



SHANDS LAKE SHORE HOSPITAL

NEEDS ASSESSMENT FY 2018



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Introduction to Community Health Needs Assessments

GENERAL

The Affordable Care Act establishes specific statutory requirements that hospitals must meet to qualify as organization described in Section 501(c)(3) of the Internal Revenue Code and allow them to be exempt from federal income tax. As part of the new IRS requirements, hospitals must conduct a Community Health Needs Assessment to serve as an essential tool for developing a health improvement plan for the community the hospital serves. A community health needs assessment poises hospitals as leaders who have identified the health needs of their communities and are working towards solutions to meet those needs. The statutory requirements specified in the Affordable Care Act state:

- Each hospital facility must conduct a Community Health Needs Assessment at least once every three tax years and adopt an implementation strategy to meet the community health needs identified through the assessment
- The Community Health Needs Assessment must take into account input from persons who represent the broad interests of the community serviced by the hospital facility; including those with special knowledge of or expertise in public health
- Must be made widely available to the public
- Each hospital must disclose in Form 990 how it is addressing all of the needs identified in the assessment and if not, why not

A Community Health Needs Assessment serves as a systematic approach to collecting, analyzing and utilizing data to identify priority areas for improving health. Hospitals use this report as a call to action, engaging community members through public awareness messages, creating effective programs and policies and collaborating with other organizations to bring positive change to their community. The long-term goal of a Community Health Needs Assessment is to identify health priorities and develop impact strategies with all health-related stakeholders in the community.

This Community Health Needs Assessment report serves as a baseline of the health status of the Shands Lake Shore Regional Medical Center service area which will be referred to as Shands Lake Shore Hospital (SLSH) service area in this document. The following zip codes made up the SLSH service area: 32055, 32056, and 32024 (Lake City), 32060 (Live Oak, Suwannee County), 32064 (Live Oak, Suwannee County), 32025 (Jasper, Hamilton County) and 32038 (Ft. White).



METHODOLOGY

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

- Executive Summary
- Community Input
 - Focus Group Analysis
 - Provider Survey Analysis
- Key Findings
- Appendix
 - Technical Appendix
 - Focus Group Materials
 - Provider 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 Input 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 healthcare, two research methods were used: focus groups and providers surveys. The Steering Committee worked with WellFlorida Council to determine focus group questions and provider survey questions. Detailed analysis of focus group response and survey responses will be included in the Community Input component.

The Key Finding 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

INTRODUCTION

The *Shands Lake Shore Hospital Service Area Summary* highlights key findings from the *Shands Lake Shore Hospital Service Area Technical Report*. The assessment data was prepared by WellFlorida Council, Inc., using a diverse list 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 the 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 and emerging needs. Data from this report can be used to explore and understand the health needs of Shands Lake Shore Hospital (SLSH) Service Area, which includes zip codes from Lake City (32055 and 32056), Live Oak (32060) (Suwannee County), Lake City (32024), Live Oak (32064) (Suwannee County), Jasper (32025) (Hamilton County) and Ft. White (32038) and its various communities and sub-populations, plan interventions, and apply for continuing and new program funding. These zip codes were obtained by calculating 75.0 percent of total Shands Lake Shore Hospital discharges for the 2017 calendar year. The following summary is broken down into several components:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Behavioral Risk Factors
- Maternal Health
- Mental Health
- Health Care Access and Utilization

Many of the data tables in the technical report contain standardized rates for the purpose of comparing individual zip code tabulation areas which make up the SLSH Service Area, to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small); thus 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. When data was shown for each zip codes as well as a Shands Lake Shore Hospital Service Area Total and the Columbia County and Florida total for comparison. If data was not available at the zip code level then the Columbia County data was shown in the report.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and health care 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 Shands Lake Shore Hospital Service Area Technical Report includes data on current population numbers and distribution by age, gender, and racial group by political region (county zip code). It also provides estimates on future population growth in addition to 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 health care access, and heightened risk of acute and/or chronic illness. Noted below are some of the key findings from the SLSH Service Area's demographic and socioeconomic profile.

POPULATION

Population growth is a key determinant of the necessary healthcare services a community requires to be able to sustain positive health behaviors and effective health outcomes. The SLSH Service Area primarily serves an adult population between 25 and 64 years of age (51.4%), which is comparable for Columbia County (51.6%) and Florida (52.4%) (Table 23, Technical Appendix). SLSH Service Area has 63.6% of the population living in rural areas, which is comparable for Columbia County (62.1%), but is significantly higher than Florida (8.8%) (Table 19, Technical Appendix). The Black, Asian only, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islanders population comprise 19.5%, 0.7%, 0.3%, 0.0% of the SLSH Service Area, respectively, while 1.1% identify themselves as another race and 2.3% identify as having two or more races (Table 20, Technical Appendix).

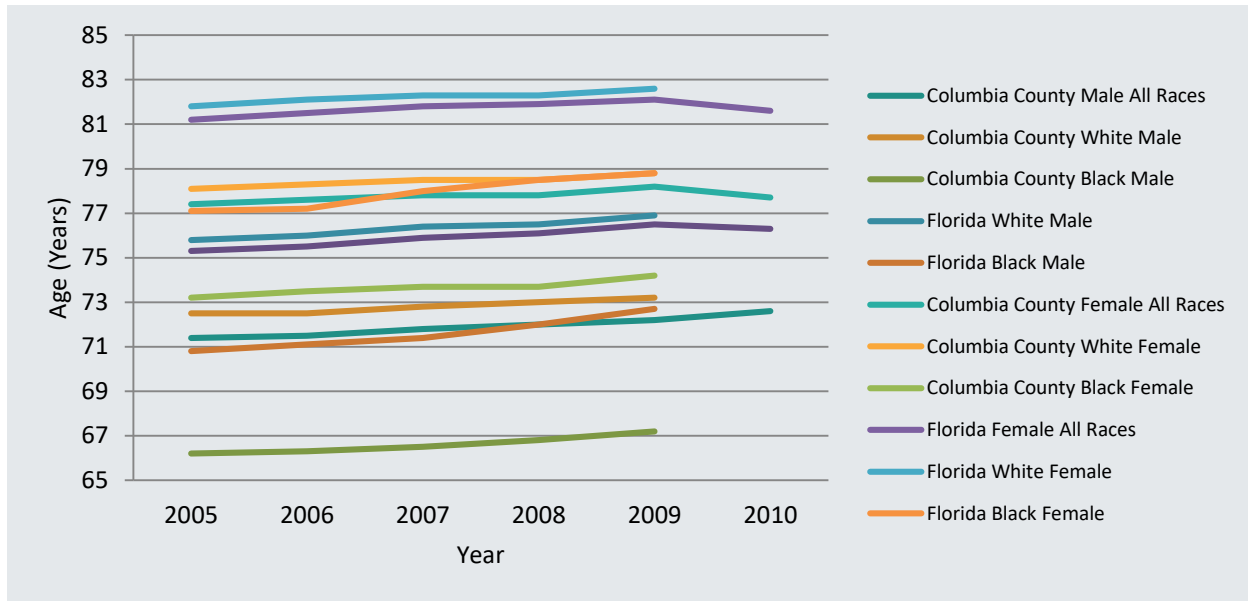
LIFE EXPECTANCY

Considering all races and ethnicities, the life expectancy for males in 2010 was 72.6 years in Columbia County, compared to Florida (76.3 years) (Figure 1). Considering all races and ethnicities, the life expectancy for females in 2010 was 77.7 years in Columbia County, compared to Florida (81.6 years) (Figure 1).

As commonly seen throughout the state of Florida, there is a greater disparity in life expectancy in the Black population as compared to the White population in Columbia County (Figure 1).



FIGURE 1. MALE AND FEMALE LIFE EXPECTANCY BY RACE AND YEAR, COLUMBIA COUNTY AND FLORIDA, 2005-2010



Source: Tables 3-4, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

ECONOMIC CHARACTERISTICS

Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. Table 1 shows the 2018 Federal poverty guidelines for a household (Table 1). Changes in the distribution of persons living in poverty have implications for access to health care, health behaviors, and health outcomes.



TABLE 1. FEDERAL POVERTY GUIDELINES BY NUMBER OF PERSONS IN FAMILY/HOUSEHOLD, 2018

Number of Persons in Family/Household	Poverty Guideline
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380
Each Additional Person Over 8	+\$4,320

Source: Table 46, Shands Lake Shore Hospital Technical Appendix, prepared by WellFlorida Council

Compared to Florida (14.8%), Columbia County (17.8%) has slightly higher percentage of individuals living in poverty in 2016 (Table 33, Technical Appendix). Considering all the zip codes associated with SLSH Service Area, the estimated percentage poverty in the past 12 months is highest in Live Oak (32064) (33.1%) and lowest in Lake City (32025) (13.6%), which can be compared to SLSH Service area (21.3%) and Florida (16.1%) (Table 36, Technical Appendix). There were more children living in poverty in the last 12 months in SLSH Service Area (32.7%) compared with Columbia County (28.1%) and Florida (23.3%) (Table 37, Technical Appendix). Across all zip codes associated with SLSH Service Area, Live Oak (32064) (56.6%) had the highest estimated percent of children in poverty in the past 12 months, Lake City (32025) (16.1%) had the lowest (Table 37, Technical Appendix).

The percentage of males living in poverty in SLSH Service Area (19.6%) remains higher than Columbia County (17.5%) and Florida (15.0%). Similarly, the percentage of females living in poverty in SLSH Service Area (22.8%) remains higher than Columbia County (21.1%) and Florida (17.1%) (Table 40, Technical Appendix). Considering all zip codes associated with SLSH Service Area, the highest percentage rate of male poverty was in Lulu (32061) (31.0%) and the lowest was in Lake City (32025) (12.7%), for females the highest percentage poverty rate was in Live Oak (32064) (36.7%) and the lowest in Lake City (32025) (14.4%) (Table 40, Technical Appendix).

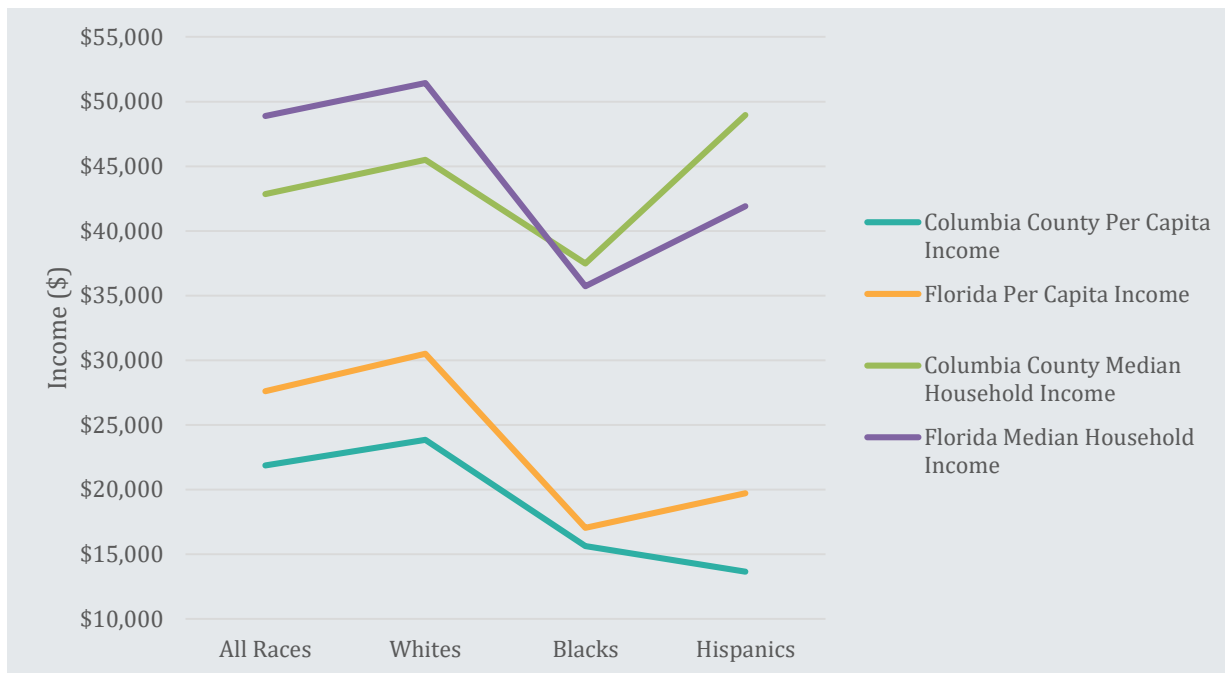


The percentage of Black population living in poverty in SLSH Service Area (36.3%) is higher than Columbia County (32.7%) and Florida (26.2%). Similarly, the percentage of the White population living in poverty in SLSH Service Area (17.5%) is higher than Columbia County (16.0%) and Florida (13.7%) (Table 41, Technical Appendix). Considering all zip codes associated with SLSH Service Area, the Black population has the highest percentages of poverty in Live Oak (32064), Lake City (32055), and Jasper (32052) (49.6%, 45.5%, and 42.0%, respectively) and the lowest in Ft. White (32038) (19.0%) (Table 41, Technical Appendix). Across all zip codes associated with SLSH Service Area, the White population had the highest percentage poverty in Lulu (32061) (30.8%), Live Oak (32064) (24.1%), and Ft. White (32038) (20.8%) while Lake City (32025) (10.8%) had the lowest percentage of poverty (Table 41, Technical Appendix).

The Black and Hispanic population in Columbia County (\$37,476 and \$48,953, respectively) has a higher median household income than the population of Blacks and Hispanics in Florida (\$35,722 and \$41,909, respectively), however the White population in Columbia County (\$45,487) has a lower median household income than Florida (\$51,444) (Figure 2). Additionally, the White, Black, and Hispanic, populations (\$23,847, \$15,623, and \$13,657, respectively) all have a lower per capita income than Florida for the respective demographics (\$30,505, \$17,044, and \$19,727, respectively) (Figure 2). Similarly, Columbia County had a lower per capita income (\$21,875) when compared to Florida (\$27,598) (Figure 2). Estimated Family income associated with SLSH Service Area shows that almost half (49.9%) of all households earn less than \$50,000, however 25.2% of families fall into the '\$60,000-\$99,999' income range (Table 47, Technical Appendix).



FIGURE 2. PER CAPITA INCOME AND MEDIAN HOUSEHOLD INCOME BY RACE, COLUMBIA COUNTY AND FLORIDA, 2012-2016



Source: Table 43-45, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

It is notable that the unemployment rate in for Columbia County has decreased from 2010 (10.7%) to 2017 (4.3%), by a percentage change of 59.8%, and the 2017 unemployment rate is comparable with Florida (4.2%) (Table 55, Technical Appendix).

