JACKSON COUNTY
COMMUNITY HEALTH STATUS ASSESSMENT
2019

A look at the health and well-being of Jackson County residents.

Prepared by the Health Planning Council of Northeast Florida, Inc.

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EXECUTIVE SUMMARY

The Florida Department of Health in Jackson County, Jackson Hospital and the Health Planning Council of Northeast Florida spearheaded an initiative to conduct a comprehensive, county-wide health needs assessment. The purpose of this assessment is to provide primary and secondary data to educate and mobilize the Jackson County community, develop priorities, garner resources, and plan actions to improve the public's health.

The Jackson County Community Health Partnership, a group comprised of community leaders from local medical and behavioral health providers, social service agencies, civic organizations, and minority and faith-based groups, convened to launch the 2019 county-wide assessment of the overall health status and priority health issues facing Jackson County residents.

Data for Jackson County's community health assessment was collected for several broad categories: socioeconomic conditions, characteristics of the physical environment, health outcomes, health behaviors, and access to health resources for county residents. The data included chronic disease death rates; infectious disease rates; housing, commuting, and food environment characteristics; prevalence of risky health behaviors; maternal and child health indicators; hospital utilization; and availability of physicians and health resources.

Input from Jackson County residents was obtained from two focus groups with diverse populations. Key stakeholder interviews provided insight into the health of Jackson County residents and the availability of resources for subpopulations. Focus groups and key stakeholders identified several priority health issues. The focus groups identified the following as key health areas: many issues related to behavioral health/mental health and substance abuse/alcohol abuse; increase in chronic diseases related to lifestyle behaviors; and lack of providers, access and provider-patient communication. The key stakeholder interviews identified the following as key health issues: many issues related to behavioral health/mental health/substance abuse; chronic diseases related to unhealthy lifestyle behaviors; and numerous issues related to accessing to health care services, health insurance and transportation.

To further narrow down these priorities to the top three focus areas, input was sought from the community through a preliminary release meeting on June 19, 2019. Invitations were sent via e-mail to numerous community groups and organizations and health care providers. Then feedback was requested from the community: "Of all the issues discussed today, which do you think is the most important?" The poll results from the meeting showed that chronic diseases related to lifestyle behaviors was the top priority, followed by behavioral health/mental health and lack of provider/access to services and assistance/provider-patient communications.

Using the information and priorities included in this assessment, areas where targeted interventions and policy changes may have the greatest impact can be identified. Once key strategies have been chosen based on level of impact, as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier Jackson County.

INTRODUCTION

In the spring of 2019, leaders from the Florida Department of Health in Jackson County (DOH-Jackson) and Jackson Hospital came together to launch a county-wide assessment of the overall health status and priority health issues facing Jackson County residents. The Health Planning Council of Northeast Florida was subcontracted to guide and facilitate the process.

Several key health care and community stakeholders were invited to join the Jackson County Community Health Partnership and to participate in the assessment by representing the needs of their clients, constituents, and communities. Collectively, more than 25 community leaders contributed to the process by completing a Key Stakeholder Interview, and more than 150 residents contributed to the assessment through participation in focus group discussions and completion of the community survey.

The Jackson County Community Health Partnership elected to utilize the ***"MAPP"*** community assessment model, as recommended by the Florida Department of Health as well as the National Association of County and City Health Officials (NACCHO). ***MAPP***, an acronym for "***M****obilization for* ***A****ction through* ***P****lanning and* ***P****artnership*," is a community-based participatory model that relies on the existing expertise of community representatives to identify, prioritize, and collectively address the county's most prevalent health concerns. This type of county-wide health assessment was last completed in Jackson in 2013 and it is recommended to re-occur every 3-5 years.

Components of Jackson County's health assessment included an analysis of available demographic data, health statistics, and health care access indicators for county residents. Community input was obtained from two focus group discussions among key subpopulations such as the elderly, the faith community, minority residents, parents, and business professionals. Key stakeholder interviews solicited community leaders' opinions on health care services, quality of life issues, and the health status of Jackson County's population. Detailed information summarizing each of these components is included in this report.

During the final community meeting, members of the Jackson County Community Health Partnership, along with other community members, made recommendations regarding the key health issues utilizing a summary of the data and information obtained through the four integrated assessments outlined in the MAPP model (Figure 1). A summary of the Jackson County Community Health Partnership members' recommendations on Jackson County's priority health issues is included in the final section of this report.

This assessment is the product of a collective and collaborative effort from a variety of dedicated health and social service providers along with other invaluable community stakeholders from across all regions of Jackson County. It is recommended that the findings from this community health assessment guide health and social service providers in the county in their program development efforts over the next 3 to 5 years.

Methodology

The Florida Department of Health recommends the implementation of evidence-based and effective assessment models such as the National Association of County and City Health Officials' (NACCHO's) ***Mobilizing for Action through Planning and Partnerships (MAPP)*** model for community health planning. This model was developed to provide a strategic approach to community health improvement by helping communities to identify and use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.[1] The model includes six distinct phases (Figure 1):

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments

[1] National Association of City and County Health Officials, 2012

- Community Health Status Assessment
- Community Strength and Themes Assessment
- Local Public Health System Assessment
- Forces of Change Assessment

4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

FIGURE 1: THE MAPP MODEL

Jackson County is fortunate to have long-standing, proactive leadership within its health care network who strongly value solid and collaborative relationships with other health and support service providers throughout the community. DOH-Jackson maintains strong ongoing relationships with multiple health and social services providers locally. DOH-Jackson invited the ongoing Jackson County Community Health Partnership to act as a platform and steering committee for this Community Health Assessment (CHA) process.

The CHIP group came together for the 2019 assessment introduction meeting in May 2018. In this meeting, DOH-Jackson provided an introduction to the project and highlighted the expected outcomes and benefits of the CHA process. Emphasis was placed on the *community-driven* nature of the health assessment process, meaning members of the CHIP group would be charged with developing the county's health priorities and proposing strategies to address them. Members were also provided with a complete overview of the MAPP assessment process, a preliminary timeline of when each component should occur, and guidance on how they could most effectively contribute to the process.

This introductory CHIP meeting also involved presenting and discussing the proposed data obtained through the recommended ***Health Status Assessment***, the first of the four MAPP assessments. The discussion incorporated an analysis of population demographics and socio-economic indicators, disease and death rates, health care utilization statistics, and access to health care indicators. The data was provided in two primary formats: (1) trend diagrams showing changes over time using 3-year rolling averages; and (2) diagrams comparing different populations.

Furthermore, relevant findings for the Jackson CHA were acquired from the county's most recent Behavioral Risk Factor Surveillance Survey (BRFSS) and County Health Rankings.

Wider community input was sought during February 2018 to May 2019 through the ***Community Strengths and Themes Assessment***, which included several key stakeholder interviews, community surveys, and targeted focus group discussions across the county. The key stakeholder interviews were conducted with organizations and persons throughout Jackson County chosen by DOH-Jackson, and a total of 25 interviews were conducted. There were two focus groups held in Marinna, Florida. 123 community surveys were completed. The key stakeholder interviews, community surveys, and focus group results were compiled and analyzed by Health Planning Council staff.

Utilizing guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) under the National Public Health Performance Standards Program (NPHPSP), the Jackson County Health Assessment CHIP group members completed a ***Local Public Health System Performance Assessment*** survey in March through May 2019. The members first reviewed the composition of the county's public health safety net to include all entities that serve the county's most vulnerable residents. The survey guided the Task Force members through a broad definition of each of the *10 Essential Public Health Services,* as outlined by the CDC. The members voted on each essential service regarding the degree to which the service is present and effective throughout the county. Strengths and gaps in the county's health care safety net and public health system were identified in this way, and were subsequently considered throughout the remainder of the planning process.

Information was also considered regarding current and expected ***Forces of Change*** in the county, such as recent and predicted economic conditions, changing and emerging community cultural characteristics, and policy changes or shifts affecting community and organizational capacity and resources. The Task Force members participated in a survey to identify the *Forces of Change* at work in Jackson County that could potentially impact the health of residents, whether it be in a positive or negative way. The members categorized local, state, and national "forces" into three distinct categories:

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

Additionally, the members were asked to consider trends, factors, and events related to a wide variety of perspectives including:

- Social
- Economic
- Government/Political
- Community
- Environmental
- Educational
- Science/Technology
- Ethical/Legal

Key issues and themes were recorded and updated throughout the process based on empirical evidence and community discussion. Key issues were then consolidated and prioritized based on the scope and severity of need, as well as resource availability.

With the qualitative and quantitative data collected and analyzed from all four MAPP assessments, the next stage in the process is to identify strategic issues. During this phase of the process, an ordered list of the most important issues facing the community is compiled. This prioritization activity was completed through input from the community through a preliminary release meeting on June 19, 2019 and community surveys following the meeting. During this preliminary results and release meeting and survey, the current findings of the assessment were

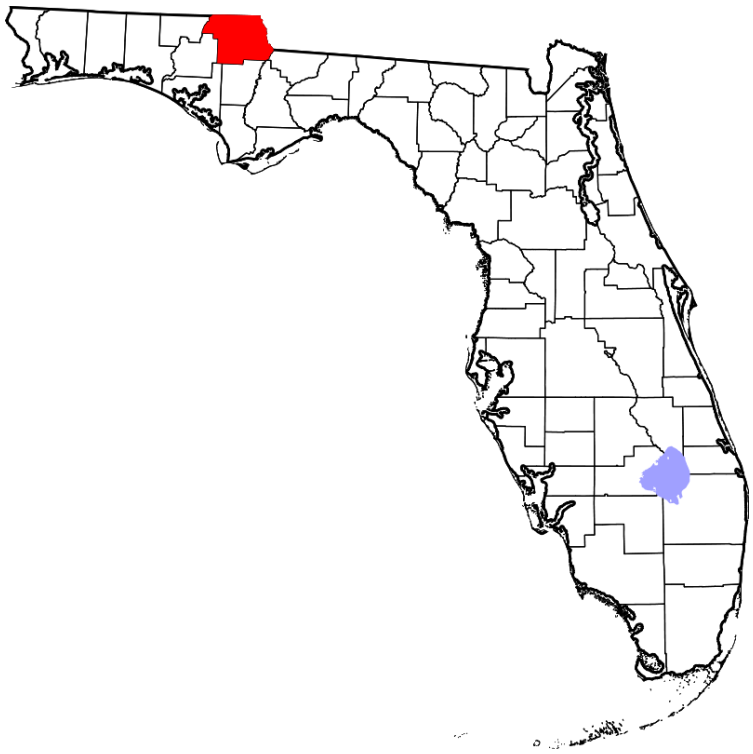
discussed. Then feedback was requested from the community: “Of all the issues discussed today, which do you think is the most important?” The poll results from the meeting showed that chronic diseases related to lifestyle behaviors was the top priority, followed by behavioral health/mental health and lack of provider/access to services and assistance/provider-patient communications. This narrowed down Jackson County health priorities to three, which will be used as cornerstones for the health improvement plan.

GEOGRAPHY AND GOVERNANCE

Jackson County encompasses approximately 955 square miles of Northwest Florida,[2] and is located at the top of Florida, one hour west of Tallahassee and one hour north of Panama City. Jackson County is the only county is Florida that borders both Georgia and Alabama.[3] Figure 2 shows Jackson County's location within Florida.

The county was founded in 1822, nearly 200 years ago, and has evolved into a diverse culture throughout the rural areas. The five-member, elected Board of County Commissioners is the law-making body of the county. Each elected member represents a specific district within the county for designated and staggered four-year terms.[4]

FIGURE 2: MAP OF FLORIDA HIGHLIGHTING JACKSON COUNTY



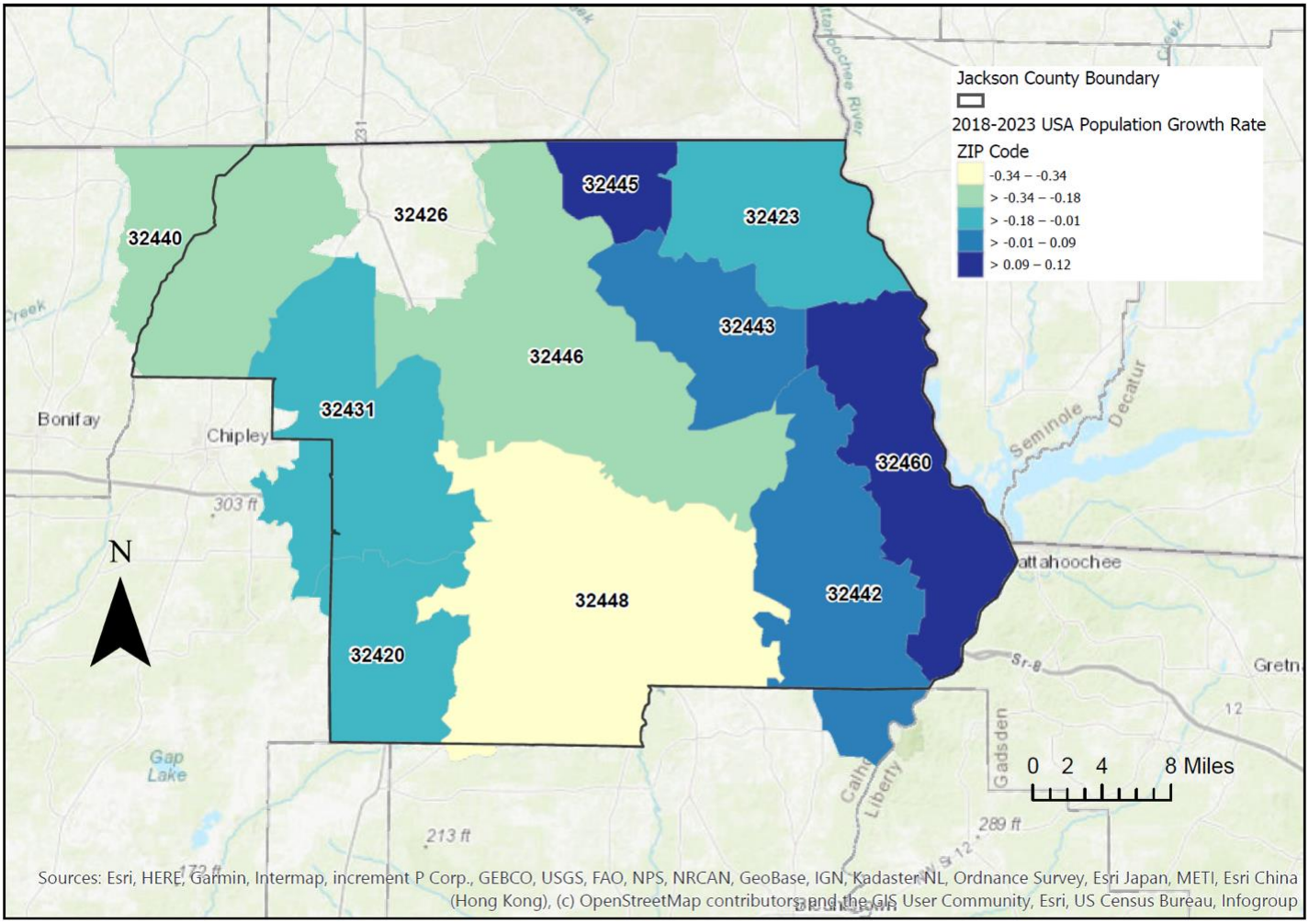
[2] U.S. Census Bureau (2019, June). *State and County Quickfacts.* Retrieved from American FactFinder: factfinder.census.gov
[3] Jackson County Economic Development Committee (2019, June). Retrieved from http://www.jacksonedc.com/page/location/
[4] Jackson County Government (website), Board of County Commissioners, 2018

POPULATION CHARACTERISTICS

Total Population and Population Growth

In 2017, Jackson County and Florida had estimated populations of 48,571 and 20,278,447, respectively. Jackson County's gender distribution is approximately 55.4% male and 44.6% female; these numbers differ slightly from Florida's 48.9% male and 51.1% female composition.

Figure 3. 2018-2023 Population Growth Rate Estimates, Jackson County

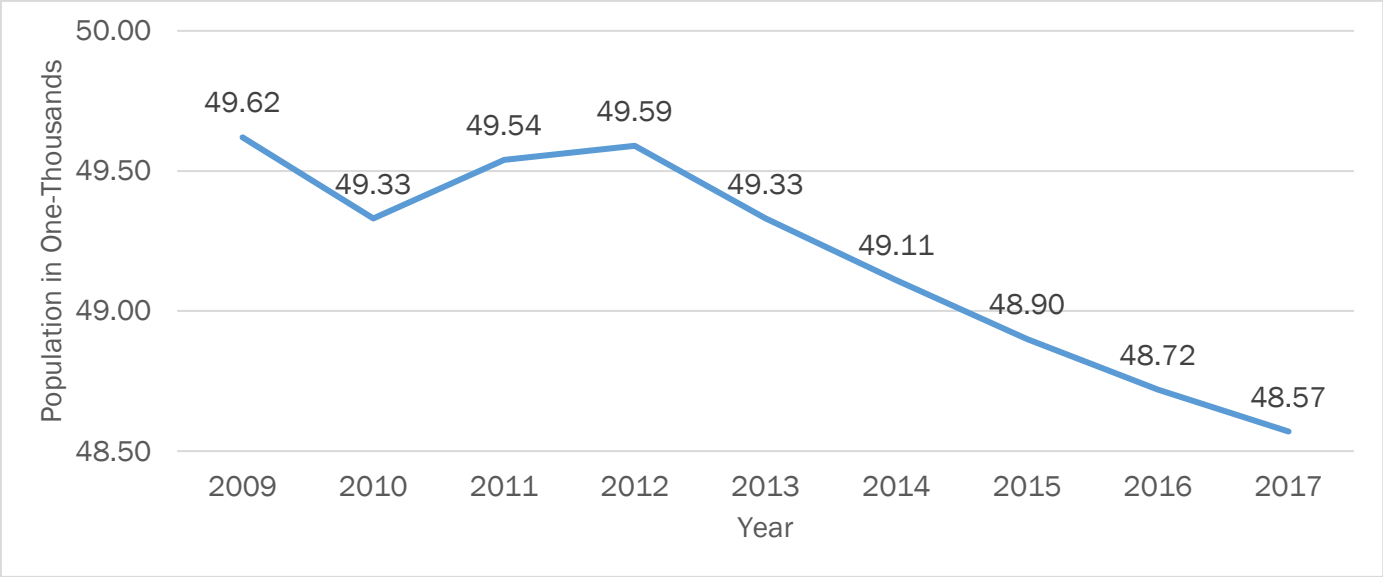


Data Source: Esri, 2018-2023 Population Estimates

Jackson County is projected to have a growth rate 1.5 percentage points less than Florida's from 2018 to 2023. The areas of Jackson County with a projected positive growth rate are Greenwood, Grand Ridge, Sneads, and Malone. The projected growth rates by ZIP code throughout the county are shown in Figure 3.

Jackson County's population has slightly declined by 2.1% from 2009 to 2017. In recent years the population in Jackson County declined by 0.4% from 2015 to 2016 and by 0.3% from 2016 to 2017 (Figure 4).[5]

Figure 4. Total Population, Jackson County, 2009-2017

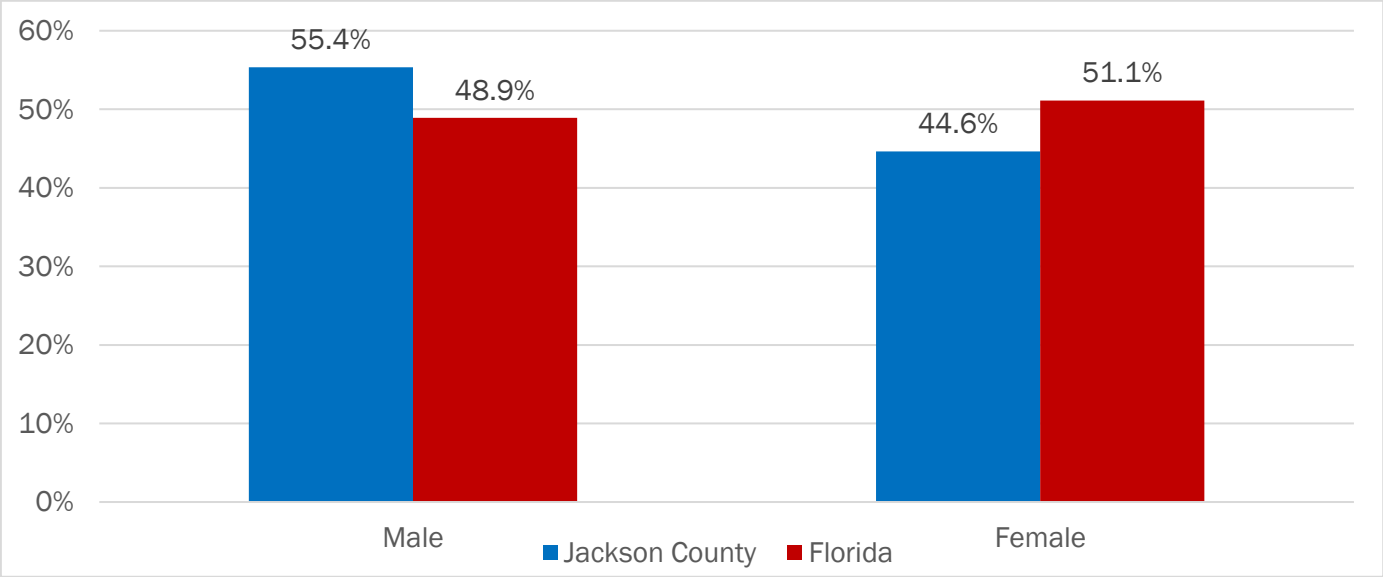


Data Source: 2009-2017 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

Age & Gender

Figure 5 shows the population distribution of Jackson County and Florida by gender. As compared to Florida, Jackson County has a higher percentage of males, 48.9% versus 55.4%. However, Florida has a higher percentage of females than Jackson County, 51.1% versus 44.6% (Figure 5).[6]

Figure 5. Gender Distribution, Jackson County, 2017



Data Source: 2009-2017 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

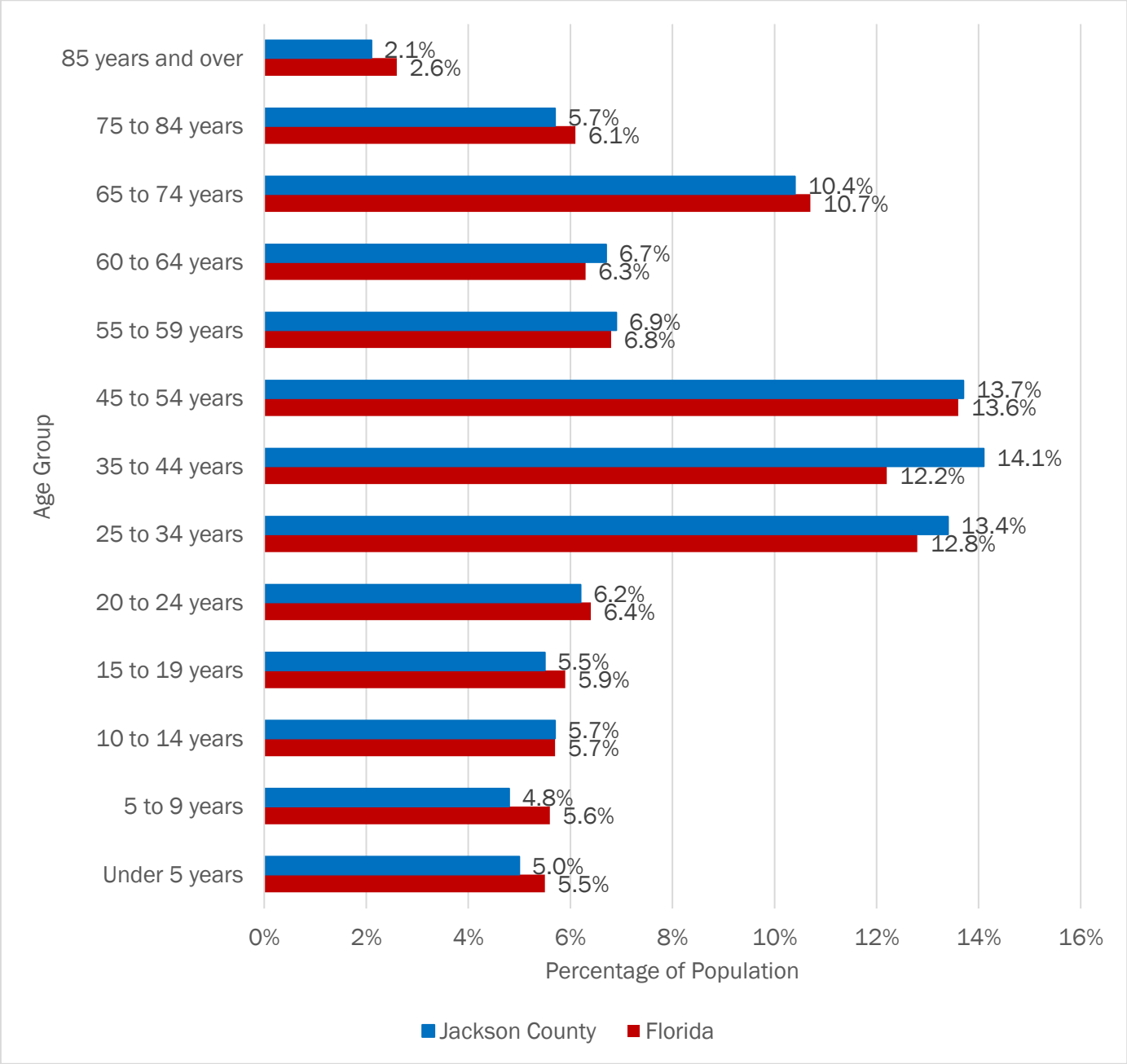
[5] U.S. Census Bureau (2019). *2009-2017 American Community Survey 5-Year Estimates: Table S0101-Age and Sex*. Retrieved from https://factfinder.census.gov

[6] U.S. Census Bureau (2019). *2009-2017 American Community Survey 5-Year Estimates: Table S0101-Age and Sex*. Retrieved from https://factfinder.census.gov

The median age for Jackson County was 41.5 years, with the median male and female ages at 39.8 and 44.5 years, respectively. The median age in Florida was 41.8 years with a median male and female age of 40.6 and 43.6 years.[7]

Figure 6 shows the population distributions of Jackson County and Florida by age. In comparison to Florida, Jackson County has a greater percentage of adults (ages 25-54).[8]

Figure 6. Age Distribution, Jackson County & Florida, 2017



Data Source: 2017 American Community Survey 5-Year Estimates, Table S0101, Age and Sex

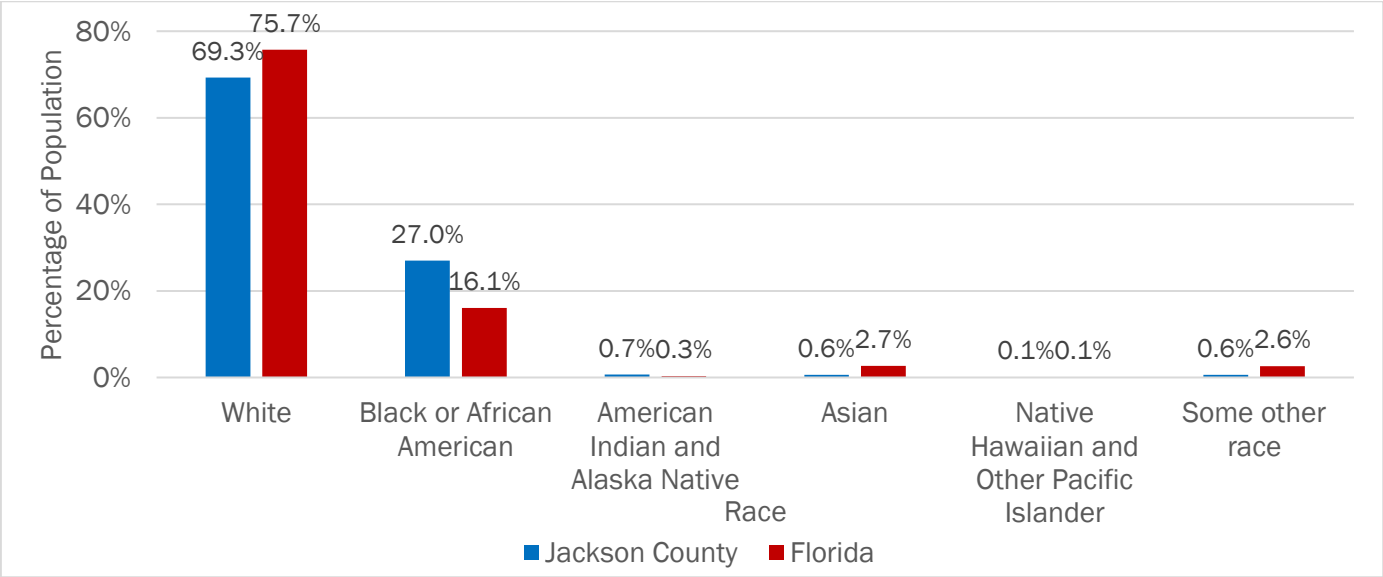
[7] U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table S0101-Age and Sex. Retrieved from https://factfinder.census.gov

[8] U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table S0101-Age and Sex. Retrieved from https://factfinder.census.gov

Race & Ethnicity

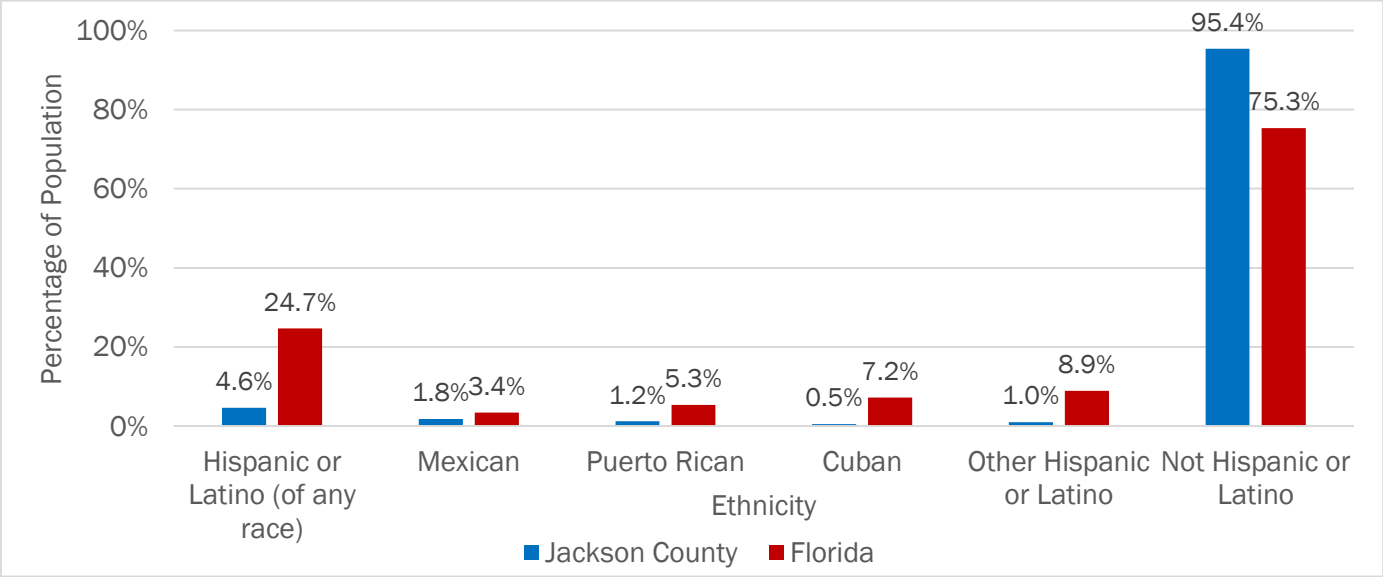
In 2013-2017 the majority of Jackson County's population is White at 69%, similar to Florida at 76%. The second largest racial group is Black or African American, making up 27% of Jackson County's population and 16% of Florida's (Figure 7). A much greater percentage of Florida's population (25%) is Hispanic or Latino compared to Jackson County (5%) (Figure 8).[9]

Figure 7. Population by Race, Jackson County & Florida 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

Figure 8. Population By Ethnicity, Jackson County & Florida, 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table DP05, Demographic and Housing Estimates

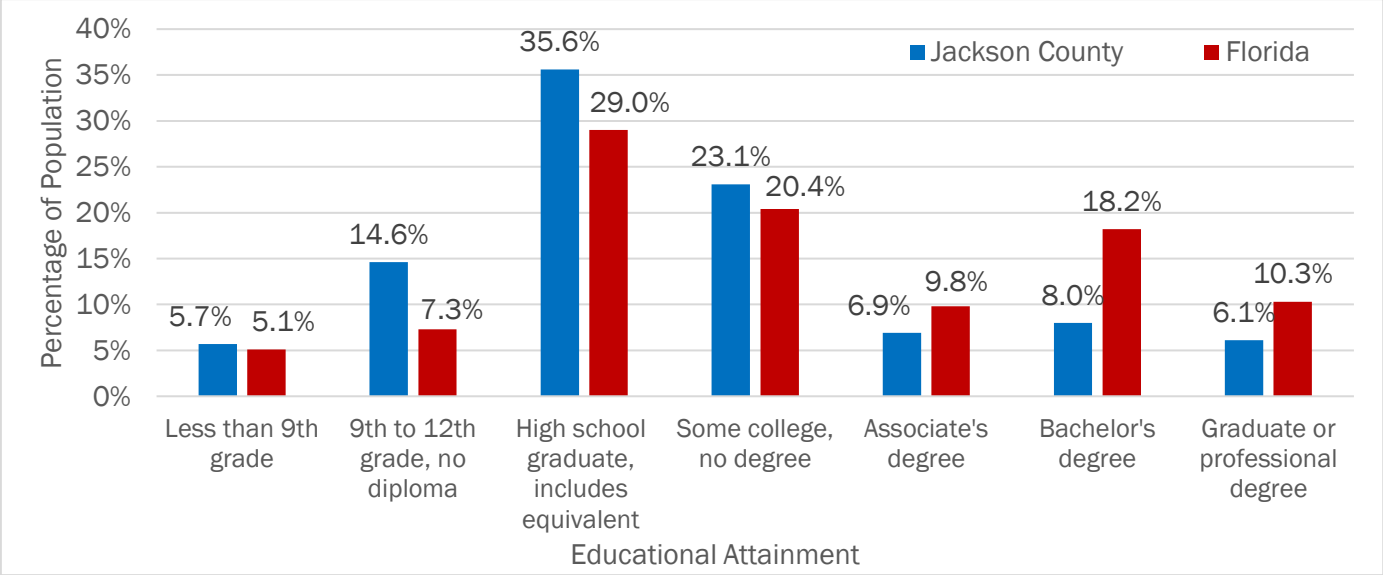
Educational Attainment

A lower percentage (79.7%) of Jackson County's population had a high school degree or higher compared to Florida (87.6%) in 2017. A greater portion of Florida residents (28.5%) had a Bachelor's degree or higher compared to

[9] U.S. Census Bureau (2019). 2013-*2017 American Community Survey 5-Year Estimates: Table DP05-Demographic and Housing Estimates*. Retrieved from https://factfinder.census.gov

Jackson County (14.1%). Jackson County did have a higher percentage (35.6%) of the population that had had a high school diploma or its equivalent in comparison to the state (29%) (Figure 9).[10]

Figure 9. Reported Highest Level of Education Attained, Population 25 Years & Over, Jackson County & Florida, 2017

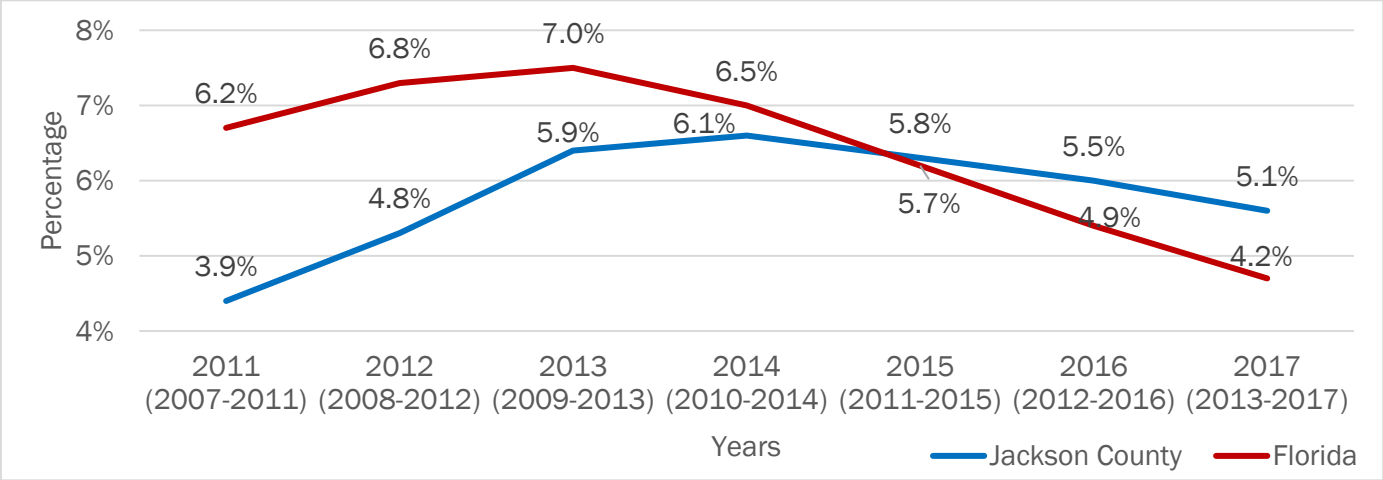


Data Source: 2017 American Community Survey 5-Year Estimates, DP02, Selected Social Characteristics

Employment

Jackson County and Florida followed the same unemployment rate pattern from 2011 to 2017 for the population aged 16 years and over. Unemployment rates rose in Jackson County from 2011 to 2014 and in Florida from 2011 to 2013. But from 2014 to 2017, unemployment rates fell from 6.1% to 5.1% in Jackson County, and from 2013 to 2017, unemployment rates in Florida fell from 7% to 4.2% (Figure 10).[11]

Figure 10. Unemployment Rate, Population 16 Years and Over, Jackson County & Florida, 2011-2017



Data Source: 2011-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

[10] U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table DP02-Selected Social Characteristics.. Retrieved from https://factfinder.census.gov

[11] U.S. Census Bureau (2019). *2011-2017 American Community Survey 5-Year Estimates: Table DP03-Seleted Economic Characteristics*. Retrieved from https://factfinder.census.gov

In 2017, Jackson County had an employed population aged 16 years and over of 18,243 people, and Florida had 9,772,762 people.[12] Similar industries account for the majority of the employed populations in Jackson County and Florida. The top industries in Jackson County, accounted for 55.1% of the labor force, were:

- Educational services, and health care and social assistance (28.1%)
- Retail trade (14.3%)
- Public Administration (12.7%)

Florida's top industry was also educational services, and health care and social assistance (21.0%) followed by:

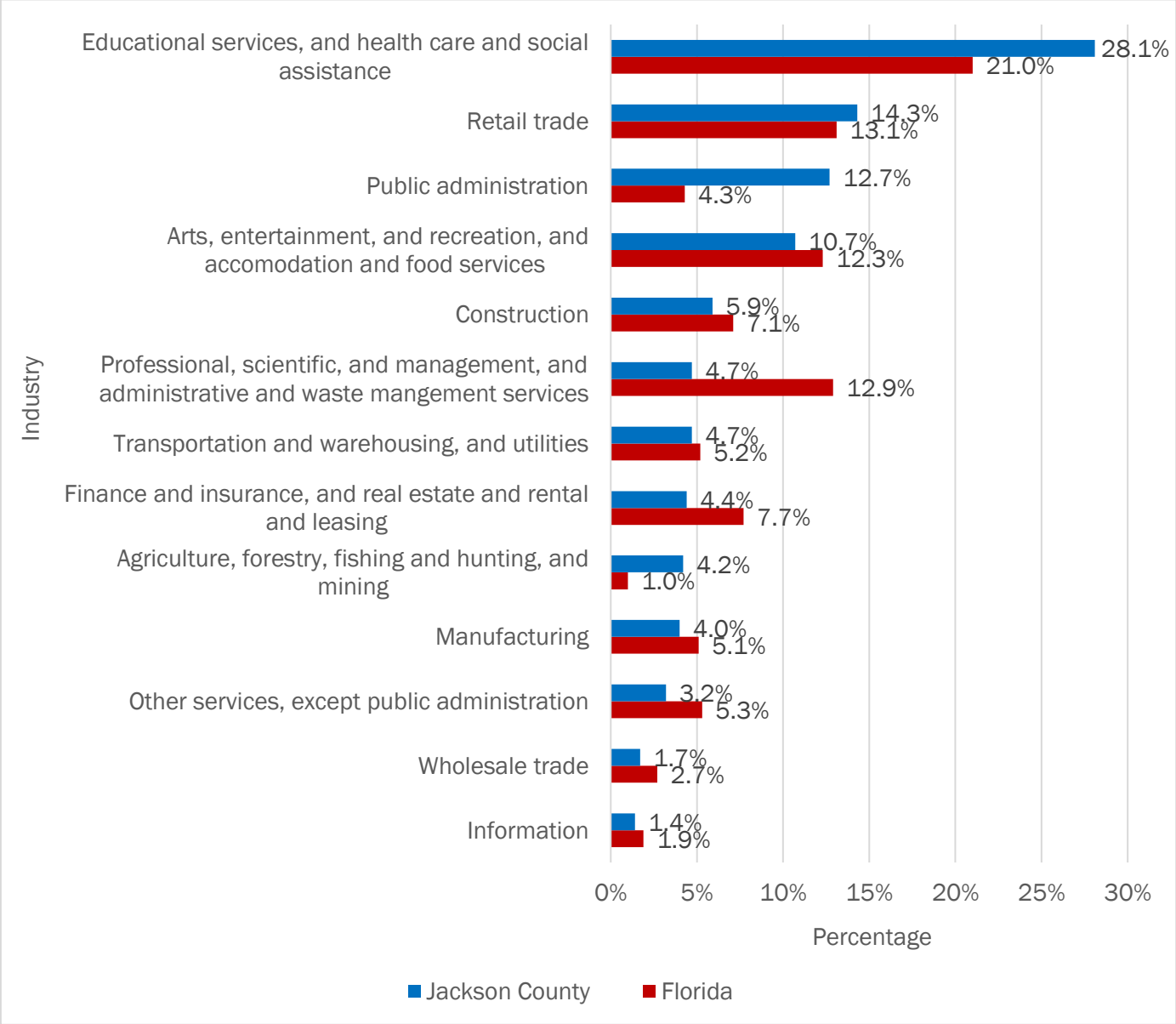
- Retail Trade (13.1%)
- Professional, scientific, and management, and administrative and waste management services (12.9%)

These three industries made up 47.0% of Florida's labor force.[13] Figure 11 shows the industry breakdown for Jackson County and Florida.

[12] U.S. Census Bureau (2019). 2017 American Community Survey 5-Year Estimate: Table DP03-Selected Economic Characteristics. Retrieved from https.://factfinder.census.gov

[13] U.S. Census Bureau (2018). *2017 American Community Survey 5-Year Estimates: Table DP03-Seleted Economic Characteristics*. Retrieved from https://factfinder.census.gov

FIGURE 11. INDUSTRY OF EMPLOYED POPULATION 16 YEARS AND OVER, JACKSON COUNTY & FLORIDA, 2017



Data Source: 2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

Income & Poverty

The largest portion (17.6%) of Jackson County households earned $50,000-$74,999 in income and benefits, and 36.4% of households earned $50,000 or more. Similarly, 18.4% of Florida households earned $50,000-$74,999. A little over half of Florida households made $50,000 or more, which was 14.5 percentage points more than Jackson County (Figure 12).[14]

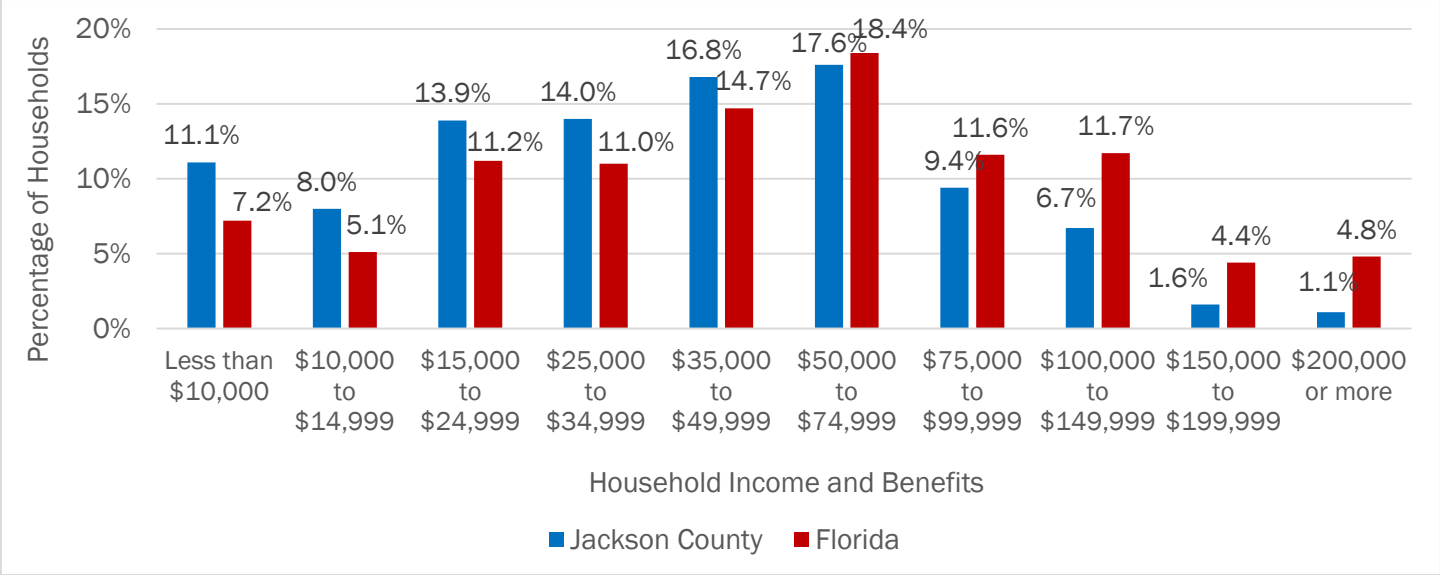
The median and mean household incomes in Jackson County were $36,944 and $48,336, respectively, and per capita income was $18,126. The median and mean household incomes in Florida were $50,883 and $72,993, which were, respectively, $13,939 and $24,657 less than in Jackson County. Florida's per capita income was $28,774, $10,648 greater than Jackson County.[15] The median household size in Jackson County was 2.4 persons,

[14] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

[15] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

resembling Florida's average of 2.6.[16] Figure 13 displays the median household income by ZIP code. Marianna's zip code, 32448, has the lowest household median income between $25,000-$33,111. Alford's zip code, 32420, has the highest household median income between $44,421-$86,380.

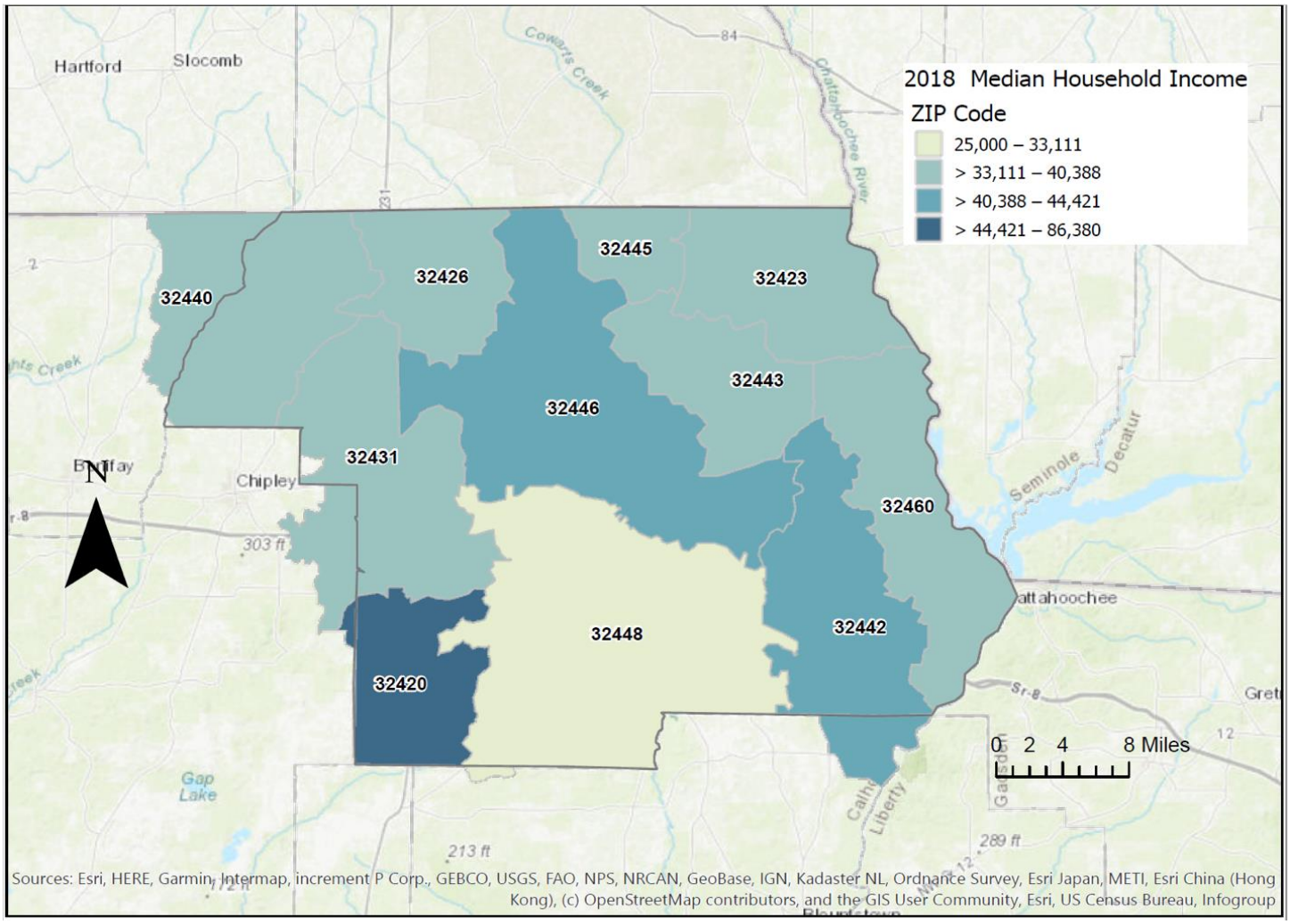
Figure 12. Household Income/Benefits (2017 Inflation-Adjusted Dollars), Jackson County & Florida, 2013-2107



Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

[16] U.S. Census Bureau (2018). 2008-2017 American Community Survey 5-Year Estimated: Table DP02-Selected Social Characteristics.. Retrieved from https://factfinder.census.gov

Figure 13. Median Household Income by Zip, Jackson County 2018

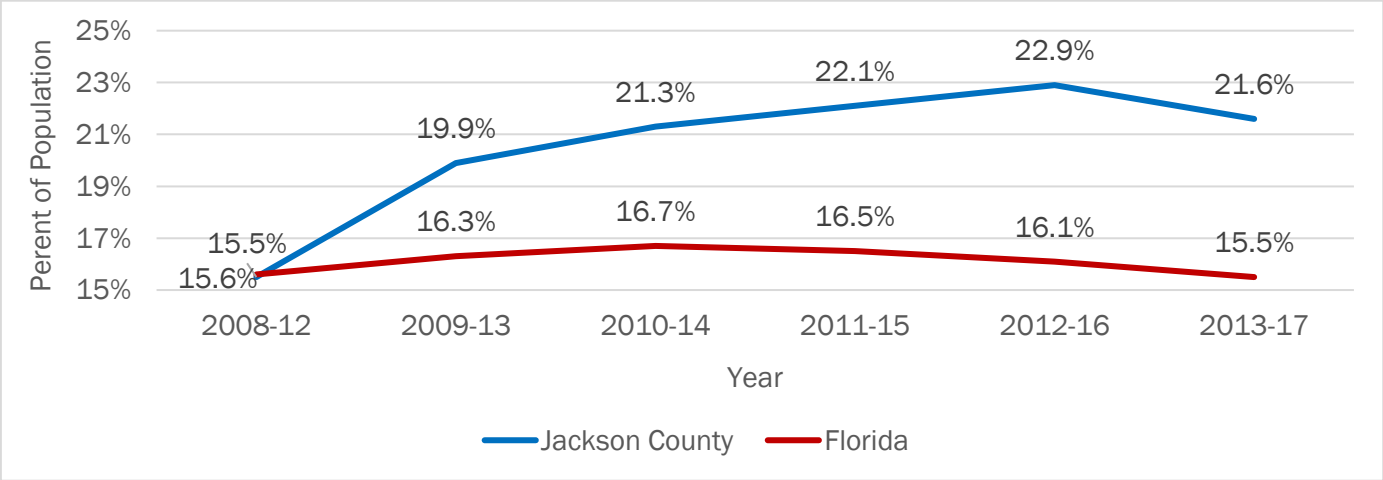


Data Source: Esri ArGIS, 2019

In Jackson County, the percentage of families and people whose income in the past 12 months was below the poverty level has increased by 7.4% from 2008-2012 to 2012-2016 and decreased by 1.3% from 2012-2016 to 2013-2017.[17] Compared to Florida, Jackson County has a higher percentage of individuals below the poverty level (Figure 14).

[17] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

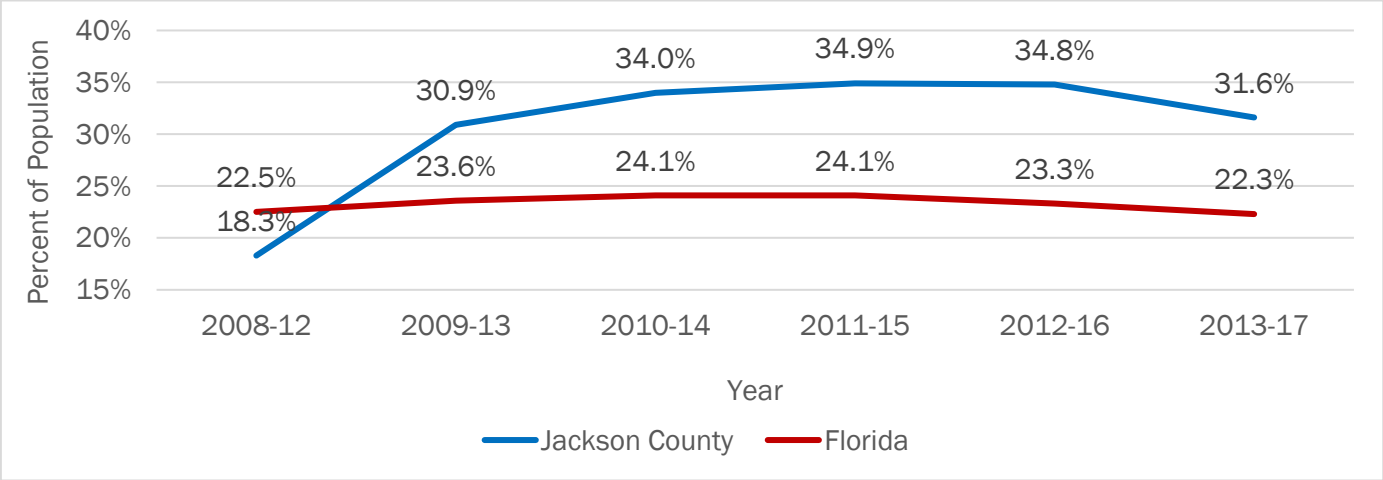
Figure 14. Percentage of Families and People Whose Income In The Past 12 Months Is Below The Poverty Level, Jackson County & Florida, 2012-2017



Data Source: 2012-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

The poverty level of individuals under 18 years of age has increased in Jackson County by 16.6% from 2008-2012 to 2011-2015 and then decreased by 3.3% from 2011-2015 to 2013-2017.[18] Compared to the percentages in Florida, Jackson County has a higher percentage of children under 18 years old whose income in the past 12 months is below the poverty level (Figure 15).

Figure 15. Percentage of under 18 Year olds Whose Income In The Past 12 Months Is Below The Poverty Level, Jackson County & Florida, 2012-2017

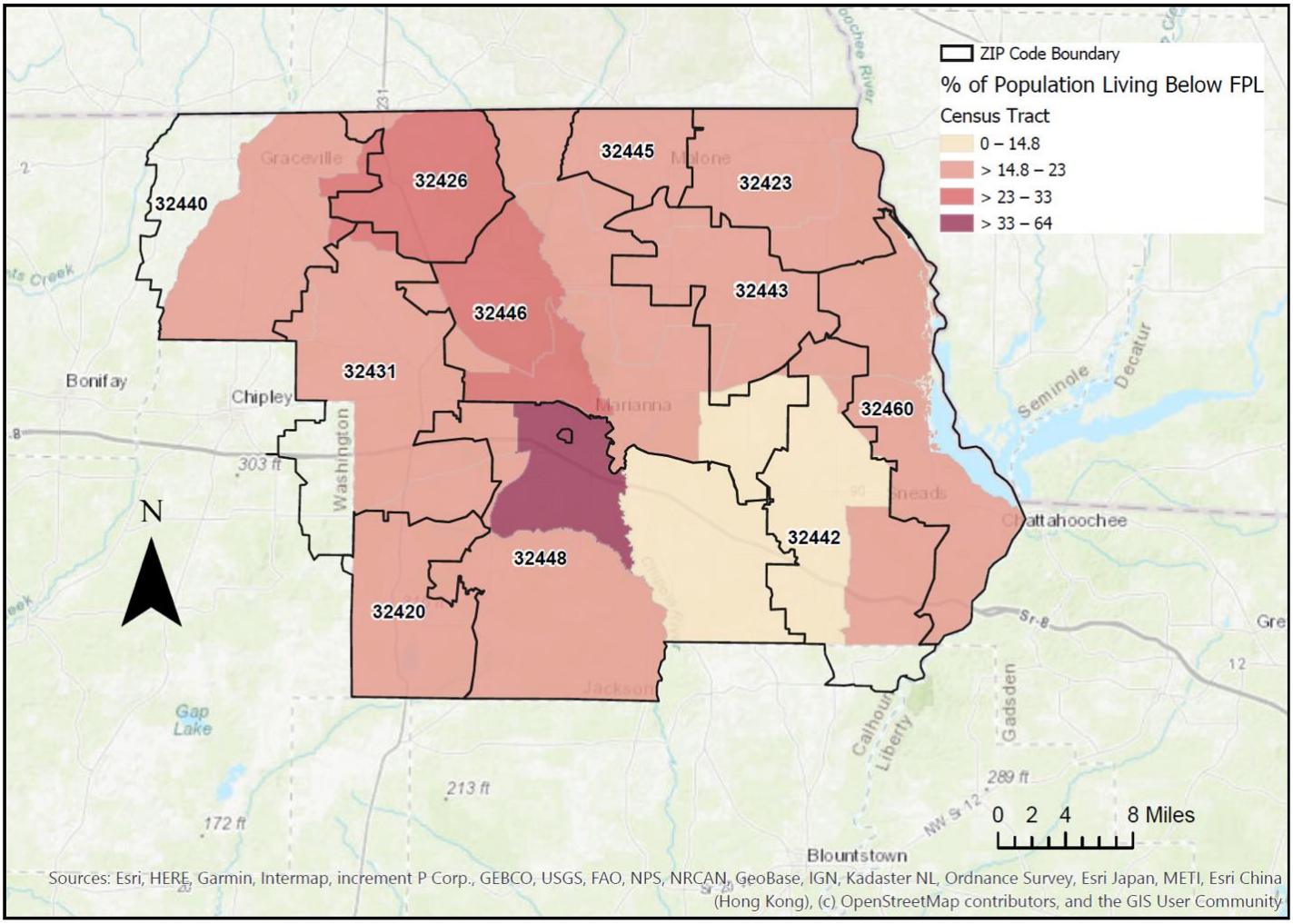


Data Source: 2012-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

[18] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

Figure 16 displays the distribution of the population in Jackson County that are living below the federal poverty level by Census tract. The northern quadrant of the Marianna zip code, 32448, has the highest percentage of the population living below the federal poverty level. The eastern quadrant of the Marianna zip code, 32448, and the western quadrant of Grand Ridge, 32442, have the lowest percentage of the population living below the federal poverty level.

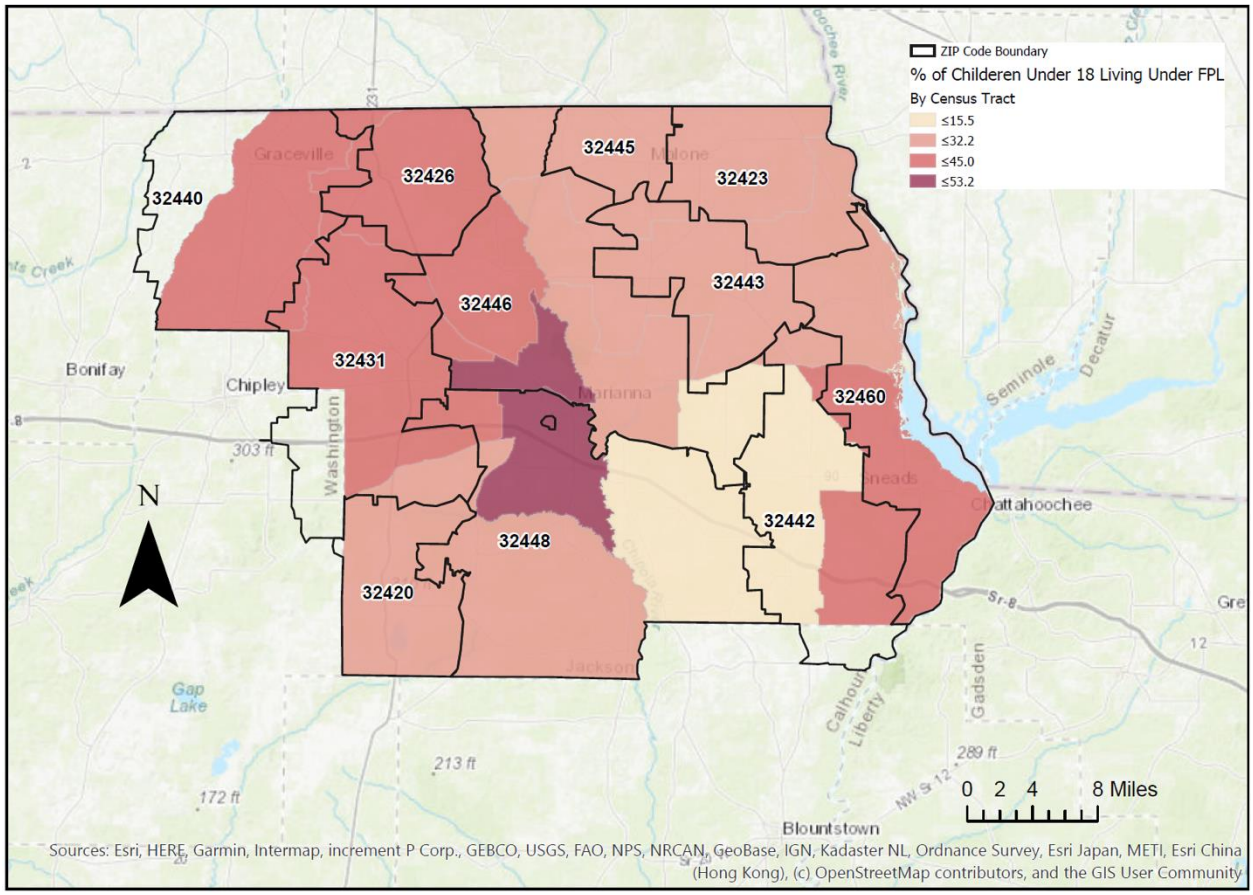
Figure 16. Percent of Population Living Below the Federal Poverty Level, Jackson County, 2017



Data Source: Esri ArcGIS 2019 & American Community Survey 2013-2017 5-Year Estimates.

Figure 17 represents the distribution of the population under 18 in Jackson County that is living below the federal poverty level. The highest percentage of children living in poverty are located in the western portion of the county, in the 32426, 32431 and 32448 zip codes followed by the eastern portion of the county in the 32460 zip code.

Figure 17. Percentage of the Population Under 18 Living under the federal poverty level by census tract, Jackson county, 2017



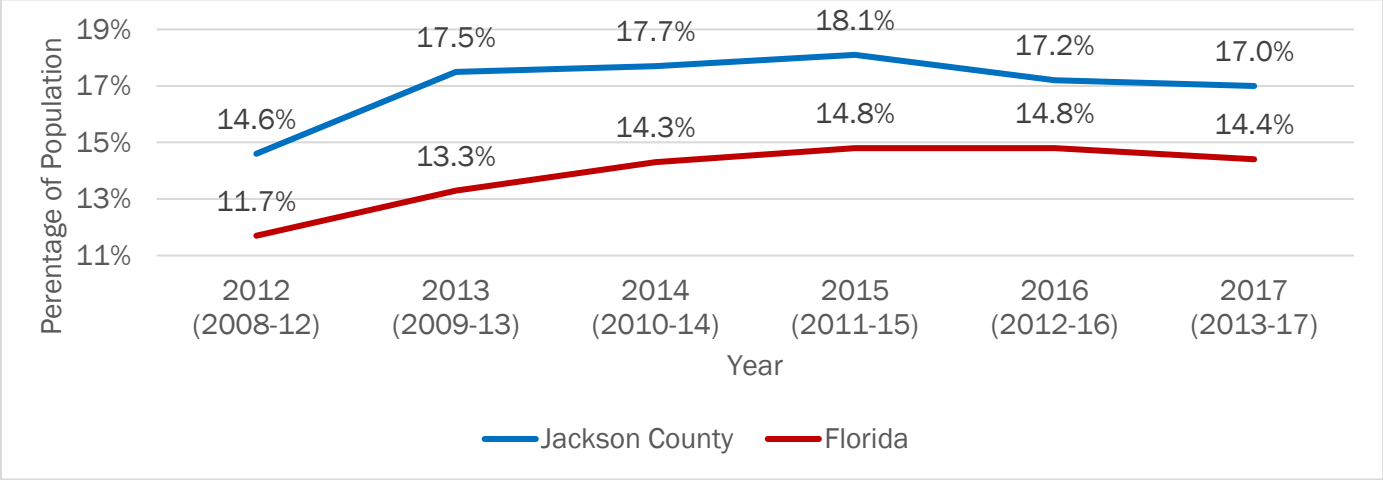
Data Source: Esri ArcGIS 2019 & The American Community Survey, 2013-2017, 5-year Estimates

Public Assistance

In Jackson County, the percentage of total households with food stamps/SNAP benefits in the past 12 months has increased by 3.5% from 2012 to 2015 and decreased by 1.1% from 2015 to 2017.[19] Overall the percentage of households relying on food stamps/SNAP is higher in Jackson County than in Florida (Figure 18).

