



Jackson County
2022
Community Health Needs
Assessment



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Executive Summary

Jackson Hospital and the Florida Department of Health in Jackson County (DOH-Jackson), known together as *The Jackson County Community Health Partnership*, performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

- 1) a definition of the community served by The Jackson County Community Health Partnership and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how The Jackson County Community Health Partnership solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data were gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Jackson County are:

- Behavioral Health
- Chronic Disease Management
- Affordability of Healthcare

In the Implementation Strategy section of the report, The Jackson County Community Health Partnership addresses these areas through identified programs, resources, and services provided by each organization, collaboration with other local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process



Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local expert advisors.

Data Collection and Analysis

The Jackson County Community Health Partnership relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- Stratasan
- www.countyhealthrankings.org
- www.worldlifeexpectancy.com
- Bureau of Labor Statistics
- Florida Health Charts
- NAMI
- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population
- Centers for Disease Control and Prevention
- Center for Housing Policy
- Health Affairs: Leigh & Du
- AAFP

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors and the general public to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and The Jackson County Community Health Partnership's desire to represent the region's geographically diverse population. One hundred survey responses from community members were gathered between June and July 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In The Jackson County Community Health Partnership's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

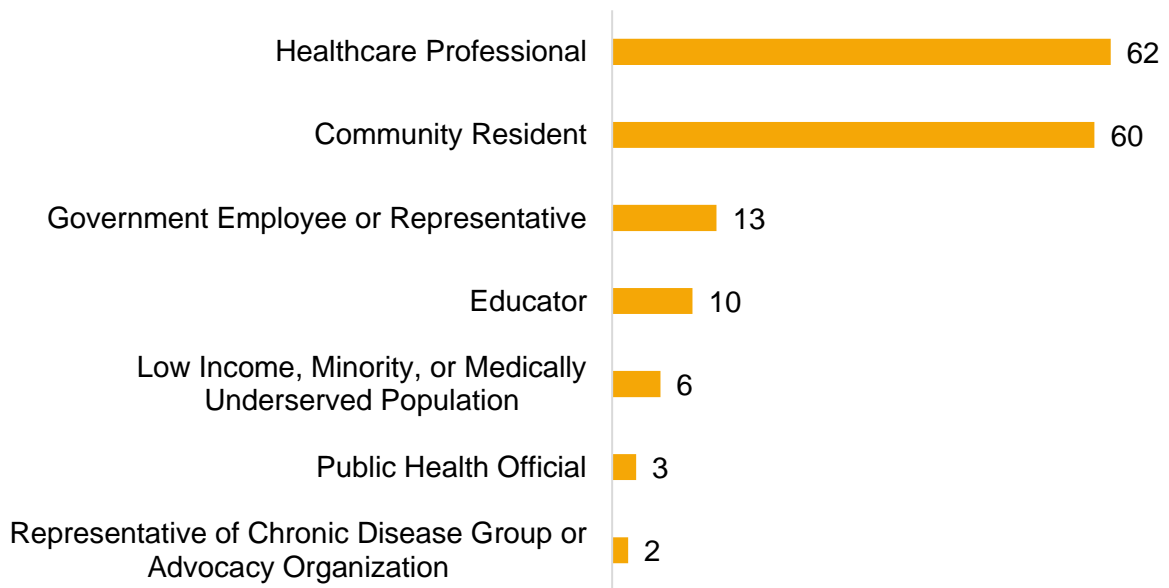
The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Jackson County Community Health Partnership analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Jackson County Community Health Partnership asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in an appendix to this report. Participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Chronic Disease Groups
- 5) Community Resident
- 6) Educator
- 7) Healthcare Professional
- 8) Other (please specify)

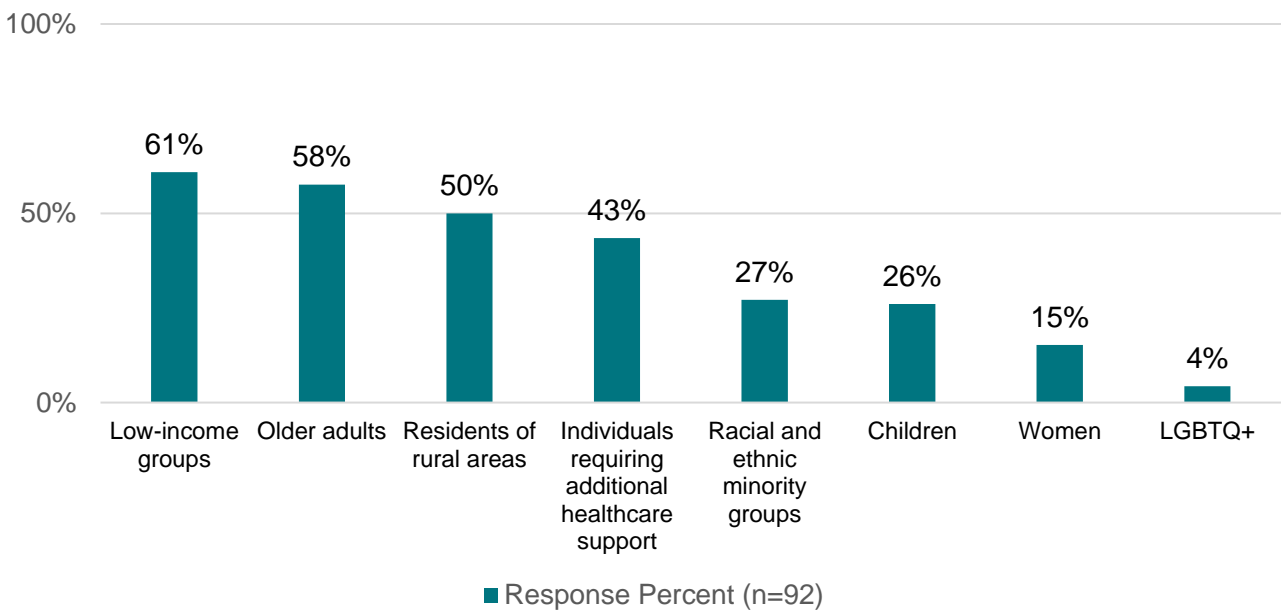
Survey Question: Please select all roles that apply to you (n=100)



Input on Priority Populations

Information analysis augmented by local opinions showed how Jackson County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups (“Priority Populations”) need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Survey Question: With regard to healthcare, which of the following priority populations should we focus on most as a community? (please select all that apply)



- Local opinions of the needs of Priority Populations, while presented in their entirety in the Appendix, were abstracted in the following “take-away” bulleted comments:
 - The top three priority populations identified by the local experts were older adults, low-income groups, and individuals requiring additional healthcare support.
 - Summary of unique or pressing needs of the priority groups identified by the surveyors:
 - Mental health services
 - Affordable healthcare
 - Access to specialists

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regards to The Jackson County Community Health Partnership's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

-  Chronic disease related to lifestyle and behavior
-  Behavioral health/Mental health
-  Lack of provider/access to services and assistance/provider patient communications

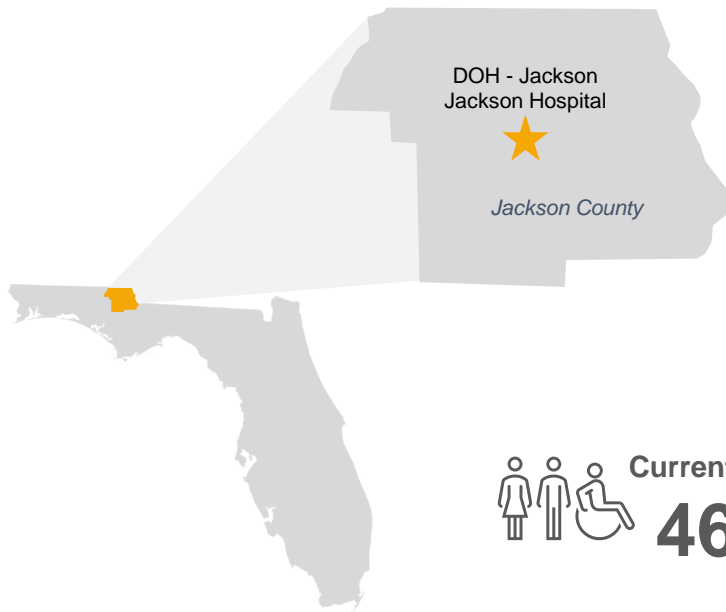
Community Served

For the purpose of this study, The Jackson County Community Health Partnership defines its service area as Jackson County in Florida which includes the following Zip codes:

32420 – Alford 32423 – Bascom 32431 – Cottondale 32426 – Campbellton
 32431 – Jacob City 32432 – Cypress 32440 – Graceville 32442 – Grand Ridge
 32443 – Greenwood 32445 – Malone 32446 – Marianna 32447 – Marianna
 32448 – Marianna 32460 – Sneads

During 2021, Jackson Hospital received 83% of its Medicare inpatients from this area.

Jackson County Demographics



Race/Ethnicity

| | Jackson County | Florida |
|--------------------------|----------------|---------|
| White | 65.9% | 56.7% |
| Black | 25.8% | 14.9% |
| Asian & Pacific Islander | 0.7% | 3.1% |
| Other | 7.6% | 25.3% |
| Hispanic* | 4.8% | 27.1% |

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Age

| | Jackson County | Florida |
|---------|----------------|---------|
| 0 – 17 | 18.0% | 19.1% |
| 18 – 44 | 35.7% | 33.5% |
| 45 – 64 | 25.6% | 25.3% |
| 65 + | 20.6% | 22.1% |

Education and Income

| | Jackson County | Florida |
|------------------------------------|----------------|----------|
| Median Household Income | \$46,030 | \$65,438 |
| Some High School or Less | 18.1% | 10.4% |
| High School Diploma/GED | 39.3% | 28.4% |
| Some College/ Associates Degree | 28.4% | 28.6% |
| Bachelor's Degree or Greater | 14.2% | 32.6% |

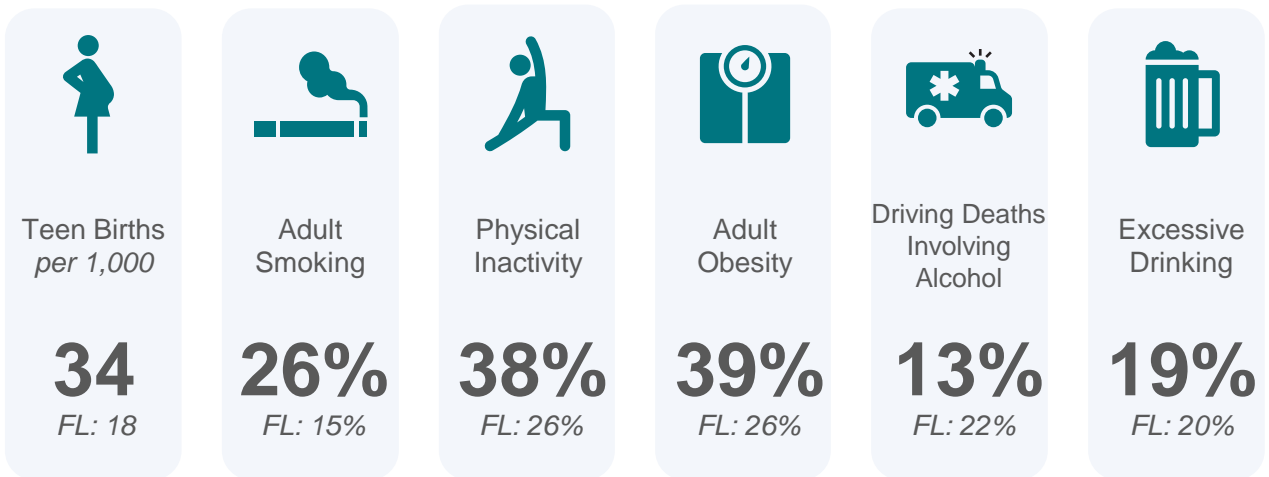
Source: Stratasan, ESRI

Community Health Characteristics

The data below provides an overview of Jackson County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 13.7

