LAFAYETTE COUNTY

COMMUNITY HEALTH NEEDS

ASSESSMENT 2018 - 2023
(Reviewed May 2019)

Contents

Introduction to Community Health Needs Assessments

THE LAFAYETTE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Lafayette County Community Health Assessment process was launched in August of 2017, 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 Lafayette County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Lafayette County has historically played the lead role in the development of the community health needs assessments. As an accredited health department, the Florida Department of Health in Lafayette 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 2017 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 Lafayette County Community Health Assessment Steering Committee members (steering committee) were recruited by the Health Officer of the Florida Department of Health in Lafayette County. The steering committee participated in all elements of the community health needs 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 Lafayette County. A list of steering committee members can be found in the Appendix.

The Florida Department of Health in Lafayette County engaged the services of WellFlorida Council to guide the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Lafayette 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 needs assessment effort is based on a nationally recognized model and best practice for completing needs 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 Lafayette County MAPP process. Use of the MAPP tools and process helped Lafayette 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 (FOC)
- 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 2018 Lafayette County Community Health Needs 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 needs assessment is driven by both quantitative and qualitative data collecting 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

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
    - o Community Member Survey Analysis
    - o Provider Survey Analysis
- Forces of Change Assessment
- Local Public Health System Assessment
- Key Findings
- Appendix
    - o Steering Committee Members List
    - o Forces of Change Materials
    - o Survey Materials

The Executive Summary provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. 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 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. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses will be included in the Community Themes and Strengths Assessment component.

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 November 29, 2017 with the Lafayette County Community Health Needs Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) will be completed in two sessions with one on November 15, 2017 with steering committee members and community partners and one with Florida Department of Health in Lafayette County staff on November 30, 2017. 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 key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Lafayette and Suwannee County Technical Appendix.* The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the 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 needs 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 Lafayette 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 Behaviors
- Maternal and Infant Health
- Infectious Diseases
- Mental Health
- 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 Lafayette County and its individual zip code tabulation areas to Suwannee 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 report so that users can see 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 Lafayette and Suwannee County Needs 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 Lafayette County demographic and socioeconomic profile.

POPULATION

In 2010 the U. S. Census reported the population of Lafayette County as 8,870 with males representing 61.8 percent of the population and females at 38.2 percent (Table 5 in the Technical Appendix; please note that all subsequent tables referenced here can be found in the Technical Appendix). According to the 2010 U.S. Census about 23.6 percent of the population, or 2, 094 individuals, were housed in group quarters; group quarters include correctional institutions (Table 15). The entire county is considered rural (Table 19). The Florida Bureau of Economic Business Resources 2016 estimates show a 2.8 percent decrease in Lafayette County's population to 8,621 with projections to grow by 0.4 percent to 8,909 in 2020 and by 7.2 percent to 9,512 in 2030.

According to the most recent U. S. Census data, Lafayette County has a larger proportion of younger adult residents than the state of Florida as a whole. In Florida, 38.2 percent of the total population are aged 15-44, in Lafayette County youth and young adults aged 15-24, 25-34, and 35-44 constituted 46.8 percent of the population (Table 10). These data reflect the notable percent of the institutionalized population in Lafayette County. It is important to note the different healthcare needs of the institutionalized population and demands on governmental resources to meet those needs. In addition, Lafayette County's younger population has its unique needs, challenges and opportunities that include sexual and reproductive health and injury prevention. Noteworthy are the healthcare needs of working adults that tend to require a broad spectrum of services, in areas of primary prevention as well as secondary and tertiary care for emerging chronic health conditions.   The figure below draws on data from Table 10 and illustrates the age distribution of Lafayette County residents in comparison to Suwannee County and the state of Florida.

FIGURE 1: POPULATION BY AGE GROUPS, 2010

Percent of Population By Age Groups, 2010

■ Lafayette ■ Suwannee ■ Florida
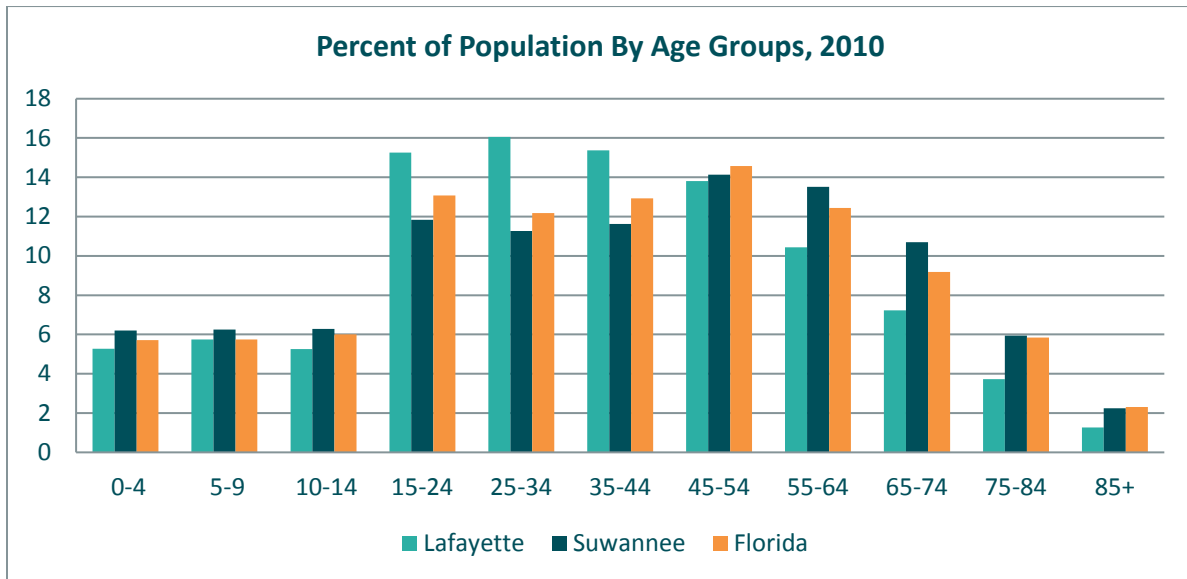
GENDER, RACE AND ETHNICITY

The U.S. Census Bureau 2011-2015 estimates show about 77.3 percent of the Lafayette County population was White, 18.1 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. About 12.0 percent of Lafayette County residents identified themselves as Hispanic or Latino. These estimates of Lafayette County's racial and ethnic makeup are shown in Figure 2 below (Table 21).

FIGURE 2: ESTIMATED POPULATION BY RACE, 2011-2015

Lafayette County, 2011-2015 Estimates

Florida, 2011-2015 Estimates
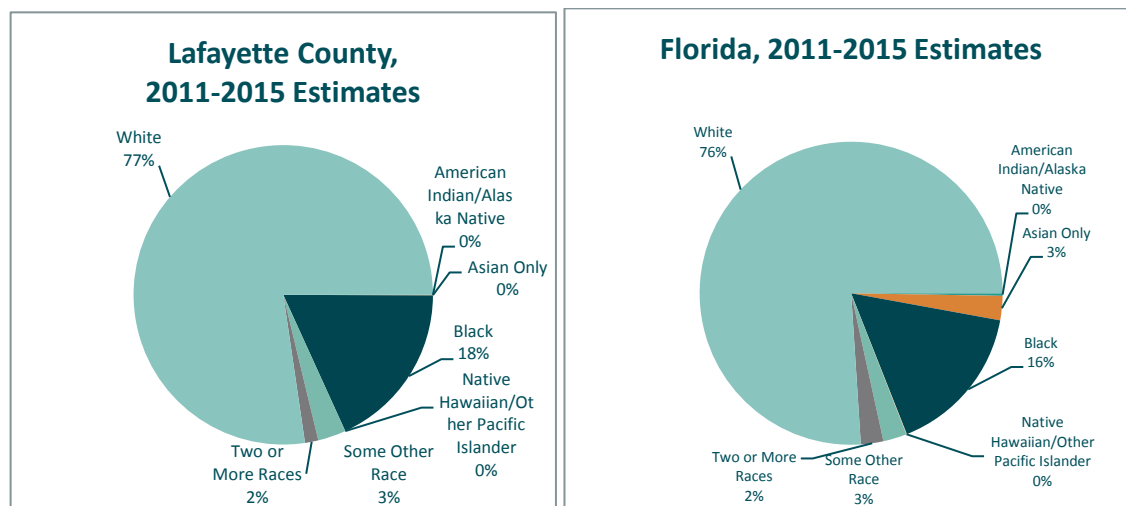
LIFE EXPECTANCY

Overall, life expectancy in Lafayette County is lower than for the state of Florida. Data from University of Washington, Institute for Health Metrics and Evaluation for 1987-2010, show male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Lafayette County, the average life expectancy for males is 72.7 years. Life expectancy for females in Lafayette County was calculated to be 78.6 years whereas for females in Florida as a whole that figure was 81.6 years. Because of small numbers, data are not available by race and ethnicity (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 Lafayette County than the state of Florida in 2015. While the state rate was 15.8 percent, the rate in the county was 23.8 percent. With regard to children living in poverty, the rates for Lafayette County were higher than the state rate at 29.5 and 23.4 percent, respectively (Table 36). The figure below uses data from Table 36 and depicts changes in the poverty rate for Lafayette and Suwannee Counties and the state from 2010 to 2015 (Table 36).

As with other demographic and socioeconomic variables, poverty rates vary geographically in Lafayette County although because of the small population data are limited. The Lafayette and Suwannee County Technical Appendix includes information about poverty by zip code tabulation areas (ZCTA; Table 37). According to data from the U.S. Census Bureau's American Community Survey (ACS) for 2011-2015, in the Mayo ZCTA (32066) 20.3 percent of the population live in poverty.

FIGURE 3: POVERTY ESTIMATES BY PERCENT, 2010-2015


Poverty Estimates, 2010-2015
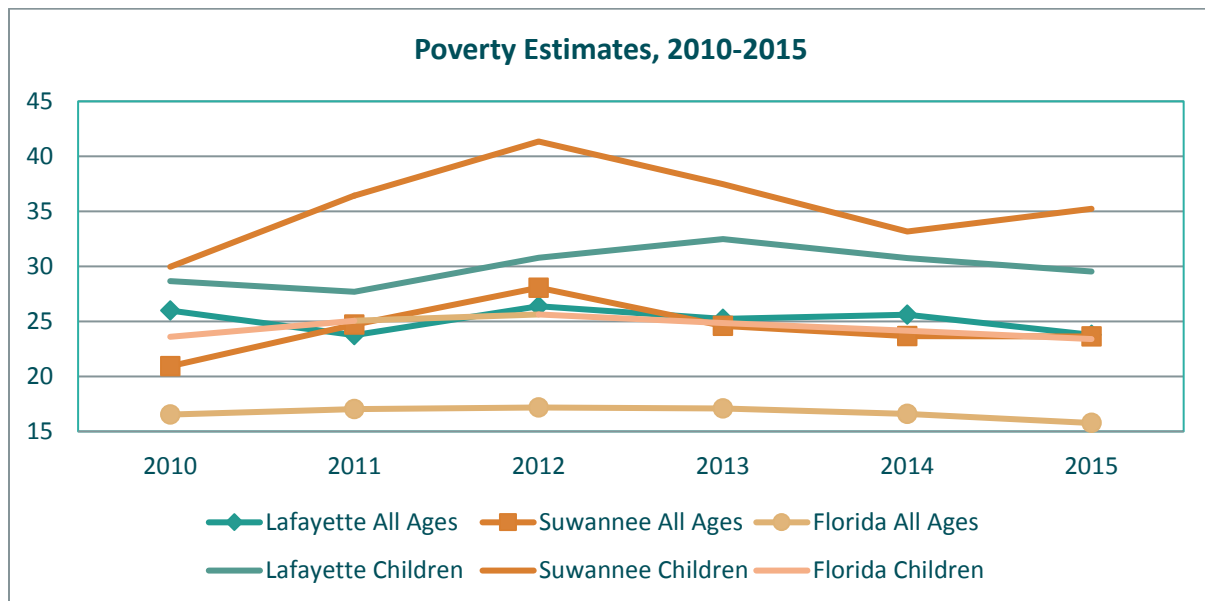
Poverty affects females and people of color disproportionately throughout the state of Florida and in Lafayette County. While the ACS data indicate that 16.0 percent of males in the county were living in poverty, 24.6 percent of females were living in poverty. These percentages are higher than state level percentages at 15.4 percent and 17.6 percent, respectively (Table 40). At the same time, there is a much larger disparity between racial categories with an estimated 16.8 percent of Whites living in poverty and 38.1 percent of Blacks living in poverty (Table 41) in Lafayette County; for Florida as a whole an estimated 14.0 percent of Whites and 27.5 percent of Blacks live in poverty.

Income

Income levels in Lafayette County are lower than the state of Florida. Looking again at ACS data, the median household income for all races in Lafayette County is estimated to be 35,864 dollars in comparison to Florida's 47,507 dollars. There are disparities in median household income within racial groups at the county and state levels. The median income for Whites in Lafayette County is 40,250 dollars and 31,657 dollars for Blacks. Hispanic median income in Lafayette County is 12,071 dollars. All are lower than for the state. These differences are depicted in the figure below using data from (Table 44).

FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2011-2015
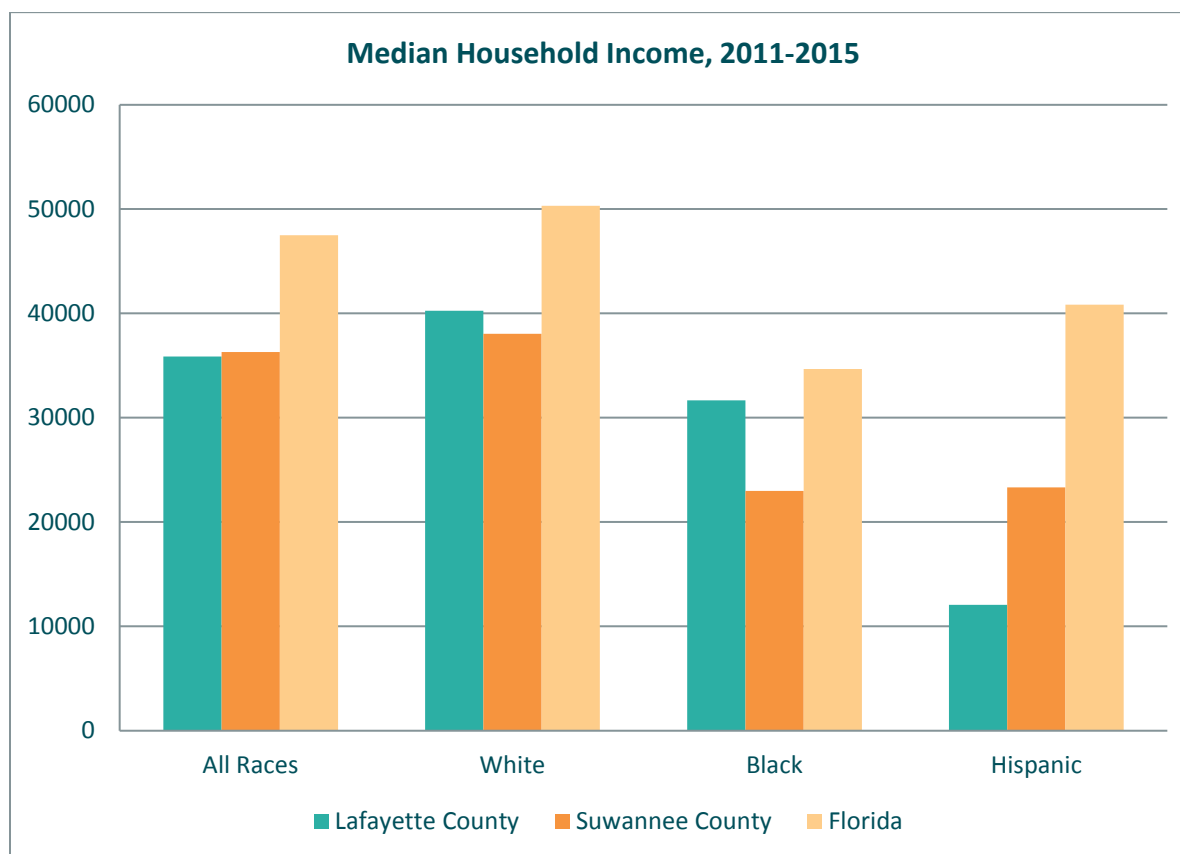
The pattern in the distribution of per capita income in Lafayette County and the state is similar to that of median household income for all races with a Lafayette County estimate of 19,404 dollars in comparison to 26,829 dollars at the state level. Also, similar racial disparities exist in per capita income at the county and state levels as can be seen, in the figure below (Table 46).

