WellFlorida Council

2019

COLUMBIA COUNTY

COMMUNITY HEALTH ASSESSMENT

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Introduction to Community Health Assessments

COLUMBIA COUNTY COMMUNITY HEALTH ASSESSMENT PROCESS

The Columbia County Community Health Assessment process was launched in September of 2018, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health needs assessment is to uncover or substantiate the health needs and health issues in Columbia County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Columbia County has historically played the lead role in the development of the community health assessments. As an accredited health department, the Florida Department of Health in Columbia County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2018 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health care seeking costs, vulnerable populations, and environmental concerns; and direct involvement of key community partners and citizens. The Columbia County Community Health Assessment Steering Committee members (steering committee) were recruited by the Health Officer of the Florida Department of Health in Columbia County. The steering committee participated in all elements of the community health assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Columbia County. A list of steering committee members can be found in the Appendix.

The Florida Department of Health in Columbia County engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Columbia County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The 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). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Columbia County MAPP process. Use of the MAPP tools and process helped Columbia County assure 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.

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These MAPP assessments are fully integrated into the 2019 Columbia County Community Health Assessment.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the community health assessment is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. 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: Community Health Status Assessment
- Community Themes and Strengths Assessment
    - Community Member Survey Analysis
    - Community Partner/Provider Survey Analysis
- Forces of Change Assessment
- Local Public Health System Assessment
- Key Findings
- Appendix
    - Steering Committee Members List
    - Forces of Change Materials
    - Survey Materials

The Executive Summary provides a narrative summary of the data presented in the *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix* which includes analysis of social determinants of health, community health status, and health system assessment. Indicators of the social determinants of health include, for example, socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey findings, and hospital utilization data. The health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or 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 and health care providers and community partners. The steering committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report.

The Forces of Change Assessment component summarizes the findings from the Forces of Change Assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events--that are or will be influencing 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 January 14, 2019 with the Columbia County Community Health Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) was completed in two sessions with one on November 19, 2018 with steering committee members and community partners and one with Florida Department of Health in Columbia County staff on October 15, 2018. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

The Key Findings component serves as a summary of the results from each of the above components. Recommendations for addressing the identified needs are summarized in the Key Findings section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The Executive Summary: Community Health Status Assessment highlights key findings from the *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix.* The assessment data were 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, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Columbia County as a whole, as well as in terms 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
- Geographic and Racial and Ethnic Disparities

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Columbia County and its individual zip code tabulation areas to Hamilton County and 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 include references to specific tables in the *Technical Appendix* so that users can refer to the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

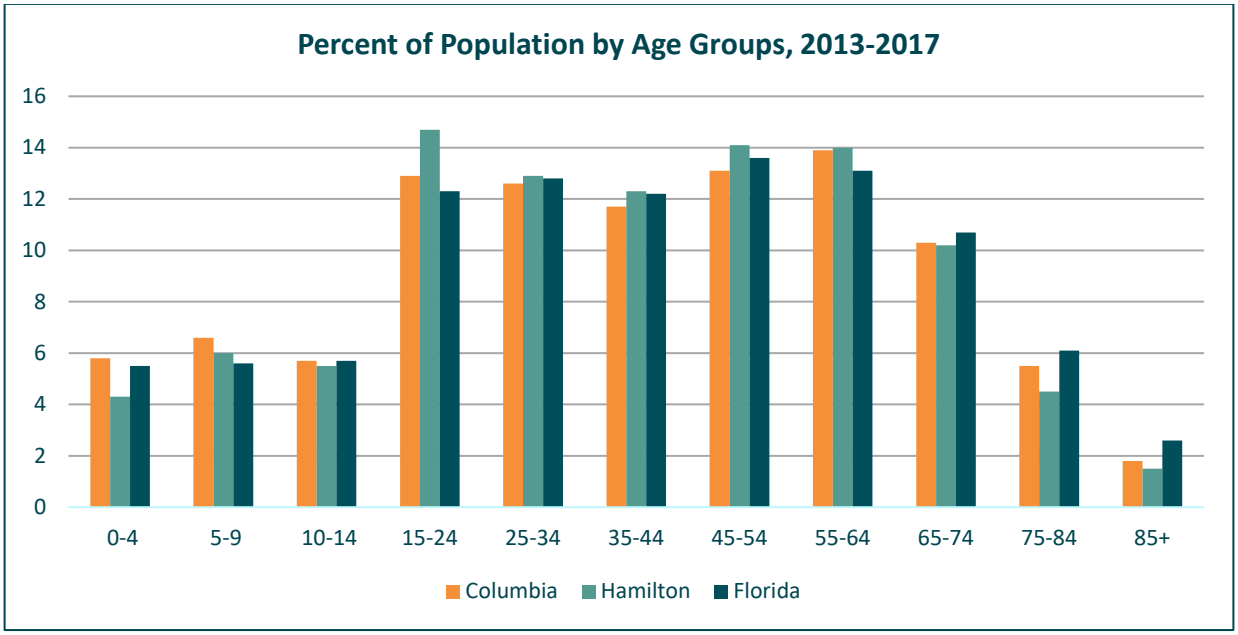
As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix* includes data on current population numbers and distribution by age, gender, 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 Columbia County demographic and socioeconomic profile.

POPULATION

In 2010 the U. S. Census Bureau reported the population of Columbia County as 67,531 (Table 6 in the *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix*; please note that all subsequent tables referenced here can be found in the technical appendix). According to the U.S. Census Bureau's American Community Survey (ACS) estimates for 2013-2017, Columbia County's population numbers 68,484 with males representing 51.7 percent of the population and females at 48.3 percent (Table 21), 77.3 percent White, 17.8 percent Black and 5.8 percent Hispanic (Tables 19 and 20). About 7.1 percent of the population, or 4,839 individuals, were housed in group quarters; group quarters include correctional institutions (Table 27). The urban population was counted at 62.1 percent of the population (Table 18; 2010 U.S. Census data).

According to 2010 U. S. Census data, Columbia County had a somewhat younger population than the state of Florida as a whole (Table 10). This is also seen in 2013-2017 U.S. Census estimates and in particular at both ends of the age spectrum. In Columbia County, 21.9 percent of the population were aged 0-17 whereas in Florida that age group constituted 20.3 percent of the population. Columbia County's 75 years and older population represented 7.3 percent of the total population compared to 8.7 percent (Table 22). This is important to note because the healthcare needs of children, young and middle-age adults tend to require a broad spectrum of services, including in areas of primary prevention and injury prevention as well as secondary and tertiary care for emerging chronic health conditions. The figure below draws data from Table 22 and illustrates the age distribution of Columbia and Hamilton County residents compared to the state of Florida.

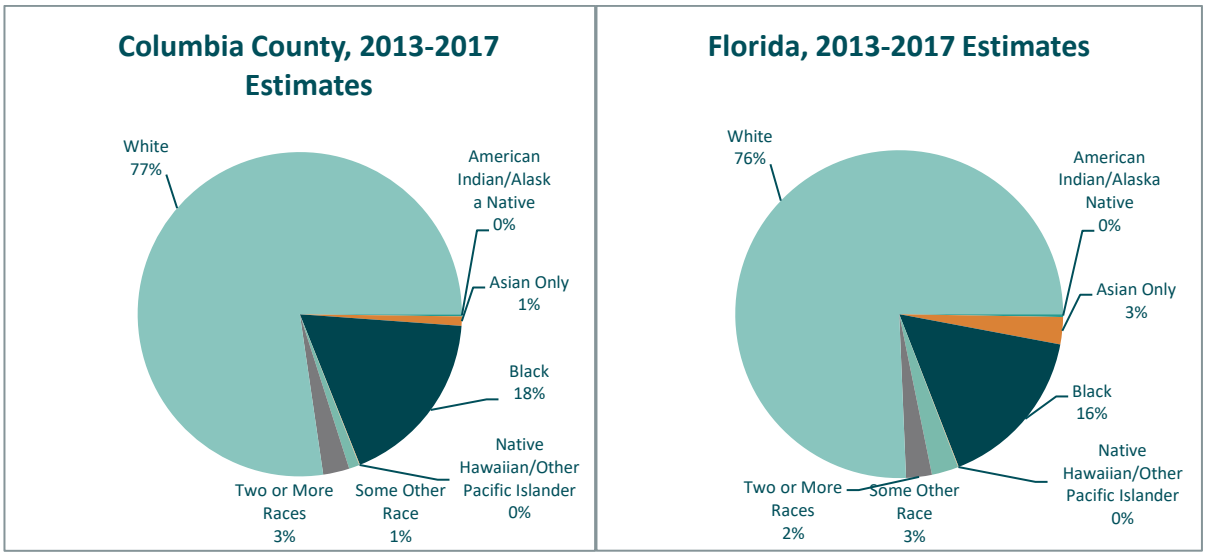
FIGURE 1: POPULATION BY AGE GROUPS, 2013-2017



GENDER, RACE AND ETHNICITY

The U.S. Census Bureau 2013-2017 estimates show about 77 percent of the Columbia County population was White, 18 percent Black, with the remainder at fractional percentages representing Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race or two or more races (Table 19). About 5.8 percent of Columbia County residents identified themselves as Hispanic or Latino. In Florida as a whole, about 24.7 percent of the population identifies as Hispanic or Latino (Table 20). These estimates of Columbia County's racial makeup are shown in Figure 2 below (Table 19).

FIGURE 2: ESTIMATED POPULATION BY RACE, 2013-2017



LIFE EXPECTANCY

Overall, life expectancy in Columbia County is lower (77.7 years) than for the state of Florida (81.6 years; Table 3). Data from University of Washington, Institute for Health Metrics and Evaluation for 2010, show male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Columbia County, the average life expectancy for males is 72.6 years. Life expectancy for females in Columbia County was calculated to be 77.7 years whereas for females in Florida as a whole that figure was 81.6 years. In 2009, the latest year for which complete data are available, disparities among races were evident. Life expectancy for Columbia County's Black males was 67.2 years compared to 73.2 years for White males and 74.2 years for Black females compared to 78.8 years for Columbia County White females (Table 3).

ECONOMIC CHARACTERISTICS

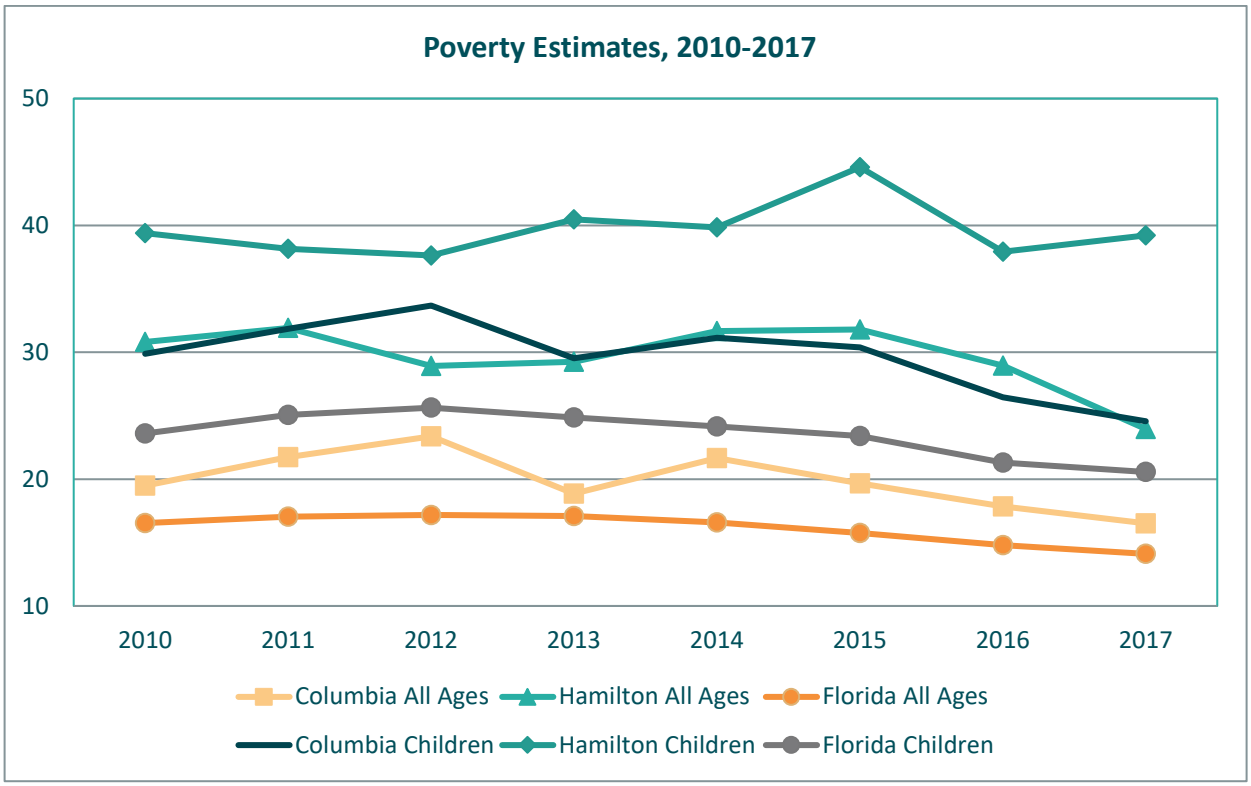
Poverty

According to data from the U. S. Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was higher in Columbia County (16.5 percent) than the state of Florida (14.1 percent) in

2017. With regard to children living in poverty, the 2017 rates for Columbia County were higher than the state rate at 24.6 and 20.6 percent, respectively (Table 36). The figure below depicts changes in the poverty rate for Columbia and Hamilton County and the state from 2011 to 2017 (Table 33).

Poverty rates vary by geography in Columbia County. The *Columbia and Hamilton County Community Health Assessment Technical Appendix* includes information about poverty by zip code tabulation areas (ZCTA; Table 34) and by ZCTA for levels of poverty (Table 35). According to data from the ACS for 2013-2017, the largest percentages of individuals living in poverty were found in Lulu (32061) at 27.3 percent and Lake City (32055) at 26.7 percent. Data show that 39.5 percent of children 0 to 17 years of age in the Lake City ZCTA 32055 lived in poverty. In Lulu (32061) 31.0 percent of children also lived in poverty. By comparison, in Florida as a whole 22.3 percent of children were categorized as living in poverty (Table 34).

FIGURE 3: POVERTY ESTIMATES BY PERCENT, 2010-2017



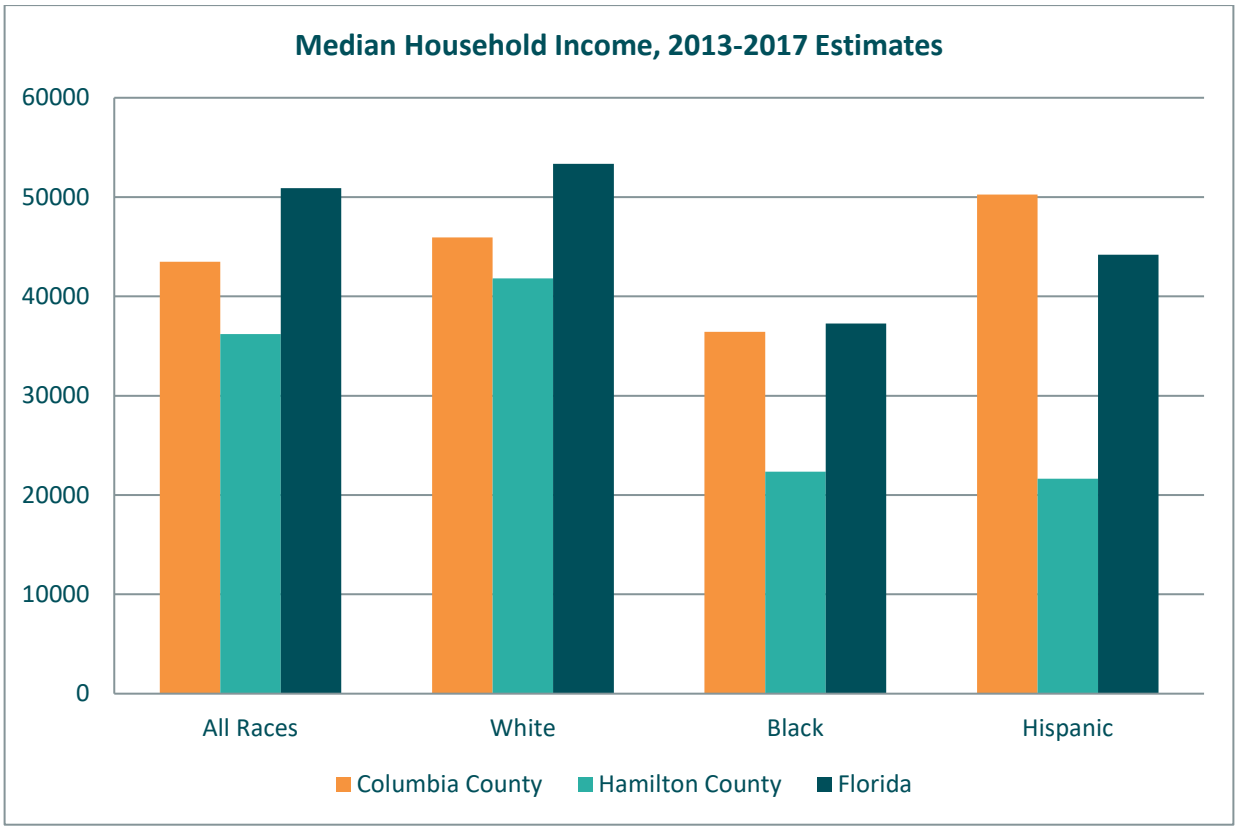
Poverty affects females and people of color disproportionately throughout the state of Florida and in Columbia County. The ACS data for 2013-207 indicate that 15.0 percent of males in Columbia County had lived in poverty in the past 12 months compared to 18.4 percent of females. These percentages are higher than state level percentages at 14.4 percent and 16.5 percent, respectively (Table 37). At the same time, there is a much larger disparity between racial and ethnic categories with an estimated 13.4 percent of Whites living in poverty, 30.6 percent of Blacks living in poverty, and 33.2 percent of Hispanics living in

poverty in Columbia County. For Florida as a whole an estimated 13.3 percent of Whites, 24.8 percent of Blacks and 19.8 percent of Hispanics live in poverty (Table 38).

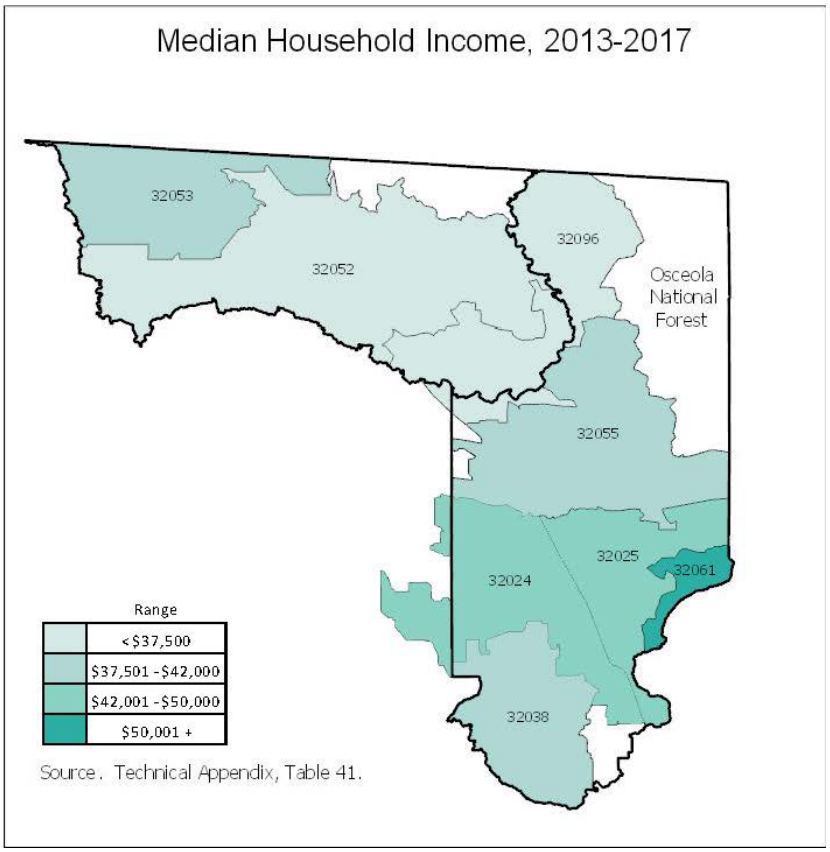
Income

Income levels in Columbia County are lower than for the state of Florida. Looking at the latest ACS data, the median household income for all races in Columbia County was estimated to be 43,504 dollars in comparison to Florida's 50,883 dollars. There were differences in median household income within racial groups at the county and state levels. The median income for Whites in Columbia County was 45,942 dollars and 36,429 dollars for Blacks. Hispanic median income in Columbia County was 50,240 dollars which exceeded the median income for Columbia County Whites and Blacks as well as the state median income for Hispanics and Blacks (Table 41). Map 1 displays median household incomes by zip code.

FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2013-2017

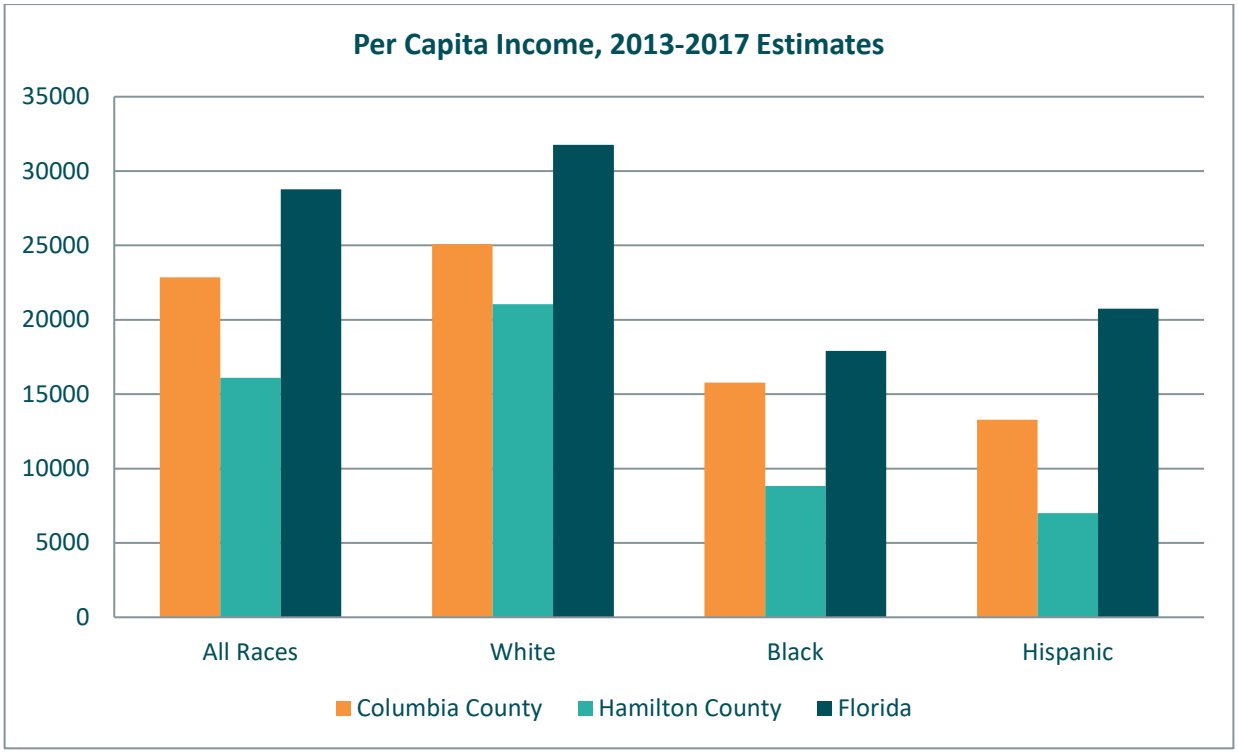


MAP 1: MEDIAN HOUSEHOLD INCOME BY ZIP CODE, ALL RACES, COLUMBIA AND HAMILTON COUNTY 2013-2017



The pattern in the distribution of per capita income in Columbia County and the state was similar to that of median household income for all races with a Columbia County estimate of 22,855 dollars in comparison to 28,774 dollars at the state level. Similar racial and ethnic differences exist in per capita income at the county and state levels as can be seen in the figure below. Per capita incomes for Whites (25,093 dollars), Blacks (15,773 dollars) and Hispanics (13,274 dollars) were below the state figures (31,765; 17,901; and 20,748 dollars, respectively; Table 43).

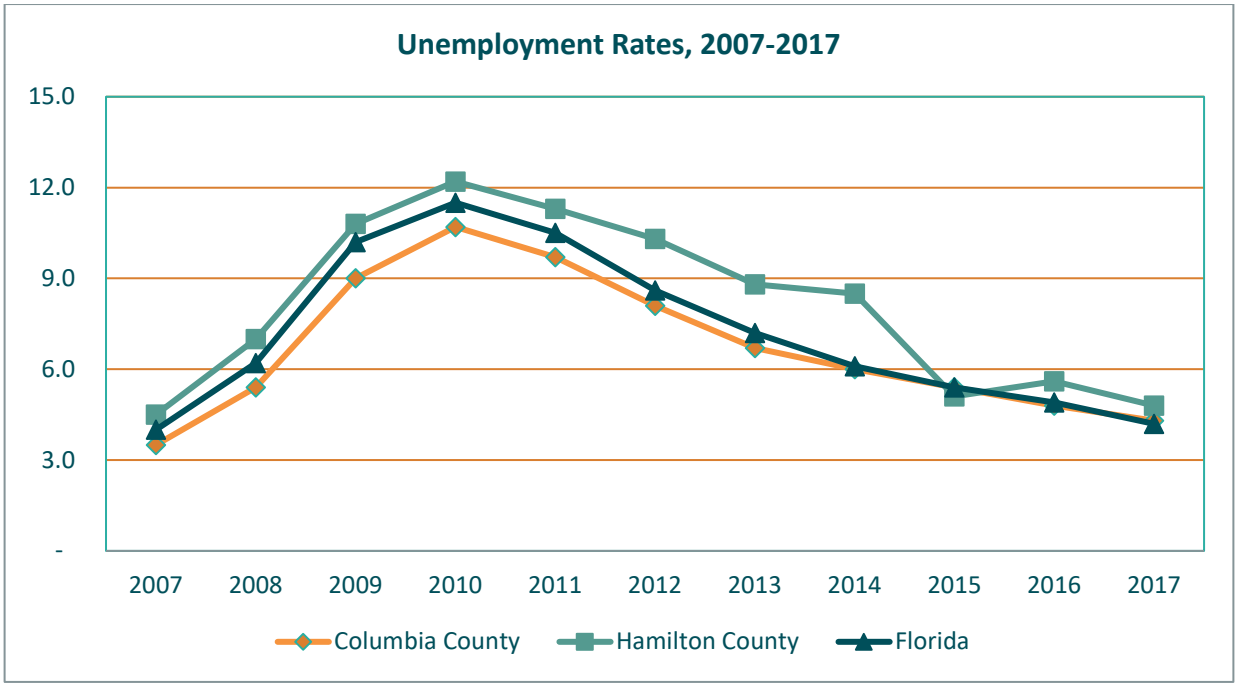
FIGURE 5: PER CAPITA INCOME, 2013-2017



EMPLOYMENT

Recent data on employment in Columbia County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Columbia County has been similar to the state rate and it followed the same path as the state in its decline for a number of years. In 2017, the unemployment rate in Columbia County was 4.3 percent; the state rate was 4.2 percent. Recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment in Columbia and Hamilton County and the state can be seen in the figure below (Table 49).

FIGURE 6: UNEMPLOYMENT RATES, 2007 – 2017



EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Overall from 2013-2018 Columbia County has seen gains in graduation rates and lower dropout rates. The high school graduation rate for 2017-2018 was 88.4 percent, which was higher than the state rate of 86.1 percent. From a 1.2 percent low in 2012-2013 the dropout rate in 2016-2017 was recorded at 2.5 percent which is lower than the state rate of 4.0 percent for that same period (Table 54). Of Columbia County's population 25 years of age and older, 60.5 percent had a high school diploma as their highest level of education compared to 49.4 percent for the state of Florida. Columbia County lagged in the estimated percentage of the population aged 25 and older that hold college degrees (Associate, Bachelor's, Master's, Doctorate and professional school degrees) at 26.5 percent compared with 38.2 percent for Florida as a whole (Table 53).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Columbia County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Columbia County is similar to Florida in many health indicators, some

differences exist. Noted below are some key facts and trends of the mortality and morbidity rates in Columbia County.

COUNTY HEALTH RANKINGS

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

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

Throughout the years, some County Health Rankings methodology and health indicators have changed. Thus, caution is urged in making year-to-year comparisons. The data are useful as an annual check on health outcomes, contributing factors, resources and relative status within a region and state. The County Health Rankings add to data a community can consider in assessing health and determining priorities.

The County Health Rankings are available for 2010 through 2019. In the latest rankings, out of 67 counties in the state, Columbia County ranked 59th for health outcomes and 48th for health factors for an overall ranking of 59th. Contributing to Columbia County's ranking in the health factors category are solid scores in the areas of clinical care and the physical environment (Table 1).

FIGURE 7: COUNTY HEALTH RANKINGS BY CATEGORY FOR COLUMBIA COUNTY, 2010 - 2019

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	Columbia County									
HEALTH OUTCOMES	49	52	53	58	55	54	54	57	60	59
Mortality/Length of Life	*52*	*55*	*59*	*61*	*61*	*57*	*57*	*55*	*56*	*58*
Morbidity/Quality of Life	*45*	*42*	*46*	*49*	*51*	*54*	*48*	*40*	*61*	*61*
HEALTH FACTORS	44	45	45	50	50	50	50	50	47	48
Health Behavior	*44*	*43*	*53*	*55*	*55*	*56*	*49*	*53*	*60*	*62*
Clinical Care	*41*	*43*	*45*	*40*	*41*	*42*	*35*	*41*	*37*	*37*
Social & Economic Factors	*38*	*43*	*39*	*47*	*46*	*43*	*50*	*44*	*39*	*49*
Physical Environment	*51*	*42*	*27*	*32*	*36*	*40*	*60*	*54*	*31*	*24*

CAUSES OF DEATH

Data in the *Columbia and Hamilton County Community Health Assessment Technical Appendix* are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most commonly utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes for all races in 2017 was higher in Columbia County than it was at the state level at 972.7 as compared to 688.3 per 100,000, respectively (Table 68). The figure below shows the trends in the age-adjusted mortality rate for all causes for Columbia and Hamilton County and Florida over time.

The top five (5) leading causes of death, for all races and ethnicities, in Columbia County for 2013-2017 were 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injury, and 5) Stroke. These leading causes differ slightly in ranking from Florida as a whole (Heart Disease, Cancer, CLRD, Stroke, and Unintentional Injury; Table 66). While the leading cause of death rankings may be similar, age-adjusted death rates for Columbia County residents differ from state rates (Table 68). Figures 8 through13 below show the age-adjusted death rate trends in the leading causes of death for Columbia and Hamilton County and for Florida (Table 68). Maps 2 and 3 display age-adjusted death rates per 100,000 population for Cancer and Heart Disease in Columbia and Hamilton County by zip codes.

FIGURE 8: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 – 2017

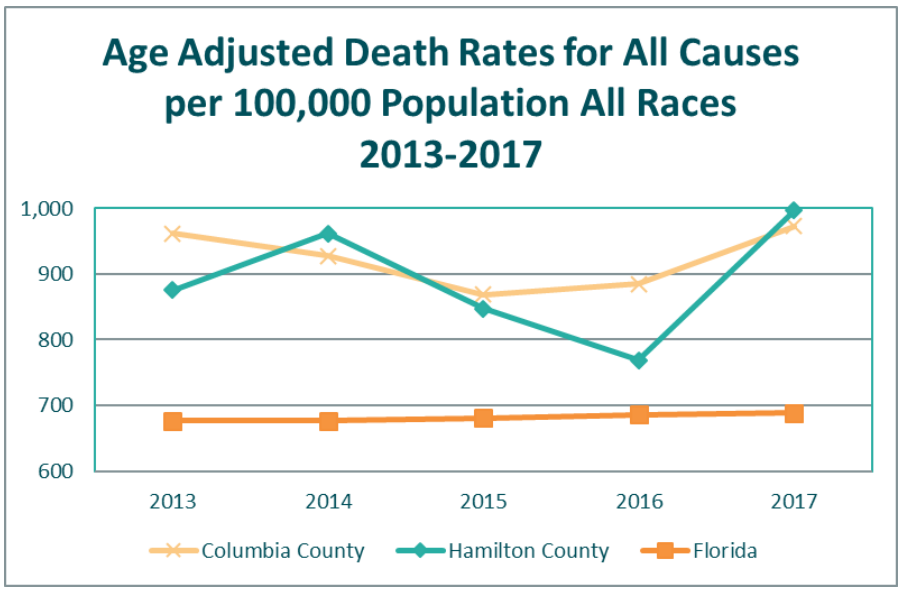
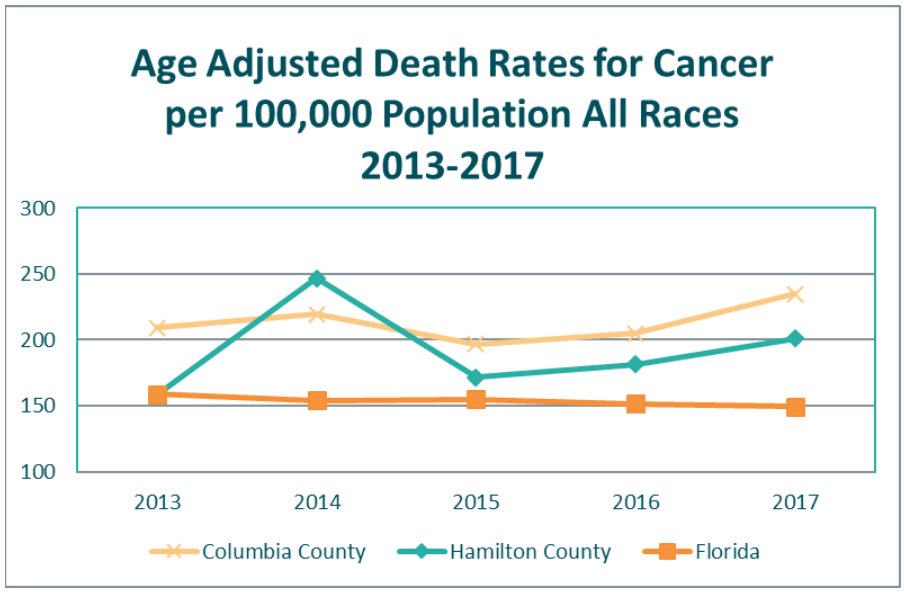


FIGURE 9: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 - 2017



MAP 2: AGE-ADJUSTED DEATH RATES FOR CANCER PER 100,000, BY ZIP CODE, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 - 2017

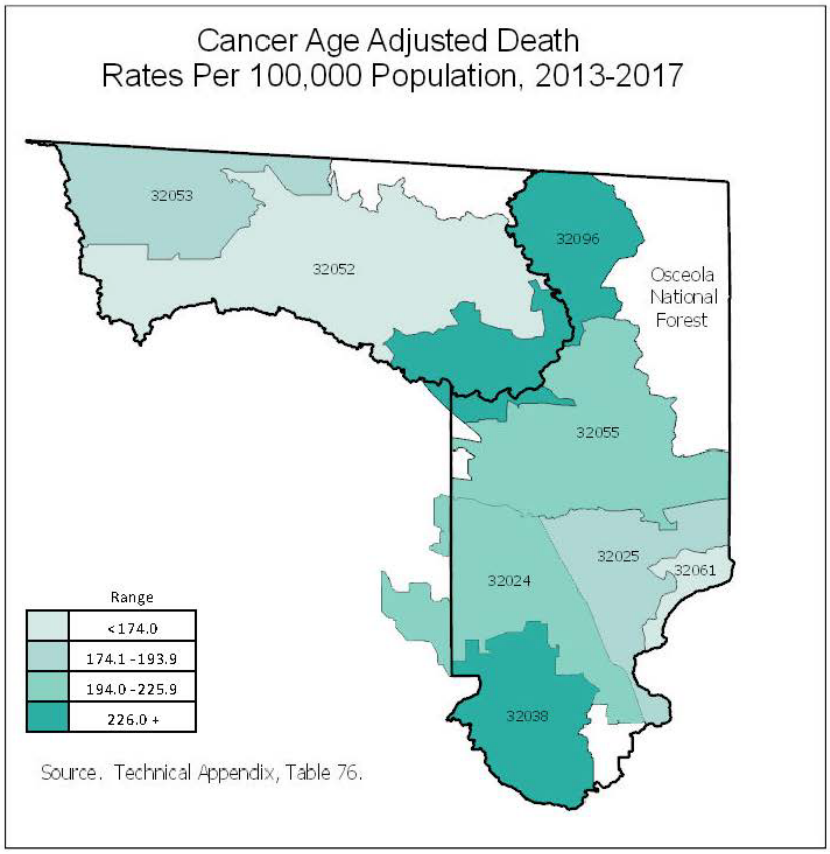
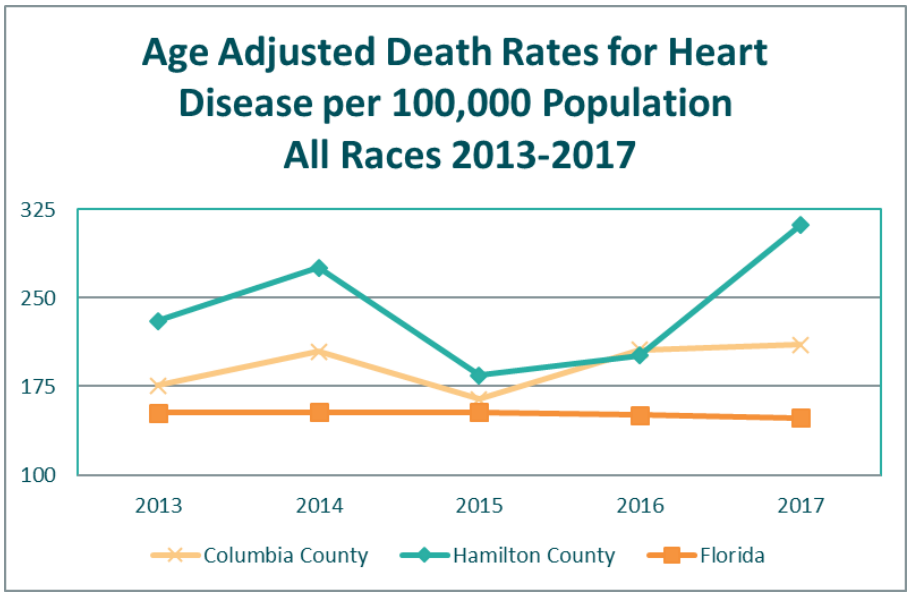


FIGURE 10: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 – 2017



MAP 3: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE PER 100,000, BY ZIP CODE, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 - 2017

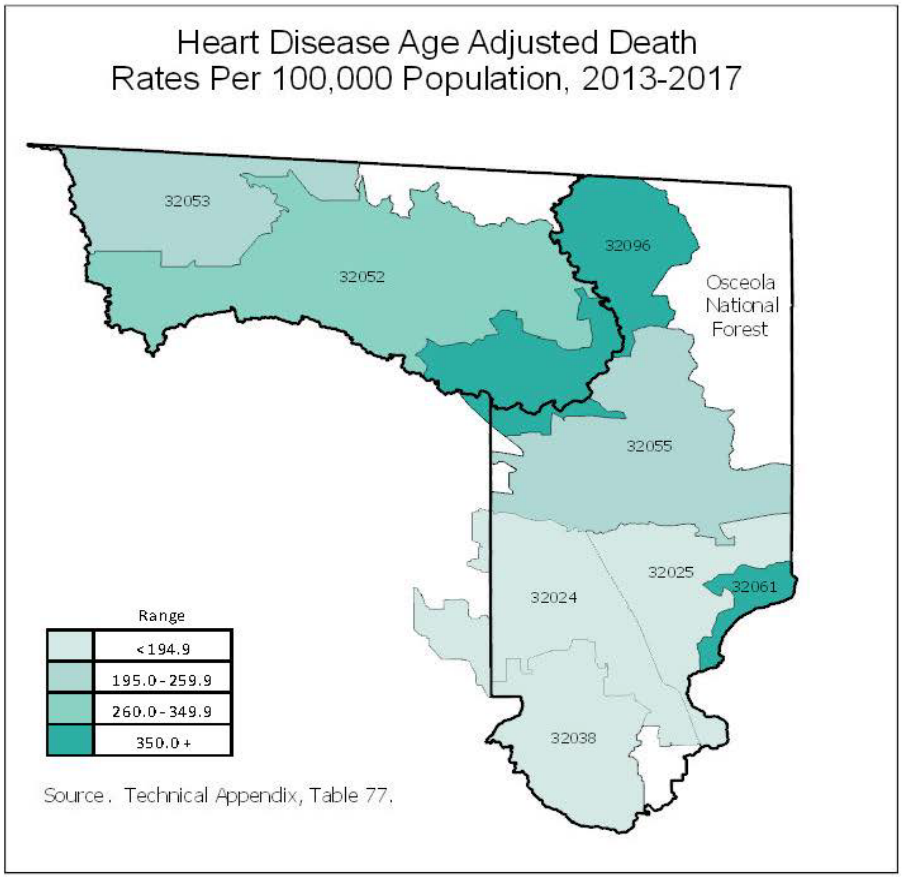


FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CLRD PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 – 2017

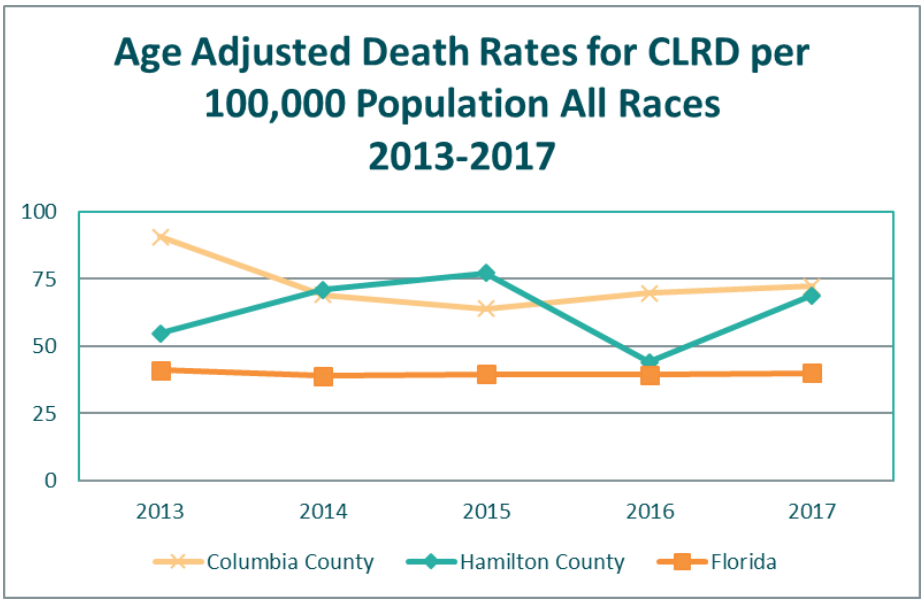


FIGURE 12: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 – 2017

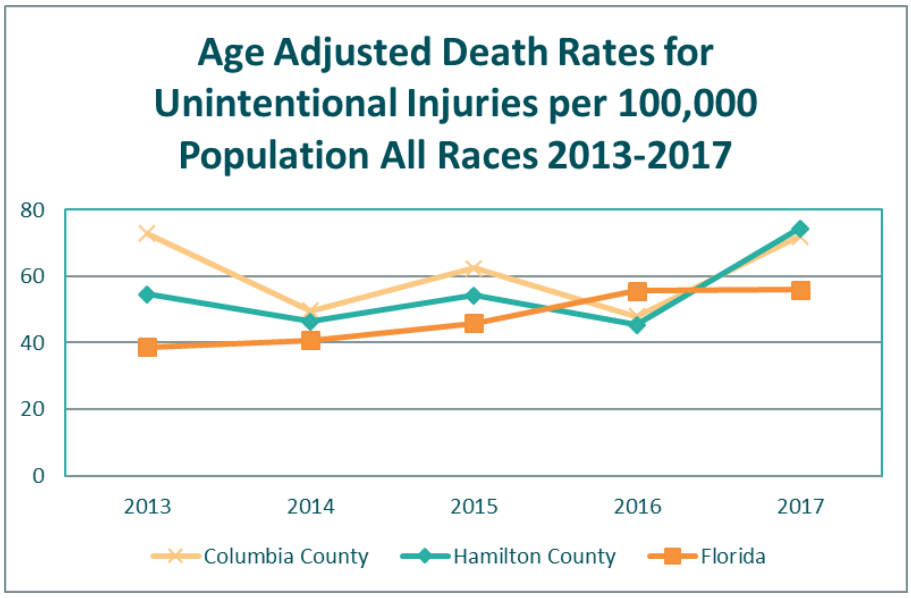
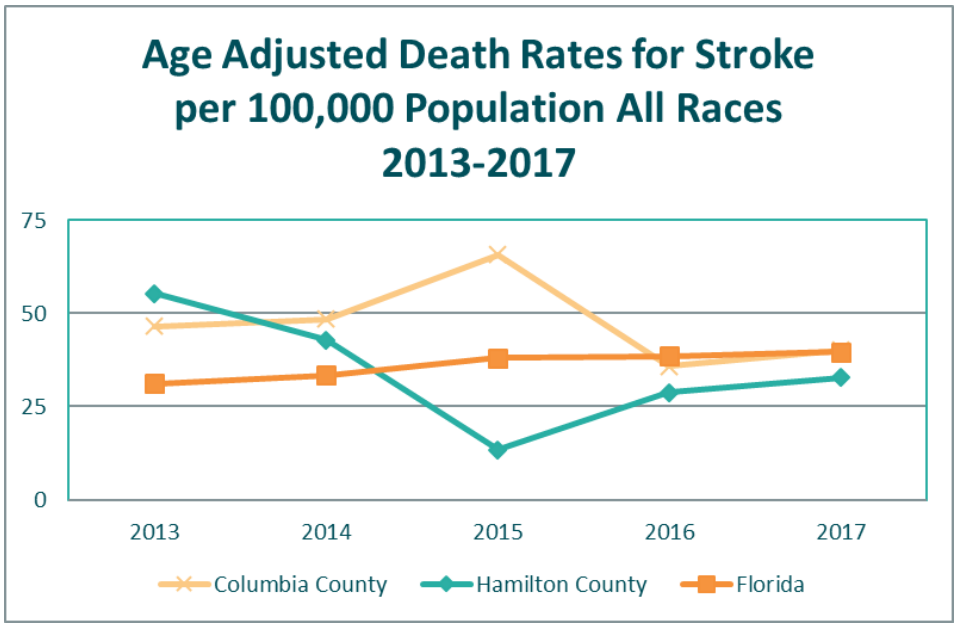


