



2023-2026



BRADFORD COUNTY

COMMUNITY HEALTH ASSESSMENT

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In November 2022, WellFlorida Council and the Florida Department of Health Bradford County began to assemble a team from public health, social services, education, and more to develop and initiate this Community Health Assessment. In collaboration with the ensuing core team, the strategic planning process was carried out according to Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based, community-driven framework for improving community health. Through data collection, analysis, and discussions, the following 2023 Bradford County Community Health Assessment document was developed, as well as the accompanying 2023 Bradford County and Union County Community Health Assessment Technical Appendix.

ASSESSMENT	DESCRIPTION	KEY FINDINGS
Community Health Status Assessment	Secondary data covering Demographics, Socioeconomics, Mortality, Mental Health, Maternal and Infant Health, Health Behaviors, Infectious Diseases, and Health Care Access and Utilization.	<ul style="list-style-type: none"> • Low income, high rates of food insecurity • Elevated high school dropout rates and low graduation rates • High mortality rates due to heart disease, cancer, COVID-19, CLRD, unintentional injury, hypertension, and liver disease • Elevated mental health ED visit rates and Baker Acts • Prevalent risky health behaviors including tobacco use, obesity, lack of screening; limited number of facilities and providers • High ED visit, dental ED visit, and avoidable discharge rate
Community Themes and Strengths Assessment	Survey feedback was collected from community members on factors of a healthy community, health issues, unhealthy behaviors, and barriers to care in Bradford County.	<ul style="list-style-type: none"> • Top factors contributing to a health community were access to affordable health care, nutritious foods, and healthy behaviors • Top health issues were drug abuse, mental health problems, obesity, tobacco use, and access to primary/family care • Specialty and in-patient care were most difficult to obtain • 37.3% didn't get needed dental care, 22.2% primary care and/or mental health care; barriers cited included cost, insurance, appointment and provider availability
Forces of Change Assessment	Discussion on current or potential trends, factors, and events within Bradford County.	<ul style="list-style-type: none"> • Social and behavioral factors including low health literacy, high food insecurity, grandparents caring for children, drug misuse and mental health problems, decreased local specialty services • Economic influences of struggling to meet basic needs, increased businesses, Suwannee River transportation services • New schools opening and varied educational reorganization
Strategic Priorities	Mental Health and Substance Misuse Food Insecurity Chronic Diseases	

INTRODUCTION AND ASSESSMENT METHODOLOGY

Background

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

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Bradford County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every three (3) years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from throughout Bradford County. This body, called the 2023 Bradford County CHA Steering Committee, guided the process and assured that the health needs and issues of all Bradford County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between a number of public and private institutions in Bradford County for the larger goal of improving health outcomes and quality of life for all residents in Bradford County.

Process and Methodology

This comprehensive health assessment effort is based on a nationally recognized model and best practice for completing community health assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Strategies to establish the assessment of health equity and health disparities have been included in the Bradford County MAPP process. Use of the MAPP tools and techniques helped Bradford County ensure that a collaborative and participatory process with a focus on wellness, quality of life, and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

Assessments

The health of a community is generally measured by the physical, mental, environmental, and social well-being of its residents. Due to the complex nature of determinants of health, the community health assessment process is driven by both quantitative and qualitative data collection and analysis from both primary and secondary data sources. Data was generated from three core assessments to inform the analysis, prioritization, and identification of community health priorities. These assessments are described in further detail below.

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

- Executive Summary
- Introduction and Assessment Methodology
- Organizing for Success and Partnership Development
- Community Health Status Assessment

-
- Community Themes and Strengths Assessment
 - Forces of Change Assessment
 - Intersecting Themes and Key Considerations
 - Appendices
 - ▶ Appendix A – Community Survey
 - ▶ Appendix B – Steering Committee Members

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the *2023 Bradford County and Union County Community Health Assessment Technical Appendix*, which includes analysis of social determinants of health, community health status, and health system assessment. A myriad of secondary data sources were used to examine the health of Bradford County, including the U.S. Census Bureau, the Florida Agency for Health Care Administration, the Florida Department of Health’s Florida HealthCHARTS, and the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Bradford County. More information on ZCTAs as well as a list of ZCTAs for Bradford County can be found in the Technical Notes section of the *2023 Bradford County and Union County Community Health Assessment Technical Appendix* and will henceforth be presented as the ZCTA number followed by the area name: for example, 34601 Brooksville. Through the analysis of data on these indicators of social determinants of health, community health status, and health system resources, this assessment answers the question: “How healthy is the community?”.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment component represents the core of the community’s input and perspective into the health problems and needs of the community. In order to determine the community’s perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large, garnering 126 responses. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand “What is important to the community?” and “How is health and quality of life perceived in the community?”.

Forces of Change Assessment

The purpose of the Forces of Change Assessment is to identify forces – such as trends, factors, or events – that are influencing or may influence the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on May 9, 2023, with the Bradford County Community Health Assessment Steering Committee and other invited community leaders. Through a facilitated discussion with community partners, this assessment collected qualitative data that sheds light on “What is occurring or might occur that affects the health of the community and/or health system?”.

Intersecting Themes and Key Considerations

The Intersecting Themes and Key Considerations component presents recurrent themes and noteworthy findings across the assessments. Identification and prioritization of strategic issues based on intersecting themes are discussed here as well. The narrative report concludes with a resource list of planning assets with promising, model

practices as well as evidence-based interventions for addressing the identified issues. Recommendations for addressing the identified needs are listed in the Key Considerations section.

Identified Health Priorities

The CHA Steering Committee members reviewed the assessment data and findings from the entire community health assessment process. After discussion and consensus, the Steering Committee arrived at the three (3) strategic priority issue areas listed below:

- Mental Health and Substance Misuse
 - ▶ Access to services
 - ▶ Increase presence of and awareness of current resources
 - ▶ Use of homeless housing as transitional housing
 - ▶ Institute new community initiatives such as community gardens and volunteering with seniors
 - ▶ Youth vaping
- Food Insecurity
 - ▶ Meals on wheels
 - ▶ Blessing boxes
 - ▶ Expanding food giveaways and pantries
 - ▶ Backpack program
 - ▶ Community garden
- Chronic Disease
 - ▶ Dental care
 - ▶ Heart Disease
 - ▶ Education
 - ▶ Screenings
 - ▶ Hypertension
 - ▶ Obesity
 - ▶ Cancer

Action and Implementation

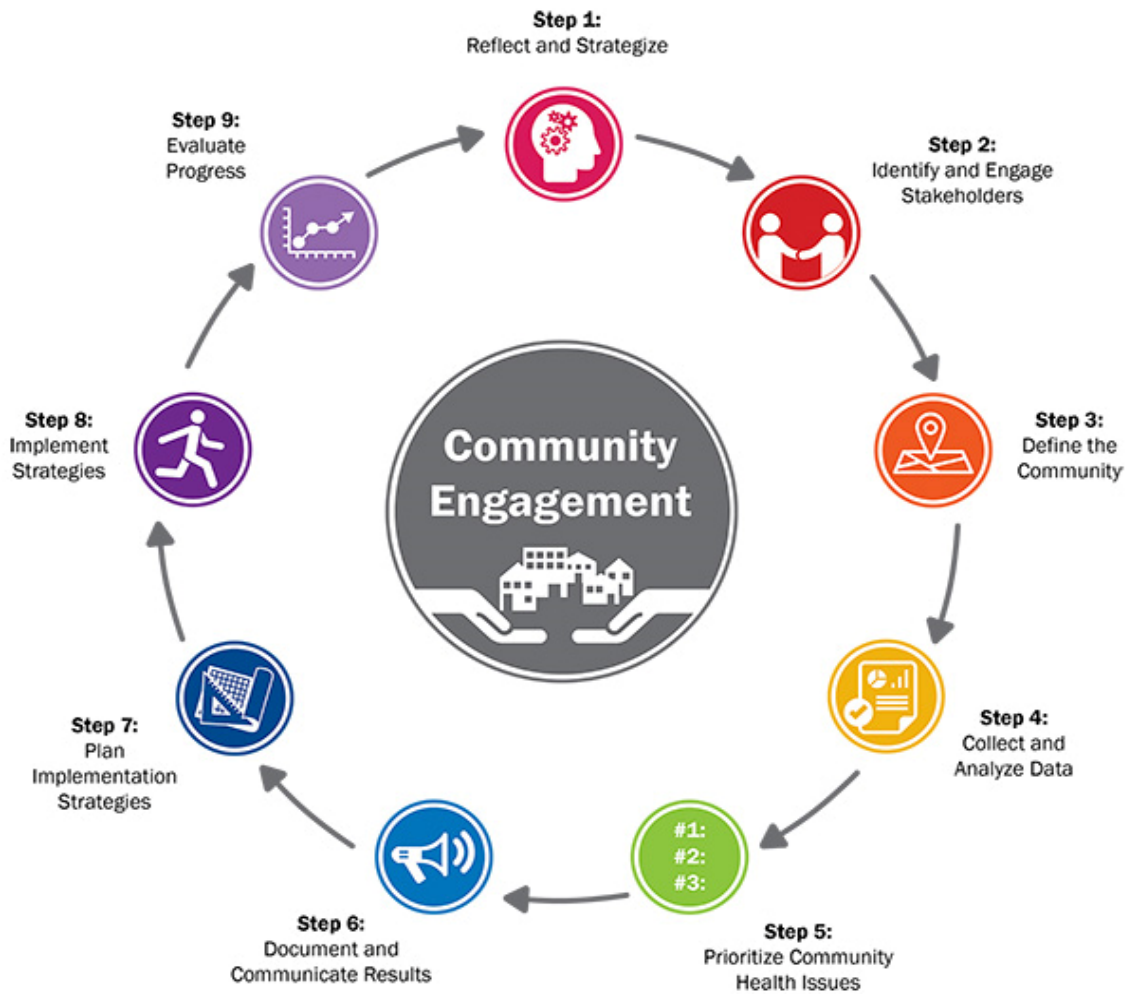
The next phase of a comprehensive assessment process is the development of an implementation plan or Community Health Improvement Plan (CHIP) with goals, strategies, measurable outcomes, and process objectives, with continuous monitoring and performance metrics. Community leaders and partners will continue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

FIGURE 1: MAPP PROCESS DIAGRAM



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

FIGURE 2: COMMUNITY HEALTH ASSESSMENT TOOLKIT



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

Using the Community Health Assessment

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

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

Technical Appendix

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

ORGANIZING FOR SUCCESS, PARTNERSHIP DEVELOPMENT, AND VISIONING

Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is critical to accurately identifying and reflecting the health issues and needs of the community. Therefore, a diverse array of community leaders and organizations were invited to partake in the assessment process as Steering Committee members. In total, 30 Steering Committee members were involved. Their names and titles are provided in Appendix B.

Assuring Diversity and Equity in the Bradford County Community Health Assessment Process

At the January 11, 2023 Bradford County Community Health Assessment meeting, Steering Committee members reflected on how to assure wider, more diverse representation of community partner organizations as well as the community at large in the overall assessment process. The following questions were discussed:

- Are there any populations or groups not represented here today?
- Are there other community partnerships or coalitions that should be part of the assessment process?
- How can we assure the community at large has a voice?
- Do we periodically assess who needs to be at the table and involved?
- Are we a welcoming group? Do we use partners’ time wisely?

TABLE 1: POPULATIONS AND ORGANIZATIONS TO INVITE TO ASSURE DIVERSE REPRESENTATION AND EQUITY IN COMMUNITY HEALTH ASSESSMENT PROCESS, BRADFORD COUNTY, 2023

Populations	
Disability community	General community members
Keystone residents	
Organizations, Partnerships, or Groups	
Centers for Independent Living	Arc of Bradford
Department of Children and Families/Partnership for Strong Families	Churches
Santa Fe College	Suwannee River Economic Council
Knights of Columbus	Civic Organizations (e.g., Rotary Club)
For-profit leaders and organizations	Local hospital
Emergency management	Peaceful Paths
Food pantries	Rural Women’s Health Project
Newspaper	Department of Corrections
Emergency Medical Services	

Source: Bradford County diversity and equity discussion results, January 11, 2023. Prepared by WellFlorida Council, 2023.

Survey Content, Distribution, and Participation

At their January 11, 2023 Kickoff Meeting, WellFlorida Council presented the possibility of including three (3) optional COVID-related questions in the community member survey. Strong points were discussed both in favor of and against including the COVID-related questions. It was determined that the final decision would be further considered by the core team, which ultimately elected to omit them.

The topic of how to ensure broad survey participation was also discussed at great length. Challenges that were mentioned included the lack of a written survey option and the barriers posed to those with limited or no internet access. The following ideas were brought up to combat these and other challenges:

- Put survey on library homepage
- Bring tablets to administer survey at events/offices
- Have Sheriff's office share on Facebook, or make it part of the inmate visitor screening process
- Social media for schools, churches
- Newspaper advertisement
- QR Codes
- Community-wide text

Additionally, the survey timeline was designed to encompass as many community events and promotional opportunities as possible. With a launch date of February 3rd, the survey was open for the February 4th Bradford/Union County Chamber of Commerce Banquet and February 4th food distribution event, as well as the community fair at the beginning of March.

2022-2023 Bradford County Community Health Assessment Planning Process Timeline



COMMUNITY HEALTH STATUS ASSESSMENT

Introduction

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

A community health status assessment is 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 issues. Data from this report can be used to explore and understand the health needs of Bradford County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

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

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

Demographics and Socioeconomics

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The 2023 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 Bradford County demographic and socioeconomic profile.

Population

The 2020 U.S. Census recorded Bradford County's population at 28,303. The University of Florida Bureau of Economic Business Research population estimates for 2022 report a small decrease to 27,013 individuals. According to the 2020 Census numbers, 23.6 percent of the county lives in Starke, 2.7 percent in Lawtey, 1.9

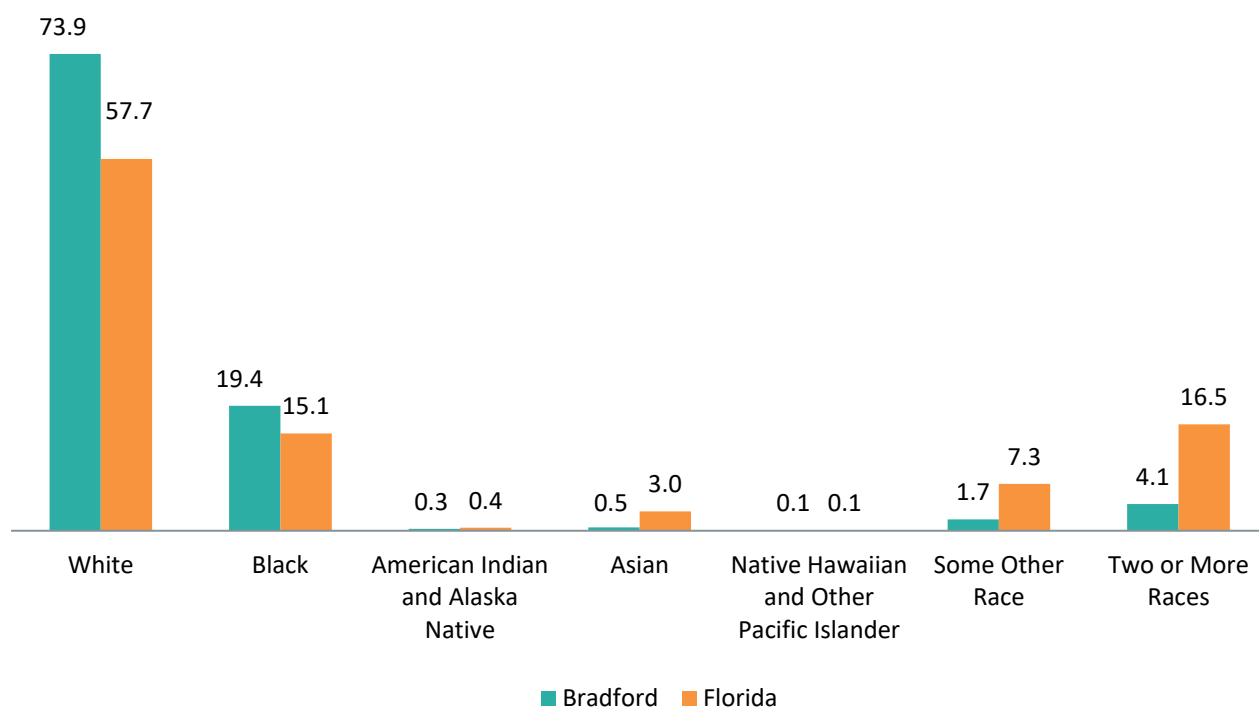
percent Hampton, 1.3 percent in Brooker, and approximately 70.5 percent of this population live in unincorporated area, this last number contrasting with just 49.6 percent of Florida (Tables 2 and 3, 2023 Technical Appendix).

Furthermore, Bradford County contains roughly 1,980 Veterans, making up 8.8 percent of the overall county population. This number is just above the state rate of 8.2 percent of Florida (Table 18, 2023 Technical Appendix).

Race

At the time of this Community Health Assessment, the only detailed 2020 US Census data available was by race. The breakdown is shown in Figure 3. In summary, Bradford County is primarily White (73.9 percent of the population), with the next largest racial category being Black (19.4 percent), then Two or More Races (4.1 percent).

FIGURE 3: PERCENTAGE POPULATION BY RACE, BRADFORD COUNTY AND FLORIDA, 2020 US CENSUS DATA



Source: Table 4, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

The 2020 US Census data provides a valuable snapshot of the exact demographics of Bradford County and Florida in 2020. However, most of the data in this report refers to calculations based on the 2017-2021 American Community Survey (ACS) estimates, including all the zip code level data. The ACS estimates are a five-year average that is updated every year; for example, the current set of estimates is for 2017-2021, while the upcoming set of estimates will be for 2018-2022. Although both the US Census and ACS estimates are conducted by the US Census Bureau, only the official US Census is administered to the entire population; the ACS is completed by only a subset of the population, and is therefore an estimate, not an official count. Since detailed breakdown of the US Census data is not yet publicly available, including zip code level data, for the rest of this report we will be using the 2017-2021 ACS estimates, and the population of Bradford County will be considered 27,928, according to this most recent estimate, unless specified otherwise (Table 5, 2023 Technical Appendix). A more in-depth explanation of the ACS survey methods and figures can be found in the Technical Notes section of the 2023 Technical Appendix.

2020 US Census data also provides valuable insight into Bradford County’s exact racial distribution, as detailed in Figure 3, but was not used by most of the sources and estimates made in this report. Hence, it is also wise to consider overall racial distribution according to the 2017-2021 ACS estimates. This places 75.7 percent of the Bradford County population as White, 19.3 percent as Black, 3.3 percent as Two or More Races, 0.7 percent as Asian Only, 0.3 percent as American Indian or Alaska Native Only, and 0.4 percent as Some Other Race (Table 5, 2023 Technical Appendix).

Ethnicity

Further considering the 2017-2021 ACS estimates, an estimated 4.6 percent of the Bradford County population identifies as Hispanic or Latino, paling in compared to a full 26.2 percent of Florida. Most Bradford County Hispanics reside in 32091 Starke at 5.5 percent of the ZCTA (Table 6, 2023 Technical Appendix).

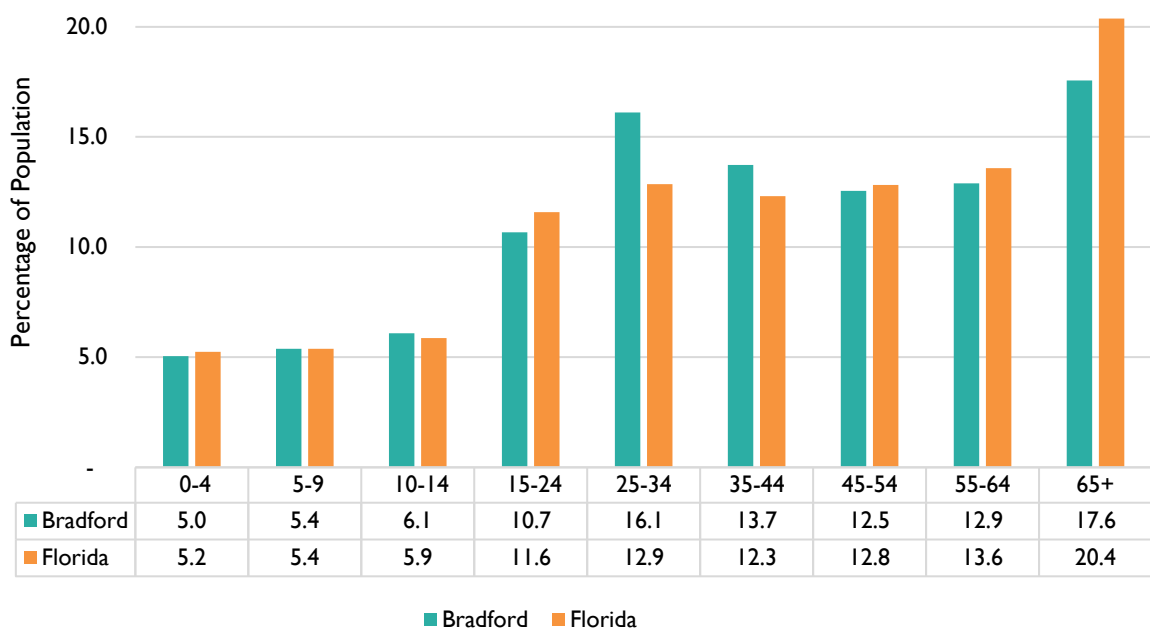
Sex

Nearly 66 percent of the Bradford County population is estimated to be male according to 2017-2021 ACS figures. The largest discrepancy found by sex by ZCTA is in 32058 Lawtey at 55.1 male and 44.9 percent female (Table 7, 2022 Technical Appendix).

Age

Bradford County has a slightly greater working age population than the state, with 62.8 percent residing between the ages of 18 and 64, compared to 59.7 percent of Florida. In contrast, Florida has a slightly greater retirement age population than Bradford County, with 20.4 percent of the state population at or above 65 years of age compared to just 17.6 percent of the county (Table 8, 2023 Technical Appendix). Figure 4 below displays the age distribution of Bradford versus the state in more detail.

FIGURE 4: POPULATION BY AGE GROUP, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

By ZCTA, 32091 Starke has the largest percentage of its population over the age of 65 (19.9 percent), and 32044 Hampton has the largest percentage of its population under the age of 18 (30.2 percent). This data is with respect to Table 8 of the 2023 Technical Appendix.

When examining intersections between age and other demographic elements of the Bradford County population, a few interesting factors may be noted. For one, a greater percentage of the Bradford County female population is retirement age (22.3 percent) as compared to the male population (13.8 percent). Similarly, a much greater percentage of the Bradford County White population is retirement age (20.2 percent) as compared to the Black population (9.1 percent), and the Hispanic population depicts a particularly low rate of seniors ages 65+ at just 2.6 percent of the Hispanic population (Tables 9-12, 2023 Technical Appendix).

Families and Households

The US Census Bureau defines a family as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Meanwhile, a household is any group of people living together or an individual living alone, and hence includes both family households and non-family households. Bradford County is home to approximately 5,822 families according to the most recent 2017-2021 ACS estimates, of which the average family size is 3.28 people (3.16 for Florida). Most of these families are Married Couple families, followed by Female Householder, No Husband Present families, then Male Householder, No Wife Present. When looking at overall households – amounting to nearly 9,000 in Bradford County – the average household size comes to just 2.68 individuals, marginally higher than the state average of 2.57 (Tables 16-17, 2023 Technical Appendix).