FIGURE 5: PER CAPITA INCOME, 2011-2015

Per Capita Income, 2011-2015
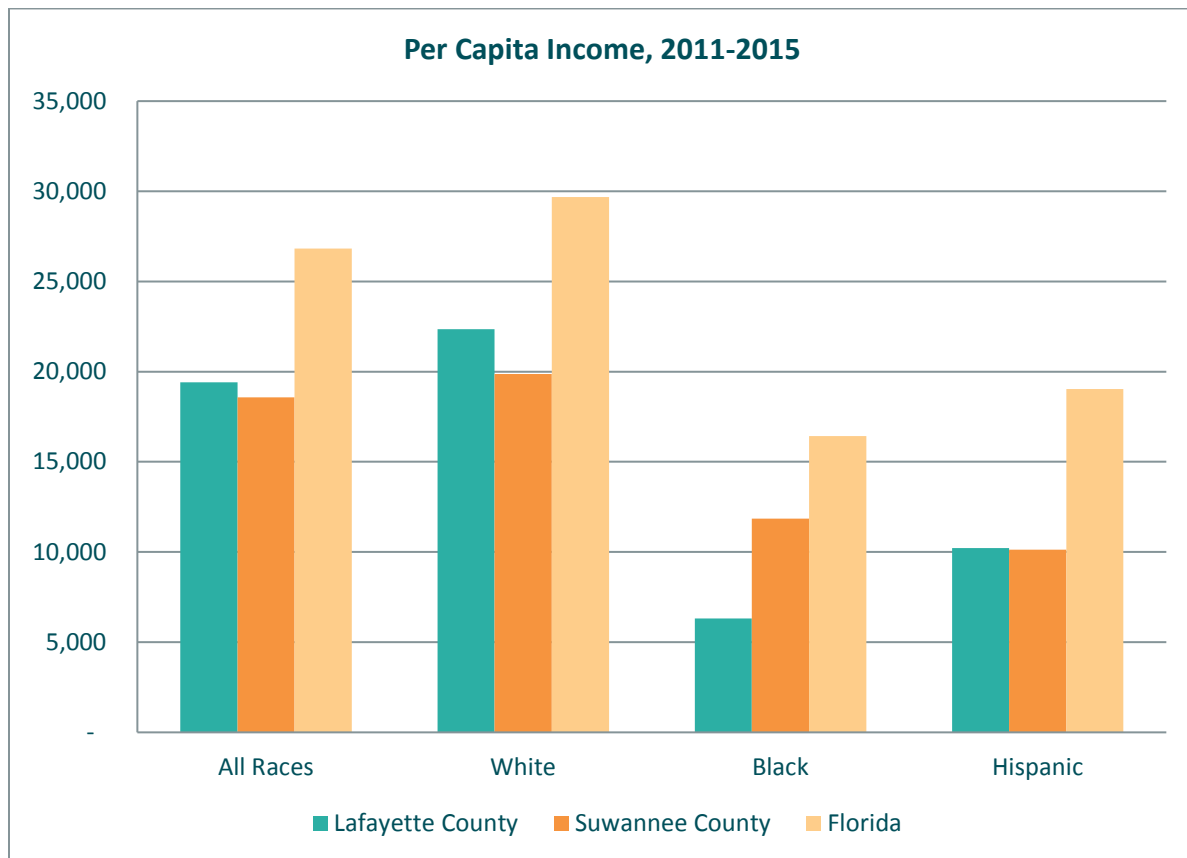
EMPLOYMENT

Recent data on employment in Lafayette County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Lafayette County has been similar to the state rate and it follows the same path as the state in its decline for a number of years. In 2016, the unemployment rate in Lafayette County was 4.1 percent which is lower than the state rate of 4.9. It is noteworthy that 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 Lafayette and Suwannee Counties and the state can be seen in the figure below (Table 56).

Unemployment Rates , 2007-2016

Legend: Lafayette County, Suwannee County, Florida
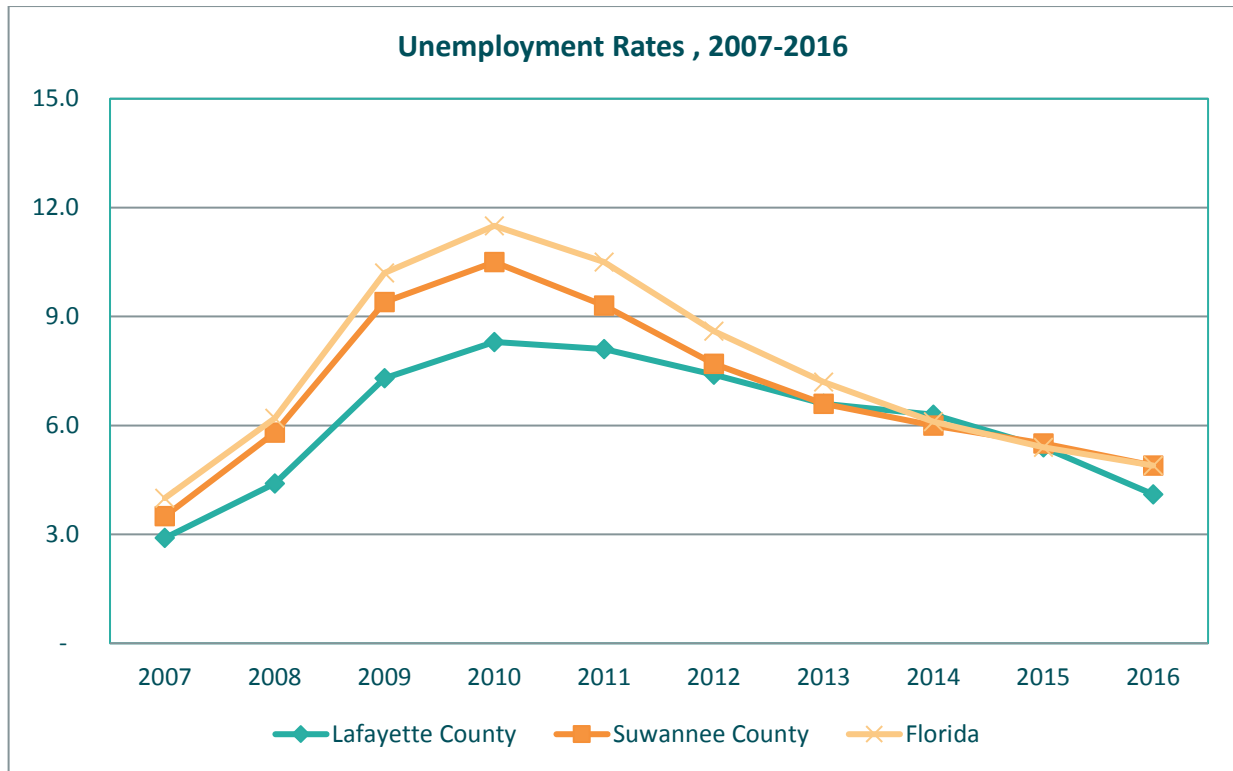
EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Lafayette County has seen gains in high school graduation rates. The high school graduation rate for 2015-2016 was 93.2 percent, compared to the state rate of 80.7 percent (Table 61). Dropout rates have decreased in Lafayette County from 6.3 percent in 2011-2012 to 1.4 in 2015-2016. Lafayette County lags in the estimated percentage of the population aged 25 and older that hold college degrees at 17.1 percent compared with 36.7 for Florida as a whole (Table 60).

MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Lafayette 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 Lafayette County is similar to Florida in many health indicators, some

differences exist. Noted below are some key facts and trends in the mortality and morbidity rates in Lafayette 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 (7 measures)
        b.   Clinical care (5 measures)
        c.   Social and economic (7 measures)
        d.   Physical environment (5 measures)

The County Health Rankings are available for 2010 through 2017. In the latest rankings, out of 67 counties in the state, Lafayette County ranked 40th for health factors and 6th for health outcomes for an overall ranking of 6th placing Lafayette in the 90th percentile for Florida counties. In the 2017 rankings for health outcomes, Lafayette County made remarkable gains in both its rankings for mortality and length of life and morbidity and quality of life. In the area of health factors, Lafayette also advanced. The rankings show notable positive gains in the area of health behaviors while clinical care and social and economic factor rankings slipped by one place. Strengths that contributed to Lafayette County's rise in the health rankings include trends in social associations, children in single-parent households, Sexually Transmitted Infections (STIs), high school graduation rates, unemployment rates, and the physical environment related to air pollution (Table 1).

FIGURE 7: COUNTY HEALTH RANKINGS BY CATEGORY FOR LAFAYETTE COUNTY, 2010 - 2017

Area/Category	2010	2011	2012	2013	2014	2015	2016	2017
Lafayette County								
HEALTH OUTCOMES	54	36	41	40	39	35	27	6
Mortality/Length of Life	46	23	28	36	36	27	20	6
Morbidity/Quality of Life	57	51	58	48	41	44	35	16
HEALTH FACTORS	32	43	40	37	34	37	42	40
Health Behavior	29	46	50	42	19	22	63	50
Clinical Care	64	64	64	63	61	67	57	58
Social & Economic Factors	12	16	9	14	26	23	10	11

Physical Environment		6	28	38	50	37	43	20	27

CAUSES OF DEATH

Data in the 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 in 2016 was higher in Lafayette County than it was at the state level, 888.4 as compared to 704.0 per 100,000, respectively (Table 75). The figure below shows the trends in the age-adjusted mortality rate for all causes for Lafayette and Suwannee Counties and Florida over time.

FIGURE 8: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000 BY RACE, 2012 – 2016
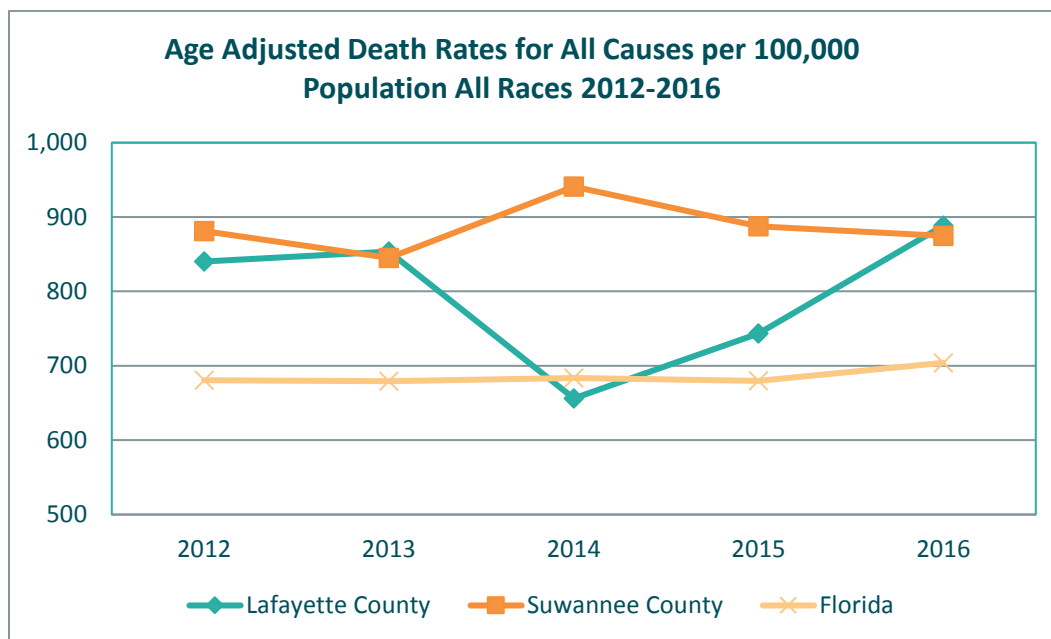
The top five (5) leading causes of death, for all races and ethnicities, in Lafayette County for 2012-2016 were 1) Cancer, 2) Heart Disease, 3) Unintentional Injuries, 4) Chronic Lower Respiratory Disease (CLRD), and 5) Diabetes. These five leading causes are similar to those for Florida; however, the rankings are different. For Florida as a whole, the five leading causes of death in rank order are as follows: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Stroke, and 5) Unintentional Injuries. Other leading causes of death in Lafayette County for all races and ethnicities that exceed state rates include Diabetes, Liver Disease, and Influenza and Pneumonia, (Table 72). Lafayette County fares better than Florida in deaths from Alzheimer's Disease and Suicide. Figures 9 though13 below show the age-adjusted death rate trends in the five leading causes of death for Lafayette and Suwannee Counties and for Florida (Tables 73 - 76).