EDUCATIONAL ATTAINMENT

Educational attainment refers to the highest level of education that an individual has completed. Educational attainment affects the lives of people by reducing poverty, increasing opportunities, and lowering the risk for disease and health problems. In 2016, of the population greater than 25 years of age in the SLSH Service Area, 60.4% have at most a high school diploma compared to Columbia County (60.8%) and Florida (49.7%) (Table 59, Technical Appendix). Compared to Florida (12.8%), 17.3% of the SLSH Service Area and 13.8% of Columbia County have less than a high school diploma (Table 59, Technical Appendix). It is notable that when compared to Florida (37.4%), SLSH Service Area (22.3%) and Columbia County (25.5%) have a smaller percentage of college graduates (Table 59, Technical Appendix). Since 2012, the high school graduation rates have increased in Columbia County but remain lower than Florida, while the high school dropout rates were lower for Columbia County than Florida during the same time period (Table 60, Technical Appendix).



MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In SLSH Service Area, 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 the SLSH Service Area compares similarly to Florida averages, on some demographic and socioeconomic indicators, in other areas disparities exist. Noted below are some key facts and trends of the mortality and morbidity rates in the SLSH Service Area.

CAUSES OF DEATH

- The overall top 5 leading causes of death in SLSH Service Area for all races are: 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injury and 5) Stroke (Table 2). Although in a different order, the top 5 leading causes of death for SLSH Service Area are comparable to Florida's overall top 5 leading causes of death (Table 3).



TABLE 2. AGE ADJUSTED DEATH RATES PER 100,000 POPULATION FOR ALL RACES FOR TOP CAUSES OF DEATH BY SERVICE AREA AND FLORIDA, 2012-2016

Cause of Death	Shands Lake Shore Hospital Service Area		Columbia County		Florida	
	Average Number of Deaths	Age-Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age-Adjusted Death Rate Per 100,000 Population	Average Number of Deaths	Age-Adjusted Death Rate Per 100,000 Population
All	994.4	733.6	753.6	899.7	182,431.4	674.7
Cancer	230.6	163.9	182.8	205.4	42,112.4	154.0
Heart Disease	225.6	164.7	154.6	184.0	43,004.8	152.3
Chronic Lower Respiratory Disease (CLRD)	78.8	55.7	61.6	71.6	11,214.0	39.6
Unintentional Injury	50.6	41.0	42.8	57.8	9,625.6	44.0
Stroke	49.8	36.5	40.6	48.7	9,812.2	34.5

Source: Tables 72-78, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

- As seen in Table 2, the age-adjusted death rates (per 100,000 population) for the top 5 causes of death in SLSH Service Area are less than the age-adjusted death rates for Columbia County, but are greater than the age-adjusted death rates for Florida in all categories (Table 2).

Disparity

- Lulu (32601) and Live Oak (32064) (2,188.8 and 1651.1, respectively) have the highest age-adjusted death rates (per 100,000 population) for all causes in SLSH Service Area, Live Oak (32060) and Jasper (32052) (686.5 and 801.9, respectively) have the lowest age-adjusted death rates (per 100,000 population) (Table 72, Technical Appendix).
- Males had a significantly higher age-adjusted death rate for all causes (per 100,000 population) for the SLSH Service Area than did females (1059.1 and 775.9, respectively) (Table 70-71, Technical Appendix).



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- Live Oak (32064) had the highest age-adjusted death rate (per 100,000 population) for Heart Disease (453.6), CLRD (128.2), and Unintentional Injury (86.2) across all zip codes for SLSH Service Area (Tables 74-76, Technical Appendix).
- Lulu (32061) had the highest age-adjusted death rate (per 100,000 population) for Cancer (492.1) and Stroke (377.1) across all zip codes for SLSH Service Area (Tables 73 and 78, Technical Appendix).
- For the top 5 causes of death, there were only three zip code areas that ranked either as rank 1 or 2 for any cause of death, these were Lulu (32061), Live Oak (32064), and Jasper (32052) (Tables 73-78, Technical Appendix).

TABLE 3. TOP 10 RANKINGS FOR CAUSES OF DEATH BY RACE AND ETHNICITY, COLUMBIA COUNTY AND FLORIDA, 2012-2016

Rank of Cause of Death	Florida	Columbia County			
	All Races	All Races	White	Black	Hispanic
1	Heart Disease	Cancer	Cancer	Cancer	Cancer & Heart Disease
2	Cancer	Heart Disease	Heart Disease	Heart Disease	
3	CLRD	CLRD	CLRD	Stroke	Unintentional Injury
4	Stroke	Unintentional Injury	Unintentional Injury	Diabetes	Stroke & Diabetes
5	Unintentional Injury	Stroke	Stroke	Unintentional Injury	
6	Alzheimer's Disease	Diabetes	Diabetes	CLRD	Suicide
7	Diabetes	Liver Disease & Nephritis	Liver Disease	Homicide & Nephritis	CLRD
8	Nephritis		Alzheimer's Disease		HIV, Legal Intervention, Septicemia, Peptic Ulcer (Tied with 1 each)
9	Suicide	Alzheimer's Disease	Suicide	HIV	
10	Liver Disease	Suicide	Nephritis	Septicemia	

Source: Table 65, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council



Racial and Ethnic disparity:

- In Columbia County, the top two causes of death for All Races, Whites, Blacks, and Hispanics are equivalent to Florida but in reversed order (Table 3).
- The Black population (980.5) has a higher age-adjusted death rate (per 100,000 population) for all causes than the White population (907.9) in Columbia County, these are both higher than Florida's age-adjusted death rate for the Black and White Populations (761 and 671.8, respectively) (Table 67-68, Technical Appendix).
- In Columbia County, the White population is affected by Alzheimer's and Liver Disease more than any other race. Liver Disease is not a leading cause of death for Blacks and Hispanics in Columbia County, however Alzheimer's disease is the sixth and Liver Disease is ninth in leading causes of death in Florida Hispanics. Compared to both Black and Hispanic populations, CLRD is a more frequent cause of death for the White population in Columbia County (Table 3).
- In Columbia County, the Black population is affected by Homicide more than any other race as it does not show up as a leading cause of death for both Hispanics and Whites. HIV is the ninth leading cause of death for the Black population and is tied for eighth for the leading cause of death for Hispanics, but HIV is not in the top 10 causes of death for the White population in Columbia County. Furthermore, in Columbia County, Blacks and Hispanics are affected by Septicemia greater than the Whites. The Black population is also affected by Stroke more than both the Hispanic and White populations, as Stroke is the third leading cause of death for Blacks in Columbia County but is the fourth leading cause of death for Hispanics and the fifth for Whites (Table 3).
- In Columbia County, Hispanics are affected by Suicide at a rate greater than both Whites and Blacks, respectively. Suicide is the sixth leading cause of death in Columbia County for Hispanics, but it is the ninth leading cause of death for Whites and is not a top 10 leading cause of deaths for Blacks (Table 3).

BEHAVIORAL RISK FACTORS

The presence of good health behaviors and the absence of poor health behaviors is the cornerstone of a healthy community. Because of this, the national and state governments have invested substantial resources to understanding the health behaviors of residents throughout the United States both at the state and county level. This Behavioral Risk Factors section details selected health behaviors that regardless of source, are based primarily on the national, state, and county-level surveys of behavior conducted as part of the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System.

Note: Due to the lack of data available at a zip code level, BRFSS Indicators are summarized at a county-level as a substitute.

ALCOHOL CONSUMPTION

The percentage of adults who engage in heavy or binge drinking in Columbia County has increased from 2013 (11.3%) to 2016 (16.6%), by a difference of 46.9% (Table 98, Technical Appendix). The percentage of adults who engage in heavy or binge drinking was lower for Columbia County (16.6%) when compared to Florida (17.5%) (Table 118, Technical Appendix). High School Students in Columbia County did report a decrease in binge drinking from 2014 (16.6%) to 2016 (13.5%), by a percent change of 18.7% (Table 98, Technical Appendix).



CANCER SCREENINGS

The percentage of women 18 years of age and older who received a Pap test in the past year in Columbia County has decreased from 53.7% in 2013 to 35.6% in 2016, by a percent change of 33.7%, compared to Florida from 2013 to 2016 (51.4% to 48.4%, respectively), by a percent change of 5.8% (Table 118, Technical Appendix). Additionally, the percentage of women 40 years of age and older who received a mammogram in the past year in Columbia County slightly increased from 2013 to 2015 (53.4% to 54.3%, respectively), by a percent change of 1.7%, compared to the state of Florida from 2013 to 2016 (57.5% to 60.8%, respectively), by a percent change of 5.7% (Table 118, Technical Appendix). The percentage of men 50 years of age and older who ever received a PSA test was lower in Columbia County (55.4%) than it was in the state of Florida (67.5%) (Table 118, Technical Appendix). Additionally, the percentage of women who have had a hysterectomy is higher in Columbia County (31.2%) than Florida (22.7%) (Table 118, Technical Appendix).

HIV/AIDS

In 2016, Columbia County had 14.6% of adults less than 65 years of age who had an HIV test in the past 12 months, which is less than Florida (19.7%) (Table 118, Technical Appendix). Additionally, the percentage of adults who had ever been tested for HIV in Columbia County increased from 2013 to 2016 (41.8% to 44.2%, respectively), by a percent change of 5.7%, compared to the state of Florida from 2013 to 2016 (42.6% to 46.9%, respectively), by a percent change of 10.1% (Table 118, Technical Appendix). Columbia County saw a sharp decrease in the rate of HIV infection cases (per 100,000 population) from 2015 (16.1) to 2016 (1.5), by a difference of 90.7%, the HIV infection rate for Florida remained much higher in 2015 and 2016 (23.7 and 24.6, respectively) (Table 121, Technical Appendix). Additionally, there was a slight decrease in the rate of AIDS cases (per 100,000 population) in Columbia County from 2015 (7.3) to 2016 (5.8), while the rate of AIDS cases in Florida in 2016 was 10.5 (Table 121, Technical Appendix).

IMMUNIZATIONS

Overall, immunization statistics—including those adults who have received a flu shot, a pneumococcal, and/or a tetanus vaccination in the past year and/or ever—in Columbia County are either similar or better than the statistics for immunizations across the state of Florida as a whole in 2016 (Table 118, Technical Appendix). The percent of adults who received a flu shot in the past year in Columbia County has increased from 29.6% in 2013 to 38.7% in 2016, by a percent change of 30.7% (Table 118, Technical Appendix).

DIABETES

The percentage of adults with a diabetes diagnosis in Columbia County (15.8%) is higher than Florida (11.8%) (Table 118, Technical Appendix). The average age at which diabetes was diagnosed was slightly lower in Columbia County (46.4) than in Florida (48.2) (Table 118, Technical Appendix).

HEALTH CARE ACCESS & COVERAGE

The percentage of adults with any type of health care insurance coverage was similar for both Columbia County (83.9%) and Florida (83.7%) (Table 118, Technical Appendix). The percentage of adults with any type of health care insurance coverage in Columbia County has slightly increased from 2013 (82.0%) to 2016 (83.9%), by a percent change of 2.3%. The percentage of adults who could not see a doctor in the past year due to cost slightly decreased in



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Columbia County from 2013 to 2016 (20.1% to 19.1%, respectively), by a percent change of 5.0%, compared to Florida from 2013 to 2016 (20.8% to 16.6%, respectively), by a percent change of 20.2% (Table 118, Technical Appendix).

HEART DISEASE

In 2016, the percentage of adults who have ever had a heart attack, angina, or coronary heart disease, or stroke has increased in Columbia County from 2013 (13.7%) to 2016 (16.3%), a percent change of 19.0%, while remaining higher than Florida for both 2013 (10.3%) and 2016 (9.8%) (Table 118, Technical Appendix). The percentage of adults who have ever had angina or coronary heart disease in Columbia County has slightly increased from 2013 (6.6%) to 2016 (8.3%), by a percent change of 25.8%, which is a higher compared to Florida in 2013 and 2016 (5.0% and 4.7%, respectively) (Table 118, Technical Appendix). Additionally, the percentage of adults who have ever had a heart attack increased in Columbia County from 2013 (8.0%) to 2016 (10.1%), by a percent change of 26.3%, compared to Florida in 2013 and 2016 (5.6% to 5.2%, respectively) (Table 118, Technical Appendix). Columbia County (5.2%) had a slightly higher percentage of adults who have had a stroke compared to Florida (3.5%) (Table 118, Technical Appendix).

HEALTH STATUS AND QUALITY OF LIFE

In 2016, the percentage of adults who reported “good to excellent overall health” in Columbia County (72.3%) was lower than Florida (80.5%) and had decreased for Columbia County from 75.9% in 2013, by a percent change of 4.7% (Table 118, Technical Appendix). The percentage of adults who are limited in any way in any activities because of physical, mental, or emotional problems has increased in Columbia County from 2013 (27.9%) to 2016 (30.6%), by a percent change of 9.7%, which remains higher than the state of Florida for 2013 (21.2%) and 2016 (21.2%) (Table 118, Technical Appendix). Columbia County’s percentage of adults who reported “fair or poor overall health” (27.7%) was higher than Florida (19.5%) (Table 118, Technical Appendix). Additionally, the percentage of adults reported “poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days” in Columbia County (26.9%) was higher than Florida (18.6%) (Table 118, Technical Appendix). Similarly, Columbia County reported slightly higher percentages for both average number of unhealthy physical days in 30 days and average number of unhealthy mental days in the past 30 days than was reported for Florida (Table 118, Technical Appendix).

PHYSICAL ACTIVITY AND NUTRITION

The percentage of adults who are sedentary has significantly increased in Columbia County from 2013 (29.3%) to 2016 (39.0%), by a percent change of 33.1%, which is higher than Florida in 2013 and 2016 (27.7% and 29.8%, respectively) (Table 118, Technical Appendix). Similarly, the percentage of adults who are inactive or insufficiently active has significantly increased in Columbia County from 51.0% in 2013 to 65.3% in 2016, by a percent change of 28.0%, compared to Florida for 2013 and 2016 (65.3% and 56.7%, respectively) (Table 118, Technical Appendix). Similarly, Columbia County had a significant decrease in the percent of adults who meet aerobic recommendations from 51.3% in 2013 to 36.1% in 2016, by a percent change of 29.6%, compared to the state of Florida in 2013 and 2016 (50.2% to 44.8%, respectively) (Table 118, Technical Appendix). In 2013, the percentage of adults who consumed five or more servings of fruits or vegetables per day was lower in Columbia County (15.6%) than Florida (18.3%).