With respect to the same estimates, about 54.7 percent of grandparent householders are responsible for their own grandchildren under the age of 18. This same figure is only 44.1 percent for Florida overall. In particular, in 32091 Starke, 63.2 percent of grandparent householders are responsible for their own grandchildren under 18. Among these households in Bradford County, 83.2 percent have a parent present, contrasting with only 63.9 percent in Florida as a whole (Tables 14-15, 2023 Technical Appendix).

According to 2017-2021 ACS estimates, approximately 3,883 individuals in Bradford County live in group quarters, which include correctional institutions and nursing homes, comprising 13.9 percent of the population. This is markedly higher than just 1.9 percent of Florida (Table 13, 2023 Technical Appendix).

Languages Spoken

Additional ACS data considers the languages spoken by Bradford County residents ages five (5) and older. Among this demographic, 95.8 percent speak only English (compared to 70.2 percent of Florida), and among those who speak other languages, only 9.6 percent speak English less than “Very Well” (compared to 39.6 percent of Florida). Roughly half of these individuals speak Spanish, just over a third speak other Indo-European languages, and just under 10 percent speak Asian and Pacific Island languages (Table 19, 2023 Technical Appendix).

Life Expectancy

Table 2 presents life expectancy by sex for Bradford County and Florida. In summary, Bradford County residents on average live almost four (4) years less than their Florida counterparts, with males in particular living an average of 4.4 years less than females in Bradford County.

TABLE 2: LIFE EXPECTANCY BY SEX, BRADFORD COUNTY AND FLORIDA, 2018-2020

	Bradford County	Florida
Overall	75.7	79.4
Females	77.9	82.3
Males	73.5	76.5

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

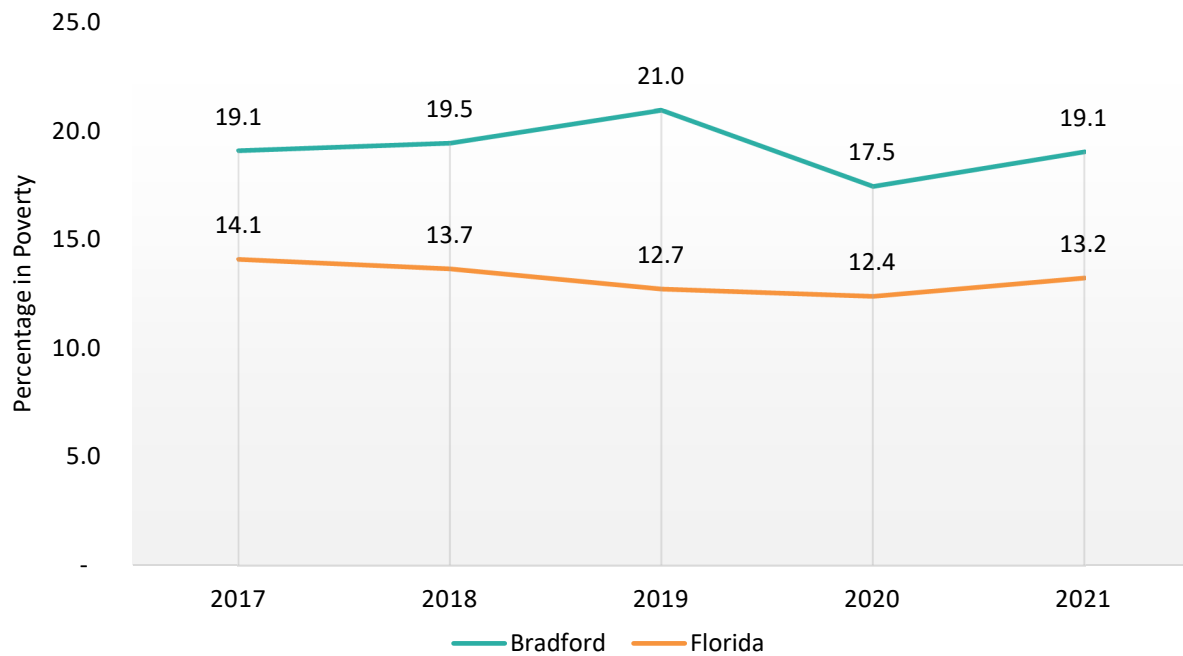
Life expectancy also demonstrates slight variations by race, with Black Bradford County residents living an average of 76.6 years and White Bradford County residents just 75.2. These numbers compare to 76.7 years for Black Floridians and 79.7 years for White Floridians (Table 20, 2023 Technical Appendix).

Economic Characteristics

Poverty

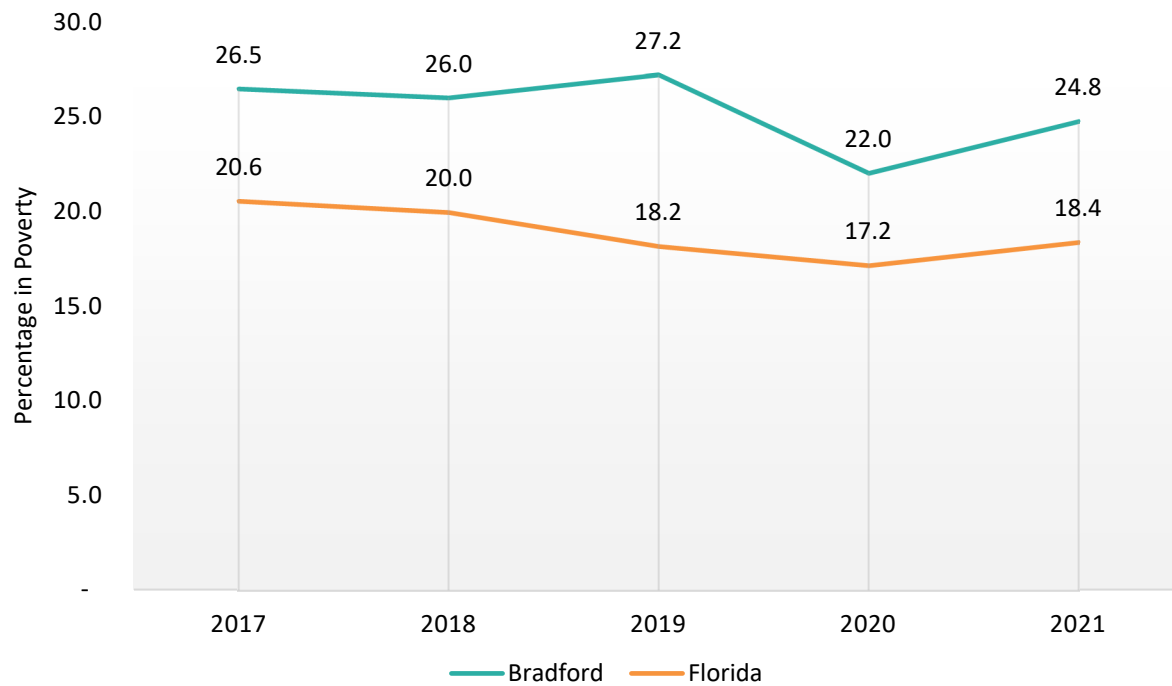
The US Census Bureau Small Area Income and Poverty 2021 estimates place poverty rates for Bradford County at 19.1 percent of the population overall and 24.8 percent of children under 18; Florida rates are lower in both categories at 13.2 percent overall and 18.4 percent of children in poverty (Table 21, 2023 Technical Appendix).

FIGURE 5: POVERTY RATES AMONG ALL AGES, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

FIGURE 6: CHILDREN IN POVERTY ESTIMATES, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

The ACS also creates estimates of poverty levels throughout the United States and provides a more detailed breakdown of poverty levels by income, ZCTA, race, and ethnicity. Since these 2017-2021 ACS estimates use a different sample and different methodology, the numbers are slightly different from the 2021 US Census Bureau Small Area Income and Poverty estimates. Specifically, the ACS estimates that 19.4 percent of Bradford County overall is in poverty (13.1 for Florida), and 29.0 percent of Bradford County children are in poverty (18.2 for Florida). This data also shows that 32622 Brooker has the highest rate of poverty overall in Bradford County at 25.4 percent of the population, as well as among children at 36.5 percent (Table 22, 2023 Technical Appendix).

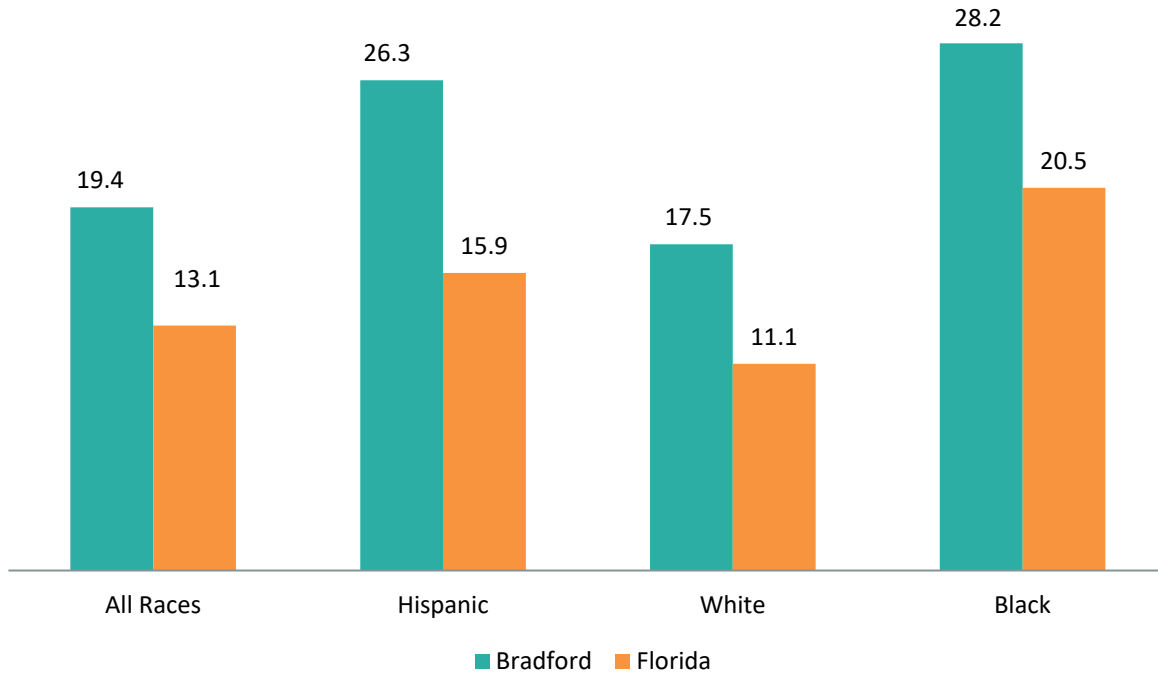
By age, Bradford County demonstrates notably higher rates of poverty among those ages 65+ when compared to Florida: 16.7 percent versus 10.7 percent, respectively. This rate is particularly high among seniors in 32091 Starke at 22.7 percent of the senior population (Table 24, 2023 Technical Appendix).

By sex, poverty rates are respectably higher among females in Bradford County (21.5 percent) as compared to males in Bradford County (17.4 percent), both greater than their state counterparts (14.1 percent and 12.0 percent, respectively) (Table 25, 2023 Technical Appendix).

By households, 11.7 percent of family households and 20.2 percent of all households are in poverty within Bradford County. Specifically, Female Householder, No Husband Present families depict the highest rate of poverty at 29.7 percent of the household's population (Table 27, 2023 Technical Appendix).

A more detailed breakdown of poverty by race and ethnicity can be seen in Figure 7.

FIGURE 7: ESTIMATED PERCENT OF PERSONS IN POVERTY BY SELECTED RACES AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

ALICE Households

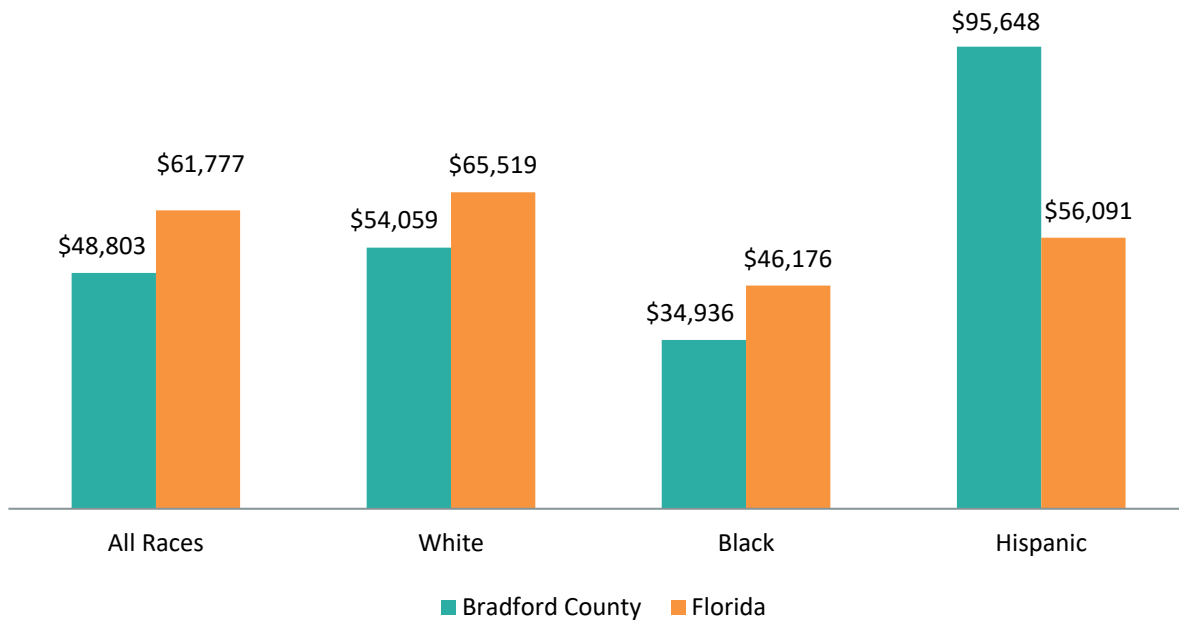
ALICE household reports, or Asset Limited, Income Constrained, Employed household reports, are publications producing unbiased, high quality data on household budgets, demographics, employment opportunities, housing affordability, public and private assistance, and other critical economic factors. Their methodology is reviewed by outside experts and supported with an independent Research Advisory Committee within each state; more information can be found at <https://www.unitedforalice.org/overview>. The following data is taken from the 2020 ALICE Report, which contains information collected in 2018, located in Table 29 of the 2023 Technical Appendix.

The ALICE report calculates household survival budgets by family type and size in an attempt to reflect the minimum income necessary to meet basic living expenses within a county or state. For example, the household survival budget for a single adult in Bradford County is estimated at \$25,116 per year, and for a household of two (2) adults with two (2) children in childcare, that number rises to \$58,956. ALICE households are therefore households that earn more than the federal poverty guidelines but less than these household survival budgets. Within Bradford County, 30 percent of households meet the guidelines to be ALICE households. Within Florida overall, this number is 32 percent. Among Bradford seniors 65 and over, 29 percent are categorized as ALICE households compared to Florida where 40 percent of seniors 65 and over are ALICE households.

Income

Median household income varies by race and ethnicity, as shown by the ACS 2017-2021 estimates in Figure 8. The ZCTA with the lowest median income among All Races is 32044 Hampton at 41,214 dollars per household (Table 30, 2023 Technical Appendix).

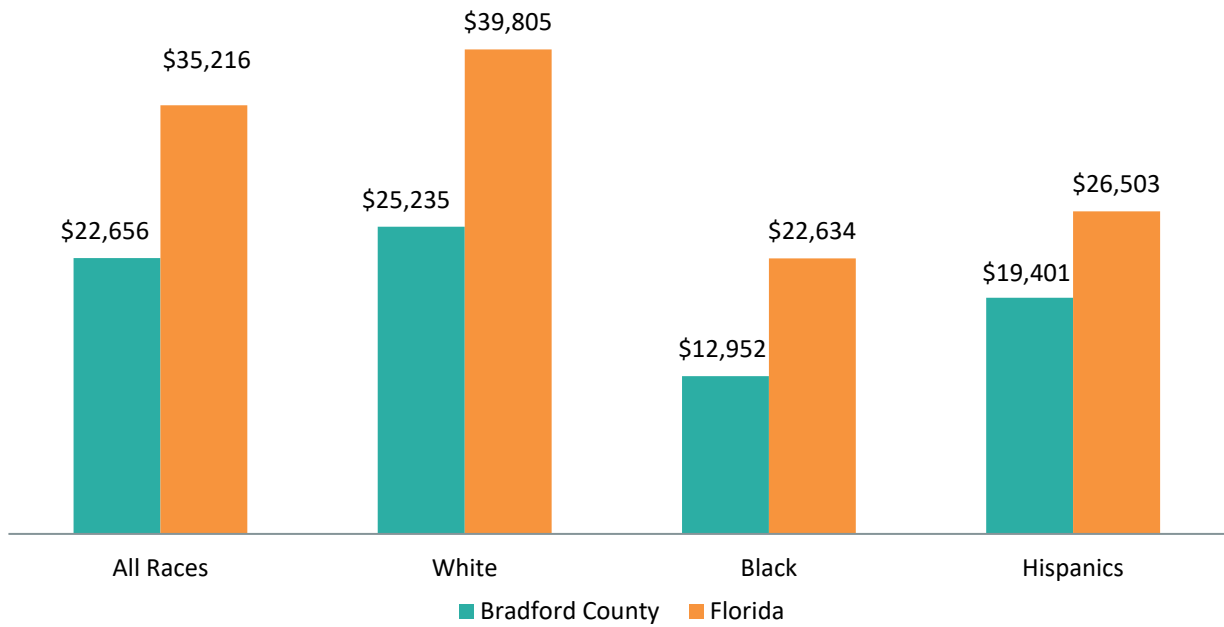
FIGURE 8: MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

Average household income shows similar trends, with Bradford County average household income coming in at 63,767 dollars compared to 88,267 dollars for Florida. Per capita income for Bradford County and Florida can also be seen by race and ethnicity in Figure 9 on the next page. By ZCTA, the lowest per capita income by race and ethnicity can be found among Black residents of 32622 Brooker at 4,389 dollars per person (Tables 31 and 32, 2023 Technical Appendix).

FIGURE 9: PER CAPITA INCOME BY RACE AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2017-2021

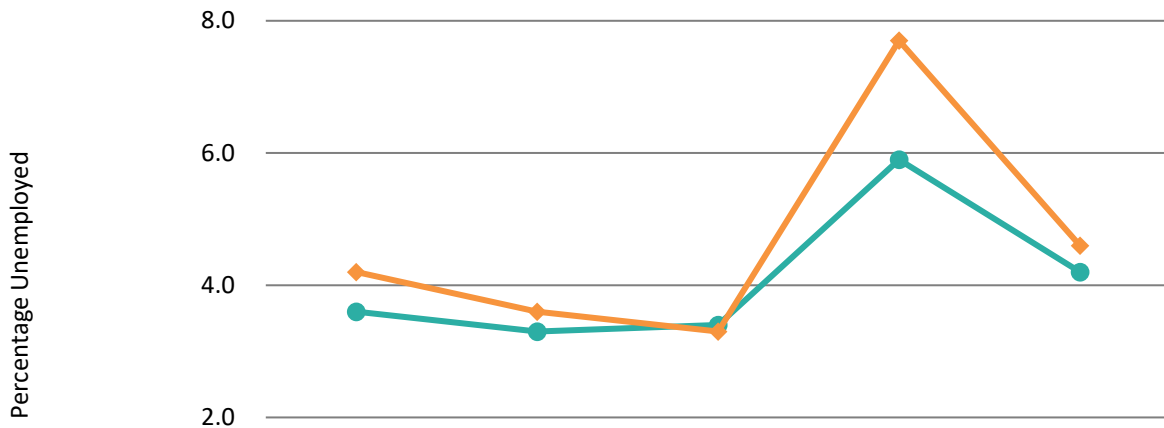


Source: Table 32, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Employment

Over the past five (5) years of data available from 2017-2021, Bradford County unemployment rates have generally been slightly lower than the state. More details are presented in Figure 10. It is also of note that the ZCTA with the highest average unemployment rate during these five (5) years was 32622 Brooker at 8.7 percent unemployed, while the lowest could be found in 32044 Hampton at 3.1 percent unemployed (Table 37, 2023 Technical Appendix).

FIGURE 10: UNEMPLOYMENT RATES, BRADFORD COUNTY AND FLORIDA, 2010 - 2020



	2017	2018	2019	2020	2021
Bradford County	3.6	3.3	3.4	5.9	4.2
Florida	4.2	3.6	3.3	7.7	4.6

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

The overwhelming majority of non-governmental businesses in Bradford County are small, employing less than 50 people (96.7 percent). Of these, 13.1 percent are retail based and 35.6 percent are service based, compared to 12.6 percent and 51.8 percent in the state, respectively. These numbers are based on 2020 US Census Bureau estimates (Tables 42 and 43, 2023 Technical Appendix).

Transportation

2017-2021 ACS estimates places only 3.8 percent of Bradford County households with workers ages 16 and over as not having any vehicles available. 77.9 percent drive alone to work, and 9.6 percent carpool. Only 1.0 percent use public transportation. Among all workers, nearly 20 percent have a commute of less than 10 minutes; more than double the state rate of 8.9 percent. However, Bradford County also has a slightly higher percentage of those with a commute of 30 minutes or more: 48.1 percent as compared to 42.6 percent. In particular, this commute time is necessary for 51.0 percent of those that carpool in Bradford County, contrasting with only 44.0 percent of carpoolers in Florida (Tables 54 and 55, 2023 Technical Appendix).

Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2017-2021 estimates considering the population that is 25+ years of age, far fewer have obtained a college degree in Bradford County than the state and more have a high school diploma as their highest level of educational attainment. A more detailed breakdown is shown in Table 3 alongside graduation rates and dropout rates. In particular, the latter shows an alarming increase in high school dropout rates in Bradford County from 1.4 percent in the 2016-2017 academic year to 10.0 in the 2019-2020 academic year (Tables 38 and 39, 2023 Technical Appendix).

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

High School Graduation			School Dropout Rates			Highest Level of School Completed, by Percent of Population 25+ Years, 2017-2021		
Year	Bradford County	Florida	Year	Bradford County	Florida		Bradford County	Florida
2017-18	89.0	86.1	2016-17	3.0	4.0			
2018-19	87.7	86.9	2017-18	1.4	3.5	No high school diploma	18.0	11.0
2019-20	88.2	90.0	2018-19	3.4	3.4	High school diploma	68.3	47.4
2020-21	85.0	90.0	2019-20	6.4	3.1	College degree	11.3	41.6
2021-22	76.1	87.3	2020-21	10.0	3.2			

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

The Florida Department of Education also reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. With respect to the former, in 2020 after two (2) years of increase, 51.6 percent of Bradford County Kindergarteners were deemed school ready, similar to 56.9 percent at the state level. In 2021, 9.0 percent of elementary students were not promoted, much higher than the state rate of just 2.5 percent. Similarly, in the same year, 10.7 percent of middle school students were not promoted, while the state rate was only 2.8 percent (Table 40, 2023 Technical Appendix).