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR CANCER, 2012 – 2016

Age Adjusted Death Rates for Cancer per 100,000 Population
All Races 2012-2016
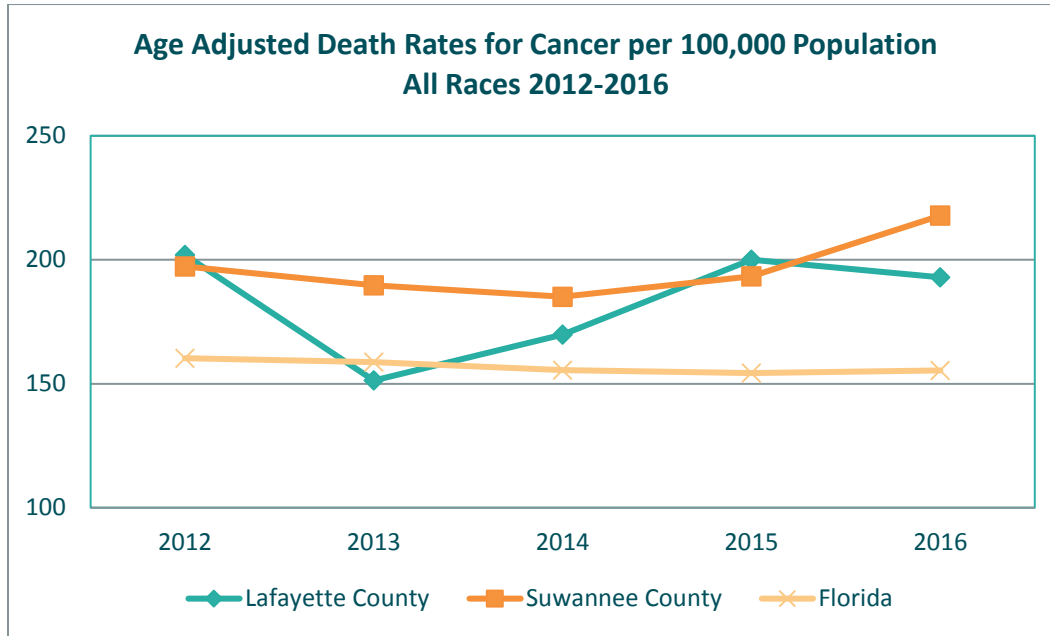
FIGURE 10: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE, 2012 - 2016

Age Adjusted Death Rates for Heart Disease per 100,000
Population All Races 2012-2016
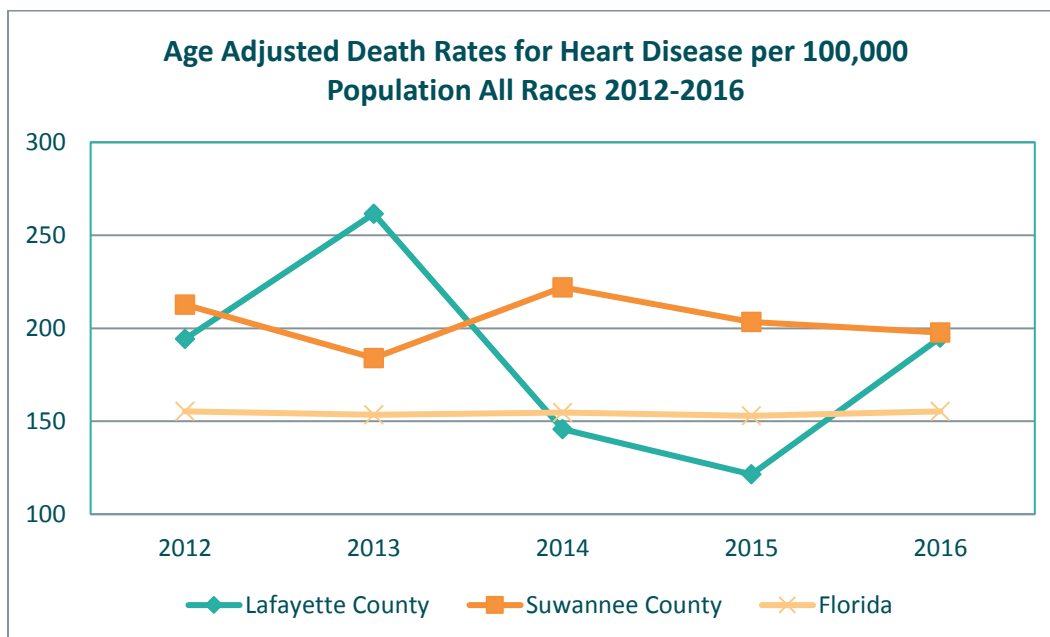
Age Adjusted Death Rates for Unintentional Injuries per 100,000 Population All Races 2012-2016
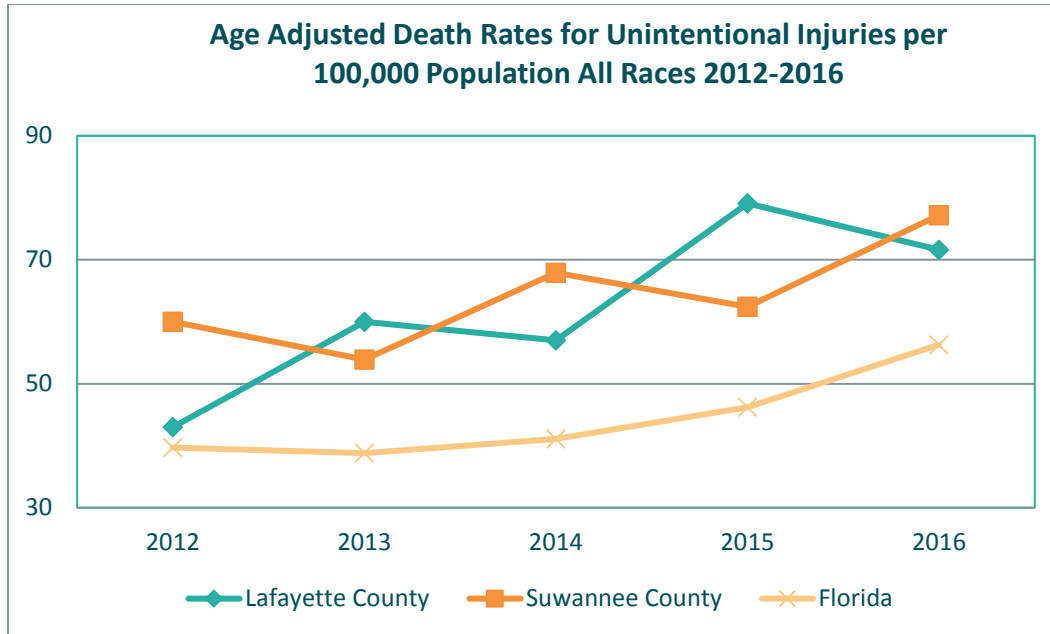
Legend: Lafayette County, Suwannee County, Florida

Age Adjusted Death Rates for CLRD per 100,000 Population All Races 2012-2016

Legend: Lafayette County, Suwannee County, Florida
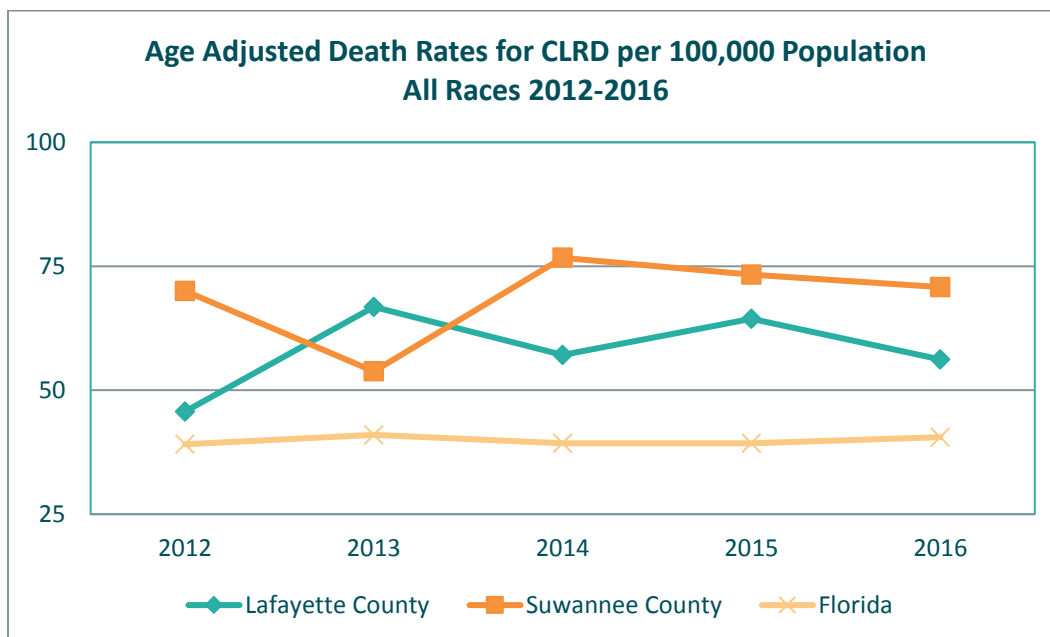
Age Adjusted Death Rates for Diabetes per 100,000 Population All Races 2012-2016
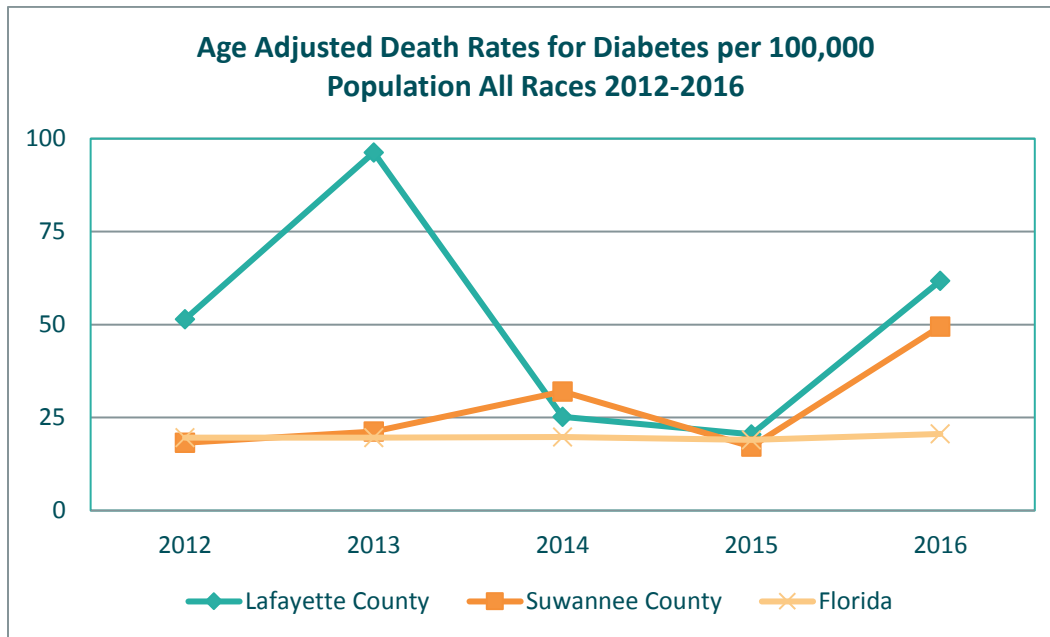
Differences can be seen in age-adjusted death rates by racial classification in Lafayette County and Florida. In 2016 the age-adjusted mortality rates for Cancer for Whites was 181.8 per 100,000 and 885.9 for Blacks. Heart Disease death rates were also higher for Blacks at 347.6 compared to 194.2 for Whites. For that same year, Blacks had drastically high mortality rates from HIV at 885.9 per 100,000; for Lafayette County Whites, HIV did not rank among the leading causes of death (Tables 77 and 79).   The all-cause age-adjusted death rate for Lafayette County Hispanics for 2016 was 176.7, notably lower than the Lafayette County White rate of 904.1, Black rate of 1,581.0 and state Hispanic rate of 483.1 (Table 82). In 2016 among Hispanics in Lafayette County the leading cause of death was Unintentional Injuries (Table 81).

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 Lafayette County is for 2013.

Below are some highlights from the BRFSS data (See Tables 135 and 136 for full details):

Dental Care: The percentage of adults in Lafayette County who visited a dentist or dental clinic in the past year was reported at 40.4 percent whereas for Florida that figure was 64.7 percent. This healthcare seeking behavior is also reflected in the percentage of adults who reported having had their teeth cleaned in the past year at 33.9 percent for Lafayette County compared to 60.9 percent for Florida. More than 54 percent of adults in Lafayette County reported having had a permanent tooth removed because of tooth decay or gum disease in 2013 compared to 53 percent of Florida adults as a whole.

Overweight and Obesity: The data for Lafayette County indicate that the percentages of adults who are overweight (37.6 percent), adults who are obese (34.3 percent), and adults who are overweight or obese (71.8 percent) exceed rates for Florida (36.4, 26.4 and 62.8 percent, respectively). In addition, only 27.8 percent of adults in Lafayette County report having a healthy weight as compared to 35 percent for Florida. Relatedly, more Lafayette County adults reporting being sedentary (28.5 percent) or insufficiently active (48.3 percent) compared to state rates of 27.7 and 52.9 percent, respectively.

Injury Prevention: Always or nearly always seatbelt usage among Lafayette County adults was reported at 79.6 percent in contrast to the state rate of 94.2 percent. More Lafayette County adults 45 years of age or older reported having had a fall-related injury at 6.9 percent; the state rate was 5.7 percent.

Health-related Quality of Life: Lafayette County adults reported challenges on some indicators of health status. Only 71.7 percent of Lafayette County adults reported receiving the social and emotional support they needed as compared to the 79.5 percent statewide. At 20.3 percent almost twice the state rate of 10.8 percent, Lafayette County adults reported that they think they would get better medical care if they were of a different race/ethnic group. In the area of mental health, Lafayette County adults indicated better health status in the average number of unhealthy mental days at 2.3 percent compared to 4.1 percent statewide, and in the percentage who reported having good mental health at 92.7 percent in contrast to 87.3 percent for Florida as a whole.

Tobacco Use: About 19 percent of Lafayette County adults reported being current smokers while in the state as a whole the percentage of adult smokers was shown at 16.8. On a positive note more Lafayette County adults report being former smokers at 35.3 percent compared to 28.1 percent for Florida, and 76.1 percent of Lafayette County adults who are current smokers report having tried to quit within the past year compared to only 61.1 percent statewide.

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 2005-2015 show that STD rates in Lafayette County have been notably lower than state rates (Table 137). Enteric

diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. From 2006-2015 enteric disease rates in Lafayette County showed variability and have been lower and higher than state rates. Most recent data for 2014 show Lafayette's case rate of 57.6 per 100,000 as lower than the state's case rate of 71.4 (Table 137). For 2006-2015 zoonotic disease, or infectious diseases of animals that can cause disease when transmitted to humans, was also variable. The 2014 case rate per 100,000 was recorded as zero (0) while the 2013 rate of 57.5 was more than 3.5 times the state rate of 16.2 (Table 137). Human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) reported new cases from 2006-2015 in Lafayette County are generally below state rates (Table 139). With the exception of one (1) case in 2010, vaccine-preventable diseases have held at zero (0) in Lafayette County. Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio (Table 138),

MATERNAL HEALTH

Between 2010 and 2016 for all races there were 531 births in Lafayette County (Table 117) and during that same time period there were three (3) infant deaths (Table 118). In 2016 the infant mortality rate per 1,000 live births for all races was 29.4 compared to 6.1 for Florida. There was one (1) infant death for Blacks and one (1) Hispanic infant death in Lafayette County for 2010-2016 (Table 118). 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. Infant mortality rates for all races for Lafayette and Suwannee Counties and Florida can be seen in Figure 14 below.