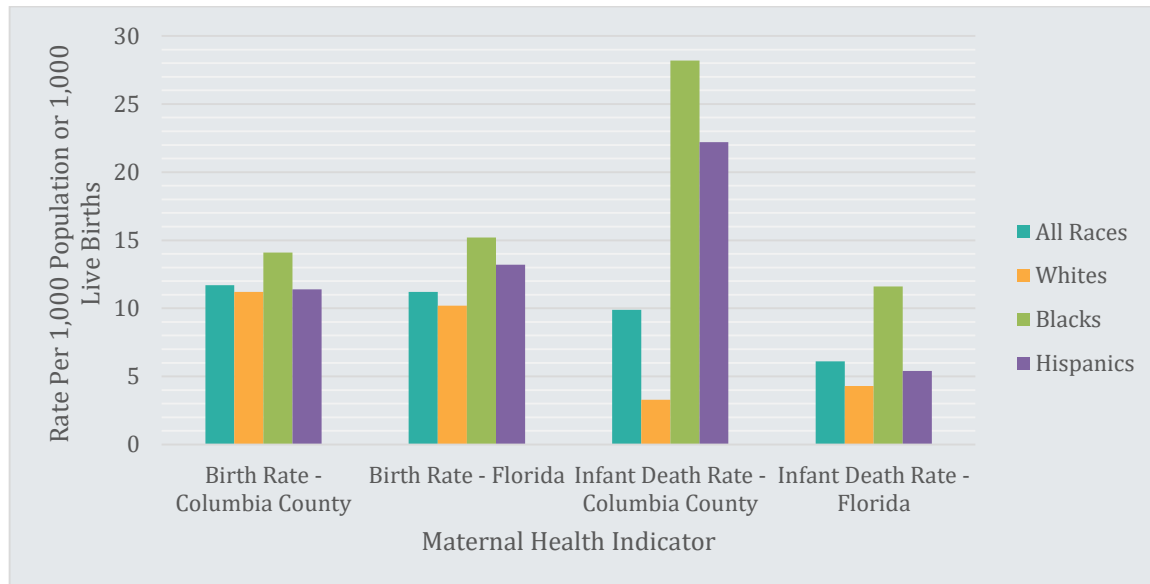
MATERNAL AND INFANT HEALTH

Maternal and infant health encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience for both mother and child while also reducing maternal and infant mortality and morbidity. Maternal and infant health examines data for infant births, infant deaths, low birthweight percentages, and trimester care. In 2016, there were 806 births in Columbia County and only 8 infant deaths (Table 101-102, Technical Appendix). The Columbia County death rate was 9.9 per 1,000 live births, compared to a death rate of 6.1 per 1,000 live births in Florida (Table 101-102, Technical Appendix). Additionally, Blacks and Hispanics in Columbia County (28.2 and 22.2, respectively) had substantially higher infant death rate (per 1,000 live births) than Columbia County Whites (3.3), and was also higher than Florida’s Black, White, and Hispanic populations (11.6, 4.3, and 5.4, respectively) (Table 102, Technical Appendix).

The percentage of low birthweight births for Columbia County was 12.5%, which is slightly higher compared to Florida at 8.7% (Figure 4). Additionally, Columbia County Blacks (22.0%) had a substantially higher percent low birthweight births when compared to Columbia County Whites (10.0%) and Hispanics (6.7%), and also when compared to Florida Blacks (13.8%), Whites (7.2%), and Hispanics (7.2%) (Figure 4).

The percentage of births that received care in the first trimester for all races was slightly higher for Florida (69.8%) when compared to Columbia County (62.2%) (Table 104, Technical Appendix). The percentage of Columbia County Blacks, Whites and Hispanics that received care in the first trimester was 52.0%, 64.8%, and 68.9%, respectively, which was lower than Florida’s Blacks, Whites, and Hispanics (62.3%, 72.3%, and 70.3%, respectively) (Table 104, Technical Appendix).

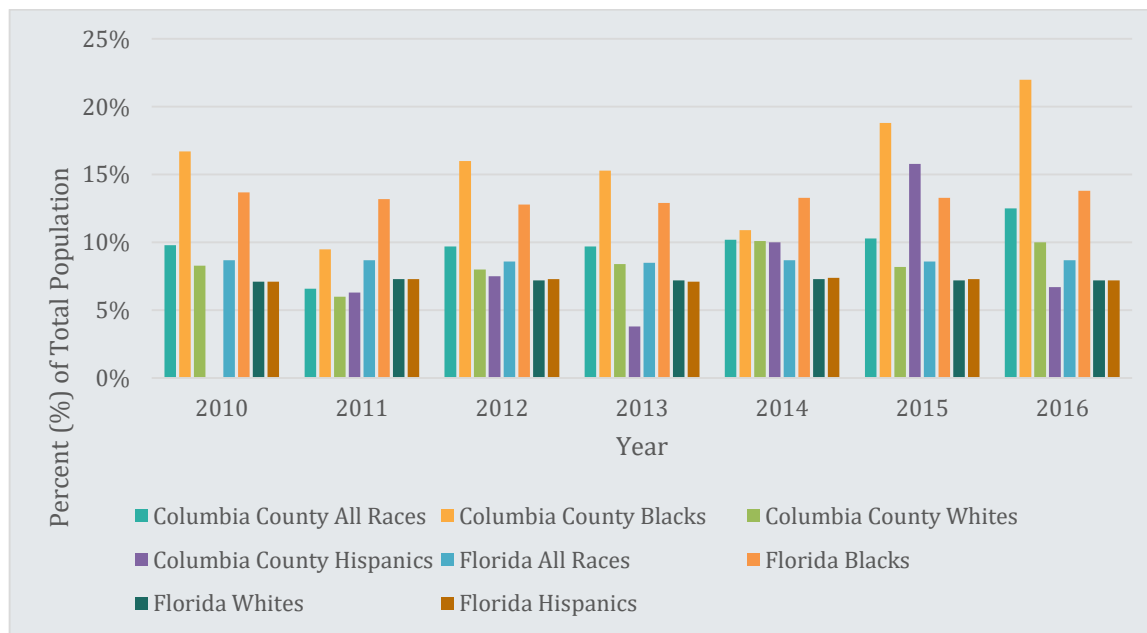
FIGURE 3. MATERNAL HEALTH INDICATOR RATE BY RACE, COLUMBIA COUNTY AND FLORIDA, 2016



Source: Table 101-102, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council



FIGURE 4. PERCENT OF LOW BIRTHWEIGHT BIRTHS BY RACE, COLUMBIA COUNTY AND FLORIDA, 2010-2016



Source: Table 103, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

In 2016, the number one cause of death in Columbia County and Florida for population 0-17 years of age was due to perinatal period conditions; with a crude-rate (per 100,000 population) of 26.8 for Columbia County and 17.3 for Florida (Table 88, Technical Appendix). There is a disparity for infant death rates (per 1,000 live births) in the Black (28.2) and Hispanic (22.2) populations, when compared to the White population (3.3) (Figure 3).

MENTAL HEALTH

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. The following are key findings in regard to mental health for the SLSH Service Area:

- The crude age-adjusted and crude suicide death rate (per 100,000 population) is slightly higher in Columbia County than the state of Florida (Table 90, Technical Appendix).
- Since 2015, the rate of hospitalizations for all ages (per 1,000 population) for mental health reasons in Florida continues to remain higher than Columbia County (Table 92, Technical Appendix).
- The percentage of adults who had poor mental health on 14 or more of the past 30 days in Columbia County has increased from 2013 to 2016 (14.4% to 17.8%), by a percent change of 23.6% (Table 118, Technical Appendix).
- The average number of unhealthy mental days in the past 30 days has increased from 4.5% in 2013 to 5.2% in 2016, by a percent change of 15.6% (Table 118, Technical Appendix)



- The rate (per 100,000 population) of domestic violence offenses has significantly decreased in Columbia County from 2013 (844.2) to 2016 (512.5), which is lower than the rate for the State of Florida from 2013 (545.9) to 2016 (522.2) (Table 96, Technical Appendix).

The two most common forms of domestic violence in Columbia County and Florida included Simple Assault (an unlawful intentional threat towards another person in order to create a well-founded fear of imminent violence or harm) and Aggravated Assault (an unlawful intention of inflicting severe or aggravated bodily injury). The rate (per 100,000 population) for Aggravated Assault was significantly higher in Columbia County (128.3) than the state of Florida (83.1) (Table 97, Technical Appendix).



DENTAL HEALTH

Practicing good dental health is not only important for maintaining a healthy mouth, teeth and gums, but also for improving quality of life, heart health and appearance. As seen in Table 4, the percentage of adults who have seen a dentist in the past year was lower in Columbia County when compared to the state of Florida. The percentage of adults who had a permanent tooth removed because of tooth decay or gum disease was higher in Columbia County than compared to the state of Florida.

TABLE 4. COMPARISON OF BRFSS INDICATORS FOR DENTAL CARE, COLUMBIA COUNTY AND FLORIDA, 2016

Indicator	Columbia County	Florida
	2016	
Percentage of adults who have seen a dentist in the past year (%)	52.9	63.0
Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease (%)	60.9	47.3

Source: Table 118, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

Since 2010, the rate of dentist (per 100,000 population) has been higher in Florida when compared to Columbia County (Table 134, Technical Appendix).

HEALTHCARE ACCESS AND UTILIZATION

Although health insurance and access to healthcare do not necessarily prevent illness, early intervention and long-term management resources can help to maintain a quality of life and minimize premature death. It is therefore useful to consider insurance coverage and healthcare access in a community health needs assessment. The Shands Lake Shore Hospital Technical Appendix includes data on insurance coverage, Medicaid eligibility, and healthcare expenditures by payor source. Key findings from these data sets are presented in sections below according to the focus.

SHORTAGE AREAS

Health Professional Shortage Areas (HPSA) are defined as a geographic area, population group or facility designated by Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers. A HPSA may be a geographic area such as a county or service area; represent a specific demographic, such as low income population, or are a designated institution such as a Federally Qualified Health Center. The score of shortage areas is calculated using the following four key factors: Population-to-Primary Care Physician Ratio, Percent



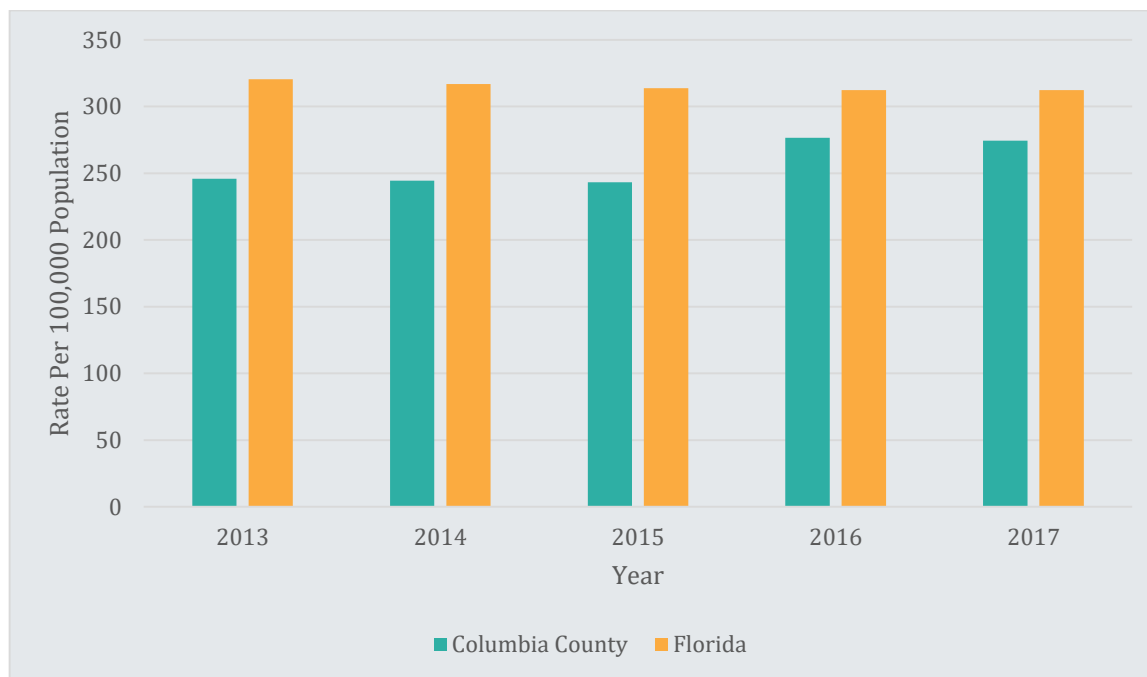
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of Population with Incomes below 100% of the Poverty Level, Infant Mortality Rate or Low Birth Weight Rate (depending on which score is higher), and Travel Time or Distance to nearest available source of care (also, depending on which score is higher). The scores range from 0 to 26, where the higher the score, the greater the priority.

- The **dental** HPSA for Columbia County include one (1) comprehensive health center, two (2) rural health clinics, one (1) correctional facility, and one (1) single county. The type of HPSA with the greatest priority for Columbia County is the Columbia County Health Center (with a score of 15) followed by the Children’s Medical Center – Lake City and the Children’s Medical Center – State Road (with a score of 12 for both) (Table 126, Technical Appendix).
- There was no **mental health** HPSA data available for the SLSH Service Area.
- The **primary care** HPSA for Columbia County includes one (1) population group, one (1) comprehensive health center, three (3) rural health clinics, one (1) correctional facility, and one (1) single county. The type of HPSA with the greatest priority is the Columbia County Health Center (with a score of 16) followed by North Florida Pediatrics PA, Low Income/Migrant Farmworker – Columbia County, and Children’s Medical Center – Lake City (with scores of 15, 15, and 14, respectively) (Table 126, Technical Appendix).

The total number of hospital beds available in Columbia County has increased from 2015 (166) to 2017 (190) (Table 132, Technical Appendix). Since 2013, Columbia County has had a lower hospital bed rate (per 100,000 population) than the state of Florida (Figure 5). In 2017, Columbia County’s hospital bed rate (per 100,000 population) was 273.4 compared to Florida (312.3) (Figure 5).