Food Insecurity

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

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

Year	All Ages		Children	
	Bradford County	Florida	Bradford County	Florida
2016	17.7	13.9	22.4	20.0
2017	16.7	13.4	21.7	20.4
2018	16.3	13.0	25.1	19.4
2019	16.4	12.0	25.5	17.1
2020	15.0	10.6	21.4	15.7

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

Approximately 16.4 percent of the Bradford County population receives cash public assistance or food stamps as of 2021, slightly higher than Florida overall at 14.1 percent of the state population. This number has been decreasing among Bradford County residents for the past four (4) consecutive years. Additionally, 44.2 percent of households receiving food stamps have at least one resident that is 60 years of age or older (Tables 50 and 51, 2023 Technical Appendix).

It is also helpful to consider the percentage of students eligible for free/reduced lunch within the public school system. As of 2021, rates of eligibility are higher in Bradford County than Florida among Kindergarten, Elementary, and Middle School students; however, only 40.0 of children in Pre-Kindergarten are eligible in Bradford County compared to 61.0 percent in Florida (Table 47, 2023 Technical Appendix).

Housing Data

Returning once again to the 2017-2021 ACS estimates, Bradford County holds approximately 10,753 housing units, about 16.6 percent of which are vacant (16.5 percent in Florida). An estimated 30.0 percent of occupied households face monthly housing costs that are 30 percent or more of the household income, similar to the state at 34.7 percent. This rate is higher among those in renter occupied housing units in Bradford County (53.0 percent having housing costs that are 30 percent or more of the household income) than among owner occupied housing units in Bradford County (22.4 percent). Approximately 13.6 percent of the population suffer severe housing problems, and there are an estimated 12 homeless individuals in Bradford County (Table 44, 2023 Technical Appendix).

Incarcerations

Bradford County has consistently higher rates of incarcerations than the state at large as recorded by the Florida Department of Corrections. In 2022, the incarceration rate was 4.9 individuals per 1,000 population in Bradford County and 2.5 in Florida. Similarly, the rate of inmate admissions for those 19+ is much higher than for the state: 710.8 per 100,000 population for Bradford in 2019 versus 104.0 for Florida. Recidivism rates are comparable to the state, with a return rate of 21.6 percent in the 36 months following 2018 releases in Bradford County and 21.2 percent in Florida (Tables 56-58, 2023 Technical Appendix).

Voter Registration

Bradford County is home to 18,106 registered voters as of January 31, 2023. In the 2018 election, approximately 64.7 percent of all registered voters cast a ballot, marginally higher than the state rate of 62.0 percent. 4,907 of these ballots were cast in person on election day, 2,751 through early voting, and 2,899 through domestic vote-by-mail ballots (Tables 59 and 60, 2023 Technical Appendix).

Mortality and Morbidity

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

It is important to note that this section may have numbers that are suppressed due to a small sample size, as specific causes of morbidity and mortality by race, ethnicity, and/or zip code can be rare. It is also noteworthy that the data that is available for small samples sizes should be interpreted with caution, as these rates can fluctuate

greatly from year to year with just a few cases or individuals of interest being added or taken away. These instances are generally noted in the narrative below but will not always be isolated in the 2023 Technical Appendix.

Causes of Death

Bradford County has overall mortality rates that are greater than the state according to 2019-2021 Florida Department of Health, Bureau of Vital Statistics estimates. These age-adjusted mortality rates come in at 946.2 deaths per 100,000 population for Bradford and 740.1 for Florida. This age-adjusted mortality rate for Bradford County has been on the rise from 2019 through 2021, with age-adjusted mortality rates specifically rising among deaths due to CLRD, unintentional injury, and Alzheimer’s. Table 5 presents the top 10 causes of death for Bradford County, ranked from most common to least common, with Florida rankings for comparison. Cancer and heart disease are the leading causes of death in Bradford County, accounting for roughly 18 percent and 16 percent of all deaths, respectively. Most causes of death have an age-adjusted mortality rate that is higher than the state, especially due to CLRD (74.3 deaths per 100,000 versus 33.6 for Florida), essential hypertension (17.6 deaths versus 9.2), COVID-19 (92.1 deaths versus 56.4), and liver disease (21.6 deaths versus 12.6) (Tables 61, 65-67, and 69, 2023 Technical Appendix).

TABLE 5: RANKED CAUSE OF DEATH, BRADFORD COUNTY AND FLORIDA, 2019-2021

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

*T = Tied; NR = Not Ranked
 Source: Table 61, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Differences in Mortality by Zip Code

By zip code, 32044 Hampton has the highest age-adjusted mortality rate at 1,248.5 deaths per 100,000 from 2019-2021. Hampton specifically leads the county in deaths due to heart disease, cancer, unintentional injury, COVID-19, and liver disease. Hampton is followed by 32091 Starke at 981.6 deaths (leading in CLRD deaths), 32058 Lawtey at 841.3 deaths (leading in diabetes and stroke deaths), and finally, 32622 Brooker at 499.3 deaths (Tables 75-84, 2023 Technical Appendix).

Differences In Mortality by Sex

Males and females in Bradford County share the top three (3) causes of death – cancer, heart disease, and COVID-19 – yet diverge after this point. CLRD is the 4th leading cause of death for females, followed by unintentional injury; these ranks are switched for males. Alzheimer’s is also the 7th leading cause of death for females, while it

does not place in the top 10 for males. Meanwhile, hypertension is the 9th leading cause and suicide the 10th leading cause of death among males, while neither place in the top 10 for females (Table 62, 2023 Technical Appendix).

Overall, the age-adjusted mortality rate for females in Bradford County has been rising from 2019-2021, as well as specifically by CLRD, Alzheimer's disease, and essential hypertension, while rates of death have been decreasing due to unintentional injury. Overall, the age-adjusted rate of deaths among females is 920.2 per 100,000 population. Among males, this same rate is 1,242.9 per 100,000 population, and has also been on the rise since 2019. Specifically, rates of heart disease, unintentional injury, and stroke have increasing in recent years among males (Tables 73 and 74, 2023 Technical Appendix).

Differences In Mortality by Race and Ethnicity

Data in this report considers differences in mortality by ethnicity by comparing Hispanic mortality rates to mortality rates of All Races, or the county overall. Hispanic Bradford County residents report higher age-adjusted mortality rates than the county overall by the following causes (as found in Table 67 of the 2023 Technical Appendix):

- Cancer at 185.7 deaths per 100,000 population among Hispanics versus 167.5 among All Races
- Stroke at 48.2 deaths per 100,000 population among Hispanics versus 43.3 among All Races
- Diabetes at 76.1 deaths per 100,000 population among Hispanics versus 28.6 among All Races
- Liver disease at 48.2 deaths per 100,000 population among Hispanics versus 21.6 among All Races

Both White Races and Black Races suffer unique disparities when examining age-adjusted mortality rates. In particular, White Races in Bradford County suffer higher overall age-adjusted mortality rates, as well as age-adjusted mortality rates due to:

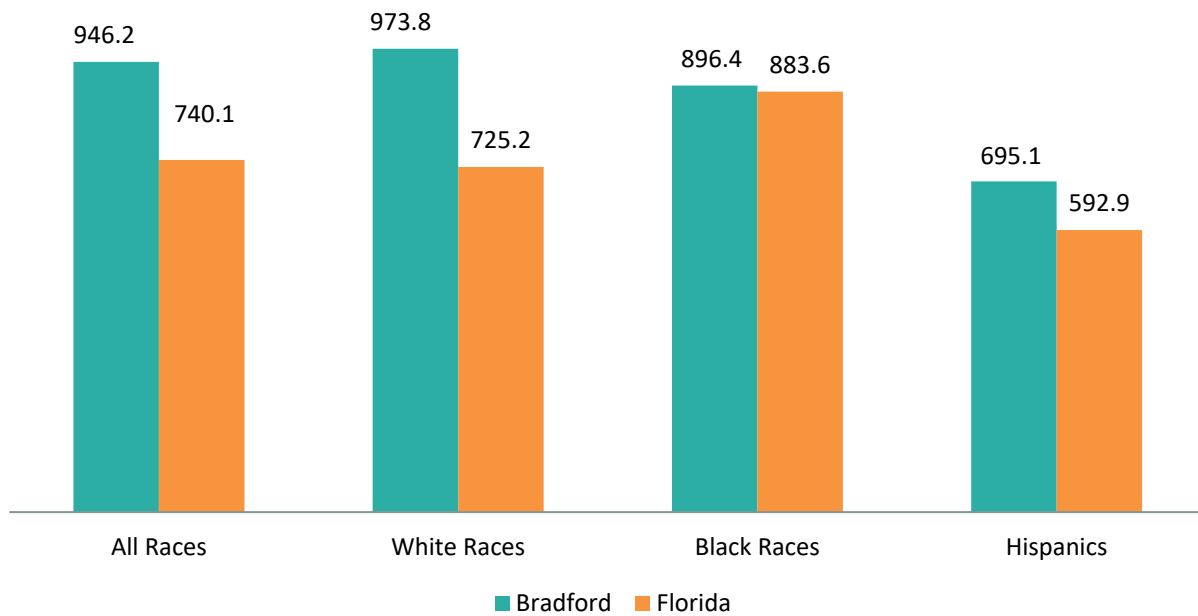
- Cancer at 176.7 deaths per 100,000 population as compared to 108.9 Black deaths
- CLRD at 84.3 deaths per 100,000 population as compared to 6.7 Black deaths
- Stroke at 45.0 deaths per 100,000 population as compared to 26.6 Black deaths
- Unintentional injury at 85.1 deaths per 100,000 population as compared to 59.9 Black deaths
- Liver disease at 22.9 deaths per 100,000 population as compared to 10.4 Black deaths
- Alzheimer's disease at 18.2 deaths per 100,000 population as compared to 6.7 Black deaths

Contrarily, Black Races in Bradford County suffer higher age-adjusted mortality rates due to:

- Essential hypertension at 20.5 deaths per 100,000 population as compared to 17.3 White deaths
- Diabetes at 52.5 deaths per 100,000 population as compared to 26.9 White deaths

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

FIGURE 11: AGE-ADJUSTED MORTALITY RATES BY RACE AND ETHNICITY FOR ALL CAUSES OF DEATH, BRADFORD COUNTY AND FLORIDA, 2019-2021



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

Differences in Mortality by Age

Among children under the age of 18, only 13 deaths occurred from 2019-2021. The leading causes were perinatal conditions, suicide, and unintentional injury, accounting for two (2) deaths each. This yields an overall crude death rate of 77.9 deaths per 100,000 population, surpassing the state rate of 50.1 deaths per 100,000 population. Death rates are also higher than the state specifically due to suicide and unintentional injury (Table 85, 2023 Technical Appendix).

Among those 18-44 year of age, Bradford County sees only a slightly elevated mortality rate compared to Florida: 205.3 deaths and 192.8 deaths per 100,000, respectively. The leading cause in this age group, unintentional injury, exceeds the state rate at 93.3 deaths per 100,000 population as compared to 78.9. Similarly, suicide follows at a rate that is slightly higher than the state, then homicide, cancer, and COVID-19 (Table 86, 2023 Technical Appendix).

Death rates start to rise dramatically within the 45-64 age group, coming up to a crude death rate of 1,022.6 deaths per 100,000 population versus just 753.6 for the state. The leading causes here are:

- Cancer (217.2 deaths per 100,000 for Bradford County versus 182.0 for the state)
- Heart disease (140.3 deaths per 100,000 versus 131.4 for the state)
- COVID-19 (104.1 deaths per 100,000 versus 73.0 for the state)
- Unintentional injury (86.0 deaths per 100,000 versus 75.4 for the state)
- Liver disease (72.4 deaths per 100,000 versus 31.1 for the state)

Among those 65-84 years of age, the crude death rate rises to 3,855.7 deaths per 100,000 for Bradford County and 2,682.2 for Florida. The leading causes for Bradford County are cancer, heart disease, CLRD, COVID-19, and stroke, and all mortality rates are greater within the county than in the state at large (Table 88, 2023 Technical Appendix).

Among those aged 85 years old and older, Bradford County mortality rates are similar to Florida overall: 12,891.0 per 100,000 population for all causes in Bradford and 12,305.9 in Florida. The top five (5) causes are again heart disease, cancer, stroke, COVID-19, and CLRD (Table 89, 2023 Technical Appendix).

Years of Potential Life Lost

The Florida Department of Health Bureau of Vital Statistics estimates that there were 12,722.7 years of potential life lost (YPLL) under the age of 75 per 100,000 population of Bradford County in 2021. This is greater than the state rate of 10,015.4 for the same year and has been increasing for the past three (3) years of data available.

Furthermore, breaking out this data by race clearly depicts that White Races experience a much higher rate of YPLL than Black Races at 14,394.0 and 8,530.3 YPLL per 100,000 population, respectively. Hispanics also have a lower rate of YPLL than the county as a whole at 9,954.1 YPLL per 100,000 population (Table 92, 2023 Technical Appendix).

Males consistently have a higher rate of YPLL than females, coming in at 14,145.9 YPLL per 100,000 population in 2021 compared to 10,850.3 among females. YPLL has been increasing for both sexes since 2019 (Table 93, 2023 Technical Appendix).

The main source of YPLL in Bradford County and the state is unintentional injury, accounting for 2,338.4 YPLL per 100,000 population under 75 in Bradford County and 1,844.4 in the state. Second for both is cancer at 1,747.9 YPLL and 1,471.3 YPLL respectively, followed in descending order by heart diseases, COVID-19, and suicide (Table 94, 2023 Technical Appendix).

COVID-19

COVID-19 caused a total of 20 deaths in Bradford County in 2020 and 86 deaths in 2021. This most recent year yielded an age-adjusted death rate of 219.2 for the county overall, markedly higher than the state rate of 108.8. The starkest disparity exists between males and females, with males suffering an age-adjusted death rate of 277.9 deaths per 100,000 population as compared to 189.4 among females (Table 95, 2023 Technical Appendix).

Suicide

Suicide rates are made using three-year averages in order to more accurately reflect the overall trend rather than potentially large variations from year to year. From 2019-2021, 16 suicide deaths occurred in Bradford County at a rate of 18.8 age-adjusted deaths per 100,000 population. All of these deaths were among non-Hispanic White residents and yielded an estimated 438 years of potential life lost, or 613.8 years of potential life lost per 100,000 Bradford County population (Tables 96 and 97, 2023 Technical Appendix).

Heart Disease Mortality

Heart disease is the 2nd leading cause of death in Bradford County and the leading cause of death in Florida, comprising 15.9 percent of county deaths at a rate of 144.0 age-adjusted deaths per 100,000 population, and 20.7 percent of state deaths at a rate of 144.5 deaths per 100,000 population (Tables 61, 66, and 67, 2023 Technical Appendix). The single most common cause of heart disease deaths in Bradford County is an acute myocardial infarction, also known as a heart attack. Table 101 in the 2023 Technical Appendix gives a more detailed breakdown of heart disease deaths by type of heart disease. When comparing males and females, females have a higher age-adjusted mortality rate due to heart attacks (22.4 deaths per 100,000 compared to 16.5 among males), while males

have higher age-adjusted mortality rates due to heart failure (25.4 deaths per 100,000 compared to 14.3 among females) and all other chronic ischemic heart diseases (67.5 deaths per 100,000 compared to 31.4) (Table 102, 2023 Technical Appendix).

Cancer Mortality

Cancer is the leading cause of death in Bradford County and the 2nd leading cause of death in Florida, comprising 18.3 percent of all county deaths at an age-adjusted rate of 167.5 deaths per 100,000 population, as compared to 19.5 percent of all state deaths at a rate of 139.7 deaths per 100,000 population (Tables 61, 66, and 67, 2023 Technical Appendix). Among all races, Bradford County experiences higher age-adjusted rates than the state of death due to the following cancer types:

- Bladder Cancer
- Breast Cancer
- Cervical Cancer
- Uterine Cancer
- Esophagus Cancer
- Multiple Myeloma
- Ovarian Cancer
- Prostate Cancer
- Skin Cancer
- Trachea, Bronchus, and Lung Cancer

Using 2019-2021 averages, rates by ethnicity depict that Hispanic Bradford County residents have a similar rate of cancer deaths as the county overall: 185.7 per 100,000 age-adjusted deaths as compared to 167.5. However, given that this is based upon only four (4) Hispanic deaths in the three (3) year period, this number should be interpreted with caution. By race, White cancer deaths occur at a higher rate than Black cancer deaths: 176.7 per 100,000 as compared to 108.9, respectively. By ethnicity or race and type of cancer, these numbers became very small and easily inflated due to the small sample size, so we will not comment further on these rates. However, more details can be found in Table 98 of the 2023 Technical Appendix.

Age-adjusted cancer death rates are respectably higher among males than females in Bradford County at 187.1 deaths per 100,000 population as compared to 162.0. In particular, bladder cancer deaths are more common among men (10.5 deaths per 100,000 versus 3.2), as are colorectal cancer deaths (17.4 deaths versus 7.3) and esophagus cancer deaths (9.9 deaths versus 1.6) (Table 99, 2023 Technical Appendix).

Cancer Incidence

Incidence rates are the number of cases that occur within a certain population during a specified time period. When combined with cancer mortality rates, cancer incidence rates provide important details regarding the burden of disease and access to care in a community. However, it should be noted that the following age-adjusted cancer incidence rates are based on 2017-2019 estimates and are therefore not directly comparable to the 2019-2021 cancer mortality rates discussed previously. All information in this subsection is taken from Table 100 of the 2023 Technical Appendix.

The age-adjusted incidence rate of all cancers in Bradford County from 2017-2019 was 462.7 cases per 100,000, very near the state rate of 450.2. Cancer incidence rates are higher among White Races (474.5 cases per 100,000) than Black Races (351.4) as well as Hispanics (240.5). Despite males having higher cancer mortality rates, males depict a lower age-adjusted cancer incidence rate: 469.7 cases per 100,000 as compared to 488.6.

Some noticeable figures in age-adjusted cancer incidence rates can be found among:

- Cervical cancer, at 16.3 cases per 100,000 as compared to 8.9 in Florida
- Colorectal cancer, at 48.4 cases per 100,000 as compared to 35.5 in Florida
- Hodgkin's disease, at 6.2 cases per 100,000 as compared to 3.1 in Florida
- Lung cancer, at 73.9 cases per 100,000 as compared to 55.8 in Florida

When comparing male and female age-adjusted rates of cancer incidences, the following is of note:

- Bladder cancer, at 41.9 cases per 100,000 males as compared to 5.3 per 100,000 females
- Oral cancer, at 21.5 cases per 100,000 males as compared to 1.7 per 100,000 females

Mental Health

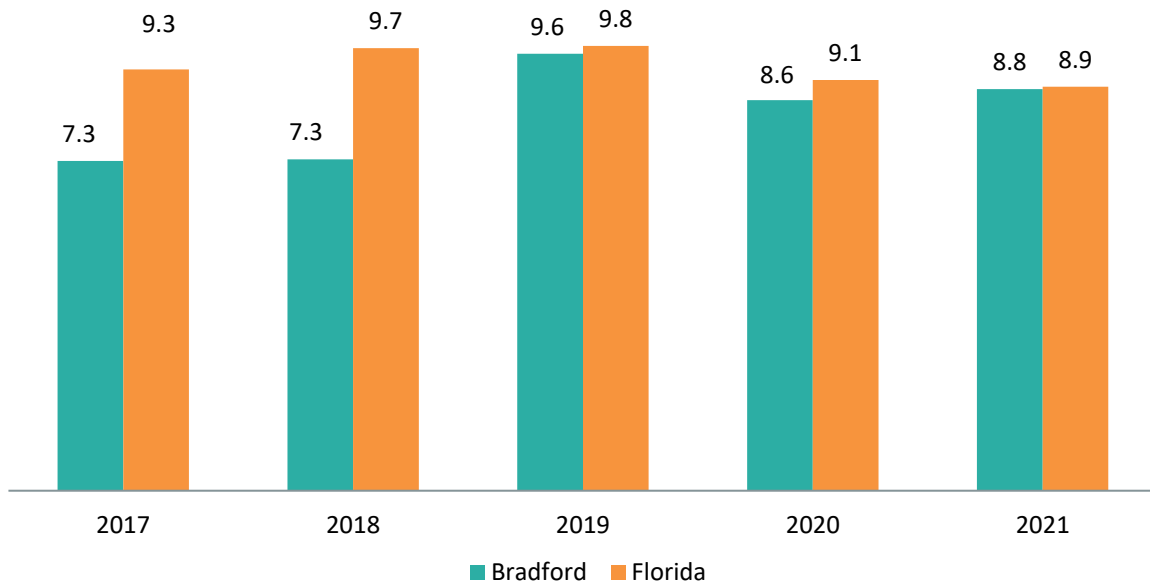
Hospital discharge and emergency data may yield useful insights into the mental health status of a community. The National Institute of Mental Health estimates that nearly one in five (5) U.S. adults live with some form of mental illness. Common mental health issues, including anxiety and depression,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

Hospitalization and Emergency Department (ED) Usage

Florida hospital discharge data indicates that Bradford County has rates of hospitalization for mental health reasons that are approximately equal to those of the state, as shown in Figure 12 on the next page. In the most recent year of data available, 2021, Bradford County did have a higher rate of hospitalizations for mental health reasons among children than the state: 7.5 hospitalizations per 1,000 population in Bradford and 5.9 in Florida. By ZCTA, 32091 Starke demonstrated the highest rate of hospitalizations at 11.6 per 1,000 population; however, this rate has been declining for the past three (3) consecutive years (Tables 104 and 105, 2023 Technical Appendix).

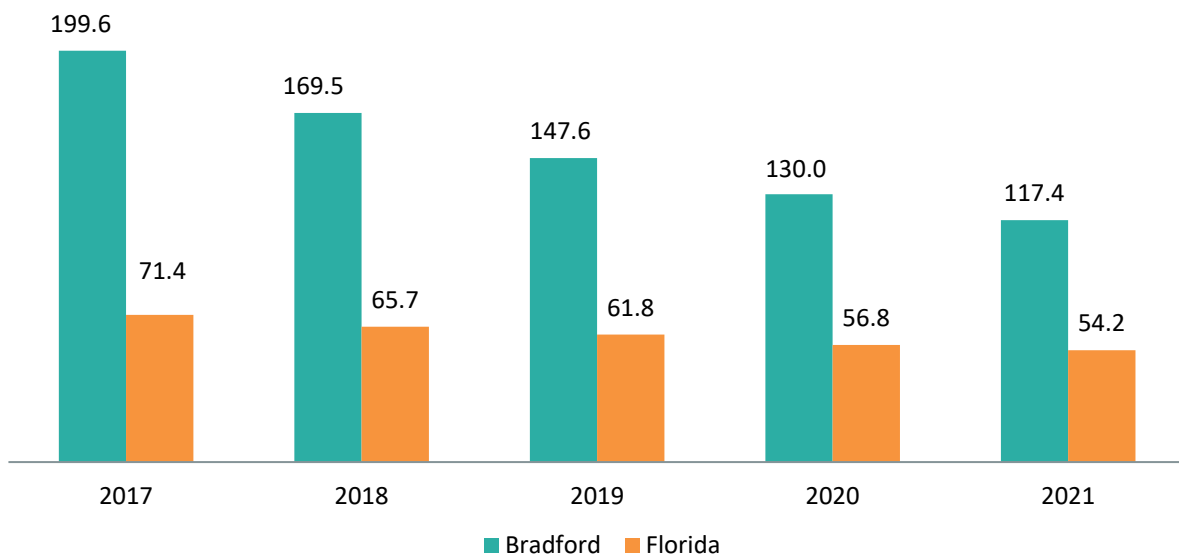
All ages see a much higher rate than the state of ED visits for mental health reasons, as depicted in Figure 13. Among children under 18, this rate is 18.1 visits per 1,000 population (11.3 for Florida); among adults, this rate is 140.7 visits per 1,000 population (64.7 for Florida). However, these rates among all ages and among adults have been decreasing since 2017. The highest rate of ED visits for mental health reasons is again found in 32091 Starke at 164.0 visits per 1,000 population but has also been on the decline for the past three (3) consecutive years (Tables 104 and 105, 2023 Technical Appendix).

