritis, hearing loss) (15.9 percent)
9, 10, 11, 12 (tie)	Mental health problems (12.7 percent)
	Access to primary/family care (12.7 percent)
	Heart disease and stroke (12.7 percent)
	Child abuse/neglect (12.7 percent)
13	Elderly caregiving (11.1 percent)

Rank	Health Issues (Percent of Responses)
14, 15 (tie)	Dental problems (9.5 percent)
	Intellectual and Developmental Disabilities (including autism spectrum disorders) (9.5 percent)
16	Disability (7.9 percent)
17	Affordable assisted living facilities (6.3 percent)
18, 19, 20, 21 (tie)	Stress (4.8 percent)
	Homelessness (4.8 percent)
	Access to long-term care (4.8 percent)
	Teenage pregnancy (4.8 percent)
22, 23, 24, (tie)	Domestic violence (3.2 percent)
	Motor vehicle crash injuries (3.2 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (3.2 percent)
25, 26, 27 (tie)	Exposure to excessive and/or negative media and advertising (1.6 percent)
	Pollution (e.g., water, air, soil) (1.6 percent)
	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (1.6 percent)
28-35 (tie)	Dementia (0 percent)
	Suicide (0 percent)
	Respiratory/lung disease (0 percent)
	Homicide (0 percent)
	Firearm-related injuries (0 percent)
	Rape/sexual assault (0 percent)
	Infant death (0 percent)
	HIV/AIDS (0 percent)
36	Other (1 each – self-improvement, income-based housing) (1.6 percent each)

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

FIGURE 23: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

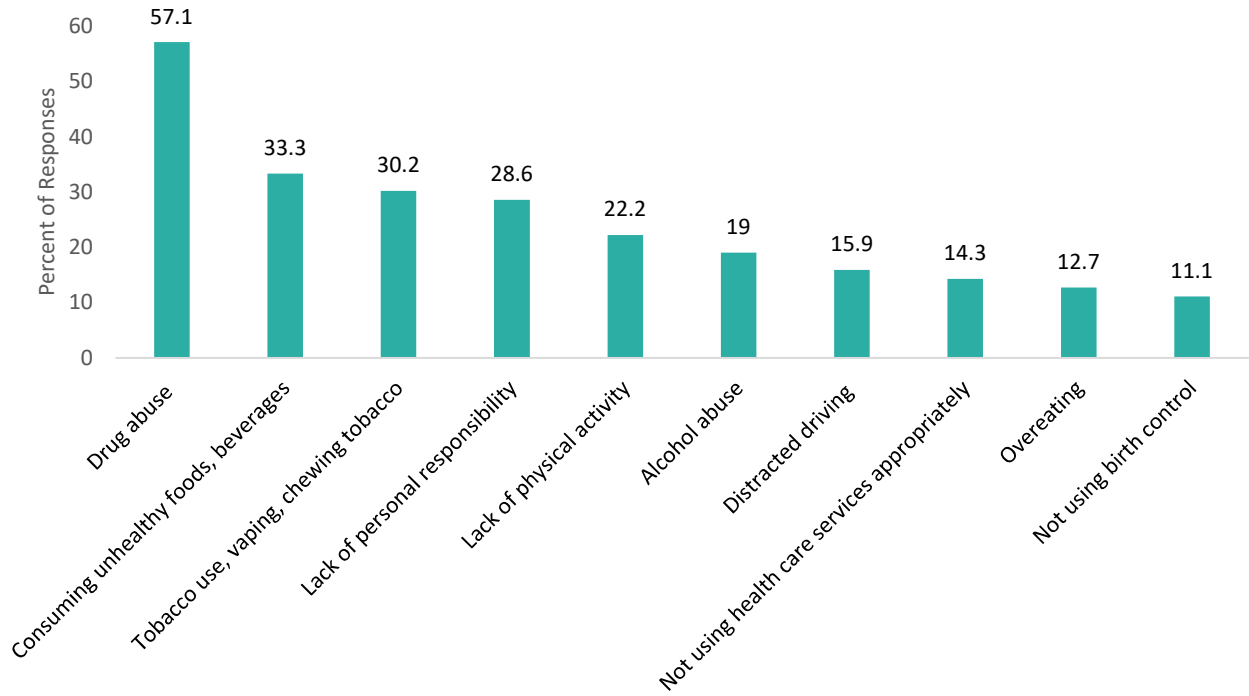
What has the greatest negative impact on the health of people in Lafayette County? Choose THREE (3).

TABLE 11: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, LAFAYETTE COUNTY, RANKED BY PERCENT OF RESPONSES, 2023

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (57.1 percent)
2	Eating unhealthy foods/drinking sugar sweetened beverages (33.3 percent)
3	Tobacco use, vaping, chewing tobacco (30.2 percent)
4	Lack of personal responsibility (28.6 percent)
5	Lack of physical activity (22.2 percent)
6	Alcohol abuse (19.0 percent)
7	Distracted driving (such as texting while driving) (15.9 percent)
8	Not using healthcare services appropriately (14.3 percent)
9	Overeating (12.7 percent)
10	Not using birth control (11.1 percent)
11,	Dropping out of school (7.9 percent)
12,	Loneliness or isolation (7.9 percent)
13	Lack of sleep (7.9 percent)
(tie)	
14,	Lack of stress management (6.3 percent)
15,	Not getting immunizations to prevent disease (e.g., flu shots) (6.3 percent)
16	Violence (6.3 percent)
(tie)	
17	Unsafe sex (4.8 percent)
18,	Not using seat belts/child safety seats (3.2 percent)
19	Poor race/ethnic relations (3.2 percent)
(tie)	
20	Starting prenatal care late in pregnancy (1.6 percent)
21	Unsecured firearms (0 percent)
22	Other (0 percent)

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

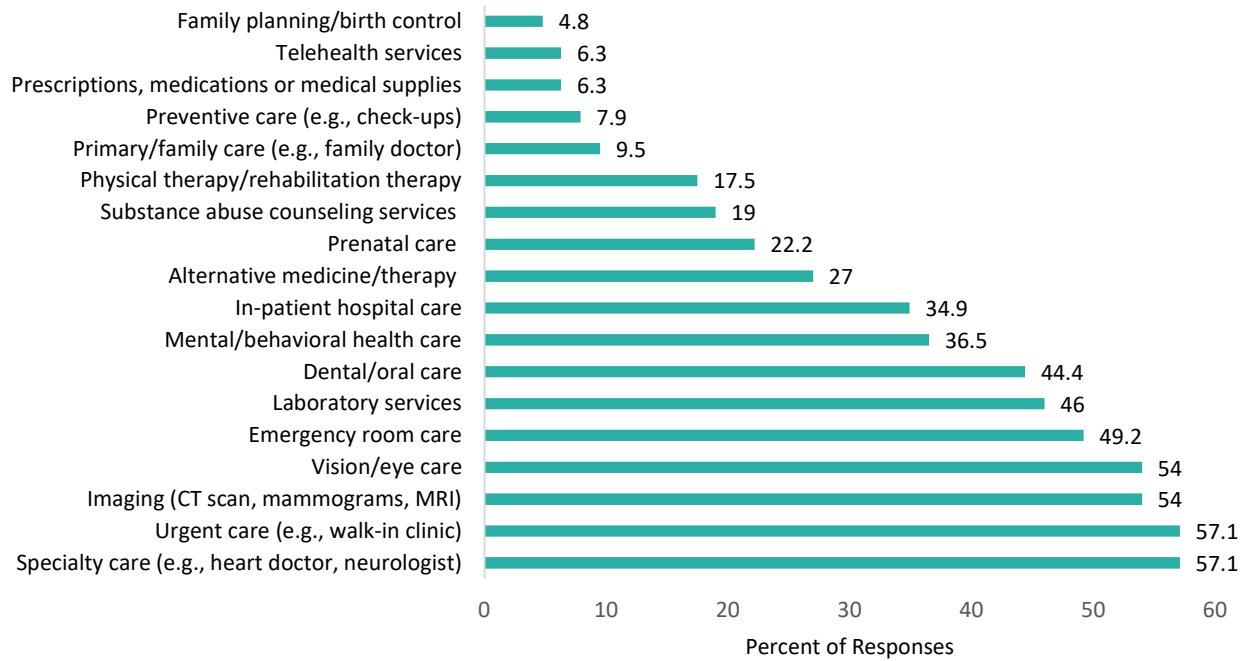
FIGURE 24: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