FIGURE 14: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, ALL RACES, 2010 - 2015

Infant Mortality Rates Per 1,000 Live Births All Races 2010-2016
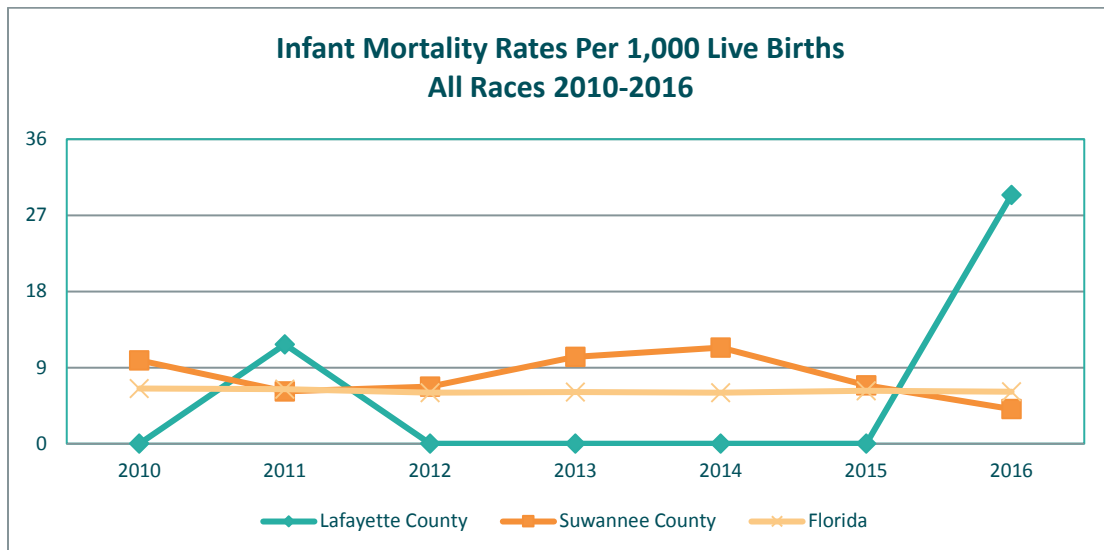
Births

Year by year for 2010 through 2016 birth rates for Whites and Blacks in Lafayette County tended to remain constant with the exception of 2015 when the Black birth rate fell notably. Lafayette County birth rates for all races, Whites, Blacks, and Hispanics were lower than state rates for those seven years (Table 117).

Infant Deaths

In 2016 there were two (2) infant deaths in Lafayette County. For the period of 2010-2016 there were a total of three (3) infant deaths. For 2010-2016 there were two (2) White infant deaths, one (1) Black infant death and zero (0) Hispanic infant deaths in Lafayette County. For comparison purposes, in 2016 the infant death rate for all races in Lafayette County was 29.4 per 1,000 live births while the state rate was 6.1 per 1,000 live births. In 2016, the White infant death rate was 32.8 per 1,000 in Lafayette County compared to 4.3 for the state (Table 118). However, it should be remembered that 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)

Significantly related to infant deaths are Low Birth Weight (LBW) births. In 2016, there were eight (8) all races Low Birth Weight (LBW) infants in Lafayette County. The percentage of LBW infants is higher among Blacks at 16.7 percent with Whites at 11.5 percent; both rates are higher than state rates at 13.8 percent and 7.2 percent, respectively. In Lafayette, the Hispanic LBW birth rate for 2016 was zero (0) (Table 119).

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 2011-2015 the rate of hospitalizations for mental health reasons for Lafayette County residents has remained below the state rate (Table 111). This trend for Lafayette and Suwannee Counties and Florida can be observed in the figure below.

Mental Health Hospitalizations Rate Per 1,000 Population 2011 - 2015
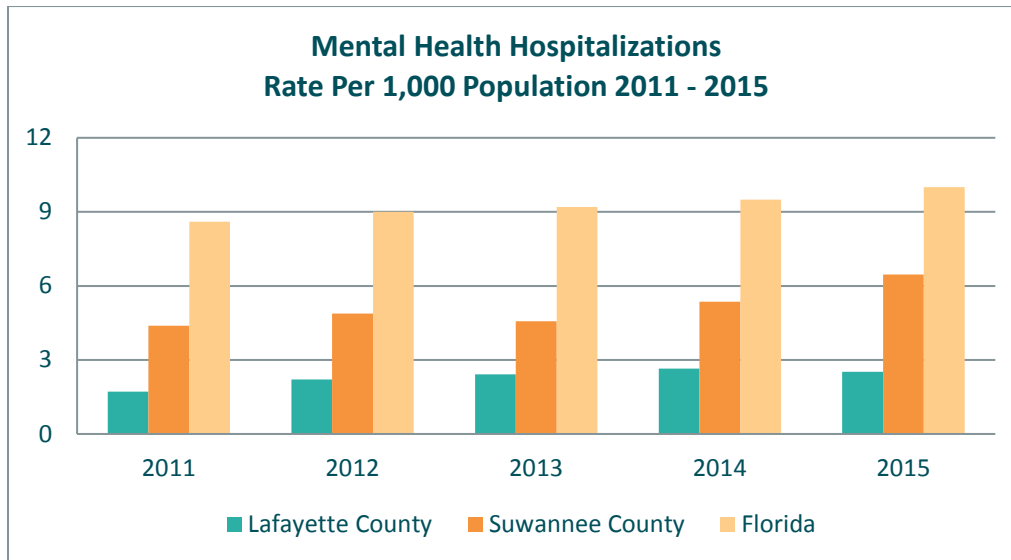
In Lafayette County and the state of Florida, the number and rate of emergency department visits for mental health reasons have increased in recent years. During this reporting period in Lafayette County the rate of emergency room visits per 1,000 population for mental health reasons remained below the state rate. These data are shown in Figure 16 (Table 112) for Lafayette and Suwannee Counties and for Florida.

FIGURE 16: MENTAL HEALTH ED VISITS RATE PER 1,000 POPULATION, 2011 - 2015

Mental Health ED Visits Rate Per 1,000 Population 2011 - 2015
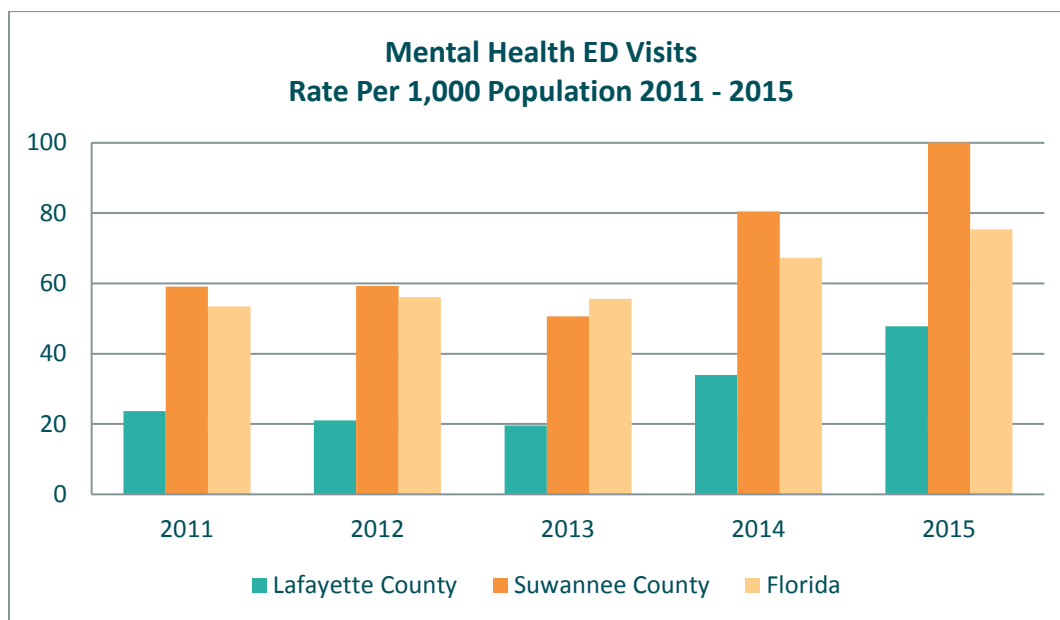
HEALTH CARE ACCESS AND UTILIZATION

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 Lafayette and Suwannee County 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.

SHORTAGE AREAS

Shortage areas are primarily defined by three (3) categories: primary care, dental health, and mental health. The score of shortage areas is calculated using the following four key factors: Population-to-Primary Care Physician Ratio, Percent of Population with Incomes below 100.0 percent of the Poverty level, Infant Mortality Rate or Low Birth Weight 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, and the higher the score the lower the access and utilization of the healthcare facility (Table 149).

FIGURE 17: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, LAFAYETTE COUNTY 2017

Lafayette County			
Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
HPSA Population	Low Income	4/4/2017	20
Correctional Facility	Mayo Correctional Institution	8/9/2013	6
Single County	Lafayette County	3/24/2014	
Mental Health			
Correctional Facility	Mayo Correctional Institution	7/9/2013	15
HPSA Population	Low Income-Mental Health Catchment Area 3A	9/1/2016	16
Single County	Lafayette County	9/1/2016	
Primary Medical Care			
Correctional Facility	Mayo Correctional Institution	8/9/2013	12
HPSA Geographic	Lafayette County	4/20/2016	14
Single County	Lafayette County	9/28/1978	
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Lafayette County	11/1/1978	56.1

UNINSURED

In 2015 in Lafayette County, individuals under the age of 65 without health insurance constituted 22.0 percent of the total county population. Like the state of Florida as a whole, the percentage of uninsured individuals is the lower than it has been since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009. The figure below shows the trends in health insurance coverage for Lafayette and Suwannee Counties and Florida (Table 50).

FIGURE 18: PERCENT UNINSURED UNDER 65 POPULATION, 2009 - 2015

**Percent Uninsured Under 65 Population 2009-2015**
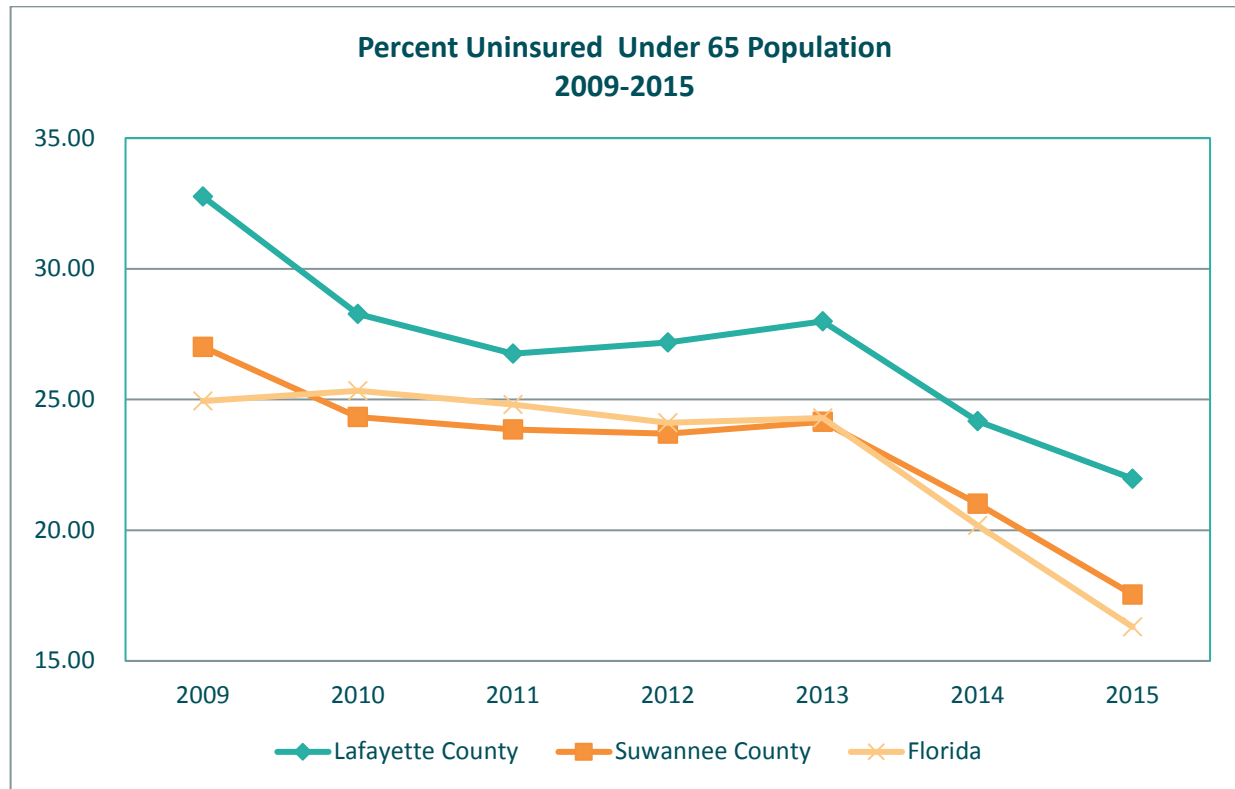
MEDICAID

 In 2016 approximately 17.8 percent of Lafayette County residents were eligible to receive Medicaid benefits, which is lower than the state percent at 20.1 percent (Table 153). The percentage of Medicaid eligibles in the Mayo ZCTA (32066) was 18.1 percent in 2014 (Table 152).

PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2015-2016 the rate of total physicians in Lafayette County was 11.5 per 100,000 residents, which was the same as the prior year. However, as the figure below demonstrates the rates for various types of physicians in the county have been flat in recent years (Table 157 and 159) and all the Lafayette County rates are significantly lower than state rates.

There were zero (0) dentists in Lafayette County in fiscal year 2015-2016. Between 2006 and 2016, the number of dentists in the county ranged between one (1) and two (2). Even at its highest rate of 23.8 per 100,000 population, the number and rate of dentists in Lafayette County were significantly below state rates (Table 159).