FIGURE 13: AGE-ADJUSTED DEATH RATES FOR STROKE PER 100,000, ALL RACES, COLUMBIA AND HAMILTON COUNTY AND FLORIDA, 2013 – 2017



Some disparities can be seen in age-adjusted death rates by racial and ethnic classification in Columbia County. The all-cause death rate per 100,000 population in 2013-2017 for Whites was 921.2 compared to 989.7 for Blacks, both exceeding the state rates of 674.2 and 757.8, respectively. For the same time period for Heart Disease deaths the age-adjusted rate was 190.3 for Whites and 218.2 for Blacks, again exceeding state rates of 149.4 and 170.2, respectively. From 2013-2017 age-adjusted death rates were lower than White, Black and state rates for Hispanics in Columbia County for all causes, Cancer, Heart Disease, Chronic Lower Respiratory Disease and Stroke. Unintentional Injury death rates for Whites, Blacks and Hispanics in Columbia County for 2013-2017 exceeded state rates. Among Blacks, Whites and Hispanics for Unintentional Injury deaths, disparities can be seen with Hispanic death rates 71.6 percent higher than state rates compared to 42.5 percent higher for Blacks and 25.1 percent higher for Whites (Table 74).

In Columbia County differences in age-adjusted death rates by geography can be seen for 2013-2017. For Cancer, Columbia County's rate of 212.7 per 100,000 exceeds the 155.3 state rate while the Fort White (32038 ZCTA) rate of 257.1 is the county's highest (Table 76). Similarly for Heart Disease deaths, the Columbia County rate of 197.3 per 100,000 exceeds the 154.3 state rate with a rate of 229.2 in a section of Lake City (32055 ZCTA; Table 77). Motor Vehicle crash death rates show differences by location in Columbia County, although the county age-adjusted rate of 87.7 per 100,000 far exceeds the 14.0 state rate. The Lake City (32055 ZCTA) rate of 99.5 is about seven (7) times the state rate (Table 79). Note that age-adjusted

rates for several causes of death in Lulu (32061) exceed county and state rates. However, because of the low numbers of deaths caution is advised when comparing these rates (Tables 75-83).

BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent county-level data available for Columbia County is for 2016.

Below are some highlights from the BRFSS data (See Table 132 for full details):

Overweight and Obesity: The data for Columbia County indicate that the percentages of adults who are overweight (36.3 percent) and adults who are obese (36.5 percent), and adults who are overweight or obese (72.8 percent) exceed rates for Florida (35.8, 27.4 and 63.2 percent, respectively). The percent of adults in Columbia County who reported having a healthy weight is 24.6 which is well below the state rate of 34.5. Relatedly, more Columbia County adults reported being sedentary (39.0 percent) and inactive or insufficiently active (65.3 percent) compared to state rates of 29.8 and 56.7 percent, respectively. Fewer Columbia County adults met muscle strengthening recommendations (31.3 percent) or aerobic recommendations (36.1 percent) when compared to 38.2 and 44.8 percent, respectively, for Florida.

Tobacco Use: About 23.9 percent of Columbia County adults reported being current smokers while in the state as a whole the percentage of adult smokers was shown at 15.5. The percentage of Columbia County adults who reported never being a smoker was 47.3 percent compared to 58 percent for Florida adults. Fewer Columbia County adults who smoke attempted to quit smoking in the past year (61.9 percent) compared to for Florida as a whole (62.1 percent). More Columbia County adults reporting being former e-cigarette users (18.8 percent) compared to 15.5 percent for Florida as a whole. The percentage of adults in Columbia County who are current e-cigarette users (3.8 percent) was lower than the state rate (4.7 percent; Table 132).

Health Status: About 35.6 percent of Columbia County adults reported having some form of arthritis which is higher than the state rate of 24.8 percent. Likewise, asthma was more reported to be more prevalent with 9.3 percent of Columbia County adults currently having asthma; the state rate was 6.7 percent. About 16.3 percent of Columbia County adults reported ever having had a heart attack, angina, coronary heart disease or stroke; 5.2 percent ever had a stroke and 10.1 percent ever had a heart attack compared to 9.8, 3.5 and 5.2 percent, respectively for Florida. Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis was reported for 12.2 percent of Columbia County adults compared to 7.1 percent for Florida as a whole. The 23.8 percent of adults who said they have a depressive disorder is almost double the state rate of 14.2 percent. Many more Columbia County adults report being limited in any way because of physical, mental or emotional problems at 30.6 percent compared to 21.2 percent for the state. This is

related to the higher percentage of Columbia County adults who reported a higher number of average days where poor mental or physical health interfered with activities of daily living at 8.1 percent versus 5.7 percent for Florida as a whole.

Health Care Access: According to BRFSS indicators, Columbia County adults were on par with or perform better than state rates for certain measures of health care access. Columbia County adults reported almost equal rates of health insurance coverage at 83.9 percent compared to 83.7 percent for the state. About 76.8 percent of adults said they had a medical checkup in the past year, nearly the same as the state rate of 76.5 percent. More Columbia County adults reported that they had a personal doctor at 75.7 percent while the state rate was 72 percent and Medicare coverage was reported at 42.7 percent among Columbia County adults whereas the state coverage rate was shown at 37.9 percent.

There were challenges in health care access for Columbia County adults. More adults in Columbia County reported that cost was a barrier to seeing a doctor for care in the past year at 19.1 percent when contrasted with the state rate of 16.6 percent. Only 42.7 percent of Columbia County adults reported having seen a dentist in the past year; the state rate was 63.0 percent. Lower percentages of Columbia County adults reported receiving cancer screening procedures such as mammograms for women aged 50-74 at 77.6 percent compared to the 81.7 percent state rate and men aged 50 and older who have ever had a PSA test at 55.4 percent compared to the 67.5 percent state rate.

INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. Data from 2006-2016 show that STD rates in Columbia County have been both higher and lower than state rates (Table 133). Columbia County STD rates exceeded state rates from 2010 through 2014, then in 2015 dipped to the rate of 533.3 per 100,000 population compared to the state rate of 587.6. Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. The 2016 enteric disease rate for Columbia County was 69.9 per 100,000 compared to the state rate of 64.9. From 2006-2016 enteric disease rates in Columbia County exceeded state rates with the exception of 2012 (Table 133). Zoonotic disease, or infectious diseases of animals that can cause disease when transmitted to humans, fluctuated widely for the reporting period of 2006-2016. Columbia County's 2016 rate of 4.4 per 100,000 is decidedly lower than the state rate of 18.1 (Table 133). Human immunodeficiency virus (HIV) infection case rates and Acquired Immune Deficiency Syndrome (AIDS) case rates from 2006-2017 in Columbia County are well below state rates. In 2017, Columbia County's HIV infection case rate was 11.6 per 100,000 population and 5.8 for AIDS infection cases as compared to the state rates of 24.1 and 9.9 per 100,000, respectively (Table 135). Vaccine-preventable diseases have sporadically been public health challenges in Columbia County. In 2013, Columbia County's rate of 109.6 per 100,000 population was astronomically larger than the state rate of 5.8. Most recently in 2016 the case rate of 5.8 per 100,000 population is only slightly higher than the 5.3 rate for the state as a whole. Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio (Table 134).

MATERNAL HEALTH

Births

In 2017 for all races there were 797 births in Columbia County for a birth rate of 11.5 per 1,000 live births which is lower than the state rate of 10.9 per 1,000. The 2017 birth rates for Columbia County Blacks at 12.1 per 1,000 births was lower than the state rate (14.4) and higher for Columbia County Hispanics at 14.0 per 1,000 births compared to the 13.0 state rate (Table 102). For 2010 through 2017 birth rates for Whites and Blacks in Columbia County tended to remain steady; Hispanic birth rates in Columbia County for the same period show wider fluctuations. Columbia County birth rates for all races and Whites were slightly higher than state rates for those eight years (Table 102). From 2010-2017 the Columbia County rate of births to teens of all races ages 15-17 years of age has been higher with the exception of one year, 2016. The 2017 Columbia County rate per 1,000 females was 12.8 compared to 7.3 for the state. These rates have exceeded state rates for Whites, Blacks and Hispanics for the same period. The most recent Columbia County rates were 10.4, 21.0, and 11.2 per 1,000 females compared to state rates of 6.4, 10.8 and 9.1, respectively (Table 108). The percent of repeat births to teens ages 15-19 years of age has exceeded state rates intermittently from 2010-2017. In 2017, Columbia County's rate for all races of 29.3 percent was almost double the state rate of 15.3 percent and Columbia County's rates for Whites (24.5 percent), Blacks (44.4 percent) and Hispanics (14.3 percent) surpassed state rates (14.8, 15.8, and 15.0 percent, respectively).

Infant Deaths

In 2017 there were eight (8) infant deaths for all races in Columbia County resulting in an infant mortality rate of 10.0 per 1,000 live births which was higher than the 6.1 state rate. For the period of 2010-2017 there were a total of 56 infant deaths in Columbia County. For this period the highest number of infant deaths occurred in 2012 when there were ten (10) infant deaths resulting in a Columbia County infant mortality rate twice that of the state rate (12.9 and 6.0 per 1,000 births, respectively). For 2010-2017 there were 12 Black infant deaths and two (2) Hispanic infant deaths in Columbia County. For comparison purposes, in 2017 in Columbia County the infant death rate for Whites was 11.4, 6.5 for Blacks and 17.2 per 1,000 live births for Hispanics. State rates for the same period were 4.4, 10.8 and 5.2 per 1,000 live births resulting in Columbia County performing worse among Whites and Hispanics and better for Blacks (Table 103). It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. When raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem.

Low Birthweight (LBW)

Closely related to infant deaths are Low Birth Weight (LBW) births. In 2017, there were 74 LBW births for all races in Columbia County, representing 9.3 percent of total births which is higher than the 8.8 percent state rate. In Columbia County in 2017 the percentage of LBW births was highest among Blacks at 14.4 percent with Whites at 8.1 percent and Hispanics at 6.9 percent of births. In 2017 the Columbia County LBW birth rates for Whites (8.1 percent) and Blacks (14.4 percent) were higher than the state rates of 7.2 and

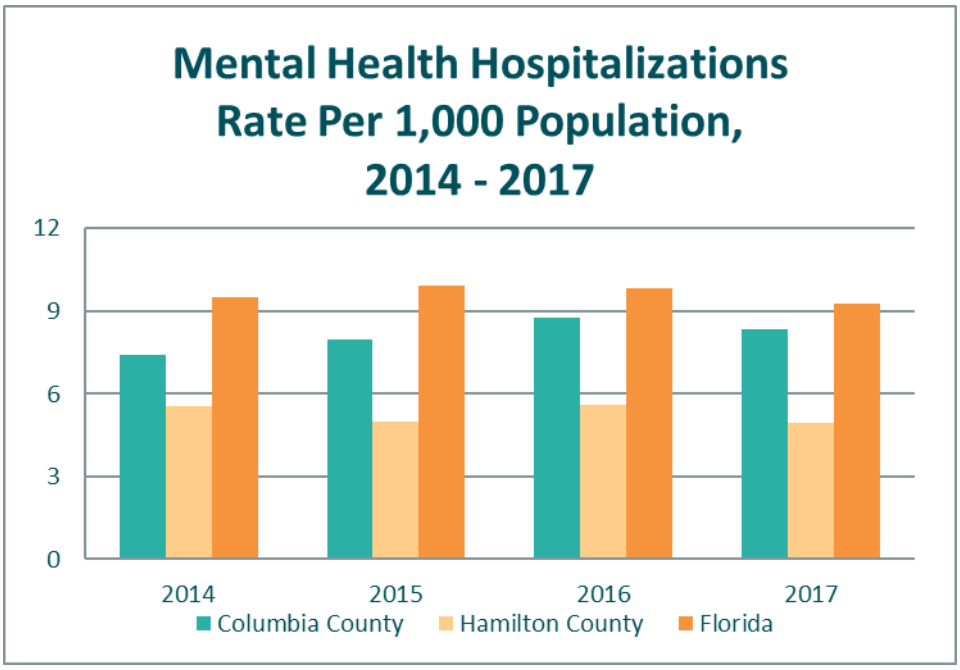
13.8 percent, respectively (Table 104) and lower for Columbia County Hispanics at 6.9 percent compared to 7.3 percent statewide.

MENTAL HEALTH

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in five adults in the United States suffers from a mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

For 2014-2017, the rates of hospitalizations for mental health reasons for Columbia County residents of all ages, those from 0 to 17 years of age, and those aged 18 years and older have remained below state rates. The most recent rates being 8.3 per 1,000 for all ages, 3.2 for 0 to 17 years of age, and 9.8 for 18 years and older compared to 9.3, 5.7 and 10.2 per 1,000 for the state (Table 94). The data for Columbia and Hamilton County and Florida can be observed in the figure below.

FIGURE 14: HOSPITALIZATIONS FOR MENTAL HEALTH REASONS, RATES PER 1,000 POPULATION FOR ALL AGES, COLUMBIA AND HAMILTON COUNTY, 2014 – 2017

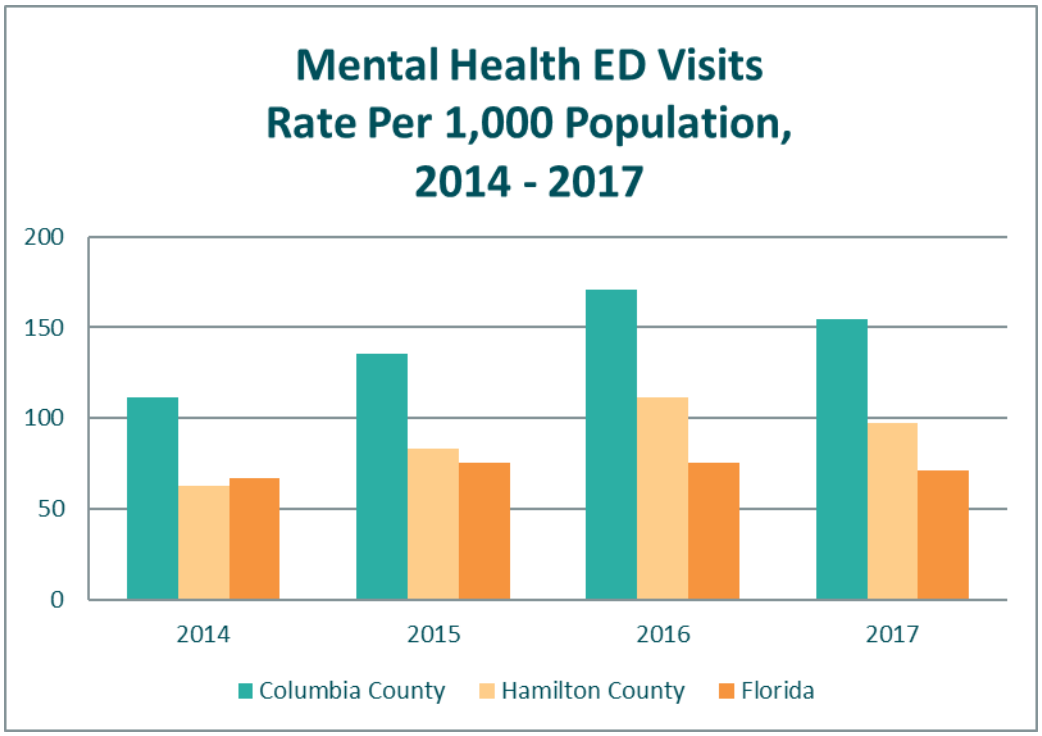


In Columbia County and the state of Florida the numbers and rates of emergency department (ED) visits for mental health reasons have increased in recent years. For the 2014-2017 reporting period, the Columbia County rates of ED visits per 1,000 population for mental health reasons have exceeded state rates. This also applies to Columbia County rates of ED visits for those 0 to 17 years of age and 18 year of age and older. In

2017 Columbia County rates for all ages, 0-17 and 18 and older were 154.5, 29.5, and 189.5 per 1,000 population, respectively, compared to state rates of 71.4, 12.1, and 86.4 per 1,000 population, respectively (Table 95). These data are shown in Figure 15 for Columbia and Hamilton County and for Florida. The trend in these data may indicate an emerging or changing need in Columbia County.

The rates and numbers of involuntary exam initiations, commonly referred to as Baker Act initiations, have fluctuated over the most recent reporting period of 2009-2015. Most recently in 2014 and 2015, Columbia County rates exceeded state rates at 1121.8 and 1320.1 per 100,000 compared to the state rates of 926.8 and 972.0 per 100,000 population, respectively (Table 97).

FIGURE 15: MENTAL HEALTH ED VISITS, RATE PER 1,000 POPULATION, COLUMBIA AND HAMILTON COUNTY, 2014 - 2017



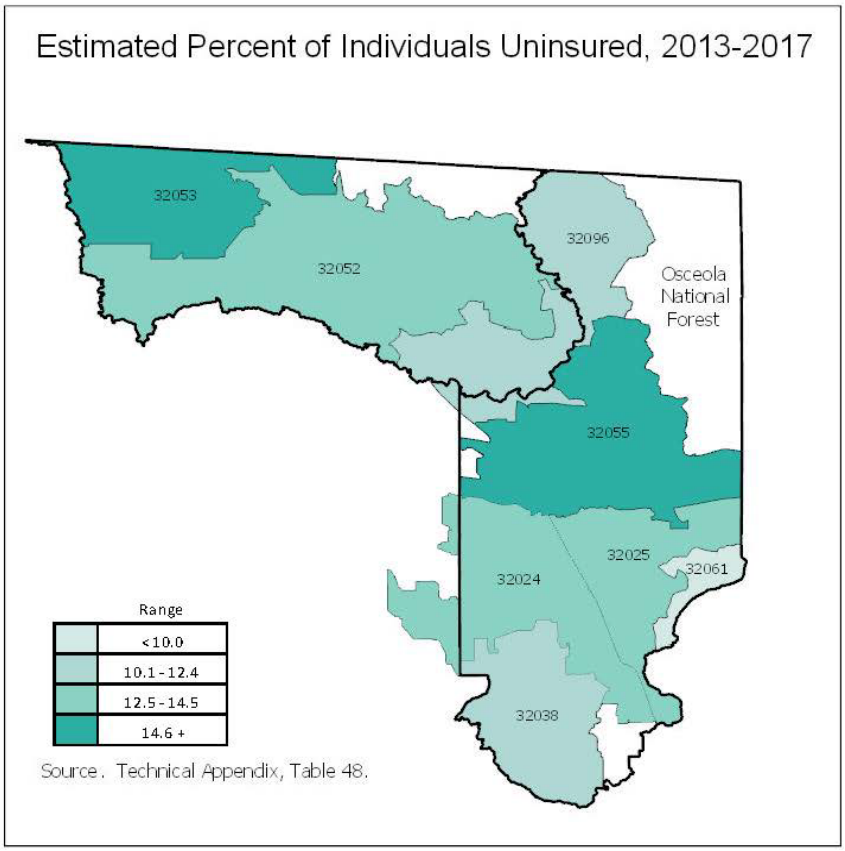
HEALTH CARE ACCESS AND UTILIZATION

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix* includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

UNINSURED

In 2016 in Columbia County, individuals under the age of 65 without health insurance constituted 12.6 percent of the total county population which is lower than the state rate of 15.4 percent. For the reporting period of 2010-2016, Columbia County's rates of uninsured population under the age of 65 have been lower than state rates. This same pattern is seen for the uninsured population under the age of 19 years in Columbia County. Most recently that rate was 6.2 percent compared to the state's 6.6 percent (Table 47). Since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009 uninsured rates in Columbia County have taken a similar path to the state rates in their decline (Tables 47 and 48). Map 4 displays uninsured rates in Columbia and Hamilton County by zip code.