FIGURE 25: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023. Note: Other (1 – services for children with special needs (1.6 percent)

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

TABLE 12: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023

Dental Care	Response
Received needed care or didn't need care (n=37)	58.7 percent
Did not receive needed care (n=26)	41.3 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	50.0 percent
No appointments available or long waits for appointments	30.8 percent
No dentists available	46.2 percent
Service not covered by insurance or have no insurance	46.2 percent
Transportation, couldn't get there	11.5 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	26.9 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	15.4 percent
Other (1 – travel time to dentist that accepts Medicaid)	3.8 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

TABLE 13: PRIMARY/FAMILY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENTS, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023

Primary/Family Care	Response
Received needed care or didn't need care (n = 52)	82.5 percent
Did not receive needed care (n = 11)	17.5 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	18.2 percent
No appointments available or long waits for appointments	63.6 percent
No primary care providers (doctors, nurses) available	36.4 percent
Service not covered by insurance or have no insurance	36.4 percent
Transportation, couldn't get there	27.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	27.3 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	36.4 percent
Other (0 percent)	0 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

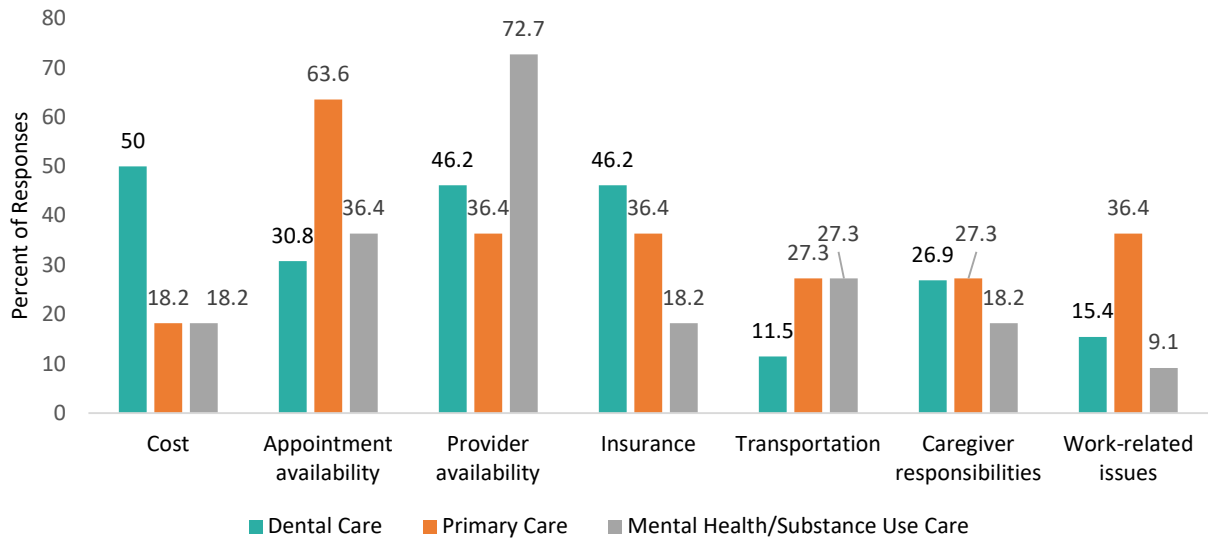
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 14: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care (n = 32)	82.5 percent
Did not receive needed care (n = 11)	17.5 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	18.2 percent
No appointments available or long waits for appointments	36.4 percent
No mental health care providers or no substance use therapists or counselors available	72.7 percent
Service not covered by insurance or have no insurance	18.2 percent
Transportation, couldn't get there	27.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	18.2 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	9.1 percent
Stigma associated with this issue and/or stigma associated with seeking care	27.3 percent
Telehealth issue (e.g., telehealth service not offered, lack of internet)	18.2 percent
Other (0 percent)	0 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

FIGURE 26: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over the past 12 months. There are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

In the past 12 months please indicate which aspects of your household have been negatively impacted by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose ALL that apply.

TABLE 15: NEGATIVE IMPACTS OF CORONAVIRUS (COVID-19) PANDEMIC ON HOUSEHOLD, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023

Optional Questions about the Pandemic	Response
Agreed to answer questions (n = 50)	79.4 percent
Chose to opt out (n = 11)	17.5 percent
Chose not to answer this question (n=2)	3.1 percent
Household Factors Negatively Impacted by Pandemic (By percent of responses of those who answered optional questions; n = 50)	
Childcare (ability to get care for child/children)	8.0 percent
Employment (ability to keep a job, have steady income)	10.0 percent
Food (ability to buy or get enough food to feed you and your family)	18.0 percent
Housing (ability to find housing, pay rent or mortgage)	16.0 percent
Schooling, education (ability to complete school-related assignments and programs)	12.0 percent
Transportation (ability to use public transportation or shared ride services)	6.0 percent
Utilities (ability to get and pay for electricity, gas, water, internet services)	12.0 percent
Physical activity and exercise (have means and ability to engage in regular physical activity)	12.0 percent
Nutrition (have means and ability to consume a healthy variety of foods)	14.0 percent
None of the items above negatively impacted by household in the past 12 months due to the pandemic	60.0 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

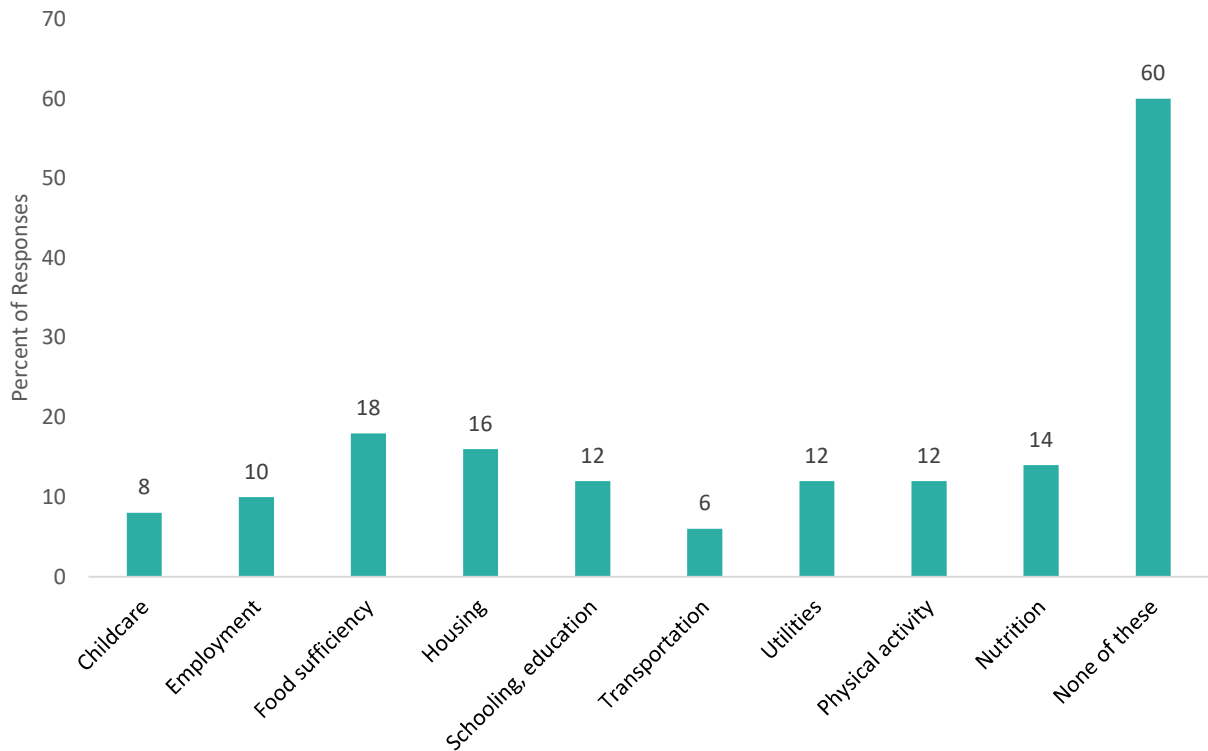
Please indicate if you or a member of your household delayed getting any of these services because of the Coronavirus (COVID-19) pandemic over the past 12 months. Choose ALL that apply.