FIGURE 19: PHYSICIAN RATE PER 100,000 POPULATION, LAFAYETTE COUNTY 2009 - 2016

Selected Physicians Rate Per 100,000 Population, Lafayette County, FY 2009-2016
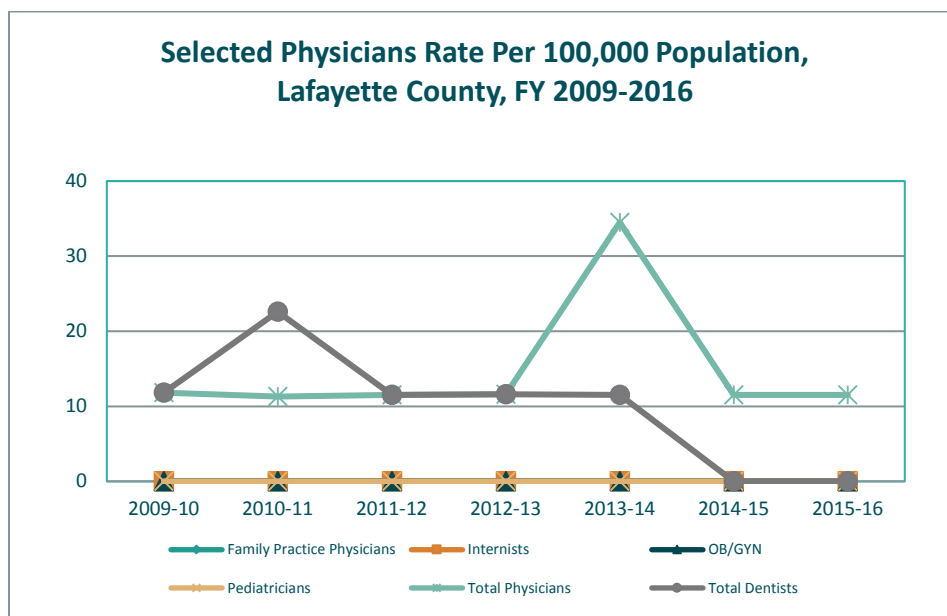
HEALTH CARE FACILITIES

Lafayette County has limited licensed health care facilities. In 2016, there were zero (0) adult family care homes, end-stage renal disease center, home health agencies, home medical equipment providers, homemaker and companion services, hospitals, and nurse registry. There was one (1) clinical laboratory, nursing home and rural health clinic. There are two (2) assisted living facilities. The licensed health care facility rates per 100,000 in Lafayette County were lower than state rates for all but three (3) types of facilities, that is, rural health clinics, assisted living facilities and nursing homes (Table 155).

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 Lafayette County in 2015, there were 82 avoidable discharges among the 0-64 years of age population or rate of 10.1 per 1,000; this is lower than the state rate of 14.4 (Table 163). In 2015 Lafayette County also saw one (1) preventable dental hospitalization (Table 161). Lafayette County residents made numerous ED visits from 2013 – 2015. The main reasons for the ED

visits include abdominal pain, fever, cough, headache, chest pain, and nausea; however, more than 80 percent of reasons are classified as "other" (Table 171).

The leading causes of avoidable hospital discharges among Lafayette County residents in 2015 for those under the age of 65 were as follows (Table 168):

1. Dehydration – volume depletion
2. Chronic Obstructive Pulmonary Disease
3. Congestive Heart Failure
4. Cellulitis
5. Asthma
6. Hypertension
7. Gastroenteritis
8. Kidney/Urinary Infection

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 Lafayette County's community health assessment process.

Poverty. Striking differences in poverty between Whites and Blacks are noted. In Lafayette County 16.8 percent of Whites compared to 38.1 percent of Blacks live in poverty (Table 41).

Mortality. Some racial and ethnic disparities were noted in Lafayette County's mortality rates. From 2012-2016 the leading causes of death among Lafayette County Whites were Cancer and Heart Disease. For Blacks, these were Heart Disease and Diabetes. The leading cause of death among Hispanics was Unintentional Injury. HIV ranked as the third leading cause of death for Lafayette County Blacks (Table 72).

Maternal and Child Health. In Lafayette County in 2016 there were 68 births eight (8) of which were Low Birth Weight Births (LBW) with 16.7 percent of Black births recorded as LBW births compared to 11.5 percent for White births. State LBW birth rates were 13.8 and 7.2 percent, respectively (Table 119). In that same year data show the percentage of Lafayette County births for all races that received first trimester care lagged behind the state rate. Disparities can be seen in the first trimester care rate for White births at 49.2 percent, 36.4 percent for Hispanic births, and 83.3 percent for Black births (Table 121).

SUMMARY

In summary, the Lafayette County Health Needs Assessment and its companion Lafayette and Suwannee Counties 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 Lafayette 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 area of maternal and infant health as manifested in infant mortality, low birth weight babies, and births to mothers who smoke. Data point to oral health as a health issue of significance in Lafayette County. From the paucity of dentists to the availability of fluoridated community water, oral health outcomes for many in Lafayette County suffer. Also of note, is Lafayette 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 Diabetes. The impacts of barriers to primary 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.

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 from the lens of community members and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

A survey was developed to query individuals about community health issues and healthcare systems perspectives from residents in Lafayette and Suwannee Counties. For the purpose of this assessment, community members were defined as any person 18 years of age or older who works, resides, or worships in Lafayette or Suwannee County. Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis. A similar survey was developed to collect input specifically from health care providers who provide care in Lafayette and Suwannee Counties. Health care providers included professionals such as physicians, dentists, and advanced registered nurse practitioners.

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 October 16, 2017 and remained available through November 24, 2017. The surveys were available electronically on WellFlorida's web site with the link shared by some community agencies. A Spanish language version was available in print and electronic formats. At the time the survey closed were 244 community surveys in the electronic database with respondents classified as follows: 1 ineligible due to age, 10 ineligible due to nonresidence in the subject counties, 2 seasonal residents, 89 Lafayette County residents, and 142 Suwannee County residents. The eligible, completed surveys from 74 Lafayette County residents and 112 Suwannee County residents were analyzed. The general demographic factors collected on those 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 21 - 30.   The health care provider survey was disseminated in electronic format to health care providers in the region. Of the 13 providers who logged in to the survey, six (6) health care professionals were eligible and completed the survey. Those results are presented in Figures 31 – 40.

Demographics	Suwannee n= 112		Lafayette N=74	
	Number	Percent	Number	Percent
0-17	0	0	0	0
18-24	3	2.7	3	4.0
25-29	6	5.4	3	4.0
30-39	13	11.6	17	23.0
40-49	35	31.3	18	24.3
50-59	30	26.8	17	23.0
60-69	17	15.2	11	14.9
70-79	6	5.4	4	5.4
80 or older	1	0.8	0	0
Preferred not to answer	1	0.8	1	1.4
Male	21	18.8	11	14.9
Female	88	78.6	62	83.8
Transgender	0	0	0	0
Other	1	0.9	0	0
Preferred not to answer	2	1.7	1	1.3
Asian Pacific Islander	0	0	0	0
Black or African American (Non-Hispanic)	4	3.5	0	0
American Indian/ Alaskan Native	1	0.8	0	0
White (Non-Hispanic)	93	83.0	37	92.5
Hispanic/ Latino	8	7.0	1	2.5
Multiracial/ Multiethnic	1	0.8	0	0
Other	0	0	1	2.5
Preferred not to answer	6	5.4	1	2.5

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching questions that were asked of all three counties. In general, the top four responses for each question of three counties 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
- Confidence in community's ability to make a substantial impact on health related issues
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health

Each figure shows the total number of overall respondents (Suwannee County = 112; and Lafayette County = 74) and the percentage of each county's residents that indicated the given response for a question.

"In the following list, what do you think are the three 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."

FIGURE 21: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2017

Factor	Suwannee (n=112)	Lafayette (n=74)
1	Access to health care (20.4)	Access to health care (22.0)
2	Healthy behaviors (14.6)	Healthy behaviors (12.6)
3	Job opportunities for all levels of education (9.3)	Job opportunities for all levels of education (11.4)
4	Clean environment (6.4) and Strong economy (6.4) tie	Good place to raise children (7.3)

Source:Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in your county. Please select three (3) choices."

Factor	Suwannee (n=112)	Lafayette (n=74)
1	Drug abuse (20.4)	Drug abuse (22.4)
2	Alcohol abuse (13.5)	Alcohol abuse (11.0)
3	No physical activity (10.1)	Eating unhealthy foods/drinks (10.2)
4	Eating unhealthy foods/drinks (7.9)	No physical activity (10.2)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"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 your county? Please select five (5) choices." AND "How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?"

FIGURE 23: FIVE MOST IMPORTANT HEALTH PROBLEMS IN A COMMUNITY AND CONFIDENCE IN THE COMMUNITY TO MAKE A SUBSTANTIAL IMPACT, RANKING FOR EACH COUNTY, 2017

Ranking	Suwannee (n=112)		Lafayette (n=74)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
1	Substance abuse/drug abuse	Not very confident	Substance abuse/drug abuse	Not very confident
2	Obesity	Not very confident	Obesity	Somewhat confident
3	Mental health problems	Not very confident	Access to primary care	Somewhat confident
4	Access to primary care	Somewhat confident	Access to healthy foods	Confident
5	Cancer	Not very confident	Cancer	Somewhat confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"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 NEED BY COUNTY, 2017

Dental care needed	Suwannee (%)	Lafayette (%)
Yes	32.0	20.0
No	68.0	80.0
Reasons dental care was not received	Suwannee (%)	Lafayette (%)

1	Cost (62.0)	Cost (57.1)
2	No appointments available/long wait time (12.0)	No appointments available/long wait time (23.8)
3	No dentists available (10.0)	No dentists available (4.8)
4	----	Transportation, couldn't get there (4.8)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"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 NEED BY COUNTY, 2017

Primary care needed	Suwannee (%)	Lafayette (%)
Yes	42.7	21.5
No	57.4	78.5
Reasons primary care was not received	**Suwannee (%)**	**Lafayette (%)**
1	Cost (42.9)	No appointments available/long wait time (42.3)
2	No primary care providers available (22.9)	Cost (26.9)
3	No appointments available/long wait time (20.0)	No primary care providers available (15.4)

4	Quality of care (14.3)	Transportation, couldn't get there (7.7)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"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?"

<div style="background:#eee; padding:4px;">FIGURE 26: MENTAL HEALTH CARE NEED BY COUNTY, 2017</div>

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"For each of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree."

<div style="background:#eee; padding:4px;">FIGURE 27: EXISTENCE OF COMMUNITY FACTORS AND ASSETS THAT IMPACT HEALTH, LEVELS OF AGREEMENT BY COUNTY, 2017</div>

Rating	Suwannee (n=112)	Lafayette (n=74)
Strongly agree	• There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live	• There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live
Agree	• There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live	• There are sufficient levels of trust and willingness to work together to achieve community goals • Our community is a safe place to live
Neutral	• There is a sense of civic responsibility • There are sufficient levels of trust and willingness to work together to achieve community goals	• There are sufficient levels of trust and willingness to work together to achieve community goals • There is a sufficient number of health and social services
Disagree	• There is sufficient number of mental health/substance abuse services • There is a sufficient number of health and social services	• There is a sufficient number of mental health/substance abuse services • There is a sufficient number of dental services
Strongly	• There is a sufficient number of dental services	• There is a sufficient number of dental services

disagree	• There is a sufficient number of mental health/substance abuse services	• There is a sufficient number of mental health/substance abuse services

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

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

FIGURE 28: RATING OF OVERALL HEALTH OF COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY COUNTY, 2017

Rating	Suwannee (n=112)		Lafayette (n=74)	
	Community (%)	Individual (%)	Community (%)	Individual (%)
Very unhealthy	3.3	0.9	2.6	1.3
Unhealthy	32.5	8.1	24.7	1.3
Somewhat healthy	60.0	45.2	67.5	41.4
Healthy	4.2	40.9	5.2	49.3
Very healthy	0	4.9	0	6.7

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"For each of the following issues, please indicate how much of a problem you believe the issue is in your county" AND "For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years."

FIGURE 29: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, BY COUNTY, 2017

Ranking	Suwannee (n=112)		Lafayette (n=74)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
1	Cost of health care insurance	Not very confident	Cost of health care insurance	Not very confident
2	Cost of healthcare services	Not very confident	Cost of healthcare services	Not very confident
3	Lack of specialty care doctors	Not very confident	Lack of specialty care doctors	Not very confident
4	Availability of mental health services	Not very confident	Knowledge of where to receive dental services	Somewhat confident
5	Availability of primary care	Not very confident	Availability of mental health services	Not very confident

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

"What is the most important health issue in your own life? Please select one (1) response."

FIGURE 30: MOST IMPORTANT PERSONAL HEALTH ISSUE BY COUNTY, 2017

Personal health care issue	Suwannee (n=112)	Lafayette (n=74)
1	Lack of exercise (16.1)	Lack of exercise (24.0)
2	Overweight (13.4)	Overweight (13.3)
3	Stress (12.5)	Stress (13.3)
4	Cost of medical/dental care (9.8)	Eating choices (8.0)

Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

KEY FINDINGS FROM COMMUNITY SURVEY

The demographics of Lafayette County survey respondents differ somewhat from U.S. Census data for the county. About 90 percent of survey respondents identified themselves as White Non-Hispanic and four (4) percent identified as Hispanic or Latino. Many fewer Black or African American residents completed the survey; specifically, only 1.4 percent of respondents identified as Black or African American compared to the total population which is about 18.1 percent Black or African American. Many more survey respondents in Lafayette County were female (84 percent). Lafayette County respondents felt the most important factors for a healthy community were access to health care, healthy behaviors and lifestyles, job opportunities, and being a good place to raise children. For their county, Lafayette County respondents ranked the behaviors with the greatest negative impact on overall health as drug and alcohol abuse, eating unhealthy foods and drinks, and lack of physical activity. Consistent with those rankings was the selection of Lafayette County's five most important health problems. These were substance and alcohol abuse, obesity, access to primary care, access to healthy foods and Cancer. Respondents also expressed very little confidence in the community's ability to make a substantial impact on those problems. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About 20 percent of Lafayette County survey respondents said they did not get the dental care they needed and of those, 57 percent said cost was a barrier. More than 20 percent said they did not receive the primary care they needed in the past year with availability of appointments and cost as barriers. Lafayette County respondents rated overall health of county residents as somewhat healthy (67.5 percent) to unhealthy (24.7 percent) while they rated their own health status as healthy (49.3 percent) to somewhat healthy (41.3 percent). On a positive note, Lafayette County survey respondents strongly agreed that there are support networks for individuals and families in times of stress and that their community is a safe place to live.

Figures below summarize the responses to the overarching questions that were asked of health care providers serving Suwannee and Lafayette Counties. In general, the top four 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
- Magnitude of health problems and confidence in community's ability to make a substantial impact
- Barriers to patients' self-management of chronic diseases or conditions
- 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

Each figure shows the total number of completed surveys (n=6) and where appropriate the percentage of providers who indicated the given response for a question is shown in parentheses.

FIGURE 31: DEMOGRAPHICS OF PROVIDER SURVEY RESPONDENTS, 2017

Demographics	Lafayette and Suwannee Providers	
Age	Number	Percent
Less than 30	0	0
30-39	2	33.3
40-49	0	0
50-59	2	33.3
60-69	1	16.7
70-79	1	16.7
80 or older	0	0
Prefer not to answer	0	0
Gender		
Male	2	33.3
Female	4	66.7
Transgender	0	0
Other	0	0
Prefer not to answer	0	0
Race/Ethnicity		
Asian Pacific Islander	0	0
Black or African American (Non-Hispanic)	0	0
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	4	66.7

Hispanic/ Latino	0	0
Multiracial/ Multiethnic	0	0
Other	0	0
Prefer not to answer	2	33.3
Length of Time in Profession		
Less than 5 years	0	0
5-9 years	2	33.3
10-14 years	0	0
15-19 years	1	16.7
More than 20 years	3	50.0
Prefer not to answer	0	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"In the following list, what do you think are the three 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.

| Factor | All Providers |
	n=6
1	Access to health care (28.6)
2	Healthy behaviors and healthy lifestyles (19.0)
3	Emergency Preparedness (9.5)
4	Good place to raise children (9.5)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in Suwannee and Lafayette County. Please select three (3) choices."