MAP 4: ESTIMATED PERCENT OF TOTAL CIVILIAN NONINSTITUTIONALIZED POPULATION THAT ARE UNINSURED, BY ZIP CODE, COLUMBIA AND HAMILTON COUNTY 2013-2017



SHORTAGE AREAS

Health professional shortage areas (HPSAs) and Medically Underserved Areas (MUAs) are designations based on Federal standards that indicate health care provider shortages in three (3) categories: primary

care, dental health, and mental health. Shortages may be geographic-, population- or facility-based. The HPSA score of shortage areas is calculated using the following four key factors: population-to-primary care physician ratio, percent of population with incomes below 100.0 percent of the poverty level, infant mortality rate or low birth weight birth rate (whichever scores higher), and travel time or distance to the nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26. The higher the score the lower the access and utilization are of the healthcare facility. The score is applied to a geographic area to determine the MUA index score (Table 144). Columbia County HPSA and MUA scores are provided in Figure 16.

FIGURE 16: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, COLUMBIA COUNTY 2018

Type	Name	HPSA Designation Last Updated Date	Score *
Columbia County			
Primary Medical Care			
Rural Health Clinic	Children's Medical Center - Lake City	6/28/2011	14
Rural Health Clinic	Children's Medical Center - State Road	7/6/2011	2
Rural Health Clinic	North Florida Pediatrics Pa	11/5/2003	15
Low Income Population HPSA	Low Income - Columbia County	10/25/2018	17
Correctional Facility	Columbia Correctional Institution	7/6/2018	3
Federally Qualified Health Center	Columbia County Health Center	5/8/2014	16
Single County	Columbia County		
Mental Health			
Low Income Population HPSA	Low Income - Mental Health Catchment Area 3A	10/28/2017	18
Rural Health Clinic	Children's Medical Center - Lake City	11/21/2013	10
Correctional Facility	Columbia Correctional Institution	7/6/2018	6
Federally Qualified Health Center	Columbia County Health Center	5/8/2014	14
Single County	Columbia County		
Dental			
Low Income Population HPSA	Low Income - Columbia County	8/2/2018	18
Correctional Facility	Columbia Correctional Institution	7/6/2018	3
Federally Qualified Health Center	Columbia County Health Center	5/8/2014	12
Rural Health Clinic	Children's Medical Center - Lake City	11/21/2013	5
Rural Health Clinic	Children's Medical Center - State Road	7/7/2011	0
Single County	Columbia County		
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Low Income - Columbia County	3/12/2001-3/12/2001	60.4

MEDICAID

In 2018, approximately 25.7 percent of Columbia County residents of all ages received Medicaid benefits (also termed being Medicaid eligible), which is higher than the state at 18.5 percent. When segmented by age, Columbia County also exceeded state percentages for Medicaid eligibles among those 0 to 18 years of age at 60.7 percent and 15.4 percent for those 19 to 64 years of age and 14.9 percent for those 65 years of age and older; comparable state rates were 48.5, 9.0, and 14.5 percent, respectively (Table 148). By geography, in 2014 the Columbia County zip codes with the highest percentage of Medicaid eligibles were both in Lake City (32025 and 32055 ZCTA) at 25.9 and 25.0 percent, respectively (Table 147). In 2017 Columbia County's rate of median monthly Medicaid enrollment of 26,083.8 per 100,000 population was higher than the state rate of 19,607.4 (Table 149).

PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2017-2018, the rate of total physicians in Columbia County was 140.1 per 100,000 population which was higher than the three prior years' rates but significantly lower than the state rate of 310.6. Total physician types includes family practice physicians, internists, obstetrics/gynecology, and pediatricians. Columbia County's rate of pediatricians per 100,000 has increased notably over the past three years to 10.1. While this represents a gain for Columbia County, the rate remains less than half that for Florida as a whole (22.3; Table 152). Figure 19 below displays the rates for various types of physicians in the county and shows that Columbia County have consistently been well below state rates (Table 152).

There were 18 dentists in Columbia County in fiscal year 2017-2018 for a rate of 26.0 per 100,000 population; the state rate is 55.8 per 100,000. Between 2007 and 2018, the number of dentists in the county remained relatively steady. Even at its highest rate in 2013-2014 of 40.0 per 100,000 population, the rate of dentists in Columbia County was significantly below the state rate of 53.8 (Table 146).

HEALTH CARE FACILITIES

There are licensed health care facilities in Columbia County, although some types are limited. Each year from 2011 to 2017 Columbia County exceeded the state rate for nursing home beds. The 2017 rate per 100,000 of nursing home beds in Columbia County was 440.4 compared to 407.6 for the state. Although hospital beds have been available in Columbia County for the reporting period of 2007 to 2017, the rates of total hospital beds have been consistently lower than state rates. For comparison purposes, the 2017 Columbia County rate for total hospital beds was 274.4 while the state rate was 312.3 per 100,000 (Table 151). Some facility types that are available in Columbia County at rates that exceed state rates include end stage renal disease center, care facilities for the developmentally disabled, and rural health clinics. Columbia County falls short of the state rate for homemaker and companion services, home medical equipment providers, home health agencies, and assisted living facilities (Table 150).

AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

According to the Centers for Disease Control and Prevention (CDC), potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully

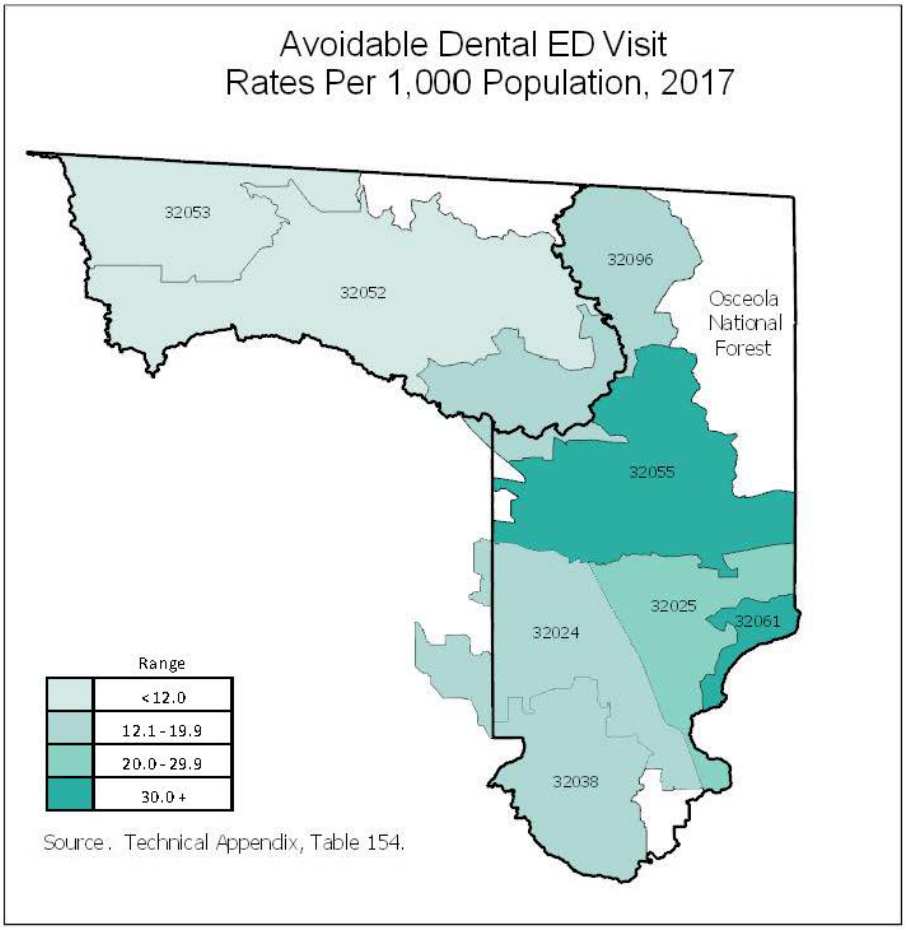
by primary care providers in outpatient settings. In Columbia County in 2017, there were 1,241 avoidable discharges among the population aged 0-64 years of age for a rate of 22.1 per 1,000 population. This was higher than the state rate of 13.1 (Table 156). In 2017 for Columbia County residents there were 67 preventable dental hospitalizations, or 85.9 percent of all dental hospitalizations which is somewhat higher than the state rate of 82.8 percent (Table 155). Relatedly, in 2017 data show that 97.7 percent of Emergency Department (ED) visits for dental issues by Columbia County residents were preventable (Table 154). Below, Map 5 shows preventable ED visits for Columbia and Hamilton County residents by zip code. The main reasons for the ED visits by Columbia County residents include unspecified abdominal pain, cough, headache, fever, and low back pain; more than 66 percent of reasons are classified as "other" (Table 164).

The ten leading causes of avoidable discharges in Columbia County in 2017 for those under the age of 65 were as follows (Table 161):

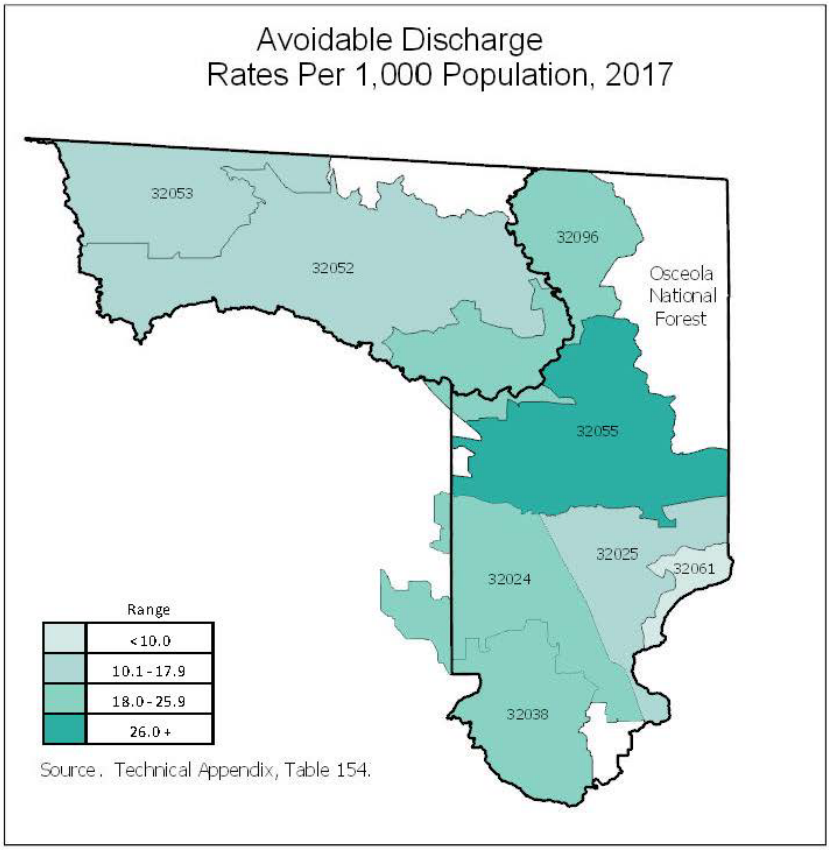
1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Congestive Heart Failure
4. Diabetes "B"
5. Gastroenteritis
6. Diabetes "A"
7. Nutritional deficiencies
8. Cellulitis
9. Grant mal status and other epileptic convulsions
10. Asthma

Avoidable discharge rates per 1,000 population for Columbia and Hamilton County residents can be seen in Map 6 below.

MAP 5: TOTAL PREVENTABLE DENTAL ED VISITS, RATE PER 1,000 POPULATION, BY ZIP CODE, COLUMBIA AND HAMILTON COUNTY RESIDENTS, 2017



MAP 6: AVOIDABLE DISCHARGES, RATE PER 1,000 POPULATION, BY ZIP CODE, COLUMBIA AND HAMILTON COUNTY RESIDENTS, 2017



GEOGRAPHIC AND RACIAL AND ETHNIC DISPARITIES

When health outcomes are found to a greater or lesser extent between populations, a health disparity exists. Health disparities are preventable differences and include many factors. The disparities described below were found in the course of Columbia County's community health assessment process.

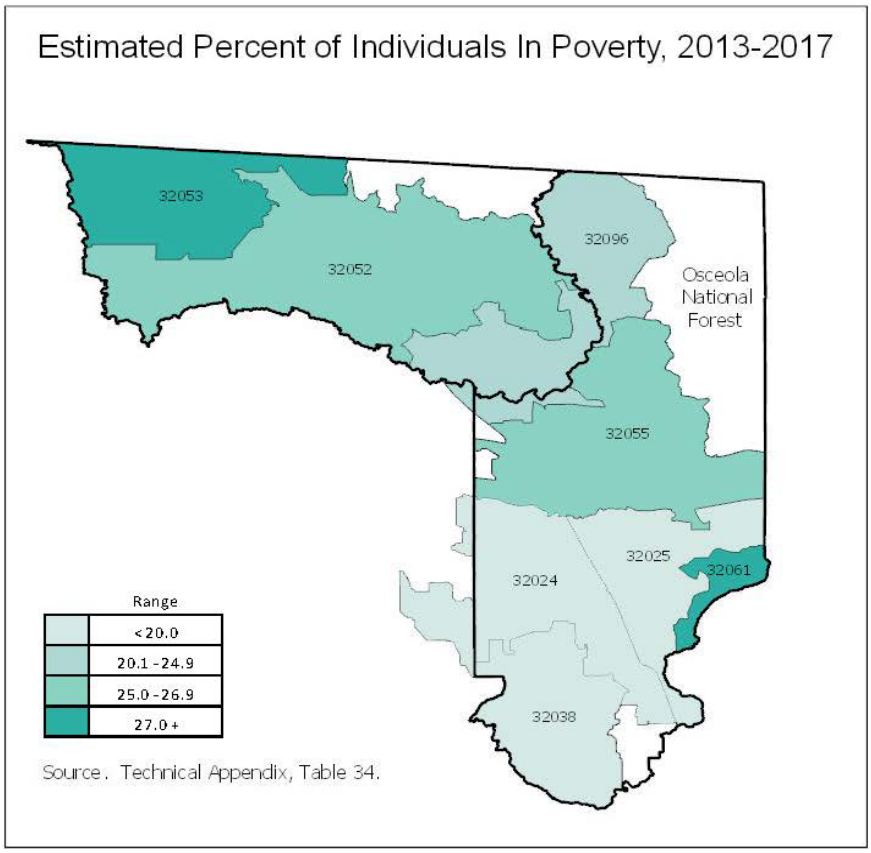
Poverty. Geographic pockets of poverty among children are evident in the 2013-2017 ACS data. Rates were highest for children who lived in Lake City (zip code tabulated area (ZCTA), 32055) with 39.5 percent living below 100 percent of the poverty guidelines, followed by children in Lulu (32061) at 31.0 percent. These rates exceeded those in all other ZCTAs in Columbia County as well as the state rate of 22.3 percent. Similarly, adults aged 18 – 64 years of age in Lulu (32061) had the highest poverty rate at 28.1 percent, exceeding all other Columbia County ZCTAs and the state rate of 14.8 percent for those living below 100 percent of poverty guidelines (Table 36). Striking differences in poverty among Whites, Blacks and Hispanics by geographic location are also noted for 2013-2017. In Lake City (32055) 16.8 percent of Whites compared to 47.4 percent of Blacks

and 41.3 of Hispanics lived in poverty, all exceeding the state rates of 13.3, 24.8 and 19.8 percent, respectively (Table 38). See also Map 7 below.

Mortality. Some racial and ethnic disparities were noted in Columbia County's mortality rates. From 2013-2017 the leading causes of death among Columbia County Whites, Blacks and Hispanics were Cancer and Heart Disease. Chronic Lower Respiratory Disease, Stroke, and Unintentional Injury were ranked as third, fourth and fifth leading causes but in slightly different order for the three racial and ethnic groups. Diabetes was ranked as the sixth leading cause of death for Whites and Blacks but third for Hispanics (Table 63). Despite these commonalities in leading causes of death ranking, differences in mortality rates for specific conditions can be seen. In 2017, the age-adjusted death rate for Diabetes for Blacks was 57.7 per 100,000 population compared to 30.8 for Whites; the Columbia County rate for Blacks also exceeded the state rate of 40.8 (Tables 69-71). The age-adjusted death rate in 2017 for Unintentional Injuries among Blacks was 81.8 which was about twice the state rate of 40.8 and higher for both the rate for Columbia County Whites at 70.9 and Hispanics at 0.0 (Tables 69-71).

Maternal and Child Health. In Columbia County in 2017 there were eight (8) infant deaths one (1) of which were among Hispanics for an infant mortality rate of 17.2 per 1,000 live births which exceeds the state rate of 5.2 for Hispanics as well as the Columbia County infant mortality rate for Whites at 11.4 which is more than double the state rate of 4.4 per 1,000 live births (Table 103). There were zero (0) infant deaths among Blacks for 2017 in Columbia County. For the reporting period of 2010-2017, Columbia County Whites, Blacks and Hispanics have lagged in the percent of births that received first trimester care compared to state rates (Table 106). For 2017, disparities can be seen in the first trimester care rate for Columbia County Black births at 53.6 percent, for Hispanic births at 51.7 percent, and White births at 61.0 percent, all of which are below state rates of 60.8, 69.8, and 71.4 percent, respectively (Table 106). In 2017, Columbia County saw differences in teen birth (ages 15-17) rates among Whites at 10.4 per 1,000 population 15-17 years of age, 21.0 for Blacks and 11.2 for Hispanics; all exceeded state rates of 6.4, 10.8 and 9.1, respectively. For 2017, repeat births to teens among Blacks at 44.4 percent was disparately higher than the White rate of 24.5 percent; both rates exceeded state rates of 15.8 and 14.8 percent, respectively (Table 109).

MAP 7: ESTIMATED PERCENT OF INDIVIDUALS IN POVERTY IN THE PAST 12 MONTHS, BY ZIP CODE, COLUMBIA AND HAMILTON COUNTY, 2013-2017



SUMMARY

In summary, the Columbia County Health Assessment and its companion *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix* provide rich data resources to better understand the social, environmental, behavioral and health care factors that contribute to health status and health outcomes in Columbia County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. There are health challenges in the areas of maternal and infant health as manifested in infant mortality, timely entry into prenatal care and births to mothers who smoke. Data point to oral health as a health issue of significance in Columbia County. From the scarcity of dentists to the availability of fluoridated community water, oral health outcomes for many in Columbia County suffer. Also of note, is Columbia County's high rate of tobacco use that can be linked to many serious health issues such as Asthma, Chronic Obstructive Pulmonary Disease, and Cancer. Unintentional injuries, including the many sustained in motor vehicle crashes, are preventable but continue to be leading causes of death and disability. Lower incomes and

barriers to health care resources contribute to rising overweight and obesity and prevalence of Cardiovascular Disease and Diabetes. The impacts of barriers to primary care, mental health care and dental care can be seen in steady rises in physical, mental and oral health problems, and are manifested in Emergency Department visits and avoidable hospitalizations. The demographics of Columbia County's population with its larger proportion of youth and older adults present challenges and opportunities for primary prevention while assuring sufficient and quality health care resources across the lifespan.

Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health. 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 strong understanding of community issues, concerns, and perceptions about quality of life through the lens of community members and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

A survey was developed to query individuals about community health issues and the healthcare system from the perspective of Columbia County and Hamilton County residents. For the purpose of this assessment, a community member was defined as any person 18 years of age or older who resides or works in Columbia County or Hamilton County. Responses from individuals who did not meet the aforementioned criteria were not included in the data analysis. A similar survey was developed to collect input specifically from health care and community partners who provide health care and social services in Columbia County and Hamilton County. Health care providers included professionals such as physicians, dentists, and advanced registered nurse practitioners; community partners included social service workers, counselors and others who provide community-based services.

For the community survey, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on November 1, 2018 and remained available through December 17, 2018. The surveys were available electronically on WellFlorida's website with the link shared by numerous community agencies. A Spanish language version was available in the electronic format. At the time the survey closed there were 506 community surveys in the electronic database classified as follows: 71 incomplete surveys, 45 surveys ineligible due to nonresidence or work in the counties, and 1 ineligible due to age. The eligible, completed surveys from 291 Columbia County residents (260 year round, 13 seasonal) and workers (18) were analyzed along with the 98 eligible, completed surveys from Hamilton County residents (80) and workers (18). There were zero (0) surveys completed using the Spanish version. The general demographic factors collected on survey respondents are presented in Figure 20. Descriptive analysis identified emerging themes from each county's perspective of health and the healthcare experience are presented in Figures 17 - 33. The health care provider and community partner survey was disseminated in electronic format to providers and partners in the county. Of the 32 providers and partners who logged in to the survey, 22 completed the survey. Those results are presented in Figures 34 – 42.

