



SUWANNEE COUNTY



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Contents

Introduction to Community Health Needs Assessments _____	1
The Suwannee County Community Health Needs Assessment (CHNA) Process _____	1
Methodology _____	2
Executive Summary: Community Health Status Assessment _____	4
Introduction _____	4
Demographics and Socioeconomics _____	4
Population _____	5
Gender, Race and Ethnicity _____	5
Life Expectancy _____	6
Economic Characteristics _____	6
Employment _____	9
Education _____	10
Mortality and Morbidity _____	11
County Health Rankings _____	11
Causes of Death _____	12
Behavioral Risk Factors _____	18
Infectious Diseases _____	24
Maternal Health _____	30
Mental Health _____	34
Health Care Access and Utilization _____	35
Shortage Areas _____	35
Uninsured _____	36
Medicaid _____	37
Physician and Dentist Availability _____	37
Health Care Facilities _____	38
Avoidable Hospitalizations, Discharges and Emergency Department (ED) Visits _____	38
Geographic and Racial and Ethnic Disparities _____	39

Summary	40
Community Themes and Strengths Assessment	41
Community Health Surveys	41
Methodology	41
Observations from Community Survey	42
Key Findings From Community Survey	50
Observations from Provider Survey	51
Key Findings From Provider Survey	58
Forces of Change Assessment	59
Methods	59
Local Public Health System Assessment	66
Methodology	66
Observations	68
Intersecting Themes and Key Considerations	69
Intersecting Themes and Key Considerations	69
Intersecting Themes/Health Needs And Issues	69
Strategic Priority Issue Areas	70
Strategic Priority Issue Areas Identified	70
Key Considerations	72
Interventions: General Approaches and Specific Opportunities	73
Appendix	85
Steering Committee Members	86
Forces of Change Materials	88
Survey Materials	88
Community Member Survey	95
Provider Survey	114
Community Assets/Resources	138



Introduction to Community Health Needs Assessments

THE SUWANNEE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Suwannee County Community Health Assessment process was launched in August of 2017, continuing a strong commitment to better understanding the health status and health needs of the community. The purpose of the community health needs assessment is to uncover or substantiate the health needs and health issues in Suwannee County and better understand the causes and contributing factors to health and quality of life in the county. The Florida Department of Health in Suwannee County has historically played the lead role in the development of the community health needs assessments. As an accredited health department, the Florida Department of Health in Suwannee County further demonstrates its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive process. Enhancements to the 2017 community health assessment process include an emphasis on health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of pertinent local data on health care seeking costs, vulnerable populations, and environmental concerns; and direct involvement of key community partners and citizens. The Suwannee County Community Health Assessment Steering Committee members (steering committee) were recruited by Health Officer of the Florida Department of Health in Suwannee County. The steering committee participated in all elements of the Community Health Needs Assessment including the identification of community partner agencies and members for inclusion in the assessment process to assure equitable representation of groups and individuals from Suwannee County. A list of steering committee members can be found in the Appendix.

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

The comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing needs assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Strategies to assure inclusion of the assessment of health equity and health disparities have been included in the Suwannee County MAPP process. Use of the MAPP tools and process helped Suwannee County assure that a collaborative and participatory process with a focus on wellness, quality of life and health equity would lead to the identification of shared, actionable strategic health priorities for the community.

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

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

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These MAPP assessments are fully integrated into the 2018 Suwannee County Community Health Needs Assessment.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social wellbeing of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the end user, this report has been separated into multiple components

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

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

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large and health care providers. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses will be included in the Community Themes and Strengths Assessment component.

The Forces of Change Assessment component summarizes the findings from the Forces of Change Assessment. The purpose of the Forces of Change Assessment is to identify forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes. The Forces of Change Assessment was completed on November 15, 2017, with the Suwannee County Community Health Needs Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) will be completed in two sessions with one on November 29, 2017, with steering committee members and community partners and one with Florida Department of Health in Suwannee County staff on November 30, 2017. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

The Key Findings component serves as a summary of the key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Lafayette and Suwannee County Technical Appendix*. The assessment data were prepared by WellFlorida Council, Inc., using a diverse array of sources including the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health needs assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Suwannee County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Behaviors
- Maternal and Infant Health
- Infectious Diseases
- Mental Health
- Health Care Access and Utilization

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

DEMOGRAPHICS AND SOCIOECONOMICS

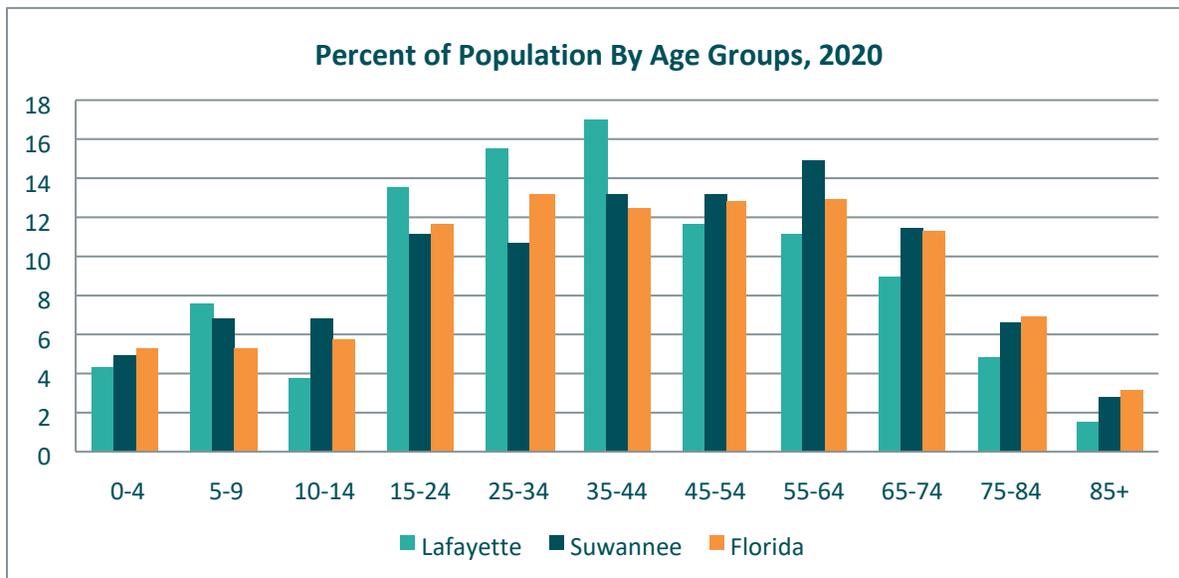
As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The Lafayette and Suwannee County Needs Assessment Technical Appendix includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to healthcare access, and the

distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Suwannee County demographic and socioeconomic profile.

POPULATION

In 2020, the U. S. Census reported the population of Suwannee County as 43,474 with males representing 52.1 percent of the population and females at 47.9 percent. In 2020, the U.S. Census Bureau also reported 39.2% of Suwannee County residents were age 45-74. This is important to note because the healthcare needs of working and aging residents tend to require a broad spectrum of services, in areas of primary prevention as well as secondary and tertiary care for emerging chronic health conditions. Also of note are the percentages of residents in the 75-84 age group. This age group is higher than the state of Florida (14.9 percent in Suwannee County, 6.3 percent in Florida) it is important to consider that the healthcare needs of older residents tend to be more intensive and more expensive than they are for younger residents. The figure below illustrates the age distribution of Suwannee County residents in comparison to Lafayette County and the state of Florida.

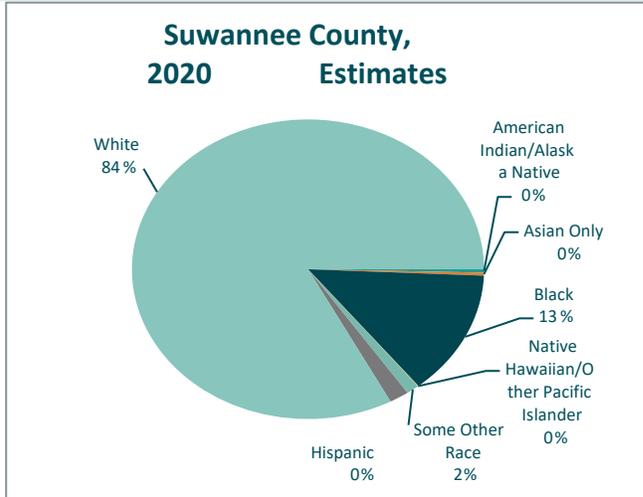
FIGURE 1: POPULATION BY AGE GROUPS, 2020



GENDER, RACE AND ETHNICITY

In 2020, the U.S. Census Bureau estimated that of the 44,290 Suwannee County residents, 13.4% were black, 0.3% were Asian, 2% were of some other race (alone), and 9.6% of the population was Hispanic. These estimates of Suwannee County’s racial and ethnic makeup are shown in Figure 2 below.

FIGURE 2: ESTIMATED POPULATION BY RACE, 2020



LIFE EXPECTANCY

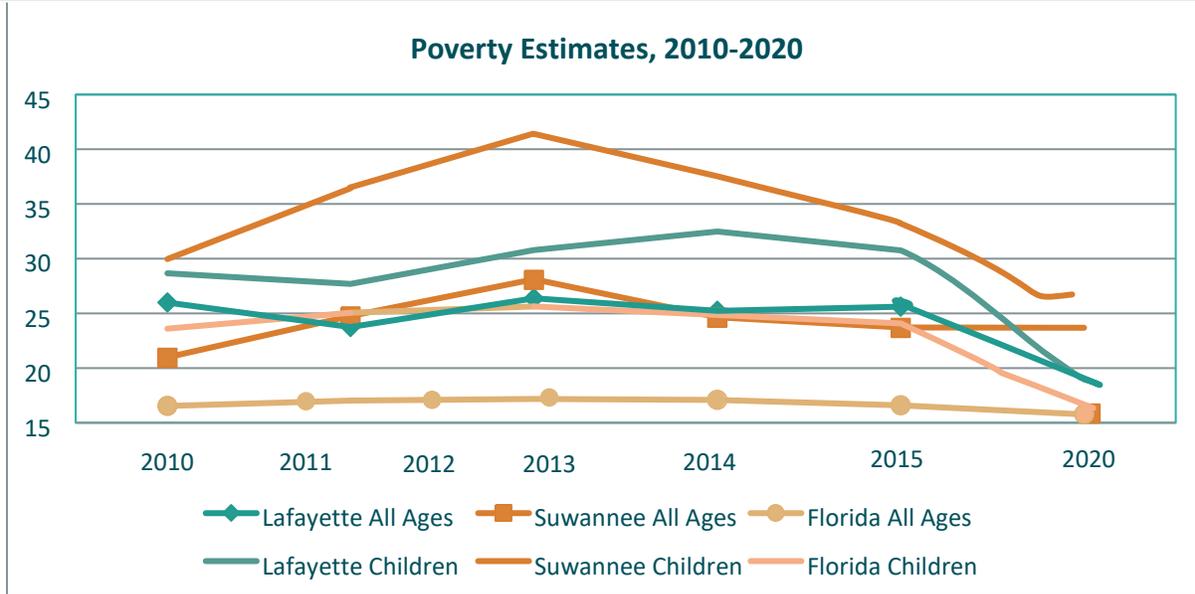
Overall, life expectancy in Suwannee County is lower than for the state of Florida. Data from University of Washington, Institute for Health Metrics and Evaluation for 1987-2010, show male Floridians, without regard for racial classification, have an average life expectancy of 76.3 years, whereas in Suwannee County, the average life expectancy for males is 72.7 years. Life expectancy for females in Suwannee County was calculated to be 78.6 years whereas for females in Florida as a whole that figure was 81.6 years. Because of small numbers, data are not available by race and ethnicity.

ECONOMIC CHARACTERISTICS

Poverty

In 2020, FLHEALTHCHARTS indicated 13.3% of people the State of Florida were under 100% of poverty, while 14.0% of Suwannee County residents fell into this category. The figure below depicts changes in the poverty rate for Suwannee and Lafayette Counties and the state from 2010 to 2020.

FIGURE 3: POVERTY ESTIMATES BY PERCENT, 2010-2020

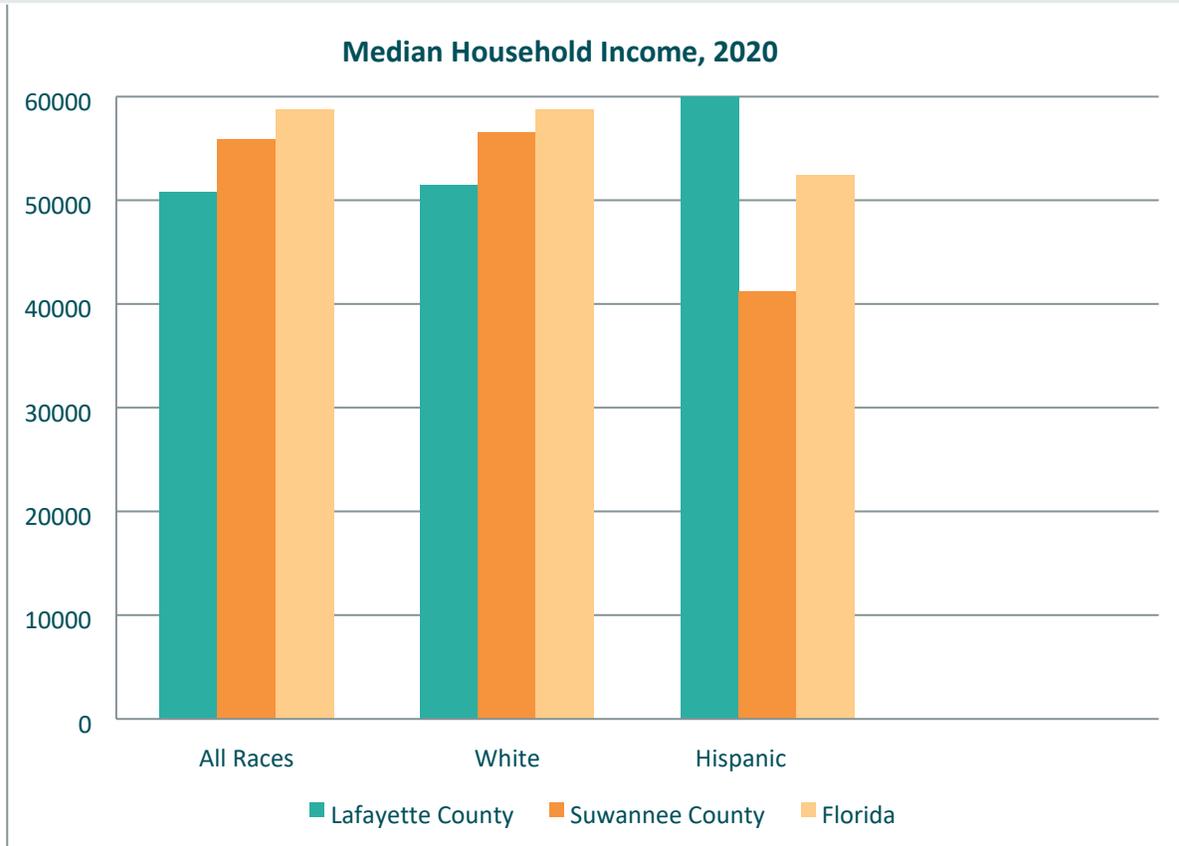


Poverty affects females and people of color disproportionately throughout the state of Florida and in Suwannee County. While the ACS data indicate that 22.5 percent of males in the county were living in poverty, 25.5 percent of females were living in poverty. These percentages are higher than state level percentages at 15.4 percent and 17.6 percent, respectively. At the same time, there is a much larger disparity between racial categories with an estimated 21.4 percent of Whites living in poverty and 35.9 percent of Blacks living in poverty in Suwannee County; for Florida as a whole an estimated 14.0 percent of Whites and 27.5 percent of Blacks live in poverty.

Income

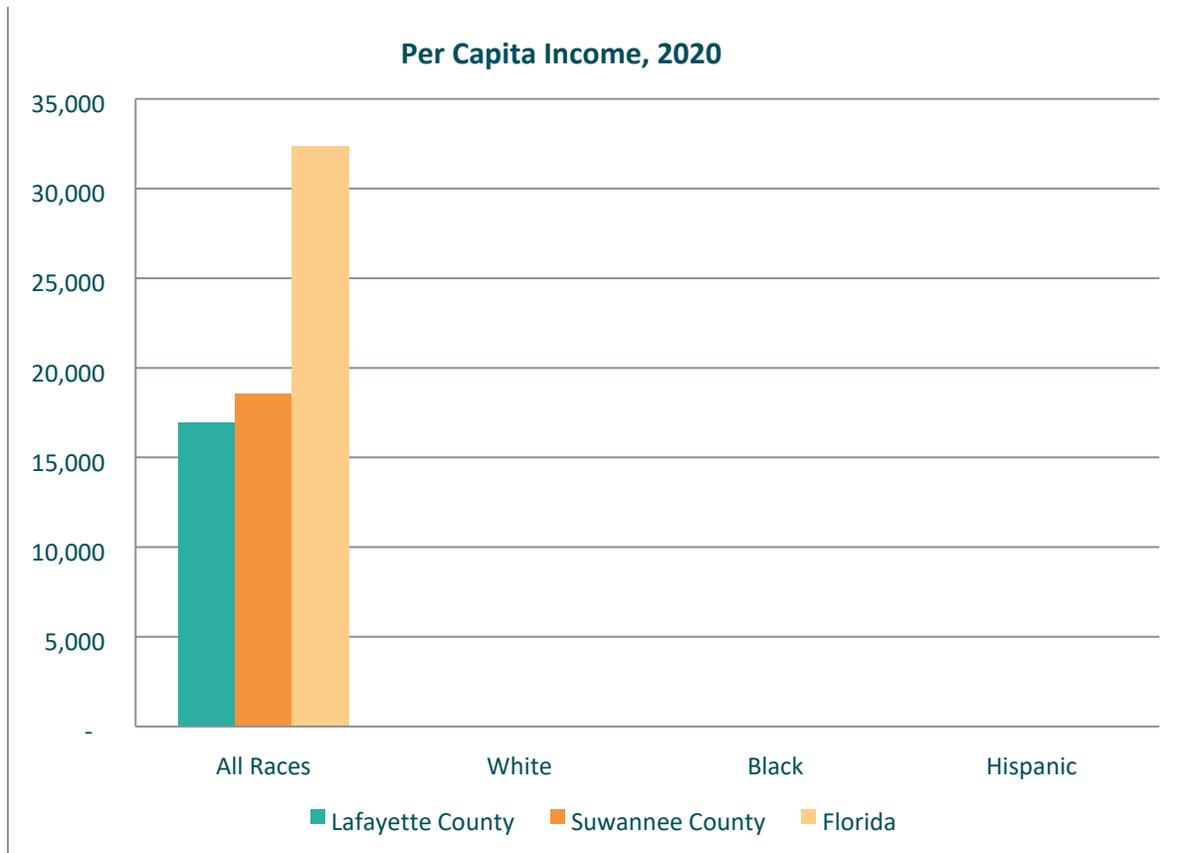
Income levels in Suwannee County are lower than the state of Florida. In 2020, the median household income increased to \$57,703 for the State of Florida and to \$46,280 for Suwannee County residents. This is depicted in figure 4 below.

FIGURE 4: MEDIAN HOUSEHOLD INCOME, 2020



The pattern in the distribution of per capita income in Suwannee County and the state is similar to that of median household income for all races with a Suwannee County estimate of (inflation-adjusted) 23,389 dollars in comparison to 32,848 dollars at the state level. 2020 ACS data for other races was unavailable for comparison. Per capita income is depicted in figure 5 below.