[19] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimates: Table DP03-Selected Economic Characteristics*

Figure 18. Total Households With Food Stamp/SNAP benefits* in the past 12 months

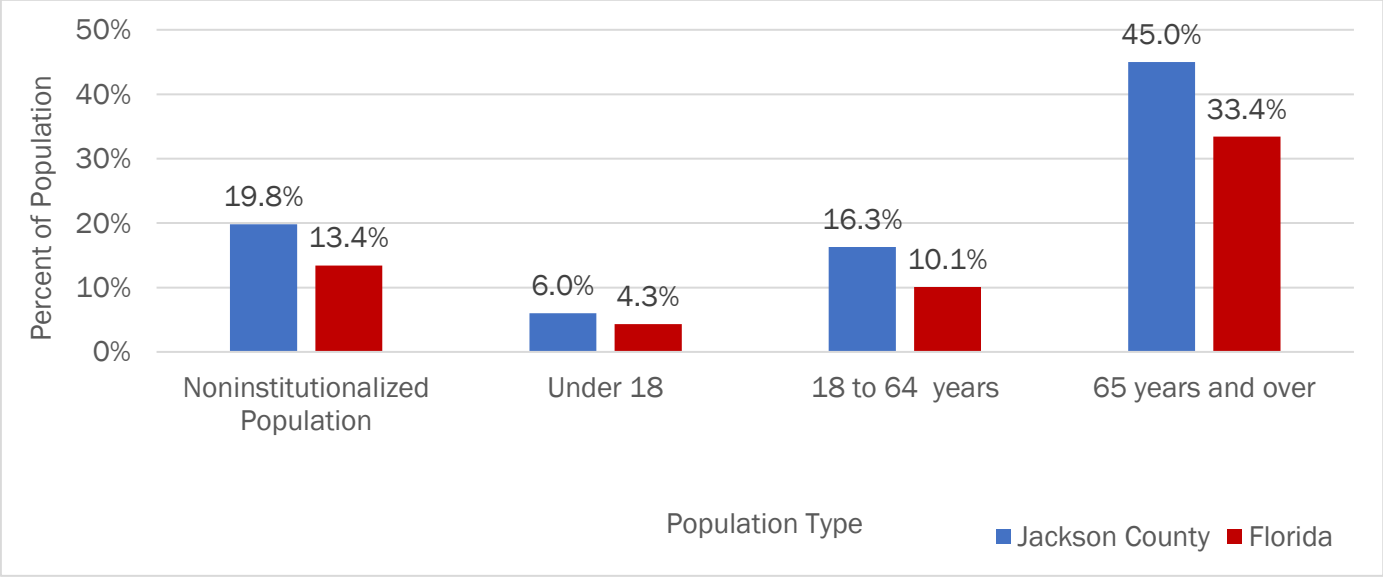


Data Source: 2012-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics
*Florida Charts references as Food Stamp/SNAP benefits

Disability

In Jackson County, 19.8% of the noninstitutionalized population had a disability in 2017, which was 6.4 percentage points higher than in Florida. The U.S. Census Bureau defines disability as "a long-lasting physical, mental or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business."[20] Across all age groups, a greater portion of Jackson County's population had a disability in comparison to Florida. The percentage of adults 65-years and over with a disability status is 11.6 percentage points higher than Florida (Figure 19).[21]

Figure 19. Disability Status of the Civilian Noninstitutionalized Population, Jackson County & Florida, 2017



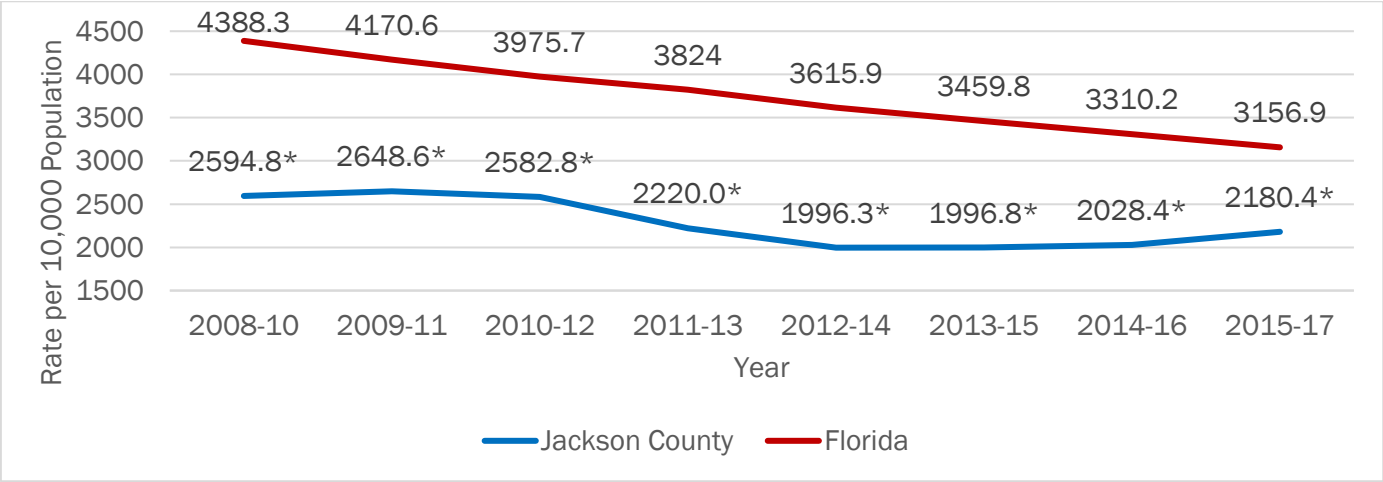
Data Source: 2017 American Community Survey 5-Year Estimates, DP02, Selected Social Characteristics

[20] U.S. Census Bureau (n.d.). FactFinder Glossary. Retrieved from https://factfinder.census.gov
[21] U.S. Census Bureau. 2017 American Community Survey 5-Year Estimates: Table DP02-Selected Social Characteristics

Crime

Index crimes—comprising aggravated assault, burglary, larceny, motor vehicle theft, murder, robbery, and sexual offenses—track the number of offenses reported to law enforcement and not the arrests for the given crimes.[22] From 2008-2010 to 2015-2017, Jackson County index crimes decreased by 16.0%. By comparison, index crimes in Florida decreased by 28.1% during the same period (Figure 20).[23]

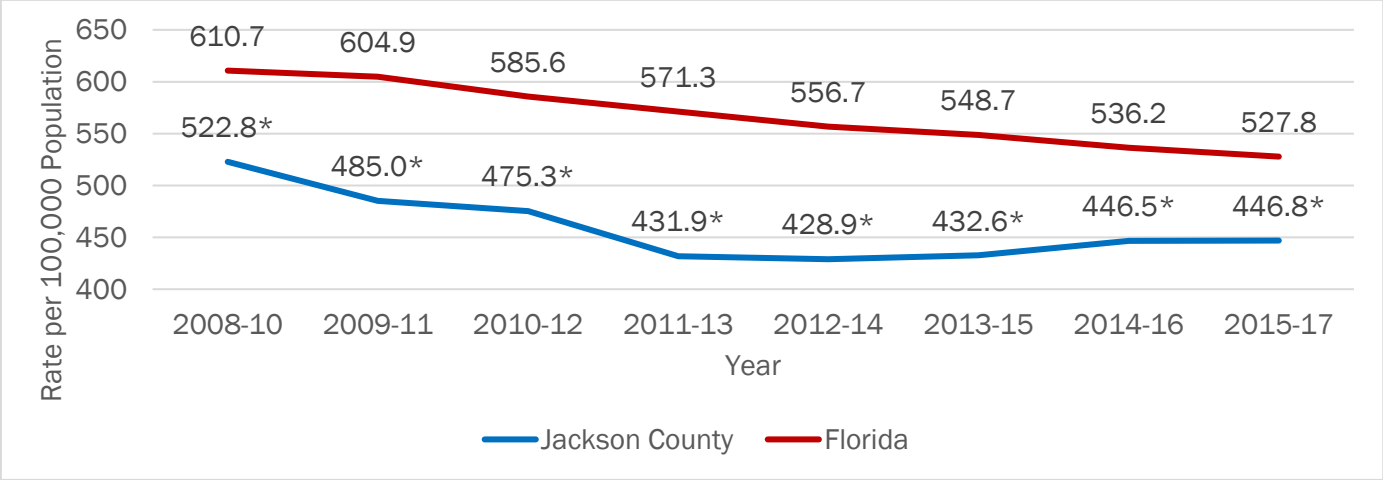
Figure 20. Incidence of Index Crimes, Jackson County & Florida, 3-Year Rolling Rate, 2008-2017



* Indicates the county rate is statistically significantly different from the statewide rate.
Data Source: Florida Health CHARTS, Index Crimes

Overall, Jackson County has a lower incidence of domestic violence offenses than Florida. The incidence of domestic violence offenses in Jackson County decreased 14.5% from 2008-2010 to 2015-2017, compared to a 13.6% decrease in Florida during the same period (Figure 21).[24]

Figure 21. Incidence of Domestic Violence Offenses, Jackson County & Florida, 3-Year Rolling Rate, 2008-2017



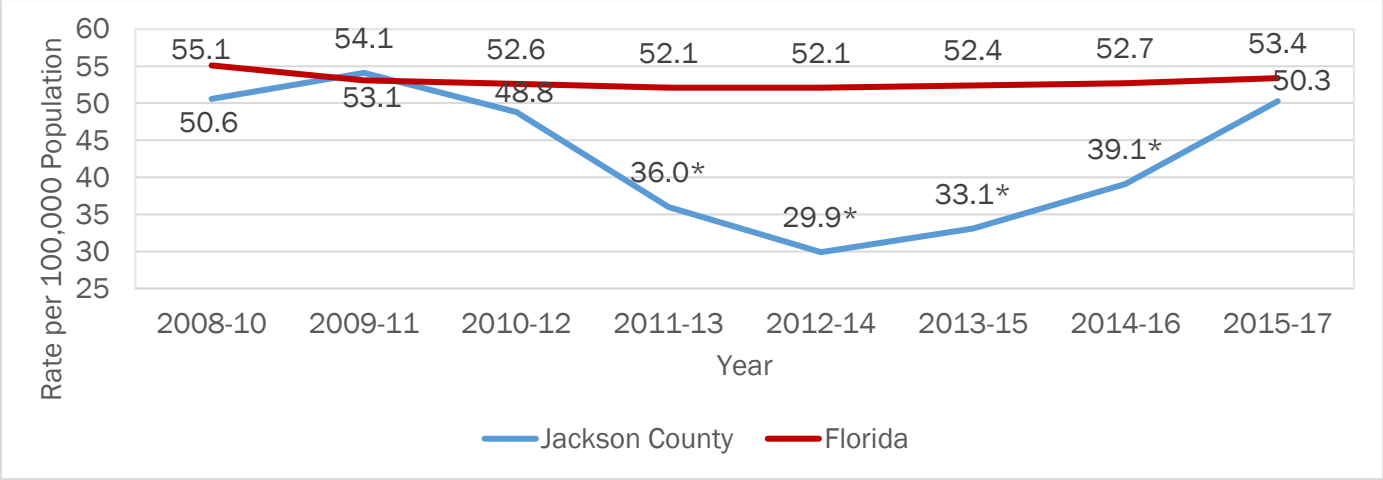
* Indicates the county rate is statistically significantly different from the statewide rate.
Data Source: Florida Health CHARTS, Total Domestic Violence Offenses

The incidence of forcible sex offenses in Jackson County declined by 44.7% from 2009-11 to 2012-14, but rose by 68.2% from 2012-2014 to reach 50.3 offenses per 100,000 population by 2015-2017. Florida experienced a 5.4%

[22] Florida Department of Law Enforcement (2019=6). *Crime in Florida—Jackson County*. Retrieved from http://www.fdle.state.fl.us/FSAC/County-Profiles/Jackson.aspx
[23] Florida Department of Health (2019). *Index Crimes*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[24] Florida Department of Health (2019). *Total Domestic Violence Offenses*. Retrieved from http://www.flhealthcharts.com/

decrease in forcible sex offenses from 2008-2010 to 2012-2014, before experiencing a 2.5% increase from 2012-2014 to 2015-2017 (Figure 22).[25]

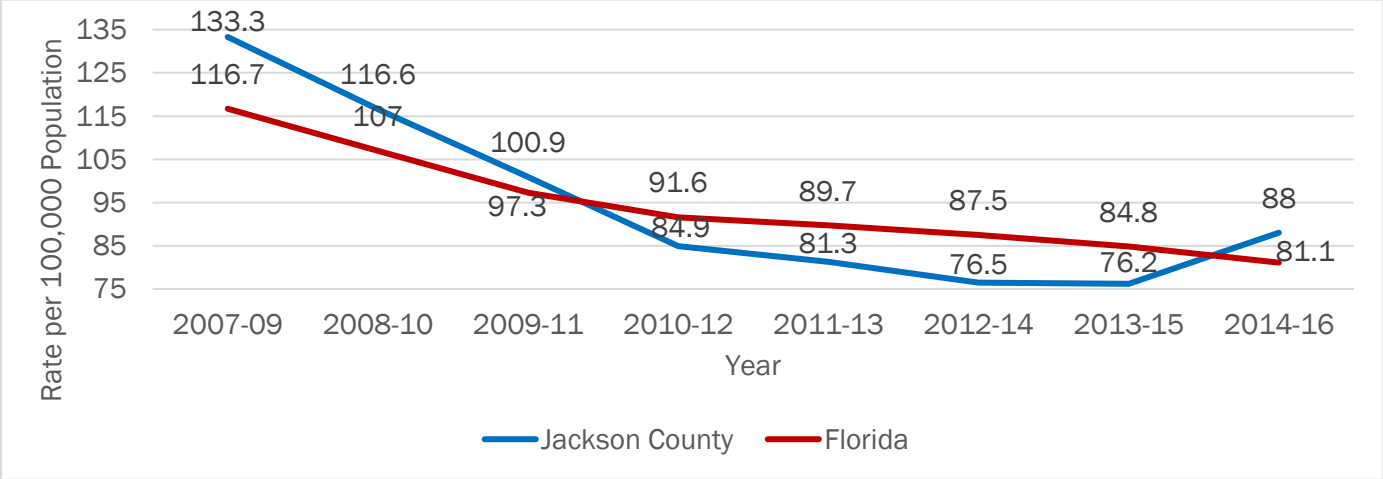
Figure 22. Incidence of Forcible Sex Offenses, Jackson County & Florida, 3-Year Rolling Rate, 2008-2017



* Indicates the county rate is statistically significantly different from the statewide rate.
Data Source: Florida Health CHARTS, Forcible Sex Offenses

Alcohol-suspected motor vehicle traffic crashes in Jackson County declined by 42.8% from 2007-2009 to 2013-2015 before rising by 15.5% from 2013-15 to 2014-16. Florida experienced a 30.5% decrease in incidence from 2007-2009 to 2014-2016. Between 2010-2012 and 2013-2015, Jackson County's incidence rate was below Florida's rate (Figure 23).[26]

Figure 23. Alcohol-Suspected Motor Vehicle Traffic Crashes Incidence, Jackson County & Florida, 3-Year Rolling Rate, 2007-2016



Data Source: Florida Health CHARTS, Alcohol-Suspected Motor Vehicle Traffic Crashes

[25] Florida Department of Health (2019). *Forcible Sex Offenses*. Retrieved from http://www.flhealthcharts.com/

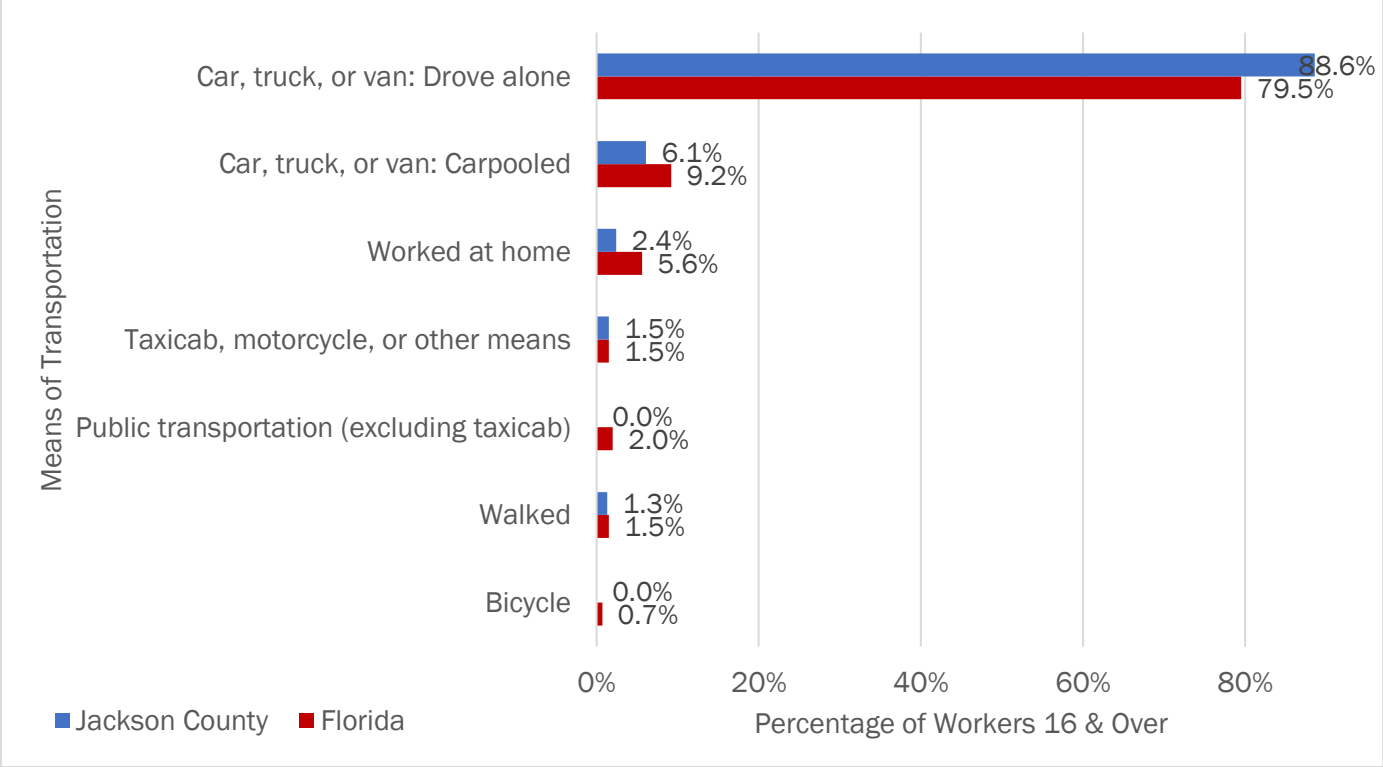
[26] Florida Department of Health (2019). *Alcohol-Suspected Motor Vehicle Traffic Crashes*. Retrieved from http://www.flhealthcharts.com/

PHYSICAL ENVIRONMENT

Transportation

Jackson County and Florida residents used similar means of commuting to work from 2013 to 2017. The majority of residents traveled by car. Of the 16,062 workers in Jackson County, 89% drove alone compared to 80% of the 8,907,171 workers in Florida. Less than 10% of workers carpooled in both Jackson County and Florida. In Jackson County, 1.3% of workers walk or bike during their commute, compared to 2.2% of workers across Florida. No Jackson County residents used public transportation compared to 2.0% of Florida residents (Figure 24).[27]

Figure 24. Means of Transportation to Work, Workers 16 & Over, Jackson County & Florida, 2013-2017



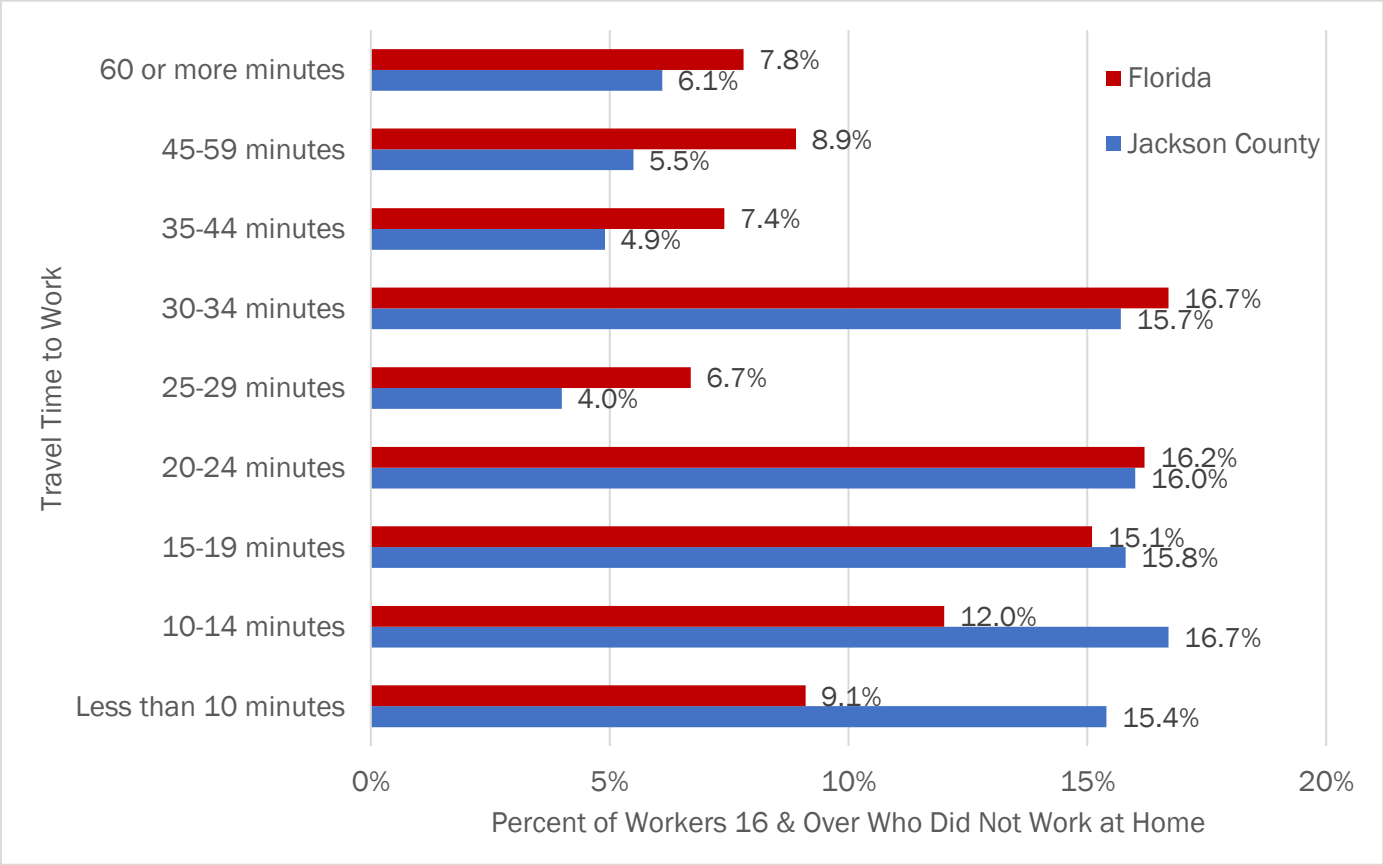
Data Source: 2013-2017 American Community Survey 5-Year Estimates, S0801, Selected Housing Characteristics

Jackson County workers tended to have shorter travel times to work than Florida workers from 2013 to 2017. In Jackson County, 48% of workers over the age of 16 spent less than 20 minutes commuting compared to 36% in Florida. Only 17% of Jackson workers had commutes of over 35 minutes, in comparison to 24% of Floridians (Figure 25).[28]

[27] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimates: Table S0801: Means of Transportation to Work*. Retrieved from https://factfinder.census.gov

[28] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimates: Table S0801: Travel Time to Work*. Retrieved from https://factfinder.census.gov

FIGURE 25. TRAVEL TIME TO WORK, WORKERS 16 YEARS & OVER WHO DID NOT WORK AT HOME, JACKSON COUNTY & FLORIDA, 2013-2017



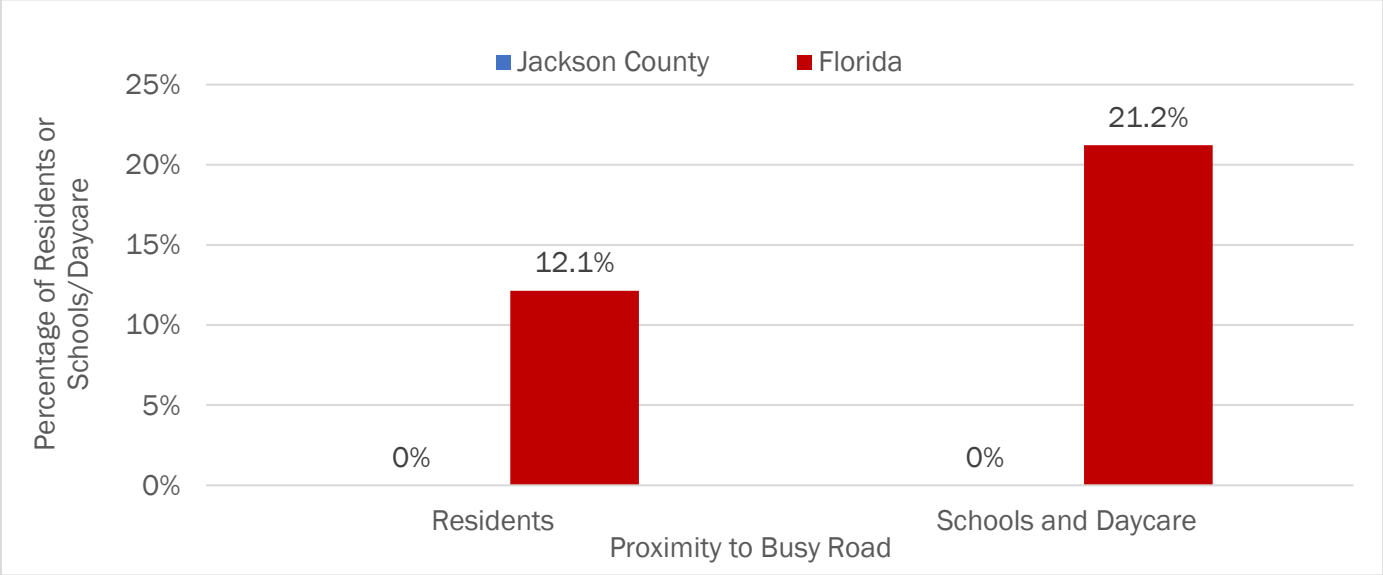
Data Source: 2013-2017 American Community Survey 5-Year Estimates, S0801, Selected Housing Characteristics

Proximity to Hazards and Resources

Studies show that disadvantaged populations experience higher exposure to traffic-related air pollution than those with greater means.[29] In 2016, there were no Jackson County residents that lived within 500 feet of a busy road compared to 12% of Floridians. Jackson County has a lower percentage of schools within 500 feet of a busy road (0%) than the Florida average (21%) (Figure 26).

[29] Boehmer, Foster, Henry, Woghiren-Akinnifesi, & Yip. (2013). *Morbidity and Mortality Weekly Report: Residential Proximity to Major Highways – United States, 2010.* Centers For Disease Control and Prevention.

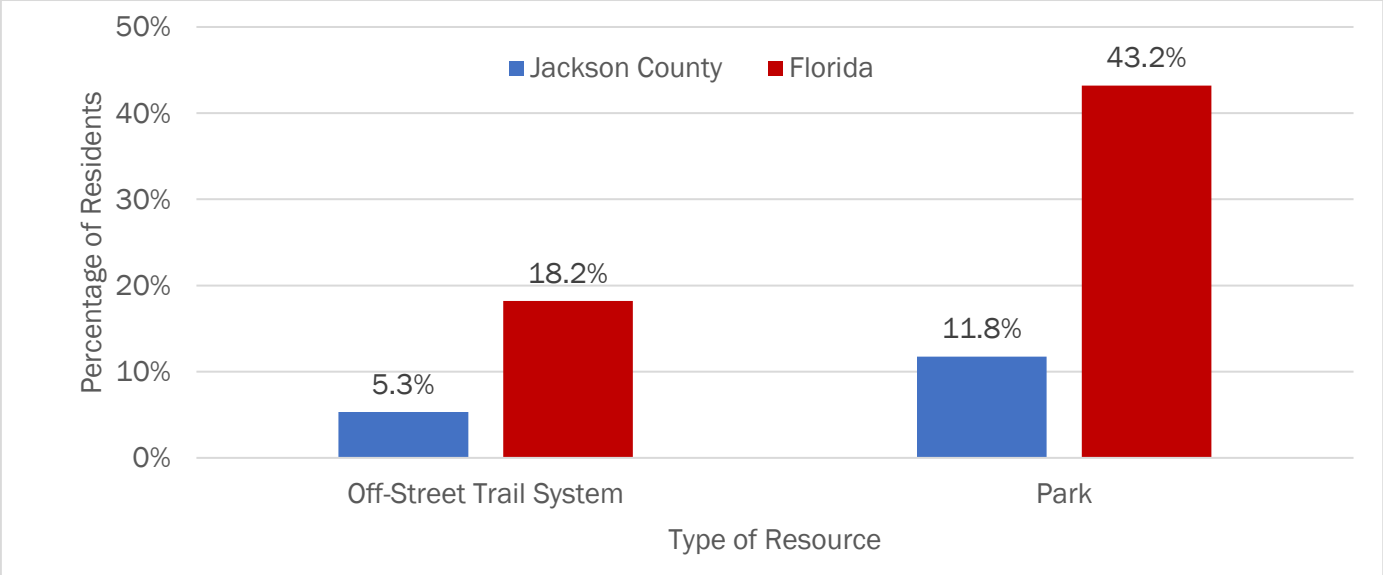
Figure 26. Residents and Schools within 500 feet of a Busy Road, Jackson County & Florida, 2016



Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

In 2016, 5.3% of Jackson County residents lived within a half mile of an off-street trail system, compared to 18% of Floridians. Only 11.8% of Jackson residents lived within a half mile of a park, compared to 43% in Florida (Figure 27).

Figure 27. Residents Living Within a Ten-Minute Walk (1/2 Mile) of an Off-Street Trail or Park, Jackson County & Florida, 2016



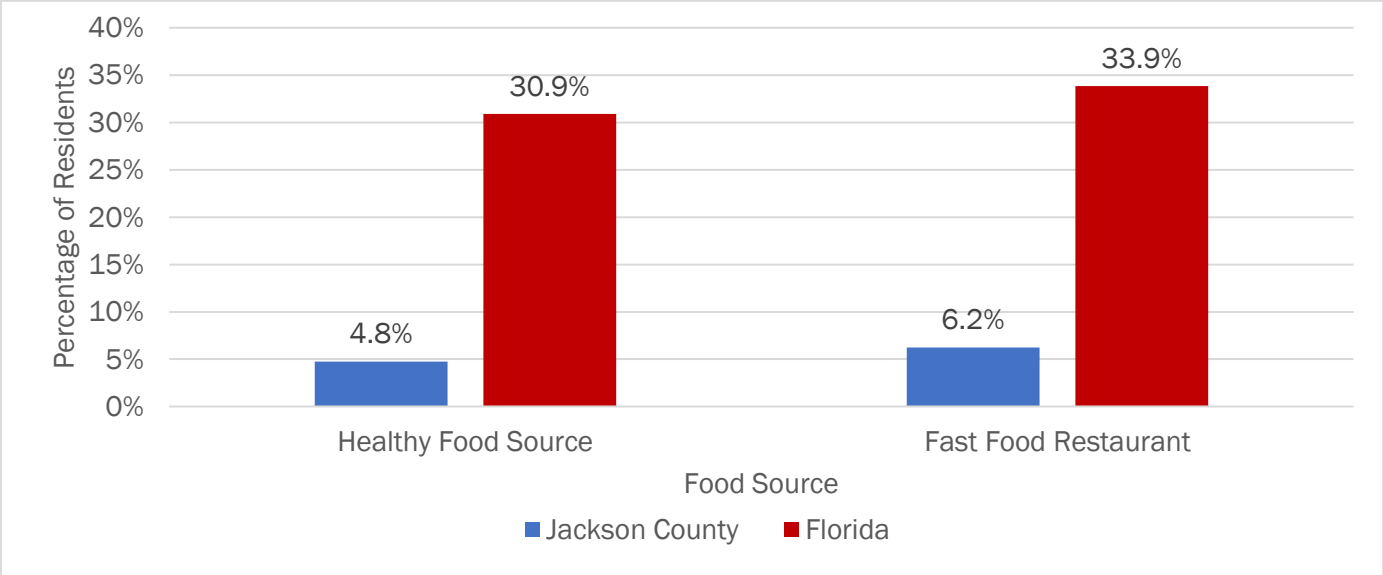
Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

Figure 28 shows the percentage of residents living within a ten-minute walk of a healthy food source or a fast food restaurant. In 2016, only 4.8% of Jackson County residents lived within a half-mile—or a ten-minute walk—of a healthy food source compared to almost 31% of Floridians. A healthy food source is defined as grocery stores, supermarkets, and registered produce stands where residents have access to a variety of foods including fresh fruits and vegetables.[30] In 2016, 6.2% of Jackson residents lived within a half mile of a fast food restaurant

[30] Florida Environmental Public Health Tracking (2019). *Built Environment*. Retrieved from https://www.floridatracking.com/healthtracking/Topic.htm?i=14

compared to 33.9% in Florida. Fast food restaurants are defined as inexpensive and convenient food options with high caloric content.[31]

Figure 28. Residents Living Within a Ten Minute Walk (1/2) Mile of a Healthy Food Source or Fast Food Restaurant, Jackson County & Florida, 2016



Data Source: FDOH Environmental Public Health Tracking, www.floridatracking.com

Housing Conditions

Housing is an important social determinant of health because people spend a great portion of time inside their homes. Homes built before 1978 are more likely to have issues such as lead, mold, and a lack of smoke and carbon monoxide detectors, all of which pose serious risks to health.[32] During 2013-2017 the estimated total housing units in Jackson County and Florida were 21,060 and 9,259,684, respectively. Of these units, 50.4% and 38.9% were built before 1979 (Figure 29). Only 0.3% of Jackson County's 17,041 occupied units and 0.3% of Florida's 7,510,882 occupied units lacked complete plumbing facilities.[33] The U.S. Census Bureau defines complete plumbing facilities as containing hot and cold running water, a flush toilet, and a bathtub or shower.[34]

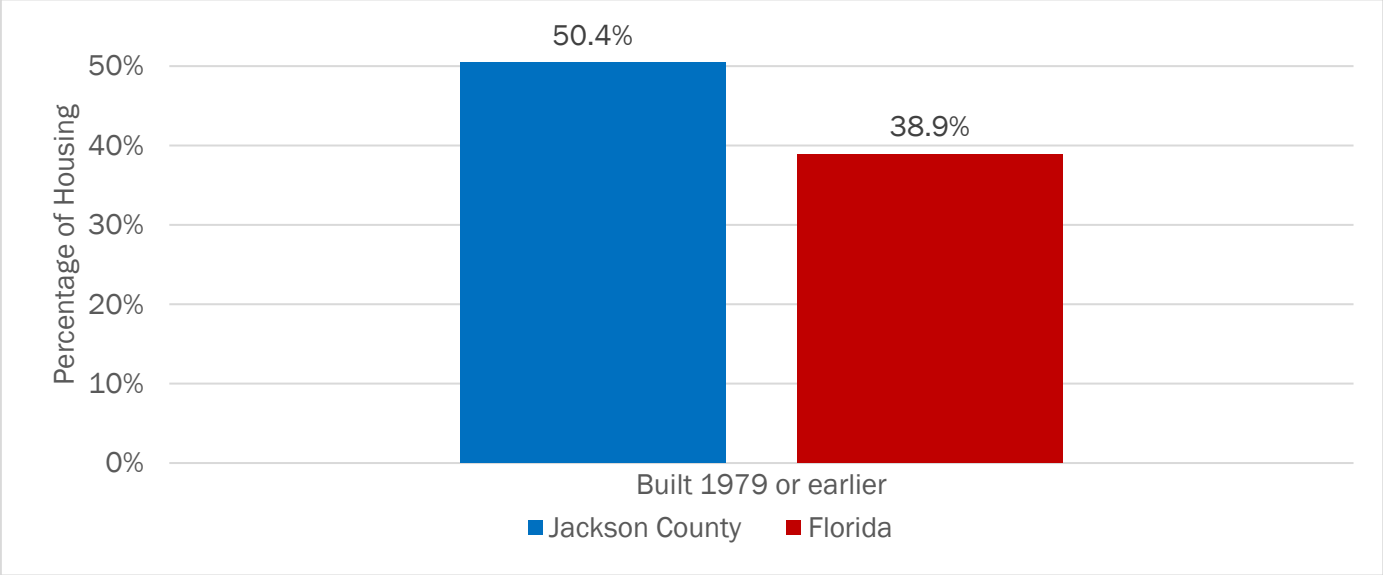
[31] Florida Environmental Public Health Tracking (2019). *Built Environment*.

[32] Florida Department of Health (2018). *Housing*. Retrieved from Florida Environmental Public Health Tracking: https://www.floridatracking.com/

[33] U.S. Census Bureau (2019). 2013-*2017 American Community Survey 5-Year Estimate: Table DP04, Selected Hosing Characteristics* [Data file]. Available from https://factfinder.census.gov

[34] United States Census Bureau (2015, May 29). *Plumbing and Kitchen Facilities in Housing Units*. Retrieved from Plumbing and Kitchen Facilities in Housing Units: https://www.census.gov/library/working-papers/2015/acs/2015_Raglin_01.html

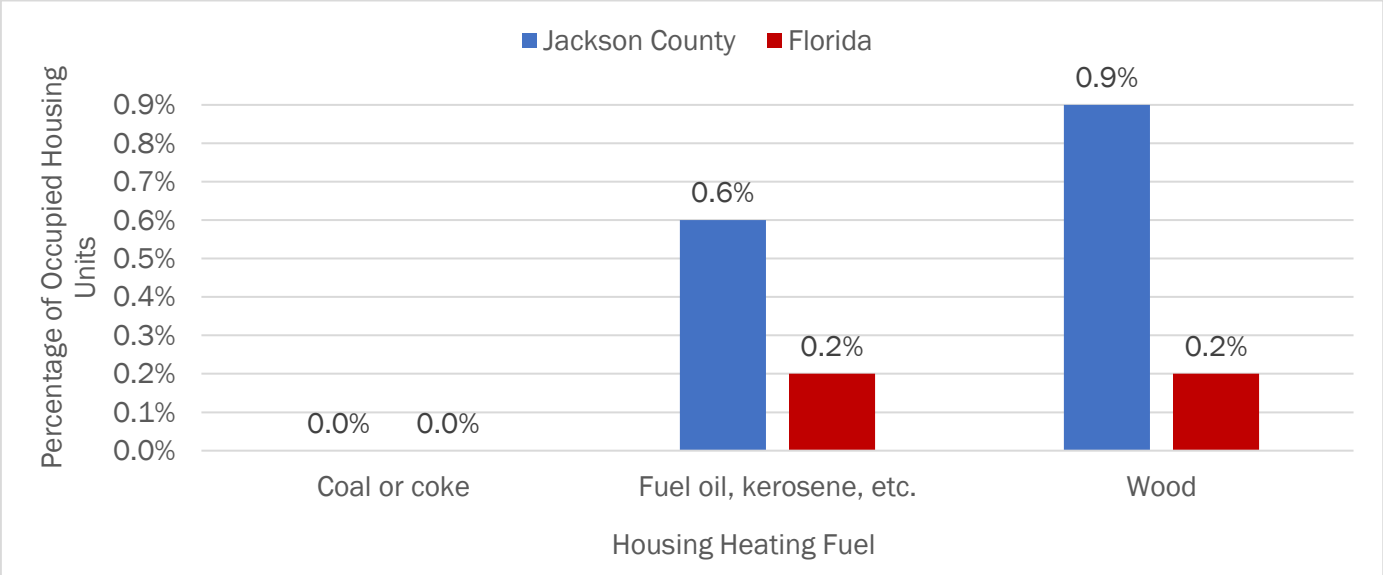
Figure 29. Housing Units Builts 1979 Or Earlier, Jackson County & Florida, 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

Few occupied homes use heating fuel other than electricity or gas in Jackson County and Florida. In Jackson County, 0% used coal or coke; 0.6% (99 households) used fuel oil, kerosene, etc.; 0.9% (155 households) used wood. In Florida, by comparison, 0% of heating fuel was coal or coke; 0.2% fuel oil, kerosene, etc.; and 0.2% wood (Figure 30).[35]

Figure 30. Housing Heating Fuel, Jackson County & Florida, 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, DP04, Selected Housing Characteristics

Hurricane Michael Recovery Information

The state of Florida received a $1,280,925 grant from FEMA's Public Assistance program to help Jackson County with reimbursement for the costs of emergency protective measures. Emergency protective measures are actions that are taken to remove immediate threats to public health and safety and can include evacuation and sheltering, search and rescue as well as installing emergency road signs. [36]

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[35] U.S. Census Bureau. 2013-*2017 American Community Survey 5-Year Estimate: Table DP04, Selected Housing Characteristics*

[36] FEMA (2019). New Release April 29, 2019. Retrieved from: https://www.fema.gov/news-release/2019/04/29/fema-awards-13-million-jackson-county-hurricane-michael-expenses

HEALTH OUTCOMES

County Health Rankings

County Health Rankings & Roadmaps, produced by the University of Wisconsin and Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and provide a comparison of counties within the same state. Two major categories exist for County Health Rankings: health outcomes and health factors. Health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.[37]

The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.[38]

In 2019, Jackson County ranked 57th out of 67 Florida counties in health outcomes, which reflects length of life and quality of life, and 56th in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 63rd), clinical care (ranked 39th), social and economic factors (ranked 48th), and physical environment (ranked 63rd). Table 1 lists the four topics, along with the types of indicators included within each and the corresponding ranking for Jackson County. The table also shows whether Jackson County's 2019 rank improved or worsened from 2018.

Table 1. Jackson County Health Rankings, 2019

Health Outcomes (57th) ↓	**Length of Life:** 56th out of 67 ↓			
	Quality of Life: 60th out of 67 →			
Health Factors (56th) ↓	**Health Behaviors**	**Clinical Care**	**Socioeconomic**	**Physical Environment**
	Tobacco Use Diet & Exercise Alcohol & Drug Use Sexual Activity	Access to Care Quality of Care	Education Employment Income Family & Social Support Community Safety	Air & Water Quality Built Environment
	Jackson Rank: 63rd ↓	Jackson Rank: 39th ↓	Jackson Rank: 48th ↓	Jackson Rank: 63rd ↑

Data Source: County Healthy Rankings, 2019. Symbol meanings: ↑ means rank improved from previous year, ↓ rank worsened from previous year, and → rank stayed the same from previous year.

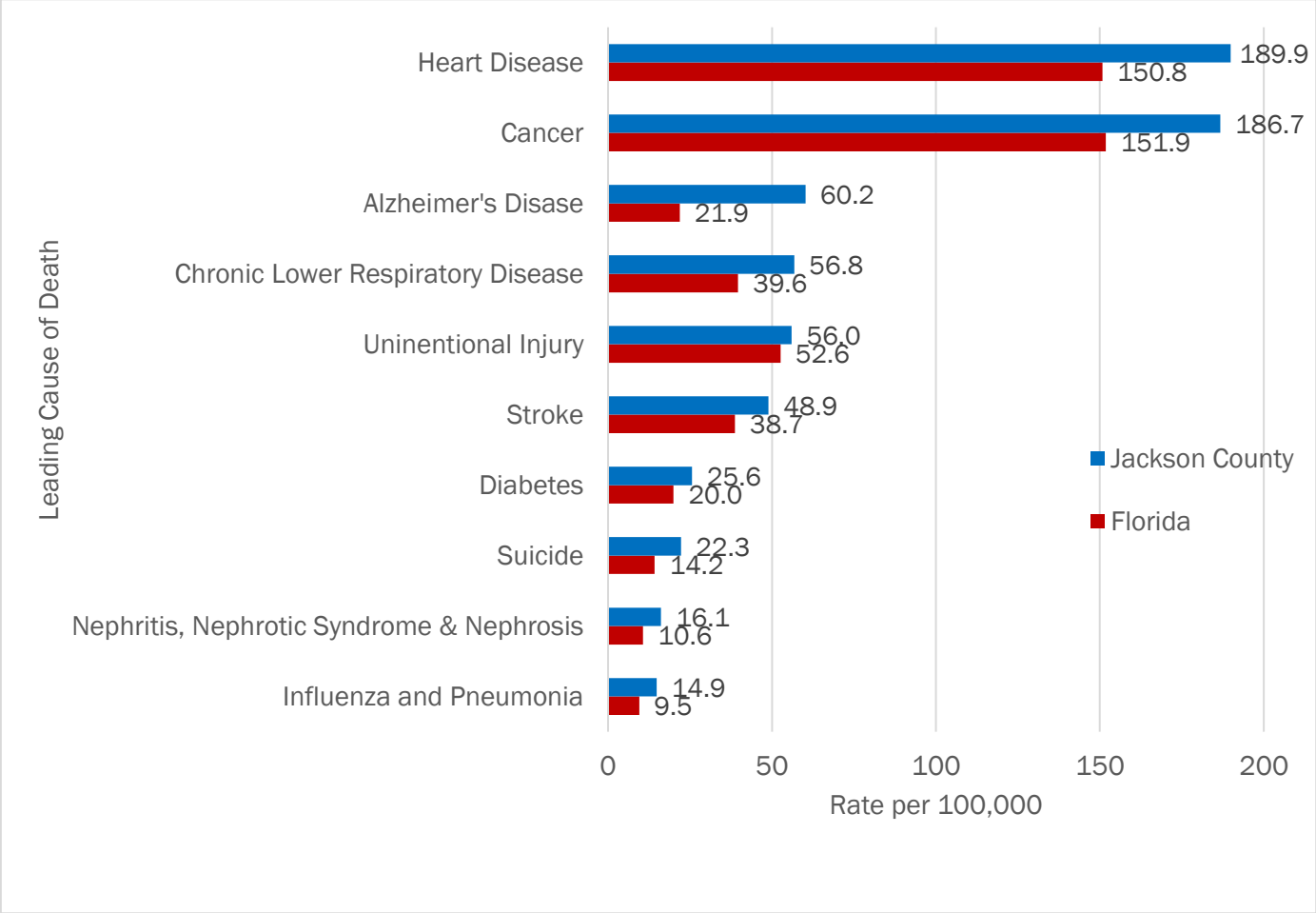
[37] Robert Wood Johnson Foundation (2016). *Ranking System*. Retrieved from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/ranking-methods/ranking-system

[38] Robert Wood Johnson Foundation (2016). *Ranking System*.

Leading Causes of Death

The top ten leading causes of death in Jackson County are shown in Figure 31 with a comparison to Florida. The top two causes of death in both Jackson County and Florida from 2015 to 2017 were heart disease and cancer. Compared to Florida, Jackson County had a higher death rate per 100,000 for its top two causes of death. Jackson County also had a higher mortality rate than Florida for Alzheimer's Disease, chronic lower respiratory disease, unintentional injury, stroke, diabetes, suicide, nephritis, nephrotic syndrome, nephrosis, and influenza and pneumonia.[39]

FIGURE 31. LEADING CAUSES OF DEATH, AGE-ADJUSTED 3-YEAR ROLLING RATE, JACKSON COUNTY & FLORIDA, 2015-2017



Data Source: Florida Health CHARTS, Leading Causes of Death

Communicable Diseases

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections by bacteria, viruses, or parasites transmitted through sexual contact. They have a devastating impact on women and infants, especially due to their inter-relationship with HIV/AIDS. Besides increasing the risk of getting and transmitting HIV, STDs can also produce long-term health problems. These include pelvic inflammatory disease, infertility, tubal or ectopic pregnancy, cervical cancer, and perinatal or congenital infection in infants born to infected mothers.[40]

[39] Florida Department of Health (2019). *Leading Causes of Death*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[40] National Institutes of Health: National Institute of Allergy and Infectious Diseases (2015, August 6). *Sexually Transmitted Diseases*. Retrieved from https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases

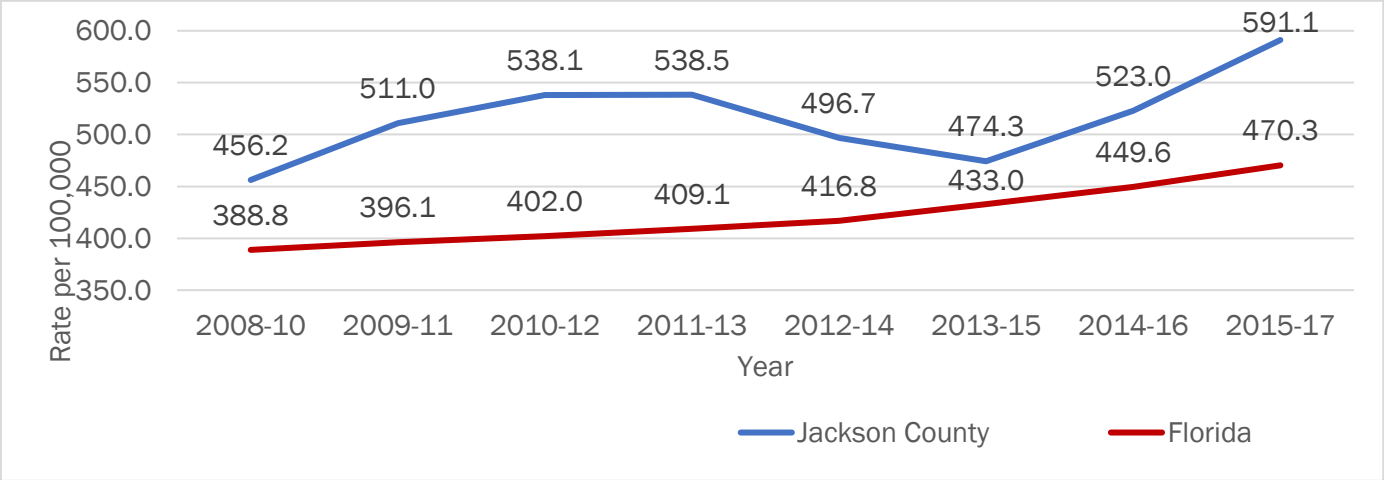
Chlamydia

Chlamydia is a common STD that is caused by the transmission of the *Chlamydia trachomatis* bacterium through sexual contact with the penis, vagina, mouth, or anus of an infected partner without the need for ejaculation. Chlamydia can also spread from an untreated mother to her baby during childbirth, causing health problems for exposed infants. Any sexually active person can be infected with chlamydia, but at increased risk are men who have sex with men and young people due to a combination of behavioral, biological, and cultural reasons. Reinfection can also occur in those who received treatment for an earlier infection.[41]

Chlamydia is known as a "silent" infection because many infected people do not show symptoms. The bacteria may cause discharge, bleeding, inflammation of the urethra, painful or difficult urination, and urinary frequency. In women, the infection can spread from the cervix to the upper reproductive tract causing pelvic inflammatory disease (PID). PID can permanently damage the fallopian tubes and uterus, causing chronic pain, infertility, and potentially life-threatening complications during pregnancy.[42]

Jackson County has a higher incidence of chlamydia than Florida. In Jackson County and Florida, chlamydia incidence rates—the rate of new infections—increased from 2008-2010 to 2015-2017. Jackson County's rate increased by 29.6% during this period compared to 21% for Florida (Figure 32).

FIGURE 32. INCIDENCE OF CHLAMYDIA, AGE-ADJUSTED 3-YEAR ROLLING RATE, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Chlamydia Cases

Gonorrhea

Gonorrhea is a common STD, caused by *Neisseria gonorrhoeae* bacteria, transmitted through sexual contact with the penis, vagina, mouth, or anus of an infected person without the need for ejaculation. An infected pregnant woman can also spread the bacteria to her baby during delivery, potentially causing blindness, joint infection, or a life-threatening blood infection in the baby. While anyone who is sexually active can be infected, the highest gonorrhea rates are among teens, young adults, and African Americans. Reinfection can also occur in those who received treatment for an earlier infection.[43]

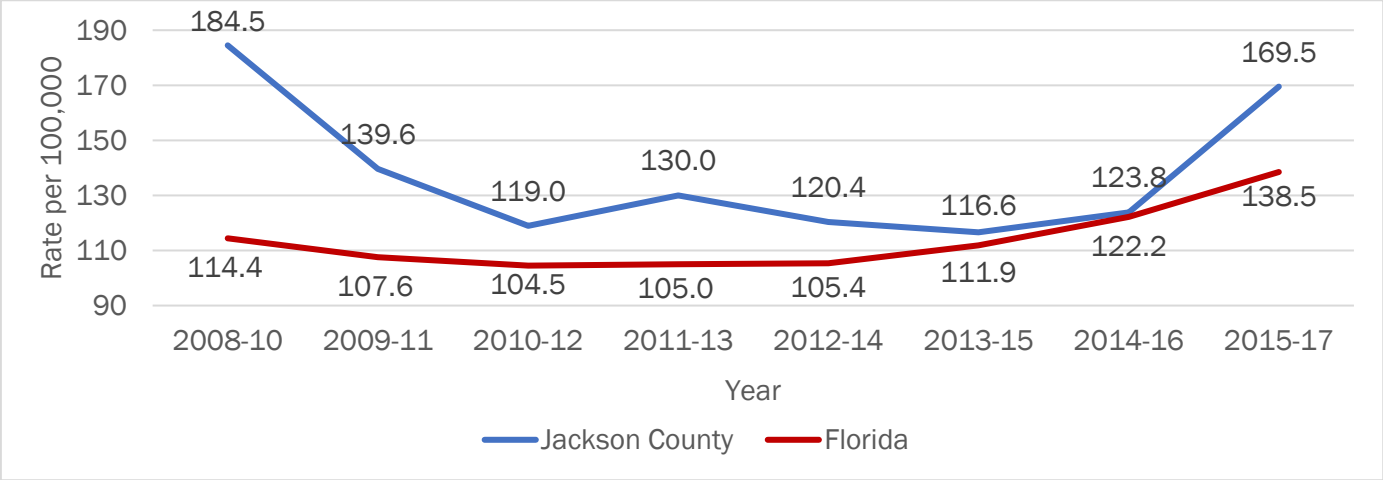
Most infected people do not experience symptoms. Symptoms in women include painful or difficult urination, increased vaginal discharge, or vaginal bleeding between periods. Serious complications occur when gonorrhea

[41] U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm
[42] U.S. Centers for Disease Control and Prevention (2016, October 4). *Chlamydia—Detailed Fact Sheet*.
[43] Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm

spreads into the uterus or fallopian tubes and causes pelvic inflammatory disease, as seen in chlamydia. Men with urethral infection present with painful or difficult urination or a white, yellow, or green discharge.[44]

Jackson County has a higher incidence of gonorrhea that Florida. From 2010-2012 to 2015-2017, Jackson County's gonorrhea incidence rate—the rate of new cases—increased by 42.4% while Florida's rate increased by 32.5% during the same time period (Figure 33).[45]

FIGURE 33. INCIDENCE OF GONORRHEA, 3-YEAR ROLLING RATE, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Gonorrhea Cases

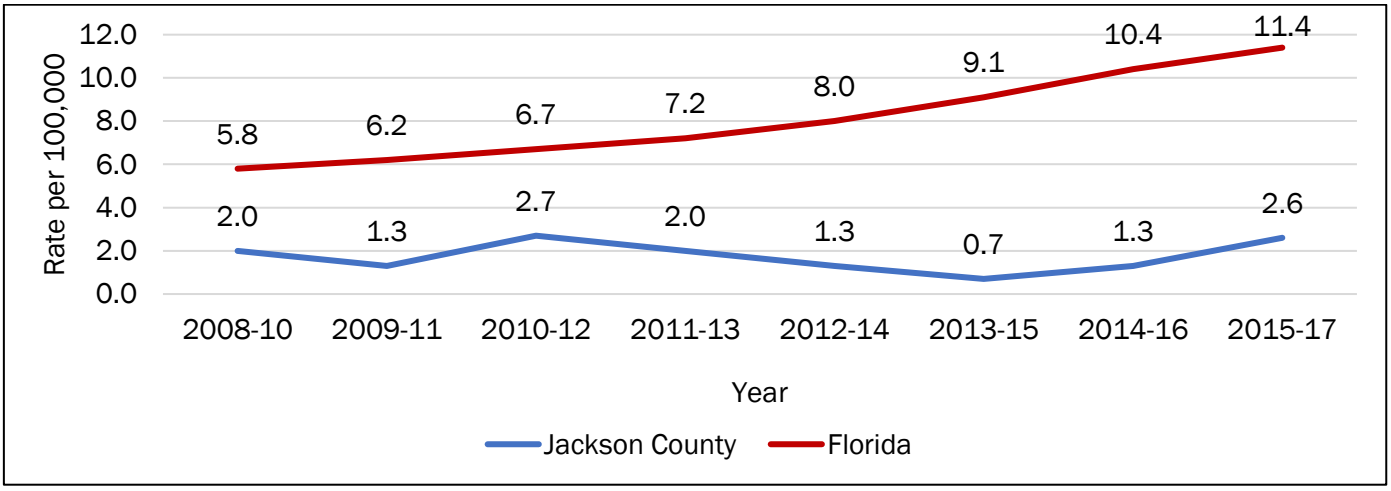
Infectious Syphilis

Syphilis, caused by the bacterium *Treponema pallidum,* can cause serious chronic health problems if not properly treated. Transmission can occur during vaginal, anal, or oral sex by direct contact with a syphilitic sore, known as a chancre. Chancres can occur on or around the external genitals, in the vagina, around the anus, in the rectum, or in or around the mouth. Infected pregnant women can spread syphilis to their unborn children. Symptoms can look like many other diseases and may last for weeks, months, or even years if untreated.[46]

Florida has a higher incidence of infectious syphilis compared to Jackson County. Infectious syphilis rates doubled from 2008-2010 to 2015-2017 for Florida while Jackson County's rates have only slightly increased during the same period (Figure 36).[47]

[44] Centers for Disease Control and Prevention (2016, October 25). *Gonorrhea—Detailed Fact Sheet*.
[45] Florida Department of Health (2019). *Gonorrhea Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[46] Centers for Disease Control and Prevention (2017, January 30). *Syphilis—Detailed Fact Sheet*. Retrieved from https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm
[47] Florida Department of Health (2019). *Infectious Syphilis Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

FIGURE 34. INCIDENCE OF INFECTIOUS SYPHILIS, 3-YEAR ROLLING RATE, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Infectious Syphilis Cases

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that, if untreated, can lead to acquired immunodeficiency syndrome (AIDS). HIV attacks immune system cells, called CD4 or T cells, which help the body fight off infections. Over time, HIV can destroy enough immune cells that the body cannot defend against other infections and disease. Opportunistic infections and cancers take advantage of this state, signaling that the infected person has AIDS.[48]

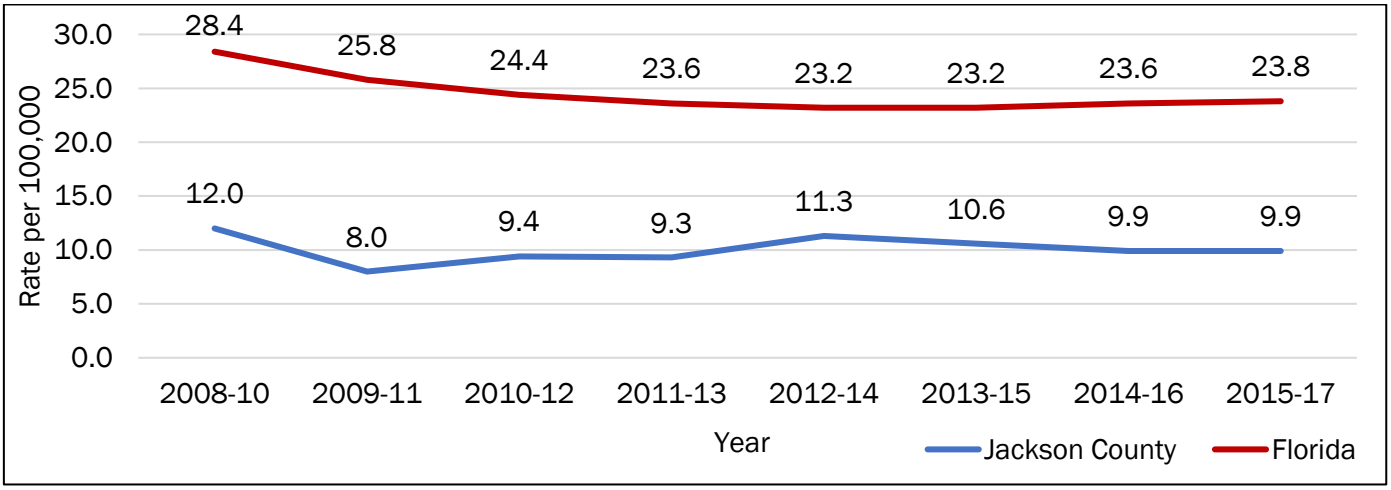
There are three stages of HIV infection. Stage 1, acute infection, occurs within two to four weeks of infection. People with acute HIV infection are very contagious. Stage 2 is a period of HIV inactivity. People are still contagious in this stage, but taking medication and maintaining low viral levels decreases the chance of transmitting HIV to others. Medication may allow people to remain in this stage for several decades. AIDS, stage 3, is the most severe and final stage. The damaged immune system of those in stage 3 cannot defend against opportunistic infections, such as severe fungal and bacterial infections. AIDS life expectancy is around 3 years if untreated.[49]

HIV transmission occurs when certain body fluids (blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk) of an infected person contact a mucous membrane or damaged tissue or are directly injected into the bloodstream through specific activities, such as sex and needle or syringe use. Transmission cannot occur by air or water; saliva, sweat, tears, or closed-mouth kissing; insects or pets; or sharing toilets, food, or drinks.[50]

Florida has a higher incidence of HIV and AIDS compared to Jackson County. The incidence of HIV and AIDS has decreased from 2008-2010 to 2015-2017 for both Jackson County and Florida. During this period, HIV rates decreased by 17.5% in Jackson County and 16.2% in Florida (Figure 35).[51] AIDS rates decreased by 35.5% in Jackson County and 47.7% in Florida (Figure 36).[52]

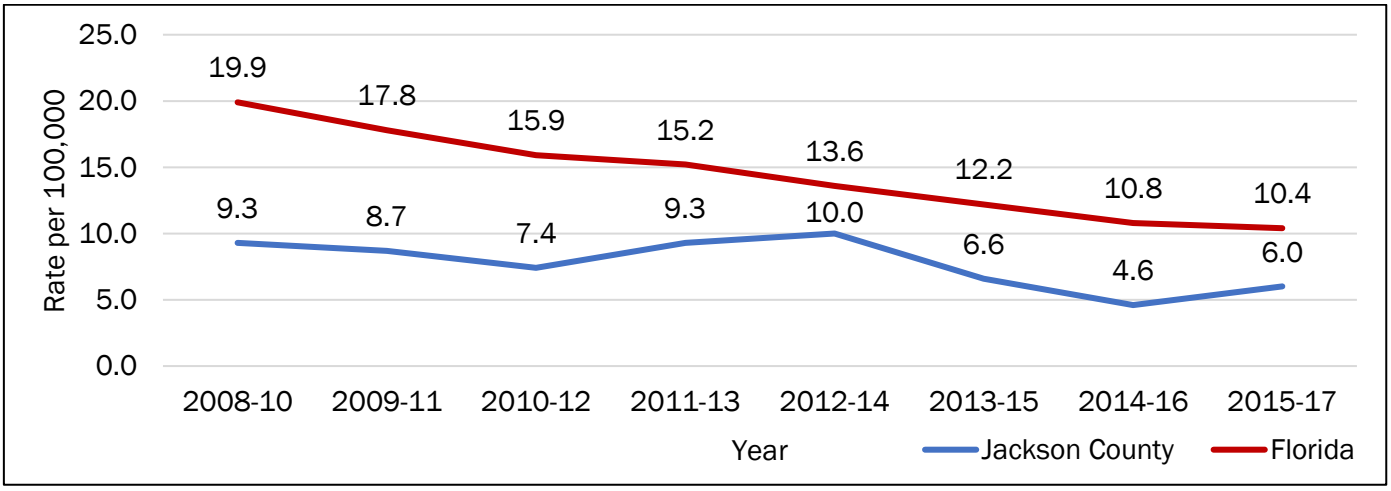
[48] U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html
[49] U.S. Centers for Disease Control and Prevention (2019, March 1). *About HIV/AIDS*
[50] U.S. Centers for Disease Control and Prevention (2018, October 31). *HIV Transmission*. Retrieved https://www.cdc.gov/hiv/basics/transmission.html
[51] Florida Department of Health (2019). *HIV Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[52] Florida Department of Health (2019). *AIDS Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Figure 35. Incidence of HIV, 3-Year Rolling Rate, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, HIV Cases

Figure 36. Incidence of AIDS, 3-Year Rolling Rate, Jackson County & Florida, 2008-2017

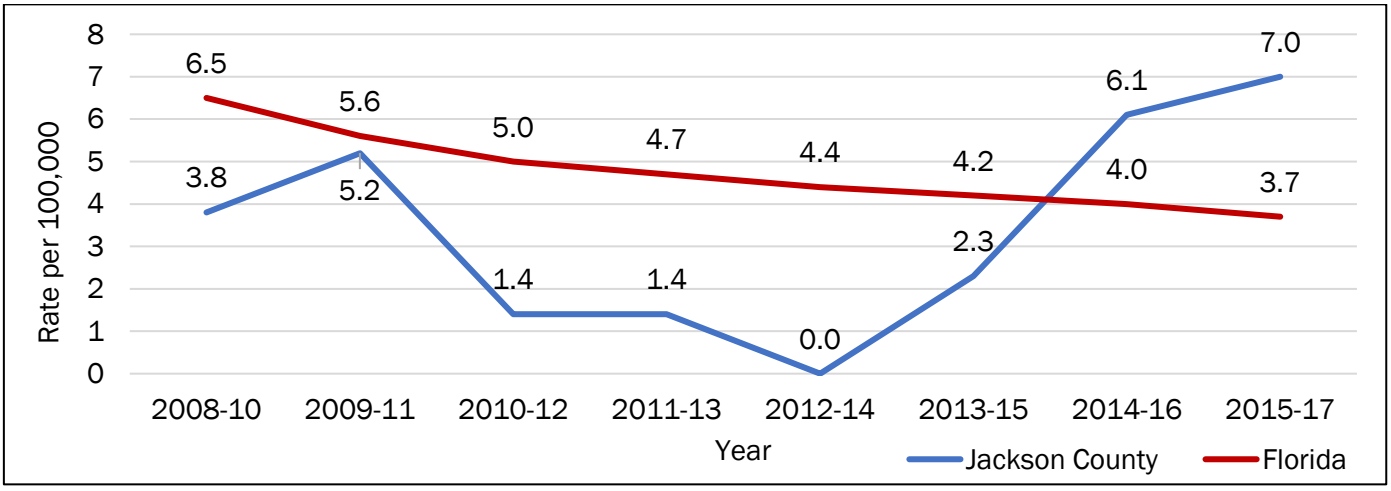


Data Source: Florida Health CHARTS, AIDS Cases

The HIV/AIDS mortality rate has fluctuated in Jackson County from 0 in 2012 -2014 to 7 in 2015-2017. From 2008-2010 to 2015-2017, the HIV/AIDS mortality rate increased in Jackson County whereas Florida rates decreased. From 2008-2010 these rates increased by 84.2% in Jackson County and decreased by 43.1% in Florida (Figure 37).[53]

[53] Florida Department of Health (2019). *HIV/AIDS Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

FIGURE 37. HIV/AIDS MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATE, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, HIV/AIDS Deaths

Influenza and Pneumonia

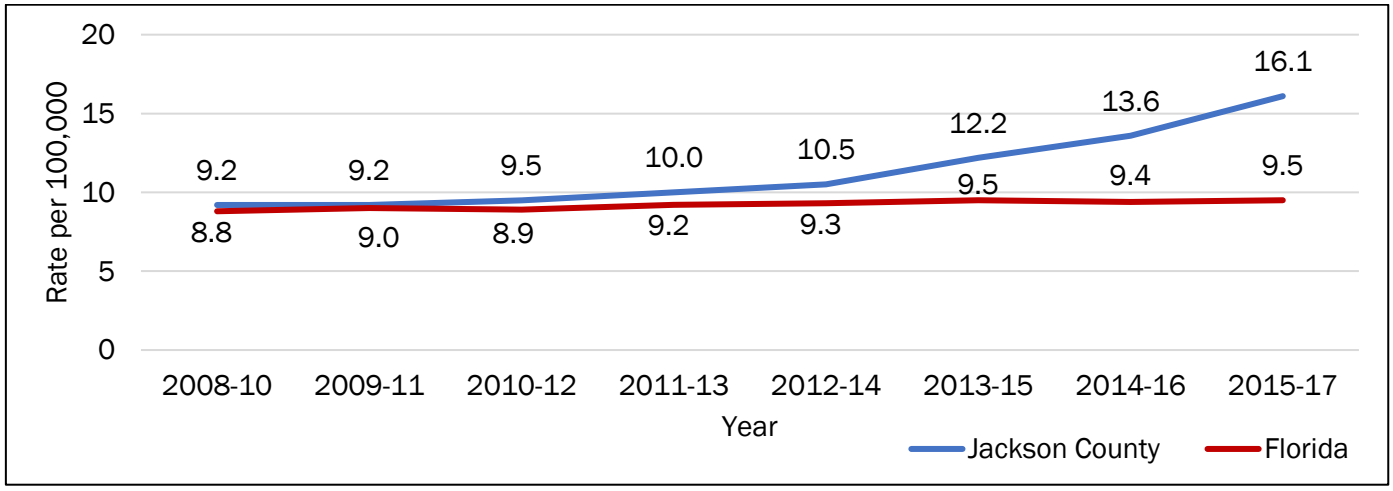
Influenza, or the flu, is a contagious respiratory illness caused by the influenza virus. It can cause mild to severe symptoms and sometimes death. The young, elderly, pregnant women, and people with certain medical conditions, such as asthma, heart disease, and weakened immune system, have a higher risk for serious flu-related complications.[54]

Pneumonia is a lung infection caused by bacteria, viruses, or fungi. In the U.S. the leading causes are *Streptococcus pneumoniae* for bacterial infections and influenza and respiratory syncytial viruses for viral infections. While vaccinations can prevent several causes of pneumonia, such as whooping cough, chickenpox, and influenza, worldwide it is the leading infectious cause of death for children under 5 years of age.[55]

Influenza and pneumonia were the eighth leading cause of death in 2017 in the U.S.[56] In Jackson County, the mortality rate increased by 75% from 2008-2010 to 2015-2017. Florida's rate increased by 8% during the same period (Figure 38).