TABLE 16: DELAYED HEALTHCARE SERVICES OVER THE PAST 12 MONTHS DUE TO THE PANDEMIC, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2022

Healthcare Services Delayed (By percent of responses of those who answered optional questions; n = 63)	
Routine (screenings, check-ups) or needed primary healthcare services	17.5 percent
Routine (screenings, check-ups) or needed dental care	25.4 percent
Routine (screenings, check-ups) or needed mental, behavioral or substance use care	4.8 percent
There was no delay in getting these services over the past 12 months by members of my household.	52.4 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

FIGURE 27: NEGATIVE COVID-19 PANDEMIC IMPACTS ON HOUSEHOLDS IN THE PAST 12 MONTHS, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

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

TABLE 17: HAVE HOUSEHOLD EMERGENCY PREPAREDNESS PLAN, LAFAYETTE COUNTY, BY PERCENT OF RESPONSES, 2023

Response	Household has an Emergency Plan (n = 444)
Yes	77.8 percent
No	20.6 percent
Don't know, not sure	1.6 percent

Source: Lafayette County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023.

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

Access to affordable health care, including primary care, specialty care, dental, and mental health care, was selected by 39.7 percent of the Lafayette County residents who completed the survey as the top factor that contributes most to a healthy community. Access to primary or family healthcare services ranked in the top ten most important health issues to be addressed in Lafayette County. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (17.5 percent of survey respondents), dental care (58.7 percent), and mental health/substance use care (17.5 percent). The most common barriers to primary/family care cited were appointment availability, provider availability and insurance issues. Half of those who did not get needed dental care in the past 12 months said cost was a factor, followed by provider availability and insurance issues at 46.2 percent each. Almost three-quarters (72.7 percent) of those who reported not getting mental health or substance use care indicated that provider availability was an issue with another third (36.4 percent) equally pointing to appointment availability and insurance issues as obstacles. When asked about specific services lacking in Lafayette County, those most commonly mentioned were specialty care and urgent care (57.1 percent), imaging (54.0 percent), vision care (54.0 percent), and emergency room care (49.2 percent). Survey respondents said that family planning and birth control (4.8 percent), telehealth services (6.3 percent) and prescriptions, medications, and medical supplies (6.3 percent) were much less difficult to obtain in Lafayette County. Not using healthcare services appropriately was cited by 14.3 percent of survey respondents and ranked eighth among the behaviors with greatest negative impact on health in Lafayette County.

Mental Health and Substance Abuse Care

Concern about the community's substance use and mental health problems emerged as a theme from the survey. Substance and drug abuse was ranked first among the most pressing health issues that need to be addressed in Lafayette County; 35.5 percent of survey respondents selected it as a priority problem. Mental health problems, garnering 12.7 percent of survey respondents' votes tied for the ninth ranked issue. Substance misuse is often linked with mental or behavioral health problems, and access to mental health and substance use services frequently go hand-in-hand. More than half (57.1 percent) of Lafayette County survey respondents ranked drug abuse as the first ranked behavior with greatest negative impact on overall health. Alcohol abuse followed as the sixth ranked such behavior by 19.0 percent of respondents. More than a third (36.5 percent) of survey respondents felt mental/behavioral healthcare services were difficult to obtain with an additional 19.0 percent signaling that

substance abuse counseling was a service with barriers. To further illustrate this theme, 17.5 percent of Lafayette County survey respondents said that in the past 12 months they did not receive needed care from a therapist or counselor for a mental health or substance use issue. For Lafayette County survey respondents, the most common barriers to mental health or substance use care were provider and appointment availability and transportation at 72.7, 36.4, and 27.3 percent, respectively.

Health Behaviors and Chronic Conditions

Lafayette County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are seen as problematic. In addition, chronic disease-related behaviors and outcomes surfaced among the most important health issues for Lafayette County residents. Diabetes ranked as the second most important issue by 25.4 percent of respondents. This was followed closely by cancer (third ranked at 20.6 percent), high blood pressure and obesity (tied for fourth at 17.5 percent each), tobacco use (tied for seventh at 15.9 percent), and heart disease and stroke (tied for ninth at 12.7 percent). Behaviors known to contribute to chronic disease prevalence scored among practices having great negative health impact including eating unhealthy foods and drinking sugar-sweetened beverages (ranked second at 33.3 percent), tobacco use (ranked third at 30.2 percent), lack of physical activity (ranked fifth at 22.2 percent), and overeating (ranked ninth at 12.7 percent). Lafayette County survey respondents elevated issues of concern to two populations in particular. Among the most important issues to be addressed were age-related issues of the senior population (tied for seventh at 15.9 percent) and child abuse and neglect (tied for ninth at 12.7 percent). An overall lack of personal responsibility was selected by more than a quarter (28.6 percent) of survey respondents as the behavior with the fourth most negative impact. Other ranked problematic behaviors not previously mentioned, according to survey respondents, include distracted driving (ranked seventh at 15.9 percent) and not using birth control (ranked tenth at 11.1 percent).

Social Determinants of Health

The significance placed on the essentials for a healthy, safe community was made clear by Lafayette County survey respondents. These highly valued factors relate to the social determinants of health. Among the top five ranked most important factors were access to affordable healthcare services (top ranked, chosen by 39.7 percent of survey respondents), job opportunities for all levels of education (second ranked at 23.8 percent), practice of religious or spiritual values (third ranked at 22.2 percent), safe neighborhoods with low crime (fourth ranked at 19.0 percent), affordable goods and services (fifth ranked at 17.5 percent). Other related attributes that rounded out the top ten were the availability of first responders, good schools, clean environment, and living in a good place to raise children.

Impact of COVID-19

Although the height of the Coronavirus (COVID-19) pandemic was behind the United States and Florida at the time of this survey, residual pandemic-related issues continue to impact lives. Lafayette County survey participants reported that in the past year about 18.0 percent felt a negative impact on food sufficiency. Sixteen percent (16.0 percent) said housing issues lingered as a pandemic-related negative impact. Almost half (47.6 percent) of Lafayette County survey respondents said they had delayed getting health care in the past 12 months because of the pandemic. Of those, a quarter (25.4 percent) indicated they put off getting routine dental care while 17.5 percent delayed routine or primary care due to pandemic concerns. On the bright side, 77.8 percent of households of survey respondents report having an emergency plan in place for natural and man-made disasters.

FORCES OF CHANGE ASSESSMENT

Methods

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

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

These forces can be related to social, economic, environmental, technological, or political factors in the region, state, or United States. that have or have the potential to impact on the local community. Information collected during this assessment will be considered when identifying strategic issues.