Per 100,000
Compared to 13.2 in FL

Poor or Fair Health: 26%

Compared to 18% in FL

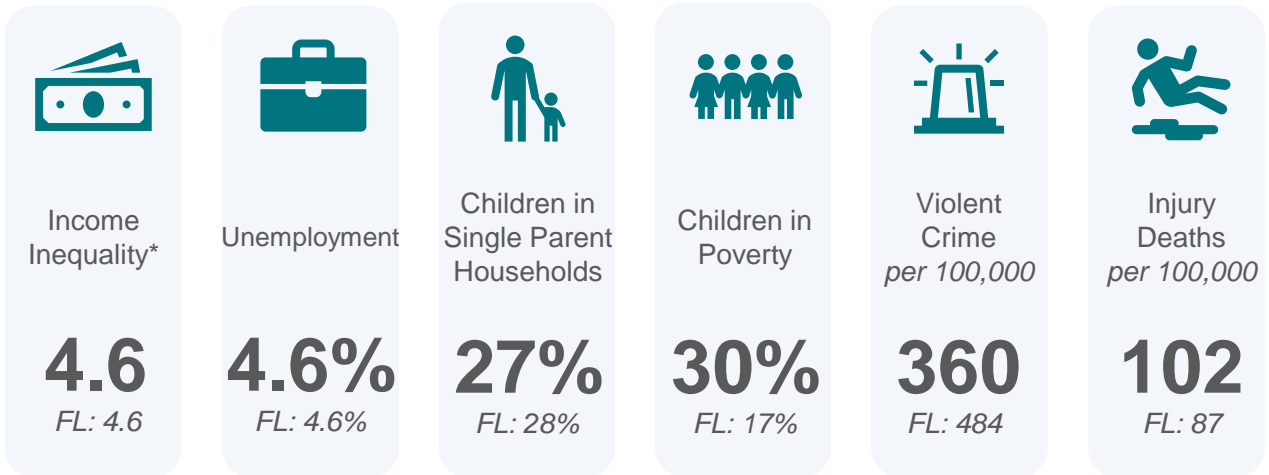
Low Birthweight: 9%

Compared to 9% in FL



Source: County Health Rankings 2022 Report, worldhealthranking.com (2020)

Socioeconomic Factors



Access to Health

Uninsured: 12%

Compared to 13% in FL

Preventable Hospital Stays: 5,902

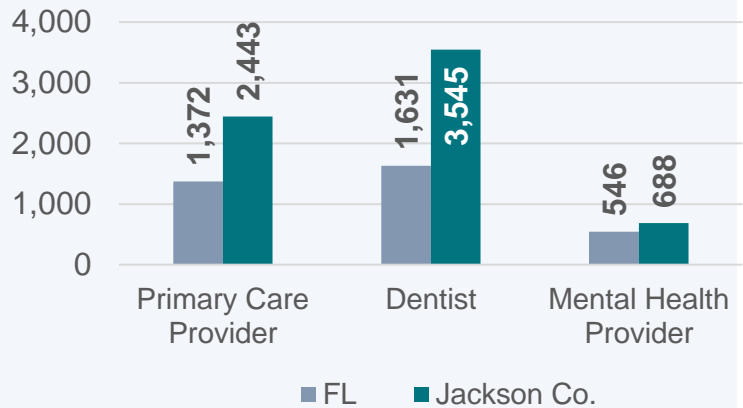
Per 100,000

Compared to 4,203 in FL

Access to Exercise Opportunities: 29%

Compared to 87% in FL

Number of people per 1 Provider



Physical Environment

Air Pollution
($\mu\text{g}/\text{m}^3$)

8.4
FL: 7.8

Severe Housing Problems**

13%
FL: 19%

Driving to Work Alone

88%
FL: 78%

Broadband Access

77%
FL: 85%

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



100 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Community Survey Data

This process included evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices | Weighted Average of Votes (out of 5) |
|--------------------------|---|
| Drug/Substance Abuse | 4.49 |
| Mental Health | 4.47 |
| Diabetes | 4.39 |
| Cancer | 4.33 |
| Heart Disease | 4.26 |
| Obesity | 4.23 |
| Stroke | 4.07 |
| Alzheimer's and Dementia | 4.05 |
| Women's Health | 4.00 |
| Lung Disease | 3.81 |
| Kidney Disease | 3.79 |
| Dental | 3.66 |
| Liver Disease | 3.58 |
| Other (please specify) | See appendix |

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices | Weighted Average of Votes (out of 5) |
|--|---|
| Healthcare Services: Affordability | 4.32 |
| Education System | 4.30 |
| Affordable Housing | 4.18 |
| Employment and Income | 4.18 |
| Healthcare Services: Physical Presence | 4.14 |
| Access to Senior Services | 4.09 |
| Healthcare Services: Prevention | 4.09 |
| Access to Healthy Food | 4.07 |
| Community Safety | 4.05 |
| Transportation | 3.91 |
| Access to Childcare | 3.89 |
| Access to Exercise/Recreation | 3.88 |
| Social Connections | 3.66 |
| Social Support | 3.66 |
| Other (please specify) | See appendix |

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

| Answer Choices | Weighted Average of Votes (out of 5) |
|----------------------------|---|
| Livable Wage | 4.42 |
| Diet | 4.16 |
| Smoking/Vaping/Tobacco Use | 4.12 |
| Physical Inactivity | 4.11 |
| Risky Sexual Behavior | 4.00 |
| Excess Drinking | 3.93 |
| Other (please specify) | See appendix |

Overall health priority ranking (top 10 highlighted)

| Answer Choices | Weighted Average of Votes (out of 5) |
|--|---|
| Drug/Substance Abuse | 4.49 |
| Mental Health | 4.47 |
| Livable Wage | 4.42 |
| Diabetes | 4.39 |
| Cancer | 4.33 |
| Healthcare Services: Affordability | 4.32 |
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| Access to Healthy Food | 4.07 |
| Alzheimer's and Dementia | 4.05 |
| Community Safety | 4.05 |
| Women's Health | 4.00 |
| Risky Sexual Behavior | 4.00 |
| Excess Drinking | 3.93 |
| Transportation | 3.91 |
| Access to Childcare | 3.89 |
| Access to Exercise/Recreation | 3.88 |
| Lung Disease | 3.81 |
| Kidney Disease | 3.79 |
| Dental | 3.66 |
| Social Connections | 3.66 |
| Social Support | 3.66 |
| Liver Disease | 3.58 |

Evaluation & Selection Process

| Worse than Benchmark Measure  | Identified by the Community  | Feasibility of Being Addressed  | Impact on Health Disparities  |
|---|---|--|--|
| <p>Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages</p> | <p>Health needs expressed in the online survey and/or mentioned frequently by community members</p> | <p>Growing health needs where interventions are feasible and could make an impact</p> | <p>Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed</p> |

Health Need Evaluation

| | Worse than Benchmark | Identified by the Community | Feasibility | Impact on Health Disparities |
|------------------------------------|----------------------|-----------------------------|-------------|------------------------------|
| Drug/Substance Abuse | | ✓ | ✓ | ✓ |
| Mental Health | ✓ | ✓ | ✓ | ✓ |
| Livable Wage | ✓ | ✓ | | ✓ |
| Diabetes | ✓ | ✓ | ✓ | ✓ |
| Cancer | ✓ | ✓ | ✓ | ✓ |
| Healthcare Services: Affordability | ✓ | ✓ | ✓ | ✓ |
| Education System | ✓ | ✓ | | ✓ |
| Heart Disease | ✓ | ✓ | ✓ | ✓ |
| Obesity | ✓ | ✓ | ✓ | ✓ |
| Affordable Housing | | ✓ | | ✓ |
| Employment and Income | | ✓ | | ✓ |

Overview of Priorities

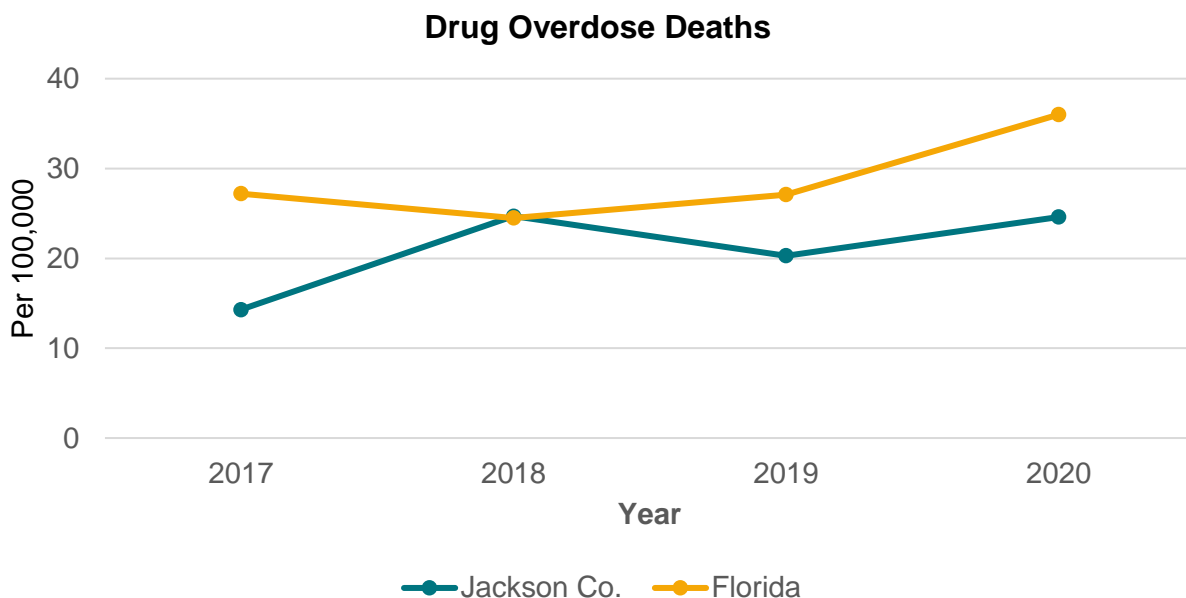
Drug/Substance Abuse

Drug and substance abuse was identified as the #1 health priority with 64.9% of survey respondents rating it as extremely important to be addressed. Drug/substance abuse was not identified as a top health priority in 2019.