[54] U.S. Centers for Disease Control and Prevention (2019, March 1). *Influenza (Flu)*. Retrieved from https://www.cdc.gov/flu/index.htm
[55] U.S. Centers for Disease Control and Prevention (2018, October 22). *Influenza (Flu)*. Retrieved from https://www.cdc.gov/pneumonia/index.html
[56] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db328.htm

Figure 38. Influenza and Pneumonia Mortality Rate, Age-Adjusted 3-Year Rolling Rate, Jackson County & Florida, 2008-2017



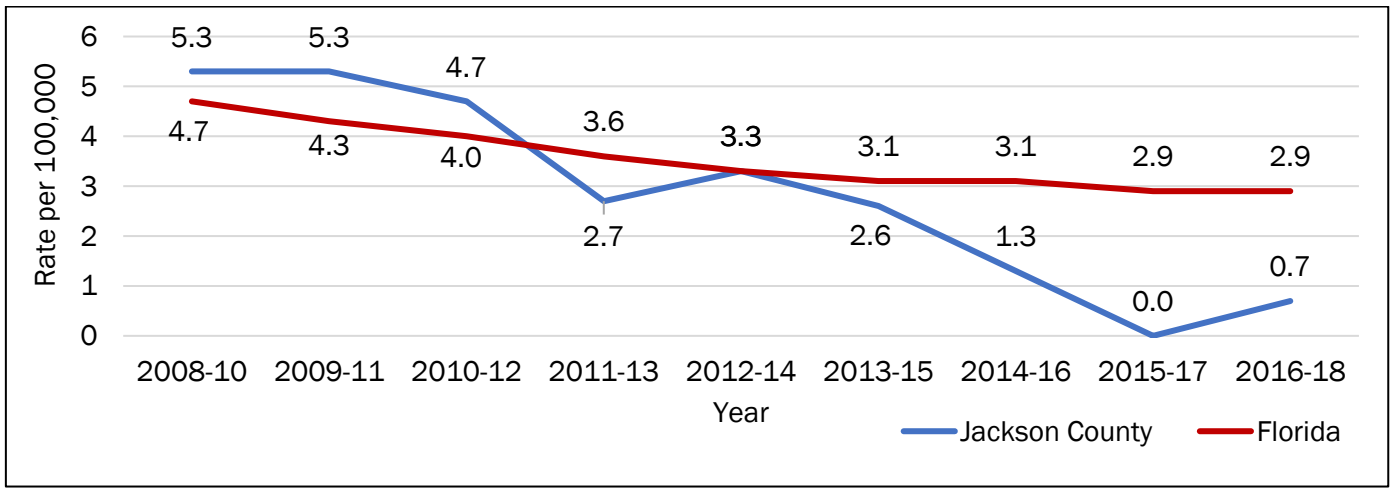
Data Source: Florida Health CHARTS, Influenza and Pneumonia Deaths

Tuberculosis

Tuberculosis (TB) is an airborne disease spread by the bacterium *Mycobacterium tuberculosis* that primarily attacks the lungs but can affect other parts of the body such as the kidneys, skin, and brain. Because not everyone infected with TB becomes sick, TB results in two conditions: latent TB infection (LTBI) and TB disease, which if untreated can be fatal.[57] Those who are at elevated risk of developing TB disease include people with HIV infection, people infected with TB bacteria in the last 2 years, babies and young children, people who inject illegal drugs, people who have other diseases that weaken their immune system, elderly people, and people who were not treated correctly for TB in the past.[58]

Florida has a higher incidence of tuberculosis compared to Jackson County. The incidence of tuberculosis decreased by 86.8% in Jackson County and by 38.3% in Florida from 2008-2010 to 2016-2018 (Figure 39).[59]

Figure 39. Incidence of Tuberculosis, 3-Year Rolling Rate, Jackson County & Florida, 2009-2018



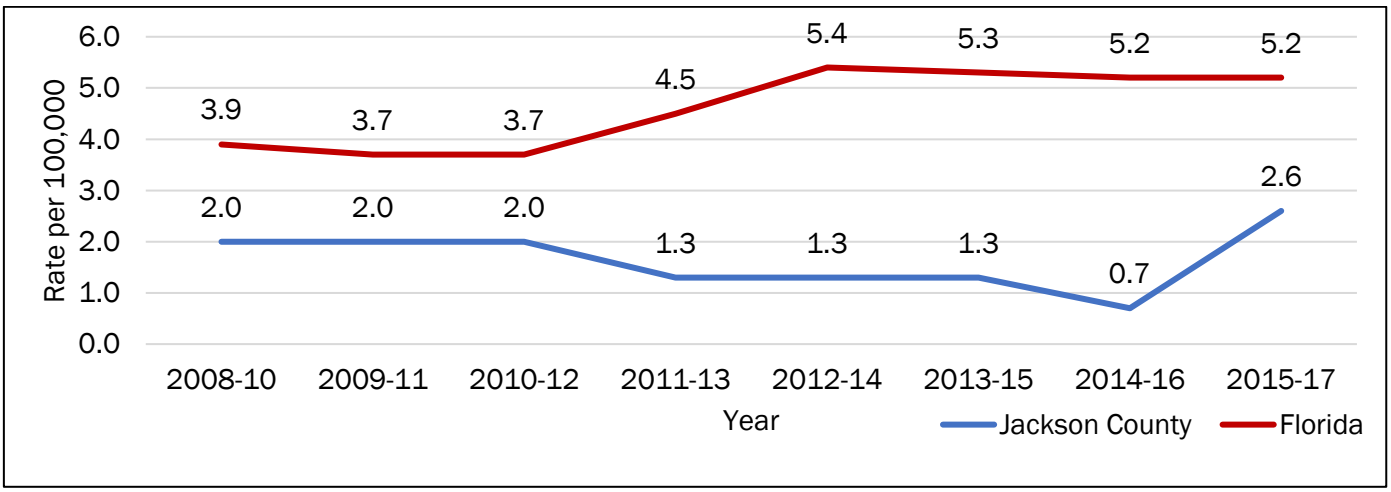
Data Source: Florida Health CHARTS, Tuberculosis Cases

[57] U.S. Centers for Disease Control and Prevention (2016, March 20). *Tuberculosis (TB): Basic TB Facts*. Retrieved from https://www.cdc.gov/tb/topic/basics/default.htm
[58] U.S. Centers for Disease Control and Prevention (2016, March 15). *Tuberculosis (TB): TB Prevention*. Retrieved from https://www.cdc.gov/tb/topic/basics/tbprevention.htm
[59] Florida Department of Health (2019). *Tuberculosis Cases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Vaccine-Preventable Disease Rates

Vaccine-preventable diseases include diphtheria, Haemophilus influenza type B, hepatitis A and B, human papillomavirus (HPV), influenza, measles, mumps, meningococcal, pneumococcal, polio (poliomyelitis), pertussis (whooping cough), rotavirus, rubella, shingles (herpes zoster), tetanus, and varicella (chickenpox). Figure 40 shows the rate of eight vaccine-preventable diseases—diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio—for Jackson County and Florida. Jackson County had a lower rate of the selected vaccine-preventable disease than Florida. From 2014-2016 to 2015-2017, Jackson County's rate climbed from 0.7 to 2.6 per the 100,000 population.

Figure 40. Selected Vaccine-Preventable Disease Rate For All Ages, Jackson County & Florida, 2008-2015



Data Source: Florida Health CHARTS, Selected Vaccine Preventable Disease Rate for All Ages

Enteric, Food and Waterborne Diseases

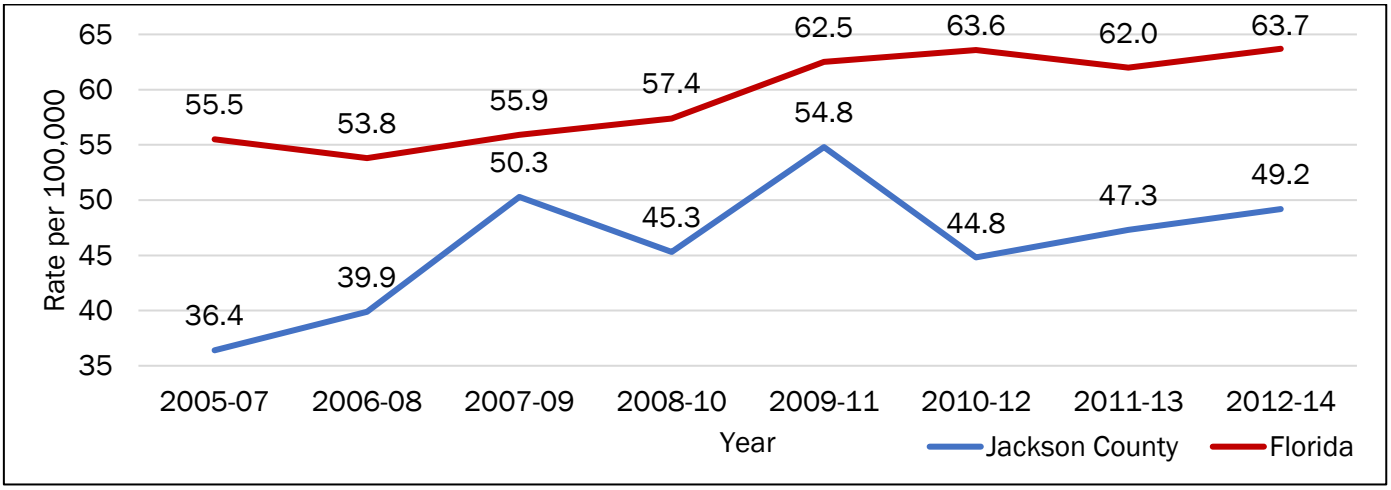
Enteric infectious diseases are those that affect the gastrointestinal tract and are acquired by consuming food or water contaminated by bacteria, parasites, or viruses. While anyone can acquire these illnesses, infants and children, pregnant women and their fetuses, older adults, and people with weakened immune systems are more likely to develop severe symptoms or complications.[60]

Data for 2015-2017 are not currently available; thus data are shown through 2014. From 2005-2007 to 2012-2014, Jackson County's incidence of enteric disease increased by 35.2% while Florida's rate increased by 14.8%, though Jackson County remains below the state average (Figure 41).[61]

[60] National Institute of Diabetes and Digestive and Kidney Diseases (2014, June). *Foodborne Illnesses*. Retrieved from https://www.niddk.nih.gov/health-information/digestive-diseases/foodborne-illnesses

[61] Florida Department of Health (2019). *Total Enteric Diseases*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

Figure 41. Incidence of Enteric Diseases, 3-Year Rolling Rate, Jackson County & Florida, 2005-2014



Data Source: Florida Health CHARTS, Total Enteric Disease

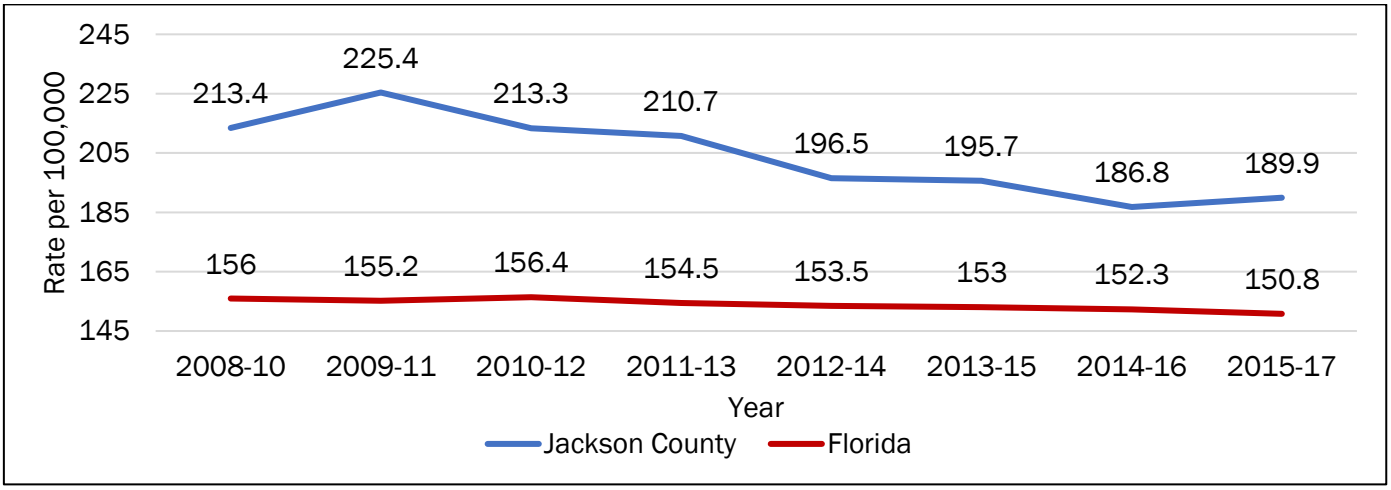
Chronic Diseases

Heart Disease

Heart disease remains the nation's leading cause of death, accounting for one in every four deaths in the United States. The most common type is coronary heart disease, which can lead to a heart attack. Key risk factors are high blood pressure, high cholesterol, and smoking, but other medical conditions and lifestyle choices such as diabetes, obesity, poor diet, physical inactivity, and excessive alcohol use can be a risk.[62]

During 2008-2010 to 2015-2017 the mortality rate from heart disease is higher in Jackson County compared to Florida. During this period, heart disease mortality decreased by 11.0% in Jackson County and decreased by 3.3% in Florida (Figure 42). [63]

FIGURE 42. HEART DISEASE MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2017

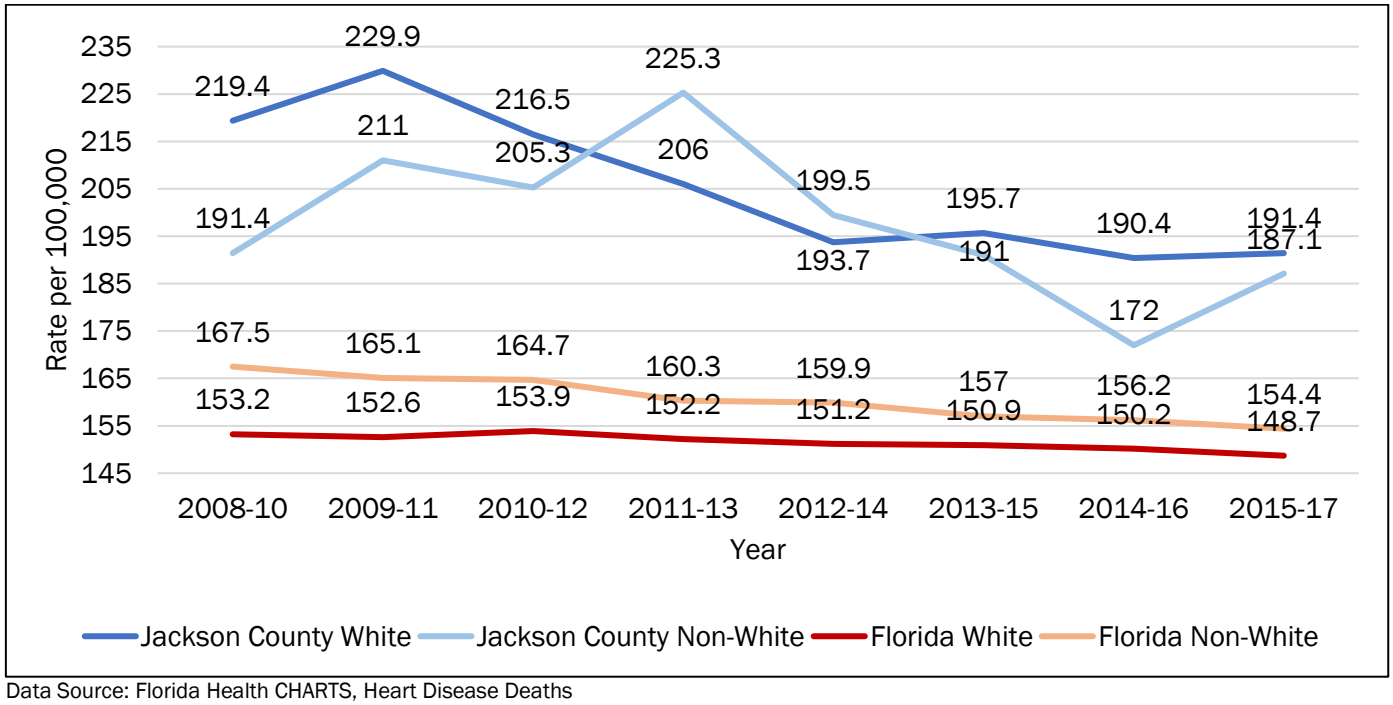


Data Source: Florida Health CHARTS, Heart Disease Deaths

In 2015-2017, Jackson County's white residents had a higher heart disease mortality rate than non-white residents. The mortality rate for non-white residents decreased by 2.2% from 2008-2010 to 2015-2017. The mortality rate among Jackson County's white residents decreased by 12.8% during the same time period (Figure 43).[64]

[62] U.S. Centers for Disease Control and Prevention (2017, November 28). *Heart Disease.* Retrieved from http://www.cdc.gov/heartdisease/facts.htm
[63] Florida Department of Health (2019). *Heart Disease Deaths*.
[64] Florida Department of Health (2019). *Heart Disease Deaths*.

FIGURE 43. HEART DISEASE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Heart Disease Deaths

Chronic Lower Respiratory Disease

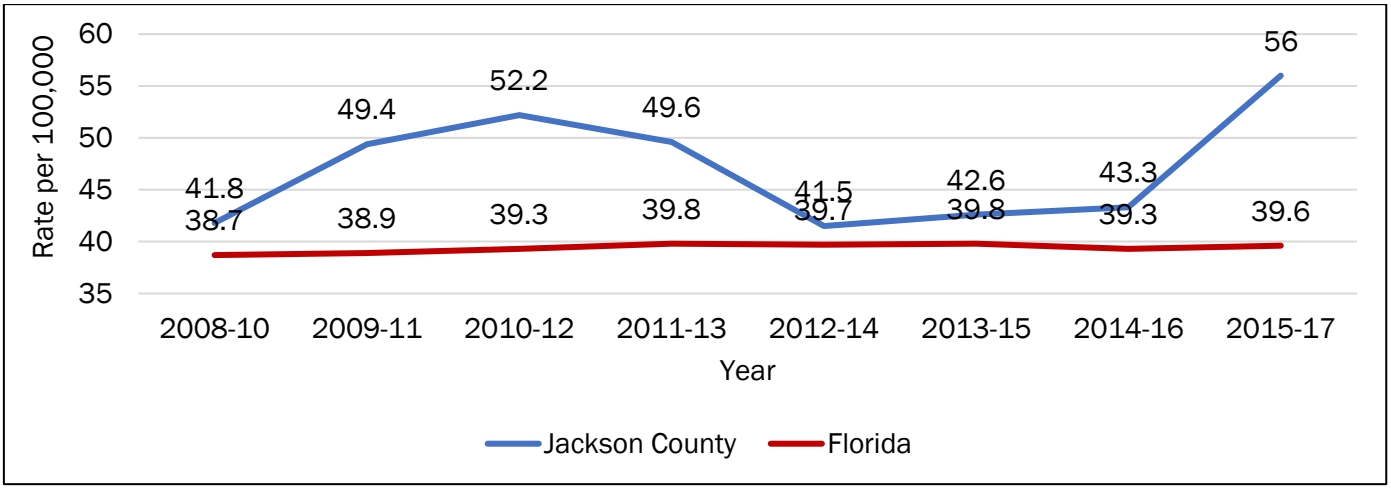
Chronic lower respiratory disease (CLRD) is a disease of the airways and other structures of the lungs and includes asthma, chronic obstructive pulmonary disease, occupational lung diseases, and pulmonary hypertension. Risk factors include first and secondhand tobacco smoke, exposure to indoor and outdoor air pollutants, genetic factors, and respiratory infections.[65] CLRD is currently the fourth leading cause of death in the U.S.[66]

[65] U.S. Centers for Disease Control and Prevention (2017, September 15). *Chronic Respiratory Disease.* Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/ChronicRespiratoryDisease.html

[66] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db328.htm

Jackson County had a higher CLRD mortality rate than Florida over the last decade. The county's CLRD mortality rate increased by 34.0%, while Florida's mortality rate rose by 2.3%, from 2008-2010 to 2015-2017 (Figure 44).[67]

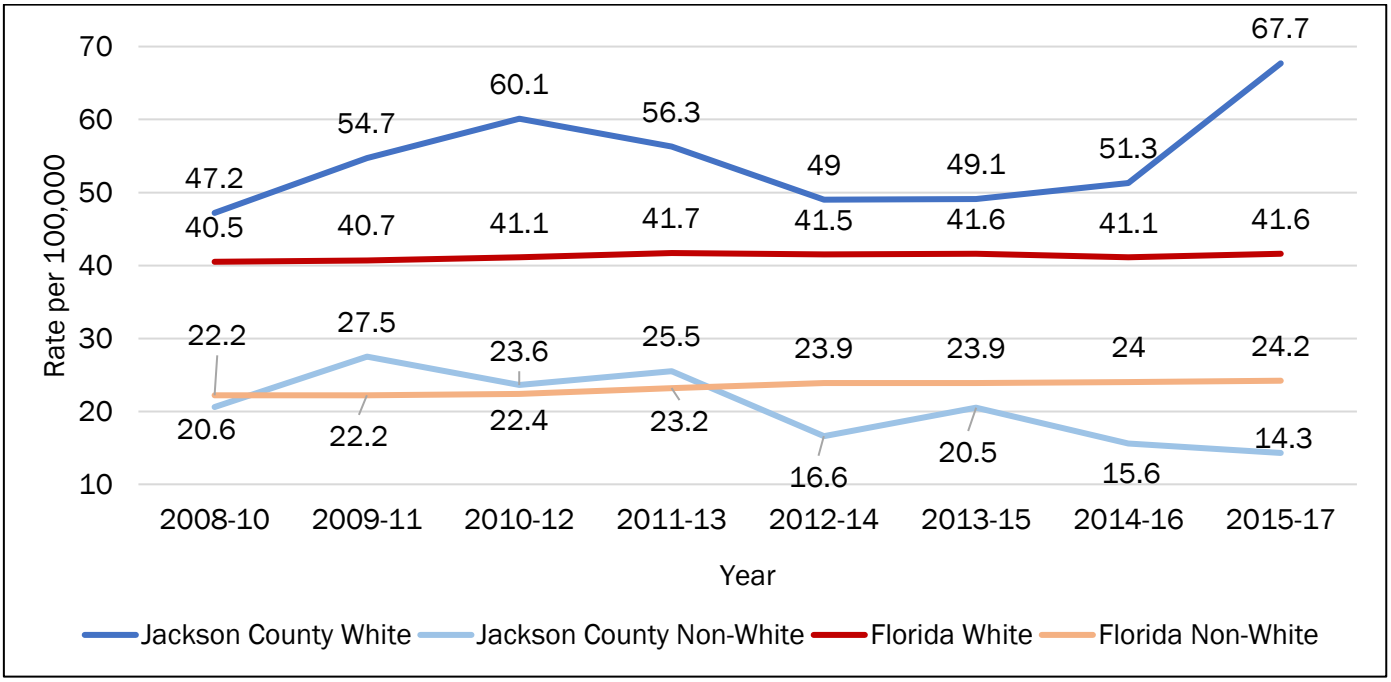
Figure 44. Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

The CLRD mortality rate among Jackson County's non-white residents was lower than white residents from 2008-2010 to 2015-2017; non-white residents experienced a 30.6% decrease in the mortality rate during this time. The mortality rate for white Jackson County residents has consistently been above the state average for white and non-white populations over the past decade with a 43.4% increase from 2008-2010 to 2015-2017 (Figure 45).[68]

Figure 45. Chronic Lower Respiratory Disease Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Chronic Lower Respiratory Disease (CLRD) Deaths

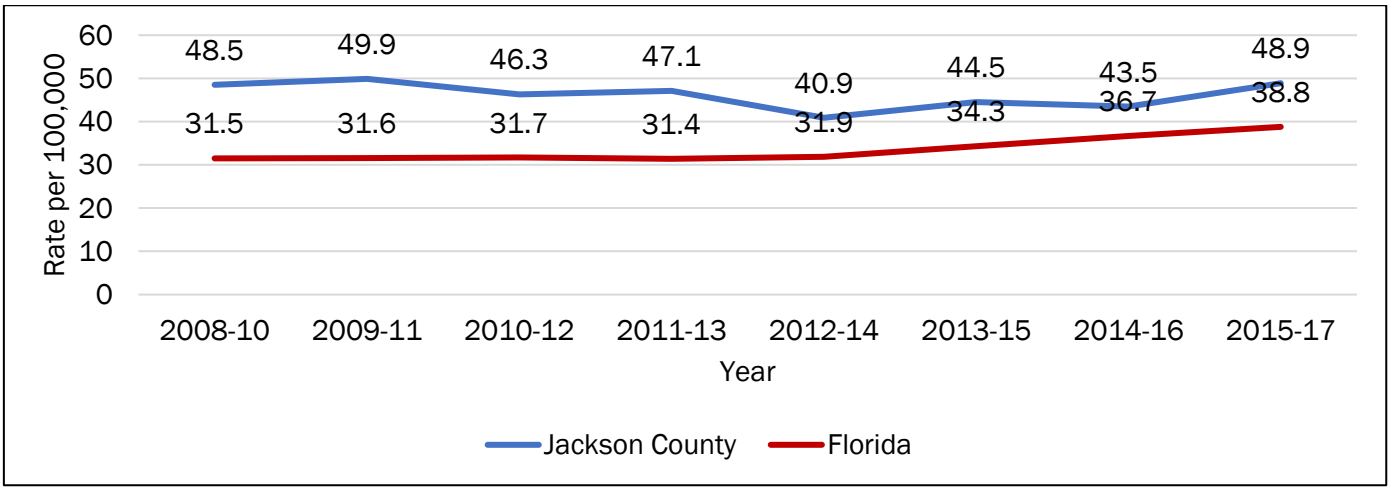
[67] Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[68] Florida Department of Health (2019). *Chronic Lower Respiratory Disease (CLRD) Deaths*.

Stroke

A stroke occurs when the blood supply to the brain is interrupted or when sudden bleeding in the brain occurs. This results in either damage or death to brain tissue in the affected area. There are multiple risk factors including high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, physical inactivity, alcohol, age, and family history. Stroke is the fifth leading cause of death in the U.S. and an important cause of adult disability.[69]

Jackson County has a higher stroke mortality rate compared to Florida. Jackson County's stroke mortality rate slightly increased by 0.8% from 2008-2010 to 2015-2017. In comparison, Florida's stroke mortality was steady at around 31 deaths per 100,000 population from 2008-2010 to 2012-2014 before rising by 21.6% from 2012-2014 to 2015-2017 (Figure 46).[70]

Figure 46. Stroke Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017

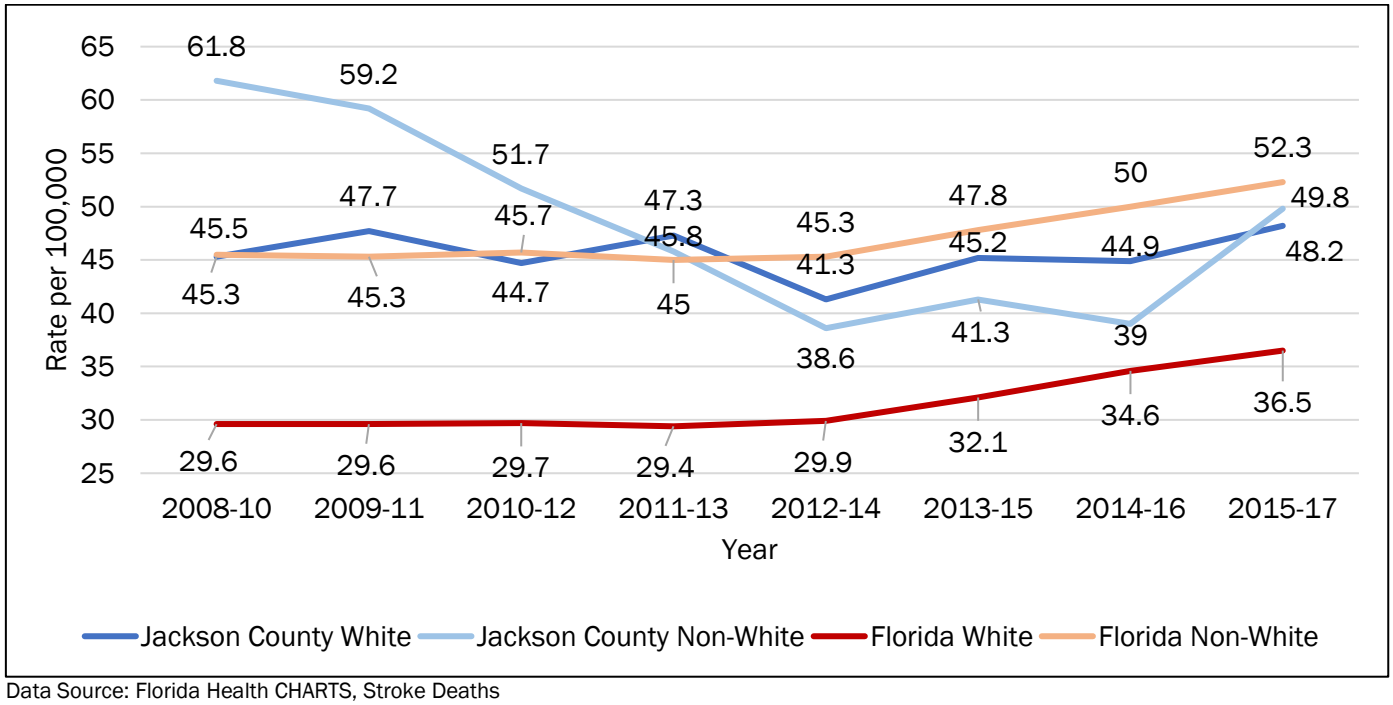


Data Source: Florida Health CHARTS, Stroke Deaths

The stroke mortality rate for white Jackson County residents decreased by 6.4% from 2008-2010 to 2015-2017. The mortality rate for non-white residents decreased by 19.4% during the same period. In Florida, non-white residents have a higher stroke mortality rate than white residents. In 2015-2017, white residents in Jackson County have a lower stroke mortality rate than non-white residents in Jackson County (Figure 47).[71]

[69] U.S. Centers for Disease Control and Prevention (2018, November 5). *Stroke.* Retrieved from https://www.cdc.gov/stroke/index.htm
[70] Florida Department of Health (2019). *Stroke Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[71] Florida Department of Health (2019). *Stroke Deaths*.

FIGURE 47. STROKE MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2006-2017



Data Source: Florida Health CHARTS, Stroke Deaths

Alzheimer's Disease

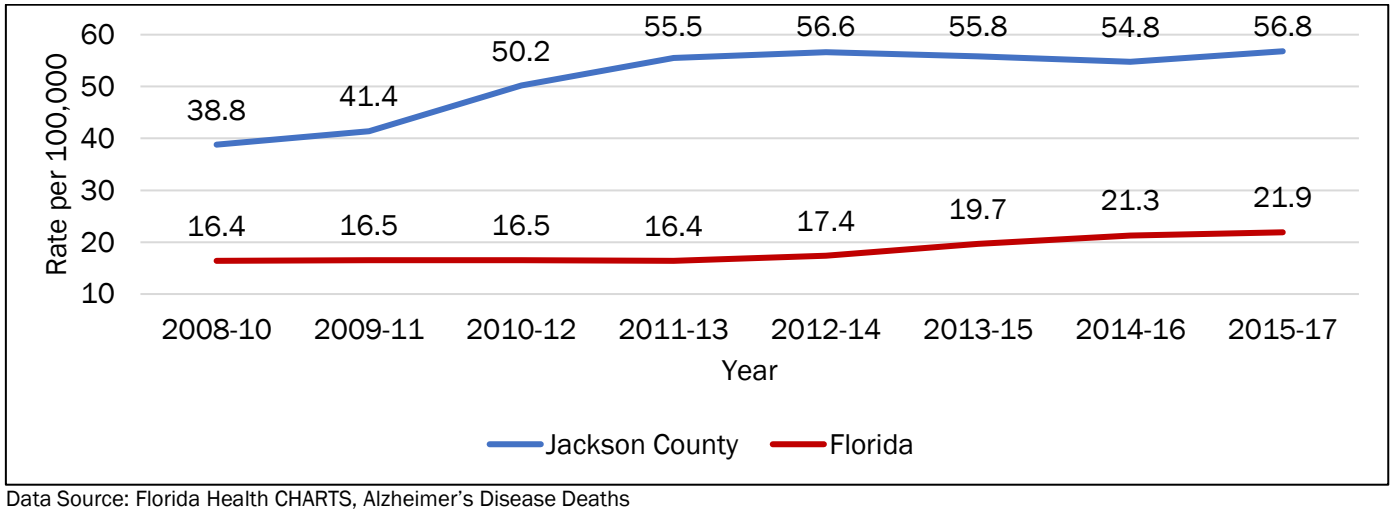
Alzheimer's disease is the most common form of dementia. While the cause of Alzheimer's is not clear, common signs include memory loss that interferes with daily life, poor judgment, misplacing items, and changes in mood, personality, or behavior. It is the sixth leading cause of death in the U.S. and the fifth leading cause of death among persons 65 and older. Dementia as a cause of death has been shown to be underreported. Thus, the mortality rate for Alzheimer's disease could be higher. There is no known cure, though medical management can help improve quality of life.[72]

The mortality rate of Alzheimer's disease in Jackson County increased by 46.4% from 2008-2010 to 2015-2017 and remains higher than Florida's mortality rate. In comparison, Florida's rate increased by 33.5% during the same period (Figure 48).[73]

[72] U.S. Centers for Disease Control and Prevention (2018, October 1). *Alzheimer's Disease*. Retrieved from https://www.cdc.gov/aging/aginginfo/alzheimers.htm

[73] Florida Department of Health (2019). *Alzheimer's Disease Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

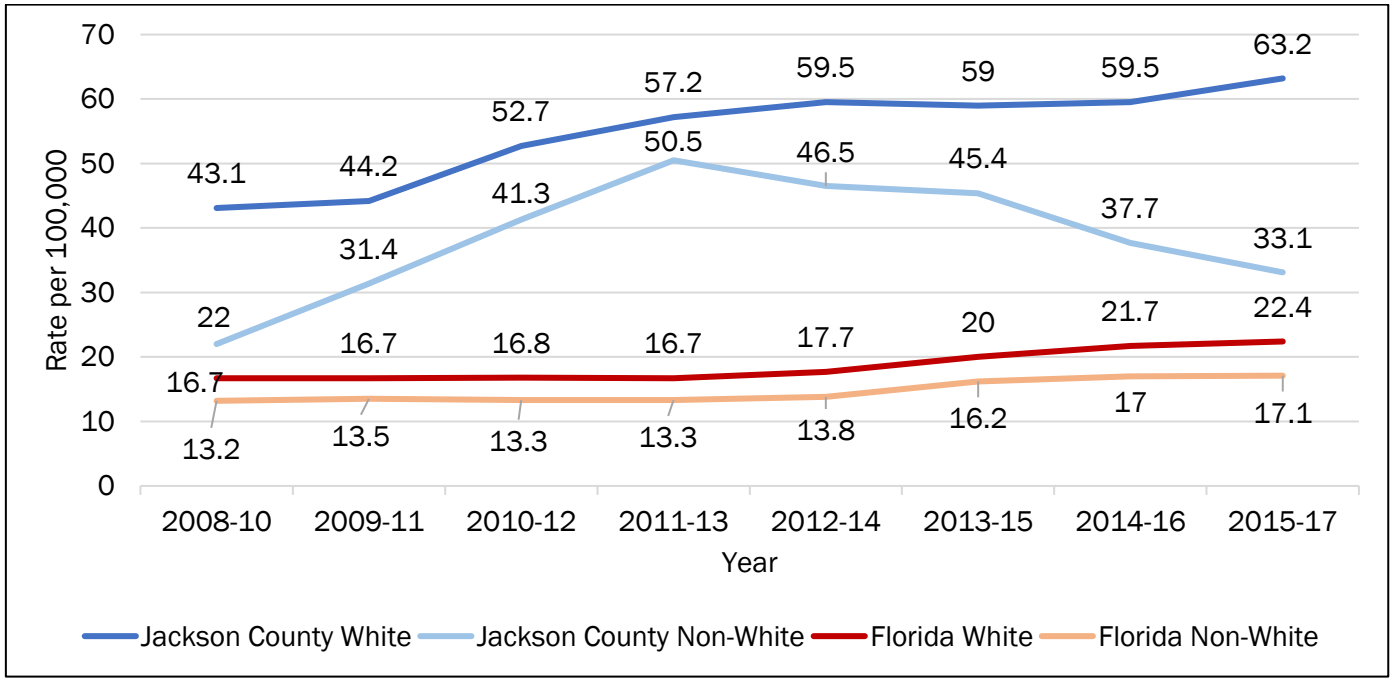
Figure 48. Alzheimer's Disease Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer's Disease Deaths

The mortality rate for both white and non-white Jackson County residents was above both Florida rates. During 2008-2010 to 2015-2017, the mortality rate for non-white Jackson County residents increased by 50.5%. From 2008-2010 to 2015-2017, the mortality rate for white Jackson County residents increased by 46.6% (Figure 49).[74]

Figure 49. Alzheimer's Disease Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Alzheimer's Disease Deaths

Diabetes

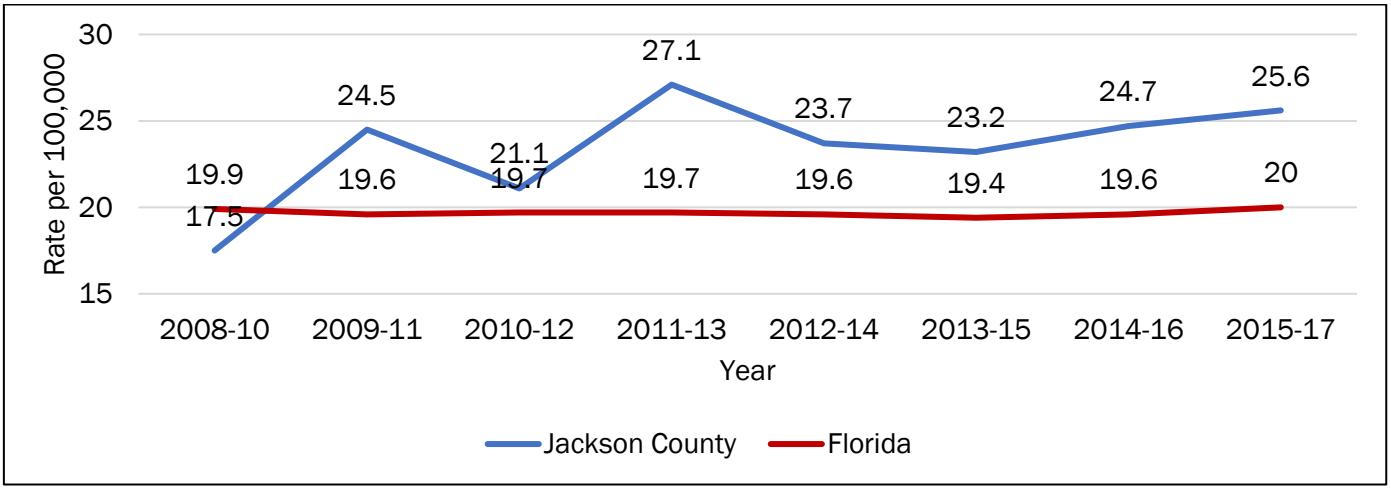
Diabetes, a disease that causes abnormally high blood glucose levels, is the seventh leading cause of death in the U.S. and can lead to major health problems, such as heart disease, vision loss, and kidney failure. Type 1 diabetes, which accounts for about 5% of all diagnosed cases, results from an autoimmune reaction that prevents the body from producing insulin. Type 2 diabetes, which accounts for about 90% of all cases, is due to the body ineffectively using insulin and developing insulin resistance over time. Type 2 often develops in people over age 45 but has

[74] Florida Department of Health (2019). *Alzheimer's Disease Deaths*.

become more common among children, teens, and young adults. Pregnant women can develop gestational diabetes due to insulin resistance and are at risk of developing type 2 diabetes in the future.[75]

Jackson County's diabetes mortality rate increased by 46.3% from 2008-2010 to 2015-2017. Florida in comparison remained around 19 deaths per 100,000 from 2008-2010 to 2015-2017, maintaining a lower rate than Jackson County (Figure 50).[76]

Figure 50. Diabetes Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017

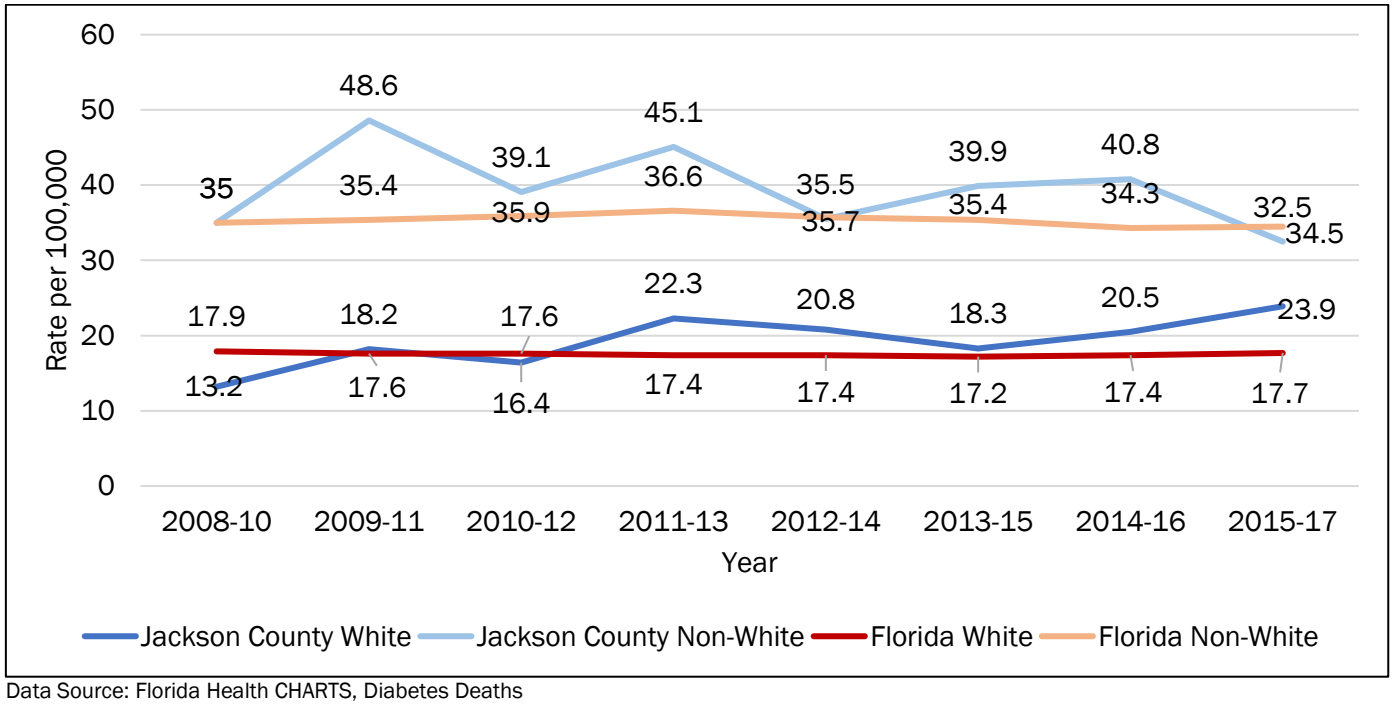


Data Source: Florida Health CHARTS, Diabetes Deaths

The white population's diabetes mortality rate in Jackson County and Florida was below non-white rates from 2008-2010 to 2015-2017. White Jackson County residents' diabetes mortality rate increased by 81.1% from 2008-2010 to 2015-2017. In comparison, non-white residents' diabetes mortality rate decreased by 1.4% from 2008-2010 to 2015-2017 (Figure 51).[77]

[75] U.S. Centers for Disease Control and Prevention (2017, June 1). *About Diabetes*. Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html
[76] Florida Department of Health (2019). *Diabetes Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[77] Florida Department of Health (2019). *Diabetes Deaths*.

FIGURE 51. DIABETES MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Diabetes Deaths

Chronic Liver Disease and Cirrhosis

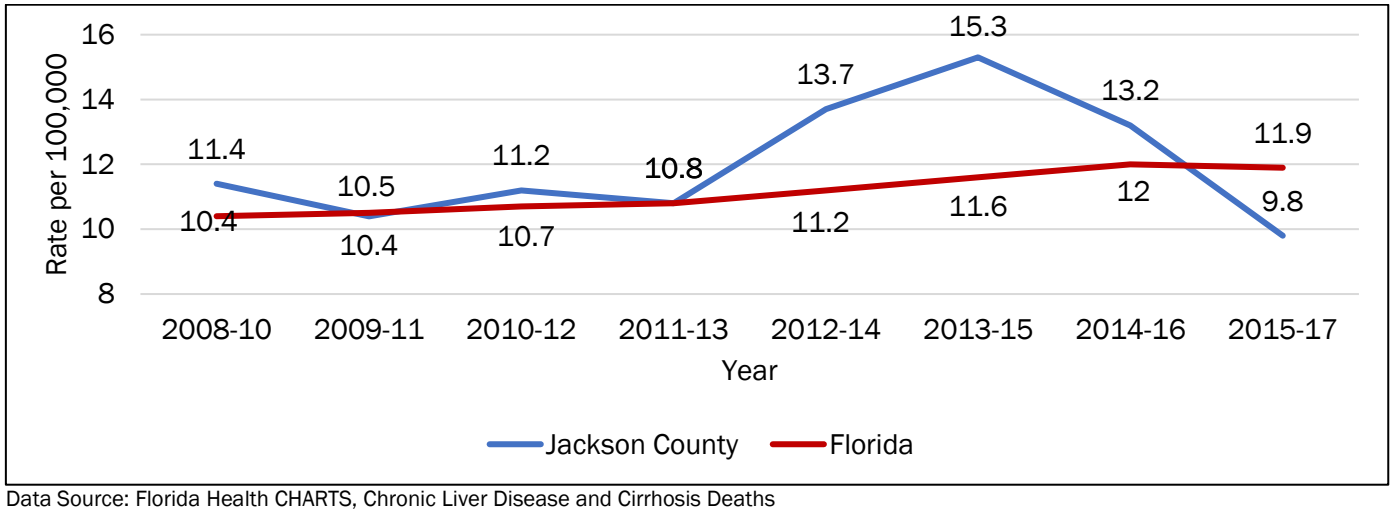
The liver is an essential organ that aids in digestion and removes toxic substances. Liver disease can result from inherited conditions or damage due to factors such as viruses, alcohol use, or cancer. Over time, this damage causes scarring, or cirrhosis, which can lead to liver failure.[78]

The mortality rate of liver disease and cirrhosis in Jackson County decreased by 14% from 2008-2010 to 2015-2017 but peaked in 2013-2015 at 15.3 per 100,000 population. The rate fell below Florida's mortality rate in 2015-2017 at 9.8 per the 100,000 population. In comparison, Florida's mortality rate increased by 14.4% from 2008-2010 to 2015-2017 (Figure 52).[79]

[78] Mayo Clinic (2018, March 13). *Liver disease: Overview*. Retrieved from https://www.mayoclinic.org/diseases-conditions/liver-problems/symptoms-causes/syc-20374502

[79] Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

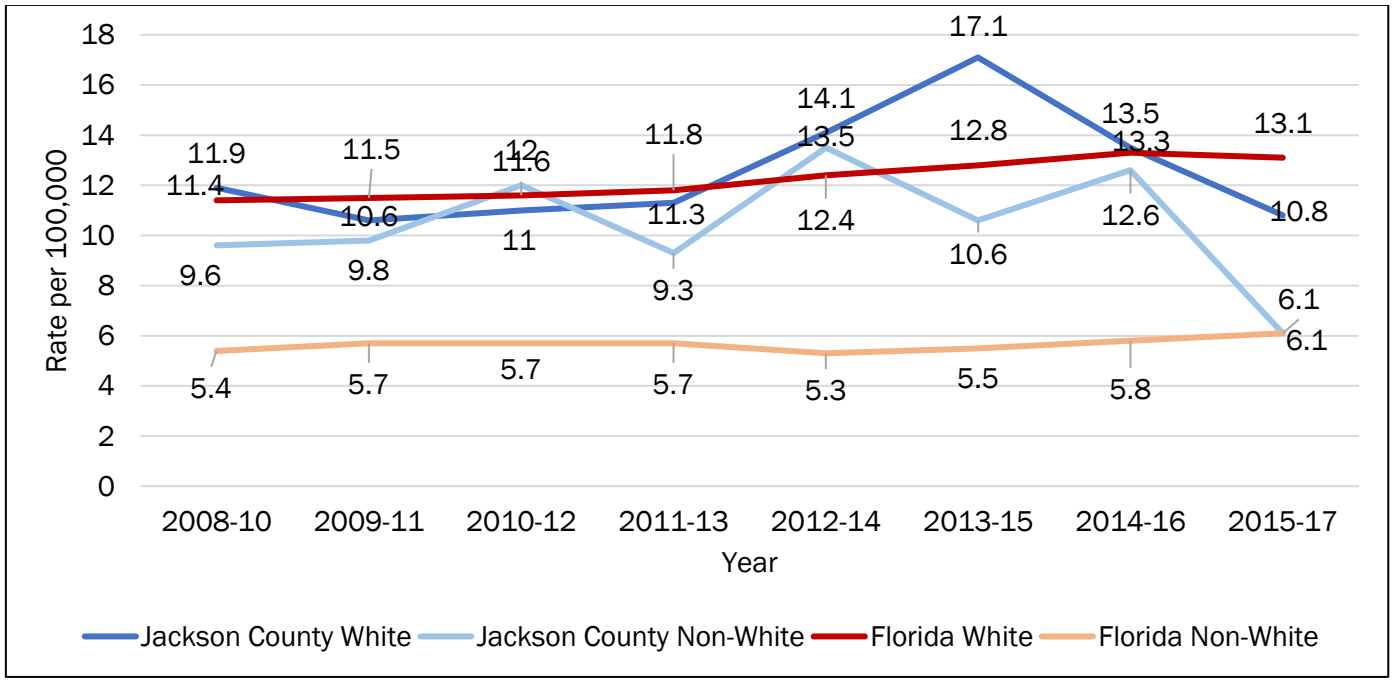
Figure 52. Chronic Liver Disease and Cirrhosis Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

The non-white population's mortality rate in Jackson County decreased by 36.5% during 2008-2010 to 2015-2017. The white population's mortality rate in Jackson County decreased by 9.2% from 2008-2010 to 2015-2017. The non-white population's mortality rate for both Jackson County and Florida generally fell below the white population from 2013-2015 to 2015-2017 (Figure 53).[80]

Figure 53. Chronic Liver Disease and Cirrhosis Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Chronic Liver Disease and Cirrhosis Deaths

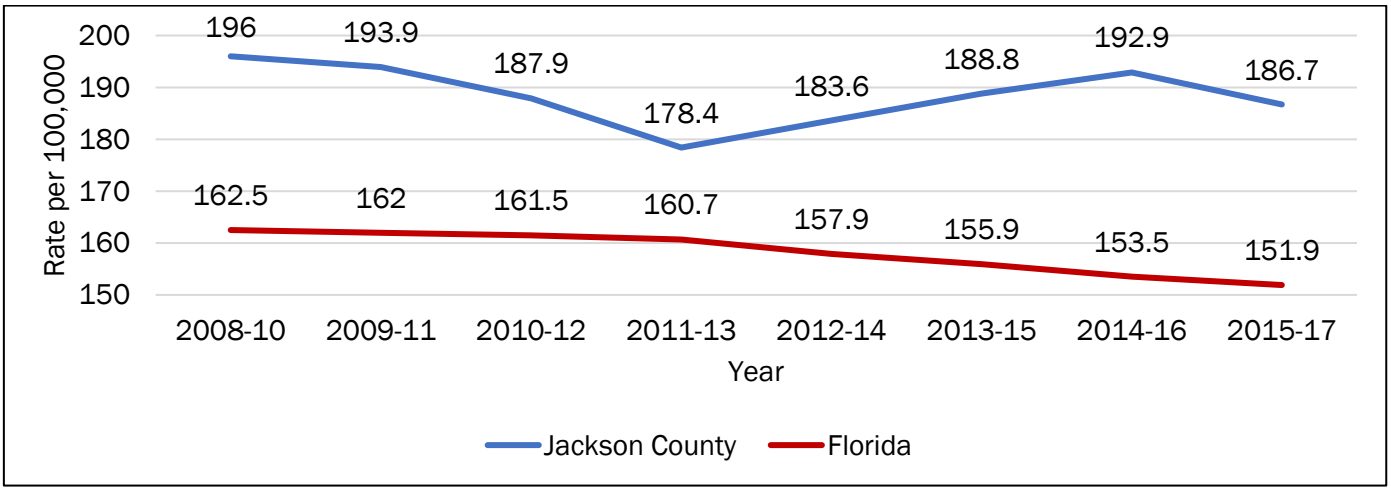
[80] Florida Department of Health (2019). *Chronic Liver Disease and Cirrhosis Deaths*.

Cancer

Cancer is a large group of diseases characterized by the invasive and uncontrolled growth of abnormal cells. These cells can form growths called tumors that are either benign or malignant. Unlike malignant tumors, benign tumors do not invade into nearby tissues.[81] Cancer is currently the second leading cause of death in the U.S.[82]

Jackson County has a higher cancer mortality rate than Florida. The cancer mortality rate has been on the decline for both Jackson County and Florida from 2008-2010 to 2015-2017. During this time, Jackson County's rate decreased by 4.7% compared to 6.5% for Florida (Figure 54).[83]

Figure 54. Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017

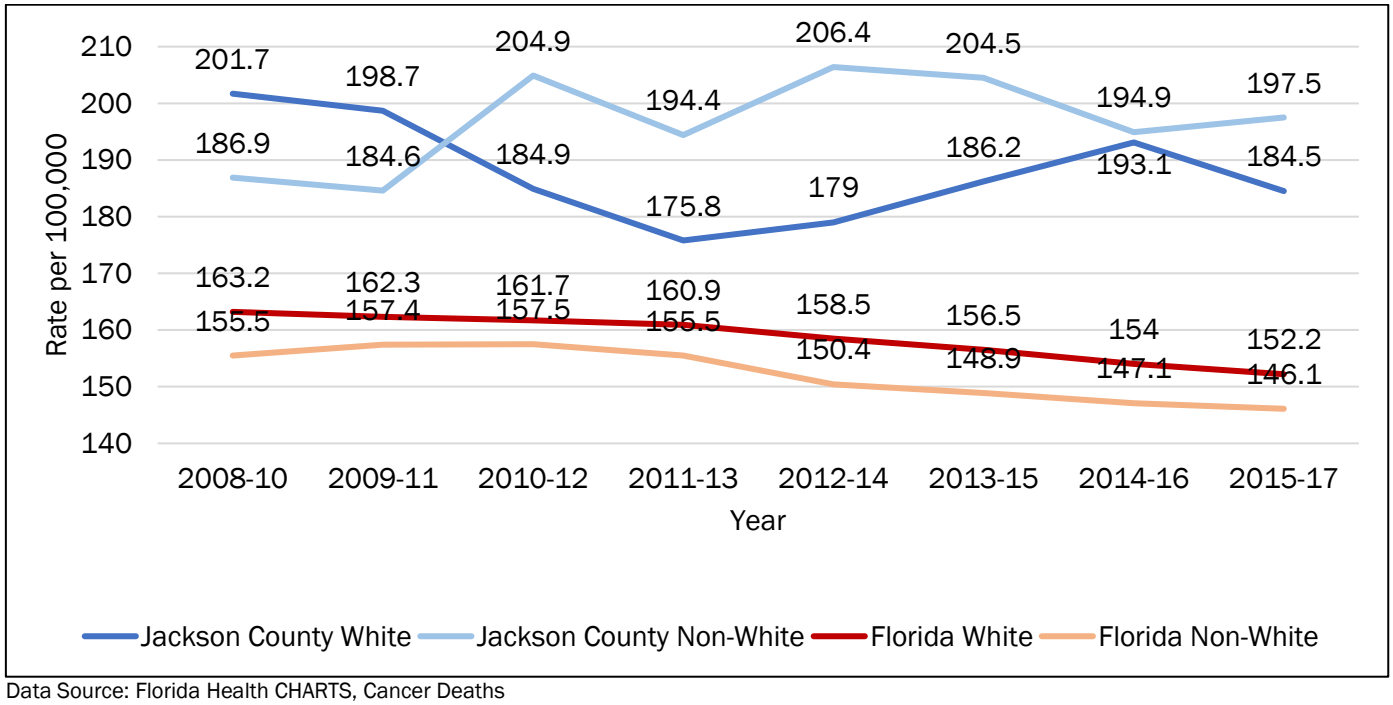


Data Source: Florida Health CHARTS, *Cancer Deaths*

Jackson County's non-white population has the highest cancer mortality rate and increased by 6.0% from 2008-2010 to 2015-2017 with its lowest rate in 2009-2011. The cancer mortality rate for Jackson County's white population is higher than the cancer mortality rate for both white Florida residents and non-white Florida residents. However, the cancer mortality rate for Jackson's white population decreased by 8.5% from 2008-2010 to 2015-2017 (Figure 55).[84]

[81] National Cancer Institute at the National Institutes of Health (2015, February 9). *What Is Cancer?* Retrieved from http://www.cancer.gov/about-cancer/what-is-cancer
[82] U.S. Centers for Disease Control and Prevention (2018, November 29). *Mortality in the United States, 2017*
[83] Florida Department of Health (2019). *Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[84] Florida Department of Health (2019). *Cancer Deaths*.