FIGURE 33: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, 2017

Factor	Providers

	n=6
1	Drug abuse (19.0)
2	Not getting immunizations to prevent disease (14.3)
3	Not using health care services appropriately (14.3)
4	Eating unhealthy food/drinking sweetened beverages (9.5)
5	Alcohol abuse (9.5)
6	Overeating (9.5)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"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 Suwannee and Lafayette County? Please select five (5) choices." AND "How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?"

FIGURE 34: FIVE MOST IMPORTANT HEALTH PROBLEMS AND CONFIDENCE IN COMMUNITY ABILITY TO MAKE AS SUBSTANTIAL IMPACT, PROVIDERS, 2017

Ranking	Providers n=6	
	Health Problem	Confidence in community impact
1	Access to primary care (100)	Confident
2	Mental health problems (66.7)	Confident
3	Teenage pregnancy (50.0)	Somewhat confident
4 (tie)	Obesity (33.3)	Confident
4	Child abuse/neglect (33.3)	Somewhat confident
4	Dental problems (33.3)	Somewhat confident
4	Diabetes (33.3)	Somewhat confident

4	High blood pressure (33.3)	Somewhat confident
4	Sexually Transmitted Diseases (33.3)	Somewhat confident

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"How would you rate the overall health-related quality of life in Suwannee and Lafayette County?"

Rating	Providers n=6
Poor	0 percent
Fair	16.7
Good	83.3
Very Good	0
Excellent	0
Don't Know	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"For each of the following issues, please indicate how much of a problem you believe the issue is in Suwannee and Lafayette County" AND "For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years."

FIGURE 36: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, PROVIDERS, 2017

Ranking	Providers n=6	
	Health Problem	Confidence in community impact
1	Availability of mental services	Not very confident
2	Knowing of where to receive dental care	Somewhat confident
3	Lack of knowledge of how to use available health care services	Somewhat confident
4	Lack of knowledge of what health care services are available	Somewhat confident
5	Lack of specialty care doctors	Not very confident

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"For your patients in Suwannee and Lafayette County with chronic diseases or conditions, what do you feel is the biggest barrier to a patient being able to manage his or her own chronic disease or condition? Please select two (2) responses."

FIGURE 37: FOR PATIENTS IN SUWANNEE AND LAFAYETTE COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, PROVIDERS, 2017

Barriers	Providers n=6
1	Self-discipline/motivation (66.7)
2	Lack of coverage by insurance company (50.0)
3	Lack of education (33.3)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

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

FIGURE 38: STRATEGIES TO IMPROVE THE HEALTH OF PATIENTS AND COMMUNITY, PROVIDERS, 2017

Ranking	Providers n=6
1, 2 (tie)	Establish more community clinics (83.3)
1, 2 (tie)	Increase access to mental health services (83.3)
3 (tie)	Establish or enhance community health information exchange (66.7)
3 (tie)	Increase access to dental services (66.7)
3 (tie)	Increase outreach and education services (66.7)
3 (tie)	Initiate efforts to bring more physicians to the community (66.7)

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"What would you say the overall accessibility to health care for residents of Suwannee and Lafayette County is? Please select one (1) choice."

FIGURE 39: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS OF SUWANNEE AND LAFAYETTE COUNTY, PROVIDERS, 2017

Rating	Providers n=6
Poor	0 percent
Fair	16.65
Good	66.7
Very Good	16.65
Excellent	0
Don't Know	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

"How would you rate your own personal health?"

FIGURE 40: RATING OF PERSONAL HEALTH, PROVIDERS, 2017

Rating	Providers n=6
Very unhealthy	16.65 percent
Unhealthy	0
Somewhat healthy	33.3
Healthy	33.3
Very healthy	16.65
Prefer not to answer	0

Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

KEY FINDINGS FROM PROVIDER SURVEY

Similar to the community at large, providers felt the most important factors for a healthy community were access to health care and healthy behaviors and lifestyles. Providers also ranked being a good place to raise children and emergency preparedness as top in importance. While drug abuse was ranked by both the community and providers as the behavior with the greatest negative impact on health, providers ranked not getting immunizations and not using health care services appropriately as the second and third (tie) behaviors with the greatest negative impact. Access to primary care, mental health problems, and obesity

appear on both the community and provider lists of the five most important health problems in Lafayette County. Providers ranked teen pregnancy among the five most important health problems; in fact, it was ranked third among important health problems. Health-related quality of life is rated as good by 83.3 percent of providers and overall accessibility to health care services is deemed as good by two-thirds of providers. While overall accessibility to health care is rated as good by providers, challenges to receiving health care are heard repeatedly. According to providers, the issues that present the biggest problems in Lafayette County center around access to care such as the lack of specialty care doctors, availability of mental health services, and the community's lack of knowledge of how and where to receive dental and health care services. Another compelling example is in the providers' list of barriers to self-management of chronic diseases and conditions where self-discipline and motivation, insurance coverage and education top the list. The needed strategies ranked highest by providers to improve health outcomes include increased access to community primary care, dental and mental health services, education on the appropriate use of services, and education and outreach on health issue.

Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FOCA). The Lafayette 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 November 29, 2017, the Lafayette Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm 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 Lafayette County* table on the following pages summarizes the forces of change identified for Lafayette 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 Lafayette County - FACTORS			
(Prepared by WellFlorida Council – November 2017)			
	FACTORS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Socio-economic	Generational poverty	Worsening of health and wellbeing of families and communities, hopelessness, link to domestic violence, alcohol and substance abuse, mental illness, fear, lack of motivation to improve oneself	Finding root causes, interventions for youth, solutions could address many issues at the same time, educational interventions, mentoring
	Unemployment, job availability for all levels of education and skills	Youth move away, brain drain, increased crime, substance abuse, poverty, homelessness, increased domestic violence and child abuse	Promote staying in or return to school, scholarship programs, child care provisions
	Low health literacy	Poor or worsening health outcomes, missed benefits and services, wasted time and resources of clients and providers	Education on eligibility for services; education, promotion of health care services on diverse formats; education on how to navigate health care system and value of prevention and primary care
	Life event education	Poor decision-making about health issues resulting in poor health outcomes and diminished quality of life	Health literacy and health education; generational education and support for families
	Hispanic population that is mobile/migrant	Demands on services, need culturally appropriate care/services; income/earnings exported	Cultural diversity expanded; workforce and economic development; streamlined health care and social services to meet needs
	Homeless population	No shelters or services for homeless	Conduct homeless census count; opportunity for new non-profit, faith-based or volunteer organization

Social	School sports involvement	Funding cuts for non-academic activities	Community involvement, build sense of community spirit, pride; family entertainment
	Limited organized recreational activities	Idleness among youth can lead to risky behaviors; lack of physical activity	Business opportunity for entrepreneurs; ecotourism
	Lack of community engagement for positive change	Continued resistance to change	Engage newcomers to Lafayette County, welcome new ideas and perspectives
Environmental	Small, rural county	Changes to rural quality of life; closure of governmental offices/regionalization of governmental services; diluted electoral representation	Promote high quality of life
	Natural resources	Depletion of natural resources, nitrates in water supply, agricultural run-off	Development of ecotourism
	Lack of sanitary sewer	Septic systems threatened natural resources, water quality	Investments in infrastructure systems to eliminate use of septic tanks;
Economic	Agriculture-based economy	Environmental threats, pesticide-resistant crops; small farms disappearing, farming as occupation diminishing	Availability of locally grown foods, products
	Inappropriate and overuse of ED for care	financial burden on hospitals, reduction in chronic disease management, increase in permanent complications and comorbidities, quality of care	Opportunities to educate on appropriate use, advocate for prescription assistance; collaboration across health care continuum
	Food deserts and limited food options	Unhealthy food choices, contributes to increased obesity/overweight and chronic health conditions	Nutrition education, community gardens, farmer's markets; address resistance to change and turf issues
	ALFs and nursing home availability	No services for aging senior population, costs for elder care	Business opportunity to expand facilities

Economic/ Governmental	Small tax base	Small, shrinking tax revenue for local government use	Diversify industry base in county
	Ambulance service limited (1 for 500+ sq miles)	Poor health outcomes due to delayed care and response to emergencies; costs to government and consumers	Urgent care facilities; health education on appropriate use of health care services
	Volunteer Fire Service	Unpaid volunteers may not meet demand, ongoing recruitment and training needs	Infrastructure investments in fire service
	Telecommunication services	Disruption in communications, data transmission, Internet availability	Seek alternatives to satellite services
Governmental	Lack of transportation	Unemployment, lack of access, pedestrian safety	Determine true need and realistic solutions
	Lack of sidewalks	Pedestrian safety	Promote physical activity; partnership of health, safety, parks/rec

Forces Of Change For Lafayette County - TRENDS *(Prepared by WellFlorida Council – November 2017)*			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/ behavioral	Teen pregnancy, repeat births to teens	Poor health outcomes for mothers and infants, infant mortality risk, Sexually Transmitted Infections, increased school drop-out rates, poverty	Sex education in schools, parenting education, family planning services and guidance
	Increasing overweight and obesity rates	Comorbidities, increased health care cost, pre-term birth, premature death, limited resources for bariatric care	More health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education, more healthy food stores/markets, recreational activities, small farms
	Increasing drug abuse and recreational drug use, changing types and potency of drugs, access to drugs	Community safety, crime and violence, drug overdose and addiction, deaths/injuries from drugs	Drug and alcohol abuse prevention programs, treatment programs collaboration between law enforcement

	Aging population	Demands on health and social services, workforce shrinking as people retire	Learn from collective wisdom and history; new business opportunities to meet needs of seniors
	Generational nurturing and caregiving (aging in place with family)	Social isolation, limited support for caregivers	Gains in self-sufficiency, independence
Social/ Economic	In-migration from South Florida	Increased demand for services, conflicting attitudes and expectations of the agricultural community, purchasing of agricultural land with no intent to farm	Growth in income for the county; investments in new businesses (e.g., store, restaurants); cultural diversity, more educated population to contribute to community involvement, politics
Economic	Lack of affordable housing, rental housing, and land for individuals and families	People move out of Lafayette County, long commutes to jobs in Lafayette, buy-up of land by investors	Housing development

Forces Of Change For Lafayette County - EVENTS			
(Prepared by WellFlorida Council – November 2017)			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/ Behavioral	County Health Ranking of 6th (out of 67)	In subsequent years ranking may drop	Promote health assets and resources, point to gaps and seek resources
	Church of God Back-to-School Annual Event	Expose new unmet needs	Community outreach and networking; meet community's needs
Political/ Gov't	Elections, state and local	Power shifts, dynamics that don't support public health and community health improvement	Power shifts; overcoming resistance to change; elected, governmental and health care entities must work together
Environmental/ Economic	Hurricane Irma after effects	Detrimental to family and personal economies; business and governmental budgetary impacts	Opportune time to request infrastructure improvement, highlight and capitalize on partnerships
Economic	Lafayette State Bank financial issue	Limited number of community financial institutions that can assist local farmers and businesses	Restructuring of the bank for improved operations, competition among financial

			institutions could benefit borrowers
	Pioneer Days	Strain on public safety resources	Economic benefit

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 first session of the Lafayette County LPHSA took place on November 15, 2017. The first 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 Lafayette 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.

The second session on November 30th LPHSA 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 Lafayette 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.

Based on the self-assessment of the cross-sectional group representing the local public health system partners, Lafayette County achieved an overall score of 63.2 (out of a potential 100) which reflects significant activity towards optimal performance. The Essential Services that received the highest scores included ES 2 (diagnose and investigate health problems), ES 6 (enforce laws and regulations that protect health and safety), and ES 8 (assure a competent public health workforce). In the Lafayette County public health system, Essential Services 2 and 6 were rated as being provided at an optimal level having received assessment scores higher than 75 percent. In the area of workforce competency, the Lafayette County public health system also scored high at 73.2 percent or in the upper level of significant capacity.   It is important to note that strong performance in disease surveillance, public health code enforcement and workforce competency protect individual and population health in Lafayette County and contribute to prevention efforts. The Essential Services that received the lowest scores were ES 1 (monitor health status), ES 4 (mobilize community partnerships to address health issues), and ES 10 (research for innovative solution). Although these were ranked lower relative to the other services, scores show strong performance and place Lafayette County's public health system capacity at the moderate level in these areas. Assessment scores for two of lowest scoring Essential Services (ES 1 and 4) show the smallest ranges in scores indicating that partners were in close agreement on their capacity assessment. This consonance may be an important factor when prioritizing issues and strategies. As a public health system that strives for improvement and enhanced service to the community, Lafayette County partners recognize opportunities to address these and other issues through the community health improvement planning process.

The figure below represents the summary of average performance scores per Essential Service. For a more detailed examination of the LPHSA scores, please review the full report found in the Addendum to the Technical Appendix. The full report includes scores for each model standard question related to each Essential Service. The Essential Service score seen below in the figure is the calculated average of model standard questions scores.