The Lafayette County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on April 6, 2023. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Lafayette County demographics, health conditions and behaviors, healthcare resources, and the perspectives of community members on issues related to health and quality of life. The group brainstormed possible forces that may hinder or help the community in its quest for improvement in community health outcomes. Brainstorming followed discussions of the threats and opportunities associated with the forces. The *Forces of Change for Lafayette County* tables on the following pages summarize the forces of change identified for Lafayette County, as well as possible associated opportunities and threats that may be considered in any Lafayette County strategic planning or community health improvement planning process.

Forces Of Change for Lafayette County - TRENDS

(Prepared by WellFlorida Council – 2023)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Obesity Rates Continue to Rise	Lifetime, chronic health problems; strain on healthcare services; need for advanced care with aging; health problems among children and youth related to overweight and obesity becoming more prevalent; quality of life negatively impacted	Need for formal, county-supported and funded recreational parks and organized activities for all ages; address safety issues that make walking, biking, and other physical activities hazardous
	Increase in Vaping	Chronic health problems; currently unknown health risks and outcomes with prolonged use of vaping products; poor example for children and youth; exposure to vaping pollution as potential health risk	Changes in school policy on vaping and enforcement; health education on tobacco use and other nicotine-delivery systems
	Wild and Domestic Animal Bites Increasing	Disease and injuries to humans and other animals; need for costly medical treatments in extreme cases; causing fear in neighborhoods; restricting residents' movements and use of outdoor spaces; demand on health department and law enforcement services to manage incidents	Need for sustainable, governmental-supported animal control services and ordinances; public education on rabies and other health impacts of animal-human encounters
Social/ Economic	Population Growth in All Age Groups, All Socio-economic Levels	Strain on all resources and services resulting in staffing shortages and long waits for services; environmental threats related to septic systems, conversion of farmland into residential property; lack of compliance with local rules, regulations, ordinances; values and views not always shared leading potentially to conflict	New tax revenues; small business development to meet new needs; school enrollment increases may generate more state funding; expanded exposure to new cultures (e.g., off-the-grid lifestyles); managing expectations of new residents who are unfamiliar with rural living
	Increase in Food Insecurity	Notably increased need for food by families and individuals makes hunger a persistent issue with potential long-term health impacts particularly for infants,	Community organizations and agencies work together to meet needs; seek grant or other funding/resource support and

Forces Of Change for Lafayette County - TRENDS

(Prepared by WellFlorida Council – 2023)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
		children, and senior citizens; last local food pantry closure puts more burden on scare resources	finding replacement benefits for food programs that are ending
	More Limited Emergency Medical Services (EMS)	Limited ambulance service may not be able to respond to health emergencies in a timely manner; loss of life or critical health problems result	Coverage by Taylor and Suwannee County EMS when one ambulance is out of the county; find sustainable funding for additional EMS vehicle(s), staff; educate public on appropriate use of emergency services
Environment	Change in Weather Trends	More frequent and intense weather events (e.g., hurricanes, flooding, fires); weather extremes more common (e.g., heat, dry conditions) putting the natural environment at risk for drought, flood, fire; greater needs for agriculture (e.g., irrigation, changes in planting cycles) and strain on environment (e.g., water quality and levels, air pollution); human toll of weather emergencies includes death, injuries, loss of property, income, and mental health	Seek federal, state, regional funding; resources and support for emergency preparedness; educate the community on personal/household preparedness

Forces Of Change for Lafayette County - FACTORS

(Prepared by WellFlorida Council – 2023)

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Senior Citizens in Isolation	Poor mental and physical health outcomes; risk of not getting timely healthcare services	Expansion of senior services; collaboration of community-based organizations including faith-based groups to connect with isolated seniors
	Scarce Mental Health Services	Lack of access delays care for mental health problems; potential for worsening outcomes; must plan ahead to seek care out of county which requires transportation and financial resources	Business and employment opportunities in the field of mental health care; telehealth and mobile services; address provider turnover issues
	No Animal Control Services	Residents at risk for bites and disease spread from human-animal interactions	Need for sustainable, government-supported animal control services, ordinances, and enforcement; public education needed
	Tradition of Using Sugar-Laden Treats as Rewards and for Fundraising	Health impacts such as overweight and obesity, chronic health conditions (e.g., high blood pressure and diabetes) among both youth and adults; counterproductive use of rewards for those with behavioral challenges; dental caries	Change school policy on use of unhealthful foods, candy, and sugar-sweetened beverages as rewards; health education on nutrition and food choices; find innovative fundraising strategies
Social/ Economic	No Satellite Campus for Higher Education	Losing high school graduates from Lafayette County to other areas for college education; limited opportunities for local youth to build employable skills and abilities; dual enrollment only reaches youth in schools and misses adults seeking higher education	Provide no- or low-cost transportation to out-of-county colleges and technical programs; attract programs to Lafayette County
	Limited Childcare	Only two commercial daycare options limit parents' abilities to maintain steady employment; in-home daycare presents challenges (e.g., unreliability, limited numbers); no options for shift workers or newborn care; persistent stress and cost to families	Need options for care for infants, children of shift workers (evening, night, weekend); address affordability

Forces Of Change for Lafayette County - FACTORS

(Prepared by WellFlorida Council – 2023)

	Availability of Community Centers for Each County Commission District	Highly prized, much-used, community resource can be difficult to reserve; must have continued funding for maintenance	Community centers are central gathering places that require maintenance, scheduling, and occasional refurbishment
Economic	State Parks in Lafayette County	Need to maintain park lands and services and assure sufficient use in order that parks are kept open; could be threats to natural environment if overused or used inappropriately (e.g., motorized vehicle, unauthorized hunting)	Ecotourism ventures; capitalize on availability of sleeping cabins in park and recreational activities
	Lack of Lodging and Hotels	Visitors must find alternate lodging in other counties; turn away paying customers; safety considerations for tourists and travelers through the county	Needed investments for development; must overcome infrastructure and service challenges (e.g., limited EMS, fire service)

Forces Of Change for Lafayette County - EVENTS

(Prepared by WellFlorida Council – 2023)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	UF/IFAS Programmatic Change to Youth-Only Focus	Limited comprehensive adult health literacy training potentially resulting in misuse, overuse, or disuse of scarce personal health resources and benefits; lifetime impact of no or limited health education on individuals' personal health decision-making	Expansion opportunity for other health partner agencies or organizations to provide adult health education programs and trainings
	End of Public Health Emergency Declaration (COVID-19 Pandemic)	Loss of Medicaid and food assistance benefits; additional barriers to healthcare resulting in delayed care and potential for poorer health outcomes; continuing and persistent hunger and food insecurity	Better and expanded use of existing community resources; interagency collaboration for community support; community education to maximize access to available benefits and programs
Economic	Broadband Fiber Optic Internet Expansion	Decrease in project funding could result in financial burden for local governments; need to provide technology education and support to new users; individual expenses to purchase personal computer equipment; use of technology for access to unhealthy applications such as scams, trafficking, information security	Technology use expansion including telehealth services; technology sector job opportunities; business expansion; educate public on appropriate use and protection of personal information
	Building of New Apartment Complex	Lack of continuity of sustainable, affordable rents could put tenants at risk for eviction; cost of utilities must also be affordable; must follow fair housing rules and regulations	16 new rental units available in Lafayette's extremely tight rental housing market; business model or precursor for more new rental housing in the county; potential model practice for limiting tobacco use in new housing
	Agribusiness Expansion	Worker housing (for transient and seasonal workers) must be maintained in clean, safe order with regular inspections; maintain good community relationships among business leaders, workers, and county residents	Precedent-setting local action sets standard for future worker housing; cooperation between business and local government as example-setting practice for other businesses
Economic/ Environmental	Private Land Development on	Need for large infrastructure investments to make area fit and safe for occupancy (e.g., potable	Attract new ventures and investments in Lafayette County if successful; examine local