FIGURE 5. TOTAL HOSPITAL BEDS RATE PER 100,000 POPULATION, COLUMBIA COUNTY AND FLORIDA, 2013-2017



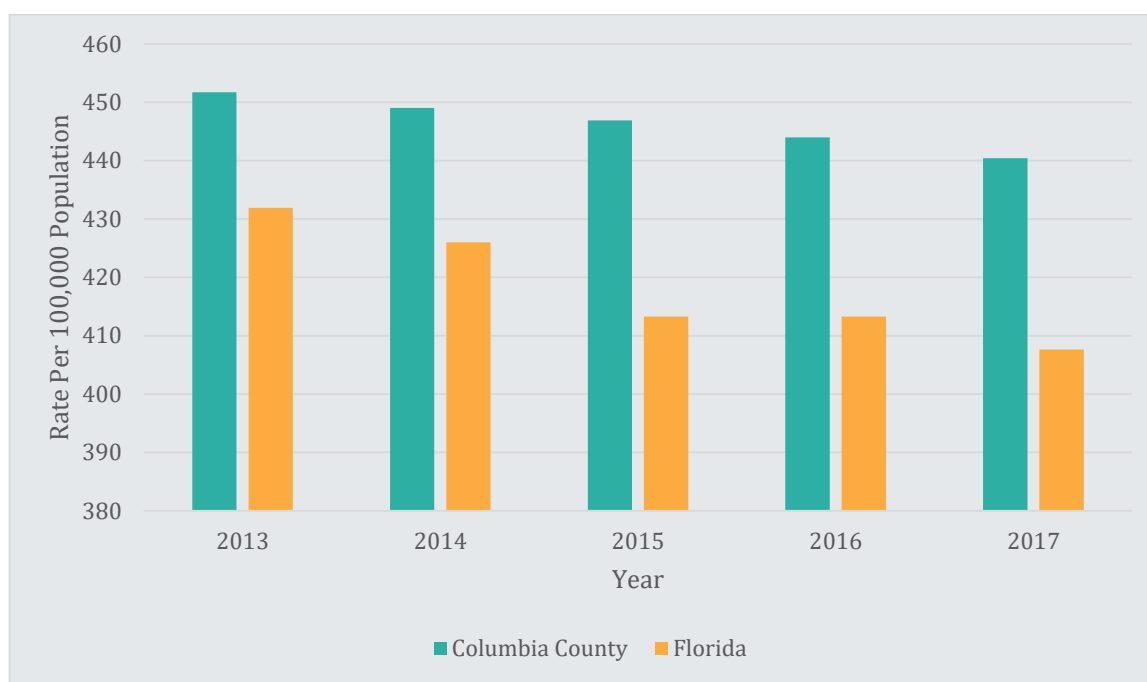


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Source: Table 132, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

The total number of nursing home beds available in Columbia County has remained constant from 2013 to 2017 (305) (Table 132, Technical Appendix). Since 2013, Columbia County has had a higher total nursing home beds rate (per 100,000 population) than the state of Florida (Figure 6). Similarly in 2017, Columbia County's total nursing home beds (per 100,000 population) was higher (440.4) when compared to Florida (407.6) (Figure 6).

FIGURE 6. TOTAL NURSING HOME BEDS RATE PER 100,000 POPULATION, COLUMBIA COUNTY AND FLORIDA, 2013-2017



Source: Table 132, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

A medically underserved area (MUA) may be whole counties or a group of contiguous counties, a group of civil divisions or a group of urban census tracts which residents have a shortage of personal health services. The lowest score (highest need) is 0 and the highest score (lowest need) is 100. As of 2001, the MUA with the greatest need was located in Columbia County with a score of 60.4 (Table 126, Technical Appendix).

PHYSICIAN AVAILABILITY

The rate of total physicians (per 100,000 population) in Columbia County has increased from 125.1 in 2014 to 136.9 in 2017, while the rates is still significantly lower than Florida's 2017 rate (315.5) (Table 133, Technical Appendix).



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Although the rate of total physicians in Columbia County is lower than the state rate, the percentage of adults who have reported having a personal doctor was slightly higher in Columbia County (75.7%) than Florida (72.0%) (Table 118, Technical Appendix).

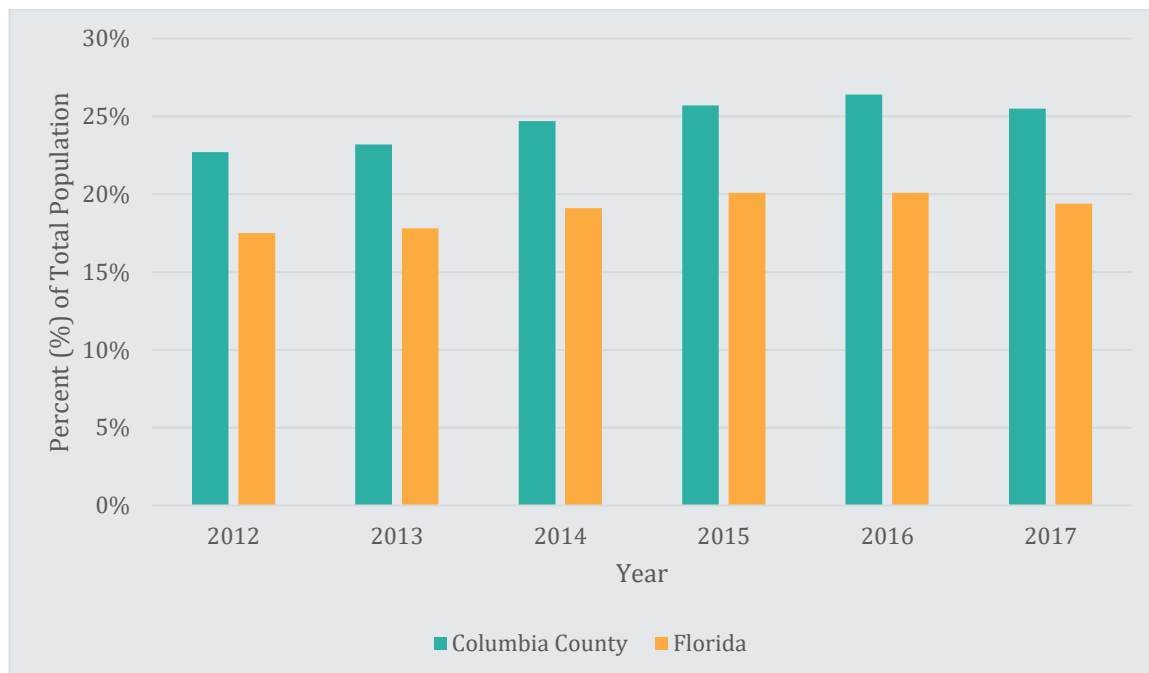
UNINSURED

The percentage of adults in Columbia County, who could not see a doctor in the last year due to cost was higher than the state of Florida (19.1% and 16.6%, respectively) (Table 118, Technical Appendix). The percentage of adults who had a medical checkup in the past year has decreased in Columbia County from 81.7% in 2013 to 76.8% in 2016, by a percent change of 6.0%, compared to the state of Florida which saw an increase from 70.3% in 2013 to 76.5% in 2016 (Table 118, Technical Appendix). In 2016, Columbia County had a lower percent uninsured for the population under 65 years of age than the state of Florida (12.6% and 15.4%, respectively) (Table 49, Technical Appendix). Similarly in 2016, Columbia County has a slightly lower percentage of uninsured for the population under 19 years of age when compared to Florida (6.2% and 6.6%, respectively) (Table 48, Technical Appendix).

MEDICAID

As seen in Figure 7, the percentage of Medicaid Eligibles in Columbia County has been higher than Florida since 2012.

FIGURE 7. NUMBER OF MEDICAID ELIGIBLES AND PERCENT OF TOTAL POPULATION FOR ALL AGES, COLUMBIA COUNTY AND FLORIDA AS OF DECEMBER OF EACH YEAR, 2012-2017



Source: Table 129, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council



INSURANCE UTILIZATION

In Columbia County, Medicare as the payor source covered the greatest percent of discharges and percent patient days in both 2016 (48.7% and 54.6%, respectively) and 2017 (51.5% and 57.1%, respectively) (Table 139, Technical Appendix). Medicaid as the payor was the next greatest percentage of discharges and patient days in both 2016 (21.8% and 20.1%, respectively) (Table 139, Technical Appendix). From 2016 to 2017, Medicare as the payor source increased, while Medicaid slightly decreased and Private insurance decreased; this trend is comparable to changes in payor source for the state of Florida from 2016 to 2017 (Table 139, Technical Appendix).

INPATIENT UTILIZATION

As seen in Table 5, the greatest percent of discharges were for residents located in Lake City (32025) (21% of total discharges) followed by Lake City (32055) (20% of total discharges). Similarly, the greatest number of percent of patient days was also due to Lake City (32055) (21% of total patient days) followed by Lake City (32025) (20% of total patient days) (Table 138, Technical Appendix). Additionally, the average length of stay (ALOS) was greatest for residents from Lulu (32061) (6.3 days in 2016) and is greater when compared to the SLSH Service Area (4.8 days in 2016), Columbia County (4.9 days in 2016), and Florida's (4.9 days in 2016) ALOS (Table 138, Technical Appendix).



TABLE 5. TOTAL NUMBER AND PERCENT OF DISCHARGES AND PATIENT DAYS BY ZIP CODE FOR SHANDS LAKE SHORE HOSPITAL SERVICE AREA, COLUMBIA COUNTY AND FLORIDA, 2016

Area	Discharges	Percent of Discharges	Patient Days	Percent of Patient Days	ALOS*
2016					
Shands Lake Shore Hospital Service Area					
32024 Lake City	2,941	18	14,150	18	4.8
32025 Lake City	3,411	21	16,172	20	4.7
32038 Ft. White	1,442	9	6,576	8	4.6
32052 Jasper	921	6	4,054	5	4.4
32055 Lake City	3,263	20	16,869	21	5.2
32060 Live Oak	3,155	19	14,855	19	4.7
32064 Live Oak	1,412	9	6,627	8	4.7
32061 Lulu	42	--	265	--	6.3
SLSH Service Area	16,545	100	79,303	100	4.8
Service Area Compared to County and State					
Columbia County	11,099		54,032		4.9
Florida	2,717,932		13,335,167		4.9

Source: Table 138, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

*ALOS is the average length of stay.



AVOIDABLE HOSPITALIZATIONS

For patients less than 65 years of age in Columbia County, the most used payor source of patient discharges was from Medicaid in 2015 (30.2% of total discharges) and Medicare in 2016 (28.8% of total discharges) (Table 141, Technical Appendix). Medicare as the payor source for patients less than 65 years of age remained constant from 2015 to 2016 (28.8% of total discharges), while Medicaid as the payor source for the same population had slightly decreased from 30.2% of total discharges in 2015 to 28.0% of total discharges in 2016, by a percent change of 7.3% (Table 141, Technical Appendix). Conversely, Private Insurance as the payor source for patients less than 65 years of age in Columbia County has slightly increased from 25.5% in 2015 to 27.1% in 2016, by a percent change of 6.3% (Table 141, Technical Appendix).

Consistently, the number one reason for an avoidable discharge for Columbia County population less than 65 years old, from 2015 and 2016, was due to dehydration (Table 142, Technical Appendix). Dehydration accounted for 34.2% of avoidable discharges in 2016, followed by Chronic Obstructive Pulmonary Disease (14.3%), Congestive Heart Failure (9.4%), Gastroenteritis (6.9%), Diabetes “A” (5.8%), Cellulitis (5.7%), Nutritional deficiencies (5.7%), Diabetes “B” (4.3%), Grand mal status and other epileptic convulsions (3.4%) and Asthma (3.2%) (Table 142, Technical Appendix).

EMERGENCY DEPARTMENT

The rate of emergency department (ED) visits per 1,000 population in Columbia County for mental health reasons for all ages has increased from 135.8 in 2015 to 171.0 in 2016, by a percent change of 25.9%, compared to Florida from 2015 to 2016 (75.3 to 75.4, respectively), a percent change of 0.1% (Table 93, Technical Appendix).

The rate of ED visits per 1,000 population in SLSH Service Area for all reasons has increased from 616.4 in 2015 to 644.8 in 2016, a percent change of 4.6%, compared to Columbia County (629.7 to 657.1) and Florida (410.9 to 419.6), a percent change of 4.4% and 2.1%, respectively (Table 143, Technical Appendix). Considering the SLSH Service Area, the highest rate of ED visits per 1,000 population came from the Live Oak (32064) zip code area, accounting for a rate (per 1,000 population) of 959.0 in 2016, while the lowest ED visit rate was in Jasper (32052) (434.4 per 1,000 population) (Table 143, Technical Appendix).

The rate (per 1,000 population) of avoidable ED visits for SLSH Service Area increased from 317.2 in 2015 to 324.9 in 2016, a percent change of 2.4%, compared to Columbia County (324.6 to 334.9) and Florida (201.6 to 199.8), a percent change of 3.2% and 0.9%, respectively (Table 143, Technical Appendix). Considering the SLSH Service Area, the highest rate of avoidable ED visits came from the Live Oak (32064) zip code area, accounting for a rate (per 1,000 population) of 495.5 in 2016, while the lowest avoidable ED rate was in Ft. White (32038) (220.4 per 1,000 population) (Table 143, Technical Appendix).

In 2015 and 2016, the greatest percentages of ED visits from Columbia County were Medicaid recipients (40.0% in 2015 and 38.5% in 2016) and Private insurance recipients (22.1% in 2015 and 23.1% in 2016) (Table 144, Technical Appendix). In addition, Medicare recipients accounted for a considerable number of ED visits (17.9% in 2015 and 18.1% in 2016).

The most commonly reported reason for an ED visit in Columbia County from January-September 2015 was cough (3.8% of all ED visits), October-December 2015 was unspecified abdominal pain (4.5% of all ED visits), and 2016 was



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unspecified abdominal pain (4.5% of all ED visits) (Table 145, Technical Appendix). Although, the most common reason for an ED visit in Columbia County was for all other reasons that were unidentified. All other reasons accounted for 85.5% of ED visits during January-September 2015, 83.4% of ED visits during October-December 2015, and 83% of ED visits in 2016 (Table 145, Technical Appendix).

READMISSIONS

There is no data available for readmissions.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) 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 multi-factorial 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 Rankings for Columbia County are currently available for 2018. In the year 2018, Columbia County ranked 47th for health factors which is a decrease from 50th in 2017. Columbia County ranked 60th for health outcomes in 2018 which was an increase from 57th in 2017 (Table 1, Technical Appendix).

- **Columbia County** fares worse than Florida as a whole on premature death, poor or fair health (percent), poor physical health days, poor mental health days, low birth weight (percent), adults smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired deaths, teen birth rate, primary care physicians-to-population ratio, dentist-to-population ratio, preventable hospital stay rate, mammography screening, percentage high school graduates, percentage of some college, percentage of children in poverty, violent crime rate, and injury death rate (Table 2, Technical Appendix).

HEALTH FACTORS AND OUTCOMES

Health outcomes represent how healthy a county is. It is measured using two types of health outcomes: how long people live (length of life/mortality) and how healthy people feel while alive (quality of life/morbidity). The two types of health outcomes are weighed 50% each. The overall health outcomes ranking in Columbia County was 60th in 2018, which was influenced by the significant increase in County rankings for Morbidity/Quality of Life from 40th in 2017 to 61st in 2018 (Table 6).