Summary of Average ES Performance Score

	Score
Average Overall Score	63.2
ES 1: Monitor Health Status	45.8
ES 2: Diagnose and Investigate	79.9
ES 3: Educate/Empower	61.1
ES 4: Mobilize Partnerships	50.0
ES 5: Develop Policies/Plans	62.5
ES 6: Enforce Laws	79.0
ES 7: Link to Health Services	65.6
ES 8: Assure Workforce	73.2
ES 9: Evaluate Services	61.7
ES 10: Research/Innovations	52.8
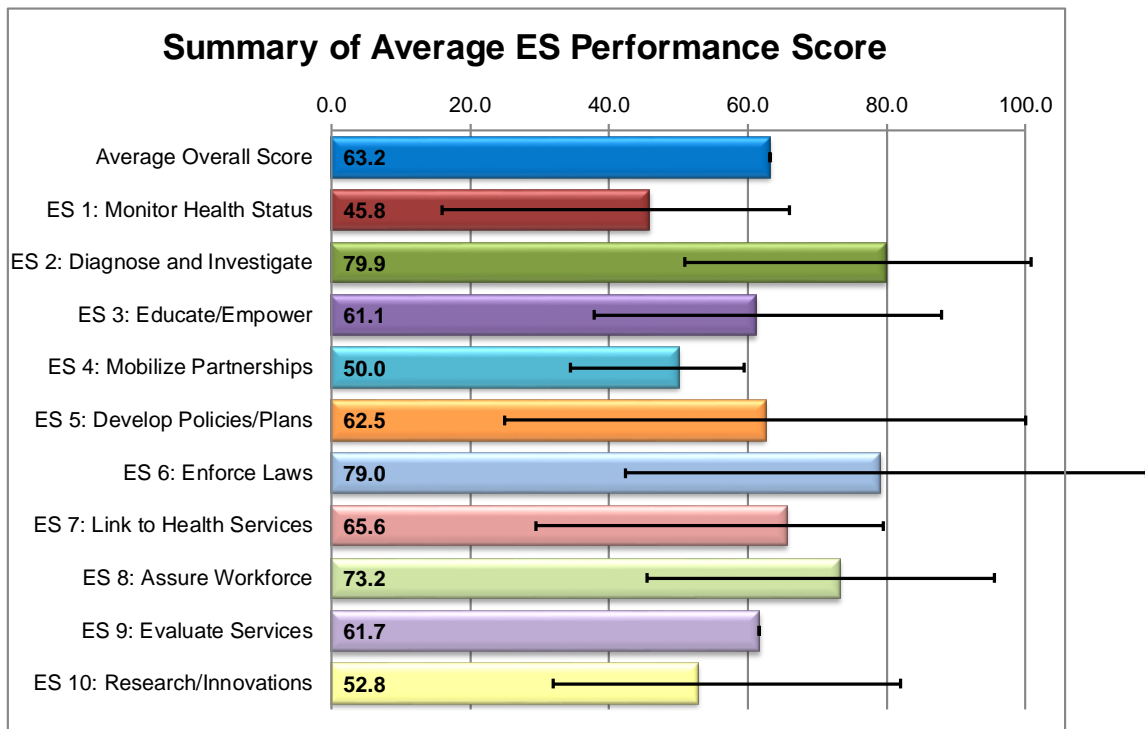
Intersecting Themes and Key Considerations

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 Lafayette 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 Lafayette 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 Lafayette County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which, in essence, comprise an overview of the major health needs/issues in Lafayette County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of the community health needs assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants
    - Generational poverty
    - Limited employment opportunities
    - Lack of affordable housing
    - Low health literacy
- Health Status, Health Behaviors and Health Resources
    - Top causes of death higher than Florida
        - Cancer
        - Diabetes
        - Unintentional Injuries
        - Influenza and Pneumonia
    - Teen pregnancy
    - Infant mortality
    - Mental health problems
    - Dental and oral health issues
    - Overweight and obesity
    - Late entry into prenatal care
    - Drug and substance abuse
    - Tobacco use
    - Poor nutrition and food choices

- 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
- Limited Emergency Medical Services (EMS) and all volunteer fire service
- Community Infrastructure and Environment
  - Challenges in mobilizing partners and the community to address health problems
  - Need for better monitoring and communications about health and health status in Lafayette County
  - Need for better community health education and health information dissemination
  - Elections at state and local levels
  - Threats to natural resources, the environment, rural setting and agricultural economy

STRATEGIC PRIORITY ISSUE AREAS

The December 6th meeting of the Lafayette County Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review, 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 broad strategic priority issue areas for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Chronic Health Conditions including
  - Overweight and obesity
  - Lack of physical activity
  - Poor nutrition and eating habits
  - Diabetes
  - Heart Disease
  - Cancer
  - Liver Disease
  - Influenza and Pneumonia
- Maternal and Child Health including
  - Infant mortality

- o   Late entry into prenatal care
- o   Teen pregnancy and repeat births to teens
- Health Behaviors including
    - o   Injuries including unintentional injuries such as motor vehicle crash-related injuries
    - o   Alcohol abuse
    - o   Drug and substance abuse
    - o   Tobacco use
- Access to Health Care Services including
    - o   Improving access to primary care, mental health care and dental services and specialty care
    - o   Health literacy on appropriate use of health care services and resources for primary care, dental care and mental health care
    - o   Oral health care and primary prevention and dental care over the lifespan
- Community Engagement including
    - o   Mobilizing partnerships and community members to address health problems
    - o   Maximizing the limited EMS and Volunteer Fire Service resources
    - o   Enhancing employment opportunities
    - o   Addressing transportation challenges

A number of factors related to community infrastructure such as poverty, threats to natural resources and the environment and after effects from Hurricane Irma were discussed. While deemed important and recognized for their impact on health and quality of life in Lafayette County, these issues were set aside because they are being addressed through other processes. The steering committee identified two strategies as cross-cutting. That is, health status monitoring and health literacy strategies and tactics will likely be applied across all the health priority issues. With deliberate planning and coordination these strategies can maximize resources and impact. Steering committee members voiced the importance of addressing barriers such as language, poverty, and transportation when seeking solutions to all of the priority issues.

As part of the community health assessment process, a number of recommendations and considerations for successful planning and sustained, successful implementation emerged as a result of partner discussions. As Lafayette 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 services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental illness, 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
- 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 Lafayette 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 five 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
- 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 Lafayette County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Lafayette 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).	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice

Issue	Practice or Intervention	Effectiveness	Source
	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.		&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 The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).	Evidence-Based	The Community Guide: 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	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html

Issue	Practice or Intervention	Effectiveness	Source
	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.		
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 of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or teamwork. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html
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 video games 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	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	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.		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 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.	Evidence-Based	CDC Community Health Improvement Navigator: 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

Issue	Practice or Intervention	Effectiveness	Source
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. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
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

Issue	Practice or Intervention	Effectiveness	Source
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 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
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	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616

Issue	Practice or Intervention	Effectiveness	Source
	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.		
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:
•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 | Systematic Review | The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html |
| 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 |
| 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 | Evidence-Based | University of Toronto, School of Public Policy & Governance: |

Issue	Practice or Intervention	Effectiveness	Source
	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.		https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials

STEERING COMMITTEE MEMBERS

- ➢ Children's Home Society of Florida – Jennifer Anchors
- ➢ Community Member – Samantha Land
- ➢ Elder Options – Bianca Blackshear, Lauren Dean, Velma Chandler
- ➢ Florida Department of Children and Families - Cindy Bishop
- ➢ Florida Department of Corrections - Julie Eveslage, Kelly Stephenson
- ➢ Florida Department of Health, Child Protection Team – Stephanie Cox
- ➢ Haven Hospice – Debbie French
- ➢ Homewood Lodge Assisted Living Facility – Ashley Morgan
- ➢ Lafayette County Board of County Commission – Anthony Adams, Earnest Jones, Lance Lamb, Thomas Pridgeon, Lisa Walker, Donnie Hamlin (Retired)
- ➢ Lafayette County Chamber of Commerce – Leeta Hawkins
- ➢ Lafayette County Clerk of Court – Steve Land
- ➢ Lafayette County Extension Office – Eva Bolton, Jana Hart
- ➢ Lafayette County Property Appraiser – Tim Walker
- ➢ Lafayette County School Board – Darren Driver, Jeff Walker, Robby Edwards
- ➢ Lafayette County Supervisor of Elections – Travis Hart
- ➢ Lafayette County Youth Advocacy – Mary Taylor
- ➢ Lafayette Health Care Nursing Home – Rich Wisdahl
- ➢ Lutheran Services of Florida Health Systems - Lesley Hersey
- ➢ Meridian Behavioral Health Care – Anita Scarborough, Debra Wright, Nancy Collins, Natasha Fredericks Klein, Pamela Hester, Sharon Simons
- ➢ North Florida Community College – Takiyah Randolph, John Walt Boatright
- ➢ North Florida Medical Centers – A. Harris
- ➢ Oakridge Assisted Living Facility - Heather Lock
- ➢ Rural Women's Health Project – Fran Ricardo
- ➢ St. Lukes Episcopal Church - Father George Hinchliffe
- ➢ Suwannee River Area Health Education Center – Fran VanElla
- ➢ Suwannee River Economic Council - Frances Terry, Janis Owens, Matt Pearson
- ➢ Three Rivers Library – Cheryl Pulliam
- ➢ UF IFAS, Public Health Coordinator - Mike Swain
- ➢ United Way - Nancy Roberts

Lafayette County Community Health Assessment
Overview of Forces of Change (FOC) Process

Forces of Change (FOC) Assessment

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

To review the FOC and its components from the National Association of County and City Health Officials (NACCHO) website, please go to:
http://www.naccho.org/topics/infrastructure/mapp/framework/phase3foc.cfm

Process:
- Meeting will be held at the **on Wednesday, November 29, from 2 – 4 pm**. The meeting location is still being confirmed and will be communicated to you via email.
- Each of the Lafayette County CHA Steering Committee members will bring up to two (2) community members to the meeting to participate in the FOC.
- Lafayette County CHA Steering Committee members will RSVP to Chris Abarca, as well as forward the name, email address and phone number of each community attendee they wish to invite by **Monday, November 20 by 5:00 pm.**
- Attendees will be asked to complete a Forces of Change Brainstorming Worksheet and Forces of Change Opportunities and Threats Analysis Worksheet and submit their responses via email to Chris Abarca (cabarca@wellflorida.org) by close of business **Monday, November 27**. Additionally, meeting participants are asked to bring hard-copy versions of their homework on to the meeting on Wednesday, November 29.
- During the meeting on Wednesday, November 29, attendees will participate in a group brainstorming session where insights of each attendee's worksheets are shared with the group.
- A consensus vision of key Forces and key Threats and Opportunities will be developed through this group brainstorming session.
- The results of this Forces of Change Assessment will be included in the final Community Health Assessment in order to take stock, as potential interventions and initiatives are prescribed, on what forces need to be addressed that may hinder or enhance these interventions and initiatives.

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for the Lafayette County CHA Steering Committee and invited guests to use in preparing for the Forces of Change brainstorming session. Please have each attendee/invitee complete this Forces of Change Brainstorming Worksheet and the accompanying Threats and Opportunities Analysis Worksheet (separate document) prior to the meeting on Wednesday, November 29 and bring both completed Worksheets to the meeting.

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 Lafayette County's direct control - that affect the local health care system, local health outcomes or overall community health; forces that may hinder or enhance Lafayette 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. Bring the completed worksheet to the brainstorming session.

Factors, events and trends affecting Lafayette County:

Example 1: Changes to the Affordable Care Act

Example 2: Stagnant economy

Example 3: Rise in use of e-cigarettes and other tobacco products

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

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

Forces of Change - Threats and Opportunities Worksheet

For each of the Forces of Change you identified in the Forces of Change Brainstorming Worksheet, identify up to two (2) potential threats posed and/or two (2) potential opportunities created for the health system or community health outcomes. Forces can bring both threats and opportunities and it is critical to understand both possibilities for sound community health improvement planning. Continue onto another page if needed. If you have any questions, please do not hesitate to contact Chris Abarca at 352-727-3767 or cabarca@wellflorida.org

Factors, events and trends affecting Lafayette County:

Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
Example 1: Changes to the Affordable Care Act	Loss of insurance coverage, limited access to care	Research to understand how Lafayette County residents access health care
Example 2: Stagnant economy	Unemployment, homelessness, food insecurity	Leaders from all segments of community work together to find solutions
Example 3: Rise in use of e-cigarettes and tobacco products	Health risks to smokers, exposure to secondhand smoke	Create policy and legislation, enforcement actions
1.		
2.		

3.		
4.		
5.		
6.		

2017 Lafayette and Suwannee Community Health Survey

Dear Community Member,

The Florida Department of Health in Lafayette and Suwannee Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by January 31, 201. We request your input, as a community member, on the most pressing health and health care issues facing our communities. 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 24 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) $20 gift cards that will be given away. 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 a resident of Lafayette or Suwannee County to participate in this survey and to be eligible for the random drawing.

This survey is being distributed throughout Lafayette and Suwannee Counties. This survey will be available from Monday, October 16, 2017 through Friday, November 24, 2017. 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.

1. Please select one response.
- ❑ I live in Lafayette County.
- ❑ I live in Suwannee County.
- ❑ I am a seasonal resident of Lafayette or Suwannee County.
- ❑ I don't live in Lafayette or Suwanntt County. If you selected this response you are not eligible to take this survey. Thank you for your interest.

2. I am 18 years of age or older.
- ❍ Yes, I am 18 years of age or older
- ❍ No, I am 17 years of age or younger. If you selected this response, you are not eligible to take this survey. Thank you for your interest.

3. In which zip code do you live?
- ❍ 32008
- ❍ 32060
- ❍ 32062
- ❍ 32064
- ❍ 32013
- ❍ 32066
- ❍ 32071
- ❍ 32094
- ❍ 32024
- ❍ 32055
- ❍ 32096
- ❍ Other, please specify _____

4. What do you think are the **three (3)** most important factors that define a "Healthy Community" (that is, those factors that most contribute to a healthy community and good quality of life)? Please select **three (3)** choices from the list below.

- ❑ Access to health care
- ❑ Affordable goods/services
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Arts and cultural events
- ❑ Clean environment
- ❑ Emergency preparedness
- ❑ Good place to raise children
- ❑ Good race/ethnic relations
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Strong economy
- ❑ Job opportunities for all levels of education
- ❑ Low preventable death and disease rates
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Religious or spiritual values
- ❑ Strong family ties
- ❑ Other (please specify) _____

5. From the list below, please identify the **three (3) *behaviors*** that you believe have the greatest negative impact on the overall health of people in your county. Please select **three (3)** choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sugar sweetened beverages
- ❑ Lack of sleep
- ❑ No 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
- ❑ Race/ethnic relations
- ❑ Starting prenatal care late in pregnancy
- ❑ Stress management
- ❑ Tobacco use
- ❑ Unsafe sex
- ❑ Unsecured firearms
- ❑ Violence
- ❑ Other (please specify) _____

6. From 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 your county? Please select **five (5)** choices. You will answer a follow-up question about the 5 health problems you selected.

- ❑ Access to healthy food
- ❑ Access to long-term care
- ❑ Access to primary care
- ❑ Affordable assisted living facilities
- ❑ Age-related issues (e.g. arthritis, hearing loss, etc.)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ Dementia
- ❑ Dental problems
- ❑ Diabetes
- ❑ Disability
- ❑ Domestic violence
- ❑ Elderly caregiving
- ❑ Firearm-related injuries
- ❑ Heart disease and stroke
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Homicide
- ❑ Infant death
- ❑ Mental health problems
- ❑ Motor vehicle crash injuries
- ❑ Obesity
- ❑ Pollution (e.g. water and air quality, soil, etc.)
- ❑ Rape/sexual assault
- ❑ Respiratory/lung disease
- ❑ Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)
- ❑ Stress
- ❑ Substance abuse/drug abuse
- ❑ Suicide
- ❑ Tobacco use
- ❑ Teenage pregnancy
- ❑ Vaccine preventable diseases (e.g., flu, measles)
- ❑ Other (please specify) _____

7. For the **five (5)** issues you selected above, please rate how confident are you that the community can make a substantial impact on those 5 health-related issues within the next 1-3 years? Note that all the issues are listed but **you only have to rate the 5 you selected in Question 6**.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food	○	○	○	○	○
Access to long-term care	○	○	○	○	○
Access to primary care	○	○	○	○	○
Affordable assisted living facilities	○	○	○	○	○
Age-related issues (e.g. arthritis, hearing loss, etc.)	○	○	○	○	○
Cancer	○	○	○	○	○
Child abuse/neglect	○	○	○	○	○
Dementia	○	○	○	○	○
Dental problems	○	○	○	○	○
Diabetes	○	○	○	○	○
Disability	○	○	○	○	○
Domestic violence	○	○	○	○	○
Elderly caregiving	○	○	○	○	○
Firearm-related injuries	○	○	○	○	○
Heart disease and stroke	○	○	○	○	○
High blood pressure	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Homicide	○	○	○	○	○

Infant death	○	○	○	○	○
Mental health problems	○	○	○	○	○
Motor vehicle crash injuries	○	○	○	○	○
Obesity	○	○	○	○	○
Pollution (e.g. water and air quality, soil, etc.)	○	○	○	○	○
Rape/sexual assault	○	○	○	○	○
Respiratory/lung disease	○	○	○	○	○
Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)	○	○	○	○	○
Stress	○	○	○	○	○
Substance abuse/drug abuse	○	○	○	○	○
Suicide	○	○	○	○	○
Tobacco use	○	○	○	○	○
Teenage pregnancy	○	○	○	○	○
Vaccine preventable diseases (e.g., flu, measles)	○	○	○	○	○
Other (please specify)	○	○	○	○	○

8. During the past 12 months, was there a time you needed **dental care**, including check-ups, but didn't get it?
❍ Yes. Please go to Question 9.
❍ No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

9. What were the reasons you could not get the **dental care** you needed during the past 12 months? Select all that apply.
❍ Cost
❍ No appointments available or long waits for appointments
❍ No dentists available
❍ Transportation, couldn't get there
❍ Other, please specify _____

10. During the past 12 months, was there a time when you needed to see a **primary care** doctor for health care but couldn't?
❍ Yes. Please go to Question 11.
❍ No. I got the health care I needed or didn't need care. Please go to question 12.