Forces Of Change for Lafayette County - EVENTS

(Prepared by WellFlorida Council – 2023)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
	Equestrian Center Site	water, sanitary sewer, utilities, roads, access by emergency services); investments could divert financial resources away from other projects	regulations, ordinances, laws to ensure fair use and application and protection of environment
	Expansion of Rendezvous Campground	More people bring greater demand on all services; competition for goods and services with county residents; transient population could present challenges for continuity of care and disease tracking	Ecotourism expansion; more services available to campground residents; revision of fee structure to generate more financial support of governmental services
Political	State Elections and Redistricting	Learning curve on local needs may cause delay or missed opportunities to support issues	New representation in state legislature; new or renewed interest in local issues; education of elected officials on public health issues

INTERSECTING THEMES, STRATEGIC PRIORITY ISSUES, AND KEY CONSIDERATIONS



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

Intersecting Themes

The intersecting themes, recurring issues, and major health needs in Lafayette County as identified through the community health assessment process are listed below. The themes articulated below emerged from the four (4) assessments conducted as part of Lafayette County’s customized MAPP process. That process included the health status assessment carried out through a comprehensive secondary data review, the community themes and strengths assessment that generated primary survey data collected from the community at large to hear their opinions and perspectives on health issues, the community partner assessment which inquired after the interests, resources, and capacities of organizations involved in this process, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding the common themes and root causes, the key issues are grouped below into categories including social determinants of health, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across the intersecting theme areas shown below; however, each issue is only listed once.

Intersecting Themes

- Social Determinants of Health
 - ▶ Poverty, Particularly Among Children
 - ▶ Educational Achievement
 - ▶ Violence
 - ▶ Housing
 - ▶ Access to Sufficient, Affordable, and Nutritious Food
- Access to Health Care (also a Social Determinant of Health)
 - ▶ Dental Care
 - ▶ Mental and Behavioral Health
 - ▶ Primary Care and Avoidable Conditions
 - ▶ Facilities and Services

-
- Health Outcomes
 - ▶ Cancer
 - ▶ Heart Disease and Cardiovascular Problems (Stroke, Hypertension)
 - ▶ Chronic Lower Respiratory Disease (CLRD)
 - ▶ Diabetes
 - ▶ COVID-19
 - ▶ Alzheimer’s Disease
 - ▶ Maternal and Infant Health
 - ▶ Overweight and Obesity
 - Health Behaviors
 - ▶ Substance/Drug Misuse
 - ▶ Alcohol Misuse
 - ▶ Poor Nutrition, Eating Habits, Overeating
 - ▶ Tobacco Use
 - Other Population and Environmental Factors
 - ▶ Life Expectancy
 - ▶ Increasing Population
 - ▶ Less Racial and Ethnic Diversity

Strategic Priority Issue Areas

Lafayette County Community Health Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process at their June 15, 2023 meeting. The Steering Committee reviewed the findings of the previously mentioned assessments and confirmed that they accurately reflected the health status and health issues of Lafayette County. In addition, the characteristics of strategic issues were introduced to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see Table 30 below). As a collective workgroup, Steering Committee members used a strategy grid, intersecting themes matrix, and several assessment data resources to discuss and agree upon their recommendations for strategic priority issues. This discussion brought up a variety of issues, including unintentional injury, chronic disease, maternal and child health, homelessness and housing, food insecurity, mental health crises, grandparents raising grandchildren, dental health, social bullying in schools and among youth, human trafficking and grooming, and social and behavioral issues. Ultimately, the Steering Committee recognized that these fundamental issues and root causes were very similar to those determined in Suwannee County, where many Steering Committee members also participated in the CHA process. In order to avoid duplication of labor, Steering Committee members chose to adopt these strategic priorities in Lafayette County, with some modifications to accommodate the unique needs of this population. The priorities listed below move forward for consideration and operationalizing in the Community Health Improvement Plan (CHIP).

TABLE 18: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, LAFAYETTE COUNTY, 2023

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved June 14, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

Strategic Priority Issue Areas Identified

- Socio-economic factors
 - ▶ Homelessness, housing, and shelters
 - ▶ Food insecurity, with a focus on sustainability of current programs
 - ▶ Mental health, with a focus on linkage to care
 - ▶ Dental health, with a focus on access to care
 - ▶ Broadband fiber optic network expansion that includes education on use
- Chronic Disease
 - ▶ Obesity
 - ▶ Physical activity
 - ▶ Tobacco use
 - ▶ Self-management education
 - ▶ Nutrition and healthy lifestyle education
- Unintentional Injury
 - ▶ Drownings
 - ▶ Motor vehicle injuries
 - Car seat provision and education
 - ▶ Pedestrian safety
 - ▶ Animal bites
 - ▶ Farm and agricultural industry injuries

-
- ▶ Falls and slips
 - Maternal and Child Health
 - ▶ Low birthweight births
 - ▶ Breastfeeding rates
 - ▶ Late entry into prenatal care
 - ▶ Access to care, given that:
 - The nearest birthing facility is an hour away
 - No Obstetric/Gynecological provider in the county
 - ▶ Parenting education
 - Especially surrounding awareness of youth social and behavioral issues
 - Including grandparents raising grandchildren

As part of the community health assessment process, a number of recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Lafayette County partners move ahead with community health improvement planning, it is important to bring these points forward. Included among these considerations are on-going efforts that Lafayette County community partners strive to enhance, continuously improve, and measure their impact. These key considerations are listed below.

Key Considerations

- Promote a culture of community health as a system of many diverse partners, organizations, and individuals
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures of progress
- Educate on and increase awareness of current resource availability and the appropriate use of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental and behavioral health problems and substance misuse
- Enhance or create initiatives to more effectively manage chronic diseases and oral health
- Enhance or create initiatives and policies to address obesity and promote attainment of a healthy weight as well as access to nutritious foods
- Develop collaborative strategies to address, reduce, and prevent unintentional injuries
- Create initiatives to increase the availability of primary, specialty, dental and mental healthcare professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes that include social determinants of health

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

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

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

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

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

<https://thecommunityguide.org/>

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

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

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

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

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

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

Resource and Intervention Quality Assessment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resources for Community-Based Interventions

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

TABLE 19: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Animal Control	A road map for effective, community-based animal care and control.	Non-systematic Review	https://www.nacanet.org/wp-content/uploads/2019/03/Best-Friends-Humane-Animal-Control-Manual.pdf
Animal Control	Recommendations for City/County Animal Control Contracts This guide addresses key decisions in making contractual agreements with local governments to provide animal control services. It also includes suggestions for contracts between humane organizations and municipalities.	Expert Opinion	https://www.americanhumane.org/app/uploads/2016/08/op-guide-citycountycontracts.pdf
Barriers to Care	Health insurance enrollment outreach & support Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops,	Scientifically Supported	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support

Issue	Practice or Intervention	Effective-ness	Source
	etc.) and are often supported through grants from federal agencies or private foundations.		
Barriers to Care	<p>Patient Navigation Services Increase Cancer Screening and Advance Health Equity</p> <p>Cancer screenings save lives — however, barriers to getting screened, like cost or lack of access to screening services, exist. Patient navigation services can help lower those barriers. The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF’s recommendation is based on a systematic review of 34 studies.</p>	Systematic Review	<p>The Guide to Community Preventive Services CPSTF Recommends Patient Navigation Services to Increase Cancer Screening The Community Guide</p>
Access to Care for the Homeless	Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hypertension	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	<p>Help Educate to Eliminate Diabetes (HEED)</p> <p>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.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841</p>
Dementia Care, including Alzheimer’s	<p>Healthy Brain Initiative Road Map 2018-2023</p> <p>Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer’s can be incorporated easily and efficiently into existing public health initiatives.</p>	Non-systematic Review	<p>CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm</p>