Health Factors represent what influences the health of a county. County Health Factor rankings are calculated by compiling four factors on a weighted scale: health behaviors (30%), clinical care (20%), social and economic factors



(40%) and physical environment (10%). The health factors ranking for Columbia County was ranked at 47th in 2018, which was a decrease from the 50th in 2017 (Table 6).

TABLE 6. COUNTY HEALTH RANKINGS BY CATEGORY, COLUMBIA COUNTY, 2011-2018

Measure	2011	2012	2013	2014	2015	2016	2017	2018
Health Outcomes	52	53	58	55	54	54	57	60
<i>Mortality/ Length of life</i>	55	59	61	61	57	57	55	56
<i>Morbidity/ Quality of life</i>	42	46	49	51	54	48	40	61
Health Factors	45	45	50	50	50	50	50	47
Health Behaviors	43	53	55	55	56	49	53	60
Clinical Care	43	45	40	41	42	35	41	37
Social & Economic Factors	43	39	47	46	43	50	44	39
Physical Environment	42	27	32	36	40	60	54	31

Source: Table 1, Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council

The four types of health factors are broken into additional measures, as can be seen below:

- Health Behaviors: Tobacco Use, Diet & Exercise, Alcohol & Drug Use, and Sexual Activity
- Clinical Care: Access to Care and Quality of Care
- Social and Economic Factors: Education, Employment, Income, Family & Social Support, and Community Safety
- Physical Environment: Air & Water Quality, and Housing & Transit

There is a fifth factor that influences health which is “genetics and biology,” but is not included in the County Rankings.



Community Themes and Strengths Assessment (CTSA)

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.

FOCUS GROUPS

METHODOLOGY

Two (2) focus groups were facilitated in Columbia County to better understand the community member views on health, wellness, safety, health care, and quality of life in the SLSH Area. Both focus groups were conducted, by trained facilitators, in order to obtain community members’ perspectives of their experiences with health, wellness, safety, health care, and quality of life in the SLSH Service Area. The focus group script was designed and implemented with final approval from the SLSH Core Team members with concerted efforts to include historically underrepresented groups guided by demographic data and the team’s considerable knowledge and experience serving Columbia County communities. The SLSH Core Team assisted in the identification of focus group host sites and focus group participants. The following focus groups were facilitated in Columbia County:

Date	Location	Time	Number of Participants
July 31, 2018	Shands Lake Shore Hospital Authority	1:30 pm – 3:30 pm	2
August 3, 2018	Shands Lake Shore Hospital Authority	1:30 pm – 3:30 pm	5

Trained facilitators conducted the focus groups using a focus group script, which includes a brief introduction, informed consent forms, and a series of questions asked sequentially. Please see the Appendix for the focus group questions. Focus group questions were developed with and approved by the Core Team.



TABLE 7. SHANDS LAKE SHORE HOSPITAL FOCUS GROUP RESPONDENTS, 2018

Demographics	Number	Percent
Total	9	
Age		
18-29	0	-
30-39	3	42.9
40-49	0	-
50-59	2	28.6
60-64	1	14.3
65+	1	14.3
Left Blank	0	-
Race		
White	5	71.4
Black	1	14.3
Asian	0	-
Native Hawaiian and other Pacific Islander	0	-
Native American/Alaskan Native	0	-
Two or More Races	1	14.3
Other	0	-
Left Blank	0	-
Hispanic		
Yes	1	14.3
No	6	85.7
Left Blank	0	-
Gender		
Male	2	28.6
Female	5	71.4



Transgender	0	-
Highest Education Completed		
Less than high school graduate	0	-
High School graduate(includes GED)	0	-
Some College No Degree	2	28.6
Associate's Degree	2	28.6
Bachelor's Degree	1	14.3
Graduate or professional degree	2	28.6
Left Blank	0	-
Zip Code		
32024	2	28.6
32025	3	42.9
32055	1	14.3
Left Blank	1	14.3



Demographics	Number	Percent
Type of Insurance		
Private Insurance through work or retired from work	3	42.9
Private Insurance through Obamacare/Health Insurance	0	-
Medicaid	1	14.3
Medicare	1	14.3
VA/Tri-Care	2	28.6
No Health Insurance	0	-
Other	2	9.1
Received medical care at Shands Lake Shore Hospital		
Yes	3	42.9
No	4	51.1

Source: Shands Lake Shore Hospital Technical Appendix 2018, prepared by WellFlorida Council



FOCUS GROUP SUMMARY AND KEY THEMES

The following summary includes key insights from each question asked during the focus groups.

1. What is your definition of “healthy”?

Hospital Authority, July 31

- Body working at full potential
- Feeling good mentally and physically
- Not going to the doctor
- Absence of aches and pain

Hospital Authority, August 3

- Lack of disease
- No hospital visits
- Access to regular doctor visits

2. What does a healthy community mean to you?

Hospital Authority, July 31

- Bike lanes
- Walks or relays within the community
- Community garden
- Job opportunities
- Community interaction

Hospital Authority, August 3

- People helping people
- Access to resources
- Stigma free community
- Awareness (fitness, nutrition, health)
- Education
- Comprehensive sexual education



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3. What are the pressing health related problems in Columbia County?

Hospital Authority, July 31

- Heart disease
- Obesity and issues related to being overweight
- Diabetes
- Drug use
- Homelessness

Hospital Authority, August 3

- Diabetes
- Heart disease
- Cutters
- Depression
- Lack of safe recreation areas

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

Hospital Authority, July 31

- Deep Creek vs. Country Club
- 5 Point Area vs. Westside

Hospital Authority, August 3

- Homeless population
- Poverty stricken
- Sick children; parents cannot afford to take them to the doctor or cannot afford to take of work to take them to the doctor

5. What strengths and resources do you have in your community to address these problems?

Hospital Authority, July 31

- Plenty of outdoor space and land
- YMCA



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Hospital Authority, August 3

- VA Hospital
- Great potential for a wellness committee in Columbia

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

Hospital Authority, July 31

- Education
- Lack of opportunity
- Lack of jobs
- Low paying jobs
- No job training
- High cost of rent
- High health insurance costs

Hospital Authority, August 3

- Quality of care; individuals working in health care need to be more people friendly
- Insurance is hard to understand and difficult to navigate
- Lack of physician interaction only ever see the nurse practitioner
- People do not want to be active

7. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?

Hospital Authority, July 31

- Travel to Gainesville or Jacksonville; not enough services offered locally
- Lack of insurance keeps individuals from seeking care
- High insurance deductibles

Hospital Authority, August 3

- Need to travel outside of community to receive specialty care
- Travel to Gainesville for post-partum depression treatment
- Mental health care is hard to find based on insurance
- Low quality of doctors



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8. What needs to be done to address these issues?

Hospital Authority, July 31

- Discount for healthy people; reward good habits
- Health care/hospital needs to be less profit centered
- Issues are bigger than Lake City

Hospital Authority, August 3

- Shift in culture
- Build a nice park
- Trails to walk or bike

9. In what ways does Shands Lake Shore Hospital meet the needs of the community?

Hospital Authority, July 31

- Shands Lake Shore Hospital does not have much of a presence in the community
- No interaction with hospital
- Shands Lake Shore Hospital health fair

Hospital Authority, August 3

- Bring health awareness to the community; but should try to educate at more convenient times

10. What do you feel are ways Shands Lakes Shore Hospital can improve to better meet the needs of the community?

Hospital Authority, July 31

- Obesity prevention efforts
- Summer programs for youth
- Garden/Lake area activities
- Outdoor engagement

Hospital Authority, August 3

- Free education
- Offer daycare onsite
- Establish parent-community involvement



11. Is there anything else you would like to share with us about health, quality of life, or Shands Lake Shore Hospital?

Hospital Authority, July 31

- Lack of activities for youth
- Lack of providers for advanced elderly care
- High costs of nursing homes

Hospital Authority, August 3

- Would like to see faces of SLSH at community events
- Partnerships among hospitals as opposed to competition



COMMUNITY HEALTH SURVEYS

METHODOLOGY

A survey was developed to query individuals about community health issues and healthcare systems perspectives from residents in the SLSH service area. For the purpose of this assessment, community members were defined as any person 18 years of age or older who resides in service area of designated zip codes in Columbia, Hamilton and Suwannee Counties. Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis.

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 **April 2, 2018** and remained available through August 13, 2018. The surveys were available electronically on WellFlorida's web site with the link shared by some community agencies. At the time the survey closed there were 64 survey log-ins in the electronic database with respondents classified as follows: 25 ineligible due to nonresidence in the service area, 31 Columbia County residents, 5 Hamilton County residents, and 3 Suwannee County residents. The eligible, completed surveys from the 39 residents were analyzed. The general demographic factors collected on those survey respondents are presented in Table 8. Descriptive analysis identified emerging themes from the residents' perspective of health and the healthcare experience; these are presented in Figures 8-15 and Tables 8-16.



TABLE 8: DEMOGRAPHICS OF SURVEY RESPONDENTS

Demographics	n= 39	
Age	Number	Percent
0-17	0	0
18-24	1	2.6
25-29	1	2.6
30-39	13	33.3
40-49	6	15.3
50-59	12	30.6
60-64	3	8
65 or older	2	5
Preferred not to answer	1	2.6
Gender		
Male	4	10.3
Female	34	87.1
Transgender	0	0
Other	1	2.6
Race and Ethnicity		
Asian Pacific Islander	1	2.6
Black or African American (Non-Hispanic)	8	20.5
American Indian/ Alaskan Native	0	0
White (Non-Hispanic)	28	71.7
Hispanic/ Latino	0	0
Multiracial/ Multiethnic	1	2.6
Other	0	0
Preferred not to answer	1	2.6
Highest Level of Education Completed		
12 th Grade or less	1	2.6
High School or GED	3	7.7
Some College, no degree	14	35.1
Technical or trade school	4	10.3
Associate Degree	4	10.3
Bachelors Degree	9	23.1
Masters Degree	2	5.7
Graduate or Professional	1	2.6
Prefer not to answer	1	2.6



Health Insurance Coverage		
Private thru employer	26	66.9
Private thru Obamacare	2	5.7
Medicaid	3	7.7
Medicare	2	5.7
VA/TriCare	0	0
No health insurance	2	5.7
Other	2	5.7
Prefer not to answer	1	2.6
County and Zip Code		
Columbia	31	79.4
32024	8	20.5
32025	16	40.3
32026	3	7.7
32055	4	10.3
Hamilton	5	12.8
32052	1	2.6
32053	3	7.7
32096	1	2.6
Suwannee	3	7.8
32060	1	2.6
32094	2	5.7

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

OBSERVATIONS FROM COMMUNITY SURVEY

Figures below summarize the responses to the overarching questions that were asked of residents of the SLSH service area. Each figure shows the percentage of service area residents who indicated the given response for a question. Questions on the following topics are included in the analysis:

- Most important factors that define a healthy community
- Most important health problems in the community
- Behaviors with the greatest impact on overall health
- Extent of health issues in the community
- Confidence in community's ability to make a substantial impact on health related issues
- Rating of individual health, assessment of personal engagement in physical activity, participation in health management programs, and likelihood of participation in health-related programs and activities
- Contributing factors to the health issue of overweight and obesity



“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.”

TABLE 9: TOP 5 MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, 2018

Ranking	Factors (Percent)
1	Access to health care (61.5)
2	Healthy behaviors and healthy lifestyles (53.8)
3	Good jobs and healthy economy (35.9)
4	Clean environment (20.5)
5	Low crime/safe neighborhoods (20.5)

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

“In the following list, what do you think are the three most important “Health Problems” (those problems which have the greatest impact on overall community health) in your community. You must select exactly three (3) choices.”

TABLE 10: TOP 5 MOST IMPORTANT HEALTH PROBLEMS, 2018

Ranking	Health Problems (Percent)
1	Substance use issues (46.2)
2	Mental health problems (30.7)
3	Obesity (30.7)
4	Cancer (23.0)
5 (tie)	Diabetes and High Blood Pressure (17.9)

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

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

TABLE 11: TOP 5 BEHAVIORS WITH GREATEST IMPACT ON OVERALL HEALTH, 2018

Ranking	Behaviors (Percent)
1	Substance use issues (59.0)
2	Eating unhealthy foods (38.5)
3	Dropping out of school (28.2)
4	Not exercising (25.6)
5	Not using health care services appropriately (25.6)

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“For each of the following health issues, indicate how much of a problem you believe the health issue is in your community.”

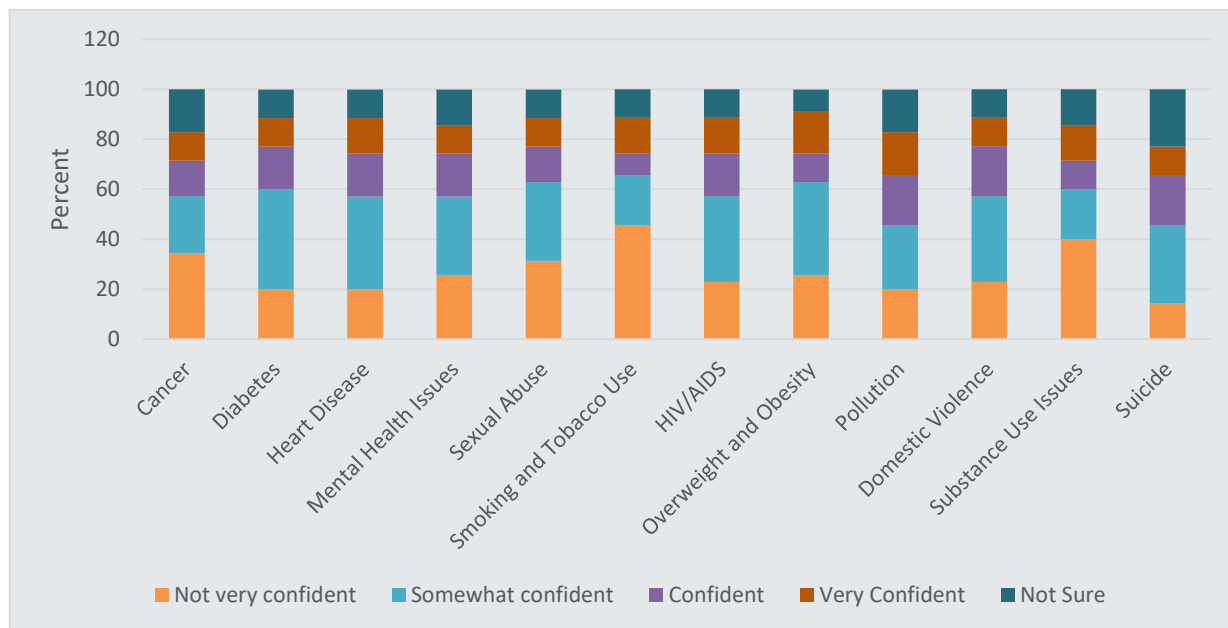
TABLE 12: TOP 5 HEALTH ISSUES RATED AS BIG PROBLEMS IN THE COMMUNITY, 2018

Ranking	Issues (Percent)
1	Substance use issues (79.5)
2	Overweight and Obesity (71.8)
3	Diabetes (59.0)
4	Heart Disease (59.0)
5	Smoking and Tobacco Use (59.0)