FIGURE 12: MENTAL HEALTH HOSPITALIZATION RATE PER 1,000 POPULATION, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

FIGURE 13: MENTAL HEALTH EMERGENCY DEPARTMENT VISIT RATE PER 1,000 POPULATION, BRADFORD COUNTY AND FLORIDA, 2017-2021



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

Involuntary Exam Initiations (Baker Acts)

Involuntary Exam Initiations, or Baker Acts, are an important reflection of access to care for those that are a harm to themselves or others within a community. Within Bradford County, 289 Baker Acts occurred during the fiscal year of 2020-2021. The rate of Baker Acts among children under 18 comes to 1,529.0 Baker Acts per 100,000 population in Bradford County, much higher than the state rate of 900.4. Baker Acts are also notably higher among older adults over the age of 65 in Bradford County at 406.1 Baker Acts per 100,000 population as compared to 294.3 in Florida. Rates among adults 18-24 and 25-64 are slightly less than those within Florida (Table 108, 2023 Technical Appendix).

Similar to the state, just over half of Baker Acts were initiated by law enforcement in Bradford County from 2020-2021, followed by health professionals at 47.1 percent and ex-parte orders at 1.4 percent. Exams were primarily initiated by non-psychiatric physicians (51.5 percent), followed by clinical social workers (24.3 percent), then mental health counselors (11.8 percent). The most common facility to be seen at was Meridian Behavioral Health Care in Gainesville (42.2 percent), followed by UF Health Shands Psychiatric Hospital (25.3 percent), then HCA Florida North Florida Hospital (12.1 percent) (Tables 109 and 110, 2023 Technical Appendix).

Mental Health Indicators Among Children

The Florida Youth Tobacco Survey includes questions that serve as indicators of mental health among middle and high school students. In 2022, 10.9 percent of students reported doing something to purposely hurt themselves without wanting to die, and 30.2 percent in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities. These numbers are very similar to those of Florida: 13.9 percent and 31.5 percent, respectively (Table 106, 2023 Technical Appendix).

Substance Abuse

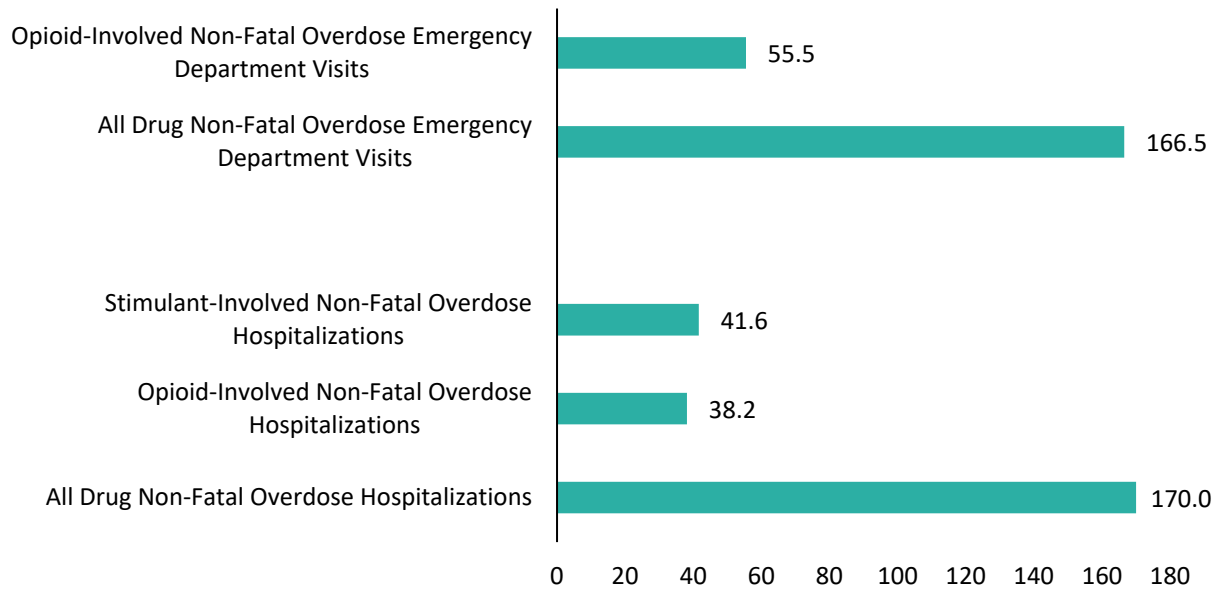
According to the 2019 BRFSS report, approximately 14.3 percent of Bradford County adults report heavy or binge-drinking, slightly better than the state rate of 18.0 percent. This county rate is higher among non-Hispanic Whites (15.5 percent) as compared to non-Hispanic Blacks (10.4 percent). Additionally, as of 2021, Bradford County has worse rates than the state of chronic liver disease and cirrhosis (17.4 percent versus 13.5 percent, respectively) (Tables 111 and 112, 2023 Technical Appendix).

Alcohol-confirmed and drug-confirmed vehicle crashes, injuries, and fatalities are fairly rare within Bradford County, and small changes in the number of cases can cause drastic fluctuations in the rates calculated due to the small size of the population. Therefore, although total motor vehicle crashes do appear to be lower for the county than the state (832.6 crashes per 100,000 population versus 1,824.7), we will only say that the rates of alcohol-confirmed and drug-confirmed vehicle crashes, injuries, and fatalities are generally lower within Bradford County and reasonably similar to the state when considering the population size of Bradford (Tables 113 and 114, 2023 Technical Appendix).

Drug arrests certainly occur at a higher rate in Bradford County than in Florida, with 2021 coming in 499.6 arrests per 100,000 population as compared to 356.4 arrests per 100,000 Floridians. Drug arrest rates have been persistently higher in Bradford County since 2015 (Table 117, 2023 Technical Appendix).

Examining overdose emergency department visits and hospitalizations are also of relevance to the health of a community. Rates are depicted in greater detail in Figure 14 on the next page.

FIGURE 14: RATE PER 100,000 POPULATION OF NON-FATAL OVERDOSE EMERGENCY DEPARTMENT (ED) VISITS AND HOSPITALIZATIONS, BRADFORD COUNTY, 2021



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

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

Indicators	Bradford County		Florida	
	Number	Age-Adjusted Death Rate Per 100,000 Persons	Number	Age-Adjusted Death Rate Per 100,000 Persons
Opioid Overdose Deaths	2	6.7	6,442	31.2
Drug Overdose Deaths	2	6.7	8,093	38.5

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

Substance Use and Attitudes Among Youth

The Florida Youth and Tobacco Survey collects a variety of indicators with respect to youth perspectives on and use of various substances. Many of these can be found in Table 118 of the 2023 Technical Appendix. A few 2020 data points of note are the relatively low rates of high school students who first had more than a sip or two of beer, wine, or hard liquor at age 13 or younger (8.9 percent versus 15.9 percent in Florida) and of students who have ever drunk alcohol (28.9 percent in Bradford versus 35.3 percent in Florida).

Domestic Violence

Bradford County reports low rates of domestic violence across all categories, with an overall rate of 183.9 per 100,000 population in 2020, compared to 493.7 in Florida. Although the year 2020 was particularly marked by a

dramatic decline in domestic violence offenses, Bradford County rates have been consistently lower than Florida since 2015 (Tables 119 and 120, 2023 Technical Appendix).

Adverse Childhood Experiences (ACEs)

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

Human Trafficking

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

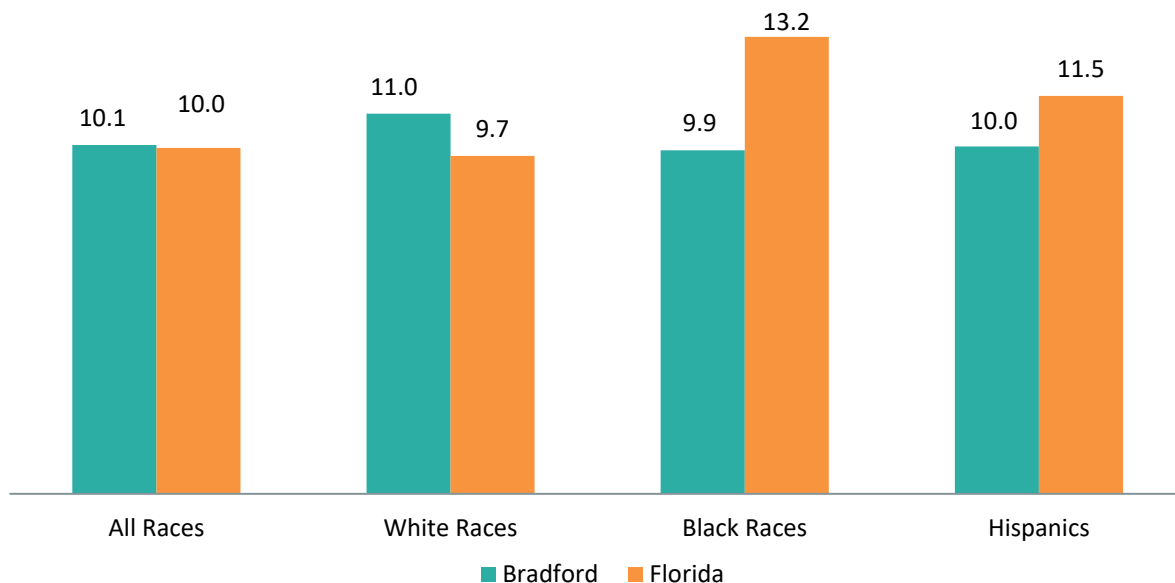
Maternal and Infant Health

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

Birth Rates

As shown in Figure 15, the overall birth rate for Bradford County is about the same as the state, with rates being slightly higher for White Races and lower for Black Races and Hispanics. By ZCTA, the highest birth rate is found at 12.0 births per 1,000 total population in 32091 Starke (Table 121, 2023 Technical Appendix).

FIGURE 15: BIRTH RATES PER 1,000 TOTAL POPULATION, BY RACE AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2019-2021



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

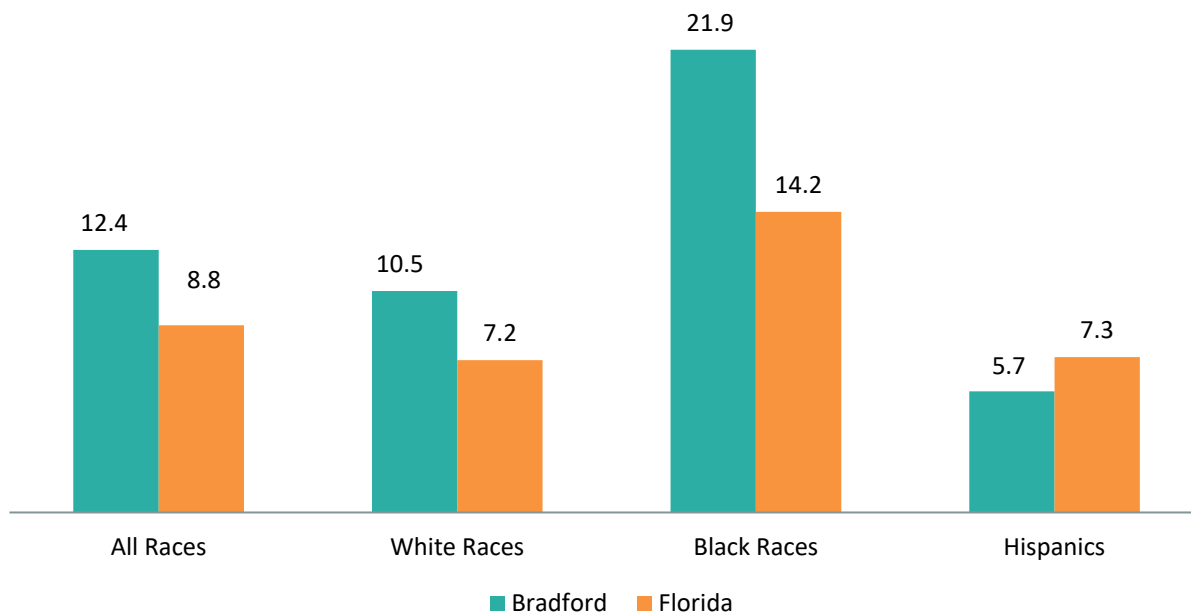
Maternal and Infant Death Rates

Infant deaths are rare occurrences consisting of very small sample sizes. Within a region as small as Bradford County, interpreting these individual rates is particularly risky and prone to error. In general, and according to the Florida Department of Health Bureau of Vital Statistics, the county sees very low rates of sudden infant death syndrome (SIDS), sudden unexpected infant death (SUID), infant deaths from congenital and chromosomal anomalies, deaths under 1 from perinatal conditions, overall neonatal deaths, overall post neonatal deaths, and maternal deaths. All are within reasonable limits when compared to the state and accounting for the size of the county (Tables 90 and 91, 2023 Technical Appendix). Overall, Bradford County saw five (5) infant deaths from 2019-2021, yielding a rate of 5.6 deaths per 1,000 total live births. This number is 5.9 for Florida (Table 122, 2023 Technical Appendix).

Low Birthweight Births

The percentage of births that are of low birthweight also vary noticeably by race and ethnicity, as shown in Figure 16. Low birthweight is defined as a baby born at less than 5.5 pounds, or 5 pounds and 8 ounces. It is particularly concerning that low birthweight birth rates among Black Bradford County residents are more than twice that of White Bradford County residents: 21.9 percent of births versus 10.5 percent, respectively. By ZCTA, 32091 Starke holds the highest rate of low birthweight births at 13.6 percent of all births (Table 123, 2023 Technical Appendix).

FIGURE 16: PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2019-2021



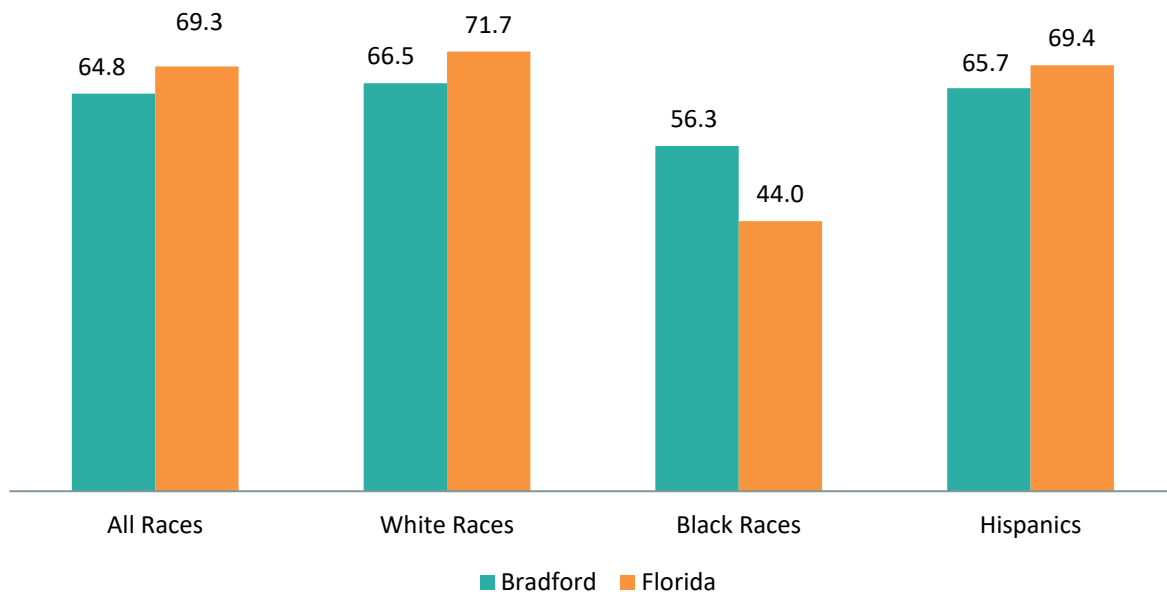
Source: Table 123, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

First Trimester Care

The percentage of mothers receiving first trimester care is an important measure of maternal health and access to services early in one's pregnancy. As shown in Figure 17, the rate of first trimester care among the entire county is

slightly lower than that of the state. It is also noteworthy that Black Bradford County mothers receive first trimester care at a lower rate than White Bradford County mothers (Table 124, 2023 Technical Appendix).

FIGURE 17: PERCENT OF BIRTHS THAT RECEIVED CARE IN FIRST TRIMESTER, BY RACE AND ETHNICITY, BRADFORD COUNTY AND FLORIDA, 2019-2021



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

Teen Births

A total of seven (7) births were to teens ages 15-17 in Bradford County between 2019 and 2021, resulting in just under 1.0 percent of births being to teens, the same as Florida overall. Although easily inflated by the small incidence size, it is noteworthy that the highest rate of teen births during this time was found in ZCTA 32044 Hampton (Table 125, 2023 Technical Appendix).

Governmental Program Supports

A total of 565 births from 2019-2021 had Medicaid as the payor source in Bradford County, comprising 63.7 percent of all births. Among Black races, 84.8 percent of births were covered by Medicaid; among White races, 59.1 percent were covered by Medicaid; among Hispanics, this number is 68.6 percent of all births (Table 126, 2023 Technical Appendix).

Approximately 787 individuals in Bradford County were eligible for WIC in 2021, with approximately 678, or 86.1 percent, being served. In contrast, only 63.0 percent of WIC eligibles in Florida were served that same year. The rate of those eligible for WIC in Bradford County comes out to 2,730.4 people per 100,000 population, just shy of the state rate of 2,890.5 (Table 48, 2023 Technical Appendix). By births, 45.4 percent of births between 2019 and 2021 had mothers participating in WIC, compared to 38.6 percent in Florida overall. By race and ethnicity, this constituted 41.7 percent of White births, 62.9 percent of Black births, and 68.6 percent of Hispanic births (Table 127, 2023 Technical Appendix).

Health Behaviors

Tobacco Use

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

Sexually Transmitted Diseases (STDs)

The Florida Department of Health collects and reports out the number and rate of sexually transmitted diseases, or STDs, by county. Bacterial STDs, which would include chlamydia and gonorrhea, are generally less common in Bradford County than in the state, with the most recent year of data, 2021, depicting a rate of 600.2 bacterial STDs per 100,000 population in Bradford County and 753.5 bacterial STDs per 100,000 Floridians. The rates of both chlamydia and gonorrhea have been on the decline for the past three (3) years in Bradford County. All stages of syphilis – a viral STD – are also lower in Bradford County than at the state level, with overall numbers yielding a rate of 41.6 cases per 100,000 population in Bradford and 74.7 in Florida. However, these numbers have been increasing over the past three (3) years in Bradford County, particularly among early syphilis cases, which are those where the initial infection has occurred within the previous 12 months (Table 132, 2023 Technical Appendix).

Bradford County also tends to observe low rates of HIV and AIDS diagnoses, with four (4) cases of each in 2021 resulting in a rate of 13.9 HIV diagnoses and 13.9 AIDS diagnoses per 100,000 Bradford County residents. The rate of persons with HIV (PWH) this same year was much lower than the state – 284.5 PWH per 100,000 population versus 547.6 for Florida. HIV screening rates within Bradford County are fairly close to those of the state, with 47.9 percent of adults having ever been tested for HIV in Bradford and 50.7 percent in Florida. Testing rates are notably higher among non-Hispanic Blacks (57.6 percent in Bradford County) as compared to non-Hispanic Whites (45.7 percent) (Tables 133 and 135, 2023 Technical Appendix).

Other Infectious Diseases

Other reportable diseases within Bradford County generally occur rarely and, given the small population, a small change in the number of cases can cause dramatic fluctuations in the rate of cases seen. In summary, Bradford County sees few to no cases of Pertussis, Tuberculosis, Hepatitis A, Hepatitis B (Acute), Hepatitis B (Chronic), and Hepatitis C (Acute). There have been a couple of spikes in Hepatitis C (Chronic) cases in the past six (6) years of data presented, 2016-2021, but overall cases have declined from 42 cases in 2019 to just 9 cases in 2021 (Tables 134 and 139, 2023 Technical Appendix).

COVID-19

Cumulatively from March 1, 2020 through March 16, 2023, Bradford County has seen 9,233 cases of COVID-19 at a percent case positivity rate of 37.1 percent. At this time, 47.0 percent of the population 6 months and older were vaccinated, compared to 72.0 percent of Florida as a whole (Tables 136 and 137, 2023 Technical Appendix).

Immunizations

The Florida Department of Health Bureau of Immunization reports immunization levels for kindergartners and 7th graders through 2021, with this most recent year showing slightly higher immunization rates than the state in both categories. Kindergartners in particular have been increasing steadily in immunization rates from 95.1 percent in 2019 to 96.7 percent in 2021 (Table 40, 2023 Technical Appendix).

The Florida Behavioral Risk Factor Surveillance System (BRFSS) includes questions on flu shots and pneumonia vaccinations among adults. In Bradford County, 30.8 percent of the adult population reported receiving a flu shot, including 55.2 of adults ages 65 and older, both rates just shy of the state rates of 36.9 percent of Floridian adults and 58.3 percent of Floridian adults ages 65 and older. On the contrary, pneumonia vaccination rates are slightly higher in Bradford than in Florida: 36.9 percent of all adults as compared to 35.4 percent, and 70.9 percent of adults ages 65 and older as compared to 66.8 percent (Table 140, 2023 Technical Appendix).

Behavioral Risk Factor Surveillance System (BRFSS)

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

Among Bradford County adults, 76.0 percent reported having good to excellent overall health. Nearly a quarter reported that poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days, greater than just 18.3 percent of Floridians, and 20.5 percent reported that they had been told they had a depressive disorder, compared to just 17.7 percent of Floridians (Table 107, 2023 Technical Appendix).

About 35.1 percent of Bradford County experiences some form of disability, slightly higher than the state rate of 31.0. This rate is particularly high among non-Hispanic White residents (38.9 percent) as compared to non-Hispanic Black residents (21.1 percent). Rates of every recorded disability are higher in the county than the state, including the percentage of adults who have a vision disability, a hearing disability, a cognitive disability, a mobility disability, a self-care disability, and an independent living disability (Table 131, 2023 Technical Appendix).

Approximately 28 percent of Bradford County adults have been told that they have some form of arthritis, gout, lupus, or fibromyalgia (25.1 percent for Florida), 10.8 percent have been told that they have chronic obstructive pulmonary disease, emphysema, or chronic bronchitis (7.7 percent for Florida), and 5.1 percent have ever been told that they had kidney disease (4.0 percent of Florida). Furthermore, 8.6 percent of adults currently have asthma compared to 7.4 percent of Floridians. Asthma rates are particularly high among Bradford County non-Hispanic Black adults at 12.3 percent of the population as compared to 8.0 percent of Bradford County non-Hispanic White adults (Tables 141 and 142, 2023 Technical Appendix).