FIGURE 17: DEMOGRAPHICS OF COLUMBIA COUNTY AND HAMILTON COUNTY SURVEY RESPONDENTS, FROM COMPLETED ELIGIBLE SURVEYS, 2018

Demographic Indicator	Columbia n= 291		Hamilton n=98	
	Number	Percent	Number	Percent
Age				
0-17	0	0	0	0
18-24	8	2.7	0	0
25-29	29	10.0	4	4.1
30-39	84	28.9	12	12.2
40-49	57	19.6	27	27.6
50-59	48	16.5	31	31.6
60-69	43	14.8	18	18.4
70-79	17	5.8	6	6.1
80 or older	1	0.3	0	0
Preferred not to answer	4	1.4	0	0
Gender				
Male	71	24.4	23	23.5
Female	219	75.3	75	76.5
Transgender	0	0	0	0
Other	0	0	0	0
Preferred not to answer	1	0.3	0	0
Race and Ethnicity				
American Indian/ Alaskan Native	6	2.1	2	2.0
Asian Pacific Islander	4	1.4	0	0
Black or African American (Non-Hispanic)	16	5.5	12	12.2
Hispanic/ Latino	9	3.1	1	1.0
Multiracial/ Multiethnic	4	1.4	0	0
White (Non-Hispanic)	241	82.8	76	77.7
Other	1	0.3	2	2.0
Preferred not to answer	10	3.4	5	5.1
Highest Level of School Completed				
12 grade or less, no diploma	12	4.1	0	0
High school diploma, GED	37	12.7	16	16.3
Some college, no degree	70	24.1	21	21.4
Technical or trade school	24	8.2	3	3.1

Demographic Indicator	Columbia n= 291		Hamilton n=98	
	Number	Percent	Number	Percent
Associate's degree	47	16.2	8	8.2
Bachelor's degree	60	20.6	30	30.6
Master's degree and above including professional degree	41	14.1	20	20.4
Prefer not to answer	0	0	0	0
Current Employment Status (may include more than one status)				
Employed full-time	191	65.5	81	63.2
Employed part-time	19	6.5	8	8.2
Full-time student	11	3.8	1	1.0
Part-time student	8	2.7	3	3.0
Retired	36	12.4	7	7.1
Self-employed	16	5.5	4	4.0
Unemployed	4	1.4	3	3.0
Work two or more jobs	4	1.4	1	1.0
I prefer not to answer	5	1.7	0	0
Other (Columbia): disabled (2.4); homemaker/stay-at-home mom (1.4)		Other (Hamilton): none		
Type of Health Insurance Held				
Medicaid	14	4.8	1	1.0
Medicare	18	6.2	4	4.0
Medicare and supplement	19	6.5	7	7.1
Private insurance I purchase myself	32	11.0	9	9.2
Insurance through employer	159	54.6	69	70.8
VA/Tricare	11	3.8	3	3.0
I have no health insurance	28	9.6	3	3.0
I prefer not to answer	7	2.4	1	1.0
Other (Columbia): Medicare and Medicaid (.72); through parent (.28)		Other (Hamilton): nothing specified (1.0)		
Household Composition				
Family household with children < age 18	103	35.4	30	30.7
Family household with no children < age 18	104	35.7	52	53.2

Demographic Indicator	Columbia n= 291		Hamilton n=98	
	Number	Percent	Number	Percent
Male householder with children < age 18	3	1.1	1	1.0
Female householder with children < age 18	24	8.2	7	7.1
Male householder living alone	13	4.5	0	0
Male householder living alone 65 years of age +	0	0	0	0
Female householder living alone	20	6.9	4	4.0
Female householder living alone 65 years age of age +	4	1.4	0	0
I prefer not to answer	11	3.8	1	1.0
Other (Columbia): adults sharing a home (2.0), adult children living with parents (1.0)		Other (Hamilton): adult children living with parents (3.0)		
Zip Code of Residence or Zip Code of Place of Employment				
32024	94	32.2	0	0
32025	105	36.0	0	0
32038	27	9.2	0	0
32055	57	19.6	0	0
32056	2	0.75	0	0
32061	1	0.25	0	0
32052	1	0.25	50	51.0
32053	1	0.25	32	32.7
32096	3	1.5	7	7.3
Other (Columbia): none		Other (Hamilton): 32060 (4.0), 32064 (2.0); 32094 (1.0); 31792 (1.0); 31605 (1.0)		

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

OBSERVATIONS FROM COMMUNITY SURVEY

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

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Reasons why individuals did not receive dental, primary, and/or mental care

- Rating of community and individual health

Each figure shows the percentage of respondents who completed the survey who indicated the given response for a question. The number of completed surveys included in the analysis was 389.

"What do you think are the five (5) most important factors that define a "Healthy Community" (that is, what contributes to having a healthy community and good quality of life)? Please select five (5) choices from the list below."

FIGURE 18: TOP 5 RANKED MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Factors (Percent of Responses)	
Rank	**Columbia**	**Hamilton**
1	Access to health care including primary care, specialty care, dental and mental health care (81.8)	Access to health care including primary care, specialty care, dental and mental health care (96.9)
2	Job opportunities for all levels of education (57.0)	Job opportunities for all levels of education (69.4)
3	Low crime and safe neighborhoods (50.9)	Good schools (44.9)
4	Affordable housing (37.5)	First responders, Fire/Rescue/EMS, emergency preparedness (29.6) tie
5	Access to convenient, affordable and nutritious foods (37.1)	Low crime and safe neighborhoods (29.6) tie

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"From the list below, please identify the five (5) behaviors that you believe have the greatest negative impact on overall health of people in Columbia County and Hamilton County. Please select five (5) choices."

FIGURE 19: TOP 10 RANKED BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, COLUMBIA COUNTY AND HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2018

	Behaviors (Percent of Responses)	
Rank	**Columbia**	**Hamilton**
1	Drug abuse (71.8)	Drug abuse (83.7)
2	Alcohol abuse (53.6)	Alcohol abuse (60.2)
3	Lack of personal responsibility (50.2)	Lack of personal responsibility (58.2)

4	Distracted driving (e.g., texting while driving) (49.1)	Dropping out of school (50)
5	Tobacco use using e-cigarettes and smokeless tobacco (34.0	No physical activity or insufficient physical activity (33.7) tie
6	No physical activity or insufficient physical activity (33.7)	Violence (33.7) tie
7	Eating unhealthy foods/drinking sugar sweetened beverages (33.0)	Eating unhealthy foods/drinking sugar sweetened beverages (29.6) tie
8	Violence (27.8)	Not using birth control (29.6) tie
9	Dropping out of school (24.0)	Unsafe sex (23.5)
10	Overeating (20.6)	Not using health care services appropriately (22.4)

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019

"How safe do you feel where you live? Or, if you do not live in Columbia or Hamilton County, how safe do you feel where you work in Columbia or Hamilton County?"

FIGURE 20: RATING OF FEELINGS OF SAFETY, COLUMBIA COUNTY AND HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2018

Rating	Percent of Responses	
	Columbia	Hamilton
Very safe	37.4	43.0
Somewhat safe	52.8	50.0
Neither safe nor unsafe	5.9	3.0
Somewhat unsafe	3.9	3.0
Very unsafe	0	1.0

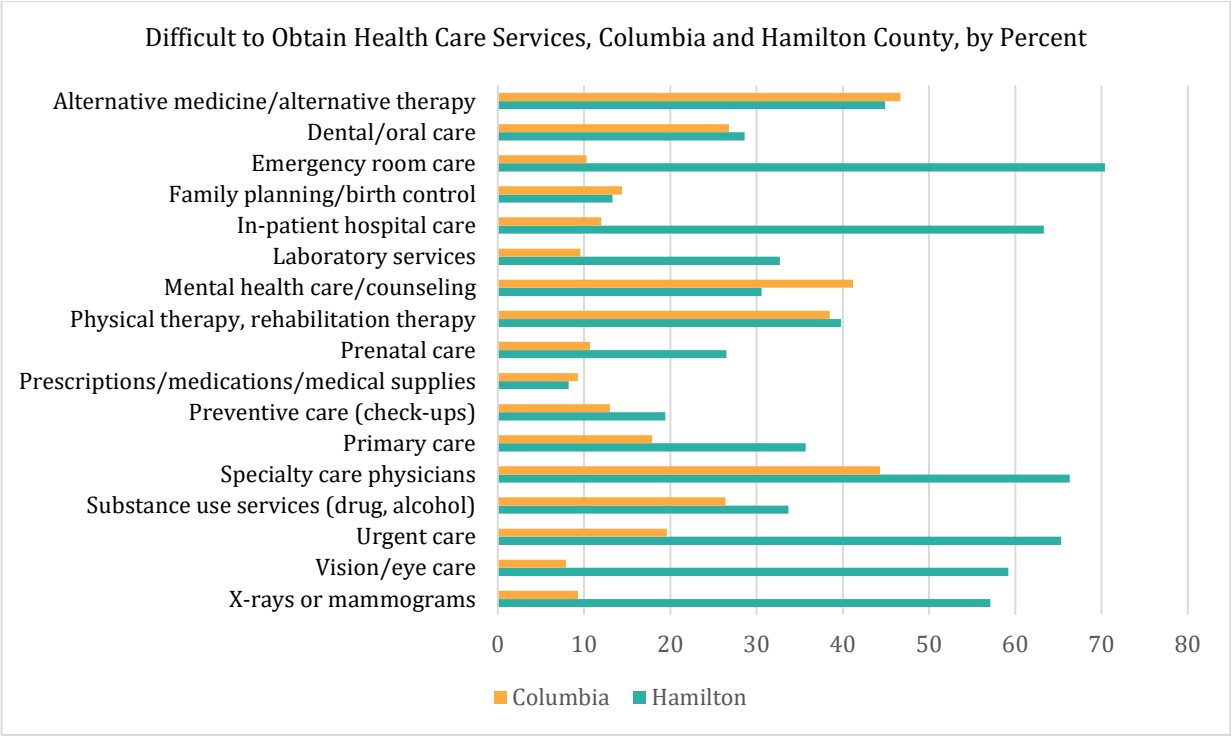
Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"What health care services are difficult to obtain in Columbia County and Hamilton County. Check all that apply."

FIGURES 21 AND 22: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN, COLUMBIA COUNTY AND HAMILTON COUNTY, BY PERCENT OF RESPONSES, 2018

Health Care Service	Difficulty to Obtain by Rank and Percent			
	Columbia		Hamilton	
Alternative medicine/alternative therapy	1	46.7	7	44.9
Dental/oral care	5	26.8	13	28.6

Emergency room care	13	10.3	1	70.4
Family planning/birth control	9	14.4	16	13.3
In-patient hospital care	11	12.0	4	63.3
Prenatal care	12	10.7	14	26.5
Prescriptions/medications or medical supplies	15 (tie)	9.3	17	8.2
Preventive care (e.g., check-ups)	10	13.0	15	19.4
Primary care (e.g., family doctor/practitioner)	8	17.9	9	35.7
Specialty care (e.g., heart doctor, neurologist)	2	44.3	2	66.3
Substance use services (e.g., drug, alcohol)	6	26.4	10	33.7
Urgent care (e.g., walk-in clinic)	7	19.6	3	65.3
Laboratory services	14	9.6	11	32.7
Mental health services/counseling	3	41.2	12	30.6
Physical therapy, rehabilitation therapy and services	4	38.5	8	39.8
Vision/eye care	17	7.9	5	59.2
X-rays or mammograms	16 (tie)	9.3	6	57.1
Other (Columbia): Low cost/affordable care x 3, medical marijuana treatment x 2, services that accept new patients, nutrition therapy, pediatric dentistry, residential care for behavioral/mental illness	Other (Hamilton): most things are limited			



Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"From the following list, what do you think are the five most important "Health Problems" (those problems which have the greatest impact on overall community health) in Columbia County and Hamilton County? Please select five (5) choices."

FIGURE 23: TOP 10 RANKED MOST IMPORTANT HEALTH PROBLEMS, COLUMBIA COUNTY AND HAMILTON, 2018

	Health Problems (Percent of Responses)	
Rank	**Columbia**	**Hamilton**
1	Substance abuse/drug abuse (46.0)	Obesity and overweight (54.1)
2	Homelessness (44.7)	Substance abuse/drug abuse (53.1)
3	Obesity and overweight (42.3) tie	Mental health problems (41.8)
4	Mental health problems (42.3) tie	Cancer (38.8)
5	Tobacco use using e-cigarettes and smokeless tobacco (26.5)	Access to primary care (28.6)
6	Child abuse/neglect (23.4)	Diabetes (27.6)
7	Access to sufficient and nutritious foods (23.0)	Heart disease and stroke (26.5) tie
8	Affordable assisted living facilities (22.0)	High blood pressure (26.5) tie
9	Diabetes (18.9)	Child abuse/neglect (21.4) tie

10	Access to primary care (18.6)	Teenage pregnancy (21.4) tie

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"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?"

FIGURE 24: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Dental Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	59.5	78.6
Did not receive needed care	40.5	21.4
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)		
Cost	66.1	71.4
Service not covered by insurance, no insurance	47.5	38.1
No available appointments, long wait for appointment	22.9	4.8
No dentists available	11.9	4.8
Transportation, couldn't get there	5.1	0
Other (Columbia): work schedule (1.7), laziness/motivation (1.7)	Other (Hamilton): work schedule (4.8)	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"During the past 12 months, was there a time when you needed to see a primary care doctor for health care but couldn't? AND "What were the reasons you could not get the primary care you needed during the past 12 months?"

FIGURE 25: PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Primary Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	76.0	88.8
Did not receive needed care	24.0	11.2
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)		
Cost	45.7	45.5
Service not covered by insurance, no insurance	25.7	45.5

No available appointments, long wait for appointment	37.1	27.3
No doctors available	14.3	45.5
Transportation, couldn't get there	4.3	9.0
Other (Columbia): work schedule (1.7)	Other (Hamilton): unfamiliar with area (9.0)	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"During the past 12 months, was there a time when you needed mental health care but couldn't get it?" AND "What were the reasons you could not get the mental health care you needed during the past 12 months?"

FIGURE 26: MENTAL HEALTH CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Mental Health Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	81.4	93.9
Did not receive needed care	18.6	6.1
Reasons Mental Health Care was Not Received (by Percent of Those Who Did Not Receive Care)		
Cost	40.7	16.7
Service not covered by insurance, no insurance	42.6	0
No available appointments, long wait for appointment	48.1	16.7
No mental health care providers available	42.6	66.7
Transportation, couldn't get there	7.4	0
Other (Columbia): childcare (1.9); not comfortable with provider (1.9)	Other (Hamilton): work schedule (16.7)	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"Are you responsible for getting health, dental and/or mental health care for a child or children under the age of 18?"

FIGURE 27: RESPONSIBLE FOR GETTING HEALTH, DENTAL AND/OR MENTAL HEALTH CARE FOR A CHILD OR CHILDREN UNDER THE AGE OF 18, COLUMBIA COUNTY AND HAMILTON COUNTY, BY PERCENT, 2018

Responsible for Getting Health, Dental, Mental Health Care for Child or Children under age of 18?	Columbia	Hamilton
Yes	44.0	37.8

No	56.0	62.2

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"During the past 12 months, was there a time your child or children needed dental care, including checkups, but didn't get it?" AND "What were the reasons you could not get the dental care your child or children needed during the past 12 months?"

FIGURE 28: DENTAL CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Dental Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	71.8	90.0
Did not receive needed care	28.2	10.0
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)		
Cost	71.3	75.0
Service not covered by insurance, no insurance	52.2	75.0
No available appointments, long wait for appointment	26.1	0
No dentists available	34.8	0
Transportation, couldn't get there	19.6	0
Other (Columbia): sedation not available (2.3), Medicaid not accepted (2.3)	Other (Hamilton): work schedule (25)	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"During the past 12 months, was there a time when your child or children needed to see a primary care doctor for health care but couldn't? AND "What were the reasons you could not get the primary care your child or children needed during the past 12 months?"

FIGURE 29: PRIMARY CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Primary Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	88.3	100.0
Did not receive needed care	11.7	0
Reasons Primary Care was Not Received (by Percent of Those Who Did Not Receive Care)		

Cost	42.1	0
Service not covered by insurance, no insurance	73.7	0
No available appointments, long wait for appointment	21.0	0
No primary care doctors available	10.5	0
Transportation, couldn't get there	0	0
Other (Columbia): none	Other (Hamilton): none	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"During the past 12 months, was there a time when your child or children needed mental health care but couldn't get it?" AND "What were the reasons you could not get the mental health care your child or children needed during the past 12 months?"

FIGURE 30: MENTAL HEALTH CARE RECEIVED AND REASONS CARE WAS NOT RECEIVED, CHILD OR CHILDREN UNDER AGE OF 18, COLUMBIA COUNTY AND HAMILTON COUNTY, 2018

	Percent of Responses	
Mental Health Care	**Columbia**	**Hamilton**
Received needed care or didn't need care	80.4	100
Did not receive needed care	19.6	0
Reasons Mental Health Care was Not Received (by Percent of Those Who Did Not Receive Care)		
Cost	31.3	0
Service not covered by insurance, no insurance	40.6	0
No available appointments, long wait for appointment	43.8	0
No mental health care providers available	68.8	0
Transportation, couldn't get there	12.5	0
Other (Columbia): none	Other (Hamilton): none	

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"How would you rate the overall health of your county residents?" AND "How would you rate your personal health?"

FIGURE 31: RATING OF OVERALL HEALTH OF COLUMBIA COUNTY AND HAMILTON COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY PERCENT, 2018

Rating	Columbia		Hamilton	
	Overall	Personal	Overall	Personal
Very unhealthy	8.9	3.1	7.1	3.0
Unhealthy	32.0	13.7	39.8	6.1
Somewhat healthy	52.5	48.5	50.0	37.8

Healthy	5.9	32.3	3.1	42.9
Very healthy	0	4.8	0	10.2

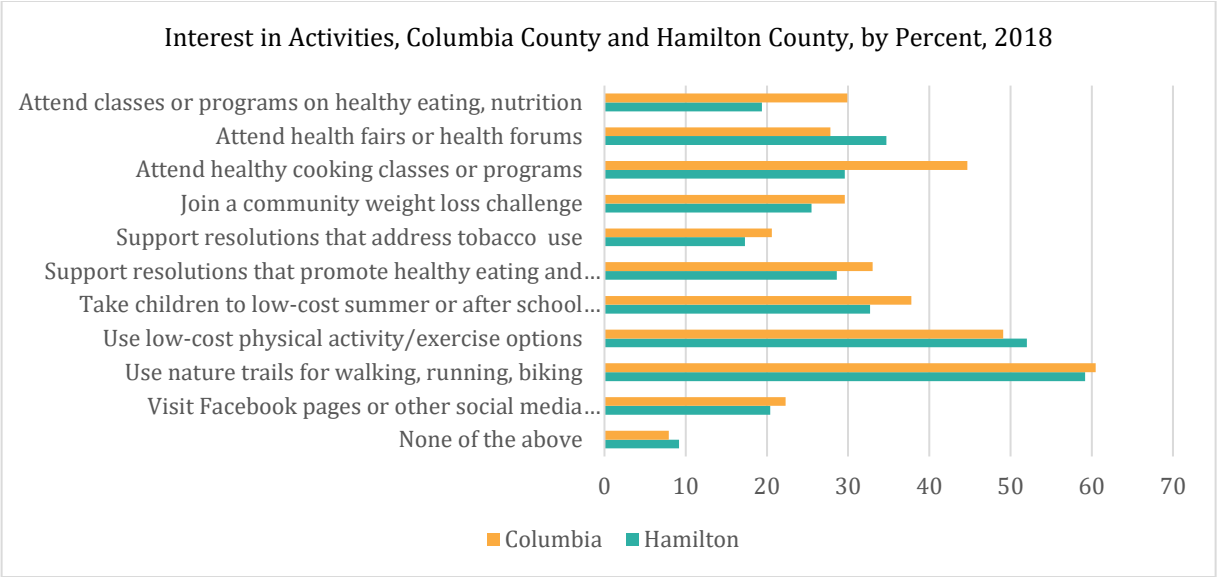
Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

"From the list below, please check the activities you would be interested in participating in. Select all that apply."

FIGURES 32 AND 33: INTEREST IN ACTIVITIES, COLUMBIA AND HAMILTON COUNTY, BY PERCENT, 2018

Activities	Interest by Rank and Percent			
	Columbia		Hamilton	
Attend classes or programs on healthy eating, nutrition	6	29.9	9	19.4
Attend health fairs or health forums	8	27.8	3	34.7
Attend healthy cooking classes or programs	3	44.7	5	29.6
Join a community weight loss challenge	7	29.6	7	25.5
Support community resolutions that address tobacco use	10	20.6	10	17.3
Support community resolutions that promote healthy eating and physical activity	5	33.0	6	28.6
Take children to low-cost summer or after school activities that promote physical activity	4	37.8	4	32.7
Use nature trails for walking, running or biking	1	60.5	1	59.2
Use low-cost physical activity/exercise options	2	49.1	2	52.0
Visit Facebook pages or other social media concerning healthy eating and physical activity	9	22.3	8	20.4
None of the above	11	7.9	11	9.2
Other (Columbia): focus on programs and incentives to help families have healthier lifestyles; LGBTQ-inclusive activities; organic foods; shelter/habitat for humanity (.3 each)	Other (Hamilton): activities for children that are indoors during hot weather; stress management (1.0 each)			

Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.



Source: Columbia County and Hamilton County Community Survey, 2018. Prepared by: WellFlorida Council, 2019.

KEY FINDINGS FROM COMMUNITY SURVEY

The demographic data on Columbia County survey respondents showed some correlation with recent U.S. Census data for the county. About 82 percent of survey respondents identified themselves as White Non-Hispanic, 5.5 percent Black or African American and 3.1 percent Hispanic or Latino compared to the latest U.S. Census estimates (2013-2017) of 77 percent White, 18 percent Black or African American and 5.8 percent Hispanic. Many more survey respondents in Columbia County were female (75.3 percent). Geographic representation of survey respondents was seen with 36 percent from Lake City (32025) where about 32.7 percent of the county population resides, another 32.2 percent from Lake City (32024) with 28.4 percent of the population, and 19.6 percent from a third Lake City zip code (32055) where about 24.6 percent of Columbia County residents live. About one-fifth (20.6) of Columbia County survey respondents hold bachelor's degrees and almost a quarter (24.1 percent) report having some college but no degree. The majority of survey respondents were employed full-time (65.5 percent) and carried health insurance through an employer (54.6 percent). About ten percent (9.6 percent) reported having no health insurance. An almost equal percentage of Columbia County survey respondents reported living in family households with children under the age of 18 (35.4 percent) and with no children (35.7 percent). Another 8.2 percent of survey respondents lived in households headed by females with children under the age of 18.

Columbia County respondents felt the most important factors for a healthy community were access to health care, job opportunities, low crime and safe neighborhoods, affordable housing and access to nutritious food. Notably, many of these factors are recognized as social determinants of health. For their county, Columbia County respondents ranked the behaviors with the greatest negative impact on overall health as drug and alcohol abuse, lack of personal responsibility, distracted driving, tobacco use, lack of physical activity,

unhealthy eating, violence, dropping out of school and overeating. Consistent with those rankings was the selection of Columbia County's most important health problems. These were substance/drug abuse, homelessness, obesity and overweight, mental health problems, tobacco use, child abuse/neglect, access to nutritious foods, access to affordable assisted living facilities, diabetes, and access to primary care. Columbia County residents ranked the following as the health care services most difficult to obtain: alternative medicine/therapy, specialty care, mental health services/counseling, physical therapy and rehabilitation therapy, and dental/oral care. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About 40.5 percent of Columbia County survey respondents said they did not get the dental care they needed and of those, 66.1 percent said cost was a barrier as was insurance coverage (47.5 percent). Almost a quarter (24.0 percent) of Columbia County survey respondents reported not receiving needed primary care with cost (45.7 percent) and lack of available appointments (37.1 percent) being the most common issues. Survey respondents said that 18.6 percent did not receive needed mental health care and cited no available appointments (48.1 percent), no insurance coverage (42.6 percent) and cost (40.7 percent) as barriers.