The drug overdose death rate in Jackson County is lower than the rate in Florida but has been increasing in recent years. The rate of overdose deaths due to opioids in Jackson County is significantly less than the rate in Florida.

| | Jackson Co. | Florida |
|---|-------------|---------|
| Drug overdose deaths – all drug (per 100,000) | 24.6 | 36.0 |
| Drug overdose deaths – opioid (per 100,000) | 8.0 | 29.9 |

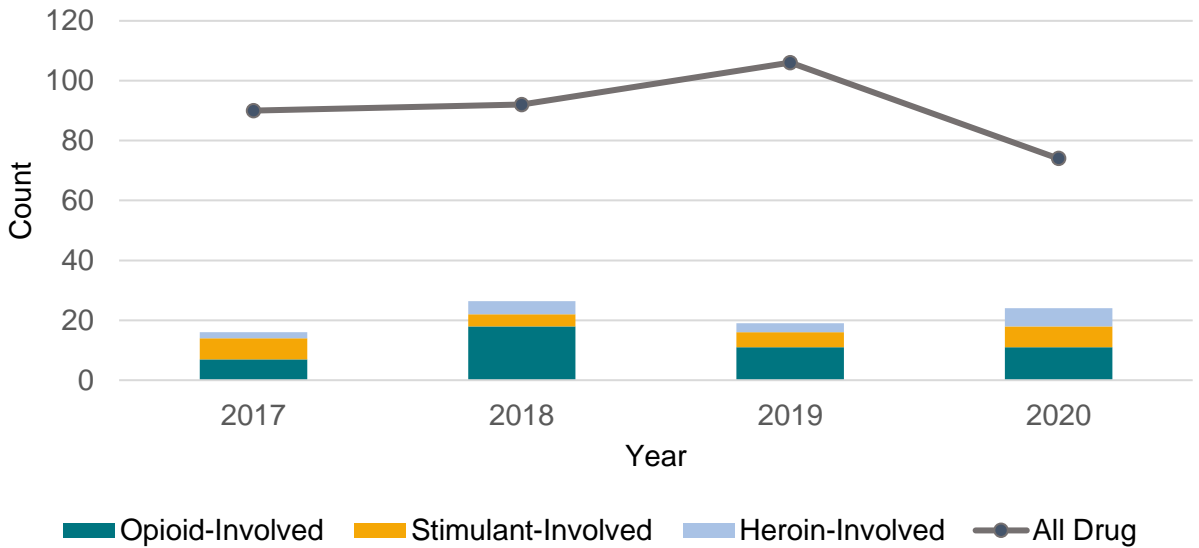
Source: Florida Health Charts 2020



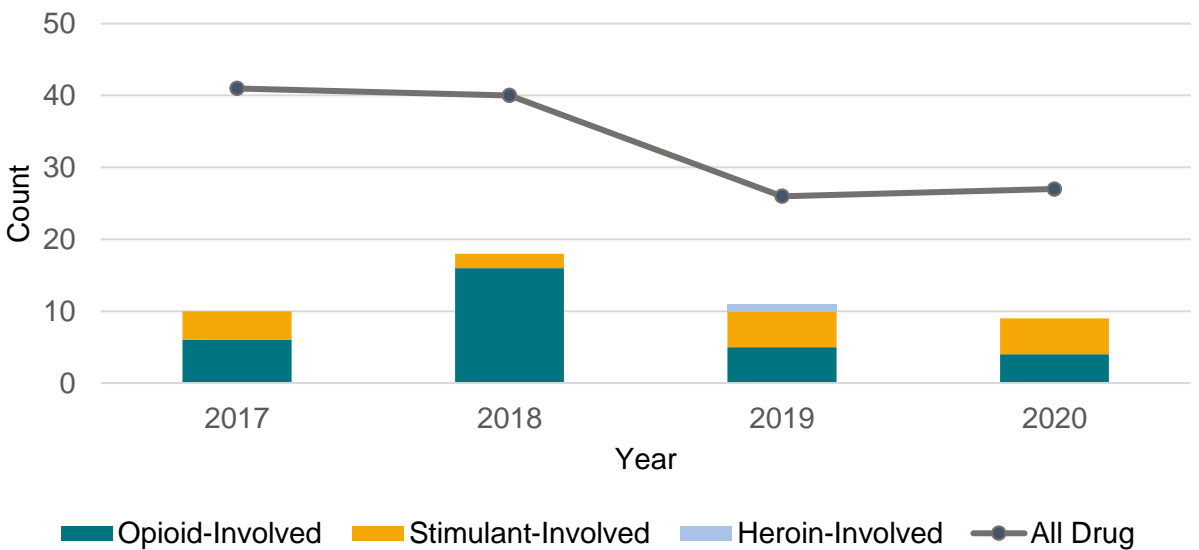
Source: FL Health Charts

The number of non-fatal overdose emergency department (ED) visits has decreased in recent years with 106 visits in 2019 and 74 visits in 2020. The number of non-fatal overdose hospitalizations has remained relatively stable in recent years with 26 in 2019 and 27 in 2020 ([FL Health Charts](#)).

Non-Fatal Overdose Emergency Department Visits, Jackson Co.



Non-Fatal Overdose Hospitalizations, Jackson County



Source: FL Health Charts

Mental Health

Mental health was the #2 community-identified health priority with 68.4% of respondents rating it as extremely important to be addressed in the community. Mental Health was identified as a top health priority in the 2019 CHNA report. Suicide is the 10th leading cause of death in Jackson County and ranks 45th out of 67 counties (with 1 being the worst in the state) in Florida for suicide death rate ([World Life Expectancy](#)).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

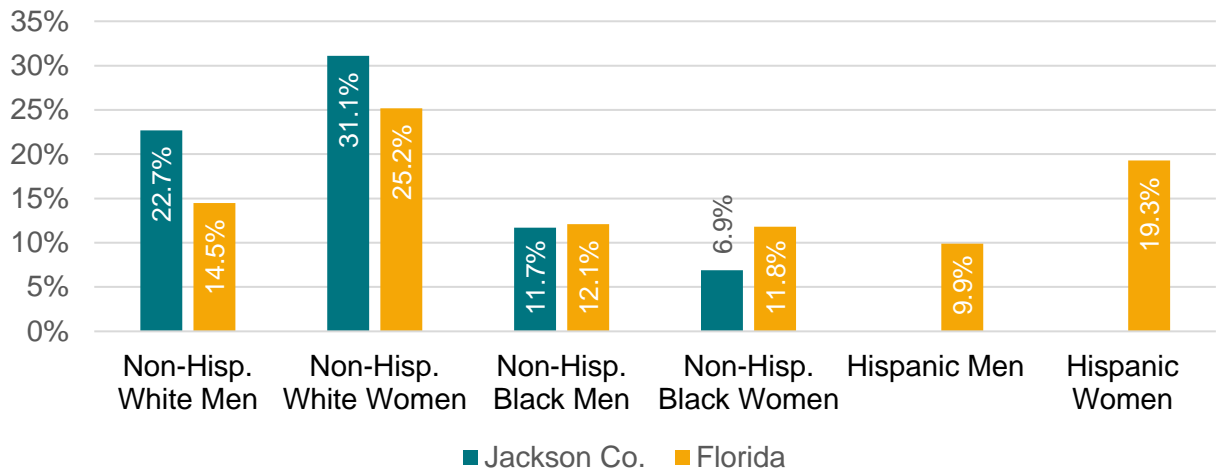
While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

| | Jackson Co. | Florida |
|--|-------------|---------|
| Average number of mentally unhealthy days (past 30 days) | 5.6 | 4.5 |
| Number of people per 1 mental health provider | 688 | 546 |
| Suicide death rate (per 100,000) | 13.7 | 13.2 |
| Hospitalization for mental and behavioral health disorders (per 100,000) | 604.2 | 928.4 |

Source: County Health Rankings 2019, 2021, worldlifeexpectancy.com 2019, FL Health Charts 2020

When looking at mental health across sex and race/ethnicity, women typically have higher rates of being told they had a depressive disorder. In Jackson County, Non-Hispanic White Women have the highest rate of having ever been told they had a depressive disorder.

Percentage of Adults Who Have Ever Been Told They Had a Depressive Disorder Sex by Race/Ethnicity



Source: FL Health Charts 2017-2019

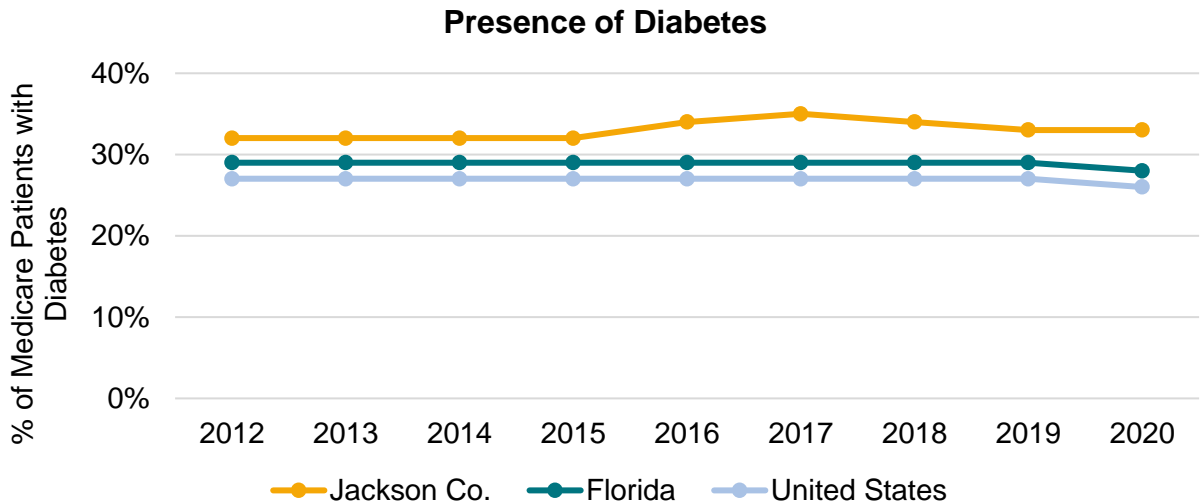
Diabetes

Diabetes was identified as the #4 health priority with 54.4% of respondents rating it as extremely important to address. Chronic disease related to lifestyle and behavior was a top priority in the 2019 CHNA which incorporates diabetes. Diabetes is the 8th leading cause of health in Jackson County and ranks 28th out of 67 counties (with 1 being the worst in the state) in Florida for diabetes death rate ([World Life Expectancy](#)).

Jackson County has higher rates of diabetes mortality and hospitalization for amputation of a lower extremity due to diabetes than Florida. Additionally, Jackson County is worse than the State when it comes to health factors like adult obesity and physical inactivity. When it comes to the Medicare population, Jackson County has a higher presence of diabetes than Florida and the U.S.

| | Jackson Co. | Florida |
|--|-------------|---------|
| Diabetes mortality (<i>per 100,000</i>) | 26.8 | 22.8 |
| Adults who have ever been told they had diabetes | 11.3% | 11.7% |
| Age-adjusted hospitalization rate for amputation of a lower extremity due to diabetes (<i>per 100,000</i>) | 49.8 | 37.1 |

Source: worldhealthranking.com 2020, FL Health Charts 2018-2020,



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

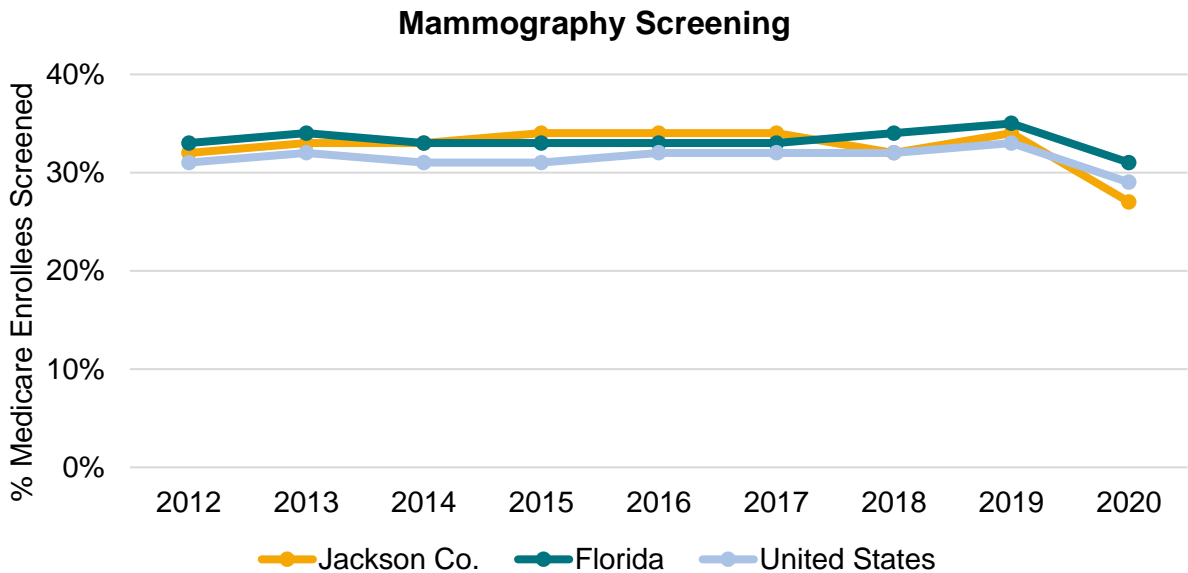
Cancer

Cancer was identified as the #5 health priority with 52.6% of survey respondents rating it as extremely important to be addressed. Cancer is the 2nd leading cause of health in Jackson County and ranks 14th out of 67 counties (with 1 being the worst in the state) in Florida for cancer death rate ([World Life Expectancy](#)).