Bradford County adults report similar rates to the state of having been told they had skin cancer or any other type of cancer, with percentages being much higher among non-Hispanic White residents than among non-Hispanic Black residents. Rates of having been told they had a heart attack (6.3 percent) or that they had angina or coronary heart disease (5.4 percent) are higher in Bradford County than Florida (4.7 percent for each). Percentages are once again much higher among non-Hispanic White residents than among non-Hispanic Black residents. On a positive

note, cholesterol awareness indicators are roughly equal to those of the state, with 85.4 percent of Bradford County adults having checked their cholesterol in the past five (5) years. However, the rate of those being told they have high blood cholesterol proves to be higher among non-Hispanic White residents than among non-Hispanic Black residents (Tables 146-148, 2023 Technical Appendix).

When considering rates of adults who have tested for diabetes, who have been told they had pre-diabetes, or who have been told they have diabetes, rates are approximately equal to those of the state. However, the percentage of adults with diabetes who ever had diabetes self-management education is markedly lower within Bradford County (41.7 percent) as compared to Florida (66.3 percent) (Table 149, 2023 Technical Appendix).

Cancer Screening

Early detection of cancer has been proven to improve prognosis and health outcomes among cancer patients. Therefore, high rates of cancer screening are a critical component of the well-being of any community. BRFSS considers variable measures of colorectal cancer screening rates, of which a more detailed breakdown can be found in Table 143 of the 2023 Technical Appendix. In brief, rates of adults 50 years of age or older who received a blood stool test in the past year, who have ever received a blood stool test, and who received a sigmoidoscopy or colonoscopy in the past five (5) years are nearly equal to but generally less than those of the state. Prostate cancer screening indicators are also comparable to those of the state, but rates of mammograms and clinical breast exams in 2013 and 2016 were consistently lower than those of the state (Tables 143-145, 2023 Technical Appendix).

Obesity and Overweight

With respect to 2019 BRFSS data, 66.2 percent of Bradford County adults are obese or overweight, nearly evenly split between the two categories. This is on par with the state rate of 67.2 percent. Within Bradford, non-Hispanic Blacks possess a noteworthy disparity in the rate of adults who are obese or overweight, comprising 71.8 percent of the non-Hispanic Black population as compared to only 65.8 percent of the non-Hispanic White population (Table 130, 2023 Technical Appendix).

Health Care Access and Utilization

Selected BRFSS Indicators of Access

The Florida BRFSS includes questions regarding access to and use of health care resources. For example, 80.6 percent of Bradford County adults reported having any type of health care insurance, 73.8 percent reported having a personal doctor, and 78.1 percent had a medical checkup in the past year – also nearly identical to Florida as a whole. Of concern is that 18.3 percent could not see a doctor at least once in the past year due to cost, marginally higher than the state rate of 16.0 percent, and notably higher among non-Hispanic White residents (19.2 percent) and Hispanics (20.8 percent) as compared to non-Hispanic Black residents (14.4 percent). Additionally, only 54.0 percent of adults reported visiting a dentist or dental clinic in the past year, compared to 63.0 percent in Florida, and an alarming 62.2 percent of adults had a permanent tooth removed because of tooth decay or gum disease, compared to only 47.3 percent of Floridians (Tables 151 and 159, 2023 Technical Appendix).

Youth Indicators of Access

The Florida Youth Tobacco Survey also asks some general questions regarding access to care, specifically among middle and high school students. Within this population, in 2020, 35.5 percent of Bradford County youth reported not having visited a doctor's office in the past 12 months, compared to only 29.5 percent of Florida youth, and 34.9 percent reported not visiting a dentist in the past 12 months, compared to only 28.7 percent of Florida youth (Table 152, 2023 Technical Appendix).

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Areas, or HPSAs, are geographic entities or facilities that are scored by the National Health Service Score so to assess the need for and prioritization of clinician assignments. Higher scores correspond to a greater need, ranging from 1-25 for primary care and mental health care and 1-26 for dental care. Any score above 18 is considered high priority. Bradford County holds two (2) Federally Qualified Health Centers (FQHCs) that are considered high priority for dental care and primary care, with the Florida Department of Health also receiving high priority designation for mental health care (Table 153, 2023 Technical Appendix).

TABLE 7. HPSA SHORTAGE AREA AND MUA BY TYPE AND SCORE, BRADFORD COUNTY, 2022.

Type	Name	HPSA Designation Last Updated Date	HPSA FTE Short	Score *
Dental Care				
Low Income Population HPSA	LI -Bradford County	9/10/2021	1.95	20
Correctional Facility	Florida State Prison	6/2/2022	0.76	3
Correctional Facility	Lawtey Correctional Institution	4/19/2022	0.58	3
Correctional Facility	Union Correctional Institution	5/24/2022	0.94	3
Federally Qualified Health Center	Florida Department of Health	4/5/2022	---	26
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021		24
Rural Health Clinic	North Florida Pediatrics	9/10/2021	---	18
Primary Care				
Low Income Population HPSA	LI -Bradford County	9/10/2021	2.96	21
Correctional Facility	Florida State Prison	6/2/2022	1.79	12
Correctional Facility	Lawtey Correctional Institution	4/19/2022	0.98	6
Correctional Facility	Union Correctional Institution	5/24/2022	1.24	6
Federally Qualified Health Center	Florida Department of Health	4/5/2022		23
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021	---	22
Rural Health Clinic	North Florida Pediatrics	9/10/2021	---	18
Mental Health				
Low Income Population HPSA	LI -Bradford County	9/10/2021	0.92	21
Correctional Facility	Florida State Prison	6/2/2022	0.47	3
Correctional Facility	Lawtey Correctional Institution	4/19/2022	1.04	12
Correctional Facility	Union Correctional Institution	5/24/2022	0.61	6

Federally Qualified Health Center	Florida Department of Health	4/5/2022		24
Federally Qualified Health Center	Trenton Medical Center Inc	9/10/2021	---	18
Rural Health Clinic	North Florida Pediatrics	9/10/2021	---	18
Type	Name	MUA Last Updated Date		Index of Medical Underservice Score
Medically Underserved Area	Bradford County	4/23/1999		61.5

Source: Table 153, 2023 Technical Appendix. Prepared by WellFlorida Council, 2023.

Environmental Health

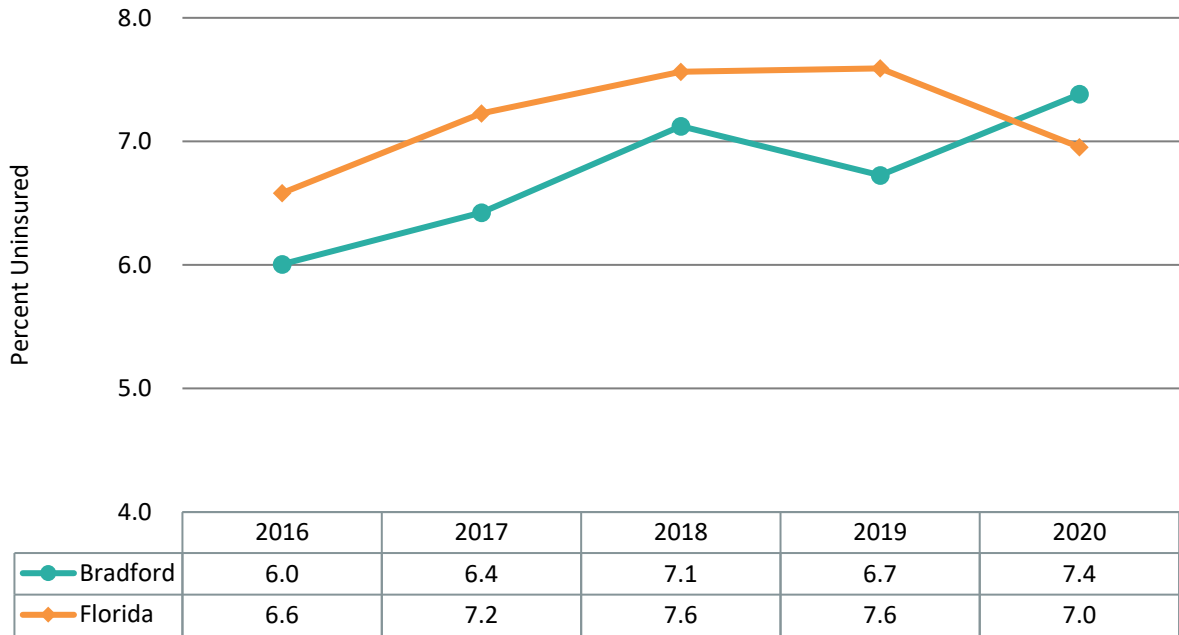
The Florida Department of Environmental Protection reports that 62.6 percent of the Bradford County population has access to community water supplies as of 2019. In Florida as a whole, 95.0 percent of the population has this access. Additionally, the Florida Department of Health Public Health Dental program reports that only 48.1 percent of Bradford County had access to fluoridated water supplies; in Florida, this number is 78.1 percent (Table 45, 2023 Technical Appendix).

The Florida Department of Health also considers multiple indicators of access to healthy food and healthy living activities. For example, an approximated 7.39 percent of the county live within half of a mile of a park, 2.84 percent within half of a mile of a fast-food restaurant, and 1.52 percent within half of a mile of a healthy food source. These numbers are relatively slim when looking at Florida in comparison: 40.0 percent within half of a mile of a park, 27.7 percent within half of a mile of a fast-food restaurant, and 27.7 percent within half of a mile of a health food source (Table 46, 2023 Technical Appendix).

Insurance

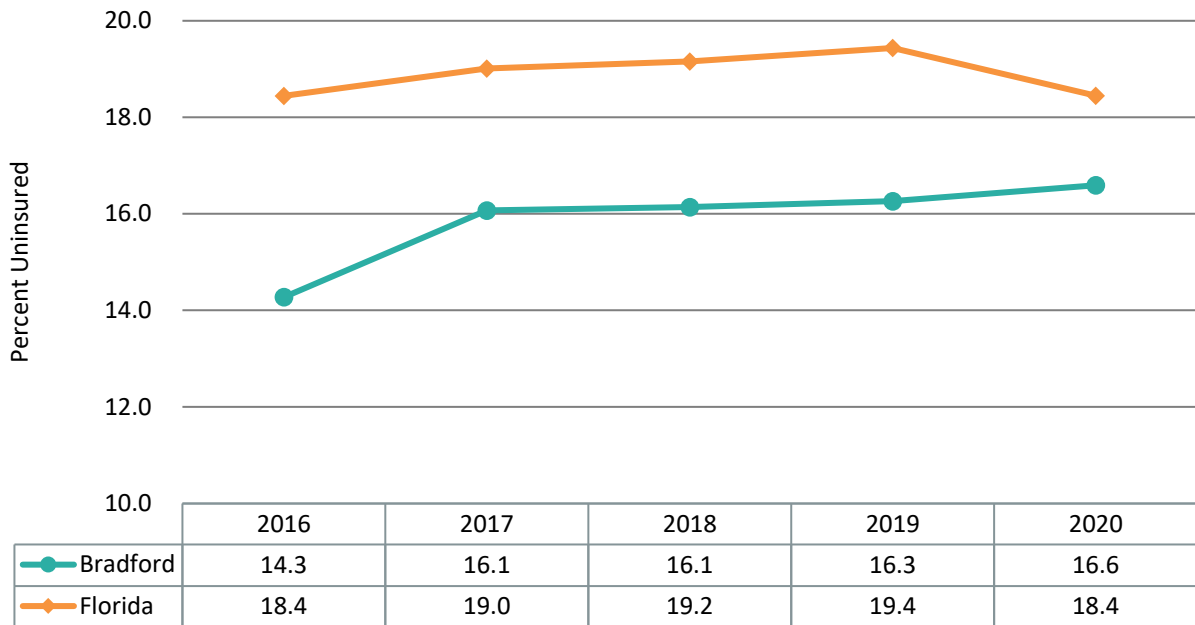
Figures 18 and 19 show the rates of uninsured individuals in Bradford County under 19 and between 18-64 years of age. In general, these rates are similar to or slightly better than the state. By ZCTA, 32622 Brooker has the highest rate of uninsured population at 17.9 percent of the population (Tables 154 and 155, 2023 Technical Appendix).

FIGURE 18: PERCENT UNINSURED UNDER 19 YEARS OF AGE, BRADFORD COUNTY AND FLORIDA, 2016-2020



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

FIGURE 19: PERCENT UNINSURED 18-64 POPULATION, BRADFORD COUNTY AND FLORIDA, 2016-2020



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

Medicaid Data

From 2017 through 2021, Bradford County has had consistently higher rates of those who are eligible for Medicaid than at the state level. Medicaid eligibles are not all of those who meet financial requirements for Medicaid, but specifically those that meet requirements and have enrolled in Medicaid. This percentage of the population has been rising for both the county and the state for the past three (3) years, coming in at 27.0 percent for Bradford County in 2021 and 23.0 percent for Florida. This trend is particularly prominent among those 0-18 years of age, with 55.7 percent being eligible in 2019 rising to 66.3 percent in 2021. Roughly a quarter of the Bradford County population comprises the median monthly Medicaid enrollment rate, marginally higher than the state rate of 22.4 percent (Tables 52 and 53, 2023 Technical Appendix).

Facilities

Bradford County contains a diverse array of health facilities, a few of which are present at a greater rate than at the state level: namely, an adult family care home (3.4 facilities per 100,000 populations versus 1.1 for Florida), intermediate care facilities for the developmentally disabled (6.9 facilities per 100,000 population versus 0.5 for Florida), and nursing homes (6.9 facilities per 100,000 population versus 3.1 for Florida). The county lacks an ambulatory surgical center, health care clinics, and a nurse registry (Table 156, 2023 Technical Appendix).

Bradford County is home to several nursing home beds, with 240 units yielding a rate of 832.8 beds per 100,000 population, more than double the state rate of 386.5. However, Bradford County demonstrates very low numbers of hospital beds and acute care beds, having only five (5) total at a rate of 17.3 per 100,000 population, far less than the state rate of 316.0 total hospital beds per 100,000 population for Florida and 247.1 acute care beds. Additionally, Bradford has zero (0) specialty beds in the county (Table 157, 2023 Technical Appendix).

Providers

Correlating with the aforementioned scarcity of facilities within Bradford County is the limited number of physicians. As of fiscal year 2020-2021, there was an overall rate of 38.2 physicians per 100,000 population in Bradford County, a severe deficit in comparison to 314.0 in Florida. To further complicate matters, this rate has been decreasing for the past four (4) fiscal years in Bradford County. In particular, Bradford County sees low rates of:

- Family Practice Physicians (6.9 per 100,000 population versus 19.2 in Florida)
- Internal Medicine Physicians (0.0 versus 47.3)
- Osteopathic Physicians (10.4 versus 37.5)
- Pediatricians (3.5 versus 21.9)

This data is with respect to Table 158 in the 2023 Technical Appendix.

Dentists are also present at a concerning rate, with only seven (7) providers in fiscal year 2020-21 producing a rate of 24.3 dentists per 100,000 population in the county. In contrast, 55.7 dentists are present per 100,000 population in Florida overall (Table 160, 2023 Technical Appendix).

Dental Hospitalizations and Emergency Department (ED) Visits

A lack of adequate dental care in a community can often manifest as an abundance of avoidable dental hospitalizations and emergency department (ED) visits. Please note that, just as for Mental Health hospitalizations and discharges, the data below distinguishes between ED visits – which include only those that are registered in the

ED and not admitted for inpatient care – and hospitalizations, or discharges, which include all of those admitted for and discharged from inpatient care.

The Florida Agency for Health Care Administration provided detailed discharge data by county and ZCTA, revealing that in 2021 Bradford County residents had a dental hospitalization rate of 1.3 per 1,000 population and a preventable dental hospitalization rate of 1.2 per 1,000 population (compared to 1.0 and 0.8 for Florida, respectively) (Table 162, 2023 Technical Appendix).

In 2021, Bradford County residents experienced a dental ED visit rate of 18.6 visits per 1,000 population – nearly three (3) times the state rate of 6.4 – as well as a preventable ED visit rate of 17.9 visits per 1,000 population – again, nearly three (3) times the state rate of 6.0. By ZCTA, 32091 Starke residents have the highest rate of both overall dental ED visits (27.6 per 1,000 population) as well as preventable ED visits (17.9 per 1,000 population) (Table 161, 2023 Technical Appendix).

Hospital Discharges by Chronic Disease Type

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

Coronary heart disease accounted for 96 hospital discharges for Bradford County residents in 2021, an age-adjusted rate of 260.0 discharges per 100,000 population. This number has shown encouraging improvement over the five (5) year timespan reported here, dropping down steadily all the way from 438.3 discharges per 100,000 population in 2017. These age-adjusted discharge rates are markedly higher among White residents (285.6 discharges per 100,000 population in 2021) as compared to Black residents (75.5 discharges per 100,000 population). Acute myocardial infarctions, or heart attacks, are also a common cause of hospital discharges (148.4 discharges per 100,000 population) that have been declining for the past five (5) years. Nonetheless, congestive heart failure, accounting for 812 discharges in 2021 at an age-adjusted rate of 2,142.9 discharges per 100,000 population, has been on the rise for the past three (3) years, and is much higher than the state rate of 1,254.5 discharges per 100,000 population. This cardiac condition accounts for a much higher rate of discharges among Black races than White races in Bradford County, at age-adjusted discharge rates of 2,906.8 per 100,000 and 1,964.5 per 100,000, respectively.

Stroke discharges are comparable to the state and similar between races, with all races coming in at an age-adjusted discharge rate of 225.5 discharges per 100,000 population.

Diabetes, asthma, and chronic lower respiratory disease (CLRD) discharges are all more common within Bradford County than the state at large, with the following age-adjusted rates:

- 3,645.0 diabetes discharges per 100,000 population versus 2,258.3 for the state
- 853.1 asthma discharges per 100,000 population versus 647.4 for the state
- 373.0 CLRD discharges per 100,000 population versus 148.5 for the state

We can also note distinct racial disparities by this discharge data: namely, that Black Bradford County residents suffer a higher age-adjusted rate of diabetes discharges (5,262.0 discharges per 100,000 population) as compared to their White counterparts (3,645.0 discharges), as well as by asthma discharges (1,034.7 discharges per 100,000 population versus 780.2). On the other hand, White Bradford County residents suffer a higher age-adjusted rate of CLRD discharges (400.5 per 100,000 population) as compared to their Black counterparts (276.8 per 100,000).

Hospitalizations and ED Usage

In 2021, Bradford County as a whole saw 4,056 discharges at a rate of 135.0 discharges per 1,000 population. By ZCTA, this rate was highest among 32091 Starke residents at 174.6 discharges per 1,000 population. 47.8 percent of county discharges were covered by Medicare (44.6 percent for Florida), 22.2 percent by Medicaid (18.5 percent for Florida), and 18.5 percent by private insurance (25.2 for Florida). The percentage of discharges covered by Medicaid has been increasing over the past three (3) years recorded. The leading discharge cause for the past three (3) years has been septicemia or severe sepsis without mechanical ventilation at 6.5 percent of discharges in 2021, followed by respiratory infections then psychoses in the same year (Tables 165-167, 2023 Technical Appendix).

During this same time, Bradford County residents accounted for 16,710 ED visits at a rate of 556.1 per 1,000 population, respectably higher than the state rate of just 375.4 ED visits per 1,000 Floridians. The highest ED visit rate was found among 32091 Starke residents at 784.6 ED visits per 1,000 population. Overall, the rate of ED visits by Bradford County residents has been increasing for the past three (3) years. The most common payor source of ED visits for Bradford County residents was Medicaid in 2021, accounting for 39.2 percent of visits, and has been the leading payor source for the last three (3) years. Private insurance follows at 24.0 percent in 2021 and Medicare at 18.6 percent, with self-pay or non-payment taking up a respectable 11.8 percent of visits. The most common primary cause for an ED visit was cough every year for the past three (3) years, followed by unspecified abdominal pain, then fever. In 2021, these respectively constituted 5.7 percent, 2.6 percent, and 2.6 percent of ED visits (Tables 171-173, 2023 Technical Appendix).

Avoidable Discharges

Bradford County residents reported an avoidable discharge rate of 17.2 in 2021 for the population under the age of 65. This is marginally higher than the state rate of 12.3 for the same year and has been increasing for the past three (3) years. The highest avoidable discharge rate by ZCTA lies in 32044 Hampton at 22.8 discharges per 1,000 population under 65, followed closely by 32091 Starke and 22.5 discharges per 1,000 population. Most of these avoidable discharges are covered by Medicaid (32.9 percent), followed by private insurance (28.1 percent), then Medicare (22.6 percent), then self-pay or non-payment (13.1 percent). The leading cause of avoidable discharges every year for the past three (3) years has been dehydration by a respectable margin, accounting for 47.9 percent of avoidable discharges in 2021, followed by nutritional deficiencies at 16.0 percent of discharges and chronic obstructive pulmonary disease at 11.0 percent (Tables 168-170, 2023 Technical Appendix).

Avoidable ED Visits

The most recent data available for avoidable ED visits dates back to 2019, when Bradford County reported an avoidable ED visit rate of 301.1 visits per 1,000 population, much higher than the state rate of 190.7. The highest rate by ZCTA could be found in 32091 Starke at 399.6 ED visits per 1,000 population (Table 171, 2023 Technical Appendix).

Community Resources and Assets for Improving Health

The Bradford County community has a number of resources and assets at hand to improve and protect the health of the population. This capital may be organized into three broad categories: healthcare resources, community assets, and informational resources.

With multiple facilities and locations designated by the National Health Service as a Health Professional Shortage Area (HPSA), Bradford County lacks many of the healthcare resources found in other parts of the state and country. Nonetheless, the county is home to various health facilities, including an adult family care home, intermediate care facilities for the developmentally disabled, and nursing homes, among others. These facilities provide 240 nursing

home beds at a rate of 832.8 beds per 100,000 population, more than double the state rate of 385.5, and five (5) hospital beds at a rate of just 17.3 per 100,000 population, far less than the state rate of 316.0 (Tables 153, 156, and 157, 2023 Technical Appendix). A large portion of the population is insured, with only 7.4 percent of those under 19 years of age and 16.6 percent of those ages 18-64 lacking insurance. Over a quarter of the population is enrolled in Medicaid, financially accounting for 22.2 percent of hospital discharges and 39.2 percent of ED visits. Medicare is also widely utilized, covering 47.8 percent of Bradford County hospital discharges and 18.6 percent of ED visits. Lastly, Bradford County residents extensively participate in a number of nutritional assistance programs, such as WIC, food stamps, and free and reduced lunches for school-aged children (Tables 47, 48, 50, 127, 154, 166, and 172, 2023 Technical Appendix).

Community assets can refer to both physical attributes of the county itself as well as social components such as strong, collaborative partnerships and behavioral and economic trends that may or may not be directly related to individual health. With respect to the former, 62.2 percent of the Bradford County population has access to community water supplies, approximately 7.39 percent of the county live within half of a mile of a park, 2.84 percent within half of a mile of a fast-food restaurant, and 1.52 percent within half of a mile of a healthy food source. (Tables 45 and 45, 2023 Technical Appendix). As far as social components go, Appendix B lists the Steering Committee members involved in this Community Health Assessment process. These individuals are just some of the partners that bring their talents, relationships, influence, and dedication to the table in designing innovative, sustainable, and appropriate plans for improving and maintaining the quality of life in Bradford County. Additionally, Bradford County generally demonstrates lower rates of unemployment and higher rates of voter participation as compared to the state, as well as encouraging behavioral trends including low rates of STDs and high childhood, flu, and pneumonia immunization rates (Tables 37, 60, 132, and 138, 2023 Technical Appendix).