In Columbia County, 44 percent of survey respondents said they were responsible for getting dental, primary and mental health care for children under the age of 18. Of those, 28.2 percent reported not getting dental care for children due to cost (71.3 percent) and lack of or insufficient insurance coverage (52.2 percent). Primary care was not secured by 11.7 percent of child caregivers for their children with the primary barrier being lack of insurance coverage or insufficient coverage (73.7 percent). Another 19.6 percent of Columbia County survey respondents who are responsible for children reported not getting the needed mental health care for their child or children. The lack of mental health care providers was cited by 68.8 percent and 43.8 percent of survey responders said they experienced a lack of available appointments or long waits to get an appointment.

Columbia County respondents rated overall health of county residents as somewhat healthy (52.5 percent) to unhealthy (32.0 percent) while they rated their personal health status as somewhat healthy (48.5 percent) to healthy (32.5 percent). Columbia County community survey respondents expressed interest in participating in health-promoting activities that include use of nature trails for walking, running or biking, low-cost physical activity/exercise options, attending healthy cooking classes, taking children to low-cost summer or after school activities that promote physical activity, and would support community resolutions that promote healthy eating and physical activity. Despite tobacco use being ranked among Columbia County's top five most important health problems and listed in the county's top five negative health behaviors, survey respondents rated their interest in supporting community resolutions that address tobacco use as last among the options presented. Columbia County community survey respondents consistently expressed concerns about access to health care, behaviors and decisions that negatively impact health, chronic diseases and conditions, and meeting the basic needs of education, employment, and safety.

OBSERVATIONS FROM PROVIDER SURVEY

Figures below summarize the responses to the overarching questions that were asked of health care providers and community partners serving the residents of Columbia County and Hamilton County. There were 22 completed surveys included in the analysis. In general, the top five ranked responses for each

question are presented. Each figure shows the percentage of providers and partners who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Strategies to help improve the health of patients and the community
- Rating of overall community health, health-related quality of life, and accessibility of health care

FIGURE 34: DEMOGRAPHICS OF COLUMBIA AND HAMILTON COUNTY PROVIDER/PARTNER SURVEY RESPONDENTS, 2018

Demographics	Providers and Partners	
Age	Number	Percent
Less than 30	2	9.05
30-39	5	22.7
40-49	8	36.4
50-59	2	9.05
60-69	4	18.2
70-79	0	0
80 or older	0	0
Prefer not to answer	1	4.6
Gender		
Male	3	13.6
Female	18	81.8
Transgender	0	0
Other	1	4.6
Prefer not to answer	0	0
Race/Ethnicity		
Asian Pacific Islander	1	4.6
Black or African American (Non-Hispanic)	0	0
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	20	90.8
Hispanic/ Latino	0	0
Multiracial/ Multiethnic	0	0
Other	0	0
Prefer not to answer	1	4.6
Length of Time in Profession		
Less than 5 years	5	22.7
5-9 years	1	4.6
10-14 years	3	13.6

15-19 years	1	4.6
More than 20 years	10	45.5
Prefer not to answer	2	9.0
Type of Provider/Partner		
ARNP (all specialties and certifications)	0	0
Dentist	0	0
Dietitian/Nutritionist	0	0
Mental Health/Substance Use counselor	2	9.0
Nurse	7	31.9
Occupational Therapist	0	0
Pharmacist	0	0
Physician	0	0
Specialties (1 each): General Practice, Oncology, Psychiatry		
Physician Assistant	0	0
Physical Therapist	0	0
Speech/Language Pathologist	0	0
Other: (1 each) Health Educator, Dental Hygienist, Environmental Health, Outreach, Health Support, Chaplain, Health Policy; (2 each) Social Worker, Domestic Violence/Crisis Counselor, Early Childhood/Family Support	13	59.1

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"In the following list, what do you think are the five most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select five (5) choices.

FIGURE 35: TOP 5 MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Factors (Percent)
1	Access to health care (86.4)
2	Healthy behaviors and healthy lifestyles (54.5)
3	Job opportunities for all education levels (45.5)
4	Awareness of health care and social services (36.4)
5 (tie)	Clean environment (31.8)
	Access to convenient, affordable and nutritious foods (31.8)

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"In the list below, please identify the five behaviors that you believe have the greatest negative impact on overall health of people in Columbia County and Hamilton. Please select five (5) choices."

FIGURE 36: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Behaviors (Percent)
1	Drug abuse (59.0)
2,3,4,5 (tie)	Eating unhealthy food/drinking sweetened beverages (45.5)
	Lack of personal responsibility (45.5)
	Alcohol abuse (45.5)
	Not using health care services appropriately (45.5)

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"In the following list, what do you think are the five most important "Health Problems" (those problems which have the greatest impact on overall community health) in Columbia and Hamilton County? Please select five (5) choices."

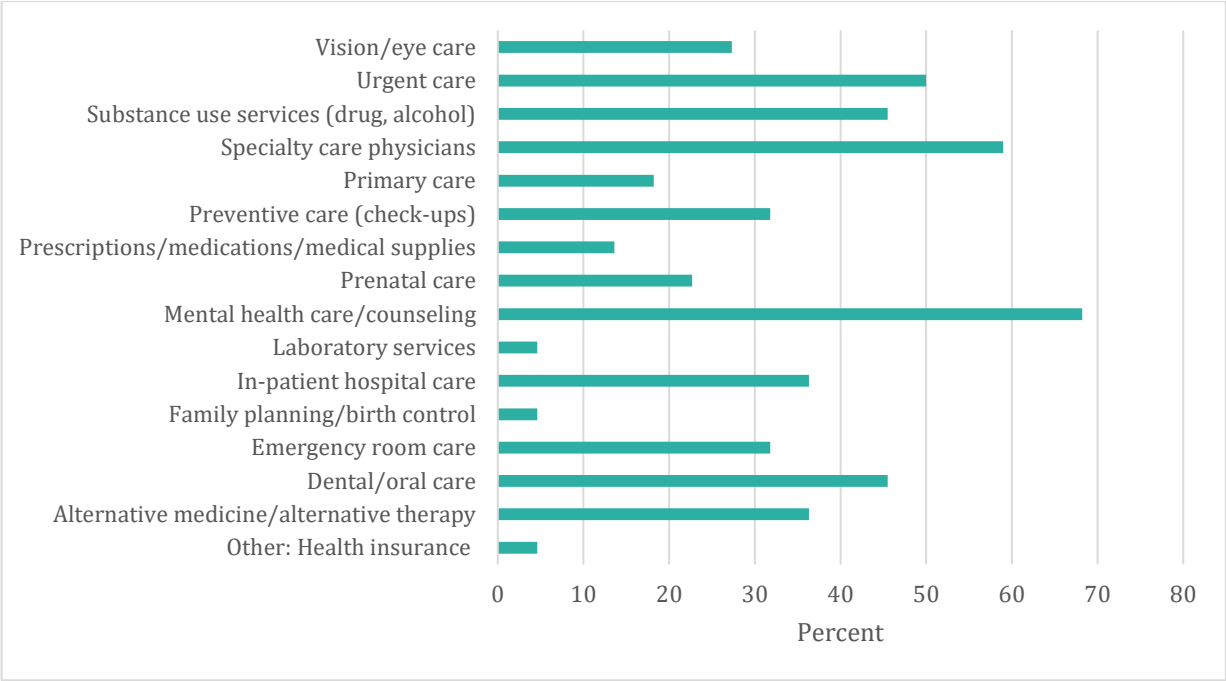
FIGURE 37: TOP 5 MOST IMPORTANT HEALTH PROBLEMS, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Health Problem (Percent)
1	Overweight and obesity (50.0)
2	Substance abuse/drug abuse (40.9)
3, 4 (tie)	Mental health problems (36.4)
	Homelessness (36.4)
5 (tie)	Heart disease and stroke, Cancer, Domestic Violence (31.8)

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"What health care services are difficult to obtain in Columbia and Hamilton County? Please select all that apply.

FIGURE 38: HEALTH CARE SERVICES THAT ARE DIFFICULT TO OBTAIN, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT 2018



Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"How would you say rate the overall health of residents of Columbia County and Hamilton County? Please select one (1) response." AND "How would you rate your own personal health?"

FIGURE 39: RATING OF OVERALL HEALTH OF RESIDENTS BY PROVIDERS AND COMMUNITY PARTNERS, COLUMBIA COUNTY AND HAMILTON COUNTY, BY PERCENT, 2018

Rating	Overall	Personal
Very unhealthy	4.6	0
Unhealthy	54.5	4.6
Somewhat healthy	40.9	45.5
Healthy	0	40.9
Very healthy	0	9.0
Prefer not to answer	0	0

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"For your clients in Columbia County and Hamilton County with chronic diseases or conditions, what do you feel are the biggest barriers to a patient being able to manage his or her own chronic disease or condition? Please select two (2) responses."

FIGURE 40: FOR CLIENTS IN COLUMBIA AND HAMILTON COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, COLUMBIA AND COLUMBIA COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Rank	Barriers (Percent)
1	Cost (31.8)
2	Lack of coverage by insurance company (20.5)
3 and 4 (tie)	Lack of knowledge (15.9)
	Self-discipline/motivation (15.9)
5 (tie)	Inability to use technology (4.5)
	Transportation (4.5) written in as "other"

Source: Columbia and Hamilton County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2019.

"How would you rate the overall health-related quality of life in Columbia and Hamilton County? Please select one (1) response."

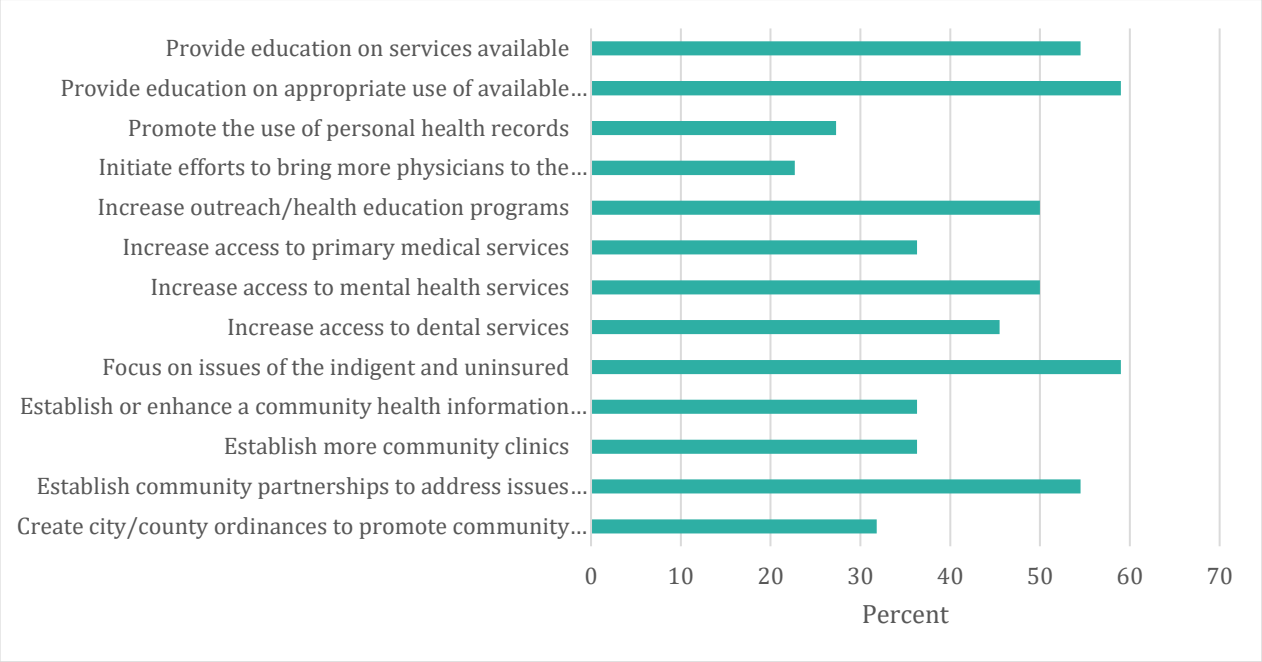
FIGURE 41: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, 2018

Overall Accessibility to Health Care	Percent
Poor	22.7
Fair	50.0
Good	27.3
Very Good	0
Excellent	0

Source: Columbia and Hamilton County Provider and Community Partner Survey, 2018. Prepared by: WellFlorida Council, 2019.

"What can Columbia and Hamilton County do to help improve the health of your patients and others in the community? Check all that apply."

FIGURE 42: STRATEGIES TO IMPROVE THE HEALTH OF PATIENTS AND COMMUNITY, COLUMBIA AND HAMILTON COUNTY PROVIDERS AND COMMUNITY PARTNERS, BY PERCENT, 2018



Source: Columbia and Hamilton County Survey of Providers and Community Partners, 2018. Prepared by: WellFlorida Council, 2019.

KEY FINDINGS FROM PROVIDER SURVEY

An array of health care providers and community partners responded to the survey. Nurses represented the largest segment of survey respondents at 31.9 percent. Other professions included mental health professionals, social workers, crisis counselors, and childhood/family support workers to name a few; see Figure 18 for the complete list. Almost half (45.5 percent) of those who completed the survey had been in their profession for more than 20 years while another 22.7 percent were relatively new to their role.

As did the community at large, providers and partners felt the most important factor for a healthy community was access to health care. Providers and partners elevated different factors to round out the list including healthy behaviors and lifestyles, awareness of health and social services, clean environment and access to nutritious foods. Providers and partners agreed with the community at large on their list of behaviors with the greatest negative impact on health including drug abuse and alcohol abuse, lack of personal responsibility, unhealthy eating and not using health care services appropriately. Columbia County and Hamilton County providers and partners put overweight and obesity at the top of their list of the most important health issues, followed by substance abuse/drug abuse, mental health problems and homelessness.

Overall accessibility to health care for Columbia and Hamilton County residents was deemed by responding providers and partners as fair (50.0 percent) to good (27.3) with another 22.7 percent ranking it as poor. For providers and partners the health care services most difficult to obtain in Columbia County and Hamilton County were mental health care, specialty care, urgent care and dental care. According to the providers and partners who took the survey, the largest barriers for their clients in self-management of chronic diseases and conditions were cost (31.8 percent), insurance coverage (20.5 percent), lack of knowledge and lack of self-discipline/motivation (15.9 percent each) followed by inability to use technology and transportation (4.5 percent each). The needed strategies ranked highest by providers to improve health outcomes include a focus on the issues of the indigent and uninsured, providing education on the appropriate use of health care services and their availability, establishing community partnerships to address issues, increased outreach and better access to mental health services. About 40.7 percent of the providers and partners who took the survey rated the overall health of Columbia County and Hamilton County residents as somewhat healthy and more than half (54.5 percent) gave an unhealthy rating. Taken together, these survey data show the concern of providers and partners for the health of residents in Columbia County and Hamilton County. The survey responses also point to strategies for solutions including behavior change, education and awareness, outreach, and community collaboration.

Forces of Change Assessment

METHODS

One of the main elements of the MAPP assessment process includes a Forces of Change Assessment (FOCA). The Columbia County Forces of Change Assessment is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

- *Trends* are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- *Factors* are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- *Events* are 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 or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On January 14, 2019, the Columbia County Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary data review so that participants would be familiar with Columbia County demographics, health conditions and behaviors and health care resources. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The tool used to conduct this activity can be found in the Appendix. The *Forces of Change for Columbia County* table on the following pages summarizes the forces of change identified for Columbia County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change For Columbia County - FACTORS *(Prepared by WellFlorida Council – January 2019)*			
	FACTORS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/Behavioral	Few organized activities for youth	Sedentary lifestyles that can lead to chronic health issues; social isolation and impaired social and communication skill development	Collaborative solutions by community partners including policy change and resource allocation; expanded roles for faith-based and service organizations
Environmental	Walkability limited, few parks for recreation	Limits safe places for physical activity and recreation for residents of all ages and abilities; healthy habits not developed and maintained	Pursue grants to finance infrastructure changes; advocate policy change by local governments to support health-related issues
	Agricultural pesticides	Health impacts to agricultural workers; contamination of agricultural products and land	Work with governmental entities (Florida Dept. of Ag, USDA), IFAS, OSHA to assure safety; workplace education
Social/Economic	Health care payor source issues	Health insurance not accepted by local providers; few providers accept Medicaid for medical and/or dental services; changes to Affordable Care Act unknown; health care professionals move out of Columbia County	Contract negotiations; explore dental/medical professional recruiting strategies through HRSA rural health programs
	Few medical providers	Delayed health care can result in poorer health outcomes; increased costs for emergency room treatment; prevention and wellness not engrained in lifestyles	Explore mobile services, telemedicine; partner with larger regional health systems
	Lack of mental health care and counseling services	Poor health outcomes, premature deaths, increased cost associated	Limit opioid providers; bring in mobile services, telemedicine; partner

Forces Of Change For Columbia County - FACTORS *(Prepared by WellFlorida Council – January 2019)*			
	FACTORS	**THREATS POSED**	**OPPORTUNITIES CREATED**
		with late diagnosis and treatment	with larger regional health systems
	No local medical society/association	Medical professionals not provided the support needed to maintain licensure, practice standards	Regular forum for professional information exchange, shared problem solving, continuing education; support and resources for medical providers
Technological	Limited Internet access	Curtailed access to communications needed to conduct day-to-day business, school work; could limit emergency response	Expanded service area for Internet providers; establish free Internet access areas (libraries, schools, churches, etc.); assure communication capabilities for emergency response

Forces Of Change For Columbia County - TRENDS *(Prepared by WellFlorida Council – January 2019)*			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/ Behavioral	Increase in population diversity	Inability to plan and provide culturally and linguistically appropriate services; unserved populations at risk for health problems	Cultural diversity, better ethnic and race relations, and intergenerational relations
	More social isolation in rural population	Health and social needs not recognized nor met; poorer health outcomes for those who are isolated	Collaboration among partners who serve all ages with senior citizens and the disabled in particular; educate/cross-train business and community organizations to recognize signs of neglect, isolation; in-home services needed
	Increasing number of students experiencing language barriers in school	Learning impeded; school advancement delayed; social isolation for student; demands on school resources to meet need	Hiring of bi- or multi-lingual teacher and/or staff; broadening of cultural experiences for students
	Rising number of grandparents raising grandchildren	Economic and health burden to those raising grandchildren; preservation of cultural and family values	Address generational poverty and health issues; intergenerational approach to family integrity
	Increasing numbers of trauma-impacted children in Columbia County	Unrecognized, unaddressed trauma can pose lifelong issues; trauma-impacted children can fall behind in school; limited resources available	Multi-disciplinary, multi-agency collaboration needed to address complex issues
	Increasing emphasis on child safety and school safety	Assure focus incorporates mental health as an aspect of overall health; overtaxing of mental health care system and services for children; school system resources to assure safety	Collaboration among health care, schools, law enforcement, judicial, social services to address co-existing issues; promote Mental Health First Aid; demonstrates the political will to change systems
	Rise in e-cigarette use and other nicotine products	Health-related issues attributed to tobacco and nicotine use; failure to	Policy change to restrict use of e-cigarettes and alternate nicotine delivery

Forces Of Change For Columbia County - TRENDS *(Prepared by WellFlorida Council – January 2019)*			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
		recognize health risk associated with e-cigarettes and smokeless tobacco; acceptance of generational smoking/tobacco use	methods; policy, law and regulation enforcement; prevention education and support for addiction recovery
	Interest in nutrition is growing	More nutrition education services and resources needed; assuring accurate nutrition information is provided; competition with fast food, convenience foods with limited nutritional value	Expansion of health education and health promotion programs; educational programs can reach all ages, include intergenerational and cultural aspects
Social/ Economic	Rising health insurance costs	Inadequate health insurance doesn't cover needed services; high premium costs, high plan deductibles and co-pays; medical practices may not accept plans; insurance creates barrier rather than increase access; certain groups impacted to greater extent such as senior citizens	Maximize available public benefit programs; educate public on how to navigate health care system; put emphasis on prevention, quality of life and wellness
	Rising costs of medications, prescription drugs	Medication rationing; missed doses of critically important medication can lead to poor health outcomes; higher costs for more intense care later in the course of medical problems/disease	Closer consultation with health care providers to find individual solutions; take advantage of drug assistance programs (governmental, pharmaceutical companies); involve corporate partners that dispense meds (Wal-Mart, CVS, Walgreens); include health care costs in financial education classes
	Instituting telemedicine	Acceptance of virtual medicine as viable alternative to in-person services; may be limited to certain medical disciplines;	Improves access to health care; cost reduction; more efficient use of health care provider time and resources

Forces Of Change For Columbia County - TRENDS *(Prepared by WellFlorida Council – January 2019)*			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
		requires investment by health care organizations; depends on Internet access; service coverage by health insurance	
	Higher cost of healthy foods compared to other food options	More consumption of high fat and sugar content foods, fast foods, and sugar sweetened beverages; consuming empty calories leads to overweight and chronic diseases; children do not develop healthy eating habits; less financial support for local agriculture and farmers	Nutrition, healthy cooking and food preparation education; collaboration among many agencies that address nutrition issues (WIC, IFAS, DCF, Healthy Start, food banks, school, health care, etc.)
	Steadily rising high school graduation rates	Sustaining high rates amid shrinking resources and competing demands	Review school policy and processes for best practices; expand schools to include vocational education
Economic	Lack of job opportunities for all education levels	College-educated residents move elsewhere to find fulfilling work in their professions; service industry workers struggle to make living wages; fewer workers to support aging population	Strategic economic planning by government, private sector, academic, and community partners
Economic/ Governmental	Expansion of medical marijuana dispensaries	Increased drug use, addiction; behavioral and social impacts to children, teens and families	Health education on healthy behaviors and decisions; economic impact
	Prison reform	Unemployment and/or changes in employment opportunities and benefits	Expanded employment; more skilled/specialized workers needed; health services expanded for prisoners

Forces Of Change For Columbia County - EVENTS *(Prepared by WellFlorida Council – January 2019)*			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/Economic	Change in state negotiated contract for Medicaid dental services	Break in continuity of care; up to 50% of children served by DOH-Columbia; impacts children already at high risk for missing basic dental care; need to educate community where to get services	Renewed emphasis on importance of dental care and the continuing need in Columbia County; recruitment of dentists who accept Medicaid
	No Medicaid expansion	Continued and/or worsening access to health and dental care; delayed care resulting in more serious or worsening health problems and outcomes, higher long-term costs	Qualification for federal grants and programs for underserved communities; partnering with regional health care resources; more focus on primary prevention
	Response to Parkland shooting	Added costs for school system security; highlights deficiencies in school resources for student health and counseling services; political ramifications due to opposing views on gun control	Open discussion on issues such as mental health, gun control, privacy; youth involvement in policy development and legislation; physical improvements to schools
Environmental/ Economic	Storms including rain events, flooding and hurricanes	Changing frequency and intensity of weather events taxes resources for emergency preparedness, response and recovery; financial losses to home and business owners; detrimental impacts on the environment, effects of agriculture industry, natural resources, tourism	Seek grants and federal/state programs for emergency preparedness, environmental protection, agriculture, eco-tourism
	Response to Hurricane Michael	Scarce resources including food diverted to Panhandle counties	Learn from After Action Reports that pinpoint strengths and weaknesses of the local, regional, state and federal response