Jackson County has a higher cancer mortality rate than Florida but has a lower incidence rate. In 2016, 55.8% of women aged 40 and older received a mammogram in the past year compared to 60.8% in Florida. Mammography screening rates among Medicare enrollees in Jackson County has remained consistent with the state average though rates have decreased in recent years.

| | Jackson Co. | Florida |
|---|-------------|---------|
| Cancer Mortality (per 100,000) | 196.5 | 136.3 |
| Cancer Incidence (per 100,000) | 312.1 | 453.9 |
| Women 40 years of age and older who received a mammogram in the past year | 55.8% | 60.8% |

Source: worldhealthranking.com 2019, FL Health Charts 2016, 2019



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Healthcare Services: Affordability

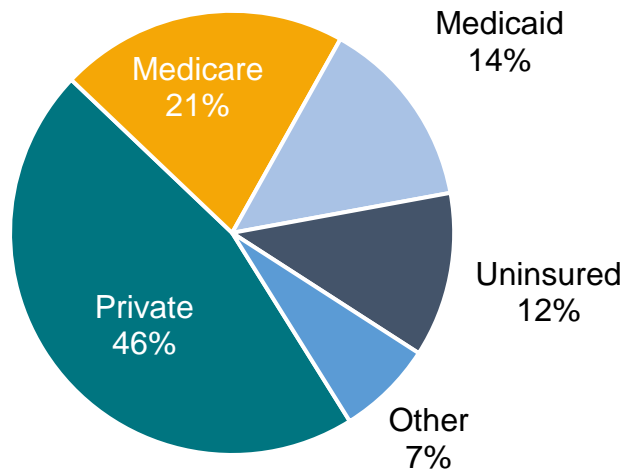
Affordability of healthcare services was the #6 identified health need in the community with 51.8% of survey respondents rating it as extremely important to be addressed.

When it comes to affording health care services, almost 17% of adults in Jackson County reported that they could not see a doctor in the past year due to cost ([FL Health Charts](#)). This is slightly higher than the state average. When looking at insurance coverage, about 12% of the county is uninsured which is slightly less than Florida’s average (Stratason, ESRI)

| | Jackson Co. | Florida |
|--|-------------|---------|
| Uninsured | 12% | 13% |
| Adults who could not see a doctor in the past year due to cost | 16.9% | 16.0% |

Source: Stratason, ESRI 2022, FL Health Charts 2019

Jackson County Insurance Coverage



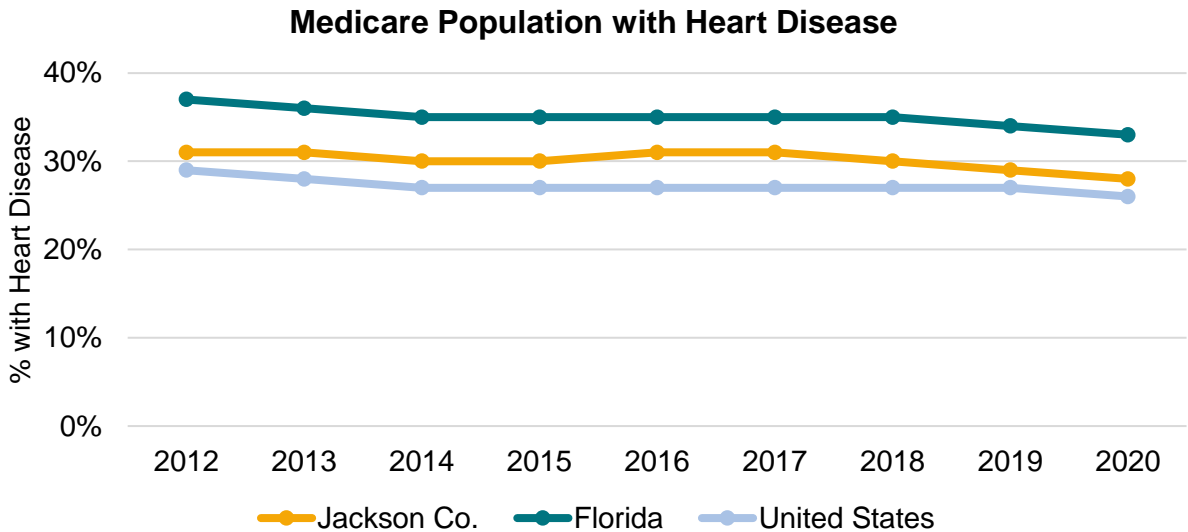
Source: Stratason, ESRI 2022

Heart Disease

In the community survey, heart disease was identified as the #8 health priority with 45.6% of respondents rating it as extremely important to address. Heart disease is the leading cause of death in Jackson County and the county has a higher death rate from heart disease than Florida. Amongst the Medicare population, Jackson County has a lower prevalence of heart disease than Florida but a slightly higher prevalence than the U.S.

| | Jackson Co. | Florida |
|--|--------------|--------------|
| Heart disease mortality (per 100,000) | 232.8 | 143.1 |

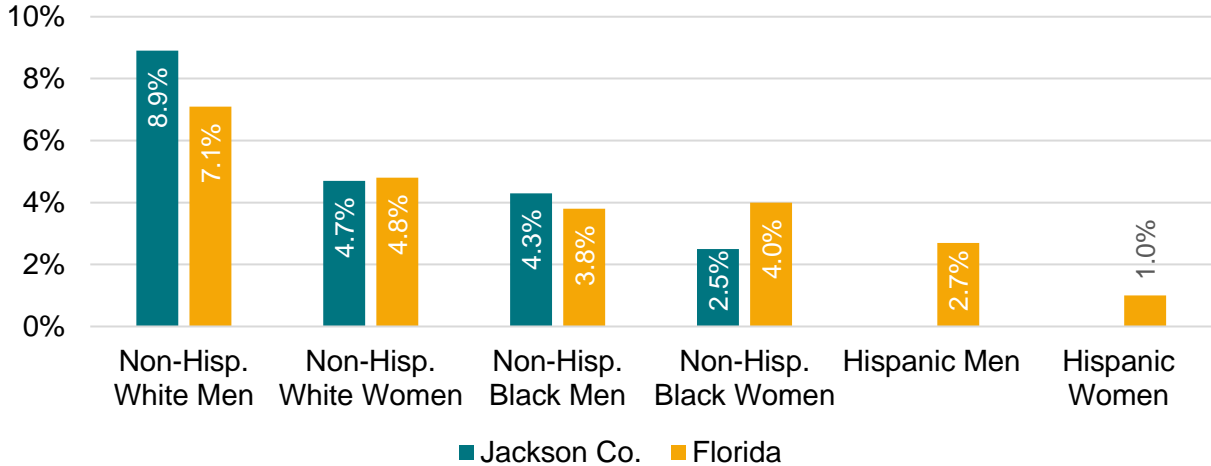
Source: *worldlifeexpectancy.com 2020*



Source: *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*

In Jackson County, the presence of angina or coronary heart disease is higher among men than women and among non-Hispanic White residents compared to non-Hispanic Black residents. Non-Hispanic White men have the highest rate of having ever been told they had angina or coronary heart disease in Jackson County and Florida. When it comes to heart disease mortality, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

Percentage of Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease Sex by Race/Ethnicity



Source: FL Health Charts 2017-2019

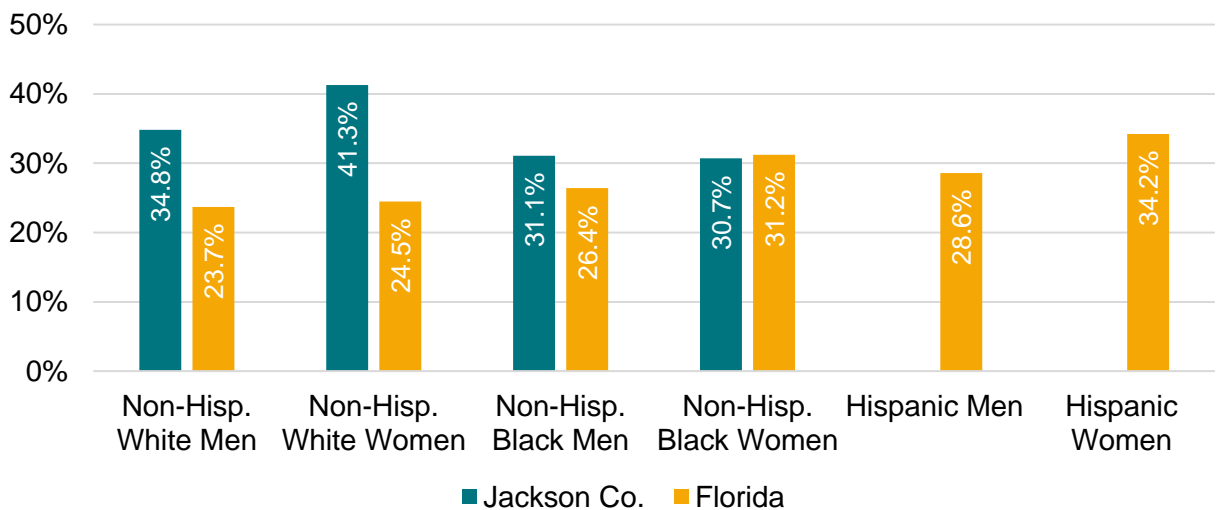
Obesity

Obesity was identified as the #9 health priority with 52.6% of respondents rating it as extremely important to address. In Jackson County, the percentage of adults who are overweight or obese is nearly 75% which is greater than the state average. Additionally, over 35% of Jackson County residents are sedentary ([FL Health Charts](#)). In Jackson County, White residents are more sedentary than Black residents and non-Hispanic White women have the highest percentage of being sedentary. People who are overweight or obese are at higher risk of chronic diseases like hypertension, diabetes, heart disease, and cancer compared to those who are at a healthy weight ([CDC](#)).

| | Jackson Co. | Florida |
|--|-------------|---------|
| Adults who have a healthy weight (BMI from 18.5 to 24.9) | 23.7% | 32.8% |
| Adults who are overweight or obese | 74.1% | 64.6% |
| Adults who are sedentary | 35.7% | 26.5% |

Source: FL Health Charts 2019

Percentage of Adults Who are Sedentary Sex by Race/Ethnicity



Source: FL Health Charts 2017-2019

Social Determinants of Health

Livable wage, education system, affordable housing, and employment and income were all ranked in the top 10 priority list from the community survey. All of these factors can be seen as social determinants of health because of their affect on health outcomes and healthcare access.