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

Health Disparities and Inequities

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

Health Disparities

Health disparities are defined by the Center for Disease Control and Prevention (CDC) as “preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities”

(<https://www.cdc.gov/aging/disparities/index.htm>, accessed 8/2/2022). Simply put, health disparities are preventable differences in health outcomes between subgroups of a population. Some of these patterns can be drawn out from the data for Bradford County and are detailed below.

Life Expectancy

Bradford County residents on average live nearly four (4) years less than their Florida counterparts with a life expectancy of 75.7 years compared to 79.4 for Florida. Life expectancy among males in particular is disadvantaged

compared to females, with males living an average of 73.5 years compared to females at 77.9 years. Life expectancy also demonstrates slight variations by race, with Black Bradford County residents living an average of 76.6 years and White Bradford County residents just 75.2. These numbers compare to 76.7 years for Black Floridians and 79.7 years for White Floridians (Table 20, 2023 Technical Appendix).

Mortality and Morbidity

Mortality and morbidity vary drastically by cause, sex, race, and ethnicity. Some details noted in this report include:

- Higher age-adjusted mortality rates among Bradford County residents at 946.2 deaths per 100,000 population versus 740.1 for Florida
- Higher age-adjusted mortality rates among males (1,242.9 deaths per 100,000) as compared to females (920.2 deaths per 100,000)
- Higher age-adjusted mortality rates among White residents (973.8 deaths per 100,000 population) as compared to Black residents (896.4 deaths per 100,000 population), as well as specifically due to cancer, CLRD, stroke, unintentional injury, liver disease, and Alzheimer’s disease
- Higher age-adjusted mortality rates among Black residents as compared to White residents due to essential hypertension and diabetes
- Higher age-adjusted mortality rates among Hispanic residents as compared to All Races due to cancer, stroke, diabetes, and liver disease
- Higher rate of YPLL under the age of 75 per 100,000 male population (14,145.9 YPLL) as compared to per 100,000 female population (10,850.3 YPLL), with YPLL increasing for both sexes since 2019
- Higher rates of YPLL under the age of 75 per 100,000 White population (14,394.0 YPLL) as compared to per 100,000 Black population (8,530.3 YPLL)
- Higher age-adjusted cancer incidence rates among White Races as compared to Black Races (474.5 versus 351.4 cases per 100,000) as well as Hispanics (240.5 cases per 100,000)

This data can be found in Tables 65, 68, 73, 74, 92, 93, and 100 of the 2023 Technical Appendix.

Maternal and Infant Health

There are several measures of maternal and infant health noted in this document. Some of those measures demonstrate racial and ethnic disparities, such as a much higher rate of low birthweight births among Black Races as compared to White Races, comprising 21.9 percent of Black births as compared to 10.5 percent of White births. Black births also have a lower rate of first trimester care when compared to White Races (56.3 percent versus 66.5 percent of births). Furthermore, participation in WIC characterized 41.7 percent of White births, 62.9 percent of Black births, and 68.6 percent of Hispanic births (Tables 123, 124, and 127, 2023 Technical Appendix).

Health Inequities

Health equity is defined by the CDC as “the state in which everyone has a fair and just opportunity to attain their highest level of health” (<https://www.cdc.gov/nchstp/healthequity/index.html>, accessed 8/2/2022). Therefore, health inequities are “systematic differences in health outcomes” (<https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>, accessed 8/2/2022). These health inequities are commonly caused or influenced by social determinants of health – the conditions in the environments in which people are born, live, learn, work, play, worship, and age (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>, accessed 8/2/2022). According to the Prevention Institute, these conditions can generally be allotted to one of three domains: 1) structural drivers, such as distribution of wealth and power, 2) community determinants, such as physical and economic environment, and 3) quality healthcare services

(<https://www.preventioninstitute.org/sites/default/files/publications/Measuring%20What%20Works%20to%20Achieve%20Health%20Equity%20 Full Report.pdf>, accessed 8/2/2022).

Structural Drivers – Income, Poverty, and Food Insecurity

Income

Income demonstrates clear discrepancies by race, with a median household income of 54,059 dollars for White households and 34,936 dollars for Black households. Similarly, per capita income is 25,235 dollars per White resident and 12,952 dollars per Black resident. Additionally, Hispanic per capita income comes to 19,401 dollars per Hispanic resident as compared to 22,656 dollars for All Races in Bradford County. The ZCTA with the lowest median income among All Races is 32044 Hampton at 41,214 dollars per household. The lowest per capita income by ZCTA, race, and ethnicity can be found among Black residents of 32622 Brooker at 4,389 dollars per person (Tables 30, 32, 2023 Technical Appendix).

Poverty

The US Census Bureau Small Area Income and Poverty 2021 estimates place poverty rates for Bradford County at 19.1 percent of the population overall and 24.8 percent of children under 18. Florida rates are lower in both categories at 13.2 percent overall and 18.4 percent of children in poverty. When considering the ACS five-year estimates from 2017-2021, these estimates rise to 19.4 percent overall and 29.0 percent of children under 18 (Tables 21 and 22, 2023 Technical Appendix). The rest of this section is with respect to these latter estimates.

Poverty rates are respectably higher among females in Bradford County (21.5 percent) as compared to males in Bradford County (17.4 percent). By household type, Female Householder, No Husband Present families depict the highest rate of poverty at 29.7 percent of the household's population. By ethnicity, Hispanics have higher rates of poverty (26.3 percent) as compared to the county overall (19.4 percent). However, there is an even larger discrepancy by race, with only 17.5 percent of the White population in poverty as compared to 28.2 percent of the Black population (Tables 25-27, 2023 Technical Appendix).

Food Insecurity

Food insecurity rates, estimated by Feeding America, place food insecurity estimates at 15.0 percent of Bradford County and 10.6 percent of Florida, as well as 21.4 percent of Bradford County children and 15.7 percent of Florida children. Approximately 16.4 percent of the Bradford County population receives cash public assistance or food stamps as of 2021, slightly higher than Florida overall at 14.1 percent of the state population. In the same year, rates of students eligible for free/reduced lunch were higher in Bradford County than Florida among Kindergarten, Elementary, and Middle School students; however, only 40.0 of children in Pre-Kindergarten are eligible in Bradford County compared to 61.0 percent in Florida (Tables 41, 47, and 50, 2023 Technical Appendix).

Community Determinants – Education

Educational attainment is an important social determinant of health that is strongly linked with life expectancy, health behaviors, and employment opportunities. According to ACS 2017-2021 estimates considering the population that is 25+ years of age, far fewer have obtained a college degree in Bradford County than the state and more have a high school diploma as their highest level of educational attainment. Bradford County graduation rates are marginally less than those of the state (85.0 percent versus 90.1 percent), but dropout rates are markedly higher (10.0 percent versus 3.2 percent in the 2019-2020 academic year) (Tables 38 and 39, 2023 Technical Appendix).

The Florida Department of Education also reports the percentage of school readiness at kindergarten entry and the percentages of elementary and middle school students not promoted to the next grade level. With respect to the former, in 2020 after two (2) years of increase, 51.6 percent of Bradford County Kindergarteners were deemed school ready, similar to 56.9 percent at the state level. In 2021, 9.0 percent of elementary students were not promoted, much higher than the state rate of just 2.5 percent. Similarly, in the same year, 10.7 percent of middle school students were not promoted, while the state rate was only 2.8 percent (Table 40, 2023 Technical Appendix).

Quality Healthcare Services

Differential access to care may be a driving force for some of the disparities mentioned earlier in this report, including mortality rates, increased low birthweight birth rates, and other disease outcome differences. The prevalence of every recorded physician type is lower in Bradford County than the state, especially family practice physicians, internal medicine doctors, Osteopathic physicians, pediatricians, and dentists as of fiscal year 2020-2021. Bradford County also lacks a number of health care service facilities, including an ambulatory surgical center, health care clinic, and nurse registry, and faces a severe deficit of hospital beds, with five (5) hospital beds yielding a rate of 17.3 per 100,000 population compared to 316.0 hospital beds per 100,000 Floridians. However, with 240 nursing home beds, Bradford County has a high rate of nursing home beds at 832.8 beds per 100,000 population, more than double the state rate of 386.5 (Tables 156-158 and 160, 2023 Technical Appendix).

A lack of access to healthcare services can often manifest as an abundance of avoidable hospitalizations and ED visits. In 2021, the rate of avoidable discharges among Bradford County residents under the age of 65 was 17.2 per 1,000 population, higher than Florida's rate of 12.3. Likewise, in 2019 the rate of avoidable ED visits for Bradford County residents was 301.1 visits per 1,000 population, much higher than the state rate of 190.7 (Tables 168 and 171, 2023 Technical Appendix).

Priority Populations

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

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

Summary

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

Bradford County faces many of the challenges associated with a small, rural community. There are insufficient providers across the board and limited facilities available to address an abundance of chronic conditions. These

chronic conditions, as well as age-adjusted mortality rates, prove to be very high in Bradford County, especially age-adjusted mortality rates due to CLRD, essential hypertension, COVID-19, and liver disease. These issues contribute to lower quality of life, which manifest in the county's high rate of disabilities, high percentage of residents that report that poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days, and high percentage of residents who have been told they had a depressive disorder. The combination of low rates of providers and facilities and high rates of disease burden in addition to low income can create a lack of access to care that may lead to individuals avoiding or delaying seeking care and can lead to elevated rates of hospital discharges, avoidable hospitalizations, and avoidable ED visits, such as those seen in Bradford County. The county also reports much higher rates of mental health ED visits and, among children and seniors, higher rates of Baker Acts. Uptake of certain healthy behaviors throughout the community are encouraging, such as low rates of reported binge drinking, STDs, and drug overdose deaths, as well as high rates of childhood, influenza, and pneumonia immunizations. However, other health behavior indicators demand improvement, such as the high rates of tobacco use, overweight and obesity, and avoidable hospital discharges, as well as low rates of mammograms and clinical breast exams. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust community health assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Bradford County.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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

The Bradford County Community Health Assessment process endeavored to ensure that the community at large contributed their observations, experiences, opinions, and expertise to the overall assessment and in particular to this phase of data collection. A community health survey was distributed and available to every adult Bradford County resident as well as adults who work or attend school in the county. Results from the community survey are provided below. The survey instrument is included in the appendices.

Community Health Surveys

Methodology

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

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on February 3, 2023 and was available through March 20, 2023. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed there were 126 complete, eligible surveys collected from Bradford County residents. All of the surveys were taken in English. The overall survey completion rate was calculated at 69.4 percent; note that surveys deemed ineligible due to non-residency or age were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Bradford County residents were analyzed using descriptive analysis methods. The general demographic factors collected on respondents who completed surveys are presented in the table below. Tabulated results from survey items are presented in the following tables and figures.

Limitations

The limitations of this survey include the sampling method, the potential for self-reporting bias, and limited sample size. Due to the nature of convenience sampling, the following survey results cannot be considered representative of the Bradford County population. The demographic data below shows that females, non-Hispanics, and persons who identified their race as White were the most frequent survey respondents. There is also potential for self-reporting bias. Self-reporting bias may be present in any data that relies on the respondents to accurately report

outcomes. Respondents' answers have the potential to reflect their own biases or a desirable outcome, rather than reality. This type of bias is limited by careful wording of the questions and multiple questions on the same topics. Still, the data in this report should be complemented by other sources of data, including those reported in the 2023 Technical Appendix.

Community Survey Participant Profile

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

Demographics	n = 126	
	Number	Percent
Age Group		
18-24	7	5.6
25-29	9	7.1
30-39	15	11.9
40-49	23	18.3
50-59	27	21.4
60-64	11	8.7
65-69	15	11.9
70-79	16	12.7
80 or older	1	0.8
Prefer not to answer	2	1.6
Gender Identity		
Man	27	21.4
Woman	97	77.0
Non-binary	1	0.8
Prefer not to answer	1	0.8
Other	0	0
Racial Identity		
American Indian/Alaskan Native	0	0
Asian	1	0.8
Black or African American	12	9.5
Native Hawaiian and Other Pacific Islander	0	0
Two or more races	2	1.6
White	104	82.5
Prefer not to answer	6	4.8
Other (1 – unspecified)	1	0.8
Ethnicity		
Not of Hispanic, Latino or Spanish origin	119	94.4

Demographics	n = 126	
	Number	Percent
Of Hispanic, Latino or Spanish origin	2	1.6
Prefer not to answer	5	4.0
Highest Level of Education Completed		
Elementary/Middle School	3	2.4
High school diploma or GED	25	19.8
Technical, community college, 2-yr college or Associate's degree	24	19.0
4-yr college/Bachelor's degree	23	18.3
Graduate/Advanced degree	30	23.8
Some college	15	11.9
Prefer not to answer	6	4.8
Other	0	0
Current Employment Status (may choose all that apply)		
Employed (full-time)	64	50.8
Employed (part-time)	10	7.9
Full-time student	1	0.8
Part-time student	5	4.0
Homemaker	6	4.8
Retired	29	23.0
Self-employed	10	7.9
Unemployed	3	2.3
Work two or more jobs	4	3.2
Disabled, unable to work	13	10.3
Prefer not to answer	0	0
Other	0	0
Methods of Healthcare Payment (may choose all that apply)		
Health Insurance offered through job or family member's job	65	51.6
Health insurance that you pay on your own	20	15.9
Medicaid	19	15.1
Medicare	39	31.0
Military coverage/Tricare or VA	5	4.0
Pay cash	10	7.9
Do not have health insurance	7	5.6
Other (1 each – Humana, Ambetter, 0.8 each)	2	1.6
Combined Annual Household Income		
Less than \$10,000	4	3.2

Demographics	n = 126	
	Number	Percent
\$10,000 - \$19,999	17	13.5
\$20,000 - \$29,999	7	5.6
\$30,000 - \$49,999	20	15.9
\$50,000 - \$74,999	16	12.7
\$75,000 - \$99,999	9	7.1
\$100,000 - \$124,999	15	11.9
\$125,000 - \$149,999	6	4.8
\$150,000 - \$174,999	4	3.2
\$175,000 - \$199,999	3	2.4
\$200,000 or more	9	7.1
Prefer not to answer	16	12.7
Zip Code of Residence, Place of Work or School in Bradford County		
32026 Raiford	1	0.8
32044 Hampton	8	6.3
32054 Lake Butler	2	1.6
32697 Worthington Springs	2	1.6
32058 Lawtey	9	7.1
32091 Starke	93	73.8
32622 Brooker	4	3.2
Other (not specified)	7	5.6

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

Observations from Community Survey

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

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

Tables and figures show the percentages of respondents who completed the survey who indicated the given response for a question accompanied by a ranking, if appropriate. The number of surveys completed by Bradford County residents included in the analysis was 126. Small numbers of survey responses prevented the analysis by certain sub-categories such as race, ethnicity, and income.

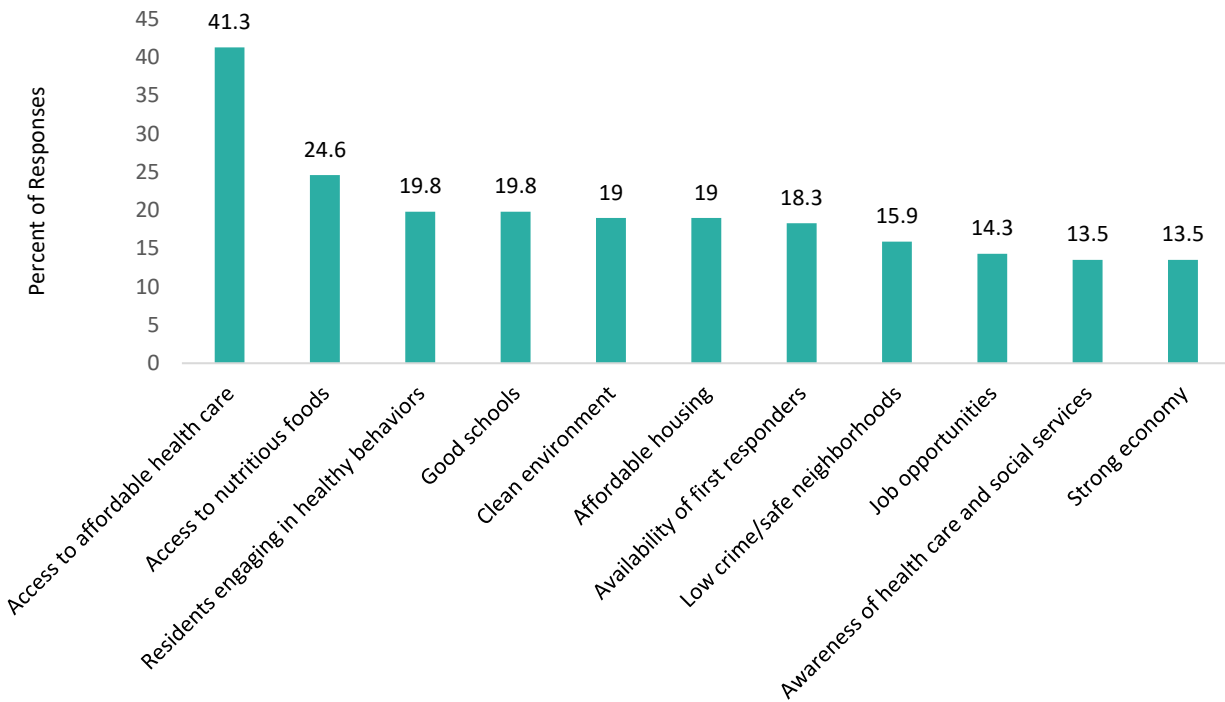
What do you think contributes most to a healthy community? Choose 3.

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

Rank	Factors (Percent of Responses)
1	Access to health care including primary/family care, specialty care, dental, and mental health care (41.3 percent)
2	Access to convenient, affordable, and nutritious foods (24.6 percent)
3, 4 (tie)	Residents engaging in healthy behaviors (19.8 percent) Good schools (19.8 percent)
5, 6 (tie)	Clean environment (e.g., water, air) (19.0 percent) Affordable housing (19.0 percent)
7	Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services (18.3 percent)
8	Low crime/safe neighborhoods (15.9 percent)
9	Job opportunities for all levels of education (14.3 percent)
10, 11 (tie)	Awareness of health care and social services (13.5 percent) Strong economy (13.5 percent)
12, 13 (tie)	Availability of parks and recreational opportunities (11.9 percent) Affordable goods and services (11.9 percent)
14	Affordable utilities (9.5 percent)
15	Practice of religious or spiritual values (7.9 percent)
16, 17 (tie)	Good race/ethnic relations (7.1 percent) Good place to raise children (7.1 percent)
18	Choices of places of worship (6.3 percent)
19, 20 (tie)	Public transportation system (4.8 percent) Strong family ties (4.8 percent)
21	Low level of domestic violence (3.2 percent)
22, 23 (tie)	Low preventable death and disease rates (2.4 percent) Availability of arts and cultural events (2.4 percent)
24	Low level of child abuse (1.6 percent)
25	Low rates of infant and child deaths (0 percent)
	Other (0 percent)

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

FIGURE 20: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, BRADFORD COUNTY, BY PERCENT OF RESPONSES, 2023



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

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

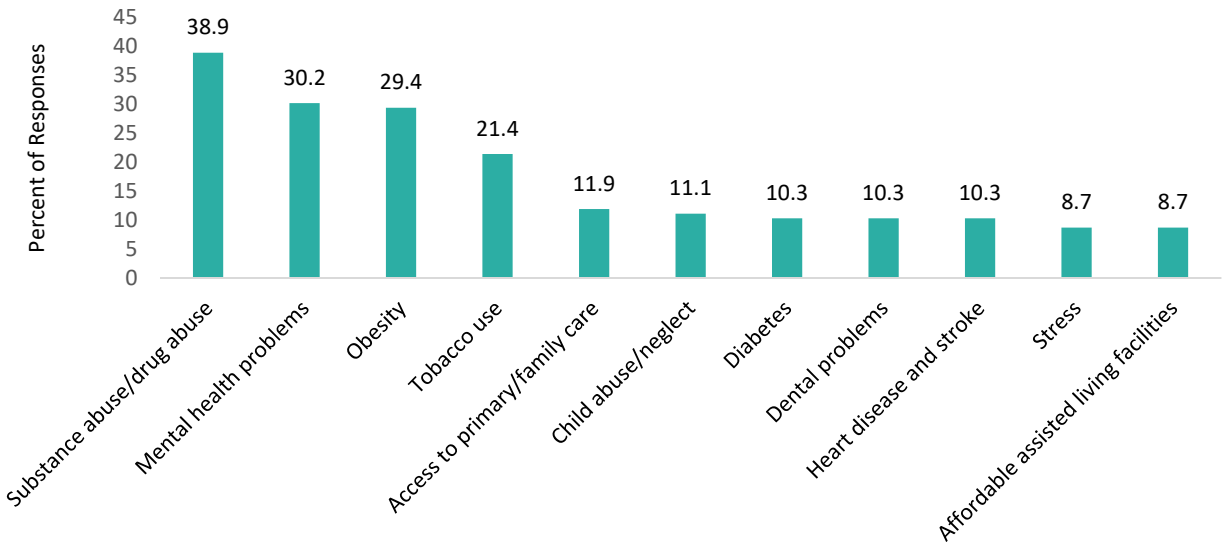
TABLE 10: MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN BRADFORD COUNTY, RANKED BY PERCENT OF RESPONSES, 2023

Rank	Health Issues (Percent of Responses)
1	Substance abuse/drug abuse (38.9 percent)
2	Mental health problems (30.2 percent)
3	Obesity (29.4 percent)
4	Tobacco use (includes e-cigarettes, smokeless tobacco) (21.4 percent)
5	Access to primary/family care (11. percent)
6	Child abuse/neglect (11.1 percent)
7, 8, 9 (tie)	Dental problems (10.3 percent)
	Heart disease and stroke (10.3 percent)
	Diabetes (10.3 percent)
10, 11 (tie)	Affordable assisted living facilities (8.7 percent)
	Stress (8.7 percent)

Rank	Health Issues (Percent of Responses)
12, 13, 14 (tie)	Elderly caregiving (7.9 percent)
	Homelessness (7.9 percent)
	Teenage pregnancy (7.9 percent)
15, 16, 17, 18 (tie)	Access to sufficient and nutritious food (7.1 percent)
	High blood pressure (7.1 percent)
	Access to long-term care (7.1 percent)
	Intellectual and Developmental Disabilities (including autism spectrum disorders) (7.1 percent)
19	Cancer (6.3 percent)
20, 21, 22, 23 (tie)	Motor vehicle crash injuries (5.6 percent)
	Respiratory/lung disease (5.6 percent)
	Age-related issues (e.g., arthritis, hearing loss) (5.6 percent)
	Exposure to excessive and/or negative media and advertising (5.6 percent)
24, 25, 26, 27 (tie)	Domestic violence (4.8 percent)
	Disability (4.8 percent)
	Dementia (4.8 percent)
	Vaccine-preventable diseases (e.g., flu, measles) (4.8 percent)
28	Suicide (3.2 percent)
29	Pollution (e.g., water, air, soil) (1.6 percent)
30, 31, 32 (tie)	Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) (0.8 percent)
	Rape/sexual assault (0.8 percent)
	HIV/AIDS (0.8 percent)
33, 34, 35 (tie)	Infant death (0 percent)
	Firearm-related injuries (0 percent)
	Homicide (0 percent)
36	Other (0 percent)

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

FIGURE 21: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN BRADFORD COUNTY, BY PERCENT OF RESPONSES, 2023



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

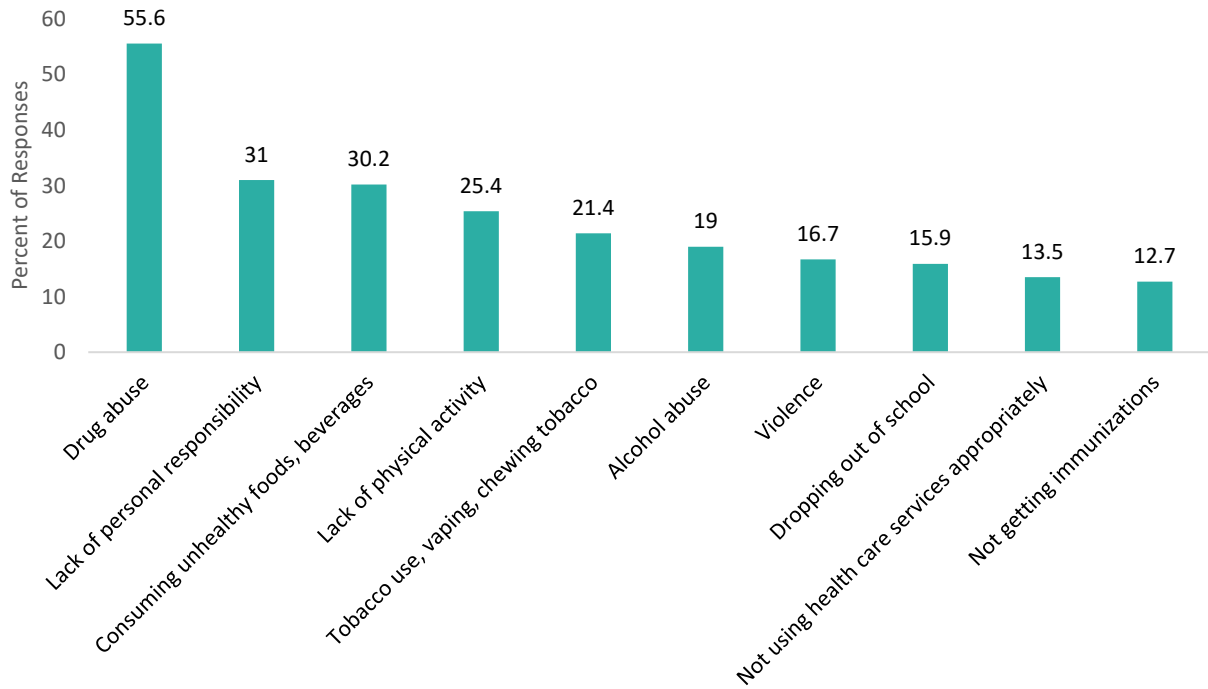
What has the greatest negative impact on the health of people in Bradford County? Choose THREE (3).