Figure 55. Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



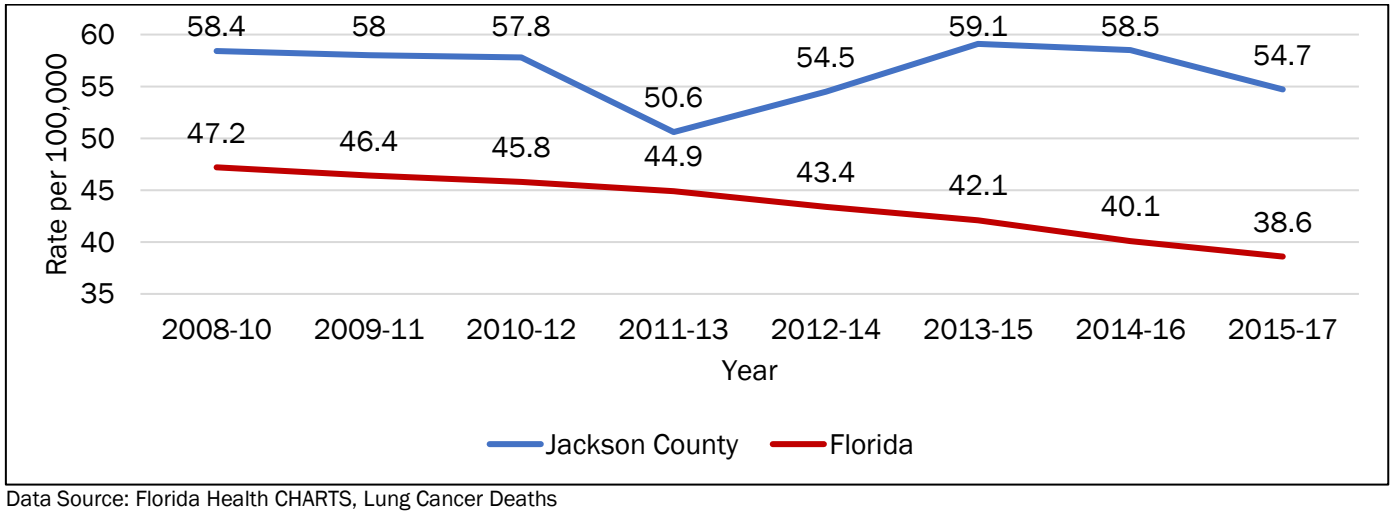
Data Source: Florida Health CHARTS, Cancer Deaths

Lung Cancer

Lung cancer is the leading cause of death by cancer, but rates have been decreasing nationally for decades. The number one risk factor is cigarette smoking with others including secondhand smoke, exposure to environmental hazards such as asbestos or radon, and family history.[85]

The lung cancer mortality rate has decreased for both Jackson County and Florida from 2008-2010 to 2015-2017. Jackson County's rate decreased by 6.3% compared to 18.2% for Florida. However, Jackson County's lung cancer mortality rate remains above the state average (Figure 56).[86]

Figure 56. Lung Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017

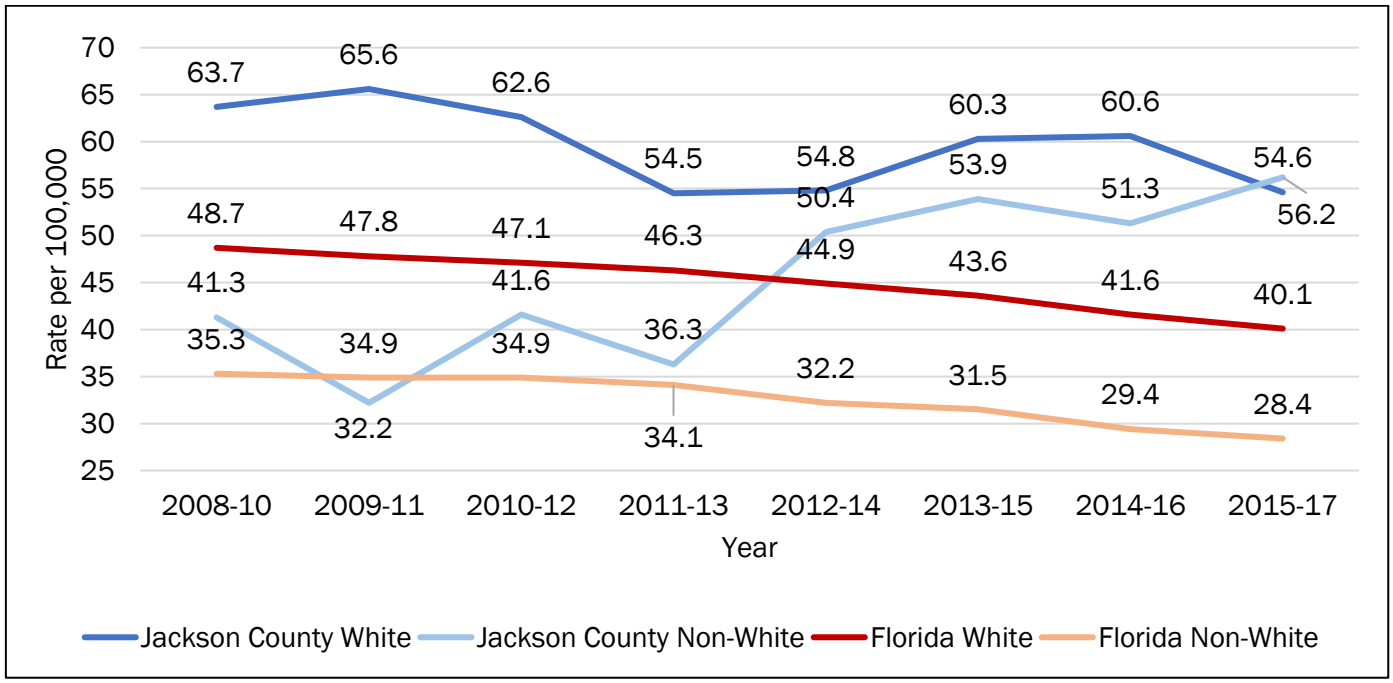


Data Source: Florida Health CHARTS, Lung Cancer Deaths

[85] U.S. Centers for Disease Control and Prevention (2018, July 19). *Lung Cancer*. Retrieved from https://www.cdc.gov/cancer/lung/basic_info/
[86] Florida Department of Health (2019). *Lung Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

White Floridians and Jackson County residents had higher lung cancer mortality rate than non-white Florida populations until 2015-2016. Despite decreasing by 14.3% from 2008-2010 to 2015-2017, the mortality rate for Jackson County's white population was higher than the state average in the past several years. In 2015-2017, Jackson's non-white population had the highest lung cancer mortality rate of all populations. From 2008-2010 through 2015-2017, Jackson County's non-white population had a 36.1% increase in lung cancer mortality per 100,000 population (Figure 57).[87]

Figure 57. Lung Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Lung Cancer Deaths

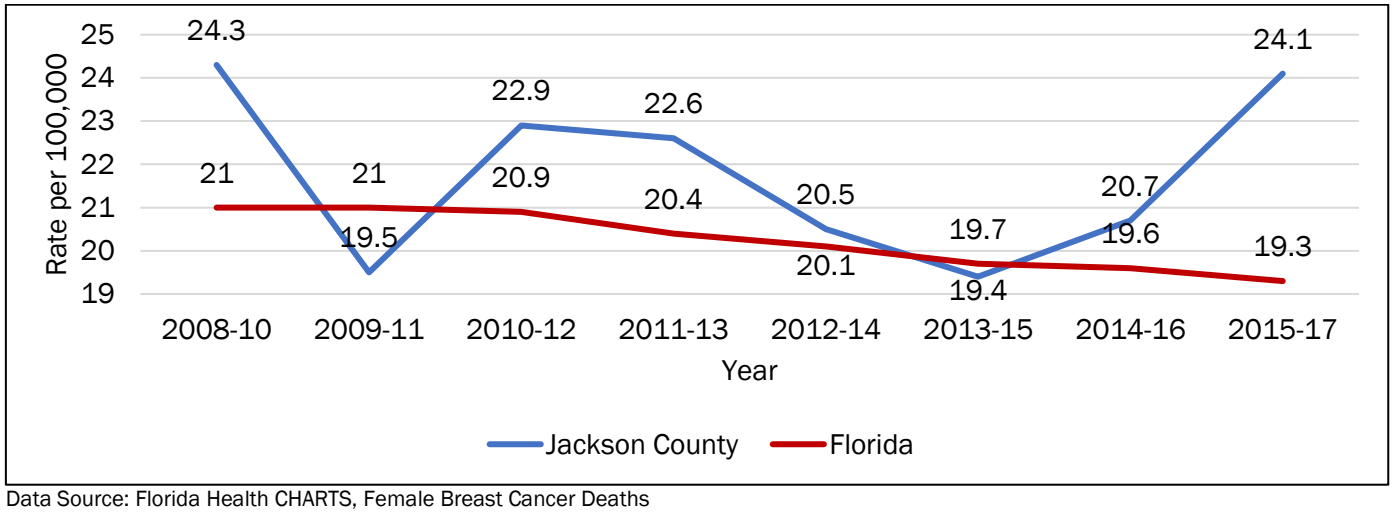
Female Breast Cancer

While mortality rates for breast cancer have decreased over time, it remains the second leading cause of death by cancer among women. Cancer can occur in different parts of the breast—including lobules, ducts, and connective tissue—but the most common types of breast cancer are invasive ductal carcinoma and invasive lobular carcinoma. Multiple risk factors exist such as age, genetic mutations, reproductive history, family history, previous radiation therapy, taking hormones, being overweight or obese after menopause, and being physically inactive.[88]

Female breast cancer mortality rates in Jackson County have varied from 2008-2010 to 2015-2017. Overall, rates have slightly decreased by 0.8% from 2008-2010 to 2015-2017, with a low of 19.4 deaths per 100,000 in 2013-2015. In contrast, Florida mortality rates steadily decreased by 8.1% from 2008-2010 to 2015-2017 (Figure 58).[89]

[87] Florida Department of Health (2019). *Lung Cancer Deaths*.
[88] U.S. Centers for Disease Control and Prevention (2018, November 5). *Breast Cancer*. Retrieved from https://www.cdc.gov/cancer/breast/index.htm
[89] Florida Department of Health (2019). *Female Breast Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

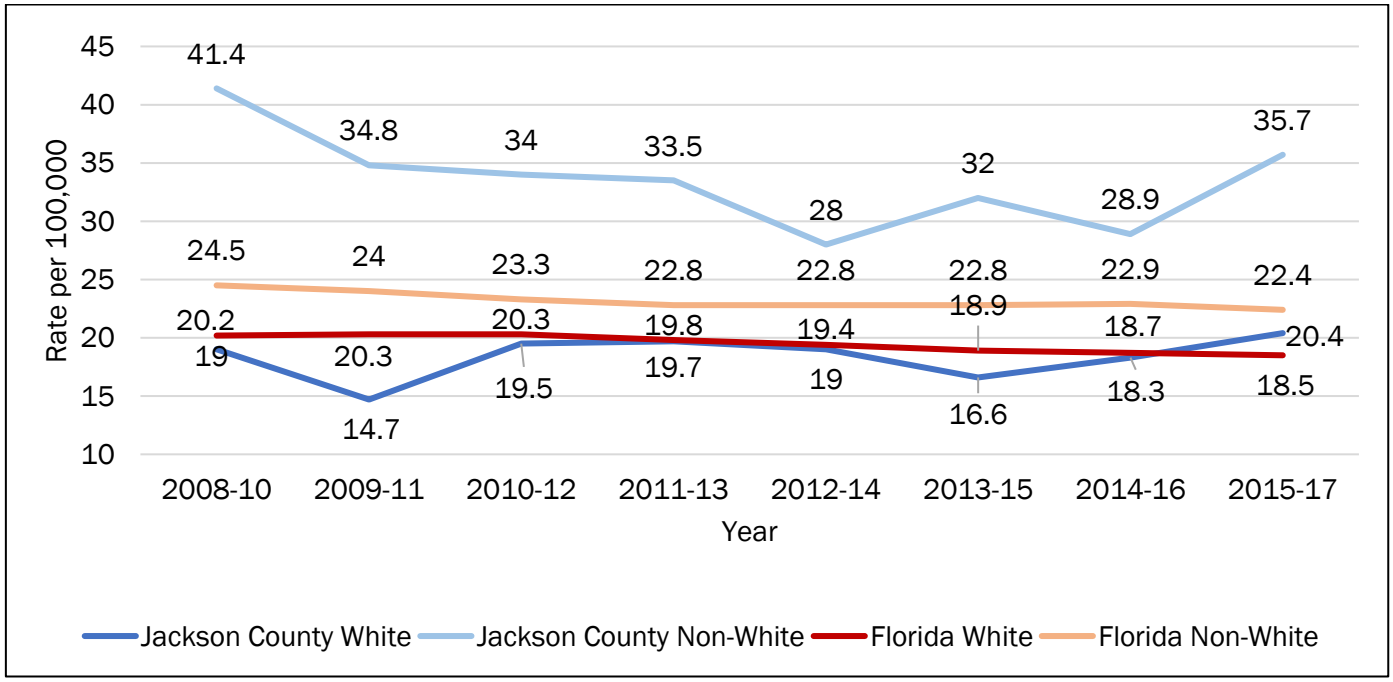
Figure 58. Female Breast Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

The breast cancer mortality rate Jackson County's non-white population had the highest rates in the last decade. The non-white population rate in Jackson County decreased by 13.8% from 2008-2010 to 2015-2017. Jackson's white population breast cancer mortality rate increased by 7.4% during the same period. Mortality among Florida's white and non-white populations slowly decreased from 2008-2010 to 2015-2017 (Figure 59).[90]

Figure 59. Female Breast Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Female Breast Cancer Deaths

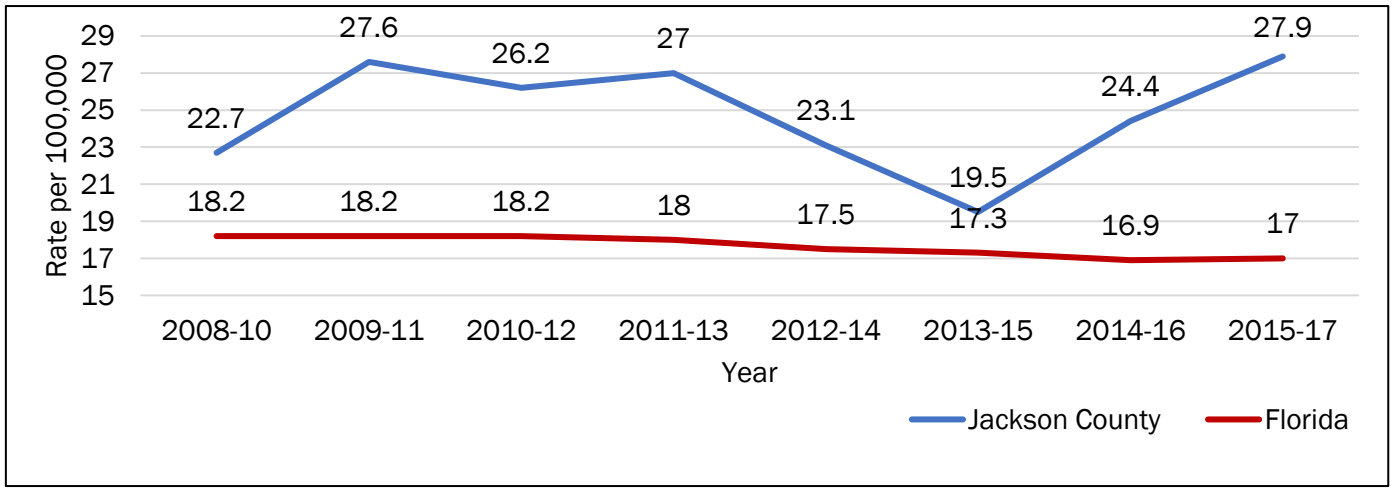
Prostate Cancer

Prostate cancer is the most commonly diagnosed non-skin cancer among men and the second leading cause of death by cancer for men. Risk factors include being African-American, family history, and age, which is the most common factor.[91]

[90] Florida Department of Health (2019). *Female Breast Cancer Deaths*.
[91] U.S. Centers for Disease Control and Prevention (2018, November 7). *Prostate Cancer*. Retrieved from https://www.cdc.gov/cancer/breast/index

The mortality rate in Jackson County increased by 22.9% from 2008-2010 through 2015-2017. Jackson County's mortality rate is higher than Florida's rate. Starting at 19.5 in 2013-2015, there was an increase in prostate cancer mortality to 27.9 in 2015-2017. Florida had a 6.6% decrease from 2008-2010 to 2015-2017 (Figure 60).[92]

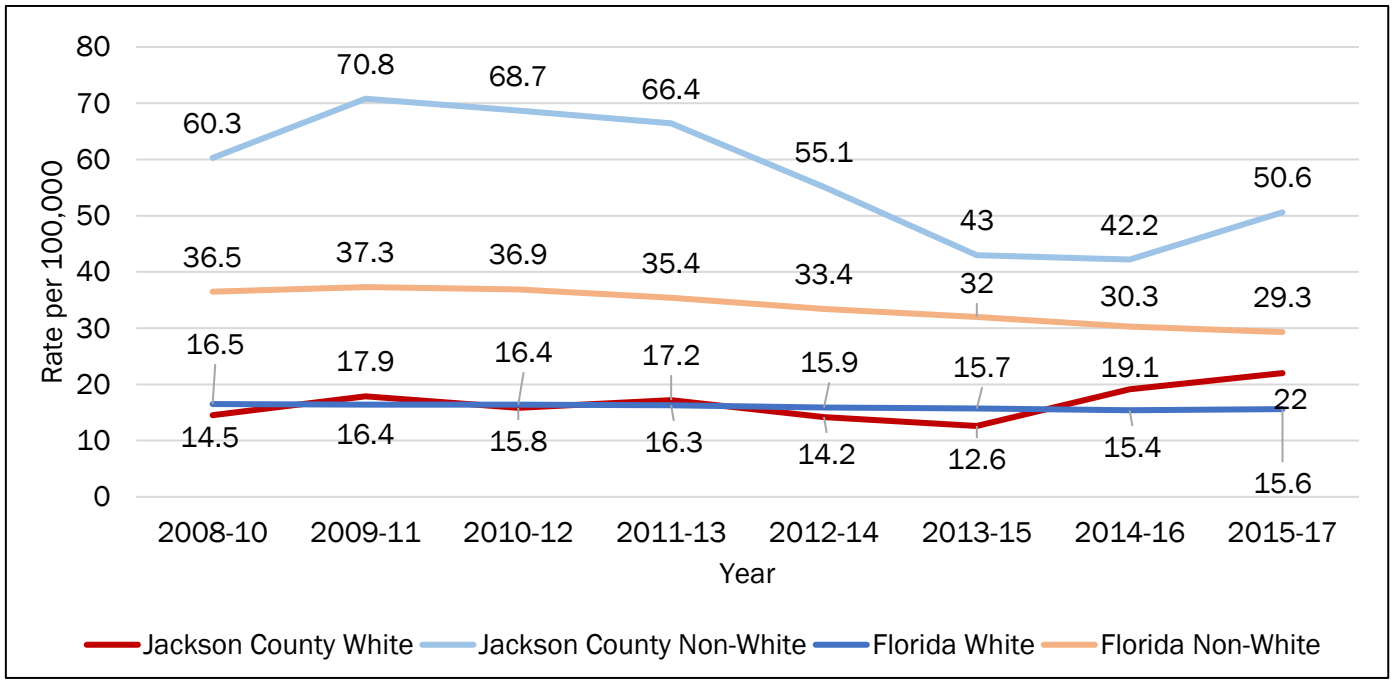
Figure 60. Prostate Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Prostate Cancer Deaths

The non-white Jackson County population's prostate cancer mortality rate is the highest rate of the populations despite a rate decrease of 16.1% during 2008-2010 through 2015-2017. The mortality rate for Jackson's white population increased by 51.7% during the same period (Figure 61).[93]

Figure 61. Prostate Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Prostate Cancer Deaths

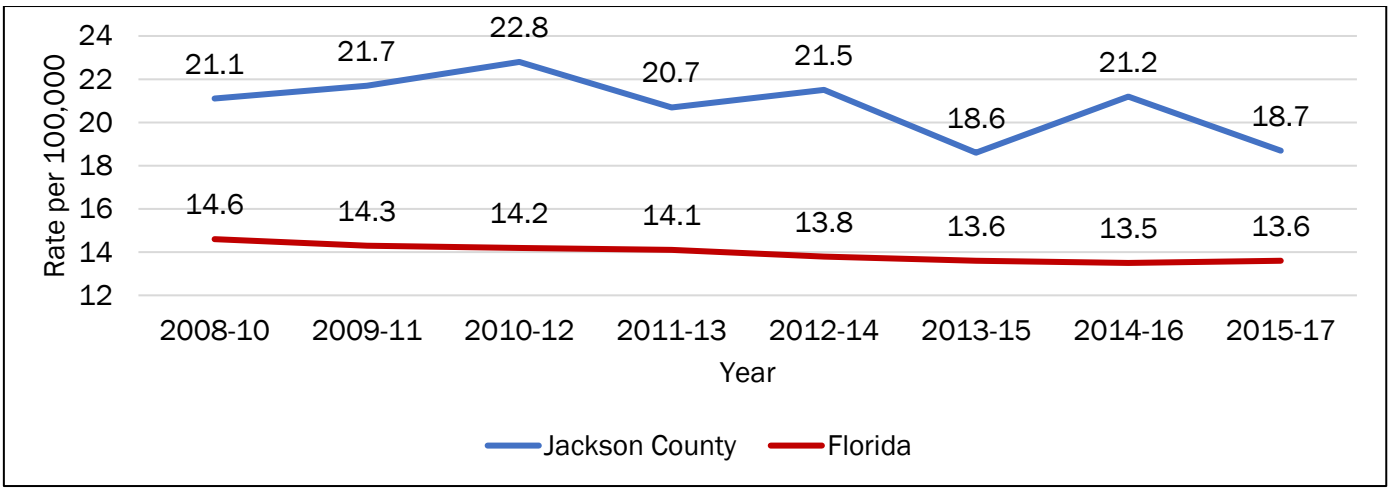
[92] Florida Department of Health (2019). *Prostate Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[93] Florida Department of Health (2019). *Prostate Cancer Deaths*.

Colorectal Cancer

Colorectal cancer, cancer of the colon or rectum, is the second leading cause of death by cancer. People 50 years and older account for more than 90% of all cases, but other risk factors include inflammatory bowel disease, family history, genetic syndromes, and lifestyle factors such as a lack of physical activity, a low fiber and high-fat diet, and low fruit and vegetable consumption.[94]

Jackson County's colorectal cancer mortality rate in higher than the Florida rate although it decreased by 11.4% from 2008-2010 to 2015-2017. During the same period, Florida's rate decreased by 6.8% (Figure 62).[95]

FIGURE 62. COLORECTAL CANCER MORTALITY RATE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2017

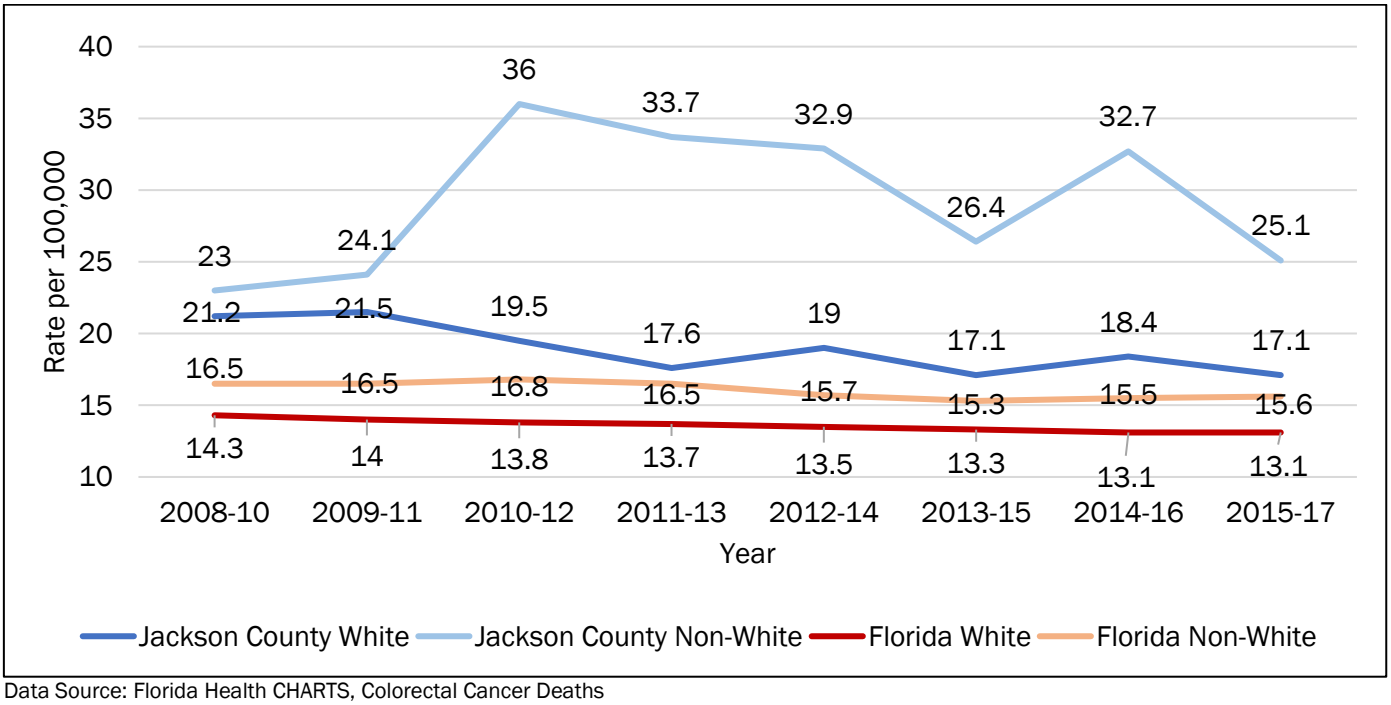


Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

The Jackson County white population's colorectal cancer mortality rate decreased by 19.3% from 2008-2010 to 2015-2017 compared to the 9.1% increase for the non-white population during the same period (Figure 63). Non-white Jackson County residents have the highest rate among the populations.[96]

[94] U.S. Centers for Disease Control and Prevention (2019, February 1). *Colorectal (Colon) Cancer*. Retrieved from https://www.cdc.gov/cancer/colorectal/index.htm
[95] Florida Department of Health (2019). *Colorectal Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx
[96] Florida Department of Health (2019). *Colorectal Cancer Deaths*.

FIGURE 63. COLORECTAL CANCER MORTALITY RATE BY RACE, AGE-ADJUSTED 3-YEAR ROLLING RATES, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: Florida Health CHARTS, Colorectal Cancer Deaths

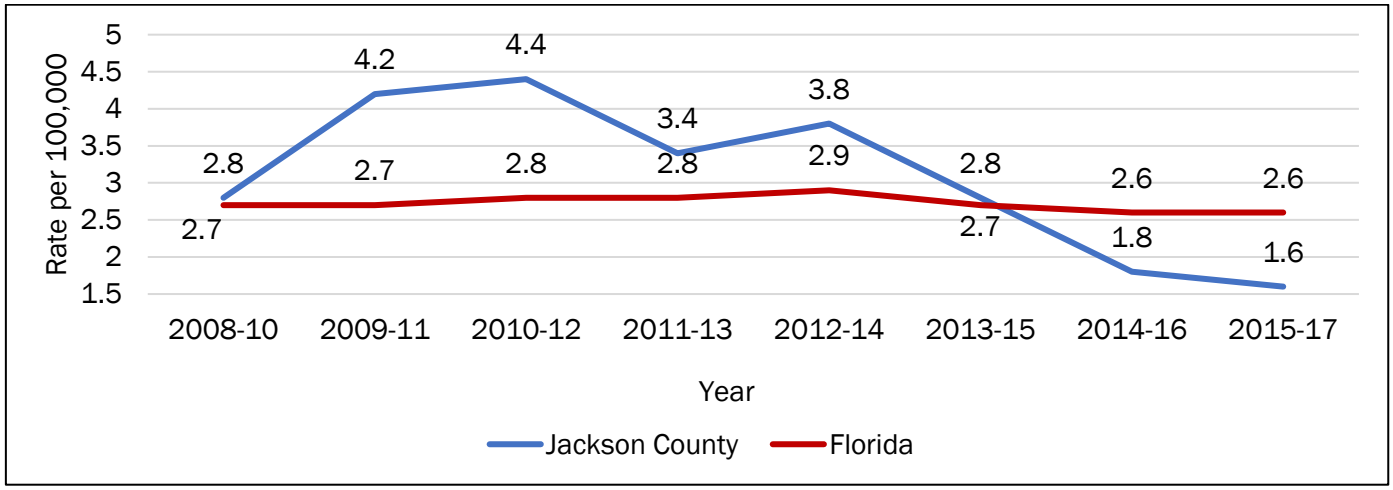
Cervical Cancer

Cervical cancer, cancer of the cervix, occurs most often in women over age 30. Human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. Cervical cancer is highly preventable in most Western countries because screening tests and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life.[97]

Jackson County's cervical cancer mortality rate decreased by 42.9% during 2008-2010 to 2015-2017. Jackson County's rate is currently lower than Florida's rate, but from 2008-2010 through 2013-2015, Florida's rate was lower than Jackson County's. During 2008-2010 to 2015-2017, Florida's rate decreased by 3.7%. The single digit counts (fewer than five deaths) may account for these large fluctuations with the Jackson County rate. (Figure 64).[98]

[97] U.S. Centers for Disease Control and Prevention (2019, February 1). *Cervical Cancer*. Retrieved from https://www.cdc.gov/cancer/cervical/basic_info/index.htm
[98] Florida Department of Health (2019). *Cervical Cancer Deaths*. Retrieved from http://www.flhealthcharts.com/charts/Default.aspx

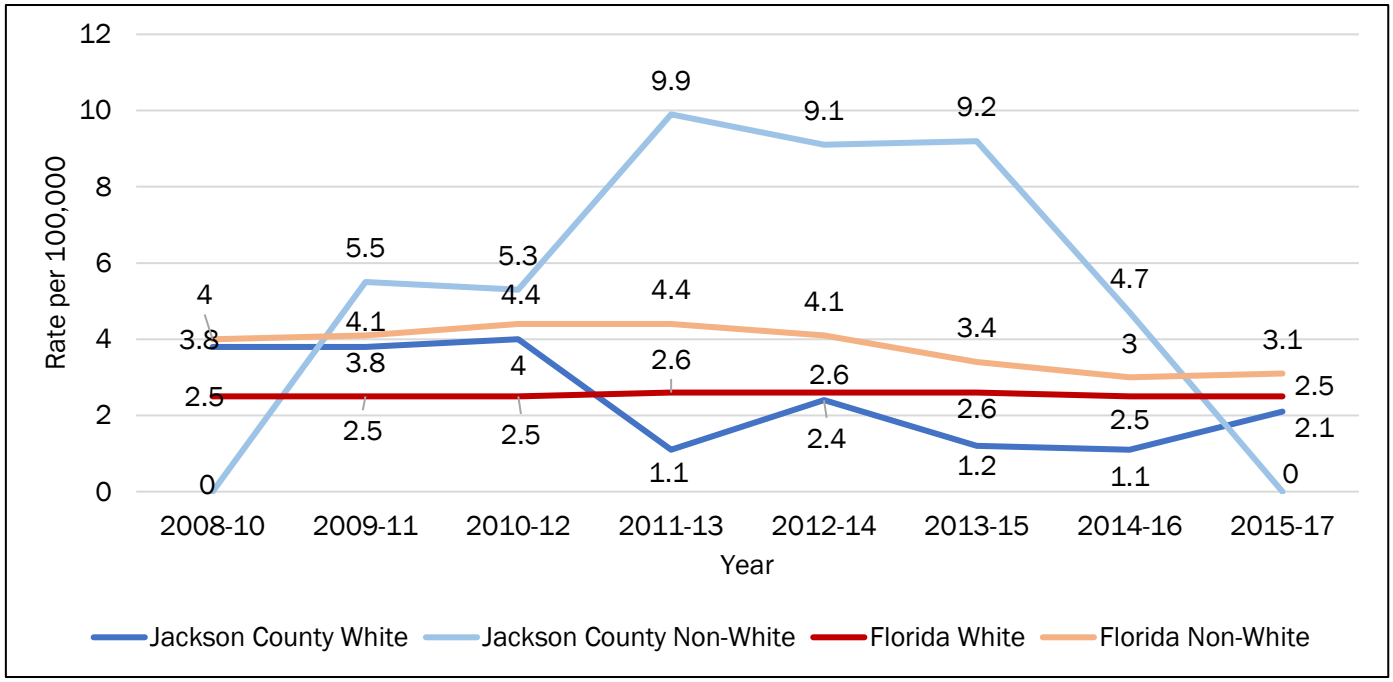
Figure 64. Cervical Cancer Mortality Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Cervical Cancer Deaths

The Jackson County white population's cervical cancer mortality rate decreased by 44.7% from 2008-2010 to 2015-2017 compared to the non-white population reaching a zero rate during the same period (Figure 65). Significant variations may be due to single digit counts (fewer than five deaths).[99]

Figure 65. Cervical Cancer Mortality Rate by Race, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



Data Source: Florida Health CHARTS, Cervical Cancer Deaths

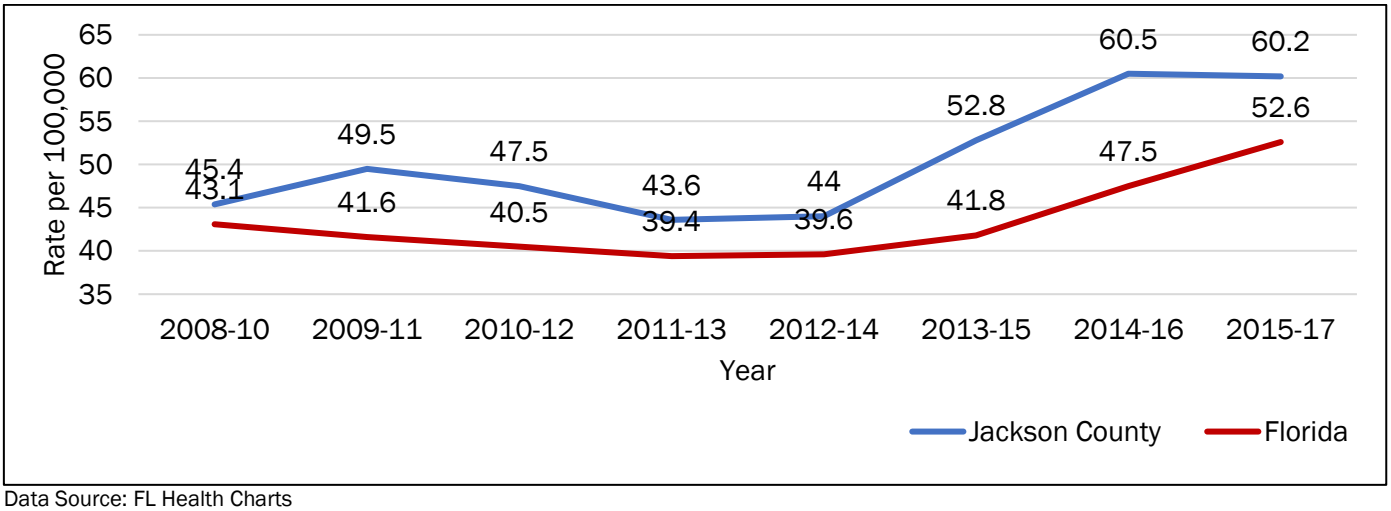
[99] Florida Department of Health (2019). *Cervical Cancer Deaths*.

Unintentional Injury

Unintentional injuries are accidental or unplanned. They include injuries resulting from drowning, motor vehicle crashes, fire, falls, and poisoning.[100] Unintentional injuries are the leading cause of death for people ages 1-44 in the U.S.[101]

Jackson County has a higher unintentional injury death rate than the state of Florida with 60.2 injury deaths per 100,000 population compared to 52.6 deaths per 100,000 in Florida. Jackson County's unintentional injury death rate increased by 32.3% from 2008-2010 to 2015-2017 (Figure 66). Florida's rate has increased by 22.0% during the same time period.

Figure 66. Unintentional Injury Death Rate, Age-Adjusted 3-Year Rolling Rates, Jackson County & Florida, 2008-2017



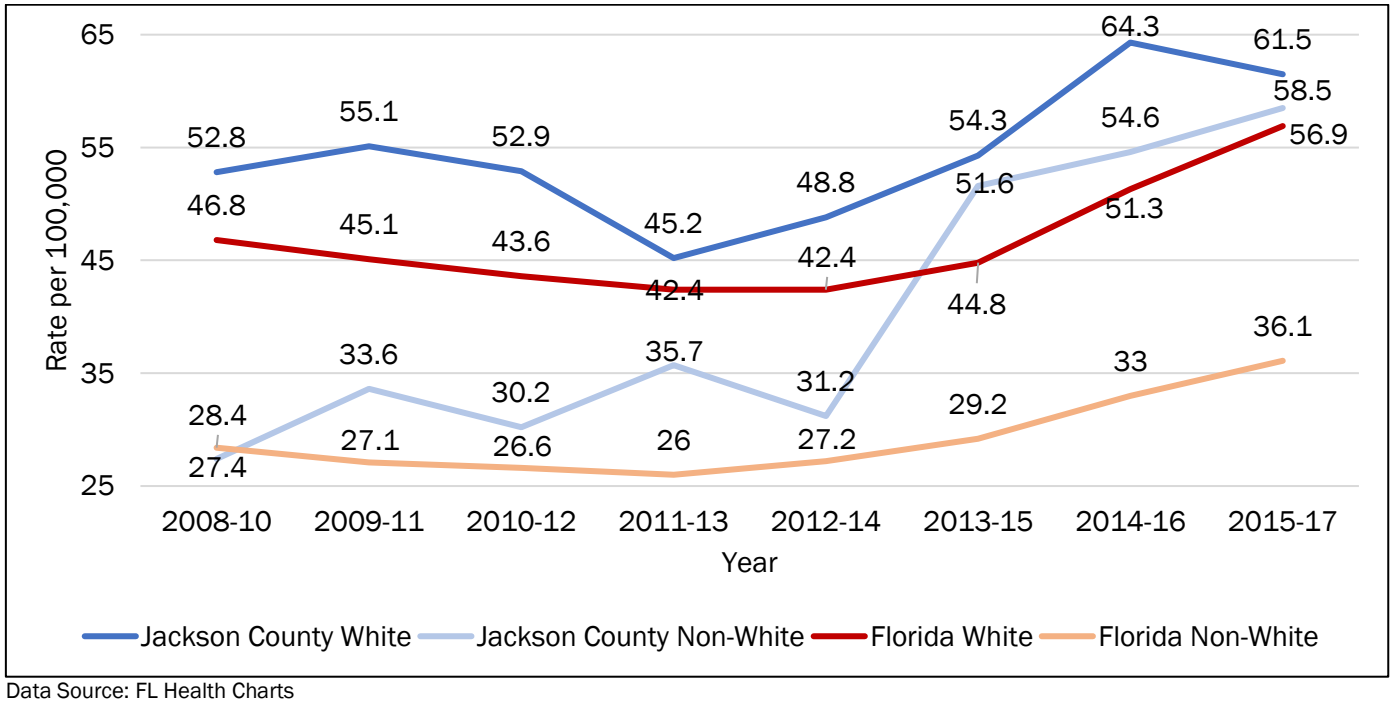
Data Source: FL Health Charts

Jackson County's white population has the highest unintentional injury death rate with 61.5 injury deaths per 100,000 population compared to 56.9 deaths per 100,000 in Florida's white population. Starting in 2012-2014, there has been an increase of 87.5% in the unintentional injury death rate for the Jackson County non-white population (Figure 67).

[100] Maine Center for Disease Control and Prevention (2017). *Maine injury prevention program*. Retrieved from http://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html

[101] Centers for Disease Control and Prevention (2017, May 2). *Ten leading causes of death and injury*. Retrieved from www.cdc.gov/injury/wisqars/leadingcauses.html

Figure 67. Unintentional Injury Death Rate By Race, Age-Adjusted 3-Year Rolling Rate, Jackson County & Florida, 2006-2017

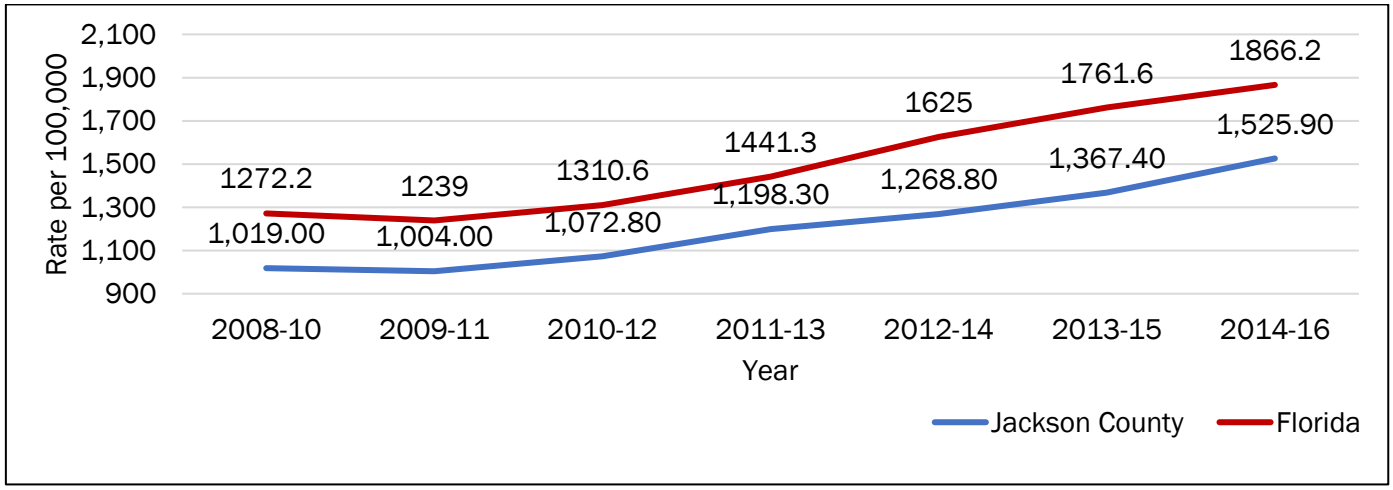


Data Source: FL Health Charts

Traffic Crashes

A motor vehicle crash involves at least one motor vehicle on a roadway that is open to the public. Jackson County has a lower incidence of traffic crashes rate than the state of Florida with 1,525.90 traffic crashes per 100,000 population compared to 1,866.2 traffic crashes per 100,000 in Florida. Jackson County's traffic crashes rate increased by 49.7% from 2008-2010 to 2015-2017. Florida's rate has increased by 46.7% during the same time period. (Figure 68).[102]

Figure 68. Incidence of Motor Vehicle Traffic Crashed, Jackson County & Florida, 2008-2016

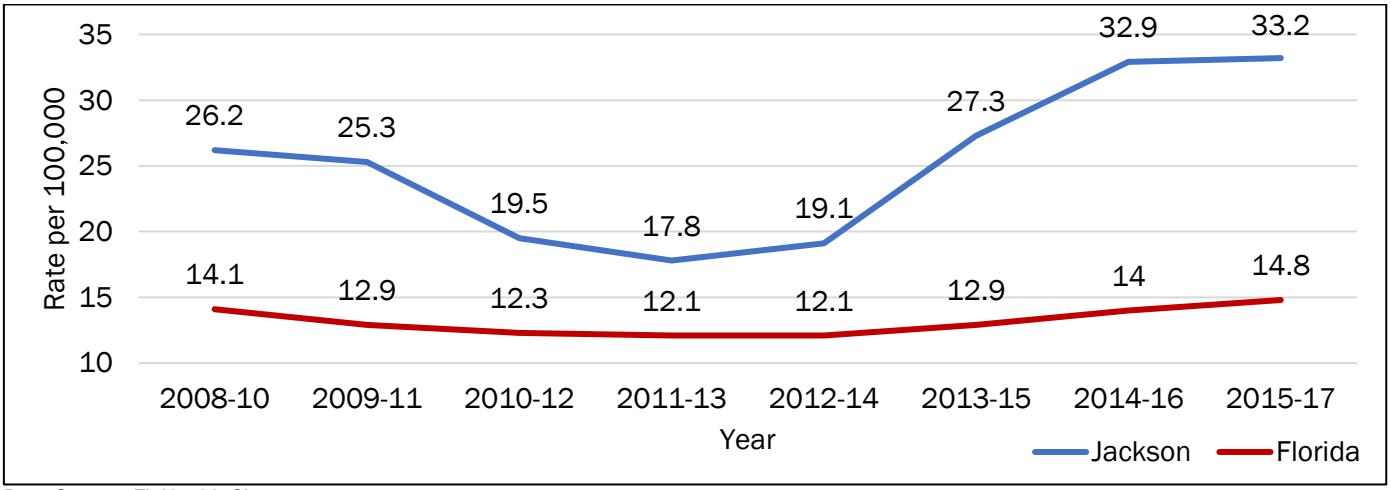


Data Source: FL Health Charts

Jackson County has a higher motor traffic fatality rate than Florida with 33.2 deaths per 100,000 compared to 14.8 deaths per 100,000 population. Jackson County's motor traffic fatalities increased by 26.7% from 2008-2010 to 2015-2017, with a dip from 2009-2011 through 2012-2014. Florida has had a consistent incidence of motor vehicle traffic deaths from 2008-2010 through 2015-2017 ranging from 14.1 to 14.8 deaths per the 100,000 population. (Figure 69).

[102] Florida Department of Health (2017). *Total Motor Vehicle Traffic Crashes* [Data file]. Available from http://www.flhealthcharts.com

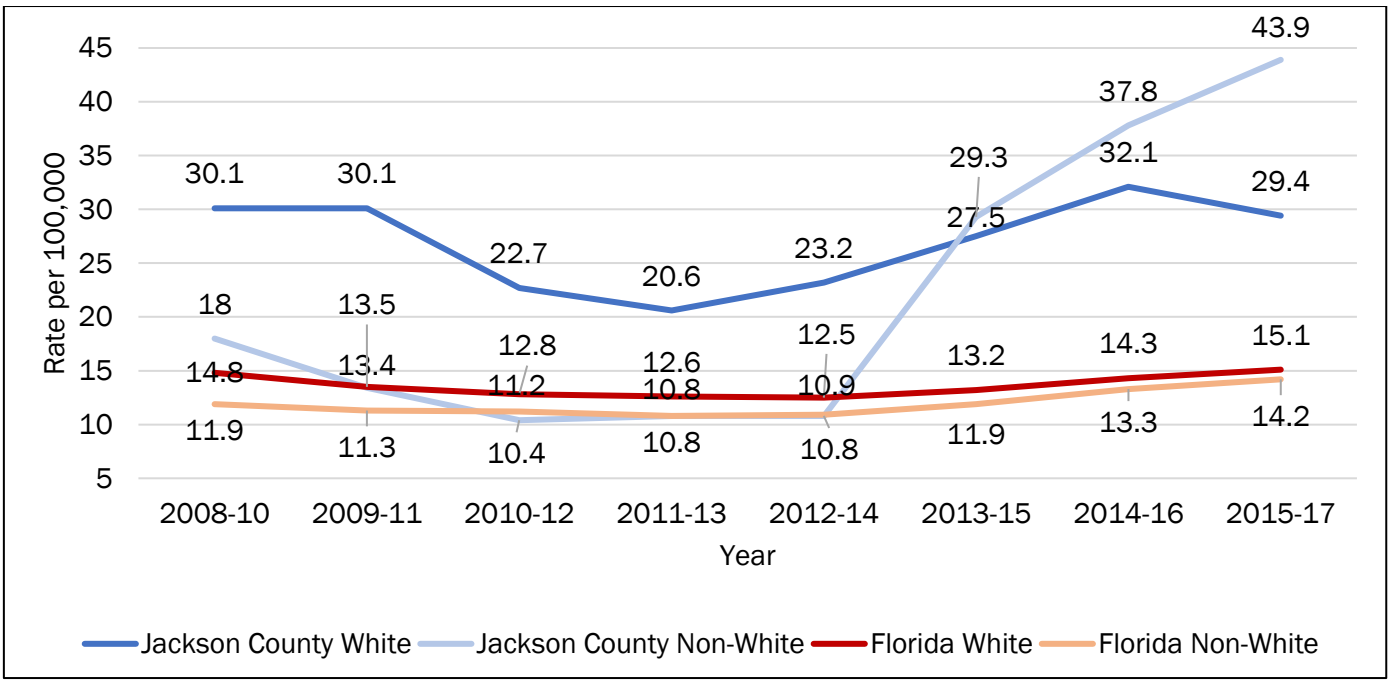
Figure 69. Incidence of Motor Vehicle Traffic Deaths, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

In 2015-2017 Jackson County's non-white population has the highest rate of 43.9 traffic deaths per 100,000 compared to the non-white population in Jackson County and Florida as well as the white population in Florida. From 2012-2014 to 2015-2017 Jackson County's non-white population saw an increase from 10.8 to 43.9 traffic deaths per 100,000 populations, an increase of 306.5%. Jackson County's white resident's rate decreased by 2.3% during 2008-2010 through 2015-2017 compared to Florida white resident rate which increased by 2.0% during the same time period. Also during this period, the Florida resident non-white population experienced an increase in traffic deaths by 19.3% (Figure 70).

Figure 70. Incidence of Motor Vehicle Traffic Deaths by Race, Jackson County & Florida, 2006-2017



Data Source: FL Health Charts

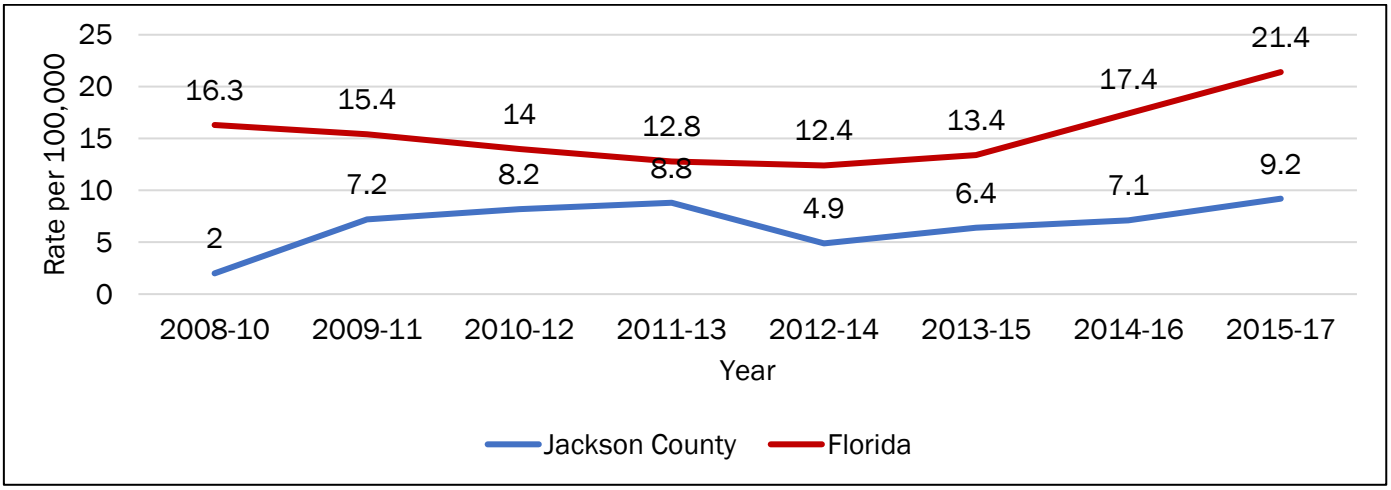
Drug Poisoning Deaths

Drug poisoning deaths result from unintentional or intentional overdose of a drug, receiving the wrong drug, taking a drug in error, or taking a drug inadvertently.[103]

[103] Centers for Disease Control and Prevention (2017). Drug Overdose Deaths in the United States, 1999-2016. Available from https://www.cdc.gov/nchs/products/databriefs/db294.htm

Jackson County has a lower drug poisoning death rate at 9.2 deaths per 100,000 compared to the Florida rate of 21.4 deaths per 100,000 in 2015-2017. From 2008-2010 through 2015-2017, Jackson County's rate increased by 360.0% compared Florida's rate increase of 31.3% (Figure 71).

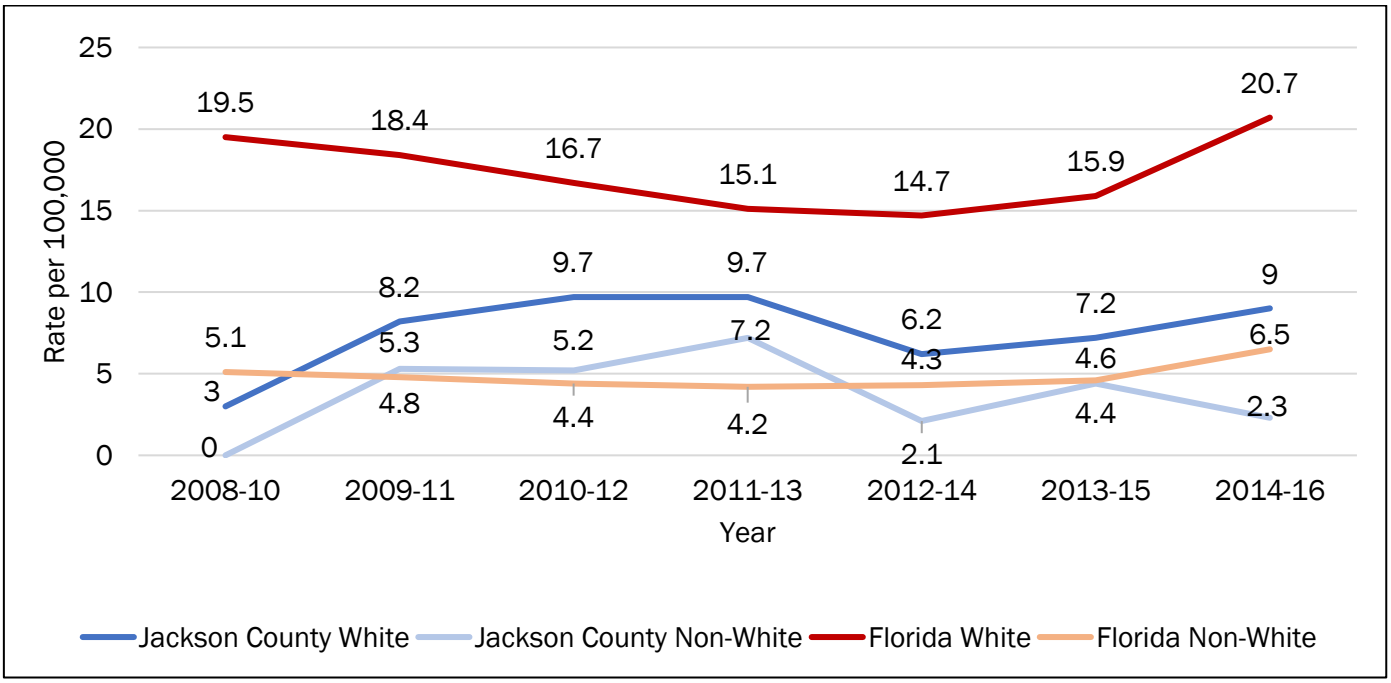
Figure 71. Incidence of Drug Poisoning Deaths, Jackson County & Florida, 2007-2017



Data Source: FL Health Charts

Jackson County's non-white population has a lower rate of drug poisoning death rate at 2.3 per 100,000 compared to the 6.5 deaths per 100,000 in the Florida non-white population. Jackson County's non-white resident's rate increased from a rate of zero to 2.3 deaths per 100,000 during 2008-2010 through 2014-2016. Also, during this period, the Jackson County white population experienced an increase in drug poisoning deaths by 200.0% compared to the Florida white population which increased from 19.5 deaths to 20.7 deaths per 100,000 population, an increase of 6.2% (Figure 72).

Figure 72. Incidence of Drug Poisoning Deaths By Race, Jackson County & Florida, 2008-2016



Data Source: FL Health Charts

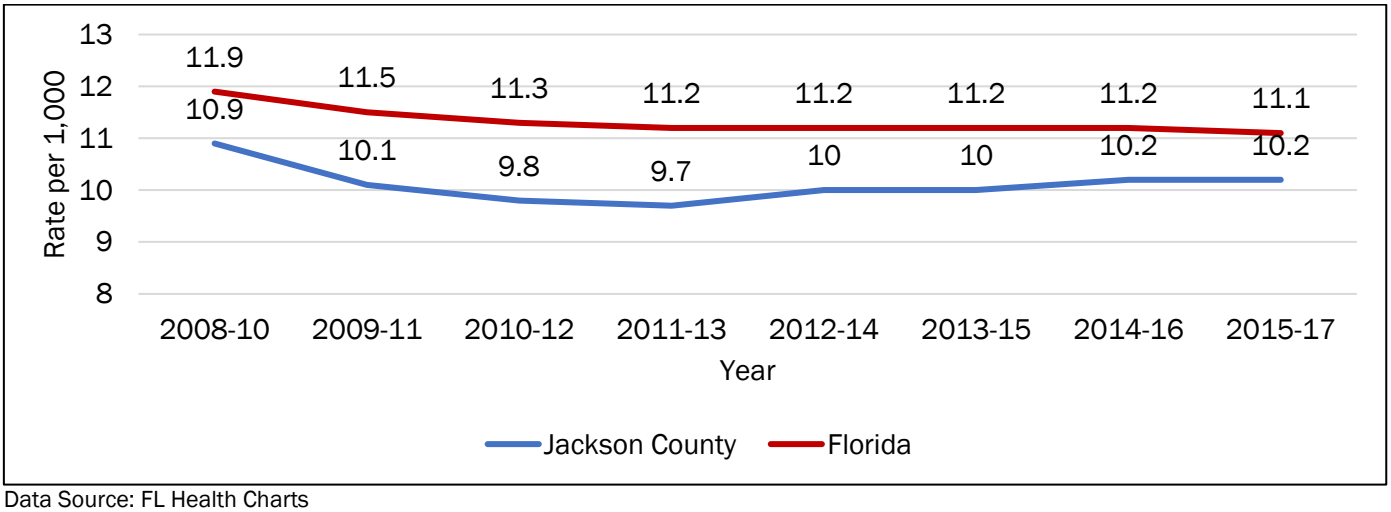
Maternal & Child Health

Total Births

Birth outcomes differ across regions due to many factors, including access to care, quality of care, environmental factors, and the mothers' health behaviors.[104]

Jackson County's total resident live birth rate is lower than Florida's rate for all races with a rate of 10.2 live births per 1,000 compared to Florida's rate of 11.1 per 1,000 population in 2015-2017. Jackson County's live birth rate decreased by 6.4% compared to Florida's decrease of 6.7% during 2008-2010 through 2015-2017 (Figure 73).

FIGURE 73. TOTAL RESIDENT LIVE BIRTH RATES, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, JACKSON COUNTY & FLORIDA 2008-2017

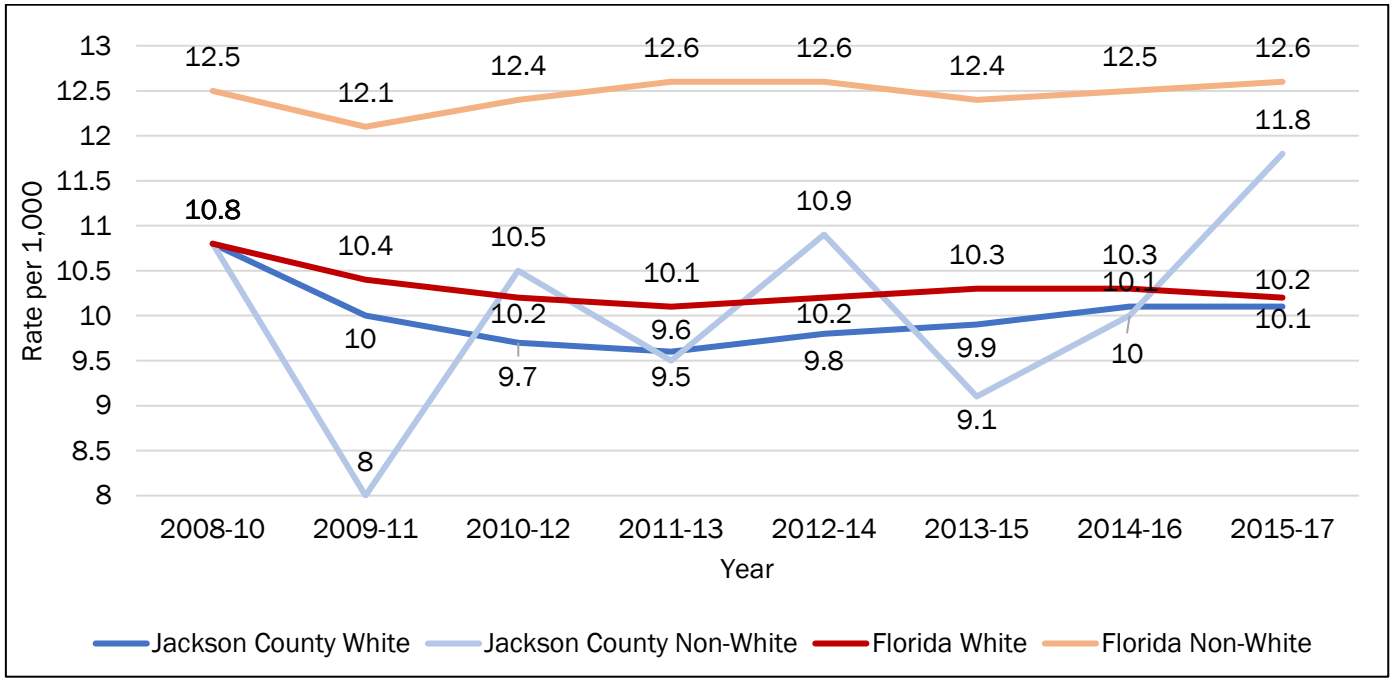


Data Source: FL Health Charts

Birth rates for the Florida white population is the highest of all the populations at 12.6 in 2015-2017. Birth rates for non-white population in Jackson County had a rate of 11.8 live births per 1,000 compared to the Jackson white population rate of 10.1 per 1,000 live births. Jackson County's non-white population increased by 9.3% in comparison to the white population's decrease by 6.5% during 2008-2010 through 2015-2017 (Figure 74).

[104] Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. Retrieved from https://ephtracking.cdc.gov/showRbIndicators

FIGURE 74. TOTAL RESIDENT LIVE BIRTH RATES BY RACE, 3-YEAR ROLLING, JACKSON COUNTY & FLORIDA, 2008-2017



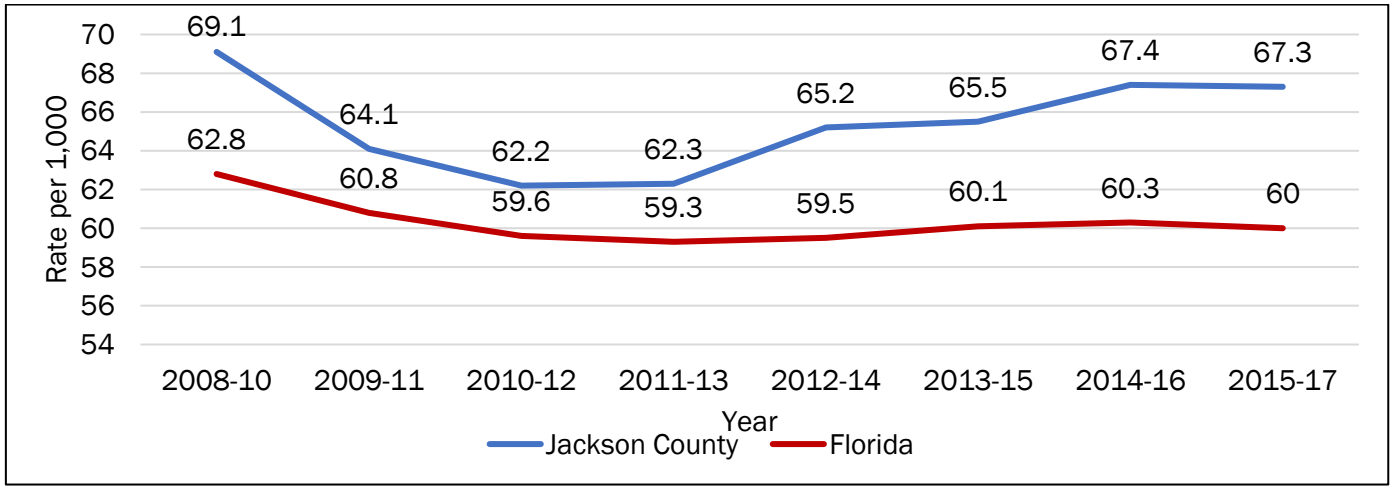
Data Source: FL Health Charts

Births to Mothers Age 15-44

Among U.S. women aged 15-44 in 2013-2015, 50% expected to have a child in the future. Women's expectations about having children in the future are related to sexual activity, contraceptive use, and fertility.[105]

During 2015-2017, Jackson County's birth rate to women aged 15-44 was 67.3 births per 1,000 females ages 15-44 compared to the Florida rate of 60.0 for the same time period. Jackson's birth rate decreased by 2.6% from 2008-2010 through 2015-2017, with an all-time low in 2010-2012 at 62.2 births. In the same years, Florida's rate decreased by 4.5% (Figure 75).

FIGURE 75. BIRTH RATES BY MOTHER'S AGE, AGES 15-44, ALL RACES/ETHNICITIES, 3-YEAR ROLLING, JACKSON COUNTY & FLORIDA, 2008-2017



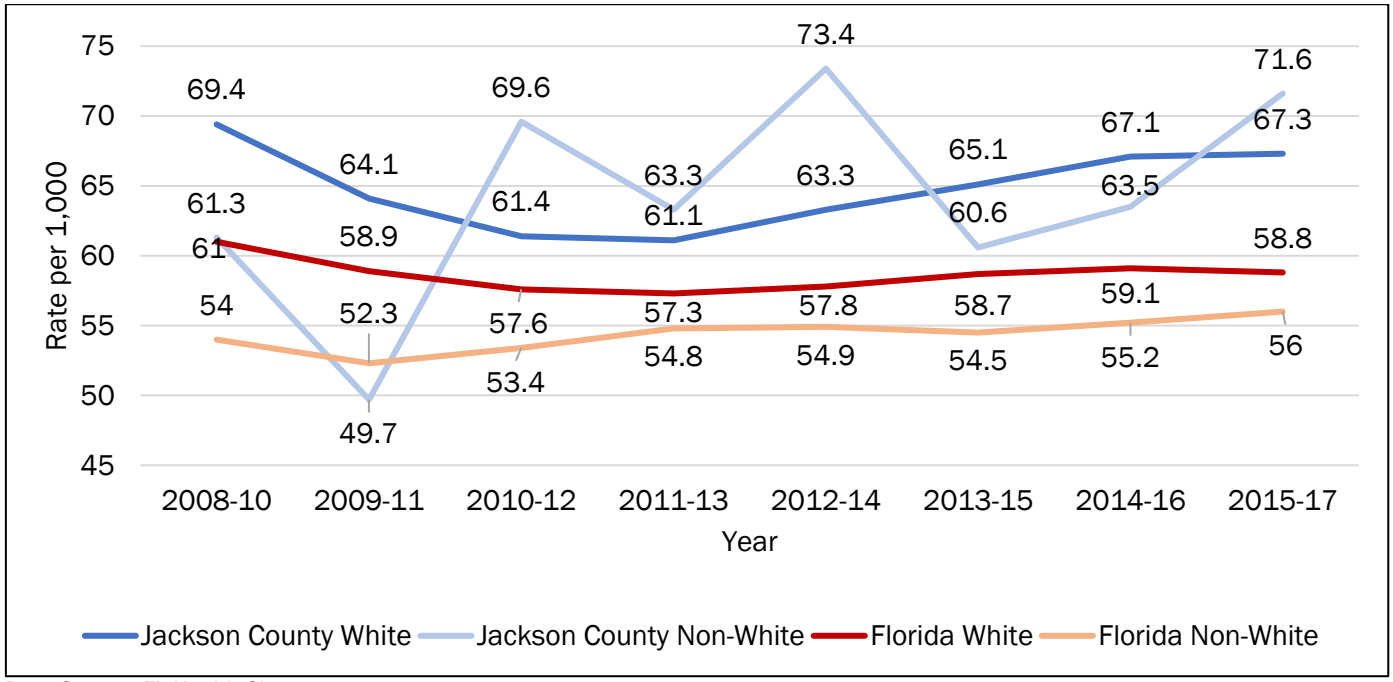
Data Source: FL Health Charts

Births to non-white mothers ages 15-44 in Jackson County had the highest rate of 71.6 births per 1,000 females whereas Jackson white mothers of the same age group had the rate of 67.3 per 1,000 females. Jackson County

[105] Centers for Disease Control and Prevention (2016). *Birth Expectations of U.S. Women Aged 15–44*. Retrieved from https://www.cdc.gov/nchs/products/databriefs/db260.htm

non-white mothers ages 15-44 increased by 16.8% during 2008-2010 through 2015-2017 while Jackson white mothers of the same age experienced a decrease by 3.0% for the same time period (Figure 76).