FIGURE 5: PER CAPITA INCOME, 2020

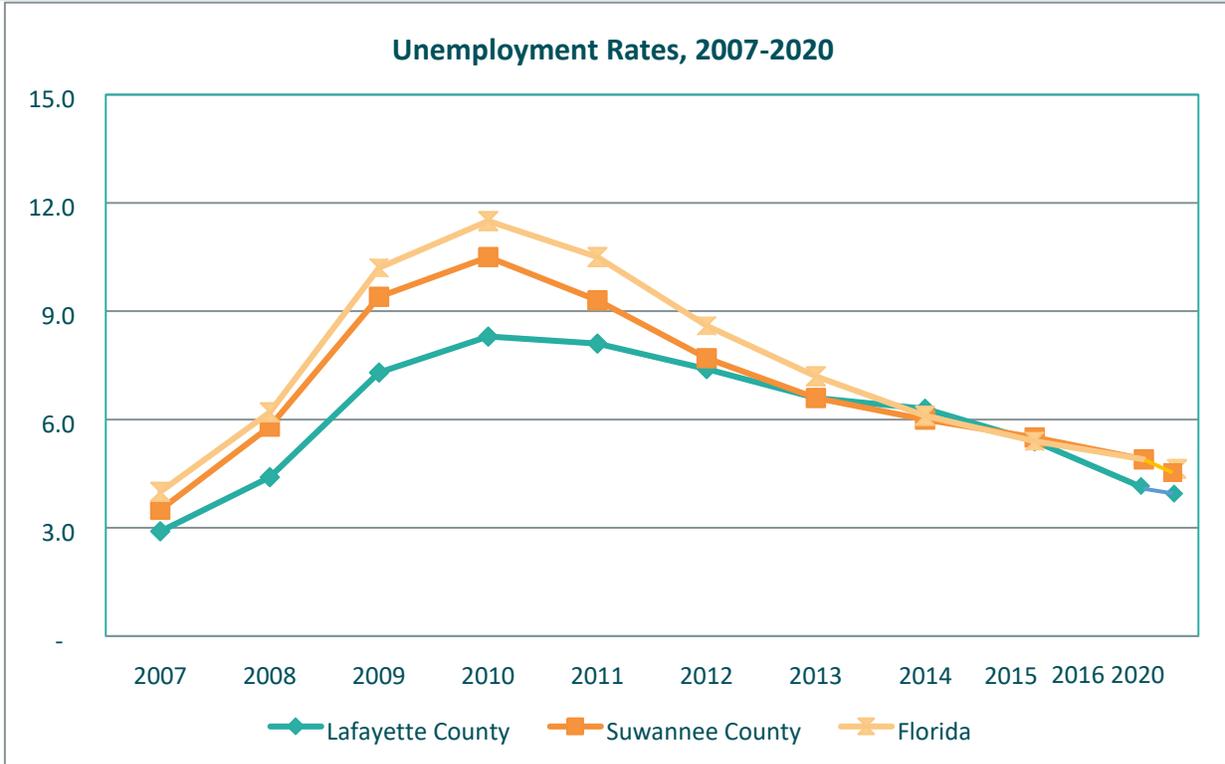


EMPLOYMENT

Recent data on employment in Suwannee County and the state of Florida are derived from the Florida Research and Economic database. The unemployment rate in Suwannee County has been similar to the state rate and it follows the same path as the state in its decline for a number of years. In 2016, the unemployment rate in Suwannee County was 4.9 percent as was the state rate. It is noteworthy that recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment in Suwannee and Lafayette Counties and the state can be seen in the figure below.

In 2020, FLHEALTHCHARTS indicated 5.4% of Floridians were unemployed, while 5.2% of Suwannee County residents were unemployed.

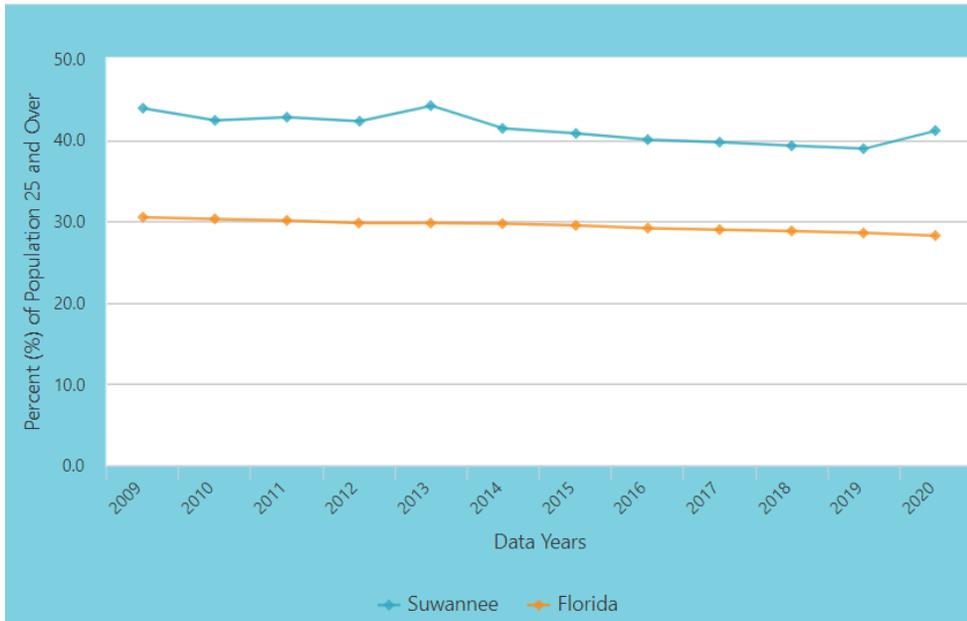
FIGURE 6: UNEMPLOYMENT RATES, SUWANNEE, LAFAYETTE, AND STATE, 2007 – 2020



EDUCATION

Health outcomes are also influenced in part by access to social and economic opportunities, including the quality of educational opportunities. Suwannee County has seen gains in high school graduation rates. The high school graduation rate for 2015-2016 was 89.6 percent, compared to the state rate of 80.7 percent and was reported as 82.5 percent in 2020. Suwannee County lags in the estimated percentage of the population aged 25 and older that hold college degrees at 15.7 percent compared with 19.6 for Florida as a whole.

FIGURE 7: HIGH SCHOOL GRADUATION RATES, SUWANNEE AND FLORIDA, 2009 – 2020



MORTALITY AND MORBIDITY

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

COUNTY HEALTH RANKINGS

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

- I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- II. Health Factors--rankings are based on weighted scores of four types of factors:
 - a. Health behaviors (7 measures)
 - b. Clinical care (5 measures)
 - c. Social and economic (7 measures)
 - d. Physical environment (5 measures)

The County Health Rankings are available for 2010 through 2017. In the latest rankings, out of 67 counties in the state, Suwannee County ranked 55th for health factors and 54th for health outcomes for an overall ranking of 54th. In the current rankings for health outcomes, Suwannee County made a small gain in its ranking for mortality and length of life while climbing a bit higher in its standing for morbidity and quality of life. In the area of health factors, Suwannee slid back by one place overall. The rankings show positive gains in the areas of health behaviors and the physical environment with set-backs in clinical care and social and economic factor rankings. The physical environment is the highest ranked factor in Suwannee County at 12th out of 67 counties, placing it in near the 80th percentile.

FIGURE 8: COUNTY HEALTH RANKINGS BY CATEGORY FOR SUWANNEE COUNTY, 2010 - 2017

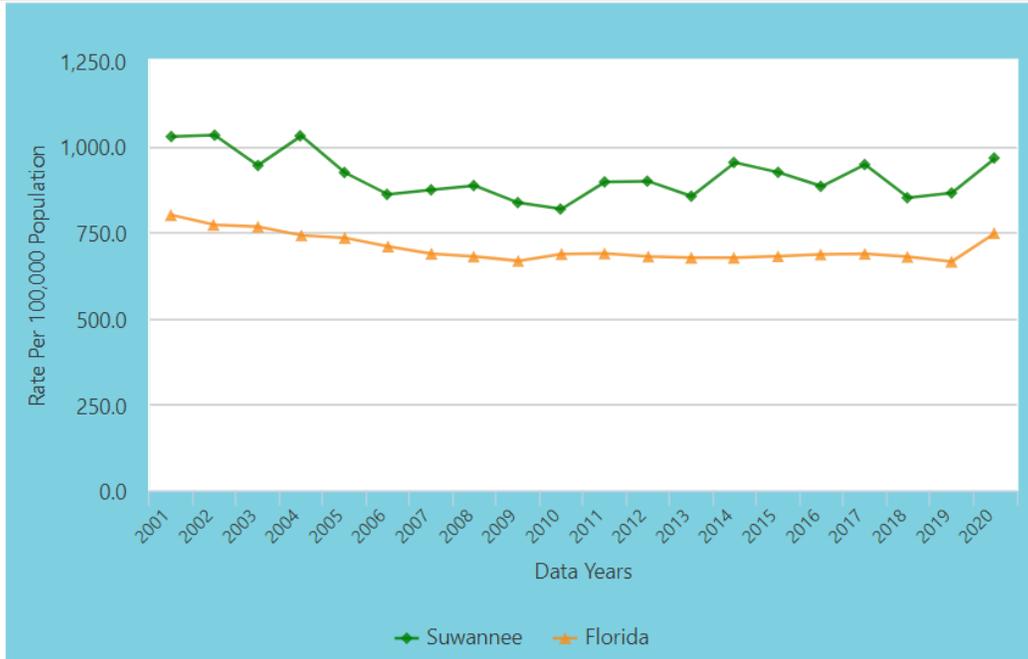
Area/Category	2010	2011	2012	2013	2014	2015	2016	2017
Suwannee County								
HEALTH OUTCOMES	48	53	56	54	53	49	56	54
<i>Mortality/Length of Life</i>	55	57	60	56	56	54	53	51
<i>Morbidity/Quality of Life</i>	38	45	44	52	50	48	53	49
HEALTH FACTORS	58	56	54	55	54	55	54	55
<i>Health Behavior</i>	64	62	56	58	52	53	58	51
<i>Clinical Care</i>	57	56	59	50	49	58	48	56
<i>Social & Economic Factors</i>	53	51	52	53	57	52	52	54
<i>Physical Environment</i>	6	38	15	41	13	14	13	12

CAUSES OF DEATH

Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most commonly utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes in 2020 was higher in Suwannee County than it was at the state level, 965.6 as compared to 748.4 per 100,000, respectively. The figure below shows the trends in the age-adjusted mortality rate for all causes for Suwannee County and Florida over time.

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR ALL CAUSES PER 100,000, 2001 – 2020



The top five (5) leading causes of death, for all races and ethnicities, in Suwannee County for 2012-2016 were 1) Heart Disease, 2) Cancer, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries, and 5) Stroke. These leading causes are similar to those for Florida as a whole which includes the following five leading causes of death: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Stroke, and 5) Unintentional Injuries. Other leading causes of death in Suwannee County for all races and ethnicities that exceed state rates include Diabetes, Influenza and Pneumonia, and Hypertension.

In 2020, the top five leading causes of death in Suwannee County, for all races and ethnicities, were 1) Cancer, 2) Heart Disease, 3) COVID-19, 4) Chronic Lower Respiratory Disease, and 5) Unintentional Injuries. Florida, for the same year, reported the leading causes of death as 1) Heart Disease, 2) Cancer, 3) COVID-19, 4) Unintentional Injury, and 5) Stroke. Figures 9 through 13 below show the age-adjusted death rate trends in the five leading causes of death for Suwannee and Lafayette Counties and for Florida.

Note: COVID-19 is not included in data tables due to the lack of comparison data.

FIGURE 10: AGE-ADJUSTED DEATH RATES FOR CANCER, SUWANNEE AND FLORIDA, 2005-2019



FIGURE 11: AGE-ADJUSTED DEATH RATES FOR HEART DISEASE, SUWANNEE AND FLORIDA, 2001-2020

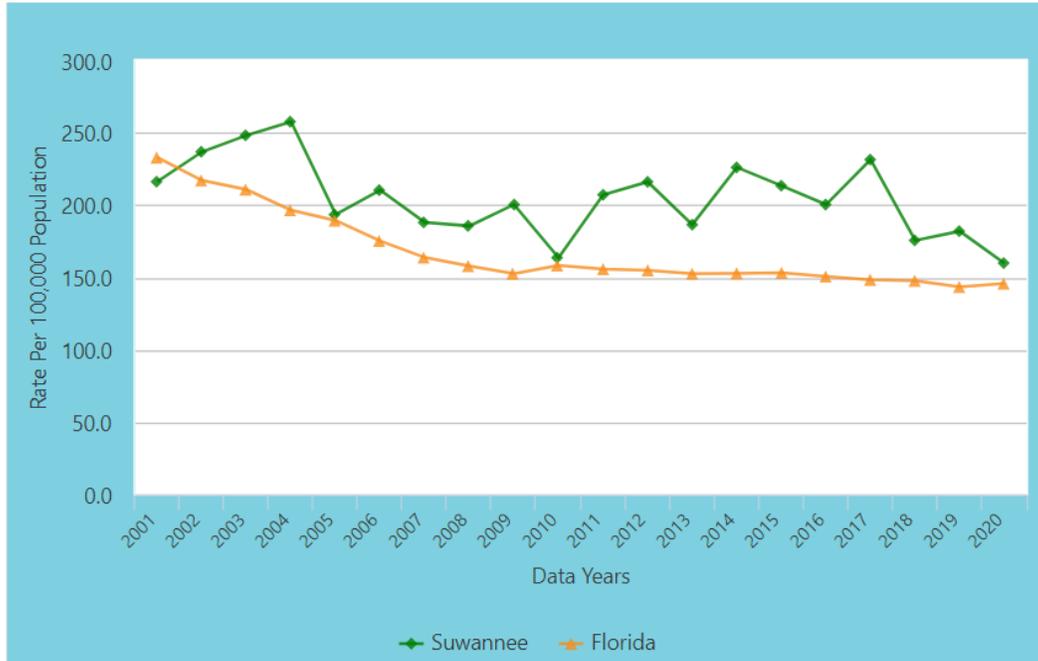


FIGURE 12: AGE-ADJUSTED DEATH RATES FOR CLRD, SUWANNEE AND FLORIDA, 2001-2020

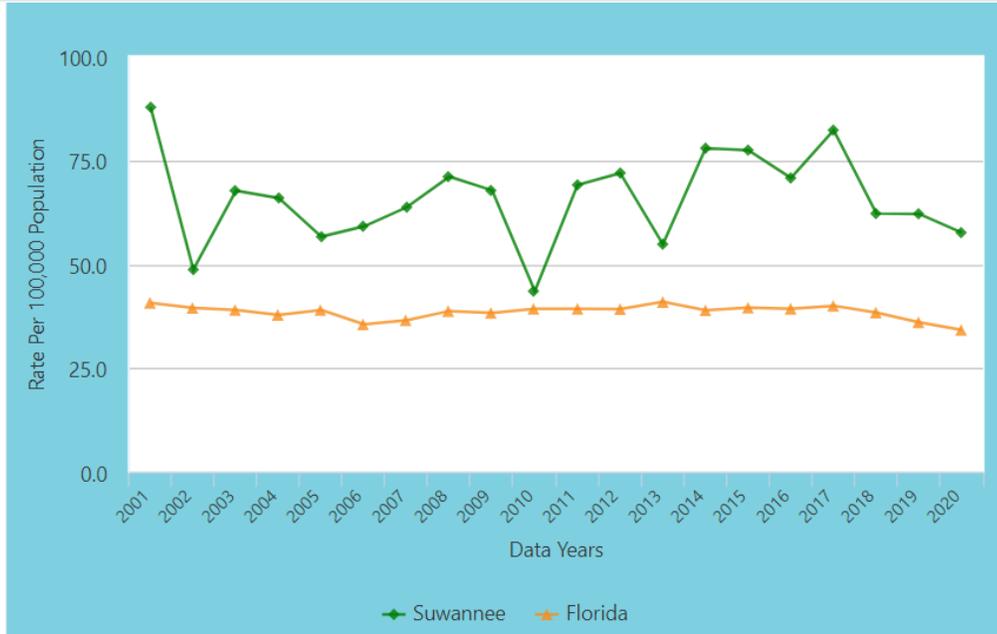


FIGURE 13: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES, SUWANNEE AND FLORIDA, 2001-2020

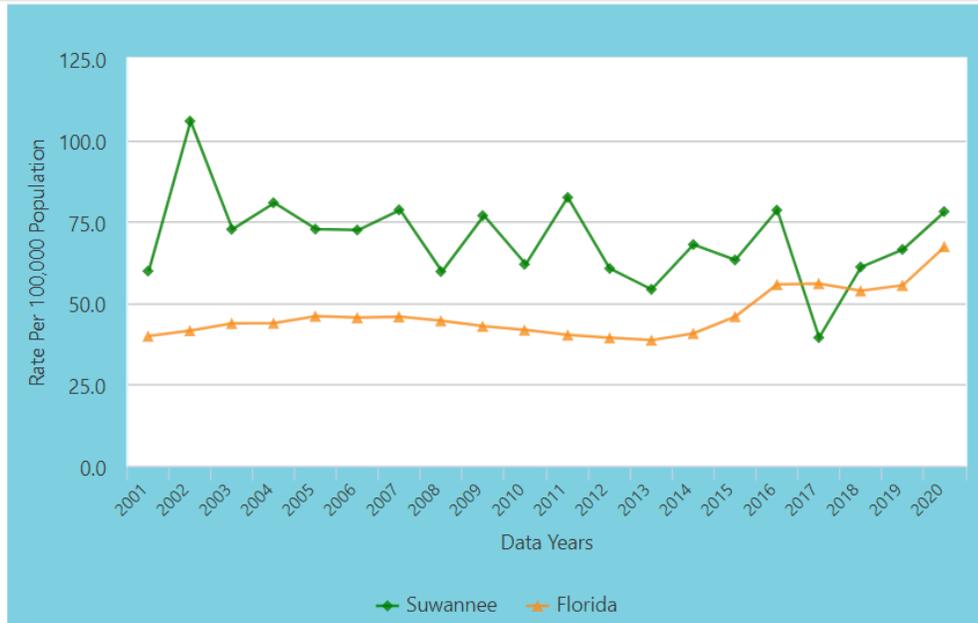
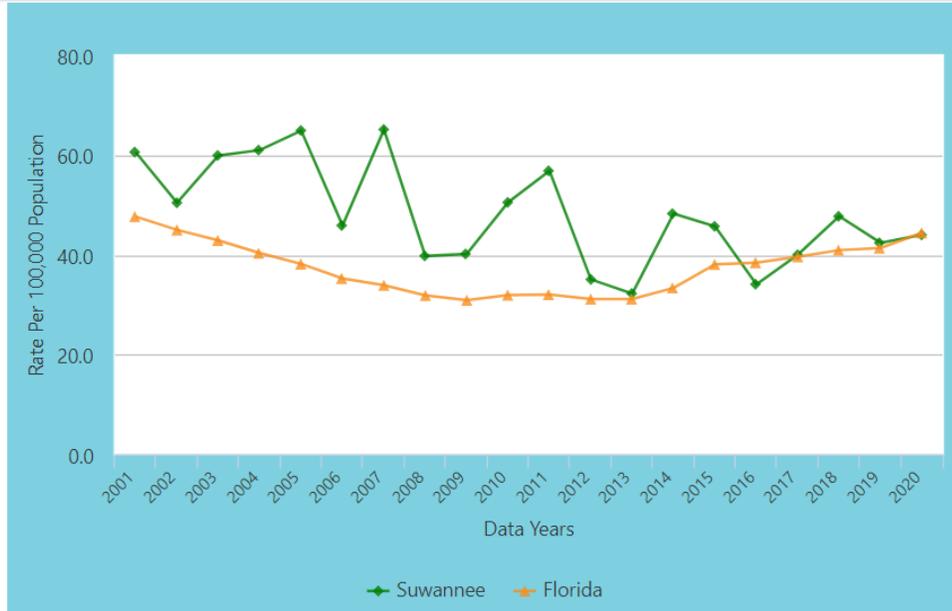


FIGURE 14: AGE-ADJUSTED DEATH RATES FOR STROKE, SUWANNEE AND FLORIDA, 2001-2020



Differences can be seen in age-adjusted death rates by racial classification in Suwannee County and Florida. In 2020 the age-adjusted mortality rates for Heart Disease for Whites was 170.4 per 100,000 and 221.7 for Blacks. Cancer rates were lower for Blacks at 126.8 compared to 175.5 for Whites. Chronic Lower Respiratory Disease was reported as 22.9 for Blacks and 175.5 for Whites. Unintentional injury death rates were higher for Whites at 72.4 compared to 44.2 per 100,000 population for Blacks. In 2020, among Hispanics in Suwannee County, the leading cause of death was COVID-19.

BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The initial county-level data available for Suwannee County was offered for 2013 but updated in recent years.

Below are some highlights from the BRFSS data:

Tobacco Use: About 25.4 percent of Suwannee County adults reported being current smokers in 2019 while in the state as a whole the percentage of adult smokers was shown at 14.8. The percentage of Suwannee County adults who reported never being a smoker was near 48 percent compared to 58.9 percent for Florida adults. Fewer Suwannee County adults who smoke attempted to quit smoking in the past year (62.6 percent in 2019) compared to for Florida as a whole (59 percent).

Dental Care: The percentage of adults in Suwannee County who visited a dentist or dental clinic in the past year was reported at 47.4 percent in 2016, whereas for Florida that figure was 63 percent. More than 60 percent of adults in Suwannee County reported having had a permanent tooth removed because of tooth decay or gum disease in 2016 compared to 47.3 percent of Florida adults as a whole.

Overweight and Obesity: The data for Suwannee County indicate that the percentages of adults who are overweight (37.6 percent in 2019), adults who are obese (37.6 percent in 2019), and adults who are overweight or obese (75.3 percent in 2019) exceed rates for Florida (37.6, 27, and 64.6 percent, respectively). Relatedly, only 14.4 percent of Suwannee County adults reported consuming at least five servings of fruits and vegetables a day compared to 18.3 percent for Florida.

Health-related Quality of Life: Suwannee County adults reported challenges on numerous indicators of health status. In 2019, more Suwannee County adults scored their health as fair to poor (29.7 percent) compared to the state (19.7 percent). The percentage of Suwannee County adults who reported that poor mental or physical health kept them from their usual activities was 18.3 percent compared to 16.4 percent for Florida. The average number of unhealthy physical health days for Suwannee County adults was 5.1 while only 4.5 for the state as a whole. On a positive note, the percentage of adults in Suwannee County who report good mental health is 92.4 compared to 87.3 for the state and the average number of unhealthy mental health days was 2.8 compared to the state figure of 4.1 days.

FIGURE 15: ADULTS WHO CURRENTLY SMOKE, OVERALL, SUWANNEE AND FLORIDA, 2002-2019

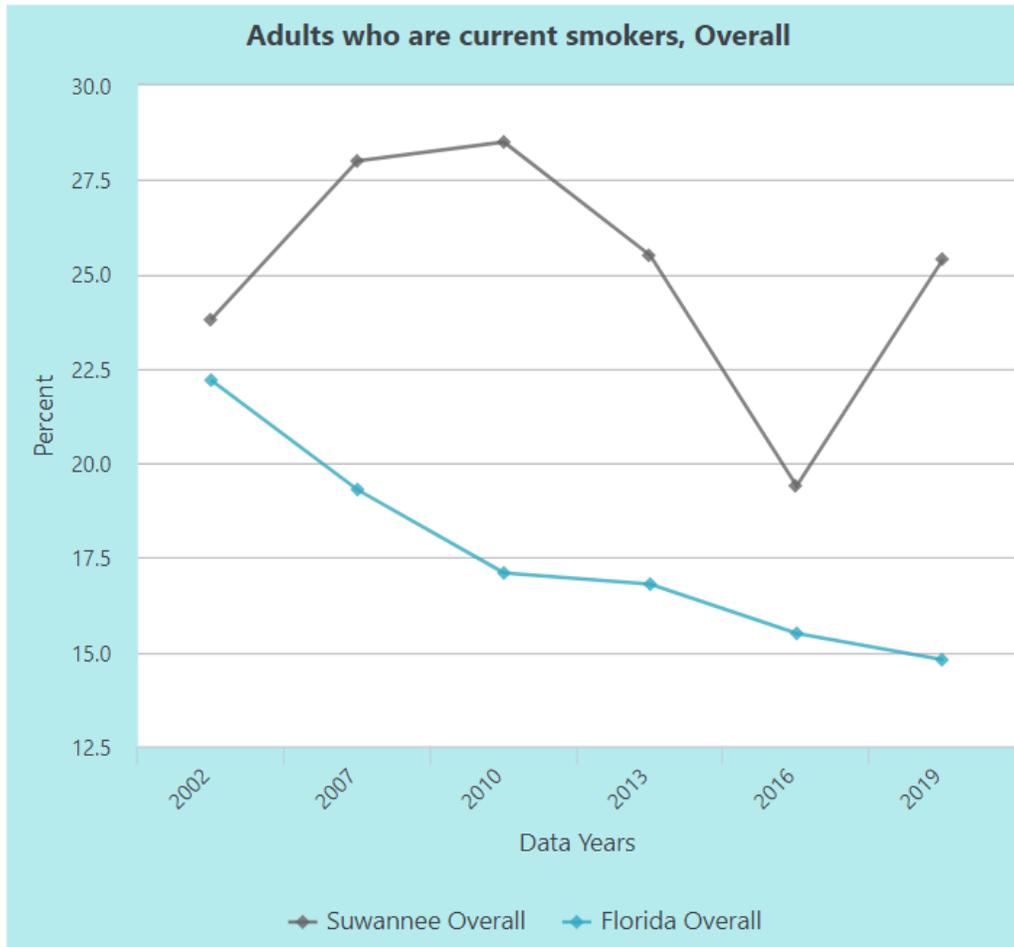


FIGURE 16: ADULTS WHO HAVE VISITED A DENTIST OR DENTAL CLINIC IN THE LAST YEAR, BY RACE AND ETHNICITY, SUWANNEE AND FLORIDA, 2010-2016

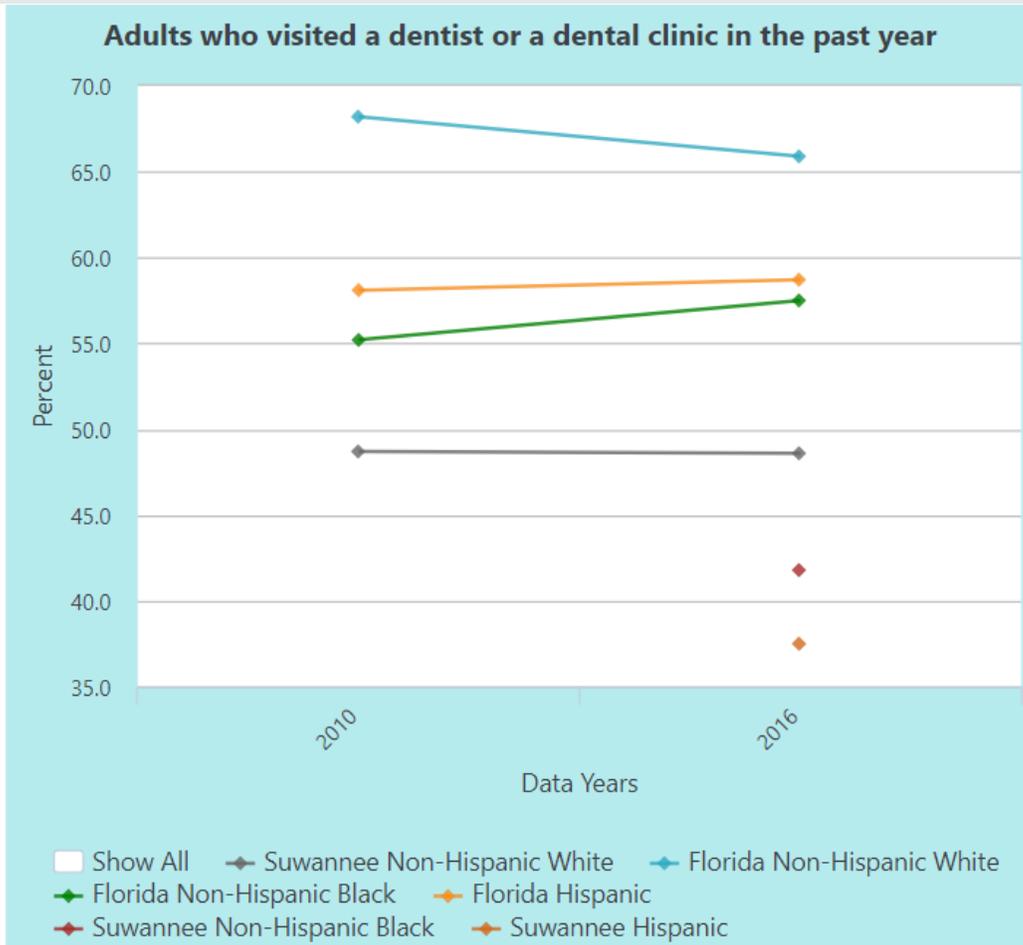


FIGURE 17: ADULTS WHO ARE OVERWEIGHT, OVERALL, SUWANNEE AND FLORIDA, 2002-2019



FIGURE 18: ADULTS WHO ARE OBESE, OVERALL, SUWANNEE AND FLORIDA, 2002-2019

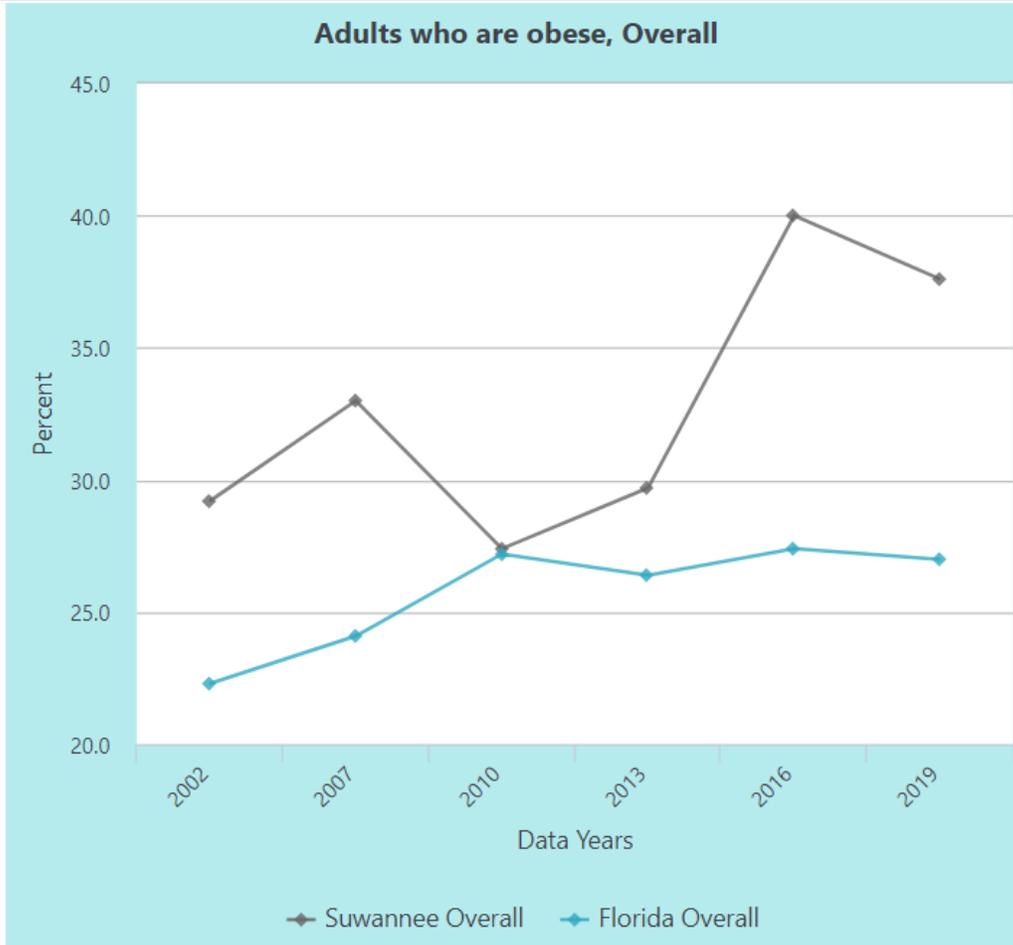
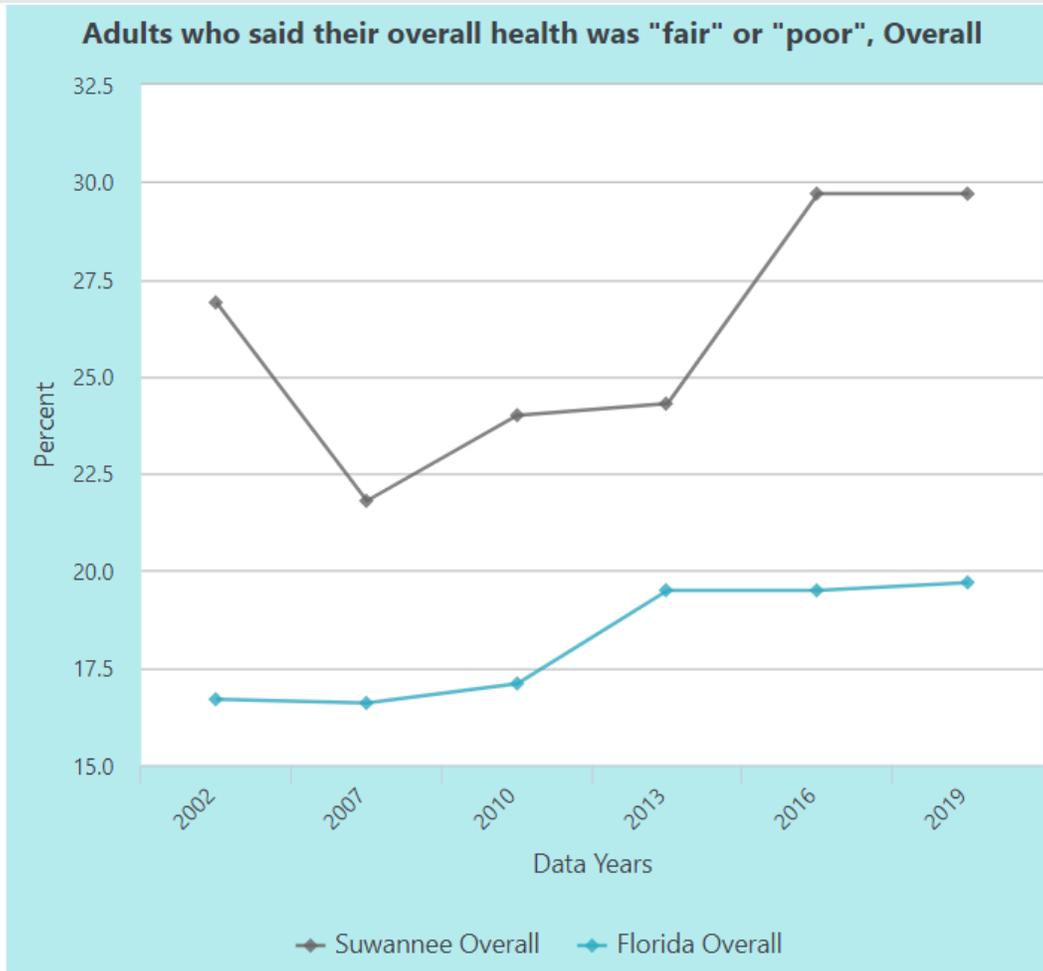


FIGURE 19: QUALITY OF LIFE, OVERALL, SUWANNEE AND FLORIDA, 2002-2019



INFECTIOUS DISEASES

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. These diseases can be spread, directly or indirectly, from one person to another. Among these are Sexually Transmitted Diseases (STDs) that include Gonorrhea, Chlamydia and Infectious Syphilis. STD rates for 2020, in Suwannee County were 599.6 per 100,000 population, compared to the state rate of 702.7. The HIV diagnosis rate was 2.2 per 100,000 population, compared to the state rate of 16.2. Zero cases of Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus, or Polio were reported for Suwannee County residents in 2020.

Enteric diseases are those infectious diseases caused by viruses and bacteria that enter the body through the mouth or intestinal system. In 2020, enteric disease rates were significantly higher in Suwannee County

than the state rate; 93.4 percent in Suwannee County compared to the state rate of 54.1 percent (per 100,000 population).

Zoonotic disease, or infectious diseases of animals that can cause disease when transmitted to humans, was reported at lower than state rates for 2020 (zero cases).

Vaccine-preventable diseases include Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus and Polio: zero (0) cases of these were reported in Suwannee County in 2020.