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

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

FIGURE 8: RATING OF CONFIDENCE THAT THE COMMUNITY CAN MAKE A SUBSTANTIAL IMPACT ON THE LISTED ISSUES, 2018

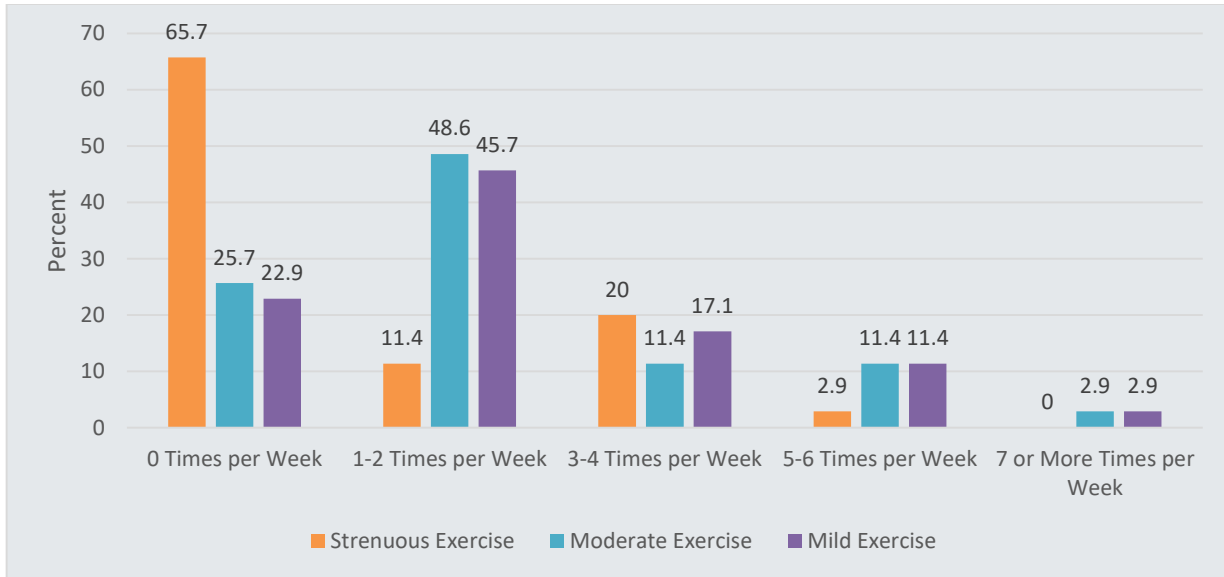


Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“During a typical 7-day period, how many times on the average do you do the following kinds of exercise for more than 15 minutes during your free time?”

FIGURE 9: TIMES PER TYPICAL WEEK SURVEY RESPONDENTS ENGAGED IN VARIOUS TYPES OF EXERCISE, BY PERCENT, 2018

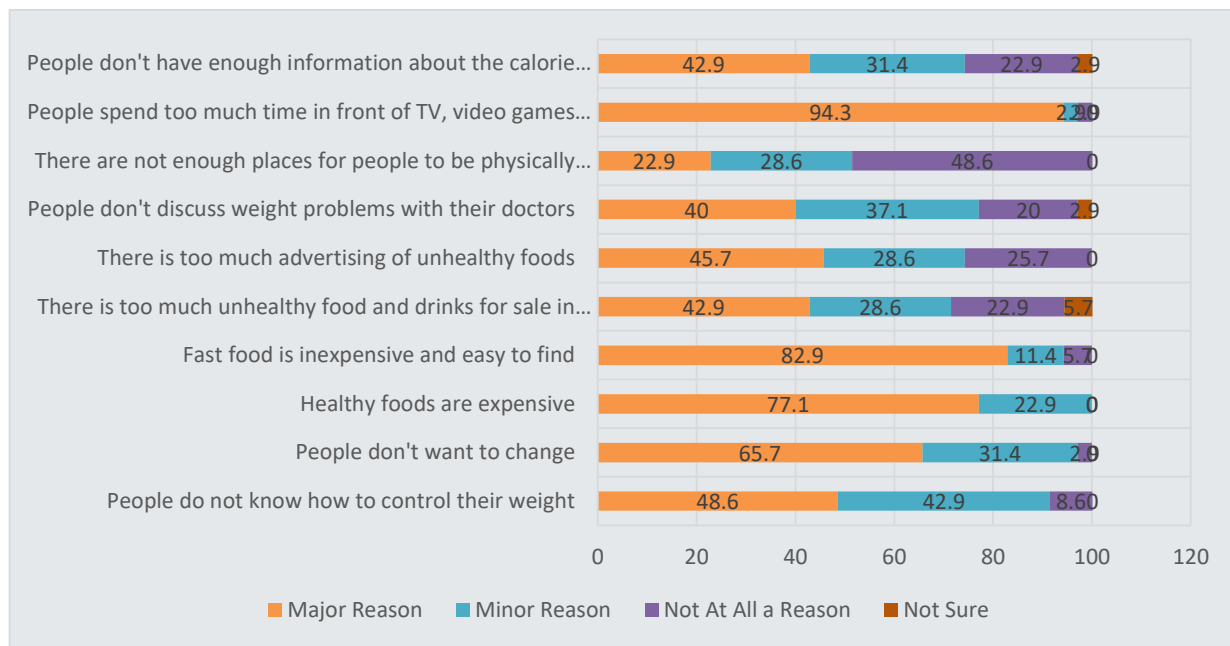


Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“Health organizations report that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not at all a reason for the overweight and obesity problem.”

FIGURE 10: RATING OF POTENTIAL CAUSES OF OVERWEIGHT AND OBESITY AS MAJOR, MINOR OR NOT AT ALL A REASON, BY PERCENT, 2018



Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

“Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue? You must select only one (1) choice.”

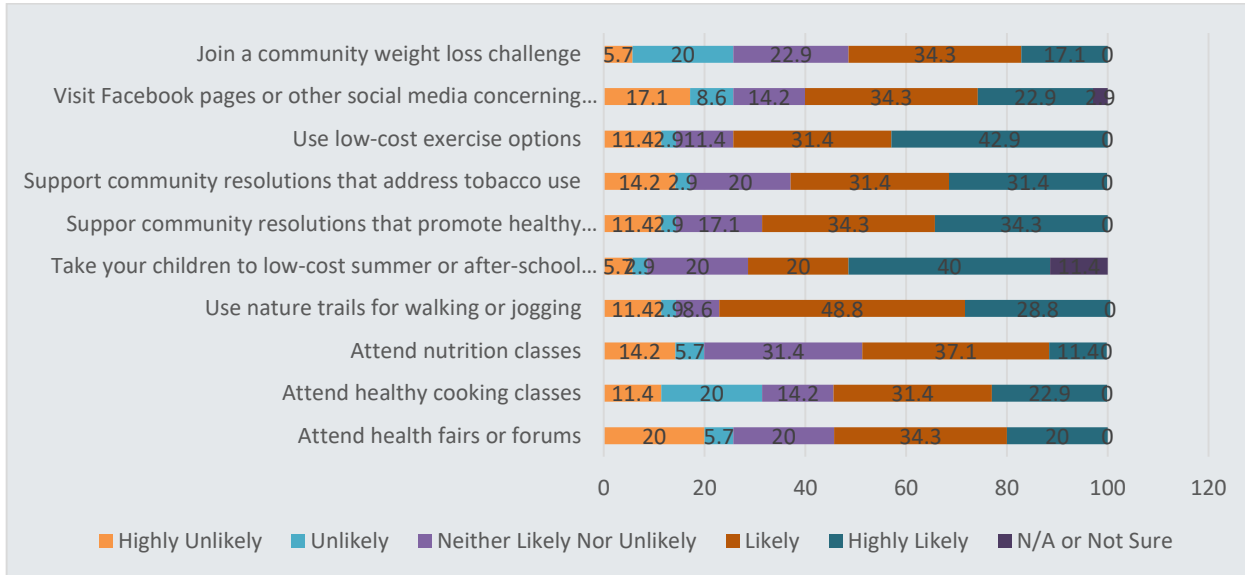
Statement	Percent
It's something individuals should deal with on their own.	17.1
It's something whole communities need to deal with.	2.6
Both individuals and communities have a role in dealing with the issue of healthy weight.	77.7
I don't know.	2.6

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“For each of the following activities, please rate your likelihood to participate on a scale of “1” meaning highly unlikely to “5” meaning highly likely. You must rate your likelihood of participating for each of these activities.”

FIGURE 11: LIKELIHOOD OF PARTICIPATION IN LISTED ACTIVITIES, BY PERCENT, 2018

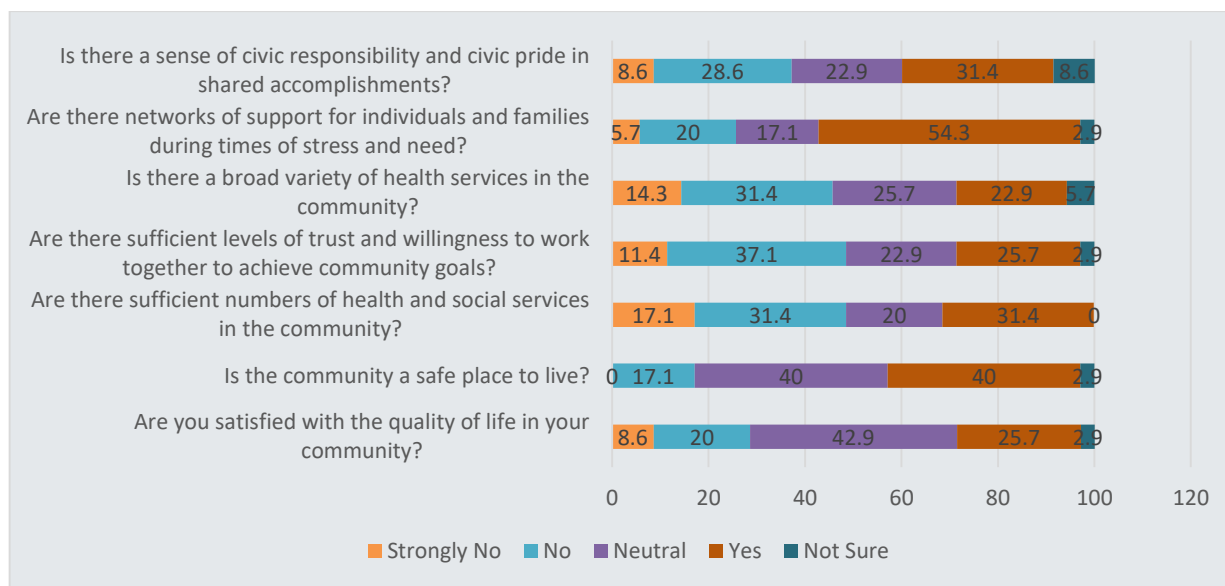


Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“For each of the questions below, please answer by selecting a response from 1 and 5 with “1” meaning Strongly No to “5” meaning Not Sure. You must answer each question.

FIGURE 12: OPINIONS ON EXISTING COMMUNITY FACTORS THAT IMPACT HEALTH, BY PERCENT, 2018



Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

“How would you rate the overall health of your community?”

TABLE 13: RATING OF OVERALL HEALTH OF THE COMMUNITY, BY PERCENT, 2018

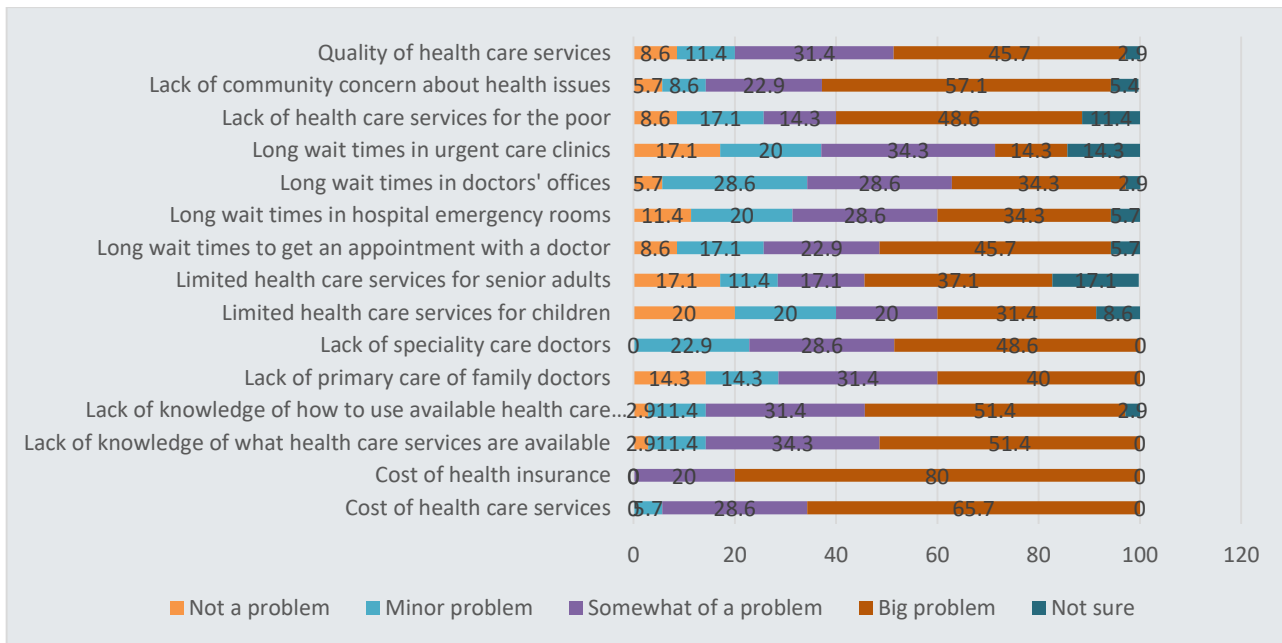
Rating	Percent
Very unhealthy	14.3
Unhealthy	42.9
Somewhat healthy	37.1
Healthy	0
Very healthy	5.7

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“For each of the following health care issues, please indicate how much of a problem you believe the issue is in your community”.