FIGURE 76. BIRTH RATES BY MOTHER'S AGE, AGES 15-44, BY RACE, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: FL Health Charts

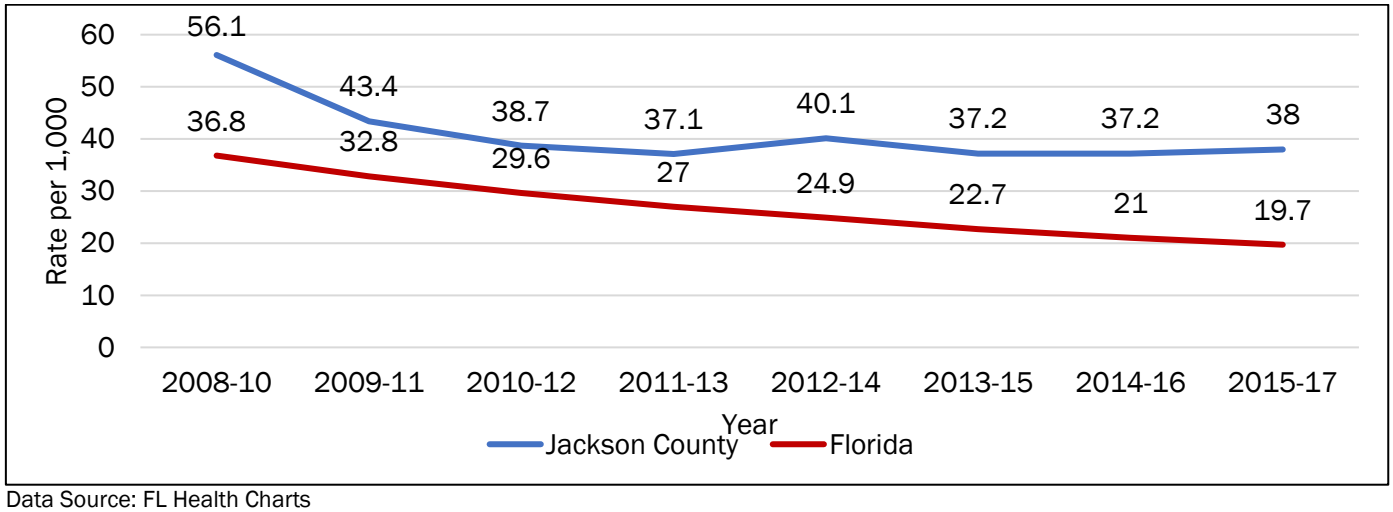
Teen Births

Teen births are defined by mothers whose ages are between 15-19 years old. Babies born to teens may be at greater risk for preterm delivery, low birth weight and neonatal mortality. [106]

Teen birth rates decreased over the past decade for all races and ethnicities in both Jackson County and Florida. In 2015-2017, the Jackson County teen birth rate was 38.0 per 1,000 females and was higher than the Florida rate of 19.7 births. Jackson County teen birth rates decreased by 32.3% compared to the Florida decrease of 46.5% from 2008-2010 through 2015-2017 (Figure 77).

[106] Florida Health Charts (2017). Retrieved from http://www.flhealthcharts.com/Charts/DataViewer/BirthViewer/BirthViewer.aspx?cid=0025

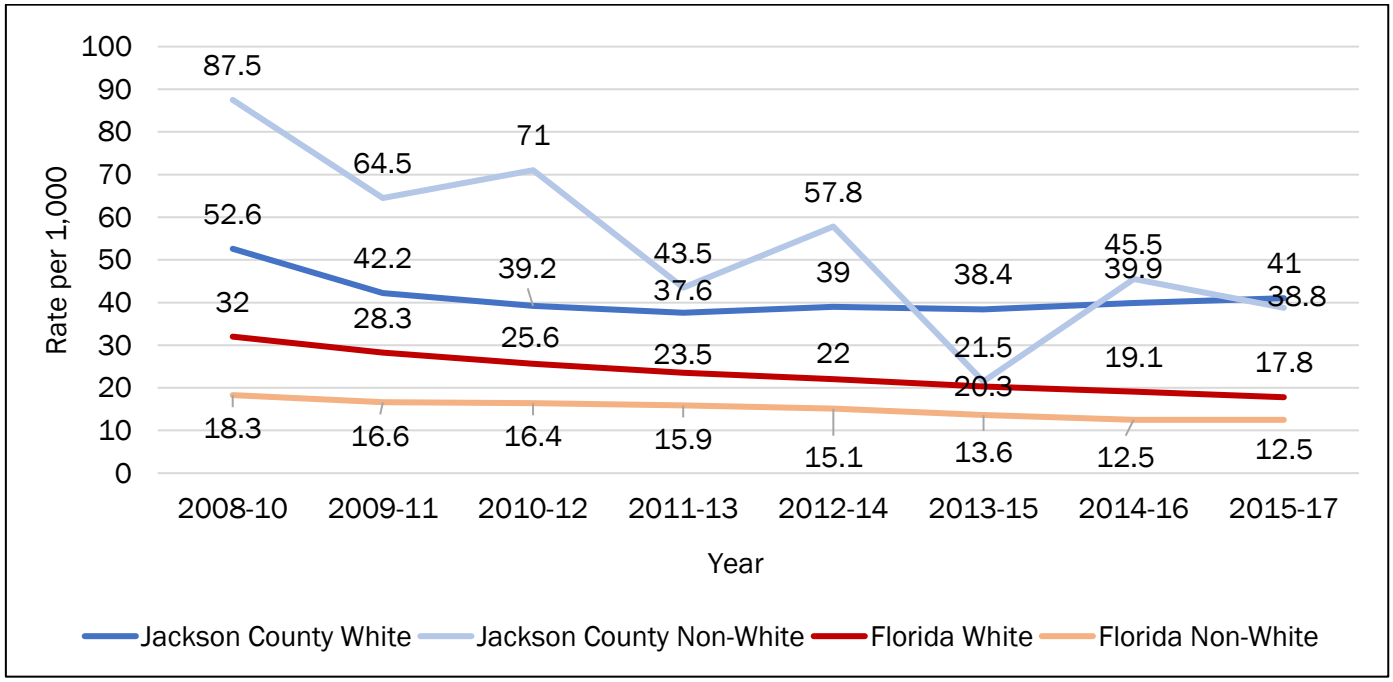
Figure 77. Birth Rates By Mother's Age, Ages 15-19, All Races/Ethnicities, 3-Year Rolling, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

Since 2008-2010 Jackson County's white population has the highest teen birth rate for the first time with 41.0 per 1,000 females compared to the Jackson non-white population at 38.8 births per 1,000 females. Jackson white female teen births decreased by 22.1% and Jackson non-white teen births also decreased by 55.7% during 2008-2010 through 2015-2017 (Figure 78). Evidence suggests that the declines in teen pregnancy may be due to increased use of birth control and decreased sexual activity. However, United States teen pregnancy rates remain substantially higher than other industrialized countries with large disparities between races and ethnicities.[107]

Figure 78. Birth Rates By Mother's Age, Ages 15-19 By Race, 3-Year Rolling, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

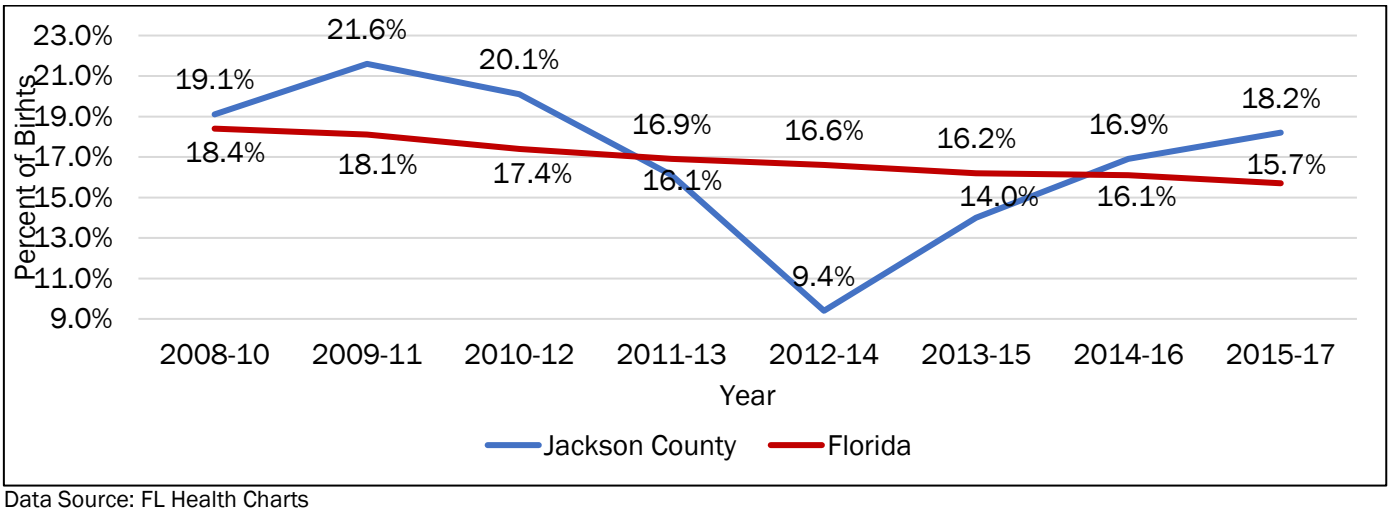
[107] Centers for Disease Control and Prevention. (2017). *About Teen Pregnancy*. Retrieved from https://www.cdc.gov/teenpregnancy/about/index.htm

Repeat Teen Births

According to the Centers for Disease Control & Prevention (CDC), nearly 1 in 5 births to mothers aged 15 to 19 is a repeat birth. Repeat teen births can affect young mothers by limiting their ability to pursue education.[108]

In 2015-2017, Jackson County had a higher repeat teen birth percentage than the state of Florida with 18.2% of births compared to 15.7% of births for the Florida. There was a temporary dip in repeat teen birth rates in Jackson County in 2012-2014. Overall, Jackson County's repeat teen birth rate decreased by 0.9% from 2008-2010 to 2015-2017 (Figure 79). Florida's rate also decreased by 2.7% during the same time period.

Figure 79. Percentage of Repeat Births To Mothers Ages 15-19, All Races/Ethnicities, 3-Year Rolling, Jackson County & Florida, 2008-2017

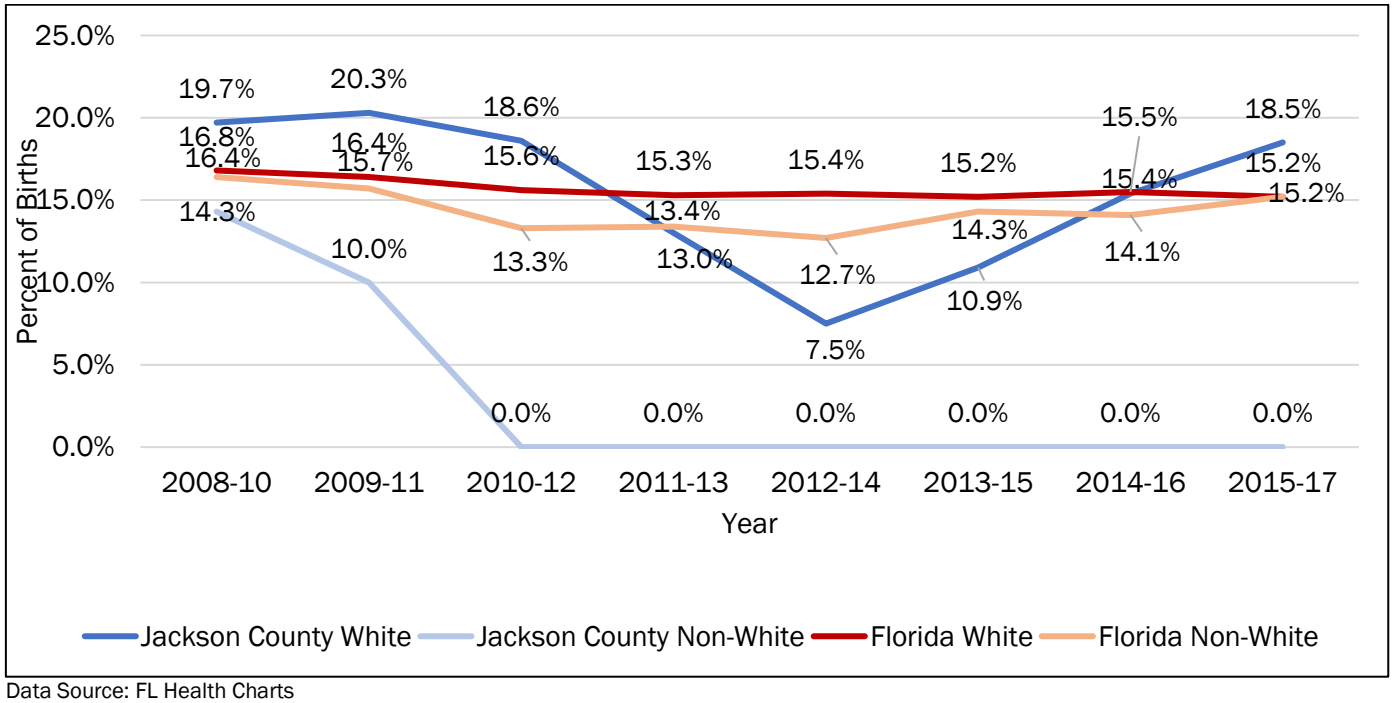


Data Source: FL Health Charts

In 2015-2017, Jackson County's white population had the highest repeat teen birth percentage with 18.5%. In 2012-2014, Florida's repeat teen birth percentages exceed both county rates. Jackson County's white population repeat teen birth percentage decreased by 1.2% from 2008-2010 to 2015-2017. Jackson County's non-white population had 0% from 2010-2012 through 2015-2017. The single digit counts (fewer than five births) may account for some of these large fluctuations (Figure 80).

[108] Centers for Disease Control and Prevention (2013). *Preventing Repeat Teen Births*. Retrieved from https://www.cdc.gov/vitalsigns/teenpregnancy/index.html

Figure 80. Percentage of Repeat Births of Mothers Ages 15-19 By Race, 3-Year Rolling, Jackson County & Florida, 2008-2017



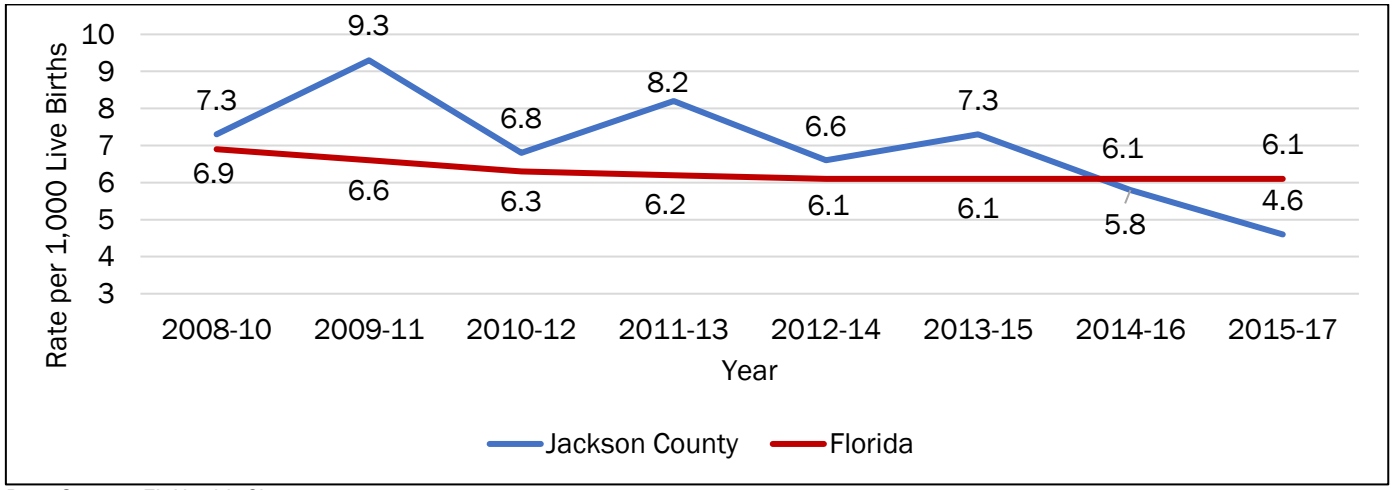
Data Source: FL Health Charts

Infant Mortality Rate

Infant mortality is the death of a live-born baby within the first year of life. The infant mortality rate is the number of infant deaths for every 1,000 live births. This rate is an important marker of the overall health of a society.[109]

In 2008-2010, Jackson County had a higher infant mortality rate than Florida with 7.3 deaths per 1,000 live births compared to 6.9, respectively. In the most recent years that the data was available (2015-2017), Jackson County had a lower infant mortality rate than the state of Florida with 4.6 deaths per 1,000 live births compared to 6.1 deaths per 1,000 live births in Florida. Jackson County's infant mortality rate decreased by 37.0% from 2008-2010 to 2015-2017 (Figure 81). Florida's rate also decreased by 11.6% during the same time period.

Figure 81. Infant Mortality Rates, All Races/Ethnicities, 3-Year Rolling, Jackson County & Florida, 2008-2017

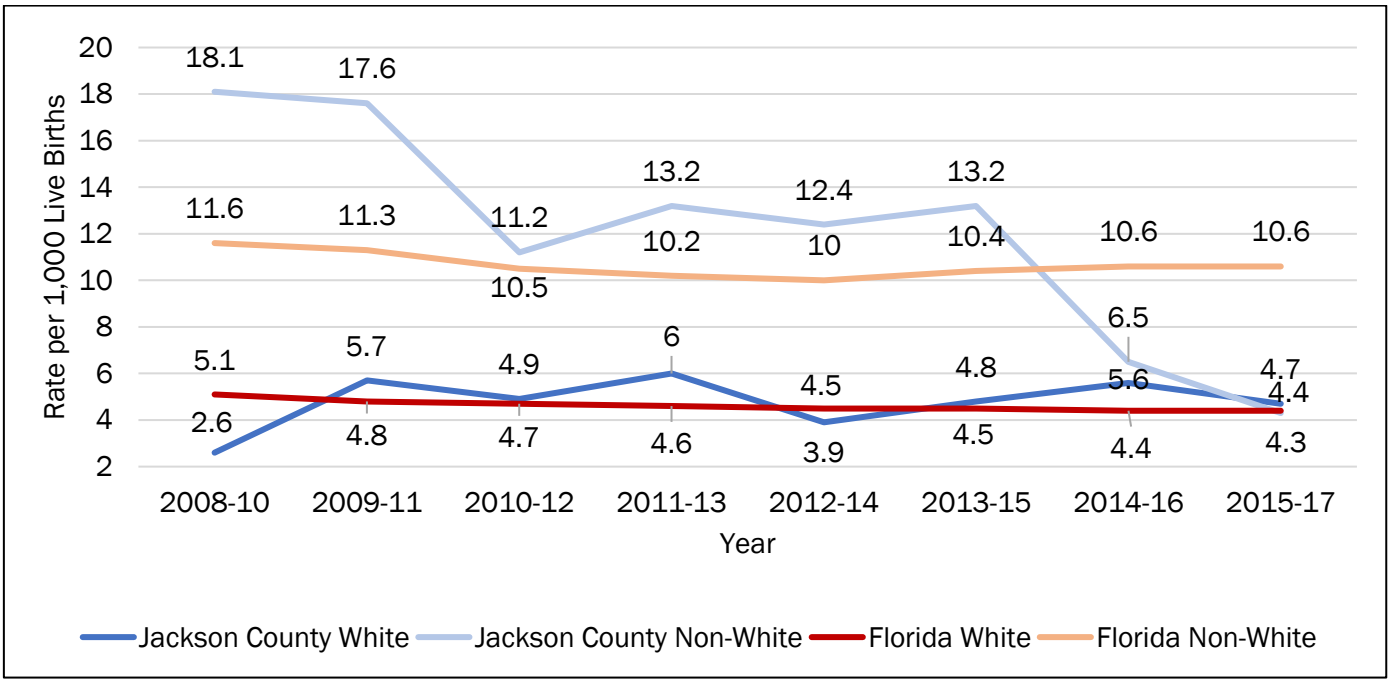


Data Source: FL Health Charts

[109] Centers for Disease Control and Prevention (2018). *Infant Mortality*. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Jackson County non-white population has a higher infant mortality rate than Florida's non-white population from 2008-2010 to 2013-2015 and a lower infant mortality rate from 2013-2015. Overall, the infant mortality in Jackson County's non-white population decreased by 76.2%, while Florida's non-white resident's rate decreased by 8.6%. Jackson County's white population infant mortality rate increased by 80.8% from 2008-2010 to 2015-2017 compared to Florida's white population rate which decreased by 13.7% (Figure 82).

FIGURE 82. INFANT MORTALITY RATES BY RACE, 3-YEAR ROLLING, JACKSON COUNTY & FLORIDA, 2008-2017



Data Source: FL Health Charts

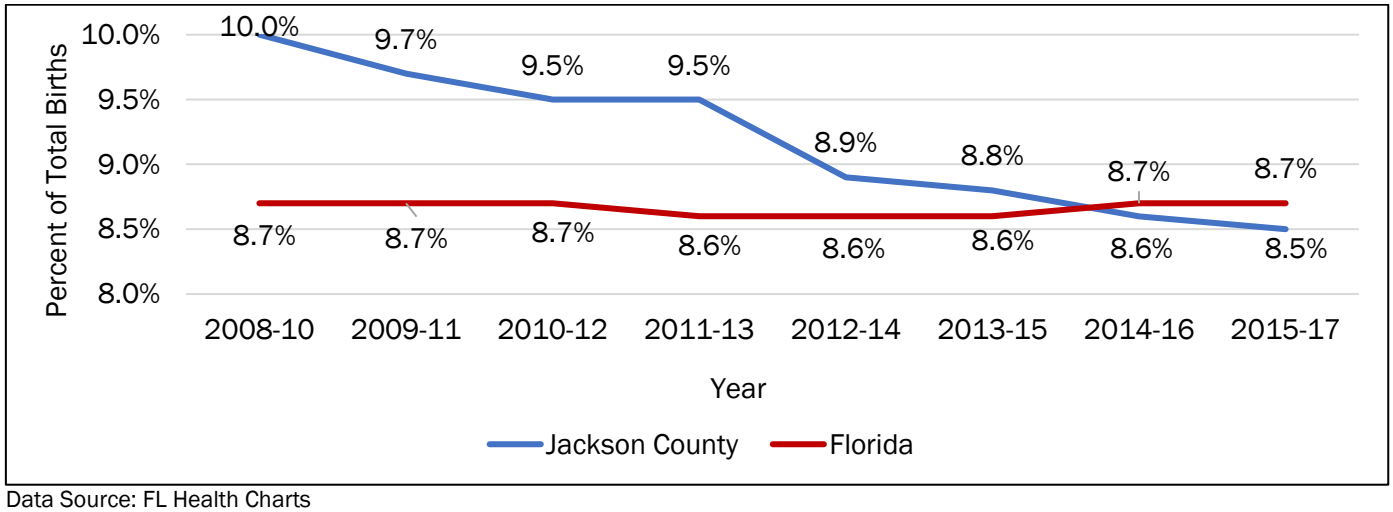
Low Birth Weight

Birth weight of fewer than 5.5 pounds (2,500 grams) is considered a low birth weight. Infants with low birth weight may be at a higher risk for many health problems in comparison to infants born at a normal weight.[110]

In 2015-2017 Jackson County has a lower percentage of total births with low birth weight than the state of Florida with 8.5% compared to 8.7% in Florida. Jackson County's percentage of total births with low birth weight decreased by 1.5% from 2008-2010 to 2015-2017 (Figure 83). Florida's rate has stayed at about 8.7% during the same time period.

[110] Centers for Disease Control and Prevention. (2017). *Reproductive and Birth Outcomes*. https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action

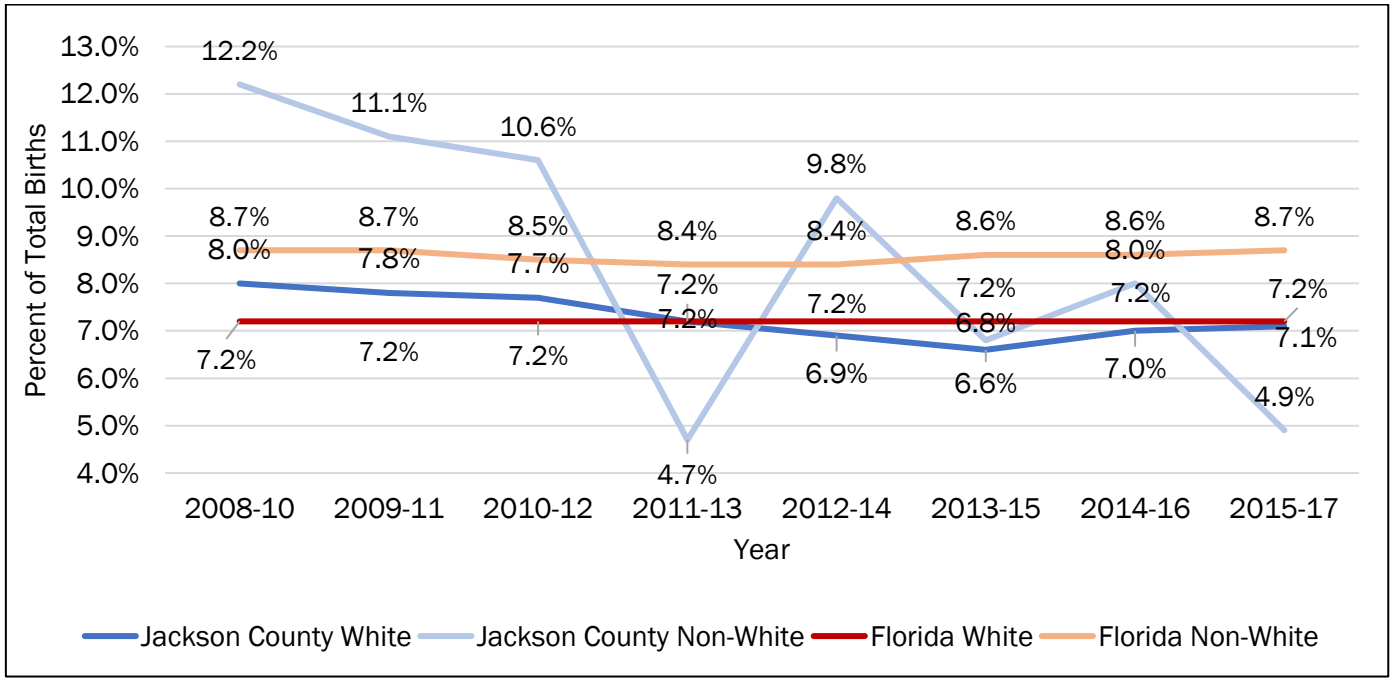
Figure 83. Percentage of Total Births With Low Birth Weight, All Races/Ethnicities, 3-Year Rolling, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

In 2015-2017, Jackson County non-white population has a lowest percentage of low birth weight with 4.9% compared to 8.7% in Florida's non-white population. Jackson County's white population percentage of total births with low birth weight decreased by 0.9% from 2008-2010 to 2015-2017. Jackson County's non-white population rate also decreased by 7.3% during the same time period (Figure 84).

Figure 84. Percentage of Total Births With Low Birth Weight By Race, 3-Year Rolling, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

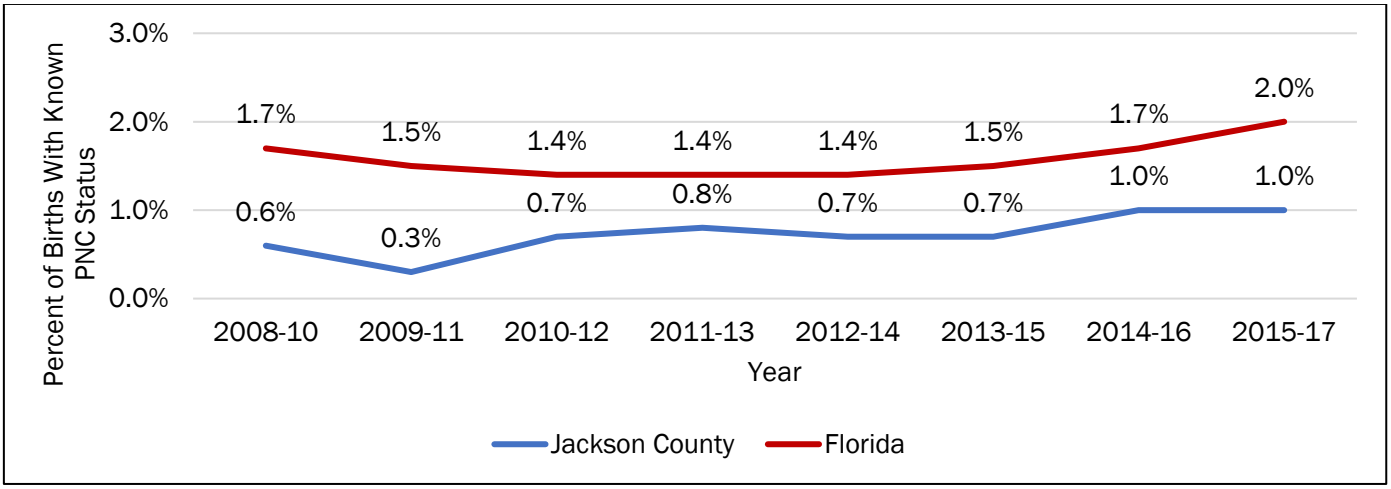
Prenatal Care

In order to have the best possible outcome for mother and child, early prenatal care is essential. Prenatal care is the health care a woman receives when she is pregnant, and prenatal visits to a health care provider are important to monitor the health of the mother and fetus.[111]

[111] Centers for Disease Control and Prevention. (2017). *Pregnancy and Prenatal Care*. Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html

Jackson County has a lower percentage of births to mothers with no prenatal care than the state of Florida. In 2015-2017 1.0% of Jackson County mothers had no prenatal care compared to 2.0% in Florida. Jackson County's percentage of mothers with no prenatal care rate increased by 0.3% from 2008-2010 to 2015-2017. Florida's rate has increased by 0.4% during the same time period (Figure 85).

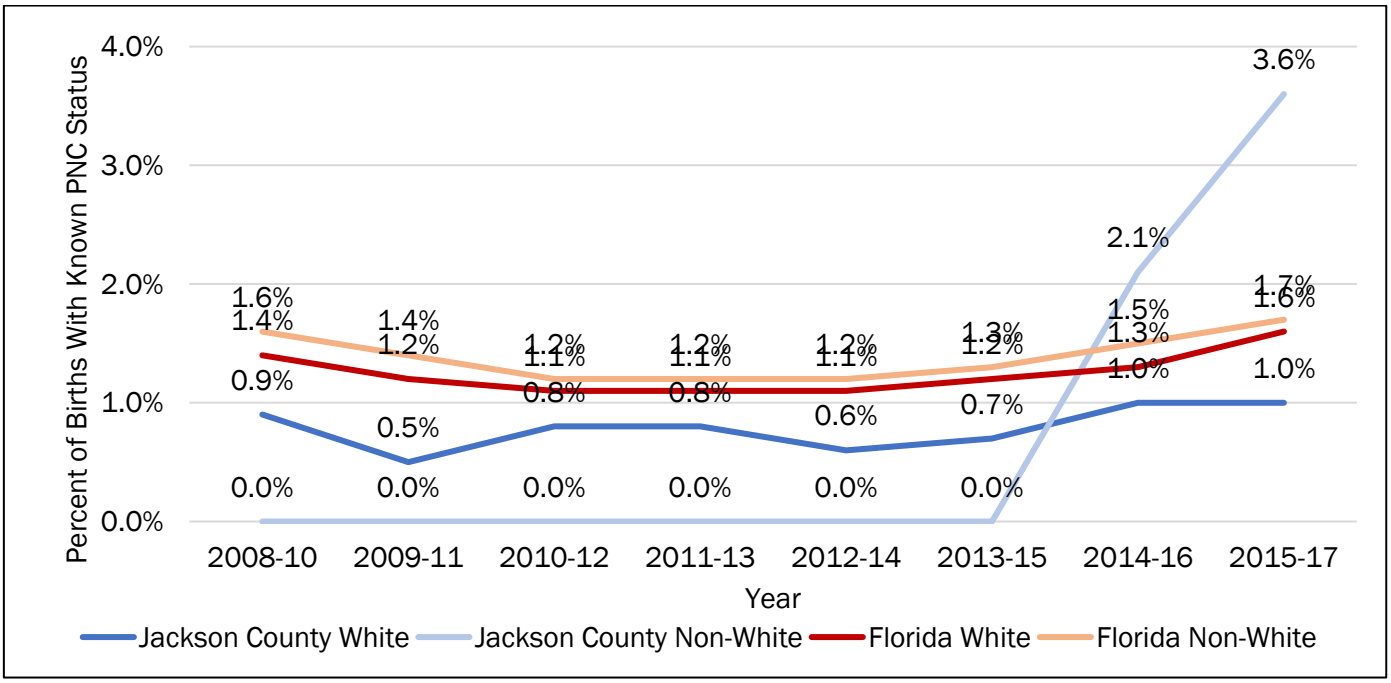
Figure 85. Percentage of Briths to Mothers With No Prenatal Care, All Races/Ethnicities, 3-Year Rolling, Jackson County & Florida, 2008-2017



Data Source: FL Health Charts

From 2008-2010 to 2013-2015, there were no mothers in the Jackson County non-white population that did not have prenatal care. However, in 2015-2017, Jackson County's non-white population increased to the highest percentage of births to mothers with no prenatal care rate with 3.6% compared to 1.7% in Florida's non-white population. Jackson County's white population rate increased by 11.1% from 2008-2010 to 2015-2017 (Figure 86). Jackson County's non-white population rate increased from a rate of zero in 2013-2015 to a rate of 3.6 in 2015-2017. The single digit counts (fewer than five mothers) may account for some of these large fluctuations.

Figure 86. Percentage of Births to Mothers With No Prenatal Care By Race, Jackson County & Florida, 2008-2017



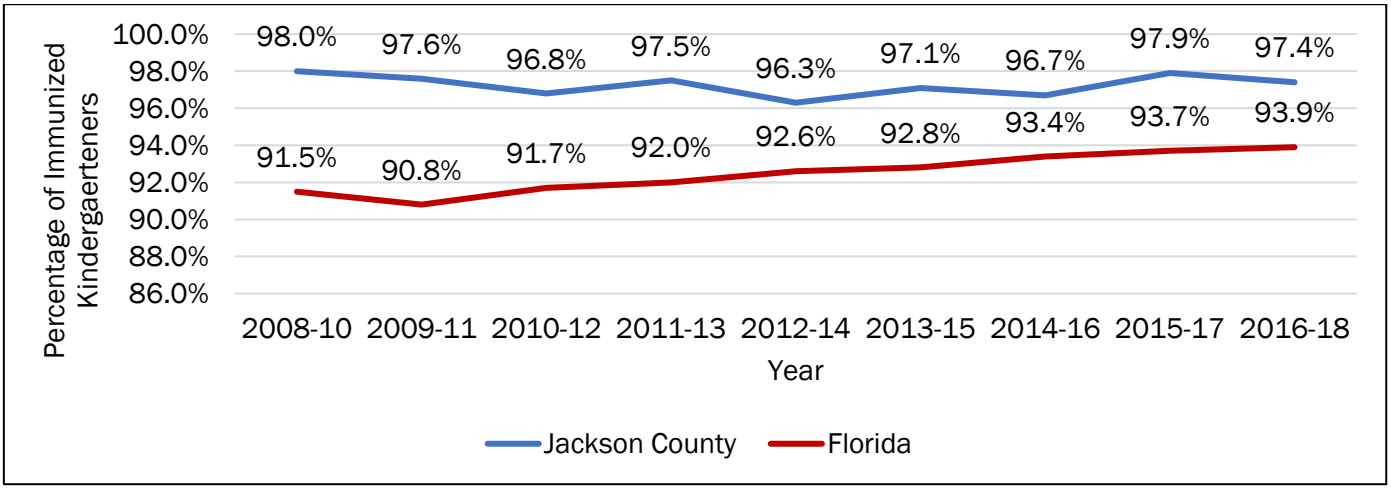
Data Source: FL Health Charts

Immunizations

According to the Centers for Disease Control and Prevention (CDC), immunization is the process by which a person becomes protected against a disease through vaccination. Immunization is a primary defense against some of the most deadly and debilitating diseases known. It is particularly important to vaccinate children to prevent them from contracting or spreading serious diseases.

Jackson County has a higher percentage of immunized kindergarteners rate than the state of Florida with 97.4% compared to 93.9% in Florida. Jackson County's rate decreased by 0.6% from 2008-2010 to 2015-2017. Florida's rate has increased by 2.4% during the same time period (Figure 87).

FIGURE 87. PERCENTAGE OF IMMUNIZED KINDERGARTENERS, JACKSON COUNTY & FLORIDA, 2008-2018



Data Source: FL Health Charts

Behavioral and Mental Health

Suicide

Suicide occurs when a person ends his or her own life, and it is the 10th leading cause of death among Americans in 2015.[112] Death is not the only consequence of suicide. More people survive suicide attempts than die, and suicide survivors may have serious injuries, such as broken bones, brain damage, or organ failure.[113] People who survive suicide attempts can also have depression and other mental health problems.[114]

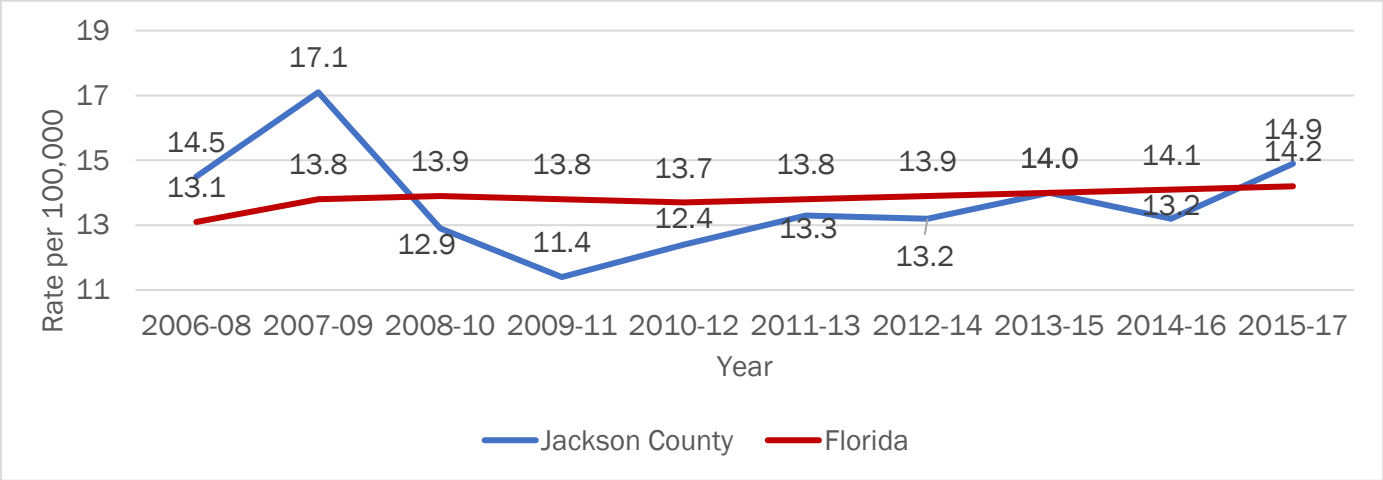
Jackson County's suicide death rate decreased from 17.1 deaths per 100,000 population in 2007-2009 to a low of 11.4 in 2009-2011, then increased back up to 14.9 deaths per 100,000 in 2015-2017 (Figure 88). In both Jackson County and Florida, suicide tends to occur much more frequently among white populations than non-white groups as shown in Figure 89.

[112] U.S. Centers for Disease Control and Prevention. (2015, May). *Deaths. Final Data for 2013.* Retrieved from CDC.gov: http://www.cdc.gov/leadingcausesofdeath

[113] U.S. Centers for Disease Control and Prevention. (2014, September). *Preventing Suicide*. Retrieved from CDC.gov: http://www.cdc.gov/Features/PreventingSuicide/

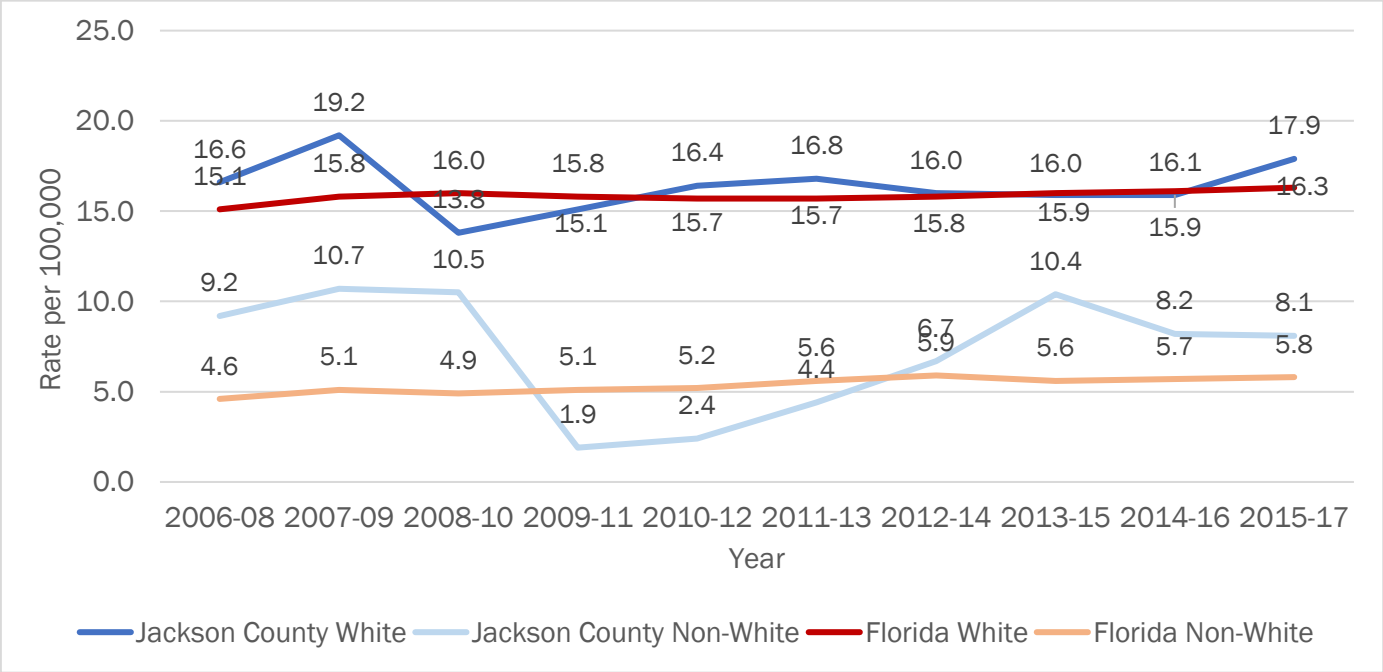
[114] Chapman AL, Dixon-Gordon KL. (2007) Emotional antecedents and consequences of deliberate self-harm and suicide attempts. Suicide & Life Threatening Behavior; 3(see 7(5):543-552.

Figure 88. Suicide Age-Adjusted Death Rate, All Races/Ethnicities, Jackson County & Florida, 2006-2017



Data Source: FL Health Charts

Figure 89. Suicide Age-Ajusted Death Rate By Race, Jackson County & Florida, 2006-2017



Data Source: FL Health Charts, www.flhealthcharts.com

Baker Act Referrals/Examinations

In 1971, the Florida Legislature enacted the *Florida Mental Health Act*, a comprehensive revision of the state's mental health commitment laws. The law is widely referred to as the "Baker Act" in honor of Maxine Baker, the former state representative who sponsored the Act. The Baker Act allows for involuntary exam initiation (also referred to as emergency or involuntary commitment). Initiations can be made by judges, law enforcement officials, physicians, or mental health professionals only when there is evidence that a person has a mental illness and is a harm to self, harm to others, or self-neglectful (as defined in the Baker Act). Examinations may last up to 72 hours and can occur in any of over 100 Florida Department of Children and Families designated receiving facilities statewide.[115]

It is important to note that some individuals for whom forms were received were never actually admitted to the receiving facility because an examination by a physician or psychologist performed prior to admission determined

[115] Florida Department of Children and Families, 2010

they did not meet criteria. The data also does not include information on what occurred after the initial examination, such as how long individuals stayed at the facility or whether they remained on an involuntary or voluntary basis.[116]

Table 2 below illustrates the total number of reported involuntary exam initiations (i.e., Baker Act) for Jackson County residents from fiscal year 2007-2017. It is important to note that Jackson County does not have receiving facilities within its borders so residents must utilize services in facilities in neighboring counties.

Table 2. Involuntary Examinations Of Jackson County Residents 2007-2017

Fiscal Year	All Ages	Children % <18	Older Adults % 65+	Change to 2016/2017	Total County Population	% Change in Population
2007-2008	230	15.2%	3.0%	20.4%	50,416	-0.1%
2008-2009	299	21.4%	7.7%	-7.4%	52,639	-4.4%
2009-2010	270	23.7%	5.6%	2.6%	52,637	-4.6%
2010-2011	271	16.2%	4.1%	2.2%	49,746	1,2%
2011-2012	299	17.1%	6.4%	-7.4%	49,964	0.7%
2012-2013	209	24.4%	4.8%	32.5%	49,847	1.0%
2013-2014	242	22.7%	5.8%	14.5%	50,166	0.4%
2014-2015	273	20.2%	10.6%	1.5%	50,231	-0.2%
2015-2016	283	21.9%	6.7%	-2.1%	50,458	-0.2%
2016-2017	277	17.7%	7.9%	N/A	50,345	N/A

Data Source: Baker Act Reporting Center Fiscal Year 2016-17. University of South Florida. Population estimates are available by calendar year only.

Table 3 summarizes the number of involuntary examinations for Jackson County residents by initiator type. Of the total number of involuntary examinations in Jackson County, 23.8% were initiated by health professionals, 56.7% by law enforcement and 19.5 % by judges. In comparison, Florida had 47.7% of involuntary exams initiated by health professionals, 50.3% by law enforcement, and 2% by judges. Of the involuntary examinations in Jackson County initiated by health professionals, 62.1% were initiated by a physician who was not a psychiatrist, in comparison to 68.5% in Florida. The majority of Jackson County residents had their involuntary examinations at Emerald Coast Behavioral Hospital (67.9%), Life Management Center of Northwest Florida (14.1%), and Capital Regional Medical Center (6.1%). As previously noted, Jackson County does not have a receiving facility within its borders.

Table 3. Involuntary Exams By Initiator Type, Jackson County & Florida, Fiscal Year 2016-2017

	Jackson	Florida	Jackson	Florida	Jackson	Florida
	Health Professional		Law Enforcement		Ex Parte Order of Judge	
Total	**23.8%**	**47.7%**	**56.7%**	**50.3%**	**19.5%**	**2.0%**
Physician (not a psychiatrist)	62.1%	68.5%	These percentages are out of the total for involuntary examinations *initiated by health professionals* (not out of the total number of involuntary examinations).			
Physician (psychiatrist)	15.2%	9.3%				
Licensed Clinical Social Worker	0.0%	5.2%				
Licensed Mental Health Counselor	9.1%	8.9%				
Clinical Psychologist	0.0%	1.4%				
Psychiatric Nurse	7.6%	2.0%				
Licensed Marriage and Family Therapist	0.0%	0.1%				
Physician's Assistant	3.0%	0.6%				
Professional type not reported	3.0%	3.9%				

[116] The Florida Mental Health Act (The Baker Act) Report, 2007 *(prepared by the University of South Florida)*

Data Source: Baker Act Reporting Center, University of South Florida. The Baker Act Fiscal Year 2016/2017 Annual Report.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) "is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and 3 U.S. territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world."[117]

The Florida BRFSS began reporting health behavior data in 1986 on residents 18 years old and over. The 2016 BRFSS is the latest and fifth county-level survey conducted in Florida, estimating the county prevalence of personal health behaviors that contribute to morbidity and mortality. Of Jackson County's 41,850 adult residents, 643 responded to the 2016 county-level survey.[118] Table 4 shows some of the key findings for Jackson County.

County indicators that are statistically significantly different than the state rate are indicated by an asterisk (*).

Table 4. Selected BRFSS Data, Jackson County & Florida, 2016

Alcohol Consumption	Jackson County	Florida	County compared to state
Adults who engage in heavy or binge drinking	11.8%*	17.5%	-5.7%
Cancer Screening	**Jackson County**	**Florida**	**County compared to state**
Women 40 years of age and older who received a mammogram in the past year	61.2%	60.8%	0.4%
Women aged 50 to 74 who had a mammogram in the past 2 years	75.4%	81.7%	-6.3%
Women who have had a hysterectomy	38.3%*	22.7%	15.6%
Women 18 years of age and older who received a Pap test in the past year	46.8%	48.4%	-1.6%
Women aged 21 to 65 who had a Pap test in the past 3 years	76.0%	78.8%	-2.8%
Adults ages 50 years and older who have ever had a blood stool test	32.9%	36.0%	-3.1%
Adults ages 50 years and older who received a blood stool test in the past year	13.8%	16.0%	-2.2%
Adults 50 years of age and older who have ever had a sigmoidoscopy or colonoscopy	66.8%	69.2%	-2.4%
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	57.9%	53.9%	4.0%
Adults aged 50 to 75 who had colorectal screening based on the most recent clinical guidelines	66.6%	67.3%	-0.7%
Men 50 years of age and older who received a PSA test in the past two years	54.9%	54.9%	Same
Dental Care	**Jackson County**	**Florida**	**County compared to state**
Adults who visited a dentist or a dental clinic in the past year	53.9%*	63.0%	-9.1%
Adults who had a permanent tooth removed because of tooth decay or gum disease	61.2%*	47.3%	13.9%
Diabetes	**Jackson County**	**Florida**	**County compared to state**

[117] Centers for Disease Control and Prevention (2014, May 16). *About BRFSS*. Retrieved from https://www.cdc.gov/brfss/about/index.htm

[118] Florida Department of Health (2016). *2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report—Jackson* Data file. Retrieved from http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/reports/2016%20Reports/Jackson.pdf

Adults who have ever been told they had pre-diabetes	10.0%	9.4%	0.6%
Adults who have ever been told they had diabetes	19.6%*	11.8%	7.8%
Average age at which diabetes was diagnosed	51.9	48.2	
Health Care Access & Coverage	**Jackson County**	**Florida**	**County compared to state**
Adults who could not see a doctor at least once in the past year due to cost	18.1%	16.6%	1.5%
Adults who have Medicare (Medicare is a coverage plan for people 65 or over and for certain disabled people)	48.3%*	37.9%	10.4%
Adults with any type of health care insurance coverage	82.6%	83.7%	-1.1%
Adults who have a personal doctor	77.5%*	72.0%	5.5%
Adults who had a medical checkup in the past year	81.2%*	76.5%	4.7%
Health Status and Quality of Life	**Jackson County**	**Florida**	**County compared to state**
Adults who said their overall health was "fair" or "poor"	35.6%*	19.5%	16.1%
Adults who said their overall health was "good" to "excellent"	64.4%*	80.5%	-16.1%
Adults with good physical health for the past 30 days	79.6%*	87.1%	-7.5%
Adults with good mental health for the past 30 days	85.8%	88.6%	-2.8%
Average number of unhealthy mental days in the past 30 days	4.4	3.6	0.8
Average number of unhealthy physical days in the past 30 days	6.1*	4.0	2.1
Adults who had poor mental health on 14 or more of the past 30 days	14.2%	11.4%	2.8%
Adults who had poor physical health on 14 or more of the past 30 days	20.4%*	12.9%	7.5%
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	25.0%	18.6%	6.4%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	7.5	5.7	1.8
Adults who have ever been told they had a depressive disorder	21.5%*	14.2%	7.3%
HIV/AIDS	**Jackson County**	**Florida**	**County compared to state**
Adults less than 65 years of age who have ever been tested for HIV	54.9%	55.3%	-0.4%
Adults less than 65 years of age who had an HIV test in the past 12 months	16.0%	19.7%	-3.7%
Adults who had ever been tested for HIV	47.7%	46.9%	0.8%
Obesity and Overweight	**Jackson County**	**Florida**	**County compared to state**
Adults who are overweight	31.5%	35.8%	-4.3%
Adults who are obese	33.8%*	27.4%	6.4%

Adults who are overweight or obese	65.4%	63.2%	2.2%
Adults who have a healthy weight	32.0%	34.5%	-2.5%
Tobacco Usage	**Jackson County**	**Florida**	**County compared to state**
Adults who are current smokers	24.0%*	15.5%	8.5%
Adult current smokers who tried to quit smoking at least once in the past year	63.5%	62.1%	1.4%
Adults who are former smokers (currently quit smoking)	26.5%	26.5%	same
Adults who have never smoked	49.5%*	58.0%	-8.5%
Adults who are current e-cigarette users	6.6%	4.7%	1.9%
Adults who are former e-cigarette users	15.1%	15.5%	-0.4%
Adults who have never used e-cigarettes	78.3%	79.8%	-1.5%

Data Source: Florida Health Community Health Assessment Resource Tool Set

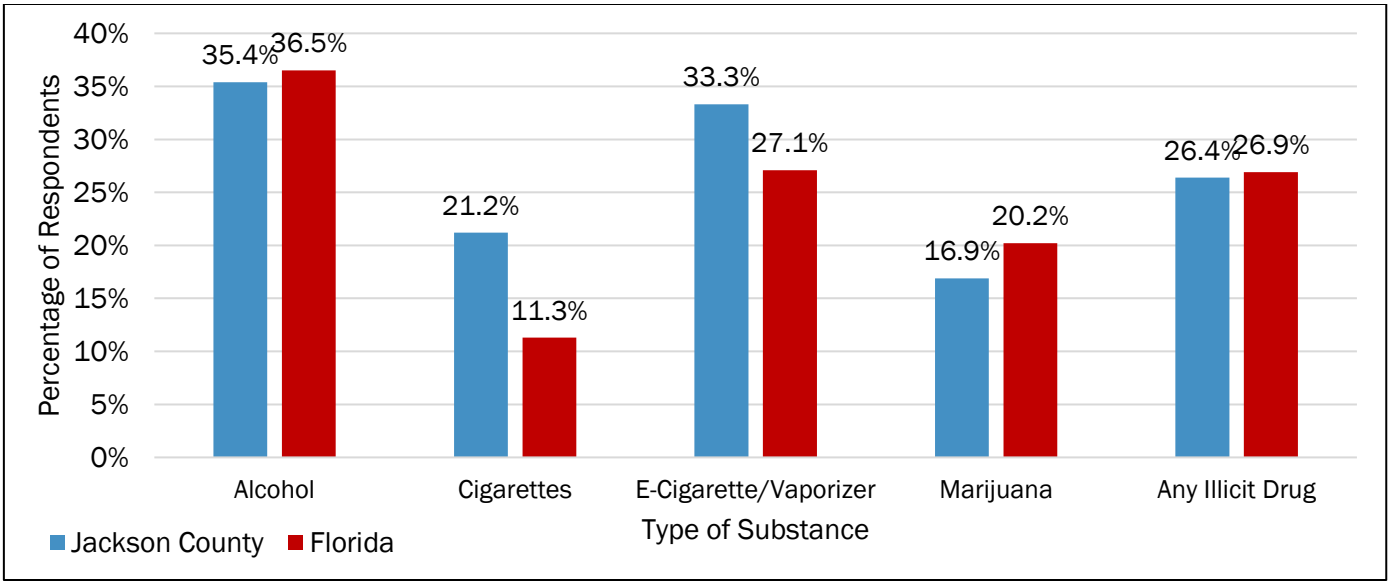
*** Indicates that the difference between Jackson County and Florida is statistically significant.**

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) is an annual, statewide school-based survey effort that measures the prevalence of alcohol, tobacco, and other drug use; delinquent behaviors; and the risk and protective factors related to these behaviors.

Almost 700 Jackson County students in grades 6 through 12 answered the 2018 FYSAS. In Jackson County, alcohol was the most commonly used substance among students with 35.4% of youth who reported lifetime use compared to Florida at 36.5%. Vaporizers and e-cigarettes were the other most commonly used substances among students, with 33.3% of youth reporting lifetime use compared to 27.1% in Florida (Figure 90).

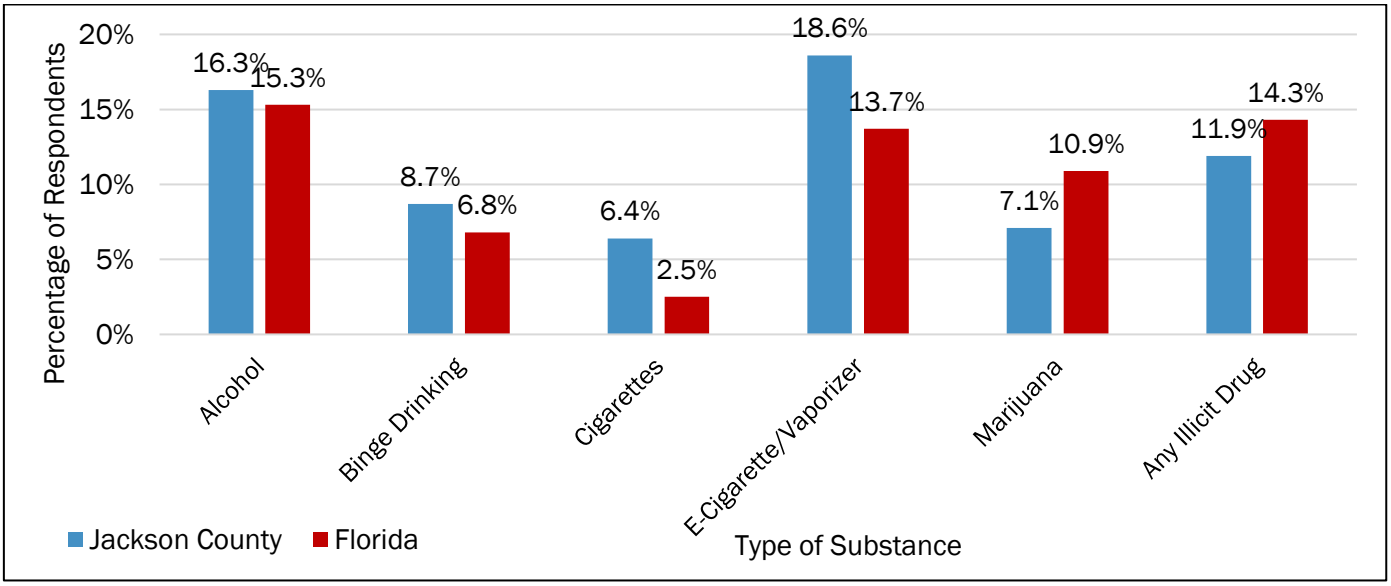
Figure 90. Youth Who Reported Using Various Substances In Their Lifestimes, 2018



Data Source: Florida Youth Substance Abuse Survey-Jackson Report, 2018

The percent of Jackson County youth who reported having used various substances in the past 30 days reported e-cigarettes as used substance at 18.6% compared to Florida at 13.7%. Alcohol was the other most commonly used substance among students in the past 30 days, with 22.6% of youth in Jackson County compared to the Florida's 13.7% (Figure 91).

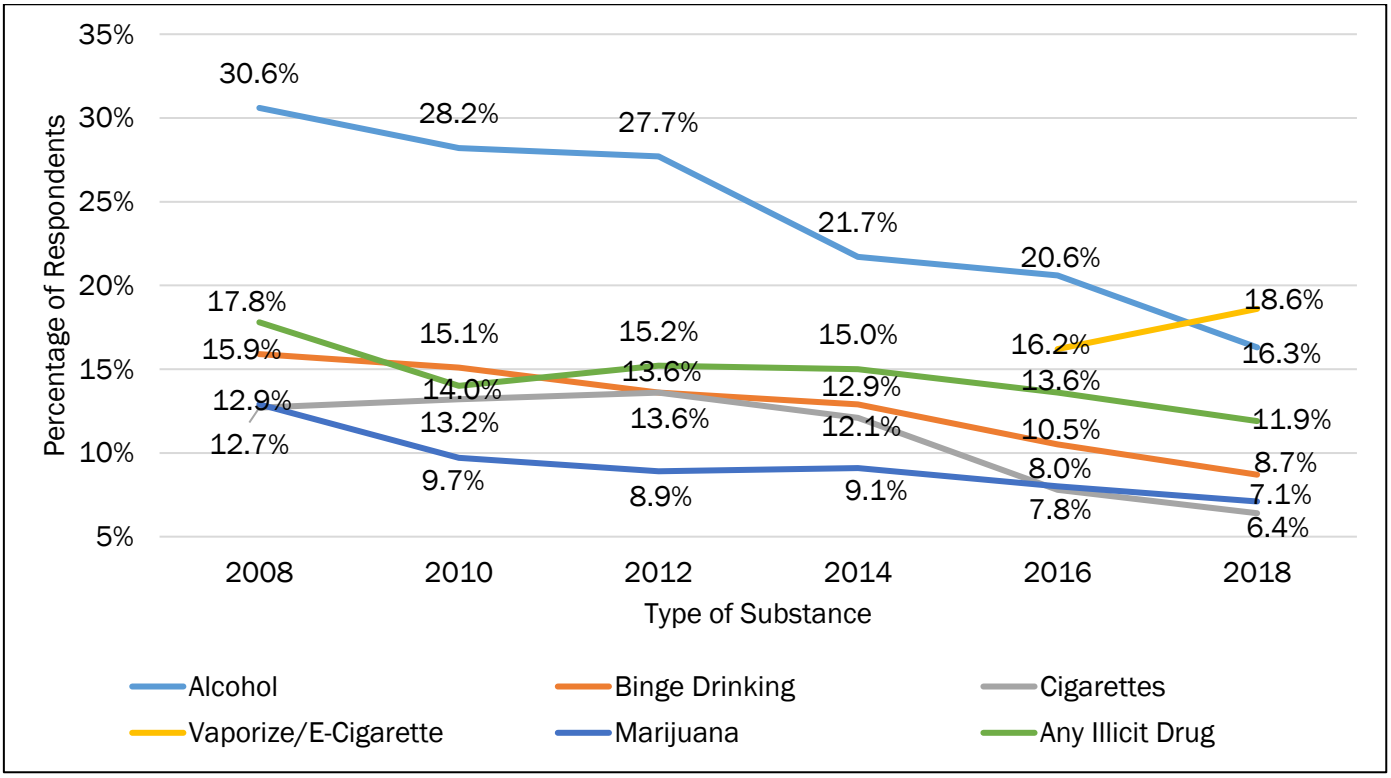
Figure 91. Youth Who Reported Using Various Substances in the Past 30 Days, 2018



Data Source: Florida Youth Substance Abuse Survey-Jackson Report, 2018

Overall Jackson County has seen a decline of past 30-day youth substance use from 2008 to 2018 for all substances with the exception of vaporizers/e-cigarettes during 2008-2018. Vaporizers/e-cigarettes were first reported in 2016 with 16.2% of Jackson County youth versus of 18.6% in 2018. In two years of reporting, the use of vaporizers/e-cigarettes has increased by 14.8% (Figure 92).

Figure 92. Youth Past-30-Day Trend in Various Substance Use for Jackson, 2008-2018



Data Source: Florida Youth Substance Abuse Survey-Jackson Report, 2018

Health Resources, Providers, and Facilities

Health Insurance Coverage

Health insurance coverage, whether privately or publicly funded, is a primary factor in determining access to care for many people. Health insurance is obtained privately through an employer (the individual's own or an immediate family member), purchased independently, or available to certain individuals through government subsidized or publicly funded health coverage programs, such as Medicare, Medicaid, or Military and VA benefits.[119]

The uninsured population includes both full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford costly premiums. Evidence shows uninsured persons experience less positive medical outcomes than their insured counterparts do. The uninsured are also less likely to have a regular source of primary care or seek preventive health services.[120]

Jackson County has a higher rate of insured persons compared to Florida and is nearly identical to the U.S rate. About 88% of Jackson's total civilian noninstitutionalized population has insurance compared to 85% of Floridians and almost 90% of all Americans. Among the unemployed, only 56% of Jackson County residents and 55% of Florida residents have health insurance compared to 66% in the U.S. (Table 5).

Table 5. Insurance Coverage In Jackson County, Florida, And The United States, 2013-2017

	Jackson County	Florida	United States
Total civilian noninstitutionalized	40,961	19,967,931	316,027,641
With health insurance coverage	88.10%	85.10%	89.50%
With private health insurance	62.20%	60.80%	67.20%
With public coverage	42.60%	36.50%	33.80%
No health insurance coverage	11.90%	14.90%	10.50%
Civilian noninstitutionalized population 18 to 64 years	23,261	11,758,619	191,718,106
In labor force:	16,615	8,953,241	148,782,703
Employed:	14,776	8,329,953	139,450,616
With health insurance coverage	82.80%	80.50%	87.10%
With private health insurance	77.90%	75.40%	80.20%
With public coverage	7.70%	7.40%	9.20%
No health insurance coverage	17.20%	19.50%	12.90%
Unemployed:	1,839	623,288	9,332,087
With health insurance coverage	55.90%	54.50%	66.10%
With private health insurance	27.90%	34.70%	38.40%
With public coverage	29.20%	22.20%	30.40%
No health insurance coverage	44.10%	45.50%	33.90%
Not in labor force:	6,646	2,805,378	42,935,403
With health insurance coverage	85.00%	76.80%	83.30%
With private health insurance	43.50%	48.40%	51.30%

[119] Center for Disease Control and Prevention (2017, September). Retrieved from National Center for Health Statistics Health Insurance Data: https://www.cdc.gov/nchs/data/factsheets/factsheet_health_insurance.htm

[120] *Cover the Uninsured*, a National project of the Robert Wood Johnson Foundation, 2010.