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

	Behaviors (Percent of Responses)
Rank	
1	Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (55.6 percent)
2	Lack of personal responsibility (31.0 percent)
3	Eating unhealthy foods/drinking sugar sweetened beverages (30.2 percent)
4	Lack of physical activity (25.4 percent)
5	Tobacco use, vaping, chewing tobacco (21.4 percent)
6	Alcohol abuse (19.0 percent)
7	Violence (16.7 percent)
8	Dropping out of school (15.9 percent)
9	Not using healthcare services appropriately (13.5 percent)
10	Not getting immunizations to prevent disease (e.g., flu shots) (12.7 percent)
11	Lack of stress management (9.5 percent)
12	Poor race/ethnic relations (8.7 percent)
13	Overeating (7.1 percent)
14	Distracted driving (such as texting while driving) (6.3 percent)
15,	Loneliness or isolation (5.6 percent)
16,	Not using birth control (5.6 percent)
17,	Unsafe sex (5.6 percent)
18	Unsecured firearms (5.6 percent)
(tie)	
19	Lack of sleep (2.4 percent)
20	Other (1 each – ignorance, lack of healthcare) (0.8 percent each, 1.6 percent total)
21	Starting prenatal care late in pregnancy (0.8 percent)
22	Not using seat belts/child safety seats (0 percent)

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

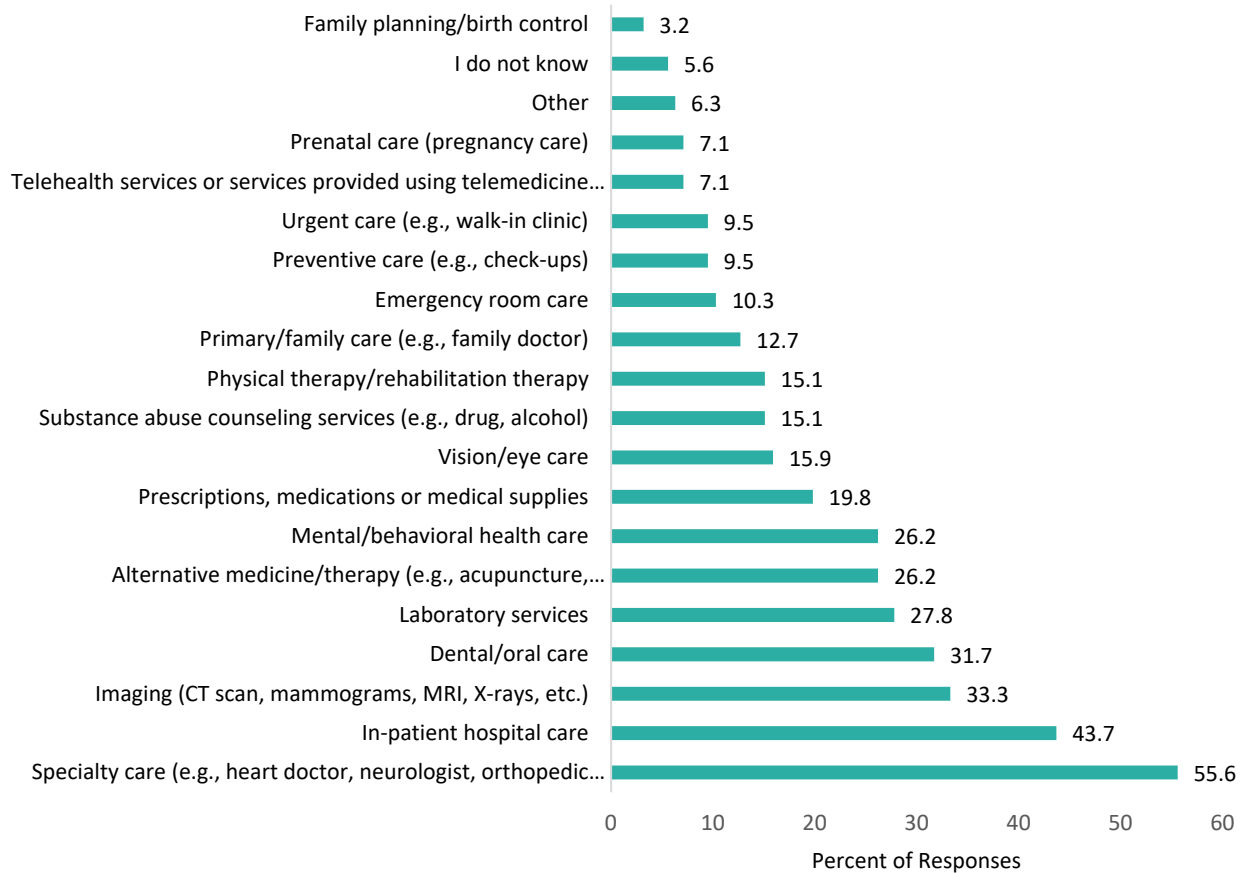
FIGURE 22: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, BRADFORD COUNTY, BY PERCENT OF RESPONSES, 2023



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

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

FIGURE 23: HEALTHCARE SERVICES THAT ARE DIFFICULT TO OBTAIN IN BRADFORD, BY PERCENT OF RESPONSES, 2023



Source: Bradford County Community Health Survey, 2023. Prepared by WellFlorida Council, 2023. Note: Other category responses: 2 – Quality healthcare (1.6 percent), 1 each – comprehensive care, military care, community hospital, services for persons with autism, walking trails, activities for children and families (0.8 percent each; 4.8 percent total) (6.3 total other)

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

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

Dental Care	Response
Received needed care or didn't need care (n=79)	62.7 percent
Did not receive needed care (n=47)	37.3 percent
Reasons Dental Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	72.3 percent
No appointments available or long waits for appointments	34.0 percent
No dentists available	34.0 percent
Service not covered by insurance or have no insurance	61.7 percent
Transportation, couldn't get there	12.8 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	10.6 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	12.8 percent
Other (1 – not motivated to make appointment)	2.1 percent

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

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

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

Primary/Family Care	Response
Received needed care or didn't need care (n = 98)	77.8 percent
Did not receive needed care (n = 28)	22.2 percent
Reasons Primary/Family Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	46.4 percent
No appointments available or long waits for appointments	60.7 percent
No primary care providers (doctors, nurses) available	17.9 percent
Service not covered by insurance or have no insurance	32.1 percent
Transportation, couldn't get there	14.3 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	14.3 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	14.3 percent
Other (3 -lack of quality providers) 3.6 percent each)	10.7 percent

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

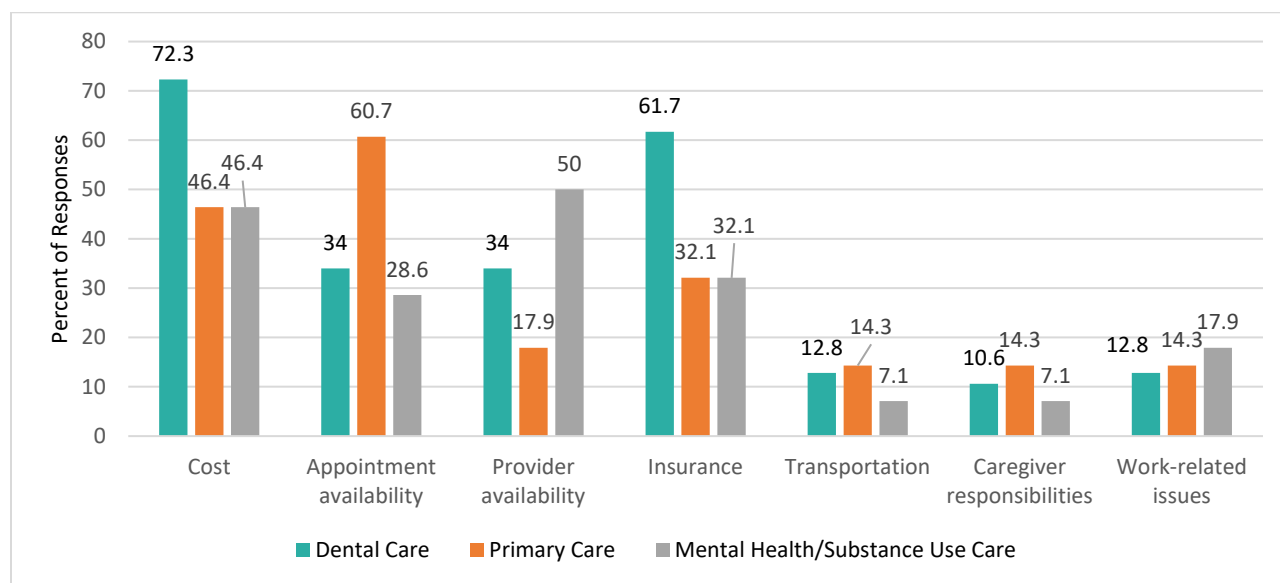
During the past 12 months, was there a time you needed to see a therapist or counselor for a mental health or substance use issue, but didn't? AND What prevented you from seeing a therapist or counselor for a mental health or substance use issue during the past 12 months? Choose ALL that apply.

TABLE 14: THERAPIST OR COUNSELOR FOR MENTAL HEALTH OR SUBSTANCE USE ISSUE SEEN AND REASONS CARE WAS NOT RECEIVED BY SURVEY RESPONDENT, BRADFORD COUNTY, BY PERCENT OF RESPONSES, 2022

Therapist or Counselor for Mental Health or Substance Use Issue	Response
Received needed care or didn't need care (n = 98)	77.8 percent
Did not receive needed care (n = 28)	22.2 percent
Reasons Mental Health or Substance Use Care was Not Received (by Percent of Those Who Did Not Receive Care)	
Cost	46.4 percent
No appointments available or long waits for appointments	60.7 percent
No mental health care providers or no substance use therapists or counselors available	50.0 percent
Service not covered by insurance or have no insurance	32.1 percent
Transportation, couldn't get there	7.1 percent
My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself	7.1 percent
Work-related issue (e.g., work schedule conflict, no paid leave, denied time off)	17.9 percent
Stigma associated with this issue and/or stigma associated with seeking care	17.9 percent
Telehealth issue (e.g., telehealth services not offered, lack of internet accessibility)	17.9 percent
Other (1 each – provider quality, do not want religious-based services) 3.6 percent each)	7.1 percent

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

FIGURE 24: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCED BY SURVEY RESPONDENTS IN THE PAST 12 MONTHS, BRADFORD COUNTY, BY PERCENT OF RESPONSES, 2023



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

Key Findings from Community Survey

Access to Primary, Dental, and Mental Health Care

The top factor that contributes to a healthy community, according to Bradford County residents who completed the 2023 survey, was access to health care, including primary care, specialty care, dental, and mental health care. Notable percentages of respondents reported that they had not received needed care in the last 12 months, including primary care (22.2 percent), dental care (37.3 percent), or mental health/substance use care (22.2 percent). Cost, insurance issues, and provider and appointment availability were often cited as barriers. When asked about specific services difficult to access in Bradford County, those most commonly mentioned were specialty care, in-patient hospital care, imaging, dental care, and laboratory services. Less difficult to access were family planning, prenatal care and telehealth services.

Mental Health and Substance Abuse Care

Concern about the community’s mental health and substance use emerged as a theme from the survey. Substance and drug abuse was ranked first among the most important health issues that need to be addressed in Bradford County. More than 38 percent of survey respondents selected it as a priority problem. Closely following as the second ranked most important issue was mental health problems, selected by 30.2 percent of survey respondents. Substance misuse is often linked with mental or behavioral health and access to mental health and substance use services frequently go hand-in-hand. Bradford County survey respondents ranked drug abuse as the first and alcohol abuse as the sixth ranked behaviors, respectively at 55.6 and 19.0 percent, with greatest negative impact on overall health. More than a quarter (26.2 percent) of survey respondents felt mental and behavioral healthcare services are the most difficult to obtain in Bradford County and another 15.1 percent indicated that substance abuse counseling is a service that is problematic to access. To further illustrate this theme, more than a fifth (22.2 percent) of Bradford County survey respondents said that in the past 12 months they did not receive needed care

from a therapist or counselor for a mental health or substance use issue. As reported by survey respondents, the most common barriers to mental health or substance use care were provider availability at 50.0 percent and cost at 46.4 percent.

Health Behaviors and Chronic Conditions

Bradford County survey respondents made clear their concerns about health behaviors and resulting health outcomes. As described above, substance, drug, and alcohol use are problematic. However, chronic disease-related outcomes behaviors surfaced among the most important health issues for Bradford County residents. Obesity was the third ranked most important health issue closely followed by tobacco use as the fourth ranked issue selected by 29.4 and 21.4 percent, respectively, of respondents. Also appearing among the top issues were diabetes and heart disease and stroke which tied as the seventh ranked problem (10.3 percent) along with dental problems. Bradford County survey respondents spotlighted behaviors with negative health impacts. A general lack of personal responsibility ranked second (31.0 percent), followed by eating unhealthy foods and drinking sugar-sweetened beverages (30.2 percent), tobacco use (21.4 percent), not using healthcare services appropriately (13.5 percent), and not getting immunizations to prevent disease (12.7). Healthy behaviors appeared as an aspirational goal for survey respondents. Residents engaging in healthy behaviors ranked as the third most important factor that contributes to a healthy community. Dental and oral health issues were also a concern because 37.3 percent of respondents did not get needed oral health care in the past year.

Social Determinants of Health

Bradford County survey respondents were clear in the value they placed on the essentials for a healthy, safe community. These highly valued factors relate to the social determinants of health. Among the top ranked most important factors were access to healthcare services (chosen by 41.3 percent of survey respondents), access to affordable, nutritious foods (24.6 percent), good schools (19.8 percent), clean environment (19.0 percent), affordable housing (19.0 percent), availability of first responders (18.3 percent), job opportunities (14.3 percent) and a strong economy (13.5 percent).

FORCES OF CHANGE ASSESSMENT

Methods

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

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

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

The Bradford County Community Health Assessment Steering Committee convened a group of community leaders to participate in the Forces of Change Assessment on May 9, 2023. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so that participants would be familiar with Bradford County demographics, health conditions and behaviors, healthcare resources, and the perspectives of community members and providers on issues related to health and quality of life. The group brainstormed possible forces that may hinder or help the community in its quest for improvement in community health outcomes. Brainstorming followed discussions of the threats and opportunities associated with the forces. The *Forces of Change for Bradford County* tables on the following pages summarize the forces of change identified for Bradford County, as well as possible associated opportunities and threats that may be considered in any Bradford County strategic planning or community health improvement planning process.

Please note: *The Forces of Change for Bradford County* table reflects qualitative opinion data collected during the Forces of Change Assessment. Comments and discussions are summarized in the table and accurately catalog comments from the facilitated discussion; however, these are not a reflection of the Florida Department of Health and cannot be attributed to one person, rather these are summaries of a group discussion in aggregate.

Forces Of Change for Bradford County - TRENDS

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social	Increase in Population	Stagnant tax bracket; individuals typically move to take advantage of low land and property taxes, so more residents with more needs but no increase in budget; higher burden on schools as families with children move in; increased need for senior services.	Increased potential for tax revenue.
Social/ Behavioral	Increasing Issues in Mental Health	Increased possibility for homelessness; increase in substance misuse; stigma related to seeking services in a small rural county.	Narcan program is currently making Narcan widely accessible, including in schools; utilize the large number of mental health providers available; free prevention education for substance abuse is available; telehealth may be easier to access in face of stigma; Meridian services provided at the Community Resource Hub.
Social/ Economic	Decrease in Specialty Care Services Offered at Hospital	Barrier to care; the presence of the still active hospital licensure may act as a barrier to attaining grants.	Grants to find new hospital; have HCA return to providing specialty care.
Economic	Increase in Construction	More crime; increased environmental issues.	Increase in septic tank permits; increasing population and businesses; new hotel open; more jobs.
	Increase in Businesses	Jobs may not be accessible to people with less education.	More jobs, increasing financial stability.

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Bradford County - FACTORS

	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Social	Low Health Literacy	Use of ER for primary and dental care; unwillingness to seek mental health care; lack of Medicaid providers combined with a large Medicaid population, especially for pediatrics and adult dental care.	Prevention, outreach, and education, especially at the Community Resource Hub; finding innovative, new ways to get that information out, such as by putting resource guides in backpacks for students or giving resource guides to every title company.
	High Rates of Food Insecurity, Especially Among Children	Lack of food for children during weekends and summers; Suwannee River is no longer transporting seniors to congregate meal sites.	Backpack program in schools; health department doing blessing boxes with food; food pantries; Food for Kidz will be taking over the backpack program.
Social/ Behavioral	High Rates of Drug Misuse	High rates of hospitalizations, ED visits, and overdoses; child endangerment and neglect; strain on the education system; generational drug use.	Money is available in Bradford County to do programs with the Hanley Foundation.
	High Rates of Grandparents Caring for Kids	Fixed income makes it difficult to provide food and care; child abuse and neglect results in many grandparents being responsible for kids; may not apply for food stamps or assistance programs because they are not the legal guardians, or they are trying not to reflect poorly on parents.	Education to older generation, especially on new technology and new school system; providing and advertising summer programming; summer BreakSpot feeding program.
	Suffocation Deaths Among Infants	Increase in mental health issues, especially among immediate family, loss of life	Education on safe sleep; access to cribs and bassinets; Meridian provides priority to pre- and post-partum patients; Healthy Start can provide pack and play; engaging expectant mothers during prenatal care.
Social/ Economic	High Rates of Stressors Meeting the Basic Needs of Children	Negatively affects academic performance; can cause generational issues.	Mental health programs and funding; imposing impact taxes.
Economic	Lack of Affordable Housing for Current Population	Many new construction houses are being funded by people moving in; lack of local physical office for housing authority; already rented out all new low-income housing.	Recently built low-income housing has been successful in that all the units are already being rented out.

Source: Prepared by WellFlorida Council, 2023.

Forces Of Change for Bradford County - EVENTS

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Economic	Lost Suwannee River Transportation for Senior Congregate Meal Site	Barrier to accessing sufficient, nutritious food for seniors.	Look for new transportation options and funding.
	Suwannee River Providing Medical Appointment Transportation for Free for Anyone Without a Vehicle	Environmental pollution; unable to bring children along with you for your appointment; mainly available for the disabled and elderly population; DOT is changing funding availability.	Provides access to care; create liaison position to help elderly population access transportation; Elder Options Shine program.
Social	New K-6 School Opening Fall 2023, While Two (2) Smaller, Older Schools Are Closing	Distance to new school could be a barrier to some.	Buses providing transportation for children; better for school budget; better technology; larger schools typically have more resources and programs; agencies and vendors are more likely to come in for one larger school than for multiple locations; more centralized services; using the closed Hampton elementary for sheriff's office training.
	Elementary Schools Being Shifted to Grades K-6, Middle Schools to 7-8	Teachers being reorganized and possibly being required to teach different grades than before.	Separating 6 th graders from 7 th and 8 th graders, some being 16-17 years old; 6 th graders able to come home and care for younger, school-aged siblings since they are leaving school at the same time.
	Charter School Opening in Brooker	Teacher reorganization.	The school will be locally available; opportunity for more technology; opportunity for community partnership since Brooker is relatively isolated; restores community/community center.
	Rezoning of School Districts	Parents may be unhappy with zoning changes for their school-aged children; challenges with applications for out-of-zone schools; homelessness; some may leave the county if there is no transportation or housing available for low-income individuals.	May impact where new houses may be built.
	Bradford Preschool Closed	Difficulty finding childcare.	There are plans to use the building for after school care.

Source: Prepared by WellFlorida Council, 2023.

INTERSECTING THEMES, STRATEGIC PRIORITY ISSUES, AND KEY CONSIDERATIONS



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

Intersecting Themes

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

Intersecting Themes

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

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

Strategic Priority Issue Areas

Bradford County Community Health Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process at their May 22, 2023 meeting. The Steering Committee reviewed the findings of the previously mentioned assessments and confirmed that they accurately reflected the health status and health issues of Bradford County. In addition, the characteristics of strategic issues were introduced to assure a common understanding of their scope, scale, and purpose. The prioritization criteria included importance and urgency, impact, feasibility, and resource availability (see Table 30 below). In small workgroups of five (5) to six (6) people, Steering Committee members used a strategy grid, intersecting themes matrix, and several assessment data resources to discuss and agree upon their recommendations for strategic priority issues. The work groups’ selected issues were then reported out to the whole group. Through a facilitated consensus process, six (6) priority themes emerged. These included mental health and substance misuse – the only goal mentioned by all the workgroups, food insecurity, dental care, chronic diseases, health literacy, and heart disease. Facilitators checked for understanding and issue definition, queried about the goals of each focus, and confirmed supporting data. It was determined that heart disease and dental care, although important, stand-alone issues, could be considered objectives under the umbrella of chronic diseases. After considerable discussion and issue advocacy, the Steering condensed their identified themes into three (3) strategic priorities. The priorities

listed below move forward for consideration and operationalizing in the Community Health Improvement Plan (CHIP).