FIGURE 13: RATING OF EXTENT OF HEALTH CARE ISSUES, BY PERCENT, 2018

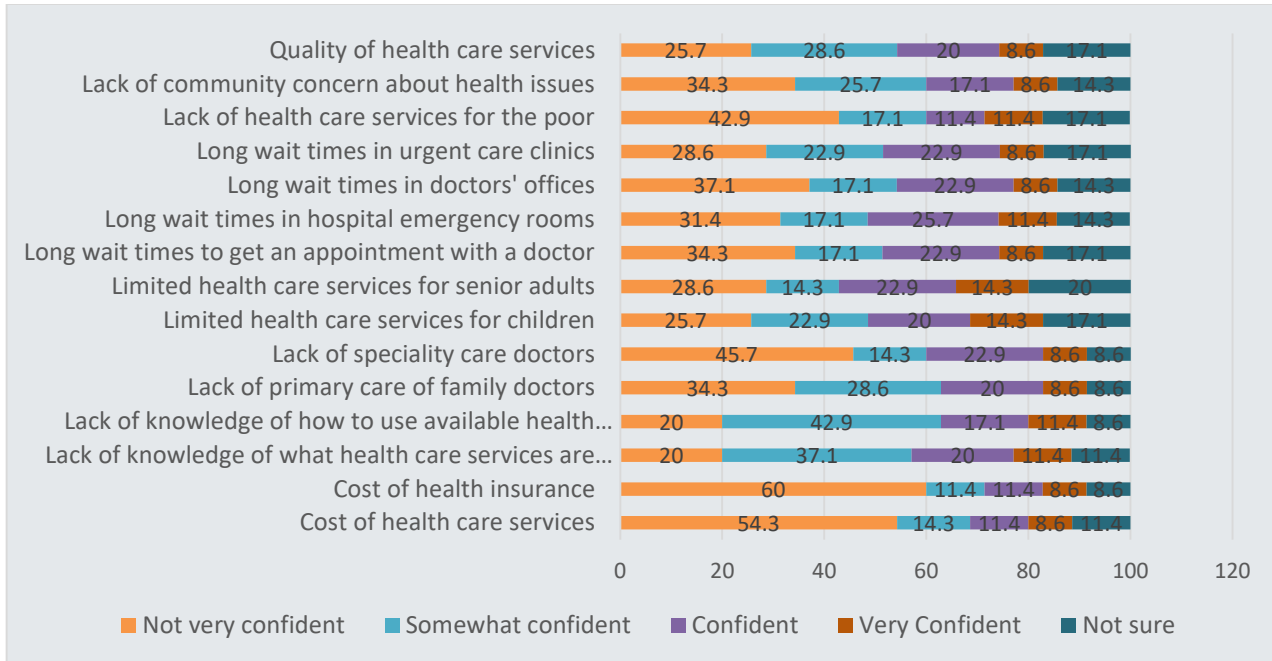


Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“For each of the following health care issues, indicate how confident you are that the community can make a substantial impact on this issue within the next 1 to 3 years.”

FIGURE 14: RATING OF CONFIDENCE THAT SUBSTANTIAL IMPACT CAN BE MADE IN THE NEXT 1-3 YEARS ON HEALTH CARE ISSUES, BY PERCENT, 2018



Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

“How would you rate your own personal health?”

TABLE 14: RATING OF PERSONAL HEALTH, BY PERCENT, 2018

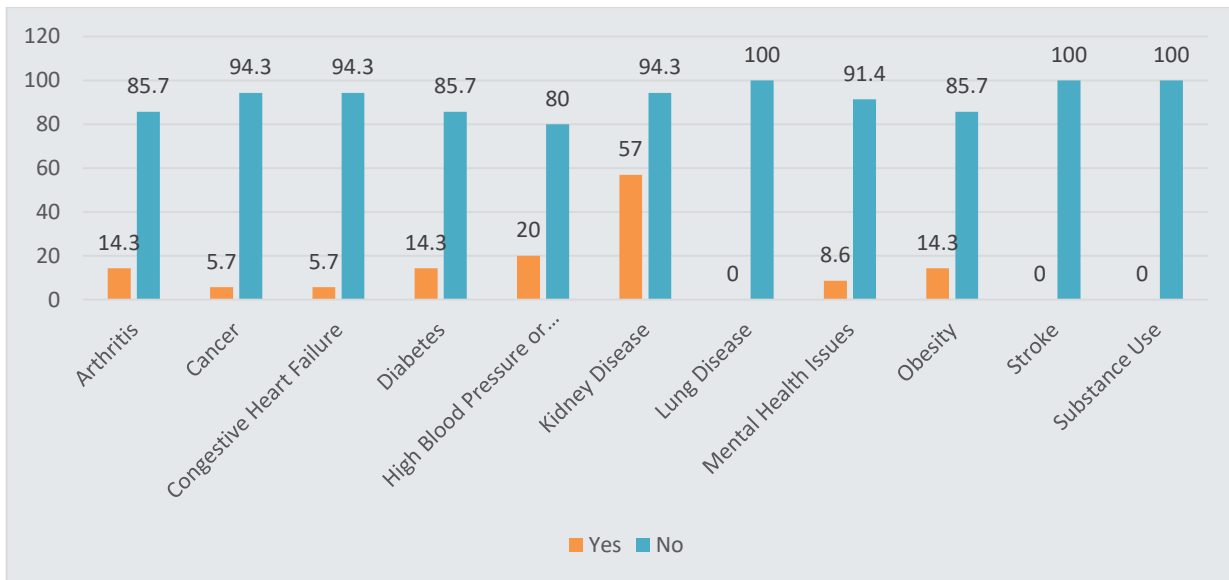
Rating	Percent
Very unhealthy	5.7
Unhealthy	2.6
Somewhat healthy	51.7
Healthy	34.3
Very healthy	5.7

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



“Are you participating in a management program for any of the following conditions with the help of a doctor or health care provider?”

FIGURE 15: PARTICIPATION IN HEALTH CONDITION MANAGEMENT PROGRAMS, BY PERCENT, 2018



Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council

“Please check the response below that matches your belief. You may choose only one response.”

TABLE 15: BELIEFS ABOUT PERSONAL LONGEVITY, BY PERCENT, 2018

Belief Statement	Percent
I expect to live a longer life than most people do on average.	25.7
I expect to live a life about as long as most people do on average.	71.7
I expect to live a shorter life than most people do on average.	2.6

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



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

TABLE 16: MOST IMPORTANT PERSONAL HEALTH ISSUE, BY PERCENT, 2018

Health Issue	Percent
I have no important health issues	20.0
Overweight	14.3
Cost of medical/dental care	11.4
Diabetes	11.4
Lack of exercise	11.4
Dental issues	5.7
Allergies	2.9 (tie)
Alzheimer’s Disease	
Cancer	
Heart Disease	
Kidney Disease	
Lack of health insurance	
Tobacco use	

Source: Shands Lake Shore Community Survey, 2018, prepared by WellFlorida Council



KEY FINDINGS FROM COMMUNITY SURVEY

The demographics of Shands Lake Shore Hospital survey respondents were somewhat similar to U.S. Census data for the area. About 74% of survey respondents identified themselves as White Non-Hispanic and 20% Black/African American compared with 76% White and 20% Black/African American in the general population. No survey respondent identified themselves as Hispanic/Latino whereas the population includes about 7% Hispanics/Latinos. Many more survey respondents were female (85.7%). The age distribution of survey respondents reflects the somewhat younger population in the service area. The uninsured among survey respondents numbered almost six (6) % which is close to the state rate of uninsured (6.58%).

SLSH service area survey respondents felt the most important factors for a healthy community were access to health care, healthy behaviors and lifestyles, good jobs and healthy economy, clean environment and safe neighborhoods with low crime. Respondents ranked the behaviors with the greatest impact on overall health as substance use issues, eating unhealthy foods, dropping out of school, not exercising, and not using health care services appropriately. Consistent with those rankings was the selection of the area's five most important health problems. These were substance use issues, mental health problems, obesity, Cancer and Diabetes and High Blood Pressure. Respondents also expressed very little confidence in the community's ability to make a substantial impact on those problems.

Health behaviors emerged as an area of concern. Lack of physical activity, unhealthy eating and attitudes about contributing causes to overweight and obesity point to opportunities for interventions to improve health outcomes. The existence of barriers to receiving health care, in particular costs for health insurance, and health and dental care services, was a common theme. Relatedly, survey respondents expressed concerns about the lack of knowledge of how to navigate and efficiently use health care services.

On a positive note, survey respondents believe there are support networks to assist individuals and families, feel their communities are safe and that there is a sense of civic responsibility and pride. Further, respondents feel it's important for individuals and communities to work together to solve issues related to overweight and obesity and are interested in participating in a variety of community health-related activities.



Identification of Community Health Needs and Strategic Priorities

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 Shands Lake Shore Hospital service area. 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 Shands Lake Shore Hospital service area. 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 Shands Lake Shore Hospital service area.

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 the Shands Lake Shore Hospital service area 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
 - Poverty
 - Lack of Education (percentage of adults with higher education)
 - Lack of employment options with high paying wages
 - Lack of health literacy
 - Lack of knowledge regarding how to utilize healthcare services
 - Lack of knowledge regarding using health insurance
- Health Status, Health Behaviors and Health Resources
 - Top Causes of Death Higher than Florida
 - Infant Mortality
 - Late entry into prenatal care
 - Alcohol consumption increased
 - Sedentary lifestyle increased
 - Cancer screenings lower than Florida rates
 - Diabetes rates higher than Florida rates



- Mental health problems
- Substance Use
- Obesity
- Poor nutrition and food choices
- Inappropriate use of Emergency Departments for routine care
- Lack of health care providers, services, dental, specialty and mental health care
- Lack of affordable healthcare insurance with sufficient health insurance coverage
- Community Infrastructure and Environment
 - Natural resources available that could be used for healthy lifestyle promotion and activity (recreation)
 - Individual attitudes must be addressed to mobilize community to change health behaviors and health problems
 - Need programs to health promotion and education
 - Need programs to serve youth
 - Little culture of promoting healthy lifestyles
 - Understanding connections of behavior, cost and health outcomes
 - Healthcare system capacity

STRATEGIC PRIORITY ISSUE AREAS

The August 17th meeting of the Shands Lake Shore Hospital Steering Committee was dedicated to reviewing the data and findings from the entire community health assessment process including the secondary health data review and primary data review from the community survey and community focus groups. 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 intersection themes. Through the consensus process the intersecting themes converged into broad strategic priorities issue areas for consideration in the Shands Lake Shore Hospital Implementation Strategy to address strategic priorities. Below each strategic issue are factors related to why those issues were chosen as priorities.

- Preventive Care
 - Inappropriate use of Emergency Department
 - Low rates of primary care visits
 - Low rates of dental care visits
 - Lack of healthy lifestyles
 - Lack of understanding of why and how to utilize preventive care
- Health Education
 - Low rates of primary care visits



- Low rates of dental care visits
- Lack of understanding of how to access healthcare, prescriptions, specialty services
- Lack of healthy nutrition and poor eating habits
- Lack of physical activity
- First Trimester Entry into Prenatal Care
 - Infant mortality rates
 - Disparities: Black and Hispanic
 - Trimester of Care Entry
- Awareness of Healthcare Services
 - Citizens unsure where to receive care (uninsured and underinsured, insured)
 - Citizens unaware of how to use healthcare appropriately

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

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

- Center for Disease Control and Prevention Community Health Improvement Navigator
<http://wwwn.cdc.gov/chidatabase>
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
<http://www.countyhealthrankings.org/policies/>
- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
<http://www.thecommunityguide.org/index.html>
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
<https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources>
- Community Tool Box – The University of 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.



Appendix



STEERING COMMITTEE MEMBERS

- Alex (Lex) Carswell, Columbia County Schools
- Andrea Gottry, Another Way, Inc.
- Andrew Mangrum, Lake City Police Department
- Anita Riels, Palms Medical Group
- Brenda Brown, Florida Department of Health in Columbia County
- Cindy Bishop, Department of Children and Families
- Carl Allison, Baya Pharmacy
- Debbie Brannon, Willowbrook AIF
- Deborah Freeman, Columbia County Senior Services
- Dennille Decker, Lake City Chamber of Commerce
- Don Savoie, Meridian Behavioral Healthcare
- Donna Sandage, Pregnancy Crisis Center
- Dr. Larry Barrett, Baya Urgent Care/Baya Pharmacy
- Elizabeth Porter, Florida House of Representatives
- Erin Peterson, Healthy Start Coalition of North Central Florida
- Everett Phillips, Commissioner, Columbia County
- Glenn Hunter, Economic Development Council
- Jay Swisher, Lake Shore Hospital Authority
- Jeffrey Crawford, Columbia County Fire Rescue
- Jeremy Gifford, Florida Department of Health in Columbia County
- Joanne Gnewuch, Baya Point Nursing and Rehabilitation Center
- Joe Lucas, Columbia County Sheriff's Office
- Joe Rosenvelt, North Florida Pharmacy
- Linda Silecchia, Shands Lake Shore Regional Medical Center
- Lynn Witt, Shands Lake Shore Physician Practices
- Maggie Labarta, Meridian Behavioral Healthcare
- Mayor Stephen Witt, City of Lake City
- Monya Engle, Another Way, Inc.
- Rick Naegler, Lake City Medical Center
- Rita Dopp, United Way of Suwannee Valley
- Rhonda Sherrod, Shands Lake Shore Regional Medical Center
- Robin W. Nichols, Another Way, Inc.
- Sara Jenkins-Morgan, Another Way, Inc.
- Shayne Morgan, Emergency Management
- Stephen Roberts, City of Lake City
- Stephen Witt, City of Lake City
- Steve Stith, EMS, Century Ambulance
- Tito Rubio, formerly Florida Department of Health in Columbia County
- Tom Moffses, Florida Department of Health in Columbia County



- Tricia Delrio, Solaris Health Care
- Wendell Johnson, City of Lake City



SURVEY MATERIALS

Please note, the materials provided below are a printed version of the online survey. It does not include the aesthetic appeal of the online version or the skip logic embedded online.



2018 Shands Lake Shore Community Survey

Start of Block: Default Question Block

2018 Shands Lake Shore Regional Medical Center Community Survey

Community leaders need your input on the most pressing health and health care issues facing our community in 2018 and beyond. Your responses will inform local community health improvement planning and assist in efforts in building a healthier community. Your individual responses to this survey will remain confidential. This survey should take approximately 10-15 minutes to complete. Please note, to participate in this survey you must be 18 years of age or older and live in the area served by Shands Lake Shore Regional Medical Center.