With public coverage	53.50%	35.00%	38.90%
No health insurance coverage	15.00%	23.20%	22.40%

Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, DP03, Selected Economic Characteristics

Federal Health Professional Shortage Designation

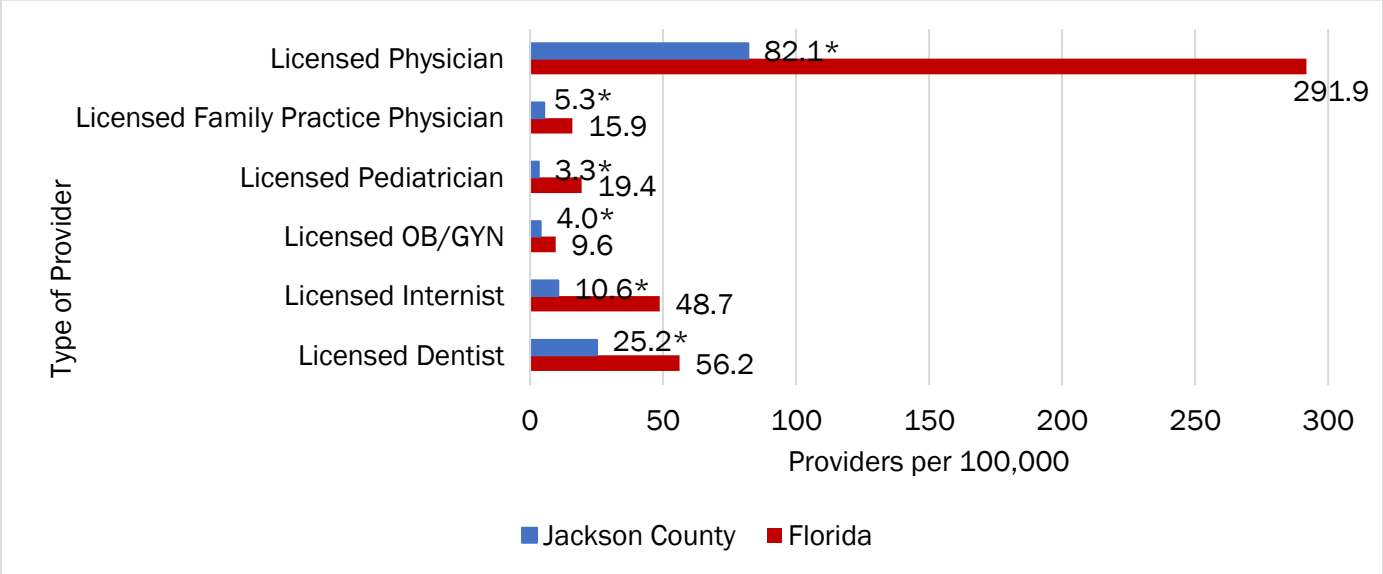
The Human Health Resources and Services (HRSA) develops a shortage designation criteria to determine whether an area or population group is experiencing a health professional shortage. Health Professional Shortage Areas (HPSAs) can be for primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (low-income or Medicaid eligible), or facilities (e.g. federally qualified health centers or state or federal prisons). Jackson County is designated as a low income population HPSA for Primary Care and Dental Health. In mental health, Jackson County is designated as a High Needs Geographic HPSA.[121]

Health Care Providers

A Primary Care Provider (PCP) is a physician, nurse practitioner, clinical nurse specialist, or physician assistant "who provides, coordinates or helps a patient access a range of health care services."[122] Primary care providers serve as a patient's first point of entry for health care services and focus on patient care, rather than disease treatment.[123] The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.[124]

Figure 93 shows the rate per 100,000 population of total licensed physicians, various primary care providers, and dentists in Jackson County. Overall, Jackson County has a significantly lower number of licensed physicians per 100,000 (82) people than the state rate (292). Jackson County also has fewer licensed dentists, internists, OB/GYNs, and pediatricians per 100,000 than Florida.

Figure 93. Total Licensed Providers, Jackson County & Florida, Fiscal Year 2015-16 And 2017-18



Data Source: FL Dept. of Health, Division of Medical Quality Assurance
* Indicates that the difference between Jackson County and Florida is statistically significant.

[121]Health Resources and Services Administration (2017, 03 30). HRSA Data Warehouse . Retrieved from https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx

[122] U.S. Centers for Medicare & Medicaid Services (n.d.). Glossary: Primary Care Provider. Retrieved from HealthCare.gov: https://www.healthcare.gov/glossary/primary-care-provider/

[123] American Academy of Family Physicians (2018). *Primary Care*. Retrieved from AAFP: https://www.aafp.org/about/policies/all/primary-care.html

[124] United States Health Resources and Services Administration (n.d.). Health Center Program. Retrieved from HRSA.GOV: https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf

Overall, Jackson County has seen a decrease in the number of practicing physicians from 2012 to 2018. Table 6 summarizes the change in the number of practicing physicians in the county with comparison to Florida during this time. Table 7 shows the total number of physicians in Jackson County by specialty groups. Jackson County has 0 anesthesiologists, 1 dermatologist, 5 emergency physicians, 11 family medicine physicians, 9 internists, 2 obstetrician/gynecologists, 3 pediatricians, and 4 surgeons.

Table 6. Change In Number of Practicing Physicians In Jackson County (2012-2018)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Jackson	61	60	57	52	47	52
Florida	43,406	43,957	44,685	45,746	45,995	50,561

Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018

Table 7. Physician Specialty Group Count in Jackson County, 2017-18

Type of Specialty Group	Jackson County
Anesthesiology	0
Dermatology	1
Emergency Medicine	5
Family Medicine	11
Internal Medicine	9
*Medical Specialist	8
OB/GYN	2
Pediatrics	3
Psychiatry	1
Radiology	5
Surgeons	4
Total	49

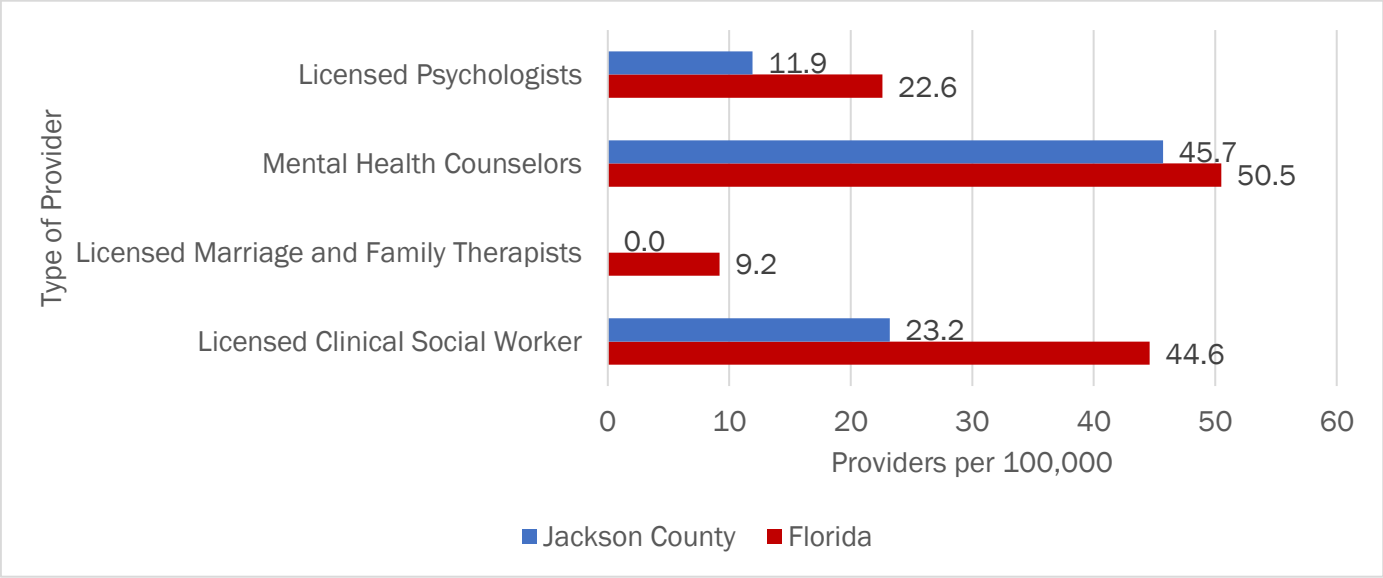
Data Source: Florida Department of Health, Physician Workforce Annual Report, 2018

*Medical specialist includes Internal Medicine, Neurology, Nuclear Medicine, Ophthalmology, Orthopedic Medicine, Otolaryngology, and Pathology.

Mental health is an important part of overall health and well-being. It is important at every stage of life from childhood and adolescence through adulthood.[125] Jackson County has less licensed mental health providers than the state of Florida. Jackson County has a total of 23 licensed clinical social workers, 0 licensed marriage and family therapists, 46 mental health counselors, and 12 licensed psychologists as shown in Figure 94.

[125] U.S. Centers for Disease Control and Prevention (2018). Mental Health. Retrieved from CDC: https://www.cdc.gov/mentalhealth/learn/index.htm

Figure 94. Total Licensed Mental Health Professionals, Jackson County& Florida, Fiscal Year 2017-18

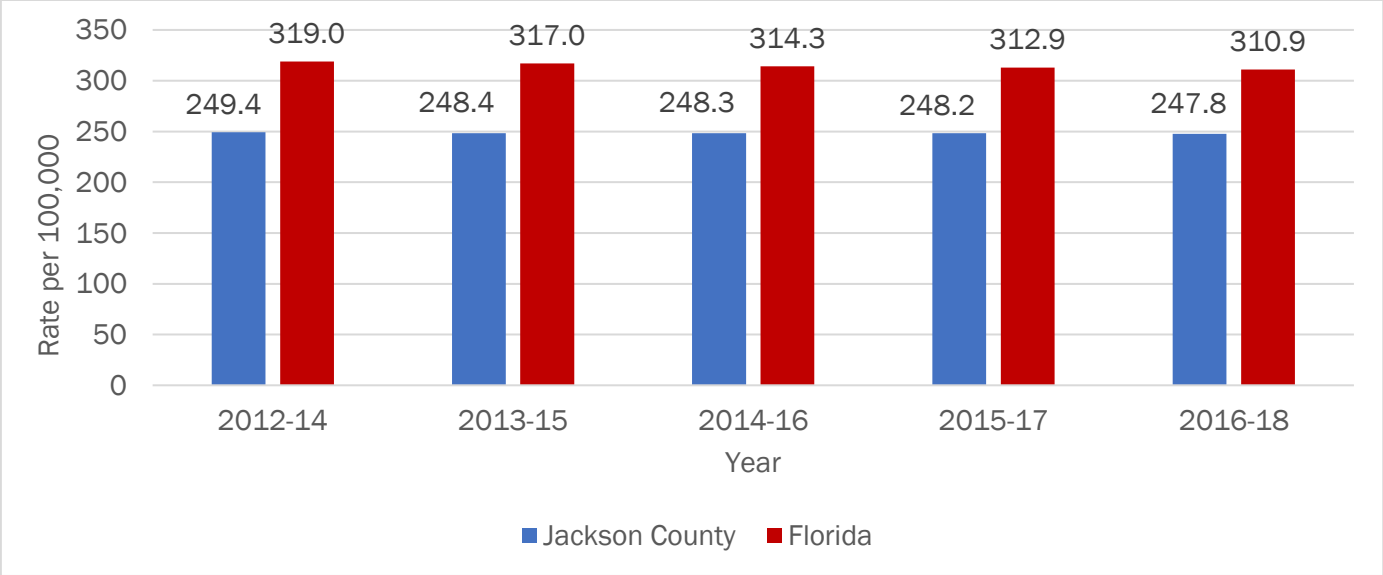


Data Source: FL Dept. of Health, Division of Medical Quality Assurance

Health Care Facilities

Acute care hospitals play a key role in delivery of health care services, especially in communities where primary and specialist outpatient care shortages may exist. In addition to traditional inpatient services, hospitals may provide extensive diagnostic and treatment services on an outpatient basis. Jackson County has a significantly lower rate of total hospital beds (Figure 95), acute care beds (Figure 96), and specialty care hospital bed (Figure 97) than Florida. Jackson County only has acute care and no specialty hospital beds. Acute care beds are "used to provide short-term medical treatment for patients having an acute illness or injury or recovering from surgery or childbirth." Specialty beds include psychiatric, substance abuse, rehabilitation, long-term care, skilled nursing unit, or neonatal intensive care unit beds.[126]

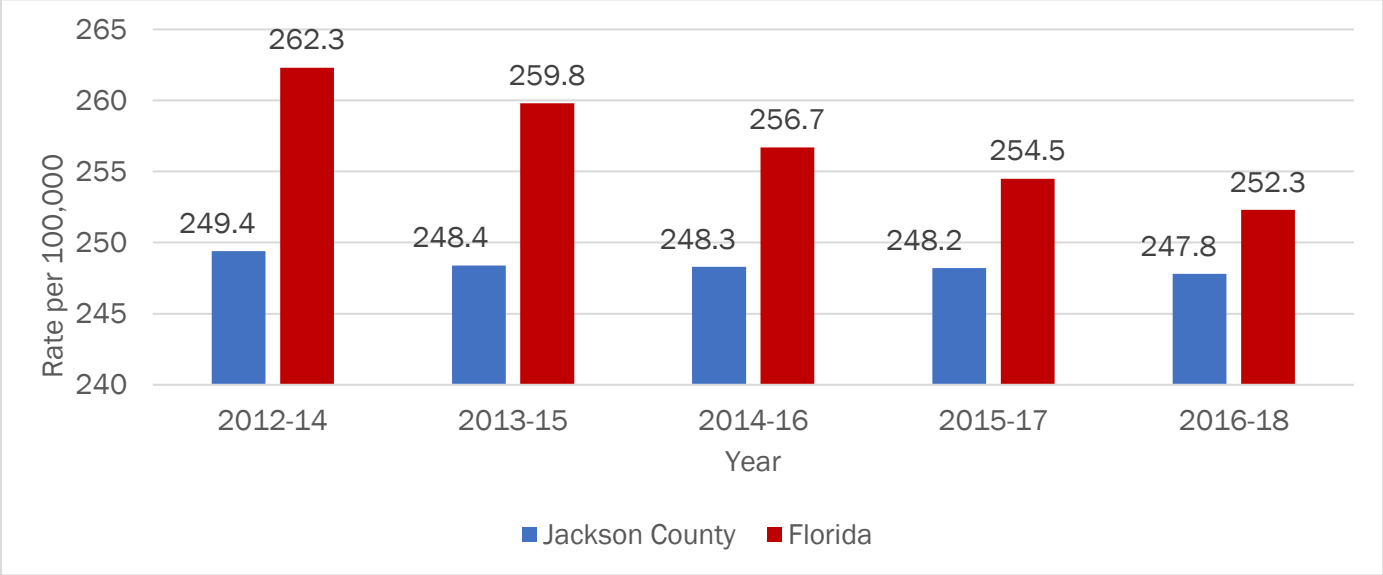
Figure 95. Total Hospital Beds, Jackson County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

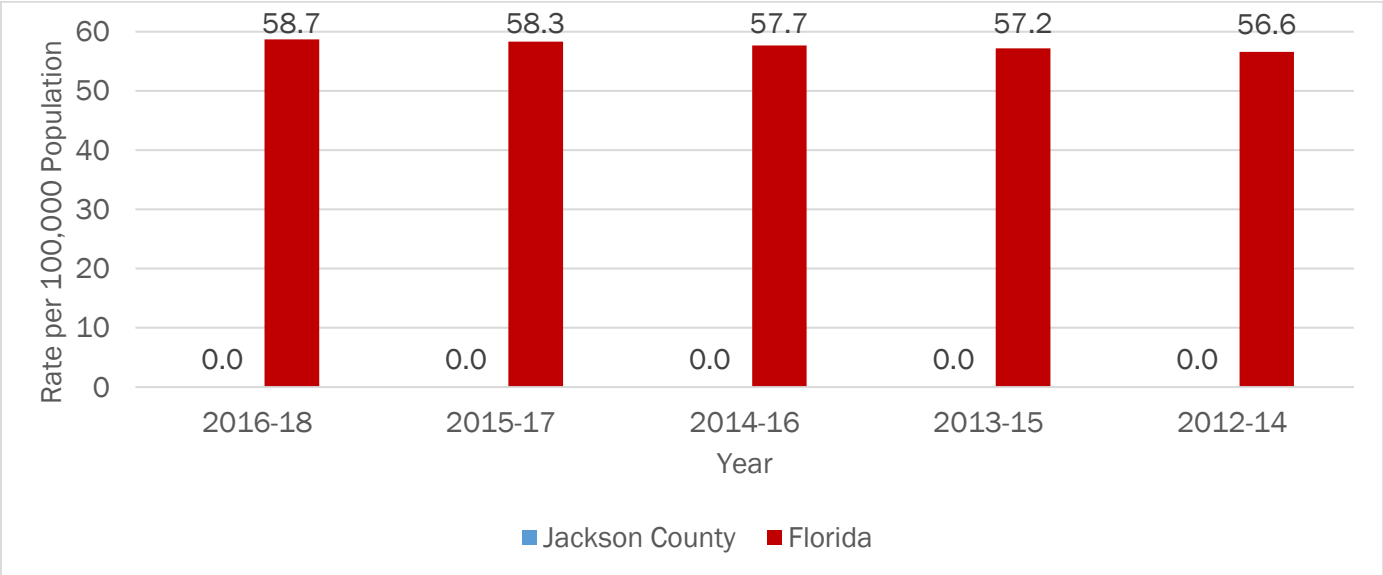
[126] Florida Agency for Health Care Administration (2017). *Facility/Provider Definitions*. Retrieved from FloridaHealthFinder: http://www.floridahealthfinder.gov/about-ahca/facility-locator-glossary.aspx

Figure 96. Acute Care Hospital Beds, Jackson County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

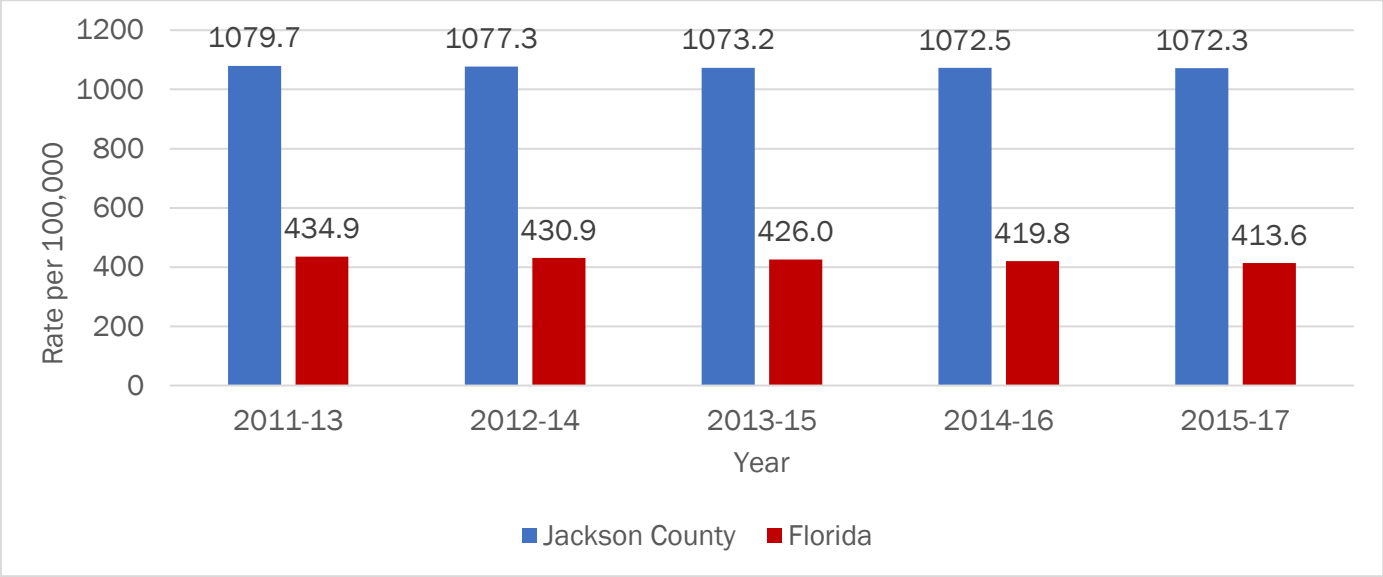
Figure 97. Specialty Care Hospital Beds, Jackson County & Florida, 2012-2018



Data Source: Florida Agency for Health Care Administration (AHCA)

Figure 98 summarizes the number of community nursing home beds in Jackson County. Jackson County has a higher rate of nursing home bed per 100,000 population than Florida, with 1,072 nursing home beds per 100,000 people in 2015-17 compared to 413, respectively.

Figure 98. Nursing Home Beds, Jackson County & Florida, 2011-2017



Data Source: Florida Agency for Health Care Administration (AHCA)

Other Facilities

Jackson County has two assisted living facilities with a total of 88 licensed beds and two home health agencies with no licensed beds (Table 8).

Table 8. Total Number of Licensed Facilities in Jackson County, 2019

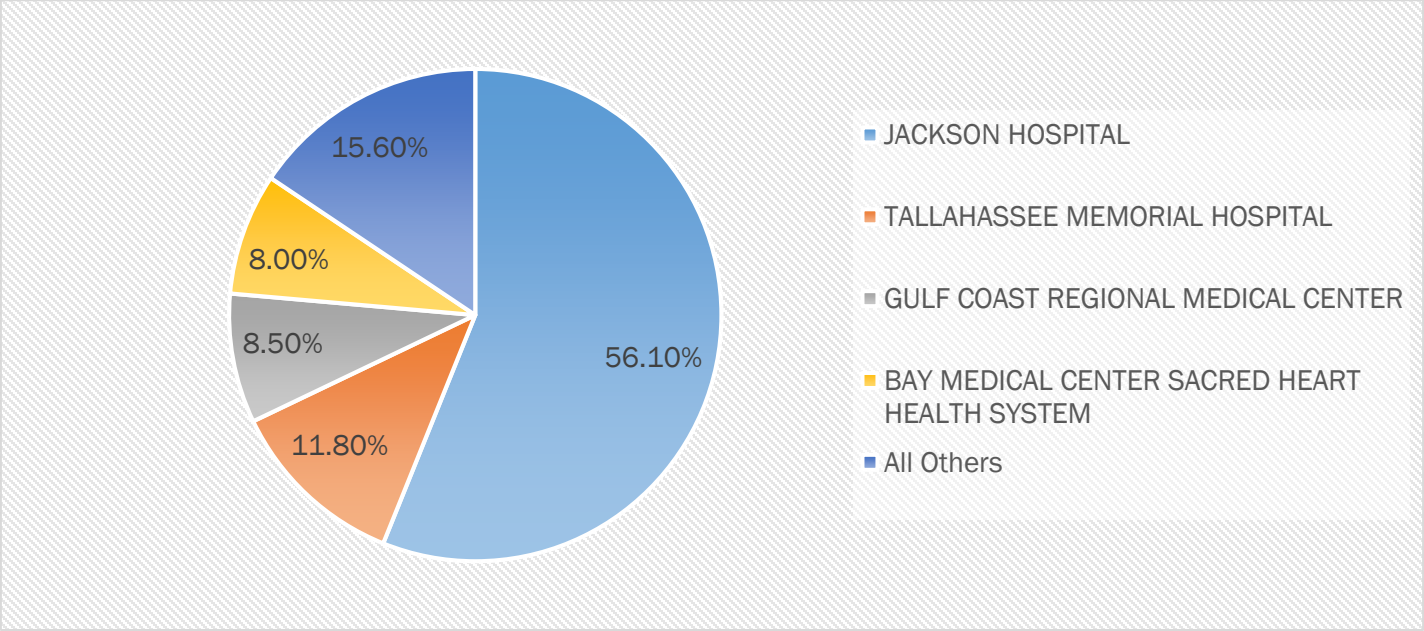
Facility Type	Total Number of Licensed Facilities in Jackson County
Assisted Living Facilities	2
Home Health Agencies	2

Source: Agency for Health Care Administration (AHCA http://www.floridahealthfinder.gov/index.html, 2019)

Health Care Utilization

Figure 99 shows the hospitals most used by Jackson County residents for inpatient services by the number of inpatient discharges in 2018. Jackson Hospital (56.1%) saw the greatest number of Jackson County residents as inpatients, followed by Tallahassee Memorial Hospital (11.8%) and Gulf Coast Regional Medical Center (8.5%).

FIGURE 99. MOST USED HOSPITALS OF JACKSON COUNTY RESIDENTS BY NUMBER OF INPATIENT DISCHARGES, 2018



Data Source: AHCA Inpatient Data File

Top Reasons for Inpatient Hospital and Emergency Department Visits

The purpose or reason for a hospital admission can be determined by the primary diagnosis code documented at the time of the patient's discharge. Hospitals code within Diagnosis Related Groups (DRGs) as a standard for documentation and billing purposes.

Table 9 shows the top 15 diagnoses for inpatient visits by residents of Jackson County to any hospital in Florida by the number of discharges in 2017. Diagnoses are shown as Medicare Severity Diagnosis Related Groups (DRGs). Table 9 also shows cost, patient age, and payment type for each MS DRG. The most frequent DRG recorded for Jackson County residents (at any hospital) was normal newborn births, which accounted for 15% of the top 15 DRGs during 2018. Other leading causes for inpatient visits included vaginal deliveries, psychoses (psychoses represent a variety of unspecified mental health conditions), and kidney & urinary tract infections.

Table 9. Fifteen Top Diagnoses For Inpatient Visits By Residents of Jackson County to Any Hospital in Florida by Number of Discharges, 2017

Utilization				Cost			Patient Age			Payment Type		
Medicare Severity DRG (MS DRG) Description	**Discharges**	**% of Tot.**	**Avg. LOS**	**Total Charges**	**% of Tot.**	**Avg. Charge**	**0-17**	**18-64**	**65 +**	**Gov. Ins.**	**Com. Ins**	**Non Pay/Self Pay/Other**
Normal newborn	131	15.10%	2	$259,021	1.60%	$1,977	131	0	0	100	22	9
Vaginal delivery w/o complicating diagnoses	98	11.30%	2.3	$1,043,930	6.30%	$10,652	6	92	0	59	35	4
Psychoses	89	10.20%	7.5	$1,869,704	11.30%	$21,008	16	62	11	61	15	13
Kidney & urinary tract infections w/o MCC	78	9.00%	4.3	$1,038,632	6.30%	$13,316	3	14	61	73	4	1
Simple pneumonia & pleurisy w CC	69	7.90%	5.2	$1,154,377	7.00%	$16,730	1	20	48	62	6	1
Septicemia w/o MV 96+ hours w MCC	51	5.90%	7.6	$3,214,374	19.40%	$63,027	0	19	32	46	1	4
Esophagitis, gastroent & misc digest disorders w/o MCC	44	5.10%	4.7	$915,512	5.50%	$20,807	0	20	24	31	9	4
Cellulitis w/o MCC	43	4.90%	4.7	$653,086	3.90%	$15,188	2	26	15	24	12	7
Major joint replacement or reattachment of lower extremity w/o MCC	43	4.90%	3.3	$2,402,680	14.50%	$55,876	0	14	29	30	12	1
Neonate w other significant problems	40	4.60%	2.7	$280,946	1.70%	$7,024	40	0	0	26	12	2
Cesarean section w/o CC/MCC	39	4.50%	2.8	$646,573	3.90%	$16,579	0	39	0	24	15	0
Heart failure & shock w MCC	38	4.40%	6.2	$1,253,237	7.60%	$32,980	0	9	29	38	0	0
Heart failure & shock w CC	37	4.30%	4.3	$583,464	3.50%	$15,769	0	13	24	31	3	3
Chronic obstructive pulmonary disease w/o CC/MCC	37	4.30%	3.4	$400,373	2.40%	$10,821	0	17	20	30	3	4
Cesarean section w CC/MCC	32	3.70%	3.3	$829,676	5.00%	$25,927	0	32	0	20	10	2
Grand Total(15)	**869**		**4.2**	**$16,545,585**		**$19,040**	**199**	**377**	**293**	**655**	**159**	**55**

Table 10 shows the top 15 emergency room diagnoses of Jackson County residents at any emergency department in 2018. Upper respiratory infections were the top diagnoses, accounting for about 14% of visits for the top 15 diagnoses. Other top emergency department diagnoses were bronchitis, nausea with vomiting, pharyngitis, and urinary tract infections.

Table 10. Top Fifteen Emergency Department Diagnoses of Jackson County Residents, All Ages, 2018

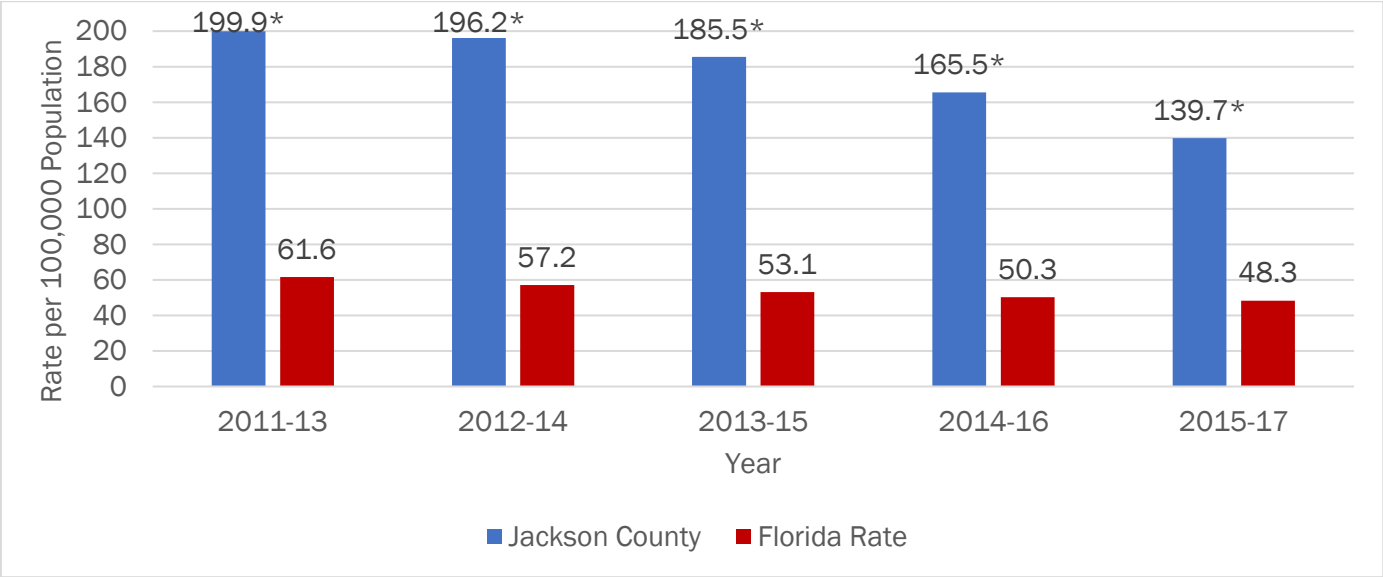
Utilization				Cost			Patient Age			Payment Type		
Principal Diagnosis Description	**Visits**	**% of Tot.**	**Avg. Hours**	**Total Charges**	**% of Tot.**	**Avg. Charge**	**0-17**	**18-64**	**65+**	**Gov. Ins.**	**Com. Ins**	**Non Pay/Self Pay/Other**
Acute upper respiratory infection, unspecified	500	14.30%	1.76	$566,757	8.40%	$1,134	232	199	69	352	98	50
Streptococcal pharyngitis	387	11.00%	1.64	$438,864	6.50%	$1,134	225	142	20	273	71	43
Acute bronchitis, unspecified	328	9.40%	2.09	$548,137	8.10%	$1,671	36	252	40	165	98	65
Nausea with vomiting, unspecified	241	6.90%	3.34	$551,875	8.10%	$2,290	59	158	24	145	58	38
Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider	230	6.60%	2.9	$20,871	0.30%	$91	55	151	24	123	34	73
Acute pharyngitis, unspecified	219	6.20%	1.44	$218,630	3.20%	$998	98	117	4	130	52	37
Urinary tract infection, site not specified	217	6.20%	4.78	$638,435	9.40%	$2,942	28	145	44	139	39	39
Flu due to unidentified influenza virus	215	6.10%	2.56	$291,831	4.30%	$1,357	76	122	17	130	51	34
Flu due to other ident influenza virus	199	5.70%	1.86	$268,825	4.00%	$1,351	103	79	17	139	42	18
Low back pain	174	5.00%	1.53	$328,363	4.80%	$1,887	6	148	20	87	50	37
Headache	172	4.90%	2.66	$509,395	7.50%	$2,962	26	130	16	111	34	27
Other chest pain	168	4.80%	9.55	$1,069,418	15.80%	$6,366	9	118	41	100	43	25
Chest pain, unspecified	161	4.60%	6.79	$607,252	9.00%	$3,772	3	117	41	88	46	27
Viral infection, unspecified	157	4.50%	2.64	$241,453	3.60%	$1,538	66	78	13	99	35	23
Chronic obstructive pulmonary disease w (acute) exacerbation	137	3.90%	6.8	$478,826	7.10%	$3,495	0	80	57	107	11	19
Grand Total(15)	**3,505**		**3.06**	**$6,778,932**		**$1,934**	**1,022**	**2,036**	**447**	**2,188**	**762**	**555**

County Health Department Personnel & Expenditures

Jackson County had a significantly higher rate of full-time employment for their health department per 100,000 population than Florida for the past 5 years (Figure 100). In 2015-17, Jackson County spent $93.6 per county resident compared to the state average of $36.1 per county resident (Figure 101). DOH-Jackson provides public health, clinical, and field services to residents of Jackson County.[127]

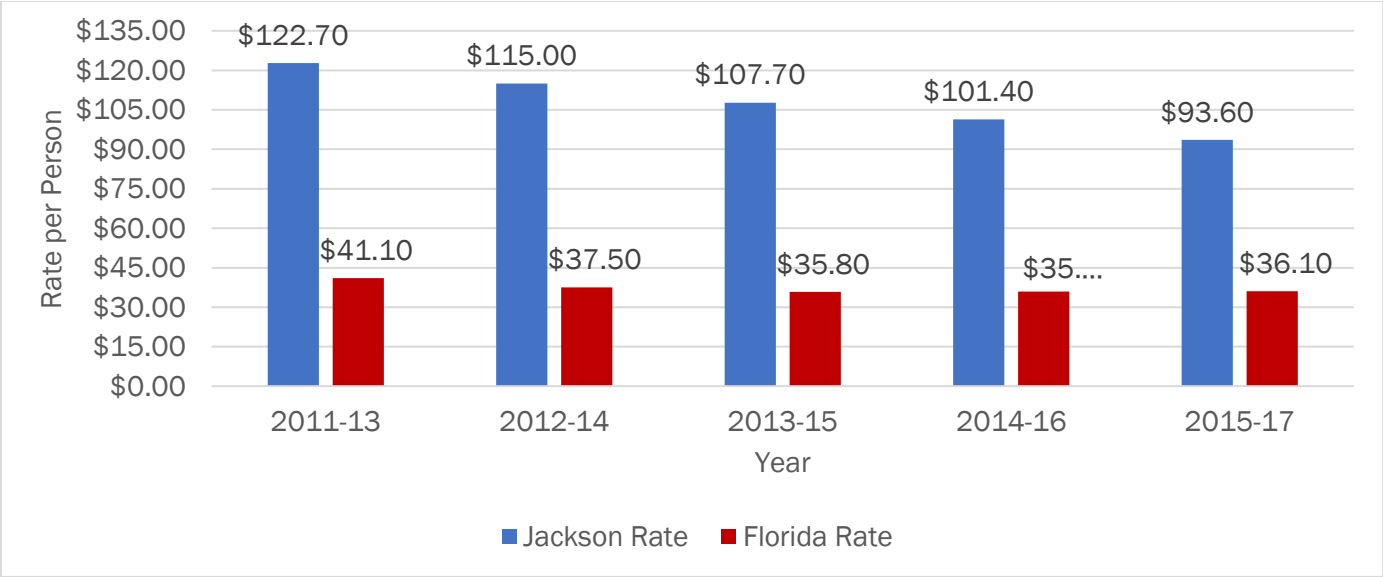
Figure 100. Department of Health Full-Time Employees, Jackson County & Florida, 2011-2017

[127] The Florida Department of Health in Jackson County (2019). Programs and Services. Retrieved from: http://www.jackson.floridahealth.gov/programs-and-services/index.html



Data Source: FL Health Charts
*Indicates the county rate is statistically significantly different from the statewide rate

Figure 101. Department of Health Expenditures, Jackson County & Florida, 2011-2017

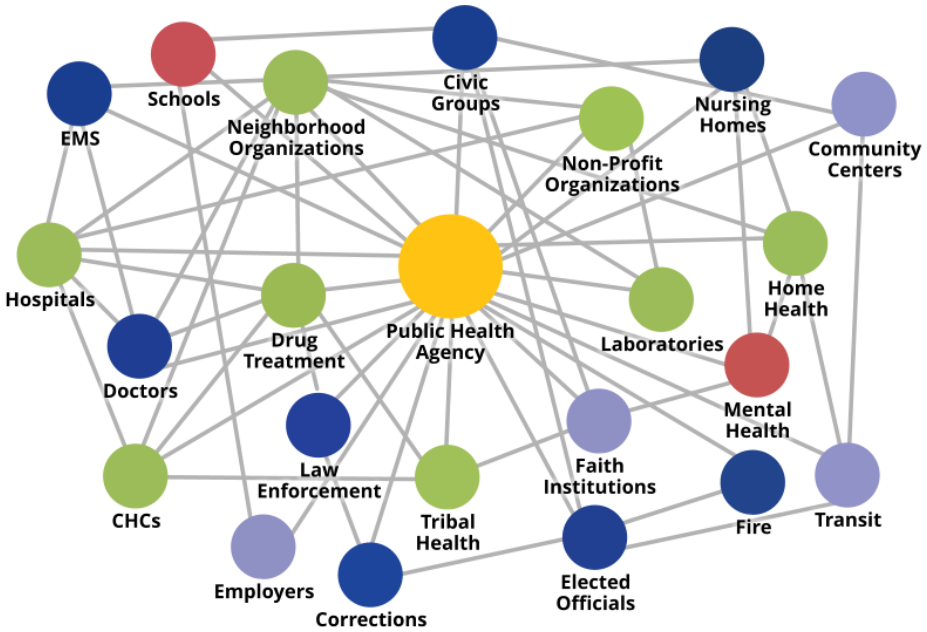


Data Source: FL Health Charts

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The National Public Health Performance Standards Program (NPHPSP) (Figure 102) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of health services at the local level. The DHHS defines the public health systems as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."[128]

FIGURE 102. THE PUBLIC HEALTH SYSTEM FROM THE CDC'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA.[129] The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each essential service. The 10 Essential Public Health Services are:

- **Monitor** health status to identify community health problems.
- **Diagnose** and investigate health problems and health hazards in the community.
- **Inform, educate, and empower** people about health issues.
- **Mobilize** community partnerships to identify and solve health problems.
- **Develop policies and plans** that support individual and community health efforts.
- **Enforce** laws and regulations that protect health and ensure safety.
- **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **Assure** a competent public and personal health care workforce.
- **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
- **Research** for new insights and innovative solutions to health problems.

[128] U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*. Retrieved from CDC.gov: http://www.cdc.gov/nphpsp/

[129] U.S. Centers for Disease Control and Prevention (2015). *National Public Health Performance Standards (NPHPS)*.

Jackson County stakeholders were sent a survey to review and score each of the ten essential public health services. Participants were asked questions about each essential service and scored each service using recommended scoring levels provided in the assessment instrument. The scoring levels are as follows:

- Optimal Activity (76-100%): Greater than 75% of the activity described within the question is met.
- Significant Activity (51-75%): Greater than 50% but no more than 75% of the activity described within the question is met.
- Moderate Activity (26-50%): Greater than 25% but no more than 50% of the activity described within the question is met.
- Minimal Activity (1-25%): Greater than zero but no more than 25% of the activity described within the question is met.
- No Activity (0%): 0% or absolutely no activity.

Figure 103 provides the overall score for each of the ten essential services, as determined by the Jackson County stakeholders. It is important to remember that these scores consider the county's complete public health/safety-net services system and are not limited to activities performed directly by the county health department. Jackson County performs best in Essential Services 2, 3, and 6 and worst in Essential Services 8, 9, and 10.

Figure 103. Essential Public Health Service Performance Score Summary

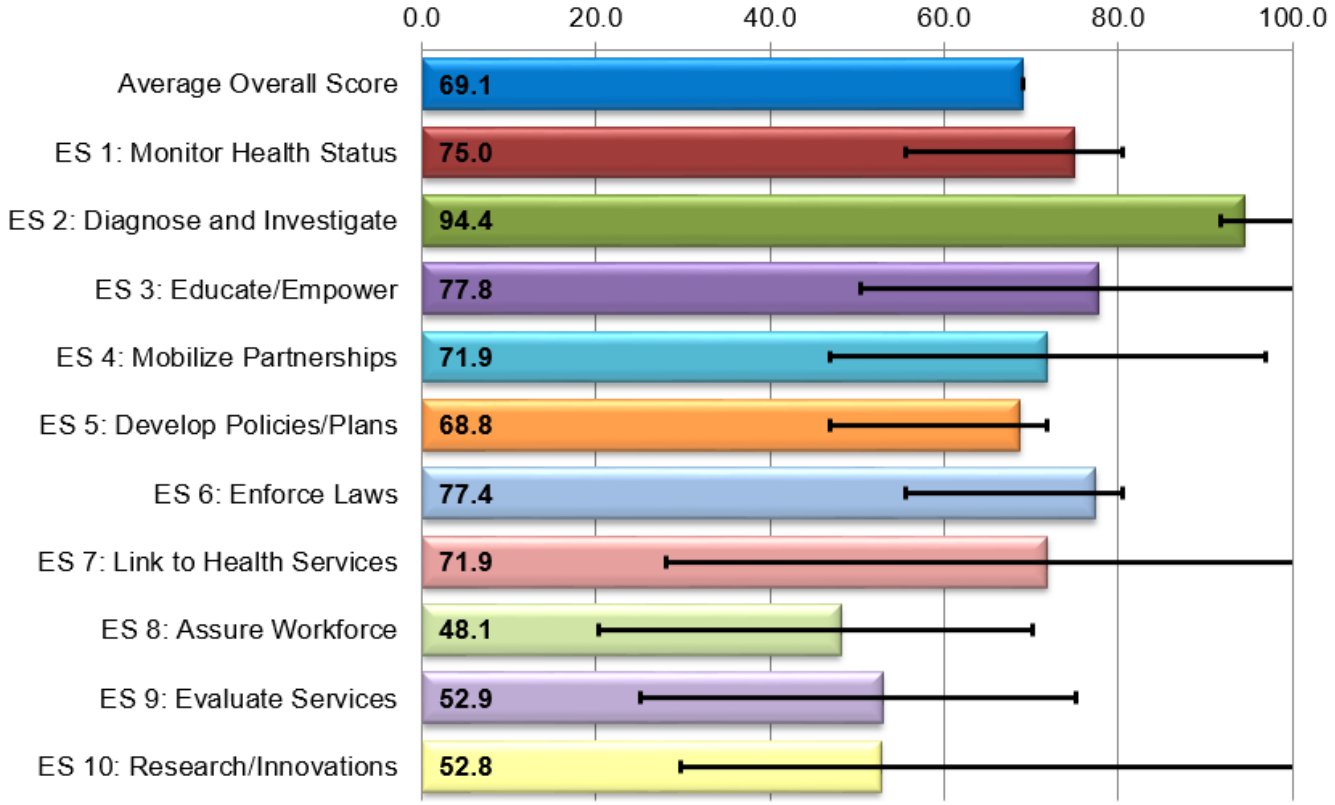


Table 11 shows further breakdown of the performance scores for essential services (8) Assure Workforce, (9) Evaluate Services, and (10) Research/Innovations. These were the essential services most in need of improvement, as identified by the Local Public Health System Assessment stakeholders.

Table 11. Detailed Performance Scores For Essential Services 8, 9, 10

ES 8: Assure Workforce	48.1
8.1 Workforce Assessment	41.7
8.2 Workforce Standards	83.3
8.3 Continuing Education	30.0
8.4 Leadership Development	37.5
ES 9: Evaluate Services	52.9
9.1 Evaluation of Population Health	37.5
9.2 Evaluation of Personal Health	65.0
9.3 Evaluation of LPHS	56.3
ES 10: Research/Innovations	52.8
10.1 Foster Innovation	37.5
10.2 Academic Linkages	58.3
10.3 Research Capacity	62.5

FORCES OF CHANGE

The Forces of Change assessment is intended to gain information and feedback from community representatives regarding current and anticipated trends, factors, and events that may influence the health of the community. The assessment generates answers to two primary questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?
2. What specific threats or opportunities are generated by these occurrences?

The top ranked political forces include:

- The upcoming presidential election
- Political will to address health issues at the local level
- Little trust in elected officials

The top ranked economic forces include:

- High rates of poverty
- Lack of affordable housing opportunities
- Lack of jobs and increasing unemployment

The top ranked social forces include:

- Increase in mental health issues
- Culture that is resistant to change
- Lack of health insurance coverage

The top ranked technological forces include:

- Increasing technology requirements (electronic health records, meaningful use, etc.)
- Increased pervasiveness and reliance on evolving technology in day-to-day society (social media, online blogs, texting, smart phones, Skype)
- New technologies driving the need for technology competency within the workforce and among consumers
- Increasing cost of healthcare due to technology

The top ranked ethical/legal forces include:

- Implementation of the Patient Protection and Affordable Care Act
- Lack of Medicaid expansion in the state of Florida following the Affordable Care Act
- Higher rates of medical malpractice

COMMUNITY STRENGTHS & THEMES ASSESSMENT

One of the core elements of the MAPP model is the ***Community Strengths and Themes Assessment***. As noted in the Florida MAPP Field Guide, this portion of the planning process generates direct feedback from community residents regarding perceptions of their own health, community health, and access to health care services. This assessment attempts to generate a better understanding of community health issues and concerns as well as residents' quality of life. The themes and issues identified during this phase often offer insight into the information discovered through the other assessments. DOH-Jackson decided to gather community input through focus groups, key stakeholder interviews, and community surveys.

From February 2018 to April 2019, 25 key stakeholder interviews and two focus groups were conducted, and 123 surveys were collected with the cooperation of the Florida Department of Health in Jackson County. The purpose of conducting the interviews and focus groups and collecting the surveys was to better understand the perspectives of community stakeholders on the health perceptions and health care needs of Jackson County residents. These interviews, focus groups, and surveys were intended to ascertain opinions of community stakeholders with knowledge of the community or influence in the county. The findings provide qualitative information, revealing community sentiments regarding health care services in Jackson County. A summary of community opinions is reported without assessing the veracity of participant comments.

Community Focus Groups

Community input was solicited through two focus group held in Jackson County in the month of April 2019. Meetings were held at the Department of Health in Jackson County in an attempt to capture opinions from a diverse citizen base.

At the beginning of each group, the HPCNEF facilitator explained the purpose of the assessment and then asked the participants ten discussion questions. In addition to the discussion questions, HPCNEF asked focus group participants to fill out a brief demographic survey. Appendix B-1 and Appendix B-2 include the demographic survey and discussion questions.

Demographics of Focus Group Participants

In April 2019, 32 people participated in two focus groups. Focus group participants completed a nine-question form, which asked about their demographic, socioeconomic, and health characteristics. Some participants did not answer every question on the form. Chart titles specify the number of participants that answered a particular question using n = X, with X representing the number of participants.

Of the 32 focus group participants, 78.1% were female and 21.9% were male. Over 70% of participants were in the age group 26-36 (31.3%) and 40-54 years (40.6%) (Figure 104). Only 28% were aged 55 years or older (Figure 104). The majority of participants identified as white (96.9%) (Figure 105). Nearly 85% of the participants had a 4-year College/Bachelor's Degree or higher (Figure 106). The annual household income for 71.0% of participants fell above $100,000 (Figure 109). Many focus group participants identified health insurance offered from the participant's job or a family member's job (87.5%) as their primary insurance type, while 6.3% of participants said they are covered by health insurance that they pay for on their own (Figure 108). Of the participants, 100% were employed, with 97% being employed full-time (Figure 107). Overall self-reported health was good or better for 93.8% of participants, and 6.3% said they were in fair health (Figure 110). The majority of participants (40.6%) lived in zip code area 32446 (Marianna) (Figure 111).

Figure 104. Age Distribution of Focus Group Participants

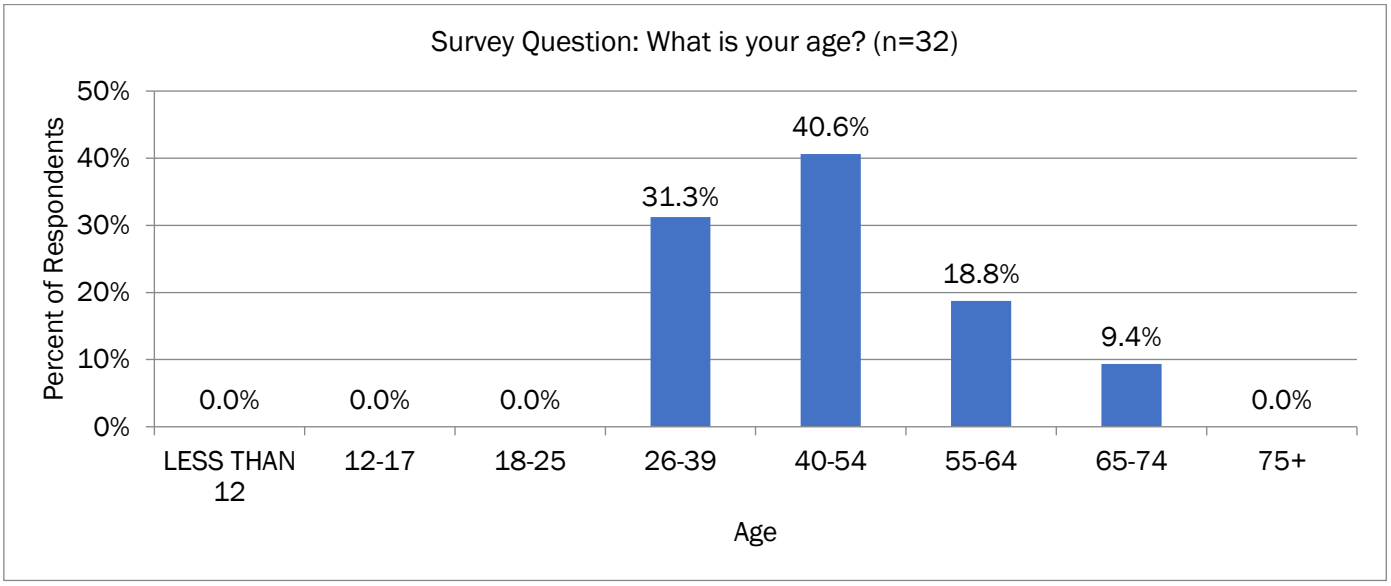


Figure 105. Racial and Ethnic Distribution of Focus Group Participants

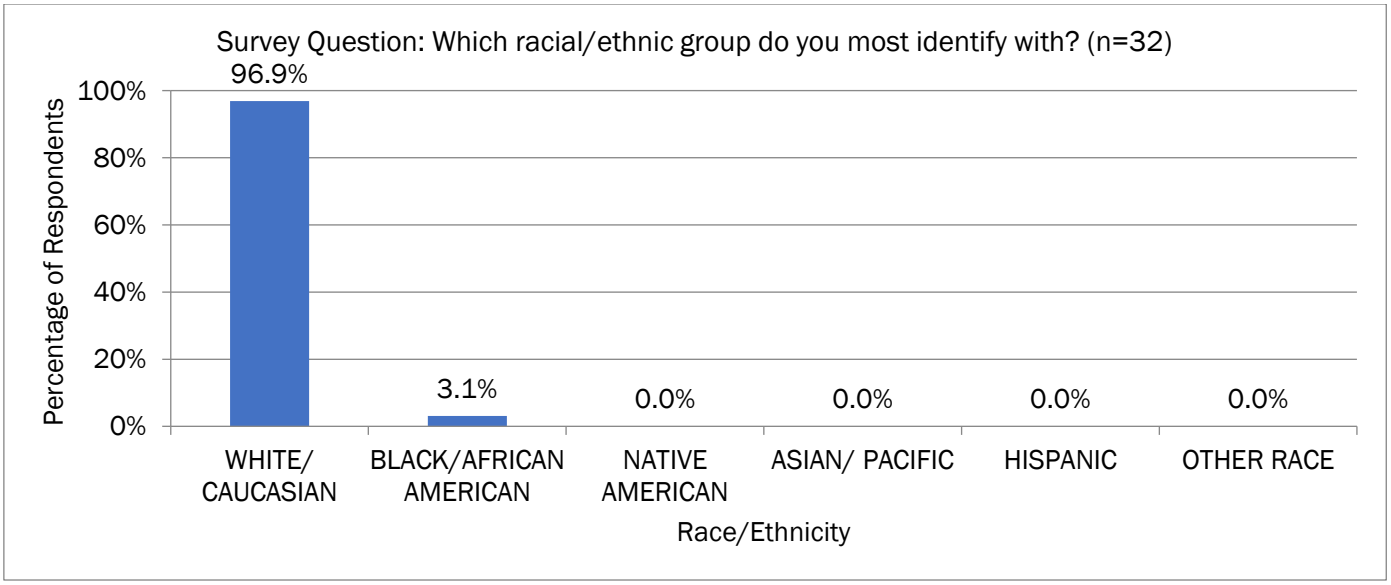


Figure 106. Highest Level of Education of Focus Group Participants

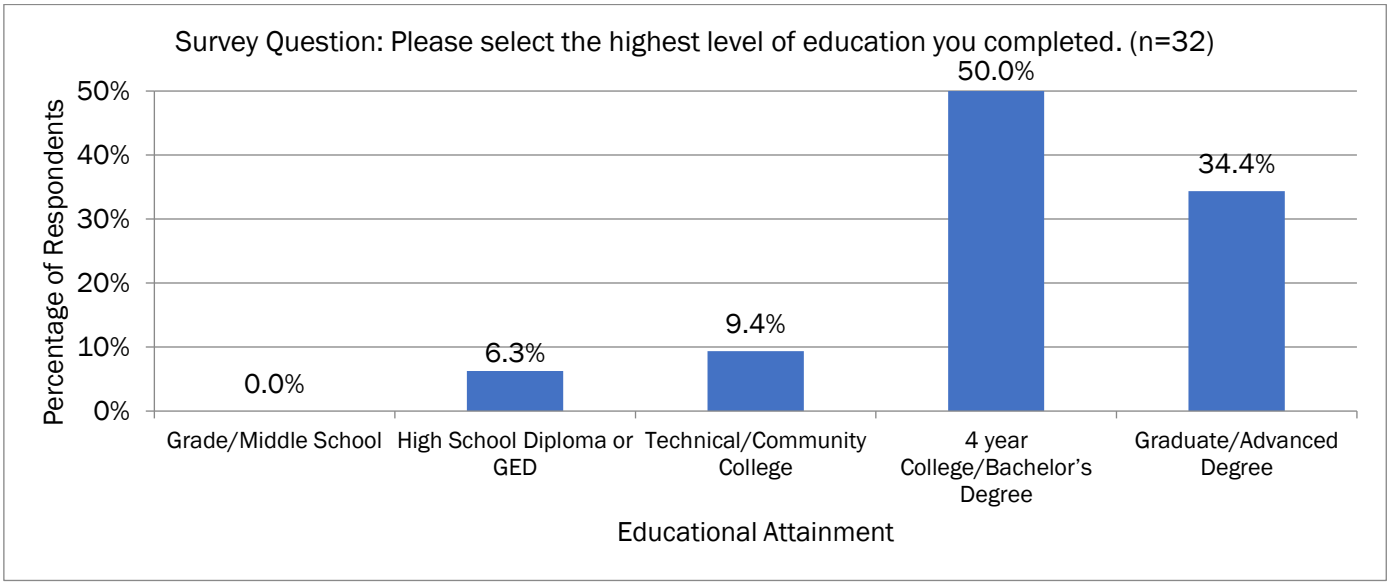


Figure 107. Employment Status of Focus Group Participants

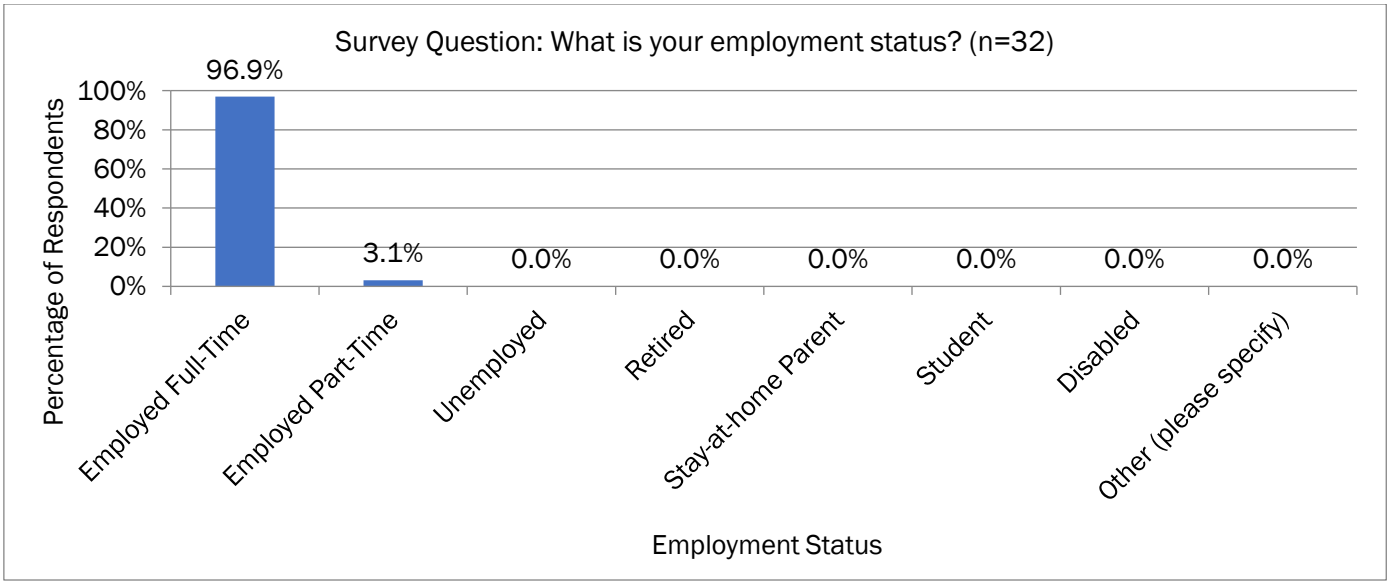


Figure 108. Health Insurance Coverage of Focus Group Participants

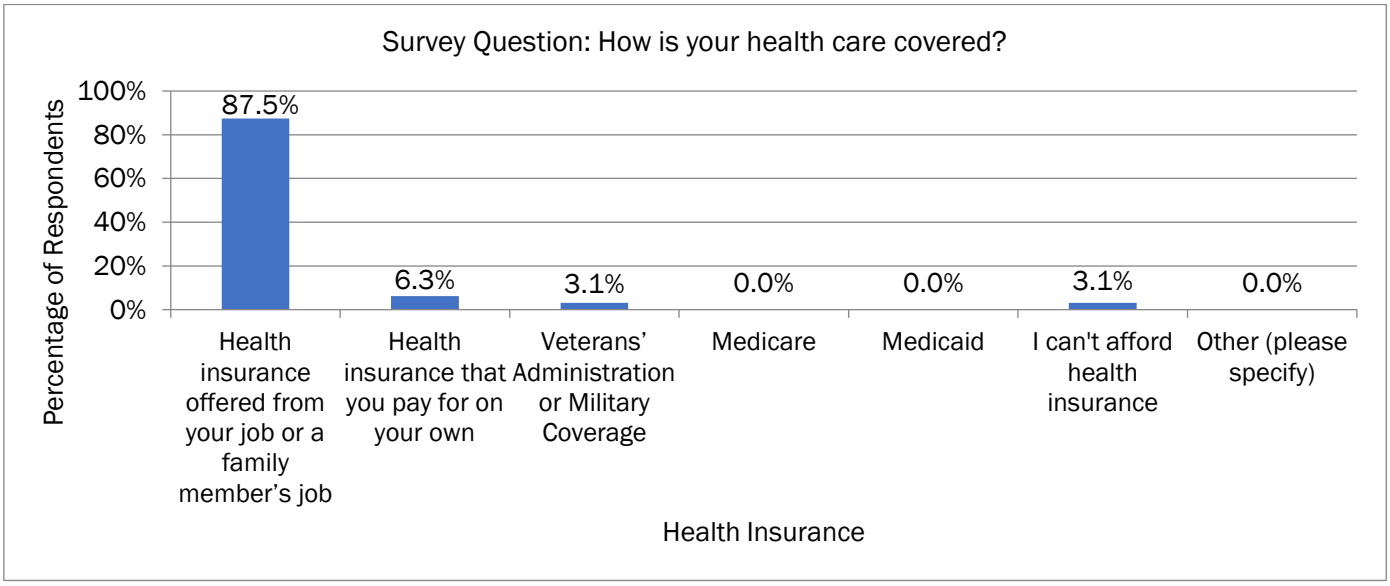


Figure 109. Household Income Before Taxes of Focus Group Participants

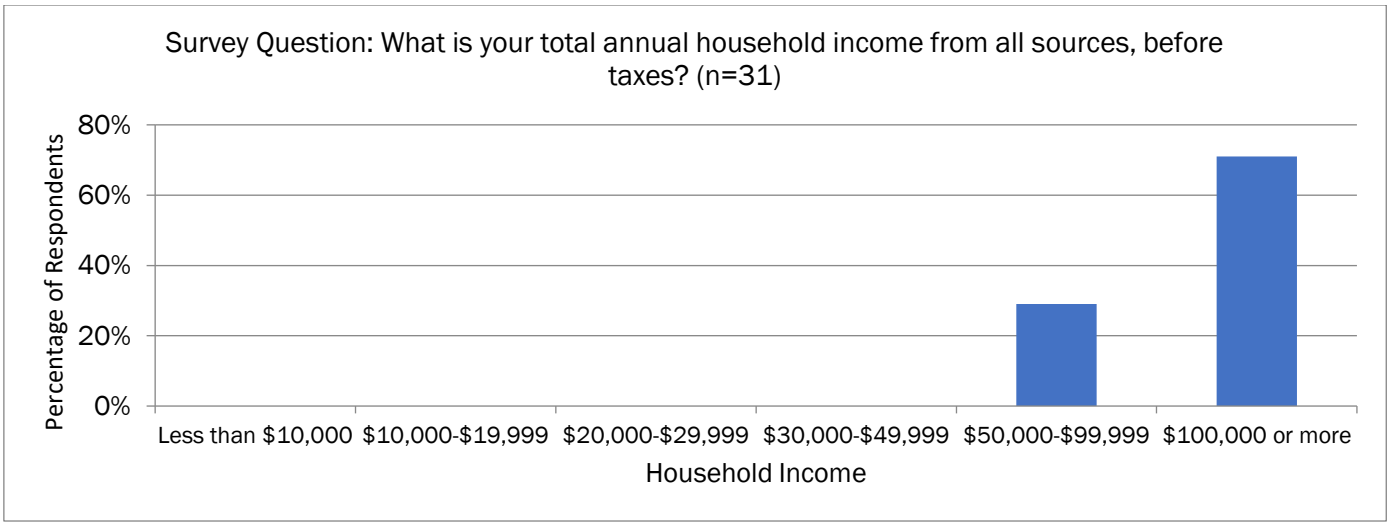


Figure 110. Self-Reported Overall Health of Focus Group Participants

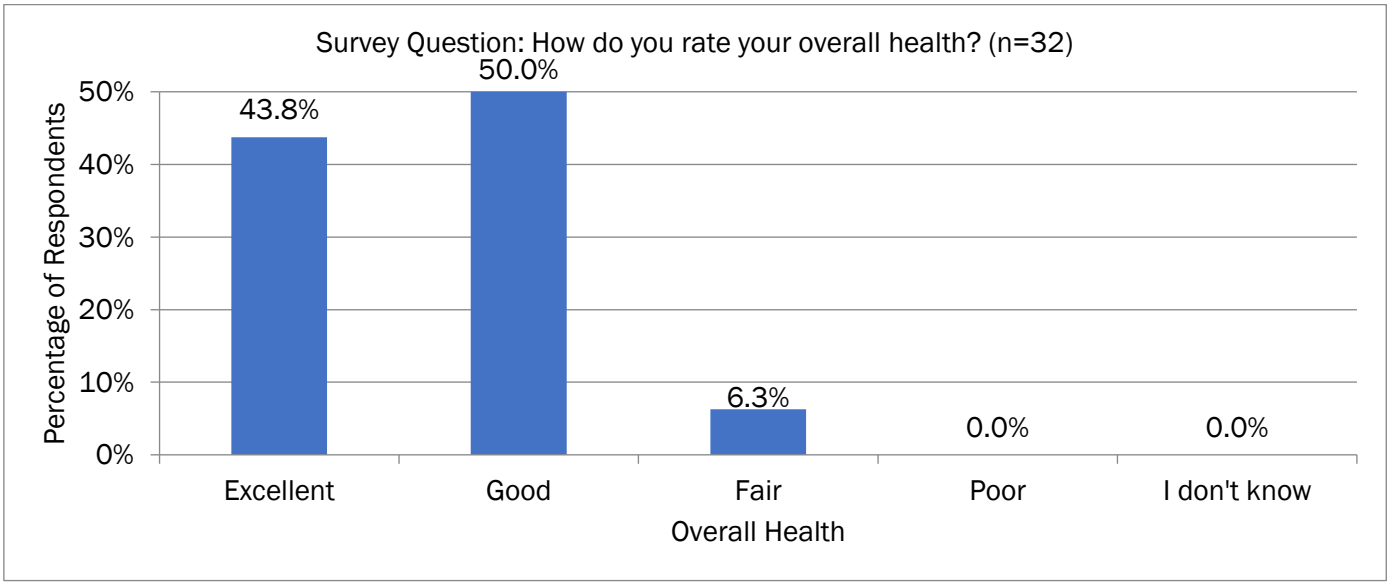
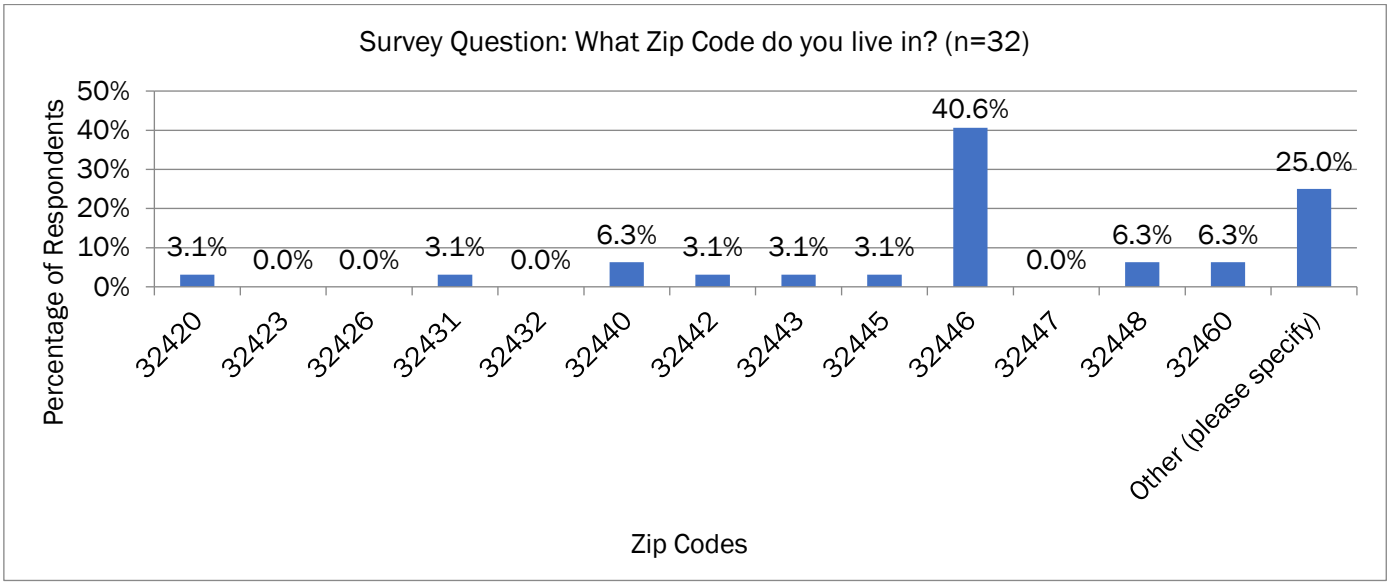


Figure 111. Zip Code of Focus Group Participants



Detailed notes were taken during each focus group discussion. The meeting facilitator explained the purpose of the assessment and then asked each discussion question aloud to the group. Discussion questions covered topics such as access and barriers to care and health needs and concerns. Responses taken from notes were entered into an Excel spreadsheet to determine top health issues and concerns, barriers to care, etc. Responses were weighted with those heard by participants at both focus group discussions to identify common themes.