Issue	Practice or Intervention	Effectiveness	Source
Dementia Care, including Alzheimer's	Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer's	Public Health Approach to Alzheimer's – How does public health address Alzheimer's? Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer's, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer's Association https://www.alz.org/professionals/public-health/public-health-approach
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: Task Force Finding and Rationale Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: Cavities: Community Water Fluoridation The Community Guide
Drowning Prevention	Preventing Drowning: An Implementation Guide This guide provides practical steps to reduce drowning – one of the world's most preventable, neglected and pressing public health issues. Through 10 evidence-based interventions and strategies it is designed to help drowning-	Evidence-based	https://www.who.int/publications/i/item/9789241511933

Issue	Practice or Intervention	Effective-ness	Source
	prevention practitioners – from nongovernmental organizations (NGOs) and researchers to government officials and policy-makers – approach drowning prevention in a strategic, evidence-based and multisectoral way. It also highlights ways to harness public awareness and engagement to strengthen drowning prevention interventions.		
Fall Prevention	CDC Compendium of Effective Fall Interventions This report is intended to showcase specific interventions for which there is published evidence of the intervention’s ability to reduce falls among community-dwelling older adults. The compilation of this information can help public health practitioners, senior service providers, clinicians, and others who want to address falls in their community.	Data Compendium	https://www.cdc.gov/falls/pdf/Steady_Compndium_2023_508.pdf
Housing	Medicaid Accountable Care Organizations: A Case Study with Hennepin Health As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated medical and social services to low-income Medicaid patients.	Case Study	https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf
Housing	Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.	Experimental Study	https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
Infant Mortality and Maternal Child Health	Nurse-Family Partnership – Providing babies with the best start in life Partners mothers with registered nurses from pregnancy through a child’s second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become	Evidence-based	www.kingcounty.gov/nfp

Issue	Practice or Intervention	Effective-ness	Source
	<p>knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.</p>		
<p>Infant Mortality and Maternal Child Health</p>	<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, 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>Systematic Review</p>	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</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 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>	<p>Systematic Review</p>	<p>Healthy People 2030:</p> <p>Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 health.gov</p>
<p>Mental Health</p>	<p>Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management</p> <p>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</p>	<p>Systematic Review</p>	<p>Healthy People 2030:</p> <p>Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management -</p>

Issue	Practice or Intervention	Effective-ness	Source
	management, patient education, and a supervising psychiatrist.		Healthy People 2030 health.gov
Mental Health	<p>School-Based Programs to Reduce Violence</p> <p>Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/violence-school-based-programs</p>
Nutrition	<p>Mind, Exercise, Nutrition...Do it! (MEND) Program</p> <p>The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>	Evidence-Based	<p>SNAP-Ed Toolkit</p> <p>https://snapedtoolkit.org/interventions/programs/mind-exercise-nutritiondo-it-mend-2/</p>
Nutrition	<p>Video Game Play</p> <p>This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
Nutrition/ Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get</p>	Evidence-Based (Moderate)	<p>https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf</p>

Issue	Practice or Intervention	Effective-ness	Source
	<p>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>		
<p>Nutrition/ Physical Activity</p>	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	<p>Evidence-Based (Moderate)</p>	<p>https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/</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 departments, policy makers, healthcare providers,</p>	<p>Evidence-Based</p>	<p>https://pubmed.ncbi.nlm.nih.gov/17495210/</p>

Issue	Practice or Intervention	Effectiveness	Source
	before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	<p>Text4Diet: A Text Message-based Intervention for Weight Loss</p> <p>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.</p>	Evidence-Based	https://cdc.thehcn.net/promisepractice/index/view?pid=3490
Obesity	<p>Health Education to Reduce Obesity (HERO)</p> <p>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.</p>	Promising Practice/ Good Idea	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003</p>
Obesity	<p>Healthy Eating Lifestyle Program (HELP)</p> <p>Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542</p>
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) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</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</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/f</p>

Issue	Practice or Intervention	Effective-ness	Source
	<p>control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>		<p>findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>
<p>Physical Activity</p>	<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>Systematic Review</p>	<p>Healthy People 2030:</p> <p>https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches</p>
<p>Physical Activity</p>	<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</p>	<p>Evidence-Based</p>	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>

Issue	Practice or Intervention	Effective-ness	Source
	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.		
Physical Activity and Greenways	<p>Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions</p> <p>Safe, accessible outdoor spaces can help encourage people to get active. In this systematic review, the Community Preventive Services Task Force (CPSTF) found that infrastructure interventions to improve parks, trails, and greenways — if combined with other interventions — can increase the number of people engaging in moderate to vigorous physical activity</p>	Systematic Review	<p>The Community Guide</p> <p>Phys Activity: Park, Trail, Greenway multicomponent The Community Guide</p>
Poverty	<p>Policies to Address Poverty in America</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Evidence-Based	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/papers/filter/economic_security_poverty/policy_proposals/all_years</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Rural Health	<p>What Works? Strategies to Improve Rural Health</p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	<p>https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p>	Evidence-Based	National Institute of Health:

Issue	Practice or Intervention	Effective-ness	Source
	<p>This section provides examples of treatment approaches and components that have an evidence base supporting 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>NIDA Notes National Institute on Drug Abuse (NIDA) (nih.gov)</p>
<p>Substance Abuse</p>	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief intervention (SBI), providers assess patients’ drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated 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>Substance Abuse</p>	<p>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide</p> <p>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>	<p>Evidence-Based</p>	<p>National Institutes of Health, National Institute on Drug Abuse: Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide SAMHSA</p>
<p>Tobacco Use</p>	<p>Cell Phone-based Tobacco Cessation Interventions</p>	<p>Evidence-Based</p>	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p>

Issue	Practice or Intervention	Effective-ness	Source
	Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.		http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-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:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use</p>
Violence	<p>Clinician Screening for Intimate Partner Violence</p> <p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p>	Systematic Review	<p>U.S. Preventive Services Task Force Recommendation: Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)</p>
Violence	<p>Anti-Bullying Policies and Enumeration</p> <p>Anti-bullying laws and policies at the state and local levels are common components of current bullying prevention efforts. Every state has an anti-bullying law or policy. Many local school districts also establish anti-bullying policies.</p>	Systematic Review	<p>CDC, Adolescent and School Health Anti-Bullying Policies and Enumeration Adolescent and School Health CDC</p>

APPENDIX A – STEERING COMMITTEE MEMBERS

Name	Organization
Emily Berry	Suwannee River Area Health Education Center
Eva Bolton	UF/IFAS Extension, Lafayette County
Lisa Burningham	Saint Leo University
Joshua Callis	Another Way, Inc.
Brandi Davis	Another Way, Inc.
Casey Ditter	Florida Department of Health in Lafayette County
Beverly Fountain	Florida Department of Health in Lafayette County
Lesley Fry	Madison County Memorial Hospital
Cheryl Harris	Elder Options/SHINE Program
Ashley Hart	Florida Department of Health in Lafayette County
Brooke Hingson	Florida Department of Health in Lafayette County
Jamie Holton	Suwannee River Area Health Education Center
Anne Linkh	Florida Department of Health in Lafayette County
Erin Peterson	Healthy Start North Central Florida Coalition
Barbara Pierce	Florida Department of Health in Lafayette County
Kyle Roberts	Florida Department of Health in Lafayette County
Desiree Salter	Suwannee River Area Health Education Center
Kerry Waldron	Florida Department of Health in Lafayette County

APPENDIX B – COMMUNITY HEALTH SURVEY

English

Default Question Block

Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Suwannee County and Lafayette County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from February 10, through March 25, 2023. Community leaders will use your answers to take action towards a healthier community.