FIGURE 20: STD RATES, OVERALL, SUWANNEE AND FLORIDA, 2006-2020

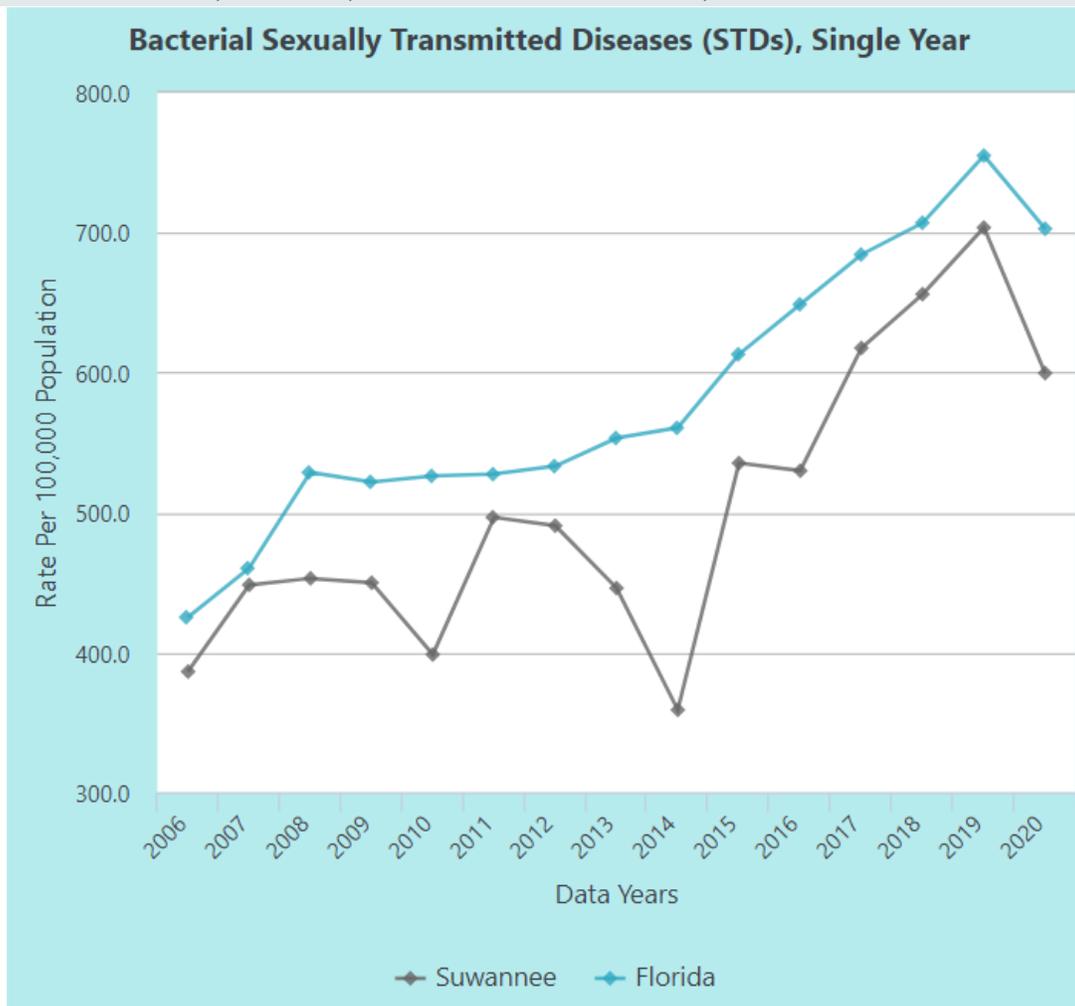


FIGURE 21: HIV RATES, OVERALL, SUWANNEE, 2020

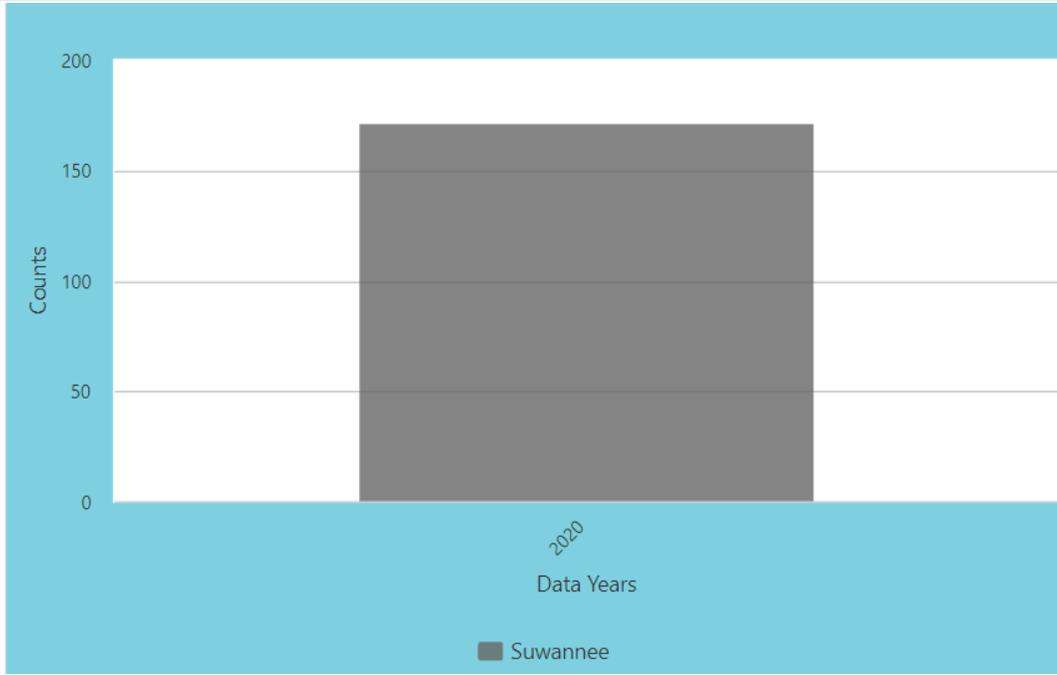


FIGURE 22: ENTERIC DISEASE RATES, OVERALL, SUWANNEE AND FLORIDA, 2001-2020

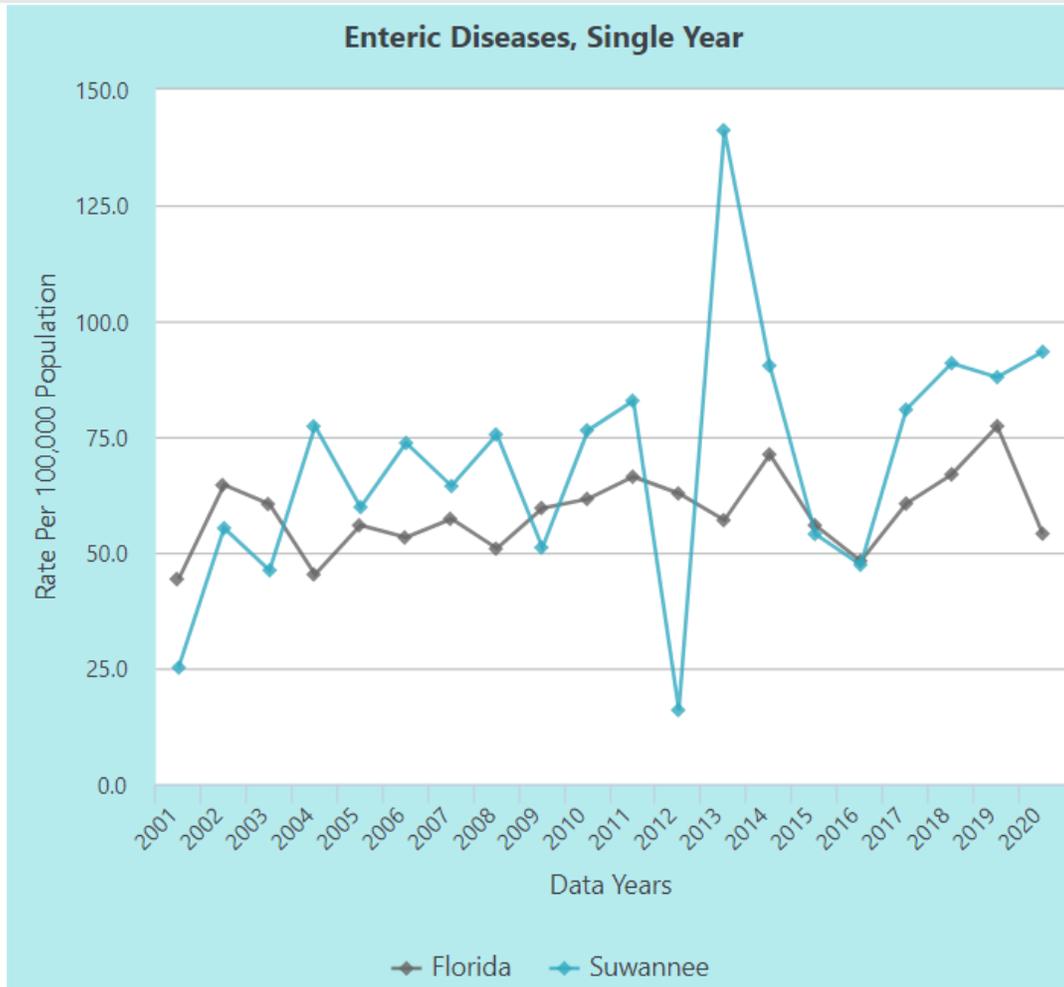


FIGURE 23: ZONOTIC DISEASE RATES, OVERALL, SUWANNEE AND FLORIDA, 2001-2020

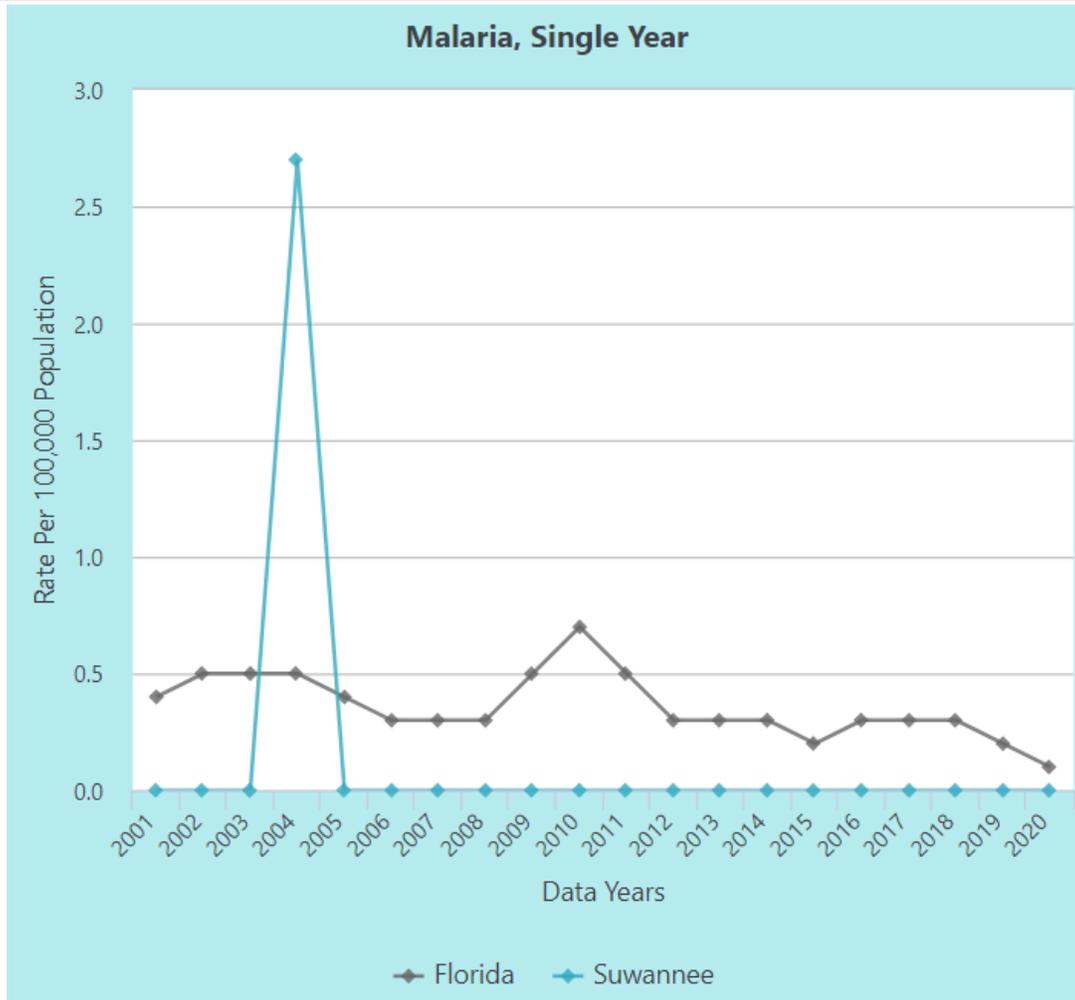


FIGURE 24: ZONOTIC DISEASE RATES, OVERALL, SUWANNEE AND FLORIDA, 2001-2020

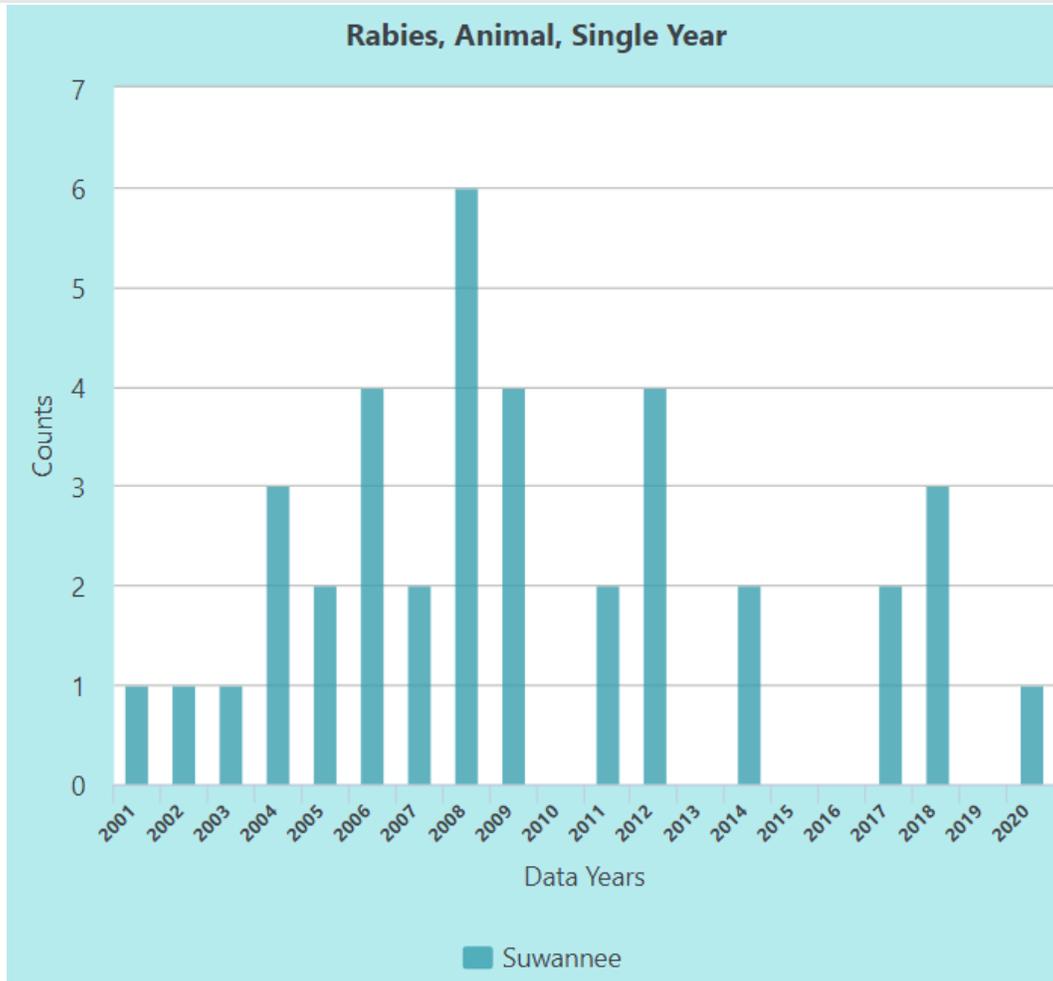
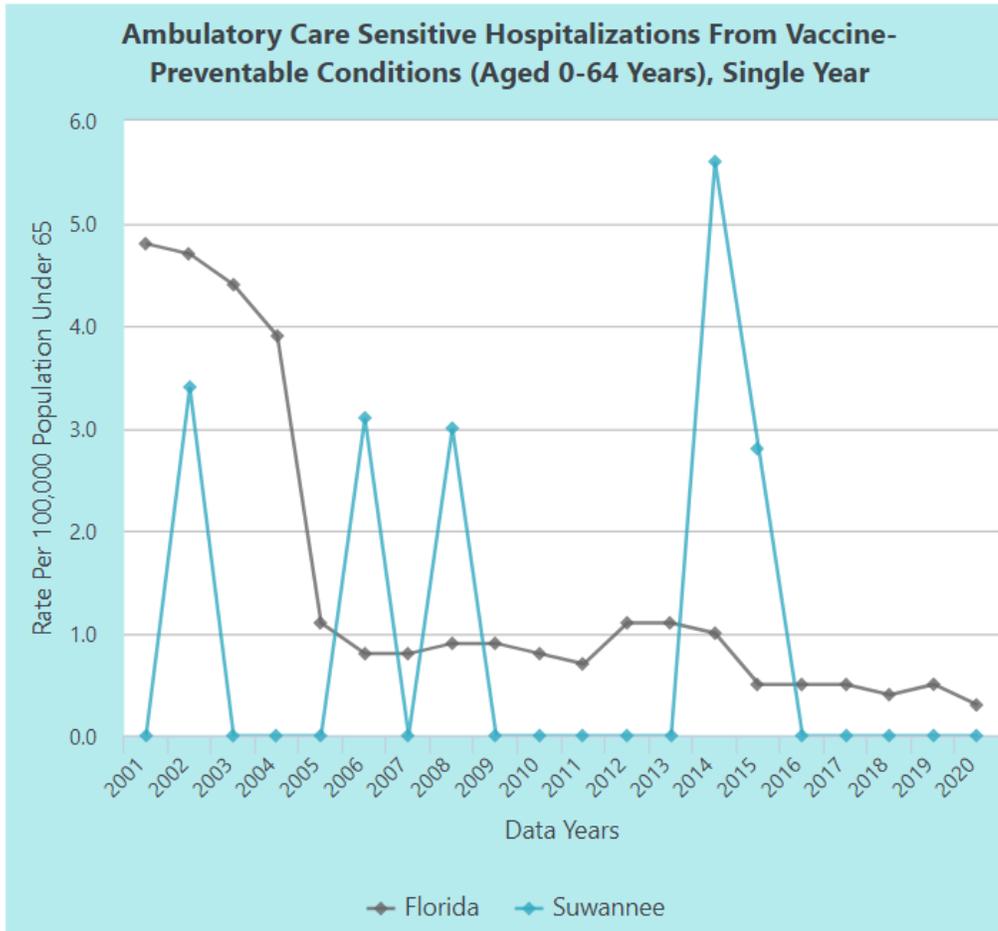


FIGURE 25: HOSPITALIZATIONS FROM VACCINE-PREVENTABLE CONDITIONS RATES, OVERALL, SUWANNEE AND FLORIDA, 2001-2020

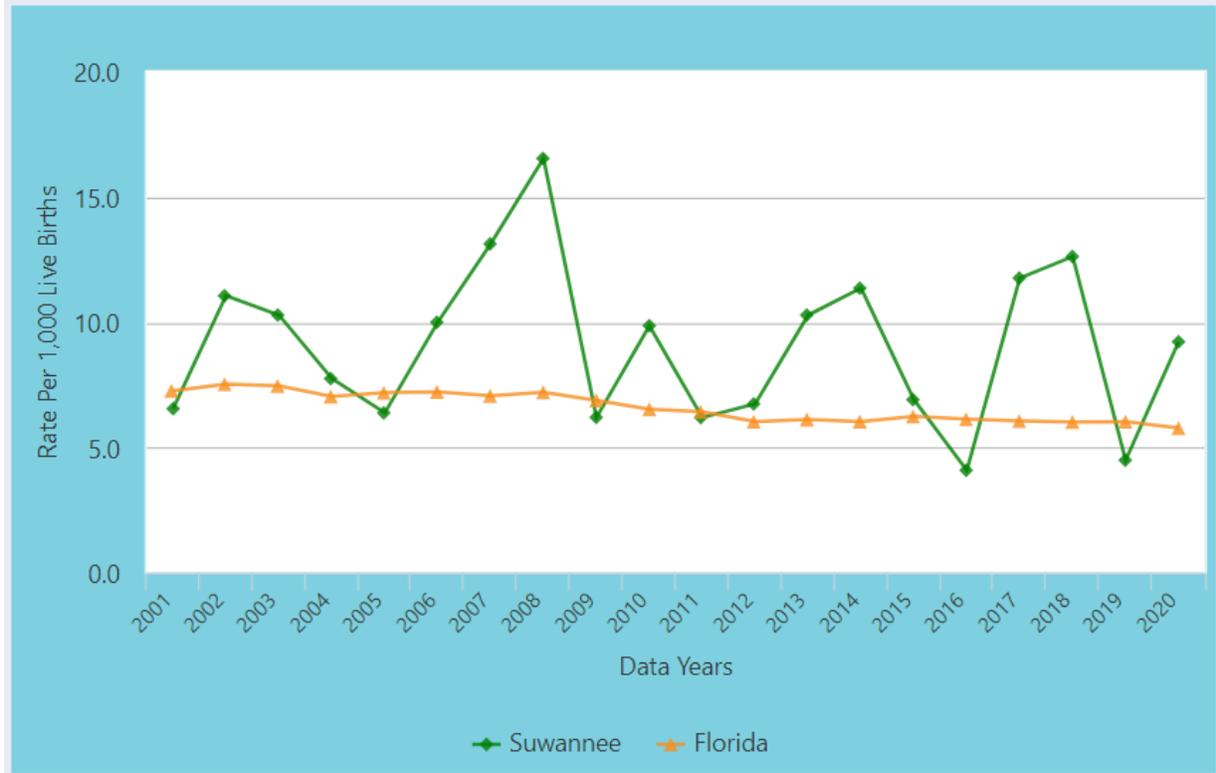


MATERNAL HEALTH

Between 2017 and 2020 for all races there were 1,779 births in Suwannee County and during that same time period there were 17 infant deaths. In 2020 the infant mortality rate per 1,000 live births for all races was 9.2 compared to 5.8 for Florida. There were four (4) infant deaths for Whites in Suwannee County for 2020 and zero (0) for Blacks. There was one (1) Hispanic infant death during this period. It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary

substantially from year to year. Infant mortality rates for all races for Suwannee and Lafayette Counties and Florida can be seen in Figure 18 below.