Best Features of Jackson County/Most Important Features of a Healthy Community

The facilitator asked participants what is best about living in Jackson County and what made them most proud of this community. They were also asked to describe the most important features of a healthy community. The majority of participants mentioned that Jackson County has a strong sense of community and great deal of friendliness among its residents compared to other surrounding counties. Participants also reported the proximity to big cities and having access to resources such as good schools (junior college), health care facilities and services, recreation activities, and natural resources including farm country-fresh vegetables as the best features of Jackson County, as well as a healthy community. Participants also cited indicators related to the built environment as the best features of Jackson County including clean environment and peacefulness. A low crime rate, strong political leaders including a locally run government, and low cost living were other important features of Jackson County.

Most Important Health Concerns or Unhealthy Behaviors in Jackson County

Participants were asked what they felt were the most important health concerns or unhealthy behaviors in Jackson County. The top health concerns/unhealthy behaviors are listed in Table 12. The most common theme heard in both focus groups related to behavioral health, which included mental health and substance abuse issues. Increase in chronic diseases related to lifestyle behavior was another top concern followed by increase in domestic violence and lack of providers and access as well as provider-patient communication in Jackson County (Table 12).

Table 12. Top Health Concerns and Unhealthy Behaviors from Focus Group Respondents

Top Health Concern
Mental health/behavioral health
Substance abuse/alcohol
Domestic violence
Chronic diseases related to lifestyle behaviors
Lack of providers/access/provider-patient communication

Table 13. Reasons for Top Health Concerns/Unhealthy Behaviors from Focus Group Respondents

Top Health Concern/ Unhealthy Behavior	Main reasons why these concerns or behaviors are present
Behavioral Health/Mental Health	Stigma
	Expectation of quick recovery
	Providers need behavioral analysis skills
	Rapid changes in family dynamics
	PTSD
Substance Abuse/Alcohol Abuse	Stigma
	Addiction
	Changes in family dynamics
Domestic Violence	Dysfunctional family dynamics
Chronic Diseases	Sedentary lifestyle
	Poor lifestyle/nutrition
	Obesity
Lack of providers/access	Obstacles for provider credentialing
	Providers do not get return on investment when taking Medicare/Medicaid

Health Care Services Most Difficult to Access/Greatest Barriers to These Services

When asked to list the health services most difficult to access, a lack of affordable mental health care was mentioned in both focus groups. Participants in both groups also mentioned a lack of medical specialty care such as urology, neurology, and psychiatry. Furthermore, participants reported a lack of access to dental care services. Participants were then asked what the greatest barriers to getting these services were. The barriers most commonly reported were funding and stigma. Other named barriers included transportation and resources including adequately trained staff and capacity of providers as well as referrals.

Groups of People with Most Difficulty Accessing Services

Participants were asked if they felt there were groups of people in Jackson County who were affected more by the top health issues discussed or had more difficulty accessing these services. Participants reported in both focus groups that the elderly population as well as low-income and poverty-impacted populations had the most health issues and most difficulty accessing services. The struggles of the working poor were a common theme heard by many focus group participants, specifically those individuals who made too much to qualify for many existing social service programs but did not make enough to pay their bills. Participants also mentioned residents living in displaced areas of Jackson County having more health concerns and access issues.

Creation of Health Programs in Jackson County

When asked about what type of program(s) they would create to improve the health of residents in Jackson County, the majority of focus group participants talked about creating a substance abuse and mental health coping and treatment center. Participants also mentioned creating an inpatient care center and staffing schools with health educators and health care providers such as doctors, dentists, nurses, and mental health counselors. Furthermore, participants suggested creating a YMCA, elder care center, and fire and rescue center.

Key Findings of Focus Groups

Participants of the focus groups had distinct concerns related to their own personal socioeconomic and demographic groups, such as income or age groups. While the demographic makeup of the focus groups led to

varying responses for many of the questions, there were several common themes heard across the discussions as summarized below:

- The majority of participants felt Jackson County was a good place to live and there was strong sense of community.
- Many participants agreed that access to resources such as health care and social services, good schools, and proximity to parks and big cities are important features of a healthy community. Indicators related to the built environment, such as good climate and clean environment, were also perceived as important features.
- A lack of mental health care and medical specialty care is an important issue in Jackson County heard across all demographic groups.
- Some of the greatest barriers to accessing health services include funding and stigma. Other barriers include transportation and resources such as adequately trained staff, capacity of providers, and referrals.
- Issues related to mental health/behavioral health and substance abuse are common health concerns shared across all demographic groups in Jackson County.
- The rise of chronic diseases related to lifestyle behaviors such as poor nutrition and sedentary lifestyle in Jackson County was also mentioned by a lot of participants.

Top health concerns gleaned from focus groups in Jackson County:

- Issues related to behavioral health/mental health and substance abuse/alcohol abuse
- Increase in chronic diseases related to lifestyle behaviors
- Lack of providers, access, and provider-patient communication
- Access of mental health services and medical specialties

Interviews with Key Stakeholders

The Florida Department of Health in Jackson Count in partnership with Melisa Reddick, PhD., compiled a list of possible key stakeholders in the community and made initial contact with the interviewees. The list included governmental representatives, health care providers, health care consumers, and representatives of local community organizations. DOH Jackson conducted 25 interviews in person and over the phone during the months of August and September 2018. The average interview lasted between fifteen and thirty minutes. The interviewees were told that none of their comments would be directly attributed to them but that a list of all participants would be included in this report (see Appendix C-1).

All key stakeholder interviews (KSI) were conducted using a standard questionnaire. The instrument used to conduct the interviews is included in Appendix C-2. Interviewees were asked to provide comments on some of the following issues:

- Overall perspective on the most important health care needs and issues in Jackson County
- Opinions of important health issues that affect county residents
- Impressions of specific health services available in the county and the accessibility of these services

Interview Analysis

The following analysis is based on the research and interviews conducted by DOH-Jackson and Melisa Reddick, PhD. The length of time the community leaders have lived and/or worked in Jackson County ranges from 1.5 years to 35+ years. The majority of key stakeholder reside in Jackson County.

The interview questions for each KSI are identical. There is some duplication of subject matter and feedback between categories. A summary of their responses follows. This section of the report summarizes what the community stakeholders reported without assessing the credibility of their comments.

Most Important Health Care Issues in Jackson County

The interviewer asked key stakeholders what they felt were the most important health care issues in Jackson County and what were the main reasons these concerns or behaviors were present. The majority of stakeholders

mentioned issues related to obesity, access to services and assistance, health insurance, and behavioral health/mental health as one of the most important concerns in the county that affects residents of all ages. In general, stakeholders felt there was a need for better access to health services and activities including transportation to and from those service points. Many key stakeholders also discussed the need for more mental health services including counseling, medications, and support services. Others mentioned the lack of job opportunities in general and those with benefits as well as the limited number of businesses as an issue. They felt that an increase in industries and businesses would help residents to acquire jobs which will help them support themselves and their families.

Many key stakeholders also felt that poverty and addiction including tobacco, opioids, alcohol, etc. were important health concerns in Jackson County. Several stakeholders emphasized the importance of disease prevention and education about healthy lifestyle behaviors among all age groups especially because obesity was the main concern among all key stakeholders. They felt it was specifically important to target the younger population as early as possible. A few stakeholders also expressed concern about the limited number of doctors' offices – both primary care physicians and medical specialty doctors. Table 14 summarizes the top health concerns or unhealthy behaviors as discussed by key stakeholders.

Table 14. Reasons for Top Health Concerns/Unhealthy Behavior from Key Leader Interviews

Top Health Concern/Unhealthy Behavior	Main reasons why these concerns or behaviors are present
Obesity	Lack of education and knowledge
	Lifestyle choices
	Lack of transportation to activities, parks, trails, etc.
	Lack of health insurance
Access (to services and assistance)	Lack of transportation to and from service points
	Low-income and poverty-affected residents
	Lack of health insurance, affordability issues
	Lack of support for families
	Linguistic and cultural barriers
	Lack of knowledge about existing facilities, activities, programs, etc.
Health Insurance	Poverty, low-income families
	Lack of job opportunities/jobs with benefits
Mental Health Services	Lack of mental health facilities/primary care physicians
	Lack of health insurance, affordability of care and medications
	Lack of knowledge, education
	Lifestyle choices
	Lack of transportation

Health Care Access Issues in Jackson County

When asked about specific populations in Jackson County with health issues or populations with more difficulty accessing health care services than others, an overwhelming majority of key stakeholders discussed socioeconomics as having the biggest impact on access. Low-income residents, particularly the working poor and residents with a fixed income, were highlighted by key stakeholders as populations facing the most health care issues and difficulty accessing services. Children and individuals with disabilities were also mentioned as facing access issues. In addition, senior citizens were frequently mentioned as another population with health care access issues since transportation and a fixed income are often problems for this group.

It was also noted that the lack of health insurance is a topic discussed by many key stakeholders. Furthermore, it was mentioned that there are health care services and activity options available; however, there are still some that are difficult to access, including primary care, medical specialties, and behavioral health/mental health care services. Key stakeholders were also asked how they have seen transportation affect access to health care. A lack of public transportation was a common theme heard across key stakeholders in Jackson County.

Resources/Advantages in Jackson County

Key stakeholders were asked if there were any resources or advantages in Jackson County that could be used to improve the community's health. Several stakeholders noted that while Jackson County offers a range of natural resources, many residents do not utilize these resources, so improving awareness and access is important. Stakeholders also emphasized that Jackson County has an excellent school system, strong faith-based community, strong local government, and sense of community.

Summary of Key Findings of Key Stakeholder Interviews

- Behavioral Health/Mental Health/Substance Abuse: Key stakeholders felt that there were numerous issues related to behavioral health/mental health and substance abuse within Jackson County. Most interviewees felt that a lack of mental health providers and resources is a major factor contributing to this problem.
- Chronic diseases (specifically obesity) and unhealthy lifestyle behaviors: Key stakeholders also felt that unhealthy lifestyle behaviors including smoking, obesity/overweight, poor diet, high stress levels, and lack of physical activity contribute to many chronic diseases in Jackson County. Many believed that an emphasis on disease prevention and education is the key to addressing this issue.
- Access to health care: Social determinants of health and geography of where residents live in the county are important factors affecting access to health care. Low-income populations, the elderly, and children have more issues accessing health care services as well as achieving optimal health outcomes.
- Health Insurance: Key stakeholders repeatedly noted that health insurance is an issue in Jackson County. Many residents cannot afford health insurance and would benefit from an affordable plan that is adjusted to their low or fixed income.
- Transportation: Transportation is an important factor that relates to the access of health care. Many individuals are dependent on a transportation system that takes them to and from health care services as well as other activities. Some key stakeholders also mentioned that it is important to include not only municipal areas in the transportation system but also rural locations.

A full summary of other comments provided by key stakeholders is included as Appendix C-3.

Jackson County Community Survey

In order to better understand the health status of the Jackson County community, DOH-Jackson asked community members and stakeholders to participate in a survey on community health, health care services, and quality of life in Jackson County. A total of 123 people completed the survey. Not all respondents answered every question on the survey. Percentages in the charts and the narrative that follow are calculated based on the number of respondents per question, rather than the total number of respondents for the survey as a whole. Surveys were distributed through face-to-face turning points and electronically collected via Survey Monkey. The survey was open from August to November 2018. Appendix B contains a full copy of the community survey.

Demographics & Characteristics of Participants

Among the survey respondents 65% identified themselves as female and 35% as male (Figure 112). The age of respondents was spread out, with the largest group of participants being in the 65-80-year-old age group (28%). The age group 40-54 years of age and 55-64-year-olds had the same percentage of participants (19%). A smaller number of respondents were in the over-80-year-old age group (11%) and in the group of 18-25 years of age (6%) (Figure 113). Participants were predominantly white (80%), and 16% identified as black or African American (Figure 114). Figure 118 shows the marital status of the survey respondents. Most participants were married or cohabitating (69%). Almost 12% were widowed, and 11% of survey respondents identified as divorced.

Figure 112. Gender of Survey Respondents

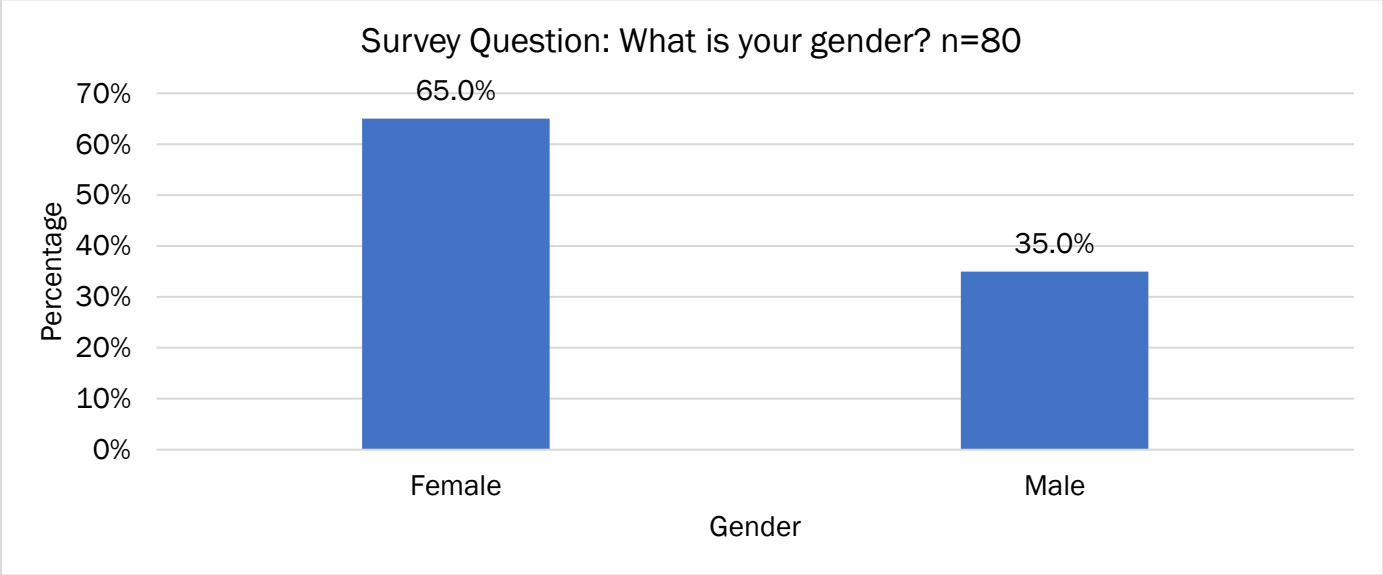


Figure 113. Age Distribution of Survey Respondents

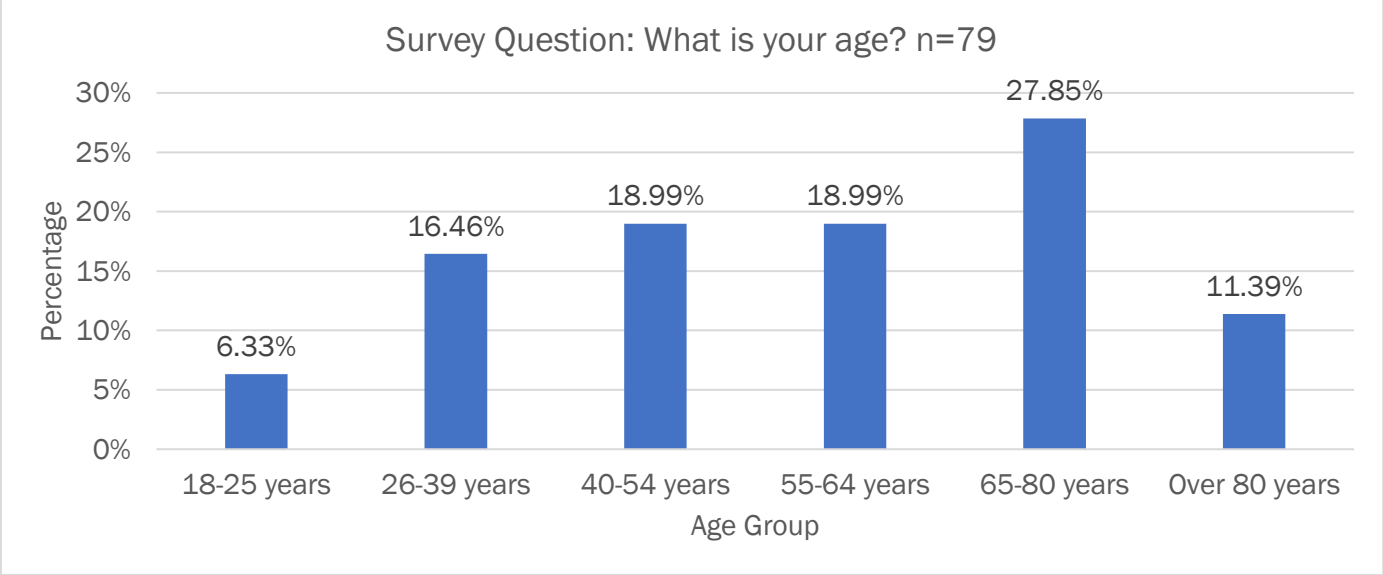


Figure 114. Race/Ethnicity of Survey Respondents

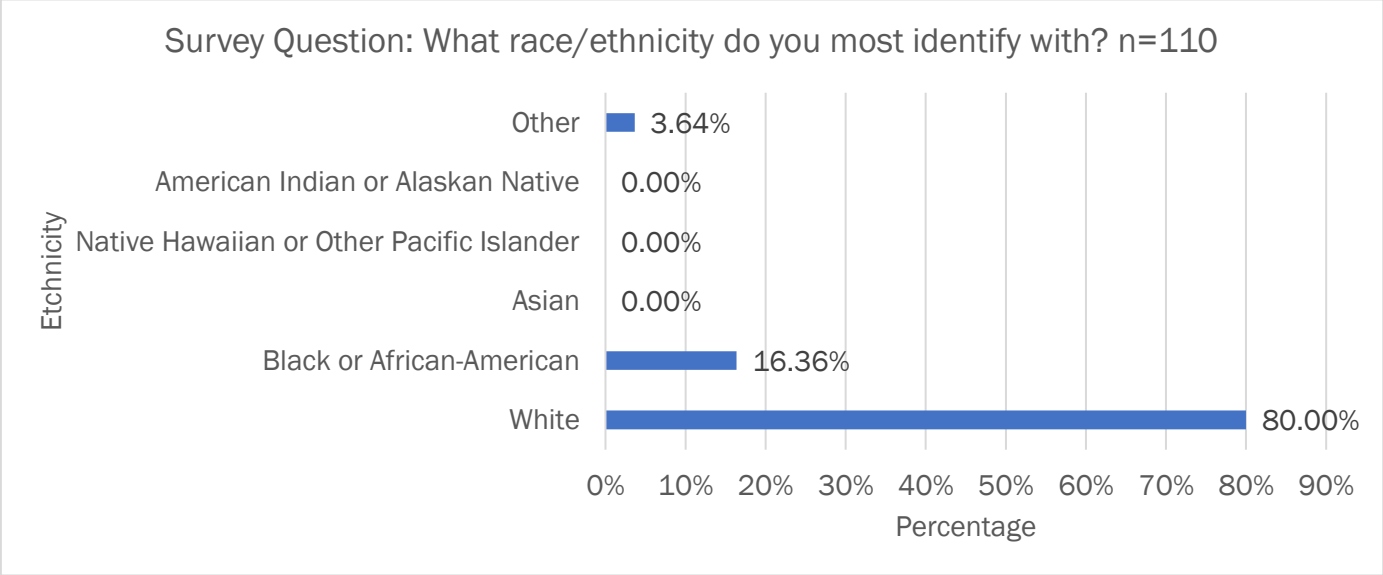
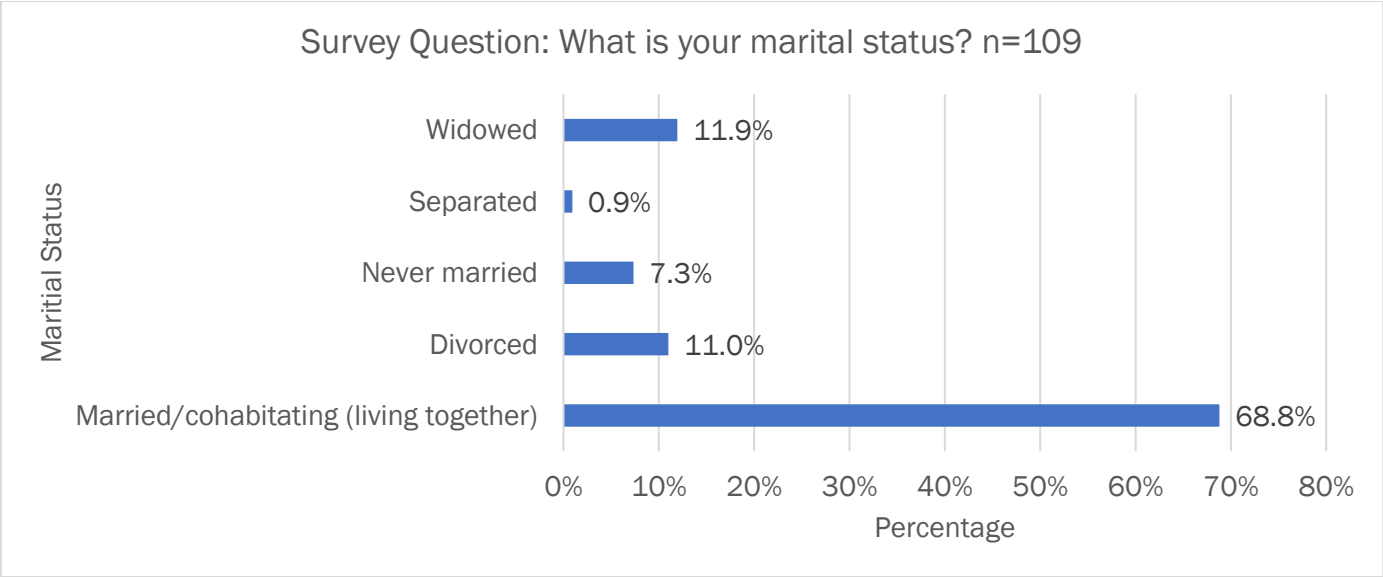


Figure 115. Marital Status of Survey Respondents



Education and Income

All survey participants received formal education beyond the elementary/middle school grade levels. Over 15% earned a high school diploma or GED, almost 60% completed a college degree, and over 20% earned a post-graduate degree (Figure 116). Over half (52%) of the survey participants made more than $75,000 per year. About 5% of the participants made less than $20,000 (Figure 117).

Figure 116. Highest level of education completed by survey respondents

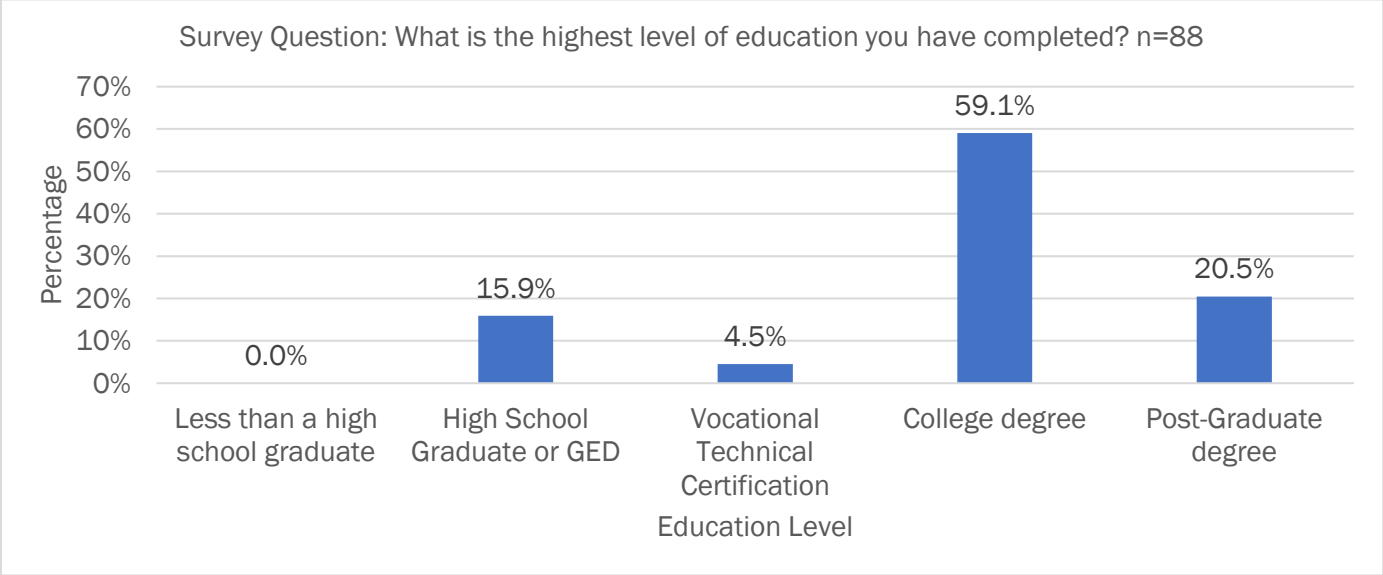
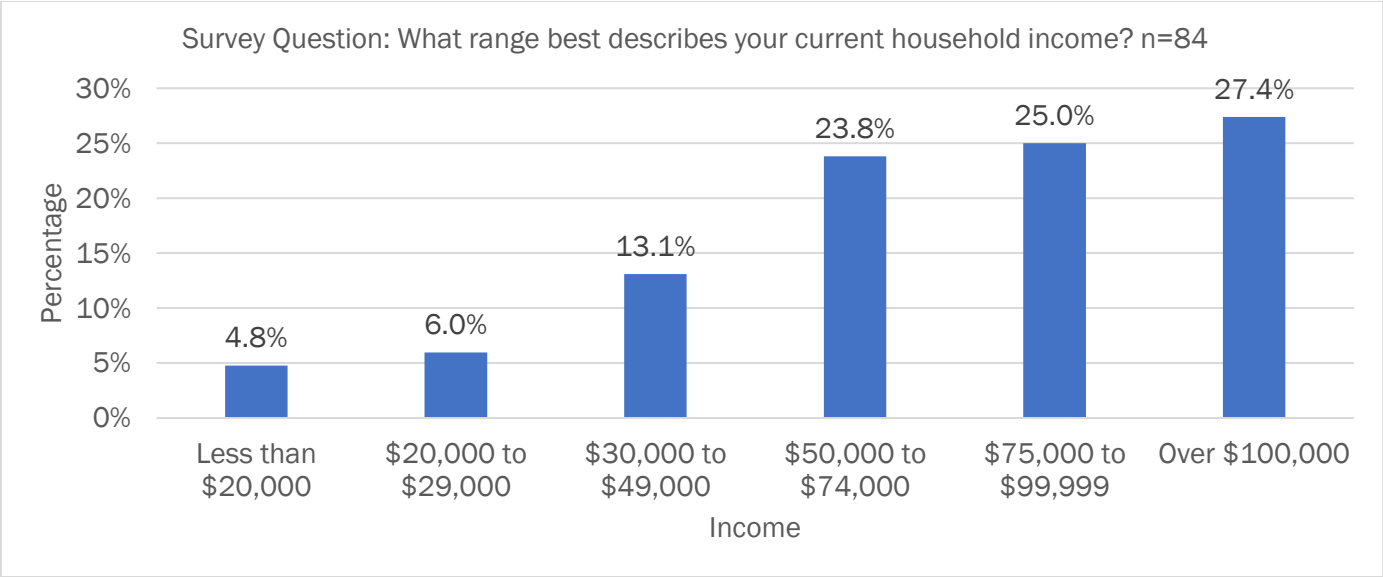


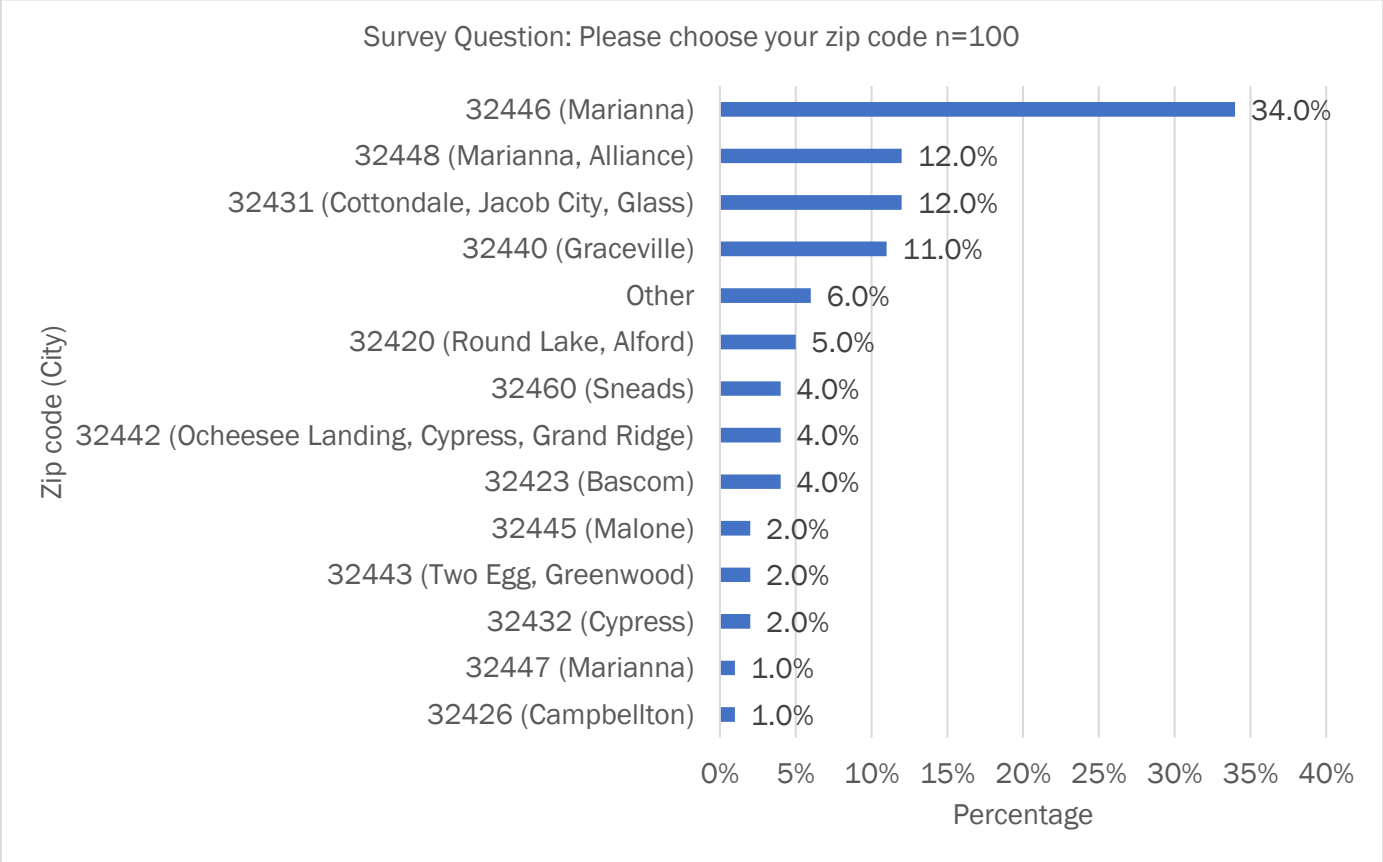
Figure 117. Total income of survey respondents



Zip Code

Figure 118 shows the zip code where survey participants live. More than one third of respondents (34%) reported a home zip code of 32446, which corresponds to Marianna, Florida. Zip codes 32448, 32431, and 32440, which correspond to Marianna/Alliance, Cottondale/Jacob City/ Glass, and Graceville, respectively, were each home to over 10% of survey participants.

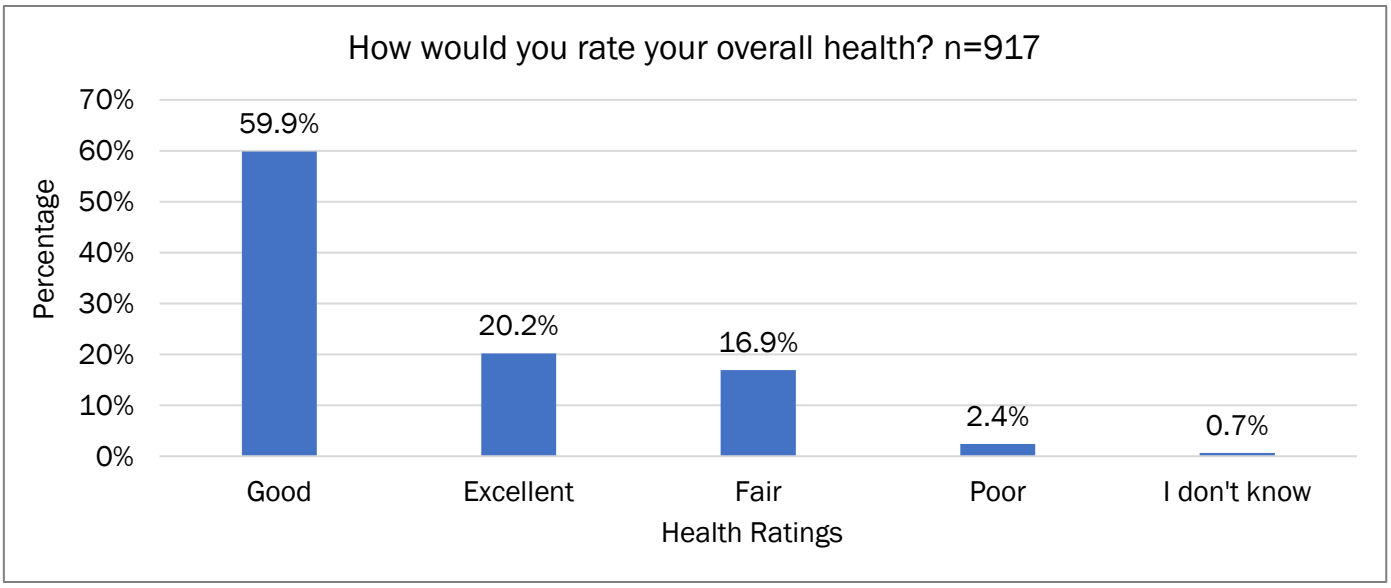
Figure 118. Zip Code of Survey Respondents



Overall Health

Survey participants were asked to rate their overall health on a four-point scale ranging from "Poor" to "Excellent." Almost 60% of survey respondents rated their overall health as "Good," followed by 20% rating their health as "Excellent." Only 2.4% rated their health as "Poor" and 17% as "Fair" (Figure 119).

Figure 119. Overall Health Rating of Survey Respondents



Results of the Community Survey

Features of Jackson County

Figure 120 shows the distribution of responses regarding how residents view the healthiness of Jackson County. Almost 60% rank Jackson County as being somewhat healthy; however, nearly 20% perceive the county as unhealthy. Yet when the respondents were asked whether they agreed that they were satisfied with the quality of life in Jackson County, almost 63% agreed or strongly agreed, and only 12% disagreed or strongly disagreed (Figure 121). When asked whether Jackson County is a good place to raise children, almost 70% agreed or strongly agreed. Fewer than 5% disagreed or strongly disagreed (Figure 122). Figure 123 shows the level of agreement among survey participants with the statement that Jackson County is a good place to grow old. Almost 26% disagree or strongly disagree with that statement; however, almost 43% agree or strongly agree, and another 31% were neutral on that statement. The survey also evaluated whether Jackson County is perceived as a safe place to live considering the resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas, etc. Figure 124 summarizes these perceptions. Almost 68% of respondents agree or strongly agree with the statement that Jackson County is a safe place to live, and only 12% disagree or strongly disagree. The last feature of Jackson County that has been analyzed is whether residents believe that they, individually or collectively, can make the community a better place to live. About 71% agreed or strongly agreed with that statement, and only 5% disagreed or strongly disagreed (Figure 125).

FIGURE 120. JACKSON COUNTY AS HEALTHY COMMUNITY HEALTH STATUS DISTRIBUTION

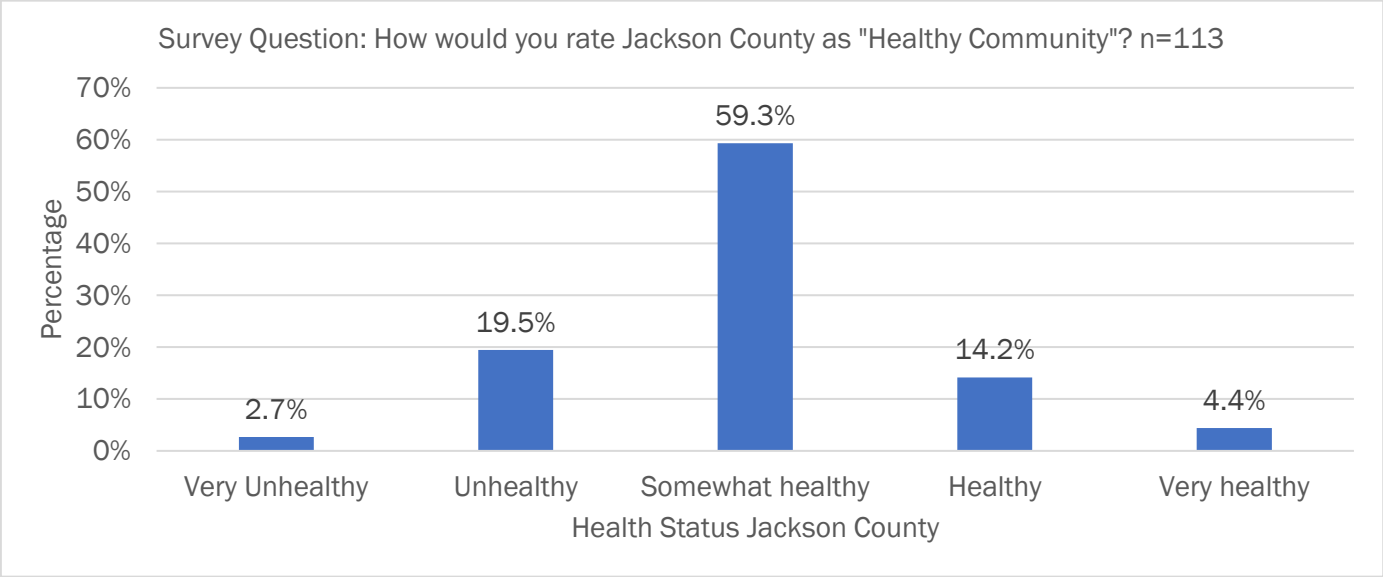


Figure 121. Satisfaction of Survey Participants with the Quality of Life in Jackson County

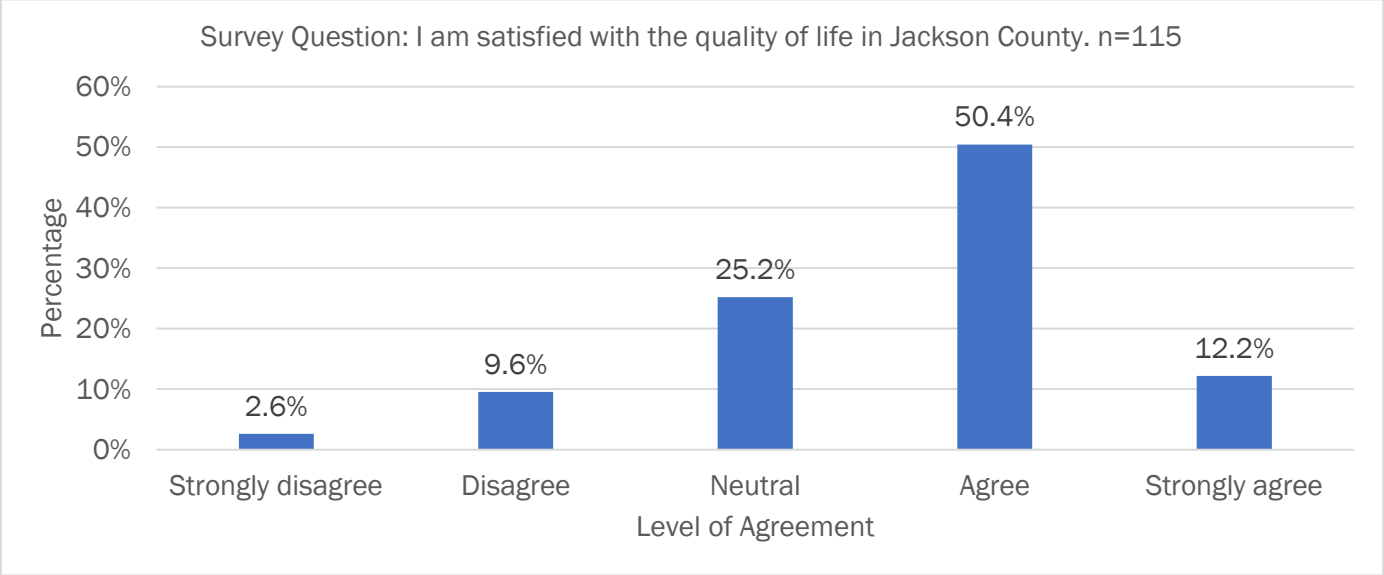


Figure 122. Level of Agreement of Survey Participants that Jackson County is a good place to raise children

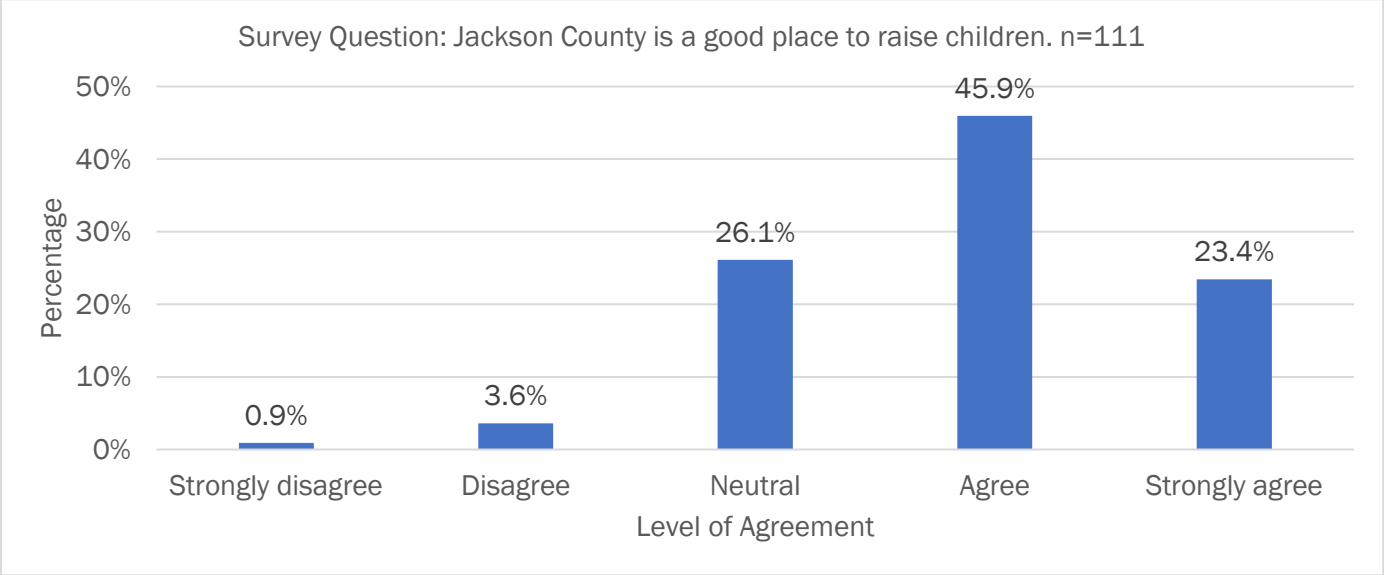


Figure 123. Level of Agreement of Survey Participants that Jackson County is a good Place to Grow Old

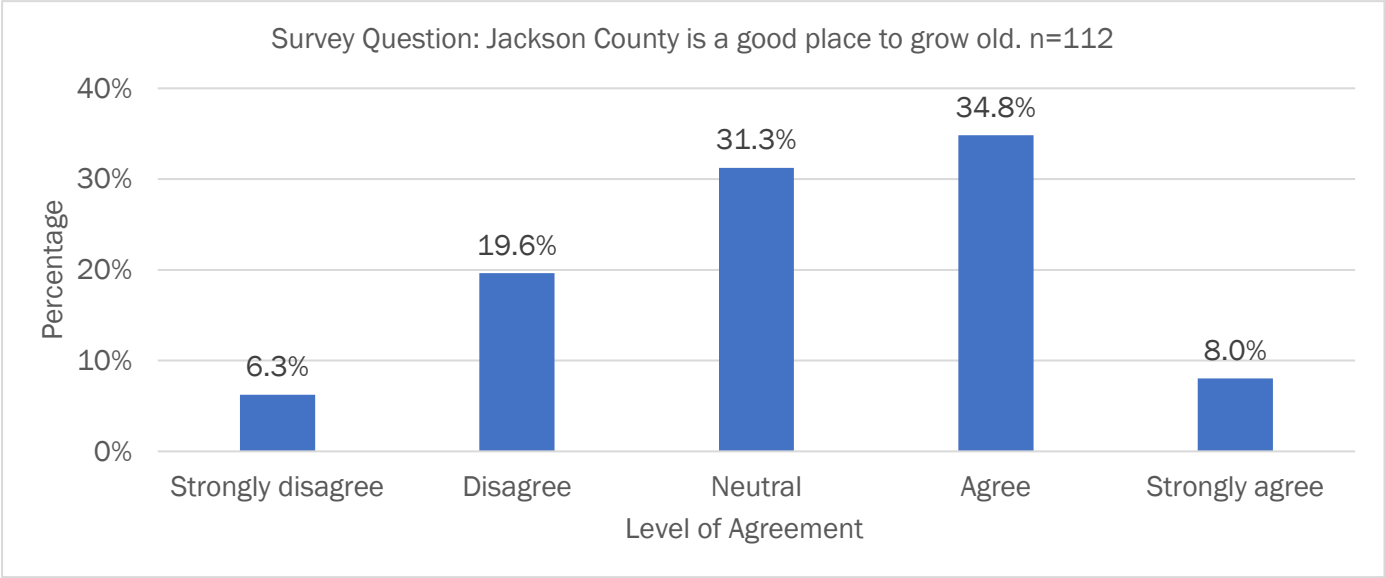


Figure 124. Level of Agreement of Survey Participants that Jackson County is a safe Place to Live

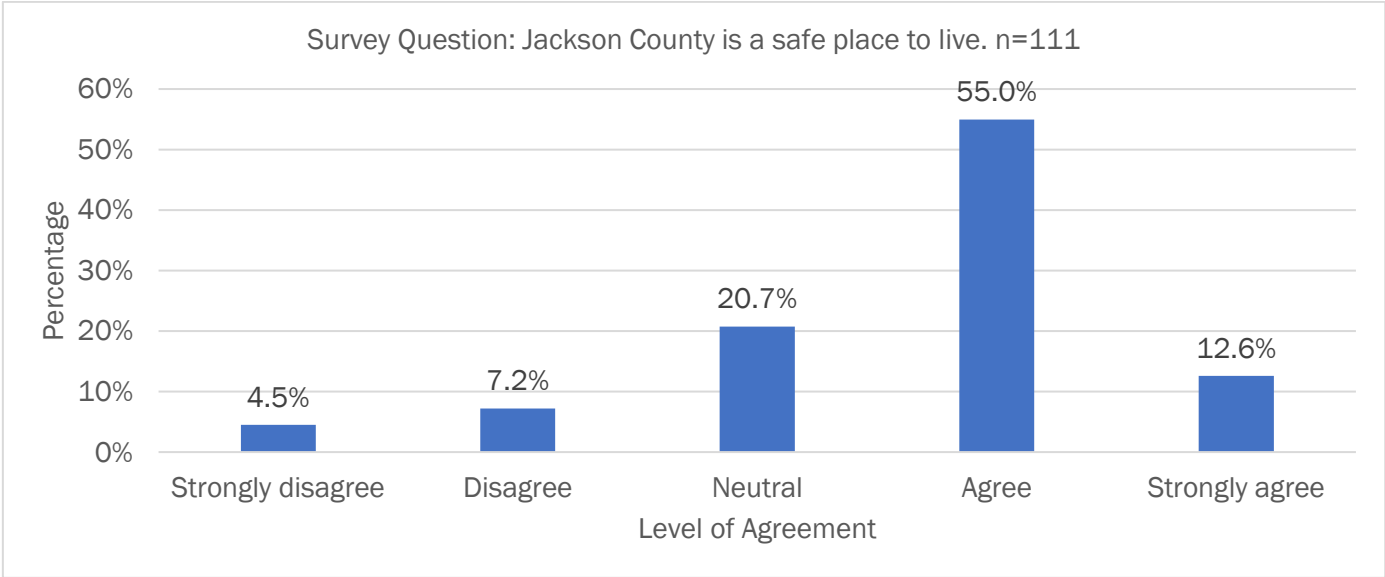
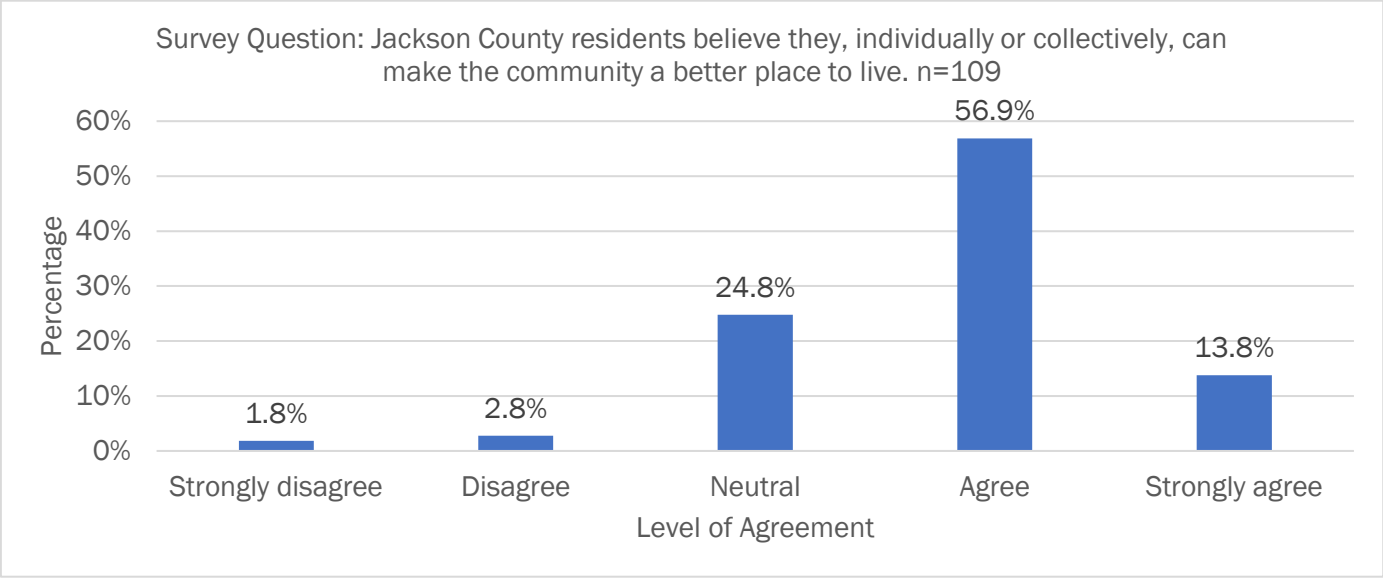


Figure 125. Level of Agreement of Survey Participants that residents can individually or collectively make the community a better place to live



Jackson County Resources

The figures below show the level of agreement that different health care resources are available in Jackson County. Figure 126 relates to the adequacy of health and wellness activities in Jackson County and shows that 45% of survey respondents agree or strongly agree that there are adequate health and wellness activities; however, 29% of participants disagree or strongly disagree. When asked about the level of agreement that there are enough programs that provide meals for older adults in Jackson County, only 14% of survey respondents agreed or strongly agreed, while 46% disagreed or strongly disagreed (Figure 127). Participants also disagreed or strongly disagreed with the statement that there are networks for support for the elderly living alone in Jackson County more than they agreed or strongly agreed with that statement, with 41% disagreeing or strongly disagreeing and 16% agreeing or strongly agreeing (Figure 128). Figure 130 displays the distribution of the level of agreement that there are jobs available in Jackson County also considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc. Analysis of the survey shows that 42% of participants disagree or strongly disagree with the above-mentioned statement and only 31% of survey respondents agree or strongly agree (Figure 129). The survey also assessed whether respondents agreed that there are support networks for individuals and families during times of stress and need, including support groups, faith-based communities, agencies, and organizations. Figure 130 shows that 73% of survey participants agree or strongly agree and 12% disagree or strongly disagree that there are support networks for individuals and families during times of stress and need in Jackson County.

Figure 126. Level of Agreement of Survey Participants that Jackson County has Adequate Health and Wellness Activities

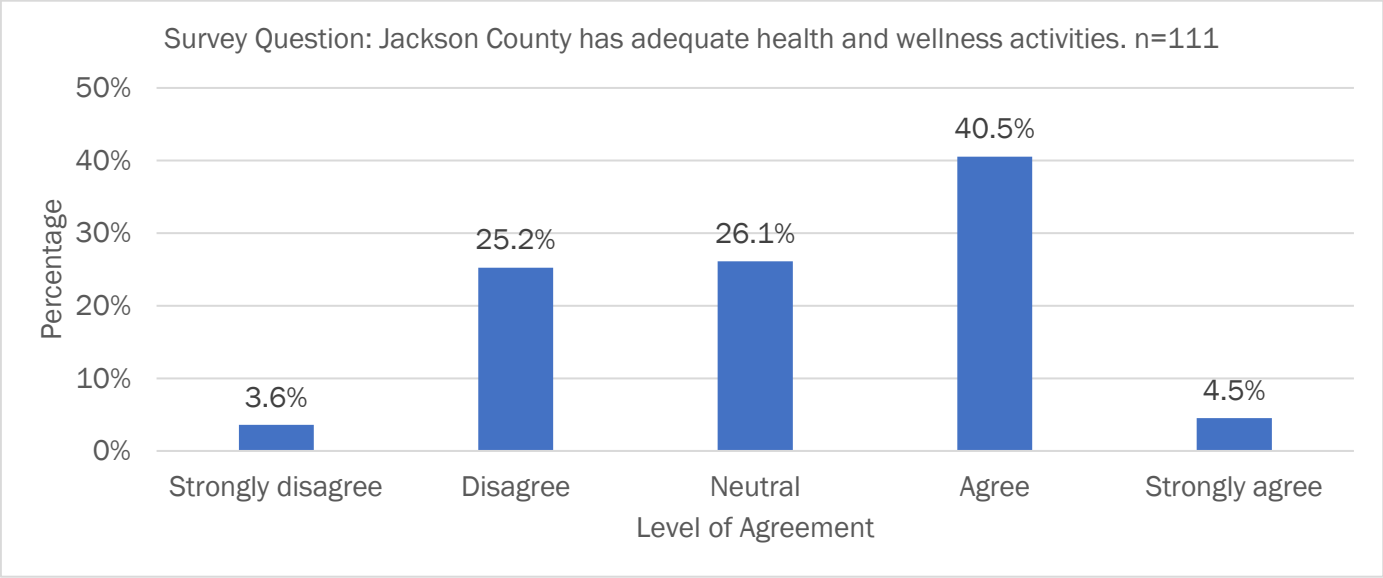


Figure 127. Level of Agreement of Survey Participants that Jackson County Has Enough Programs That Provide Meals For Older Adults

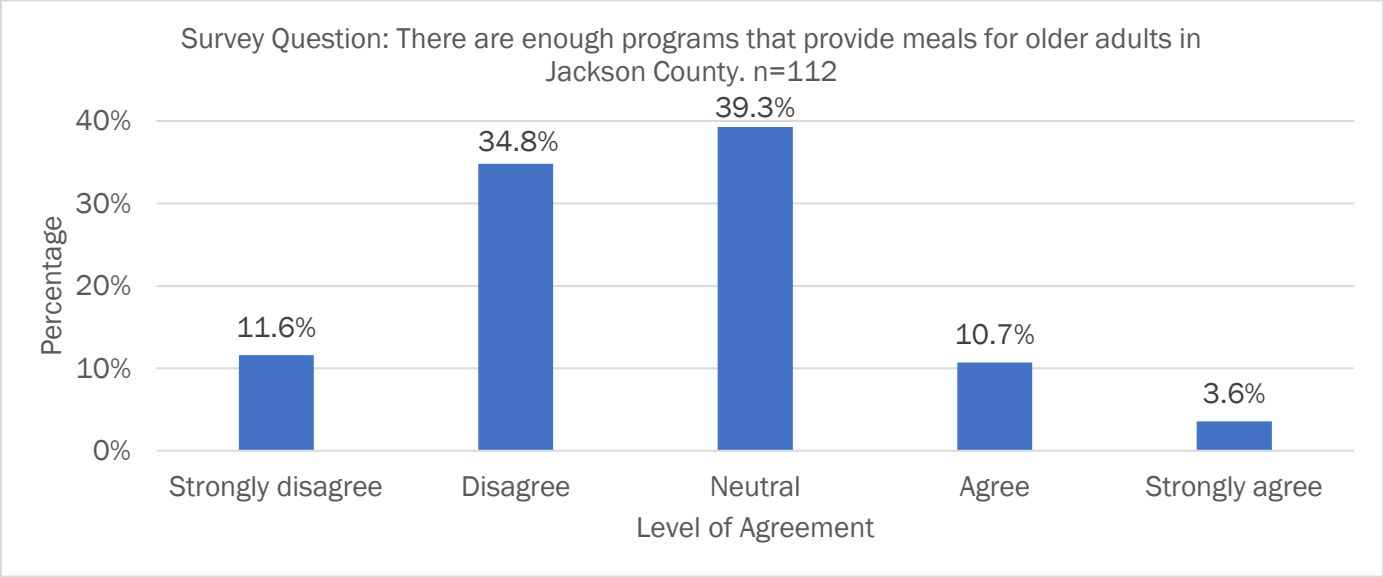


Figure 128. Level of Agreement of Survey Participants that There Are Networks for Support for the Elderly Living Alone In Jackson County

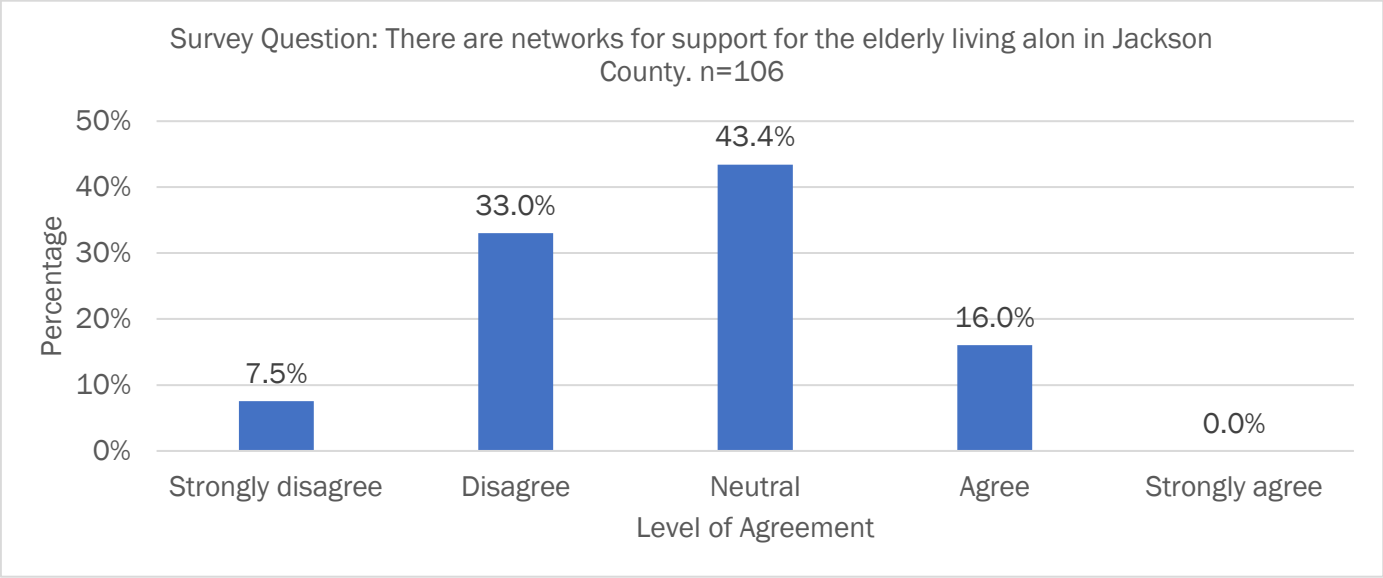


Figure 129. Level Of Agreement Of Survey Participants That There Are Jobs Available In Jackson County

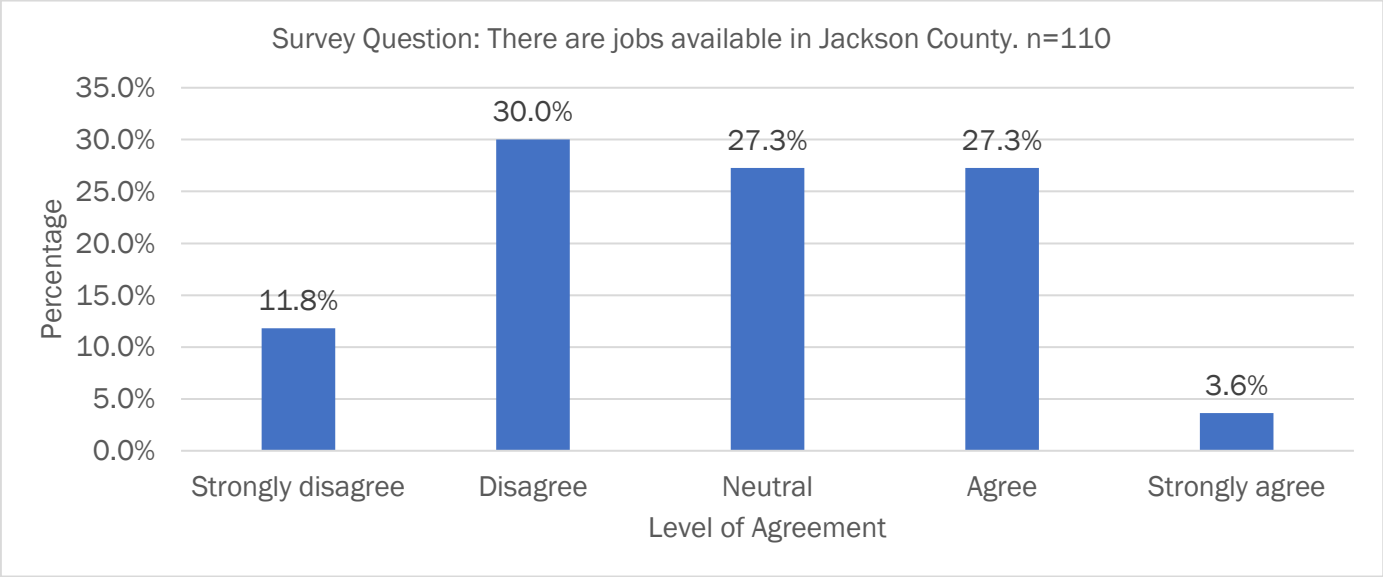
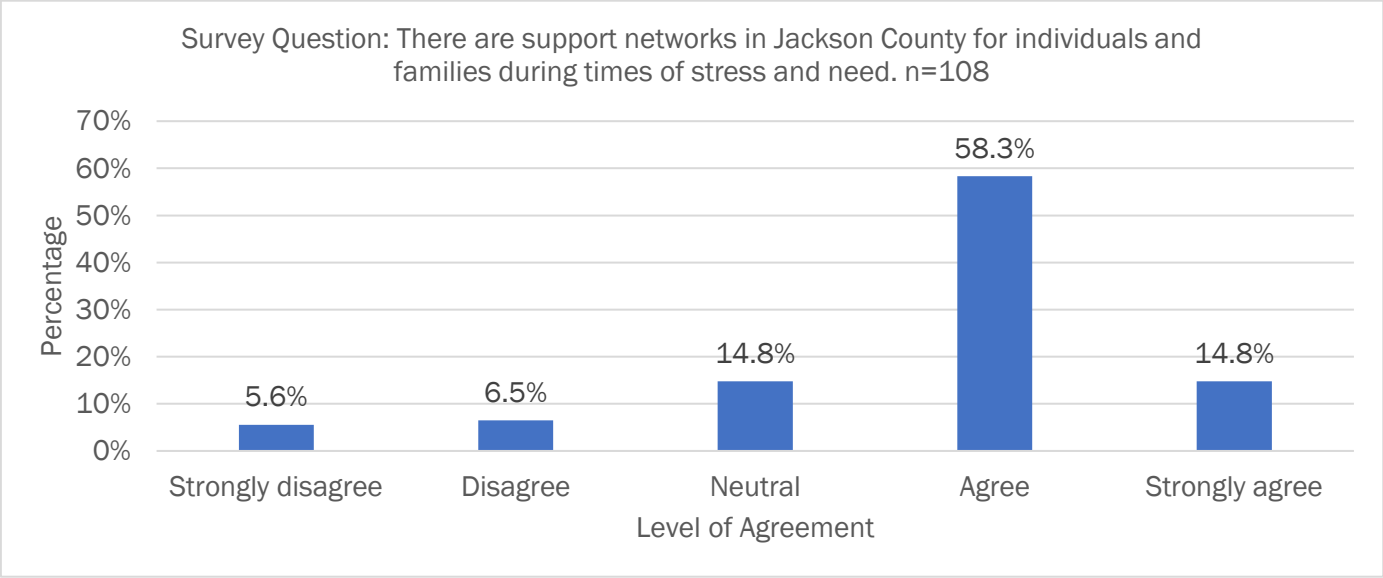


Figure 130. Level Of Agreement Of Survey Participants that There are Support Networks for Individuals and Families During Times of Stress And Need in Jackson County



Jackson County Health Care Access

Figure 131 shows whether survey respondents are satisfied with the health care system in Jackson County. Fifty percent of participants agree or strongly agree with the statement "I am satisfied with the health care system in Jackson County"; however, nearly 28% disagree or strongly disagree. The survey also asked participants whether they agree that they have easy access to the medical specialists they need in Jackson County. Nearly 50% disagreed or strongly disagreed, and only 37% agreed or strongly agreed with that survey question (Figure 132). Most people (65%) agreed or strongly agreed that they are satisfied with the medical care that they receive in Jackson County; only 15% disagreed or strongly disagreed (Figure 133). Figure 134 displays that half of the survey respondents are able to cover their share of the cost for a medical visit. Yet 32% agree or strongly agree that they have a problem covering their share of the cost for a medical visit. Another question regarding health care access was whether survey respondents can get medical care in Jackson County whenever they need it. Sixty percent agreed or strongly agreed with that statement, and less than a third (28%) disagreed or strongly disagreed (Figure 135). Another important characteristic of health care access is a transportation service that takes older adults to medical facilities or to shopping centers. Nearly 50% agreed or strongly agreed that Jackson County has such transportation services, and only 21% disagreed or strongly disagreed (Figure 136).