Livable wage and employment and income play a role in the community's ability to afford healthcare and impact health outcomes. These social factors can impact health status by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and having access to health insurance ([HealthAffairs](#)). Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles ([AAFP](#)). Additionally, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare ([National Housing Conference](#)).

| | Jackson Co. | Florida |
|--|-------------|-----------|
| Severe housing cost burden* | 11% | 17% |
| Severe housing problems** | 13% | 19% |
| Homeownership | 72% | 66% |
| Median value of owner-occupied units | \$101,300 | \$232,000 |
| Median household income | \$46,030 | \$65,438 |
| High school graduation | 82% | 90% |
| Children eligible for free & reduced lunch | 54% | 54% |
| Unemployment | 4.6% | 4.6% |
| Income inequality*** | 4.6 | 4.6 |
| Children in poverty | 30% | 17% |
| Children in single parent households | 27% | 28% |

Source: County Health Rankings 2016-2020, Stratasan ESRI 2022, Bureau of Labor Statistics 2021, FL Health Charts 2020

*Percentage of households that spend 50% or more of their household income on housing

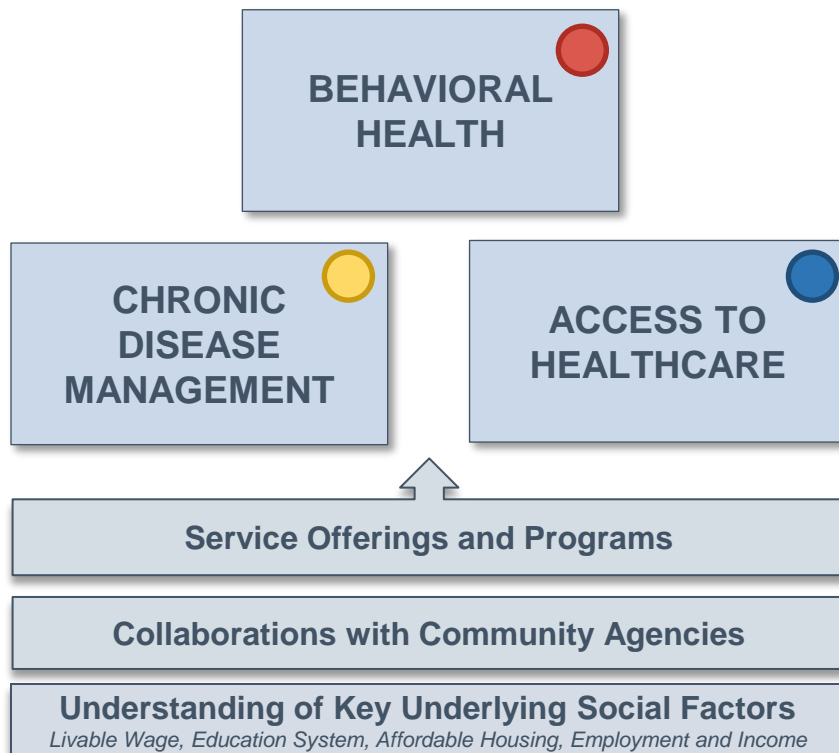
**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

***Ratio of household income at the 80th percentile to income at the 20th percentile

Implementation Plan Framework

The Jackson County Community Health Partnership's action plan is organized by key groups which will allow the organizations to prioritize and address the identified health needs with available time and resources.

- Drug/Substance Abuse
- Mental Health
- Diabetes
- Cancer
- Healthcare Services: Affordability
- Heart Disease
- Obesity



Implementation Plan Strategy

Behavioral Health

Drug/Substance Abuse, Mental Health

The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include:

Jackson Hospital:

- 24-hour emergency care.
- Chipola Quick Center for walk-in care.
- Telepsychiatry is available in the emergency department (ED) and inpatient care.
- Primary care providers offer basic mental health services and medication management.
- PHQ-9 depression screenings performed in primary care.
- Ability to refer mental health patients out for specialty services.
- Staff are available to connect patients with the United Way 2-1-1 referral and information helpline.
- Patient guides are available to connect patients with community resources.

DOH-Jackson:

- School Health Team provides services to students on campus during school hours.
- Staff are available to connect patients with the United Way 2-1-1 referral and information helpline.
- DOH-Jackson participates in the Jackson County Opioid Taskforce to address drug and substance abuse in the community.

Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need:

- Increase the education and awareness of behavioral health resources in the community.
- Continue to participate in the Jackson County Opioid Taskforce and its future initiatives.
- Evaluate building a community resource list that can be shared with patients and community members built from Jackson Hospital's internal employee resource list.

Identified measures and metrics to progress:

- Number of telepsychiatry consults
- Number of depression screens performed
- Number of ED mental health encounters
- Number of 2-1-1 calls received
- Number of mental health visits with the School Health Team

Partner organizations that may also address this need:

| Organization | Contact/Information |
|---|---|
| Celebrate Recovery Evangel Worship | 850-209-7865 850-526-2232 (Church Site) Chris Langland- Males Cheryl Chesteen- Females |
| Camp Anderson – camps and counseling for young people | https://realife.org/ |
| Jackson County Sheriff’s Office | (850) 482-9624 |
| PanCare – provides mental health services to local schools through a partnership with the Department of Education | https://pancarefl.org/ |
| PanCare – provides mental health services to local schools through a partnership with the Department of Education | https://pancarefl.org/ |
| Florida Therapy Services, Inc. | 2944 Penn Avenue, Marianna (850) 526-5500 |
| Life Management Center of NW Florida | 4094 Lafayette Street, Marianna (850) 482-7441 |
| Hope Springs Counseling Group | 292 Green Street, Marianna (850) 372-4663 |
| Blue Springs Outpatient Center | 2925 Optimist Drive, Marianna (850) 372-4192 |
| Cornerstone Mental Health | 2496 Indian Springs Road, Marianna (850) 526-3227 |
| Spires Behavioral Health Care | 2880 Green Street, Marianna (850) 482-4177 |
| Turning Point Counseling | 4355 South Street, Marianna (850) 526-7488 |
| 2-1-1 Big Bend Crisis Hotline | (850) 617-6333 |

Chronic Disease Management

Diabetes, Cancer, Heart Disease, Obesity

The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include:

Jackson Hospital:

- Primary care services are available for screening, monitoring, and treatment.
- Chipola Fitness Center.
- Diabetes education classes for patients and the public are offered monthly.
- Full-time oncologist and infusion services are available.
- Mammography screening available.
- Wound care services.
- Respiratory services available.
- Cardiology services are available 5 days a week with a cardiologist visiting 2 days a week.
- Health fairs with education and screening services.
- Chronic Care management program – team members conduct follow-up calls with chronic disease patients.

DOH-Jackson:

- Health equity task force focused on working with different populations that are disproportionately affected by chronic diseases.
- Heart health program for self-monitoring.
- Smoking cessation classes and referral to additional smoking cessation programs.
- Breast and cervical cancer early detection program provides these services to qualified patients for free.
- Silver Sneakers Program – exercise classes for Medicare patients.
- Partnership with the local African Methodist Episcopal (AME) Church for chronic disease programs.
- Diabetes education program
 - Diabetes prevention program
 - Diabetes self-management

Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need:

- Increase the education and awareness of programs and services that are available.
- Continue to grow programming through the health equity task force.
- Look to restart the support group for COPD patients.
- DOH-Jackson plans to start a senior exercise program.

Identified measures and metrics to progress:

- Number of prevention program classes provided
- Number of virtual health education classes provided
- Medication adherence for diabetes medications
- Breast cancer screening

Partner organizations that may also address this need:

| Organization | Contact/Information |
|---|---|
| St. James AME Church – chronic disease programs | (850) 526-3440 |
| Jackson County Senior Citizens – rotational education program provided at senior center | http://jacksonseniors.org/about/ |

Access to Healthcare

Healthcare Services: Affordability

The Jackson County Community Health Partnership services, programs, and resources available to respond to this need include:

Jackson Hospital:

- Urgent care access points for timely and affordable care.
- Financial assistance policy available.
 - Self-pay pricing options.
- Price transparency, pricing, and insurance information posted on the Hospital's website.
- Stipend for medical students to return to Jackson County after graduation and provide care.

DOH-Jackson:

- Financial screening for services.
- AIDS Drug Assistance Program (ADAP).
- Assistance for pregnant women to obtain immediate Medicaid.
- Access site for residents who need to complete Medicaid applications through a partnership with the Department of Children and Families.
- Insulin assistance program for patients who need help paying for their medication.

Additionally, The Jackson County Community Health Partnership plans to take the following steps to address this need:

- 2 new primary care physicians have been added to the staff. The Hospital plans to advertise these new physicians so community members know that they can begin scheduling new patient appointments.
- Golson Ambulatory project (clinics, therapy, imaging, ASC) will increase the availability of services while making them more affordable.
- Continue to retain and recruit physicians.
- Continuing to provide labor and delivery services so patients do not have to travel far for services.
- DOH-Jackson plans to evaluate the potential of restarting the medicine assistance program.

Identified measures and metrics to progress:

- Number of applications to the financial assistance program at Jackson Hospital
- Charity care contribution
- Proper care utilization (urgent care visits divided by the total number of ED and urgent care visits combined)
- Number of access applications completed at DOH-Jackson
- Percent of adults who have a medical checkup

Partner organizations that may also address this need:

| Organization | Contact/Information |
|---|---|
| Department of Children and Families | https://www.myflfamilies.com/ |
| Health Insurance Marketplace – works with DOH-Jackson to connect patients who do not qualify for Medicaid to affordable insurance options | https://www.healthcare.gov/ |

Appendix

Community Data

Community Demographics

Demographic Profile

| | Jackson County | | | | Florida | | | | US AVG. | |
|--|------------------|------------------|--------------|---------------|-------------------|-------------------|-------------|---------------|-------------------------|-------------------|
| | 2022 | 2027 | % Change | % of Total | 2022 | 2027 | % Change | % of Total | % Change | % of Total |
| Population | | | | | | | | | | |
| Total Population | 46,996 | 46,824 | -0.4% | 100.0% | 22,114,754 | 22,794,570 | 3.1% | 100.0% | 3.6% | 100.0% |
| By Age | | | | | | | | | | |
| 00 - 17 | 8,468 | 8,447 | -0.2% | 18.0% | 4,225,142 | 4,332,253 | 2.5% | 19.1% | 0.0% | 21.7% |
| 18 - 44 | 16,782 | 16,169 | -3.7% | 35.7% | 7,404,944 | 7,566,928 | 2.2% | 33.5% | 0.3% | 36.0% |
| 45 - 64 | 12,048 | 11,483 | -4.7% | 25.6% | 5,593,763 | 5,377,160 | -3.9% | 25.3% | -4.3% | 24.9% |
| 65+ | 9,698 | 10,725 | 10.6% | 20.6% | 4,890,905 | 5,518,229 | 12.8% | 22.1% | 12.8% | 17.4% |
| Female Childbearing Age (15-44) | 7,426 | 7,129 | -4.0% | 15.8% | 3,996,979 | 4,079,406 | 2.1% | 18.1% | 0.0% | 19.5% |
| By Race/Ethnicity | | | | | | | | | | |
| White | 30,950 | 30,273 | -2.2% | 65.9% | 12,529,823 | 12,406,112 | -1.0% | 56.7% | -1.3% | 61.0% |
| Black | 12,140 | 12,161 | 0.2% | 25.8% | 3,304,920 | 3,356,962 | 1.6% | 14.9% | 0.8% | 12.4% |
| Asian & Pacific Islander | 318 | 341 | 7.2% | 0.7% | 682,394 | 727,849 | 6.7% | 3.1% | 5.6% | 6.3% |
| Other | 3,588 | 4,049 | 12.8% | 7.6% | 5,597,617 | 6,303,647 | 12.6% | 25.3% | 7.8% | 20.3% |
| Hispanic* | 2,240 | 2,320 | 3.6% | 4.8% | 5,996,816 | 6,419,992 | 7.1% | 27.1% | 3.4% | 19.0% |
| Households | | | | | | | | | | |
| Total Households | 16,975 | 16,945 | -0.2% | | 8,760,890 | 9,036,524 | 3.1% | | | |
| Median Household Income | \$ 46,030 | \$ 52,928 | | | \$ 65,438 | \$ 78,674 | | | US Avg. \$64,730 | \$72,932 |
| Education Distribution | | | | | | | | | | |
| Some High School or Less | | | | 18.1% | | | | 10.4% | | 10.1% |
| High School Diploma/GED | | | | 39.3% | | | | 28.4% | | 27.1% |
| Some College/Associates Degree | | | | 28.4% | | | | 28.6% | | 27.7% |
| Bachelor's Degree or Greater | | | | 14.2% | | | | 32.6% | | 35.1% |