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

To be eligible to take this survey:

- You must be at least 18 years old and
- Be a Suwannee County or Lafayette County resident.

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

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

Please respond to the statement below.



Age Eligibility

What is your age?

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

Residency

Are you a resident of Suwannee County or Lafayette County?

- Yes, I am a Suwannee County resident.
- Yes, I am a Lafayette County resident.
- No, I am not a resident of Suwannee nor Lafayette County

Community Health

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

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

-
- Good **schools**
 - Low** level of **child abuse**
 - Availability of **first responders, law enforcement, fire/rescue/EMS, emergency preparedness services**
 - Other, please tell us
 -

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

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

Unsafe sex

Other, please tell us

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

- | | |
|--|---|
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Intellectual and Developmental Disabilities (including autism spectrum disorders) | <input type="checkbox"/> Access to primary/family care |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) |
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Affordable assisted living facilities |
| <input type="checkbox"/> Elderly caregiving | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss) | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) |
| <input type="checkbox"/> Exposure to excessive and/or negative media and advertising | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Pollution (e.g., water, air, soil quality) | <input type="checkbox"/> Dental problems |

-
- | | |
|--|---|
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Substance abuse/drug abuse |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Access to long-term care | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Sexually transmitted diseases (STDs)
(e.g., gonorrhea, chlamydia, hepatitis) | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input style="width: 300px; height: 25px;" type="text"/> |

Access to Services

Which **healthcare services are difficult for you to obtain** in Suwannee or Lafayette County? Choose **ALL** that apply.

- | | |
|--|--|
| <input type="checkbox"/> In-patient hospital care | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Urgent care (e.g., walk-in clinic) | <input type="checkbox"/> Physical therapy/rehabilitation therapy |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Vision/eye care |
| <input type="checkbox"/> Prenatal care (pregnancy care) | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Family planning/birth control |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Emergency room care |
| <input type="checkbox"/> Primary/family care (e.g., family doctor) | <input type="checkbox"/> Preventive care (e.g., check-ups) |

-
- Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) Other, please tell us
- Telehealth services or services provided using telemedicine technology

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

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

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

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

Other, please tell us

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

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

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

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

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

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

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

- Cost
- No appointments available or long waits for appointments
- No mental health care providers or no substance use therapists or counselors available
- Service not covered by insurance or have no insurance
- Stigma associated with this issue and/or stigma associated with seeking care
- Telehealth issue (e.g., telehealth service not offered, lack of internet accessibility)
- Transportation, couldn't get there
- My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself.

Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)

Other, please tell us

Pandemic Questions

The next two (2) questions are about impacts of the Coronavirus (COVID-19) pandemic on your household over the past 12 months. These are optional questions. Do you wish to answer these questions? If not, you will be directed to the next set of questions.

Yes

No

In the past 12 months, please indicate which aspects of your household have been **negatively impacted** by the Coronavirus (COVID-19) pandemic. (A negative impact means worsened or made more difficult.) Choose ALL that apply.

Child care (ability to get care for child/children)

Employment (ability to keep a job, have steady income)

hurricane threatens)?

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

Demographics

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

What is your age?

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

Are you of Hispanic, Latino/a/x or Spanish origin?

Choose ONE.

- No, not of Hispanic, Latino or Spanish origin
- Yes, of Hispanic, Latino/a/x or Spanish origin
- I prefer not to answer

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

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

What is your gender identity?

- Man
- Woman
- Non-binary
- I prefer not to answer

Other, please tell us

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

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

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

- Employed (Full-time)
- Employed (Part-time)
- Full-time Student
- Part-time Student
- Homemaker
- Retired

-
- Self-employed
 - Unemployed
 - Work two or more jobs
 - Disabled, unable to work
 - I prefer not to answer
 - Other, please tell us

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

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

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

- Less than \$10,000
- \$10,000 - \$19,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999

-
- \$20,000 – \$29,999
 - \$30,000 – \$49,999
 - \$50,000 – \$74,999
 - \$75,000 – \$99,999
 - \$150,000 – \$174,999
 - \$175,000 – \$199,999
 - \$200,000 or more
 - I prefer not to answer

What is the zip code of your residence?

- 32008 Branford
- 32013 Day
- 32024 Lake City
- 32055 Lake City
- 32060 Live Oak
- 32062 McAlpin
- 32064 Live Oak or Dowling Park
- 32066 Mayo
- 32071 O'Brien
- 32094 Wellborn
- 32096 White Springs
- Other, please specify
-

Open Ended

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



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APPENDIX C – COMMUNITY PARTNER SURVEY

Introduction

Dear Community Partner,

Thank you for taking the community health assessment (CHA) Community Partner Assessment (CPA) Survey. This process helps to identify how we will improve our community's health together. Your agency/organization—and *you*—are vital to our community's local public health system, even if you do not work in public health or health care.

Public health^[1] is more than health care. Health outcomes are shaped by people's behaviors, ability to access healthcare, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

This survey is part of our CHA process and Community Health Improvement Plan (CHIP) development. The results will help collectively describe the agencies/organizations involved, who they serve, what they do, and their capacities to support our local community health improvement process. The CPA helps us name strengths as a community and opportunities for greater impact. A summary of survey responses may be included in our CHA and CHIP reports. Results will be used to develop the CHIP to improve health in our community.

- This survey should take less than 10 minutes to complete. Your responses will not be identifiable to you or your agency/organization. Responses will be combined and summarized with all other responses in any written report
- Please submit only *one* completed survey per agency/organization

-
- This survey will be open until Saturday, May 20, 2023

The survey starts on the next page. Many thanks for participating in this assessment process.

[1] [The Centers for Disease Control and Prevention](#) defines the local public health system as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”

Block 8

Please respond to the question below.

I'm not a robot



reCAPTCHA
Privacy - Terms

About Your Agency/Organization

This section asks about your agency/organization, including type, interest in participating in the community

2

health assessment (CHA) process and Community Health Improvement Plan (CHIP) development using the Mobilizing for Action through Planning and Partnership (MAPP) model, populations served, topic or focus areas, and capacities.

What is the full name of your agency or organization?

Please indicate which county (or counties) your agency/organization serves. (Your agency/organization may serve a broad geographic area. For the purposes of this survey, we are interested in your work in Suwannee and/or Lafayette Counties only.)

- Suwannee County only
- Lafayette County only
- Both Suwannee County and Lafayette County

Which best describes your position or main role in your agency/organization? Please select one answer.

- Administrative staff
- Front line staff
- Supervisor (not senior management)

3

-
- Senior management level/unit or program leader
 - Leadership team
 - Community member
 - Community leader
 - Other, please specify

Has your agency/organization ever participated in a community health improvement process?

- Yes
- No
- Unsure

Which of the following best describe(s) your agency/organization? (Select all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> County health department | <input type="checkbox"/> Non-profit organization |
| <input type="checkbox"/> State health department | <input type="checkbox"/> Grassroots community organizing group/organization |
| <input type="checkbox"/> City government agency | <input type="checkbox"/> Tenants' association |
| <input type="checkbox"/> County government agency | <input type="checkbox"/> Social service provider |
| <input type="checkbox"/> State government agency | <input type="checkbox"/> Housing provider |

4

-
- Private hospital
 - Public hospital
 - Private clinic
 - Public or community clinic
 - Emergency response
 - School/education (PK-12)
 - College/university
 -
 - Library (county or city)
 - Mental health provider
 - Neighborhood association
 - Foundation/philanthropic organization
 - For-profit organization or private business
 - Faith-based organization
 - Center for Independent Living
 - Other, please specify
 -

Interest in Community Health Assessment and Health Improvement Planning

What are your agency's/organization's top three (3) interests in being part of a community health improvement partnership? Select up to three (3) choices.