FIGURE 26: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, ALL RACES, 2001 - 2020

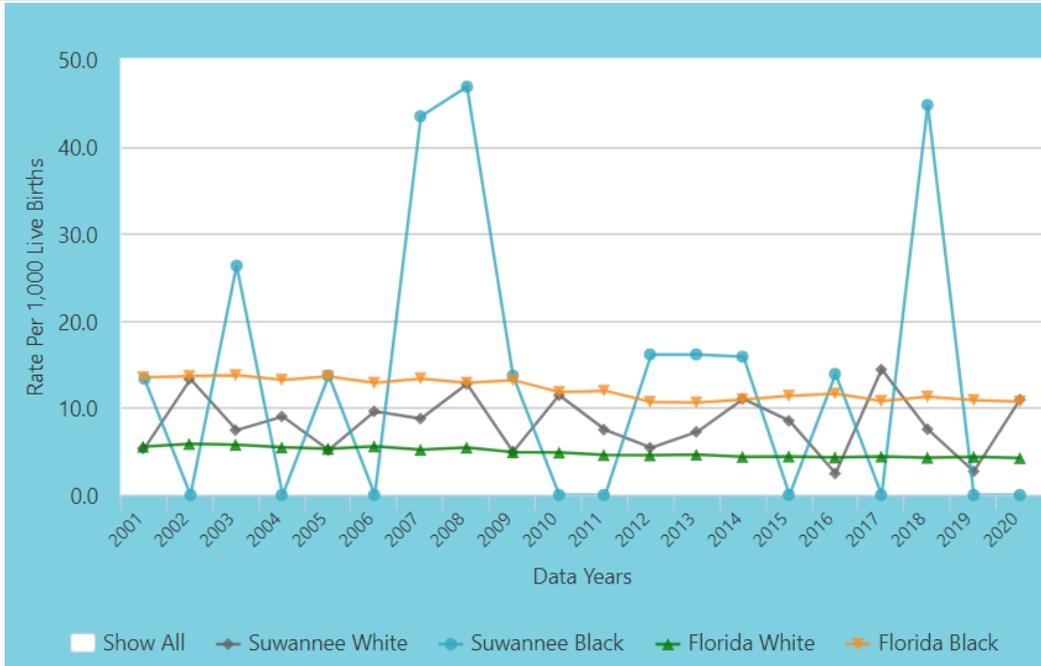


Infant Deaths

Between 2017 and 2020, there were 17 infant deaths reported for Suwannee County.

In 2020 there were five (5) infant deaths in Suwannee County. For the period of 2010-2016 there were a total of 26 infant deaths; in 2010 and 2014 there were five (5) deaths in each of those years. In 2020 the infant mortality rate per 1,000 live births for all races was 9.2 compared to 5.8 for Florida. There were four (4) infant deaths for Whites in Suwannee County for 2020 and zero (0) for Blacks. There was one (1) Hispanic infant death during this period. For comparison purposes, in 2016, the infant death rate for all races in Suwannee County was 4.1 per 1,000 live births while the state rate was 6.1 per 1,000 live births. In 2016, the Black infant death rate was 13.9 per 1,000 in Suwannee County compared to 6.1 for the state. However, it should be remembered that when raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem.

FIGURE 27: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, BY RACE, 2001 - 2020



Low Birthweight (LBW)

Significantly related to infant deaths are Low Birth Weight (LBW) births. In 2020, there were 40 infants born with low birth weight for all races in Suwannee County. The county rate of low birth weights was 9.2 compared to the state rate of 8.7. The percentage of LBW infants is higher among Blacks at 14.8 percent with Whites reported at 8.2 percent, and Hispanic births at 3.1 percent; the White rates are higher than state rates at 7.1 percent and Blacks state rate of 14.2.

FIGURE 28: LOW BIRTH WEIGHT RATES, OVERALL, SUWANNEE AND FLORIDA, 2001 - 2020

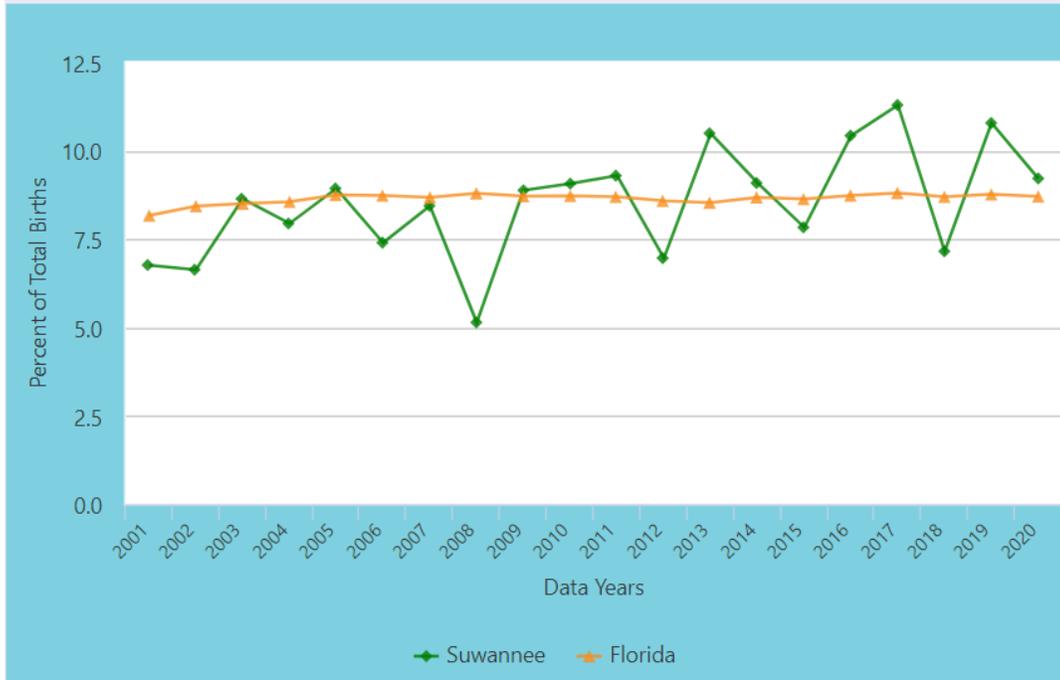
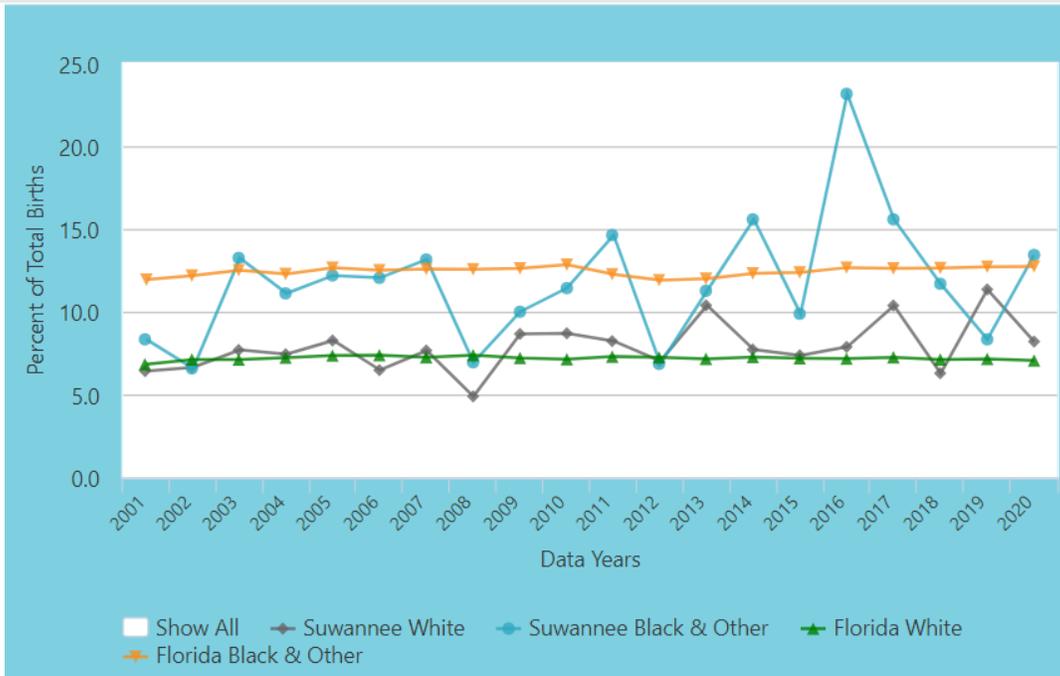


FIGURE 29: LOW BIRTH WEIGHT RATES, BY RACE, SUWANNEE AND FLORIDA, 2001 - 2020



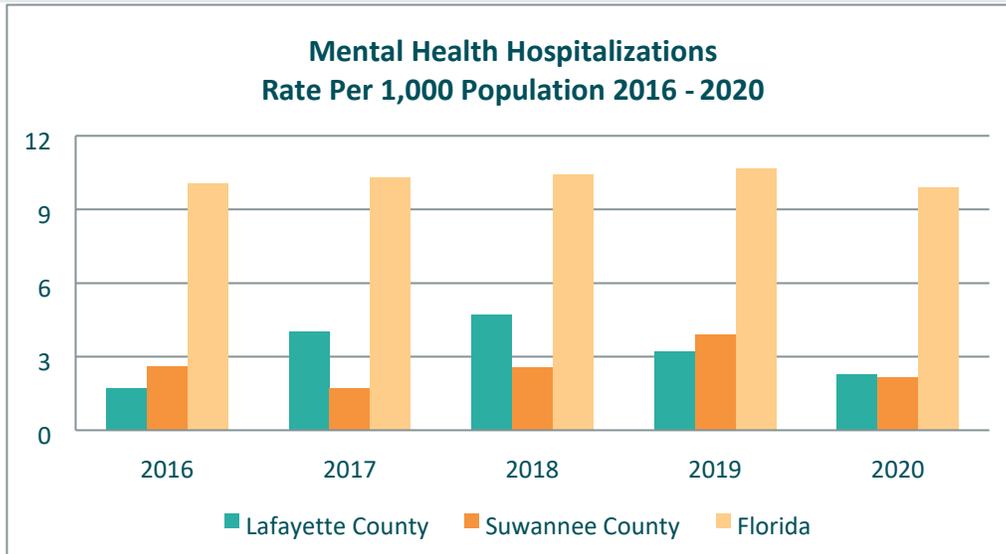
MENTAL HEALTH

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

For 2018-2020 the rate for hospitalizations for mental health reasons for Suwannee County residents was 657.2 compared to the state rate of 1,001.3.

This trend for Suwannee and Lafayette Counties and Florida can be observed in the figure below.

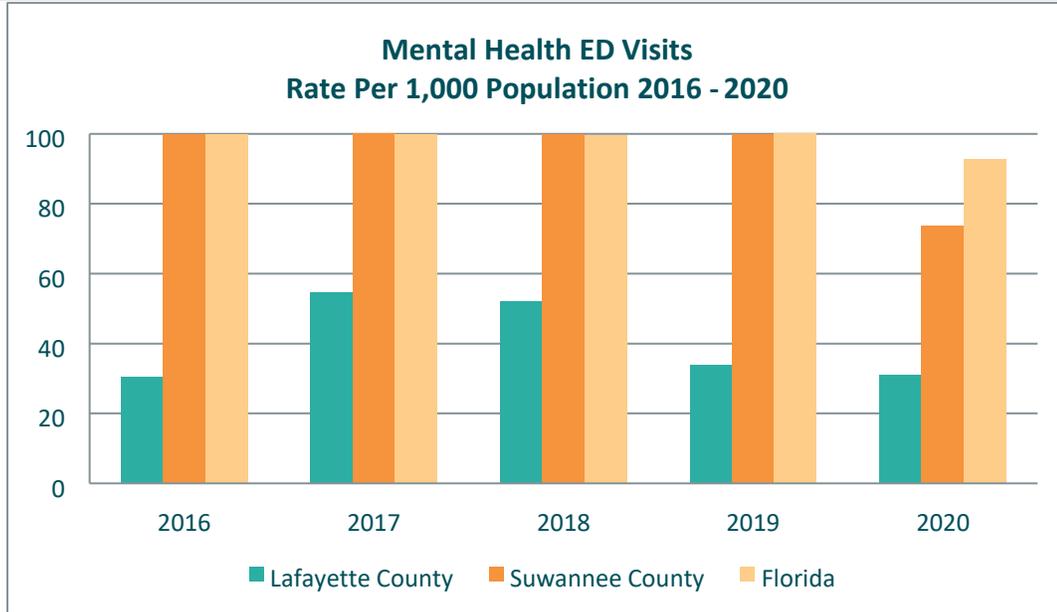
FIGURE 19: MENTAL HEALTH HOSPITALIZATIONS RATES PER 1,000 POPULATION, 2016 - 2020



In Suwannee County and the state of Florida, the number and rate of emergency department visits for mental health reasons have increased in recent years.

From 2018 to 2020, in Suwannee County, the rate of emergency department visits for mental health reasons was 977.4 (per 100,000 population), as compared to the Florida rate of 1,016.1 (per 100,000 population).

FIGURE 20: MENTAL HEALTH ED VISITS RATE PER 1,000 POPULATION, 2016 - 2020



HEALTH CARE ACCESS AND UTILIZATION

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The Lafayette and Suwannee County data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source are presented below.

SHORTAGE AREAS

Shortage areas are primarily defined by three (3) categories: primary care, dental health, and mental health. The score of shortage areas is calculated using the following four key factors: Population-to-Primary Care Physician Ratio, Percent of Population with Incomes below 100.0 percent of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores higher), and Travel Time or Distance to the nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26, and the higher the score the lower the access and utilization of the healthcare facility.

FIGURE 21: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, SUWANNEE COUNTY 2017



Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
Correctional Facility	Suwannee Correctional Institution - Main	10/4/2012	3
Correctional Facility	Suwannee Correctional Institution - Annex	10/1/2012	3
Rural Health Clinic	Children's Medical Center @ Live Oak	12/22/2014	7
Rural Health Clinic	Children's Medical Center @ Branford	11/21/2013	13
HPSA Population	Low Income	6/7/2017	18
Single County	Suwannee County	3/7/1997	
Mental Health			
Correctional Facility	Suwannee Correctional Institution - Main	10/4/2012	12
Correctional Facility	Suwannee Correctional Institution - Annex	10/11/2012	12
Rural Health Clinic	Children's Medical Center @ Live Oak	12/22/2014	11
Rural Health Clinic	Children's Medical Center @ Branford	11/21/2013	12
HPSA Population	Low Income Mental Health Catchment Area 3A	9/1/2016	16
Single County	Suwannee County	9/1/2016	
Primary Medical Care			
Correctional Facility	Suwannee Correctional Institution - Main	10/4/2012	12
Rural Health Clinic	Children's Medical Center @ Live Oak	7/6/2011	17
Rural Health Clinic	Children's Medical Center @ Branford	8/13/2008	17
HPSA Geographic	Suwannee County	3/24/2014	16
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Suwannee County	4/25/2017	52.3

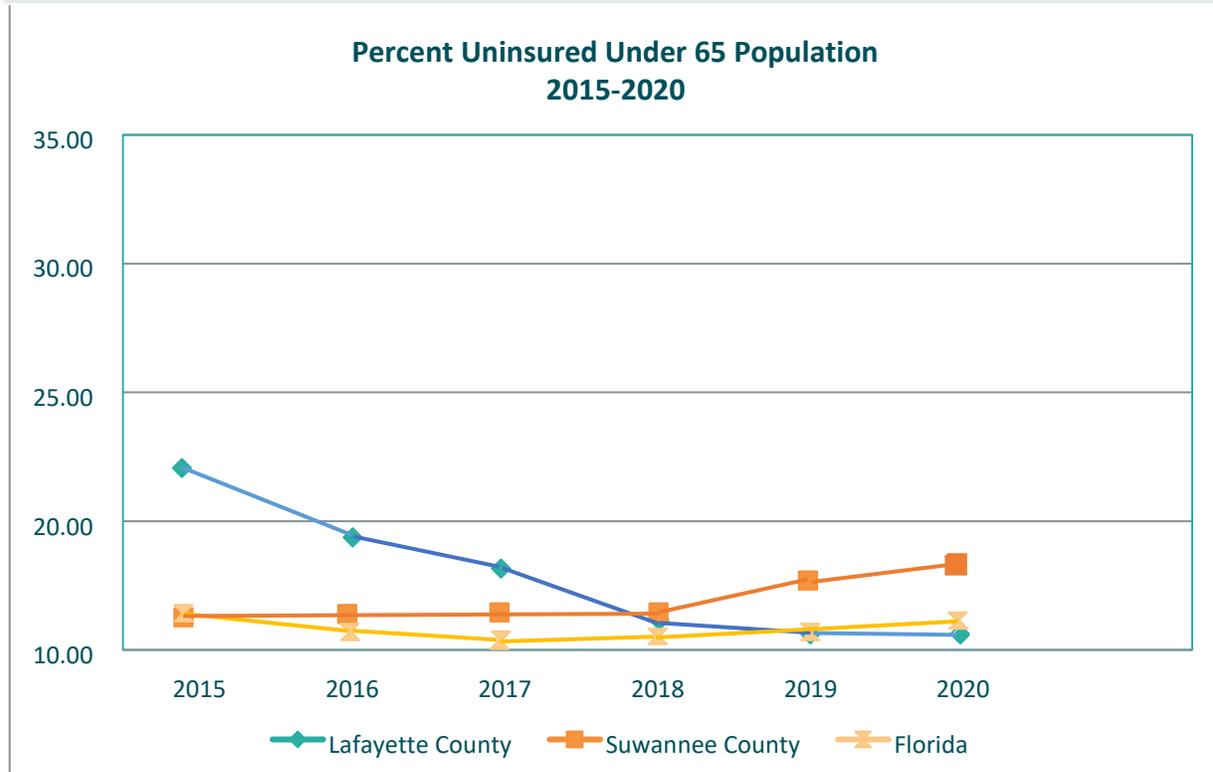
UNINSURED

From 2017-2019, 19% of Suwannee residents under the age of 65 were uninsured.