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Florida's Top 15 Leading Causes of Death are listed in the tables below in Jackson County's rank order. Jackson County was compared to all other Florida counties, Florida state average, and whether the death rate was higher, lower, or as expected compared to the U.S. average.

| Cause of Death | | | Rank among all counties in FL (#1 rank = worst in state) | Rate of Death per 100,000 age adjusted | | Observation (Jackson County Compared to U.S.) |
|----------------|--------------|-----------------|---|--|---------|--|
| FL Rank | Jackson Rank | Condition | | FL | Jackson | |
| 1 | 1 | Heart Disease | 7 of 67 | 143.1 | 232.8 | <i>Higher than expected</i> |
| 2 | 2 | Cancer | 14 of 67 | 136.3 | 196.5 | <i>Higher than expected</i> |
| 4 | 3 | COVID-19 | 3 of 67 | 56.4 | 141.9 | <i>Higher than expected</i> |
| 3 | 4 | Accidents | 34 of 67 | 67.7 | 56.6 | <i>As expected</i> |
| 5 | 5 | Stroke | 7 of 67 | 43.5 | 52.9 | <i>Higher than expected</i> |
| 6 | 6 | Lung | 33 of 67 | 33.4 | 51.2 | <i>Higher than expected</i> |
| 8 | 7 | Alzheimer's | 1 of 67 | 19.8 | 45.6 | <i>Higher than expected</i> |
| 7 | 8 | Diabetes | 28 of 67 | 22.8 | 26.8 | <i>As expected</i> |
| 12 | 9 | Kidney | 11 of 67 | 9.4 | 16.8 | <i>As expected</i> |
| 15 | 10 | Blood Poisoning | 2 of 67 | 7.9 | 13.7 | <i>As expected</i> |
| 9 | 10 | Suicide | 45 of 67 | 13.2 | 13.7 | <i>As expected</i> |
| 11 | 12 | Flu - Pneumonia | 36 of 67 | 9.5 | 13.2 | <i>As expected</i> |
| 10 | 13 | Liver | 33 of 67 | 13.0 | 12.8 | <i>As expected</i> |
| 13 | 14 | Hypertension | 32 of 67 | 9.3 | 8.9 | <i>As expected</i> |
| 16 | 15 | Homicide | 10 of 67 | 7.8 | 8.4 | <i>As expected</i> |
| 14 | 16 | Parkinson's | 26 of 67 | 8.7 | 6.8 | <i>As expected</i> |

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

County Health Rankings

| | Jackson | Florida | U.S. Median | Top U.S. Performers |
|--|--------------|----------|-------------|---------------------|
| Length of Life | | | | |
| Overall Rank (best being #1) | 64/67 | | | |
| - Premature Death* | ● 12,314 | 7,478 | 8,200 | 5,400 |
| Quality of Life | | | | |
| Overall Rank (best being #1) | 52/67 | | | |
| - Poor or Fair Health | ● 26% | 18% | 17% | 12% |
| - Poor Physical Health Days | ● 5.3 | 4.0 | 3.9 | 3.1 |
| - Poor Mental Health Days | ● 5.6 | 4.5 | 4.2 | 3.4 |
| - Low Birthweight | ● 9% | 9% | 8% | 6% |
| Health Behaviors | | | | |
| Overall Rank (best being #1) | 57/67 | | | |
| - Adult Smoking | ● 26% | 15% | 17% | 14% |
| - Adult Obesity | ● 39% | 26% | 33% | 26% |
| - Physical Inactivity | ● 38% | 26% | 27% | 20% |
| - Access to Exercise Opportunities | ● 29% | 87% | 66% | 91% |
| - Excessive Drinking | ● 19% | 20% | 18% | 13% |
| - Alcohol-Impaired Driving Deaths | ● 13% | 22% | 28% | 11% |
| - Sexually Transmitted Infections* | ● 609.7 | 515.9 | 327.4 | 161.4 |
| - Teen Births (per 1,000 female population ages 15-) | ● 34 | 18 | 28 | 13 |
| Clinical Care | | | | |
| Overall Rank (best being #1) | 47/67 | | | |
| - Uninsured | ● 15% | 16% | 11% | 6% |
| - Population per Primary Care Provider | ● 2,443 | 1,372 | 2,070 | 1,030 |
| - Population per Dentist | ● 3,545 | 1,631 | 2,410 | 1,240 |
| - Population per Mental Health Provider | ● 688 | 546 | 890 | 290 |
| - Preventable Hospital Stays | ● 5,902 | 4,203 | 4,710 | 2,761 |
| - Mammography Screening | ● 42% | 44% | 41% | 50% |
| - Flu vaccinations | ● 35% | 45% | 43% | 53% |
| Social & Economic Factors | | | | |
| Overall Rank (best being #1) | 41/67 | | | |
| - High school graduation | ● 82% | 89% | 90% | 96% |
| - Unemployment | ● 5.4% | 7.7% | 3.9% | 2.6% |
| - Children in Poverty | ● 30% | 17% | 20% | 11% |
| - Income inequality** | ● 4.6 | 4.6 | 4.4 | 3.7 |
| - Children in Single-Parent Households | ● 27% | 28% | 32% | 20% |
| - Violent Crime* | ● 360 | 484 | 205 | 63 |
| - Injury Deaths* | ● 102 | 87 | 84 | 58 |
| - Median household income | ● \$44,108 | \$61,724 | \$50,600 | \$69,000 |
| - Suicides | ● 16 | 14 | 17 | 11 |
| Physical Environment | | | | |
| Overall Rank (best being #1) | 55/67 | | | |
| - Air Pollution - Particulate Matter (µg/m³) | ● 8.4 | 7.8 | 9.4 | 6.1 |
| - Severe Housing Problems*** | ● 13% | 19% | 14% | 9% |
| - Driving to work alone | ● 88% | 78% | 81% | 72% |
| - Long commute - driving alone | ● 43% | 43% | 31% | 16% |

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

- Better than FL
- The same as FL
- Worse than FL

Source: County Health Rankings 2022 Report

Detailed Approach

Jackson Hospital and the Florida Department of Health in Jackson County (DOH-Jackson) are organized as not-for-profit organizations. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. For local health departments, conducting a CHNA is a requirement for accreditation under the Public Health Accreditation Board (PHAB). Local health departments and hospitals are encouraged to collaborate when conducting a CHNA to identify and respond to the primary health needs of their shared residents.

This study is designed to comply with standards required of a not-for-profit hospital. Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

Project Objectives

The Jackson County Community Health Partnership partnered with QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- 1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- 2) a description of the process and methods used to conduct the CHNA;*
- 3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- 4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- 5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA.”

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Jackson County Community Health Partnership followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Jackson County Community Health Partnership asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by The Jackson County Community Health Partnership
- 3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by The Jackson County Community Health Partnership facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
- 4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 5) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 6) **Educator** – Persons whose profession is to instruct individuals on subject matter or broad topics
- 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Jackson County Community Health Partnership relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

| Website or Data Source | Data Element | Date Accessed | Data Date |
|--|--|---------------|------------|
| Stratasan | Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics | July 2022 | 2022 |
| www.countyhealthrankings.org | Assessment of health needs of the county compared to all counties in the state. | July 2022 | 2013-2020 |
| www.worldlifeexpectancy.com/usa-health-rankings | 15 top causes of death | July 2022 | 2020 |
| Bureau of Labor Statistics | Unemployment rates | July 2022 | 2021 |
| Florida Health Charts | County and state profile reports on health outcomes | July 2022 | 2016-2020 |
| NAMI | Statistics on mental health rates and services | July 2022 | 2021 |
| Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population | Health outcome measures and disparities in chronic diseases | July 2022 | 2020 |
| Centers for Disease Control and Prevention | Adult heart disease statistics | July 2022 | 2019, 2021 |
| Centers for Disease Control and Prevention | Health effects of overweight and obesity | July 2022 | 2022 |
| Center for Housing Policy | Impact of housing on health | July 2022 | 2015 |
| Health Affairs: Leigh & Du | Impact of wage on health | July 2022 | 2018 |
| AAFP | Impact of education on health | July 2022 | N.D. |

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and The Jackson County Community Health Partnership's desire to represent the region's geographically diverse population. Community input from 100 survey respondents was received. Survey responses started on June 13th and ended on July 1st, 2022.

Having taken steps to identify potential community needs, the respondents participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Jackson County Community Health Partnership process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

Survey Results

Only relevant comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

Q1: Please select all roles that apply to you.

| Answer Choices | Responses | |
|--|-----------|-----|
| Healthcare Professional | 62% | 62 |
| Community Resident | 60% | 60 |
| Government Employee or Representative | 13% | 13 |
| Educator | 10% | 10 |
| Low Income, Minority, or Medically Underserved Population | 6% | 6 |
| Public Health Official | 3% | 3 |
| Representative of Chronic Disease Group or Advocacy Organization | 2% | 2 |
| | Answered | 100 |
| | Skipped | 0 |

Q2: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)

| Answer Choices | Responses | |
|---|-----------|----|
| Low-income groups | 60.9% | 56 |
| Older adults | 57.6% | 53 |
| Residents of rural areas | 50.0% | 46 |
| Individuals requiring additional healthcare support | 43.5% | 40 |
| Racial and ethnic minority groups | 27.2% | 25 |
| Children | 26.1% | 24 |
| Women | 15.2% | 14 |
| LGBTQ+ | 4.4% | 4 |
| | Answered | 92 |
| | Skipped | 8 |

What do you believe to be some of the needs of the groups selected above?

- More special services and providers
- Information and direction on supportive services and how to get them
- Health care information. Health care services made more available
- affordable insurance, affordable medicine
- finance, transportation, and education

- I believe the older adults and individuals requiring healthcare support are in the greatest need due to a lack of the kinds of services available in larger cities. We lack assistive living places for seniors who are not in the low income category. We don't have things like meals-on-wheels etc so elderly have trouble staying in their own homes for a longer period of time. We do not have a live-in hospice facility and although hospice does a great job, it does not meet the needs of those who don't have family to help them in the home. Lower income residents do not always have the same nutritional meals as others which leads to more health is.
- Many of our diseased children have to travel for treatment. special care is often unavailable locally.
- More mental health clinics, outreach programs, and an input unit for those who are struggling for help in the community.
- Education, wellness check ups, medication management
- knowledge and easy access to this knowledge
- Better education as to eating healthy...loose weight
- Mental Health, Support Services, Therapy- we have some but not enough to support the growing group of behavior issues
- Elderly not being able to get what that need health care wise.
- Diabetic, cancer
- Access to healthcare/low-cost health insurance; transportation; food access, etc.
- Equal treatment/Equal care. Access to low cost or free healthcare for the community and rural areas. Free transportation from rural areas for healthcare. Preventive healthcare and screenings.
- Accessibility and education are the greatest needs for all our community.
- Improved access. Medication costs reduction. Home based care support.
- Healthcare Access, knowledge deficit to disease processes and management, limited income to afford basic health needs.
- Specialists. Transportation.
- Mental Health
- Medicaid will not provide needed medical services.
- They have limited income and sometimes spend their money buying medication instead of food or utilities.
- Access to healthcare, and transportation. Limited income, and no insurance