This survey is being distributed in multiple locations throughout the areas served by Shands Lake Shore Regional Medical Center. **This survey will become available Monday, June 11, 2018 and will close Saturday, June 30, 2018.** Please complete this survey only once. At the end of the survey you will be asked if you would like your completed survey entered into the random drawing for one of the three (3) \$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 that if you are completing this survey online and not on paper, you can go back and change your responses as many times as you would like prior to exiting the survey if you would like to reconsider your responses. 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). Her phone number is 352-727-3767 and her e-mail address is cabarca@wellflorida.org.



Q30 Please select ONE (1) response about where you live within the area served by Shands Lake Shore Regional Medical Center.

- I live in Columbia County.
- I live in Hamilton County
- I live in Suwannee County.
- I do not live in the area served by Shands Lake Shore Regional Medical Center.

Skip To: Q32 If Please select ONE (1) response about where you live within the area served by Shands Lake Shore R... = I live in Columbia County.

Skip To: Q33 If Please select ONE (1) response about where you live within the area served by Shands Lake Shore R... = I live in Hamilton County

Skip To: Q34 If Please select ONE (1) response about where you live within the area served by Shands Lake Shore R... = I live in Suwannee County.

Skip To: End of Survey If Please select ONE (1) response about where you live within the area served by Shands Lake Shore R... = I do not live in the area served by Shands Lake Shore Regional Medical Center.

Q32 What is your zip code in Columbia County?

- 32024
- 32025
- 32038
- 32055
- 32056
- 32061
- Other, please specify _____

Skip To: Q31 If What is your zip code in Columbia County? = 32025



Skip To: Q31 If What is your zip code in Columbia County? = 32024

Skip To: Q31 If What is your zip code in Columbia County? = 32038

Skip To: Q31 If What is your zip code in Columbia County? = 32055

Skip To: Q31 If What is your zip code in Columbia County? = 32056

Skip To: Q31 If What is your zip code in Columbia County? = 32061

Skip To: Q31 If What is your zip code in Columbia County?(Other, please specify) Is Not Empty

Q33 What is your zip code in Hamilton County?

32052

32053

32096

Other, please specify _____

Skip To: Q31 If What is your zip code in Hamilton County? = 32052

Skip To: Q31 If What is your zip code in Hamilton County? = 32052

Skip To: Q31 If What is your zip code in Hamilton County? = 32096

Skip To: Q31 If What is your zip code in Hamilton County?(Other, please specify) Is Not Empty



Q34 What is your zip code in Suwannee County?

- 32008
 - 32060
 - 32062
 - 32064
 - 32071
 - 32094
 - Other, please specify _____
-

Q31 Please select ONE (1) response about your age.

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

Skip To: End of Survey If Please select ONE (1) response about your age. = I am 17 years of age or younger.





Q1 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)? You must select exactly THREE (3) choices.

- Access to health care
- Affordable housing
- Arts and cultural events
- Clean environment
- Emergency preparedness
- Excellent race/ethnic relations
- Good jobs and healthy economy
- Good place to raise children
- Good schools
- Healthy behaviors and healthy lifestyles
- Low adult death and disease rates
- Low crime/safe neighborhoods
- Low infant deaths
- Low level of child abuse
- Parks and recreation
- Religious or spiritual values



Strong family ties

Other (please specify) _____





Q2 In the following list, what do you think are the THREE (3) most important "Health Problems" (those problems which have the greatest impact on overall community health) in your community? You must select exactly THREE (3) choices.

- Aging problems (e.g. arthritis, hearing loss, etc.)
- Cancer
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Infectious diseases (e.g. hepatitis, TB, etc.)
- Mental health issues
- Motor vehicle crash injuries
- Obesity



- Pollution
 - Rape/sexual assault
 - Respiratory lung disease
 - Sexually transmitted diseases
 - Substance use issues (alcohol, illegal drugs, misused prescription drugs)
 - Suicide
 - Teenage pregnancy
 - Other (please specify) _____
-





Q3 In the list below, please identify the THREE (3) behaviors that you believe have the greatest impact on the overall health of people in our community. Please select exactly THREE (3) choices.

- Dropping out of school
 - Eating unhealthy foods
 - Lack of maternity care
 - Not exercising
 - Not getting immunizations to prevent disease
 - Not using birth control
 - Not using health care services appropriately
 - Not using seat belts/child safety seats
 - Overeating
 - Racism
 - Substance use issues (alcohol, illegal drugs, misuse of prescription drugs)
 - Tobacco use
 - Unsafe sex
 - Unsecured firearms
 - Violence
 - Other (please specify) _____
-



Q4 For EACH of the following health issues, indicate how much of a problem you believe the health issue is in your community.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking and Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight and Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use issues (alcohol, illegal drugs, misuse of prescription drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q5 For EACH of the following health issues, 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
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking and Tobacco Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight and Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use issues (alcohol, illegal drugs, misuse of prescription drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q5a During a typical 7-day period, how many times on the average do you do the following kinds of exercise for more than 15 minutes during your free time?

	0 Times Per Week	1 - 2 Times Per Week	3 - 4 Times Per Week	5 - 6 Times Per Week	7 or More Times Per Week
Strenuous Exercise (Heart beats rapidly), running, long distance bicycling, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate Exercise (Not exhausting), fast walking, baseball, tennis, easy bicycling, volleyball, easy swimming, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mild Exercise (Minimal effort), yoga, archery, fishing from bank, bowling, golf, easy walking, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q6 Health organizations report that more people are becoming overweight and obese these days. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not at all a reason for the overweight and obesity problem.



	Major Reason	Minor Reason	Not At All a Reason	Not Sure
People do not know how to control their weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't want to change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy foods are expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food is inexpensive and easy to find	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is too much unhealthy food and drinks for sale in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is too much advertising of unhealthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't discuss weight problems with their doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are not enough places for people to be physically active outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People spend too much time in front of TV, video games and computer screens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People don't have enough information about the calorie and nutrition content of their food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q7 Some people believe that maintaining healthy weight is up to individuals and families to deal with on their own. Others feel it is something that the whole community including schools, government, health care providers and the food industry should deal with. Which of these responses most closely matches your feelings on this issue? You must select only ONE (1) choice.

- It's something individuals should deal with on their own
 - It's something whole communities need to deal with
 - Both individuals and communities have a role in dealing with the issue of healthy weight
 - I don't know
-



Q8 For each of the following activities, please rate your likelihood to participate on a scale from "1" meaning HIGHLY UNLIKELY to "5" meaning HIGHLY LIKELY. You must rate your likelihood of participating for EACH of these activities.



	Highly Unlikely (1)	Unlikely (2)	Neither Unlikely or Likely (3)	Likely (4)	Highly Likely (5)	Not Applicable or Not Sure
Attend health fairs or forums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend healthy cooking classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend nutrition classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use nature trails for walking or jogging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take your children to low-cost summer or after-school activities that promote physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support community (city or county) resolutions that promote healthy eating and exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Support community (city or county) resolutions that address tobacco use

Use low-cost exercise options

Visit Facebook pages or other social media concerning healthy eating and exercise

Join a community weight loss challenge



Q9 For each of the questions below, please answer by selecting a response from 1 and 5 with "1" meaning STRONGLY NO to "5" meaning NOT SURE. You must answer each question.



	Strongly No (1)	No (2)	Neutral	Yes (4)	Not Sure (5)
Are you satisfied with the quality of life in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is the community a safe place to live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there sufficient numbers of health and social services in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there sufficient levels of trust and willingness to work together to achieve community goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a broad variety of health services in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a sense of civic responsibility and civic pride in shared accomplishments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q10 How would you rate the overall health of your community? You must select only ONE (1) choice.

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



Q11 For EACH of the following health care issues, please indicate how much of a problem you believe the issue is in your community.



	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not Sure
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health care insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Long wait times in hospital emergency rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times in doctors' offices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times in urgent care clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q12 For EACH of the following health care issues, 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
Cost of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of what health care services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge of how to use available health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of primary care or family doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of specialty care doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for children (less than age 18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited health care services for senior adults (age 65 and over)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times to get an appointment with a doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Long wait times in hospital emergency rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times in doctors' offices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long wait times in urgent care clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health care services for the poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of community concern about health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 How would you rate your own personal health?

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



Q14 Are you participating in a management program for any of the following conditions with the help of a doctor or health care provider?

	Yes	No
Arthritis	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Congestive Heart Failure	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
High Blood Pressure or Hypertension	<input type="radio"/>	<input type="radio"/>
Kidney Disease	<input type="radio"/>	<input type="radio"/>
Lung Disease	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Substance use issues (alcohol, illegal drugs, misuse of prescription drugs)	<input type="radio"/>	<input type="radio"/>



Q15 Please check the response below that BEST matches your belief. You may choose only ONE (1) response.

- I expect to live a longer life than most people do on average
 - I expect to live a life about as long as most people do on average
 - I expect to live a shorter life than most people do on average
-



Q16 What is the MOST important health issue in your own life? You may select only ONE (1) issue.

- Allergies
- Alzheimer's Disease or Dementia
- Brain injury
- Cancer
- Caregiving for another
- Cost of medical/dental care
- Developmental disability
- Diabetes
- Dental issues
- Domestic Violence
- Heart Disease
- HIV/AIDS
- Injuries
- Kidney Disease
- Lack of exercise
- Lack of health insurance
- Liver Disease
- Mental health issues



- My child's health
- Orthopedic issues
- Overweight
- Physical disability
- Poor eyesight
- Poor hearing
- Poor nutrition
- Pregnancy
- Stroke
- Substance use issues (alcohol, illegal drugs, misuse of prescription drugs)
- Tobacco use
- I have no important health issues
- Other (please specify) _____

Q17 In your own words, what is the most important thing you could do to improve your own health (limited to 100 characters or less)? If "nothing" please type "nothing".

Now we need to find out a little about yourself. While you are not required to answer these questions, responses to these questions will help us better understand the community's response to this survey.



Q20 What is your age?

- 0-17
- 18-24
- 25-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65 or older
- I prefer not to answer

Q21 What is your gender?

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



Q22 What racial/ethnic group do you most identify with?

- Asian Pacific Islander
 - Black or African American (Non-Hispanic)
 - American Indian or Alaskan Native
 - White (Non-Hispanic)
 - Hispanic or Latino
 - Multiracial/Multiethnic
 - Other (please specify) _____
 - I prefer not to answer
-



Q23 What level of school you have completed? You must choose exactly 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
-



Q24 What type of health insurance do you currently have? You must select exactly ONE (1) response.

- Private insurance through my work or spouse/partner's work
 - Private insurance through Obamacare/Health Insurance Marketplace
 - Medicaid
 - Medicare
 - VA/Tri-Care
 - I have no health insurance
 - Other (please specify) _____
 - I prefer not to answer
-

Q37 If you want to be entered in the drawing to win a \$20 gift card, please provide email address or phone number. If your survey is drawn as the winner, you will be contacted by email or phone, whichever you prefer.

- E-mail address: _____
 - Phone number: _____
-

Thanks so very much for your responses to this survey. Your responses will help community leaders identify opportunities for improving community health and building a healthier community. Again, if you have any questions, please contact Christine Abarca of WellFlorida Council at 352-727-3767 or cabarca@wellflorida.org. If you want to change any answers, you can use the PREV key to go back and look at questions. Press DONE if you finished with the survey.

End of Block: Default Question Block



FOCUS GROUP MATERIALS

Focus Group Introduction/Script

Hello and welcome to our focus group. A focus group essentially just gives you an opportunity to talk with people who have something in common. I'd like to thank you for joining our *discussion* group as we talk about health, wellness, safety, health care and quality of life in the Shands Lake Shore Medical Center Service Area.

My name is _____ and I work with the WellFlorida Council. WellFlorida is a nonprofit organization that provides services in 16 counties in the center of the state. We work on many projects related to improving health and health care services in this region. You may be familiar with some of these including Healthy Start Coalitions, HIV screening and testing services, and health care facility certificate of need, rural health care partnerships, regional trauma planning, and emergency preparedness.

Today, in the 90 minutes we have together, we will discuss your views on aspects of and issues related to health and quality of life in the communities where you live, work, play and worship here in Columbia County.

The information you give us may become part of the Shands Lake Shore Medical Center Community Health Assessment and inform their Community Benefit Plan.

I want to tell you three rules before we get started.

The first rule is that everything you say will stay between us. We will not include your name in the written report. You may notice a tape recorder that is recording what we are saying. I will be audio recording as well as taking notes today to help make the written report of our talk. As stated in the informed consent that you all read and agreed to before we started, your identities will be kept confidential and all recorded names will be pseudonyms. Once the recorded audio has been accurately transcribed, the recordings will be destroyed.

As a second group rule, please do not repeat what we talk about today outside of this room. It is important that we trust each other because we want you to feel comfortable talking.

The only other rule that I need you to respect is to speak only one person at a time. We don't want to miss anything anyone says, so it is important not to talk over one another or break into separate conversations.

I have some questions that are designed to make sure we cover all of the ideas. I will use them to get us started and to keep our talk going, but you can talk about other things that you think of along the way if they related to health, health care, quality of life and wellness in Columbia County.

Are there any questions about the focus group or what we are going to do today?

Great, I like to start with an easy and fun question first, so everyone becomes comfortable with each other and the focus group. So, if you could have any super-power what would it be and why?



Formal Focus Group Questions

1. What is your definition of “healthy?”
2. What does a “Healthy Community” mean to you?
3. What are the pressing health-related problems in Columbia County?
4. Are there people or groups of people in Columbia County whose health or quality of life may not be as good as others?
5. What strengths and resources do you have in your community to address these problems?
6. What barriers, if any, exist to improving health and quality of life in Columbia County?
7. Do you think that your community provides enough places to receive routine medical care, or is it necessary to go outside of your town?
8. What needs to be done to address these issues?
9. In what ways does Shands Lake Shore Regional Medical Center meet the needs of the community?
10. What do you feel are ways Shands Lake Shore Regional Medical Center can improve to better meet the needs of the community?
11. Is there anything else you would like to share with us about health, quality of life, or Shands Lake Shore Regional Medical Center?



Focus Group Demographic Survey

Age:

- 18 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 64
- 65+

Race:

- White
- Black
- Asian
- Native Hawaiian and other Pacific Islander
- Native American/Alaskan Native
- Two or More Races
- Other _____

I have received medical care at Shands Lake Shore Regional Medical Center

- Yes
- No

I am Hispanic

- Yes
- No

Type of Insurance:

- Private Insurance through work or retired from work
- Private Insurance through Obamacare/Health Insurance Marketplace
- Medicaid
- Medicare
- VA/Tri-Care
- No Health Insurance
- Other _____

I am:

- Male
- Female
- Transgender



Highest Level of Education I completed

- Less than high school graduate
- High School graduate (includes GED)
- Some College No Degree
- Associate's Degree
- Bachelor's Degree
- Graduate or professional degree

Zip Code of Residence: _____