In 2020 in Suwannee County, individuals under the age of 65 without health insurance constituted approximately 12 percent of the total county population. Like the state of Florida as a whole, the percentage

of uninsured individuals is the lower than it has been since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009. The figure below shows the trends in health insurance coverage for Suwannee and Lafayette Counties and Florida.

FIGURE 22: PERCENT UNINSURED UNDER 65 POPULATION, 2015-2020



MEDICAID

In 2020 approximately 27.9 percent of Suwannee County residents were eligible to receive Medicaid benefits, which is higher than the state at 19.9 percent.

PHYSICIAN AND DENTIST AVAILABILITY

In fiscal year 2020-2021 the rate of total physicians in Suwannee County was 28.2 per 100,000 residents which was higher than the previous reporting during fiscal year 2015-2016 (15.5 per 100,000 residents).

There were nine (9) dentists in Suwannee County in fiscal year 2020-2021. Even at its highest rate in 2013-14 of 24.9 per 100,000 population, the number and rate of dentists in Suwannee County were significantly below state rates.

Suwannee County has limited licensed health care facilities. In 2020, there were only one (1) adult family care home, end-stage renal disease center, home medical equipment provider, hospital, and nurse registry.

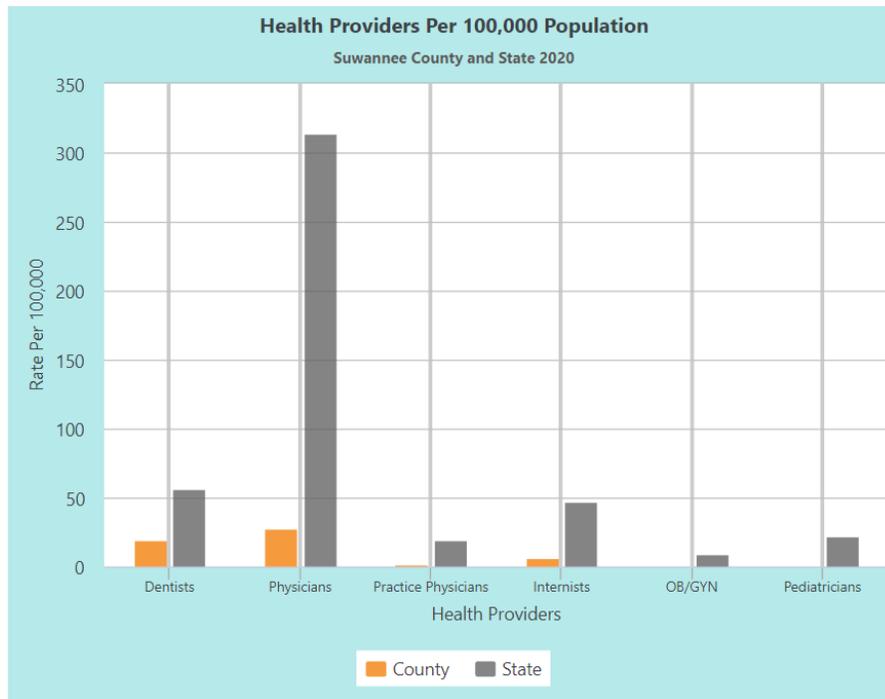
There are two (2) assisted living facilities, three (3) nursing homes and home health agencies, four (4) clinical labs and four (4) rural health clinics. The licensed health care facility rates per 100,000 in Suwannee County were lower than state rates for all but four types of facilities, that is, rural health clinics, adult family care homes, hospitals and nursing homes.

FIGURE 23: HEALTH RESOURCE AVAILABILITY, SUWANNEE COUNTY, 2020

Health Resource Availability, Suwannee County, Florida					
Indicators	Data Year	County			State
		County Quartile 1=most favorable 4=least favorable	County Number	Rate Per 100,000	Rate Per 100,000
Providers*					
Total Licensed Dentists (Fiscal Year)	2020	3	9	19.6	56.7
Total Licensed Physicians (Fiscal Year)	2020	4	13	28.2	314.0
Total Licensed Family Practice Physicians (Fiscal Year)	2020	4	1	2.2	19.2
Total Licensed Internists (Fiscal Year)	2020	3	3	6.5	47.3
Total Licensed OB/GYN (Fiscal Year)	2020	3	0	0.0	9.2
Total Licensed Pediatricians (Fiscal Year)	2020	3	0	0.0	21.9
Facilities					
Total Hospital Beds	2020	4	2	4.3	307.6
Total Acute Care Beds	2020	4	2	4.3	248.9
Total Specialty Beds	2020	3	0	0.0	58.6
Total Nursing Home Beds	2020	1	401	871.2	386.5
County Health Department FTEs					
County Public Health Department Full-Time Employees	2020	2	25	55.5	40.9
County Public Health Department Expenditures					
County Public Health Department Expenditures	2020	3	\$1,976,602	\$42.90	\$33.40

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

FIGURE 24: HEALTH PROVIDERS, SUWANNEE COUNTY, 2020



AVOIDABLE HOSPITALIZATIONS, DISCHARGES AND EMERGENCY DEPARTMENT (ED) VISITS

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

In 2020, there were 361 ambulatory care sensitive hospitalizations in Suwannee County, from all conditions, for persons age 0-64 (per 100,000 population). The rate of ambulatory care sensitive hospitalizations for Suwannee County was 1,001.9 compared to the state rate of 737.7 (per 100,000 population). 21,938 Suwannee County residents visited the emergency department in 2020, for various issues.

GEOGRAPHIC AND RACIAL AND ETHNIC DISPARITIES

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

Poverty. Geographic pockets of poverty among children are evident in the 2020 ACS data with 25.8% of children living in poverty in Suwannee County. Rates were highest for children who lived in poverty in Live Oak (ZCTA 32064) with 58.4 percent living below or between 100-200 percent poverty guidelines. These rates exceeded rates in all other ZCTAs in Suwannee County as well as

the state rate of 49.4 percent (Table 39). Likewise, adults in Live Oak (32064) were reported as having a poverty rate at 26.0 percent.

Mortality. Some racial and ethnic disparities were noted in Suwannee County's mortality rates. In 2020, the leading causes of death in Suwannee County, for all Whites, Blacks, and Hispanics were Cancer, Heart Disease, and COVID-19.

Maternal and Child Health. In Suwannee County in 2020, there were 40 infants born with low birth weight for all races in Suwannee County. The county rate of low birth weights was 9.2 compared to the state rate of 8.7. The percentage of LBW infants is higher among Blacks at 14.8 percent with Whites reported at 8.2 percent, and Hispanic births at 3.1 percent; the White rates are higher than state rates at 7.1 percent and Blacks state rate of 14.2.

Cancer. In 2019 age-adjusted incidence rates for incidence of Cancer show racial disparities in Suwannee County. The cancer rates for all races in Suwannee County was 415.6, the incidence of Cancer among Whites was 420.6, the cancer incidence among Blacks was 301.1, and the incidence of Cancer among Hispanics was 160.4 among Hispanics; compared to the state rate of 453.9 for all races and ethnicities.

SUMMARY

In summary, the Suwannee County Health Needs Assessment and its companion Lafayette and Suwannee Counties Technical Appendix provide rich data resources to better understand the social, environmental, behavioral and health care factors that contribute to health status and health outcomes in Suwannee County. The data and findings also point to the need for further in-depth exploration of some factors, gaps and root causes in order to improve health outcomes and quality of life in the county. There are health challenges in the area of maternal and infant health as manifested in infant mortality, low birth weight babies, and births to mothers who smoke. Data point to oral health as a health issue of significance in Suwannee County. From the paucity of dentists to the availability of fluoridated community water, oral health outcomes for many in Suwannee County suffer. Also of note, is Suwannee County's high rate of tobacco use that can be linked to many serious health issues such as Asthma, Chronic Obstructive Pulmonary Disease, and Cancer.

Unintentional injuries, including the many sustained in motor vehicle crashes, are preventable but continue to be leading causes of death and disability. Lower incomes and barriers to health care resources contribute to rising overweight and obesity and prevalence of Diabetes. The impacts of barriers to primary care and dental care can be seen in steady rises in physical, mental and oral health problems, and are manifested in Emergency Department visits, and avoidable hospitalizations.

Community Themes and Strengths Assessment

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

COMMUNITY HEALTH SURVEYS

METHODOLOGY

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

For the community survey, a convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on October 16, 2017 and remained available through November 24, 2017. The surveys were available electronically on WellFlorida’s web site with the link shared by some community agencies. A Spanish language version was available in print and electronic formats. At the time the survey closed were 244 community surveys in the electronic database with respondents classified as follows: 1 ineligible due to age, 10 ineligible due to nonresidence in the subject counties, 2 seasonal residents, 89 Lafayette County residents, and 142 Suwannee County residents. The eligible, completed surveys from 74 Lafayette County residents and 112 Suwannee County residents were analyzed. The general demographic factors collected on those survey respondents are presented in Figure 20. Descriptive analysis identified emerging themes from each county’s perspective of health and the healthcare experience are presented in Figures 21 - 30. The health care provider survey was disseminated in electronic format to health care providers in the region. Of the 13 providers who logged in to the survey, six (6) health care professionals were eligible and completed the survey. Those results are presented in Figures 31 – 40.

FIGURE 25: COMPARISON OF DEMOGRAPHICS OF SUWANNEE AND LAFAYETTE SURVEY RESPONDENTS

Demographics	Suwannee n= 112		Lafayette N=74	
	Number	Percent	Number	Percent

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

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

OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching questions that were asked of all three counties. In general, the top four responses for each question of three counties are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Confidence in community’s ability to make a substantial impact on health-related issues
- Reasons why individuals did not receive dental, primary, and/or mental care
- Rating of community and individual health

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

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

FIGURE 26: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2017

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

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

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

FIGURE 27: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, TOTAL NUMBER FOR EACH COUNTY AND PERCENT FOR EACH COUNTY, 2017

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

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

“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in your county? Please select five (5) choices.” AND “How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”

FIGURE 28: FIVE MOST IMPORTANT HEALTH PROBLEMS IN THE COMMUNITY AND CONFIDENCE IN THE COMMUNITY TO MAKE A SUBSTANTIAL IMPACT, RANKING FOR EACH COUNTY, 2017

Ranking	Suwannee (n=112)		Lafayette (n=74)	
	Health Problem	Confidence in community impact	Health Problem	Confidence in community impact
1	Substance abuse/drug abuse	Not very confident	Substance abuse/drug abuse	Not very confident

2	Obesity	Not very confident	Obesity	Somewhat confident
3	Mental health problems	Not very confident	Access to primary care	
4	Access to primary care	Somewhat confident	Access to healthy foods	
5	Cancer	Not very confident	Cancer	

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

“During the past 12 months, was there a time you needed dental care, including checkups, but didn’t get it?” AND “What were the reasons you could not get the dental care you needed during the past 12 months?”

FIGURE 29: DENTAL CARE NEED BY COUNTY, 2017

Dental care needed	Suwannee (%)	Lafayette (%)
Yes	32.0	20.0
No	68.0	80.0
Reasons dental care was not received	Suwannee (%)	Lafayette (%)
1	Cost (62.0)	Cost (57.1)
2	No appointments available/long wait time (12.0)	No appointments available/long wait time (23.8)
3	No dentists available (10.0)	No dentists available (4.8)

4	----	Transportation, couldn't get there (4.8)
---	------	---

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

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

FIGURE 30: PRIMARY CARE NEED BY COUNTY, 2017

Primary care needed	Suwannee (%)	Lafayette (%)
Yes	42.7	21.5
No	57.4	78.5
Reasons primary care was not received	Suwannee (%)	Lafayette (%)
1	Cost (42.9)	No appointments available/long wait time (42.3)
2	No primary care providers available (22.9)	Cost (26.9)
3	No appointments available/long wait time (20.0)	No primary care providers available (15.4)
4	Quality of care (14.3)	Transportation, couldn't get there (7.7)

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

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

FIGURE 31: MENTAL HEALTH CARE NEED BY COUNTY, 2017

Mental health care needed	Suwannee (%)	Lafayette (%)
Yes	5.7	2.6
No	94.3	97.4
Reasons mental care was not received	Suwannee (%)	Lafayette (%)
1	Cost (23.0)	Cost (25.0)
2	No appointments available/long wait time (15.4)	No appointments available/long wait time (25.0)
3	No mental health care providers available (38.5)	No mental health care providers available (25.0)
4	Transportation, couldn't get there (7.7)	Transportation, couldn't get there (0.0)

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

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

FIGURE 32: EXISTENCE OF COMMUNITY FACTORS AND ASSETS THAT IMPACT HEALTH, LEVELS OF AGREEMENT BY COUNTY, 2017

Rating	Suwannee (n=112)	Lafayette (n=74)
Strongly agree	<ul style="list-style-type: none"> • There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live 	<ul style="list-style-type: none"> • There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live
Agree	<ul style="list-style-type: none"> • There are networks of support for individuals and families in times of stress and need • Our community is a safe place to live 	<ul style="list-style-type: none"> • There are sufficient levels of trust and willingness to work together to achieve community goals • Our community is a safe place to live
Neutral	<ul style="list-style-type: none"> • There is a sense of civic responsibility • There are sufficient levels of trust and willingness to work together to achieve community goals 	<ul style="list-style-type: none"> • There are sufficient levels of trust and willingness to work together to achieve community goals • There is a sufficient number of health and social services
Disagree	<ul style="list-style-type: none"> • There is sufficient number of mental health/substance abuse services • There is a sufficient number of health and social services 	<ul style="list-style-type: none"> • There is a sufficient number of mental health/substance abuse services • There is a sufficient number of dental services
Strongly disagree	<ul style="list-style-type: none"> • There is a sufficient number of dental services • There is a sufficient number of mental health/substance abuse services 	<ul style="list-style-type: none"> • There is a sufficient number of dental services • There is a sufficient number of mental health/substance abuse services

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

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

FIGURE 33: RATING OF OVERALL HEALTH OF COUNTY RESIDENTS AND PERSONAL HEALTH OF RESPONDENTS BY COUNTY, 2017

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

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

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

FIGURE 34: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, BY COUNTY, 2017

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

5	Availability of primary care	Not very confident	Availability of mental health services	Not very confident
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Source: Community Health Survey of Community Members, 2017. Prepared by: WellFlorida Council, 2017.

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

FIGURE 35: MOST IMPORTANT PERSONAL HEALTH ISSUE BY COUNTY, 2017

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

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

KEY FINDINGS FROM COMMUNITY SURVEY

The demographics of Suwannee County survey respondents were somewhat similar to U.S. Census data for the county. About 83 percent of survey respondents identified themselves as White Non-Hispanic and 7 percent Hispanic or Latino. Many fewer Black or African American residents completed the survey; specifically, only 3.5 percent of respondents identified as Black or African American compared to the total population which is about 13.5 percent Black or African American. Many more survey respondents in Suwannee County were female (79 percent). Suwannee County respondents felt the most important factors for a healthy community were access to health care, healthy behaviors and lifestyles, job opportunities, clean environment and strong economy. For their county, Suwannee County respondents ranked the behaviors with the greatest negative impact on overall health as drug and alcohol abuse, lack of physical activity and eating unhealthy foods and drinks. Consistent with those rankings was the selection of Suwannee County’s five most important health problems. These were substance and alcohol abuse, obesity, mental health problems, access to primary care and Cancer. Respondents also expressed very little confidence in the community’s ability to make a substantial impact on those problems. The existence of barriers to receiving health care, in particular dental, primary, and mental health care, was a common theme. About one-third of Suwannee County survey respondents said they did not get the dental care they needed and of those, 62 percent said cost was a barrier. Nearly 40 percent said they did not receive the primary care they needed in the past year with cost and lack of providers cited as barriers. Also in the area of primary care, survey respondents who did not receive needed primary care cited the quality of the available primary care as a concern. Suwannee County respondents rated overall health of county residents

as somewhat healthy (60 percent) to unhealthy (32.5 percent) while they rated their own health status as somewhat healthy (45.2 percent) to healthy (40.9 percent). On a positive note, Suwannee County survey respondents strongly agreed that there are support networks for individuals and families in times of stress and that their community is a safe place to live.

OBSERVATIONS FROM PROVIDER SURVEY

Figures below summarize the responses to the overarching questions that were asked of health care providers serving Suwannee and Lafayette Counties. In general, the top four responses for each question are presented. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Magnitude of health problems and confidence in community’s ability to make a substantial impact
- Barriers to patients’ self-management of chronic diseases or conditions
- Strategies to help improve the health of patients and the community
- Rating of overall community health, health-related quality of life, and accessibility of health care

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

FIGURE 36: DEMOGRAPHICS OF PROVIDER SURVEY RESPONDENTS, 2017

Demographics	Lafayette and Suwannee Providers	
	Number	Percent
Age		
Less than 30	0	0
30-39	2	33.3
40-49	0	0
50-59	2	33.3
60-69	1	16.7

70-79	1	16.7
80 or older	0	0
Prefer not to answer	0	0
Gender		
Male	2	33.3
Female	4	66.7
Transgender	0	0
Other	0	0
Prefer not to answer	0	0
Race/Ethnicity		
Asian Pacific Islander	0	0
Black or African American (Non-Hispanic)	0	0
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	4	66.7
Hispanic/ Latino	0	0
Multiracial/ Multiethnic	0	0
Other	0	0
Prefer not to answer	2	33.3
Length of Time in Profession		
Less than 5 years	0	0
5-9 years	2	33.3
10-14 years	0	0
15-19 years	1	16.7
More than 20 years	3	50.0
Prefer not to answer	0	0

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

“

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

FIGURE 37: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, 2017

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

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

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

FIGURE 38: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, 2017

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

6	Overeating (9.5)
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Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

“In the following list, what do you think are the five most important “Health Problems” (those problems which have the greatest impact on overall community health) in Suwannee and Lafayette County? Please select five (5) choices.” AND “How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?”

FIGURE 39: FIVE MOST IMPORTANT HEALTH PROBLEMS AND CONFIDENCE IN COMMUNITY ABILITY TO MAKE AS SUBSTANTIAL IMPACT, PROVIDERS, 2017

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

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

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

FIGURE 40: RATING OF OVERALL HEALTH-RELATED QUALITY OF LIFE PROVIDERS, 2017

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

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

“For each of the following issues, please indicate how much of a problem you believe the issue is in Suwannee and Lafayette County” AND “For each of the following issues, please indicate how confident you are that the community can make a substantial impact on this issue within the next 13 years.”

FIGURE 41: RANKING OF HEALTH PROBLEMS AND RATING OF CONFIDENCE LEVEL TO MAKE IMPACT ON THE ISSUE, PROVIDERS, 2017

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

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

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

FIGURE 42: FOR PATIENTS IN SUWANNEE AND LAFAYETTE COUNTY BIGGEST BARRIERS TO BEING ABLE TO SELF-MANAGE CARE OF CHRONIC DISEASE OR CONDITION, PROVIDERS, 2017

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

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

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

FIGURE 43: STRATEGIES TO IMPROVE THE HEALTH OF PATIENTS AND COMMUNITY, PROVIDERS, 2017

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

3 (tie)	Initiate efforts to bring more physicians to the community (66.7)
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Source: Community Health Survey of Providers, 2017. Prepared by: WellFlorida Council, 2017.