- Efficient and effective program delivery and avoiding duplicated efforts
- Resource sharing and pooling
- Improve communication among groups
- Breakdown of stereotypes
- Build networks and friendships
- Revitalize low energy of groups that are trying to do too much alone

5

-
- Plan and launch community-wide initiatives
 - Develop and use political power to gain services and other benefits for the community
 - Improve lines of communications from communities to governmental decision-makers
 - Improve lines of communication from governmental entities to communities
 - Create long-term, permanent social change
 - Obtain or provide services
 - Other, please specify

What are your agency's/organization's one to three (1-3) most valuable resources and strongest assets you would like others to know about (i.e., what makes your organization great)?

What resources *might* your agency/organization contribute to support CHA/CHIP activities? (Select all that apply.)
Note: this question does not commit your organization; it

only identifies ways your agency/organization *might* provide support.

- Funding to support assessment activities (e.g., data collection, analysis)
- Funding to support community engagement (e.g., stipends, gift cards)
- Refreshments for community meetings
- Childcare for community meetings
- Policy/advocacy skills
- Media connections
- Social media capacities
- Physical space to hold meetings
- Technology to support virtual meetings
- Coordination with governmental entities
- Staff time to support community engagement and involvement
- Lending interpretation equipment for use during meetings
- Staff time to support relationship-building between CHA/MAPP staff and other organizations
- Staff time to support focus group facilitation or interviews
- Staff time to help analyze quantitative data
- Staff time to help analyze qualitative data
- Staff time to participate in CHA/MAPP meetings and activities
- Staff time to help plan CHA/MAPP meetings and activities
- Staff time to help facilitate CHA/MAPP meetings and activities
- Staff time to help implement CHA/MAPP priorities
- Note-taking support during qualitative data collection
- Staff time to transcribe meeting notes/recordings

Staff time to support interpretation and translation services

Other (please specify)

Demographics and Characteristics of Clients/Members Served/Engaged

What racial and ethnic populations does your agency/organization serve? (Select all that apply.)

- Black/African American
- African
- Native American/Indigenous/Alaska Native
- Latinx/Hispanic
- Asian
- Asian American
- Pacific Islander/Native Hawaiian
- Middle Eastern/North African
- White/European
- Other (please specify)

Does your agency/organization offer services specifically for people with disabilities?

- Yes. We provide services specifically for people with disabilities.
- Somewhat. We are wheelchair-accessible and compliant with the Americans with Disabilities Act but are not specifically designed to serve people with disabilities.
- No. Our organization is not specifically designed to service people with disabilities.
- Unsure

Does your agency/organization have access to interpretation and translation services?

- Yes. Please list languages offered.

- No
- Unsure
- Not applicable

Who are the priority populations your agency/organization serves? Please list them below.

Topic Area Focus

How much does your agency/organization focus on each of these topics?

	Not at all	A little	A lot	Unsure
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment—and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.

Not at all A little A lot Unsure

Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

Which of the following health topics does your agency/organization work on? (Select all that apply.)

- Cancer
- Chronic diseases (e.g., asthma, diabetes, obesity, cardiovascular disease)
- Family/maternal health
- Immunizations and screenings
- Infectious diseases
- Health equity
- Health insurance/Medicaid/Medicare
- Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- Physical activity
- Tobacco and substance use and prevention

-
- | | |
|--|--|
| <input type="checkbox"/> Injury and violence prevention | <input type="checkbox"/> Special Supplemental Nutrition |
| <input type="checkbox"/> HIV/STD prevention | <input type="checkbox"/> Program for Women, Infants, and Children (WIC) and/or food stamps |
| <input type="checkbox"/> Healthcare access and utilization | <input type="checkbox"/> None of the above or not applicable |
| <input type="checkbox"/> | <input type="checkbox"/> Other, please specify |
| | <input type="checkbox"/> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |

Agency/Organizational Capacity

In one or two sentences, please describe the people impacted by your agency/organization and the work you are doing.

Organizational Capacities related to the 10 Essential Public Health Services

Does your agency/organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

- Yes
- No. Please elaborate.

- Unsure. Please elaborate.

Capacities to Support Community Health Improvement

The following questions ask about your agency's/organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public.

Please let us know if your agency/organization does the following tasks and whether your agency/organization might support the CHA/CHIP in those areas.

Does your agency/organization conduct assessments (e.g., of basic needs, community health, neighborhoods, not including individual assessments)?

Yes. Please describe what you assess.

No

Unsure

What data does your agency/organization collect? (Select all that apply.)

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about conditions and social determinants of health (e.g., housing, education, other conditions)

-
- Data about systems of power, privilege, and oppression
 - We do not collect data
 - Other, please specify

Can you share any of that data with the CHA/CHIP collaborative?

- Yes, it's already being shared
- Yes, we can share data
- No
- Unsure

How does your agency/organization collect data? (Select all that apply.)

- Surveys
- Focus groups
- Interviews
- Feedback forms
- Photovoice
- Participatory research
- Notes from community meetings

- Videos
- Secondary data sources
- Electronic health records
- Data tracking systems
- Other, please specify

Which of the following methods of community engagement does your agency/organization use most often? (Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Customer/patient satisfaction surveys | <input type="checkbox"/> Interactive workshops |
| <input type="checkbox"/> Fact sheets | <input type="checkbox"/> Polling |
| <input type="checkbox"/> Open houses | <input type="checkbox"/> Memorandums of understanding (MOUs) with community-based organizations |
| <input type="checkbox"/> | <input type="checkbox"/> Citizen advisory committees |
| <input type="checkbox"/> Presentations | <input type="checkbox"/> Open planning forums with citizen polling |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> Community-driven planning |
| <input type="checkbox"/> Videos | <input type="checkbox"/> Consensus building |
| <input type="checkbox"/> Public comment | <input type="checkbox"/> Participatory action research |
| <input type="checkbox"/> Focus groups | <input type="checkbox"/> Participatory budgeting |
| <input type="checkbox"/> Community forums/events | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Surveys | |

Community organizing
Advocacy

House meetings

None of the above

Other, please specify

When you host community meetings, do you offer any of the following? (Select all that apply.)

- Stipends or gift cards for participation
- Interpretation/translation to other languages including sign language
- Food/snacks
- Transportation vouchers if needed
- Childcare if needed
- Accessible materials for low literacy populations
- Virtual ways to participate
- Not applicable
- None of the above
- Other, please specify

What policy/advocacy work does your agency/organization do? (Select all that apply.)

- Develop close relationships with elected officials
- Educate decision-makers and respond to their questions
- Respond to requests from decision makers
- Use relationships to access decision makers
- Write or develop policy
- Advocate for policy change
- Build capacity of impacted individuals/communities to advocate for policy change
- Lobby for policy change
- Mobilize public opinion on policies via media/communications
- Contribute to political campaigns/political action committees (PACs)
- Voter outreach and education
- Legal advocacy
- Not applicable
- Unsure
- None of the above
- Other, please specify

What communications work does your agency/organization do most often? (Select all that

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apply.)

- Internal newsletters to staff
- External newsletters to members/public
- Ongoing and active relationships with local journalists and earned media organizations
- Media contact list for press advisories/releases
- Social media outreach (e.g., Facebook, Twitter, Instagram)
- Ethnicity-specific outreach in non-English language
- Press releases/press conferences
- Data dashboard
- Meetings to discuss narrative and messaging to the public
- None of the above
- Other, please specify

Please add any questions, comments, or suggestions about the CHA/CHIP process and our next steps together to improve community health.



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