- The group that is able to retire but is not able to receive medicare at this point there is government government medicaid that most of the time this group does not qualify for most of the time because they've worked hard for their life and they do have something to show for it Therefore they do not qualify for coverage until 65. I hate to see our elderly struggling to get health care or refuse healthcare because they can afford it
- 1. Affordable healthcare 2. Control costs so insurance premiums don't sky rocket 3. Cost to use hospital is much more expensive than going to Dothan or Panama City
- Transportation, knowing what voices to trust
- Quality ALF settings for those without behavioral health issues.
- Because we are a pregnancy center, I can only speak with regards to that. What we have noticed is that many times women who come to us from rural outlying areas and some that are lower income, tend to delay pre-natal care. Not all cases, but we have encountered several who would come to us at about 20 weeks who still may have had very little to no pre-natal care. I believe it is due to lack of education on the importance of it, financial issues and lack of transportation. and possibly financial reasons. As gas prices continue to increase, I feel that many who have to drive quite a distance could possibly delay care simply due to transportation.
- Easier access to public transportation to health care provider/health care. Easier and efficient access to indigent health care and medication sources.
- The inability to afford medications for chronic conditions, thus resulting in noncompliance with medication therapy and subsequently sicker when they report to their doctor or the hospital than they would have been if they had the medication. Also, there is a disconnect in receiving ancillary healthcare support in the home, as well as psychiatric care once discharged from the hospital.
- Low income with no access to primary care who often use emergency room as primary care. Older adults who don't monitor their health or have no one to oversee health to know when medical intervention may be needed. Some children have parents who are not taking care of their own health needs/issues or their children's. Parents smoke in the home with no concern for second-hand smoke repercussions for the children.
- Transportation, technical assistance for online services, access to providers
- Access to specialists is one of the biggest concerns and needs for all patients.
- Sub specialties group practice. We travel to another state for 2 sub specialties and 225 miles one way for 2 others. Endocrinology, cardiology, neurology, and neuro-oncology are examples.

- Affordable care, even the insured are facing higher deductibles, higher drug costs, and longer wait times. Costs of living are rising while income remains low. Resources are minimal to assist families who are trying to remain in their homes as they age. Disenfranchised members of community such as minorities and LGBTQ+ are utilizing acute care that may have been preventable with better primary care access.
- Residents of rural areas probably put more strain on Ambulances due to not having a way to go to the hospital. Many families are still living with one or no vehicles. Additional healthcare seems to have to go to bigger cities in which many may not continue treatment and have poor quality of life due to it. I know I travel to Tallahassee for almost all of my doctors with the exception of our pediatrician which we love.

Q3: Please share what you have seen done by Jackson Hospital to address chronic disease related to lifestyle and behavior.

- Communications, expanded services to out most remote communities
- Lunch 'n learns
- Education and programs such as smoking cessation
- They offer different classes such diabetes I, smoking cessation classes,
- Not aware of any
- Most of their clinics offer chronic health management via telephone
- Jackson Hospital offers free classes to educate anyone interested in learning. Also has the MedWheel bus to serve the community.
- Nothing
- Some classes
- Keeping up with cdc guidelines and informing the community regularly.
- Education
- Outreach clinics
- Not lived long enough to be able to share
- Participation in Fetal Infant Mortality Review Meetings to aid in determining if lifestyle and behavior are contributing to negative pregnancy outcomes.
- Been very diligent in this area.
- Support groups
- None that I am aware of.
- Nutritional counseling related to Diabetes and Hypertension, Tobacco abuse interventions
- Addition of chronic care management staff
- Participation with inpatient education. Participation Better Breathers Group. Smoking Cessation. Previous employment with Home Health Company.
- Heart healthy class, smoking cessation, community classes with physician speakers.
- Education , classes and community outreach
- Dr's offering advice and opinions on health style changes
- Classes, Facebook Education, Health Fairs
- Jackson Hospital holds educational classes free to the public for chronic disease such as diabetes, COPD and smoking cessation.
- Community Education Classes
- CCM team
- Jackson hospital does have classes for classes for diabetes heart related diseases These are educational classes are for the community
- Jackson Hospital offers wellness classes to the public re: specific diseases.
- Lunch and Learn

- offered classes for CHF, DM. Effective dc planning, nutritionist consults.
- not sure
- Promoting fitness center. Having local healthcare professionals speak out on social media and local media.
- Expanded Cardio healthcare
- Not sure
- Chronic disease prevention classes at community hospital. Community collaborations providing flyers and event dates. Electronic billboard with community health information.
- Jackson Hospital has established Chronic Care Nursing Team who contacts all residents who have been discharged and assists them with follow up care.
- Diabetes Education Classes have become available
- The hospital has advertised multiple classes for the public to educate them on chronic disease.

Q4: Please share what you have seen done by DOH-Jackson to address chronic disease related to lifestyle and behavior.

- Not sure
- I have seen information on Diabetes, Heart Disease and risk of smoking shared through signage, etc.
- They offer occasional classes and free clinics for chronic care management
- I have not observed anything, but that doesn't mean it's not available.
- Nothing
- Some classes
- Unsure.
- Participation in Fetal Infant Mortality Review Meetings to aid in determining if lifestyle and behavior are contributing to negative pregnancy outcomes.
- Good. But slow.
- Education and classes
- None that I am aware of.
- Prenatal care, Women's Health, Infectious disease screenings and treatment, Immunization initiatives
- Implementation of support groups such as Better Breathers and Smoking Cessation
- Education and pamphlets
- Nothing
- Classes/Advertisements in the newspaper, Health Fairs
- DOH-Jackson offers diabetes education.
- Public education

- Public education
- DM program
- Leadership involved in community functions, seeking to partner with community organizations
- Not sure
- Chronic disease prevention classes in the communities. Health fairs with prevention education. Posters and flyers in church and healthcare settings. Partnership with senior citizens group to reach older adult population.
- Increase in outreach to provide education on health disparities in minorities, diabetes and cardiovascular prevention education
- I am unaware.
- Doh-jackson has been involved in multiple community wide events, giving out information guides and speaking at community civic groups.

Q5: Please share what you have seen done by Jackson Hospital to address behavioral health/mental health.

- Education. Communication
- Not sure
- I have not seen any
- Jackson hospital provides one in one care for some mentally unstable patients while working g to get them to the appropriate level of care in another facility.
- They keep patients safe until they can transfer them to a facility that can better assist the patient
- Not much. We have awareness, but not much follow through with help for the area. Or not enough help...
- Counselors added
- There is no support for this subject. We have no facilities and this seems to be a growing group.
- Participation in fetal infant mortality review meetings to aid in determining if behavioral health/mental health are contributing to negative pregnancy outcomes.
- Referral for counseling
- None that i am aware of.
- Facilitate acute mental health crises interventions and referrals
- Telehealth services
- New program to privately connect staff with resources, surveys
- Evaluation and then referral to mental health clinic
- Nothing
- Jackson hospital treats many behavioral health patients who need to be medically cleared before going to receiving facilities.

- Resources are so low in our area, but I know the hospital continues to look for potential behavioral specialist. Now there is a recently opened mental healthcare clinic in marianna.
- I have not seen any initiative. Mental health options are very limited for our community.
- Assessment of beh/men health stability. Appropriate transfer to BHU or outpatient clinic as required
- Not sure anything
- Value partnership with local pastors and provide training and access to meet with patients
- Conduct survey to understand and awareness and need of behavioral health services.
- Refer to appropriate facility
- Life management has begun coming to the er to evaluate patients, but there is so much room for improvement in how we care for these patients.
- The hospital is connecting patients with mental health officials.

Q6: Please share what you have seen done by DOH-Jackson to address behavioral health/mental health.

- I have not seen any
- I have not observed anything, but that doesn't mean it's not available
- Awareness.
- None
- Participation in fetal infant mortality review meetings to aid in determining if behavioral health/mental health are contributing to negative pregnancy outcomes.
- Not for sure
- None that I am aware of.
- Outpatient mental health counseling and support
- Unknown
- Unsure
- Not sure anything
- Not sure
- Partner with pancare to provide resources to schools in jackson county. Promote 2-1-1 referral services to community members and community partners.
- Screen and refer to behavioral/mental health sources if determined needed
- I have not been made aware of any changes in that area. It remains very difficult to place these patients and then, once discharged, access to care is very limited.
- Added to schools.

Q7: Please share what you have seen done by Jackson Hospital to address lack of provider/access to services and assistance/provider patient communications.

- Patient communication is horrible
- They seem to be trying to bring in more providers
- Unsure
- They have specialties travel to Jackson County now to offer their services.
- Jackson Hospital has opened clinics in remote areas of the county to provide services for people who have transportation issues or financial difficulty coming into Marianna.
- They have started having video appointments for the patient that aren't able to make to the doctor's office or that are too contagious to go to the doctor.
- Unsure
- Occasional free health assessment clinics
- Jackson Hospital has been growing but they are not growing at the pace that the community requires. Everything takes 3-5 years to approve and 10 years to build.
- Participation in fetal infant mortality review meetings to aid in determining if provider/access to services and assistance/provider patient communications are contributing to negative pregnancy outcomes.
- I have seen the assistance program to help with bills for the elderly that can't pay them.
- Continue to recruit new physicians.
- They have done the patient portal and provided opportunity to Tella-Health.
- Employed primary care physicians and APRNs. Chronic care management teams for transitional and post-hospital follow-up. Case management teams to address referrals and post-hospital care.
- Additional practitioners hired and addition of Alford Quick Care site
- Telehealth, and multiple quick care locations
- Opened an urgent care in Alford and has contracted with a pharmacy. Great for this underserved area.
- Jackson Hospital continues to offer scholarships to students to entice providers to return to our area after graduation. Jackson Hospital also partners with FSU College of Medicine's rural track to be a training site for med students in the hopes that we can get them to come back to the area after graduation.
- Again, we are in a rural area but the hospital is always looking to recruit all specialists to our area.
- Quick care clinics have been built in rural areas.
- Frequent advertisement of community services
- Not sure
- Expanded clinic to community of Alford
- I have noticed that JH has collaborated with out-of-town physicians and practices, giving them space and privileges to provide extra services locally.

- Campaign to bring new providers to rural community. Advertise available providers and contact information via print and electronic billboard. Community partnerships to provide organization services and information.
- I am unaware.

Q8: Please share what you have seen done by DOH-Jackson to address lack of provider/access to services and assistance/provider patient communications.

- Services are severely lacking. We need endocrinologist rheumatologist neurology nephrology and more at least a few times a month
- Not aware of anything
- Unsure
- I've seen the offering of free clinics on the weekend.
- I have not observed anything, but that doesn't mean it's not available
- Unsure
- Provide free services
- The patients have FMH available but there is not enough employees to keep up or keep track of messages, appts or any other request. Stuff is added but there is no displacement to an addtl employee. Run the good into the ground
- None that I am aware of.
- Enhanced clinical services for dental, mental health, women's health and immunization outreach
- They go out in the community and provide services and education.
- Unsure
- The department of health played a vital role in our community during covid crisis and worked with the hospital to get vaccines administered to our community.
- Unsure
- Appointments at JCHD
- I believe the doh-jackson has provided more outreach in the community and added more provider services through the DOH office.
- Provider advertisement, set clinics for specific populations
- Schedules appointments for clients that correlates transportation via j-trans or other source; utilizes interpreter and/or language line to accommodate all languages
- I am unaware.