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

FIGURE 44: RATING OF OVERALL ACCESSIBILITY TO HEALTH CARE FOR RESIDENTS OF SUWANNEE AND LAFAYETTE COUNTY, PROVIDERS, 2017

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

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

“How would you rate your own personal health?”

FIGURE 45: RATING OF PERSONAL HEALTH, PROVIDERS, 2017

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

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

KEY FINDINGS FROM PROVIDER SURVEY

Similar to the community at large, providers felt the most important factors for a healthy community were access to health care and healthy behaviors and lifestyles. Providers also ranked being a good place to raise children and emergency preparedness as top in importance. While drug abuse was ranked by both the community and providers as the behavior with the greatest negative impact on health, providers ranked not getting immunizations and not using health care services appropriately as the second and third (tie) behaviors with the greatest negative impact. Access to primary care, mental health problems, and obesity appear on both the community and provider lists of the five most important health problems in Suwannee County. Providers ranked teen pregnancy among the five most important health problems; in fact, it was ranked third among important health problems. Health-related quality of life is rated as good by 83.3 percent of providers and overall accessibility to health care services is deemed as good by two-thirds of providers. While overall accessibility to health care is rated as good by providers, challenges to receiving health care are heard repeatedly. According to providers, the issues that present the biggest problems in Suwannee County center around access to care such as the lack of specialty care doctors, availability of mental health services, and the community's lack of knowledge of how and where to receive dental and health care services. Another compelling example is in the providers' list of barriers to self-management of chronic diseases and conditions where self-discipline and motivation, insurance coverage and education top the list. The needed strategies ranked highest by providers to improve health outcomes include increased access to community primary care, dental and mental health services, education on the appropriate use of services, and education and outreach on health issues.

Forces of Change Assessment

METHODS

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

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

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

On November 15, 2017, the Suwannee Steering Committee team convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for improvement in community health outcomes. The tool used to conduct this activity can be found in the Appendix. The *Forces of Change for Suwannee County* table on the following pages summarizes the forces of change identified for Suwannee County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change For Suwannee County - FACTORS <i>(Prepared by WellFlorida Council – November 2017)</i>			
	FACTORS	THREATS POSED	OPPORTUNITIES CREATED
Socio-economic	Low health literacy	Poor or worsening health outcomes, missed benefits and services, wasted time and resources of clients and providers	Education on eligibility for services, education, promotion of health care services on diverse formats

	Generational poverty	Worsening of health and wellbeing of families and communities, hopelessness, link to domestic violence, alcohol and substance abuse, mental illness	Finding root causes, interventions for youth, solutions could address many issues at the same time
	Limited employment opportunities, job availability for all levels of education and skills	Youth move away, increased crime, substance abuse, poverty, homelessness, increased domestic violence and child abuse	Promote staying in or return to school, scholarship programs, child care provisions
	Perceptions about health care in Suwannee	Delay in care-seeking due to stigma attached to local health care (“bigger is better” mindset), DOH services not utilized	Change image of public health and health care in the community, education and awareness needed
Social	Aging of health care providers	Even fewer physicians and dentists in Suwannee County lead to further barriers to care	Identify and encourage providers with rural roots to set up practice, align with metropolitan area providers for satellite services
Economic	Lack of specialty health care services	Poor health outcomes, premature deaths, increased cost associated with late diagnosis and treatment	Mobile services, telemedicine, partner with larger regional health systems
	Rising cost of health care	Delayed or no care, providers leave Suwannee County	Work with government to solve
	Weak economic system that doesn’t support employment opportunities	Prolonged under- or unemployment, poverty	Economic development
	Substandard housing stock and lack of affordable housing including rentals	Homelessness, unhealthy/unsafe housing used	Government and business partners look for solutions, review and change of building codes

Economic/Gov't	Delayed EMS services in rural areas	Poor health outcomes, economic feasibility to support EMS services, costs to taxpayers and consumers	Public and private partnerships to determine best use and placement of health care investments
Gov't	Lack of public transportation	Unemployment, pedestrian safety, continuity of care threatened, greater barrier for rural population	Determine true need and realistic solutions, improvement to infrastructure

Forces Of Change For Suwannee County - TRENDS

(Prepared by WellFlorida Council – November 2017)

	TRENDS	THREATS POSED	OPPORTUNITIES CREATED
Social/ Behavioral	Increasing overweight and obesity rates	Comorbidities, increased health care cost, pre-term birth, premature death	More health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education
	Increase in teen pregnancy	Poor health outcomes for mothers and babies, no OB care available in county, STIs, interruptions to educational opportunities for youth	Change community perceptions about sexual health and sexual behaviors of teens, introduce sex education that goes beyond abstinence only, condom distribution
	Tobacco use and generational tobacco use	Increased health care costs, premature illness and death, children exposed to second-hand smoke	Policy and enforcement actions, education, primary prevention
	Increasing drug abuse, changing types and potency of drugs, access to drugs	Community safety, crime and violence, drug overdose and addiction, deaths/injuries from drugs, lack of mental health and substance abuse services	Drug and alcohol abuse prevention programs, treatment programs, pain management services, collaboration between law enforcement and health care, activities for youth
	Increase in animal bites	Poor health outcomes, injuries	Education, collaboration with animal services
	Increase in population	Increases in senior citizen population puts strain on health care services including specialty care	Embrace higher educated population, positive economic impact
	Increase in migrant population	Strains on health care, educational system, and housing	Growth in agriculture, cultural diversity

Social/ Economic	Inappropriate and overuse of Emergency Departments/Room for care	Financial burden on hospitals, reduction in chronic disease management, increase in permanent complications and comorbidities, quality of care	Opportunities to educate on appropriate use, advocate for prescription assistance; collaboration across health care continuum, implement ER diversion programs, bring in urgent care center
	Difficulty recruiting health care providers	Barrier to access to care, few providers who accept Medicaid	Recruit mid-level professionals to fill gap, partner with Shands and other regional health care systems
	Children and families in poverty	Poor health outcomes, poor school/work performance, homelessness, hunger	Shared government and business solutions
Economic	Eligibility for services and programs	Missed benefits and services, delayed care, misuse of sliding fee scale	Clearer communication and direction for beneficiaries
	Catalyst site designation	Sustaining leadership and growth	Employment opportunities, rise in median income, expanded economic growth
Environment	Changing weather patterns	Fires, floods, agriculture negatively impacted, economic threat	Create mitigation plan, pursue federal money for county

Forces Of Change For Suwannee County - EVENTS

(Prepared by WellFlorida Council – November 2017)

	EVENTS	THREATS POSED	OPPORTUNITIES CREATED
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Social/ Behavioral	Spirit of Suwannee	Influx of drugs and alcohol, increased injuries, demands on law enforcement and EMS	Economic boon, opportunity to educate on health and safety issues
	Potential expansion of legislation to allow recreational use of marijuana	Increased drug use, addiction, behavioral and social impacts to children, teens and families	Health education on healthy behaviors and decisions, economic impact
Environmental/ Economic	Hurricane Irma	Unsolved communication issues, ongoing financial impact to government and citizens	Changes in decisionmaking related to resources, new resources for Special Needs Shelters, learnings as host community
	Installation of water and sewer at I-75 and I-10	Funding issues, leadership to ensure wise use of infrastructure assets, creative financing could go well or create further problems	Infrastructure improvement, potential economic growth, reduction in number of septic tanks, protection of environmental assets
	Valdosta sewage dumping	Environmental and health threat	Law suits and/or legal action to halt, pursue financial liability and remediation
	Legislation for Nitrate reduction along Suwannee River	Costs to citizens, enforcement costs, unfunded mandate	Protection of natural resources
	Gates Foundation buy-up of farm land	Family farms being put out of operation, foods/agricultural products shipped out of the county, environmental threat	Some new jobs, use of new farming technology
Political/ Gov't	Changes to Affordable Care Act	Potential increase in costs for insurance and services, increase in number of uninsured, delays in care, new barriers	Elected, governmental and health care entities must work together
	Election of new school superintendent	Continued exclusion of sex education from curriculum, barriers to sexual health	Bring sex education to students, relationship with DOH for expanded health education

		services resulting in STIs and teen pregnancies	
	Gubernatorial election	Change in leadership in the Office of the State Surgeon General, change in state's health priorities	Focus on different or new health priority issues for the state
	Emergency Management move from Board of County Commissioners to Sheriff's Office	Uncertainty of impact	Sheriff's Office is direct report to Governor
	Medical marijuana legislation	Federal illegality of marijuana use, how to implement	Economic impact
Economic	Downsizing at Pilgrim's Pride	Unemployment, loss of health insurance benefits and access to health care	New farming technologies used, bring in outside competitors to fill gaps
	Ending of primary and prenatal care at health department	Loss of medical home, delayed care, increased cost to clients	Assurance of continued care with community providers
	Hoover Farmers Market	Excludes EBT and WIC benefits users	Food availability, support of local agriculture, nutrition education opportunities
	Opening of Shepherd's Hand free clinic	Will need continuing recruitment of volunteer providers and staff	New mobile access point for health care services for the uninsured and low income population

Local Public Health System Assessment

METHODOLOGY

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

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

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

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

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

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

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

standard.” During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

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

The Suwannee County LPHSA took place on November 29 and 30, 2017. The first LPHSA session focused on the Essential Services that typically involve and require the participation of the broader community. These Essential Services are:

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

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

The November 30th LPHSA session focused on the Essential Services that are typically under the purview of the local health department. These Essential Services are:

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

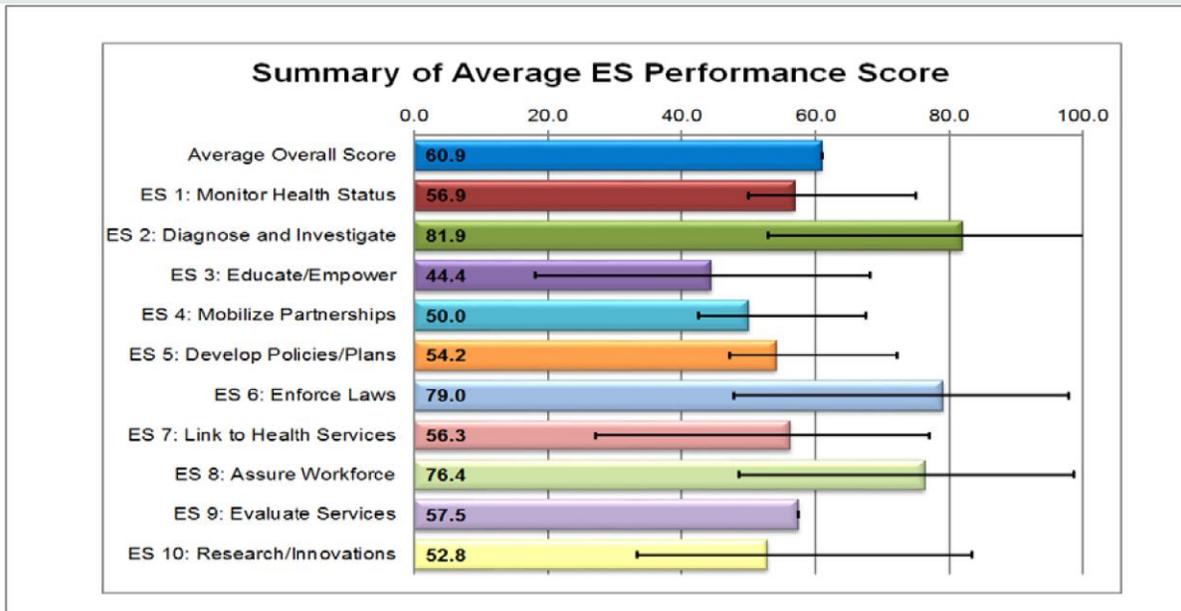
The Florida Department of Health in Suwannee County convened a group of local public health department professionals to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

OBSERVATIONS

Based on the self-assessment of the cross-sectional group representing the local public health system partners, Suwannee County achieved an overall score of 60.9 (out of a potential 100) which reflects significant activity towards optimal performance. The Essential Services that received the highest scores included ES 2 (diagnose and investigate health problems), ES 6 (enforce laws and regulations that protect health and safety), and ES 8 (assure a competent public health workforce). In the Suwannee County public health system, these Essential Services were rated as being provided at an optimal level having received assessment scores higher than 75%. It is important to note that strong performance in disease surveillance, public health code enforcement and workforce competency protect individual and population health in Suwannee County and contribute to prevention efforts. The Essential Services that received the lowest scores were ES 3 (inform, education and empower about health issues), ES 4 (mobilize community partnerships to address health issues), and ES 10 (research for innovative solution). Although these were ranked lower relative to the other services, scores show strong performance and place Suwannee County's public health system capacity at the moderate level in these areas. As a public health system that strives for improvement and enhanced service to the community, Suwannee County partners welcome opportunities to address these and other issues through the community health improvement planning process.

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

FIGURE 46: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES



Intersecting Themes and Key Considerations

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

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which, in essence, comprise an overview of the major health needs and issues in Suwannee County as identified through the community health assessment process. These intersecting themes were the key issues considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including social determinants of health; health status, health behaviors, and health resources; and community infrastructure. Many of the key issues emerged as concerns across the three intersecting theme areas shown below; however, each issue is only listed once.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants of Health
- Generational poverty
- Limited employment opportunities
- Lack of affordable housing
- Low health literacy
- Health Status, Health Behaviors and Health Resources
- Top causes of death higher than Florida
- Heart Disease
- Cancer
- Diabetes
- Unintentional Injuries
- Chronic Lower Respiratory Disease
- Influenza and Pneumonia
- Teen pregnancy
- Infant mortality

- Mental health problems
- Dental and oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Drug and substance abuse
- Tobacco use
- Poor nutrition and food choices
- Inappropriate use of Emergency Departments for routine primary, dental and mental health care
- Lack of health care providers and services, specialty care physicians, and dentists
- Lack of affordable health insurance and sufficient health insurance coverage
- Limited Emergency Medical Services (EMS)
- Community Infrastructure and Environment
- Challenges in mobilizing partners and the community to address health problems
- Elections at state and local levels
- Threats to natural resources and the environment
- Need for better community health education and health information dissemination • After effects of Hurricane Irma

STRATEGIC PRIORITY ISSUE AREAS

The December 6th meeting of the Suwannee County CHA Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review or Health Status Assessment, Forces of Change and Local Public Health System Assessments, and Community Themes and Strengths primary data collection via the community and provider surveys. The committee discussed the characteristics of strategic priorities to assure a common understanding of their scope, scale, and purpose. Prioritization considerations included issue importance, urgency, impact, feasibility and resource availability. A facilitated consensus workshop moved the discussion from creating the list of issues (shown above) to identifying the intersecting themes. Through the consensus process the intersecting themes converged into broad strategic priority issue areas for consideration in the Community Health Improvement Plan.

STRATEGIC PRIORITY ISSUE AREAS IDENTIFIED

- Reproductive and Sexual Health including
 - Teen pregnancy

- Late entry into prenatal care
 - Infant mortality
- Health Behaviors including
 - Drug and substance abuse
 - Tobacco use
 - Injuries, unintentional and intentional
 - Mental health problems
 - Chronic Health Conditions including
 - Overweight and obesity
 - Heart Disease
 - Cancer
 - Diabetes
 - Chronic Obstructive Pulmonary Disease
 - Influenza and Pneumonia
 - Dental and oral health problems
 - Nutrition and food access
- Access to Health Care Services including
 - Health literacy on appropriate use of health care services and resources for primary care, dental care and mental health care
 - Enhancing access to mental health, dental, specialty, and primary care
- Community Engagement including
 - Informing, educating and empowering the community about health and health issues
 - Mobilizing partnerships and community members to address health problems

- Informed participation in state and local elections
- Addressing threats to natural resources and the environment

A number of factors related to community infrastructure such as job opportunities, affordable housing, transportation, cost of health care and health insurance, limits of EMS services, and economic development were discussed. As long-standing, overarching issues these were deemed critical for further attention in venues beyond this assessment. Presentation of the community health assessment findings to elected leaders and the community is the starting point. After effects of Hurricane Irma were explored. The steering committee determined that numerous entities, both at local and state levels, were already working to fill gaps and better prepare Suwannee County. Poverty, among the social determinants of health, was identified as a cross-cutting factor that impacts all the priority areas. It was recognized that each priority area will need to address poverty when selecting strategies and tactics.

As part of the community health assessment process, a number of recommendations and considerations for successful planning and sustained, successful implementation emerged as a result of partner discussions. As Suwannee County partners move forward with community health improvement planning, it is important to bring these points forward. These points are listed below.

KEY CONSIDERATIONS

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

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- Center for Disease Control and Prevention Community Health Improvement Navigator
<http://wwwn.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
<http://www.countyhealthrankings.org/policies/>
- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Evidence-Based Practices (EBP) Web Guide – Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
<https://www.samhsa.gov/ebp-web-guide>
- Community Tool Box – The University of Kansas KU Work Group for Community Health and Development <http://ctb.ku.edu/en/databases-best-practices>

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

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

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

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by

dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The following table presents results of a query of these best practices for some of the key health issue/needs areas in Suwannee County and are worthy of consideration as community interventions. Some

of these best practices may already be in place in Suwannee County and need enhancement while others represent new opportunities.