Figure 131. Level of Agreement Of Survey Participants that they are satisfied with the health care system in Jackson County

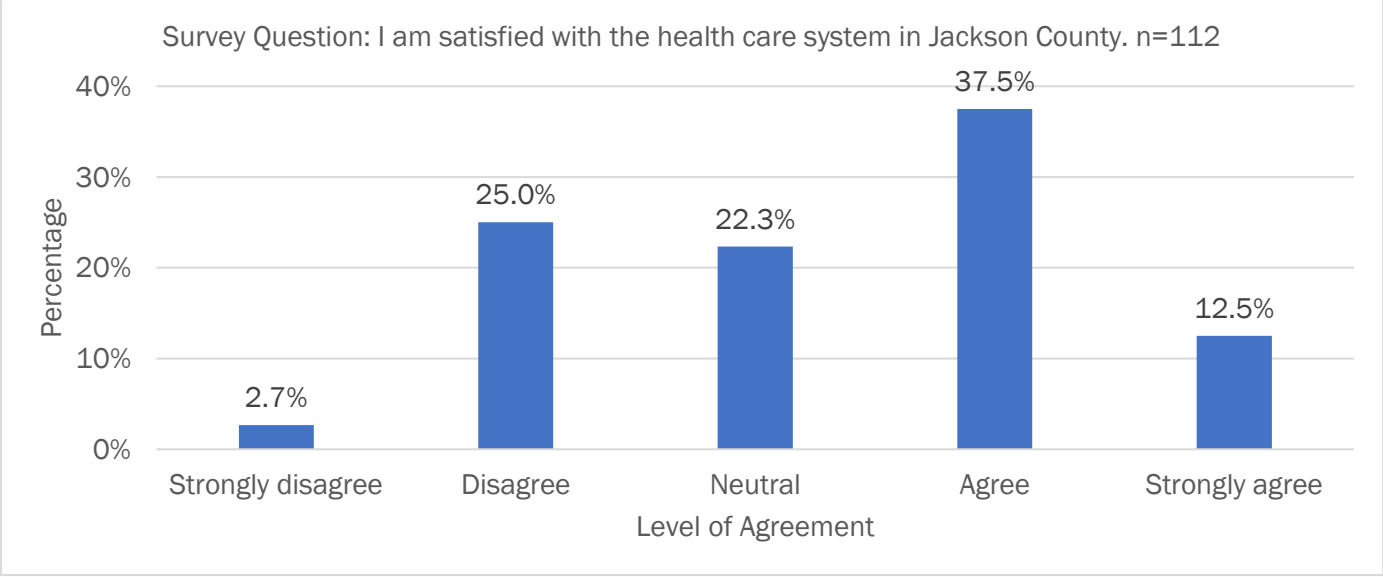


Figure 132. Level of Agreement of Respondents that They Have Easy Access To The Medical Specialists they need in Jackson County

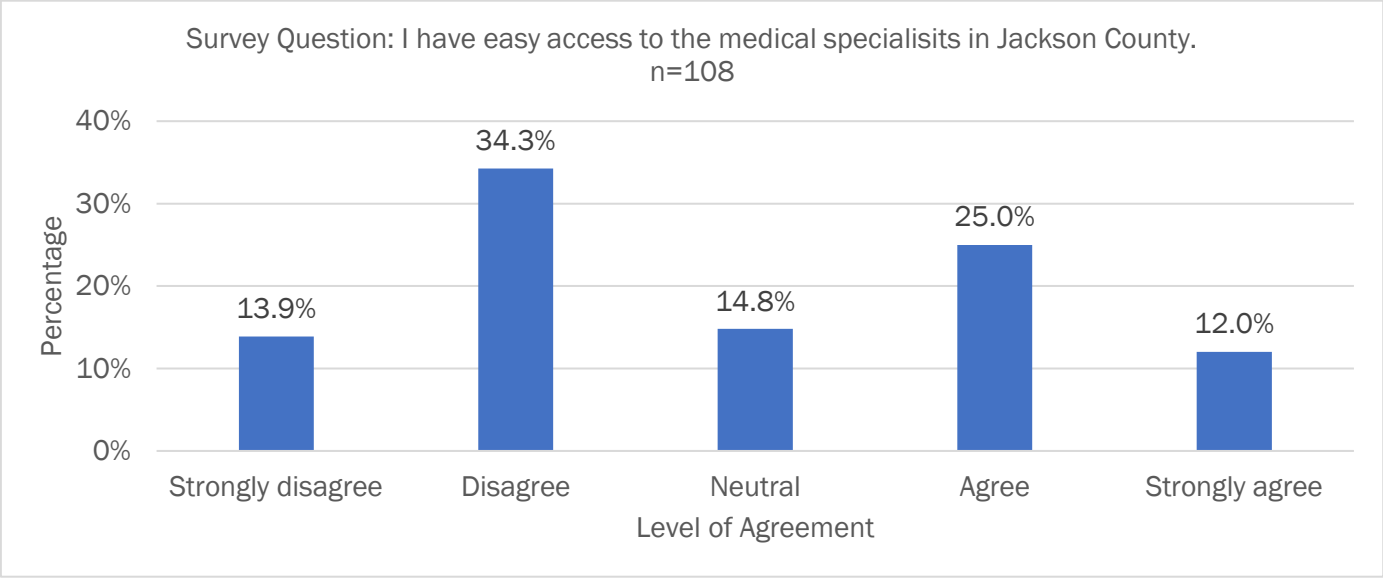


Figure 133. Level of Agreement of Survey Respondents That They Are Satisfied with the Medical Care They receive in Jackson County

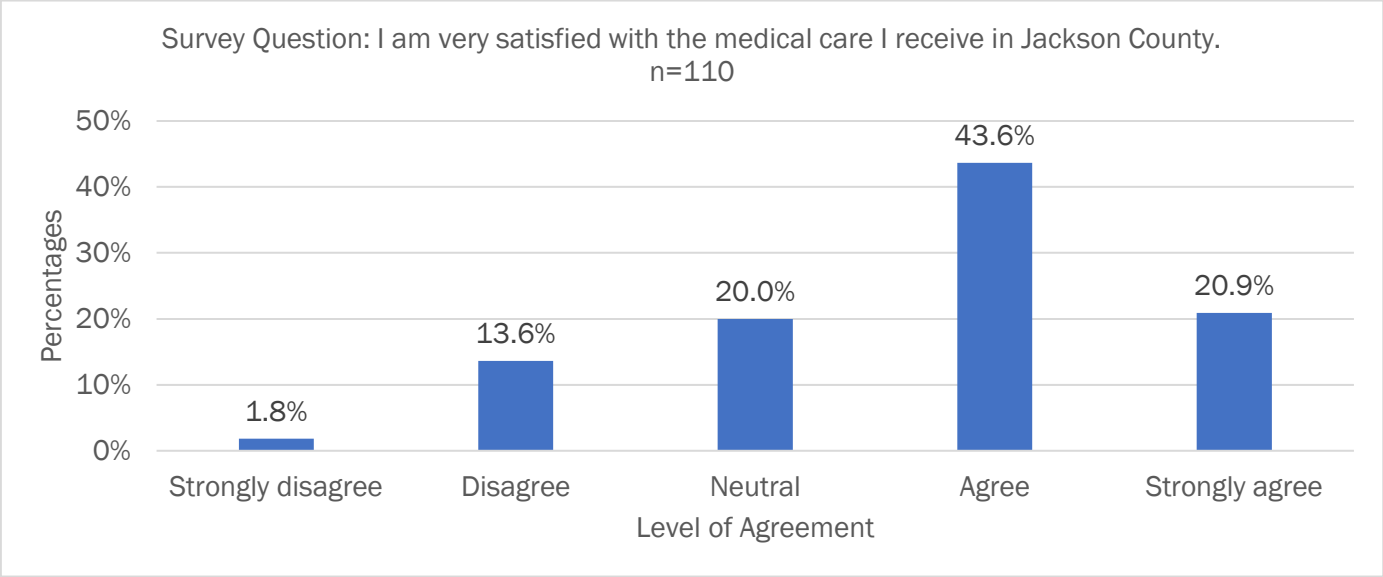


Figure 134. Level of Agreement of Survey Respondents That Sometimes it is a problem to cover my share of the cost for a medical care visit

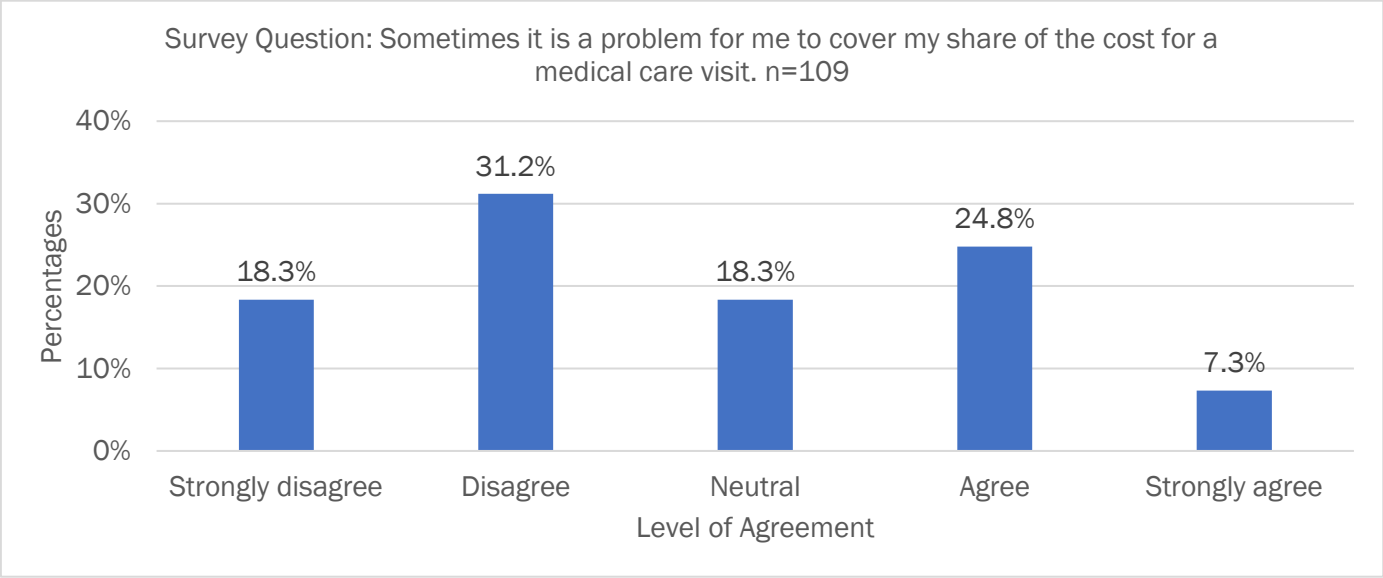


Figure 135. Level of Agreement of Survey Respondents that I can get medical care in Jackson County whenever I need it

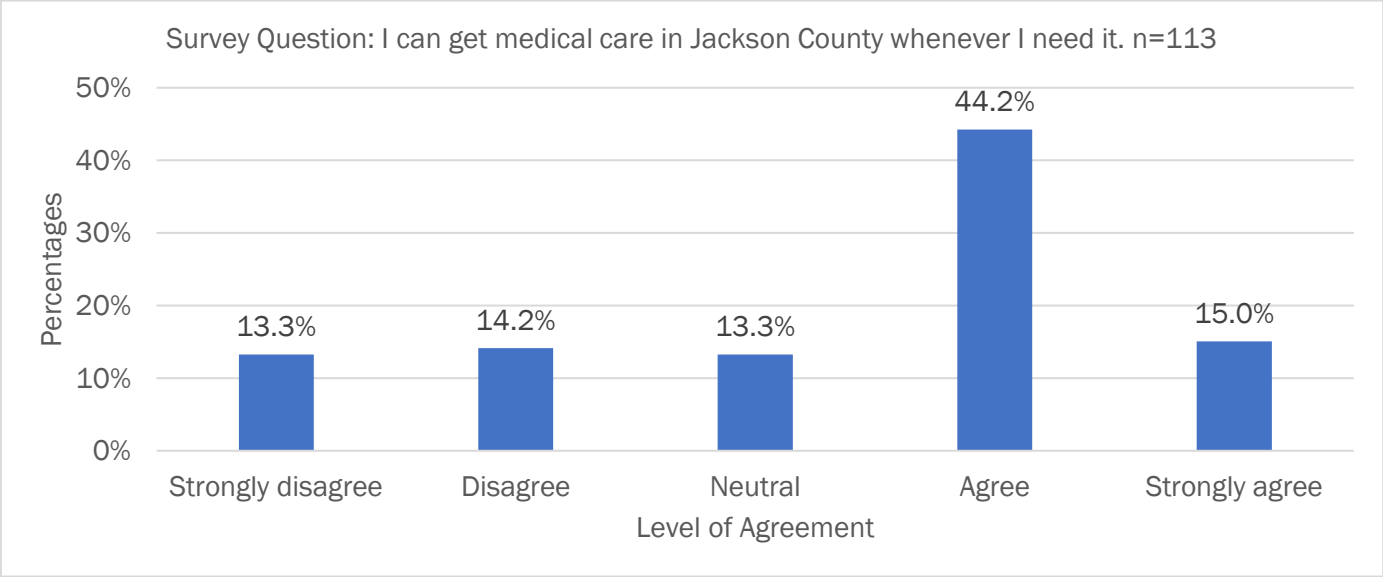
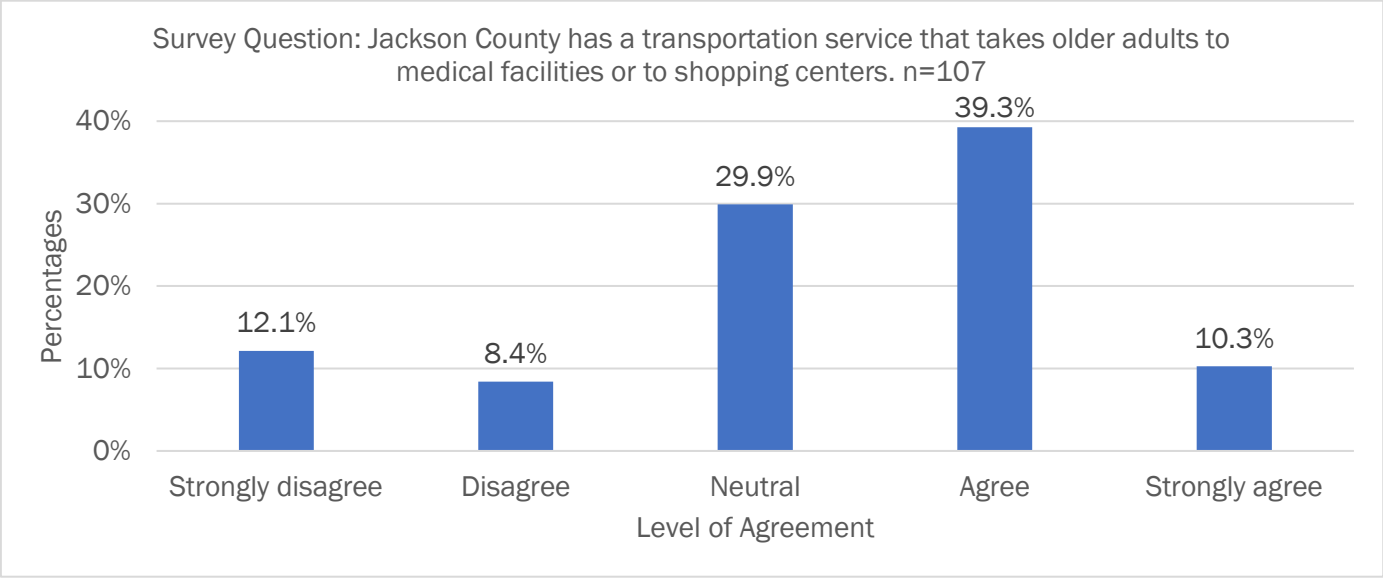


Figure 136. Level of Agreement of Survey Respondent that Jackson County has a transportation service that takes older adults to medical facilities or to shopping centers



Main Health Problems and Risky Behaviors in Jackson County

Figure 137 shows the most important health problems in Jackson County as they relate to health infirmities and/or physical wellness. Survey respondents ranked cancers (32%), diabetes (25%), high blood pressure (20%), and heart disease/stroke (20%) as the second to fifth most important health problems in Jackson County. Participants identified obesity as the main health problem (42%) as it related to health infirmities and/or physical wellness. For the most important risky behavior as it relates to health infirmities and/or physical wellness, respondents have chosen alcohol and/or drug abuse (34%) as the number one risky behavior (Figure 138). The second most selected risky behavior—the only one other than alcohol and/or drug abuse that more than 10% of respondents identified—is the failure to seek health care (24%). Furthermore, survey respondents identified alcohol and/or drug abuse (63%) as the main health problem as it relates to mental health and/or substance abuse (Figure 139). Twenty percent of survey participants selected child abuse and/or neglect and failure to seek health care (17%) as the top three health problems as they relate to mental health and/or substance abuse. Figure 140 displays the most important risky behaviors as they relate to mental health and/or substance abuse. The most selected risky behavior is alcohol and/or drug abuse (53%) followed by texting on the cell phone while driving (25%) and overeating and/or poor eating habits (14%).

Figure 137. Distribution of Most Important Health Problems As they Relate to Health Infirmities/Physical Wellness

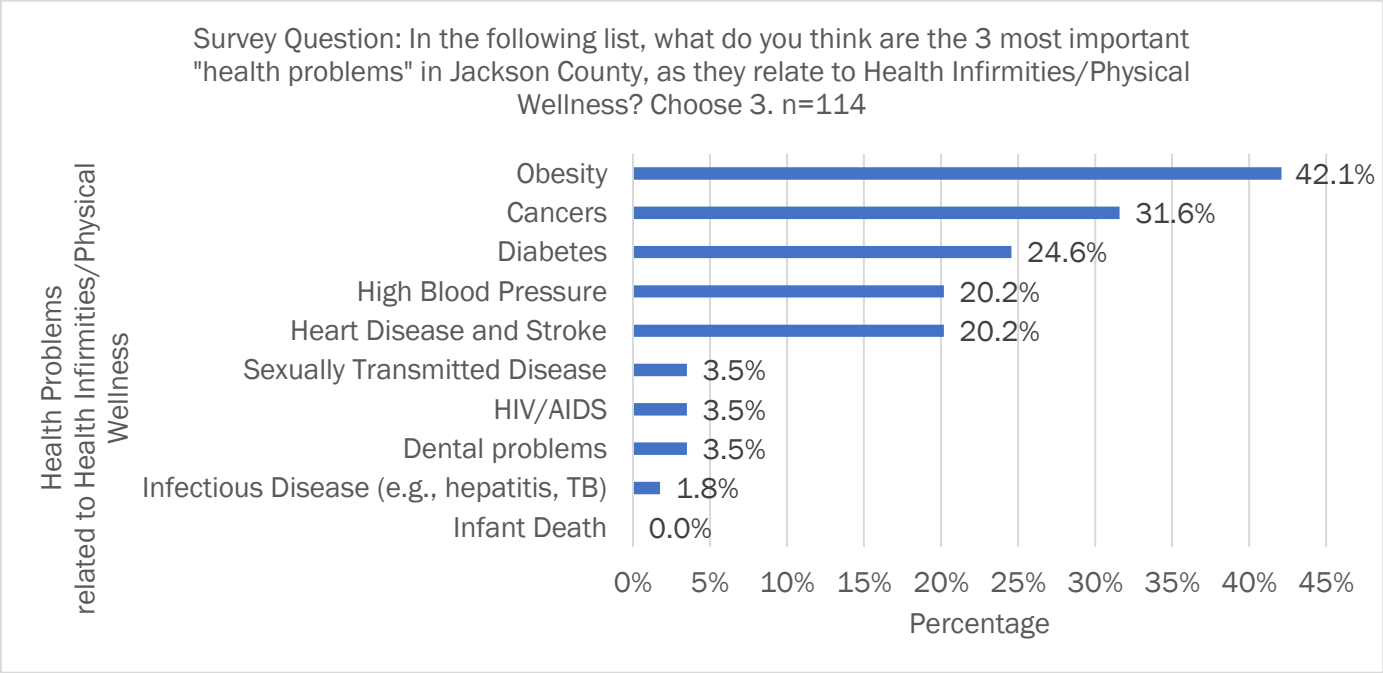


Figure 138. Distribution of Most Important Risky Behaviors As they Relate to Health Infirmities/Physical Wellness

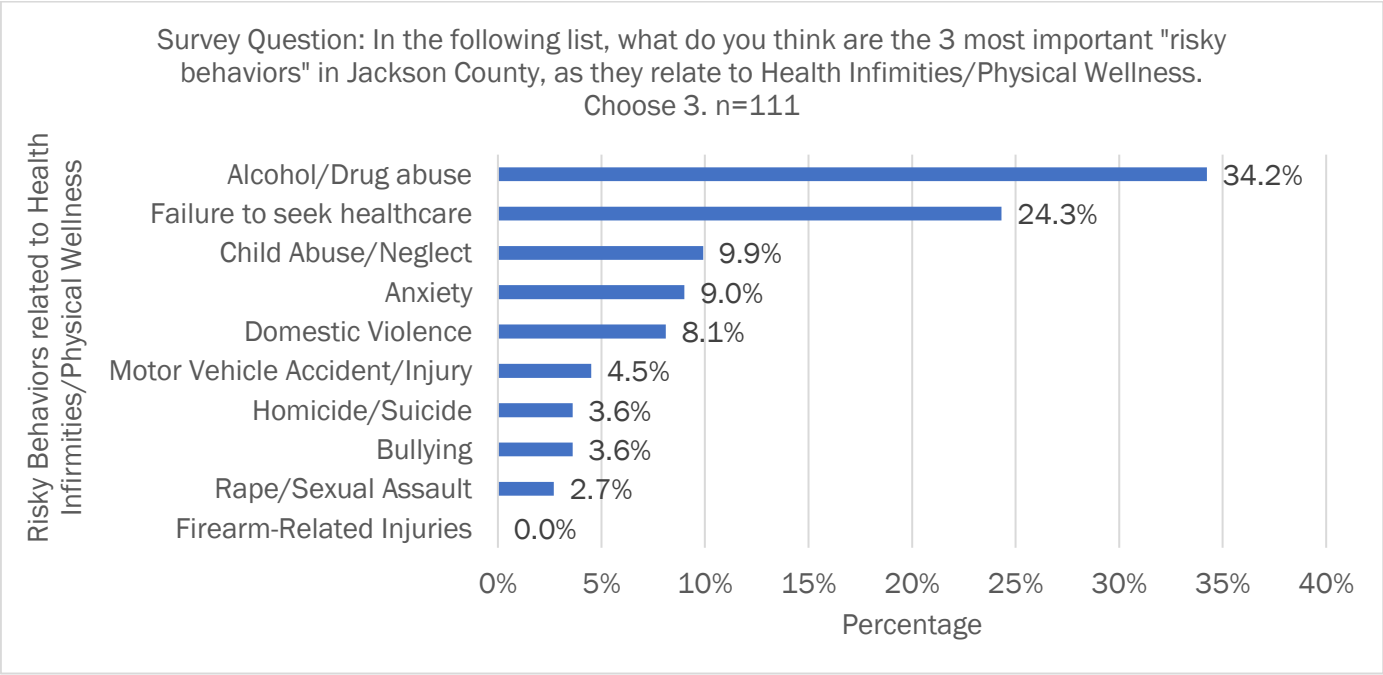


Figure 139. Distribution of Most Important Health Problems As They Relate To Mental Health/Substance Abuse

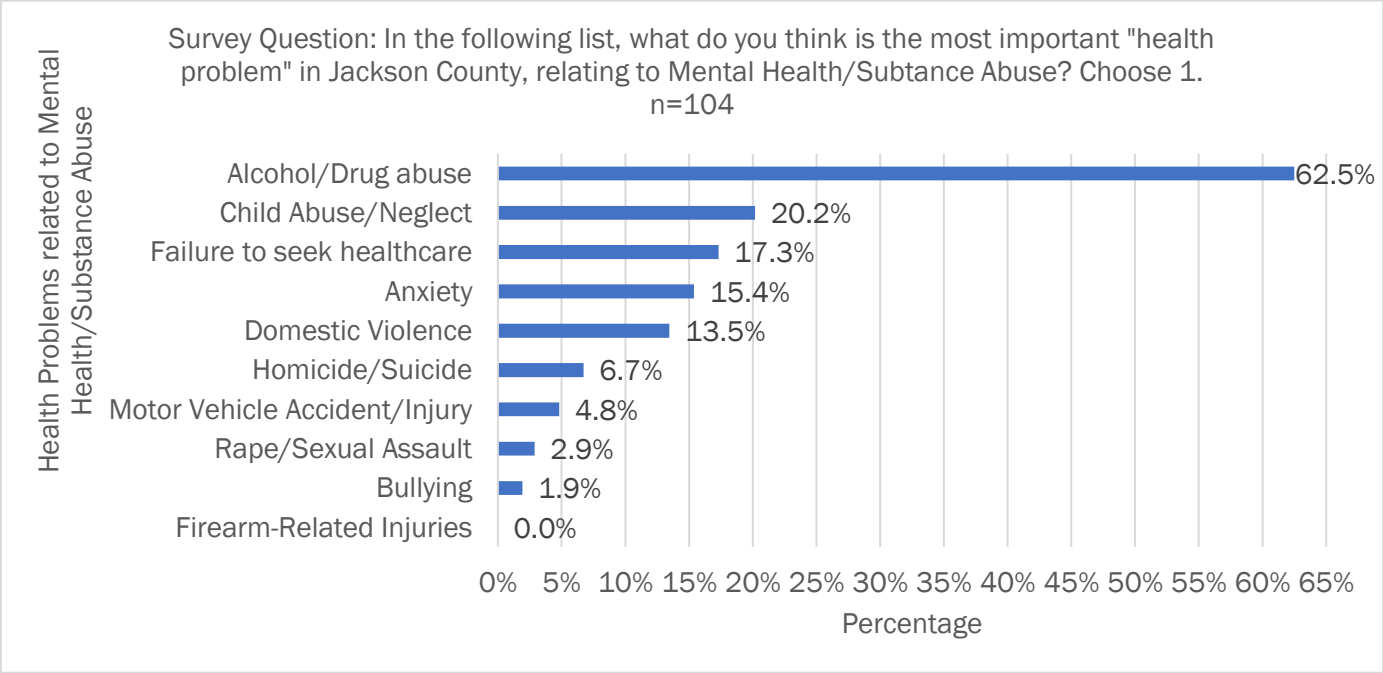
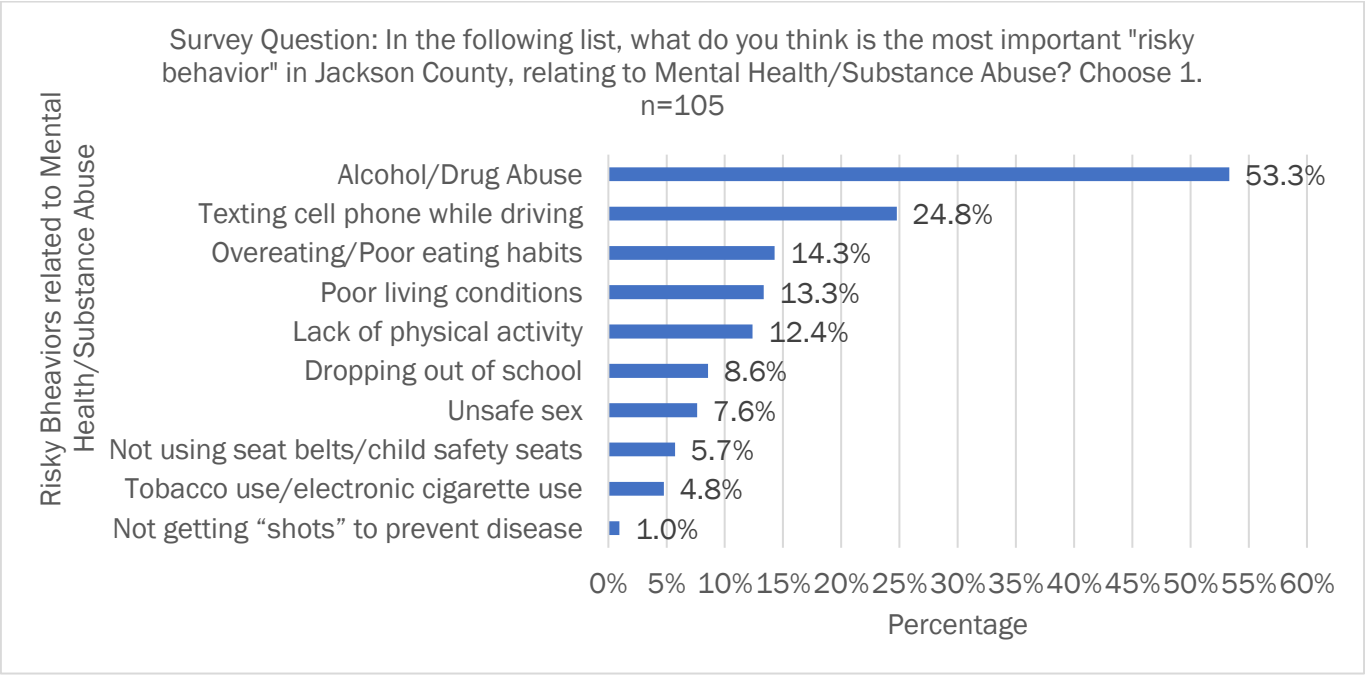


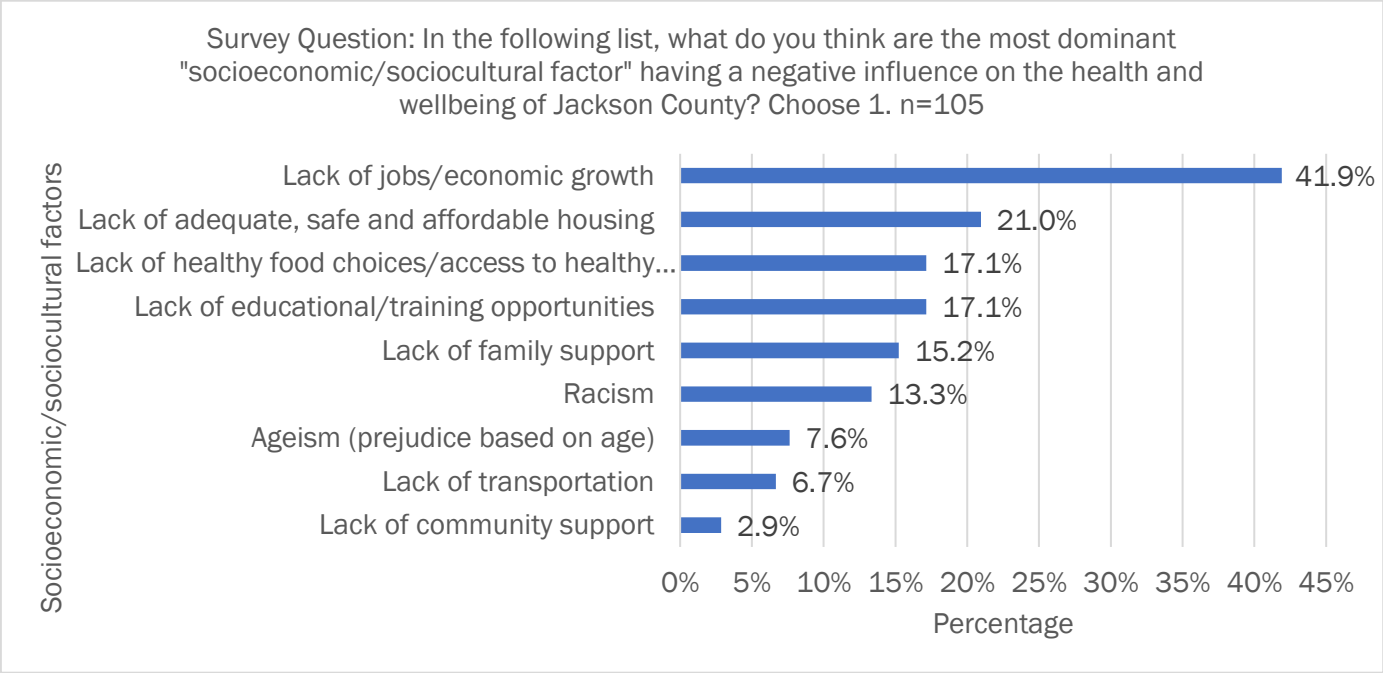
Figure 140. Distribution of Most Important Risky Behaviors As They Relate To Mental Health/Substance Abuse



Negative Influence on the Health and Wellbeing of Jackson County

Figure 141 shows the most important socioeconomic and/or sociocultural factors having a negative influence on the health and/or wellbeing of Jackson County residents. Survey respondents have identified the lack of jobs and/or economic growth in Jackson County (42%) as the top factor. Other important factors that have been mentioned frequently as negative influences are the lack of adequate, safe, and affordable housing (21%), the lack of healthy food choices and/or access to healthy food (17%), and the lack of educational and/or training opportunities (17%).

Figure 141. Distribution of Most Important Socioeconomic/Sociocultural Factors Having A Negative Influence On The Health And Wellbeing Of Jackson County



KEY HEALTH ISSUES

Top Health Issues Identified by Community Surveys

DOH-Jackson distributed a survey throughout Jackson County, giving community members and stakeholders a chance to voice their opinions on the health status and health needs of Jackson County residents. One hundred twenty-three community surveys were collected. The community survey respondents identified the following as the top health issues in Jackson County:

- Obesity
- Chronic diseases
- Alcohol/drug abuse
- Mental Health/Behavioral Health

Top Health Issues Identified by Focus Groups

Approximately 32 community members and stakeholders attended two community focus groups. Through a discussion of community health and health needs, focus group participants identified the following as the top health issues or key themes in Jackson County:

- Mental health/behavioral health
- Alcohol/substance abuse
- Domestic violence
- Chronic diseases related to lifestyle behaviors
- Lack of providers/access/provider-patient communication

Top Health Issues Identified by Key Stakeholders

Twenty-five representatives from governmental offices, health care providers, and local community organizations participated in key stakeholder interviews to gain their perspectives on the most pressing local health care issues and needs. Key stakeholders identified the following as the top health issues or key themes in Jackson County:

- Obesity
- Access (to services and assistance)
- Health insurance
- Mental health services

PUBLIC INPUT ON DRAFT COMMUNITY HEALTH ASSESSMENT

On June 19, 2019, stakeholders gathered at the Florida Department of Health in Jackson County Conference Room to discuss the preliminary results of the Jackson County Community Health Assessment (CHA). A total of 20 people attended the meeting, including Jackson County Community Health Partnership members, health and social service professionals, and community members. A team from the Health Planning Council of Northeast Florida and the Florida Department of Health in Jackson County presented the CHA preliminary findings, which consisted of health, demographic, and environmental data; Local Public Health System Assessment and Forces of Change Assessment findings; focus group and community survey feedback; and stakeholder interviews.

After the CHA findings were presented, participants were asked to rank their top health issues from the following:

Participants voted using sticky notes, which staff tallied at the meeting. Through the poll, meeting participants selected the health issues to be the top three priorities for Jackson County residents for the next three to five years.

Jackson County residents, health professionals, elected officials, and others in attendance at the preliminary results meeting selected the following as priority health issues:

1) Chronic disease related to lifestyle and behavior
2) Behavioral health/mental health
3) Lack of provider/access to services and assistance/provider patient communications

Stakeholders and interested parties were also asked to take a survey, giving feedback on the contents of the draft Jackson County CHA. The survey was made available on the Health Planning Council of Northeast Florida website, as well as in hard copy at the preliminary results meeting. In the survey, respondents rated the overall usefulness of the community health assessment, rated the amount of information provided in the assessment, and selected the health issue they believe to be most important in Jackson County. Additionally, participants were asked to write in comments about how to improve the assessment, what they liked about the assessment, and what they disliked.

A total of 12 meeting participants completed the survey. All respondents rated the CHA as very useful (100%). The majority of respondents (nearly 92%) felt the CHA contained just enough information while approximately 8% felt it contained too much information. Survey respondents rated chronic disease related to lifestyle and behavior as the most important health issue in Jackson County with 83% of the vote, followed by behavioral health/mental health (nearly 17%).

DISSEMINATION PLAN & NEXT STEPS

This report will only be beneficial to the residents of Jackson County if the information it contains—including demographic, socioeconomic, and health status information as well as input from the community that can be used to identify health priorities and available resources—is utilized by the Florida Department of Health in Jackson County, community leaders, and other community partners. From there, the community can move forward to implement action steps for improvement.

The ultimate impact of this needs assessment rests in the effectiveness of the dissemination strategy. The Jackson County Community Health Partnership Workgroup considered a wide variety of dissemination methods that would best lead to a plan of action within the community. With utilization as the goal, this workgroup group presents the following plan to begin dissemination of this report.

- Document is available on the Health Planning Council's website: www.hpcnef.org
- Document is available on the Florida Department of Health in Jackson County's website: jackson.floridahealth.gov
- Document will be presented to the Jackson County Commissioners
- Document will be distributed to the Jackson County Chamber of Commerce
- A press release will be submitted to Jackson County Times and Jackson County Floridian
- Data will be presented and/or distributed to many local community groups, civic organizations and faith-based groups, including Jackson County Opioid/Substance Abuse Task Force, Jackson County Sexual Assault Response Team, Chipola Healthy Start Fetal Infant Mortality Review/Community Action Council, Jackson County Senior Citizens, Jackson County ARC, Jackson County Kiwanis Club, NE Jackson County Optimist Club, Graceville Lions Club, Marianna Rotary Club, Jackson School Health Advisory Council, and Chipola Nursing Advisory Committee.
- Document will be posted on established local community social media sites and distribution lists

The CHIP group will continue to meet to develop an implementation plan. The plan will also be known as CHIP, for **C**ommunity **H**ealth **I**mprovement **P**lan. Using the information and priorities included in this assessment, areas where targeted interventions and policy changes may have the greatest impact can be identified. Once key strategies have been chosen based on level of impact as well as the community's ability to implement, the health improvement process can begin. From there, steps will be taken to move toward a healthier Jackson County.

APPENDIX B-1. FOCUS GROUP DEMOGRAPHIC SURVEY

1. What is your age?

LESS THAN 12	12-17	18-25	26-39	40-54	55-64	65-74	75+
○	○	○	○	○	○	○	○

2. What is your gender?

FEMALE	MALE	OTHER
○	○	○

3. Race/Ethnicity: Which group do you most identify with (choose all that apply)?

WHITE/ CAUCASIAN	BLACK/AFRICAN AMERICAN	NATIVE AMERICAN	ASIAN/ PACIFIC	HISPANIC	OTHER RACE
○	○	○	○	○	○

4. Please select the highest level of education you completed.

	Elementary/Middle School
	High School Diploma or GED
	Technical/Community College

	4 year College/Bachelor's Degree
	Graduate/Advanced Degree

5. What Zip Code do you live in?

	32043
	32050
	32065
	32068

	32073
	32079
	32091
	32003

	32656
	Other-Please list:

6. What is your employment status? Choose only one.

	Employed Full-Time
	Employed Part-Time
	Unemployed
	Retired

	Stay-at-home Parent
	Student
	Disabled
	Other- Please List:

7. How is your health care covered?

	Health insurance offered from your job or a family member's job
	Health insurance that you pay for on your own
	Veterans' Administration or Military Coverage
	Medicare (any kind)
	Medicaid (any kind)
	I can't afford any health insurance
	Other- Please List:

8. What is the total annual income among all earners in your household before taxes?

	Less than $10,000
	$10,000-$19,999
	$20,000-$29,999

	$30,000-$49,999
	$50,000-$99,999
	$100,000 or more

9. How do you rate your overall health

	Excellent
	Good

	Fair
	Poor

	I don't know

APPENDIX B-2. FOCUS GROUP DISCUSSION QUESTIONS

Hi, my name is [ ] and I work for the Health Planning Council of Northeast Florida. I will lead this focus group discussion but first I would like to give you some background on this project.

The Florida Department of Health in Jackson County will hold 2 focus groups to gather community feedback about how to improve the health of Jackson County residents. These focus groups are intended only for people who live or work in Jackson County. Through these focus groups, we will discuss local health issues, the causes of these issues, and possible solutions to address them. The results of these discussions will give us a better understanding of local issues and concerns as well as opinions about the quality of life in Jackson County.

Today, I have a set of questions that I would like to discuss with you. As we go through these questions, please answer them in relation to your own neighborhood and Jackson County as a whole.

There are a few things I would like you to keep in mind.

- Participation in the focus group is voluntary.
- Try to stay on topic- we may need to interrupt so that we can cover all the questions.
- Avoid revealing very detailed information about your personal health.
- What is said in this room, stays in this room. Please respect others' privacy by not discussing details outside the group.
- Please be respectful of your fellow participants and their answers.
- Please put your phone on silent and if you need to answer it during the conversation, please step outside.
- There are no right or wrong answers so please speak freely.
- We will be recording the meeting. We will summarize themes without identifying individuals by name.
- Lastly, we would like you all (the participants) to do the talking. We are here to help guide the conversation, but your opinions and thoughts on health in Jackson County are important and needed to help improve community health.

APPENDIX C-1. KEY STAKEHOLDERS INTERVIEWED

- Rett Daniels
  Director, Department of Parks & Recycling, Jackson County

- Amanda Applewhite
  Town Clerk, City of Grand Ridge

- Alice Pate
  Nursing Director, Florida Department of Health, Jackson County

- Donna Carnley
  Quality Service Director, Early Learning Coalition of Northwest Florida

- Danielle Guy
  Deputy Clerk, City of Sneads

- Lynda Fellows
  WIC Coordinator, Florida Department of Health, Jackson County

- Father Will Ganci
  Priest for St. Anne Catholic Church, Pensacola-Tallahassee Archdiocsee

- Jim Dean
  City Manager, City of Marianna

- James Platt
  CEO, Jackson Hospital

- Kevin Yoder
  Pastor Adult Ministries, Rivertown Community Church

- Lori Allen
  Executive Director, Gulf Coast Children's Advocacy Center

- Lisa Aufdencamp
  Care Coordinator, Big Bend Community Based Care

- Larry Moore
  Superintendent, Jackson County School District

- Josephine Blandenburg
  OAA Coordinator, Jackson County Senior Center, Graceville

- Sharon Peeler
  Executive Director, J-Tran

- Russel Register
  Driver Representative, J-Tran

- Suzan Gage
  Executive Director, Early Learning Coalition of Northwest Florida

- Sandon Speedling
  Health Officer for Jackson County, Florida Department of Health, Jackson County

- T.G. Harkrider
  Environmental Health Director, Florida Department of Health, Jackson County

- Tiffany Garling
  Executive Director, Florida Department of Health, Jackson County

- Tara Taylor
  Housing and Resource Coordinator, Big Bend Community Based Care

- Willie Spires, Ph.D.
  Dean of General Studies, Commissioner District 1, Owner of Spires Behavioral Care, Chipola College, Jackson County Board of Commissioners

- Adrian Abner
  Deputy Superintendent of Sunland, Sunland

- Cindy Bard
  Victim Advocate, Gulf Coast Sexual Assault Program

- Marie Arick
  Extension Agent II, UF/IFAS Jackson County

- Kristy Bard
  RN, BSN, Jackson Hospital

APPENDIX C-2. KEY STAKEHOLDER INTERVIEW QUESTIONS

Introduction: The Florida Department of Health-Jackson County is gathering local data as part of developing a community-wide plan to improve the health and quality of life in Jackson County. Input from the community is essential to this process.

You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will serve as the foundation for further planning and data gathering for this project. The information collected using these surveys will be made available to the public; however, individual interviews will be kept strictly confidential.

What follows is a series of questions about health and quality of life in Jackson County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. Please tell me briefly about the work that you and your organization do in the community?

2. In general, how would you rate the health and quality of life in Jackson County?
   [On a scale of 10- 1 with 10 being the absolute best and 1 being the absolute worst]

3. In your opinion, has health and quality of life in Jackson County improved, declined or stayed the same in the past few years?

4. Based on your answer to question 3, why do you think it has improved, declined or stayed the same?

5. Are there people or groups in Jackson County whose health or quality of life may not be as good as others?

   a. Who are these people or groups whose health or quality of life may not be as good as others?

   b. Why do you think their health/quality of life is not as good as others?

6. What barriers, if any, exist to improving health and quality of life in Jackson County?

7. In your opinion, what are the most critical health and quality of life issues in Jackson County?

8. What needs to be done to address these issues? For example, what actions, policies, or funding priorities would you support because they would contribute to a healthier Jackson County?

9. In your opinion, what else would improve health and quality of live in Jackson County?

10. Is there anything else you would like to add?

In closing: Thank you so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to developing a better understanding about the factors impacting health and quality of life in Jackson County. As a reminder, summery results will be made available by the Florida Department of Health - Jackson County and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact Mary Beth Gurganus at FDOH-Jackson County, mary.gurganus@flhealth.gov . Thank you, again, for your time and input.

APPENDIX C-3. KEY STAKEHOLDER INTERVIEW: ADDITIONAL COMMENTS

Summary of Additional Comments Provided by Key Stakeholders

- Grants and funding. We need to financial security to accomplish [and finish] projects.
- In terms of mental health services, the number of providers needs to increase; particularly those FQHCs to provide services to a board range of people [where they are geographically in the county].
- Increase community outreach, inform and educate people about health issues.
- One of the things the board [of county commissioners] is attempting to do is bring more industries [to the area] that will pay living wages. We are trying, along with the Chamber, to attract industries like the automotive industry to allow people to support themselves and their families.
- There is only one company providing transportation right now that is doing as much as they can, but it's not enough to meet the needs and the life circumstances of the people living there [in Jackson County]. Bringing in another provider to provide services in one concentrated area, for example, one to provided city routes in more populated or metropolitan areas and another one or two to provide transportation in the more rural areas to help people get to the grocery store or to an appointment at a non-medical office. The county is just too large for one provider to accomplish all of that.
- There are plenty of activities and events and other things to do in that area. There are tons. But, people aren't easily able to get to those events or places for recreation. Opening up those opportunities to access [get to and from them in order to use them for their betterment] would help a lot overall.
- Pan Care stopped coming, if they would come back that would help.
- More program to health insurance and medications more affordable. More available [locally facilitated] education programs for care givers [on how to care for seniors]. And more programs geared towards those seniors who fall into that gap [not qualifying for Medicare].
- Funding; always funding [as a priority with birth to 5 population]. There are barriers for us [as an agency] of how we are able to utilize our funding, which is based on what we can and can't do. Also, cross-sector involvement, holistically. It's about working with other agencies to make sure needs are met, but there is no duplication of services. Marketing -how to market something like you want to sell it to who would use it, not just as services for poor people. All Apple has to do is make a great new ad and everybody wants the new phone, so why can't we do that about our kids? What's important a new phone or your kids?
- Increase in community outreaches targeting specific populations, increasing awareness of risk factors and health outcomes in relation to these diseases and addictions. Providing free or discounted prices for those attempting to make better lifestyle choices (getting a gym membership, nicotine patches, etc.).

- Man, power and stronger partnerships [with EMS, or other supports] If we didn't partner we couldn't fulfill those needs of those who need assistance as successfully as we do now.
- [A]n increase in home health or support [to be sustainable and long term e.g. 24-hour care].
- Education and prevention to communicate the message to community and partners with other agencies to get message out these. In schools, [educate] on sex risk behavior [avoidance] and tobacco use. Growing partnerships and focusing on preparedness [as it relates to natural disasters].
- [There needs to be] a mass transportation system that can service all people not just the people living in the more metropolitan areas of the county. Some possible grant funding to opportunities to support a mass transportation system or to help supplement existing providers, like JTran, to be able to meet the demands of the public [at large] not just the population they are currently able to serve. For example, there needs to be a way for people to get to the grocery store or take their children to the park for fresh air.
- A public transportation source derived by recruiting outside business like UBER or Lyft that could become an affordable community transportation option.
- One, as a church we have to step up to help people in everyday crises. Two, socio-economic mobility would help people become more self-sufficient and stay off welfare. People need to be able to get a good job in order to be able to get off public assistance and take care of their families. People cannot see far enough ahead to understand things will get better-to see the bigger picture. Mechanisms and incentives need to be put in place so that they [people] want to work, get the wage they need and the support they need [to make it thought to the positive side of coming off assistance]. Programs like welfare to work programs or businesses getting stipend to help pay employees better wages would be some solutions [to this issue].
- Public transportation system, more businesses to open businesses here.
- Education on [how to prevent and health risks associated with] obesity. [Something needs to be done to about cost of healthy food] fresh food and vegetables cost more than canned ones [or preprocessed ones] but people don't have the money [to pay the higher cost of fresh produce]. Education on [prevention of] teen pregnancy and STI. We cannot continue to turn a blind eye to this problem [because] the rates are too high. We need to give [young people] the correct information to be able to protect themselves. Some [young people] are washing and reusing condoms [because] their friends told them it's ok to do that. Opioid [and other drug use] we need to talk to students early on in schools [because] early education goes along way.
- Somehow, private businesses [corporations] need to see the impact they have on the community, especially the difference in quality of life there is between full-time and part time [employees]. The question [they need to be asking themselves] is are the jobs sufficient enough of people to make it?
- We are not seeing a reduction in smoking [, including vaping, that would help improve the overall health of people]. We are actually seeing an increase in [use of tobacco] in the younger population, as well as a rise in obesity rates. [Those issues impact the overall health of the population here, especially effecting the cancer rates and other chronic health problems.]

- More education on how to use what is available. [Again] having insurance that is affordable [and that can pay for what they need].
- Prevention education starting in schools [elementary] on the dangers of drugs, [self-care] and provide health to those who need it. More [education] on nutrition and the importance of exercise. Understanding of those has increased in the last 30 years. More people are aware and people are paying more attention to exercises and nutrition. [But, more is needed].
- It's really of question of how to help families best. We have to take what is working and helpful, and amplify it. There is a need to know what is available [to the community in terms of any kind of services and support], and helping people develop life skills and maybe modeling positive and health behaviors [not just how to conduct one's self politely, but how to live at one's best spiritually, mentally, physically, socially and in relationships.
- Increased public education [about taking care of one's health and well-being, and clear examples of what good all-around physical and mental health looks like] incorporated in schools.
- We have different programs provided through the hospital [including the walk-in clinic]. We are trying to bring the care to the people or, at least bring it closer.
- There is not a single answer to this question. I've seen the chamber, Career Source Chipola, and the Florida Marketplace working strongly together to recruit business for the area, more so recently than I've ever seen [in my years of service]. But, it's like Jerry Parish [Chief Economics and Director of Research for the Florida Chamber of Commerce] said during a recent workshop most rural areas and declining. Those areas getting bigger keep getting bigger. Jackson County is in that state of decline and we need career development and more economic development to change that [decline].
- Builders who are willing to build [housing] for under $100,000.00. [And] ways to subsidize people's cost the make housing affordable.
- More specialty cares. For example, there are a lot of allergies out there right now, but we only have one specialist in the area. That one specialist cannot meet the needs [of the entire county] just in the clinic. [The] local health department needs to expand outreach and educational efforts. We need to start changing people's behaviors and meet people where they are and in a way, they can understand [what is important to their health and quality of life] not just limit those efforts to office visits and hospital visits. We need to expand specialty care to the more rural areas to once a week to serve those cannot get to town for care.
- Increase in community outreaches targeting specific populations, increasing awareness of risk factors and health outcomes in relation to these diseases and addictions. Providing free or discounted prices for those attempting to make better lifestyle choices (getting a gym membership, nicotine patches, etc.).
- We provide the facilities, but they need a way to get there [so they can take better advantage of what is available].

- If people could get their GED to help them get a better job. Something that would help them get GED remotely.
- New things to get people actives, especially kids and teens. Things to keep them busy. Also, activities to help them practice a healthy life style. For example, how to use what they have the best way possible, like if you have $25-30 for dinner when you're on a date, where are you going to go? Fast food [or is there another healthier choice].
- Transportation in the community. It's hard to get to the doctor or grocery store. Think about those single mothers who live just outside the city limits. What if they want to go to the park how do they get there [if transportation and money is limited].
- Insurance for working people in the middle [of the current socio-economic structure] with no way to afford it, and then end up not seeking care or even going to a hospital when they really need to.
- It's important to find ways to keep parents in jobs. I see so many get a job and get really excited about the job, and then their hours drop. There's just a lack of opportunity to work [as much as the parents need to work to earn decent wage].
- Another doctor in town who can see people or maybe they health department could come out and see people [in some sort of satellite clinic], or have better way to get people to the health department to be seen.
- We have a great number of parks and walking trails, and parks where children can play, but we need more activities [to help people make use of those resources].
- The numbers of those involved in sex trafficking is very high [and should be taken into consideration more seriously].
- There is always room for growth, but that growth is individual. Keeping that in mind helps to being out better results.
- Some sort of community based orientation would be helpful to help people in the community and community leaders understand what is available and how to access it. [Not just advertising, but something open and hands on].
- A systemic process to educate young people on core values, character, and integrity and other things of that nature. I see [an understanding of] that as a key factor that is missing from today's youth.
- Again, core values and personal character is where not just our community, but the country [especially youth] seems to fall short. This needs to be thought [in order to help the youth, understand what their responsibilities are to themselves and the community].
- Educating patients [about healthy living habits] before they need care, before they need to come to the hospital. [And when they are at the hospital for care] we [the hospital] need to be a resource for them to educate them further [so they can lead a healthier life].
- We are always glad to serve as a partner to make quality of life better for residence [of Jackson County and surrounding counties].

- Having affordable housing or transitional housing would help people as they work towards self-sufficiency.
- Shelter
- It goes back to the need for employers who can provide jobs that pay a decent wage and provide full benefits. This is a great place to live and raise a family, but there is limited opportunity [for growth and development economically].
- Listening to the radio stations every morning they replay police reports and in those replays, there is always something about drug use or the presence of drugs or marijuana during a routine traffic stop that leads to somethings bigger [in terms of crime or heavier drug use or the selling of drugs]. Drug addiction or rather the prevention of drug use needs more attentions [in terms of a hands-on approach as well as an educational effort that reaches the broadest public audience possible]. This could be done through a system with churches, and the schools, and other community organizations to reach as broad of an audience as possible to make an impact [as big of an impact as possible].
- Care giver education [about what how to give care and how to care for yourself, what caring for others does to you, physically, mentally, and emotionally] and respite. Right now, it only happens once a year.
- There is also the need to get rid of what doesn't work and to emphasis on what is important. Moving forward things need to be community driven and community focused. It's not just the health department, or the other [agencies] it the person fixing your car, it's the people in the church-everyone needs to be involved. I think people are seeking immediate answers, but it's important to allow the process to work out. And, I think we need to try more crazy ideas because they are so crazy that they just might work. And, look at what working in different fields and adapt that to work in other places.
- I would like to see more emphasis made on infant mental health services. There's just not enough of it in this area.
- [In terms of the drug/opioid epidemic that is a national problem] there is a newly formed opioid task-force in the community that will work to address issues [with substance abuse].
- [Also] to expand on the issues of adult oral health because those who have poor oral health most likely have other co-morbidities that effect overall health such as heart disease or stroke risks.
- There is growth happening in the county, for example with the addition of the new k-8 school and the opening of a new teen/youth clinic at the health department. [Hopefully] more opportunities will continue [to emerge] to help educate public on how to protect themselves [in terms of their health and wellbeing].
- Seniors need assistance with getting to grocery store and things like that. Maybe somewhere people on fixed income could go to get food once a week when they need it.
- Transportation. Mass transit is difficult because [this is a rural county]. Better access to Farmer's Markets. Right now, there is only one.
- Having more wholesome activities for youth to learn about moral development. Expose youth to aspects of live beyond small town so that they can be better-rounded.

- There is the need to focus on the bigger more holistic picture. Also [there is the need] for people to have access to medical care and safe places to walk.
- A diverse pool of people participating is key to making this project work [for the people who live here in Jackson County]. The more diverse the better [that way more people have a voice to say what they feel needs to be done to make things better].
- Education all the way around [in terms of the definition and understanding of health needs to be expanded to include mental health, and to help people to understand that is was important get out and walk in the sunshine and interact with people as it is to eat well]. There is not enough of a focus on mental health as there should be. The mental health issues [people in Jackson County face] are a big issue, especially looking at the suicide rate.
- It's going to take a concentrated effort with social services, the college, [primary] education, the health department to achieve these goals. There needs to be more meetings, monthly or quarterly, to coordinate activities and [determine] what is needed to assist population and make an impact, and understand all of the resources that are available to assist people.
- To impact the overall health and quality of life [of everyone] we have to pay close attrition to social determinate of health. [We need to] change health behaviors by implementing more health education for employees in the work place to raise people's awareness. [We need to] strengthen community partnerships with agencies, employers, and faith based organization, private and public businesses in order to bridge the gap. We need to value adults with individual disabilities and the elderly who get lost. We miss the high fruit a lot of the time. We need to create relationships with the elders of the community because they are the gate keepers. And if we can sustain a good relationship with them we can start to make an impact on the community as a whole. If we can work together as a cohesive unit and not under the identity of our agency or group we can make Jackson County a force to be reckoned with.

APPENDIX D. JACKSON COUNTY SURVEY

JACKSON COUNTY COMMUNITY HEALTH SURVEY 2018

Jackson County Community Health Improvement Partnership asks that you take a few moments of your time to share your thoughts and help us contribute to a healthier Jackson County. The purpose of this survey is to obtain your opinion on community health issues in Jackson County.

The partnership will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action in the next 3 to 5 years.

If you have previously completed a survey, please ignore this.

Remember, your opinion is important! Thank you!

Please make your selections as follows:

The sky is blue.

- (●) Strongly disagree
- ( ) Disagree
- ( ) Neutral
- ( ) Agree
- ( ) Strongly agree

---

1. How would you rate Jackson County as a "Healthy Community?"
   - ( ) Very Unhealthy
   - ( ) Unhealthy
   - ( ) Somewhat healthy
   - ( ) Healthy
   - ( ) Very healthy

2. I am satisfied with the quality of life in Jackson County (considering my sense of safety and well-being).
   - ( ) Strongly disagree
   - ( ) Disagree
   - ( ) Neutral
   - ( ) Agree
   - ( ) Strongly agree

SAMPLE
DO NOT COMPLETE

3. Jackson County has adequate health and wellness activities.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

4. I am satisfied with the health care system in Jackson County.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

5. I have easy access to the medical specialists I need in Jackson County.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

6. I am very satisfied with the medical care I receive in Jackson County.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

SAMPLE
DO NOT COMPLETE

7. Sometimes it is a problem for me to cover my share of the cost for a medical care visit.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

8. I can get medical care in Jackson County whenever I need it.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

9. Jackson County is a good place to raise children.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

SAMPLE
DO NOT COMPLETE

10. Jackson County is a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.).

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral

- ◯ Agree
- ◯ Strongly agree

11. Jackson County has a transportation service that takes older adults to medical facilities or to shopping centers.
    - ◯ Strongly disagree
    - ◯ Disagree
    - ◯ Neutral
    - ◯ Agree
    - ◯ Strongly agree

12. There are enough programs that provide meals for older adults in Jackson County.
    - ◯ Strongly disagree
    - ◯ Disagree
    - ◯ Neutral
    - ◯ Agree
    - ◯ Strongly agree

13. There are networks for support for the elderly living alone in Jackson County.
    - ◯ Strongly disagree
    - ◯ Disagree
    - ◯ Neutral
    - ◯ Agree
    - ◯ Strongly agree

14. There are jobs available in Jackson County (considering locally owned and operated businesses, jobs with career growth, affordable housing, reasonable commute, etc.).

SAMPLE
DO NOT COMPLETE

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

15. Jackson County is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another.
    - ◯ Strongly disagree
    - ◯ Disagree
    - ◯ Neutral
    - ◯ Agree
    - ◯ Strongly agree

16. There are support networks in Jackson County for individuals and families (support groups, faith-based community, agencies, and organizations) during times of stress and need.
    - ◯ Strongly disagree
    - ◯ Disagree
    - ◯ Neutral
    - ◯ Agree
    - ◯ Strongly agree

17. Jackson County residents believe they, individually or collectively, can make the community a better place to live.
    - ◯ Strongly disagree
    - ◯ Disagree

SAMPLE
DO NOT COMPLETE

- ◯ Neutral
- ◯ Agree
- ◯ Strongly agree

18. In the following list, what do you think are the ***3 most important "health problems"*** in Jackson County, as they relate to Health Infirmities/Physical Wellness? Choose 3.

- ◯ Cancers
- ◯ Dental problems
- ◯ HIV/AIDS
- ◯ Obesity
- ◯ Sexually Transmitted Disease
- ◯ Infant Death
- ◯ Diabetes
- ◯ Heart Disease and Stroke
- ◯ High Blood Pressure
- ◯ Infectious Disease (e.g., hepatitis, TB)

19. In the following list, what do you think are the ***3 most important "health problems"*** in Jackson County, as they relate to Health Infirmities/Physical Wellness? Choose 3.

- ◯ Alcohol/Drug abuse
- ◯ Bullying
- ◯ Child Abuse/Neglect
- ◯ Rape/Sexual Assault
- ◯ Anxiety
- ◯ Motor Vehicle Accident/Injury
- ◯ Domestic Violence
- ◯ Firearm-Related Injuries

SAMPLE
DO NOT COMPLETE

- ◯ Homicide/Suicide
- ◯ Failure to seek healthcare

20. In the following list, what do you think are the ***3 most important "health problems"*** in Jackson County, as they relate to Mental Health/Substance Abuse? Choose 3.

- ◯ Alcohol/Drug abuse
- ◯ Bullying
- ◯ Child Abuse/Neglect
- ◯ Rape/Sexual Assault
- ◯ Anxiety
- ◯ Motor Vehicle Accident/Injury
- ◯ Domestic Violence
- ◯ Firearm-Related Injuries
- ◯ Homicide/Suicide
- ◯ Failure to seek healthcare

21. In the following list, what do you think are the ***3 most important "risky behaviors"*** in Jackson County, as they relate to Mental Health/Substance Abuse? Choose 3.

- ◯ Alcohol/Drug Abuse
- ◯ Dropping out of school
- ◯ Lack of physical activity
- ◯ Texting cell phone while driving
- ◯ Not using seat belts/child safety seats
- ◯ Poor living conditions
- ◯ Overeating/Poor eating habits
- ◯ Not getting "shots" to prevent disease
- ◯ Unsafe sex

SAMPLE
DO NOT COMPLETE

◯ Tobacco use/electronic cigarette use

22. In the following list, what do you think are the ***3 most dominant "socioeconomic/sociocultural factors"*** having a negative influence on the health and wellbeing of Jackson County? Choose 3.

◯ Lack of adequate, safe and affordable housing
◯ Lack of transportation
◯ Lack of jobs/economic growth
◯ Sexism (prejudice based on gender)
◯ Ageism (prejudice based on age)
◯ Lack of community support
◯ Lack of educational/training opportunities
◯ Racism
◯ Lack of healthy food choices/access to healthy food
◯ Lack of family support

Demographic Information: Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

What is your gender?

◯ Female
◯ Male

What is your age range?

◯ 18-25 years
◯ 26-39 years
◯ 40-54 years
◯ 55-64 years
◯ 65-80 years
◯ Over 80 years

Which of these ethnic groups do you identify most with?

◯ White
◯ Black or African-American
◯ Asian
◯ Native Hawaiian or Other Pacific Islander
◯ American Indian or Alaskan Native
◯ Other

SAMPLE DO NOT COMPLETE

Please choose your ZIP code.

- 32420
- 32423
- 32426
- 32431
- 32432
- 32440
- 32442
- 32443
- 32445
- 32446
- 32447
- 32448
- 32460

What is your marital status?

- Married/cohabitating (living together)
- Divorced
- Never married
- Separated
- Widowed

Are you Hispanic or Latino?

- Yes
- No

Which range best describes your current household income?

- Less than $20,000
- $20,000 to $29,000
- $30,000 to $49,000
- $50,000 to $74,000
- $75,000 to $99,999
- Over $100,000

What is your highest education level?

- Less than a high school graduate
- High School Graduate or GED
- Vocational Technical Certification
- College degree
- Post-Graduate degree

SAMPLE
DO NOT COMPLETE