TABLE 15: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, BRADFORD COUNTY, 2023

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

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved February 7, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

Strategic Priority Issue Areas Identified

- Mental Health and Substance Misuse
 - ▶ Access to services
 - ▶ Increase presence of and awareness of current resources
 - ▶ Use of homeless housing as transitional housing
 - ▶ Institute new community initiatives such as community gardens and volunteering with seniors
 - ▶ Youth vaping
- Food Insecurity
 - ▶ Meals on wheels
 - ▶ Blessing boxes
 - ▶ Expanding food giveaways and pantries
 - ▶ Backpack program
 - ▶ Community garden
- Chronic Disease
 - ▶ Dental care
 - Including access to nutritious foods
 - Extraction clinics
 - Decreasing avoidable ED visits
 - ▶ Heart Disease

-
- Reducing obesity
 - Blood pressure screenings
 - Training first aid classes to high schoolers
 - Use of walking trails
- ▶ Education
 - ▶ Screenings
 - ▶ Hypertension
 - ▶ Obesity
 - ▶ Cancer

Thoughtful consideration was also given to issues that were ultimately not selected as priorities. There was strong advocacy for the necessity of improving health literacy, with the specific issues of transportation, food insecurity, and access garnering discussion. The compromise ultimately decided upon was that health literacy could be worked in as a strategy for any of the final priorities selected. Additionally, Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously.

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

Key Considerations

- Promote a culture of community health as a system of many diverse partners, organizations, and individuals
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures of progress
- Educate on and increase awareness of current resource availability and the appropriate use of services and programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic conditions including mental and behavioral health problems and substance misuse
- Enhance or create initiatives, including policies, to more effectively manage chronic diseases and oral health
- Enhance or create initiatives and policies to address obesity and promote attainment of a healthy weight
- 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 that include social determinants of health

-
- Expand health literacy for all Bradford County residents, recognizing this as a contributing factor to a number of health and quality of life issues

RESOURCES FOR COMMUNITY INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Resource Databases

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

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

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

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

<https://thecommunityguide.org/>

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

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

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

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

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

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

Resource and Intervention Quality Assessment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resources for Community-Based Interventions

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

TABLE 16: RESOURCES FOR COMMUNITY-BASED INTERVENTIONS

Issue	Practice or Intervention	Effective-ness	Source
Barriers to Care	<p>Health insurance enrollment outreach & support</p> <p>Assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs; individuals may be uninsured or need assistance renewing coverage. Such programs can be offered by a variety of organizations, including the federal and state health insurance marketplaces, government agencies, schools, community-based or non-profit organizations, health care organizations, and religious congregations. Outreach efforts vary greatly and can include community health worker (CHW) outreach, other person-to-person outreach, mass media and social media campaigns, school-based efforts, case management, or efforts in health care settings. Outreach can occur at local events, via hotlines, online, or at fixed locations (e.g., community centers, non-profit offices, barbershops, etc.) and are often supported through grants from federal agencies or private foundations.</p>	Scientifically Supported	<p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/health-insurance-enrollment-outreach-support</p>
Barriers to Care	<p>Patient Navigation Services Increase Cancer Screening and Advance Health Equity</p> <p>Cancer screenings save lives — however, barriers to getting screened, like cost or lack of access to screening services, exist. Patient navigation services can help lower those barriers. The Community Preventive Services Task Force (CPSTF) recommends patient services to help increase screening rates for breast, cervical, and colorectal cancer among historically disadvantaged racial and ethnic populations and people with lower incomes. The CPSTF’s recommendation is based on a systematic review of 34 studies.</p>	Systematic Review	<p>The Guide to Community Preventive Services CPSTF Recommends Patient Navigation Services to Increase Cancer Screening The Community Guide</p>

Issue	Practice or Intervention	Effectiveness	Source
Access to Care for the Homeless	Interventions to Improve Access to Primary Care for People Who Are Homeless: A Systematic Review	Systematic Review	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832090/
Chronic Disease – Hypertension	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	https://pubmed.ncbi.nlm.nih.gov/23821088/
Chronic Disease – Diabetes	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community-based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Dementia Care, including Alzheimer’s	Healthy Brain Initiative Road Map 2018-2023 Charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments. Alignment of HBI Road Map actions with Essential Services of Public Health ensures that initiatives to address Alzheimer’s can be incorporated easily and efficiently into existing public health initiatives.	Non-systematic Review	CDC Healthy Brain Initiative https://www.cdc.gov/aging/healthybrain/roadmap.htm
Dementia Care, including Alzheimer’s	Therapeutic Interventions for People with Dementia – Cognitive Symptoms and Maintenance of Functioning	Systematic Review	https://www.ncbi.nlm.nih.gov/books/NBK55462/
Dementia Care, including Alzheimer’s	Public Health Approach to Alzheimer’s – How does public health address Alzheimer’s? Taking a life-course perspective for people who may eventually develop dementia or who are living with dementia, there are three major opportunities for public health intervention: Risk Reduction, Early Detection, and Safety and Quality of Care. Employing these opportunities, public health can intervene to lessen the burden of Alzheimer’s, just as public health has helped reduce the burden of heart disease, HIV/AIDS, and cancer.	Non-systematic Review	Alzheimer’s Association https://www.alz.org/professionals/public-health/public-health-approach

Issue	Practice or Intervention	Effective-ness	Source
Dental Health	<p>Preventing Dental Caries: School-Based Dental Sealant Delivery Programs</p> <p>The Community Preventive Services Task Force recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).</p>	Evidence-Based	<p>The Community Guide:</p> <p>Task Force Finding and Rationale Statement - Oral Health: Preventing Dental Caries, School-Based Dental Sealant Delivery Programs (thecommunityguide.org)</p>
Dental Health	<p>Preventing Dental Caries: Community Water Fluoridation</p> <p>The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.</p>	Systematic Review	<p>The Community Guide:</p> <p>Cavities: Community Water Fluoridation The Community Guide</p>
Food Insecurity	<p>Food Insecurity – Healthy People 2030 Goal</p> <p>A summary of literature on Food Insecurity as a social determinant of health in the United States.</p>	Non-systematic Review	<p>Healthy People 2030:</p> <p>Food Insecurity - Healthy People 2030 health.gov</p>
Food Insecurity	<p>Interventions Addressing Food Insecurity in Health Care Settings: A Systematic Review</p> <p>Based on the recognition that food insecurity (FI) is associated with poor health across the life course, many US health systems are actively exploring ways to help patients access food resources. This review synthesizes findings from studies examining the effects of health care–based interventions designed to reduce FI.</p>	Systematic Review	<p>National Library of Medicine:</p> <p>Interventions Addressing Food Insecurity in Health Care Settings: A Systematic Review - PMC (nih.gov)</p>
Housing	<p>Medicaid Accountable Care Organizations: A Case Study with Hennepin Health</p> <p>As an example of a Health Care for the Homeless (HCH) program participating in an ACO, this case study highlights Hennepin Health, a system of care in Hennepin County, Minnesota providing integrated</p>	Case Study	<p>https://nhchc.org/wp-content/uploads/2019/08/aco-case-study-hennepin-health-final.pdf</p>

Issue	Practice or Intervention	Effective-ness	Source
	<p>medical and social services to low-income Medicaid patients.</p>		
<p>Housing</p>	<p>Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project</p> <p>This pilot project, developed jointly by the Ohio Department of Rehabilitation and Correction and the Corporation for Supportive Housing, was designed for disabled prisoners returning from state prison to five Ohio cities. A process, impact, and cost evaluation employing a quasi-experimental design with multiple data sources found that RHO participants were significantly less likely to be rearrested or reincarcerated within one year of release and significantly more likely to be delivered substance abuse and mental health services, relative to a comparison group.</p>	<p>Experiment- al Study</p>	<p>https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project</p>
<p>Infant Mortality and Maternal Child Health</p>	<p>Nurse-Family Partnership – Providing babies with the best start in life</p> <p>Partners mothers with registered nurses from pregnancy through a child's second birthday, allowing nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed—for the better.</p>	<p>Evidence-based</p>	<p>www.kingcounty.gov/nfp</p>
<p>Infant Mortality and Maternal Child Health</p>	<p>Psychosocial Interventions for Supporting Women to Stop Smoking in Pregnancy</p> <p>Smoking while pregnant increases the risk of complications during pregnancy and of the baby having a low birth weight. This systematic review aimed to assess the effectiveness of the various psychosocial interventions to support pregnant women to stop smoking. It identified 102 trials and assessed the effectiveness of the following types of interventions: counseling, health education, incentives, social support, structured support for physical activity, and feedback. Feedback interventions give pregnant women information about the health of their fetuses and the levels of tobacco byproducts in their bodies. Counseling,</p>	<p>Systematic Review</p>	<p>Cochrane Library of Systematic Reviews:</p> <p>https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001055.pub5/full</p>

Issue	Practice or Intervention	Effective-ness	Source
	feedback, and financial incentives appear to reduce the number of women smoking in late pregnancy.		
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 2030: Mental Health: Collaborative Care for the Management of Depressive Disorders - Healthy People 2030 health.gov
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 2030: Mental Health: Interventions to Reduce Depression Among Older Adults – Home-Based Depression Care Management - Healthy People 2030 health.gov
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: https://www.thecommunityguide.org/findings/violence-school-based-programs
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	Evidence-Based	SNAP-Ed Toolkit https://snapedtoolkit.org/interventions/programs/mind-

Issue	Practice or Intervention	Effectiveness	Source
	<p>communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.</p>		<p>exercise-nutritiondo-it-mend-2/</p>
Nutrition	<p>Video Game Play</p> <p>This program utilized two videogames called “Escape from Diab” (Diab) and “Nanoswarm: Invasion from Inner Space” (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.</p>	Evidence-Based	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826</p>
Nutrition/ Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>https://www.naco.org/sites/default/files/documents/HC_Forum_KayOwen.pdf</p>
Nutrition/ Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering</p>	Evidence-Based (Moderate)	<p>https://chronicdisease.org/success-story/improving-childcare-nutrition-and-physical-activity-standards-in-michigan/</p>

Issue	Practice or Intervention	Effective-ness	Source
	group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.		
Nutrition	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.</p>	Evidence-Based	https://pubmed.ncbi.nlm.nih.gov/17495210/
Obesity	<p>Text4Diet: A Text Message-based Intervention for Weight Loss</p> <p>Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity, and sedentary behaviors with the goal of promoting and sustaining weight loss.</p>	Evidence-Based	https://cdc.thehcn.net/promiseppractice/index/view?pid=3490
Obesity	<p>Health Education to Reduce Obesity (HERO)</p> <p>The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.</p>	Promising Practice/ Good Idea	<p>Healthy Communities Institute:</p> http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003

Issue	Practice or Intervention	Effective-ness	Source
Obesity	<p>Healthy Eating Lifestyle Program (HELP)</p> <p>Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542</p>
Obesity	<p>Pounds Off Digitally (POD)</p> <p>Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) and has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks, overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.</p>	Effective Practice	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209</p>
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/obesity-behavioral-interventions-aim-reduce-recreational-sedentary-screen-time-among</p>
Physical Activity	<p>Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design</p>	Systematic Review	<p>Healthy People 2030:</p> <p>https://www.thecommunityguide.org/f</p>

Issue	Practice or Intervention	Effective-ness	Source
	<p>Built environment interventions to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Coordinated approaches must combine new or enhanced elements of transportation systems with new or enhanced land use and environmental design features. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both.</p>		<p>findings/physical-activity-built-environment-approaches</p>
<p>Physical Activity</p>	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	<p>Evidence-Based</p>	<p>Healthy Communities Institute:</p> <p>http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
<p>Physical Activity and Greenways</p>	<p>Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions</p> <p>Safe, accessible outdoor spaces can help encourage people to get active. In this systematic review, the Community Preventive Services Task Force (CPSTF) found that infrastructure interventions to improve parks, trails, and greenways — if combined with other interventions — can increase the number of people engaging in moderate to vigorous physical activity</p>	<p>Systematic Review</p>	<p>The Community Guide</p> <p>Phys Activity: Park, Trail, Greenway multicomponent The Community Guide</p>

Issue	Practice or Intervention	Effectiveness	Source
Poverty	<p>Policies to Address Poverty in America</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Evidence-Based	<p>The Hamilton Project:</p> <p>https://www.hamiltonproject.org/assets/legacy/files/downloads_and_links/policies_address_poverty_in_america_full_book.pdf</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Rural Health	<p>What Works? Strategies to Improve Rural Health</p> <p>This report outlines key steps toward building healthy communities along with some specific policies and programs that can improve health in rural areas.</p>	Non-systematic Review	<p>https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.</p>	Evidence-Based	<p>National Institute of Health:</p> <p>NIDA Notes National Institute on Drug Abuse (NIDA) (nih.gov)</p>
Substance Abuse	<p>Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI)</p> <p>e-SBI to reduce excessive alcohol consumption uses electronic devices (e.g., computers, telephones, or mobile devices) to facilitate the delivery of key elements of traditional screening and brief intervention. With traditional screening and brief</p>	Systematic Review	<p>The Community Guide:</p> <p>https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-</p>

Issue	Practice or Intervention	Effective-ness	Source
	intervention (SBI), providers assess patients' drinking patterns and offer those who screen positive for excessive drinking with a brief, face-to-face intervention that includes feedback about associated risks, changing drinking patterns, and referral to treatment if appropriate. At a minimum, e-SBI involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.		electronic-screening-and-brief-interventions-e-sbi
Substance Abuse	<p>Principles of Adolescent Substance Use Disorder Treatment: A Research-based Guide</p> <p>Examples of specific evidence-based approaches are described, including behavioral and family-based interventions as well as medications. Each approach is designed to address specific aspects of adolescent drug use and its consequences for the individual, family, and society.</p>	Evidence-Based	<p>National Institutes of Health, National Institute on Drug Abuse:</p> <p>Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide SAMHSA</p>
Tobacco Use	<p>Cell Phone-based Tobacco Cessation Interventions</p> <p>Review of interventions that generally include cessation advice, motivational messages, or content to distract from cravings.</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p> <p>http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/cell-phone-based-tobacco-cessation-interventions</p>
Tobacco Use	<p>Mass Media Campaigns Against Tobacco Use</p> <p>Media campaigns use television, print, digital, social media, radio broadcasts, or other displays to share messages with large audiences. Tobacco-specific</p>	Evidence-Based	<p>University of Wisconsin Population Health Institute, County Health Rankings:</p>

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

APPENDIX A – COMMUNITY HEALTH SURVEY

English 

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Dear Neighbor,

What are the most important health and healthcare issues in your community? The Florida Department of Health in Bradford County and Union County, in partnership with WellFlorida Council, the local health planning council, invite you to answer this Community Health Assessment survey. The survey will be available from February 3, 2023 through March 17, 2023. Community leaders will use your answers to take action towards a healthier community.

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

To be eligible to take this survey:


- You must be at least 18 years old and
- Reside or work or attend school in Bradford County or Union County

If you have questions about this survey or the survey process, you may contact Kori Spiropoulos, Associate Planner at WellFlorida Council via phone at 352-313-6500 ext. 8057 or via email at kspiropoulos@wellflorida.org.

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

Please respond to the statement below.

I'm not a robot



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Age Eligibility

What is your age?

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

Residency

Do you live in Bradford or Union County?

- I live in Bradford County (You will be answering questions about Bradford County unless otherwise indicated in the question.)
- I live in Union County (You will be answering questions about Union County unless otherwise indicated in the questions.)

-
- I do NOT live in Bradford or Union

Do you work or attend school in Bradford or Union County?

- Yes, I work (physical office location) or attend school in Bradford County
(You will be answering questions about Bradford County unless otherwise indicated in the question.)
- Yes, i work (physical office location) or attend school in Union County. (You will be answering questions about Union County unless otherwise indicated in the question.)
- No, I am not a Bradford or Union County resident nor do I work or attend school in those counties.

Community Health

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

- | | |
|--|---|
| <input type="checkbox"/> Strong family ties | <input type="checkbox"/> Good place to raise children |
| <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Practice of religious or spiritual values |
| <input type="checkbox"/> Low preventable death and disease rates | <input type="checkbox"/> Availability of first responders, law enforcement, fire/rescue/EMS, emergency preparedness services |
| <input type="checkbox"/> Strong economy | <input type="checkbox"/> Low rates of infant and child deaths |

- Availability of **parks and recreational opportunities**
 - Good **race/ethnic relations**
 - Residents engaging in **healthy behaviors**
 - Low** level of **child abuse**
 - Choices of **places of worship**
 - Good **schools**
 - Job opportunities** for all levels of education
 - Access to affordable **health care** including primary/family care and specialty care, dental care and mental health care
 - Access to convenient, affordable and nutritious **foods**
 - Affordable **utilities**
 - Clean environment** (for example, water and air)
 - Low crime/**safe** neighborhoods
 - Awareness of health care and social services**
 - Public **transportation** system
 - Availability of **arts and cultural events**
 - Affordable **goods and services**
 - Affordable **housing**
 - Other, please tell us
-

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

- Not using birth control
- Not getting immunizations to prevent disease (e.g., flu shots)
- Not using health care services appropriately
- Eating unhealthy foods, drinking sugar-sweetened beverages

-
- | | |
|---|--|
| <input type="checkbox"/> Lack of personal responsibility | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Lack of sleep | <input type="checkbox"/> Lack of stress management |
| <input type="checkbox"/> Loneliness or isolation | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Tobacco use, vaping, chewing tobacco |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Drug abuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> Unsecured firearms |
| <input type="checkbox"/> Not using seat belts/child safety seats | <input type="checkbox"/> Poor race/ethnic relations |
| <input type="checkbox"/> Distracted driving (such as texting while driving) | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Starting prenatal care late in pregnancy | <input type="checkbox"/> Other, please tell us |
| <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | |
|--|--|
| <input type="checkbox"/> Access to sufficient and nutritious foods | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Respiratory/lung disease | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Exposure to excessive and/or negative media and advertising |

-
- | | |
|--|---|
| <input type="checkbox"/> Access to long-term care | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Vaccine preventable diseases (e.g., flu, measles) | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Intellectual and Developmental Disabilities (including autism spectrum disorders) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Substance abuse/drug abuse | <input type="checkbox"/> Pollution (e.g., water, air, soil quality) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Firearm-related injuries |
| <input type="checkbox"/> Access to primary/family care | <input type="checkbox"/> Age-related issues (e.g., arthritis, hearing loss) |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Tobacco use (includes e-cigarettes, smokeless tobacco use) | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Affordable assisted living facilities | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> | <input type="checkbox"/> Sexually transmitted diseases (STDs) (e.g., gonorrhea, chlamydia, hepatitis) |
| <input type="checkbox"/> Elderly caregiving | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input style="width: 300px; height: 30px;" type="text"/> |

Access to Services

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

- | | |
|---|--|
| <input type="checkbox"/> Vision/eye care | <input type="checkbox"/> In-patient hospital care |
| <input type="checkbox"/> Telehealth services or services provided using telemedicine technology | <input type="checkbox"/> Preventive care (e.g., check-ups) |
| <input type="checkbox"/> Family planning/birth control | <input type="checkbox"/> |
| <input type="checkbox"/> Primary/family care (e.g., family doctor) | <input type="checkbox"/> Mental/behavioral health care |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Specialty care (e.g., heart doctor, neurologist, orthopedic doctor) |
| <input type="checkbox"/> Prescriptions, medications or medical supplies | <input type="checkbox"/> Dental/oral care |
| <input type="checkbox"/> Substance abuse counseling services (e.g., drug, alcohol) | <input type="checkbox"/> Physical therapy/rehabilitation therapy |
| <input type="checkbox"/> Prenatal care (pregnancy care) | <input type="checkbox"/> Laboratory services |
| <input type="checkbox"/> Alternative medicine/therapy (e.g., acupuncture, naturopathy consult) | <input type="checkbox"/> Urgent care (e.g., walk-in clinic) |
| <input type="checkbox"/> Imaging (CT scan, mammograms, MRI, X-rays, etc.) | <input type="checkbox"/> Other, please tell us |
| | <input type="checkbox"/> <input type="text"/> |
| | <input type="checkbox"/> I do not know |

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

- Yes

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

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

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

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

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

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

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

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

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

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

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

Demographics

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

What is your age?

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

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

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

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

- American Indian and Alaska Native
- Asian

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

What is your gender identity?

- Man
- Woman
- Non-binary
- I prefer not to answer
- Other, please tell us

What is the highest level of school you have completed?

Choose ONE.

- Elementary/Middle School
- High School diploma or GED
- Technical, Community College, 2-year College or Associate's degree
- 4-year College/Bachelor's degree
- Graduate/Advanced degree

-
- Some college
 - I prefer not to answer
 - Other, please tell us

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

- Employed (Full-time)
- Employed (Part-time)
- Full-time Student
- Part-time Student
- Homemaker
- Retired
- Self-employed
- Unemployed
- Work two or more jobs
- Disabled, unable to work
- I prefer not to answer
- Other, please tell us

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

- Health insurance offered from your job or a family member's job

-
- Health insurance that you pay on your own
 - Medicaid
 - Medicare
 - Military coverage/VA/TriCare
 - Pay cash
 - I do not have health insurance
 - Other, please tell us

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

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

What is the zip code of your residence in Bradford or Union County? If you do not live in Bradford or Union County, but you work in Bradford or Union, what is the zip code of where you work? If you do not live or work in Bradford or Union

County, but you attend school in Bradford or Union, what is the zip code for campus?

32044 Hampton

32058 Lawtey

32091 Starke

32622 Brooker

32026 Raiford

32054 Lake Butler

32697 Worthington Springs

Other, please specify

Open Ended

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

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APPENDIX B – STEERING COMMITTEE MEMBERS

Name	Organization
Allison Green	Victim Services and Rape Crisis Center
Amie Oody	Florida Department of Health in Bradford/Union Counties
Ayana Archer	Meridian Behavioral Healthcare
Brad Bishop	North Florida Technical College
Brooke Lupinacci	Meridian Behavioral Healthcare
Carolyn Spooner	Bradford County Board of County Commissioners
Cathy Winfrey	Healthy Families Alachua, Columbia, Union, and Bradford
Dan Mann	Florida Department of Health in Bradford/Union Counties
Debbie Williams	Florida Department of Health in Bradford/Union Counties
Dewayne McBride	CareerSource North Central Florida
Erin Peterson	Healthy Start North Central Florida Coalition
Gordon Smith	Bradford County Sheriff’s Office
Iana Patterson	Florida Department of Health in Bradford/Union Counties
Jenna Hewett	Bradford Community Coalition
Jim Lyons	Florida Department of Health in Bradford/Union Counties
Jose Pagan	Florida Department of Health in Bradford/Union Counties
Kevin Towles	Center for Independent Living
Latanya Mitchell	Bradford County Library
Leslie Andrews	Elder Options
Lindsey Rozar	Hanley Foundation
Molly Sweet	Feeding Northeast Florida
Nicole Nichols	Meridian Behavioral Healthcare
Nijah Brown	Suwannee River Area Health Education Center
Pam Whittle	North Florida Regional Chamber of Commerce
Patricia Evans	Capital City Bank
Scott Kornegay	County Manager for Bradford County
Shannon Southam	Answers Resource Facility
Shelby Parmenter	Florida Department of Health in Bradford/Union Counties
Tracy Toms	Florida Department of Health in Bradford/Union Counties
Valeria Gorden	Meridian Behavioral Healthcare