Forces Of Change For Columbia County - EVENTS *(Prepared by WellFlorida Council – January 2019)*			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Economic	Recession	Unemployment, loss of benefits including health insurance, workers and families move out of county	Forced budgeting and priority setting for businesses and individuals/families; educate about money management; some businesses may flourish (e.g., used vehicle sales, discount retailers, do-it-yourself home and vehicle repair); renewed interest in home gardens, raising livestock and poultry
	Stock market instability	Investments for businesses and individuals at risk; retirement savings may be reduced	Corporate and individual financial planning strategies re-examined, new investments made
	Interstate highway interchange	Environmental impacts to developed land, air and water; increased traffic	Construction jobs; service industry jobs for hotel, food service; bring more people and commerce to Columbia County
Economic/ Governmental	Partial shut-down of federal government	Impacts to SNAP benefits and WIC program; funding for USDA programs at IFAS; food shortages at food banks; more families experiencing food insecurity	Closer collaboration of community partner organizations including faith-based programs to prioritize and meet needs
	City/County merge and/or co-location of facilities	Layoffs for some employees; confusion about availability and service locations; more inefficiency	Improved services, one-stop approach for some governmental services; greater efficiencies resulting in cost savings
	Hiring of new city manager	Unchanged or worsening management strategies	Improvements in city government functions, could be open to more health-focused policy and resource allocation;

Forces Of Change For Columbia County - EVENTS *(Prepared by WellFlorida Council – January 2019)*			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
			involvement of city manager in health planning
	Gubernatorial election, local elections including new County Commissioners and new School Board members	Leadership change in the Office of the State Surgeon General, change in state's health priorities; Medicaid expansion continues to be in jeopardy; different priorities at the county level that could divert resources away from health issues; potential changes in school policy and practices that are detrimental to health-related issues	Focus on different or new health priority issues for the state, county and school system; new priorities and focus may have positive impacts on health and the environment

Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer such questions as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments give guidance to state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private, and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

All NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 Essential Public Health Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

Within the local instrument, each ES includes between two and five model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well

the model standard is being met. The model standard portrays the highest level of performance or "gold standard." During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

- No Activity: 0% or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25% of the activity described within the question is met within the local public health system
- Moderate Activity: Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system
- Significant Activity: Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system
- Optimal Activity: Greater than 75% of the activity described within the question is met within the local public health system

The Columbia County LPHSA took place on October 15 and November 19, 2018. The first LPHSA session focused on the Essential Services that are typically under the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

The Florida Department of Health in Columbia County convened a group of local public health department professionals to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

The November 19th LPHSA session focused on the Essential Services that typically involve and require the participation of the broader community. These Essential Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Columbia County Steering Committee identified key community sectors to be represented and convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

OBSERVATIONS FROM THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Based on the self-assessment of the cross-sectional group representing the local public health system partners, Columbia County achieved an overall score of 65.2 (out of a potential 100) which reflects significant activity towards optimal performance. The Essential Services that received the highest scores included ES 6 (enforce laws and regulations that protect health and safety) at 83.9, ES 2 (diagnose and investigate health problems) at 72.7, ES 8 (assure a competent public health workforce) at 71.9. Essential Service 6 alone was rated as being provided at an optimal level. About 80 percent of the Columbia County public health system's Essential Service scores ranked in the significant activity category. It is important to note that strong performance in disease surveillance, public health regulation and code enforcement and workforce competency protects individual and population health in Columbia County and contributes to impactful prevention efforts. The Essential Services that received the lowest scores were ES 9 (evaluate effectiveness, accessibility, and quality of personal and population-based health services) at 59.6, ES 7 (link people to needed personal health services and assure the provision of health care when otherwise unavailable) at 59.4, and ES 10 (research for innovative solution) at 38.9. Although these were ranked lower relative to the other services, scores still show solid performance and place Columbia County's public health system capacity at the significant level with only one score in the moderate activity range. The Columbia County public health system had no Essential Service scores in the minimal nor no activity categories. Compared to the 2011 LPHSA results, two Essential Services, i.e., ES 2 and 6, remained among the top three. Essential Service 8 (workforce) and ES 4 (mobilize partners) made great gains from the 2011 assessment to currently rank third (from eighth in 2011) and fourth (from tenth or last).

Results point to opportunities for improvement in the Columbia County public health system's efforts to connect residents to needed services as well as defining roles and responsibilities among partners to address unmet needs for health care. For this system capacity assessment Columbia County partners did not complete the two optional LPHSA assessment components (i.e., rating the local health department's contribution to scores and assigning priority ratings) but rather opted to include those factors in the broader community health assessment prioritization process. As a public health system that strives for improvement and enhanced service to the community, Columbia County partners welcome opportunities to address these and other issues through the community health improvement planning process.

The figures below provide a snapshot of scores from the Columbia County LPHSA. Figure 45 summarizes the composite performance measures for all ten Essential Services and shows, by percentage, Columbia County's scores in the five activity level categories. According to these scores, 90 percent of the system activity was rated as significant to optimal. The Essential Service scores seen below in Figure 46 are the calculated average of model standard question scores. The range of scores for each Essential Service is represented by a horizontal bracketed line through the middle of each bar. Shorter lines indicate closer agreement on the scores by participants in response to the questions posed in the LPHSA. Following the figures is a summary of the strengths, weaknesses and opportunities that emerged from discussions. For a more detailed examination of the LPHSA scores, please review the full report found in the Addendum to the *2019 Columbia and Hamilton County Community Health Assessment Technical Appendix*. The full report includes scores for each model standard question related to each Essential Service.

FIGURE 45: PERCENTAGE OF THE COLUMBIA COUNTY PUBLIC HEALTH SYSTEM'S ESSENTIAL SERVICE SCORES THAT FALL WITHIN THE FIVE ACTIVITY CATEGORIES, 2018

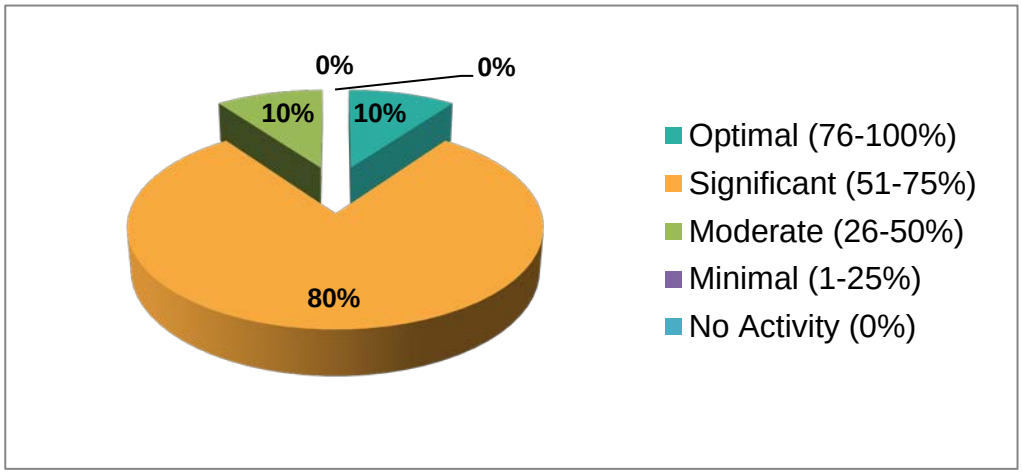
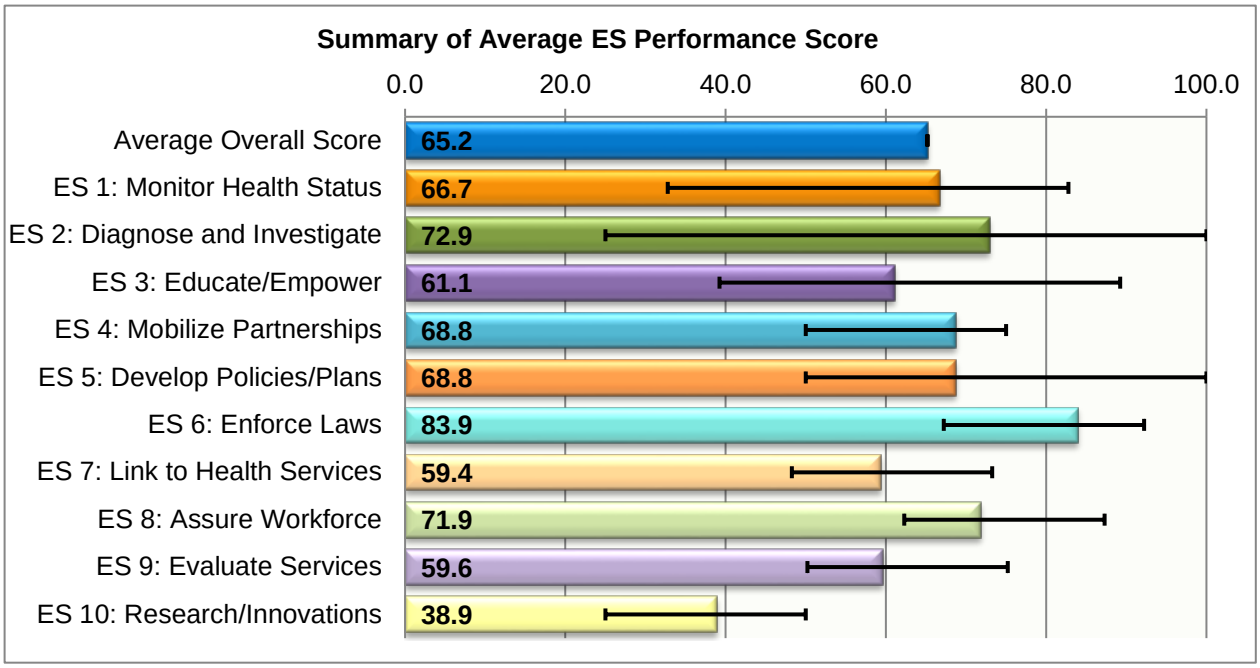


FIGURE 46: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES, COLUMBIA COUNTY LOCAL PUBLIC HEALTH SYSTEM, 2018



Summary of Notes from Columbia County LPHSA Discussions

Optimal Activity	76-100%
Significant Activity	51-75%
Moderate Activity	26-50%
Minimal Activity	1-25%

Strengths	Weaknesses	Opportunities for Improvement
Essential Service 1: Monitor Health Status to Identify Community Health Problems Average Score: 66.6 (Significant Activity) Relative Rank: 6th		
• Community health assessments conducted regularly, use MAPP process to assure a thorough process • Have access to data through Florida CHARTS and WellFlorida Council, use electronic media to access and present data • Partners are aware of statutory requirements to report to health registries; recognize value of reporting to voluntary registries	• Broader participation in community health assessment process by community partner organizations is needed; could do much better at sharing assessment results and reports; should promote use of assessment documents in planning by partner organizations and governmental entities • Need to look for ways to access the latest data and present local data that are meaningful for understanding health issues and identifying populations and geographies at higher risk for poor health outcomes • Availability of registry data may not be widely known	• Continue to identify new partners, encourage participation and promote the dissemination of the final community health assessment documents • Routinely update and augment community health assessment with data • Use registry data in assessment and determining health priorities
Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards Average Score: 72.9 (Significant Activity) Relative Rank: 2nd		
• Strong disease and environmental surveillance in county, region and state • DOH staff know how to navigate the system and can share information with partners	• To remain current need resources for disease surveillance, including technology assets and training for surveillance partners; relationships among surveillance partners can impact system functioning	• Pursue funding for surveillance resources • Develop and foster relationships among surveillance partners • Continue training on and exercising plans, engage with North Central Florida Health

Strengths	Weaknesses	Opportunities for Improvement
• Written protocols and standards are followed and evaluated, updated regularly • State laboratory services available and accessible 24/7 if needed	• Wider involvement in After Action Reporting and improvement planning • Inform partners about laboratory service availability	Care Coalition as an additional regional asset • Train surveillance partners and others on laboratory services and protocols
Essential Service 3: Inform, Educate and Empower People about Health Issues Average Score: 61.1 (Significant Activity) Relative Rank: 7th		
• Health information is generally widely available, community partners make substantial efforts to coordinate health education efforts and seek the engagement of priority populations when planning and implementing health education; there is significant dialog among leaders in Columbia County • The CHIP is an example of successful positive action to engage the community • Some partner organizations have robust communication plans and trained public information officers • Partners shared examples of plans such as United Way, Department of Health, Emergency Management • Tobacco Free Partnership provided an example of how the Public Information Officer position is guided by policy and procedure appropriate to the organization's mission • Emergency communication plans and resources are strengths, improving and assuring communications during emergencies is a priority	• More participation from the community at large is needed; dialog is ongoing but may not result in positive change; engagement may not be two-way or reciprocated among partners • Capacity for developing communication plans varies among partner organizations • Organizational capacity can be helped or hindered by their use of communication technology and ability to identify priority populations • Keeping up with emerging technologies can be a challenge, affordability of equipment	• Examine methods of outreach and community engagement • Make communication planning and training resources available • Identify grants and other programs to expand communication resources and training

Strengths	Weaknesses	Opportunities for Improvement
• Trained personnel are available		
Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems Average Score: 68.8 (Significant Activity) Relative Rank: 4th		
• Community partner organizations work well together and welcome new participants • Community health improvement partnership is long-standing	• Managing the community directory may be person-dependent, could be a more collaborative process; partners encourage participation in activities but response can be lacking • More community partners are welcome, need to assure diversity of opinions and perspectives in the partnership	Community health improvement partnership is long-standing • Create a process for maintaining the community organization directory that is easier to manage • Renew recruitment efforts, link broadening of community health improvement partnership with creation of new CHIP
Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts Average Score: 68.8 (Significant Activity) Relative Rank: 5th		
• DOH-Columbia is a respected community agency • DOH-Columbia and other partner agencies are responsive to the need to keep policymakers and the community informed about policy-related issues impacting the public's health; expectation is to educate on health issues • Columbia County has a long-standing history of leadership in community health improvement planning, CHIP strategies aligned with DOH-Columbia strategic plan and United Way • Have strong local, county, regional and state emergency response plans	• Public health could always use more resources and sustained community support; must assure that public health has resources for both routine and emerging health issues • All public health system partners have the duty and responsibility to educate on health impacts • More community partner organizations' goals and objectives could be linked and/or aligned with the CHIP • Involve all community entities in preparedness planning	• Continue to educate local leaders and the community about the work of public health in Columbia County • Consider a "Health in All Policies" approach to local and regional policy development • Include step to align/link strategic plans in the CHIP process • Wider participation in drills and tests
Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety Average Score: 83.9 (Optimal Activity) Relative Rank: 1st		

Strengths	Weaknesses	Opportunities for Improvement
• DOH-Columbia performs its statutorily mandated regulation and enforcement activities according to set standards • DOH-Columbia and partners participate in improving laws and regulations when feasible • Public health authority is generally clear in statute	• Staff shortages can present challenges • Political influences can be higher in smaller communities, could be more proactive in enhancing laws and regulations • DOH-Columbia has certain statutory authorities but can need enforcement partners at times; need to share evaluation of compliance by regulated entities	• Continue training and provision of technical assistance and resources • Conduct evaluation of compliance among regulated entities
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable Average Score: 59.4 (Significant Activity) Relative Rank: 9th		
• Numerous community agencies work towards improving and assuring access to health and social services in Columbia County • Connections and linkages are made where services are available	• Identifying needs can be difficult in rural areas • May have high level understanding of reasons people do not get the services they need but lack thorough understanding of behaviors of groups (e.g., senior citizens, working poor, teens) • Roles of agencies are not always clear which can result in duplication of efforts and gaps • Could have better understanding of why people do or do not seek and/or get health care and social services • Lack of awareness of service availability on the part of consumers • Deficits in social services make coordination and assurance challenging • Lack of transportation is problematic • Gaps in services for some groups but not for others	• Better coordination and communication needed among providers and agencies • Use assessment data and findings to reduce barriers to care and services, improve access

Strengths	Weaknesses	Opportunities for Improvement
	(e.g., youth, senior citizens, veterans) which results in disparities in service levels	
Essential Service 8: Assure a Competent Public and Personal Health Care Workforce Average Score: 71.9 (Significant Activity) Relative Rank: 3rd		
• A workforce assessment and development plan for DOH is conducted at the state level • Public health workforce is certified and licensed as required by laws and regulations • Job standards and descriptions are routinely available for employees • Career long learning is encouraged • Leadership opportunities exist	• Local assessment is needed • Consistent use of standards not always evident • Resources and authority to offer incentives are limited • Barriers to use of some benefits exist (e.g., tuition waiver) • Clear understanding of the social determinants of health is lacking among some sectors of the public health system • Workforce may need motivation to pursue leadership opportunities along with mentoring and training to develop sustained leadership roles	• With partners, assess local workforce capacity and needs, plan development strategies • Continue to refine job descriptions and standards to accurately reflect the work performed and required of public health professionals • Pursue novel ways to incentivize participation in training and skills development • Educate community partners and the community at large about the social determinants of health • Train social and health care providers on how to employ strategies to address barriers encountered because of these determinants • Partner with academic institutions and professional organizations to offer leadership development resources
Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Health Services Average Score: 59.6 (Significant Activity) Relative Rank: 8th		
• Organizations that provide population-based programs conduct evaluations • Personal health service providers conduct evaluations and use guidelines when available • Local public health system assessment done with every	• Evaluation results may not be widely shared • Information about evaluation results is not widely known or available • Quality of personal health services is not discussed in community forums	• Identify ways to share results, promote population-based services • Room for improvement in compatibility of electronic health records and coordination of use • Apply and highlight use of system assessment data in

Strengths	Weaknesses	Opportunities for Improvement
community health assessment process cycle, i.e., 3-5 years	• Many partners are unsure of what is done to evaluate personal health services • Local public health system assessment done with every community health assessment process cycle, i.e., 3-5 years	the community health assessment report and in informing the selection of Columbia County health priorities
Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems Average Score: 38.9 (Moderate Activity) Relative Rank: 10th		
• Public health system partners are interested in research findings and innovations • Performance management and performance improvement are emerging priorities for many partners • Mechanisms are in place for partnering with institutions of higher learning to advance public health practice and research • Public health workforce is accustomed to employing best- and/or promising practices that emerge from studies	• Competing priorities can make participation in research difficult • Resources, including leadership and staff time, are needed to make regular participation with academic partners on research projects feasible • Research is low on the priority list for most front-line health and social service provider staff • Resources for research are very limited	• Identify strategies to support quality improvement and the advancement of emerging, innovative and promising practices • Pursue partnerships with local and regional research organizations and academic institutions

Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Columbia County. Second is a section describing Strategic Issue Areas that were identified as part of the assessment process and includes some key considerations on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Columbia County. Third is a section dedicated to links to major national databases of community health improvement best practices that will be critical resources for identifying proven effective programs and interventions that could be implemented in Columbia County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes which comprise an overview of the major health needs and issues in Columbia County as identified through the community health assessment process. The themes described below emerged from the four assessments conducted as part of Columbia County's MAPP process. That process included the Health Status assessment through a comprehensive secondary data review, the Local Public Health System capacity assessment using the CDC assessment tool, the Forces of Change process of identifying opportunities and threats that currently impact and pose potential future threats and opportunities to health, and lastly the Community Themes and Strengths Assessment conducted through primary data collection to hear community opinions and perspectives on health issues. These intersecting themes were also considered in the identification and prioritization of potential strategic issues. For ease of understanding 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 three intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants of Health
  - Poverty
  - Limited employment opportunities
  - Lack of affordable housing
  - Homelessness
  - Social isolation in rural population
- Health Status and Health Behaviors
  - Causes of death
    - Cancer
    - Heart Disease
    - Chronic Lower Respiratory Disease

    - Diabetes
    - Unintentional Injuries including alcohol-related motor vehicle crash injuries and deaths
  - Health disparities
  - Infant mortality
  - Late entry into prenatal care
  - Child health and safety
  - Mental health problems
    - Trauma-impacted children
  - Substance and drug abuse
  - Tobacco use including e-cigarette and smokeless tobacco products
  - Distracted driving
  - Violence and domestic violence
  - Dental and oral health issues
  - Overweight and obesity
  - Poor nutrition and food choices
- Health Care Resources
  - Inappropriate use of Emergency Departments for routine primary, dental and mental health care
  - Lack of health care providers and services, specialty care physicians, and dentists
  - Lack of affordable health insurance and sufficient health insurance coverage
  - Rising costs of health care and prescription medication
  - Barriers to linking people to needed health and social services
- Community Infrastructure and Environment
  - Need to capitalize on capacity to mobilizing partners and the community to address health problems
  - Threats to natural resources and the environment, changing frequency and intensity of weather events including hurricanes
  - Persistent issue of transportation
  - Challenges with technology use and Internet access

STRATEGIC PRIORITY ISSUE AREAS

The February 18th meeting of the Columbia County community health assessment steering committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review or Health Status Assessment, Forces of Change and Local Public Health System Assessments, and Community Themes and Strengths primary data collection via the community and provider surveys. The committee discussed the characteristics of strategic priorities to

assure a common understanding of their scope, scale, and purpose. Prioritization considerations included issue importance, urgency, impact, feasibility and resource availability. A facilitated consensus workshop moved the discussion from creating the list of issues (shown above) to identifying the intersecting themes. Through the consensus process the intersecting themes converged into six (6) broad topic areas of technology, access to care, unintentional injuries, tobacco use, mental health and overweight and obesity. Steering committee members then used a multi-voting process to arrive at four (4) strategic priority issue areas. They further discussed and refined the issue labels to more concisely state the overarching theme of each along with consolidating the potential goal areas that will drive and support future interventions. The priority issue areas below will move forward for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Access to Care including
  - Enhancing access to primary care, mental health services, dental care and specialty care
  - Health literacy on appropriate use of health care services and resources
  - Linking people to needed health and social services
  - Addressing costs, benefit programs and wise use of health insurance
- Physical and Nutritional Wellness including
  - Healthy eating and access to sufficient, nutritious, affordable foods
  - Physical activity and the environments and policies that encourage activity
  - Management of chronic diseases and conditions such as overweight and obesity, diabetes, cancer, heart disease
- Mental Health Promotion including
  - Prevention of mental health issues
  - Addressing resources for substance and drug abuse treatment and recovery
- Tobacco Use Prevention and Awareness including
  - Lowering rates of youth and adult use of tobacco, e-cigarettes and smokeless tobacco products
  - Prevention of diseases and conditions related to tobacco use and exposure

Thoughtful consideration was also given to issues that were ultimately set aside. It was decided that the problem of unintentional injuries was being addressed by local, county and state law enforcement and safety advocacy groups. Maternal and infant health issues were actively being tackled by the Healthy Start Coalition. Employment and housing challenges were under the jurisdiction of local economic development groups. Likewise, preservation of natural resources and ecosystem currently receives support from local and state private and governmental environmental agencies and groups.