Q9: Do you believe the above data accurately reflects your community today? (Data presented in this report)

| Answer Choices | Responses | |
|--|-----------|----|
| Yes, the data accurately reflects my community today | 87.9% | 51 |
| No, the data does not reflect my community today | 12.1% | 7 |
| | Answered | 58 |
| | Skipped | 42 |

Comments:

- I don't see growth coming to Jackson County unless more jobs are brought here to attract people to come here
- I believe more education and classes should be provided community-wide on more chronic diseases. Nutritionists and dietary classes should be made available to address meals and meal planning.
- I think some of the numbers are off
- I believe the information to be accurate unless otherwise informed.
- Like all surveys....It is as good as you get
- I believe there are more than 37% of the population is obese.
- Unfortunately the total population has incarcerated included.
- I believe that most of the above is accurate, with a couple of exceptions. I believe the obesity rate is probably much higher and the children in poverty could be higher. These are based on personal observation only!!
- I do feel that the data accurately reflects my community showing that the leading causes of death have not shifted much with the exception of COVID-19.
- Many patients in our community suffer from strokes.

Q10: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|--------------------------|---|---|----|----|----|----------|------------------|
| Drug/Substance Abuse | 2 | 0 | 3 | 15 | 37 | 57 | 4.49 |
| Mental Health | 1 | 1 | 7 | 9 | 39 | 57 | 4.47 |
| Diabetes | 1 | 0 | 6 | 19 | 31 | 57 | 4.39 |
| Cancer | 0 | 1 | 9 | 17 | 30 | 57 | 4.33 |
| Heart Disease | 0 | 1 | 9 | 21 | 26 | 57 | 4.26 |
| Obesity | 2 | 2 | 7 | 16 | 30 | 57 | 4.23 |
| Stroke | 0 | 0 | 18 | 16 | 22 | 56 | 4.07 |
| Alzheimer's and Dementia | 2 | 1 | 12 | 19 | 23 | 57 | 4.05 |
| Women's Health | 2 | 1 | 13 | 20 | 21 | 57 | 4.00 |
| Lung Disease | 1 | 5 | 16 | 17 | 18 | 57 | 3.81 |
| Kidney Disease | 1 | 3 | 18 | 20 | 15 | 57 | 3.79 |
| Dental | 3 | 2 | 18 | 21 | 12 | 56 | 3.66 |
| Liver Disease | 1 | 6 | 22 | 15 | 13 | 57 | 3.58 |
| Other (please specify) | | | | | | 1 | |
| | | | | | | Answered | 57 |
| | | | | | | Skipped | 43 |

Comments:

- Joint health and mobility

Q11: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|--|---|---|----|----|----|----------|------------------|
| Healthcare Services: Affordability | 2 | 0 | 5 | 20 | 29 | 56 | 4.32 |
| Education System | 2 | 1 | 4 | 21 | 29 | 57 | 4.30 |
| Affordable Housing | 3 | 0 | 7 | 21 | 26 | 57 | 4.18 |
| Employment and Income | 4 | 0 | 7 | 17 | 29 | 57 | 4.18 |
| Healthcare Services: Physical Presence | 2 | 0 | 10 | 21 | 24 | 57 | 4.14 |
| Access to Senior Services | 4 | 0 | 9 | 18 | 26 | 57 | 4.09 |
| Healthcare Services: Prevention | 3 | 0 | 12 | 16 | 26 | 57 | 4.09 |
| Access to Healthy Food | 2 | 0 | 15 | 15 | 25 | 57 | 4.07 |
| Community Safety | 3 | 2 | 7 | 22 | 23 | 57 | 4.05 |
| Transportation | 3 | 2 | 15 | 13 | 23 | 56 | 3.91 |
| Access to Childcare | 3 | 3 | 10 | 22 | 19 | 57 | 3.89 |
| Access to Exercise/Recreation | 1 | 2 | 18 | 18 | 18 | 57 | 3.88 |
| Social Connections | 2 | 4 | 16 | 23 | 11 | 56 | 3.66 |
| Social Support | 3 | 2 | 18 | 21 | 12 | 56 | 3.66 |
| Other (please specify) | | | | | | 0 | |
| | | | | | | Answered | 57 |
| | | | | | | Skipped | 43 |

Q12: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

| | 1 | 2 | 3 | 4 | 5 | Total | Weighted Average |
|----------------------------|---|---|----|----|----|----------|------------------|
| Livable Wage | 2 | 0 | 5 | 15 | 35 | 57 | 4.42 |
| Diet | 3 | 0 | 9 | 18 | 27 | 57 | 4.16 |
| Smoking/Vaping/Tobacco Use | 3 | 2 | 6 | 20 | 26 | 57 | 4.12 |
| Physical Inactivity | 3 | 0 | 8 | 23 | 23 | 57 | 4.11 |
| Risky Sexual Behavior | 2 | 2 | 12 | 19 | 22 | 57 | 4.00 |
| Excess Drinking | 4 | 3 | 7 | 22 | 21 | 57 | 3.93 |
| Other (please specify) | | | | | | 0 | |
| | | | | | | Answered | 57 |
| | | | | | | Skipped | 43 |

Q13: Have you fully recovered from Hurricane Michael?

| Answer Choices | Responses | |
|--------------------------------|-----------|----|
| Yes, I have fully recovered | 54.4% | 31 |
| No, I have not fully recovered | 33.3% | 19 |
| Not applicable | 12.3% | 7 |
| | Answered | 57 |
| | Skipped | 43 |

Q14: What additional support do you need to recover from Hurricane Michael?

- Ins would not pay. So need need roof. Need to fix damaged structures in yard and clean up from weeds. Roads need work. Massive brush overgrowth on or roads and right of ways since Michael making it hard to see.
- I wouldn't say I'm fully recovered. My yard still needs some attention. I'm paying back debts I had to take out to get my home squared away.
- Help with fixing house and yard that the insurance didn't cover.
- Finance
- Still a few damages to property
- Money

- Everything has went higher in the area after hurricane michael, inflation , gas, energy- everything is to an extreme
- Physically and emotionally, my family is fine. Financially, our home and property suffered damage, our insurance reimbursement was not enough to cover all of what needed repairing.
- Tree removal
- At home, we still have tree damage, or I should say new damage brought on by previous michael damage.
- Construction/home repair
- We are still clearing land from fallen debris.
- Reputable contractors
- More clean-up.

Q15: Have you experienced any health issues since the storm?

| Answer Choices | Responses | |
|------------------------|-----------|----|
| Anxiety | 62.2% | 23 |
| Allergies | 43.3% | 16 |
| Depression | 24.3% | 9 |
| Breathing problems | 13.5% | 5 |
| Physical injuries | 2.7% | 1 |
| Other (please specify) | 10.8% | 4 |
| | Answered | 37 |
| | Skipped | 63 |

Comments:

- None
- None
- N/a

Q16: Overall, how much has the COVID-19 pandemic affected you and your household?

| Answer Choices | Responses | |
|---|-----------|----|
| Some impact, does not change daily behavior | 60.0% | 33 |
| Noticeable impact, planning for changes to daily behavior | 16.4% | 9 |
| No impact, no change | 12.7% | 7 |
| Significant daily disruption, reduced access to needs | 10.9% | 6 |
| Severe daily disruption, immediate needs unmet | 0.0% | 0 |
| | Answered | 55 |
| | Skipped | 45 |

Q17: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)

| Answer Choices | Responses | |
|---------------------------------|-----------|----|
| Employment | 72.2% | 39 |
| Social support systems | 48.2% | 26 |
| Education | 42.6% | 23 |
| Poverty | 38.9% | 21 |
| Childcare | 38.9% | 21 |
| Housing | 37.0% | 20 |
| Food security | 37.0% | 20 |
| Nutrition | 29.6% | 16 |
| Access to healthcare services | 27.8% | 15 |
| Transportation | 24.1% | 13 |
| Public safety | 20.4% | 11 |
| Racial and cultural disparities | 11.1% | 6 |
| Other (please specify) | 5.6% | 3 |
| | Answered | 54 |
| | Skipped | 46 |

Comments:

- Education
- Same as any other community

Q18: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)

| Answer Choices | Responses | |
|---|-----------|----|
| None of the above | 58.5% | 31 |
| Primary care (routine visits, preventative visits, screenings) | 26.4% | 14 |
| Elective care (planned in advance opposed to emergency treatment) | 15.1% | 8 |
| Specialty care (care and treatment of a specific health condition that require a specialist) | 13.2% | 7 |
| Emergency care (medical services required for immediate diagnosis and treatment of medical condition) | 9.4% | 5 |
| All types of healthcare services | 5.7% | 3 |
| Urgent care/Walk-in clinics | 5.7% | 3 |
| Inpatient hospital care (care of patients whose condition requires admission to a hospital) | 3.8% | 2 |
| Other (please specify) | 3.8% | 2 |
| | Answered | 53 |
| | Skipped | 47 |

Comments:

- Dental care

Q19: How can healthcare and public health entities continue to support the community through the challenges of COVID-19? (please select all that apply)

| Answer Choices | Responses | |
|--|-----------|----|
| Serving as a trusted source of information and education | 80.0% | 40 |
| Offering alternatives to in-person healthcare visits via telehealth or virtual care | 52.0% | 26 |
| Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.) | 40.0% | 20 |
| Posting enhanced safety measures and process changes to prepare for your upcoming appointment | 38.0% | 19 |
| Sharing local patient and healthcare providers stories and successes with the community | 28.0% | 14 |
| Other (please specify) | 10.0% | 5 |
| | Answered | 50 |
| | Skipped | 50 |

Comments:

- Long Term COVID symptom education and support

Q20: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

| Answer Choices | Responses | |
|---|-----------|----|
| Video visits with a healthcare provider | 52.0% | 26 |
| Patient portal feature of your electronic medical record to communicate with a healthcare provider | 48.0% | 24 |
| Smartphone app to communicate with a healthcare provider | 44.0% | 22 |
| Virtual triage/screening option before coming to clinic/hospital | 42.0% | 21 |
| Telephone visits with a healthcare provider | 38.0% | 19 |
| Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.) | 36.0% | 18 |
| Other (please specify) | 8.0% | 4 |
| | Answered | 50 |
| | Skipped | 50 |

Comments:

- All these are great ways to provide care, but there are elderly people who do not have the technology for this type of visit. My mom was one of those people.
- None - nothing beats a face-to-face in person encounter.
- No telehealth visits, too much information is missed via this method.
- More customer personal contact less virtual and social media

Q21: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

| Answer Choices | Responses | |
|--|-----------|----|
| Mental health | 74.1% | 40 |
| Primary care | 70.4% | 38 |
| Specialty care | 64.8% | 35 |
| Substance abuse services | 57.4% | 31 |
| Elder/senior care | 55.6% | 30 |
| Pediatrics/children's health | 48.2% | 26 |
| Urgent care/Walk-in clinics | 44.4% | 24 |
| Women's health | 40.7% | 22 |
| Chronic disease management programming | 40.7% | 22 |
| EMS/Paramedic Service | 40.7% | 22 |
| Emergency care | 29.6% | 16 |
| Other (please specify) | 3.7% | 2 |
| | Answered | 54 |
| | Skipped | 46 |

Comments:

- Specifically, OB care, should have more options than 1 doctor

Q22: Please share resources and solutions that would support you and the community during the COVID-19 pandemic and in the future.

- Employment issues. Encourage other routes beside college. Vocational or trade is a good option and in high demand
- Advertised classes and education. Social media postings and advertisements.
- Educate people on better eating habits, alternate means of treatment for any disease (natural, organic)
- Free transportation services for healthcare visits.
- Availability of resources and access to them; and cost sharing for affordable transportation (mobile services would be great at worksites).

- Access to internet in rural areas where no options exist for remote connection for school-aged children, college students, people who work from home, and virtual doctors appointments
- Free money
- Local mental health facilities, trach capable facilities and medicaid contracts with rehab type facilities
- Centralized point for information that is not local opinion from hospital and local doctors, but provides facts on what is required by the state
- Enhanced mental health support and treatment.
- Mental health resources locally for both indigent and insured
- Being able to get an appt with the doctor the day i need it! Not 2/3 days later!!! Having an after-hours service for all doctors instead of having to decide is this er necessary or not based on limited medical knowledge.