FIGURE 47: PROMISING INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-andpharmacist-feedback-improve-bloodpressure-control-in-hypertensivepatients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-healthbehaviors-leading-to-improvementsin-health-status

Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/diabetes-educators-provide-counseling-at-worksites-leading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html

Issue	Practice or Intervention	Effectiveness	Source
	programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among schoolaged children (5 to 16 years of age).		
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services

Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-basedresource/interventions-to-reducedepression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional selfawareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about	Evidence-Based	CDC Community Health Improvement Navigator:

Issue	Practice or Intervention	Effectiveness	Source
	weight management. The MEND program focuses on educating children at an early age about healthy living and providing parents with solutions on how to promote good habits at home.		http://www.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-itmend-program
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826

<p>Nutrition</p>	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children’s Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	<p>Evidence-Based (Moderate)</p>	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/community-coalition-supportschools-in-helping-students-increasephysical-activity-and-make-betterfood-choices</p>
<p>Nutrition</p>	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	<p>Evidence-Based (Moderate)</p>	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/county-city-and-communityagencies-support-childcare-centersand-parents-in-improving-nutritionand-physical-activity-habits-of</p>
<p>Nutrition</p>	<p>A community intervention reduces BMI z-score in children: Shape Up Somerville first year results</p> <p>The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two sociodemographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods</p>	<p>Evidence-Based</p>	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/it-ems/a-community-interventionreduces-bmi-z-score-in-childrenshape-up-somerville-first-year-results</p>

Issue	Practice or Intervention	Effectiveness	Source
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	within the before-, during-, after-school, home, and community environments. Many groups and individuals within the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/statewide-collaborativecombines-social-marketing-andsector-specific-support-to-producepositive-behavior-changes-haltincrease
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™ is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://www.cdc.gov/CHIdatabase/items/text4diet-a-text-message-basedintervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescence and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational,	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html

	behavioral and social, and policy and environmental strategies.		
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Issue	Practice or Intervention	Effectiveness	Source
Obesity	<p>Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time</p> <p>Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be singlecomponent or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-basedresource/obesity-prevention-andcontrol-behavioral-interventions</p>
Physical Activity	<p>Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices</p> <p>HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supportsschools-in-helping-students-increasephysical-activity-and-make-betterfood-choices</p>

Physical Activity	<p>County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers</p> <p>Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.</p>	Evidence-Based (Moderate)	<p>CDC Community Health Improvement Navigator: http://www.cdc.gov/CHDatabase/it-ems/county-city-and-communityagencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of</p>
Physical Activity	<p>The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review.</p> <p>Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended</p>	Systematic Review	<p>Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-basedresource/the-effectiveness-of-urbandesign-and-land-use-and-3</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase the safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.</p>		

Physical Activity	<p>Activity Bursts in the Classroom (ABC) Fitness Program</p> <p>Activity Bursts in the Classroom (ABC) Fitness Program is a classroom-based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.</p>	Evidence-Based	<p>Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616</p>
Physical Activity	<p>Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education</p> <p>Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following:</p> <ul style="list-style-type: none"> • Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) • Physical education lesson plans that incorporate fitness and circuit training activities 	Systematic Review	<p>The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbasedpe.html</p>
Substance Abuse	<p>Principles of Drug Addiction Treatment: A Research-Based Guide</p> <p>This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach</p>	Evidence-Based	<p>National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug</p>

Issue	Practice or Intervention	Effectiveness	Source
	<p>is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance</p>		<p>addiction-treatment/pharmacotherapies</p>

	existing treatment programs, and others are fairly comprehensive in and of themselves.		
Poverty	<p>Policies to Address Poverty in America:</p> <p>Collective evidence on successful interventions that are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.</p>	Systemic Review	<p>The Hamilton Project:</p> <p>http://www.hamiltonproject.org/assets/files/policies_to_address_poverty_in_america_summary_of_highlights.pdf</p>
Poverty	<p>Social Programs That Work: Employment and Welfare</p> <p>This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.</p>	Evidence-Based	<p>Coalition for Evidence-Based Policy:</p> <p>http://evidencebasedprograms.org/about/employment-and-welfare</p>
Poverty	<p>What works? Proven approaches to alleviating poverty</p> <p>The resulting <i>What Works</i> report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.</p>	Evidence-Based	<p>University of Toronto, School of Public Policy & Governance:</p> <p>https://mowatcentre.ca/wpcontent/uploads/publications/95_what_works_full.pdf</p>

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Forces of Change Materials
- Survey Materials
- Community Assets/Resources

STEERING COMMITTEE MEMBERS

- Career Source North Florida - Anthony Jennings
- Cheek & Scott Drugs - Jeff Scott, Jay Harrison
- Christ Central Ministry - Wayne Godsmark
- City of Live Oak – Mayor Sonny Nobles
- Community Member – Maureen Menosky
- Daniels Funeral Home - Jordan Daniels
- Elder Options – Lauren Dean
- First Federal Bank of Florida - Heather Thompson, Stephanie McLendon
- Florida Department of Children and Families - Cheryl Twombly, Cindy Bishop, John Wisker
- Florida Department of Corrections - Julie Eveslage, Kelly Stephenson
- Love, Inc. – Lisa Kriehn
- Lutheran Services of Florida Health Systems - Lesley Hersey
- Melody Church - Heidi Hofer
- Meridian Behavioral Health Care - Karyn Elliott, Natasha Fredericks Klein, Pamela Hester, Sharon Simons
- Palms Medical Group - Anita Riels
- Pregnancy Care Center - Vickie Hicks
- Shands Live Oak - Denise Martin, Donna Ragan, Janis Watson
- Shands Medical Group – Amber Ingram, ARNP
- St. Lukes Episcopal Church - Father George Hinchliffe
- Suwannee Chamber - Jimmy Norris
- Suwannee Coalition - Carla Blalock
- Suwannee County Administration – Randy Harris, Mandy McDonald
- Suwannee County Board of County Commission - Clyde Fleming, Don Hale, Ricky Gamble, Ronald Richardson

- Suwannee County Extension Office - Katherine Allen, Bonnie Box
- Suwannee County Fire Rescue - James Sommers, Nathan Griffis
- Suwannee County Parks and Recreation Department - Greg Scott
- Suwannee County Schools - Joyce Warren, Juanita Torres, Michele Howard, Ted Roush
- Suwannee County Youth Advocacy – Mary Taylor, Steven Schneitman
- Suwannee River Economic Council - Frances Terry, Matt Pearson
- Suwannee River Regional Library - Betty Lawrence, Marlene Mitchell
- Suwannee Valley Electric Cooperative - Mike McWaters, De Smith
- Suwannee Valley Transit Authority – Larry Sessions, Teresa Fortner
- Town of Branford - Ken Saunders
- UF IFAS - Mike Swain
- United Way - Nancy Roberts
- Vivid Visions - Kathy White

FORCES OF CHANGE MATERIALS

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

Forces of Change (FOC) Assessment

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

To review the FOC and its components from the National Association of County and City Health Officials (NACCHO) website, please go to:

<http://www.naccho.org/topics/infrastructure/mapp/framework/phase3foc.cfm>

Process:

- Meeting will be held at **on Wednesday, November 15, from 9 – 11 am**. The meeting location is still being confirmed and will be communicated to you via email.
- Each of the Suwannee County CHA Steering Committee members will bring up to two (2) community members to the meeting to participate in the FOC.
- Suwannee County CHA Steering Committee members will RSVP to Chris Abarca, as well as forward the name, email address and phone number of each community attendee they wish to invite by **Monday, November 6 by 5:00 pm**.
- Attendees will be asked to complete a Forces of Change Brainstorming Worksheet and Forces of Change Opportunities and Threats Analysis Worksheet and submit their responses via email to Chris Abarca (cabarca@wellflorida.org) by close of business **Monday, November 13**. Additionally, meeting participants are asked to bring hard-copy versions of their homework on to the meeting on Wednesday, November 15.
- During the meeting on Wednesday, November 15, attendees will participate in a group brainstorming session where insights of each attendee's worksheets are shared with the group.
- A consensus vision of key Forces and key Threats and Opportunities will be developed through this group brainstorming session.
- The results of this Forces of Change Assessment will be included in the final Community Health Assessment in order to take stock, as potential interventions and initiatives are prescribed,

on what forces need to be addressed that may hinder or enhance these interventions and initiatives.

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for the Suwannee County CHA Steering Committee and invited guests to use in preparing for the Forces of Change brainstorming session. Please have each attendee/invitee complete this Forces of Change Brainstorming Worksheet and the accompanying Threats and Opportunities Analysis Worksheet (separate document) prior to the meeting on Wednesday, November 15 and bring both completed Worksheets to the meeting.

What are Forces of Change?

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

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

What Kind of Areas or Categories Are Included?

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

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

How To Identify Forces of Change

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



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

Forces of Change Brainstorming Worksheet

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

Factors, events and trends affecting Suwannee County:

Example 1: Changes to the Affordable Care Act

Example 2: Stagnant economy

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



11. _____
12. _____

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



Forces of Change - Threats and Opportunities Worksheet

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

Factors, events and trends affecting Suwannee County:

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

--	--	--



3.		
4.		
5.		
6.		



SURVEY MATERIALS

COMMUNITY MEMBER SURVEY

2017 Lafayette and Suwannee Community Health Survey

Dear Community Member,

The Florida Department of Health in Lafayette and Suwannee Counties, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed by January 31, 2017. We request your input, as a community member, on the most pressing health and health care issues facing our communities. Your responses will inform local community health improvement planning and guide efforts to build healthier communities. Your individual responses to this survey will remain confidential. This survey consists of 24 questions and should take approximately 10-15 minutes to complete.

At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the six (6) \$20 gift cards that will be given away. If you are interested, please provide a telephone number and/or e-mail address so that we may contact you for mailing information if your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential and only be used for this stated purpose.

Please note, you must be 18 years of age or older and a resident of Lafayette or Suwannee County to participate in this survey and to be eligible for the random drawing.

This survey is being distributed throughout Lafayette and Suwannee Counties. This survey will be available from Monday, October 16, 2017 through Friday, November 24, 2017. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a gift card.

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

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

1. Please select one response.

I live in Lafayette County.

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

2. I am 18 years of age or older.

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

3. In which zip code do you live?

- 32008
- 32060
- 32062
- 32064
- 32013
- 32066
- 32071
- 32094
- 32024
- 32055
- 32096
- Other, please specify _____

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

- Access to health care
- Affordable goods/services
- Affordable housing
- Affordable utilities
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Good place to raise children
- Good race/ethnic relations
- Good schools
- Healthy behaviors and healthy lifestyles
- Strong economy

- Job opportunities for all levels of education
- Low preventable death and disease rates
- Low crime/safe neighborhoods
- Low level of child abuse
- Low level of domestic violence
- Low rates of infant and childhood deaths
- Parks and recreation
- Religious or spiritual values
- Strong family ties
- Other (please specify) _____

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

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

6. From the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in your county?

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

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

7. For the **five (5)** issues you selected above, please rate how confident are you that the community can make a substantial impact on those 5 health-related issues within the next 1-3

years? Note that all the issues are listed but **you only have to rate the 5 you selected in Question 6.**

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

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

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

- Yes. Please go to Question 9.
- No. I got the dental care I needed or didn't need dental care. Please go to Question 10.

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

- Cost
- No appointments available or long waits for appointments
- No dentists available
- Transportation, couldn't get there
- Other, please specify _____

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

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

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

- Cost
- No appointments available or long waits for appointments
- No primary care providers (doctors, nurses) available
- Transportation, couldn't get there
- Other, please specify _____

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

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

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

- Cost
- No appointments available or long waits for appointments
- No mental health care providers available
- Transportation, couldn't get there
- Other, please specify _____

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

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

There is a sufficient number of dental services.	<input type="radio"/>				
There is a sufficient number of medical services.	<input type="radio"/>				
There is a sufficient number of mental health/substance abuse services.	<input type="radio"/>				

15. How would you rate the overall health of residents in your county? Please select **one (1)** choice.

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

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

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

Lack of specialty care doctors	<input type="radio"/>				
Limited health care services for children (less than age 18)	<input type="radio"/>				
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

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

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

Limited health care services for children (less than age 18)	<input type="radio"/>				
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

18. How would you rate your own personal health?

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

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

- Access to healthy food
- Alcohol use
- Allergies
- Alzheimer's or Dementia
- Brain injury
- Cancer
- Caregiving for another
- Cost of medical/dental care

- Developmental disability
- Diabetes
- Dental issues
- Domestic violence
- Eating choices
- Heart disease
- HIV/AIDS
- Injuries
- Kidney disease
- Lack of health insurance
- Lack of exercise
- Liver disease
- Mental illness
- My child's health
- Orthopedic issues
- Overweight
- Physical disability
- Poor eyesight
- Poor hearing
- Poor nutrition
- Pregnancy complications
- Stress
- Stroke
- Substance abuse
- Tobacco use
- Unwanted/unintended pregnancy
- Other (please specify) _____

Now we need to find out a little about you.

20. Which of the following best describes your current employment status?

- Employed (Full-Time)
- Employed (Part-Time)
- Full-Time Student
- Part-Time Student
- Retired
- Self-Employed

- Unemployed
 - Work two or more jobs
 - I prefer not to answer
 - Other (please specify) _____
21. What is your age?
- 0-17
 - 18-24 25-29 30-39 40-49 50-59 60-69
 - 70-79
 - 80 or older
 - I prefer not to answer
22. What is your gender?
- Male
 - Female
 - Transgender
 - I prefer not to answer
 - Other (please specify) _____
23. What racial/ethnic group do you most identify with?
- American Indian or Alaskan Native
 - Asian Pacific Islander
 - Black or African American (Non-Hispanic)
 - Hispanic or Latino
 - Multiracial/Multiethnic White (Non-Hispanic)
 - I prefer not to answer
 - Other (please specify) _____

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

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

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

- Medicaid
- Medicare
- Medicare + Supplement
- Private insurance
- VA/Tri-Care
- I have no health insurance
- I prefer not to answer
- Other (please specify) _____

If you want to be entered in the drawing to win a \$20 gift card, please provide your email address or phone number. If your survey is drawn as the winner, you will be contacted by phone or email, whichever you prefer.

E-mail: _____

Phone: _____

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



PROVIDER SURVEY

2017 Suwannee and Lafayette County Provider Survey

Dear Provider,

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

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

1. Do you provide healthcare services to Suwannee or Lafayette County residents?

- Yes
- No

2. What type of provider are you?

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

-
-
-

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

- Addiction Medicine
- Allergy/Immunology
- Anesthesiology
- Cardiology
- Cosmetic/Plastic Surgery
- Chiropractic Medicine Critical Care Medicine
- ENT/Otolaryngology
- Family Practice
- Internal Medicine
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Practice
- General Surgery
- Geriatrics
- Gynecology
- Hematology
- Hospitalist
- Immunology
- Infectious Diseases
- Internal Medicine
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Oncology
- Ophthalmology
- Orthopedics
- Orthopedic Surgery

- Osteopathic Medicine
- Pain Management
- Palliative Care
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Pulmonology
 - Psychiatry
 - Radiology
 - Specialized Surgery
- Sports Medicine
- Other (please specify) _____

-
-
-

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

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

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

- Alcohol abuse
- Distracted driving (e.g. texting and driving)
- Dropping out of school
- Drug abuse
- Eating unhealthy foods/drinking sweetened beverages
- Lack of sleep
- Not exercising
- Not getting immunizations to prevent disease (e.g. flu shots)
- Not using birth control
- Not using health care services appropriately
- Not using seat belts/child safety seats
- Overeating
- Racism
- Starting prenatal care late in pregnancy
- Stress management
- Tobacco use
- Unsafe sex
- Unsecured firearms
- Violence
- Other (please specify) _____

5. In the following list, what do you think are the **five (5)** most important "Health Problems" (those problems which have the greatest impact on overall community health) in Suwannee and Lafayette

-
-
-

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

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



	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Access to healthy food	<input type="radio"/>				
Access to long-term care	<input type="radio"/>				
Access to primary care	<input type="radio"/>				
Affordable assisted living	<input type="radio"/>				
Age-related issues (e.g. arthritis, hearing loss, etc.)	<input type="radio"/>				
Cancer	<input type="radio"/>				
Child abuse/neglect	<input type="radio"/>				
Dementia	<input type="radio"/>				
Dental problems	<input type="radio"/>				
Diabetes	<input type="radio"/>				
Disability	<input type="radio"/>				
Domestic violence	<input type="radio"/>				
Firearm-related injuries	<input type="radio"/>				
Heart disease and stroke	<input type="radio"/>				
High blood pressure	<input type="radio"/>				
HIV/AIDS	<input type="radio"/>				
Homicide	<input type="radio"/>				
Infant death	<input type="radio"/>				
Mental health problems	<input type="radio"/>				
Obesity	<input type="radio"/>				
Pollution (e.g. water and air quality, soil, etc.)	<input type="radio"/>				

Rape/sexual assault	<input type="radio"/>				
Respiratory/lung disease	<input type="radio"/>				
Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)	<input type="radio"/>				
Stress	<input type="radio"/>				
Substance abuse/Drug abuse	<input type="radio"/>				
Suicide	<input type="radio"/>				
Teenage pregnancy	<input type="radio"/>				
Vaccine preventable diseases (e.g. flu, etc.)	<input type="radio"/>				
Other (please specify)	<input type="radio"/>				

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

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

- Poor Fair
- Good
- Very Good

- Excellent
- Don't Know

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

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	<input type="radio"/>				
Availability of mental health services	<input type="radio"/>				
Cost of health care insurance	<input type="radio"/>				
Cost of health care services	<input type="radio"/>				
Knowledge of where to receive dental services	<input type="radio"/>				
Lack of community concern about health issues	<input type="radio"/>				
Lack of knowledge of how to use available health care services	<input type="radio"/>				
Lack of knowledge of what health care services are available	<input type="radio"/>				
Lack of primary care or family doctors	<input type="radio"/>				
Lack of specialty care doctors	<input type="radio"/>				
Limited health care services for children (less than age 18)	<input type="radio"/>				
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Pain Management	<input type="radio"/>				

Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

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

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	<input type="radio"/>				
Availability of mental health services	<input type="radio"/>				
Cost of health care services	<input type="radio"/>				
Cost of health insurance	<input type="radio"/>				
Knowledge of where to receive dental services	<input type="radio"/>				
Lack of community concern about health issues	<input type="radio"/>				
Lack of knowledge of how to use available health care services	<input type="radio"/>				
Lack of knowledge of what health care services are available	<input type="radio"/>				
Lack of primary care or family doctors	<input type="radio"/>				
Lack of specialty care doctors	<input type="radio"/>				
Limited health care services for children (less than age 18)	<input type="radio"/>				

Limited health care services for senior adults (age 65 and over)	<input type="radio"/>				
Long wait times to get an appointment with a doctor	<input type="radio"/>				
Pain Management	<input type="radio"/>				
Quality of health care services	<input type="radio"/>				
Transportation to health care services	<input type="radio"/>				

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

- Cost
- Inability to use technology effectively
- Lack of access to sufficient time with me or my staff
- Lack of coverage by insurance company
- Lack of education
- Self-discipline/motivation
- Other (please specify) _____



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

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

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

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

The next series of questions are general demographic questions.

13. What is your age?

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

14. How would you rate your own personal health?

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

15. What is your gender?

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

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

- American Indian or Alaskan Native
- Asian Pacific Islander
- Black or African American (Non-Hispanic)

- Hispanic or Latino
- Multiracial/Multiethnic
- White (Non-Hispanic)
- I prefer not to answer
- Other (please specify) _____

17. How long have you practiced your profession?

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

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

Please return this completed survey to either of these locations:

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

COMMUNITY ASSETS/RESOURCES

COMMUNITY ASSETS/RESOURCES

- Children’s Home Society of Florida – Jennifer Anchors
- Partnership for Strong Families- Jacob Clore
- Live Oak Housing Authority- Nathan
- Elder Options – Cheryl Harris, Bianca Blackshear, Lauren Dean, Velma Chandler
- Florida Department of Children and Families – Candi Morris, Cindy Bishop
- Florida Department of Corrections - Julie Eveslage, Kelly Stephenson
- Florida Department of Health, Child Protection Team – Stephanie Cox
- Haven Hospice – Debbie French
- Suwannee County Mayor- Frank Davis
- Suwannee County Fire and Rescue- Eddie Hand
- Suwannee County Board of County Commissioners
- Suwannee County Parks and Recreation- Greg Scott
- Palms Medical Group
- Cheek and Scott
- Suwannee County Chamber of Commerce
- Another Way, Inc.- Lawonda Law
- Suwannee County Extension Office – Kim Griffin, Judy Dampier
- Suwannee County Youth Advocacy – Mary Taylor
- Lutheran Services of Florida Health Systems - Lesley Hersey
- Meridian Behavioral Health Care – Anita Scarborough, Debra Wright, Nancy Collins, Natasha Fredericks Klein, Pamela Hester, Sharon Simons
- North Florida Community College – Takiyah Randolph, John Walt Boatright
- North Florida Medical Centers – A. Harris
- Rural Women’s Health Project – Anna Villagomez, Fran Ricardo
- Suwannee River Area Health Education Center – Desiree Salter, Fran VanElla

- Suwannee River Economic Council - Frances Terry, Janis Owens, Matt Pearson
- Suwannee County Library – Betty Lawrence
- Vivid Visions- Carol Johnson
- Healthy Start- Erin Peterson
- Suwannee Love, Inc.- Lisa Kriehn
- Saint Leo University- Lisa Burnham
- UF IFAS, Public Health Coordinator - Mike Swain
- United Way - Nancy Roberts
- WellFlorida Council- Lindsey Redding, Christine Abarca, Debbie Reich