Steering committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. 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 Columbia County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and educate on the appropriate utilization of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental health problems, substance abuse, and tobacco use
- Enhance or create programs to more effectively and efficiently manage chronic diseases and oral health
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Enhance or create policy, programs and environmental change to address unintentional injuries and suicide
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider policy, environmental change, interventions, and programs to address root causes (social determinants of health)

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Columbia County, community partners should 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. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or 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 prior to any type of intervention identification or prioritization with the community. Presented below are six of the most frequently utilized and widely respected databases of practices for improving community health.

- Center for Disease Control and Prevention Community Health Improvement Navigator
  http://wwwn.cdc.gov/chidatabase
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

http://www.countyhealthrankings.org/policies/

- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
  http://www.thecommunityguide.org/index.html
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
  https://www.healthypeople.gov/2020/tools-resources/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 Kansa KU Work Group for Community Health and Development
  http://ctb.ku.edu/en/databases-best-practices

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following table presents results of a query of these best practices for some of the key health issue/needs areas in Columbia County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Columbia County and need enhancement while others represent new opportunities.

FIGURE 42: PROMISING INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs	Evidence-Based	The Community Guide:

Issue	Practice or Intervention	Effectiveness	Source
	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).		http://www.thecommunityguide.org/oral/schoolsealants.html
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: http://www.thecommunityguide.org/oral/fluoridation.html
Distracted Driving	Evidence-Based Strategies/Interventions Review for Distracted Driving Literature review of peer-reviewed journals, government resources, injury prevention organizations and private corporations' publications. Focus is limited to interventions to reduce distracted driving.	Systematic Review	Texas Governor's EMS and Trauma Advisory Council, Injury Prevention Committee: https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IP-DistractedDriving.pdf
Mental Health	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.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html

Issue	Practice or Intervention	Effectiveness	Source
	of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.		
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program 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.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better 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.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results	Evidence-Based	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	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, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209

Issue	Practice or Intervention	Effectiveness	Source
	Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.		
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at 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.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of

Issue	Practice or Intervention	Effectiveness	Source
	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.		
Physical Activity	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase the safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:	Systematic Review	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html

Issue	Practice or Intervention	Effectiveness	Source
	•Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities		
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.	Systemic Review	The Hamilton Project: http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting 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.	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Substance Abuse	Brief Interventions and Brief Therapies for Substance Abuse: Treatment Improvement Protocols (TIPs) Series TIPs draw on the experience and knowledge of clinical, research, and administrative experts of various forms of treatment and prevention.	Best Practice	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: https://www.ncbi.nlm.nih.gov/books/NBK64947/pdf/Bookshelf_NBK64947.pdf

Issue	Practice or Intervention	Effectiveness	Source
Substance Abuse	Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family and society.	Evidence-Based	National Institutes of Health, National Institute on Drug Abuse: https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/evidence-based-approaches-to-treating-adolescent-substance-use-disorders
Tobacco Use	Evidence-based Interventions at a Glance Each intervention specifies the target population, setting and strategies	Systemic Review of Evidence-Based Interventions	Missouri Information for Community Assessment (MICA) https://health.mo.gov/data/InterventionMICA/Tobacco/index_5.html
Tobacco Use	Cell Phone-based Tobacco Cessation Interventions Review of interventions that generally include cessation advice, motivational messages or content to distract from cravings.	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions
Tobacco Use	Mass Media Campaigns Against Tobacco Use 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	Evidence-Based	University of Wisconsin Population Health Institute, County Health Rankings http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-tobacco-use

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials: Community Survey and Provider/Partner Survey

STEERING COMMITTEE MEMBERS

- Belena "Billie" Adkins, Community Hospice and Palliative Care
- Kim Allison, Columbia County School District
- Tiara Arline, Columbia County School District
- Cindy Bishop, Florida Department of Children and Families
- Donna Bowen, Columbia County Senior Center
- Brenda Brown, Florida Department of Health in Columbia and Hamilton County
- Travis Brown, Century Ambulance
- Levi Buwalda, United Way intern/Community Member
- Sarah Catalanotto, Suwannee River Area Health Education Center (AHEC)
- Halie Corbitt, Florida Department of Health in Columbia and Hamilton County
- Jeff Crawford, Columbia County Fire Rescue
- Judy Dampier, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) Extension
- Rita Dopp, United Way of Suwannee Valley
- Brook Frye Suwannee River Area Health Education Center (AHEC)
- Monique Griiffis, Columbia County School District
- Erin Harvey, Florida Department of Health in Columbia and Hamilton County
- Jessica Ivey, Palms Medical Group
- Carolyn Jaeger, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS)
- Heather Janney, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS)
- Anton Kootte, Meridian Behavioral Healthcare
- Frank Lewis, Columbia County Public Library
- Melanie Mcafee, University of Florida/Institute of Food and Agricultural Sciences (UF/IFAS) Extension
- Tom Moffses, Florida Department of Health in Columbia and Hamilton County
- Philip Mobley, Northside Church of Christ
- Shayne Morgan, Columbia County Emergency Management
- Candi Morris, Florida Department of Health/WIC Program
- Joey O'Hern, Quit Doc/Tobacco Free Partnership
- Erin Peterson, Healthy Start of North Central Florida
- Lauren Pinchouck, Haven Hospice
- Ena Reid, Volunteer/Community Member
- Janie Richardson, Early Learning Coalition
- Marjorie Rigdon, Florida Department of Health in Columbia and Hamilton County
- Lynn Sullivan, Haven Hospice
- Lisa Swisher, Florida Department of Health in Columbia and Hamilton County
- Dale Tompkins, Church on the Way
- Paula Vann, Columbia County Tourist Development

- Melissa Wallach, Veterans Administration
- Shatonia Williams, Another Way Inc.

FORCES OF CHANGE MATERIALS

Forces of Change Brainstorming Worksheet

The following worksheet is designed for the Columbia County CHA Steering Committee and invited guests for the Forces of Change brainstorming session. In small groups or individually, please complete this Forces of Change Brainstorming Worksheet in preparation for the discussion that will follow.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

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

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change - outside of Columbia County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Columbia County's ability to improve community health outcomes.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, brainstorm a list of the Forces of Change that you believe will be the most important **within the next three (3) years**, including **factors**, **events**, and **trends** (see definitions of these terms on previous page). Continue onto another page if needed.

Worksheet Example: Factors, events and trends affecting Columbia County:
Example 1: Stagnant economy
Example 2: Changes to Affordable Care Act
Example 3: Rise in opioid use and other substance abuse issues

Factors, events and trends affecting Columbia County:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org

SURVEY MATERIALS

COMMUNITY MEMBER SURVEY

2018 Columbia County and Hamilton County Community Survey

Dear Community Member,

The Florida Department of Health in Columbia County and Hamilton County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring comprehensive Community Health Assessments to be completed by March 31, 2019. We request your input, as a community member, on the most pressing health and health care issues facing our communities now and beyond 2019. Your responses will inform local community health improvement planning and guide efforts to build healthier communities. Your individual responses to this survey will remain confidential. This survey consists of 34 questions and should take approximately 10-15 minutes to complete.

At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the six (6) $25 gift cards that will be given away. Three (3) will be awarded in Columbia County and three (3) awarded in Hamilton County. If you are interested, please provide a telephone number and/or e-mail address so that we may contact you for mailing information if your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential and only be used for this stated purpose.

Please note, you must be 18 years of age or older and live or work in Columbia County or Hamilton County to participate in this survey and to be eligible for the random drawing of six gift cards valued at $25 each.

This survey is being distributed throughout Columbia County and Hamilton County. This survey will be available from Thursday, November 1, 2018 through Monday, December 17, 2018. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a gift card.

If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.

Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Christine Abarca at WellFlorida Council (www.wellflorida.org). The phone number is 352-727-3767 and her e-mail address is cabarca@wellflorida.org.

PLEASE NOTE, YOU MUST BE 18 YEARS OF AGE OR OLDER AND LIVE OR WORK IN COLUMBIA COUNTY OR HAMILTON COUNTY TO PARTICIPATE IN THIS SURVEY.

1. Please select one (1) response.

O Yes, I am 18 years of age or older

O No, I am 17 years of age or younger. *Sorry! You are not eligible to take this survey. Thank you for your interest in improving health in Columbia and Hamilton County.*

2. Please select one (1) response.

O I live in Columbia County. Please go to Question 4.
O I am a seasonal resident of Columbia County. Please go to Question 4.
O I live in Hamilton County. Please go to Question 4.
O I am a seasonal resident of Hamilton County. Please go to Question 4.
O I do not live in Columbia or Hamilton County. Please go to Question 3.

3. Please select one (1) response. If you work in both Columbia County and Hamilton County, please select one (1) county and base your responses on that county. You may take the survey a second time to respond for the second county.

O I work in Columbia County.

O I work in Hamilton County.

O I do not work in Columbia nor Hamilton County. *Sorry! If you do not live or work in Columbia County or Hamilton County you are not eligible to take this survey. Thank you for your interest in improving health in Columbia and Hamilton County.*

4. In which zip code do you live? If you do not live in Columbia or Hamilton County, please indicate the zip code where you work in Columbia County or Hamilton County.

o 32024
o 32025
o 32038
o 32052
o 32053
o 32055
o 32056
o 32061
o 32096
o Other, please specify

_____

5. What do you think are the five (5) most important features of a "Healthy Community" (that is, what contributes most to having a healthy community and good quality of life)? Please select five (5) choices from the list below.

- o Access to health care including primary care and specialty care, dental care and mental health care
- o Access to convenient, affordable and nutritious foods
- o Affordable goods/services
- o Affordable housing
- o Affordable utilities
- o Arts and cultural events
- o Awareness of health care and social services
- o Clean environment
- o First responders, Fire/Rescue/EMS, emergency preparedness
- o Good place to raise children
- o Good race/ethnic relations
- o Good schools
- o Healthy behaviors
- o Job opportunities for all levels of education
- o Low crime/safe neighborhoods
- o Low level of child abuse
- o Low level of domestic violence
- o Low preventable death and disease rates
- o Low rates of infant and childhood deaths
- o Parks and recreation
- o Places of worship
- o Public transportation system
- o Religious or spiritual values
- o Strong economy
- o Strong family ties
- o Other, please specify _____

6. From the list below, please identify the five (5) *behaviors* that you believe have the greatest negative impact on the overall health of people in Columbia County and Hamilton County. Please select five (5) choices.

- o Alcohol abuse
- o Distracted driving (e.g., texting while driving)
- o Dropping out of school
- o Drug abuse
- o Eating unhealthy foods/drinking sugar sweetened beverages
- o Lack of personal responsibility
- o Lack of sleep
- o No physical activity
- o Not getting immunizations to prevent disease (e.g., flu shots)
- o Not using birth control
- o Not using health care services appropriately
- o Not using seat belts/child safety seats
- o Overeating
- o Racial/ethnic relations
- o Starting prenatal care late in pregnancy
- o Stress management
- o Tobacco use
- o Unsafe sex
- o Unsecured firearms
- o Violence
- o Other, please specify _____

7. How safe do you feel where you live? Or, if you do not live in Columbia or Hamilton County, how safe do you feel where you work in Columbia or Hamilton County?

- O Very safe
- O Somewhat safe
- O Neither safe nor unsafe
- O Somewhat unsafe
- O Very unsafe

8. What health care services are difficult to obtain in Columbia County and Hamilton County? (Check all that apply)

- O Alternative medicine/therapy
- O Dental/oral care
- O Emergency room care
- O Family planning/birth control
- O In-patient hospital care
- O X-rays/mammograms
- O Prescriptions/medications or medical supplies
- O Preventive care (e.g., check-ups)
- O Primary care (e.g., family doctor)
- O Specialty care (e.g., heart doctor, neurologist, orthopedic doctor)
- O Substance use services (e.g., drug, alcohol)
- O Urgent care (e.g., walk-in clinic)
- O Laboratory services
- O Mental health/counseling
- O Physical therapy/rehabilitation therapy
- O Vision/eye care
- O Prenatal care
- O Other, please specify _____

9. From the following list, what do you think are the five most important "Health Problems" (those problems which have the greatest impact on overall community health) in Columbia County and Hamilton County? Please select five (5) choices.

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

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

- o Yes. Please go to Question 11.
- o No. I got the dental care I needed or didn't need dental care. Please go to Question 12.

11. What were the reasons you could not get the dental care you needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No dentists available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

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

- O Yes. Please go to Question 13.
- O No. I got the health care I needed or didn't need care. Please go to Question 14.

13. What were the reasons you could not get the primary care you needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No primary care providers (doctors, nurses) available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

14. During the past 12 months, was there a time when you needed mental health care but couldn't get it?

- O Yes. Please go to Question 15.
- O No. I got the mental health care I needed or didn't need mental health care. Please go to Question 16.

15. What were the reasons you could not get the mental health care you needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No mental health care providers available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

16. Are you responsible for getting health, dental and/or mental health care for a child or children under the age of 18?

- O No. Please go to Question 23.
- O Yes. Please go Question 17.

17. During the past 12 months, was there a time when your child or children needed dental care, including check-ups, but didn't get it?

- O Yes. Please go to Question 18.
- O No. My child or children got the dental care they needed or didn't need dental care. Please go to Question 19.

18. What were the reasons you could not get the dental care your child or children needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No dentists available
- O Service not covered by insurance or no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

19. During the past 12 months, was there a time when your child or children needed to see a primary care doctor for health care but couldn't?

- O Yes. Please go to Question 20.
- O No. My child or children got the health care they needed or didn't need health care. Please go to Question 21.

20. What were the reasons you could not get the primary care your child or children needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No primary care providers (doctors, nurses) available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

21. During the past 12 months, was there a time when your child or children needed mental health care but couldn't get it?

- O Yes. Please go to Question 22.
- O No. My child or children got the mental health care they needed or didn't need mental health care. Please go to Question 23.

22. What were the reasons you could not get the mental health care your child or children needed during the past 12 months? Select all that apply.

- O Cost
- O No appointments available or long waits for appointments
- O No mental health care providers available
- O Service not covered by insurance or have no insurance
- O Transportation, couldn't get there
- O Other, please specify _____

23. How would you rate the overall health of residents in the county where you live or work (that is, Columbia County or Hamilton County)? Please select one (1) choice.

- O Very unhealthy
- O Unhealthy
- O Somewhat healthy
- O Healthy
- O Very healthy

24. From the list below, please check the activities that you would be interested in participating in (check all that that apply).

- o Attend health fairs or forums
- o Attend healthy cooking classes or programs
- o Attend classes or programs on healthy eating and nutrition
- o Use nature trails for walking, running, biking
- o Take your children to low-cost summer or after-school activities that promote physical activity
- o Use low-cost exercise options
- o Support community (city or county) resolutions that address tobacco use
- o Support community (city or county) resolutions that promote healthy eating and physical activity
- o Visit Facebook pages or other social media concerning healthy eating and physical activity
- o Join a community weight loss challenge
- o Other, please specify _____

25. How would you rate your own personal health?

- O Very unhealthy
- O Unhealthy
- O Somewhat healthy
- O Healthy
- O Very healthy

Now we need to find out a little about you. This information is confidential and will not be shared.

26. What is your age?

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

27. What is your gender?

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

28. What racial/ethnic group do you most identify with?

- O American Indian or Alaskan Native
- O Asian Pacific Islander
- O Black or African American (Non-Hispanic)
- O Hispanic or Latino
- O Multiracial/Multiethnic
- O White (Non-Hispanic)
- O I prefer not to answer
- O Other (please specify) _____

29. What is the highest level of school you have completed? Please select one (1) response.

- O 12th grade or less, no diploma
- O High school diploma or GED
- O Some college, no degree
- O Technical or trade school certificate
- O Associate's degree (e.g., AA or AS)
- O Bachelor's degree (e.g., BA or BS)
- O Master's degree (e.g., MA or MS) and above including professional degree (e.g., PhD, MD, JD)
- O I prefer not to answer

30. Which of the following best describes your current employment status? Check all that apply

- O Employed (Full-time)
- O Employed (Part-time)
- O Full-time student
- O Part-time student
- O Retired
- O Self-employed
- O Unemployed
- O Work two or more jobs
- O I prefer not to answer
- O Other (please specify) _____

31. What type of health insurance do you currently have? Please select one (1) response.

- O Medicaid
- O Medicare
- O Medicare + supplement
- O Private insurance that I purchase myself
- O Insurance through my employer (includes insurance you pay for through your place of employment)
- O VA/Tricare
- O I have no health insurance
- O I prefer not to answer
- O Other (please specify) _____

32. Who lives in your household? Please select the one choice that best describes your living arrangements.

- O Family household (husband-wife, spouses or partners) with children under the age of 18
- O Family household (husband-wife, spouses or partners) with no children under the age of 18
- O Male householder (no wife, spouse or partner present) with children under the age of 18
- O Female householder (no husband, spouse or partner present) with children under the age of 18
- O Male householder living alone (no wife, spouse or partner present)
- O Male householder living alone (no wife, spouse or partner present) 65 years of age or older
- O Female householder living alone (no husband, spouse or partner present)
- O Female householder living alone (no husband, spouse or partner present) 65 years of age or older
- O I prefer not to answer
- O Other, please specify _____

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

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

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

_____

_____

_____

If you want to be entered in the drawing to win a $25 gift card, please provide your email address or phone number. If your survey is drawn as the winner, you will be contacted by phone or email, whichever you prefer.

Email address: _____

Phone number: _____

Please return your completed survey to the agency/organization that provided it to you. You may also return the survey to:

- Florida Department of Health in Columbia County, 217 NE Franklin Street, Lake City, FL 32055
- Florida Department of Health in Hamilton County, 209 SE Central Avenue, Jasper, FL 32052

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

PROVIDER SURVEY

2018 Columbia and Hamilton County Provider and Partner Survey

Dear Health Care/Social Service Provider and Community Partner,

The Florida Department of Health in Columbia County and Hamilton County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Assessment to be completed by March 31, 2019. We request your input as a health care/social service provider and/or community partner, on the most pressing health and health care issues facing our community now and beyond 2019. Your responses will inform community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 10 questions and some demographic items. It should take no more than 10 minutes to complete.

This survey is being distributed throughout Columbia County and Hamilton County. The survey will be available from Thursday, November 1, 2018 through Monday, December 17, 2018.

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

1. Do you provide health care social services or community services to Columbia and/or Hamilton County residents?

- ❍ Yes
- ❍ No

2. What type of health care provider are you?

- ❑ Advanced Registered Nurse Practitioner (including all specialties and certification types)
- ❑ Dentist
- ❑ Dietitian/Nutritionist
- ❑ Mental Health Counselor/Substance Abuse Counselor
- ❑ Nurse
- ❑ Occupational Therapist
- ❑ Pharmacist
- ❑ Physician
- ❑ Physician Assistant
- ❑ Physical Therapist
- ❑ Speech Language Pathologist
- ❑ I do not provide health care services
- ❑ Other (please specify) _____

2a. If physician is selected in Question 2, what is/are your specialties?

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

3. In the following list, what do you think are the **five** (5) most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- ❑ Access to convenient, affordable and nutritious foods
- ❑ Access to health care including primary and specialty care, dental care and mental health care
- ❑ Affordable goods/services
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Arts and cultural events
- ❑ Awareness of health care and social services
- ❑ Clean environment
- ❑ First responders, Fire/Rescue/EMS, Emergency preparedness
- ❑ Good place to raise children
- ❑ Good race/ethnic relations
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles

- ❑ Job opportunities for all education levels
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of adult deaths and disease
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Places of worship
- ❑ Public transportation
- ❑ Religious or spiritual values
- ❑ Strong economy
- ❑ Strong family life
- ❑ Other (please specify) _____

4. In the list below, please identify the **five (5)** behaviors that you believe have the greatest negative impact on the overall health of people in Columbia County and Hamilton County. Please select five (5) choices.

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

5. What health care services are difficult to obtain in Columbia County and Hamilton County? Please select all that apply.

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

6. In the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Columbia County and Hamilton County? Please select five (5) choices.

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

7. Would you say the overall health of residents of Columbia County and Hamilton County? Please select **one** (1) response.

❍ Very unhealthy
❍ Unhealthy
❍ Somewhat healthy
❍ Healthy
❍ Very healthy

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

❑ Cost
❑ Inability to use technology effectively
❑ Lack of access to sufficient time with a health care provider

- ❑ Lack of coverage by insurance company
- ❑ Lack of knowledge
- ❑ Self-discipline/motivation
- ❑ Other (please specify) _____

9. What can Columbia County and Hamilton County do to help improve the health of your clients and others in the community? Please check all that apply.

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

10. Would you say the overall accessibility to health care for residents of Columbia County and Hamilton County is? Please select **one (1)** choice.

- ❍ Poor
- ❍ Fair
- ❍ Good
- ❍ Very Good
- ❍ Excellent

The next series of questions are general demographic questions.

11. What is your age?

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

12. How would you rate your own personal health?

- ❍ Very unhealthy
- ❍ Unhealthy
- ❍ Somewhat healthy
- ❍ Healthy
- ❍ Very healthy
- ❍ I prefer not to answer

13. What is your gender?

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

14. What racial/ethnic group do you most identify with?

- ❍ American Indian or Alaskan Native
- ❍ Asian Pacific Islander
- ❍ Black or African American (Non-Hispanic)
- ❍ Hispanic or Latino
- ❍ Multiracial/Multiethnic
- ❍ White (Non-Hispanic)
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

15. How long have you practiced your profession?

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

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

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

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

_____

_____

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the needs assessment process, please do not hesitate to contact Christine Abarca of WellFlorida Council at cabarca@wellflorida.org or 352-727-3767.