11. What were the reasons you could not get the **primary care** you needed during the past 12 months? Select all that apply.
❍ Cost
❍ No appointments available or long waits for appointments
❍ No primary care providers (doctors, nurses) available
❍ Transportation, couldn't get there
❍ Other, please specify _____

12. During the past 12 months, was there a time when you needed **mental health care** but couldn't get it?
❍ Yes. Please go to Question 13.
❍ No. I got the mental health care I needed or didn't need mental health care. Please go to question 14.

13. What were the reasons you could not get the **mental health care** you needed during the past 12 months? Select all that apply.
- ❍ Cost
- ❍ No appointments available or long waits for appointments
- ❍ No mental health care providers available
- ❍ Transportation, couldn't get there
- ❍ Other, please specify _____

14. For **each** of the statements below, please answer by responding on a scale from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the quality of life in our community	❍	❍	❍	❍	❍
There are sufficient levels of trust and willingness to work together to achieve community goals.	❍	❍	❍	❍	❍
There are networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need.	❍	❍	❍	❍	❍
Our community a safe place to live.	❍	❍	❍	❍	❍
There is a sense of civic responsibility in our community.	❍	❍	❍	❍	❍
There is a sufficient number of health and social services in the community.	❍	❍	❍	❍	❍
There is a sufficient number of dental	❍	❍	❍	❍	❍

services.					
There is a sufficient number of medical services.	❍	❍	❍	❍	❍
There is a sufficient number of mental health/substance abuse services.	❍	❍	❍	❍	❍

15. How would you rate the overall health of residents in your county? Please select **one (1)** choice.
- ❍ Very unhealthy
- ❍ Unhealthy
- ❍ Somewhat healthy
- ❍ Healthy
- ❍ Very healthy

16. For **each** of the following issues, please indicate how much of a problem you believe the issue is in your county.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care	○	○	○	○	○

doctors					
Limited health care services for children (less than age 18)	❍	❍	❍	❍	❍
Limited health care services for senior adults (age 65 and over)	❍	❍	❍	❍	❍
Long wait times to get an appointment with a doctor	❍	❍	❍	❍	❍
Quality of health care services	❍	❍	❍	❍	❍
Transportation to health care services	❍	❍	❍	❍	❍

17. For **each** of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○

Limited health care services for children (less than age 18)	❍	❍	❍	❍	❍
Limited health care services for senior adults (age 65 and over)	❍	❍	❍	❍	❍
Long wait times to get an appointment with a doctor	❍	❍	❍	❍	❍
Quality of health care services	❍	❍	❍	❍	❍
Transportation to health care services	❍	❍	❍	❍	❍

18. How would you rate your own personal health?
- ❍ Very unhealthy
- ❍ Unhealthy
- ❍ Somewhat healthy
- ❍ Healthy
- ❍ Very healthy

19. What is the **most** important health issue in your own life? Please select **one (1)** response.
- ○ Access to healthy food
- ○ Alcohol use
- ○ Allergies
- ○ Alzheimer's or Dementia
- ○ Brain injury
- ○ Cancer
- ○ Caregiving for another
- ○ Cost of medical/dental care
- ○ Developmental disability
- ○ Diabetes
- ○ Dental issues
- ○ Domestic violence
- ○ Eating choices
- ○ Heart disease
- ○ HIV/AIDS
- ○ Injuries
- ○ Kidney disease
- ○ Lack of health insurance
- ○ Lack of exercise
- ○ Liver disease
- ○ Mental illness
- ○ My child's health
- ○ Orthopedic issues
- ○ Overweight
- ○ Physical disability
- ○ Poor eyesight
- ○ Poor hearing
- ○ Poor nutrition
- ○ Pregnancy complications
- ○ Stress
- ○ Stroke
- ○ Substance abuse
- ○ Tobacco use
- ○ Unwanted/unintended pregnancy
- ○ Other (please specify) _____

Now we need to find out a little about you.

20. Which of the following best describes your current employment status?
- ○ Employed (Full-Time)
- ○ Employed (Part-Time)
- ○ Full-Time Student
- ○ Part-Time Student
- ○ Retired
- ○ Self-Employed
- ○ Unemployed
- ○ Work two or more jobs
- ○ I prefer not to answer
- ○ Other (please specify) _____

21. What is your age?
- ○ 0-17
- ○ 18-24
- ○ 25-29
- ○ 30-39
- ○ 40-49
- ○ 50-59
- ○ 60-69
- ○ 70-79
- ○ 80 or older
- ○ I prefer not to answer

22. What is your gender?
- ○ Male
- ○ Female
- ○ Transgender
- ○ I prefer not to answer
- ○ Other (please specify) _____

23. 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) _____

24. What is the highest level of school you have completed? Please select **one (1)** response.
- ❍ 12th grade or less, no diploma
- ❍ High school diploma or GED
- ❍ Some college, no degree
- ❍ Technical or trade school certificate
- ❍ Associate's degree (i.e, AA or AS)
- ❍ Bachelor's degree (i.e., BA or BS)
- ❍ Master's degree (i.e., MA or MS)
- ❍ Graduate degree or professional degree (i.e., PhD, MD, JD, etc.)
- ❍ I prefer not to answer

25. What type of health insurance do you currently have? Please select **one (1)** response.
- ❍ Medicaid
- ❍ Medicare
- ❍ Medicare + Supplement
- ❍ Private insurance
- ❍ VA/Tri-Care
- ❍ I have no health insurance
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

If you want to be entered in the drawing to win a $20 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.

E-mail: _____

Phone: _____

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

2017 Suwannee and Lafayette County Provider Survey

Dear Provider,

The Florida Department of Health in Suwannee and Lafayette County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between October 2017 and January 2018. As a provider, we are requesting your input on the most pressing health and health care issues facing our community in 2017-2018 and beyond. Your responses will inform local 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 17 questions and should take approximately 10-15 minutes to complete.

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 healthcare services to Suwannee or Lafayette County residents?

❍ Yes
❍ No

2. What type of provider are you?

- ❑ Advance Registered Nurse Practitioner
- ❑ Dentist
- ❑ Dietitian/Nutritionist
- ❑ Mental Health Counselor/Substance Abuse Counselor
- ❑ Nurse
- ❑ Occupational Therapist
- ❑ Pharmacist
- ❑ Physician
- ❑ Physician Assistant
- ❑ Physical Therapist
- ❑ Speech Language Pathologist
- ❑ Other (please specify) _____

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

- ❑ Addiction Medicine
- ❑ Allergy/Immunology
- ❑ Anesthesiology
- ❑ Cardiology
- ❑ Cosmetic/Plastic Surgery
- ❑ Chiropractic Medicine
- ❑ Critical Care Medicine
- ❑ ENT/Otolaryngology
- ❑ Family Practice
- ❑ Internal Medicine
- ❑ Dermatology
- ❑ Emergency Medicine
- ❑ Endocrinology
- ❑ Gastroenterology
- ❑ General Practice
- ❑ General Surgery
- ❑ Geriatrics
- ❑ Gynecology
- ❑ Hematology
- ❑ Hospitalist
- ❑ Immunology
- ❑ Infectious Diseases
- ❑ Internal Medicine
- ❑ Neonatology
- ❑ Nephrology
- ❑ Neurology
- ❑ Neurosurgery
- ❑ Obstetrics and Gynecology
- ❑ Oncology
- ❑ Opthamology
- ❑ Orthopedics
- ❑ Orthopedic Surgery
- ❑ Osteopathic Medicine
- ❑ Pain Management
- ❑ Palliative Care
- ❑ Pathology
- ❑ Pediatrics
- ❑ Physical Medicine and Rehabilitation
- ❑ Pulmonology

- ❑ Psychiatry
- ❑ Radiology
- ❑ Specialized Surgery
- ❑ Sports Medicine
- ❑ Other (please specify) _____

3. In the following list, what do you think are the **three** (3) 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 health care
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Affordable goods/services
- ❑ Arts and cultural events
- ❑ Clean environment
- ❑ Emergency preparedness
- ❑ Good race/ethnic relations
- ❑ Good place to raise children
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Healthy economy
- ❑ Job opportunities for all education levels
- ❑ Low adult death and disease rates
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Religious or spiritual values
- ❑ Strong family life
- ❑ Other (please specify) _____

4. In the list below, please identify the **three (3)** behaviors that you believe have the greatest negative impact on the overall health of people in Suwannee and Lafayette County. Please select three (3) choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sweetened beverages
- ❑ Lack of sleep

- ❏ Not exercising
- ❏ 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
- ❏ Racism
- ❏ Starting prenatal care late in pregnancy
- ❏ Stress management
- ❏ Tobacco use
- ❏ Unsafe sex
- ❏ Unsecured firearms
- ❏ Violence
- ❏ Other (please specify) _____

5. 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 Suwannee and Lafayette County? Please select five (5) choices. You will be asked a follow-up question on the five problems you select.

- ❑ Access to healthy food
- ❑ Access to long-term care
- ❑ Access to primary care
- ❑ Affordable assisted living
- ❑ Age-related issues (e.g. arthritis, hearing loss, etc.)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ Dementia
- ❑ Dental problems
- ❑ Diabetes
- ❑ Disability
- ❑ Domestic violence
- ❑ Firearm-related injuries
- ❑ Heart disease and stroke
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Homicide
- ❑ Infant death
- ❑ Mental health problems
- ❑ Obesity
- ❑ Pollution (e.g. water and air quality, soil, etc.)
- ❑ Rape/sexual assault
- ❑ Respiratory/lung disease
- ❑ Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)
- ❑ Stress
- ❑ Substance abuse/Drug abuse
- ❑ Suicide
- ❑ Teenage pregnancy
- ❑ Vaccine preventable diseases (e.g. flu, etc.)
- ❑ Other (please specify) _____

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food	○	○	○	○	○
Access to long-term care	○	○	○	○	○
Access to primary care	○	○	○	○	○
Affordable assisted living	○	○	○	○	○
Age-related issues (e.g. arthritis, hearing loss, etc.)	○	○	○	○	○
Cancer	○	○	○	○	○
Child abuse/neglect	○	○	○	○	○
Dementia	○	○	○	○	○
Dental problems	○	○	○	○	○
Diabetes	○	○	○	○	○
Disability	○	○	○	○	○
Domestic violence	○	○	○	○	○
Firearm-related injuries	○	○	○	○	○
Heart disease and stroke	○	○	○	○	○
High blood pressure	○	○	○	○	○
HIV/AIDS	○	○	○	○	○
Homicide	○	○	○	○	○
Infant death	○	○	○	○	○
Mental health problems	○	○	○	○	○
Obesity	○	○	○	○	○
Pollution (e.g. water and air quality, soil, etc.)	○	○	○	○	○
Rape/sexual assault	○	○	○	○	○
Respiratory/lung disease	○	○	○	○	○
Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)	○	○	○	○	○
Stress	○	○	○	○	○
Substance abuse/Drug abuse	○	○	○	○	○

Suicide	○	○	○	○	○
Teenage pregnancy	○	○	○	○	○
Vaccine preventable diseases (e.g. flu, etc.)	○	○	○	○	○
Other (please specify)	○	○	○	○	○

6. How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years? Please answer only for the five issues you selected in Question 5.

7. Would you say the overall health-related quality of life in Suwannee and Lafayette County is? Please select **one** (1) response.

- ○ Poor
- ○ Fair
- ○ Good
- ○ Very Good
- ○ Excellent
- ○ Don't Know

8. For each of the following issues, please indicate how much of a problem you believe the issue is in Suwannee and Lafayette County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care doctors	○	○	○	○	○
Limited health care services for children (less than age 18)	○	○	○	○	○

Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Pain Management	○	○	○	○	○
Quality of health care services	○	○	○	○	○
Transportation to health care services	○	○	○	○	○

9. For each of the following issues, please indicate how confident you are that Suwannee and Lafayette County can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	❍	❍	❍	❍	❍
Availability of mental health services	❍	❍	❍	❍	❍
Cost of health care services	❍	❍	❍	❍	❍
Cost of health insurance	❍	❍	❍	❍	❍
Knowledge of where to receive dental services	❍	❍	❍	❍	❍
Lack of community concern about health issues	❍	❍	❍	❍	❍
Lack of knowledge of how to use available health care services	❍	❍	❍	❍	❍
Lack of knowledge of what health care services are available	❍	❍	❍	❍	❍
Lack of primary care or family doctors	❍	❍	❍	❍	❍
Lack of specialty care doctors	❍	❍	❍	❍	❍
Limited health care services for children (less than age 18)	❍	❍	❍	❍	❍
Limited health care services for senior adults (age 65 and over)	❍	❍	❍	❍	❍
Long wait times to get an appointment with a doctor	❍	❍	❍	❍	❍
Pain Management	❍	❍	❍	❍	❍
Quality of health care services	❍	❍	❍	❍	❍
Transportation to health care services	❍	❍	❍	❍	❍

10. For your patients in Suwannee and Lafayette County with chronic diseases or conditions, what do you feel is the biggest barrier to a patient 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 me or my staff
- ❑ Lack of coverage by insurance company
- ❑ Lack of education
- ❑ Self-discipline/motivation
- ❑ Other (please specify) _____

11. What can Suwannee and Lafayette County do to help improve the health of your patients and others in the community? Please check all that apply.

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

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

○ Poor (1)
○ Fair (2)
○ Good (3)
○ Very Good (4)
○ Excellent (5)
○ Don't Know (6)

The next series of questions are general demographic questions.

13. 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

14. How would you rate your own personal health?

○ Very unhealthy
○ Unhealthy
○ Somewhat healthy
○ Healthy
○ Very healthy
○ I prefer not to answer

15. What is your gender?

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

16. 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) _____

17. 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

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.

Please return this completed survey to either of these locations:

• Florida Department of Health in Suwannee County, 915 Nobles Ferry Road, Live Oak, FL 32064
• Florida Department of Health in Lafayette County, 140 SW Virginia Circle, Mayo, FL 32066